

**Appendix C. Benefit Offset National Demonstration
Stage 2 Interim 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 30 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 _____ I work for Abt Associates Inc., a national research company based in Cambridge, MA. Thank you for taking the time to speak with me today. You may have received a letter in the past week or so that explained the study and the purpose of this interview.

[Use same introduction for Ts and Cs]. Abt Associates is conducting a study for the Social Security Administration. The study is about a new program that SSA is administering called the Benefit Offset National Demonstration Program, or BOND. You may recall applying for this new program in [YEAR OF RANDOM ASSIGNMENT]. The purpose of this interview is to find out about any types of services you may have received and any work experiences you may have had in the past year. SSA wants to find out about the services people get and how helpful these services are. Your opinions and experiences are very important and valuable for the study.

You may recall answering a long survey about a year ago, for which you received \$40. At this time, we would like to ask you to complete a much shorter interview. We estimate that this interview will take about [30] minutes to complete.

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. [IF TELEPHONE: You will receive \$25 for participating in this interview in about a month.] [IF IN-PERSON: At the end of the interview, you will receive \$25 for participating in this interview.]

All information you provide is confidential and it will be protected to the fullest extent possible by law, including the *Privacy Act*. This means for example, that we may need to notify someone if keeping that information confidential could harm you or someone else. Three groups of people will see your answers: the interviewer, the researchers doing the study, and the Social Security Administration that funded the study. Your name will not be attached to your survey answers in the data files used by these groups. Your name will never appear in any report. Research reports will only present summary information. The researchers will not use names or individual identifying information in any research report.

Do you have any questions before we begin?

IF YES: Interviewer responds to questions as they arise.

If NO: All right then, do you mind if we start the interview now? It should take approximately 30 minutes. At the end of the interview I will [send you/give you] a [check/money order] for \$25 to thank you for your time.

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.**

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, or.....4
- Poor?.....5
- REFUSED.....7
- DON'T KNOW.....8

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
- REFUSED.....7
- DON'T KNOW.....8

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
- REFUSED.....7 (SKIP TO SECT B)
- DON'T KNOW.....8 (SKIP TO SECT B)

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

- YES.....1
- NO.....2
- REFUSED.....7
- DON'T KNOW.....8

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)

A9a. What is his/her first name? _____

A9b. What is his/her middle name? _____

A9c. What is his/her last name? _____

A9d. 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.

- FRIEND.....1
- RELATIVE.....2
- LEGAL GUARDIAN.....3
- CASE MANAGER.....4
- OTHER (SPECIFY):_____.....5
- REFUSED.....7
- DON'T KNOW.....8

SECTION B: AWARENESS OF BOND PROGRAM AND KNOWLEDGE OF HOW EARNINGS AFFECT CALCULATION OF SSDI BENEFITS

B1. Before today, had you ever heard of the Benefit Offset National Demonstration, or the BOND program?

- YES1
- NO2 (SKIP TO B2)
- REFUSED7 (SKIP TO B2)
- DON'T KNOW8 (SKIP TO B2)

B1a. [IF B1=YES] If asked, how would you describe the BOND program to a friend or relative? [RECORD VERBATIM]

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 \$1,000 for up to 9 months, no matter how much a beneficiary earns from work.*

B2. 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...

B2a. Do you think you would lose your monthly benefits completely? That is, would the amount of your benefits fall to \$0?

- YES1 (SKIP TO B2e)
- NO2
- REFUSED7
- DON'T KNOW8

B2b. Do you think your benefits would be reduced but that you would be able to keep receiving some of your monthly disability benefits?

- YES1
- NO2 (SKIP TO B2d)
- REFUSED7
- DON'T KNOW8

B2c. [IF B2b=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?1
- REFUSED7
- DON'T KNOW8

B2d. 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...

B2e. 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

B2f. 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?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

SECTION C: SERVICE UTILIZATION

C1. Since [RADATE] have you talked to someone about how work and earnings affect your Social Security benefits and assistance from other programs? This is sometimes referred to as benefits counseling, and could be done by a benefits counselor, or someone from the [PROGRAM NAME].

