NATIONAL BENEFICIARY SURVEY FINAL ROUND 4 QUESTIONNAIRE

NATIONAL BENEFICIARY SURVEY

- TABLE OF CONTENTS -

Section	Page
A.	ScreenerA-1
B.	Disability and Current Work StatusB-1
C.	Current Employment
D.	Jobs/Other Jobs During 2009D-1
E.	Awareness of SSA Work Incentive Programs and Ticket to WorkE-1
F.	Ticket Non-Participants in 2009F-1
G.	Employment-Related Services and Supports Used in 2009G-1
H.	Ticket Participants in 2009H-1
l.	Health and Functional StatusI-1
J.	Health Insurance
K.	Income and Other AssistanceK-1
L.	Sociodemographic InformationL-1
M.	Closing Information and ObservationsM-1

SECTION A: SCREENER

PRELOADED INFORMATION

S1	(A01 a)	CLUSTERED SAMPLE
31	(AU1_a)	YES = 01
		NO = 02 (00, if you prefer) FYI: ONLY NON CLUSTERED = OUTCOMES ONLY
PART	ICIPANTS	The SE (66), if you protoff the SHET HOW SESSIFER SOMES SHET
S2	(A01_b)	SAMPLE GROUP
	\ _ /	S2 = 01 – Any first time completers (Round 3 beneficiaries, Round 1 longitudinal not responding to
		any prior rounds, Round 2 longitudinal not responding to prior round)
		S2 = 02 – Longitudinal who completed the prior round (Round 1 Longitudinal Participants who
		responded to Round 1 and Round 2, Round 2 Longitudinal who responded to Round 2,
		and Round 1 Longitudinal who responded to Round 2 but not Round 1)
		S2 = 04 – Round 1 longitudinal who completed Round 1, but not Round 2.
S3	(A01_c)	REGION – VALUES = 01 – 08, where Region 8 = unclustered sample, that is where S1 = 02
S4	(A01_d)	PSU – VALUES = 01010 – 55018; PSU=0 is unclustered sample, aka Region 8
S5	(A01_e)	SDATE (DATE SAMPLE PULLED – believed to be June 30, 2005)
S6	(A02)	ROUND OF DATA COLLECTION Round 1 = 01
		Round $1 = 01$ Round $2 = 02$
		Round 3 = 03 (This is Round 3)
		Round 4 = 04
S7	(A03)	PHASE - VALUES = 1, 2, 3 (based on state of residence at time of sample selection -
	,	Frank/Nuria to set this value)
S8	(A04_a)	FULLNAME (original – may be updated in another block: Current Full Name)
S9	(A04_b)	FIRST NAME (original – may be updated in another block: Current First Name)
S10	(A04_c)	LASTNAME (original – may be updated in another block: Current Last Name)
S11	(A04_d)	BIRTHDATE (original – may be updated in another block: Current Birth Date)
		T AGE: IF A71 = 02 OR 03, USE A68 OR A69 TO CALCULATE CURRENT AGE
S12	(A04_e)	GENDER ROTATION (Reconstitution)
S13	(A04_f)	BSTATUS (Benefit Type)
		BSTATUS = 01 – SSI ONLY BENEFITS BSTATUS = 02 – SSDI ONLY BENEFITS
		BSTATUS = 03 - CONCURRENT (BOTH SSI AND SSDI) BENEFITS
S14	(A04_g)	SSIAGE (from SSI records –age first received SSI benefits)
S15	(A04_h)	TSTATUS (TICKET STATUS AS OF DATE SAMPLE PULLED)
0_0	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TSTATUS = 01 PARTICIPANT
		TSTATUS = 02 NONPARTICIPANT
S16	(A04_I)	LOCALPAA (LOCAL PROTECTION & ADVOCACY GROUPS) (based on state of residence at
	(A67a)	
S17	(A04_j)	ENSAMPLE (EN TICKET ASSIGNED TO AT TIME SAMPLE DRAWN)
S18	(A04_k)	STATE MED (STATE NAME FOR MEDICAID) (based on state of residence at A67a)
S19	(A04_I)	VRNAME (STATE NAME FOR VRA) (based on state of residence at A67a)
S20		Sample Member's Address at time sample was drawn (may be updated in Section A)
S21	(A04_n)	Sample Member's Phone Number at time sample was drawn
S22		FULL NAME
S23		PHONE NUMBER
S24 S25		ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP ETER NAME – RETAIN SAMPLE MEMBER PHONE NUMBER ASSOCIATED WITH INTERPETER.
323	INIERER	LIEN MANNE - NETAIN SANTEL MENDEN FLICHE NUMBER ASSOCIATED WITH INTERPETER.

FIXE2 The spec is BSTATUS=01,03 and E3=missing in R1 then FIXE2=01

FIXE11 The spec is AGE<25 and SSIAGE<=22 and E12=missing in R1 the FIXE11=01

FIXE14 The spec is BSTATUS=02,03 and E15=missing in R1 then FIXE14=01

FIXE23 The spec is TSTATUS=01 and E21=00,d,r and E22=00,d,r and E24=missing in R1 then FIXE23=01

RTYPE: Set at A110 or A110a.

PROGRAMMER: INSTITUTE A PARALLEL BLOCK THAT ALLOWS THE INTERVIEWER TO SWITCH

RESPONDENT FROM SAMPLE MEMBER TO PROXY OR FROM PROXY TO SAMPLE MEMBER AT ANY POINT IN THE INTERVIEW. UPDATE RTYPE BASED ON THE PARALLEL

BLOCK.

PROGRAMMER: A CURRENT CONTACT BLOCK WILL STORE ANY UPDATES TO S8, S9, S10, S11, S20, and

S21. UPDATES TO THE OTHER CURRENT CONTACT BLOCK CAN COME FROM THE

SCREENER OR LOCATING.

PROGRAMMER: STORE UPDATED NAME, ADDRESS, AGE, PROXY, ETC INFORMATION IN ADDRESS

UPDATE BLOCK OR NAME UPDATE BLOCK.

(All)

A0. CALL SCREEN. PROGRAMMER, DISPLAY: INTERVIEWER: YOU ARE CALLING...(ONE ONLY)

NOTE: 01, 04, 07 THROUGH 15 ARE SET IN OVERNIGHT PROCESSING. 02, 03, 05 AND 06 WOULD

BE IN THE FRONT END FOR THE INTERVIEWER TO SELECT.

	SITUATION	DISPLAY, CALLING FOR	GO TO
01	NEW SCREENER FOR NAME	CALL TO {NAME}	A1
02	CATI CALL-IN	{NAME} CALLING IN	A11
03	CAPI INTERVIEW	{NAME – CAPI}	A64
04	CALL NAME AFTER REMAIL	{NAME , AFTER REMAIL}	A1
05	RELAY CALL IN	{NAME} CALLING IN – RELAY	A11
06	TTY CALL IN	{NAME} CALLING IN – TTY	A11
07	CALL NAME USING RELAY	{NAME} – RELAY	A10
80	CALL NAME USING TTY	{NAME} – TTY	A10
09	CALL NAME USING AMPLIFIER	{NAME} – AMPLIFIER	A1
10	CALL TO IDENTIFIED PROXY	PROXY NAME	A56
11	CALLBACK TO PROXY AFTER REMAIL	PROXY NAME	A56
12	INFORMANT/PROXY CALL IN		A11
13	CALL TO NEW PROXY	PROXY NAME	A56
14	CALL INTERPRETER	INTERPRETER NAME	A8
15	CALL TO NEW / UNNAMED INTERPRETER	INTERPRETER NAME	A4b

CALL TO RESPONDENT

(A0 = 01, 04, OR 09)

A1. Hello, my name is _____, calling on behalf of the Social Security Administration. May I please speak with {NAME}?

INTERVIEWER: We are not selling anything or asking for a contribution.

SPEAKING	01	(A10)
WANTS MORE INFORMATION	02	
{NAME} COMES TO PHONE	03	(A10)
CALL BACK LATER	04	SET A100 = 01 (A100)
{NAME} MOVED	05	(A30)
POSSIBLE PARTICIPATION PROBLEM	06	(A13)
HOSPITALIZED	07	(A27a)
{NAME} DECEASED	80	(A103a)
{NAME} INCARCERATED	09	SET A103 = 01(A103)
LANGUAGE BARRIER (NOT SPANISH)	10	(A3)
INSTITUTIONALIZED		(A27a)
MILITARY DUTY	12	SET A103 = 02 (A103)
SWITCH TO AMPLIFIER / CONTINUE		` ,
NO SUCH PERSON AT THIS NUMBER		` ,
OTHER: SUPERVISOR REVIEW NEEDED	15	SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION	16	SET STATUS = 640 (END)
UNAVAILABLE DURING FIELD PERIOD	17	SET A104 = 06 (A104)
LIVING OUTSIDE USA	18	SET A103 = 03 (A103)
REFUSED	r	SET A105 = 02 (A105)

REQUESTS INFORMATION

(A1=02)

A2. Social Security recently sent {NAME} a letter saying that we would be calling to ask {him/her} to participate in an important national health study we are conducting for them. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a scientific study. We are not selling anything or asking for contributions.

	(A10)
03	
04	SET A100 = 01 (A100)
05	(A30)
06	(A13)
07	(A27a)
80	(A103a)
09	SET A103 = 01 (A103)
10	
11	(A27a)
12	SET A103 = 02 (A103)
13	(A10)
14	SET A102 = 01 (A102)
15	SET A106 = 05 (A106)
16	SET STATUS = 640 (END)
17	SET A104 = 06 (A104)
18	SET A103 = 03 (A103)
19	A22
r	SET A105 = 02 (A105)
	03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18

```
(A1 = 10) OR (A2 = 10)
A3.
    Can someone there speak English?
         REFUSED/HUNG UP...... r SET A106 = 01 (A106)
POSSIBLE INTERPRETER COMES TO PHONE
(A3 = 01)
                     ____, calling on behalf of the Social Security Administration. Social Security
A4.
    Hello, my name is
    recently sent {NAME} a letter saying {he/she} was selected to participate in an important health survey we
    are conducting for them. It is called the National Beneficiary Survey. We are looking for someone who is 18
    years or older to help {him/her} by interpreting the interview for us. Are you 18 years of age or older?
         YES...... 01 (A4b)
         NO ...... 00
         REFUSED/HUNG UP...... r SET A106 = 01 (A106)
(A4 = 00)
A4a.
    Is there someone else who is 18 years or older who could come to the phone and help with the interview?
         YES, PERSON COMES TO PHONE...... 01
         REFUSED/HUNG UP...... r SET A106 = 01 (A106)
(A0 = 15) OR (A4 = 01) OR (A4a = 01)
    IF (A0=15) or (A4a=01) FILL {Hello, my name is , calling on behalf of the Social Security
A4b.
    Administration. Social Security recently sent {NAME} a letter saying {he/she} was selected to participate in
    an important health survey we are conducting for them. It is called the National Beneficiary Survey. We are
    looking for an interpreter who is 18 years or older to help {him/her} with the interview.} Would you be able to
    help {NAME} by interpreting the interview?
    PROBE: We are not selling anything or asking for contributions.
         (A6)
         MILITARY DUTY...... 10
                                         SET A103 = 02 (A103)
         OTHER: SUPERVISOR REVIEW NEEDED....... 12 SET A106 = 05 (A106)
         UNAVAILABLE DURING FIELD PERIOD...... 13 SET A104 = 06 (A104)
```

REQUESTS IN-PERSON INTERVIEW...... 15 (A39)

REFUSED..... r SET A105 = 02 (A105)

(A4b = 0)	01)
A5.	If {NAME} is available and you are ready to interpret, we can begin now. If you or {NAME} get tired or need a break <u>at any time</u> , please tell me and we will call back later to finish the interview.
	CONTINUE
	CALL BACK LATER
	INTERPRETER REFUSED r SET A105 = 02 (A105)
-	02) OR (A4b = 02) OR (A5 = 01 OR 02)
A6.	{IF A5 = 01 DISPLAY Before we begin, please tell me <u>your</u> name.}
	{IF A4a = 02 DISPLAY Please tell me that person's name so we can ask for them when we call back later / IF A5 = 02 OR A4b = 02 DISPLAY: Please tell me your name so we can ask for you when we call back later}. PROBE: IF PERSON IS RELUCTANT TO GIVE NAME, SAY: The first name is all we need. IF NAME IS REFUSED, CODE AS REFUSED AND CONTINUE
	FIRST, MIDDLE, LAST
	DON'T KNOW d
	REFUSEDr
	1.2. 0025
	PROGRAMMER: STORE INTERPRETER NAME IN S25 AND LOCATOR
(40 41	NOWER OR)
A7.	NSWER OR r) And, what is {IF A5 = 01 OR 2) OR (A4b = 02) FILL your / IF A4a = 02 FILL their} relationship to {NAME}?
	{NAME'S} SPOUSE
	NAME'S} MOTHER
	{NAME'S} FATHER
	{NAME'S} CHILD
	GRANDPARENT OF {NAME}05
	BROTHER/SISTER (NATURAL/STEP) OF {NAME} 06
	AUNT/UNCLE OF {NAME}
	OTHER RELATIVE
	NOT RELATED
	STAFF AT RESIDENCE
	DON'T KNOW d
	REFUSEDr
(A7 = Al A7a.	NSWER OR d OR r) PROGRAMMER:
/ (r a.	IF A5 = 01 (CONTINUE)
	ELSE CALLBACK TO INTERPRETER
CALLB	ACK TO NAMED INTERPRETER
(40-14)	
(A0=14) A8.	Hello, my name is, calling on behalf of the Social Security Administration. May I
710.	please speak to {INTERPRETER'S NAME}?
	PROBE: We are not selling anything or asking for contributions.
	SPEAKING
	INTERPRETER COMES TO PHONE
	CALL BACK LATER
	HUNG UP DURING INTRODUCTION
	INTERPRETER REFUSED r SET A105 = 02 (A105)

(A8 =01	•				
A9.	{IF A8 = 02 DISPLAY: Hello, my name is, calling on behalf of the Social Security Administration.} When we spoke with you recently, you said this would be a good time for you to interpret the National Beneficiary Survey for {NAME}. Are you and {NAME} ready to begin?				
	PROBE: If you or {NAME} get tired or need a break <u>at any time</u> , please tell me and we will call back later to finish the interview.				
	YES, CONTINUE	01			
	CALL BACK LATER	03 SET A100 = 03 (A100)			
	HUNG UP DURING INTRODUCTION	04 SET STATUS = 640 (END)			
	INTERPRETER REFUSED	05			
	SET A105 = 02 (A105)				
SPEAKI REMAIL	NG TO NAME OR INTERPRETER / NAME OR INTERPRE	TER COMES TO PHONE / TO NAME AFTER			
(40 07	00.00.00.44. 04.00.00.40.00.40.00.40.00.00.40.00.00.40.00	D (47 - 04) OD (40 - 04)			
(A0 =07 A10.	OR 08) OR (A1 = 01, 03 OR 13) OR (A2 = 01, 03, OR 13) OR (A7a = 01) OR (A9 = 01) {PROGRAMMER, IF A7a = 01 DISPLAY "Please tell {NAME} that I said"} {(IF A0 = 07 OR 08, OR 09) OR (A1 = 03) OR (A2 = 03 OR 13) DISPLAY Hello, my name is, calling on behalf of the Social Security Administration.} Recently, Social Security sent you {PROGRAMMER IF A0 = 04 USE another} a letter explaining an important survey we are conducting for them. {IF A2 = 01 BEGIN HERE} The National Beneficiary Survey is about your health, daily activities, any jobs you may have, and any Social Security programs and services you may use. Congress requires that Social Security conduct this survey. [IF S2 = 01: I'm calling to ask you to participate. The information you and other participants give us will be used to help evaluate Social Security's programs for disability beneficiaries.] PROBE: We are not selling anything or asking for a contribution. The interview {IF A0 = 08 FILL will take around 2 - 3 hours because we are using TTY / IF A0 = 07 FILL will take around 2 - 3 hours because we are using Relay. / IF (A0 = 04) OR (A1 = 01, 03 OR 13) OR (A2 = 01 OR 03 OR 13) FILL: will take between 45 and 60 minutes.} DISPLAY FOR ALL In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview. The questions are easy. If you get tired or need a break <u>at any time</u> , please tell me and we will call back later to finish the interview. Let's start now.				
	CONTINUE 01	(A64)			
	{NAME} WILL CALL MPR				
	CALL BACK LATER				
		OR A0 = 07, 08, 09 SET A100 = 01 (A100)			
		IF A7a = 01 OR A9 = 02 SET A100 = 03 (A100))			
	DID NOT RECEIVE LETTER/DOES NOT	, ,,,			
	RECALL LETTER 04	(A20)			
	REQUESTS PROXY05	(A39)			
	REQUESTS IN-PERSON INTERVIEW 06	(A39)			
	POSSIBLE PARTICIPATION PROBLEM 07	(A13)			
	REFUSEDr	(IF A1 = 01, 03, 13 OR			
		A2 = 01, 03, A13A; OR A0 = 07, 08, 09			
		SET A105 = 01 (A105) / IF A7a = 01 OR			

A9 = 01 SET A105 = 02 (A105)

NAME OR UNKNOWN INFORMANT CALLS IN

(A0=02, A11.	05, OR 06) INTERVIEWER: CODE BASED ON SUPERVISOR INSTRUCTION.
	{NAME}
(Δ11 – O	01, 02, OR 03)
A12.	Hello, my name is I'll be your interviewer today. The National Beneficiary Survey is about your health, daily activities, and any jobs you might have. It also asks about your use of Social Security programs and services. Congress requires that Social Security conduct this survey. The information you and other participants give us will be used to help evaluate Social Security's programs for disability beneficiaries.
	The interview {PROGRAMMER, IF A11 = 01 FILL will take between 45 and 60 minutes / IF A11 = 02 USE will take around $2 - 3$ hours because we are using TTY / IF A11 = 03 FILL will take around $2 - 3$ hours because we are using Relay.} In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview. The questions are easy. If you get tired need a break <u>at any time</u> , please tell me and we will call back later to finish the interview. Let's start now.
	CONTINUE
	NEEDS PROXY
DIFFICU	JLTY PARTICIPATING (SPEAKING WITH NAME / INFORMANT / UNKNOWN PROXY WHO CALLS IN)
(A1 = 06 A13.	S) OR (A2 = 06) OR (A4b = 05) OR (A10 = 07) OR (A11 = 04) OR (A12 = 05) INTERVIEWER: WHO ARE YOU SPEAKING WITH?
	{NAME} / INTERPRETER

(A11 = 04) OR (A13 = 01 OR 02)

A13a. **INTERVIEWER:** IF BARRIER ALREADY STATED, CODE RESPONSE THEN CONFIRM BY READING APPROPRIATE CATEGORY BELOW.

{PROGRAMMER: IF A11 = 04, USE: PROBE: Thank you very much for calling and offering to help.

IF NEEDED: What problem does {NAME} have that might prevent {him/her} from participating for {himself/herself}?

IF (A1 = 06) OR (A2 = 06) OR (A4b = 05) OR (A10 = 07) OR (A12 = 05) FILL: PROBE: Why {IF A13 = 01 FILL would you/ IF A13 = 02 FILL would {NAME}} have a problem participating in the survey?

INTERVIEWER: PROBE FOR DON'T KNOW. IF MORE THEN ONE PROBLEM, PROBE FOR THE MAIN PROBLEM.

HEARING DIFFICULTY	01	
SPEECH DIFFICULTY	02	
COGNITIVE BARRIER	03	(A46)
PHYSICAL BARRIER	04	
INCARCERATED	06	SET A103 = 01 (A103)
INSTITUTIONALIZED	07	(A27a)
HOSPITALIZED	80	(A27a)
DECEASED		
SERVING IN MILITARY		
LIVING OUTSIDE USA	11	SET A103 = 03 (A103)
DON'T KNOW	d	
REFUSED	r	SET A105 = 02 (A105)

(A13a = 01, 02, 04, OR d)

A14. [IF S2 = 01 DISPLAY: Recently, Social Security sent {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME} a letter saying {IF A13 = 01 FILL you were/ IF A13 = 02 FILL {him/her} he/she was} selected to take part in an important health survey we are conducting for them.} {IF A12 = 05 START HERE} We would like {IF A13 = 01 FILL you to have / IF A13 = 02 FILL {NAME} to have} the chance to answer the questions for {IF A13 = 01 FILL yourself / IF A13 = 02 FILL himself / herself} if at all possible. I'm going to read some ways that we can arrange for {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}} to take part in the study. PROBE: What would work best?

INTERVIEWER: READ LIST AND CODE ONE ONLY. IF MORE THAN ONE MENTIONED, ASK WHAT IS <u>EASIEST</u> FOR {NAME}.

	We can break the interview into a few short calls to		
	$\{IF\ A13 = 01\ FILL\ you\ /\ IF\ A13 = 02\ FILL\ \{NAME\}.$	01	(A64)
	We can use Relay or TTY for the interview	02	(A16)
	{PROGRAMMER, DISPLAY 03 ONLY IF A13a = 01}		
	I can switch to a phone amplifier now	03	(A64)
	{PROGRAMMER, DISPLAY 04 ONLY IF A13a = 01}		
	We can call later using a phone amplifier	04	SET A100 = 06 (A100)
	{PROGRAMMER, DISPLAY 05 ONLY IF IN		
	CLUSTERED SAMPLE S1 = 01 We could send		
	an interviewer to {{IF A13 = 01 FILL your /		
	IF A13 = 02 FILL {his/her} home	05	(A42)
	{PROGRAMMER DISPLAY 06 ONLY IF A13 = 02}		
	INFORMANT OFFERS TO BE PROXY	06	(A39)
	{PROGRAMMER, DISPLAY 07 ONLY IF SAMPLE		
	TYPE = UNCLUSTERED, S1 = 02 AND		
	A13 = 01} {NAME} REQUESTS IN-PERSON		
	INTERVIEW	07	(A40)
	{PROGRAMMER DISPLAY 08 ONLY IF A13 = 01}		(1.22)
	{NAME} REQUESTS PROXY	80	(A39)
	PHYSICAL PROBLEM: {NAME} UNABLE TO	-00	(4.40)
	PARTICIPATE		(A46)
	SUGGESTS ANOTHER WAY {SPECIFY)		(4.20)
	DON'T KNOW		• •
	REFUSED	ľ	IF A13 = 01 SET A105 = 01 (A105) /
			IF A13 = 02 SET A105 = 02 (A105)
A14 = 10)			
•	that way?		
viiat is	that way:		
	<open< td=""><td></td><td></td></open<>		
	DON'T KNOW		
	REFUSED		
	REFUSED		
A14 = 10)			
,	ou. I will ask my supervisor if that would work. We will call	l you	back and let you know.

SET A106 = 05 (A106)

9/7/06 A-9

(A13a = 01, 02, 04, OR d) OR (A14 = 02)

A16. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

(A16 = 01)

A17. We can start the interview <u>in a few minutes</u>, by switching to our TTY or to a Relay operator and having them contact you. Alternatively, we can you back <u>another time</u> using TTY or Relay. What works best for you?

PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

INTERVIEWER: IF "SWITCH IN A FEW MINUTES", CALL SUPERVISOR FOR HELP.

SWITCH (TTY) IN A FEW MINUTES	01	SET A100 = 04 (A100)
SWITCH (RELAY) IN A FEW MINUTES	02	SET A100 = 05 (A100)
CALL BACK LATER (TTY)	03	SET A100 = 04 (A100)
CALL BACK LATER (RELAY)	04	SET A100 = 05 (A100)
NO, {NAME} WILL CALL TTY	05	SET A108 = 02 (A108)
NO, {NAME} WILL CALL RELAY	06	SET A108 = 03 (A108)
REFUSED/HUNG UP	r	SET A105 = 01 (A105)

(A16 = 02)

A18. Can you help arrange a time when we can call {NAME} and complete the interview using either TTY or Relay? My supervisor will call you back later to find out what time you arranged for {NAME} to be interviewed.

PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

INTERVIEWER: IF "SAMPLE MEMBER AVAILABLE, SWITCH IN A FEW MINUTES", CALL SUPERVISOR FOR HELP.

SM AVAILABLE, SWITCH (TTY) IN A FEW MINUTES	01	SET A100 = 04 (A100)
SM AVAILABLE NOW, SWITCH (RELAY) IN A FEW		
MINUTES	02	SET A100 = 05 (A100)
CALL BACK LATER (TTY)	03	SET A100 = 04 (A100)
CALL BACK LATER (RELAY)	. 04	SET A100 = 05 (A100)
CALL BACK TO ARRANGE AN INTERVIEW TIME	05	SET A106 = 02 (A106)
DON'T KNOW	d	SET A106 = 02 (A106)
REFUSED	r	SET A105 = 02 (A105)

A19 DELETED

NAME REQUESTS LETTER

(A10 = 04)

A20. The letter said that you were selected from a list of all adults who currently receive Social Security benefits and that someone would call to ask you to participate. The National Beneficiary Survey asks about your health, your daily activities, any jobs you might have, and any Social Security programs or services you might use. If you get tired or need a break <u>at any time</u>, please tell me and we will call back later to finish the interview. Let's start now.

CONTINUE	01	(A64)
CALL BACK LATER	02	SET A100 = 01 (A100)
NO, WANTS LETTER	00	

		REFUSED	r	SET A105 = 01 (A105)
(A20 =	-			
A21.	You sho	ould receive the letter in about a week. Or, I can read it to	you ı	now and we can start the interview.
		READ LETTER, CONTINUE		(A64)
		NO, SEND LETTERREFUSED		SET A105 = 01 (A105)
(A2=19	or A21 =	00)		
A22.	I want to correct?	o make sure we have your correct name and address. The	ne re	cords show (READ BELOW). Is this
	PROGR	RAMMER: DISPLAY NAME FROM PRELOADS		
		NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP		
		YES NO REFUSED/HUNG UP	00	(A23)
(A22 =	-			
A23.	PROGR	RAMMER: WAS A22 <u>NAME</u> UPDATED?		
		YESNO		(A25)
(A23 =	01)			
A24.	This na	me is different from the name in our records – perhaps you that you are the same {NAME} as in our records?	ı maı	rried or changed your name. Can you
		YES	01	
		NOREFUSED/HUNG UP		• •
(A22 = A25.	, ,	A24 = 01) RAMMER CHECK: IS UPDATED STATE <u>OUTSIDE</u> THE U	JNITE	ED STATES AND DC?
		YES		SET A109 = 01 (A109)
(A25 = A26.		have recorded your address wrong. Are you now living ou	tside	the United States?
	INTERV	/IEWER: IF NO (ADDRESS IS IN THE USA), GO BACK T	ГО А	22 AND CORRECT STATE.
		YES	01	SET A103 = 04 (A103)
		NO	00	
		REFUSED	r	SET A106 = 05 (A106)

PROGRAMMER: STORE CHANGED NAME IN S8 UPDATE

NAME INSTITUTIONALIZED / HOSPITALIZED

(A1 = 07 OR 11) OR (A2 = 07 OR 11) OR (A4b = 06 OR 09) OR (A13a = 07 OR 08)A27a. I'm sorry to hear that. How much longer will {NAME} be staying there?

INTERVIEWER: ENTER THE NUMBER OF DAYS, WEEKS OR MONTHS

INTERVIEWER: (NEXT QUESTION SPECIFIES THE UNITS - DAYS, WEEKS OR MONTHS)

INTERVIEWER: ENTER 997 IF PERMANENTLY

DON'T KNOW	
	(A27b)
REFUSED	
	(A27b)
DAYS	
	01
WEEKS	
	02
MONTHLY	
	0.0

(A27a = ANSWER OR d OR r)

A27aa. Units.

A27b. I understand that {NAME} is not able to be at home just now. In order to help {him/her} participate, we could PROBE: READ BELOW. What would work?

INTERVIEWER: CODE ONE ONLY

```
IF A27a = 01 AND DAYS LESS THAN 30 OR A27a=02
   and WEEKS LESS THAN 4 OR A27a=03
   (MONTHS) and MONTHS = 1 DISPLAY:
   call after {he/she} returns home and is feeling
   better...... 01 SET A100 = 01 (A100)
ELSE DISPLAY
If {NAME} is well enough, we can call {him/her}
at the {IF (A1 = 11 \text{ AND } A2 = 11 \text{ AND } A4b = 09) \text{ OR}
   (A13a = 07) FILL institution / IF (A1 = 07 AND A2
   = 07 AND A4b = 06) OR (A13a = 08) FILL
   hospital...... 02
{PROGRAMMER, DISPLAY 03 IF SAMPLE TYPE =
   CLUSTERED S1 = 01) We could send an
   interviewer to visit {him/her} at the {(IF A1 = 11
   AND A2 = 11 AND A4b = 09) OR (A13a = 07)
   FILL institution / (IF A1 = 07 AND A2 = 07 AND
   DON'T KNOW...... d (A46)
REFUSED..... r SET A105 = 02 (A105)
```

(A27b = 02)Please tell me the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13a = A28. 07) FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13a = 08) FILL hospital}, where I can contact {NAME}. If you don't have all the information, please tell me what you can. NAME OF INSTITUTION / HOSPITAL Please tell me the telephone number with the area code first. PHONE NUMBER: { _____ - ___ SET A100 = 08 (A100) PROGRAMMER: STORE NAME OF HOSPITAL OR INSTITUTION AND PHONE NUMBER IN LOCATOR IF REFUSED SET A106 = 05 (A106) (A27b = 03)A29. Please tell me the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13 = 07) FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13 = 08) FILL hospital}, where I can contact {NAME}. If you don't have all the information, please tell me what you can. NAME OF INSTITUTION / HOSPITAL ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP Please tell me the telephone number with the area code first. TELEPHONE: I__I_I_I - I__I_I_I - I__I__I SET A107 = 01 (A107) r SET A106 = 05 (A106) PROGRAMMER: STORE NAME AND ALL CONTACT INFORMATION FOR HOSPITAL OR INSTITUTION IN LOCATOR **IF REFUSED SET A106 = 05 (A106)**

NEW CONTACT INFORMATION FOR NAME

(A1 = 05) OR (A2 = 05) OR (A4b = 04)

A30. Do you know how I can reach {NAME}?

YES	01	
NO	00	(A37)
REFUSED	r	SET A105 = 02 (A105)

(A30 = 01)

A31. Please tell me {his/her} new address and phone number. Also, if {NAME'S} name has changed please tell me the new name. PROBE: If you don't have all the information please tell me what you can.

> NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP

Please tell me the telephone number with the area code first.

	TELEPHONE: I _ I _ I _ I _ I _ I _ I _ I _ I _ I	
		d
	REFUSED	
		r
(A31 = ANSWER OR d OF A32. PROGRAMMER	R r) CHECK A31: IS STATE OUTSIDE THE UNITED STATE YES (OUTSIDE USA)	
	123 (0013102 00A)	01
	NO (INSIDE USA)	
		02
		(A36)

(A32 = 01)

A33. I may have recorded something incorrectly. Is {NAME} now living outside the United States?

INTERVIEWER: IF NO (ADDRESS IS INSIDE THE USA), GO BACK TO A31 AND UPDATE STATE.

PROGRAMMER AFTER A31 IS UPDATED, GO TO A36.

'ES
0
SET A103 = 04 (A103
IO
00
GO BACK TO A31; AFTER STATE IS UPDATED GO TO A36.

A34 IS DELETED A35 IS DELETED

(A34 = ANSWER OR d OR r)

PROGRAMMER CHECK: DOES A31 CONTAIN A VALID PHONE NUMBER? A36.

YES		
	01	SET A101 = 01(A101)
NO		
		00
		SET A102 = 02 (A102)

PROGRAMMER: STORE {NAME} CONTACT DATA IN LOCATOR

LEAD INFORMATION

(A30	_	Λ	'n	١
IASU	_	υ	U)

A37. Is there someone else who might know how to reach {NAME}?

YES	
	01
NO	
DON'T KNOW	
	d
	SET A102 = 03 (A102)
REFUSED	
	r
	SET A105 = 02 (A105)

A38. What's that person's name and phone number? PROBE: If you don't have all the information, please tell me what you can. PREFIX, FIRST, MIDDLE, LAST, SUFFIX Please give me the telephone number, area code first. DON'T KNOW..... d REFUSED _____r PROGRAMMER: STORE NAME AND PHONE INFORMATION IN LOCATOR = LEADS; SET A101 = 03 (A101)IF MISSING/INVALID PHONE NUMBER SET A106 = 05 (A106) CHECK FOR POSSIBLE IN-PERSON INTERVIEW (A10 = 05 OR 06) OR (A12 = 03 OR 04) OR (A4b = 15) OR (A14 = 06, 08, d) PROGRAMMER CHECK FOR POSSIBLE IN-PERSON INTERVIEW. DID...? A39. NAME REQUEST IN PERSON (A4b = 15) OR (A10 = 06) OR (A12 = 04) AND SAMPLE TYPE = CLUSTERED (S1 = 01).....01(A42) NAME REQUEST IN PERSON (A4b = 15) OR (A10 = 06) OR (A12 = 04) AND SAMPLE TYPE = UNCLUSTERED (S1 = 02)..... NAME/INFORMANT REQUESTS PROXY (A10 = 05) OR (A12 = 03) OR (A14 = 06, 08 OR d) AND SAMPLE TYPE CLUSTERED (S1 = 01).....03(A43) NAME REQUEST PROXY (A10 = 05) OR (A12 = 03) OR (A14 = 06, 08, d) AND SAMPLE TYPE = UNCLUSTERED (S1 = 02).....04

NAME REQUESTS IN PERSON INTERVIEW AND NOT IN CLUSTERESAMPLE (S1 = 02)

(A14 = 07 OR A39 = 02)

A40. I'm sorry, but we have no field representatives working in your area. We can break the phone interview into as many short calls as you would like so the interview will not be tiring. Will that help {NAME/you} to participate? If you get tired or need a break <u>at any time</u>, please tell me and we will call back later to finish the interview. Let's start now.

.....(A41)

(A37 = 01)

CONTINUE	
NO / SEEK PROXY	
	02
DON'T KNOW	(A46)
	d
	(A46)
REFUSED	
	r
	SET A105 = 01 (A105)

NAME REQUESTS PROXY AND NOT IN CLUSTERED SAMPLE (S1 = 02)

(A39=04)

A41.

If at all possible, we'd like {IF A10 = 5} OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME}} to answer for {IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL yourself / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {himself/herself}}. We can break the interview into a few short calls so the interview won't be tiring. If {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you get tired or need a break / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {he/she} gets tired or needs a break} at any time, please tell me and we will call back later to finish the interview. Let's start now.

NAME REQUESTED IN PERSON AND IN CLUSTERED SAMPLE (S1 = 01)

(A14 = 05) OR (A39=01)

A42. Our field representative will be working in your area shortly and will contact you to set up an interview in person.

GO TO A44

NAME REQUESTED PROXY AND IN CLUSTERED SAMPLE (S1 = 01)

(A39=03)

A43. Our interviewer will be working in {IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL your / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME's area} shortly. If it would help {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {him/her} to answer for {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL yourself / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {himself/herself}, we can send an interviewer to interview {IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL your / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME}} at home. If {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you get tired or need a break / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {he/she gets tired or needs a break} at any time, the interviewer can come back at a later time to finish the interview. Will that help?

YES	01	
NO, PREFER PROXY	02	(A46)
DON'T KNOW	d	(A46)
REFUSED	r	IF A13 = 01 SET A105 = 01 (A105) /
		IF A13 = 02 SET A105 = 03 (A105)

(A42 = ANSWER OR d OR r) OR (A43 = 01)

A44. Let me confirm your address. Is it still...READ BELOW:

PROGRAMMER: DISPLAY NAME'S CONTACT INFORMATION FROM PRELOADED INFORMATION (S20)

PREFIX, FIRST, MIDDLE, LAST, SUFFIX ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP UPDATE PHONE NUMBER

(A44 = 00)

A44a. INTERVIEWER - BACK UP TO A44 AND EDIT ALL CHANGES (A45)

(A44 = 01) AND (A44a = ANSWER)

A45. If your current address will change within the next month or two, please tell me the new address and phone number.

INTERVIEWER INSTRUCTION: IF ADDRESS OR PHONE NUMBER WILL CHANGE, GO BACK TO A44 AND CHANGE AS APPROPRIATE.

PROGRAMMER: STORE UPDATED INFORMATION IN UPDATE ADDRESS BLOCK

SEEKING PROXY

(A13a = 03) OR (A14 = 09) OR (A27 = 04, OR d) OR (A40 = 02 OR d) OR (A41 = 02 OR d) AND A14=8 OR d) OR (A43 = 02 OR d)

A46. Is there someone who can answer questions about {IF (A40 = 02 OR d) OR (A41 = 02 OR d) OR (A43 = 02 OR d) FILL your / IF (A13a = 03) OR (A14 = 09) OR (A27 = 04 OR d) FILL {NAME's}} health, daily activities, any jobs {IF (A40 = 02 OR d) OR (A41 = 02 OR d) OR (A43 = 02 OR d) FILL you / IF (A13a = 03) OR (A14 = 09) OR (A27 = 04 OR d) FILL {he/she} might have, and use of Social Security programs or services? This could be someone who lives with {IF (A40 = 02 OR d) OR (A41 = 02 OR d) OR (A43 = 02 OR d) FILL you / IF (A13a = 03) OR (A14 = 09) OR (A27 = 04 OR d) FILL {NAME} such as a family member or friend, or someone like a social worker or case worker.

INFORMANT WILL SERVE AS PROXY 01	• •
PROXY COMES TO PHONE02	
PROXY NOT AVAILABLE NOW	
PROXY LIVES ELSEWHERE 04	• •
{NAME} HOSPITALIZED: NO PROXY 05	SET A104 = 01 (A104)
{NAME} INSTITUTIONALIZED: NO PROXY 06	SET A104 = 02 (A104)
{NAME} HAS COGNITIVE BARRIER:	
NO PROXY 07	SET A104 = 03 (A104)
(NAME) HAS HEARING / SPEECH BARRIER/	
NO PROXY	
08	
SET A104 = 04 (A104)	
{NAME} HAS PHYSICAL BARRIER:	
NO PROXY 09	SET A104 = 05 (A104)
DON'T KNOW d	SET A106 = 03 (A106)
REFUSEDr	IF A40 = 02 OR d OR A41 = 02 OR d OR
	A43 = O2 OR d SET A105 = 01 (A105) /
	IF A13a – 03 OR A14 = O9 OR A27 – 04 OR
	d SET A105 = 03 (A105)

(A46 = 03)

A47. What is that person's name and phone number so we can call back and ask for that person by name?

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

Please give me the telephone number, area code first.

PROGRAMMER: STORE PROXY NAME IN UPDATE ADDRESS BLOCK. SET $\underline{A100} = 02 \ (\underline{A100})$

PROXY COMES TO PHONE

(A14=06 A48.	06 AND A41=02 OR d) OR (A46=01 OR 02) {IF (A46 = 02) USE Hello, my name is, calling on behalf of the Social Administration.} {NAME} has been selected to participate in an important national health study conducting for SSA. Congress requires Social Security to conduct the National Beneficiary Surve information we collect will be used to evaluate Social Security's programs for disability beneficiarie you the person who is most knowledgeable about {NAME's} health, daily activities, any jobs {he/s} have, and about any Social Security programs and services {he/she} might use?	we are ey. The es. Are
	YES	
	DON'T KNOW d (A50) REFUSED r SET A105 = 03 (A105)	
(A48 = 0	·	
A49.	Social Security recently sent {NAME} a letter saying that we would be calling to ask {him/her} to pa in an important national health study we are conducting for Social Security. I work for Mathematica Research, a nationally recognized research firm based in Princeton, New Jersey. We are conducting scientific study. We are not selling anything or asking for contributions.	a Policy
	CONTINUE	
	REQUESTS LETTER	
(A48 = 0 A50.	: 00 OR d) OR (A49 = 02) Is there someone else who knows about {NAME's} health, daily activities, and any jobs {he/she have?	e} might
	YES 01	
	NO OTHER PROXY AVAILABLE	
ANOTH	HER PROXY LIVES ELSEWHERE	
(A50 = 0 A51.	01) What is this person's name and phone number? PROBE: If you don't have all the information, please tell me what you have.	
	PREFIX, FIRST, MIDDLE, LAST, SUFFIX DON'T KNOWd REFUSEDr	
	Please give me the telephone number, area code first.	
	TELEPHONE: IIIIIIII DON'T KNOW d REFUSED r	
	PROGRAMMER: STORE PROXY CONTACT INFORMATION IN LOCATING	

PROGRAMMER: STORE PROXY CONTACT INFORMATION IN LOCATING
DATABASE AND GO TO A52.
IF BOTH NAME AND PHONE NUMBER REFUSED SET A106 = 05 (A106)

```
(A51 = ANSWER)
     PROGRAMMER: IS THERE A VALID PHONE NUMBER AT A51?
A52.
          SPEAKING WITH PROXY
(A48 = 01) OR (A49 = 01)
     The interview will take from 45 to 60 minutes. In appreciation for your time, we will mail you a check for
A53.
     $10.00 when we finish the interview. If you get tired or need a break at any time, please tell me and we will
     call back later to finish the interview. Let's start now.
          CONTINUE ...... 01
          CALL BACK LATER...... 02
          PROXY WANTS LETTER...... 03 (A58)
          REFUSED..... r SET A105 = 03 (A105)
(A53 = 01 OR 02)
     {IF A53 = 01 USE Before we start} please tell me your name (IF A53 = 02 USE so we can call back and ask
A54.
     for you.} PROBE: Your first name is fine.
          PREFIX, FIRST, MIDDLE, LAST, SUFFIX
          DON'T KNOW...... d
          REFUSED.....
          CONTINUE
                PROGRAMMER STORE PROXY NAME IN DATABASE
(A54 = ANSWER OR r)
A55.
    PROGRAMMER: IF
          CALLING FOR IDENTIFIED PROXY / PROXY AFTER REMAIL
(A0 = 10 OR 11 OR 13)
                       _____, calling on behalf of the Social Security Administration. May I please
A56. Hello, my name is
   speak with {PROXY NAME}?
   PROBE: We are not selling anything or asking for a contribution.
          LANGUAGE BARRIER (NOT SPANISH)....... 06 SET A104 = 07 (A104)
          NO SUCH PERSON AT THIS NUMBER...... 07 SET A102 = 05 (A105)
          OTHER: SUPERVISOR REVIEW NEEDED .... 08 SET A106 = 05 (A106)
          HUNG UP DURING INTRODUCTION ............... 09 SET STATUS = 640 (END)
```

REFUSED...... r SET A105 = 03 (A105)

PROXY COMES TO PHONE

(A56 = 0	D1 OR 02)
A57.	{IF {PROXY} COMES TO PHONE (A56=02), USE Hello, my name is, calling on behalf of the Social Security Administration.} Recently, Social Security sent {IF (A0 = 10) FILL {NAME} / IF (A0 = 11) FILL you} a letter explaining that {he/she} had been selected to participate in an important survey we are conducting for them. The National Beneficiary Survey is about {NAME's} health, daily activities daily activities, any jobs {he/she} might have, and about any Social Security programs or services {he/she} might use. Congress requires that Social Security conduct this study. We were told that you are the most knowledgeable person to respond to the survey on behalf of {NAME}. The interview will take from 45 to 60 minutes. In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview. Would you be able to help us?
	CONTINUE
	DON'T KNOW d (A59) REFUSED r SET A105 = 03 (A105)
	NEI 03ED 1 3E1 / NE03 - 03 (NE03)
(A57 = 0 A58.	The letter explained that {NAME} was selected from a list of all adults currently receiving Social Security benefits and that someone would be calling to ask {him/her} to participate in an interview. Social Security is required by Congress to conduct this survey. The information we collect will be used to help evaluate Social Security's programs for disability beneficiaries. If you need a break, let me know and we will call back later to finish the interview. Let's start now.
	CONTINUE
	CONTINUE
	CALL BACK LATER
	02
	WANTS LETTER SENT
	03
	(A59)
	DON'T KNOW
	d (A59)
	REFUSED
	r
	SET A105 = 03 (A105)
(A58 = 0 A58a.	O1 OR 02) {IF (A58=01) Before we start,} Please tell me your name {IF (A58=02) so we can call back and ask for you.}
	DDEFLY FIDET MIDDLE LAST SUFFLY
	PREFIX, FIRST, MIDDLE, LAST, SUFFIX REFUSED
	r
	CONTINUE
	CONTINUE
	IF A58=01 GO TO A64
	IF A58=02 SET A100 = 02 (A100)
	PROGRAMMER STORE PROXY NAME IN DATABASE

(A57=d) OR (A58 = 03 or d)

A59. Please tell me your name and address so we can mail the letter to you.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX ADDRESS 1 ADDRESS 2 CITY, STATE, ZIPCODE

PROGRAMMER STORE PROXY INFORMATION IN LOCATING DATABASE SET A109 = 02 (A109)

SEEK ANOTHER PROXY - CONTACT INFORMATION

(A57 = 0 A60.	Can you give me the name and phone number for someone else who might be knowledgeable about {NAME's} health, daily activities, any jobs {he/she} might have, and about any Social Security programs or services {he/she} might use?
	YES
(A60 = 1 A61.	What is that person's name and telephone number? PROBE FOR A60 = 01 ONLY: If you don't have all the information, please tell me what you have. PREFIX, FIRST, MIDDLE, LAST, SUFFIX
	DON'T KNOW
	Please give me the telephone number, area code first. TELEPHONE NUMBER: I_I_I_I_I_I_I_I_I_I_I_I_I DON'T KNOW
	d REFUSEDr

PROGRAMMER: STORE PROXY INFORMATION IN LOCATING DATABASE AND GO TO A62.

