

**Appendix B. Benefit Offset National Demonstration
Stage 2 Baseline Survey Instrument**

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Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is [INSERT NUMBER], expiring [INSERT EXPIRATION DATE]. We estimate that it will take about 41 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

SECTION A: CONFIRMATION OF RESPONDENT / SCREENER / INTRODUCTIONS

INITIAL CONTACT WITH RESPONDENT

NOTE TO INTERVIEWER: DO NOT READ TEXT IN ALL CAPS.

Hello, my name is _____, and I work for Abt Associates, Inc a research company in Cambridge, MA. Thank you for taking the time to speak with me today.

We are conducting a study for the Social Security Administration. As part of this study, we will interview thousands of people who currently receive Social Security Disability Benefits. The study is about a new program that they are administering called the Benefit Offset National Demonstration or BOND. Thank you for volunteering to participate in this program.

The purpose of this study is to learn about your past work experience and future work goals you may have. We will also ask some questions about your health. Your participation in this interview is completely voluntary. It will in no way affect your current or future receipt of benefits. You can stop the interview at any time. If any question makes you feel uncomfortable, you can refuse to answer that question.

Do you have any questions?

IF YES: Interviewer respond to questions as they arise.

IF NO: Alright then, do you mind if we start the interview now? It should take approximately [41 minutes estimated duration]. At the end of the interview I will give you \$40 to thank you for your time. [IF INTERVIEW DONE IN SITE OFFICE: I will also give you \$10 to help with any transportation or child care costs you incurred.]

REVIEWER NOTE: There is also a screener to verify the identity of the respondent that begins by checking birth date and continues by checking other data (perhaps name of informant) if interviewer cannot verify birth date. To simplify review, verification screeners have been removed from this draft.

Screeners vary depending upon:

- if a proxy is needed; or
- if there is a language barrier.

Let's begin with some general questions. We may have asked similar questions in the past. If we repeat questions you have answered before, it is so we can update our information.

*** INDICATES QUESTIONS NOT TO BE ASKED OF PROXIES.**

A5. Compared to {THIS MONTH, LAST YEAR}, how would you rate your health in general now?

- Much better now,.....1
- Somewhat better now,2
- About the same,3
- Somewhat worse now, or.....4
- Much worse now?5
- REFUSED7
- DON'T KNOW8

A6. What is your current marital status? Are you now married, widowed, divorced, separated or have you never been married?

- MARRIED.....1
- WIDOWED2
- DIVORCED3
- SEPARATED4
- NEVER MARRIED5
- REFUSED7 (SKIP TO SECT B)
- DON'T KNOW8 (SKIP TO SECT B)

A7. Are you currently living with a spouse or with someone who is like a spouse to you?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

A8. CHECK FOR ABILITY TO CONTINUE WITH SELF-RESPONSE. HOW MANY ITEMS IN QUESTIONS A1-A7 ARE ANSWERED REFUSED OR DON'T KNOW?

- 1 OR 2.....1 (SKIP TO SECT B)
- 3 OR MORE2

[INSTRUCTION: IF RESPONDENT FAILS SCREENER, CAPI WILL PROMPT FOR NAME OF A PROXY RESPONDENT. IF PROXY IS AVAILABLE SCREENERS WILL REPEAT WITH PROXY. IF NO PROXY AVAILABLE INTERVIEWER WILL TERMINATE]

A9. It seems like some of these questions are difficult for you. Is there anyone who can help do this interview you or answer questions for you?

- YES1
- NO2 (THANK/END)
- REFUSED7 (THANK/END)
- DON'T KNOW8 (THANK/END)

- a. What is his/her first name? _____
- b. What is his/her middle name? _____
- c. What is his/her last name? _____
- d. Does his/her name have a suffix? _____

A10. What is (his/her) street address? _____

A10a. Is there a complex/building name? _____

A10b. Is there an apartment number? _____

A10c. In what city? _____

A10d. In what state? _____

A10e. What is the zip code? _____

A11. What's the best phone number to reach (him/her) at starting with the area code?

Telephone # with area code: (_____) _____ - _____

A12. Is she/he a friend or a relative, or what is (his/her) relationship to you?

ACCEPT ONE RESPONSE ONLY.

- FRIEND1
- RELATIVE2
- LEGAL GUARDIAN.....3
- CASE MANAGER4
- OTHER (SPECIFY): _____5
- REFUSED7
- DON'T KNOW8

SECTION B: EDUCATION AND TRAINING

The next set of questions are about your education.

B1. What is the highest year or grade in school that you have completed?
INTERVIEWER: ENTER HIGHEST GRADE COMPLETED IN SPACE PROVIDED FOR GRADE.
IF BEYOND GRADE 12, SELECT APPROPRIATE CODE.

GRADE (1-12)_____

SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES13

2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA14

4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE)15

SOME GRADUATE WORK/NO GRADUATE DEGREE16

GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.)17

NEVER ATTENDED SCHOOL18

SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION19

SPECIAL EDUCATION WITH A CERTIFICATE OF COMPLETION20

REFUSED97

DON'T KNOW98

B1a. Do you have either a high school diploma or a GED?

YES, HIGH SCHOOL DIPLOMA1

YES, GED2

NO, NEITHER3

REFUSED7

DON'T KNOW8

B2. [ASK IF A2=YES; OTHERWISE SKIP TO C1] Are you working toward a degree, a certificate or license, or are you just taking classes?

WORKING TOWARD DEGREE1

WORKING TOWARD CERTIFICATE/ LICENSE2

ONLY TAKING CLASSES3 (SKIP TO B4)

REFUSED7

DON'T KNOW8

B3. Toward what type of {degree/certificate or license} are you working?