- YES1
- NO2 (SKIP TO C6)
- REFUSED7
- DON'T KNOW8

C2. I would like to ask you about how satisfied you are with your benefits counseling experience. Think about your experience trying to contact your benefits counselor or program staff member since [RADATE]. For each statement I read, please tell me if you were very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with your experience in this area.

	<u>Very Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>REF</u>	<u>DK</u>
C2a. How satisfied were you with how soon the benefits counselor or [program staff person] was available to talk to you?	1	2	3	4	7	8
C2b. When you tried to reach the benefits counselor, how satisfied were you with the time it took you to reach the counselor by phone?	1	2	3	4	7	8
C2c. When you left a message for the benefits counselor, how satisfied were you with the time it took for the benefits counselor to return a call to you?	1	2	3	4	7	8

C3. Think about how the benefits counselor treated you in your most recent interaction. For each item I read, please tell me how you would rate your experience with the benefits counselor in this area.

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>	<u>REF</u>	<u>DK</u>
C3a. Thinking about the benefits counselor who helped you most recently, how would you rate their courtesy? By courtesy I mean that they treated you kindly and respectfully. Would you say that the courtesy shown toward you was excellent, good, fair poor, very poor?	1	2	3	4	5	7	8
C3b. How would you rate the amount of time that the benefits counselor or program staff person spent with you? Would you say the amount of time spent was excellent, very good, good, fair, poor, or very poor?	1	2	3	4	5	7	8

C4. Now I'd like you to think about how you felt after your received information from your benefits counselor or program staff member over the past 6 months. For each statement I read, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement.

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>	<u>N/A</u>	<u>REF</u>	<u>DK</u>
C4a. I felt that my benefits counselor clearly explained how earning money would affect my cash benefits, medical insurance, and other types of assistance. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	1	2	3	4	5	7	8
C4b. After talking with my benefits specialist I knew what I was supposed to do or what was supposed to happen next. Do you...	1	2	3	4	5	7	8
C4c. Written materials about my personal situation and benefits my counselor gave me clearly told me what I needed to know. Do you...	1	2	3	4	5	7	8
C4d. The pamphlets and booklets I received from the benefits counselor helped me to understand how work and earnings affect my benefits. Do you...	1	2	3	4	5	7	8

C5. Considering all of the information and help given to you by the benefits counselor from [PROGRAM NAME], how would you rate the service provided overall? Would you say the service was excellent, very good, good, fair, poor, or very poor?

- EXCELLENT1 (SKIP TO C6)
- VERY GOOD2 (SKIP TO C6)
- GOOD3 (SKIP TO C6)
- FAIR4
- POOR5
- VERY POOR6
- REFUSED7 (SKIP TO C6)
- DON'T KNOW8 (SKIP TO C6)

C5a. [IF C5=FAIR, POOR, VERY POOR] Could you please tell me more about why you rated the overall service provided as [FAIR/POOR/VERY POOR]?

C6. Next, I would like to ask you about different types of services or supports that you may have received to **improve your ability to work independently**. For each service I read, please tell me if it is something you have used since [RADATE], if you needed, but did not use it, or if you did not need it.. [NBS modified]

Since [RADATE] did you get...		<u>Yes</u> <u>Used</u>	<u>Not</u> <u>Used</u>	<u>Not</u> <u>Needed</u>	<u>REF</u>	<u>DK</u>
C6a.	A work or job assessment?	1	2	3	7	8
C6b.	Help to find a job?	1	2	3	7	8
C6c.	Training to learn a new job or skill?	1	2	3	7	8
C6d.	Advice about modifying your job or work place?	1	2	3	7	8
C6e.	On-the-job training, job coaching, or support services?	1	2	3	7	8
C6f.	Personal care assistance?	1	2	3	7	8
C6g.	Transportation assistance?	1	2	3	7	8
C6h.	Help in keeping a job?	1	2	3	7	8
C6i.	Any kind of assistive device (a piece of equipment to make it easier for you to live independently or work?	1	2	3	7	8
C6j.	Anything else that I did not mention? SPECIFY _____	1	2	3	7	8

IF C6c = YES, ASK C7 ELSE SKIP TO C9

C7. Where did you go to receive the training to learn a new job or skill? Did you go to...