IF NAME AND PHONE NUMBER REFUSED SET A105 = 02 (A105)

(A61 = ANSWER)

A62. PROGRAMMER: WHAT KIND OF PROXY CONTACT INFORMATION DOES A61 CONTAIN?

	NO PHONE NUMBER
01	
SET A102 = 06 (A102)	
02	
SET A102 = 06 (A102)	
· · · · · · · · · · · · · · · · · · ·	VALID PHONE NUMBER
03	
SET A101 = 02 (A101)	

A63 DELETED

RESPONDENT VERIFICATION

(A0 = 18) OR (A10 = 1) OR (A12 = 01) OR (A14 = 01 OR 03) OR (A40 = 01) OR (A41 = 01) OR (A55 = 01) OR (A57 = 01) OR (A58 = 01)INTERVIEWER: WHO ARE YOU SPEAKING WITH? INTERVIEWER: IF YOU ARE SPEAKING WITH AN INTERPRETER, CODE SPEAKING WITH {NAME}. NAME 01 PROXY...... 02 A65. DELETED (A64 = ANSWER)Before we start, I need to confirm that I've reached the right person. Is {IF (A64 = 01) FILL your/IF (A64 = 02) FILL {NAME's}} full name: PROGRAMMER: IF A0 = 03, DISPLAY: CAPI INTERVIEWER: DO NOT READ QUESTION; CODE 01, OR 02 AS APPROPRIATE. PROGRAMMER: DISPLAY SAMPLE MEMBER'S FULL NAME BELOW FROM S8. YES...... 01 (A67a) YES, NAME NOW CHANGED...... 02 DON'T KNOW...... d (A72) REFUSED...... r IF A64 = 01 SET A105 = 01 (A105) IF A64 = 02 SET A105 = 03 (A105) (A66 = 02)A67. For the record, what is {your/NAME's} new name? PROGRAMMER: IF A0 = 03 DISPLAY: CAPI INTERVIEWER: DO NOT READ QUESTION: RECORD NAME CHANGE AND CONTINUE. **NEW NAME** DON'T KNOW...... d (A72) REFUSED...... r IF A64 = 01 SET A105 = 01 (A105) IF A64 = 02 SET A105 = 03 (A105) PROGRAMMER STORE NAME CHANGE IN NAME UPDATE BLOCK. (A65 = 01) OR (A66 = 01) OR (A67 = ANSWER OR r)A67a. {PROGRAMMER: IF A22 OR A44 CONTAIN UPDATED STATE, GO TO A68, ELSE CONTINUE} And in what state {IF (A64 = 01) FILL are you / IF (A64 = 02) FILL IS {NAME}} now living? CAPI INTERVIEWER: DO NO READ QUESTION: RECORD STATE BELOW AND CONTINUE. STATE REFUSED...... r IF A64 = 01 SET A105 = 01 (A105) IF A64 = 02 SET A105 = 03 (A105) DON'T KNOW...... d

PROGRAMMER: CHECK AREA CODE AND RECORD STATE.

PROGRAMMER STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT STATE UPDATE BLOCK (S20).

(A67a = A68.	ANSWER OR r) What is {your/NAME'S} date of birth?
	PROGRAMMER: IF (A0 = 03) DISPLAY: CAPI <i>INTERVIEWER:</i> DO NOT READ QUESTION. RECORD DATE OF BIRTH OR d AND CONTINUE.
	III II III MONTH DAY YEAR
	(1 – 12) (1 - 31) (1937 – 1986) [A68] [A68a] [A68b]
	ANSWERED
(A68 = 0 A69.	How old {IF (A64 = 01) FILL are you/IF (A64 = 02) FILL is {NAME}? PROBE: Your best guess is fine. PROGRAMMER IF A0 = 03 DISPLAY: CAPI <i>INTERVIEWER:</i> DO NOT READ QUESTION, RECORD AGE AND CONTINUE
	RECORD AGE:
(A69 = A A70.	ANSWER OR d) PROGRAMMER CHECK S11: IS A69 AGE = +2 OR – 2 YEARS OF NAME'S AGE?
	YES
(A68 = A A71.	ANSWER) OR (A70 = ANSWER) PROGRAMMER CHECK BIRTHDATE: IS MONTH, DAY, YEAR OF BIRTH AT A68 = MONTH, DAY, AND YEAR OF BIRTH ON RECORD (S11) OR IS A70 = 01?
	NO MATCH
(A65 = A72	ANSWER) OR (A66 = 01,00, OR d AND A70 = 01) OR (A71 => 02) OR (A67=d) PROGRAMMER CHECK: IS $\{NAME'S\}$ IDENTITY VERIFIED $\{NAME \mid NAME \mid NAME$
	YES (VERIFIED)
	PROGRAMMER: CALCULATE AGE AT INTERVIEW (CURRENTAGE) USING DATE OF INTERVIEW -

9/7/06

NOT RE-CALCULATE UPON RE-ENTRY.

SELF-REPORTED DATE OF BIRTH GIVEN IN A68 (TO BE USED IN SECTION E). DO

NAME/PROXY COGNITIVE TEST

(A72 = 01)

A73. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

(A73=01, 04 OR 05)

A74. Next, I will explain some facts about the survey. After I explain, I will ask you three questions so I can be sure my explanation was clear.

Here's the first explanation. The survey asks about {IF (A73 = 03) FILL your / IF (A73 = 04 OR 05) FILL {NAME's}} health, daily activities, and any jobs {IF (A73 = 03) FILL you / IF (A73 = 04 OR 05) FILL {NAME}} might have. Please tell me in your own words what the survey is about.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW" RECORD AS "LISTS NONE"

A75 IS DELETED

(A74 = 00 OR 01)

A76. INTERVIEWER: YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. The survey asks about $\{your/NAME\}$'s <u>health</u>, <u>daily activities</u>, and <u>any jobs $\{IF (A73 = 03) FILL you / IF (A73 = 04 OR 05) FILL {NAME}\} might have</u>. Please tell me in your own words, what the survey is about.</u>$

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW" RECORD AS "LISTS NONE"

(A74 = 02 OR 03) OR (A76=02 OR 03)

A77. Here is the next explanation. Taking part in the survey is <u>completely voluntary</u>. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like and you can stop the interview at any time you choose. Whether you choose to take part or not, {your/NAME's} disability benefits will not be affected in any way.

When I say your participation is completely voluntary, what does that mean to you?

PROBE: IF RESPONDENT SAYS: It is voluntary, PROBE: What does that mean?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF NAME/PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"

ACCURATE ANSWER	01	(A78)
INACCURATE ANSWER	02	
REFUSED	r	IF A73 = 03 SET A105 = 01 (A105) /
		IF A73 = 04 OR 05 SFT A105 = 03 (A105)

(A77=02)

A77a. INTERVIEWER: YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. Taking part in the survey is <u>completely voluntary</u>. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like and you can stop the interview at any time you choose. Whether you choose to take part or not, {your/NAME's} disability benefits will not be affected in any way. When I say your participation is <u>completely voluntary</u>, what does that mean to you?

PROBE: IF RESPONDENT SAYS: It is voluntary, PROBE: What does that mean?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF NAME/PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"

(A77 = 01 OR A77a = 01)

A78. Here's the last explanation. All your answers will be <u>kept confidential</u> and used <u>only</u> for the research purposes of the study. When I say that your answers will be <u>kept confidential</u>, what does that mean to you? PROBE: IF RESPONDENT OR PROXY SAYS: It is confidential, PROBE: What does that mean?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research; etc.

INTERVIEWER: IF RESPONDENT SAYS: "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

(A78 = 02)

A78a. INTERVIEWER: YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. All your answers will be <u>kept confidential</u> and used <u>only</u> for the research purposes of the study.

When I say that your answers will be kept confidential, what does that mean to you?

PROBE: IF RESPONDENT OR PROXY SAYS: It is confidential, PROBE: What does that mean?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: My answers will be secret. Only

researchers will see what I said. What I say will be (kept) private. It will only be used for research; etc.

research, etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"

INACCURATE ANSWER - FAILED...... 02

r IF A73 = 03 SET A105 = 01 (A105) /

IF A73 = 04 OR 05 SET A105 = 03 (A105)

A79 IS DELETED

RESPONDENT OR PROXY FAILS COGNITIVE TEST. FIND A PROXY/ANOTHER PROXY

(A76 = 00 OR 01) OR (A77a = 02 OR A78a = 02)

A80. Thank you. Our study rules say that we need to find {IF (A73 = 03) USE someone / IF (A73 = 04) USE someone else} who can help {IF (A64 = 01) FILL you / IF (A64 = 02) FILL {NAME}} answer the survey questions. Is there someone there who could answer questions about {(IF A64 = 01) FILL your / IF (A64 = 02) FILL {NAME's}} health, daily activities, and any jobs {IF (A64 = 01) FILL you / IF (A64 = 02) FILL he/she} might have?

PROBE: This might be someone who lives with {you/NAME}, a friend, or someone like a social worker or case worker.

YES, PROXY COMES TO PHONE......01 (A85)

YES, CALL BACK PROXY LATER...... 02

DON'T KNOW...... d SET A106 = 04 (A106)

r IF A73 = 03 SET A105 = 01 (A105) /

IF A73 = 04 OR 05 SET A105 = 03 (A105)

(A80 = 02)

A81. What is that person's name so that we can call back and ask for them?

NAME: PREFIX, FIRST, 'MIDDLE, LAST, SUFFIX

PROGRAMMER: RECORD NAME LOCATING DATABASE SET A100 = 02 (A100)

A80 =	03)
A82.	Do you have that person's name and/or telephone number? If you don't have all the information please tel me what you can.
	YES 01
	NO
A82 = A83.	01)
₹05.	PREFIX, FIRST, MIDDLE, LAST, SUFFIX
	DON'T KNOW d
	REFUSEDr
	Please give me the telephone number, area code first.
	TELEPHONE NUMBER: _ _ _ _ _ _ _ _ _
	DON'T KNOW d REFUSED r
	PROGRAMMER: STORE PROXY NAME AND PHONE NUMBER IN LOCATING
	DATABASE.
	IF BOTH NAME AND PHONE NUMBER REFUSED, SET A106 = 05 (A106)
	VALID PHONE NUMBER 01 SET A101 = 02 (A101) INVALID PHONE NUMBER 02 SET A106 = 05 (A106) NO PHONE NUMBER 03 SET A106 = 05 (A106)
CALL '	TO NEW PROXY/NEW PROXY COMES TO PHONE
΄Λ1 – 1	L3) OR (A56 = 01 OR O2) OR (A80 = 01)
A1 – 1 A85.	{IF (A56 = 01 OR 02) OR (A80 = 01) USE Hello, my name is, calling on behalf of the Social Security Administration.} Recently, Social Security contacted {NAME} about an important survey we are conducting for them. The National Beneficiary Survey is about beneficiaries' health, daily activities, and any jobs they might have. Congress requires that Social Security conduct this study. I've been told that you are knowledgeable about these topics and are the best person to answer the survey on behalf of {NAME}.
	The interview will take from 45 to 60 minutes. In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview. Would you be able to help us?
	YES 01
	CALL BACK LATER 02 SET A100 = 02 (A100)
	DON'T KNOW d SET A106 = 03 (A106)
	REFUSED r SET A105 = 03 (A105)
A85=0	01)
A85a.	Before we start, please tell me your name.
	FIRST, MIDDLE, LAST
	DON'T KNOW d REFUSED r

NBS ROUND 4 INSTRUMENT

NEW PROXY/ NEW PROXY COMES-TO-PHONE COGNITIVE TEST

(A85 = 01)

A86. Next, I will explain some facts about the survey. After I explain, I will ask you three questions so I can be sure my explanation was clear.

Here's the first explanation. The survey asks about {NAME's} health, daily activities, and any jobs {he/she} might have. Please tell me in your own words what the survey is about.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW," RECORD AS "LISTS NONE"

LISTS NONE	00	
LISTS ONLY 1 TOPIC	01	
LISTS ANY 2 TOPICS	02	(A89)
LISTS 3 TOPICS	03	(A89)
REFUSED	r	SET A105 = 03 (A105)

A87 IS DELETED

(A86= 00 OR 01)

A88. INTERVIEWER YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. The survey asks about {NAME}'s health, daily activities, and any jobs {he/she} might have. Please tell me in your own words what the survey is about.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW" RECORD AS "LISTS NONE"

LISTS NONE	00	(A92)
LISTS ONLY 1 TOPIC	01	(A92)
LISTS ANY 2 TOPICS	02	
LISTS 3 TOPICS	03	
REFUSED	r	SET A105 = 03 (A105)

(A86 = 02 OR 03) OR (A88 = 02 OR 03)

A89. Here is the next explanation. Taking part in the survey is <u>completely voluntary</u>. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like and you can stop the interview at any time you choose. Whether you choose to take part or not, {NAME's} disability benefits will not be affected in any way.

When I say your taking part is completely voluntary, what does that mean to you?

PROBE: IF RESPONDENT SAYS: It is voluntary, PROBE: What does that mean?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

(A89 = 02)

A89a. INTERVIEWER: YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. Taking part in the survey is <u>completely voluntary</u>. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like and you can stop the interview at any time you choose. Whether you choose to take part or not, {NAME's} disability benefits will not be affected in any way. When I say your taking part is <u>completely voluntary</u>, what does that mean to you?

PROBE: IF RESPONDENT SAYS: It is voluntary, PROBE: What does that mean?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"

(A89a = 01)

A90. Here's the last explanation. All your answers will be <u>kept confidential</u> and used <u>only</u> for the research purposes of the study. When I say that your answers will be <u>kept confidential</u>, what does that mean to you?

PROBE: IF RESPONDENT SAYS: It is confidential, PROBE: What does that mean?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research; etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

(A90 = 02)

A90a. INTERVIEWER: YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. All your answers will be <u>kept confidential</u> and used <u>only</u> for the research purposes of the study.

When I say that your answers will be kept confidential, what does that mean to you?

PROXY: IF RESPONDENT SAYS: It is confidential, PROBE: What does that mean?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research; etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

A91 IS DELETED

(A88 = 00 OR 01) OR (A89a = 02) OR (A90a = 02)

A92. Thanks for your patience. There seems to be a problem and I need to check with my supervisor about what to do next. My supervisor will get back to you.

PROXY FAILED COGNITIVE TEST...... 01 SET A106 = 04 (A106)

CALL BACK LATER TO SAME NUMBER (INTERIM)

(A1 = 04) OR (A3 = 02) OR (A5 = 02) OR (A7a = 01) OR (A8 = 03) OR (A9=03) OR (A10 = 03) OR (A12 = 02) OR (A14 = 04) OR (A17 = 01, 02, 03 OR 04) OR (A18=01 or 02 or 03) OR (A20 = 02; OR A27b = 01) OR (A28 = ANSWER) OR (A47 = ANSWER) OR (A52 = 01) OR (A55 = 02) OR (A56 = 03) OR (A57 = 02) OR (A58 = 02) OR (A81 = ANSWER) OR (A84 = 01) OR (A85 = 02)

A100. (INTERNAL VARIABLE – NOT DISPLAYED FOR USER – SHOW FOR TESTING PURPOSES ONLY)

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

START NEXT SCREENER AT...

{YOUR NAME}	
01	
A0 = 01	
{PROXY NAME}	
02	
A0 = 10	
{INTERPRETER NAME}	
{INTERFRETER IVAIVIE}	
A0 = 14	
{NAME} using TTY	
04	
30 = 0A	
{NAME} using Relay	
05	
A0 = 07	7
{NAME} using a phone amplifier	
	ò
A0 = 09)
{NEW PROXY NAME} AFTER FIRST PROXY FAILED	
COGNITIVE TEST	
07	7
A0 = 10	
{NAME} at {IF A1 = 07; OR A2 = 07; OR A4b = 07;	
OR A13a = 08 FILL HOSPITAL NAME FROM A28/	
IF A1 = 11; OR A2 = 11; OR A4b = 09; OR A13a = 07	
FILL INSTITUTION NAME FROM A28	
	-
IF A4a = 02 AND A6 = ANSWER {NEW INTERPRETER	
NAME}	
09	
A0 = 15	5

PROGRAMMER: SEND TO CALLBACK SCREEN AND INTERVIEWER WILL SET CALL BACK STATUS THERE.

GO TO END

NEW PHONE NUMBER FOR NAME/PROXY/LEAD TO NAME/LEAD TO PROXY

(A36 = 01) OR (A38 = ANSWER) OR (A52 = 01) OR (A62 = 03, 05, OR 09) OR (A84 = 03, 05, OR 09) A101. Thank you very much; we will be calling {NAME/PROXY/LEAD FROM BELOW} shortly.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND 01 OR 02 VALUES BELOW. 03 SHOULD NOT BE DISPLAYED.

START NEXT SCREENER AT...

{NAME}	
{PROXY} WHO LIVES ELSEWHERE	
LEAD	

A101a. PROGRAMMER: GO TO END.

SEND TO LOCATING: NAME OR PROXY (INTERIM)

(A1 = 14) OR (A2 = 14) OR (A4b = 11) OR (A24 = 00) OR (A36 = 00) OR (A37 = 00 OR d) OR (A52 = 00) OR (A56 = 07) OR (A62 = 01, OR 02) OR (A72 = 00) OR (A82 = 00) OR (A84 = 01, 02, 04, 05, 07, OR 08)

A102. Thank you very much. Goodbye.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

INTERVIEWER: PRESS 1 TO CONTINUE

START NEXT SCREENER AT...

{NAME}: NO SUCH PERSON HERE	01	SET STATUS = 530 (END) A0 = 01
{NAME}: NEED PHONE NUMBER ONLY	02	SET STATUS = 530 (END) A0 = 01
{NAME} NEED ALL CONTACT INFORMATION	03	SET STATUS = 530 (END) A0 = 01
{NAME} FAILED VERIFICATION – FIND NAME	04	SET STATUS = 530 (END) A0 = 01
{PROXY}: NO SUCH PERSON HERE	05	SET STATUS = 380 (END) A0 = 13
{PROXY}: NEED PHONE NUMBER	06	SET STATUS = 380 (END) A0 = 13

PROGRAMMER: FOR 05 - 06 SUPERVISOR WILL SET NEXT STARTING QUESTION AND MAY OVERWRITE CODES

INELIGIBLE (INTERIM / POSSIBLE FINAL)

(A1 = 09, 12, OR 18) OR (A2 = 09, 12, OR 18) OR (A4b = 08,10, OR 14) OR (A13a = 06, 10 OR 11) OR (A26 = 01) OR

(A33 = 01)

A103. Thank you for explaining. That's all the questions we have for you. Goodbye.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

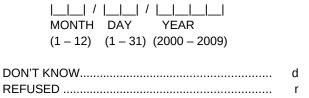
NOTE: PROGRAMMER, THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW. THEY WILL NOT CYCLE THROUGH THE SCREENER AGAIN UNLESS SUPERVISOR/PROGRAMMER RESETS CASE STATUS.

INTERVIEWER: PRESS ENTER TO CONTINUE

INCARCERATED	01	SET STATUS = 421 (END)
IN ACTIVE MILITARY	02	SET STATUS = 422 (END)
LIVING OUTSIDE THE USA	03	SET STATUS = 461 (END)

(A1=08) OR (A2=08) OR (A4b=07) OR (A13a=09)

A103a. I am sorry to hear {NAME} has passed away. I was calling about a study we are conducting for the Social Security Administration. You might have seen a letter we recently sent [NAME] explaining the study. When did {NAME} pass away?



Thank you. Please accept my condolences. Goodbye.

PROGRAMMER: SET STATUS = 440 GOTO END

BARRIERS TO PARTICIPATION - (INTERIM NON-RESPONSE / POSSIBLE FINAL NON-RESPONSE)

(A1 = 17) OR (A2 = 17) OR (A4b = 13) OR (A46 = 05, 06, 07, 08, OR 09) OR (A56 = 06) A104. Thank you very much for explaining. That's all the questions I have. Thanks for your time. Goodbye.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

PROGRAMMER, THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW. THEY WILL NOT CYCLE

THROUGH THE SCREENER AGAIN UNLESS SUPERVISOR/PROGRAMMER RESETS CASE STATUS.

INTERVIEWER: PRESS ENTER TO CONTINUE

HOSPITALIZED	01	SET STATUS = 420 (END)
INSTITUTIONALIZED	02	SET STATUS = 420 (END)
COGNITIVE BARRIER	03	SET STATUS = 412 (END)
HEARING/SPEECH BARRIER	04	SET STATUS = 411 (END)
PHYSICAL BARRIER	05	SET STATUS = 410 (END)
UNAVAILABLE DURING FP	06	SET STATUS = 430 (END)
FINAL LANGUAGE BARRIER	07	SET STATUS = 400 (END)

REFUSALS (INTERIM / FINAL)

(IF ANY OF THE FOLLOWING QUESTIONS = r: A1, A2, A4b, A5, A8, A9, A10, A12, A13a, A14, A17, A18, A20, A21, A22, A27b, A29, A30, A37, A40, A41, A43, A44, A45, A46, A48, A49, A50, A53, A56, A57, A58, A60, A61, A66, A67, A67a, A68, A74, A76, A77, A78, A78a, A80, A85, A86, A88, A89, A89a, A90, A90a)

A105. Thank you for your time. Goodbye.

PROGRAMMER: GO TO REFUSAL SCREEN SO INTERVIEWER CAN RECORD REASON FOR REFUSAL. WHILE THE CASE IS STILL IN INTERIM STATUS, THESE CASES WILL BE SUBJECT TO CALL SCHEDULER RULES THAT WILL DETERMINE WHETHER AND WHEN TO START THE NEXT SCREENER CALL (A0 - 01 OR A0 = 10) OR SET AS 860 (END) (REVIEW NEEDED FOR FIELD BY SUPERVISOR, AKA HOLD FOR CAPI)

START NEXT SCREENER AT:

{NAME} REFUSED	01	SET STATUS = 200 (REFUSAL SCREEN) A0 = 01
{UNKNOWN} REFUSED	02	SET STATUS = 220 (REFUSAL SCREEN) A0 = 01
{PROXY} REFUSED	03	SET STATUS = 210 (REFUSAL SCREEN) A0 = 10

INTERVIEWER: PRESS ENTER TO RECORD REASONS FOR REFUSAL IN REFUSAL SCREEN.

SUPERVISOR REVIEW (INTERIM)

(A1 = 15) OR (A2 = 15) OR (A3 = 03 OR r) OR (A4 = r) OR (A4a = 03 OR r) OR (A4b = 03 OR 12) OR (A15 = ANSWER) OR (A18 = 05 OR d) OR (A24 = r) OR (A26 = r) OR (A28 = r) OR (A29 = r) OR (A47 = d OR r) OR (A50 = 2) OR (A51 = r) OR (A56 = 05 OR 08) OR (A60 = 00 OR d) OR (A80 = 04 OR d) OR (A101 = 03) A106. Thank you for your time. Goodbye.

INTERVIEWER: IF CASE NEEDS A SPANISH INTERVIEWER, PLEASE RECORD IN APPOINTMENT OR EXIT, AS APPROPRIATE.

POSSIBLE LANGUAGE PROBLEM 01	SET STATUS = 380 (END)
CALL INFORMANT TO SET TTY/RELAY	
CALL BACK TIME 02	SET STATUS = 380 (END)
NEED TO LOCATE NEW PROXY 03	SET STATUS = 380 (END)
PROXY FAILED COGNITIVE TEST / NO	
OTHER PROXY AVAILABLE	
04	
SET STATUS = 380 (END)	
OTHER SUPERVISOR REVIEW 05	SET STATUS = 380 (END)
CALL LEAD FOR NAME/PROXY INFO 06	SET STATUS = 380 (END)

HOLD FOR CAPI (INTERIM - REQUIRES SUPERVISOR REVIEW)

(A29 = ANSWER) OR (A45 = 01,02, OR d)

A107. Thank you very much. Our field interviewer will call to arrange a time for the interview.

PROGRAMMER: IN ADDITION TO THESE CASES BEING HELD FOR CAPI, REFUSALS AND

UNLOCATABLES WILL ALSO BE HELD FOR CAPI UNDER CERTAIN

CIRCUMSTANCES THAT THE SUPERVISORS WILL DECIDE. NOTE ALSO THAT

ALL CAPI CASES WILL START THE CAPI SCREENER AT A0 = 01.

INTERVIEWER: PRESS 1TO CONTINUE

HOLD FOR	R CAPI	 	
		 	C
	SET STAT		

RESPONDENT WILL CALL MPR (INTERIM)

(A10 = 02) OR (A17 = 05 OR 06)

A108. Thanks for offering to call in. Please write down our toll-free number. {IF (A10 = 02 OR A17 = 06) FILL 877-293-5740. / IF (A17 = 05) FILL Call 877-293-5741 for a TTY interview.} We are available days, evenings, and weekends. If you call after hours, please leave a message and we will get back to you the next day.

INTERVIEWER: PRESS ENTER TO CONTINUE

[NAME] WILL CALL
01
SET STATUS = 830 (END) A0 = 02
02
SET STATUS = 830 (END) A0 = 08

{NAME} WILL CALL/RELAY
03
SET STATUS = 830 (END) $\Delta 0 = 07$

REQUEST FOR LETTER (INTERIM)

(A22 = 01) OR (A25 = 00) OR (A26 = r) OR (A59 = 02)

A109. You should receive the letter in about a week. Thank you for your time. Goodbye.

INTERVIEWER: PRESS 1 TO CONTINUE

START NEXT SCREENER AT...

{NAME} REQUESTS LETTER
01
SET STATUS = 831 (END) A0 = 04
PROXY REQUESTS LETTER
02
SET STATUS = 831 (END) A0 = 11

CONTINUE WITH INTERVIEW

(A78a = 01) OR (A90a = 01) A110. RESPONDENT CHECK SCREEN

INTERVIEWER: WE SHOW THE RESPONDENT IS

(IF A73 = 01, 02; OR A73 = 03 AND A78a = 01 FILL {NAME} (IF A73 = 04 OR 05 AND A78a = 01; OR A90a = 01 FILL PROXY

INTERVIEWER: IS THIS INFORMATION CORRECT?

YES	 	 	 	 	
	 	 	 	 	01
	 	 	 	 	(B1)
	 	 	 	 	00

(A110 = 00)

A110a. INTERVIEWER: WHO IS THE RESPONDENT?

SAMPLE MEMBER	
	01
PROXY	. ,
	02

SECTION B: DISABILITY AND CURRENT WORK STATUS

DISABILITY STATUS

(All) B1.				
		some questions about how {your/NAME's} health affects {your/his/her} daily activities. sical or mental condition limit the kind or amount of work or other daily activities {you/NAME} can		
	PROBE 1:	In other words, are there things {you/NAME} can't do as much or can't do at all that people the same age can?		
	PROBE 2:	Daily activities include cooking, shopping, getting around the home, paying bills, or working at a job.		
		YES		
(B1=01) B2.	What physi	cal or mental condition is the <u>main</u> reason {you are/NAME is} limited?		
	INTERVIEWER: ENTER VERBATIM RESPONSE			
		By what name do doctors call {your/NAME's} health condition? What causes this condition?		
	<o< td=""><td>PEN></td></o<>	PEN>		

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

9/7/06 B-1

(B	1=	0	1)	۱

B3.	{Do you/Does NAME} have any other physical or mental conditions that limit the kind or amount of work or
	other daily activities {you/he/she} can do?

- PROBE 1: In other words, are there things {you/NAME} can't do as much or can't do at all that people the same age can?
- PROBE 2: Daily activities include cooking, shopping, getting around the home, paying bills, or working at a job.

YES	01	
NO	00	(B18_age)
DON'T KNOW	d	(B18_ age)
REFUSED	r	(B18 age)

(B1=01 and B3=01)

B4. What are those conditions?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: By what name do doctors call {your/NAME's} health condition?

PROBE 2: What causes this condition?

<open:< th=""><th>></th></open:<>	>
	DON'T KNOW
	d
	REFUSED
	r

GO TO B18_age

(B1=00, d, r)

B5. {Are you/Is NAME} currently receiving disability benefits from Social Security?

YES	
	01
NO	
	00
	(B9)
DON'T KNOW	
REFUSED	

(B1=00, d, r and B5=01)

B6. What physical or mental condition is the main reason (you are/NAME is) eligible for disability benefits?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: By what name do doctors call {your/NAME's} health condition?

PROBE 2: What causes this condition?

<open></open>		
	DON'T KNOW	
	d	
	REFUSED	
	r	

SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE

PRELO	ADED VARIABLES: SAMPLE TYPE (S2)		
(B1=00 B7.	, d, r and B5=01) {Do you/Does NAME} have any other physical or mental conditions that makedisability benefits?	e {yo	ou/him/her} eligible for
	YES NO DON'T KNOW REFUSED	00 d	(B18_ age)
(B1=00 B8.	, d, r and B5=01 and B7=01) What are those conditions?		
	INTERVIEWER: ENTER VERBATIM RESPONSE		
	PROBE 1: By what name do doctors call {your/NAME's} health condition? PROBE 2: What causes this condition?		
	<open></open>		
	DON'T KNOWREFUSEDGO TO B18_ age		
(S2=01 B9.	L) and (B1=00, d, r and B5=00,d, r) {Have you/Has NAME} received disability benefits from Social Security at any years?	y tim	ne during the last five
	YES NO DON'T KNOW REFUSED	00 d	(B11)
(S2=01 B10.) and (B1=00, d, r and B5=00,d,r and B9=00,d,r) We are only interviewing people who have received disability benefits in the past with my supervisor and get back to you. Thank you for your help.		years. I need to check
	PRESS 1 TO CONTINUEEND CALL. STATUS "SUPERVISOR REVIEW 380."	01	
(S2=01 B11.) and (B1=00, d, r and B5=00,d,r and B9=01) {Do you/Does NAME} still have the physical or mental conditions that made {you Security disability benefits?	ı/him	/her} eligible for Social
	YES	01	

B12. What physical or mental condition is the main reason {you were/NAME was} eligible for disability benefits?

DIZ.	vviiai priysicai oi	mental condition is the	e <u>mam</u> reason (you	were/NAME was eligii	ole for disability beliefits?
	INTERVIEWER:	ENTER VERBATIM R	ESPONSE		
	PROBE 1: By w	hat name do doctors c	all {your/NAME's} h	ealth condition?	
	PROBE 2: What	t causes this condition	?		
	<open></open>	>			
		-			
(S2=01) B13.		-	-	al conditions that made	e {you/him/her} eligible for
		YES			01
		REFUSED			r (B18_age)
(S2=01) B14.	What are those co	and B5=00,d,r and B9= onditions? ENTER VERBATIM R		d B13=01)	
	PROBE 2: What	rhat name do doctors c t causes this condition'	?		
	<open></open>	>			
			GO TO B18_age		
(S2=01) B15.	What physical or	and B5=00,d,r and B9= mental condition was g disability benefits fro	the main reason {		limited when {you/he/she}
	INTERVIEWER:	ENTER VERBATIM RE	ESPONSE		
	-	hat name did doctors of taused this condition		nealth condition?	
	<open></open>	>			

SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE

DDEL OADED	VADIABLES.	CAMDLETV	DE (C3)
PRELOADED	VARIABLES	SAMPLE II	PE (32)

(S2=01) B16.		ical or mental conditions that limited the k	
	other daily activities {you/he/she} could	do when {you/he/she} first started getting d	isability benefits?
	REFUSED		r (B18_age)
(S2=01) B17.	and (B1=00, d, r and B5=00,d,r and B9 What were those conditions?	=01 and B11=00,d,r and B16=01)	
	INTERVIEWER: ENTER VERBATIM I	RESPONSE	
	PROBE 1: By what name did doctors PROBE 2: What caused this condition		
	<open></open>		
(S2=01) B18_age	other daily activities {you/he/she} co	en {you/he/she} <u>first</u> became limited in the land do? Your best estimate is fine. NOWN, ENTER '99' TO PROBE FOR A YEA NE YEAR OR SINCE BIRTH, ENTER '0' IN A	AR.
	Ļ	(B20 IF AGE 0-64)	
		GE -64) (or '99' to probe for year)	
-	and (B18_age=99)		
B18_yea	ır. PROBE: READ IF NECESSARY: In wh	nat vear?	
	<u> </u>	<u> </u>	
		AR	
	(18	33-2009) (B20)	
	DON'T KNOW	C	i
	REFUSED	r	

(S2=01) and (B18 age=d, r) or (B18 age=99 and B18 year=d,r) Did {you/NAME} become limited before the age of 18 or after age 18? B19. PROBE: Your best guess is fine. LESS THAN 18.....01 18 OR OLDER.....02 DON'T KNOW.....d REFUSED.....r PROGRAMMER: CALCULATE AGE OF ONSET BASED ON B18 AGE AND B18 YEAR: If B18_age=0-64, then B18_age_calc=B18_age. Else if B18_age=99 and B18_yr ≠ d or r and B18_year=A68b, B18 age calc=0. Else if B18 age=99 and B18 yr ≠ d or r and B18 year ≠ A68b, B18 age calc= B18yr - A68b. Else, if B18 age=99 and B18 yr=d or r, B18 age calc= B18 yr. Else, if B18 age=d or r, B18 age calc=B18 age. (S2=01 SOFT EDIT: B18 age calc SHOULD NOT EXCEED CURRENT AGE. IF B18 age calc>CURRENTAGE_ B20. TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER: AGE OF DISABILITY ONSET IS GREATER THAN CURRENT AGE. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. I show that {you are/NAME is} now (CURRENTAGE), and {you/he/she} became limited when {you were/(he/she) was} (B18 age calc). Should I change {your/NAME's} the age when {you/NAME} first became limited? CHANGE AGE WHEN FIRST BECAME LIMITED..... (CHANGE B18 age) SUPPRESS..... (S2=01)B21. CHECK: HAS {NAME} BEEN LIMITED SINCE ADULTHOOD (B18_age_calc NE D OR R, AND B18 age calc/S > OR = 18) OR (IF B18 age calc=D OR R and B19=02)? YES.....01 NO.....00(B23 2) (S2=01and (B21=01) {Were you/Was NAME} working at a job for pay when {you/he/she} first became limited? B22. DON'T KNOW...... d (B24) REFUSED..... r (B24) (S2=01) and (B21=01 and B22=01) B23. Did the job {you/NAME} had at that time require {you/him/her} to use a computer? YES.....01 NO.....00

	DON'T KNOW		
	REFUSEDd		
(ALL)	r		
B23_2. How often do you	I {now} use a computer to access the Internet or World Wide Wel	ງ?	
	Never	•	324)
	Daily		
	A few times a week		
	Once a week	-	
	Less than once a week	05	
	DON'T KNOW	d	
	REFUSED	r	
B23_3. Have you ever use information via the Interne			r work-related
	YES	01	
	NO	00	
	DON'T KNOW	d	
	REFUSED	r	
CURRENT WORK STATU	JS		
	stions are about {your/NAME's} personal goals and {your/his ou/Is NAME} currently working at a job or business for pay or prof	fit? 01	
	NO		
	DON'T KNOW		
	REFUSED	r	
B25. ITEM MOVED TO FO	DLLOW B29_10_Other		
B26. ITEM MOVED TO F	OLLOW B25		
B27. ITEM MOVED TO F	OLLOW B26		
(B24=00,d,r) B28. {Have you/Has N	AME} been looking for work during the last four weeks?_		
	YES	01	
	NO		(B25 new position)
	DON'T KNOW		
	REFUSED		• • •
(D20-01)			·
(B28=01) B28a. Are {you/NAME}	looking for part-time or full-time work?		
	FULL-TIME	01	(B29)
	PART-TIME	02	
	DON'T KNOW	d	(B29)
	REFUSED		(B29)

(B28=02	L)					
B28b.	About how many	hours per week v	vould {you/N	IAME} like	e to work?	
			_ _ HOURS	(1-60)	(1-168)	
		DON'T KNOW				
		REFUSED				
						r

B-9

(B28=01)

B29. Next, I am going to read you a list of things that some people do to look for work. Please tell me whether or not {you/NAME} did any of these things during the last four weeks. To look for work in the last four weeks did {you/NAME}:

		<u>YES</u>	<u>NO</u>	<u>DK</u>	REF
a.	Contact {your/NAME'S} state's unemployment office?	01	00	d	r
b.	Ask friends or relatives?	01	00	d	r
c.	Look through job advertisements in a newspaper or on the Internet?	01	00	d	r
d.	Contact the State Vocational Rehabilitation Agency or {VRNAME				
	FROM {NAME'S} CURRENT STATE}?	01	00	d	r
e.	Contact a local independent living center?	01	00	d	r
f.	Contact a private employment agency or program?	01	00	d	r
g.	Contact any employers in person, by mail, or by phone?	01	00	d	r
h.	Do anything else that I didn't mention?	01	00	d	r

PROGRAMMER: IF B29h=01, GO TO B29h_OTHERWISE, GO TO B29_1a.

(B28=01 and B29_h=01) B29h_Other. What was it?

INTERVIEWER: PLEASE SPECIFY

	<open></open>			
		DON'T KNOW		
		d		
		REFUSED		
		r		
(B28=01)				
B29_1a.	{Have/Has} {	you/NAME} received any job offers within the past four weeks?		
		YES	01	
		NO	00	(B29_7)
		DON'T KNOW	d	(B25, new position)
		REFUSED	r	(B25, new position)
NEW ITEM				
(B29 1a=01)				
B29_1b.	Did {you/NAM	ME} turn any of these job offers down?		
		YES	01	
		NO	00	(B30)
		DON'T KNOW	d	(B25, new position)
		REFUSED	r	(B25, new position)

NEW ITEM

(B29_1a=01 and B29_1b=01)

B29_2. Now, I am going to read you a list of reasons why people sometimes do not accept a job offer. Please tell me if any of these are reasons why {you/NAME} did not accept a job that {you/he/she} {were/was} offered in the past four weeks.

			<u>YES</u>	<u>NO</u>	<u>DK</u>	REF
	a.	{You/NAME} would have needed special equipment or medical devices that {you do / he does /she does} not currently have in order to do the work	01	00		
	b.	[You/NAME] did not have the personal assistance [you/he/she] needed to get ready for work each day (Example if needed: This includes things like dressing and bathing) r	01	00		
	C.	{You/NAME} could not get the help that {you/he/she] needed caring for children or others	01	00		
	d.	{You/NAME} did not have reliable transportation to and from the job dr	01	00		
	e.	The job did not offer a flexible enough scheduler	01	00		
	f.	The job {you/NAME} {were/was} offered did not pay enoughr	01	00		
	g.	The job did not offer health insurance benefitsr	01	00		
	h.	{You/NAME} would have lost benefits (you need /he needs /she needs) like Social Security, disability insurance, workers' compensation, or Medicaid, if [you/he/she] accepted the job	01	00		
	i.	Is there anything else that I did not mention that made {you/NAME} turn down a recent job offer	01	00		
	-	29_2_i=01) 9_2_i_Oth. What other reasons?				
		<open></open>			_	
		DON'T KNOWd REFUSED				
		r 				
(B29_1a=01 B29_2CHEC		B29_1b=01) CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?				
		YES				
		NO				
(B29_1a=01	and	B29_1b=01 AND RTYPE=01)				

B29_3CHECK: IS PAY A REASON RESPONDENT DID NOT ACCEPT JOB (B29_2f=01)?

YES	
	01
	(B29 3a)
NO	
	(B29_3b)

NEW ITEM

(B29_2f=01 AND RTYPE=01)

B29_3a. You said that one of the reasons you did not accept a job you were offered was because it did not pay enough.

What is the lowest wage or salary you would have accepted for this job?

INTERVIEWER: Read only if necessary, otherwise code:

\$ _ .	_	
DON'T KNOW	· –	,
B29_3ahop. Is this:		
HOURLY01 (1-25)	(1-300)	(B29_5CHECK)
DAILY02 (1-384)	(1-1,922)	(B29_4a)
WEEKLY03 (1-1,923)	(1-9,615)	(B29_4a)
BI-WEEKLY04 (1-4,166)	(1-20,833)	(B29_4a)
TWICE A MONTH05 (1-4,166)	(1-20,833)	(B29_4a)
MONTHLY06 (1-8,333)	(1-41,666)	(B29_4a)
ANNUALLY07 (1-100,000)	(1-500,000)	(B29_4a)
DON'T KNOW	` -	

NEW ITEM

(B29 2f=00, d, OR r AND RTYPE=01)

B29_3b. If you did get a job offer that matched your current needs and abilities, what is the lowest wage or salary you would be willing to accept for such a job?

INTERVIEWER: If they hesitate or seem to be having difficulty, add: If you have no idea, just say so.

INTERVIEWER: Read only if necessary, otherwise code:

\$ _ .	_l	
DON'T KNOW	` '	B29_5CHECK) B29_5CHECK)
B29_3bhop Is this:		
HOURLY01 (1-25) DAILY02 (1-384)	(1-300) (1-1,922)	(B29_5CHECK) (B29_4a)
WEEKLY03 (1-1,923) BI-WEEKLY04 (1-4,166)	(1-9,615) (1-20,833)	(B29_4a) (B29_4a)
TWICE A MONTH05 (1-4,166) MONTHLY06 (1-8,333)	(1-20,833) (1-41,666)	(B29_4a) (B29_4a)
ANNUALLY07 (1-100,000)	(1-500,000)	(B29_4a)
DON'T KNOW	d (B29_4a	a)

PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29_3ahop or B29_3bhop OUT OF RANGE

REFUSED..... r (B29_4a)

_	me make sure I did not make a mistake. You just indicated t scepted for this job is [insert ((B29_3a and B29_3ahop) OR (B		• • • •
С	CHANGE LOWEST WAGE OR SALARY	01	(CHANGE B29_3a OR B29_3b)
С	CHANGE PAY PERIOD	02	
S	SUPPRESS	03	_ ',
	06, d or r) or (B29_3bhop=02, 03, 04, 05, 06, d, or r) per week would you expect to work for this amount of pay?		
	_ _ (Skip to B29_5CHECK) HOURS 1-99)		
	OON'T KNOW		
	REFUSE	r	(B29_4b)
NEW ITEM (B29_4a=d or r) B29_4b. Would you expect	to work full-time or part-time?		
F	ull-time	01	
Р	art-time	02	
D	on't know	d	
R	Pefused	r	
(B29_1a=01 and B29_1b=01 B29_5CHECK. IS LOSING	1) BENEFITS REASON DID NOT ACCEPT JOB (B29_h=1)?		
Y	'ES		
	01		
	(B29_5)		
٨	IO		
	00		
	(B30)		
NEW ITEM (B29_2 h=1)			
B29_5. You said that one of lost benefits (you/h Medicaid. There are some people call the organizations. Did	of the reasons {you/NAME} did not accept a job was because/she) needed such as Social Security, disability insurance, re many ways people find out about how working will affect the Social Security office, some search the Internet, and other {you/NAME} contact anyone or do any of these things fits would be affected if {you/he/she} went to work?	work eir b	kers' compensation, or benefits. For example, intact disability service
V	′ES		
	IO		
	00		
D	OON'T KNOW		
	d		

REFL	JSED	 	 	 	 	
		 	 	 	 	 r

9/7/06 B-15

NEW	ITEM
(B29	2 h=1)

B29_6. What benefits {were/was} {you/NAME} most worried about losing?

INTERVIEWER: MARK ALI	I THAT APPLY
------------------------------	--------------

W V M S P F	PRIVATE DISABILITY INSURANCE	02 03 04 05 06 07 08 09
_	OTHER STATE DISABILITY BENEFITS OTHER GOVERNMENT PROGRAMS	
O	OTHER	13
(B29_6=13) B29_6_Other: What other b	enefits?	
<open>_</open>		
_	OON'T KNOW	d r

GO TO B30

NEW ITEM

(B29_1a=00)

B29_7. Now, I am going to read you a list of reasons why people are sometimes unable to find a job. Please tell me if any of these are reasons why {you/NAME} {have/has} not found a job that {you/he/she} {think/thinks} is right for {you/him/her}.