GED OR HIGH SCHOOL EQUIVALENCE PROGRAM/COURSES ..1
VOCATIONAL PROGRAM2
ASSOCIATE DEGREE PROGRAM (AA DEGREE)3
UNDERGRADUATE DEGREE PROGRAM (BA, BS DEGREE)4
GRADUATE DEGREE PROGRAM (e.g., MA, MS, MD, EdD)5
OTHER.....6
REFUSED7
DON'T KNOW8

B4. Are you a full-time or part-time student?

FULL-TIME.....1
PART-TIME.....2
REFUSED7
DON'T KNOW8

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Do you have any questions?

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IF NO: Alright then, do you mind if we start the interview now? It should take approximately [41 minutes estimated duration]. At the end of the interview I will give you \$40 to thank you for your time. [IF INTERVIEW DONE IN SITE OFFICE: I will also give you \$10 to help with any transportation or child care costs you incurred.]

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* INDICATES QUESTIONS NOT TO BE ASKED OF PROXIES.

A1. Are you currently working at a job or business for pay or profit? This includes work you may do for a business that you own.

IF NEEDED READ: By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.

[INTERVIEWER: IF R IS SELF-EMPLOYED, CODE RESPONSE AS YES]

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

A2. Are you currently enrolled in school or taking any classes?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

A3. Do you currently do any volunteer work for an organization?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

A4. In general, would you say your health is . . .
(SF-12)

- Excellent,1
- Very good,2
- Good,3
- Fair, or4
- Poor?5
- REFUSED7
- DON'T KNOW8

A1. Are you currently working at a job or business for pay or profit? This includes work you may do for a business that you own.

IF NEEDED READ: By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.

[INTERVIEWER: IF R IS SELF-EMPLOYED, CODE RESPONSE AS YES]

- YES1
- NO.....2
- REFUSED7
- DON'T KNOW8

A2. Are you currently enrolled in school or taking any classes?

- YES1
- NO.....2
- REFUSED7
- DON'T KNOW8

A3. Do you currently do any volunteer work for an organization?

- YES1
- NO.....2
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- DON'T KNOW8

A4. In general, would you say your health is . . .
(SF-12)

- Excellent,.....1
- Very good,.....2
- Good,3
- Fair, or4
- Poor?.....5
- REFUSED7
- DON'T KNOW8

SECTION C: CURRENT EMPLOYMENT STATUS

These next questions are about your current work-related activities.

C1. INTERVIEWER: CHECK A1 IS SAMPLE MEMBER CURRENTLY WORKING AT A JOB OR BUSINESS FOR PAY OR PROFIT?

- YES1 (SKIP TO C4)
- NO.....2

C2. Now I'd like you to think about the last four weeks. Have you been looking for work during the last four weeks?

NOTE: By looking for work, I mean looking for a job, either full-time or part-time, for which you will be paid.

- YES1
- NO.....2
- REFUSED.....7
- DON'T KNOW.....8

C3. When did you last work for pay?

| | | |
|----|--|--|
| | | |
| MO | | |

| | | | |
|------|--|--|--|
| | | | |
| YEAR | | | |

- REFUSED -2
- DON'T KNOW -1

SKIP TO VOLUNTEER WORK, ITEM C22.

[INTERVIEWER: ASK C4-C21 ONLY OF THOSE WHO ARE WORKING (C1=YES)]

Now I am going to ask some questions about the job or jobs you currently have. When answering these questions, please include both part-time and full-time jobs, but only include jobs you work at for pay or profit. This could be work that you do for a business that you own. (NBS modified)

C4. How many jobs do you currently have?

NUMBER OF JOBS: _____
REFUSED -2
DON'T KNOW -1

C5. Let's talk about your current/main job. What kind of business or industry is this, that is, what do they make or do where you work? (RECORD VERBATIM) (CPS/MTO modified)

IF MORE THAN ONE JOB [C4>1] READ: Your main job is the job at which you work the most hours

DON'T KNOW7
REFUSED8

C6. What kind of work do you do, that is, what is your occupation? For example, plumber, typist, farmer [RECORD VERBATIM] (CPS/MTO modified)

DON'T KNOW7
REFUSED8

C7. What are your usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick. [RECORD VERBATIM] (CPS/MTO modified)

DON'T KNOW7
REFUSED8

C8. Are you self-employed at this job? (NBS)

IF NECESSARY READ: Self-employed means that you work for yourself or own your own business.

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

C9. Is this job a temporary or seasonal job? (NEW)

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

C10. In what month and year did you start working there?

IF SELF-EMPLOYED [C8=01] ASK: In what month and year did you start this business? (NBS: Modified)

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

IF NECESSARY READ: Your best estimate is fine.

 MO YEAR

- REFUSED -2
- DON'T KNOW -1

C11. How many hours per week do you typically work at this job?

- NUMBER OF HOURS PER WEEK: _____
- REFUSED -2
 - DON'T KNOW -1

For the purpose of this survey, it is important to obtain some information on how much you are paid on this job. Please remember that we will keep all of your responses private.

[Programming in CAPI will control for main job versus current job, depending on the response to C4.]

C12. Before taxes and other deductions how much are you paid on this job? (NBS-modified)

\$ _____.

- REFUSED -2
- DON'T KNOW -1

C12a. Is that amount paid daily, weekly, bi-weekly, twice a month, monthly, annually, or per unit?