	<u>Yes</u>	<u>Not Used</u>	<u>Not Needed</u>	<u>REF</u>	<u>DK</u>
C7a. A vocational rehabilitation agency?	1	2	3	7	8
C7b. A welfare agency?	1	2	3	7	8
C7c. A mental health agency?	1	2	3	7	8
C7d. A state agency?	1	2	3	7	8
C7e. A workforce center or unemployment office	1	2	3	7	8
C7f. An employer?	1	2	3	7	8
C7g. OTHER(SPECIFY _____)	1	2	3	7	8

C8. Who referred you to place(s) that you went for training or to learn a new job skill?

INTERVIEWER: MARK ONLY ONE. IF R INDICATES IT WAS THEIR IDEA CODE WAS NOT REFERRED HERE.

- PARENT/GUARDIAN.....1
- SPOUSE/PARTNER2
- FRIEND3
- JOB COACH4
- EMPLOYER/SUPERVISOR5
- OTHER RELATIVE6
- BENEFIT SPECIALIST7
- MEDICAL PROVIDER8
- WAS NOT REFERRED BY ANYONE9
- OTHER (SPECIFY _____) ..10
- REFUSED97
- DON'T KNOW98

[IF C6e=YES, ASK C9 ELSE SKIP TO C11]

C9. Where did you go to receive the on the job training, job coaching, or support services?

	<u>Yes</u>	<u>Not Used</u>	<u>Not Needed</u>	<u>REF</u>	<u>DK</u>
C9a. A vocational rehabilitation agency?	1	2	3	7	8
C9b. A welfare agency?	1	2	3	7	8
C9c. A mental health agency?	1	2	3	7	8
C9d. A state agency?	1	2	3	7	8
C9e. A workforce center or unemployment office	1	2	3	7	8
C9f. An employer?	1	2	3	7	8
C9g. OTHER(SPECIFY _____)	1	2	3	7	8

C10. Who referred you to place(s) that you went for on-the-job training, job coaching, or support services?

INTERVIEWER: MARK ONLY ONE. IF R INDICATES IT WAS THEIR IDEA CODE WAS NOT REFERRED BY ANYONE.

- PARENT/GUARDIAN.....1
- SPOUSE/PARTNER2
- FRIEND3
- JOB COACH4
- EMPLOYER/SUPERVISOR5
- OTHER RELATIVE6
- BENEFIT SPECIALIST7
- MEDICAL PROVIDER8
- WAS NOT REFERRED BY ANYONE9
- OTHER (SPECIFY _____) ..10
- REFUSED97
- DON'T KNOW98

C11. Do you use any personal assistance services related to your disability to help 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)

C12. What kind of personal assistance services do you use? Do you use a [READ ITEM]?

Do you use a [READ ITEM]?	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
C12a. JOB COACH	1	2	7	8
C12b. SIGN LANGUAGE INTERPRETER	1	2	7	8
C12c. READER/INTERPRETER FOR THE BLIND	1	2	7	8
C12d. PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT	1	2	7	8
C12e. OTHER (SPECIFY _____)	1	2	7	8

SECTION D: CURRENT EMPLOYMENT

Now I would like to ask you some questions about your work experience.

D1. Are you currently working at a job or business for pay or profit?
[PROBE: By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do. This could also include work at a business that you own.]

- YES1 (SKIP TO D3)
- NO.....2
- REFUSED7
- DON'T KNOW8

D2. Have you worked at a job or business for pay or profit since [RADATE]?

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

D2a. When did you last work for pay?

 MO YEAR

- REFUSED -2
- DON'T KNOW -1

D2b. During the past four weeks, about how many hours in total did you spend looking for work?

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

IF D1=2,7,8 SKIP TO E1

D3. How many jobs do you currently have?

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

[Programming in CAPI will control for main job versus current job, depending on the response to D3.]

D4. How many hours per week do you typically work at [this job/your main 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.

D5. Before taxes and other deductions how much are you paid on this job? (NBS-modified)

\$ _____.

- REFUSED -2
- DON'T KNOW -1

D5a. Is that amount paid daily, weekly, bi-weekly, twice a month, monthly, annually, or per unit?