		<u>YES</u> <u>DK</u>	<u>NO</u> REF
a.	{You/NAME} would need special equipment or medical devices		
	to work which {you do /he does /she does} not currently have		
	0100		
	dr		
b.	[You/NAME] [do/does] not have the personal assistance [you/he/she]		
	[need/needs] to get ready for work each day		
	(Example if needed: This includes things like dressing and bathing)		
	0100		
	dr		
c.	{You/NAME} cannot get the help that {you need/ he needs/ she needs]		
	caring for children or others		
	0100		
	dr		
d.	[You/NAME] [do/does] not have reliable transportation to and from work.		
	0100		
	dr		
e.	The jobs that are available do not offer a flexible enough schedule		
	0100		

9/7/06 B-16 **NBS ROUND 3 INSTRUMENT**

f.		cannot find a job {you are/he is/she is} qualified for 00
	_	r
q.	The jobs that	are available do not pay enough
J		00
	d	r
h.		I not give {you/NAME} a chance to show that {you/he/she}
		00
		r
İ.	=	are available do not offer health insurance benefits
		00
		r
J.	-	would lose benefits (you need / he needs / she needs) like
		y, disability insurance, workers' compensation, or
		ou/he/she} took a job
		00
		r
k.		ing else that I did not mention that is a reason why
	, ,	nave/has) not been able to find a job?
	_	00
	d	r
	(B29_7_	k=01)
		<_Oth. What other reasons?
	D29_1_1	COUI. What other reasons?
-	<open:< td=""><td>></td></open:<>	>
		DON'T WOW
		DON'T KNOW
		d REFUSED
	r	
(B29_1a=0	0)	
	29_7CHECK.	CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?
		YES
		01
		(B29_9CHECK)
		NO
(B29_1a=0	0 AND RTYPE:	=01)
-		REASON RESPONDENT DID NOT ACCEPT JOB (B29_7g=1)?
DZ9_OCITE	CR. ISTATAT	ALASON RESI ONDERT DID NOT ACCEL 1 300 (B23_1g=1):
		YES
		01
		(B29_8a)
		NO
		00
		(B29_8b)
		• • •

NEW ITEM

(B29 7g=1 AND RTYPE=01)

correct?"

B29_8a. You said that one of the reasons you are unable to find a job is that the jobs that are available do not pay enough. What is the lowest wage or salary you would accept for a job that matched your current needs and abilities?

INTERVIEV	VER: Read only \$	if necessary, oth			
REFUS				r	(B29_9CHECK) (B29_9CHECK)
BI-WEE TWICE MONTE	LY EKLY A MONTH HLY	01 (1-25) 02 (1-384) 03 (1-1,923) 04 (1-4,166) 05 (1-4,166) 06 (1-8,333) 07 (1-100,000)	(1-1,922) (1-9,615) (1-20,833) (1-20,833) (1-41,666)	(B29_8c) (B29_8c) (B29_8c) (B29_8c) (B29_8c)	HECK)
	KNOW				
NEW ITEM (B29_7g=00, d, OR r AND RTYPE B29_8b. If you did get a job offer you would be willing to INTERVIEW: IF R HESIT IF R SAYS HAS NO INTE	r that matched yo accept for such a TATES OR SEEM EREST IN WORK	i job? IS TO BE HAVIN ING, CODE AS	IG DIFFICULTY DON'T KNOW.		
					(B29_9CHECK) (B29_9CHECK)
B29_8bhop	o. Is this:				
MONTI ANNUA DON'T	LY EKLY A MONTH HLY		(1-1,922) (1-9,615) (1-20,833) (1-20,833) (1-41,666) (1-500,000)	(B29_8c) (B29_8c) (B29_8c) (B29_8c) (B29_8c) (B29_8c)	(B29_8c)
PROGRAMMER NOTE:	FOLLOWING SO	OFT CHECK IF E	329_8ahop or B	29_8bhop)	OUT OF RANGE

CHANGE LOWEST WAGE OR SALARY...... 01 (CHANGE B29_8a

would have accepted for this job is [insert ((B29_8a and B29_8ahop) OR (B29_8b and B29_8hop)). Is this

B29_8check: Soft edit: "Let me make sure I did not make a mistake. You just indicated that the wage or salary you

	CHANGE PAY PE	RIOD			02	OR B29_8b) (CHANGE B29_8ahop
						OR B29_8bhop)
	SUPPRESS				03	
NEW ITEM (B28_8ahop=02, 03, 04, 05 B29_8c. How many hours	, ,			•		
		_ HOURS (1-99)	(Skip TO B29_9CH	ECK)		
						(B29_8d) (B29_8d)
NEW ITEM (B29_8c=d or r) B29_8d. Would you expect	to work full-time o	or part-time?				
	PART-TIME DON'T KNOW				02 d	
(B29_1a=00) B29_9CHECK. IS LOSIN	IG BENEFITS RE	ASON DID I	NOT ACCEPT JOB ([B29_7=j)?		
				01 (B29_9)		

NEW ITEM (B29_7=j)

B29_9. You said that one of the reasons {you/NAME} {have/has} not been able to find a job is because {you/he/she} would lose benefits (you need / he needs / she needs) such as Social Security, disability insurance, workers' compensation, or Medicaid if {you/he/she} did get a job. There are many ways people find out about how working will affect their benefits. For example, some people call the Social Security office, some search the Internet, and others contact disability service organizations. {Have/Has} {you/NAME} contacted anyone or done any of these things in order to find out how {your/his/her} benefits will be affected if {you/he/she} did go to work?

	YES	01
	NO	00
	DON'T KNOW	d
	REFUSED	r
NEW ITEM (B29_7=j)		
B29_10. What benef	its {are/is} {you/NAME} most worried about losing?	
INTERVIEWE	R: MARK ALL THAT APPLY	
	PRIVATE DISABILITY INSURANCE	01
	WORKERS' COMPENSATION	02
	VETERANS' BENEFITS	03
	MEDICARE	04
	MEDICAID	05
	SSA DISABILITY BENEFITS	06
	PUBLIC ASSISTANCE OR WELFARE	07
	FOOD STAMPS	80
	PERSONAL ASSISTANCE SERVICES (PAS)	09
	UNEMPLOYMENT BENEFITS	10
	OTHER STATE DISABILITY BENEFITS	11
	OTHER GOVERNMENT PROGRAMS	12
	OTHER	13
(B29_10=13)		
B29_10_Other: What o	other benefits?	
<0PF	EN>	

GO TO B30

(B28=00,d, or r) OR (B29 1a= d or r) OR (B29 1b=d or r)

B25. Other beneficiaries have said that they are not working for a number of reasons. I am going to read you a list of these reasons. For each, please tell me if it is a reason why {you are/NAME is} not currently working. {Are you/ Is NAME} not working because PROBE: I need to read the entire list even though some of the reasons may not apply to {you/NAME}. If a reason does not apply to {you/NAME}, please just say so.

INTERVIEWER: IF RESPONDENTS SAYS 'DOES NOT APPLY' CODE AS 'NO'.

	<u>YES</u>	<u>NO</u>	KNOW	REFUSED
A physical or mental condition prevents {you/NAME} from working				
d				
{You/NAME} cannot find a job that {you are/ he is /she is} qualified				
for				
00				
d				
You do/NAME does} not have reliable transportation to and from				
work				
d				
r				
{You are/NAME is} caring for children or others				
d				
r				
ITEM DELETED				
{You/NAME} cannot find a job {you want/ he wants / she wants}				
d				
r				
{You are/NAME is} waiting to finish school or a training program				
01				
00				
Workplaces are not accessible to people with {your/NAME's} disability.				
01				
00				
d				
{You do/NAME does} not want to lose benefits (you need / he needs /				
she needs) like Social Security, disability insurance, workers' compensation, or Medicaid.				
01				
00				

.....r

	j.	{Your/NAME's} previous attempts to work have been discouraging 0100		
		d		
	k.	Others do not think (vou/NAME) can work		
	l.	Others do not think {you/NAME} can work		
		00		
		d		
	m.	Employers will not give {you/NAME} a chance to show that {you/he/she} can work.		
		0100		
	n	dr		
	n.	{You/NAME} does not have the special equipment or medical devices that {you/he/she} would need in order to work		
		01		
		00		
		r		
	0.	{You/NAME} cannot get the personal assistance [you need / he needs		
		/ she needs] in order to get ready for work each day (Example if needed: This includes things like dressing and bathing)		
		01		
		00		
		d		
D20-0	0 d c	or r) OR (B29_1a= d or r) OR (B29_1b=d or r)		
326.		e there any other reasons why {you are/NAME is} not working that I did not n	nentior	1?
		VEC	01	
		YES NO		(B29_11CHECK)
		DON'T KNOW	d	(B29_11CHECK)
		REFUSED	r	(B29_11CHECK)
B26=0	1)			
327.	Wh	nat are they?		
	INT	ERVIEWER: ENTER VERBATIM RESPONSE		
		<open></open>		
		DON'T KNOW		
		d		
		REFUSED		
		r		

9/7/06 B-22

PRELOADED VARIABLES	: SAMPLE TYPE (S2)	
	9_1a= d or r) OR (B29_1b=d or r) ING BENEFITS REASON DID NOT ACCEPT JOB (B25i=01)?	
	YES	
	(B29_11a,	
	NO	
	(P20, 120UECK	
	(B29_12CHECK))
NEW ITEM (If B25i=01)		
	one of the reasons {you/he/NAME} {are/is} not working is becau	ise (voi) do / he does / she
does} not wa insurance, wo will affect the Internet, and	ant to lose benefits (you need / he needs / she needs) such a private or compensation, or Medicaid. There are many ways people for benefits. For example, some people call the Social Securion others contact disability service organizations. Did (you/NAME) on order to find out how (your/his/her) benefits would be affected if	s Social Security, disability find out about how working ty office, some search the contact anyone or do any of
	YES	01
	NO	
	DON'T KNOW	
	REFUSED	
_	its {were/was} {you/NAME} most worried about losing? *VIEWER: MARK ALL THAT APPLY.	
	PRIVATE DISABILITY INSURANCE	01
	WORKERS' COMPENSATION	
	VETERANS' BENEFITS	
	MEDICARE	
	MEDICAID	
	SSA DISABILITY BENEFITS	
	PUBLIC ASSISTANCE OR WELFARE	
	FOOD STAMPS	
	PERSONAL ASSISTANCE SERVICES (PAS)	. 09
	UNEMPLOYMENT BENEFITS	. 10
	OTHER STATE DISABILITY BENEFITS	. 11
	OTHER GOVERNMENT PROGRAMS	. 12
	OTHER	. 13
(B29_11b=13) B29_11b_Other: What o	other benefits?	
NOPEI	v	
	DON'T KNOW	d
	REFUSED	

(B28=00,d, or r) OR (B29_1a= d or r) OR (B29_1b=d or r) B29_12CHECK. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES	
	.01
(B	
VO	•

PRELOADED VARIABLES: SAMPLE TYPE (S2) ((B28=00,d, or r) OR (B29 1a= d or r) OR (B29 1b=d or r) AND (RTYPE=01) B29 8CHECK: DID RESPONDENT GIVE CONDITION AS ONLY REASON NOT WORKING (B25 a=01 and (B25 b, B25 c, B25 d, B25 f, B25 g, B25 h, B25 i, B25 j, B25 l, B25 m, B25 n, B25 o=00, d, OR r)? YES...... 01 (B30) **NEW ITEM** ((B25_a=01 and (B25_b, B25_c, B25_d, B25_f, B25_g, B25_h, B25_i, B25_j, B25_l, B25_m, B25_n, or B25_o=01)) AND (RTYPE=01)) B29 12a. If you did get a job offer that matched your current needs and abilities, what is the lowest wage or salary you would be willing to accept for such a job? INTERVIEWER: IF R HESITATES OR SEEMS TO BE HAVING DIFFICULTY: If you have no idea, just say so. IF R SAYS HAS NO INTEREST IN WORKING, CODE AS DON'T KNOW. INTERVIEWER: Read only if necessary, otherwise code: \$|__|_|. DON'T KNOW...... d (B30) REFUSED...... r (B30) B29_12ahop. Is this: HOURLY 01 (1-25) (1-300)(B30)DAILY 02 (1-384) (1-1,922)(B29 12b) 03 (1-1,923) WEEKLY (1-9,615)(B29 12b) BI-WEEKLY 04 (1-4,166) (1-20,833)(B29 12b) TWICE A MONTH 05 (1-4,166) (1-20,833)(B29 12b) 06 (1-8,333) (1-41,666)(B29 12b) MONTHLY ANNUALLY 07 (1-100,000) (1-500,000)(B29 12b) DON'T KNOW...... d (B29 12b) REFUSED...... r (B29 12b) PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29 12ahop OUT OF RANGE B29 12check: Soft edit: "Let me make sure I did not make a mistake. You just indicated that the wage or salary you would have accepted for this job is [insert ((B29_12a and B29_12ahop). Is this correct?" **NEW ITEM** (B29 12ahop=02, 03, 04, 05, 06, d, or r) B29 12b. How many hours per week would you expect to work for this amount of pay? (B30) **HOURS**

(1-99)

NEW II	
(B29_12	
B29_12	Would you expect to work full-time or part-time?
	FULL-TIME 01
	PART-TIME02
	DON'T KNOW d
	REFUSEDr
(All)	
B30.	id {you/NAME} work at a job or business for pay or profit anytime in 2009?
	. Or
	YES
	NO
	DON'T KNOWd
	REFUSEDr
	REFUSED
(
(All)	The second section of the MANAGE second section of the Product Co.
B30_b.	ave you worked for pay since {you/NAME} started receiving disability benefits?
	YES
	01
	NO
	00
	DON'T KNOW
	d
	REFUSED
	r
(AII) 333.	CHECK: WAS {NAME} WORKING WHEN LIMITATION BEGAN (B22=01)?
	VEC
	YES
	01
	(B37)
	NO
	00
B33=00 B34.	HECK: IS {NAME} CURRENTLY WORKING (B24=01)?
	YES
	01
	(B37)
	NO
	00
	1.70.00
•	nd B34=00)
B35.	HECK: DID {NAME} WORK IN 2009 (B30=01)?
	YES
	01
	(B37)
	NO
	22

(S2=02 B36.		d B34=00 and B35=00) NAME} ever worked for pay?		
		YES		
		NO		
		DON'T KNOWd		
		REFUSEDr		
(All)	Do (vour/NAME)	n normanal goods include ((IF D26-00) getting a job) moving up i	in a i	ich er leerning new ich
B37.	skills?	s} personal goals include {(IF B36=00) getting a job,} moving up i	m a j	ob or learning new job
		YES		
		NO DON'T KNOW		
		REFUSED		
(All)				
B37a.	Do {your/NAME's Security disability	s} personal goals include someday working and earning enough t y benefits?	o sto	op receiving Social
		YES		
		NO		
		00		
		DON'T KNOW		
		REFUSEDd		
		r		
(AII) B38.	{Do you/Does NA	AME} ever discuss work and career goals with family, friends, or a	anyo	ne else?
		YES	01	
		NO	00	(B47)
		DON'T KNOW		(B47)
		REFUSED	ľ	(B47)
(B38 =0 B39.	,	es NAME} discuss {your/his/her} work goals with the most?		
	INTERVIEWER:	MARK ONLY ONE.		
		PARENT/GUARDIAN	01	(B40)
		SPOUSE/PARTNER		•
		FRIEND	03	(B40)
		JOB COACH		` '
		EMPLOYER/SUPERVISOR		
		OTHER RELATIVE		(B40)
		CASEWORKER/COUNSELOR/PROGRAM STAFF		(B40)
		MEDICAL PROVIDER	08	(B40)

DON'T KNOW...... d (B47)

	REFUSED	r	(B47)		
(B38 =01 and B39=09) B39_oth. Who was it?					
INTERVIEWER: PLEASE SPECIFY					
<open< td=""><td>></td><td></td><td></td></open<>	>				
	DON'T KNOWd REFUSED				
	r				

(B38=01 and B39=01-09)

B40. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree?

STRONGLY

STRONGLY REF-<u>AGREE</u> **AGREE** <u>DISAGREE</u>DISAGREE <u>DK</u> <u>USED</u>

{Your/NAME's} {RESPONSE FROM B39} thinks {your/NAME's} personal goals should include working at a job, moving up in a job, or learning new job skills.		
01		
02		
03		
d		
r		
(B38=01 and B39=01-09) B41. {Do you/Does NAME} discuss {your/his/her} work goals with	anyone else?	
YES NO DON'T KNOW REFUSED	00	
(B38=01 and B39=01-09 and B41=01) B42. Who else {do you/does NAME} discuss {your/his/her} work g	oals with?	
INTERVIEWER: MARK ONLY ONE.		
PARENT/GUARDIANSPOUSE/PARTNER	02 03 04 05 08 08 08 09	2 (B43) 3 (B43) 4 (B43) 5 (B43) 6 (B3) 7 (B43) 8 (B43)
(B38=01 and B39=01-09 and B41=01 and B42=09)		

B42_oth. Who was it?

INTERVIEWER: PLEASE SPECIFY

SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE PRELOADED VARIABLES: SAMPLE TYPE (S2)

<open></open>	
	DON'T KNOW
	d
	REFUSED
	_

9/7/06 B-30

SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE PRELOADED VARIABLES: SAMPLE TYPE (S2)

(B38=01 and B39=01-09 and B41=01 and B42=01-09)

B43. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree?

	{Your/NAME's} {RESPONSE FROM B42} thinks {your/NAME's} personal	STRONGLY AGREE	<u>AGREE</u>	DISAGREE	STRONGLY DISAGREE	DON'T <u>KNOW</u>	<u>REF-</u> USED
	goals should include working at a job, moving up in a job, or learning new job skills	. 01	02	03	04	d	r
(B38=0 B44.	1 and B39=01-09 and B41=01 and B42=01 {Do you/Does NAME} discuss {your/his/he	•	vith anyone	else?			
	YES NO DON'T KNOW REFUSED				-		
(B38=0 B45.	1 and B39=01-09 and B41=01 and B42=01 Who else {do you/does NAME} discuss {		-	th?			
	INTERVIEWER: MARK ONLY ONE.						
•	PARENT/GUARDIAN SPOUSE/PARTNER FRIEND JOB COACH EMPLOYER/SUPERVIS OTHER RELATIVE CASEWORKER/COUN MEDICAL PROVIDER OTHER DON'T KNOW REFUSED 1 and B39=01-09 and B41=01 and B42=01 h. Who was it? INTERVIEWER: PLEASE SPECIFY	SORSELOR/PROGI	RAM STAF	F	02 (B46) 03 (B46) 04 (B46) 05 (B46) 06 (B46) 07 (B46) 08 (B46) 09 (B45_oth)		
	<open></open>						
	DON'T KNOWREFUSED				d		

(B38=01 and B39=01-09 and B41=01 and B42=01-09 and B44=01 and B45=01-09)

B46. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree?

	STRONGLY <u>AGREE</u>	<u>AGREE</u>	DISAGREE	STRONGLY DISAGREE	DON'T <u>KNOW</u>	<u>REF-</u> <u>USED</u>
{Your/NAME's} {RESPONSE FROM B5} thinks {your/NAME's} personal goals should include working at a job, moving						
up in a job, or learning new job skills	01	02	03	04	d	r

(All)

B47. Please tell me how much you agree with the following statements. Would you say you strongly agree, agree, disagree, or strongly disagree?

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T <u>KNOW</u>	REF- USED
a.	You see {yourself/NAME} {(IF B24=01) continuing to work/ (IF B24=00,d,r) working} for pay in the next year	01	02	03	04	d	r
b.	(ASK B47b IF B47a=01,02, OTHERWISE GO TO B47c) You see {yourself/NAME} working and earning enough to stop receiving disability benefits in the						
C.	next year	01	02	03	04	d	r
d.	next five years	01	02	03	04	d	r
	next <u>five</u> years	01	02	03	04	d	r

(All)			
B48.	CHECK: IS {NA	ME} CURRENTLY WORKING (B24 = 01)?	
		YES	
			01
			(C1)
		NO	
			00
(B48=0)	00)		
B49.	CHECK: WAS {	[NAME] WORKING IN 2009 (B30 = 01)?	
		YES	
			0.1

9/7/06 B-32 NBS ROUND 3 INSTRUMENT

.....(D1)

SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE PRELOADED VARIABLES: SAMPLE TYPE (S2)

VO	
	00

YEAR (A04_d)
PRELOADED VARIABLES: NONE

SECTION C: CURRENT EMPLOYMENT

(All) C1.	_	ing to ask some questions about the jobs {you/NAME} currently {have/has}. When answering ons, please include both part-time and full-time jobs, but only include jobs {you hold/NAME or profit.
	How many jo	bs {do you/does NAME} currently have?
	PROGRAMM	_ NUMBER OF JOBS (1-5)
(All) C2.	PROGRAMM	IER: IF MORE THAN ONE JOB (C1>01) AND FIRST JOB: with {your/NAME's} main job — that is, the job at which {you work/(he/she) works} the most
	What kind of	work {do you/does NAME} do, that is, what is {your/NAME's} occupation?
	PROGRAMM	IER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:
		like to ask about {your/NAME'S} {second/third/fourth} job. work {do you/does NAME} do, that is, what is {your/NAME's} occupation?
	ELSE (C1=02 What kind of	L): work {do you/does NAME} do, that is, what is {your/NAME's} occupation?
	INTERVIEW	ER: ENTER VERBATIM RESPONSE
		For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store.
		What are {your/NAME'S} main activities or duties? What else {do you/does NAME} do? What else? {Do you /Does NAME} supervise anyone?
	<of< td=""><td>EN></td></of<>	EN>
		DON'T KNOW d REFUSED r

YEAR (A04_d)	
PRELOADED VARIABLES:	NONE

(All) C3.

What kind of business is this?

INTERVIEWER: ENTER VERBATIM RESPONSE

- PROBE 1: For what type of organization or industry do you work? For example: accounting firm, daycare center, educational facility, food services.
- PROBE 2: What do they make, sell, or do where {you work/NAME works}?
- PROBE 3: Is this mainly manufacturing (making a product), wholesale trade (selling to other businesses), or retail trade (selling to customers) or something else?

	<open></open>	
	DON'T KNOW	
	REFUSED	
(All) C4mth.	. In what month and year did {you/NAME} start working there?	
	INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN	
	PROBE: Your best estimate is fine.	
	(1-12) MO	
	DON'T KNOW	
	REFUSED	
		r
(All) C4yr.	PROBE 1: In what month and year did {you/NAME} start working there?	
	INTERVIEWER: ENTER YEAR	
	PROBE 2: Your best estimate is fine.	
	<u> </u> (1981-2010) YEAR (1951-2010)	
	DON'T KNOW	
	REFUSED	
		r

(All)

C5. SOFT EDIT: YEAR {NAME} STARTED WORKING AT THIS JOB (C4yr) SHOULD BE GREATER THAN OR EQUAL TO YEAR OF BIRTH (A04_d) PLUS 14 YEARS. IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you were/NAME was} born in (A04_d) and {you/NAME} started working at this job in (C4yr), which means {you/NAME} started working at this job when {you were/he was/she was} (PROGRAMMER CALCULATE AND FILL AGE: C4YR – YEAR OF BIRTH) years old. Is that correct?

YEAR (A04_d)
PRELOADED VARIABLES: NONE

YES	01	
NO	02	(CHANGE C4YR)
SUPPRESS	03	

(AII) C5A.	Beneficiaries do not always know that they should report a change in work status to Social Security.
	Around that time did {you/NAME} let Social Security know that {you were/ (he/she) was} working?
	YES
(C5a=0. C5B.	L) How soon after {you/NAME} started this job did {you/NAME} tell Social Security {you were/(he/she) was} working?
	PROBE: Your best estimate is fine.
	INTERVIEWER: IF R TOLD SSA BEFORE STARTED WORKING, CODE AS 1 WEEK.
	WEEKS
-	L and C5b=01) EK. INTERVIEWER: ENTER NUMBER OF WEEKS _ WEEKS (1-52)
	DON'T
	L and C5b=02) hth. INTERVIEWER: ENTER NUMBER OF MONTHS WEEKS/MONTHS (1-12)
	DON'T
(All) C6.	{Are you/Is NAME} self-employed at this job? PROBE: Self-employed means that you work for yourself/ or own your} own business.
	YES
	NO
	d

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01) VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2005 (B30), RTYPE, BIRTH YEAR (A04_d) PRELOADED VARIABLES: NONE (All) There are a number of special work programs available to people with disabilities. Is {your/NAME's} job part C7. of a sheltered workshop program, transitional employment program, the Business Enterprise Program for the blind, or a supported employment program? PROBE: A sheltered workshop is a program that provides employment with subsidized wages (or special wages that would not be available in a regular job) for people with disabilities. A transitional employment program allows workers with disabilities to work at reduced levels while they ease back into the workplace. The Business Enterprise Program for the blind offers legally blind persons the opportunity to own their own businesses. Supported employment programs provide job coaches or other onthe-job supports to help individuals with disabilities get and keep jobs. DON'T KNOW...... d REFUSED.....r (All) C8.

(All)

C9. How many weeks per year {do you/does NAME} usually work at this job, including paid vacation and holidays?

PROBE 1: There are 52 weeks in a year.

PROBE 2: Please include time off for vacation and holidays if {you are/NAME is} paid for that time.

PROBE 3: If {you have/NAME has} worked less than a year, please answer for the number of weeks{you expect/NAME expects} to work.

|__|_| WEEKS PER YEAR (1-52)

DON'T KNOW......d

REFUSED.....r

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2005 (B30), RTYPE, BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

(All)
C10. PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND FIRST JOB:
For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on this job. On {your/NAME's} main job {are you/is (he/she} paid by the hour?

PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:
For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on {your/(his/her)} {second/third/fourth} job. On {your/NAME's} {second/third/fourth} job {are you/is (he/she} paid by the hour? ELSE (C1=01): For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on {your/(his/her)} current job. On {your/NAME's} current job {are you/is (he/she} paid by the hour?

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST JOB.

PROBE: {Your/NAME's} main job is the job we have been talking about. The one at which {you work/(he/she) works} the most hours.

01	
00	(C12amt)
d	(C12amt)
r	(C12amt)
	00 d

(C10=01)

C11. What is {your/NAME's} regular hourly pay, including tips and commissions?

PROBE: IF LESS THAN \$5.00 AN HOUR: Does this include tips and commissions?

INTERVIEWER: IF ENTERING AN AMOUNT WITH CENTS, PLEASE ENTER DECIMAL POINT

\$ _ PER HO	OUR (1 – 25.00) (1 - 300.00)
DON'T KNOWREFUSED	

GO TO C15

(C10=00, d, or r)

C12amt. Before taxes and other deductions how much {are you/is NAME} paid on this job, including tips and commissions.

PROBE: Is that amount paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

INTERVIEWER: ROUND TO NEAREST DOLLAR AND ENTER HOW OFTEN PAID ON NEXT SCREEN

\$ _ .00	
DON'T	KNOW
d REFUSED	
r	

9/7/06 C-6

YEAR (A04_d)

PRELOADED VARIABLES: NONE

(C10=00, d, or r) C12hop.

INTERVIEWER: ENTER HOW OFTEN PAID

DAILY	01	(1-384)	(1-1,922)
WEEKLY	02	(1-1,923)	(1-9,615)
BI-WEEKLY	03	(1-4,166)	(1-20,833)
TWICE A MONTH	04	(1-4,166)	(1-20,833)
MONTHLY	05	(1-8,333)	(1-41,666)
ANNUALLY	06	(1-100,000)	(1-500,000)
DON'T KNOW	d		
REFUSED	r		

PROGRAMMER, CALCULATE MONTHLY PRE-TAX PAY BASED ON C12AMT AND C12HOP FOR EACH JOB:

```
If C10=1, and C11and C8≠d or r, C JobMnthPay(1)=c11*c8*4.35.
```

If C10=1 and C8 or C11=d, C_JobMnthPay(1)=d.

If C10=1 and C8 or C11=r and neither are d, C_JobMnthPay(1)=r.

If C10=0, d, or r and C12amt or C12hop=d, C_JobMnthPay(1)=d.

If C10=0, d, or r and C12amt or C12hop=r, and neither are d, C_JobMnthPay(1)=r.

If C10=0, d, or r and c12hop=1, C_JobMnthPay(1)=c12amt*21.74.

If C10=0, d, or r and c12hop=2, C_JobMnthPay(1)=c12amt*4.35.

If C10=0, d, or r and c12hop=3, C_JobMnthPay(1)=c12amt*2.17.

If C10=0, d, or r and c12hop=4, C_JobMnthPay(1)=c12amt*2.

If C10=0, d, or r and c12hop=5, C_JobMnthPay(1)=c12amt.

If C10=0, d, or r and c12hop=6, C JobMnthPay(1)=c12amt/12.

(C10=00, d, or r)

C13amt. For this job, about how much is left as take-home pay after taxes and other deductions?

PROBE: Is that amount paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

INTERVIEWER: ROUND TO NEAREST DOLLAR AND ENTER HOW OFTEN PAID ON NEXT SCREEN

(C10=00, d, or r)

C13hop. INTERVIEWER: ENTER HOW OFTEN PAID

DAILY	01	(1-346)	(1-1,730)
WEEKLY	02	(1-1,730)	(1 -8,653)
BI-WEEKLY	03	(1-3,750)	(1-18,750)
TWICE A MONTH	04	(1-3,750)	(1-18,750)
MONTHLY	05	(1-7,500)	(1-37,500)
ANNUALLY	06	(1 - 90,000)	(1-450,000)
DON'T KNOW	d		
DEELICED	r		

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)

VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2005 (B30), RTYPE, BIRTH

YEAR (A04_d)

PRELOADED VARIABLES: NONE

PROGRAMMER, CALCULATE MONTHLY TAKE HOME PAY FOR EACH JOB BASED ON C13AMT AND C13HOP:

If C10=1 and C11 and C8≠d or r, C_JobMnthPayTH(1)=c11*c8*4.35.

If C10=1 and C8_1 or C11=d, C_JobMnthPayTH(1)=d.

If C10=1 and C8_1 or C11=r and neither are d, C_JobMnthPayTH(1)=r.

If C10=0, d, or r and C13amt or C13hop=d, C JobMnthPayTH(1)=d.

If C10=0, d, or r and C13amt or C13hop=r, and neither are d, C_JobMnthPayTH(1)=r.

If C10=0, d, or r and c13hop=1, C JobMnthPayTH(1)=c13amt*21.74.

If C10=0, d, or r and c13hop=2, C_JobMnthPayTH(1) =c13amt*4.35.

If C10=0, d, or r and c13hop=3, C_JobMnthPayTH(1)=c13amt*2.17.

If C10=0, d, or r and c13hop=4, C_JobMnthPayTH(1)=c13amt*2.

If C10=0, d, or r and c13hop=5, C JobMnthPayTH(1)=c13amt.

If C10=0, d, or r and c13hop=6, C_JobMnthPayTH(1)=c13amt/12.

(C10=00, d, or r) and (C12hop=01, 02, 03, 04, 05, or 06) and (C13hop=01, 02, 03, 04, 05, or 06)

C14. SOFT EDIT: AMOUNT OF TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO PRE-TAX PAY. IF AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY (C_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF CALCULATED MONTLY PRE-TAX PAY (C_JobMnthPay(1)) NE D OR R, AND C_JobMnthPayTH(1) > C_JobMnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT:. INTERVIEWER, AMOUNT OF CALCULATED MONTLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CACLUATED PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you are/NAME is} paid (C12amt) per (C12hop) before taxes and other deductions which would be about (C_JobMnthPay(1) per month and that (C13amt) per (C13hop), or about (C_JobMnthPayTH(1) per month,is left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay is more than your pre-tax pay. Should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS
01
CHANGE C12amt)
CHANGE AMOUNT OF TAKE-HOME PAY
02
(CHANGE C13amt)
SUPPRESS

(C10=00, d, or r) and (C12hop=01, 02, 03, 04, 05, or 06) and (C13hop=01, 02, 03, 04, 05, or 06)

C14a. SOFT EDIT: DIFFERENCE IN AMOUNT OF CALCUATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF TAKE MONTHLY HOME PAY (C_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C_JobMnthPay(1)) NE D OR R, AND (C_JobMnthPay(1) - C_JobMnthPayTH(1) / C_JobMnthPayTH(1) > .30, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF CALCUATED MONTHLY TAKE HOME PAY AND CACLUATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you are/NAME is} paid (C12amt) per (C12hop) before taxes and other deductions which would be about (C_JobMnthPay(1) per month and that (C13amt) per (C13hop), or about (C_JobMnthPayTH(1) per month is left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
DEDUCTIONS
01
CHANGE C12amt)

9/7/06 C-8 NBS ROUND 3 INSTRUMENT

YEAR (A04_d)
PRELOADED VARIABLES: NONE

CHANGE AMOUNT OF TAKE-HOME PAY
02
(CHANGE C13amt)
SUPPRESS

LATER IN SECTION K):

C_CurMnthPay=d.

PROGRAMMER: CALCULATE TOTAL MONTHLY PAY FROM ALL JOBS COMBINED (TO BE USED

If C_JobMnthPay(1) or C_JobMnthPay(2) or C_JobMnthPay(3) (for all jobs listed)=d,

PRELOADED VARIABLES: NONE

	If C_JobMnthPay(1) or C_JobMnthPay(2) or C_JobMnthPay(3) none=d, C_CurMnthPay=r. Else, C_CurMnthPay=Sum of (C_JobMnthPay(2) AND C_JobMnthPay(3), etc (for all jobs listed	bMnthPay(1) AND
(All) C15.C <i>l</i>	HECK: IS {NAME} SELF EMPLOYED (C6=01)?	
	YES	
	(C17)	
	NO	
	00	
(C15=0	00)	
C16.	{Have you/Has NAME} received any promotions at this job during the past 12 mont	hs?
	YES	
	01	
	NO	
	00	
	DON'T KNOW	
	d	
	REFUSED	
	r	
(All) C17.C <i>l</i>	HECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?	
	YES	
	01	
	(C19)	
	NO	
	00	
(C17=0	00)	
C18.	Taking all things into account, how satisfied are you with your {main/current} job? Note: PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."	Would you say:
	VERY SATISFIED.	01
	SOMEWHAT SATISFIED,	
	NOT VERY SATISFIED, OR	
	NOT AT ALL SATISFIED?	
	DON'T KNOW	d
	REFUSED	r
(All) C19.	CHECK: IS {NAME} SELF EMPLOYED (C6=01)?	
	VEC	
	YES	
	(C21)	

ECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
ARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2005 (B30), RTYPE, BIRTH
EAR (A04_d)
RELOADED VARIABLES: NONE
NO

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)

VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2005 (B30), RTYPE, BIRTH

YEAR (A04_d)

PRELOADED VARIABLES: NONE

(C19=00)

C20. Now, I'd like to ask you a few more questions about {your/NAME's} {main/current} job. I am going to read to you a list of benefits that some employers offer their employees. Please tell me whether or not {your/NAME's} {main/current} employer offers {you/him/her} any of these benefits.

PROGRAMMER: USE "MAIN" IF C1>01. OTHERWISE USE "CURRENT."

Does (your/NAME's) employer offer (you/NAME)

PROBE: Please answer 'yes' if {you are/NAME is} eligible for the benefit but {haven't/hasn't} yet started to receive it.

DON'T YES NO KNOW REFUSED a. Health care insurance? (IF NECESSARY: medical and/or hospital)............ 01 00 d b. Dental benefits?.....01 00 d c. Sick days with pay?.....01 00 d 00 d 00 d f. Transportation, a transportation allowance, or transportation discounts?.... 01 00 d g. Long-term disability benefits?...... 01 00 d h. Pension or retirement benefits?......01 00 d i. Flexible health or dependent care spending accounts? 01 00 d C21. CHECK: DOES {NAME} HAVE MORE THAN ONE CURRENT JOB (C1>01)? YES...... 01 (REPEAT C2 THROUGH C14 FOR EACH NO...... 00

(All)

(All)

C22. {Do you/Does NAME} use any special equipment related to {your/his/her} disability that helps {you/him/her} work at {your /his/her} job{s}, for example a brace, cane, wheelchair, modified computer hardware or modified computer software?

YES	
NO	
DON'T KNOW	
	d
REFUSED	
	(0=1)

(C22=01)

C23. What kind of special equipment {do you/does NAME} use?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

YEAR (A04_d)
PRELOADED VARIABLES: NONE

BRACE	01	(C24)
CANE/CRUTCHES/WALKER	02	(C24)
WHEELCHAIR	03	(C24)
MODIFIED COMPUTER HARDWARE	04	(C24)
MODIFIED COMPUTER SOFTWARE	05	(C24)
OTHER	06	
DON'T KNOW	d	(C24)
REFUSED	r	(C24)

DON'T KNOW......d

REFUSED.....r

(C22=01 and C24=03, 04, 05, 06, 07, 08, 09, 10, 11, d, or r)

C25. {Do you or your/Does NAME or (his/her)} family have to pay for any part of the cost of the equipment {you use/(he/she) uses}?

YES	01	
NO	00	(C27)
DON'T KNOW	d	(C27)
REFUSED	r	(C27)

-	1) and (C24=01 or How much {do	02) or (C25=01) you or your/does NAME or (his/her)} family have to pay?			
	INTERVIEWER	R: ROUND TO NEAREST DOLLAR HERE AND ENTER HOW SCREEN	/ OF	TEN PAID	ON NEXT
		\$ _ .00			
		DON'T KNOW	d		
		REFUSED	r		
(C22=0	1) and (C24=01 or	02) or (C25=01)			
C26hop		nuch {do you or your/does NAME or (his/her)} family have to pay? : Is that a one-time payment, per week, per month, or per year?	•		
	INTERVIEWER:	ENTER HOW OFTEN PAID			
		ONE TIME PAYMENT	01	(1-25,000)	(1-99,000)
		PER WEEK		. ,	(1-1,903)
		PER MONTH			(1-8,250)
		PER YEAR DON'T KNOW		(1-25,000)	(1-99,000)
		REFUSED			
(AII) C27.	{you/him/her} wo	ME} use any personal assistance services related to {your/his/herk, for example, a job coach, a sign language interpreter, a reade all care attendant?	-	-	-
		YES	01		
		NO	00	(C32)	
		DON'T KNOW			
(C27-0	1)	REFUSED	r	(C32)	
(C27=0: C28.	-	sonal assistance services (do you/does NAME) use?			
	PROBE: Anything	g else?			
	INTERVIEWER:	CODE ALL THAT APPLY.			
		JOB COACH	01	(C29)	
		SIGN LANGUAGE INTERPRETER		• •	
		READER/INTERPRETER FOR THE BLIND			
		PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT		(C29)	
		OTHER		(000)	
		DON'T KNOW		` ,	
				,	
•	1 and C28=05) her. What is the ot	her kind of personal assistance services {you/NAME} use?			
	<open:< td=""><td>></td><td></td><td></td><td>_</td></open:<>	>			_
		DON'T KNOW	d		
		r			

YES	01	
NO	00	(C32)
DON'T KNOW	d	(C32)
REFUSED	r	(C32)

(C27=01) and (C29=01 or 02) or (C30=01)

C31amt. How much {do you or your/does NAME or (his/her)} family have to pay?

1 1 11 1 1 100

INTERVIEWER: ROUND TO NEAREST DOLLAR HERE AND ENTER HOW OFTEN PAID ON NEXT **SCREEN**

· · · · · · · · · · · · · · · · · · ·	
DON'T KNOW	C
REFUSED	1

YEAR (A04_d)

PRELOADED VARIABLES: NONE

(C27=01) and (C29=01 or 02) or (C30=01)

C31hop. PROBE: How much {do you or your/does NAME or (his/her)} family have to pay?

IF NECESSARY: Is that a one-time payment, per week, per month, or per year?

INTERVIEWER: ENTER HOW OFTEN

ONE TIME PAYMENT	01	(1-25,000)	(1-99,000)
PER WEEK	02	(1-480)	(1-1,903)
PER MONTH	03	(1-2,083)	(1-8,250)
PER YEAR	04	(1-25,000)	(1-99,000)
DON'T KNOW			
REFUSED	r		

(All)

C32. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?

YES	
	01
	(C34)
NO	
	00

(C32=00)

C33. PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."

Please tell me whether or not {your/NAME's} {main/current} employer has made any of these changes because of {your/his/her} physical or mental condition. Has {your/NAME's} employer because of {your/his/her} physical or mental condition.

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST JOB.

PROBE: {Your/NAME's} main job is the job we have been talking about. The one at which {you work/(he/she) works} the most hours.

			<u>YES</u>	NO	NEEDED	<u>DK</u>	<u>REF</u>
		Provided (you/NAME) with any special equipment or assistive					
		technology?					
		(PROBE: For example special tools or equipment, software, or devices to accommodate {your/NAME's} condition in the workplace.)					
		devices to accommodate (your/NAINL s) condition in the workplace.)	01 00	02	d		
		r	0100	02	u u		
	b.	Made any changes in {your/NAME's} work schedule?					
		(PROBE: For example, working fewer hours, changing the time {you					
		arrive or leave/(he/she) arrives or leaves}, or taking more breaks to					
		accommodate {your/NAME's} condition in the workplace.)		00	02		
	c.	d Made any changes to the tasks {you were/NAME was} assigned or					
		how they are performed?					
		(PROBE: For example, a light duty job or less demanding job tasks					
		to accommodate {your/NAME's} condition in the workplace.)	01	00	02		
		d	r				
		Made any changes to the physical work environment to make things					
		easier for {you/NAME}? (PROBE: For example, modifying {your/his/her} work area, improving accessibility in the building, or					
		providing assigned parking to accommodate {your/NAME's}					
		condition in the workplace.)	01	00	02		
		d					
	e.	Arranged for <u>co-workers</u> <u>or others</u> <u>to assist</u> {you/NAME}?					
		(PROBE: For example, providing a personal care attendant,					
		interpreter, or job coach while at work.)		00	02		
	f.	Made any other changes that I didn't mention to accommodate	ſ				
		{your/NAME's}condition in the workplace?	01	00	02		
		d			-		
		OGRAMMER: IF C33f=01, GO TO C33f_Other, ELSE GO TO C34.					
•		l C33f=01) What other changes?					
C33I_OI	ner.	what other changes?					
		<open></open>				_	
		DON'T KNOW		d			
		REFUSED		r			
(All)							
C34.	Are	there any changes in {your/NAME's} {main/current} job or workplace re	elated to	o {you	ur/his/her} լ	ohysi	cal or
	mer	ntal condition that {you need/(he/she) needs}, but that have <u>not</u> been ma	ade?				
		RODANIAED LIGE WAARNII IE OA. OA. OTHEDWIGE HOE WOURDEN'T I					
	PRO	OGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."					
	PRO	OGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND F	IRST J	OB.			
	PRO	OBE: {Your/NAME's} main job is the job that we have been talking work/(he/she) works} the most hours.	about	. Th	e one at v	vhich	{you
		YES					
		NO					
			00				
			.(C38)				

YEAR (A04_d)

PRELOADED VARIABLES: NONE

		DON'T KNOW	
		d	
		(C38)	
		REFUSEDr	
		(C38)	
(004.0	4.		
(C34=0 C35.	1) What are those	changes?	
	PROBE: Anythin	a else?	
	-	ENTER VERBATIM RESPONSE	
	INTERVIEWER:	ENTER VERBATIWI RESPONSE	
	<open:< td=""><td>></td><td></td></open:<>	>	
		DON'T KNOW d	
		REFUSEDr	
(All)			
C36.	CHECK: IS {NAI	ME} SELF EMPLOYED (C6=01)?	
		YES	
		01	
		(C38)	
		NO	
(C34=0 C37.	1 and C36=00) Did {you/NAME	i} or anyone else ask {your/his/her} employer for (any of) these changes?	
	C		
		YES	
		01	
		NO	
		DON'T KNOW	
		d	
		REFUSEDr	
(All)			
C38. CI	HECK: IS {NAME}	A PROXY RESPONDENT (RTYPE=2)?	
		YES	
		NO(C3982)	
		00	
(RTYPE			
C39.		about your {main/current} job, how much do you agree with each of the foll buld you say you strongly agree, agree, disagree, or strongly disagree?	owing

PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST JOB.

YEAR (A04_d)

PRELOADED VARIABLES: NONE

PROBE: Your main job is the job that we have been talking about. The one at which you work the most hours.

		STRONGLY <u>AGREE</u>	<u>AGREE</u>	DISAGREE	STRONGLY DISAGREE	<u>NA</u>	DON'T <u>KNOW</u>	REF- USED
a.	The pay is good	01	02	03	04	05	d	r
b. c.	The benefits are good IF {NAME} IS NOT SELF-	01	02	03	04	05	d	r
	EMPLOYED (C6=00, d, or r): The job security is good. IF {NAME} IS SELF-EMPLOYED	01	00	00	0.4	٥٦	a.	
d.	(C6=01): The work is steady IF {NAME} IS NOT SELF-	01	02	03	04	05	d	r
	EMPLOYED (C6=00, d, or r): You have a chance for promotion ELSE: SKIPTO C39e	01	02	03	04	05	d	r
e.	You have a chance to develop your abilities	01	02	03	04	05	d	r
f.	You have recognition or respect from others.	01	02	03	04	05	d	r
g.	You can work on your own in your job if you want to	01	02	03	04	05	d	r
h.	You can work with others in a group or team if you want to	01	02	03	04	05	d	r
i.	Your work is interesting or enjoyable	01	02	03	04	05	d	r
j.	Your work gives you a feeling of accomplishment or contribution	01	02	03	04	05	d	r
k.	IF {NAME} IS NOT SELF- EMPLOYED (C6=00, d, or r): Your supervisor is supportive ELSE: SKIPTO C39I	01	02	03	04	05	d	r
l.	Your co-workers are friendly and supportive	01	02	03	04	05	d	r

(All)

C39a2. Sometimes people work fewer hours or earn less money than they could in order to care for family members, keep the cash benefits they need, or just to have more free time. In (your/NAME's) (main/current job), (do you/ does he/ does she) work fewer hours or earn less money than (you/he/she) could for any reason?