- HOURLY1 (SKIP TO C16)
- DAILY2
- WEEKLY3 (SKIP TO C14)
- EVERY TWO WEEKS.....4 (SKIP TO C17)
- TWICE A MONTH.....5 (SKIP TO C17)
- MONTHLY.....6 (SKIP TO C17)
- ANNUALLY7 (SKIP TO C14)
- PER UNIT OR PIECE8 (SKIP TO C15)
- REFUSED97
- DON'T KNOW98

C13. **[IF RATE OF PAY IS NOT DAILY (C12a≠2) SKIP TO C14]** How many days a week do you usually work? (CPS; MTO Interim Evaluation)

NUMBER OF DAYS PER WEEK: _____

- REFUSED -2
- DON'T KNOW -1

C14. **[IF RATE OF PAY NOT ANNUAL (C12a≠7) SKIP TO C15]** How many weeks a year do you get paid for? (CPS; MTO Interim Evaluation)

NUMBER OF WEEK: _____

- REFUSED -2
- DON'T KNOW -1

C15. **[IF RATE OF PAY NOT PER UNIT (C12a≠8) SKIP TO C16]** For how many [UNIT]s are you usually paid per week (on this job)?

NUMBER OF UNITS: _____

- REFUSED -2
- DON'T KNOW -1

C16. [IF RATE OF PAY IS NOT HOURLY (C12a≠1) SKIP TO C17] How many hours per week are you paid for at this rate? (CPS; MTO Interim Evaluation)

- NUMBER OF HOURS PER WEEK: _____
- REFUSED -2
- DON'T KNOW -1

C17. Do you usually receive tips, or commissions (at your main job)? (CPS–modified)

- YES1
- NO2 (SKIP TO C18)
- REFUSED7
- DON'T KNOW8

C17a. (At your main job,) how much do you usually earn in tips or commissions, before taxes or other deductions? (CPS-modified)

\$ _____.

- REFUSED -2
- DON'T KNOW -1

C18. I'd like you to think about your earnings in a typical week. How much do you think you typically earn, before taxes or other deductions, in a typical week.

\$ _____.

- REFUSED -2
- DON'T KNOW -1

C19. I'd like you to think about the past year. Have you received any promotions at this job during the past year?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

C19a. I'd like you to think about the past year. Have you received any bonuses or awards at this job during the past year?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

C20. (SKIP TO C21 IF SELF-EMPLOYED [C8=1]) Now, I'd like to ask you a few more questions about your 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 current employer offers any of these benefits. Does your employer offer

PROGRAMMER: USE "MAIN" IF C4>01, OTHERWISE USE "CURRENT."

IF NECESSARY READ: Please answer 'yes' if you are eligible for the benefit but haven't yet started to receive it.

| | <u>YES</u> | <u>NO</u> | <u>REF</u> | <u>DK</u> |
|--|------------|-----------|------------|-----------|
| C20a. Health care insurance? (IF NECESSARY: medical and/or hospital) | 1 | 2 | 7 | 8 |
| C20b. Dental benefits? | 1 | 2 | 7 | 8 |
| C20c. Sick days with pay? | 1 | 2 | 7 | 8 |
| C20d. Paid vacation? | 1 | 2 | 7 | 8 |
| C20e. Free or low-cost childcare? | 1 | 2 | 7 | 8 |
| C20f. Transportation, a transportation allowance, or transportation discounts? | 1 | 2 | 7 | 8 |
| C20g. Long-term disability benefits? | 1 | 2 | 7 | 8 |
| C20h. Pension or retirement benefits? | 1 | 2 | 7 | 8 |
| C20i. Short-term disability benefits? | 1 | 2 | 7 | 8 |
| C20j. Flexible health or dependent care spending accounts? | 1 | 2 | 7 | 8 |

C21. * Taking all things into account, how satisfied are you with your current job? Would you say you are:

PROGRAMMER: USE "MAIN" IF C4>01, OTHERWISE USE "CURRENT."

- Very satisfied.....1
- Somewhat satisfied2
- Not very satisfied.....3
- Not at all satisfied4
- REFUSED7
- DON'T KNOW8

C22. Do you use any special equipment related to your disability that helps you work at your job, for example a brace, cane, wheelchair, modified computer hardware or modified computer software?

- YES1
- NO2 (SKIP TO C23)
- REFUSED7 (SKIP TO C23)
- DON'T KNOW8 (SKIP TO C23)

C22a. What kinds of special equipment do you/ use? Anything else?

ENTER ALL THAT APPLY. READ IF NECESSARY

- BRACE1
- CANE/CRUTCHES/WALKER.....2
- WHEELCHAIR3
- MODIFIED COMPUTER HARDWARE.....4
- MODIFIED COMPUTER SOFTWARE5
- OTHER (SPECIFY).....6
- REFUSED7
- DON'T KNOW8

C23. Do you use any personal assistance services related to your/his/her disability that helps you work, for example, a job coach, a sign language interpreter, a reader or interpreter for the blind, or a personal care attendant?

- YES1
- NO2 (SKIP TO D1)
- REFUSED7 (SKIP TO D1)
- DON'T KNOW8 (SKIP TO D1)

C23a. What kind of personal assistance services do you use? Anything else?

ENTER ALL THAT APPLY. READ IF NECESSARY

- JOB COACH.....1
- SIGN LANGUAGE INTERPRETER.....2
- READER/INTERPRETER FOR THE BLIND 3
- PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT4
- OTHER (SPECIFY).....5
- REFUSED7
- DON'T KNOW8

SECTION D: WORK HISTORY FROM 12 MONTHS PRIOR TO RANDOM ASSIGNMENT

IF C3=MORE THAN 12 MONTHS AGO SKIP TO E1

D1. Now, I will ask you about any other jobs you have had since [MONTH/YEAR 12 MONTHS PRIOR TO RADATE]. When answering these questions, please include both part-time and full-time jobs, but only include work you did **for pay or profit at a job that lasted for one month or longer**. You should include self-employment

IF CURRENTLY EMPLOYED (C1=1) ASK: Excluding the job we just talked about, between [MONTH/YEAR 12 MONTHS PRIOR TO RADATE] and today, did you work for pay at any other jobs for longer than one month?