- HOURLY1 (SKIP TO D9)
- DAILY2
- WEEKLY3 (SKIP TO D7)
- EVERY TWO WEEKS.....4 (SKIP TO D10)
- TWICE A MONTH5 (SKIP TO D10)
- MONTHLY.....6 (SKIP TO D10)
- ANNUALLY7 (SKIP TO D7)
- PER UNIT OR PIECE8 (SKIP TO D8)
- REFUSED97
- DON'T KNOW98

D6. **[IF RATE OF PAY IS NOT DAILY (D5a≠2) SKIP TO D7]** How many days a week do you usually work? (CPS; MTO Interim Evaluation)

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

D7. **[IF RATE OF PAY NOT ANNUAL (D5a≠7 SKIP TO D8)]** How many weeks a year do you get paid for? (CPS; MTO Interim Evaluation)

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

D8. **[IF RATE OF PAY NOT PER UNIT (D5a≠8 SKIP TO D9)]** for how many [UNIT]s are you usually paid per week (on this job)?

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

D9. **[IF RATE OF PAY IS NOT HOURLY (D5a≠1) SKIP TO D10]** 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

D10. Do you usually receive tips, or commissions (at your main job)? (CPS–modified)

- YES1
- NO2 (SKIP TO D11)
- REFUSED7
- DON'T KNOW8

D10a. (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

D11. 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

SECTION E: WORK HISTORY SINCE RANDOM ASSIGNMENT

IF DATE IN C3 IS PRIOR TO THE DATE OF RANDOM ASSIGNMENT, SKIP TO SECONDARY CONTACT INFORMATION, F1

E1. Now, I will ask you about any other jobs you have had in the past 12 months, that is since [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 (A1=1) ASK: Excluding the job we just talked about, between [INTERVIEW MONTH TWO YEAR AGO] and today, did you work for pay at any other jobs for longer than one month?

IF NOT CURRENTLY EMPLOYED (A1 DOES NOT EQUAL 1) ASK: Between [RADATE] and today, did you work for pay at any jobs for longer than one month?

- YES1
- NO.....2 (SKIP TO F1)
- REFUSED7
- DON'T KNOW8

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

E2. [Excluding your current job,] How many (other) jobs did you hold for at least one month during the past 12 months, that is since [RADATE] years?

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

PROGRAMMER: E3 THROUGH E4 ASKED FOR ALL JOBS WHEN E2>01

E3. Let us start with [the job before your current one/ your last job]. What was the name of the place that you worked [before your current/your last job]? [REPEAT FOR 5 SPELLS]

NAME1: _____

E3a. What was the name of the place that you worked before that?

NAME2: _____

NAME3: _____

NAME4: _____

NAME5: _____

E3 LOOPS UNTIL ALL EMPLOYERS IN FOLLOW UP ARE ACCOUNTED FOR.

E4 THROUGH E8 WILL LOOP ACCORDING TO D2 RESPONSE, FOR UP TO 5 RESPONSES.

E4. In what month and year did you **start** working at [E3 JOB]?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

_ _	_ _ _ _
MO	YEAR

REFUSED -2

DON'T KNOW -1

E5. In what month and year did you **stop** working at [E3 JOB]?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

_ _	_ _ _ _
MO	YEAR

REFUSED -2

DON'T KNOW -1

E5a. 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 E6)
- NO2
- REFUSED7 (SKIP TO E6)
- DON'T KNOW8 (SKIP TO E6)

E5b. About how many months [OR YEARS] did you work at that job?

- _____ MONTHS
- _____ YEARS
- REFUSED -2
- DON'T KNOW -1

E6. Were you self-employed at E3 JOB?

PROBE: Self-employed means that you work for yourself or own your own business.

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

[IF E6=1 THEN CAPI WILL SUBSTITUTE 'at this business' FOR 'at this job' in E7 and E8.]

E7. How many hours per week did you usually work [at [D3 JOB]/at this business]?

PROBE: Include overtime if you usually worked overtime.

- HOURS PER WEEK: _____ (SKIP TO F1)
- IT VARIED -3
- REFUSED -2
- DON'T KNOW -1

E7a. Did you usually work more than 35 hours per week?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

E8. How much did you earn per week on average when you worked at [E3 JOB]?

\$ _____.

REFUSED -2
DON'T KNOW -1

SECTION F: SECONDARY 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.