YES	01	
NO	00	(C39_1)
DON'T KNOW	d	(C39_1)
REFUSED	r	(C39_1)

YEAR (A04_d)

PRELOADED VARIABLES: NONE

(C)	1	111
(C39	na-ı	JT)

C39b. (Do you/Does NAME) work fewer hours or earn less money than (you/he/she) could because (you/he/she)...

PROBE: I need to ask everyone in our study the same questions, even if they don't seem to apply to (you/NAME).

	(you/NAME).				
		<u>YES</u>	NO	<u>DON'T</u> KNOW	REFUSED
a.	{Are/Is} taking care of children or others?	112	INO	KINOV	IKLI OSLD
	01				
	00				
	d				
b.	{Are/Is} enrolled in school or a training program?				
	01				
	00				
	d				
C.	Want(s) to keep Medicare or Medicaid coverage?				
.	01				
	00				
	d				
d.	Want(s) to keep cash benefits (you/he/she) need such as				
u.	disability or workers compensation?				
	01				
	00				
	d				
e.	Just (do/does) not want to work more?				
	01				
	00				
	d				
f.	Are there any reasons I didn't mention why (you are/NAME is)				
	working or earning less than (you/he/she) could?				
	01				
	00				
	d				
PR	OGRAMMER: IF C39b_f=01 GO TO C39f_Other, ELSE SKIP T	TO C39_:	1		
/·					
(C39b_f=01) What other reason?				
C33I_Other	what other reason:				
	<open></open>				
	20117141011				
	DON'T KNOW				
	REFUSED				
	r	*******			

(All)

C39_1. Have any of {your/NAME's} disability-related benefits been reduced or ended because of {your/his/her} (main/current) job?

YES	01	
NO	00	(C39_3)
DON'T KNOW	d	(C39_3)
REFUSED	r (C	39_3)

(C39_1=01)

C39_2 What benefits have been reduced or ended as a result of {your/NAME's} (main/current) job]? **INTERVIEWER:** MARK ALL THAT APPLY.

PRIVATE DISABILITY INSURANCE	01
WORKERS' COMPENSATION	02
VETERANS' BENEFITS	03
MEDICARE	04
MEDICAID	05
SSA DISABILITY BENEFITS	06
PUBLIC ASSISTANCE OR WELFARE	07
FOOD STAMPS	80
PERSONAL ASSISTANCE SERVICES (PAS)	09
UNEMPLOYMENT BENEFITS	10
OTHER STATE DISABILITY BENEFITS	11
OTHER GOVERNMENT PROGRAMS	12
OTHER	13

(All)

C39_3. Now, I am going to read you a list of things that sometimes help people to work more hours or earn more money. If any of these do not apply to {you/NAME}, please just say so. At [your/NAME's] (main/current) job, do you think that [you/she/he] could work or earn more if you/he/she had

a.	Help caring for {your/his/her} children or others in the household? d		<u>NO</u> 00	<u>NA</u> 02	<u>DK</u>	REF
b.	Help with {your/his/her} own personal care such as bathing, dressing, preparing meals, and doing housework?r		00	02		
c.	Reliable transportation to and from work?	01	00	02		
d.	dr Better job skills?r	01	00	02		
e.	A job with a flexible work schedule?	01	00	02		
f.	dr Help with finding and getting a better job?r dr	01	00	02		
g.	Any special equipment or medical devices?r	01	00	02		
h.	PROGRAMMER: IF C39_3g=01, GO TO C39_3g_Other, ELSE GO TO C39_3h. Is there anything else that I didn't mention that would help					
	[you/NAME] work or earn more?d		00	02		

PROGRAMMER: IF C39_3h=01, GO TO C39_3h_Other, ELSE GO TO C39_4.

(C39_3g=01)

C39_3g_Other. What other special equipment or medical devices?

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)

C39_4. One last question about (your / NAME's) (main/current) job. Because of {your/his/her} work, has Social Security needed to make any changes to the amount of {your/his/her} disability benefits?

PROBE: Did {your/NAME's} benefit amount decrease or did {you/he/she} lose benefits altogether?

YES	01	
NO	00	(C39_5)
DON'T KNOW	d	(C39_5)
REFUSED	r	(C39 5)

(C39_4=	=01)		
C39_4a.	. Because of thes amount?	e changes has the Social Security Administration paid {you/NAM	E} the wrong benefit
		YESNO	00
		DON'T KNOW	
		REFUSED	r
NEW ITI			
C39_5.	{Were you/Was {you/him/her}?	NAME} asked to re-pay benefits because the Social Security Adr	ninistration overpaid
		YES	01
		NO	00 (C40)
		DON'T KNOW	,
		REFUSED	` '
(C39_5	=01)		
C39_6.		IAME} asked to re-pay the Social Security Administration becau- le receiving benefits?	se {you were/(he was /she
		YES	01
		NO	00
		DON'T KNOW	d
		REFUSED	r
(All)			
C40.	CHECK: WAS {NA	AME} WORKING IN 2009 (B30 = 01)?	
		YES	01 (D1)

SECTION D: JOBS/OTHER JOBS DURING 2009

(All)

D1. Now, I will ask you about jobs {you/NAME} had during 2009. When answering these questions, please include both part-time and full-time jobs, but only include jobs {you/NAME} held for pay or profit for one month or longer.

PROGRAMMER: IF C1=01 AND C4 YEAR ≤ 2009, ASK:

Other than (your/NAME's) current job that you already told me about, in 2009 did {you/NAME} work for pay at any other jobs for longer than a month?

PROGRAMMER: IF C1>01 AND C4 YEAR \leq 2009 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:

Other than (your/NAME's) current jobs that you already told me about, in 2009 did {you/NAME} work for pay at any other jobs for longer than a month?

ELSE:

In 2009 did {you/NAME} work for pay at any jobs for longer than a month?

YES	01	(D3)
NO	00	
DON'T KNOW	d	
REFUSED	r	

(D1=00, d, or r)

D2. SOFT EDIT: IF {NAME} WORKED IN 2009 (B30=01) AND {NAME} DID NOT WORK IN 2009 (D1=0,d,r) INTERVIEWER READ: "Earlier you said that {you/NAME} worked for pay in 2009. Let me repeat the question I just read and verify your response."

PROGRAMMER: IF C1=01 AND C4 YEAR ≤ 2009, ASK:

Other than (your/NAME's) current job that you already told me about, in 2009 did {you/NAME} work for pay at any other jobs for longer than a month?

PROGRAMMER: IF C1>01 AND C4 YEAR \leq 2009 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:

Other than (your/NAME's) current jobs that you already told me about, in 2009 did {you/NAME} work for pay at any other jobs for longer than a month?

ELSE:

In 2009 did {you/NAME} work for pay at any jobs for longer than a month?

YES	01	
NO	00	(E1)
DON'T KNOW	d	(E1)
REFUSED	r	(E1)

SECTION D UNIVERSE: WORKED IN 2005 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

(D1=01 or D2=01)

D3. **PROGRAMMER:** IF C1=01 AND C4 YEAR ≤ 2009, ASK:

Other than (your/NAME's) current job that you already told me about, how many other jobs did {you/NAME} hold for at least one month in 2009?

PROGRAMMER: IF C1>01 AND C4 YEAR \leq 2009 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:

Other than (your/NAME's) current jobs that you already told me about, how many other jobs did {you/NAME} hold for at least one month in 2009?

ELSE:

How many jobs did {you/NAME} hold for at least one month in 2009?

NUMBER OF JOBS (1-5)	
DON'T KNOW	d
REFLISED	r

PROGRAMMER: D4 THROUGH D23 ASKED FOR ALL JOBS WHEN D3>01 (D1=01 or D2=01)

D4. **PROGRAMMER:** IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

Let us start with {your/NAME's} main job in 2009 – that is, the job at which {you worked/(he/she) worked} the most hours.

What kind of work {did you/did NAME} do, that is, what was {your/NAME's} occupation?

PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

Now I would like to ask about {your/NAME'S} {second/third/fourth} job in 2009.

What kind of work {did you/did NAME} do, that is, what was {your/NAME's} occupation? ELSE (D3=01):

What kind of work {did you/did NAME} do, that is, what was {your/NAME's} occupation?

INTERVIEWER: ENTER VERBATIM RESPONSE

- PROBE 1: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store.
- PROBE 2: What are {your/NAME'S} main activities or duties? What else do you do? What else? Do you supervise anyone?

<open:< th=""><th>></th><th></th></open:<>	>	
	DON'T KNOW	d
	REFUSED	r

SECTION D UNIVERSE: WORKED IN 2005 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)

(D1=01	or D2	2=01)
--------	-------	-------

D5.	What kind o	f business was this?
	INTERVIEV	VER: ENTER VERBATIM RESPONSE
	PROBE 1:	For what type of organization or industry did you work? For example: accounting firm, daycare center, educational facility, food services.
	PROBE 2:	What do they make, sell, or do where {you/NAME} worked?
	PROBE 3:	Is this mainly manufacturing (making a product), wholesale trade (selling to other businesses) or retail trade (selling to customers) or something else?
	<c< td=""><td>PEN></td></c<>	PEN>
		DON'T KNOW d REFUSED r
•	or D2=01) In what moi	nth and year did {you/NAME} start working there?
	PROBE: Yo	our best estimate is fine.
	INTERVIEV	VER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN
		(1-12) MO
		DON'T KNOW d REFUSED r
(D1=01 D6yr.	or D2=01) PROBE 1:	In what month and year did {you/NAME} start working there?
	PROBE 2:	Your best estimate is fine.
	INTERVIEV	VER: ENTER YEAR (1981-2009) YEAR (1951-2009)
		DON'T KNOW d REFUSED r
(D1=01 D7.	THAN OR E INTERVIEV in (A04d) ai working at t	T: YEAR {NAME} STARTED WORKING AT THIS JOB (D6 YEAR) SHOULD BE GREATER EQUAL TO YEAR OF BIRTH (A04d) PLUS 14 YEARS. IF RESPONDENT FAILS EDIT, WER READ: I must have recorded an incorrect answer. I show that {you were/NAME was} born and {you/NAME} started working at this job in (D6 YEAR), which means {you/NAME} started his job when {you were/he was/she was} (PROGRAMMER CALCULATE AND FILL AGE: D6 AR OF BIRTH) years old. Is that correct?

9/7/06

SECTION D UNIVERSE: WORKED IN 2005 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)

PREL	OADED	VARIABLES: NONE
-------------	-------	------------------------

PRELUA	ADED VARIABLES: NONE		
-	or D2=01) In what month and year did {you/N PROBE: Your best estimate is fine.		
	INTERVIEWER: ENTER MONTH	HERE AND YEAR ON NEXT SCEEN	
		(1-12) MO	
(D1=01 D8yr.	or D2=01) PROBE 1: In what month and year PROBE 2: Your best estimate is fin INTERVIEWER: ENTER YEAR	did {you/NAME} <u>stop</u> working there? e. (1981-2010)	
		YEAR (1951-2010)	
(D1=01 D9.	LATER THAN DATE {NAME} STAR RESPONDENT FAILS EDIT, INTE	PPED WORKING AT THIS JOB (D8 MONTH, D RTED WORKING AT THIS JOB (D6 MONTH, I RVIEWER READ: I must have recorded an inc job in (D6 MONTH, D6 YEAR) and that (you/N Is that correct?	D6 YEAR). IF orrect answer. I show that
	NO, CHANGE AI NO, CHANGE AI NO, CHANGE AI	NSWER TO D6 NSWER TO D8 NSWERS FOR BOTH D6 AND D8	02 (CHANGE D6) 03 (CHANGE D8) 04 (CHANGE D6 AND D8)
(D1=01	or D2=01)		
D10.	{NAME} STARTED WORKING AT YEAR – D6 MONTH, D6 YEAR = 0	OPPED WORKING AT THIS JOB (D8 MONTH THIS JOB (D6 MONTH, D6 YEAR) ARE THE S)), INTERVIEWER READ: You said that {you/N D8 YEAR). I'd like to verify that {you/NAME} w	SAME (D8 MONTH, D8 NAME} started and stopped
	NO, WORKED A	AT JOB FOR LESS THAN ONE MONTH T JOB FOR MORE THAN ONE MONTH	02
(D1=01 D11.		DPPED WORKING AT THIS JOB (D8 YEAR) IS hat {you/NAME} stopped working at this job in (09. Is this correct?	
		D BEFORE 2009	

SECTION D UNIVERSE: WORKED IN 2005 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

(D1=01 D12.	or D2=01) CHECK: DID {NAME} WORK AT THIS JOB FOR LESS THAN ONE MONTH (D1)	0-01)2			
DIZ.	CHECK. DID (NAME) WORK AT THIS JOB FOR LESS THAN ONE MONTH (DI	0-01):			
	YES	, ,			
	NO	00			
(D12=00 D13.	O) CHECK: DID THIS JOB END BEFORE 2009 (D11=01)?				
D10.	6/12 6/1. B.B. 1/116 66B E/18 BE/16/12 2000 (B11 61).				
	YES	, ,			
	NO	00			
((D1=01	or D2=01) and D12=00 and D13=00)				
D14.	{Were you/Was NAME} self-employed at this job?				
	PROBE: Self-employed means that you work for yourself or own your own business.				
	YES	01			
	NO	00			
	DON'T KNOW				
	REFUSED	r			
((D1=01 D15.	((D1=01 or D2=01) and D12=00 and D13=00) D15. Was this job part of a sheltered workshop, transitional employment program, the Business En Program for the blind, or supported employment program? PROBE: A sheltered workshop is a program that provides employment with subsidized wages (owages that would not be available in a regular job) for people with disabilities. A transitional employment program allows workers. The Enterprise Program for the blind offers legally blind persons for the blind offers legally persons the opportunity to own their own businesses. Supported employment programs job coaches or other on-the-job supports to help individuals with disabilities get and keep job.				
	YES	01			
	NO.	00			
	DON'T KNOW	d			
	REFUSED	r			
((D1=01 D16.	or D2=01) and D12=00 and D13=00) How many hours per week did {you/NAME} usually work at this job?				
	PROBE: Include overtime if {you/he/she} usually worked overtime.				
	HOURS PER WEEK (1-60) (1-168)				
	DON'T KNOW	d			
	REFUSED	r			

SECTION D UNIVERSE: WORKED IN 2005 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)

PRELOADED VARIABLES: NONE ((D1=01 or D2=01) and, D12=00 and D13=00) How many weeks per year did {you/NAME} usually work at this job, including paid vacation and holidays? PROBE 1: Please include time off for vacations and holidays if {you were/NAME was} paid for that time. PROBE 2: There are 52 weeks in a year. |__|_| WEEKS PER YEAR (1-52) DON'T KNOW...... d REFUSED.....r ((D1=01 or D2=01) and D12=00 and D13=00) PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND FIRST JOB: For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} main job in 2009. On {your/NAME's} main job {were you/was (he/she} paid by the hour? PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC. JOB: For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} {second/third/fourth} job in 2009. On {your/NAME's} {second/third/fourth} job {were you/was (he/she} paid by the hour? ELSE (D3=01): For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} job in 2009. On {your/NAME's} job {were you/was (he/she} paid by the hour? PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND FIRST JOB: {Your/NAME's} main job in 2009 was the job at which {you worked/(he/she) worked} the most hours. DON'T KNOW...... d (D20amt) REFUSED.....r (D20amt) ((D1=01or D2=01) and D12=00 and D13=00 and D18=01) D19. What was {your/NAME'S} regular hourly pay, including tips and commissions? PROBE: IF LESS THAN \$5.00 AN HOUR: Does this include tips and commissions? \$ |___|_ | PER HOUR (1 - 25.00)(1 - 300.00)

GO TO D23

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

PRELOADED VARIABLES: NONE ((D1=01 or D2=01) and D12=00 and D13=00 and D18=00,d,r) D20amt. Before taxes and other deductions how much {were you/was NAME} paid on this job, including tips and commissions? PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually? **INTERVIEWER: ROUND TO NEAREST DOLLAR** \$|___|_, , |___|. 00 DON'T KNOW...... d REFUSED.....r ((D1=01 or D2=01) and, D12=00 and D13=00 and D18=00,d,r) D20hop. Before taxes and other deductions how much {were you/was NAME} paid on this job, including tips and commissions? PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually? INTERVIEWER: ENTER HOW OFTEN PAID (1-1,922)(1-9,615)(1-20,833)(1-20,833)(1-41,666)(1-500,000)DON'T KNOW...... d REFUSED..... PROGRAMMER, CALCULATE MONTHLY PRE-TAX PAY BASED ON D20AMT AND D20HOP FOR EACH JOB: If D18=1, and D19 and D16≠d or r, C_Job2009MnthPay(1)=D19*D16*4.35. If D18=1 and D19 or D16=d, C Job2009MnthPay(1)=d. If D18=1 and D19 or D16=r and neither are d, C_Job2009MnthPay(1)=r. If D18=0, d, OR r AND D20AMT OR D20HOP=d, C Job2009MnthPay(1)=d. If D18=0, d, OR r AND D20AMT OR D20HOP=r AND NEITHER ARE d, C_Job2009MnthPay(1)=r. If D18=0, d, or r and D20hop=1, C_Job2009MnthPay(1)=D20amt*21.74. If D18=0, d, or r and D20hop=2, C Job2009MnthPay(1)=D20amt*4.35. If D18=0, d, or r and D20hop=3, C Job2009MnthPay(1)=D20amt*2.17. If D18=0, d, or r and D20hop=4, C Job2009MnthPay(1)=D20amt*2. If D18=0, d, or r and D20hop=5, $C_{Job2009MnthPay}(1)=D20amt$. If D18=0, d, or r and D20hop=6, C_Job2009MnthPay(1)=D20amt/12. If D18=0, d, or r and D20hop or D20amt=d, then C_Job2009MnthPay(1)=d. If D18=0, d, or r and D20hop or D20amt=r and none=d, then C Job2009MnthPay(1)=r. ((D12=00 or D2=01) and D13=00 and D18=00,d,r) D21amt. For this job, about how much was left as take-home pay after taxes and other deductions? PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually? INTERVIEWER: ROUND TO NEAREST DOLLAR \$|__|, |__|.00

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

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00,d,r)

PRELOADED VARIABLES: NONE

D21hop. For this job, about how much was left as take-home pay after taxes and other deductions?

PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

INTERVIEWER: ENTER HOW OFTEN PAID.

DAILY	01	(1-346)	(1-1,730)
WEEKLY			(1-8,653)
BI-WEEKLY	03	(1-3,750)	(1-18,750)
TWICE A MONTH	04	(1-3,750)	(1-18,750)
MONTHLY	05	(1-7,500)	(1-37,500)
ANNUALLY	06	(1-90,000)	(1-450,000)
DON'T KNOW	d		
REFUSED	r		

PROGRAMMER, CALCULATE MONTHLY TAKE HOME PAY FOR EACH JOB BASED ON D21AMT AND D21HOP:

If D18=1 and D19 and D16≠d or r, C_Job2009MnthPayTH(1)=D19*D16*4.35.

If D18=1 and D19 or D16=d, C_Job2009MnthPayTH(1)=d.

If D18=1 and D19 or D16=r and neither are d, C Job2009MnthPayTH(1)=r.

If D18_1=0, d, or r and D21amt or D21hop=d, C_Job2009MnthPayTH(1)=d.

If D18_1=0, d, or r and D21amt or D21hop=r, and neither are d, C_Job2009MnthPayTH(1)=r.

If D18=0, d, or r and D21hop=1, C_Job2009MnthPayTH(1)=D21amt*21.74.

If D18=0, d, or r and D21hop=2, C_Job2009MnthPayTH(1) =D21amt*4.35.

If D18=0, d, or r and D21hop=3, C_Job2009MnthPayTH(1)=D21amt*2.17.

If D18=0, d, or r and D21hop=4, C Job2009MnthPayTH(1)=D21amt*2.

If D18=0, d, or r and D21hop=5, C_Job2009MnthPayTH(1)=D21amt.

If D18=0, d, or r and D21hop=6, C_Job2009MnthPayTH(1)=D21amt/12.

If D18=0, d, or r and D21hop or D21amt=d, then C Job2009MnthPayTH(1)=d.

If D18=0, d, or r and D21hop or D21amt=r and none=d, then C Job2009MnthPayTH(1)=r.

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00,d,r) and (D20hop=01, 02, 03, 04, 05, or 06) and (D21hop=01, 02, 03, 04, 05, or 06)

D22. SOFT EDIT: AMOUNT OF CALCULATED MONTHLY TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO CALCULATED MONTHLY PRE-TAX PAY. IF AMOUNT OF MONTHLY TAKE HOME PAY (C_Job2009MnthPayTH(1)) NE D OR R, AND AMOUNT OF PRE-TAX MONTHLY PAY (C_Job2009MnthPay(1)) NE D OR R, AND C_Job2009MnthPayTH(1) > C_Job2009MnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT:. INTERVIEWER, AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CALCULATED MONTHLY PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you were/NAME was} paid (D20) per (D20 AMOUNT), which would be about (C_Job2009MnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT), or about (C_Job2009MnthPayTH(1) was left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay was more than your pre-tax pay. Should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you took/NAME took} home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER	
DEDUCTIONS01	(CHANGE D20amt)
CHANGE AMOUNT OF TAKE-HOME PAY	(CHANGE D21amt)
SUPPRESS	

((D1=01 or D2=01) andD12=00 and D13=00 and D18=00,d,r) and (D20hop= 01, 02, 03, 04, 05, or 06) and (D21hop= 01, 02, 03, 04, 05, or 06)

D22a. SOFT EDIT: DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF MONTHLY TAKE HOME PAY (C_Job2009MnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C_Job2009MnthPay(1)) NE D OR R, AND (C_Job2009MnthPay(1) - C_Job2009MnthPayTH(1) / C_Job2009MnthPayTH(1) > .30, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you were/NAME was} paid (D20) per (D20 AMOUNT), which would be about (C_Job2009MnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT), or about (C_Job2009MnthPayTH(1) was left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you took/NAME took} home after taxes and other deductions?

DEDUCTIONS
(CHANGE D20am
CHANGE AMOUNT OF TAKE-HOME PAY
(CHANGE D21am
SUPPRESS

(D1=01 or D2=01)

D23. Why did {you/NAME} stop working at this job?

INTERVIEWER: ASK 'Any other reason?' UNTIL RESPONDENT INDICATES NO OTHER REASONS. IF RESPONDENT SAYS QUIT, ASK FOR THE REASON.

INTERVIEWER: CODE ALL THAT APPLY.

LAYOFF, FIRED, RETIRED: I AYOFF, PI ANT CLOSED.

LAYOFF, PLANT CLOSED
01
(D24)
FIRED
02
(D24)
RETIRED/OLD AGE
03
(D24)
JOB WAS TEMPORARY AND ENDED
04
(D24)
` ,
PROBLEMS WITH JOB:
DID NOT LIKE SUPERVISOR OR CO-WORKERS
(D24)
DID NOT LIKE JOB DUTIES
06
(D24)
DID NOT LIKE JOB EARNINGS
07
(D24)
(524)

9/7/06 D-9 NBS ROUND 3 INSTRUMENT

	DID NOT LIKE BENEFITS
	(D24)
	DID NOT LIKE OPPORTUNITIES FOR ADVANCEMENT
	09
	(D24)
	DID NOT LIKE LOCATION
	10
	(D24)
	DID NOT GET ACCOMMODATIONS THAT WERE NEEDED
	11
	(D24)
	PROBLEMS:
	TRANSPORTATION PROBLEMS
	(D24)
	DECIDED TO GO TO SCHOOL
	(D24)
	CHILD CARE RESPONSIBILITIES (PREGNANT)
	(D24)(D24)OTHER FAMILY OR PERSONAL REASONS
	01 THER FAMILY OR PERSONAL REASONS
	(D24)
DISABILI	` ,
	DISABILITY GOT WORSE
	(D24)
	BECAME DISABLED
	(D24)
	,
	OTHER
	18
	(D23_other)
	DON'T KNOW
	d
	(D24)
	REFUSED
	r
	(D24)

SECTION D UNIVERSE: WORKED IN 2005 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

<open< th=""><th>\></th><th></th><th></th><th></th></open<>	\>			
	DON'T KNOW	d r		
(D1=01 or D2=01) D24. CHECK: DID {	NAME} HOLD MORE THAN ONE JOB DURING 2009 (D3 > 01)?			
	YES			
	01 (REPEAT D4 THROUGH D23 FOR EACH JOB) NO			
members, keep	ople work fewer hours or earn less money than they could in order to the cash benefits they need, or just to have more free time. In 2009 earn less money than (you/he/she) could have for any reason? YES	9, did (yd 01 00 (D26) d (D26)	ou/NAME)	work
((D1=01 or D2=01) and E	REFUSEDr 025=01)	(D26)		
D25a. Did (you/NAME) v	vork <u>fewer</u> hours or earn <u>less</u> money than (you/he/she) could have less to ask everyone in our study the same questions, even if they			-
(your will).			DON'T	
	YES	<u>NO</u>	KNOW	REF
	taking care of children or others?	00	d	r
c. Wanted to k	eep Medicare or Medicaid coverage?01 seep cash benefits (you/he/she) needed such as disability or	00	d d	r r
	npensation?01	00	d	r
e. Just did not	want to work more?01 ny reasons I didn't mention why {you/NAME} might	00	d	r
	d or earned less than {you/he/she} could have during 2009? 01	00	d	r
PROGRAMMER: IF D25 ((D1=01 or D2=01) and E D25f_Other What other				
<open< td=""><td>l></td><td></td><td></td><td></td></open<>	l>			
	DON'T KNOW			

SECTION D UNIVERSE: WORKED IN 2005 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

((D1=01 or D2=01) and D25=01)

D25_1. Were any of (your/NAME's) disability-related benefits reduced or ended as a result of {your/his/her} working in 2009?

YES	01	
NO	00	(D26)
DON'T KNOW	d	(D26)
REFUSED	r	(D26)

NEW ITEM

(D25_1=01)

D25_2. What benefits were reduced or ended as a result of {your/NAME's} job in 2009?

INTERVIEWER MARK ALL	THAT	APPLY.
----------------------	------	--------

PRIVATE DISABILITY INSURANCE	01
WORKERS' COMPENSATION	02
VETERANS' BENEFITS	03
MEDICARE	04
MEDICAID	05
SSA DISABILITY BENEFITS	06
PUBLIC ASSISTANCE OR WELFARE	07
FOOD STAMPS	80
PERSONAL ASSISTANCE SERVICES (PAS)	09
UNEMPLOYMENT BENEFITS	10
OTHER STATE DISABILITY BENEFITS	11
OTHER GOVERNMENT PROGRAMS	12
OTHER	13

(D25_2=13)

D25_2_Other: What other benefits?

<open>_</open>			

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

(D1=01 or D2=01)

D26. Now, I am going to read you a list of things that sometimes help people to work more hours or earn more money. If any of these do not apply to {you/NAME}, please just say so.

In 2009, do you think {you/NAME} could have worked or earned more if {you/he/she} had...

		<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DK</u>	<u>REF</u>
a.	Help caring for {your/his/her} children or others in the household?	01	00	02		
	dr					
b.	Help with {your/his/her} own personal care such as bathing,					
	dressing, preparing meals, and doing housework?	01	00	02		
	dr					
C.	Reliable transportation to and from work?	01	00	02		
	dr					
d.	Better job skills?	01	00	02		
	dr					
e.	A job with a flexible work schedule?	01	00	02		
	d r					

VARIAE START	LES NEEDED FRO	DRKED IN 2005 (B30=01) M OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUME NT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)	BER OF O	CURR	ENT JOBS	S (C1),
PRELO	ADED VARIABLES.	NONE				
		nding and getting a better job?r		00	02	
	g. Any special	equipment or medical devices?r	01	00	02	
		AMMER: IF D26g=01, GO TO D26g_Other, ELSE GO				
		thing else that I didn't mention that would have helped				
	{you/NAME	to work or earn more during 2009?r	01	00	02	
		: IF D26h=01, GO TO D26h_Other, ELSE GO TO D27.				
	>					
	1 or D2=01) and D					
D26g_(omer what other	r special equipment or medical devices?				
	<open< td=""><td>></td><td></td><td></td><td></td><td> (D26h)</td></open<>	>				(D26h)
		DON'T KNOW				
		REFUSED		r	(D26n)	
	1 or D2=01) and D Other What else?	26h=01)				
	<opfn< td=""><td>></td><td></td><td></td><td></td><td></td></opfn<>	>				
		DON'T KNOW				
		REFUSED		r		
(D1=01	or D2=01)					
D1-01 D27.		n about when {you were/NAME was} working in 2009. Be need to make any changes to the amount of {your/his/her}				work, did
	PROBE: Did {yo	ur/NAME's} benefit amount decrease or did {you/he/she} lo	ose ben	efits a	altogether	?
		YES		01		
		NO		00	(D29)	
		DON'T KNOW		d	(D29)	
		REFUSED		r	(D29)	
(/D4 0	1	07.04)				
((D1=0) D28.	1 or D2=01) and D		./	. مطه ۱		- of: t
D28.	amount at any ti	se changes did the Social Security Administration pay {you me during 2009?	I/NAIVIE	} trie	wrong bei	теш
		YES		01		
		NO		-		
		DON'T KNOW		d		
		REFUSED		r		
(D1=01 D29.	or D2=02=1) In 2009, {were y overpaid {you/hi	/ou/was NAME} ever asked to re-pay benefits because t n/her}?	the Soci	ial Se	ecurity Ad	ministratior
		YES		01		
				-		

9/7/06 D-13 **NBS ROUND 3 INSTRUMENT**

DON'T KNOW...... d (E1) REFUSED.....r (E1)

SECTION D UNIVERSE: WORKED IN 2005 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)

PRELOADED VARIABLES: NONE

SECTION D UNIVERSE: WORKED IN 2005 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2005 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

D30. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/(he/she) was} working while receiving benefits?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPE

(S2), FIXE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46

SECTION E: AWARENESS OF SSA WORK INCENTIVE PROGRAMS AND TICKET TO WORK AWARENESS OF SSA WORK INCENTIVES

(All) E1.	PROGRAMMER: ONLY USE "HEARD OF THESE INCENTIVES OR SUPPORTS" IF {NAME} HAS NOT COMPLETED ANY PRIOR ROUNDS (S2=01). I'm going to read you a list of incentives and supports that Social Society offices to people getting disability benefits, to procurage them to work Places tell mo if from
	Social Security offers to people getting disability benefits, to encourage them to work. Please tell me if {you have/NAME has} ever {heard of these incentives or supports or} used any of them.
	PRESS 1 TO CONTINUE
(All) E2.	CHECK: IS {NAME} AN SSI BENEFICIARY (BSTATUS = 01,03)?
	YES
	NO
	(E14)
(S2=04	and E2=01 and FIXE2=01) or (S2=01 and E2=01)
E3.	{Have you/Has NAME} ever heard of a <u>Plan for Achieving Self-Support or a PASS Plan?</u> This is a Social Security incentive that lets {you/beneficiaries} set aside money to be used to help {you/them} reach a work goal. The money set aside does not affect {your/their} benefits.
	PROBE 1: {Have you/Has NAME} ever heard of this plan? PROBE 2: If you're not sure, please just say so.
	INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW
	YES 01
	NO
	DON'T KNOW d (PROGRAMMER NOT
	BEFORE E5) REFUSEDr (PROGRAMMER NOT)
	BEFORE E5)

SECTION E UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPE (S2), FIXE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46

(S2=04 and FIXE2=01 and E3=01) or ((S2=02 or S2=04) and E2=01 and FIXE2=00) or (S2=01 and E3=01)

E4. {Have you/Has NAME} ever used a Plan for Achieving Self-Support or a PASS Plan?

INTERVIEWER:	JURE	TEARLY	<i>JE (JUJE)</i>	A.	IN IN INV

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

((S2=04) and E2=01 and FIXE2=01) or (S2=01 and E2=01)

E5. {Have you/Has NAME} ever heard of the <u>earned income exclusion</u> or the <u>1 for 2 earnings</u> exclusion? This is a Social Security incentive where one-half of {your/a beneficiary's} earnings over \$85 are not counted when Social Security figures {your/the} benefit.

PROBE 1: {Have you/Has NAME} ever heard of this exclusion?

PROBE 2: If you're not sure, please just say so.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01	
NO	00	(PROGRAMMER NOTE
		BEFORE E7)
DON'T KNOW	d	(PROGRAMMER NOTE
		BEFORE E7)
REFUSED	r	(PROGRAMMER NOTE
		BEFORE E7)

SECTION E UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPE (S2), FIXE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46

(S2=04 and FIXE2=01 and E5=01) or (S2=02 or S2=04 and E2=01 and FIXE2=00) or (S2=01 and E2=01 and E5=01)

E6. {Have you/Has NAME} ever used the earned income exclusion or the 1 for 2 earnings exclusion?

INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNOW

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(S2=04) and E2=01 and FIXE2=01) or (S2=01 and E2=01)

E7. {Have you/Has NAME} ever heard of <u>Property Essential to Self-Support</u>, or <u>PESS</u>? This is a Social Security incentive where the dollar value of tools, equipment, or other property needed for {your/a beneficiary's} work is excluded when Social Security figures {your/the} benefit.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01	
NO	00	(PROGRAMMER NOTE
		BEFORE E9)
DON'T KNOW	d	(PROGRAMMER NOTE
		BEFORE E9)
REFUSED	r	(PROGRAMMER NOTE
		BEFORE E9)

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(S2=04 and E2=01 and FIXE2=01) or (S2=01 and E2=01)

E9. {Have you/Has NAME} ever heard of <u>Continued Medicaid Eligibility</u> or <u>1619(b)</u> <u>coverage?</u> This is a Social Security incentive that lets {you/beneficiaries} keep {your/their} Medicaid insurance after {you/they} go to work, even if {your/their} benefits have stopped.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01	
NO	00	(E11)
DON'T KNOW	d	(E11)
REFUSED	r	(E11)

(S2=04 and FIXE2=01 and E9=01) or ((S2=02 or S2=04) and E2=01 and FIXE2=00) or (S2=01 and E9=01)

E10. {Have you/Has NAME} ever used Continued Medicaid Eligibility or 1619(b) coverage?

INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNOW

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(E2=01)

E11. CHECK: IS {NAME} 25 OR YOUNGER {C_Intage < or = 25} AND DID {NAME} RECEIVE SSI BENEFITS BEFORE AGE 22 {SSIAGE \leq 22}?

YES	01	
NO	00	(E14)

((S2=04) and FIXE2=01 and FIXE11=01) or (S2=01 and E2=01 and E11=01)

E12. {Have you/Has NAME} ever heard of the <u>student earned-income exclusion</u>? This is a Social Security incentive where if {you are/a beneficiary is} in school, up to \$1,340 of earnings per month are not counted when Social Security figures {your/the} benefit.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01		
NO	00	(E14)	
DON'T KNOW	d	(E14)	

9/7/06 E-4 NBS ROUND 3 INSTRUMENT

PRELO/	BLES NEEDED FROM OTHER SECTIONS: RTYPE ADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, EN KE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46	ISAMPLE, SDATE, VRNAME, SAMPLE TYPE	_
	REFUSED	r (E14)	
E13. {H	Have you/Has NAME} ever used the student earned-income exclu	usion?	
	INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' COD	E AS DON'T KNOW	
	YES	01	
	NO.	······································	
	DON'T KNOW	•••	
	REFUSED		
(All) E14.	CHECK: IS {NAME} A SSDI BENEFICIARY (BSTATUS=02,03	3)?	
	YES	01	
	NO		TE
(S2=04 E15.) and E14=01 and FIXE14=01) or (S2=01 and E14=01) {Have you/Has NAME} ever heard of a <u>Trial Work Period</u> ? {you/beneficiaries} Learn above \$800 per month for nine months		;
	INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW		
	YES	01	
	NO		TE
	DON'T KNOW	BEFORE E17) d (PROGRAMMER NO	ΤE
		BEFORE E17)	
	REFUSED	r (PROGRAMMER NO BEFORE E17)	TE
and E1	•	-04 and FIXE14=00) or (S2=01 and E14=01	
E16. {H	lave you/Has NAME} ever used a Trial Work Period?		
	INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' COD	DE AS DON'T KNOW	
	YES	01	
	NO	-	
	DON'T KNOW	d	
	REFUSED	r	
E17.	{Have you/Has NAME} ever heard of an <u>Extended Period of</u> Security incentive that lets {you/beneficiaries} keep Medicare c {your/their} benefits have stopped.		
	INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW		
	YES	01	
	NO	-	TE

SECTION E UNIVERSE: ALL

9/7/06 E-5 NBS ROUND 3 INSTRUMENT

VARIABI PRELOA	ADED VARIABLES:	L M OTHER SECTIONS: RTYPE BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATI 1, ROUND2 ANSWERS TO E39, E41, E45, E46	E, VRN	AME, SAMPLE TYPE
		DON'T KNOW	d	(PROGRAMMER NOTE BEFORE E19)
		REFUSED	r	(PROGRAMMER NOTE BEFORE E19)
and E17	7=01)	E14=01 and FIXE14=01 and E17=01) or ((S2=04 and FIXE14	4=00)	or (S2=01and E14=01
E18. {H	ave you/Has NAM	IE} ever used an Extended Period of Eligibility for Medicare?		
	INTERVIEWER:	IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KI	NOM	
		YES	01	
		NO		
		DON'T KNOW	d	
		REFUSED	r	
(S2=01) E19.	{Have you/Has Expenses? This	NAME} ever heard of exclusions for <u>Impairment-Related Wo</u> is a Social Security incentive where the value of certain impuring {your/a person's} benefits and eligibility.		=
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES		
		TES		
		NO		
		00		
		(PROGRAMMER NOTE BEFORE E20a)		
		DON'T KNOW		
		d		
		(PROGRAMMER NOTE BEFORE E20a) REFUSED		
		(PROGRAMMER NOTE BEFORE E20a)		
(S2=02 E20.	or S2=04) or (S2= {Have you/Has Expenses?		·k Exp	enses or Blind Work
	INTERVIEWER	: IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T K	NOW	
		YES	01	
		NO		
		DON'T KNOW	d	
		REFUSED	r	

(S2=01)

E20a. {Have you/Has NAME} ever heard of <u>Expedited Reinstatement</u>? This is a Social Security incentive that lets beneficiaries restart their benefits without having to complete a new application if their attempts at work are not successful.

INITEDIUED. II		ANSWER 'DON'T KNOW'.
IN I ERVIEWER' II	- 11111 - 1112 -	

YES
01
NO
00
(PROGRAMMER NOTE BEFORE E20c)
DON'T KNOW
d
(PROGRAMMER NOTE BEFORE E20c)
REFUSED
r
(PROGRAMMER NOTE BEFORE E20c)

(S2=02 or S2=04) or (S2=01 and E20a=01) E20b. {Have you/Has NAME} ever used Expedited Reinstatement?

INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNOW

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(S2=01)

E20c. {Have you/Has NAME} ever heard of Work Incentive and Planning Assistance programs? These are local organizations which give beneficiaries information about programs and help them understand how their Social Security benefits are affected by work.

INTERVIEWER: IF 'NOT SURE', ANSWER 'DON'T KNOW'

PROBE: These are sometimes called WIPAs.

YES	01	
NO	00	(E21)
DON'T KNOW	d	(E21)
PEELISED	r	(F21)

(S2=02 or S2=04) or (S2=01 and E20c=01)

E20d. {Have you/Has NAME} ever used a Work Incentive and Planning Assistance program?

INTERVIEWER: IF 'NOT SUR	E' OR 'NEVER	HEARD OF'	CODE AS DON'T	KNOW

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

E20e_1. {Have you/Has NAME} ever heard of Work Incentive Seminar Events or WISE? These are community events held by local organizations for beneficiaries to learn more about available work incentives.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES
01
NO
00
(E20e)
DON'T KNOW
d
(E20e)
REFUSED
r
(E20e

E20f_1. {Have you/Has NAME} ever attended a Work Incentive Seminar Event?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

E20e. {Have you/Has NAME} ever heard of Protection and Advocacy for Beneficiaries of Social Security or PABSS? This program is focused on protecting beneficiaries' rights to obtain services.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	
NO	
DON'T KNOW	
REFUSED	
	(E21)

9/7/06 E-8 NBS ROUND 3 INSTRUMENT

	ADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPI XE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46
E20f.	{Have you/Has NAME} ever used Protection and Advocacy for Beneficiaries of Social Security or PABSS
	YES
AWAR	RENESS OF TICKET TO WORK
(All) E21.	{Have you/Has NAME} ever heard of the <u>Ticket to Work</u> program? PROBE: The Ticket to Work program provides services to help disability beneficiaries achieve steady, long-term employment by providing them greater choices and opportunities to go to work if want to.
	YES
(E21=0 E22.	00,d,r) {Have you/Has NAME} heard of any Social Security programs in the last few years that allow disal beneficiaries to get services to help them go to work or earn more?
	YES
(E21=0 E23.	00,d,r and E22=00,d,r) CHECK: DID {NAME} HAVE A TICKET ASSIGNED AT THE TIME OF SAMPLE SELECT (TSTATUS=01)? NOTE: VR IN-USE IS TSTATUS=0.
	YES
(E21=0 E24.	00,d,r and E22=00,d,r and Tstatus=01) {Are you/Is NAME} aware that, according to Social Security, {you are/(he/she) is} participating in the Ti to Work program and {your/his/her} Ticket is assigned to {ENSAMPLE} as of {SDATE}?
	YES
E24b.	CHECK: DID {NAME} HAVE AN IN-USE TICKET WITH AN SVRA AT THE TIME OF SAMPLE SELECT (VRINUSE =01)?
	YES

SECTION E UNIVERSE: ALL

9/7/06 E-9 NBS ROUND 3 INSTRUMENT

(E22=01)

E25. Does the program {you've/NAME's} heard of include a certificate or Ticket that {you/NAME} would give to a service provider in exchange for services?

YES01	
NO00	(EN2009=1, go to F; EN2009=0, go to G)
DON'T KNOW d	(EN2009=1, go to F; EN2009=0, go to G)
REFUSEDr	(EN2009=1, go to F: EN2009=0, go to G)

(S2=01 and (E21=01 or E24=01 or E25=01))

E26. PROGRAMMER: IF {NAME} HEARD OF TICKET TO WORK PROGRAM (E21=01) ASK:

In what year did {you/NAME or his/her representative} first hear about the Ticket to Work program? Was it.

PROGRAMMER: OTHERWISE (E21=00,d,r) ASK:

The program is usually called the Ticket to Work program. I'm going to call it the Ticket to Work program in the next few questions. In what year did {you/NAME or his/her representative} first hear about the Ticket to Work program? Was it.

In 2010	01	
In 2009	02	
BEFORE 2009	03	(E34)
DON'T KNOW	d	(E34)
REFUSED	r	(E34)

(S2=01) and (E21=01 or E24=01 or E25=01 and E26=02)

E27. How did {you/NAME or his/her representative} first learn about the Ticket to Work program.

PROBE: For example, did you get the information through the mail, by phone, via the Internet, in-person, or in some other way?

INTERVIEW NOTE: CODE ALL THAT APPLY.

MAIL	01 (E28)
PHONE	02 (E28)
INTERNET	03 (E28)
IN-PERSON MEETING	04 (E28)
OTHER (specify)	05
DK	D (E28)
R	R (E28)

E27_otherspec. Other specify:_____

(S2=01 and (E21=01 or E24=01 or E25=01) and E26=02 and E27=01)

E28. Who did {you/NAME or his/her representative} get information from about the Ticket to Work program? *INTERVIEWER:* CODE ALL THAT APPLY.