IF NOT CURRENTLY EMPLOYED (C1<>1) ASK: Between [MONTH/YEAR 12 MONTHS PRIOR TO RADATE] and today, did you work for pay at any jobs for longer than one month?

- YES1
- NO2 (SKIP TO E1)
- REFUSED7
- DON'T KNOW8

IF RESPONDENT IS CURRENTLY WORKING, CAPI WILL INCORPORATE BRACKETED TEXT IN D2.

D2. [Excluding your current job,] How many (other) jobs did you hold for at least one month during the past three years?

- NUMBER OF JOBS: _____ (1-15)
- REFUSED -2
- DON'T KNOW -1

D3. Let us start with the job before your [current one/ last job]. What was the name of the place that you worked before you [current/last job]? [IF SELF-EMPLOYED, RECORD PLACE AS 'SELF-EMPLOYED']

NAME1: _____

D3a. What was the name of the place that you worked before that?

NAME2: _____

NAME3: _____

NAME4: _____

NAME5: _____

D3 LOOPS UNTIL ALL EMPLOYERS IN FOLLOW_UP ARE ACCOUNTED FOR.
D4 THROUGH D8 WILL LOOP ACCORDING TO D3RESPONSE, FOR UP TO 5 RESPONSES.

D4. In what month and year did you **start** working at [D3 JOB]?

IF NECESSARY READ: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

|_|_| | |_|_|_|_|_|
MO YEAR

REFUSED -2
DON'T KNOW -1

D5. In what month and year did you **stop** working at [D3 JOB]?

IF NECESSARY READ: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

|_|_| | |_|_|_|_|_|
MO YEAR

REFUSED -2
DON'T KNOW -1

D5a. That means that you worked at this place [NAME OF EMPLOYER] for about [INSERT NUMBER] months [OR YEARS]. Does that sound right?

YES1 (SKIP TO D6)
NO2
REFUSED7 (SKIP TO D6)
DON'T KNOW8 (SKIP TO D6)

D5b. About how many months [OR YEARS] did you work at that job?

____ MONTHS
____ YEARS

REFUSED -2
DON'T KNOW -1

D6. Were you self-employed at [D3 JOB]?
PROBE: Self-employed means that you work for yourself or own your own business.

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

[IF D6=1 THEN CAPI WILL SUBSTITUTE 'at this business' FOR 'at this job' in D7 and D8.]

D7. How many hours per week did you usually work [at [D3 JOB]/at this business]?

IF NECESSARY READ: Include overtime if you usually worked overtime.

- HOURS PER WEEK: _____ (SKIP TO D6)
- IT VARIED -3
 - REFUSED -2
 - DON'T KNOW -1

D7a. Did you usually work more than 35 hours per week?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

D8. How much did you earn per week on average when you worked at [D3 JOB]?

IF R IS NOT SURE WHAT WEEKLY EARNINGS WERE, ASK THEM FOR THEIR BEST ESTIMATE

- \$ _____
- REFUSED -2
 - DON'T KNOW -1

SECTION E: TRANSPORTATION

Now I'm going to ask you about different types of transportation and which ones you may use.

E1. **[IF C21 =1 SKIP to E2]** Are you able to drive a car at this time? (NEW)

- YES1
- NO2 (SKIP TO E2)
- REFUSED7
- DON'T KNOW8

E1a. Do you have a valid driver's license?

[IF NEEDED READ: By valid driver's license we mean a license that allows you to operate a motor vehicle and is current, not suspended or revoked.]

- YES1
- NO2 (SKIP TO E2)
- REFUSED7
- DON'T KNOW8

E1b. Do you currently have access to a car, truck or van that runs?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

E2. When you have to go places, how do you usually get there? Do you usually :

| | <u>YES</u> | <u>NO</u> | <u>REF</u> | <u>DK</u> |
|--|------------|-----------|------------|-----------|
| E2a. Use you own car, truck or van? | 1 | 2 | 7 | 8 |
| E2b. Take the bus? | 1 | 2 | 7 | 8 |
| E2c. Take a train or use the subway? | 1 | 2 | 7 | 8 |
| E2d. Rely on Friends or Relatives? | 1 | 2 | 7 | 8 |
| E2e. Walk? | 1 | 2 | 7 | 8 |
| E2f. Use a taxi, van or paratransit service? | 1 | 2 | 7 | 8 |
| E2g. Do you usually wheel? | 1 | 2 | 7 | 8 |
| E2h. Do you usually wheel a motorized scooter? | 1 | 2 | 7 | 8 |
| E2i. Use another form of transportation (SPECIFY _____)? | 1 | 2 | 7 | 8 |

INTERVIEWER IF NEEDED READ: Paratransit is a transportation service for individuals with disabilities who are unable to use public bus or train transportation systems.

SECTION F: BARRIERS TO EMPLOYMENT

Personal Views

Now I am going to read you a few statements. I'm going to ask you whether or not you agree with each one.

F1. *For the following statements, please tell me whether you strongly agree, agree, disagree, or strongly disagree. (NBS modified)

| | Strongly Agree | Agree | Neither Agree Nor Disagree | Disagree | Strongly Disagree | NA | REF | DK |
|---|----------------|-------|----------------------------|----------|-------------------|----|-----|----|
| F1a. I am limited in my ability to work because of a physical or mental condition. Do you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| F1b. I am limited in my ability to work because I do not have reliable transportation to and from work. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| F1c. I am limited in my ability to work because I am caring for children or others | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| F1d. It is difficult for me to work because I am afraid I will lose my disability benefits | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| F1e. I am limited in my ability to work because I am finishing a school or training program | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| F1f. Many workplaces are not accessible to people with my disability | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| F1g. I don't have the skills or training I need to return to work. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| F1h. It will be difficult to re-qualify for Social Security disability benefits in the future if I work. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

F2. Does a physical or mental condition limit your ability to work?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

F3. How old were you when you first became limited in the kind or amount of work or other daily activities you could do?