SOCIAL SECURITY ADMINISTRATION	01	(E29)
MAXIMUS	02	(E29)
STATE VOCATIONAL REHABILITATION AGENCY, OR		
{VRNAME}	03	(E29)
CURRENT/FORMER EMPLOYER	04	(E29)

9/7/06 E-10 NBS ROUND 3 INSTRUMENT

SECTION E UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPE (S2), FIXE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46

FRIEND/FAMILY MEMBER	06 07 08 09 10 d	(E29) (E28g_other) (E28h_Other) (E28i_Other) (E28j_Other) (E29)
(S2=01 and (E21=01 or E24=01 or E25=01) and E26=02 and E27=01 and E28=07) E28g_Other. What Employment Network sent {you/NAME} the information?		
<open></open>		
DON'T KNOWREFUSED		
(S2=01, and (E21=01 or E24=01 or E25=01) and E26=02 and E27=01 and E28=08)) E28h_Other. What other Agency/Organization sent {you/NAME} the information?		
<open></open>		
DON'T KNOWd		
REFUSEDr		
((S2=01) and (E21=01 or E24=01 or E25=01) and E26=02 and E27=01 and E28=09)) E28i_Other. What Health Care Provider sent {you/NAME} the information?		
<open></open>		
DON'T KNOW		
((S2=01) and (E21=01 or E24=01 or E25=01) and E26=02 and E27=01 and E28=10))		
E28j_Other. Who sent {you/NAME} the information?		
<open></open>		
DON'T KNOWd		
REFUSEDr		

E34.		IER: IF PROXY RESPOND	
	-	. ,	n the mail from Social Security? It looks like a certificate with blue to Work and Self-Sufficiency'.
	and red within	g and the the bays monet	to work and self-sufficiency.
		YES	
			01
			(E36)
		_	
			00
			d
			u
			r
((S2=0	1) and (E21=01	or E24=01 or E25=01) and	d E34=00,d,r))
E35.	Did {you/NAMI	E) ever try to get a Ticket from the property of the proper	om Social Security or anywhere else?
		VEC	
			01
			00
			(F31)
		DON'T KNOW	·
			d
			(F31)
		REFUSED	
			r
			(F31)
EVED	USED TICKET	STATE VR AGENCY	
		l or E24=01 or E25=01) an	d (E34=01 or E35=01))
((32–0 E36.			our/his/her} Ticket to sign up with an Employment Network?
_00.		-	s or businesses that offer services to help people with disabilities
		more money as part of the	
			be public or private and can include the State Vocational
	Re	habilitation Agency.	
		YES	01 (E37)
			01 (201)
			00
			(E36check)
		DON'T KNOW	
			d
			(E36check)
		REFUSED	

E36CHECK.

CHECK: DID {NAME} HAVE A TICKET ASSIGNED AT THE TIME OF SAMPLE SELECTION (TSTATUS=01)? NOTE: VR IN-USE IS TSTATUS=0.

.....(E36check)

		NO		,	00 (551)
		NO		C	00 (E51)
E36b.		ou/Has NAME} ever res s agency is known as {		a State Vocational Rehab	oilitation agency? In your
		YES		()1 (E37b)
					` '
		DON'T KNOV	V		d (E36bcheck)
		REFUSED			r (E36bcheck)
E36bCı	HECK: DID =01)?) {NAME} HAVE AN IN	N-USE TICKET WITH AN	I SVRA AT THE TIME OF	SAMPLE SELECTION
		YES		C	01
		NO		00	0 (E51)
E36c. {		•	according to Social Secu cy {VRNAME} and have b	rity, {you are/(he/she) is} seen since {VRDATE}?	signed up with the State
		YES	01	(E37b)	
			00	, ,	
		DON'T KNOW	d	(E51)	
		REFUSED	1	(E51)	
TICKE	T/SVRA US	SE IN 2009			
	2 or S2=04 L and E36=		4=01 or E25=01)) or (S2	=01 and (E34=01 and E36	i=01) or (E34=00,d,r and
(S2=02 E37a.	and (E21=	=01 or E24=01 or E25=	:01) and CHECK37=01)		
) and (E21=01 or E24 =01 and CHECK37=00		ECK37=00)) or ((S2=01 ar	nd (E21=01 or E24=01 or
	PROGRA	AMMER:			
	ASK: {W		igned up with any Emplo ny time in 2009?	yment Networks or a State	Vocational Rehabilitation
	PROBE:	disabilities work or	earn more money as p	businesses that offer serv art of the Ticket to Worl ude the State Vocational R	k Program. Employment
				0	. ` '
					,
					` '

SECTION E UNIVERSE: ALL

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE

SECTION E UNIVERSE: ALL **VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE** PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPE (S2), FIXE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46 E37b. {Were you/Was NAME} signed up with a State Vocational Rehabilitation Agency at any time in 2009? DON'T KNOW...... d (E51) REFUSED...... r (E51) ((S2=02 or S2=04) and (E21=01 or E24=01 or E25=01) and CHECK37=00 and E37=01) or ((S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=01 and E37b=01)) or ((S2=01 and (E21=01 or E24=01 or E25=01) and E36=01 and CHECK37=00 and E37=01) E38. PROGRAMMER: How many Employment Networks (were you/was NAME) signed up with in 2009? **EMPLOYMENT NETWORKS IN 2009** (1-2)(1-5)DON'T KNOW...... d REFUSED.....r ((S2=02 or S2=04) and (E21=01 or E24=01 or E25=01) and CHECK37=00 and E37=01) or ((S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=01 and E37b=01)) or ((S2=01 and (E21=01 or E24=01 or E25=01) and E36=01 and (CHECK37=00 and E37=01)) E39. PROGRAMMER: (IF E37=1 AND IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 ((IF S2=01,04 and E38>1) OR (IF S2=02 and E37a=01 and E37b=01) OR (IF S2=02 and E38>1)), USE {FIRST, SECOND, THIRD, ETC.} (IF E37=1) What was the name of the {first, second, third, fourth, fifth} Employment Network {you were/ NAME was} signed up with in 2009? (IF E37b=1) What was the name of the Vocational Rehabilitation Agency {you were/NAME was} signed up with in 2009? INTERVIEWER: IF NAME OF VR IS NOT KNOW, ENTER "STATE VR AGENCY". INTERVIEWER: ENTER VERBATIM RESPONSE

E39a (EN#1 2009) <string=240></string=240>	
E39b (EN#2 2009) <string=240></string=240>	
E39c (EN#3 2009) <string=240></string=240>	
E39d (EN#4 2009) <string=240></string=240>	
E39e (EN#5 2009) <string=240></string=240>	
DON'T KNOW	d
DEFLICED	r

SECTION E UNIVERSE: ALL

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE

PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPE

(S2), FIXE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46

PROGRAMMER: IN-USE VR (E37b=1) SKIP TO E51.

PROGRAMMER: ASK E40- E43 FOR EACH EMPLOYMENT NETWORK LISTED IN E39 (WHERE E37=1).

((S2=02 or S2=04) and (E21=01 or E24=01 or E25=01) and CHECK37=00 and E37=01) or ((S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=01 and E37b=01)) or ((S2=01 and (E21=01 or E24=01 or E25=01) and E36=01 and (CHECK37=00 and E37=01))

E40mth. The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} ticket with {EN IN 2009 FROM E39}?

PROBE: Your best estimate is fine.

WITCH VICWED.	CNITCO	MONITHUEDE		ONLNEVE	CODEEN
INTERVIEWER:	ENIER	MONTH HERE	AND YEAR	ON NEXT	SCREEN

	(1-12)
	MO
	DON'T KNOW d
	REFUSEDr
E24=01 (and (CHEE40)	or S2=04) and (E21=01 or E24=01 or E25=01) and CHECK37=00 and E37=01) or ((S2=02 and (E21=01 or or E25=01) and CHECK37=01 and E37b=01)) or ((S2=01 and (E21=01 or E24=01 or E25=01) and E36=01 ECK37=00 and E37=01)) PROBE: The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use your ticket with {EN IN 2009 FROM E39}?
	PROBE: Your best estimate is fine.
	INTERVIEWER: ENTER YEAR _ _ (2001-2009) YEAR
	DON'T KNOW d REFUSED r
E41.	{Are you/Is NAME} currently signed up with {EN IN 2009 FROM E39}?

((S2=02 or S2=04) and (E21=01 or E24=01 or E25=01) and CHECK37=00 and E37=01 and E41=00,d,r) or ((S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=01 and E37b=01 and E41=00,d,r) or (E37a=01 and E37b=01)) or (S2=01 and (E21=01 or E24=01 or E25=01) and E36=01 and (CHECK37=00 and E37=01) and E41=00,d,r) E42mth.In what month and year did {you/NAME} stop receiving services from {EN IN 2009 FROM E39}?

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

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AN YEAR ON NEXT SCREEN

(1	L-12)		
MO			
DON'T KNOW		d	
REFUSED		r	
	E-15	NBS ROU	ND 3 INSTRUMENT

SECTION E UNIVERSE: ALL

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE

PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPE

(S2), FIXE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46

(S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=00 and E37=01 and E41=00,d,r) or ((S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=01 and E37b=01 and E41=00,d,r) or (E37a=01 and E37b=01)) or (S2=01 and (E21=01 or E24=01 or E25=01) and E36=01 and (CHECK37=00 and E37=01) and E41=00,d,r)

E42yr. PROBE 1: In what month and year did {you/NAME} stop receiving services from {EN IN 2009 FROM E39}? PROBE 2: Your best estimate is fine. **INTERVIEWER:** ENTER YEAR |__|_| (2001-2006) (2004 - 2006)YFAR DON'T KNOW...... d REFUSED..... (S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=00 and E37=01 and E41=00,d,r) or ((S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=01 and E37b=01 and E41=00,d,r) or (E37a=01 and E37b=01)) or (S2=01and (E21=01 or E24=01 or E25=01) and E36=01 and (CHECK37=00 and E37=01) and E41=00,d,r) and (E42yr<2004 or E42yr>2009) E42yr1. SOFT EDIT: [YEAR STOPPED RECEIVING SERVICES (E42yr) SHOULD BE 2009 OR 2006.] IF {NAME} FAILS EDIT, INTERVIEWER READ: Earlier you reported {you were/NAME was} signed up with {EN IN 2009 FROM E39} in 2009. I recorded {you/NAME} stopped receiving services in (E42yr). Is this correct? (S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=00 and E37=01 and E41=00,d,r) or ((S2=02 and (E21=01 or E24=01 or E25=01) and CHECK37=01 and E37b=01 and E41=00,d,r) or (E37a=01 and E37b=01))) or (S2=01, and (E21=01 or E24=01 or E25=01) and E36=01 and (CHECK37=00 and E37=01) and E41=00,d,r) Why {are you/is NAME} no longer receiving services from {EN IN 2009 FROM E39}? INTERVIEWER: ENTER VERBATIM RESPONSE <OPEN> DON'T KNOW......d REFUSED.....r **CURRENT TICKET USE** ((S2=02 or S2=04) and (E21=01 or E24=01 or E25=01)) or (S1=01 and (E21=01 or E24=01 or E25=01) and E36=01) CHECK: IS {NAME} CURRENTLY SIGNED UP WITH AN EMPLOYMENT NETWORK FROM 2009 E44. { E41=01 FOR ANY EN}?01(E48)

VARIABL PRELOA	I E UNIVERSE: ALL LES NEEDED FROM OTHER SECTIONS: RTYPE DED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPE E2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46
	NO
	00
E25=01)	2 or S2=04) and (E21=01 or E24=01 or E25=01) and E44=00)) or ((S1=01 and (E21=01 or E24=01 or E24=01)) and E36=01 and E44=00)) {Are you/Is NAME} currently signed up with an Employment Network?
	PROBE: Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work Program. Employmen Networks can be public or private and can include the State Vocational Rehabilitation Agency.
	YES
	01 (E46)
	NO
	(E48)
	DON'T KNOW
	d
	(E48) REFUSED
	r
	(E48)
	or S2=04)and (E21=01 or E24=01 or E25=01) and E44=00 and E45=01)) or ((S1=01and (E21=01 or E25=01)) and E36=01 and E44=00 and E45=01)) What is the name of the Employment Network {you are/NAME is} currently signed up with?
	INTERVIEWER: ENTER VERBATIM RESPONSE CURRENT EN #1 <string=240></string=240>
	DON'T KNOW d
	REFUSEDr
E24=01	or S2=04) and (E21=01 or E24=01 or E25=01) and E44=00 and E45=01)) or ((S1=01and (E21=01 or E25=01)) and E36=01 and E44=00 and E45=01)) The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her ticket with {CURRENT EN FROM E46}?
	(PROBE: Your best estimate is fine.
	INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN (1-12) MO
	DON'T KNOW
	d REFLISED

(((S2=02 or S2=04) and (E21=01 or E24=01 or E25=01) and E44=00 and E45=01)) or ((S1=01 and E45=01) or E24=01 or E25=01) and E36=01 and E44=00 and E45=01))

E47yr. PROBE 1: The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} ticket with {CURRENT EN FROM E46}?

SECTION E UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPLE TYPE (S2), FIXE2, FIXE11, FIXE14, ROUND2 ANSWERS TO E39, E41, E45, E46

PROBE 2: Your best estimate is fine.

II	NIERVIEWER: ENTER YEAR
	_ (2001-2006)
	YEAR
	DON'T KAIOW
	DON'T KNOW
	d
	REFUSED
	r
OTHER F	MPLOYMENT NETWORKS NOT PREVIOUSLY DISCUSSED
• · · · · · · ·	25 1211 1.
(S2=01 an	nd (E21=01 or E24=01 or E25=01) and E36=01) or (S2=04 and (E21=01 or E24=01 or E25=01))
-	Have you/Has NAME} ever used {your/his/her} Ticket to sign up with any other Employment Networks that
_	ve haven't yet talked about?
Р	PROBE: Employment Networks are organizations or businesses that offer services to help people with
	disabilities work or earn more money as part of the Ticket to Work Program. Employment
	Networks can be public or private and can include the State Vocational Rehabilitation Agency.
	YES 01
	NO 00 (E51)
	DON'T KNOW d (E51)
	REFUSEDr (E51)
<i>(:</i> - <i>:</i> - <i>: :</i> :	
-	t) and (E21=01 or E24=01 or E25=01) and E36=01 and E48=01)
E49.	How many other Employment Networks {have you/has NAME} been signed up with?
	III OTHER EMPLOYMENT NETWORKS
	(1-2) (1-5)
	(1-5)
	DON'T KNOW d
	REFUSEDr
	(C) GGES
(S2=01.04	l) and (E21=01 or E24=01 or E25=01) and E36=01 and E48=01)
	The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her}
	icket to sign up with an Employment Network?
Р	PROBE: Your best estimate is fine.
II.	NTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN
	(1-12)
	MO
	DON'T KNOW d
	REFUSEDr
(S2=01,04)	l) and (E21=01 or E24=01 or E25=01) and E36=01 and E48=01)

(32-01,04) and (221-01 of 224-01 of 225-01) and 230-01 and 240-01)

E50yr. PROBE: The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} Ticket to sign up with an Employment Network?

9/7/06 E-18 NBS ROUND 3 INSTRUMENT

	PROBE: Your best estimate is fine.	
	INTERVIEWER: ENTER YEAR _ _ (2001-2006) YEAR	
((S2=02 E51.	DON'T KNOW	d r
	WAS NAME AWARE OF TICKET [(E21=01 or E24=01 or E25=01) AND: NEVER USED TICKET (E36=00, d, r) OR DID NOT USE AN SVRA (E36b=0,d,r) OR WAS A TICKET NON-PARTICIPANT IN 2009 (E37=00, d,r) (
	YES	. ,

PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

SECTION F: TICKET NON-PARTICIPANTS IN 2009

TRIED TO GET INFORMATION OR PARTICIPATE IN 2009

(E51=01)

F1. During **2009**, did {you/NAME or his/her representative} contact, or try to contact, anyone to find out more about the Ticket to Work program or to participate in the program?

YES
01
NO
00
(F31)
DON'T KNOW
d
(F31)
REFUSED
r
(F31)

(E51=01 and F1=01)

9/7/06

F2. Thinking only about **2009**, who did {you/NAME or his/her representative} contact to get information about the Ticket to Work program?

Did {you/NAME or his/her representative} contact....

	YES	NO	DON'T KNOW	REFUSED
a. The Social Security Administration?	01	00	d	r
b. Maximus?	01	00	d	r
c. The State Vocational Rehabilitation Agency or{VRNAME}?	01	00	d	r
d. A Work Incentive and Planning Assistance program or benefit specialist				
	01	00	d	r
e. A caseworker?	01	00	d	r
f. A friend or family member?	01	00	d	r
g. An Independent Living Center?	01	00	d	r
h. An Employment Network	01	00	d	r
PROBE: Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work program. Employment Networks can be public or private and can include the State Vocational Rehabilitation Agency.				
PROGRAMMER: IF F2h=01 GO TO F2h_OTHER, ELSE GO TO F	2i			
i. Another Agency or Organization PROGRAMMER: IF F2I=01 GO TO F2i OTHER, ELSE GO TO F3	01	00	d	R

F-1

-	l, F1=01 and F2h= ner. What other Er	mployment Network?	
	<open></open>	>	(F2i)
		DON'T KNOW	
)
		(F2i)	r
•	l, F1=01 and F2i=0 er. What other Ag	01) ency or Organization?	
	<open></open>	>	
		DON'T KNOW	
		REFUSED	
(E51=01 F3.	•	easy was it for {you/NAME or his/her representative} to get Ticket to Work program? Was it:	
		Very easy, Somewhat easy, Not very easy, or Not at all easy? DON'T KNOW. REFUSED.	02 03 04 d
INFORM	MATION ABOUT E	EMPLOYMENT NETWORKS	
(E51=01 F4.		k you about Employment Networks. During 2009 , did {you/NAMon about the Employment Networks that serve {your/NAME's} are	
	disabilities work of	ment Networks are organizations or businesses that offer se or earn more money as part of the Ticket to Work Program. Em and can include the State Vocational Rehabilitation Agency	
		YES NO DON'T KNOW REFUSED	00 (F12) d (F12)
(E51=01 F5.	L and F1=01 and F How did {you/NAI	4=01) ME} receive this information about Employment Networks?	
	PROBE: For exasome other way?	ample, did you get information through the mail, by phone, via t	he Internet, in-person, or in
		MAIL	

SECTION F UNIVERSE: TICKET NON-PARTICIPANTS IN 2005 (E35=00,d,r or E51=01) VARIABLES FROM OTHER SECTIONS: RTYPE PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

PRELOADED INFORMATIO	IN: VRIVAINE (NAME FOR STATE VR AGENCT)	
	INTERNET	
F5_otherspec. Other spe	cify:	
(E51=01 and F1=01 and F F6. Who did {you/NA	F4=01 and F5=01) AME or his/her representative} get information from about Employment	t Networks?
INTERVIEWER:	CODE ALL THAT APPLY.	
MAXIMI STATE A WOR A CASE FRIEND INDEPE EMPLO OTHER DON'T I	SECURITY ADMINISTRATION 01 US 02 VOCATIONAL REHABILITATION AGENCY or {VRNAME} 03 K INCENTIVES PLANNING AND ASSISTANCE PROGRAM OR BENE 04 EWORKER 05 D/FAMILY MEMBER 06 ENDENT LIVING CENTER 07 DYMENT NETWORK 08 R AGENCY/ORGANIZATION 09 KNOW d ED r	(F7) (F7) (F7) (F7) (F7) (F7) (F7) (F7)
(E51=01 and F1=01 and F F6j_Other. What Other pl	F4=01 and F5=01 and F6=10) lace?	
<open< td=""><td>></td><td></td></open<>	>	

PROGRAMMER: SKIP F12-F19 IF E37b=1)

CONTACT WITH STATE VR AGENCIES

 $(E51=01 \text{ and } F1=01 \text{ and } E37b \neq 1)$

F12. The next questions are about trying to use a Ticket with the vocational rehabilitation agency in {your/NAME's} state. In {your/NAME's} state the vocational rehabilitation agency is called {STATE NAME FOR VR AGENCY). I'm going to refer to this as {your/NAME's} State VR agency. In 2009, did {you/NAME or his/her representative} contact {your/his/her} State VR agency to use {your/his/her} Ticket or to talk about getting services from them?

DON'T KNOW.....

REFUSED.....

YES	01	
NO	00	(F20)
DON'T KNOW	d	(F20)
REFUSED	r	(F20)

	1 and F1=01 and F12=01)					
F13.	In 2009 , did {you/NAME or his/her representative} try to use {your/NAME's {your/NAME's} State VR agency?	} Ti	icket to	sign	up	with
	YES	01	(F15)			
	NO					
	DON'T KNOW					
	REFUSED	r	(F20)			
(E51=0	of and F1=01 and F12=01 and F13=01) In 2009 , did {your/NAME's} State VR agency accept {your/his/her} Ticket?					
1 10.	in 2000, and gourna wie of otate vivagency accept gournismen, monet.					
	YES		(F17)			
	NO	00				
	DON'T KNOW	d	(F20)			
	REFUSED	r	(F20)			
(E51=0 F16.	1 and F1=01 and F12=01 and F13=01and F15=00) Why didn't the State VR agency accept {your/NAME's} Ticket in 2009 ?					
F10.	with didn't the State VK agency accept (your/NAIME'S) Ticket in 2009?					
	INTERVIEWER: CODE ALL THAT APPLY.					
	NOT TAKING TICKETS WHEN CONTACTED					
	01					
	(F17)					
	DID NOT OFFER SERVICES {NAME} NEEDED					
	02					
	(F17)					
	DID NOT SERVE PEOPLE WITH {NAME'S} DISABILITY/NEEDS					
	(F17)					
	{NAME} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH					
	HOURS					
	(F17)					
	{NAME} NOT WILLING TO GO OFF OF DISABILITY BENEFITS					
	05					
	(F17)					
	OTHER					
	06					
	DON'T KNOW					
	d					
	(F17)					
	REFUSED					
	r					
	(F17)					
•	1 and F1=01 and F12=01 and F13=01 and F15=00 and F16=06) her. What other reason?					
	<open></open>				(F20))
	DON'T KNOW					
	REFUSED	r				

(E51=01 and F1=01 and F12=01 and F13=01 and F15=01, 00)

F17. CHECK: WAS TICKET ASSIGNED TO STATE VR AGENCY IN 2009 (F15=01)?

YES	
NO	
(F	20)

(E51=01 and F1=01 and F12=01 and F13=01 and F15=01,00 and F17=01)

F18. SOFT EDIT: You said that {your/NAME's} State VR agency accepted {your/his/her} Ticket some time in 2009 (F15=01), but I show that you told me earlier {you/NAME} had not assigned {your/his/her} Ticket in 2009 (E51=01). Is it correct that {you/NAME} participated in the Ticket to Work program in 2009 through {your/his/her} State VR agency?

YES, DID PARTICIPATE IN 2009)1	
NO, DID NOT PARTICIPATE IN 2009	02	(F20)
DON'T KNOW	d	(F20)
REFUSED	r	(F20)

(E51=01 and F1=01 and F12=01 and F13=01and F15=01,00 and F17=01 and F18=01)

F19. I have encountered a problem with the interview and need to speak with my supervisor. I will call you back shortly. Thank you for your time.

INTERVIEWER: GO TO PARALLEL BREAKOFF BLOCK, END INTERVIEW AND STATUS SUPERVISOR REVIEW 380.

CONTACT WITH EMPLOYMENT NETWORKS OTHER THAN THE STATE VR AGENCY

(E51=01 and F1=01)

F20. The next questions are about {your/NAME's} contact with Employment Networks, other than {your/his/her} state vocational rehabilitation agency, {VRNAME}. In **2009**, did {you/NAME} contact any Employment Networks other than {your/NAME's} state VR Agency to use {your/his/her} Ticket or to talk about getting services from them?

PROBE: Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work Program. Employment Networks can be public or private and can include the State Vocational Rehabilitation Agency.

YES	01	
NO	00	(F28)
DON'T KNOW	d	(F28)
REFUSED	r	(F28)

(E51=01	and F1=01	and F20=01)
---------	-----------	-------------

F21. How many other Employment Networks did {you/NAME} contact in 2009?

PROBE: Your best guess is fine.

|__|_ NUMBER (1-2)

(1-15)

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

(E51=01 and F1=01 and F20=01)

F22. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK IN F21, READ THIS STATEMENT BEFORE F22:

{In the next few questions, I am going to ask about {your/NAME's} overall experience with the Employment Networks that {you/ (he/she)} contacted.}

PROGRAMMER: USE "ANY OF" AND "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN (F21>1).

Did {you/NAME or his/her representative} try to use {your/NAME's} Ticket to sign up with {any of} the Employment Network(s) {you/he/she} contacted?

YES	01	(F24)
NO	00	
DON'T KNOW	d	(F24)
REFUSED	r	(F24)

(E51=01 and F1=01 and F20=01 and F22=01,d,r)

F24. **PROGRAMMER:** USE "ANY OF" AND "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN (F21>1).

In **2009**, did {any of} the Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME's} Ticket?

YES	01	(F26)
NO	00	
DON'T KNOW	d	(F30)
REFISED	r	(E3U)

(E51=01 and F1=01 and F20=01 and F22= 01,d,r and F24=00)

F25. **PROGRAMMER:** USE "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN (F21>1). Overall, why didn't the Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME's} Ticket in **2009**?

PROGRAMMER: USE "THESE" AND "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN (F21>1)

PROBE: Were there any other reasons why {these/this} Employment Network(s) would not accept {your/NAME'S} Ticket in 2009?

INTERVIEWER: CODE ALL THAT APPLY.

PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

NO	OT TAKING TICKETS WHEN CONTACTED	
DI	D NOT OFFER SERVICES {NAME} NEEDED	
EN	MPLOYMENT NETWORK DID NOT SERVE PEOPLE WITH {NAME	.(F30)
	DISABILITY/NEEDS	03
N}	IAME} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH HOUF	RS 04
N}	IAME} NOT WILLING TO GO OFF OF DISABILITY BENEFITS	
0	THER	
DO	ON'T KNOW	d
RE	EFUSED	
EE1-01 and E1-01	and F20=01 and F22= 01,d,r and F24=00 and F25=06)	.(F30)
-25_Other. What O	•	
<0	DPEN>	
	DON'T KNOWREFUSED	
	GO TO F30	

(E51=01 and F1=01 and F20=01 and F22= 01,d,r and F24=01)

F26. PROGRAMMER: USE "ONE OF" AND "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN (F21>1).

You said that {one of} the Employment Network{s} {you/NAME} tried to use {your/his/her} Ticket with accepted {your/his/her} Ticket some time during 2009 (F24=01), but I show that you told me earlier {you/NAME} had not assigned {your/his/her} Ticket in 2009 (E51=01). Is it correct that {you/NAME} participated in the Ticket program in 2009?

YES, DID PARTICIPATE IN 2009	. 01	
NO, DID NOT PARTICIPATE IN 2009	. 02	(F30)
DON'T KNOW	d	(F30)
REFUSED	. r	(F30)

VARIABLES FROM OTHER SECTIONS: RTYPE

PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

(E51=01 and F1=01 and F20=01 and F22= 01,d,r and F24=01 and F26=01)

F27. I have encountered a problem with the interview and need to speak with my supervisor. I will call you back shortly. Thank you for your time.

INTERVIEWER: GO TO PARALLEL BREAKOFF BLOCK, END INTERVIEW AND STATUS SUPERVISOR REVIEW 380.

RECEIVED INFORMATION BUT DID NOT CONTACT ENS IN 2009

(E51=01 and F1=01 and F20=00,d,r)

F28. CHECK: DID {NAME} RECEIVE INFORMATION ABOUT EMPLOYMENT NETWORKS (F4=01) BUT DID NOT CONTACT THEM (F12=00 AND F20=00)?

YES	
	01
NO	
	00 (F30)

(E51=01 and F1=01 and F20=00,d,r and F28=01)

F29. After receiving information about the Employment Networks in {your/NAME's} area (IF E37b≠1){ including the State Vocational Rehabilitation agency or {VRNAME}}, why didn't {you/NAME or his/her representative} contact any of them?

INTERVIEWER: CODE ALL THAT APPLY.

PHYSICAL/MENTAL CONDITION	
01	L
(F30))
CHANGED MIND	
0	
(F30	
FAMILY RESPONSIBILITIES	,
(F30	
FAMILY WOULD NOT SUPPORT	,
(F30	,
COULD NOT GET RELIABLE TRANSPORTATION	
0!	
(F30	,
ECONOMIC CONDITIONS CHANGED - NO LONGER THINK	
JOB OPPORTUNITIES EXIST	
00	6
(F30))
FEARED SERVICES WOULD ENDANGER BENEFITS	
0	7
(F30))
INFORMATION TOO CONFUSING – DID NOT KNOW	•
WHERE TO START	
0	
(F30	_
EMPLOYMENT NETWORK (NAME) WANTED WAS NOT	,
PARTICIPATING	

SECTION F UNIVERSE: TICKET NON-PARTICIPANTS IN 2005 (E35=00,d,r or E51=01)

VARIABLES FROM OTHER SECTIONS: RTYPE PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

09	
(F30)	
ENs TOO FAR AWAY	
10	
(F30)	
COULD NOT GET IN CONTACT WITH ENS	
(F30)	
NO ENS PROVIDED SERVICES (NAME) NEEDS	
12	
(F30)	
NO ENS SERVE MY KIND OF DISABILITY	
(F30)	
OTHER	
14	
DON'T KNOW	
d	
(F30)	
REFUSED	
r	
(F30)	
(E51=01 and F1=01 and F20=00,d,r and F28=01 and F29=14)	
F29 OTHER. What other reason?	
-	
<open></open>	
DON'T KNOW	d
REFUSED	r
	•

PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

FUTURE PLANS ABOUT TICKET TO WORK PARTICIPATION

(E51=01 and F1=01)

F30. Do you think {you/NAME} will try to participate in the Ticket to Work program at any time in the future?

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

GO TO F33

AWARE OF TICKET PROGRAM BUT DID NOT TRY TO GET INFORMATION OR PARTICIPATE DURING 2009

(E35=00,d,r) OR (E51=01 and F1=00,d,r)

F31. What are the main reasons {you did/NAME did} not try to participate in the Ticket to Work program in 2009?

INTERVIEWER: CODE ALL THAT APPLY:

PHYSICAL/MENTAL CONDITION
01
(F32)
DIDN'T WANT TO
02
(F32)
FAMILY RESPONSIBILITIES
03
(F32)
FAMILY WOULD NOT SUPPORT
04
(F32)
COULD NOT GET RELIABLE TRANSPORTATION
05
(F32)
ALREADY HAD A JOB
06
(F32)
FEARED SERVICES WOULD ENDANGER BENEFITS
07
(F32)
INFORMATION TOO CONFUSING – DID NOT KNOW
WHERE TO START
(F32)
EMPLOYMENT NETWORK {YOU/NAME} WANTED WAS
NOT PARTICIPATING
NOT PARTICIPATING
(F32)
ENS TOO FAR AWAY
10
(F32)
COULD NOT GET IN CONTACT WITH ENS
11
(F32)
(1 02)

9/7/06

SECTION F UNIVERSE: TICKET NON-PARTICIPANTS IN 2005 (E35=00,d,r or E51=01)

VARIABLES FROM OTHER SECTIONS: RTYPE

PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

	NO ENS PROVIDED SERVICES {NAME} NEEDS
	12
	NO ENS SERVE MY KIND OF DISABILITY(F32)
	13
	(F32)
	IN SCHOOL
	14
	(F32)
	OTHER
	DECIDED TO GO TO STATE VOCATIONAL
	REHABILITATION AGENCY (VR)
	16
	(F32)
	DON'T KNOW
	d
	(F32)
	REFUSED
	r (F32)
	(F32)
(F31=15)	
•	: ENTER VERBATIM RESPONSE
<open:< th=""><th>></th></open:<>	>
	DON'T KNOW d
	REFUSEDr
	The root of the ro
(E35=00,d,r) OR (E51=01 F32. Do you think {you	and F1=00,d,r) J/NAME} will try to participate in the Ticket to Work program at any time in the future?
_	
	YES
	NO
	DON'T KNOW d
	REFUSEDr

PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

KNOWLEDGE OF TICKET TO WORK PROGRAM

(E35=00,d,r or E51=01)

F33. Now I'm going to read you some statements about the Ticket to Work program. For each statement, please tell me if it is something {you/NAME or his/her representative} knew before today or not.

PROGRAMMER: INSERT STATEMENT BELOW HERE

Is this something {you/NAME or his/her representative} knew before today or not?

INTERVIEWER: REPEAT AS NECESSARY

		KNEW BEFORE TODAY	DID NOT KNOW BEFORE <u>TODAY</u>	DON'T KNOW	REFUSED
a.	Ticket to Work is a program to help people with disabilities get training or other employment services to improve their ability to work. These employment services are paid for by Social Security	01	00	d	r
b.	Ticket to Work participants are free to choose an employment service provider from among a network of employment service providers in the program	01	00	d	r
C.	{Your/NAME's} employment service provider in the Ticket to Work program is not paid by Social Security unless {you go/(he/she) goes} back to work	01	00	d	r
d.	While participating in the Ticket to Work program, Social Security will not conduct a review of {your/NAME's} medical eligibility for disability benefits	01	00	d	r
e.	{You/NAME} can get services from your State Vocational Rehabilitation Agency without giving them your Ticket	01	00	d	r
f.	You/NAME} can use your Ticket to get follow- up services somewhere else after you finish getting services from the State Vocational Rehabilitation Agency	01	00	d	r

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B18_AGE, B18_YEAR, {NAME'S} ADDRESS FROM SECTION A,

E36, E37, E38, E39

PRELOADED VARIABLES: BIRTHYEAR

SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2009

SERVICE PROVIDERS

(All)

G1. **PROGRAMMER:** USE LANGUAGE BELOW IF {NAME} HAS NOT COMPLETED ANY PRIOR ROUND (S2=01)

Next, I will ask about different types of services that people with disabilities sometimes get in order to improve their ability to work or live independently.

First, I will ask about employment services {you/NAME} may have received.

(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received any employment services to help {you/him/her} get a job?

(IF DISABLED AT AGE 16 OR LATER (B18_AGE \geq 16 OR IF BIRTHYEAR - B18_YEAR \geq 16)) Since becoming disabled, {have you/has NAME} received any employment services to help {you/him/her} get a job?

YES	01	
NO	00	(G10)
DON'T KNOW	d	(G10)
REFUSED	r	(G10)

(G1	=0	11	١
$(\cup_{\perp}$	0	_	,

G2. What was the name of the place {you/NAME} went to for those employment services?

PROGRAMMER: DISPLAY Anyplace else? ON SCREEN FOR PROVIDERS 2 THROUGH 8

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

PROBE 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.

PROBE 2: (IF (S2=01 AND E36=01) OR (IF S2=02 and E37a=01 or E37b=01) or (S2=02 or S2=04 and E37=01)):

This includes services {you/NAME} received from an Employment Network.

	PROVIDER 1 <string=240></string=240>		
	PROVIDER 2 < STRING=240>		
	PROVIDER 3 < STRING=24		
	PROVIDER	4	<
STRING	G=240>		
	PROVIDER 5 < STRING=240>		
	PROVIDER 6 < STRING=240>		
	PROVIDER 7 < STRING=240>		
	PROVIDER 8 < STRING=240>		
	REFUSED	r	
CHECK: WAS {N	IAME} A TICKET PARTICIPANT IN	N 2009(E37=01) OR (IF S2=02 AND EN2009=01)?	
	YES		

PROGRAMMER: REPEAT G4 THROUGH G6 ONLY FOR THE FIRST AND SECOND 2009 EMPLOYMENT NETWORKS

LISTED IN E39 OR ROUND2 EN FROM R2 E39 OR ROUND2 EN FROM R2 E46

(G1=01 and G3=01)

(G1=01) G3.

G4. **INTERVIEWER:** IS {EMPLOYMENT NETWORK IN 2009 (DISPLAY FIRST/SECOND NAME FROM E39 OR ROUND2 EN FROM R2 E39 OR ROUND2 EN FROM R2 E46)} ON

THIS LIST {DISPLAY LIST FROM G2}?

YES	01	(DISPLAY SECOND EN FROM E39)
		OR (ROUND2 EN FROM R2 E39) OR
		(ROUND2 EN FROM R2 E46) THEN
		SKIP TO G7
NO	Ω	

9/7/06

E36, E37, E38, E39

PRELOADED VARIABLES: BIRTHYEAR

(G1=01	and G3=01 and G4=00)
G5.	In 2009, did {you/NAME} receive employment services from {FIRST/SECOND EMPLOYMENT NETWORK

IN 2009 (E39 OR ROUND2 EN FROM R2 E39 OR ROUND2 EN FROM R2 E46)}? YES.....01 NO00(G7) DON'T KNOW.....d(G7) REFUSED.....r(G7) (G1=01 and G3=01 and G4=00 and G5=01) G6. Then let me add {FIRST/SECOND EMPLOYMENT NETWORK FROM 2009 (E39 OR ROUND2 EN FROM R2 E39 OR ROUND2 EN FROM R2 E46)} to this list. INTERVIEWER: ENTER '1' TO ADD NAME OF EMPLOYMENT NETWORK TO LIST PRESS 1 TO CONTINUE.....01 (G1=01)PROGRAMMER: ASK G7 THROUGH G9 FOR EACH PLACE LISTED IN G2 INCLUDING EMPLOYMENT G7. NETWORKS THAT WERE ADDED IN G6. Thinking about {PROVIDER FROM G2}, was this place: A state agency,.....01(G8) A private business, or.....02 (NEXT PROVIDER OR G10) Some other type of place?.....03(G7 oth) DON'T KNOW.....d(NEXT PROVIDER OR G10) REFUSED.....r(NEXT PROVIDER OR G10) (G1=01 and G7=03) G7 oth. INTERVIEWER: PLEASE SPECIFY _____ (NEXT PROVIDER OR G10) <OPEN> DON'T KNOW.....d(NEXT PROVIDER OR G10)

	REFUSED	
	r	
	(NEXT PROVIDER OR G10)	
	,	
(G1=01 and G7	′=01)	
-	K: WAS {PROVIDER FROM G2} A STATE AGENCY (G7 =	01)2
OO. CITECI	N. WAS (I NOVIDEN I NOWI 02) A STATE ACENCT (OT =	01):
	VEC	
	YES	
	01	
	NO	
	02	
	(NEXT PROVIDER OR G10)	
(G1=01 and G7	=01 and G8=01)	
G9. Was th	nis place a:	
	·	
	A vocational rehabilitation agency,	
	01	
	(NEXT PROVIDER OR G10)	
	· · · · · · · · · · · · · · · · · · ·	
	A welfare agency,	
	(NEXT PROVIDER OR G10)	
	A mental health agency,	
	03	
	(NEXT PROVIDER OR G10)	
	Some other state agency,	
	04	
	(G9_oth1)	
	Workforce center or employment/unemployment	
	office,	
	(NEXT PROVIDER OR G10)*	
	Some other type of place	
	05	
	(G9_oth2)	
	DON'T KNOW	
	d	
	(NEXT PROVIDER OR G10)	
	REFUSED	
	r	
	(NEXT PROVIDER OR G10)	
*Note: CO-C is:	· · · · · · · · · · · · · · · · · · ·	20-5) maintained for commerciality correspond
	a category added at R2 and R3; value of "other" category (0	39=5) maintained for comparability across
rounds	5.	
•	and G8=01 and G9=04)	
G9_oth1. INTE	ERVIEWER: PLEASE SPECIFY	
	<open></open>	(NEXT PROVIDER OR G10)
		•
	DON'T KNOW	
	d	
	(NEXT PROVIDER OR G10)	
	·	
	REFUSED	
	r	
	(NEXT PROVIDER OR G10)	

(G1=01 G	7=01 and G8=01 and G9=05)
G9_oth2.	INTERVIEWER: PLEASE SPECIFY

<open></open>	(NEXT PROVIDER OR G10)
DON'T KNOW	
d	
(NEXT PROVIDER OR G10)	
REFUSED	
r	
(NEXT PROVIDER OR G10)	

(All)

G10. **PROGRAMMER:** USE LANGUAGE BELOW IF {NAME} HAS NOT COMPLETED ANY PRIOR ROUNDS (S2=01)

Sometimes people get training to help them learn new skills so they can get a new job or change careers.

(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received any training to help {you/him/her} get a new job or change careers?

(IF DISABLED AT AGE 16 OR LATER (B18_AGE \geq 16 OR IF BIRTHYEAR - B18_YEAR \geq 16)) Since becoming disabled, {have you/has NAME} received any training to help {you/him/her} get a <u>new</u> job or change careers?

PROBE: Please do not include places you already told me about.

PROGRAMMER: USE LANGUAGE BELOW IF {NAME} HAS COMPLETED ONE OR MORE PRIOR ROUNDS (S2=02 or S2=04)

Sometimes people get training to help them learn new skills so they can get a new job or change careers. In 2009, did {you/NAME} receive any training to help {you/him/her} get a new job or change careers?

PROBE: Please do not include places you already told me about.

YES	()1
NO	00	(G15)
DON'T KNOW	d	(G15)
REFUSED	r	(G15)

(G10=01)

G11. What was the name of the place {you/NAME} went to for that training?

PROBE: Please do not include any places you already told me about.

PROGRAMMER: DISPLAY Anyplace else? ON SCREEN FOR PROVIDERS 2 THROUGH 8

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

- PROBE 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.
- PROBE 2: (IF (S2=01AND E36=01) OR (IF S2=02 and E37a=01 or E37b=01) or (S2=02 or S2=04 and E37=01)):

This includes services {you/NAME} received from an Employment Network.

PROVIDER 1 <string=240></string=240>	
PROVIDER 2 < STRING=240>	
PROVIDER 3 < STRING=240>	
PROVIDER 4 < STRING=240>	
PROVIDER 5 < STRING=240>	
PROVIDER 6 < STRING=240>	
PROVIDER 7 < STRING=240>	
PROVIDER 8 < STRING=240>	
REFUSED	r

PROGRAMMER: FOR EACH PROVIDER LISTED IN G11 DISPLAY G12

(G10=01)

G12. INTERVIEWER: DID THE RESPONDENT MENTION (PROVIDER LISTED IN G11) AT G2?

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS HAVE BEEN MENTIONED YET.

INTERVIEWER: PROVIDERS MENTIONED AT G2 INCLUDE {DISPLAY PROVIDERS FROM G2}:

YES	
	01
`	ER: DELETE ONE MENTION)
_	00
	(NEXT PROVIDER OR G13)

PROGRAMMER: ASK G13 THROUGH G14 FOR EACH NEW PROVIDER LISTED IN G11.

(G10=01)

G13. Thinking about {NEW PROVIDER FROM G11}, was this place:

A state agency,
01
(G14)
A private business,
02
(NEXT PROVIDER OR G15)
A school or college
04
(NEXT PROVIDER OR G15)*

	Some other type of place	
	03	
	(G13_oth)	
	DON'T KNOWd	
	(NEXT PROVIDER OR G15)	
	REFUSED	
	r	
	(NEXT PROVIDER OR G15)	
	is a category added at R2 and R3; value of "other" category s rounds.	(G13=3) maintained for comparability
(G10=01 and G	613=03)	
G13_oth. <i>INT</i>	ERVIEWER: PLEASE SPECIFY	
<ope< th=""><th>N></th><th> (NEXT PROVIDER OR G15)</th></ope<>	N>	(NEXT PROVIDER OR G15)
	DON'T KNOW	
	DON 1 KNOWd	
	(NEXT PROVIDER OR G15)	
	REFUSED	
	r	
	(NEXT PROVIDER OR G15)	
(G10=01 and G	613=01)	
-	his place a:	
	A vocational rehabilitation agency,	
	(NEXT PROVIDER OR G15) A welfare agency,	
	02	
	(NEXT PROVIDER OR G15)	
	A mental health agency	
	03	
	(NEXT PROVIDER OR G15)	
	Some other state agency, or	
	04	
	(G14_oth)	
	None of these	
	(NEXT PROVIDER OR G15)	
	DON'T KNOWd	
	(NEXT PROVIDER OR G15)	
	REFUSED	
	, (2, 0025,r	
	(NEXT PROVIDER OR G15)	
(G10=01 and G	G13=01 and G14=04)	
•	ERVIEWER: PLEASE SPECIFY	
		() - V
<op< td=""><td>PEN></td><td> (NEXT PROVIDER OR G15)</td></op<>	PEN>	(NEXT PROVIDER OR G15)

SECTION G UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B18_AGE, B18_YEAR, {NAME'S} ADDRESS FROM SECTION A, E36, E37, E38, E39

PRELOADED VARIABLES: BIRTHYEAR

DON'T KNOW	
	d
(NEXT PF	ROVIDER OR G15)
REFUSED	
	r
(NEXT PF	ROVIDER OR G15)

(All)

G15. **PROGRAMMER:** USE LANGUAGE BELOW IF {NAME} HAS NOT COMPLETED ANY PRIOR ROUNDS (S2=01)

Sometimes people with disabilities receive medical services to improve their ability to work or help them live independently. Some examples of these services are physical therapy, surgery, and help getting special equipment or devices.

(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR - B18_YEAR <16)) Since age 16, {have you/has NAME} received any medical services to improve {your /his/her} ability to work or live independently?

(IF DISABLED AT AGE 16 OR LATER (B18_AGE \geq 16 OR IF BIRTHYEAR - B18_YEAR \geq 16)) Since becoming disabled, {have you/has NAME} received any medical services to improve {your/his/her} ability to work or live independently?

PROBE: Please do not include places you already told me about.

PROGRAMMER: USE LANGUAGE BELOW IF {NAME} HAS COMPLETED ONE OR MORE PRIOR ROUNDS (S2=02 or S2=04)

Sometimes people with disabilities receive medical services to improve their ability to work or help them live independently. Some examples of these services are physical therapy, surgery, and help getting special equipment or devices.

In 2009, did {you/NAME} receive any medical services to improve {your/his/her} ability to work or live independently?

PROBE: Please do not include places you already told me about.

YES	01	
NO	00	(G19)
DON'T KNOW	d	(G19)
REFUSED	r	(G19)

(G15=01)

G16. What was the name of the place {you/NAME} went to for those medical services?

PROBE: Please do not include any places you already told me about.

PROGRAMMER: DISPLAY Anyplace else? ON SCREEN FOR PROVIDERS 2 THROUGH 8

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

- PROBE 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.
- PROBE 2: (IF (S2=01 AND E36=01) OR (IF S2=02 and E37a=01 or E37b=01) or (S2=02 OR S2=04 AND E37=01)): This includes services {you/NAME} received from an Employment Network.

PROVIDER 1 <string=240>_</string=240>	
PROVIDER 2 < STRING=240>_	
PROVIDER 3 < STRING=240>_	
PROVIDER 4 < STRING=240>_	
PROVIDER 5 < STRING=240>_	
PROVIDER 6 < STRING=240>_	
PROVIDER 7 < STRING=240>_	
PROVIDER 8 < STRING=240>_	
REFUSED	

PROGRAMMER: FOR EACH PROVIDER LISTED IN G16 DISPLAY G17.

(G15=01)

G17. INTERVIEWER: DID THE RESPONDENT MENTION {PROVIDER LISTED IN G16} AT G2 OR G11?

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS

HAVE BEEN MENTIONED YET.

INTERVIEWER: PROVIDERS MENTIONED AT G2 OR G11 INCLUDE {DISPLAY PROVIDERS FROM

G2 AND G11}:

YES
01
(PROGRAMMER: DELETE ONE MENTION)
NO
00
(NEXT PROVIDER OR G18)

PROGRAMMER: ASK KINDPLACE FOR EACH NEW PROVIDER LISTED IN G16.

(G15=01)

G18. Thinking about {NEW PROVIDER FROM G16}, was this place:

A clinic,	
	01
	(NEXT PROVIDER OR G19)

r

A hospital
02
(NEXT PROVIDER OR G19)
A doctor's office, or
03
(NEXT PROVIDER OR G19)
Some other type of place?
04
(G18_oth)
DON'T KNOW
d
(NEXT PROVIDER OR G19)
REFUSED
r
(NEXT PROVIDER OR G19)

E36, E37, E38, E39

PRELOADED VARIABLES: BIRTHYEAR

(G15=01 and G18=04) G18_oth. <i>INTERVIEWE</i>	:R: PLEASE SPECIFY	
<open></open>		(NEXT PROVIDER OR G19)
	DON'T KNOW	

(All)

G19. **PROGRAMMER:** USE LANGUAGE BELOW IF {NAME} HAS NOT COMPLETED ANY PRIOR ROUNDS (S2=01)

Sometimes people go to a mental health professional to get therapy or counseling to improve their ability to work or live independently.

(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received mental health therapy or counseling to improve {your/his/her} ability to work or live independently? This could include treatment for alcohol or drug abuse.

(IF DISABLED AT AGE 16 OR LATER (B18_AGE \geq 16 OR IF BIRTHYEAR - B18_YEAR \geq 16)) Since becoming disabled, {have you/has NAME} received mental health therapy or counseling to improve {your/his/her} ability to work or live independently? This could include treatment for alcohol or drug abuse.

PROBE: Please do not include places you already told me about.

PROGRAMMER: USE LANGUAGE BELOW IF {NAME} HAS COMPLETED ONE OR MORE PRIOR ROUNDS (S2=02 or S2=04):

Sometimes people go to a mental health professional to get therapy or counseling to improve their ability to work or live independently. In 2009, did {you/NAME} receive mental health therapy or counseling to improve {your/his/her} ability to work or live independently? This could include treatment for alcohol or drug abuse.

PROBE: Please do not include places you already told me about.

YES	
	01
NO	
	00
	(G23)
DON'T KNOW	
REFUSED	
	.(G23)

(G19=01)

G20. What was the name of the place {you/NAME} went to for therapy or counseling?

PROBE: Please do not include any places you already told me about.

PROGRAMMER: DISPLAY Anyplace else? ON SCREEN FOR PROVIDERS 2 THROUGH 8

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

PROBE 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.

PROBE 2: (IF (S2=01 AND E36=01) OR (IF S2=02 and E37a=01 or E37b=01) or (S2=02 OR S2=04 AND E37=01)): This includes services {you/NAME} received from an Employment Network.

PROVIDER 1 <string=240></string=240>	
PROVIDER 6 < STRING=240>	
PROVIDER 7 < STRING=240>	
REFUSED	

PROGRAMMER: FOR EACH PROVIDER LISTED IN G20 DISPLAY G21.

(G19=01)

G21. INTERVIEWER: DID THE RESPONDENT MENTION {PROVIDER LISTED IN G20} AT G2, G11 OR G16?

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS

HAVE BEEN MENTIONED YET.

INTERVIEWER: PROVIDERS MENTIONED AT G2, G11, OR G16 INCLUDE (DISPLAY PROVIDERS

FROM G2, G11, AND G16}:

YES
01
(PROGRAMMER: DELETE ONE MENTION)
NO
00

PROGRAMMER: ASK KINDPLACE FOR EACH NEW PROVIDER LISTED IN G20.

(G19=01)

G22. Thinking about {NEW PROVIDER FROM G20}, was this place:

A mental health	n agency,
	01
	(NEXT PROVIDER OR G23)

SECTION G UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B18_AGE, B18_YEAR, {NAME'S} ADDRESS FROM SECTION A, E36, E37, E38, E39

PRELOADED VARIABLES: BIRTHYEAR

A clinic,	
02 (NEXT PROVIDER OR G23)	
A hospital,	
03	
(NEXT PROVIDER OR G23)	
A doctor's office, or	
04	
(NEXT PROVIDER OR G23)	
Some other type of place?	
05	
(G22_oth)	
DON'T KNOW	
d	
(NEXT PROVIDER OR G23)	
REFUSED	
(NEXT PROVIDER OR G23)	
(G19=01 and G22=05)	
G22_oth. INTERVIEWER: PLEASE SPECIFY	
-	
<open></open>	(NEXT PROVIDER OR G23)
DON'T KNOW	d (NEXT PROVIDER OR G23)
REFUSED	,

(All)

G23. **PROGRAMMER:** USE LANGUAGE BELOW IF {NAME} HAS NOT COMPLETED ANY PRIOR ROUNDS (S2=01)

(IF DISABLED BEFORE AGE 16 (C_DISAGE <16)) Since age 16, {have you/has NAME} enrolled in school or taken any classes to help {you/him/her} get a new job or change careers? Please do not include any training you have already told me about.

(IF DISABLED AT AGE 16 OR LATER (C_DISAGE \geq 16)) Since becoming disabled, {have you/has NAME} enrolled in school or taken any classes to help {you/him/her} get a new job or change careers? Please do not include any training you have already told me about.

PROBE 1: This could include vocational training in high school, college classes, or other instructional programs.

PROBE 2: Please don't include places you already told me about.

PROGRAMMER: USE LANGUAGE BELOW IF {NAME} HAS COMPLETED ONE OR MORE PRIOR ROUNDS (S2=02 or S2=04):

In 2009, did {you/NAME} enroll in school or take any classes to help {you/him/her} get a new job or change careers?

Please do not include any training you have already told me about.

PROBE 1: This could include vocational training in high school, college classes, or other instructional programs.

PROBE 2: Please don't include places you already told me about.

YES	01	
NO	00	(G29a)
DON'T KNOW	d	(G29a)
REFUSED	r	(G29a)

(G23=01)

G24. Where did {you/NAME} enroll in school or take classes?

PROBE: Please do not include any places you already told me about.

PROGRAMMER: DISPLAY Anyplace else? ON SCREEN FOR PROVIDERS 2 THROUGH 8

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

PROBE 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.

PROBE 2: (IF (S2=01AND E36=01) OR (IF S2=02 and E37a=01 or E37b=01) or (S2=02 OR S2=04 AND E37=01)): This includes services {you/NAME} received from an Employment Network.

PROVIDER 1 <string=240>_</string=240>	
PROVIDER 2 < STRING=240>	
PROVIDER 3 < STRING=240>	

9/7/06 G-15 NBS ROUND 3 INSTRUMENT

(G23=01) G25.

PROVID PROVID PROVID PROVID	DER 4 < STRING=240>	
PROGRAMMER:	FOR EACH PROVIDER LISTED IN G24 DISPLAY G25.	
l) INTERVIEWER: G20?	DID THE RESPONDENT MENTION {PROVIDER LISTED IN G24} AT G2, G11, G1	16, OR
INTERVIEWER:	IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDER HAVE BEEN MENTIONED YET.	≀S
INTERVIEWER:	PROVIDERS MENTIONED AT G2, G11, G16, OR G20 INCLUDE {DISPLAY PROVIDERS FROM G2, G11, G16, AND G20}:	
	YES	ON)

(G10=01 or G23=01)

{Are you/Is NAME} <u>currently</u> enrolled in school or taking any classes?

YES	01	
NO	00	(G29a)
DON'T KNOW	d	(G29a)
REFUSED	r	(G29a)

(C10-01 or C22-01	Land C26-01)			
(G10=01 or G23=01 G27. {Are you/ls classes?	s NAME} working toward a degree, a certificate or license, or {are y	/ou/	is (he/she)} ju	ust takinç
	WORKING TOWARD DEGREE WORKING TOWARD CERTIFICATE/ LICENSE ONLY TAKING CLASSES DON'T KNOW REFUSED	02 03 d	(G29a) (G29a)	
G28. PROGRA	L and G26=01 and G27=01,02) MMER: IF G27=01 USE "DEGREE" AND IF G27=02 USE "CERTIFICA	TE (OR LICENSE'	,
Toward wh	nat type of {degree/certificate or license} {are you/is NAME} working?			
INTERVIE	WER: CODE ONE ONLY.			
	GED OR HIGH SCHOOL EQUIVALENCE PROGRAM/COURSES		(G29)	
	VOCATIONAL PROGRAM	02 03 04 05 06 d	(G29) (G29) (G28f_oth) (G29)	
•	L and G26=01 and G27=01,02 and G28=02) VIEWER: PLEASE SPECIFY			
<open></open>				_ (G29)
	DON'T KNOWREFUSED			
	Land G26=01 and G27=01,02 and G28=06) *IEWER: PLEASE SPECIFY			
<open></open>				_
	DON'T KNOWREFUSED			
•	L and G26=01 and G27=01 or 02) S NAME} a full-time or part-time student?			

FULL-TIME.......01 DON'T KNOW...... d REFUSED.....r

DE-I	DUPLICATION OF THE LIST OF PROVIDERS					
(All) G29	a. CHECK: DID {NAME} RECEIVE ANY SERVICES (G1=1 OR)	G10=1 C)R G15=	=1 OR G	619=1) ⁻	?
	YES NO	01	(G30_1	.)		
G29 E37l	,	CES FR	OM AN	SVRA	IN 200	09 (E37=1 or
	YES					
	NO					
-	e signed up with a State Vocational Rehabilitation Center} in 2009, b ive any employment services to help improve your ability to work or li YES	ut you ju ve indep	endently	ted that y. Is this	in 200	9 you did not
GZS	blu you not receive services in 2009 because				1	I
		Yes	No	DK	R	
	a. you received all of your services before 2009?	1	0	D	R	
	b. you did not receive services until this year, in 2010?	1	0	D	R	
	c. no services were offered to you?	1	0	D	R	
	 d. your medical condition or other personal circumstances kept you from fully participating in the services? PROBE: This might include problems such as transportation or childcare. 	1	0	D	R	
	e. Services were promised to you but never actually provided.	1	0	D	R	
G29	_c_Other.					
	Are there any other reasons you did not receive services?					
	<open></open>					
	DON'T KNOW			d		

PROGRAMMER: LIST PROVIDERS FROM G2, G11, G16, AND G20.

(G29a=01) G30_1.

	INTERVIEWER:	IF A PROVIDER APPEARS ON THE LIST BELOW MORE THAN ONCE, ENTER THE NUMBER IN FRONT OF <u>ONE</u> OF THE PROVIDER NAMES TO DELETE IT FROM THE LIST. DO NOT MARK BOTH PROVIDER NAMES AS DUPLICATES.
	INTERVIEWER:	ONCE A PROVIDER NAME HAS BEEN DELETED, IT WILL APPEAR IN TEAL.
		NONE/DONE
(0000-	01)	
(G29a= G30_1.	You said {you/NA	ME} received employment, medical, and therapy services from {LIST BELOW}. I want to service provider is listed only once. Are any of these providers the same?
	INTERVIEWER:	IF A PROVIDER APPEARS ON THE LIST BELOW MORE THAN ONCE, ENTER THE NUMBER IN FRONT OF $\underline{\sf ONE}$ OF THE PROVIDER NAMES TO DELETE IT FROM THE LIST. DO NOT MARK BOTH PROVIDER NAMES AS DUPLICATES.
	INTERVIEWER:	ONCE A PROVIDER NAME HAS BEEN DELETED, IT WILL APPEAR IN TEAL.
		NONE/DONE
	PROGRAMMER:	IF ALL PROVIDERS DELETED, DISPLAY, YOU HAVE DELETED ALL PROVIDERS. RETURN TO G30 AND DELTE DUPLICATES ONLY.
		CTED THE APPROPRIATE PROVIDER FOR DELETION (OR SELECTED 'NONE/DONE') D ERROR MESSAGE TO CONTINUE.
WHEN	SERVICES RECEI	VED
		ike to know when {you/NAME} last received services from the places I just read and more f services {you/he/she} received from those places.
	INTERVIEWER:	PRESS 1 TO CONTINUE
	PROGRAMMER:	IF {NAME} HAS NOT COMPLETED ANY PRIOR ROUND (S2=01), ASK G33 THROUGH G35 FOR EACH PLACE LISTED IN G30_1 AFTER DE-DUPLICATION.
S2=01 a G33.		would like to know when {you/NAME} last received services from the places I just read and not not services {you/he/she} received from those places.
	In what year did {	e services {you/NAME} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST}. you/he/she} <u>last</u> receive services from {PROVIDER FROM G30_1 DE-DUPLICATED 2010, in 2009, or before 2009?
	IN 2010	
		01
		(NEXT PROVIDER OR G35)
		· · · · · · · · · · · · · · · · · · ·
		02
		(NEXT PROVIDER OR G36)
	BEFORI	≣ 2009
		03

.....(NEXT PROVIDER OR G48)

PRFI	OADED	VARIABL	FS: F	XIRTH\	/FAR

	DON'T KNOW
	d
	REFUSED
	r
S2=01 a	and (G29a=01 and G33=d,r) Was it:
004.	Within the last 2 years
	01
	2 to 5 years ago,
	02
	(NEXT PROVIDER OR G48)
	5 to 10 years ago, or
	(NEXT DDO)/(DED OD C40)
	(NEXT PROVIDER OR G48)
	More than 10 years ago?04
	(NEXT PROVIDER OR G48)
	DON'T KNOW
	d
	(NEXT PROVIDER OR G48)
	REFUSED
	,r
	(NEXT PROVIDER OR G48)
S2=01 a G35.	and (G29a=01 and G33=01,d,r and G34=01) Did {you/NAME} receive services from{PROVIDER FROM G30_1 DE-DUPLICATED LIST} at any time in 2009?
	YES
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(NEXT PROVIDER OR G35a)
	NO
	00
	(NEXT PROVIDER OR G48)
	DON'T KNOW
	d
	(NEXT PROVIDER OR G48)
	REFUSED
	r
	(NEXT PROVIDER OR G48)
SPECIF	IC SERVICES RECEIVED FROM PROVIDERS AND SERVICE-RELATED EXPERIENCES IN 2009
(G20a-0	01 and G33=01,d,r and G34=01 and G35=01)
G35a.	CHECK: DID {NAME} RECEIVE SERVICES FROM ANY PROVIDER IN 2009 ON DE-DUPLICATED LIST
occa.	(S2=01AND G33=02 OR G35=01) OR (S2=02 OR S2=04 AND THERE ARE DE-DUPLICATED
	PROVIDERS LISTED IN G30_1) FOR ANY PROVIDER IN DE- DUPLICATED LIST?
	YES
	NO

SECTION G UNIVERSE: ALL

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B18_AGE, B18_YEAR, {NAME'S} ADDRESS FROM SECTION A,

E36, E37, E38, E39

PRELOADED VARIABLES: BIRTHYEAR

PROGRAMMER: ASK G36 THROUGH G47 FOR EACH PROVIDER LISTED IN G30_1 (AFTER DE-

DUPLICATION) IF USED IN 2009 (S2=01AND G33=02 OR G35=01) OR (S2=02 OR S2=04 AND

THERE ARE DE-DUPLICATED PROVIDERS LISTED IN G30_1)

(G35a=01 or G33=02)

G36. In 2009, please tell me if {you/NAME} received any of the following services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009}. Did {you/he/she} receive:

PROBE: from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009 for G36_a thru G36_m}.

	1					
		YES	NO	NA	DON'T KNOW	REF
a.	Physical therapy?	01	00	02	d	r (G37)
b.	Occupational therapy? PROBE: Occupation therapy is treatment that helps people achieve independence in all areas of their lives and can include home and job site evaluations, skills assessments, equipment recommendations, and other treatment to help improve a person's ability to perform daily activities					()
		01	00	02	d	r (G37)
C.	Speech therapy?	01	00	02	d	r (G37)
e.	Special equipment or devices?	01	00	02	d	r (G36e_oth)
f.	Personal counseling or therapy?	01	00	02	d	r (G37)
g.	Group therapy?	01	00	02	d	r (G37)
d.	Medical services?	01	00	02	d	r (G37)*
h.	A work or job assessment?	01	00	02	d	r (G37)
i.	Help to find a job?	01	00	02	d	r (G37)
j.	Training to learn a new job or skill?	01	00	02	d	r (G37)
k.	Advice about modifying {your/his/her} job or work place?	01	00	02	d	r (G37)
l.	On-the-job training, job coaching, or support services?	01	00	02	d	r (G37)
m.	Anything else that I didn't mention?	01	00	02	d	r (G36m_oth)
*Note: G36d	moved to after G36g at R2 and R3.					
	G33=02 and G36e=01) NTERVIEWER: PLEASE SPECIFY					
	<open></open>					
	DON'T KNOWREFUSED					
•	G33=02 and G36m=01) INTERVIEWER: PLEASE SPECIFY					
	<open></open>					
	DON'T KNOWREFUSED					

E36.	E37.	E38,	E39
,		,	

(G35a=01 or G33=02)			
	 	/- ·	

G37. In 2009, how many times did {you/NAME} receive these services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009}? You can tell me either the total number of times in 2009 or the total number of times per week or per month.

number of times per week or per month.	
PROBE: How many times did {you/NAME} go to the place or have contact with the	e service provider in 2009?
TOTAL TIMES IN 2009 TIMES PER WEEK TIMES PER MONTH DON'T KNOW REFUSED	02 (G37_Tweek) 03 (G37_Tmonth) d (G39)
(G35a=01 or G33=02 and G37=01) G37_T2009. PROBE: READ IF NECESSARY: How many times did {you/NAME} go to with the service provider in 2009? (1-99) (1-999)	the place or have contact
DON'T KNOWREFUSED	
GO TO G39	
(G35a=01 or G33=02 and G37=02) G37_Tweek. PROBE: READ IF NECESSARY: How many times did {you/NAME} go to with the service provider per week?	the place or have contact
_ (1-7) (1-99)	
DON'T KNOWREFUSED	
(G35a=01 or G33=02 and G37=02) G38_week. In 2009, about how many weeks did {you/NAME} get these services?	
_ WEEKS (1-52)	
DON'T KNOWREFUSED	d r
GO TO G39 (G35a=01 or G33=02 and G37=03)	
G37 Tmonth PRORE: READ IF NECESSARY: How many times did (you/NAME) go to	the place or have contact

G37_Tmonth. PROBE: READ IF NECESSARY: How many times did {you/NAME} go to the place or have contact with the service provider per month?

|__|_| (1-31) (1-99)

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

(G35a=01 or G33=02 and G37=03) G38_month. In 2009, about how many months did {you/NAME} get these services?
_ MONTHS (1-52) (1-12)
DON'T KNOW d REFUSED r
(G35a=01 or G33=02) G39. About how long did each service session with {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009} last?
MINUTES
(G35a=01 or G33=02 and G39=01) G39_min. <i>INTERVIEWER:</i> ENTER NUMBER OF MINUTES.
_ (1-59) (1-240)
DON'T KNOW
(G35a=01 or G33=02 and G39=02) G39_hr. <i>INTERVIEWER:</i> ENTER NUMBER OF HOURS.
_ (1-59) (1-24)
DON'T KNOW
(G35a=01 or G33=02 and G39=03) G39_day. <i>INTERVIEWER:</i> ENTER NUMBER OF DAYS. (1-3) (1-90)
DON'T KNOW d REFUSED r

SECTION G UNIVERSE: ALL

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B18_AGE, B18_YEAR, {NAME'S} ADDRESS FROM SECTION A,

E36, E37, E38, E39

PRELOADED VARIABLES: BIRTHYEAR

(G35a=01 or G33=02)

G40. How useful to {you/NAME} were the services provided by {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009}? Would you say they were:

Very useful,	01 (G52)
Somewhat useful,	02 (G52)
Not very useful, or	03
Not at all useful?	04
DON'T KNOW	d (G52)
REFUSED	r (G52)

G40_1. Were the services provided to you by {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009} not useful because...

	Yes	No	DK	R
a. you had not received all of your services yet?	1	0	D	R
b. you did not receive enough services?	1	0	D	R
c the services you received did not fit your needs?	1	0	D	R
d your medical condition or other personal circumstances kept you from fully participating in the services?	1	0	D	R
PROBE: This might include problems such as transportation or childcare.				
e. The services provided were of poor quality.	1	0	D	R

G40 1 Other.

$\Delta r \Delta t h a$	unc and	other	raseone t	hΔ	COLVICOC	nrovidad	tΩ	vou were	not	Chritasir
	sic aliv	Oute	i casons i		SCI VICCS	DIOVIGEG	w	VUU WCIC	HUL	usciui:

<open:< th=""><th>></th><th></th></open:<>	>	
	DON'T KNOW	d
	REFUSED	r

MONEY RECEIVED FROM EMPLOYMENT NETWORK IN 2009

(G48=01)

G49. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1) OR (IF S2=02 and E37a=01 and E37b=01)

In 2009, did any Employment Network give {you/NAME} money to use for any reason?

PROGRAMMER: OTHERWISE USE

In 2009, did {EMPLOYMENT NETWORK IN 2005 (E39 OR ROUND2 EN FROM R2 E39 OR ROUND2 EN FROM R2 E46)} give {you/NAME} money to use for any reason?

PROBE: This includes money to purchase services, equipment, or use in any other way.

YES	01	
NO	00	(G52)
DON'T KNOW	d	(G52)
REFUSED	r	(G52)

9/7/06 G-25 NBS ROUND 3 INSTRUMENT

(G48=01	and	G49=01
---------	-----	--------

G50. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK IN 2005 (E38>1) OR (IF S2=02 and E37a=01 and E37b=01)

In 2009, how much money did {you/NAME} receive from all Employment Networks?

PROGRAMMER: OTHERWISE USE

In 2009, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2005 (E39 OR ROUND2 EN FROM R2 E39 OR ROUND2 EN FROM R2 E46)}?

PROBE 1: You can tell me the total amount per week or per month.

PROBE 2: Your best estimate is fine.

INTERVIEWER: ROUND TO NEAREST DOLLAR

TOTAL AMOUNT IN	01	(G50_T2005)
PER WEEK	02	(G50_Tweek)
PER MONTH	03	(G50_Tmonth)
	DON'T KNOW	d (G52)
REFLISED	r	(G52)

(G48=01 and G49=01 and G50=01)

G50_T2005. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1) OR (IF S2=02 and E37a=01 and E37b=01)

PROBE: READ IF NECESSARY In 2009, how much money did {you/NAME} receive from all Employment Networks?

PROGRAMMER: OTHERWISE USE

PROBE: READ IF NECESSARY In 2009, how much money did {you/NAME} receive from

REFUSED.....r (G52)

{EMPLOYMENT NETWORK IN 2009 (E39 OR ROUND2 EN FROM R2 E39 OR

ROUND2 EN FROM R2 E46)}?

(G48=01 and G49=01 and G50=02)

G50_Tweek. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK IN 2005 (E38>1) OR (IF S2=02 and E37a=01 and E37b=01)

PROBE: READ IF NECESSARY In 2009, how much money did {you/NAME} receive from all Employment Networks per week?

PROGRAMMER: OTHERWISE USE

PROBE: READ IF NECESSARY In 2009 , how much money did $\{you/NAME\}$ receive from

 $\{ {\sf EMPLOYMENT\ NETWORK\ IN\ 2009\ (E39\ OR\ ROUND2\ EN\ FROM\ R2\ E39\ OR\ ROUND2\ EN\

FROM R2 E46)} per week?

\$|___|, |___|_.00 (1-65) (1-385) (G51_weeks)

PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1) OR (IF

Networks per month?

PROGRAMMER: OTHERWISE USE

PROBE: READ IF NECESSARY In 2009, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2009 (E39 OR ROUND2 EN FROM R2 E39 OR ROUND2 EN FROM R2 E46)} per month?

> \$| | |, | | <u>|</u>.00 (1-300) (1-1,700) (G51 months) DON'T KNOW.......d (G52) REFUSED.....r (G52)

(G48=01 and G49=01 and G50=03 and G50_Tmonth \neq d,r) G51_ months.

> PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1) OR (IF S2=02 and E37a=01 and E37b=01)

How many months in 2009 {did you/did NAME} receive this money from {your/his/her} Employment Networks?

PROGRAMMER: OTHERWISE USE

About how many months in 2009 did {you/NAME} receive this money from {EMPLOYMENT NETWORK IN 2009 (E39 OR ROUND2 EN FROM R2 E39 OR ROUND2 EN FROM R2 E46)} in 2009?

> |__|_| MONTHS (1-52) (1-12)DON'T KNOW...... d REFUSED.....r

WHY USED SERVICES IN 2009

1	Λ	ı	ı١

G52. CHECK: DID {NAME} USE ANY SERVICES IN 2009 (G33=02 OR G35=01) OR (S2=02 OR S2=04 AND THERE ARE DE-DUPLICATED PROVIDERS ON LIST) FOR ANY PROVIDER IN DE-DUPLICATED LIST USED IN 2009)?

YES	
	01
NO	
	00

(G52=01)

The next few questions are about why {you/NAME} decided to use the employment, medical, or therapy G53. services {you/he/she} used in 2009.

Thinking only about the services {you/NAME} used in 2009 , what are the main reasons {you/he/she} decided to use these services?

INTERVIEWER: CODE ALL THAT APPLY.

TO FIND A JOB/GET A BETTER JOB	01	(G54)
TO INCREASE INCOME	02	(G54)
TO IMPROVE HEALTH/ WELL BEING	03	(G54)
TO IMPROVE ABILITY TO DO DAILY ACTIVITIES	04	(G54)
TO AVOID A CONTINUING DISABILITY REVIEW	05	(G54)
SOMEONE PRESSURED {NAME} TO PARTICIPATE	06	(G55)
WANTED ACCESS TO A SPECIFIC		
PROGRAM/SERVICE/RESOURCE	07	(G54)
OTHER	80	. ,
DON'T KNOW	d	(G54)
REFUSED	r	(G54)

(G52=01 and G53=08)

G53h_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>___

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

G-28

(G52=01 and G53=01-05,07,08,d,r)

G54. Did anybody pressure {you/NAME} to use any services when {you/NAME} did not want to?

YES	01	
NO		
DON'T KNOW	d	(G58)
REFUSED	r	(G58)

(G52=01 and G54=01)

G55. Who pressured {you/NAME} to use these services?

INTERVIEWER: CODE ALL THAT APPLY.

	PARENT/GUARDIAN		
		01	
		` ,	
	SPOUSE/PARTNER		
	OTUED FAMILY MEMBER	` ,	
	OTHER FAMILY MEMBER		
	EDIENDICO WODICED	, ,	
	FRIEND/CO-WORKER		
	EMPLOYED/CURED/COR	` '	
	EMPLOYER/SUPERVISOR		
	CTAFF OF FMDI OVMENT NETWORK	` '	
	STAFF OF EMPLOYMENT NETWORK		
	VOCATIONAL DELIABILITATION CASE MANAGED	` ,	
	VOCATIONAL REHABILITATION CASE MANAGER		
	JOB COACIL	(/	
	JOB COACH		
		` ,	
	SSA LETTER		
	SSA STAFF	,	
	33A 31AFF		
	WORK INCENTIVES PLANNING AND ASSISTANCE PROGR.	` '	
	BENEFIT SPECIALIST		
	DENETT STECIALIST		
	OTHER	(/	
	OTTEN		
	DON'T KNOW.		
	DON'T KNOW	d	
	REFUSED.	,	
	T.E. 0025		
(G52=01 and G54	l=01 and G55=12)	(233)	
•	VIEWER: PLEASE SPECIFY		
<open></open>			
	DON'T KNOW	d	
	REFUSED		

(G52=01 and G54=01)

G56. How did {your/NAME's} {FILL PERSON(S) FROM G55} pressure {you/him/her} to use these services?

PROBE: What did they say or do that made {you/NAME} feel pressured?

SAID {NAME} WOULD LOSE DISABILITY AND/OR HEALTH INSURANCE BENEFITS	01	(G57)
ENCOURAGED/WOULD NOT TAKE "NO" FOR AN		
ANSWER	02	(G57)
THREATENED TO WITHHOLD SERVICES	03	(G57)
THREATENED TO TAKE AWAY OTHER SUPPORT (E.G.,		
KICK OUT OF THE HOUSE)	04	(G57)
OTHER	05	
DON'T KNOW	d	(G57)
REFUSED	r	(G57)
(G52=01 and G54=01 and G56=05)		
G56_oth. INTERVIEWER: PLEASE SPECIFY		
<open></open>		
DON'T KNOW	Ч	
	u	
REFUSED	ı	

(G52=01 and G54=01)

G57. Now that {you have/NAME has} used these services, listen to this statement and tell me if you strongly agree, agree, disagree, or strongly disagree. Being pressured to use these services was in {my/NAME's} best interest.

INTERVIEWER: READ IF NECESSARY.

STRONGLY AGREE	01
AGREE	02
DISAGREE, OR	03
STRONGLY DISAGREE	04
DON'T KNOW	d
REFUSED	r

INFORMATION ABOUT SERVICES IN 2009

(All)			
G58.	Now I want to ask you about how easy it is to get information about services. T	his i	includes both services
000.	{you/NAME} used and did not use.	1115 1	Holdaes both services
	(Journal Mana) aloga and and not doo.		
	Thinking only about 2009, did {you/NAME} or {your/his/her} representative contact	rt ar	ivone to try to get
	information about services to help {you/NAME} work or live independently?	n an	iyone to try to get
	information about services to help your wine; work or live independently.		
	YES	01	
	NO	-	(G60)
	DON'T KNOW		(G60)
	REFUSED		
	REFUSED	'	(G60)
(CE0-	01)		
(G58=) G59.	In general, how easy was it for {you/NAME} or {your/his/her} representative to get	tho	information (vou/thov)
G59.	wanted about these services? Was it:	uie	illioilliation (you/they)
	wanted about these services? Was it.		
	Very early	Ω1	
	Very easy,		
	Somewhat easy,		
	Not very easy, or		
	Not at all easy?		
	DON'T KNOW		
	REFUSED	r	
SERVI	CES NEEDED BUT NOT RECEIVED IN 2009		
(All)			
G60.	In 2009, were there any services, equipment, or other supports that {you/NAME}	need	ded but did not receive
	that would have improved {your/his/her} ability to work or live independently?		
	YES		
	NO		
	DON'T KNOW	d	(G62)
	REFUSED	r	(G62)
(G60=	01)		
G61.	Why {were you/was NAME} unable to get these services?		
	<open></open>		
	DON'T KNOW	d	
	REFUSED	r	
(All)			
G62.	CHECK: WAS {NAME} A TICKET PARTICIPANT IN 2009 (E37=01) OR (IF S2=0.	2 A1	JD FN2009 =01)2
002.	0112011. W.10 (W.W.L.) 71 1101121 17 11111011 7111 111 2000 (201-01) 011 (II 02-01)	- / 1/	1D 2112000 -01).
	YES		
	(H1)		
	NO		

SECTION H: TICKET PARTICIPANTS IN 2009

((S2=01, 02, 04 and E37=01) OR (S2=02 and PREVEN=1)) and (E21=1 or E24=1 or E25=1)) CHECK: DID {NAME} START PARTICIPATING IN TICKET TO WORK IN 2009 ((S2=01), OR ((S2=02 or S2=04) AND PREV_PART=00)) AND {NAME} STARTED WITH AT LEAST ONE EN IN 2009 (E40YR = 2009 FOR ANY EN IN E39) AND {NAME} DID NOT START WITH ANY EN BEFORE 2009 (E40YR IS NOT 2001, 2002, 2003 OR 2004 FOR ANY EN IN E39). YES.....01 NO.....(H35a) IF {NAME} RECEIVED SERVICES THROUGH VR IN 2009 (E37b=1), GO TO H35a. (S2=01 and E37=01) OR ((S2=02 or S2=04) and PREV PART=0) and H1=01 Now, I'm going to ask you some questions about {your/NAME's} experiences participating in the Ticket to Work program. PRESS 1 TO CONTINUE......01 PROGRAM EXPERIENCES OF FIRST-TIME TICKET PARTICIPANTS IN 2009 (S2=01and E37=01) OR ((S2=02 or S2=04) and PREV PART=0) and H1=01 and H2=01 H3. Why did {you/NAME} decide to participate in the Ticket to Work program? INTERVIEWER: ENTER VERBATIM RESPONSE <OPEN>

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

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV PART=0) and H1=01 and H2=01

Thinking only about 2009, whom did {you/NAME or (his/her) representative} contact to get information about the Ticket to Work program?

Did {you/NAME or (his/her) representative} contact....

INTERVIEWER: REPEAT STEM AS NECESSARY

	YES	NO	DON'T KNOW	REFUSED
a. The Social Security Administration?	01	00	d	r (H8)
b. Maximus?	01	00	d	r (H8)
c. The State Vocational Rehabilitation Agency or {VRNAME}?	01	00	d	r (H8)
d. A work incentives planning and assistance program or a benefits specialist	01	00	d	r (H8)
e. A caseworker?	01	00	d	r (H8)
f. A friend or family member?	01	00	d	r (H8)
g. An independent living center?	01	00	d	r (H8)
h. An Employment Network?	01	00	d	R (H7h_other)
PROBE: Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work program. Employment Networks can be public or private and can include the State Vocational Rehabilitation Agency.				
i. Another agency or organization?	01	00	d	r (H7i_Other)
j. Anyone else?	01	00	d	r (H7j_Other)
and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Hiner What Employment Network did you contact?	1=01 an	d H2=0	01 and H7h	n=1)

(S2=01an H7h_Other What Employment Network did you contact?

<open:< th=""><th>></th><th></th></open:<>	>	
	DON'T KNOW	d
	REFUSED	r

(S2=01and E37=01) OR H7i_Other What other Aç	((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 agency or Organization?	nd H7i=1)
<open< td=""><td>l></td><td></td></open<>	l>	
	DON'T KNOW	
(S2=01and E37=01) OR H7j_Other Who else?	((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 a	nd H7j=01)
<open< td=""><td> ></td><td></td></open<>	 >	
	DON'T KNOW	
H8. In general, how	((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 easy was it for {you/NAME or (his/her) representative} to get e Ticket to Work program? Was it:	the information {you/they
	Very easy, Somewhat easy, Not very easy, or Not at all easy? DON'T KNOW. REFUSED.	02 03 04 d
,	((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 ME} A PROXY RESPONDENT (RTYPE=02)?	
	YES	

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H9=00)

H10. Now I'm going to read you some statements about the Ticket to Work program. For each statement, please tell me if it is something you knew before today or not.

Is this something you knew before today or not?

	DI	D NOT
		KNEW
		KNOW
		BEFORE
		BEFORE
		DON'T
		TODAY
		TODAY
		KNOW
		REFUSED
a.	Participation in the Ticket to Work program is	
	voluntary and you do not have to participate to	
	keep your disability benefits	01
	02d	r
Э.	You can, during any month, take back your Ticket	
	and give it to another employment Network or	
	participating provider	01
	02d	r
С.	After the first year, you must work at certain	
	levels to remain in the program,	01
	02d	r
d.	While you are working, you can keep your	
	Medicaid and/or Medicare benefits	01
	02d	r
Э.	{You/NAME} can get services from your State	
	Vocational Rehabilitation Agency without giving	
	them your Ticket	01
	02d	r
	{You/NAME} can use your Ticket to get follow-up	
	services somewhere else after you finish getting	
	services from the State Vocational Rehabilitation	
	Agency01	02
	dr	

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H9=00)

H11. Before you started participating, how much would you say you knew about the Ticket to Work program? Would you say:

A lot,	01
Some,	02
A little, or	03
Nothing?	04
DON'T KNOW	d
REFUSED	r

INFORMATION ABOUT EMPLOYMENT NETWORKS

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV PART=0) and H1=01 and H2=01

H12. Now, I'd like to ask you about Employment Networks. Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work Program.

<u>Before</u> {you/NAME or (his/her) representative} used {your/NAME's} Ticket in 2009, did {you/NAME or (his/her) representative} get any information about the Employment Networks that serve {your/NAME's} area?

PROBE: Employment Networks can be public or private and can include the State Vocational Rehabilitation Agency, or {VRNAME}.

YES	01	
NO	00	(H21)
DON'T KNOW	d	(H21)
REFUSED	r	(H21)

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H12=01 H13. How did {you/NAME or (his/her) representative} receive information about Employment Networks?

PROBE: For example, did you get information through the mail, by phone, via the Internet, in-person, or in some other way?

INTERVIEWER NOTE: CODE ALL THAT APPLY.

MAIL	01 (H14)
PHONE	02 (H14)
INTERNET	03 (H14)
IN-PERSON MEETING	04 (H14)
OTHER (specify)	05
DK	D (H21)
R	R (H21)

H13_otherspec. Other specify::

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H12=01 and H13=01 H14. Who did {you/NAME or (his/her) representative} get information from about Employment Networks?

INTERVIEWER: CODE ALL THAT APPLY.

SOCIAL SECURITY ADMINISTRATION
01
(H20)
MAXIMUS
02
(H20)
STATE VOCATIONAL REHABILITATION AGENCY or {VRNAME}
03
(H20)
A WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM
OR BENEFITS SPECIALIST

9/7/06 H-5 NBS ROUND 3 INSTRUMENT

	04	
	(H20)	
A CASE	WORKER	
	05	
	(H20)	
	/FAMILY MEMBER	
	(H20)	
	NDENT LIVING CENTER	
	(H20)	
	(H14h Other)	
	AGENCY/ORGANIZATION	
	(H14i Other)	
	10	
	(H14j Other)	
DON'T K	(NOW	
	d	
	(H20)	
REFUSE	ED	
	r	
	(H20)	
H13=01and H14=08) H14h_Other. What Employ	((S2=02 or S2=04) and PREV_PART=0) and H1=01 and ment Network?	H2=01 and H12=01 and
	DON'T KNOWREFUSED	
(S2=01and E37=01) OR H13=01and H14=09) H14i Other. What other Ag	((S2=02 or S2=04) and PREV_PART=0) and H1=01 and	H2=01 and H12=01 and
TITH_Other. What other 7 to	gency of Organization:	
<open></open>		
	DON'T KNOWREFUSED	
(S2=01and E37=01) OR ((and H14=10) H14j_Other. Who else?	(S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01	and H12=01 and H13=01
<open></open>		
	DON'T KNOWREFUSED	

SECTION H UNIVERSE: (E37=01) OR (IF S2=02 AND PREVEN=01 AND (E21=01 OR E24=01 OR E25=01))
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr
PRELOADED VARIABLES: VRNAME, IDATE, LOCALPAA, S2, ROUND2 E39, ROUND2 E40MTH, ROUND2 E40YR, ROUND
E42MTH . ROUND2 E42YR. ROUND2 E46. ROUND2 E47MTH. ROUND2 E47YR. Round 2 E37

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H12=01

H20. In general, how useful was the information {you/NAME or (his/her) representative} received about the Employment Networks that serve {your/NAME's} area? Was it:

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

CONTACT WITH STATE VR AGENCIES

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01

H21. The next questions are about the vocational rehabilitation agency in {your/NAME's} state. In {your/NAME's} state the vocational rehabilitation agency is called {VRNAME}. I'm going to refer to this as {your/NAME's} State VR agency. In2009, did {you/NAME or his/her representative} contact {your/his/her} State VR agency to use {your/his/her} Ticket or talk about getting services from them?

YES	01	
NO	00	(H26)
DON'T KNOW	d	(H26)
REFUSED	r	(H26)

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H21=01

H22. Did {you/NAME or (his/her) representative} try to use {your/NAME's} Ticket to sign up with the State VR agency in 2009?

YES	01	(H24)
NO	00	
DON'T KNOW	d	(H24)
REFUSED	r	(H24)

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H21=01 and H22=01,d,r

H24. Did the State VR agency accept {your/NAME'S} Ticket in 2009?

YES	01	(H26)
NO	00	
DON'T KNOW	d	(H26)
REFUSED	r (H	H26)

(S2=01 and E37=01) OR $((S2=02 \text{ or } S2=04) \text{ and } PREV_PART=0)$ and H1=01 and H2=01 an

H25. Why didn't the State VR agency accept {your/NAME's} Ticket in 2009?

INTERVIEWER: CODE ALL THAT APPLY.

NOT TAKING TICKETS WHEN CONTACTED
01
(H26)

9/7/06 H-7 NBS ROUND 3 INSTRUMENT

	DID NOT OFFER SERVICES {NAME} NEEDED	
		02
		(H26)
	DID NOT SERVE PEOPLE WITH {NAME'S}	
	DISABILITY/NEEDS	
	510, 15121 1 1 1 1 2 2 5 1 1 1 1 1 1 1 1 1 1	
	(1445) 107149 11045 775	(H20)
	{NAME} NOT WILLING/ABLE TO WORK	
	FULL-TIME/ENOUGH HOURS	
		04
		(H26)
	{NAME} NOT WILLING TO GO OFF OF DISABILITY	,
	BENEFITS	
	_	
		,
	OTHER	
		06
	(H2	5_Other)
	DON'T KNOW	
		` ,
	REFUSED	
		(H26)
(S2=01and E37=01) OR H24=00 and H25=06 H25_Other. What Other r	((S2=02 or S2=04) and PREV_PART=0) and H1=01	L and H2=01 and H22=01,d,r and
<open:< td=""><td>></td><td></td></open:<>	>	
	DON'T KNOW	٦
	DON'T KNOW	
	REFUSED	r

CONTACT WITH OTHER EMPLOYMENT NETWORKS

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 $\,$

H26. In 2009, other than the Employment Network {you/NAME} assigned {your/his/her} Ticket to, did {you/NAME or (his/her) representative} contact any other Employment Networks to use {your/his/her} Ticket or talk about getting services from them?

YES	01	
NO	00	(H32)
DON'T KNOW	d	(H32)
REFUSED	r	(H32)

(S2=01an	l E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H26=01
H27.	How many other Employment Networks did {you/NAME} contact in 2009?

PROBE: Your best guess is fine.

_ NUMBER	
(1-2)	
(1-15)	
DON'T KNOW	d
REFUSED	r

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H26=01 H28. **PROGRAMMER:** USE "ANY OF "AND "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN (H27>1).

Did {you/NAME or (his/her) representative} try to use {your/NAME's} Ticket to sign up with {any of) the other Employment

Network(s) {you/NAME or (his/her) representative} contacted in 2009?

YES	01 (H31)
NO	00
DON'T KNOW	d (H32)
REFUSED	r (H32)

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01and H26=01 and H28=01 H31. **PROGRAMMER:** USE "ANY OF" AND "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN (H27>1).

Why didn't (any of) the other Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME's} Ticket in 2009?

INTERVIEWER: CODE ALL THAT APPLY.		
NOT TAKING TICKETS WHEN CONTACTED DID NOT OFFER SERVICES {NAME} NEEDED EMPLOYMENT NETWORK DID NOT SERVE PEOPLE		. ,
WITH {NAME'S} DISABILITY/NEEDS	03	(H32)
{NAME} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH HOURS		. ,
{NAME} NOT WILLING TO GO OFF OF DISABILITY BENEFITSOTHER (SPECIFY)	05	(H32)
<open></open>	06	
(H31_Other) DON'T KNOW	d	(H32)
REFUSED	r	(H32)
H31_Other. What Other reason? <open></open>		_
DON'T KNOW d REFUSED r		
S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 H32. Is there any information {you/NAME or (his/her) representative} needed, but didn't get when {you choosing an Employment Network?	/ou/t	hey} were
YES		
NO		
DON'T KNOW		
S2=01and E37=01) OR ((S2=02 or S2=04) and PREV PART=0) and H1=01 and H2=01 and H32=01)		
H33. What information did {you/NAME} need but didn't get?		