AGE AT ONSET _____

- REFUSED -2
- DON'T KNOW -1

F4. Were you working at a job for pay or profit when you first became limited?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

F5. What kind of work were you doing when you first became limited? That is, what was your occupation? For example were you a plumber, typist, farmer [RECORD VERBATIM] etc.? (CPS/MTO modified)

- DON'T KNOW7
- REFUSED8

F5a. Are you able to do the same type of work now?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

F6. *Do your personal goals include [IF A1=2: getting a job], moving up in a job or learning new job skills?

- YES1
- NO2
- I CAN'T WORK DUE TO DISABILITY3 (GO TO G1)
- REFUSED7
- DON'T KNOW8

Now I'd like to talk about different aspects of the social security disability insurance program.

F7. *Have you ever heard of a Trial Work Period? This is a Social Security incentive that lets you earn above \$1,000 per month for nine months without losing your benefits?

PROBE: If you're not sure or never heard of a Trial Work Period, please let me know.

- YES1
- NO2 (SKIP TO F9)
- REFUSED7 (SKIP TO F9)
- DON'T KNOW8 (SKIP TO F9)

F8. Have you used any of your Trial Work Period?

PROBE: If you're not sure or never heard of a Trial Work Period, please let me know.

INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS NO

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

F9. Have you ever spoken with or received services from a benefit specialist or Work Incentive Planning Assistance (WIPA) program provider?

PROBE1: These are programs funded by Social Security to provide information to beneficiaries about how their benefits are affected by work.

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

F10. * Have you ever heard of an Extended Period of Eligibility for Medicare? This is a Social Security support that lets you keep Medicare coverage when you go to work, even if your benefits have stopped.

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

F11. Have you ever used an Extended Period of Eligibility for Medicare?

PROBE: If you're not sure or never heard of an Extended Period of Eligibility for Medicare, please let me know.

INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS NO

- YES1
- NO.....2
- REFUSED7
- DON'T KNOW8

INTERVIEWER READS THIS INTRODUCTION: Under the current rules of the Social Security Disability Insurance program, disability beneficiaries are allowed to earn up to \$1000 per month without a change to your benefits. This limit is called the level of Substantial Gainful Activity or SGA and the Social Security increases this limit each year to adjust for inflation. When disability beneficiaries go to work while receiving disability benefits, SSA ignores the cap of \$1000 for up to 9 months, no matter how much a beneficiary earns from work.

F12. *We'd like to know which of the following things you think would happen to your **monthly disability cash benefits** if you were to work and earn more than the SGA limit of \$1000 month after those initial months have passed. Thinking about the **amount of your disability cash benefits**, if you earned more than \$1,000 after those initial months...

*F12a. Do you think you would lose your monthly benefits completely? That is, would the amount of your benefits fall to \$0?

- YES1 (SKIP TO F14e)
- NO.....2
- REFUSED7
- DON'T KNOW8

*F12b. Do you think your benefits would be reduced but that you would be able to keep receiving some of your monthly disability benefits?

- YES1
- NO.....2 (SKIP TO F14d)
- REFUSED7
- DON'T KNOW8

*F12c. [IF F5b=YES] How do you think those benefits would be reduced? Do you think that they would be reduced...

- By the full amount of your benefit?1
- By half of the amount of your benefits, that is a \$1 reduction in benefits for every \$2 you earn from work?2
- By some other amount?3
- REFUSED7
- DON'T KNOW8

*F12d. Do you think your disability benefits would stay the same? That is, nothing would happen to your monthly disability benefits if you earned more than \$1,000 per month after the initial 9 months that SSA allows?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

Now, we'd like to know which of the following things you think would happen to your **eligibility for disability benefits** if you were to work and earn more than the SGA limit of \$1000 month after those initial months have passed. Thinking about your eligibility for disability benefits...

*F12e. Do you think you would remain eligible for disability benefits in the future, no matter how much you earn from work? That is, you would never have to re-apply for benefits?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

*F12f. Do you think you would remain eligible for disability benefits for awhile, but eventually you would no longer be eligible to receive benefits? That is, do you think eventually you would have to re-apply for benefits?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

SECTION G: HEALTH AND FUNCTIONAL STATUS

The next few questions ask about your health and how well you are able to do your usual activities. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

G1. Does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Does it limit you...

(SF-12)

- A lot,1
- A little, or2
- Not at all?3

G2. Does your health now limit you in climbing several flights of stairs? Does it limit you...

(SF-12)

- A lot,1
- A little, or2
- Not at all?3

The next two questions ask about your physical health and your daily activities.

G3. * During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of your physical health? Would you say...

(SF-12)

- All of the time,1
- Most of the time,2
- Some of the time,3
- A little of the time, or4
- None of the time?5

G4. During the past 4 weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health? Would you say...

(SF-12)

- All of the time,1
- Most of the time,.....2
- Some of the time,.....3
- A little of the time, or4
- None of the time?.....5

Now I will ask about any emotional problems and your daily activities.

G5. * During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

(SF-12)

- All of the time,1
- Most of the time,.....2
- Some of the time,.....3
- A little of the time, or4
- None of the time?.....5

G6. * During the past 4 weeks, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

(SF-12)

- All of the time,1
- Most of the time,.....2
- Some of the time,.....3
- A little of the time, or4
- None of the time?.....5

G7. * During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere.

(SF-12)

- Not at all,1
- A little bit,.....2
- Moderately,3
- Quite a bit, or.....4
- Extremely?5

These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give me the one answer that comes closest to the way you have been feeling.

G8. * During the past 4 weeks, how much of the time have you felt calm and peaceful? Would you say...

(SF-12)

- All of the time,1
- Most of the time,.....2
- Some of the time,.....3
- A little of the time, or4
- None of the time?.....5

G9. * During the past 4 weeks, how much of the time did you have a lot of energy? Would you say...

(SF-12)

- All of the time,1
- Most of the time,.....2
- Some of the time,.....3
- A little of the time, or4
- None of the time?.....5

G10. * During the past 4 weeks, how much of the time have you felt downhearted and depressed? Would you say...

(SF-12)

- All of the time,1
- Most of the time,.....2
- Some of the time,.....3
- A little of the time, or4
- None of the time?.....5

G11. * During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives? Would you say...

(SF-12)

- All of the time,1
- Most of the time,.....2
- Some of the time,.....3
- A little of the time, or4
- None of the time?.....5

Health Care Service Utilization

G12. During the **past 12 months**, have you stayed overnight in a hospital? (HCC)

- YES1
- NO2 (SKIP TO H14)
- REFUSED7
- DON'T KNOW8

G13. During the past 12 months, how many nights in total did you stay in the hospital? (HCC)

- |_|_| TIMES
- REFUSED -2
- DON'T KNOW -1

Now I'd like to ask some general health related questions.

G14. How tall are you without shoes? (NHIS 97)

IF NECESSARY READ: Please respond in feet and inches?

- |_| FEET |_|_| INCHES
- (3-8) (1-11)
- REFUSED -2
- DON'T KNOW -1

G15. How much do you weigh without shoes? (NHIS97)

- |_|_|_| POUNDS(50-300)
- (50-600)
- REFUSED -2
- DON'T KNOW -1

Now I'd like to ask you some questions about everyday activities and how much difficulty you have doing these activities. Please give me your best answer even if the questions don't seem to apply to you.

G16. Do you need help with personal care such as bathing, dressing, or getting around the house because of an impairment or a physical or mental health problem?

- YES1
- NO.....2
- REFUSED7
- DON'T KNOW8

G17. During the past 12 months, about how many days did illness or an injury keep you in bed more than half of the day? (Please include days that you were an overnight patient in a hospital.)

- NUMBER OF DAYS _____
- NONE0
 - REFUSED -2
 - DON'T KNOW -1

G18. Do you need the help of another person in order to get around inside your home?

- YES1
- NO.....2
- REFUSED7
- DON'T KNOW8

G19. Do you need the help of another person in order to get around outside your home?

- YES1
- NO.....2
- REFUSED7
- DON'T KNOW8

G20. * Do you have a lot of trouble concentrating long enough to finish everyday tasks?

- YES1
- NO.....2
- REFUSED7
- DON'T KNOW8

G21. * Do you have a lot of trouble coping with day-to-day stresses?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

SECTION H: HEALTH INSURANCE

Now, I'm going to ask you about different types of health insurance coverage you might have.

H1. Do you have health insurance coverage now?
(HCC)

[INTERVIEWER: PROBE IF NECESSARY: "For instance, are you covered by a plan that someone else in your family has, or through a health plan your employer provides, or Medicare, Medicaid, or a plan you bought on your own?"]

YES1 (H3)
NO2

H2. So, you are uninsured, is that correct?
(HCC)

[INTERVIEWER: PROBE IF NECESSARY: "This means no Medicaid coverage or any other government sponsored health insurance coverage."]

YES1 (SKIPTO H5)
NO2
REFUSED7
DON'T KNOW8

H3. What kinds of health coverage do you have?

PROBE: Any other kind?

INTERVIEWER: CODE ALL THAT APPLY.

MEDICAID/{STATMED}1
MEDICARE2
CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY3
INDIAN HEALTH SERVICE4
MEDI-GAP5
STATE PROGRAM6
PRIVATE INSURANCE THROUGH OWN EMPLOYER7
PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT8
PRIVATE INSURANCE PAID BY SELF/FAMILY9
PRIVATE DISABILITY INSURANCE PAID BY SELF/FAMILY10
OTHER PLAN (SPECIFY)95
REFUSED97
DON'T KNOW98

The next set of questions is about the use of health care. Please do not include dental care.

H4. During the past 12 months, have you delayed seeking medical care for you or a member of your family because of worry about the cost?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

H5. During the past 12 months, was there any time when you needed medical care, but did not get it because you couldn't afford it?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

SECTION I: PERSONAL CHARACTERISTICS

Demographics

I have a few more questions about you.

11. What is your ethnic background? Are you:

- Hispanic or Latino, or1
- Not Hispanic or Latino?.....2
- REFUSED7
- DON'T KNOW8

12. What is your race? Do you think of yourself as:

INTERVIEWER: CODE ALL THAT APPLY.

| | <u>YES</u> | <u>NO</u> | <u>REF</u> | <u>DK</u> |
|--|------------|-----------|------------|-----------|
| I2a. IF VOLUNTEERED: MULTIRACIAL, | 1 | 2 | 7 | 8 |
| I2b. Alaska Native or American Indian | 1 | 2 | 7 | 8 |
| I2c. Asian | 1 | 2 | 7 | 8 |
| I2d. Black or African American | 1 | 2 | 7 | 8 |
| I2e. Native Hawaiian or Other Pacific Islander | 1 | 2 | 7 | 8 |
| I2f. White | 1 | 2 | 7 | 8 |
| I2g. OTHER (SPECIFY _____) | 1 | 2 | 7 | 8 |

13. What is the primary language spoken in your home?

- ENGLISH1
- SPANISH2
- AMERICAN SIGN LANGUAGE3
- OTHER(SPECIFY _____)4
- REFUSED7
- DON'T KNOW8

14. INTERVIEWER: RECORD RESPONDENT'S GENDER:

MALE / FEMALE [query or interviewer observation]

Current Living Situation

The next questions are about your current living situation.