INTERVIEWER: ENTER VERBATIM RESPONSE

<open:< th=""><th>></th><th></th></open:<>	>	
	DON'T KNOW	d
	REFUSED	r

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 H33a.

CHECK: DID {NAME} ANSWER DON'T KNOW OR REFUSE TO E40MTH, E40YR ORE42MTH, E42YR
FOR ANY EMPLOYMENT NETWORK IN 2009 (E40mth=d,r or E40yr=d,r or E42mth=d,r or E42yr=d,r)
FOR ANY EMPLOYMENT NETWORK IN 2009)?

YES	
	01
NO	
(H	134)

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H33a=01
H33b. Earlier you said that you were signed up with the following Employment Networks in 2009 {LIST EN'S FROM E39}.

In 2009, which of these employment networks were you signed up with the longest? PROBE: Your best estimate is fine.

PROGRAMMER; DISPLAY IF NO ROUND 2 EN FILLED: *INTERVIEWER:* RESPONSE 1 IS NOT A VALID CHOICE

PROGRAMMER: ALLOW INTERVIEWER TO CHECK ONE EMPLOYMENT NETWORK. THIS EMPLOYMENT NETWORK SHOULD BE USED AS THE LONGEST EMPLOYMENT NETWORK IN 2009 FOR QUESTIONS H34, H35, H36, H37, H40, H41, H42.

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV PART=0) and H1=01 and H2=01

H34. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK (E38>1), FILL NAME OF EMPLOYMENT NETWORK (E39) THAT {NAME} WAS SIGNED UP WITH THE LONGEST (STOP DATE (E42mth, E42yr) – START DATE (E40mth, E40yr) OR INTERVIEW DATE {IDATE} - START DATE (E40mth, E40yr))

Next, I'm going to read you some statements about the individual work plan {you/NAME} developed with {{LONGEST} EMPLOYMENT NETWORK IN 2009}. An individual work plan, sometimes called an IWP, is the plan for the services and activities that {your/NAME's} Employment Network will provide. Please tell me if you strongly agree, agree, disagree, or strongly disagree with each statement.

PROBE: These plans are also sometimes called Individual Plans for Employment or IPEs.

		STRONGLY AGREE	AGREE	DISAGRE E	STRONGL Y DISAGREE	DON'T KNOW	REFUSED
a.	{You/NAME and (his/her) representative} helped develop {your/NAME's} individual work plan.	01	02	03	04	d	r
b.	{You/NAME and (his/her) representative} could choose the goals {you/NAME} wanted in {your/his/her} individual work plan	01	02	03	04	d	r
C.	The activities and services in {your/NAME's} work plan are likely to help {you/NAME} meet {your/his/her} work goals	01	02	03	04	d	r
d.	{{LONGEST} EMPLOYMENT NETWORK IN 2009} told {you/NAME and (his/her) representative} that {you/NAME} could change {your/his/her} Individual Work Plan if {you/he/she} wanted to	01	02	03	04	d	r

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01

H35. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK (E38>1), FILL NAME OF EMPLOYMENT NETWORK ((E39) THAT {NAME} WAS SIGNED UP WITH THE LONGEST (STOP DATE (E42mth, E42yr) – START DATE (E40mth, E40yr) OR INTERVIEW DATE {IDATE} - START DATE (E40mth, E40yr))

Why did {you/NAME or (his/her) representative} choose {{LONGEST} EMPLOYMENT NETWORK IN 2009}?

INTERVIEWER: CODE ALL THAT APPLY.

STAFF WERE MOST RESPONSIVE/COURTEOUS/KNOWLEDGEABLE	01	(H35a)
MOST WILLING TO PROVIDE THE SERVICES {NAME} WANTED	02	(H35a)
SERVED PEOPLE WITH {NAME'S} DISABILITY/NEEDS	03	(H35a)
WAIT FOR SERVICES WAS NOT TOO LONG	04	(H35a)
ONLY PROVIDER NEARBY/CLOSEST PROVIDER	05	(H35a)
ONLY PROVIDER WILLING TO ACCEPT TICKET	06	(H35a)
OTHER	07	
(H35_Other)		
DON'T KNOW	d	(H35a)
REFUSED	r	(H35a)

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and H1=01 and H2=01 and H35=07 H35_Other. What Other reason?

OPEN:	>		
	DON'T KNOW	d	
	DEFLICED		

PROGRAM EXPERIENCES OF ALL PARTICIPANTS AND IN-USE VR IN 2009

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV PART=0) and (H1=01 or H1=00)

H35a. CHECK: DID {NAME} ANSWER DON'T KNOW OR REFUSE TO E40mth, E40yr OR E42mth, E42yr FOR ANY EMPLOYMENT NETWORK IN 2009 (IF S2=01,02,or 03 and E40mth=d,r or E40yr=d,r or E42mth=d, or E42yr=d,r FOR ANY EMPLOYMENT NETWORK IN 2009))?

YES	
	01
	00
	(H36)
	(H30)

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and (H1=01 or H1=00) and H35a=01
H35b. Earlier you said that you were signed up with the following Employment Networks in 2009 {IF S2=01,04 LIST EN'S FROM E39 BUT IF S2=02 LIST EN'S FROM E39 AND LIST 2009 EN THAT WAS FILLED IN OUESTION E37a}.

In2004, which of these employment networks were you signed up with the longest?

PROBE: Your best estimate is fine.

PROGRAMMER: ALLOW INTERVIEWER TO CHECK ONE EMPLOYMENT NETWORK. THIS EMPLOYMENT NETWORK SHOULD BE USED AS THE LONGEST EMPLOYMENT NETWORK IN 2009 FOR QUESTIONS H36, H37, H40, H41, H42.

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV PART=0) and (H1=01 or H1=00)

H36. **PROGRAMMER:** (IF S2=01,04 and E38>1) OR (IF S2=02 and E37a=01 and E37b=01) OR (IF S2=02 and E38>1), FILL NAME OF 2009 EMPLOYMENT NETWORK (IF S2=01,04 THIS IS FROM E39 BUT IF S2=02 THIS IS FROM E39 OR EN THAT WAS FILLED IN QUESTION E37a) THAT {NAME} WAS SIGNED UP WITH THE LONGEST IN 2009.

IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 AND S2=01 OR 03, OR THEN CALCULATE TIME WITH EACH EN DURING 2009 ONLY. IF TWO ENS HAVE SAME LENGTH, USE EN SIGNED UP WITH MOST RECENTLY (LATEST END MONTH IN 2009).

IF (S2=01 OR 03 AND E37=01 AND E41=00) OR (S2=02 AND WAS NOT SIGNED UP WITH EN AT ROUND 1, AND E37=01 AND E41=00) THEN USE (STOP DATE (E42mth, E42yr) –START DATE (E40mth, E40yr)).

IF S2=01 OR 03 AND E37=01 AND E41=01 THEN USE ((12, 2009) - START DATE (E40mth, E40yr)).

IF S2=01 OR 03 AND STOP DATE (E42mth, E42yr) OR START DATE (E40mth, E40yr) ARE MISSING OR STOP DATES<2009, USE FILL AT H33b or H35b.

PROGRAMMER: IF H1=00 AND E37b≠1, USE QUESTION BELOW

PROGRAMMER: IF (IF S2=01,04 and E38>1) OR (IF S2=02 and E37a=01 and E37b=01) OR (IF S2=02

and E38>1) USE "THE LONGEST"

Now I'm going to focus on the services {you/NAME} received from the Employment Network {you were/NAME was} with {the longest} in 2009, {{LONGEST} EMPLOYMENT NETWORK IN 2009}. For each of the following statements about {{LONGEST} EMPLOYMENT NETWORK IN 2009}, please tell me if you strongly agree, agree, disagree, or strongly disagree. If the statement does not apply just say so.

PROGRAMMER: OTHERWISE USE

For each of the following statements about {{LONGEST} EMPLOYMENT NETWORK IN 2009} in 2009, please tell me if you strongly agree, agree, disagree, or strongly disagree.

PROGRAMMER: IF H1=00 AND E37b=1, USE:

Now I'm going to focus on the services {you/NAME} received from the State Vocational Rehabilitation Agency you were with in 2009. For each of the following statements about {FILL FROM E39} in 2009, please tell me if you strongly agree, agree, disagree, or strongly disagree.

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REF- USED	DOES NOT APPLY
a.	Staff were courteous	01	02	03	04	d	r	na
b.	Staff were able to answer {your/NAME'S} questions	01	02	03	04	d	r	na
C.	Staff listened to {your/NAME's} opinions and concerns.	01	02	03	04	d	r	na
d.	(IF E37b≠1) {{LONGEST} EMPLOYMENT NETWORK IN 2009}/IF E37b=1 {The State Vocational Rehabilitation Agency} responded to {your/NAME's} requests for changes to {your/his/her} Individual Work Plan or Individualized Plan of Employment.							
	PROBE: These work plans are sometimes called anIWP or IPE	01	02	03	04	d	r	na
e.	(IF E37b≠1){{LONGEST} EMPLOYMENT NETWORK IN 2009} }/IF E37b=1 {The State Vocational Rehabilitation Agency} offered all the services {you/NAME} needed to meet {your/his/her} work goals	01	02	03	04	d	r	na
f.	The services provided were those included in {your/NAME'S} Individual Work Plan or Individualized Plan of Employment							
	PROBE: These work plans are sometimes called anIWPor IPE	01	02	03	04	d	r	na
g.	The services provided were available when {you/NAME} needed them	01	02	03	04	d	r	na
h.	Overall, the services provided helped {you/NAME} meet {your/his/her} work goals.	01	02	03	04	d	r	na

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and (H1=01 or H1=00)

H37. During 2009, did {you/NAME} have any problems with the services {you/he/she} received from (IF E37b≠1 {{LONGEST} EMPLOYMENT NETWORK IN 2009} /(IF E37b=1) {FILL FROM E39} }?

YES...... 01

NO	00	(H39)
DON'T KNOW	d	(H39)
REFUSED	r	(H39)

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and (H1=01 or H1=00) and H37=01 H38. What problems did {you/NAME} have during 2009?

INTERVIEWER: ENTER VERBATIM RESPONSE

<open></open>		
	ON'T KNOW	d r
, , , , , , , , , , , , , , , , , , , ,	=02 or S2=04) and PREV_PART=0) and (H1=01 or H1=00) E} WORK IN 2009 (B30 =01)?	
YE	ES	
	01	
NO		

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and (H1=01 or H1=00) and H39=01

H40. You told me earlier that {you/NAME} worked at a job during 2009. How much did the services provided by (IF E37b≠1){{LONGEST} EMPLOYMENT NETWORK IN 2009/(IF E37b=1) {FILL FROM E39}} help {you/NAME} to get or keep the job or jobs {you/he/she} had in 2009? Would you say the services:

Helped a lot,	01 (H41)
Helped somewhat,	02 (H41)
Helped very little, or	03
Didn't help at all?	04
JOB ENDED BEFORE SERVICES STARTED 05 (H41)	
DON'T KNOW	d (H41)
REFUSED	r (H41)

H40_1. Why did the services received from (IF E37b≠1) {{LONGEST} EMPLOYMENT NETWORK IN 2009/(IF E37b=1 {FILL FROM E39}} not help you get or keep the jobs or jobs you had in 2009? Was it because....

	Yes	No	DK	R
a. you were not finished with the services yet?				
b. you did not receive enough services?	1	0	D	R
c the services you received did not fit your needs?	1	0	D	R
d. your medical condition or other personal circumstances kept you from fully participating in the services?	1	0	D	R
PROBE: This might include problems such as transportation or				
childcare.				
e. The services were of poor quality.	1	0	D	R

H40	1	Oth	ner.

Are there any	other reasons	the services	you received did	not help v	vou get or kee	n a job in 20092
/ IIC LIICIC LIII	y outlet reasons	ti ic oci vicco	you icccived did	HOLHCID Y	you got of noc	p a job iii 2005:

<open></open>	
DON'T KNOW	d
REFUSED	r

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and (H1=01 or H1=00)

H41. In 2009, {were you/was NAME} ever pressured by (IF E36b≠1) {{LONGEST} EMPLOYMENT NETWORK IN 2009/(IF E36b=1) {FILL FROM E39}} staff to take a job {you/he/she} did not want?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and (H1=01 or H1=00)

H42. In 2009, {were you/was NAME} ever pressured by (IF E36b≠1) {{LONGEST} EMPLOYMENT NETWORK IN 2009/(IF E36b=1) {FILL FROM E39}} staff to work more hours than {you/he/she} wanted?

YES	01
NO	
DON'T KNOW	d
REFUSED	r

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and (H1=01 or H1=00)

H43. Since {you/NAME} (IF E37b≠1) {started participating in the Ticket to Work program/(IF E37b=1) started participating with {FILL FROM E39}}, how successful do you think {you have/he/she has} been in reaching {your/his/her} work goals? Would you say:

Very successful,	01 (H44)
Somewhat successful,	02 (H44)
Not very successful, or	03
Not at all successful?	04
DON'T KNOW	d (H44)
REFUSED	r (H44)

H43_1. Why did you think you have not been successful in reaching your work goals? Is it because....

	Yes	No	DK	R
a. the services you received were not a good fit for your needs?	1	0	D	R
b. you did not receive enough services?	1	0	D	R
c. the services were of poor quality?	1	0	D	R
d. your medical condition or other personal circumstances kept you from fully participating in the services?	1	0	D	R
PROBE: This might includes problems such as transportation or childcare.				

					n reaching		

<open:< th=""><th>></th><th></th></open:<>	>	
	DON'T KNOWREFUSED	d r
, ,	(S2=02 or S2=04) and PREV_PART=0) and (H1=01 or H1=00) ME} A PROXY RESPONDENT (RTYPE=02)?	

YES..... 01 (H46) NO..... 00

(S2=01and E37=01) OR ((S2=02 or S2=04) and PREV PART=0) and (H1=01 or H1=00) AND RTYPE=02 Overall, how satisfied are you with (IF E37b≠1) {the Ticket to Work program/(IF E37b=1) {FILL FROM E38}}? Would you say:

Very satisfied,	01 (H46)
Somewhat satisfied,	02 (H46)
Not very satisfied, or	03
Not at all satisfied?	04
DON'T KNOW	d (H46)
REFUSED	r (H46)

H45_1. Why are you not satisfied with the (IF E37b≠1) {Ticket to Work program/(IF E37b=1) {FILL FROM E39}}? Is it because....

	Yes	No	DK	R
a. the services you received were not a good fit for your needs?	1	0	D	R
b. the (IF E37b≠1) {Ticket to Work program/(IF E37b=1) State	1	0	D	R
Vocational Rehabilitation Agency} did not offer you enough				
services?				
c. the services provided were not available at times that fit your	1	0	D	R
schedule?				
d. the services took too long to start?	1	0	D	R
e. the services were of poor quality?	1	0	D	R
f. your medical condition or other personal circumstances kept	1	0	D	R
you from fully participating in the services?				
PROBE: This might include problems such as transportation or				
childcare.				

H45_1_Other	
-------------	--

Are there any other reasons you are not satisfied?	
--	--

<open></open>		
DON'T KNOW	C	k
PEELISED		r

PROBLEMS WITH EMPLOYMENT NETWORKS

H46.	1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and These next questions are about any problems {you/NAME ({VRNNAME}) (IF E37b≠1) {or an Employment Network}. D with the State VR agency (IF E37b≠1) {or an Employment Ne	E) might have had with the State VR agency uring2009, did {you/NAME} have any problems
	YES	01 (IF E37b=1, H48, ELSE
	H47)	
	NO	` ,
	DON'T KNOW	
	REFUSED	r (l1)
(S2=0: H47.	1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Was the problem with the State VR agency, another Employm	
	STATE VR AGENCY	01
	EMPLOYMENT NETWORK	
	BOTH	
	DON'T KNOW	
	REFUSED	
	INTERVIEWER: ENTER VERBATIM RESPONSE <open></open>	
	DON'T KNOW	d
	REFUSED	r
⊔ 47−Γ		
(S2=0	REFUSED DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW 1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Has the problem been solved yet?	ORK"
(S2=0	DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW 1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and	ORK" (H1=01 or H1=00) ANDH46=01 and H49=01
(S2=0	DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW 1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Has the problem been solved yet?	ORK" (H1=01 or H1=00) ANDH46=01 and H49=01
(S2=0	DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW land E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Has the problem been solved yet? YES	ORK" (H1=01 or H1=00) ANDH46=01 and H49=01
(S2=0	DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW land E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Has the problem been solved yet? YES	ORK" (H1=01 or H1=00) ANDH46=01 and H49=01
(S2=0: H56. (S2=0: and H	DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW land E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Has the problem been solved yet? YES	ORK" I (H1=01 or H1=00) ANDH46=01 and H49=01
(S2=0: H56. (S2=0: and H	DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW 1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Has the problem been solved yet? YES	ORK" (H1=01 or H1=00) ANDH46=01 and H49=01
(S2=0: H56.	DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW 1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Has the problem been solved yet? YES	ORK" I (H1=01 or H1=00) ANDH46=01 and H49=01
(S2=0: H56. (S2=0: and H	DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW 1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Has the problem been solved yet? YES NO DON'T KNOW REFUSED 1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and 56=01 CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=02) YES	ORK" (H1=01 or H1=00) ANDH46=01 and H49=01
(S2=0: H56. (S2=0: and H	DK OR RF as "STATE VR AGENCY OR EMPLOYMENT NETW 1and E37=01) OR ((S2=02 or S2=04) and PREV_PART=0) and Has the problem been solved yet? YES	ORK" I (H1=01 or H1=00) ANDH46=01 and H49=01

PROGRAMMER: IF H56=00,d,r THEN SKIP TO H59.

 $(S2=01 \text{ and } E37=01) \text{ OR } ((S2=02 \text{ or } S2=04) \text{ and } PREV_PART=0) \text{ and } (H1=01 \text{ or } H1=00) \text{ AND } H46=01 \text{ and } H49=01 \text{ and } H56=01 \text{ and } H57=00$

H58. How satisfied are you with how the problem was solved? Are you:

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

PRELOADED INFORMATION: THIS MONTH, LAST YEAR

SECTION I: HEALTH AND FUNCTIONAL STATUS

GENERAL HEALTH STATUS

(All) I1.	The next questions are about {your/NAME's} health.		
		lo2	
	Overall, how would you rate {your/NAME's} health during the past 4 wee	KS?	
	Excellent	01	
	Very good,	02	
	Good,		
	Fair,		
	Poor, or		
	Very poor		
	DON'T KNOW		
	REFUSED	r	
(All)			
ì2.	During the past 4 weeks, how much did physical health problems activities (such as walking or climbing stairs?)	limit {your/NAME's} usual ph	ysical
	Not at all,	01	
	Very little,		
	Somewhat,		
	Quite a lot, or		
	Could {you/he/she} not do physical activities?		
	DON'T KNOW		
	REFUSED		
(All)			
13.	During the past 4 weeks, how much difficulty did {you/NAME} have do	ing {your/his/her} daily work, b	oth at
	home and away from home, because of {your/his/her} physical health?		
	None at all,	01	
	A little bit,		
	Some,		
	Quite a lot, or		
	Could {you/he/she} not do daily work?		
	DON'T KNOW		
	REFUSED		
(All)			
14.	How much bodily pain {have you/has NAME} had in the past 4 weeks?		
	None,	01	
	Very mild,	02	
	Mild,	03	
	Moderate,	04	
	Severe, or	05	
	Very severe?	06	
	DON'T KNOW	Ч	

REFUSED.....r

(AII) I5.	During the past 4 weeks, how much energy did {you/NAME} have?	
	Very much,	02
	A little, or	04
	None?	
	DON'T KNOW	-
	REFUSED	r
(AII) I6.	During the past 4 weeks, how much did {your/NAME's} physical health or {your/his/her} usual social activities with family or friends?	emotional problems limit
	Not at all,	
	Very little,	
	Somewhat,	
	Quite a lot, or	
	Could {you/he/she} not do social activities?	
	DON'T KNOW	
	REFUSED	r
(All) 17.	During the past 4 weeks, how much {have you/has NAME} been bothered by em feeling anxious, depressed or irritable?)	otional problems (such as
	Not at all,	01
	Slightly,	
	Moderately,	
	Quite a lot, or	
	Extremely?	05
	DON'T KNOW	d
	REFUSED	r
(AII) I8.	During the past 4 weeks, how much did personal or emotional problems keep	you/NAME} from doing
	{your/his/her} usual work, school or other daily activities?	
	Not at all,	01
	Very little,	
	Somewhat,	
	Quite a lot, or	
	Could {you/he/she} not do daily activities?	

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

(All) 19.	Compared to {THIS MONTH, LAST YEAR}, how would you rate {your/NAME's} health in general now?
	Much better now,
	About the same, 03
	Somewhat worse now, or 04
	Much worse now? 05
	DON'T KNOW d
	REFUSEDr
(All) I10.	{Do you/Does NAME} take any prescription medications for any ongoing physical health conditions?
	PROBE: Please do not include over the counter medication such as cold or headache medication.
	VEO.
	YES
	NO
	DON'T KNOW d
	REFUSEDr
(All) I11.	{Do you/Does NAME} take any prescription medications for any ongoing mental or emotional conditions?
	YES
	NO
	DON'T KNOW d
	REFUSEDr
(All)	
l12.	Since {THIS MONTH, LAST YEAR}, {have you/has NAME} received any treatment for a mental or emotional condition at a hospital, clinic, or doctor's office?
	PROBE: Do not include medications.
	YES 01 (l17a)
	NO 00 (l17a)
	DON'T KNOW d (I17a)
	REFUSEDr (l17a)

PRELOADED INFORMATION: THIS MONTH, LAST YEAR

ADL, IADL, AND FUNCTIONAL LIMITATIONS

1	Λ	ı	ı	١
ι	М	ı	ı	,

117a. Now I'd like to ask you some questions about everyday activities and how much difficulty {you have/NAME has} doing these activities. Our study requires that all beneficiaries be asked these questions. Please give me your best answer even if the questions don't seem to apply to {you/NAME}.

{Do you/Does NAME} ever wear glasses or contact lenses?

YES	01	
NO	00	(118)
DON'T KNOW	d	
REFUSED	r	

(117a=01,d,r)

117b. {Do you/Does NAME} have any difficulty seeing words and letters in ordinary newsprint even when wearing {your/his/her} glasses or contact lenses?

YES	01	(119)
NO	00	(121)
DON'T KNOW	d	
RFFUSFD.	r	

(I17a=answer and I17b=d,r)

118. {Do you/Does NAME} have any difficulty seeing words and letters in ordinary newsprint?

YES	01	
NO	00	(121)
DON'T KNOW	d	
REFUSED	r	

(I17b=01,d,r and I18=01,d,r)

119. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty seeing, such as telescopic lenses, adapted computer equipment, Braille, a guide dog, or a white cane?

PROBE: Do not include glasses or contact lenses.

YES	01	
NO	00	(121)
DON'T KNOW	d	(121)
REFUSED	r	(121)

(I17b=01,d,r and I18=01,d,r and I19=01)

120. What devices, equipment, or other types of assistance (do you/does NAME) use?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

TELESCOPIC LENSES	01	(121)
ADAPTED COMPUTER EQUIPMENT	02	(121)
BRAILLE	03	(121)
READERS	04	(121)
GUIDE DOG	05	(121)
WHITE CANE	06	(121)
OTHER SEEING ASSISTANCE	07	

VARIABLES FROM OTHER SECTIONS: NONE PRELOADED INFORMATION: THIS MONTH, LAST YEAR

		DON'T KNOWREFUSED		(I21) (I21)
-	-01,d,r and I18=01, ther. What other se	d,r and I19=01 and I20=07) eing assistance?		
	<open></open>			
		DON'T KNOW	-	
		REFUSED	r	
(All)	(5)		.,	
I21.		NAME} have any difficulty hearing normal conversation evenually wear{s} one?	IT U	using a hearing aid i
		YES	01	
		NO	-	(125)
		DON'T KNOW		(120)
		REFUSED		
		NEI GGEB	•	
(121=0)1.d.r)			
122.		IE} able to hear what is said in normal conversation at all?		
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
(121=0)1,d,r)			
123.		AME} use any devices, special equipment, or other special assistant includes a hearing aide, a phone amplifier, TTY or teletype, an asserpreter.		-
		VEC	01	
		YES	-	(105)
		NO		
		DON'T KNOW		
(121 – ()1 drand (22-01)	REFUSED	ı	(125)
124.	01,d,r and I23=01) What devices, e	quipment, or other types of assistance {do you/does NAME} use?		
	PROBE: Anythi	ng else?		
	INTERVIEWE	R: CODE ALL THAT APPLY.		
		HEARING AIDE	01	(125)
		PHONE AMPLIFIER		• •
		TDD		` '
		TYY OR TELETYPE		` '
		CLOSED CAPTION TV		
		ASSISTIVE LISTENING/SIGNALING DEVICE		
		INTERPRETER		
		OTHER HEARING ASSISTANCE		(123)
		DON'T KNOW		(125)
		DON 1 KNOW		(125)

SECTION I UNIVERSE: ALL VARIABLES FROM OTHER SECTIONS: NONE PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(I21=01,d,r and I23=01 ar I24_Other. What other he	,	
<open></open>		
	DON'T KNOW	d r

SECTION I UNIVERSE: ALL VARIABLES FROM OTHER SECTIONS: NONE PRELOADED INFORMATION: THIS MONTH, LAST YEAR

		DON'T KNOW		
<	OPEN>			
-	d,r and I27=01 an Her. What other spe			
		DON'T KNOWREFUSED	d	(I29) (I29)
		SIGN LANGUAGE INTERPRETER OTHER SPEECH ASSISTANCE	03	` '
		VOICE SYNTHESIZERVOICE AMPLIFIER		, ,
		CODE ALL THAT APPLY.		
	PROBE: Anything	g else?		
(I25=01 I28.	,d,r and I27=01) What devices, eq	uipment, or other types of assistance {do you/does NAME} use?		
		YES NO DON'T KNOW REFUSED	00 d	•
(I25=01 I27.	{Do you/Does NA	AME} use any devices, special equipment, or other special assising {your/his/her} speech understood, such as a voice synthesize	or v	
		DON'T KNOWREFUSED		
		YES	00	
	PROBE: This app	plies only to spoken speech and does not include sign language	'spee	ech'.
(I25=01 I26.	-	≣} able to have {your/his/her} speech understood at all?		
		DON'T KNOWREFUSED		
		YESNO	00	(129)
(All) 125.	{Do you/Does N condition or problem	AME} have any difficulty having {your/his/her} speech unders lem?	tood	because of a health
IΔIII				

VARIABLES FROM OTHER SECTIONS: NONE
PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(All) 129.	{Do you/Does NAME} have any difficulty walking withou blocks?	t assistance for a quarter	of	a mile or about 3 city
	YES	()1	
	NO			(133)
	DON'T KNOW		d	(111)
	REFUSED		r	
(I29=01 I30.	1,d,r) {Are you/Is NAME} able to walk a quarter of a mile withou	it assistance at all?		
100.	(The yours to wait a quarter of a fille without	it assistance at an:		
	YES	()1	
	NO	(00	
	DON'T KNOW		d	
	REFUSED		r	
(129=01	1,d,r)			
Ì31.	{Do you/Does NAME} use any devices, special equipme walking, such as a cane, walker, wheelchair, scooter, pro	•		-
	YES	(01	
	NO			(133)
	DON'T KNOW			(133)
	REFUSED			(133)
(I29=01 I32.	1,d,r and I31=01) What devices, equipment, or other types of assistance {d PROBE: Anything else?	o you/does NAME} use?		
	INTERVIEWER: CODE ALL THAT APPLY.			
	BRACES, CRUTCHES, CANE, OR WA	J KED (11	(133)
	WHEELCHAIR OR SCOOTER			` '
	PROSTHETIC DEVICE			` '
	SPECIAL CHAIR (NOT WHEELCHAIR			` '
	PERSONAL CARE ASSISTANT			
	VEHICLE HAND CONTROLS			(/
	LIFT (HOME OR VEHICLE)			
	OTHER MOBILITY ASSISTANCE			(133)
	DON'T KNOW			(133)
	REFUSED			(133)
-	1,d,r and I31=01 and I32=08) ther. What other mobility assistance?			
<	<open></open>			
	DON'T KNOW		d	
	REFUSED		r	

(All) 133.	{Do you/Does NAME} have any difficulty climbing up 10 steps without resting?		
	YES NO DON'T KNOW REFUSED	00 d	(135)
(133=01	L,d,r)		
I34.	{Are you/Is NAME} able to climb 10 steps at all?		
	YES NO DON'T KNOW REFUSED.	00 d	
(All) 135.	{Do you/Does NAME} have any difficulty lifting and carrying something as heavy full bag of groceries?	/ as	10 pounds, such as a
	YES NO DON'T KNOW REFUSED	00 d	(137)
(135=01 136.	l,d,r) {Are you/Is NAME} able to lift and carry 10 pounds at all?		
	YES NO DON'T KNOWREFUSED	00 d	
(All) 137.	{Do you/Does NAME} have any difficulty using {your/his/her} hands and fingers to up a glass or grasping a pencil?	o do	things such as picking
	YES NO DON'T KNOW REFUSED	00 d	(139)
(I37=01 I38.	L,d,r) {Are you/Is NAME} able to use {your/his/her} hands and fingers to grasp and har	ıdle	at all?
	YES NO DON'T KNOW REFUSED	00 d	

VARIABLES FROM OTHER SECTIONS: NONE PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(All) 139.	{Do you/Does NAME} have any difficulty reaching over {your/his/her} head?		
	YES	Ω1	
	NO		(141)
	DON'T KNOW.		(1-1-)
	REFUSED		
	NET GOED	•	
(139=01 140.	l,d,r) {Are you/Is NAME} able to reach over {your/his/her} head at all?		
	YES	01	
	NO	00	
	DON'T KNOW	d	
	REFUSED	r	
(All) 141.	{Do you/Does NAME} have any difficulty standing or being on {your/his/her} feet for	or or	ne hour?
	YES		
	NO		(143)
	DON'T KNOW		
	REFUSED	r	
(I41=01 I42.	l,d,r) {Are you/Is NAME} able to stand on {your/his/her} feet at all?		
	YES	01	
	NO	00	
	DON'T KNOW	d	
	REFUSED	r	
(All) 143.	{Do you/Does NAME} have any difficulty stooping, crouching or kneeling?		
	YES	01	
	NO		(145)
	DON'T KNOW		()
	REFUSED	r	
(143=01	L,d,r)		
144.	{Are you/Is NAME} able to stoop, crouch, or kneel at all?		
	YES	-	
	NO		
	DON'T KNOW		
	REFUSED	r	
(All) 145.	{Do you/Does NAME} have any difficulty getting around inside {your/his/her} home	е?	
	YES	01	
	NO	00	(147)
	DON'T KNOW	d	
	DEFLISED	r	

VARIABLES FROM OTHER SECTIONS: NONE
PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(145=0)1,d,r)			
Ì46.	-	NAME} need the help of another person in	order to get around inside {\state{\state{s}}	our/his/her} home?
		YES	01	
		NO		
		DON'T KNOW		
		REFUSED		
		REFUSED	r	
(All)				
147.	{Do you/Does visit a doctor's	s NAME} have any difficulty getting around of soffice?	outside {your/his/her} home,	for example to shop o
		YES	01	
		NO	00	(149)
		DON'T KNOW	d	
		REFUSED	r	
(147=C)1.d.r)			
148.	•	NAME} need the help of another person in	order to get around outside	(your/his/her) home?
		YES	01	
		NO	00	
		DON'T KNOW		
		REFUSED		
		REFUSED	r	
(All) 149.	{Do you/Does	NAME} have any difficulty getting into and		
		YES		
		NO		(I51)
		DON'T KNOW	d	
		REFUSED	r	
(149=0	•			
150.	{Do you/Does	NAME} need the help of another person in	order to get into and out of k	oed or a chair?
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
(All) I51.	{Do you/Does	NAME} have any difficulty bathing or dress	sing?	
		YES	01	
		NO		(153)
		DON'T KNOW		()
		REFUSED		
(I51=C)1,d,r)			
Ì52.	•	NAME} need the help of another person in	order to bathe or dress?	
		YES	01	
		NO	00	
		DON'T KNOW		

SECTION I UNIVERSE: ALL VARIABLES FROM OTHER SECTIONS: NONE PRELOADED INFORMATION: THIS MONTH, LAST YEAR

		REFUSED	. r	
(All)				
153.	{Do you/Does N	IAME} have any difficulty shopping for personal items, such as toi	let it	ems or medicine?
		YES	. 01	
		NO	. 00	(155)
		DON'T KNOW		(/
		REFUSED		
		NEI OGED		
(153=0	•			
I54.	{Do you/Does N	IAME} need the help of another person in order to shop for person	nal it	ems?
		YES	. 01	
		NO	. 00	
		DON'T KNOW		
		REFUSED		
		NEI OGED		
(All)				
155.	{Do you/Does N	IAME} have any difficulty preparing {your/his/her} own meals?		
		YES	. ()1	
		NO		(157)
		DON'T KNOW.		(137)
			-	
		REFUSED	. r	
	4 1 3			
(155=0	•			
156.	{Do you/Does N	IAME} need the help of another person in order to prepare {your/h	nis/h	er} meals?
		YES	. 01	
		NO	. 00	
		DON'T KNOW	. d	
		REFUSED		
		NEI GGEB		
(All)				
(/) 157.	(Do you/Does N	IAME} have any difficulty eating?		
137.				
	PROBE. ITIIS III	cludes difficulty chewing, swallowing, or using utensils.		
		\/50	0.4	
		YES		
		NO		(159)
		DON'T KNOW	. d	
		REFUSED	. r	
(157=0	1,d,r)			
158.	•	IAME} need the help of another person in order to eat?		
	(20)00,2000.			
		YES	Ω1	
		NO		
		DON'T KNOW		
		REFUSED	. r	
(All)				
159.	{Do you/Does N	IAME} have a lot of trouble concentrating long enough to finish ev	eryd	ay tasks?
	, ,	,	, -	•
		YES	∩1	
		NO.		
		INO	. 00	

	DON'T KNOWREFUSED		
(All)	KEFUSED	r	
160.	{Do you/Does NAME} have a lot of trouble coping with day-to-day stresses?		
	YES	01	
	NO	00	
	DON'T KNOW		
	REFUSED	r	
(All) I61.	{Do you/Does NAME} have a lot of trouble getting along with other people friendships?	e an	d making or keeping
	YES	01	
	NO	00	
	DON'T KNOW		
	REFUSED	r	
ALCOH	OL ABUSE		
(All)			
I62.	These next questions are about {your/NAME's} use of alcohol. Please remember confidential. If {you do/NAME does} not drink alcohol at all, just say so.	ber t	that your answers are
	In the past 12 months, have {you/ friends or family} ever felt {you/NAME} ought to drinking?	cut	down on {your/his/her}
	YES	01	
	NO	00	
	IF VOLUNTEERED: I DON'T DRINK	02	(172)
	DON'T KNOW	d	
	REFUSED	r	
(162=01	,00,d,r)		
163.	In the past 12 months, have people annoyed {you/NAME} by criticizing {your/his/h	er} d	Irinking?
	YES	01	
	NO		
	IF VOLUNTEERED: I DON'T DRINK		(172)
	DON'T KNOW	d	,
	REFUSED	r	
(162=01	,00,d,r and I63=01,00,d,r)		
164.	In the past 12 months, {have you/has NAME} ever felt bad or guilty about {your/his	s/her	} drinking?
	YES	01	
	NO		
	IF VOLUNTEERED: I DON'T DRINK	03	(172)
	DON'T KNOW		•
	REFUSED	r	
(162=01	00 d r and I63=01 00 d r and I64=01 00 d r)		

(162=01,00,d,r) and 163=01,00,d,r and 164=01,00,d,r)

165. In the past 12 months, {have you/has NAME} ever had a drink first thing in the morning to steady $\{your/his/her\}$ nerves, get rid of a hangover, or get the day started?

SECTION	N I UNIVERSE: ALL	
	BLES FROM OTHER SECTIONS: NONE ADED INFORMATION: THIS MONTH, LAST YEAR	
	YES NO DON'T KNOW REFUSED	00 d
(I62=01, I66.	1,00,d,r and I63=01,00,d,r and I64=01,00,d,r) During the past 12 months, has {your/NAME's} doctor or anoth stop using alcohol or recommended that {you/he/she} participating alcohol?	
	YES NO DON'T KNOW REFUSED.	00 d
(162=01, 167.	1,00,d,r and I63=01,00,d,r and I64=01,00,d,r) During the past 12 months, {have you/has NAME} received trealcohol?	eatment or counseling for {your/his/her} use of
	YES NO DON'T KNOW REFUSED	00 (172) d (172)
DRUG A	ABUSE	
(AII) 172.	The next questions are about the use of prescription and no have/NAME has} ever used these drugs on {your/his/her} own prescription drugs or using prescription drugs in a non-prescritan prescribed or for longer periods than prescribed. Example pot, speed, crack or cocaine, LSD, or Ecstasy. During the past 12 months, {have you/has NAME} used drugs of the past 12 months.	By 'on {your/his/her} own' I mean using non- ibed manner, such as using larger quantities es of non-prescription drugs are marijuana or
	PROBE: Have you used drugs to get high or used drugs with prescribed?	nout a prescription or in larger amounts than
	YES NODON'T KNOW REFUSED	00 (J1) d (J1)
(172=01) 173.	 During the past 12 months, did {you/NAME} find {you/he/she} an effect or that {you/he/she} could no longer get high on the a 	
	YES NO DON'T KNOW REFUSED	00 d

NBS ROUND 3 INSTRUMENT

craving, or wanting to stop and being unable to?

(172=01)

Ì74.

During the past 12 months, did {you/NAME} have emotional or physical problems from using drugs – such as withdrawal symptoms, inability to work, feeling crazy, paranoid, depressed or uninterested in things,

VARIABLES FROM OTHER SECTIONS: NONE PRELOADED INFORMATION: THIS MONTH, LAST YEAR DON'T KNOW...... d REFUSED.....r (172=01)175. During the past 12 months has {your/NAME's} doctor or another health professional advised {you/NAME} to stop using non-prescription drugs or recommended that {you/he/she} participate in a program to help {you/him/her} stop using non-prescription drugs or prescription drugs in a non-prescribed manner? DON'T KNOW...... d REFUSED.....r (172=01)176. During the past 12 months, {have you/has NAME} received treatment or counseling for {your/his/her} use of non-prescription drugs or of prescription drugs in a non-prescribed manner?

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

SECTION I UNIVERSE: ALL

SECTION J: HEALTH INSURANCE

(All) J1.	Now, I'm going to ask you about different types of health insurance coverage {you/NAME} might have.
	{Are you/Is NAME} currently covered by Medicare?
	PROBE: Medicare is health insurance coverage provided nationally to certain disabled people under age 65 including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.
	YES
(All) J2.	PROGRAMMER: IF STATEMED IS EQUAL TO "MEDICAID" USE FOLLOWING TEXT: There is a program called Medicaid that pays for health care for persons in need. {Are you/Is NAME} currently covered by Medicaid?
	OTHERWISE USE: There is a program called Medicaid that pays for health care for persons in need. In {your/NAME'S} state you may also hear it called {STATEMED FROM {NAME'S} CURRENT STATE}. {Are you/Is NAME currently covered by Medicaid?
	PROBE: Medicaid is a state medical assistance program that serves low-income people and Social Security Income recipients with disabilities
	YES
(All) J4.	{Are you/Is NAME} currently covered by military health care, through Armed Forces retirement benefits, the VA, TRICARE, CHAMPUS, or CHAMP-VA?
	PROBE: TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors. CHAMPUS is a health care program for dependents of active or retired military personnel. CHAMP-VA is health insurance for dependents or survivors of disabled veterans.
	YES

(All) J5.	{Are you/Is NAME} currently covered by <u>private health insurance</u> , for example, private insurance that {you get/(he/she) gets} through an employer, a family member, or that {you purchase/(he/she) purchases} on {your/his/her} own?					
		YES	00 d	(J7)		
(J5=01) J6.		AME} currently receive {your/his/her} private health insurance thurs/his/hers}, through a present or former employer of {your/hother source?				
	INTERVIEWER:	IF THE RESPONDENT SAYS THAT THEY OR SOMEONE FOR THEIR HEALTH INSURANCE, CODE 'PAID BY SELF/FA				
		OWN EMPLOYER SPOUSE'S/PARTNER'S/PARENT'S EMPLOYER PAID BY SELF/FAMILY OTHER SOURCE (SPECIFY) <open></open>	02	(J7)		
		DON'T KNOW	d	(J7) (J7)		
-	and H6=04) er. What is the Oth	er Source?				
<(OPEN>					
		DON'T KNOWREFUSED				
(All) J7.	CHECK: DOES {	NAME} HAVE ANY TYPE OF INSURANCE (J1=01 OR J2=01 O	R J4	!=01 OR J5=01)?		
		YES)			
(J7=00) J8.		[you do/NAME does] not currently have any health insurance spitals, doctors, and other health professionals. Is that correct?	cov	rerage to help pay for		
		YES NO DON'T KNOW REFUSED	00 d	(J10) (J10) (J10)		

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE PRELOADED VARIABLES: STATEMED

(J7=00 and J8=00)

J9. What kinds of health insurance coverage {do you/does NAME} have?

PROBE: Any other kind?

INTERVIEWER: CODE ALL THAT APPLY.

M	IEDICAID/{STATEMED}		
141			
M	IEDICARE		
		02	
		` '	
С	HAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY		
18	JDIAN HEALTH SERVICE	` '	
IIV	NDIAN HEALTH SERVICE		
M	IEDI-GAP	(/	
	25.0%		
		.(J10)	
S	TATE PROGRAM		
		06	
		.(J10)	
P	RIVATE INSURANCE THROUGH OWN EMPLOYER		
5	DIVATE MOUDANCE TUDOU OLO DOUGE DA DENEDIDADEN	` ,	
Р	RIVATE INSURANCE THROUGH SPOUSE/PARTNER/PAREN		
p	RIVATE INSURANCE PAID BY SELF/FAMILY	,	
•	TATAL INSCRIMENTAL PROPERTY OF THE PROPERTY OF		
0	THER PLAN (SPECIFY) < OPEN>		
		10	
D	ON'T KNOW		
		d	
		,	
R	EFUSED		
		.(310)	
((J7=00 and J8=00 and J9_Other. What is the	,		
<open></open>			
	DON'T KNOWREFUSED		d r

(All)

J10. Now, I'd like you to think back to 2009. In 2009, {were you/was NAME} covered by any type of health insurance?

PROBE: Answer 'yes' if {you were/NAME was} covered for any part of the year.

	YES			(1/4)
	NO DON'T KNOW			(K1) (K1)
	REFUSED			(K1) (K1)
(140 04)				
(J10=01) J11.	What kinds of health coverage did {you/NAME} have?			
-	PROBE: Any other kind?			
	INTERVIEWER: CODE ALL THAT APPLY.			
	MEDICAID/{STATMED}			
		01		
		(K1)		
	MEDICARE			
		02		
		` '		
	CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY			
		03		
		.(K1)		
	INDIAN HEALTH SERVICE			
		04		
		.(K1)		
	MEDI-GAP			
		05		
		` ,		
	STATE PROGRAM			
		06		
		` '		
	PRIVATE INSURANCE THROUGH OWN EMPLOYER			
		` '		
	PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT.			
	PRIVATE INSURANCE PAID BY SELF/FAMILY			
	OTHER BLAN (CRECIEV), CORENI	` '		
	OTHER PLAN (SPECIFY) < OPEN>			
	DON'T VAIOW			
	DON'T KNOW			
	DEFLICED	` ,		
	REFUSED			
		.(KI)		
(110-01	and 111-10)			
-	and J11=10) er. What is the other plan?			
011_O(I)	on what is the other plan:			
<0	PEN>			
	DON'T KNOW		d	
	DEELISED		r	

SECTION K: INCOME AND OTHER ASSISTANCE

(All) K1.	The next set of questions is about income {you/NAME} received <u>last month</u> , that is, in [INSERT LAST MONTH, THIS_YEAR]. This includes earnings from work and benefits from different programs. When answering these questions, please think only about {your/NAME's} own earnings and benefits, and don't include earnings or benefits that other family members may have received.
	PRESS 1 TO CONTINUE
(All) <i>K2.</i>	CHECK 1: IS {NAME} CURRENTLY WORKING (B24=01)?
	YES
(K2=01)	NO
K2CHE	
	YES
	(K3) NO
	00 (K2A)
	PROGRAMMER: IF {NAME} IS CURRENLTY WORKING (B24=01) AND STARTED JOB AFTER LAST MONTH THIS YEAR - (C4MTH > LAST MONTH THIS YEAR AND C4YR =2006), GO TO K2A
-	and K2CHECK2=01) CK 3. HAS {NAME} EVER WORKED (B36=01, D, OR R) OR (B22=01, D, OR R) OR (B30=01, D, OR R) OR IS EVER WORKED MISSING (S2=02 or S2=04) and (B36=.)?
	YES
	01 (K2A)
	NO
	(K4)
(K2CHE K2A.	CK2=00 and K2CHECK3=01) Did {you/NAME} work last month?
	YES
(K2CHE K3.	CK3=01 and K2A=01) First thinking about the jobs {you/NAME} had last month, including all jobs {you/he/she} had, how much did

{you/he/she} earn <u>last month</u>, that is, in [INSERT LAST MONTH, THIS YEAR] before taxes and deductions?