15. Thinking about the place you live, would you say that this place is a...

[INTERVIEWER: CODE ONE ANSWER.]

[IF RESPONDENT LIVES IN ONE UNIT WITHIN A TWO- OR THREE-FAMILY HOME, CODE AS REGULAR APARTMENT (03).]

- Single family home1
- Mobile home.2
- Regular apartment3
- Supervised apartment4
- Group home5
- Halfway house.....6
- Personal care or board and care home7
- Assisted living facility8
- Nursing or convalescent home9
- Shelter10
- Some other type of supervised group residence or facility11
- Something else _____12
- REFUSED97
- DON'T KNOW98

16. Is this place primarily for people with hearing or vision impairments, mental illness psychiatric disabilities, mental retardation, or developmental disabilities?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

17. Not including yourself, how many other people live in your household with you now?

- NUMBER OF PEOPLE _____
- REFUSED -2
- DON'T KNOW -1

18. The next set of questions asks about the other people who currently live with you.

| (Household Roster) | OTHER MEMBER #1 | OTHER MEMBER #2 | OTHER MEMBER #3 |
|---|---|---|---|
| I8a1. What is the (FIRST/ SECOND/THIRD) other member's first name? | FIRST: _____ SUFFIX: _____ | FIRST: _____ SUFFIX: _____ | FIRST: _____ SUFFIX: _____ |
| I8a2. Does his/her name have a suffix, such as Jr or Sr.? | REFUSED 97 DON'T KNOW 98 | REFUSED 97 DON'T KNOW 98 | REFUSED 97 DON'T KNOW 98 |
| I8b. How old was (OTHER MEMBER'S) on her/his last birthday? | AGE ____ REFUSED -2 DON'T KNOW -1 | AGE ____ REFUSED -2 DON'T KNOW -1 | AGE ____ REFUSED -2 DON'T KNOW -1 |
| I8c. What is (OTHER MEMBER'S) relationship to you? | BIRTH CHILD 01 ADOPTED CHILD 02 GRANDCHILD 03 FOSTER CHILD 04 SPOUSE/PARTNER 05 MOTHER 09 FATHER 10 PERSONAL CARE ASST. 11 OTHER RELATIVE 06 NON-RELATIVE 07 OTHER CHILD 08 REFUSED 97 DON'T KNOW 98 | BIRTH CHILD 01 ADOPTED CHILD 02 GRANDCHILD 03 FOSTER CHILD 04 SPOUSE/PARTNER 05 MOTHER 09 FATHER 10 PERSONAL CARE ASST. 11 OTHER RELATIVE 06 NON-RELATIVE 07 OTHER CHILD 08 REFUSED 97 DON'T KNOW 98 | BIRTH CHILD 01 ADOPTED CHILD 02 GRANDCHILD 03 FOSTER CHILD 04 SPOUSE/PARTNER 05 MOTHER 09 FATHER 10 PERSONAL CARE ASST. 11 OTHER RELATIVE 06 NON-RELATIVE 07 OTHER CHILD 08 REFUSED 97 DON'T KNOW 98 |
| I8d. JOBAGE FLAG IF I8b>15 CODE YES | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| I8e. Last week, did [OTHER MEMBER] do any work for pay? | YES 1 NO 2 REFUSED 7 DON'T KNOW 8 | YES 1 NO 2 REFUSED 7 DON'T KNOW 8 | YES 1 NO 2 REFUSED 7 DON'T KNOW 8 |
| I8f. <I8f_01-I8f_06> Are there any other members in your household? | YES (REPEAT I8a-I8f) 1 NO (SKIP TO J1) 2 | YES (REPEAT I8a-I8f) 1 NO (SKIP TO J1) 2 | YES (REPEAT I8a-I8f) 1 NO (SKIP TO J1) 2 |

COMPLETE SUPPLEMENTAL FORMS AS NEEDED

SECTION J: CONTACT INFORMATION

Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like to collect the names, telephone numbers and addresses of two people who will always know how to reach you. Please tell me about people who live at a different address than you. This information will be kept strictly confidential and will only be used if we are unable to contact you.

J1. Could you tell us the name of a primary person who does not live with you and will always know how to contact you?

- YES1
- NO2 (SKIP TO K1)
- REFUSED7 (SKIP TO K1)
- DON'T KNOW8 (SKIP TO K1)

CONTACT #1:

J2. What is his/her first name? _____

J2a. What is his/her middle name? _____

J2b. What is his/her last name? _____

J2c. Does his/her name have a suffix? _____

J3. What is (his/her) street address? _____

J3a. Is there a complex/building name? _____

J3b. Is there an apartment number? _____

J3c. In what city? _____

J3d. In what state? _____

J3e. What is the zip code? _____

J4. What's the best phone number to reach (him/her) at starting with the area code?

Telephone # with area code: (_____) _____ - _____

J4a. Is she/he a friend or a relative, or what is (his/her) relationship to you?

ACCEPT ONE RESPONSE ONLY.

- FRIEND1
- RELATIVE2
- OTHER (SPECIFY): _____3
- REFUSED7
- DON'T KNOW8

CONTACT #2:

J5. Could you tell us the name of a second person who does not live with you and will always know how to contact you?

- YES1
- NO.....2 (SKIP TO K1)
- REFUSED7 (SKIP TO K1)
- DON'T KNOW8 (SKIP TO K1)

J6. What is the name of someone else who keeps in contact with you?

- J6a. What is his/her first name? _____
- J6b. What is his/her middle name? _____
- J6c. What is his/her last name? _____
- J6d. Does his/her name have a suffix? _____

J7. What is (his/her) street address? _____

- J7a. Is there a complex/building name? _____
- J7b. Is there an apartment number? _____
- J7c. In what city? _____
- J7d. In what state? _____
- J7e. What is the zip code? _____

J8. What's the best phone number to reach (him/her) at starting with the area code?

Telephone # with area code: (_____) _____ - _____

J8a. Is she/he a friend or a relative, or what is (his/her) relationship to you?

ACCEPT ONE RESPONSE ONLY.

- FRIEND1
- RELATIVE2
- OTHER (SPECIFY): _____3
- REFUSED7
- DON'T KNOW8

SECTION K: RESPONDENT CONTACT INFORMATION

Thank you very much for your time today. At this time we'd like to just confirm some information about you. The information we confirm now will allow us to help us be able to get back in touch with you in the future. [It will also allow us to ensure that your incentive payment is sent to the correct address.]

K1. I have your name listed as [READ AND CONFIRM SPELLING OF NAME, FIRST MIDDLE LAST SUFFIX]. Is that correct?

- YES, ALL CORRECT1 (SKIP TO K3)
- NO, CORRECT FIRST NAME2 (GO TO K2A)
- NO, CORRECT MIDDLE NAME3 (GO TO K2B)
- NO, CORRECT LAST NAME4 (GO TO K2C)
- NO, CORRECT SUFFIX5 (GO TO K2D)
- REFUSED7 (SKIP TO K3)
- DON'T KNOW8 (SKIP TO K3)

K2. Could you please tell me how to spell your name?

- K2a. FIRST: What is your first name? _____
- K2b. MIDDLE: What is your middle name? _____
- K2c. LAST: What is your last name? _____
- K2d. SUFFIX: Is there anything after your last name, like Jr. or Sr.? _____

K3. Our records show that your current address is (READ FROM SAMPLE SHEET). Is this correct?

- YES, ALL OF THAT IS CORRECT).....1 (SKIP TO K4)
- NO-UPDATE STREET2 (GO TO K3a)
- NO-UPDATE APARTMENT/UNIT3 (GO TO K3b)
- NO-UPDATE CITY4 (GO TO K3c)
- NO-UPDATE STATE.....5 (GO TO K3d)
- NO-UPDATE ZIP6 (GO TO K3e)
- REFUSED97 (SKIP TO K4)
- DON'T KNOW98 (SKIP TO K4)

- K3a. STREET: What is your current street address? _____
- K3b. APT: Is there an apartment number? _____
- K3c. CITY: In what city do you live? _____
- K3d. STATE: In what state do you live? _____
- K3e. ZIP: What is your zip code? _____

K4. IF CAPI: Our records show your phone number as [AREA CODE/PHONE NUMBER]
 IF CATI: I called you at [AREA CODE/PHONE NUMBER].
 Is this the best number to reach you at?

- YES1 (SKIP TO K7)
- NO2
- REFUSED7 (SKIP TO K7)
- DON'T KNOW8 (SKIP TO K7)

K5. What is your home phone number, starting with area code?

- (____) _____ - _____
- REFUSED7
- DON'T KNOW8

K6. Do you have a cell phone number?

- YES1
- NO2 (SKIP TO K7)
- REFUSED7
- DON'T KNOW8

K6a. What is your cell phone number, starting with area code?

- (____) _____ - _____
- REFUSED7
- DON'T KNOW8

K7. Do you have an email address?

- YES1
- NO2 (SKIP TO K8)
- REFUSED7 (SKIP TO K8)
- DON'T KNOW8 (SKIP TO K8)

K7a. What is your email address?

- _____@_____ . _____
- REFUSED7
- DON'T KNOW8

K8. What is the best way for me to reach you in the future? Would you prefer that I call you on the phone, send you a letter in the mail, send you an email, or should I call someone else?

- PHONE1
- LETTER2 (SKIP TO K9)
- EMAIL7 (SKIP TO K10)
- SOMEONE ELSE.....7 (SKIP TO K11)

K8a. What is the best phone number to call you at, your home phone or your cell phone number?

- HOME PHONE.....1 (SKIP TO END)
- CELL PHONE2 (SKIP TO END)
- REFUSED7 (SKIP TO END)
- DON'T KNOW8 (SKIP TO END)

K9. Is [CORRECTED CURRENT ADDRESS IN G4] the best address to mail something to you?

- YES1 (SKIP TO END)
- NO2
- REFUSED7 (SKIP TO END)
- DON'T KNOW8 (SKIP TO END)

K9a. What address should we use if we mail something to you?

STREET ADDRESS: _____

APT NUMBER: _____

CITY: _____

STATE: _____ ZIP: _____

K10. Is [G7EMAIL] the best email address to contact you at?

YES1 (SKIP TO END)

NO2

REFUSED7 (SKIP TO END)

DON'T KNOW8 (SKIP TO END)

K10a. What is a better email address to use to contact you?

_____@_____.

REFUSED7

DON'T KNOW8

K11. What is the name of the person I should contact first when I need to reach you in the future?

a. What is his/her first name? _____

b. What is his/her middle name? _____

c. What is his/her last name? _____

d. Does his/her name have a suffix? _____

K12. What is (his/her) street address?

K12a. Is there a complex/building name? _____

K12b. Is there an apartment number? _____

K12c. In what city? _____

K12d. In what state? _____

K12e. What is the zip code? _____

K13. What is the best phone number to reach (him/her) at, starting with the area code?

Telephone # with area code: (_____) _____ - _____

K14. Is she/he a friend or a relative, or what is (his/her) relationship to you?
ACCEPT ONE RESPONSE ONLY.

- FRIEND.....1
- RELATIVE.....2
- LEGAL GUARDIAN.....3
- CASE MANAGER4
- OTHER (SPECIFY):_____.....5
- REFUSED.....7
- DON'T KNOW.....8

Thank you very much for your time today.