9/7/06 K-1

	INTERVIEWER: ROUND TO NEAREST DOLLAR
	\$, . 00 (0-12,500) (0-40,000)
	DON'T KNOW d REFUSED r
(K3CHI	ECK3=01 and K2A=01 and K3 > or = 0)
K3b.	SOFT EDIT: LAST MONTH INCOME SHOULD BE WITHIN 30% OF TOTAL CURRENT MONTHLY PAY AS REPORTED IN SECTION C. IF K3 NE D OR R AND C_CURMNTHPAY NE D OR R, AND THE ABSOLUTE VALUE OF (K3 - C_CurMnthPay/ K3 >.30) AND THE ABSOLUTE VALUE OF (C_CurMnthPay - K3/ C_CurMnthPay >.30), TRIGGER EDIT, AND DISPLAY FOLLOWING TEXT: INTERVIEWER, LAST MONTH INCOME IS AT LEAST 30% HIGHER OR LOWER THAN AMOUNT REPORTED AS TOTAL MONTHLY PAY IN SECTON C. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. Earlier we calculated that {you are/NAME is} currently paid about (C_CurMnthPay) on all jobs combined. Is this correct or should I change the amount {you/NAME} earned last month before taxes and other deductions?
	CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
	DEDUCTIONS
	(CHANGE K3)
	SUPPRESS
	03
(K2CHE K3a.	ECK3=01 and K2A=01 and (K3 > or = 0 or d or r) Including all jobs {you/NAME} had, how much was left last month, that is in [INSERT LAST MONTH, THIS YEAR], as take-home pay after taxes and other deductions?
	INTERVIEWER: ROUND TO NEAREST DOLLAR
	\$ _ , _ . 00 (1 – 11,250) (1 – 36,000)
	DON'T KNOW d REFUSEDr
(K2CHE K3b1.	SCK3=01 and K2A=01 and K3 > or = 0 and K3a > 0) SOFT EDIT: AMOUNT OF TAKE-HOME PAY (K3a) MUST BE LESS THAN OR EQUAL TO AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS (K3). IF K3A NE D OR R AND K3 NE D OR R, AND K3A > K3, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, TAKE HOME PAY IS GREATER THAN PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you are/NAME is} paid (K3) before taxes and other deductions and that (K3a) is left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay is more than your pre-tax pay. Should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions?
	CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
	DEDUCTIONS

.....(CHANGE K3)

	CHANGE AMOUNT OF TAKE-HOME PAY
	SUPPRESS(CHANGE K3a)
	03
(K2CHE K3b2.	ECK3=01 and K2A=01 and K3> or = 0 and K3a > 0) SOFT EDIT: IF K3 GREATER THAN 0, K3A SHOULD BE GREATER THAN 0. IF K3 > 0 AND K3A = 0, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER: AMOUNT OF TAKE HOME PAY=0, CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. I have recorded that you are paid (K3) before taxes and deductions but that your take home pay is 0. Should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions?
	CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
	DEDUCTIONS
	01
	(CHANGE K3)
	CHANGE AMOUNT OF TAKE-HOME PAY
	CHANGE K3a)
	SUPPRESS
	30%. IF AMOUNT OF TAKE HOME PAY (K3A) NE D OR R, AND AMOUNT OF PRE-TAX PAY (K3) NE D OR R, AND (K3 – K3A) / K3A > .30, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you are/NAME is} paid (K3) before taxes and other deductions and that (K3A) is left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions
	CHANGE AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS
	01
	(CHANGE K3)
	CHANGE AMOUNT OF TAKE-HOME PAY
	02
	(CHANGE K3a)
	SUPPRESS
	03
(All) K4.	Thinking about the benefits {you/NAME} received <u>last month</u> , did {you/he/she} receive any income from Social Security? INTERVIEWER: SHOULD INCLUDE ANY SSI AND SSDI PAYMENTS
	YES
	NO
	DON'T KNOW d
	REFUSEDr

/ A	ш	١
(14	ш)

K5. **PROGRAMMER:** IF {NAME} RECEIVED INCOME FROM ANY SOURCE BELOW (K6a-h=01), ASK K7 THROUGH K10 IMMEDIATELY AFTER EACH 'YES'. OTHERWISE, ASK ABOUT NEXT SOURCE OF INCOME IN K6.

(All)

K6. <u>Last month</u> did {you/NAME} receive any income from...

				DON'T	
a.	Private disability insurance (sometimes called long-	<u>YES</u>	<u>NO</u>	KNOW	REFUSED
u.	term care disability insurance)?				
	01				
	d				
	r				
b.	Workers' compensation?				
	01				
	d				
	u				
c.	Veterans' benefits?				
	01				
	00				
	d				
d.	Public assistance or welfare payments?				
	01				
	00				
	d				
e.	Unemployment benefits?				
٥.	01				
	00				
	d				
f.	Drivete pensions or government employee pensions?				
1.	Private pensions or government employee pensions?				
	00				
	d				
	r				
g.	Other sources on a regular basis but not from jobs or Social Security?				
	00				
	d				
	r				
h	(K6_g_oth) Other sources not on a regular basis?				
	01				
	00				
	d				
	7				
	(K6 h oth)				

(K6_g=0 K6_g_ot	01) th What were the	y?	
	INTERVIEWER:	PLEASE SPECIFY	
	<open:< td=""><td>></td><td></td></open:<>	>	
		DON'T KNOWREFUSED	
(K6_h=0 K6_h_ot	01) th What were they	?	
	INTERVIEWER:	PLEASE SPECIFY	
	<open:< td=""><td>></td><td></td></open:<>	>	
		DON'T KNOW	
(K6=01) K7.		e did {you/NAME} receive <u>last month</u> from {SOURCE FROM K6}	?
	INTERVIEWER:	ROUND TO NEAREST DOLLAR	
		\$, _ .00 (GO TO K6 FOR NEX (1-1,000) (1-15,000)	(T SOURCE OR K11)
		DON'T KNOW	
-	and K7=d,r) Was it more than	or less than \$300?	
		\$300 OR MORE	
		DON'T KNOWd (K6 FOR NEXT SOURCE	
		REFUSED(ROTORNEXT SOURCE	OR K11)
		(K6 FOR NEXT SOURCE	OR K11)
(K6=01 a	and K7=d,r and K8 Was it more than	3=01) or less than \$500?	
		\$500 OR MORELESS THAN \$500	

SECTION K UNIVERSE: ALL VARIABLES FROM OTHER SECTIONS: RTYPE, B22, B24, B30, B36, C4MTH, C4YR PRELOADED INFORMATION: LAST MONTH, THIS YEAR

	NOW	
	GO TO K6 FOR NEXT SOURCE OR K11.	
(K6=01 and K7=d,r and K8=02)	44500	
K10. Was it more than or less th	an \$150?	
\$150 OR	MORE	01
LESS TH	HAN \$150	02

GO TO K6 FOR NEXT SOURCE OR K11.

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

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D= 1, D00, D00, 0
RELOADED) INFORMATION: LAST MONTH, THIS YE	AR

PRELO	ADED INFORMATION: LAST MONTH, THIS YEAR		
(All) K11.	Did {you/NAME} receive any food stamps <u>last month</u> ? Please include only received by {you/NAME} and {your/NAME's} family. Do not include food stamps remembers of [your/NAME's} household.		
	YES NO DON'T KNOW REFUSED.	00 d	(K13)
(K11=0 K12.	1) What was the dollar value of the food stamps {you/NAME} received <u>last month?</u> stamps {you/NAME} received by {you/NAME} for {your/NAME's} family.	P PI	ease include only food
	INTERVIEWER: ROUND TO NEAREST DOLLAR		
	\$ <u> </u> ,, <u> </u> .00 (0-400) (0-950)		
	DON'T KNOWREFUSED		
(All) K13.	Did {you/NAME} receive assistance from any other government program <u>last mon</u> or energy assistance.	nth?	For example, housing
	YES NO DON'T KNOW REFUSED	00 d	(L1)
(K13=0 K14.	1) What other assistance did {you/NAME} receive? INTERVIEWER: PROGRAM:		
	<open></open>		
	DON'T KNOWREFUSED		
(K13=0 K15.	1) How much income did {you/NAME} receive <u>last month</u> from the assistance you ju	st to	ld me about?
	PROBE: Your best estimate is fine.		
	INTERVIEWER: ROUND TO NEAREST DOLLAR		
	\$ <u> </u> ,, <u> </u> .00 (0-500) (0-10,000)		

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

SECTION L: SOCIODEMOGRAPHIC INFORMATION

	PROGRAMMER	: L1 AND L2 SKIPPED FOR LONGITUDINAL SAMPLE WHO COMPL ROUND (S2=02 or S2=04)	ETED ANY PRIOR
(S2=01))		
L1.		e questions about {you/NAME}.	
	What is {your/NA	ME's} ethnic background? {Are you/Is (he/she)}:	
		Hispanic or Latino, or	
		Not Hispanic or Latino?	
		DON'T KNOW d	
		REFUSEDr	
(S2=01))		
L2.		NAME's} race? {Are you/Is (he/she)}:	
	INTERVIEWER	CODE ALL THAT APPLY.	
		Alaska Native or American Indian, 01	
		Asian, 02	
		Black or African American, 03	
		Native Hawaiian or Other Pacific Islander, or	
		White	
		DON'T KNOW d	
		REFUSEDr	
(All)			
L3.	What is the higher	est year or grade {you/NAME} finished in school?	
	INTERVIEWER:	READ LIST IF NECESSARY. CODE ONE ANSWER.	
	INTERVIEWER:	IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCH IF NEVER ATTENDED SCHOOL, CODE AS 10.	OOL, CODE AS 1.
	INTERVIEWER:	IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.	FOR HIGHEST
	DID NO	T COMPLETE HIGH SCHOOL OR GED	01
	HIGH S	CHOOL: GED	02
	HIGH S	CHOOL: DIPLOMA	03
	HIGH S	CHOOL: CERTIFICATE OF COMPLETION	04
	SOME (COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES	05
	2-YEAR	OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR	
		CATIONAL SCHOOL DIPLOMA	06
		COLLEGE DEGREE (BACHELOR'S DEGREE)	
		GRADUATE WORK/NO GRADUATE DEGREE	
		ATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D, M.D)	
		ATTENDED SCHOOL	
		L EDUCATION WITH NO CERTIFICATE OF COMPLETION	

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

PROGRAMMER: L4 AND L5 SKIPPED FOR LONGITUDINAL SAMPLE WHO COMPLETED ANY PRIC
--

ROUND (S2=02 or S2=04)

(S2=	n	1	١
(S2=	U	T	.)

L4. What is the highest year or grade {your/NAME's} father finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1.

IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST

YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

DID NOT COMPLETE HIGH SCHOOL OR GED	01
HIGH SCHOOL: GED	02
HIGH SCHOOL: DIPLOMA	03
HIGH SCHOOL: CERTIFICATE OF COMPLETION	04
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES	05
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR	
VOCATIONAL SCHOOL DIPLOMA	06
4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE)	07
SOME GRADUATE WORK/NO GRADUATE DEGREE	80
GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D, M.D)	09
NEVER ATTENDED SCHOOL	10
SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION	11
DON'T KNOW	d
REFUSED	r

(S2=01)

L5. What is the <u>highest</u> year or grade {your/NAME's} mother finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1. IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST

YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

DID NOT COMPLETE HIGH SCHOOL OR GED	01
HIGH SCHOOL: GED	02
HIGH SCHOOL: DIPLOMA	03
HIGH SCHOOL: CERTIFICATE OF COMPLETION	04
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES	05
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR	
VOCATIONAL SCHOOL DIPLOMA	06
4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE)	07
SOME GRADUATE WORK/NO GRADUATE DEGREE	80
GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D, M.D)	09
NEVER ATTENDED SCHOOL	10
SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION	11
DON'T KNOW	d
REFUSED	r

VARIADLES	NEEDED	FROIN O	I LEK SE	ECTIONS.	K I I
PRFI OADFI	D VARIABI	FS: SAI	MPI F TY	PF (S2)	

(All) L6ft.	How tall {are you/is NAME}?	
	INTERVIEWER: ENTER FEET FEET (3-8)	
	DON'T KNOWREFUSED	d r
(All) L6in.	(How tall {are you/is NAME}?)	
	PROBE: ROUND TO NEAREST WHOLE NUMBER (E.G. ENTER 6 FOR 5 $\frac{1}{2}$ INC	CHES)
	INTERVIEWER: ENTER INCHES.	
	_ INCHES (0-12)	
	DON'T KNOWREFUSED	d r
(All) L7.	How much {do you/does NAME} weigh?	
	<u> </u> <u> </u> (50-300) POUNDS (50-600)	
	DON'T KNOW	d r
(All) L8.	{Are you/Is NAME} now married, widowed, divorced, separated or {have you/Imarried?	nas (he/she)} never been
	MARRIED WIDOWED DIVORCED SEPARATED NEVER MARRIED DON'T KNOW REFUSED	02 (L10) 03 (L10) 04 (L10) 05 (L10) d (L10)
(L8=01) L9.	Do {you/NAME} and {your/his/her} spouse live in the same household?	
	YES NO DON'T KNOW REFUSED	00

GO TO L11

SECTION L UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE PRELOADED VARIABLES: SAMPLE TYPE (S2)

(L8=02,	,03,04,05,d,r)		
L10.	{Do you/Does NAME} have a long-term partner who lives in the same household with {your marriage-like relationship?	u/him	/her} in a
	YES		
(All) L11.	Which of the following best describes {your/NAME's} living situation?		
	INTERVIEWER: READ LIST. CODE ONE ANSWER. 'LIVE WITH CHILDREN' SHOULD BE	COD	ED AS '2'
	PROGRAMER DISPLAY ONLY IF L9≠01 {You live/NAME lives} alone	01	(L11a)
	or other relative	02	(L11a)
	{You live/NAME lives} with friends or roommates		(L11a)
	You live/NAME lives} in another group setting with people not related to		
	{you/him/her}	04	(L11a)
	{You live/NAME lives} in some other living situation		,
	DON'T KNOW		(L11a)
	REFUSED		(L11a)
(L11=0			
L11_Ot	her. What is the other living situation?		
	<open></open>		_
	DON'T KNOW d		
	REFUSEDr		
(All)			
L11a.	SOFT EDIT: RESPONDENT CANNOT LIVE IN SAME HOUSEHOLD WITH SPOUSE (L9=01) OR	LIVE IN
	SAME HOUSEHOLD WITH LONG-TERM PARTNER (L10=01) AND LIVEALONE (L11=01).	IF	
	RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answ	er. Is	show that
	{you live/NAME lives} in the same household with {your/his/her} spouse or partner and {you/N	IAME	alone?
	Could you verify which is correct?		
	LIVE WITH SPOUSE OR PARTNER		
	LIVE ALONE	IGE L	.11)
	SUPPRESS		

()	٩I	ı	١
(1	٦ı	ı	,

L12. The next question is about the place {you live/NAME lives}. Is this place a...

INTERVIEWER: CODE	E ONE ANSWER.
--------------------------	---------------

ı	INTERVIEWER: CODE ONE ANSWER.	
	Single family home	01 (L12a)
	Mobile home	
	Regular apartment	` '
	Supervised apartment	` '
	Group home	` '
	Halfway house	06 (L12a)
	Personal care or board and care home	07 (L12a)
	Assisted living facility	08 (L12a)
	Nursing or convalescent home	09 (L12a)
	Center for Independent Living	10 (L12a)
	Some other type of supervised group residence or facility	11 (L12a)
	Something else	12
	DON'T KNOW	d (L12a)
	REFUSED	r (L12a)
(L12=12) L12_Othe) ier. What is the other type of place? <open></open>	
	DON'T KNOW	_
	DON'T KNOWREFUSED.	
	REFUSED	r
<u>-</u>	SOFT EDIT: RESPONDENT CANNOT LIVE ALONE (L11=01) AND LIVE IN A GR 11). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded show that {you/NAME} live alone in a {FILL ANSWER FROM L12}? Which is correct	an incorrect answer. I
	1 N / E 41 O 21 E	04 (0114110=140)
	LIVE ALONE	
	LIVE IN GROUP SETTING	
	SUPPRESS	03
(All)		
L13.	CHECK: DOES {NAME} LIVE IN A GROUP SETTING (L12 = 04 – 12)?	
	YES	
	01	
	NO	
	00 (14.1)	

(L13=01)

Is this place primarily for people with hearing or vision impairments, mental illness, mental retardation, or L15. developmental disabilities?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

CHECK: DOES {NAME} LIVE ALONE (L11 = 01) OR LIVE IN GROUP SETTING (L12=4-12)? L14.

9/7/06 L-6 **NBS ROUND 3 INSTRUMENT**

		YES			
				(,
(L14=00 L16.	•	s 18 years of age	or older live in {your/l	NAME's} household, in	ncluding {yourself/NAME}?
			s who usually live the away at school or on r	-	temporarily away on business,
			_ ADULTS	(1-4) (1-20)	
		_			
(L14=00))				
L17.	•	en under 18 year	s of age live in {your/i	NAME's} household?	
		ncludes all childre bital, or away at so		ere, even if they are to	emporarily away on vacation, in
			_ _ CHILDREN	(0-6) (0-20)	
					•
(L14=00))				
L18.	CHECK: DO NO) CHILDREN LIVE	E IN THE HOUSEHOL	LD (L17 =0)?	
		_			
				(
		NO			······
(L14=00	and L18=00)				
L19.	How many of the children.	ese children are {	{your/NAME's} own?	Please include biolog	gical, adopted, step, and foster
			_ CHILDREN	(0-6) (0-20)	
(All) L20.	{Do you /Does N household?	JAME} have childı	ren of {your/his/her} o	wn under the age of 1	.8 living outside of {your/his/her}
	PROBE: Please	e include biologica	al, adopted, step, and	foster children.	
		YES			01
		NO			00 (L22a)
					,
		KEFUSED			r (L22a)

(L20=0	01)
L21.	How many children under 18 not living in {your/NAME's} household {do you/does (he/she)} have?
	_ CHILDREN (1-6) (1-20)
	DON'T KNOW d REFUSED r
(All) L22a.	CHECK: DOES {NAME} HAVE ANY CHILDREN (L17>=1 AND L19>=1) OR (L21>=1)?
	YES
(L22a:	
L22.	Are any of {your/NAME's} children, either living with {you/him/her} or not, under the age of six?
	YES
(All) L23Aa	umt. PROGRAMMER: IF L11=01, 03, or 04, ASK: What was {your/NAME's} total income in 2009, before taxes or other deductions? Please include money {you/NAME} received from <u>all</u> sources.
	PROGRAMMER: IF L11=02, or 05, d, r, ASK: What was the total combined income of all members of {your/NAME's} household in 2009, before taxes or other deductions? Please include money all members of {your/NAME's} household received from all sources.
	PROBE: <u>IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT</u> : If it is hard to calculate an annual amount can you tell me what your income was per day, week, bi-weekly, twice a month or monthly in 2009.
	INTERVIEWER: ROUND TO NEAREST DOLLAR
	\$ _ , . 00 AMOUNT (10,000-75,000) (0-500,000)
	DON'T KNOW d (L24)

PRELOADED VARIABLES: SAMPLE TYPE (S2)

(L23Aamt = numeric response)

L23Ahop. PROBE: PROGRAMMER: IF L11=01, 03, or 04, DISPLAY:

What was {your/NAME's} total income in 2009, before taxes or other deductions? Please include money {you/NAME} received from all sources.

PROBE: **PROGRAMMER:** IF L11=02, or 05, d, r, DISPLAY:

What was the total combined income of all members of {your/NAME's} household in 2009, before taxes or other deductions? Please include money all members of {your/NAME's} household received from all sources.

PROBE: IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT: If it is hard to calculate an annual amount can you tell me what your household income was per day, week, bi-weekly, twice a month or monthly in 2009.

PROBE: Is that daily, weekly, bi-weekly, twice a month, or annually?

INTERVIEWER: ENTER HOW OFTEN PAID

ANNUALLY	01	(L25)
MONTHLY	02	(L23b)
TWICE A MONTH	03	(L23b)
WEEKLY	04	(L23b)
BI-WEEKLY	05	(L23b)
DAILY	06	(L23b)
OTHER	07	

(L23Aamt = numeric response and L23Ahop =07) L23Ahop_Other.

INTERVIEWER: ENTER OTHER

<open></open>	
DON'T KNOW	d r

GO TO L24

(L23Aamt = numeric response and L23Ahop = 02, 03, 04, 05, 06)

L23b. **PROGRAMMER:** USE "{YOUR/NAME'S} HOUSEHOLD" IF L11=02 OR 05, OTHERWISE USE "{YOUR/NAME}"

How many {days/weeks/months} did {{you/NAME}/{your household/NAME's household}} receive this income in 2009?

DAYS/WEEKS/MONTHS	
(1-365) (1-52) (1/12)	
DON'T KNOW	d
REFUSED	r

GO TO L25

PRELOADED VARIABLES: SAMPLE TYPE (S2)

(L23Aamt = d,r or L23Ahop=07)

L24. **PROGRAMMER:** USE "HOUSEHOLD" IF L11=02 OR 05

Could you please tell me if $\{your/NAME'S\}$ annual (household) income before taxes and other deductions in 2009 was...

\$2,500 or less,	01
\$2, 501 to \$5,000,	02
\$5,001 to \$10,000,	03
\$10,001 to \$20,000,	04
\$20,001 to \$30,000,	05
\$30,001 to \$40,000,	06
\$40,001 to \$50,000,	07
\$50,001 to \$75,000,	80
\$75,001 to \$100,000, or	09
More than \$100,000?	10
DON'T KNOW	d
REFUSED	r

GO TO M1

9/7/06

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(All)

M1. PROGRAMMER: IF WE HAVE NAME, ADDRESS, AND PHONE NUMBER FROM EITHER THE SCREENER OR FROM THE OTHER PRELOADED INFORMATION DISPLAY THAT NAME, ADDRESS, AND PHONE NUMBER.

That concludes this interview. Can you please verify (your/NAME'S) current contact information?

NAME: {FULL NAME FROM SCREENER OR PRELOADED INFORMATION}

STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}

STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}

STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}

CITY OR TOWN: {CITY OR TOWN FROM SCREENER OR PRELOADED INFORMATION}

STATE: {STATE FROM SCREENER OR PRELOADED INFORMATION}

SAME AS PROVIDED

ZIP CODE: {ZIP CODE FROM SCREENER OR PRELOADED INFORMATION}

TELEPHONE NUMBER: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}

	(M1a)
	INCORRECT INFORMATION ABOVE, NEED TO ENTER
	NEW INFORMATION
	01
	(M1_Firstname)
	DON'T KNOW
	d
	(M1a)
	REFUSED
	г
	(M1a)
IF M1=01, THEN (M1=01) M1_FirstName.	OX FOR DATA ENTRY. 1,0, D, R ARE THE ONLY POSSIBLE RESPONSES; GO TO QUESTIONS BELOW, OTHERWISE SKIP TO M1a} Y FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH FIRST NAME
<open:< td=""><td>></td></open:<>	>
	DON'T KNOW d
	REFUSEDr
(M1=01) M1_MiddleName. NAME: {DISPLA\ INITIAL BOLDED Middle initial?	Y FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH MIDDLE }
<open< td=""><td>></td></open<>	>

9/7/06

DON'T KNOW	d
REFUSED	r

9/7/06

M-2

(M1=01)	
M1_LastName. NAME: {DI	SPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH LAST NAME
BOLDED}	
Last name?	
<0	DPEN>
	DON'T KNOW
	DON'T KNOW d REFUSED r
(M1=01)	
M1_Confirm.	SPLAY FULL NAME}
	VER: PRESS 1 TO CONTINUE
(M1=01)	
M1_Address1.	{DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH
LINE 1 BOI	
Street and	
INTERVIEV	VER: REFUSED AND DON'T KNOW ALLOWED, WILL SKIP REST OF ADDRESS QUESTIONS.
_	
<(PPEN>
	DON'T KNOW d REFUSED r
(M1=01)	
M1_Address2.	
ADDRESS: LINE 2 BOI	{DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH D.D.}
PROBE:	READ IF NECESSARY: Second part of the address.
<0	DPEN>
	DON'T KNOW d
	REFUSEDr
(M1=01)	
M1 Address3.	
_	: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 3 BOLD}
PROBE: RI	EAD IF NECESSARY: Third part of the address.
<(DPEN>
	DON'T KNOW d

(M1=01) M1_City			
	•	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED I Y BOLD}	NFORMATION WITH
	Town or city?	. 2022)	
	<open:< td=""><td>></td><td></td></open:<>	>	
		DON'T KNOW	
(M1=01)			
M1_Stat	ADDRESS: {DIS	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED I ATE BOLD}	NFORMATION WITH
		USE TWO CHARACTER ABBREVIATION. ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY E	BELOW.
	<open:< td=""><td>></td><td></td></open:<>	>	
(M1=01)	DON'T KNOW	
M1_ZipC	Code. ADDRESS: {DIS ZIP Zip code?	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED I CODE BOLD} >	NFORMATION WITH
		DON'T KNOWREFUSED	
(M1=01) M1_Con	firm. ADDRESS: {DIS	SPLAY FULL ADDRESS} PRESS 1 TO CONTINUE	
(M1=01) M1_Pho	neNumber. TELEPHONE: {	TELEPHONE NUMBER FROM SCREENER OR PRELOADED INF the telephone number, area code first?	FORMATION}
	<open:< td=""><td>></td><td></td></open:<>	>	
		DON'T KNOW	d r

PROGRAMMER: ASK M1_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED

(M1=0	•			
M1_Tir	neZone.			
	What time zone			
	INTERVIEWER:	CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}		
		HAWAII/ALEUTIAN TIME ZONE	02	
		ALASKA TIME ZONE	03	
		PACIFIC TIME ZONE	04	
		MOUNTAIN TIME ZONE	05	
		CENTRAL TIME ZONE	06	
		EASTERN TIME ZONE	07	
		ATLANTIC TIME ZONE	08	
		NEWFOUNDLAND TIME ZONE		
		OTHER INTERNATIONAL TIME ZONE		
		OTHER INTERNATIONAL TIME ZONE	90	
(M1=0	•			
M1_Co				
		JMBER: {TELEPHONE NUMBER FROM SCREENER OR PREL ME ZONE FROM SCREENER OR PRELOADED INFORMATION		DED INFORMATION}
	INTERVIEWER:	PRESS 1 TO CONTINUE		
(All)				
M1a.	{Do you have/Do	es NAME have} an email address?		
		YES	01	
		NO		(M2A)
		DON'T KNOW		(141271)
		REFUSED		
		REFUSED	ı	
(M1a=	•			
M2	What is {your/NA	ME's} email address?		
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	٦	
(4 11)		REFUSED	r	
(All) <i>M2A.</i>	CHECK: IS INTE	RVIEWER SPEAKING WITH {NAME} OR A PROXY?		
		{NAME}		
		01		
		(M2CHECK)		
		PROXY		
(M2A=	•			
Confirr	n. What is your first	name?		
	INTERVIEWER:	PRESS 1 TO CONTINUE		
(M2A=	02)			
-	irstName.			
_		Y PROXY'S FULL NAME FROM SCREENER OR PRELOAD	ED	INFORMATION WITH
	FIRST NAME BO			
	First name?	,		
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		

	DON'T KNOW	d
	REFUSED	r
(M2A=02) M2a_MiddleNam	e.	
NAME:	{DISPLAY PROXY'S FULL NAME FROM SCREENER OR PRELOADE EINITIAL BOLD}	D INFORMATION WITH
	<open></open>	
	DON'T KNOWREFUSED	
	{DISPLAY PROXY'S FULL NAME FROM SCREENER OR PRELOADE AME BOLD} ne?	D INFORMATION WITH
	<open></open>	
	DON'T KNOWREFUSED	
	[DISPLAY PROXY'S FULL NAME] **IEWER: PRESS 1 TO CONTINUE	
(M2A=02) M2a_Address1. ADDRE Street a	SS: nd number?	
INTERV	TIEWER: REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF A	DDRESS QUESTIONS.
	<open></open>	
	DON'T KNOW	d r
	SS: {DISPLAY ADDRESS1 FROM PREVIOUS QUESTION} : READ IF NECESSARY: Second part of the address.	
	<open></open>	
	DON'T KNOWREFUSED	d r
(M2A=02)		
	SS: {DISPLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIC : READ IF NECESSARY: Third part of the address.	ONS}
	<open></open>	

		DON'T KNOW d REFUSED r	
	DDRESS: {DISF	PLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUESTIONS} **NECESSARY: Fourth part of the address.	
	<open></open>	·	
		DON'T KNOW d REFUSED r	
(M2A=02) M2a_City.	ADDRESS: {I QUESTIONS} Town or City?	DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRESS4 FROM PREVIO	OUS
	<open></open>	·	
		DON'T KNOW d REFUSED r	
(M2A=02) M2a_State	. ADDRESS: {[PREVIOUS Q State?	DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, AND TOWN/CITY FF UESTIONS}	ROM
	ITERVIEWER:	JSE TWO CHARACTER ABBREVIATION. ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.	
	<open></open>		
		DON'T KNOW d REFUSED r	
FF	DDRESS: {DISF	PLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TOWN/CITY, AND STATE S QUESTIONS}	
	<open></open>		
		DON'T KNOW d REFUSED r	
	-	PROXY'S FULL ADDRESS} PRESS 1 TO CONTINUE	
(M2A=02) M2a_Phone	eNumber. FI FPHONE NU	MBFR·	

Please give me the telephone number, area code first?

<open></open>	>		
	DON'T KNOW	d r	
PROGRAMMER: ASK M2	A_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED		
(M2A=02) M2A_TimeZone. What time zone	is that in?		
	CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}		
	,		
	HAWAII/ALEUTIAN TIME ZONE	-	
	ALASKA TIME ZONE		
	PACIFIC TIME ZONE	-	
	MOUNTAIN TIME ZONE		
	CENTRAL TIME ZONE		
	EASTERN TIME ZONE		
	ATLANTIC TIME ZONE		
	NEWFOUNDLAND TIME ZONE		
	OTHER INTERNATIONAL TIME ZONE	98	
(M2A=02)			
	MBER: {PROXY'S TELEPHONE NUMBER} ROXY'S TIME ZONE}		
INTERVIEWER:	PRESS 1 TO CONTINUE		
(M2A=02) M2a_Rlshp. How are you	u related to {NAME}?		
	{NAME'S} SPOUSE	01	(M2a email)
	{NAME'S} MOTHER		· — ·
	{NAME'S} FATHER	03	(M2a_email)
	{NAME'S} CHILD		
	GRANDPARENT OF {NAME}	05	(M2a_email)
	BROTHER/SISTER (NATURAL/STEP) OF {NAME}	06	(M2a_email)
	AUNT/UNCLE OF {NAME}	07	(M2a_email)
	OTHER RELATIVE OF {NAME}	80	
	NOT RELATED	09	(M2a_Rlshp_oth2)
	STAFF AT RESIDENCE	10	(M2a_email)
	DON'T KNOW	d	(M2a_email)
	REFUSED	r	(M2a_email)
(M2A=02 and M2a_Rlshp=	=08)		
M2a_ oth1. INTERVIEWE	•		
<open></open>	·		
	DON'T KNOW	لہ	
	DON'T KNOW		
(M2A=02 and M2a_Rlshp= M2a_ oth2. <i>INTERVIEWE</i>	•		
<0PEN			

	DON'T KNOWREFUSED	d r	
(M2A=02) M2a_email.	Do you have an email address?		
	YES	Ω1	
	NO	-	(M2CHECK)
	DON'T KNOW		
	REFUSED		•
	M2a_email=01) is your email address?		
	<open></open>		
	DON'T KNOW	d	
	REFUSED	r	
TO M3.	ROGRAMMER: ONLY ASK M2_PREPAY OF THE TREATMENT GROUP EX AME} PART OF THE TREATMENT GROUP (EXPTYPE=01)?	(PT	YPE=01, ELSE GO
	V/50		
	YES		
	01		
	NO		
(M2CHECK=0 M2_PrePay.	ol) Did {you/NAME} receive a check for \$10.00 in the mail that {you/NAME} can c	ash	?
	YES	01	(M6)
	NO, COLLECT ADDRESS AND SEND ANOTHER CHECK		
	DON'T KNOW		
	REFUSED	r	(M3)
PROGRAMM	ER: IF CAPI CASE, THEN DISPLAY M2_PREPAY BELOW		
M2_PrePay.	INTERVIEWER: ARE YOU GIVING THE CHECK TO THE RESPONDENT?		
	YES	01	(M6)
	NO, COLLECT ADDRESS AND SEND ANOTHER CHECK		` '
•	1,00 or M2_PrePay=00,d, r) Id you like the check made out to {you/NAME} or someone else?		
	{YOU/NAME}	∩1	(M6)
	MAKE CHECK OUT TO SOMEONE ELSE		
	DON'T KNOW		
	REFLISED	r	

PRELOADED VARIABLES: EXPTYPE, TSTATUS

(M2_PrePay=00,d, r or M3=02,d,r)

M4. **PROGRAMMER:** WE WOULD LIKE THE FOLLOWING FORMAT TO BE USED FOR THE DISPLAY ON TOP HALF OF SCREEN (IF POSSIBLE, THIS DISPLAY SHOULD CHANGE AS THE INTERVIEWER ENTERS NEW INFORMATION):

What is the name and address of the person to whom we should send the \$10.00 check?

NAME: {FULL NAME FROM M1} STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM M1} STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM M1} STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM M1} CITY OR TOWN: {CITY OR TOWN FROM M1} STATE: {STATE FROM M1} ZIP CODE: {ZIP CODE FROM M1} TELEPHONE NUMBER: {TELEPHONE NUMBER FROM M1} SAME AS PROVIDED.....00(M6) INCORRECT INFORMATION ABOVE, NEED TO ENTER NEW INFORMATION.....01(M4Fname) DON'T KNOW.....d(M6) REFUSED.....r(M6) PROGRAMMER: SEE M1 FOR FORMATTING TO USE FOR BOTTOM OF SCREEN (M2 PrePay=00,d, r or M3=02,d,r and M4=01) M4 Firstname. NAME: First name? <OPEN> DON'T KNOW...... d REFUSED..... (M2_PrePay=00,d, r or M3=02,d,r and M4=01) M4 Middlename. NAME: {DISPLAY FIRST NAME FROM QUESTION M4_FIRSTNAME} Middle initial?

<OPEN>_____

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

(M2_PrePay=00,d, r or M3=02,d,r and M4=01)

M4 Lastname.

NAME: {DISPLAY FIRST NAME FROM QUESTION M4_FIRSTNAME AND MIDDLE NAME FROM M4_MIDDLENAME}

Last name?

<open></open>	
DON'T KNOW	d
REFUSED	r

(M2_PrePay=00,d, r or M3=02,d,r and M4=01)

Confirm. NAME: {DISPLA`	Y NAME FROM PREVIOUS QUESTIONS}		
INTERVIEWER:	PRESS 1 TO CONTINUE		
(M2_PrePay=00,d, r or M3 M4_Address1. ADDRESS: Street and numb			
INTERVIEWER:	REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF AD	DRESS QUE	STIONS.
<open< td=""><td>></td><td></td><td>_</td></open<>	>		_
	DON'T KNOW		
(M2_PrePay=00,d, r or M3 M4_Address2.	3=02,d,r and M4=01)		
=	PLAY ADDRESS1 FROM PREVIOUS QUESTION} F NECESSARY: Second part of the address.		
<open:< td=""><td>></td><td></td><td>_</td></open:<>	>		_
	DON'T KNOW		
=	3=02,d,r and M4=01) PLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTION F NECESSARY: Third part of the address.	NS}	
<open:< td=""><td>></td><td></td><td>_</td></open:<>	>		_
	DON'T KNOW		
(M2_PrePay=00,d, r or M3 M4_Address4.	,		
	PLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS F NECESSARY: Fourth part of the address.	JS QUESTION	NS}
<open:< td=""><td>></td><td></td><td>_</td></open:<>	>		_
	DON'T KNOW		
(M2_PrePay=00,d, r or M3 M4_City. ADDRESS: {DI QUESTIONS}	3=02,d,r and M4=01) ISPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRES	S4 FROM PI	REVIOUS
city?			TOVVII O
<open:< td=""><td>></td><td></td><td>_</td></open:<>	>		_
	DON'T KNOWcc		

9/7/06 M-12 NBS ROUND 4 INSTRUMENT (M2_PrePay=00,d, r or M3=02,d,r and M4=01)

M4_State. ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3 ADDRESS4, AND TOWN/CITY FROM PREVIOUS QUESTIONS}

PREVIOUS QUES	STIONS}	
State?		
	TWO CHARACTER ABBREVIATION. ER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY	BELOW.
<open></open>		
	USED	
(M2_PrePay=00,d, r or M3=02, M4_Zip. ADDRESS: {DISPL FROM PREVIOUS	AY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4,	TOWN/CITY, AND STATE
Zip code?		
<open></open>		
	N'T KNOW	
(M2_PrePay=00,d, r or M3=02, Confirm. ADDRESS: {DISPLAY	· · · · · · · · · · · · · · · · · · ·	
INTERVIEWER: PRE	SS 1 TO CONTINUE	
(M2_PrePay=00,d, r or M3=02,d) M4_Telephone.	d,r and M4=01)	
TELEPHONE NUMBE Please give me the tel	R: ephone number, area code first?	
<open></open>		
	N'T KNOW	
PROGRAMMER: ASK M4_TIM	EZONE IF TIME ZONE IS NOT CURRENTLY ENTERED	
(M2_PrePay=00,d, r or M3=02,6 M4_TimeZone. What time zone is		
	RRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}	
	VAII/ALEUTIAN TIME ZONE	
	SKA TIME ZONE	
	CIFIC TIME ZONE	
	JNTAIN TIME ZONE	
CEN	ITRAL TIME ZONE	UO

SECTION M UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, {NAME'S} ADDRESS FROM SECTION A

PRELOADED VARIABLES: EXPTYPE, TSTATUS (M2 PrePay=00,d, r or M3=02,d,r and M4=01) M4 Confirm. TELEPHONE NUMBER: {DISPLAY TELEPHONE NUMBER} TIME ZONE: {DISPLAY TIME ZONE} INTERVIEWER: PRESS 1 TO CONTINUE (All) M6.CHECK: IS {NAME} PART OF THE PARTICIPANT SAMPLE (TSTATUS=01)? YES.....01 NO.....00(M10a) (All) M10a. Thank you very much for taking part in this survey. Because people like you are such a valued part of what we do, I'd like you to think about the survey you just participated in. On a scale from 1 to 10 where one means 'it was not a good use of time' and ten means "it was a good use of time", which number between 1 and 10 best describes how you feel about your experience today? (01-10)DON'T KNOW...... d REFUSED.....r

(All)

M11_Thanks. Thank you for your cooperation. This completes the survey! Thank you again.

PRESS 1 TO CONTINUE......01

INTERVIEWER OBSERVATIONS

INIER	WIEWER OBSERV	ATIONS		
NEW I	ITEM			
(All)				
` '	How was this inte	rview conducted?		
milia.	riow was time into	There conducted.		
		Over the telephone	01	(M11)
		In person		· · · · · ·
		Using TTY		
		Other: Specify		
			-	(== /
(M11a	=04)			
M11a	Other. INTERVIE	WER: PLEASE SPECIFY		
	<open< td=""><td>></td><td></td><td></td></open<>	>		
(All)				
M11.	INTERVIEWER:	INTERVIEWER OBSERVATIONS:		
	Who was the res	spondent to this interview?		
	INTERVIEWER:	PLEASE CODE THE PERSON WITH WHOM YOU CONE	DUC.	TED MOST OF THE
		INTERVIEW.		
		{NAME} HIMSELF/HERSELF	01	
		PROXY FOR {NAME}	02	(M13)
(M11=	:01)			
M12.	Was {NAME} as	sisted by anyone during this interview? That is, did anyone help	(NAI	ME} in interpreting the
	questions or givi	ng answers?		
		YES	01	
		NO	00	(M15)
(M11=	:02 or M12=01)			
M13.	PROGRAMMER	R: IFM12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY"		
	How is the {assis	stant/proxy} related to (NAME)?		
	INTERVIEWER:	IF MORE THAN ONE ASSISTANT OR PROXY, INDICATE THE	E RE	LATIONSHIP OF THE
		ONE YOU CONSIDER TO BE THE MAIN ASSISTANT OR PRO	YXC.	•
		{NAME'S} SPOUSE	01	(M14)
		{NAME'S} MOTHER	02	(M14)
		{NAME'S} FATHER	03	(M14)
		{NAME'S} CHILD	04	(M14)
		GRANDPARENT OF {NAME}		
		BROTHER/SISTER (NATURAL/STEP) OF {NAME}		(M14)
		AUNT/UNCLE OF {NAME}		(M14)
		OTHER RELATIVE OF {NAME}		(M13_h_oth)
		NOT RELATED		
		STAFF AT RESIDENCE	10	(M14)
		DON'T KNOW		(M14)
		DEFLICED		(1.41.4)

*Note: M14=11 is a category added at R2; value of "other" category (M14=10) maintained for comparability across rounds.

REFUSED.....r (M14)

(M11=02 or M12=01 and M13=08) M13_h_oth. <i>INTERVIEWER:</i> PLEASE SPECIFY	
<open></open>	
DON'T KNOWREFUSED	
(M11=02 or M12=01 and M13=09) M13_i_oth. <i>INTERVIEWER:</i> PLEASE SPECIFY	
<open></open>	
DON'T KNOWREFUSED	
(M11=02 or M12=01) M14. PROGRAMMER: IFM12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY" PROGRAMMER: ONLY DISPLAY RESPONSE OPTION 10, IF M11=02 Why was an {assistant/proxy} needed?	
INTERVIEWER: CODE ALL THAT APPLY.	
{NAME} DIDN'T KNOW HOW TO ANSWER	
{NAME} HOSPITALIZED	
(M15) {NAME} INSTITUTIONALIZED	
(M15) {NAME} HAS HEARING PROBLEM	
(M15) {NAME} HAS SPEECH PROBLEM	
(M15) {NAME} HAS LANGUAGE PROBLEM	
{NAME} HAS PHYSICAL ILLNESS OR DISABILITY	
{NAME} FAILED COGNITIVE TEST	
OTHER NON-HEALTH RELATED REASON	

DON'T	KNOW	
	d	
	(M15)	
REFUS	ED	
	r	
	(M15)	
	v category added at R2 and R3; value of "other" category (M14=10) maintained fo	or
(M11=02 or M12=01 and	M14=10)	
M14_j_oth. <i>INTERVIEWE</i>	·	
<open< th=""><th>></th><th></th></open<>	>	
	DON'T KNOW d	
	REFUSEDr	
(All)		
M15. In general, do yo	u feel the respondent was intellectually capable of responding?	
	YES	
	NO	
	DON'T KNOW d	

(All) M16.	In general, do yo	u feel the respondent's answers were reasonably accurate?		
		YES	01	
		NO.		
		DON'T KNOW		
AIIN				
AII) И17.	In general, do yo	u feel the respondent understood the questions?		
		VEQ.	0.4	
		YES		
		NODON'T KNOW		
		DON I KNOW	d	
All)				
M18.	In general, how ti	ring did the interview seem to be for the respondent?		
		VERY TIRING	01	
		A LITTLE TIRING	02	
		NOT TIRING	03	
		DON'T KNOW	d	
(All)				
M19.	In general, did the	e respondent have difficulty hearing you during the interview?		
		YES	01	
		NO		(M21)
		DON'T KNOW		` '
M19=0	11)			
M20.	•	u feel the respondent's hearing difficulty affected the interview?		
		YES	01	
		NO.		
		DON'T KNOW		
AII)				
(AII) M21.	INTERVIEWER:	Record any special circumstances encountered while interviewi	na re	espondent.
			<i>9</i> · ·	1

PRELOADED VARIABLES: EXPTYPE, TSTATUS

Note to contractors: Show this page to participants after conducting the survey

Privacy Act Statement

This study was requested by the Social Security Administration (SSA) and is authorized by Congress under Public Law 106-170 section 101 (1)(d)(4)(C)(i). While your participation is voluntary, the information you provide is important for evaluating the effectiveness of SSA programs designed to help disability beneficiaries.

All information you provide will be kept strictly confidential and used by SSA for research purposes only. Your personal information may be used to match our records with records of other Federal, State, or local government records, but will not be stored with any answers you provide. No identifying information will be published or released to anyone, except as may be required by law, regulation, or subpoena. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement:

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 45-55 minutes to read the instructions, gather the facts, and answer the questions. **Send <u>only</u> comments relating to our time estimate above** to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.