F1. 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 F1)
- REFUSED7 (SKIP TO F1)
- DON'T KNOW8 (SKIP TO F1)

CONTACT #1:

F2. What is his/her first name? _____

E2a. What is his/her middle name? _____

E2b. What is his/her last name? _____

E2c. Does his/her name have a suffix? _____

F3. What is (his/her) street address? _____

E3a. Is there a complex/building name? _____

E3b. Is there an apartment number? _____

E3c. In what city? _____

E3d. In what state? _____

E3e. What is the zip code? _____

F4. What's the best phone number to reach (him/her) at starting with the area code?

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

E4a. 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:

F5. 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
- NO2 (SKIP TO F1)
- REFUSED7 (SKIP TO F1)
- DON'T KNOW8 (SKIP TO F1)

E5a. What is the name of someone else who keeps in contact with you?

E5a1. What is his/her first name? _____

E5a2. What is his/her middle name? _____

E5b3. What is his/her last name? _____

E5c4. Does his/her name have a suffix? _____

F6. What is (his/her) street address? _____

E6a1. Is there a complex/building name? _____

E6a2. Is there an apartment number? _____

E6a3. In what city? _____

E6a4. In what state? _____

E6a5. What is the zip code? _____

F7. What's the best phone number to reach (him/her) at starting with the area code?

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

E7a. 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 G: 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.]

G1. I have your name listed as [READ AND CONFIRM SPELLING OF NAME, FIRST MIDDLE LAST SUFFIX]. Is that correct?

- YES, ALL CORRECT.....1 (SKIP TO G3)
- NO, CORRECT FIRST NAME2 (GO TO G2A)
- NO, CORRECT MIDDLE NAME3 (GO TO G2B)
- NO, CORRECT LAST NAME4 (GO TO G2C)
- NO, CORRECT SUFFIX5 (GO TO G2D)
- REFUSED7 (SKIP TO G3)
- DON'T KNOW8 (SKIP TO G3)

G2. Could you please tell me how to spell your name?

- G2a. FIRST: What is your first name? _____
- G2b. MIDDLE: What is your middle name? _____
- G2c. LAST: What is your last name? _____
- G2d. SUFFIX: Is there anything after your last name, like Jr. or Sr.? _____

G3. Our records show that your current address is (READ FROM SAMPLE SHEET). Is this correct?

- YES, ALL OF THAT IS CORRECT).....1 (SKIP TO G4)
- NO-UPDATE STREET2 (GO TO G3a)
- NO-UPDATE APARTMENT/UNIT3 (GO TO G3b)
- NO-UPDATE CITY4 (GO TO G3c)
- NO-UPDATE STATE.....5 (GO TO G3d)
- NO-UPDATE ZIP.....6 (GO TO G3e)
- REFUSED97 (SKIP TO G4)
- DON'T KNOW98 (SKIP TO G4)

- G3a. STREET: What is your current street address? _____
- G3b. APT: Is there an apartment number? _____
- G3c. CITY: In what city do you live? _____
- G3d. STATE: In what state do you live? _____
- G3e. ZIP: What is your zip code? _____

G4. 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 G6)
- NO2
- REFUSED7 (SKIP TO G6)
- DON'T KNOW8 (SKIP TO G6)

G5. What is your home phone number, starting with area code?

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

G6. Do you have a cell phone number?

- YES1
- NO2 (SKIP TO G7)
- REFUSED7 (SKIP TO G7)
- DON'T KNOW8 (SKIP TO G7)

G6a. What is your cell phone number, starting with area code?

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

G7. Do you have an email address?

- YES1
- NO2 (SKIP TO G8)
- REFUSED7 (SKIP TO G8)
- DON'T KNOW8 (SKIP TO G8)

G7a. What is your email address?

_____@_____._____
REFUSED7
DON'T KNOW8

G8.

G9. 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 G9)
EMAIL7 (SKIP TO G10)
CALL SOMEONE ELSE7 (SKIP TO G11)

G8a. 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)

G10. 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)

G9a. What address should we use if we mail something to you?

STREET ADDRESS: _____
APT NUMBER: _____
CITY: _____
STATE: _____ ZIP: _____

G11. Is [G7aEMAIL] the best email address to contact you at?

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

G10a. What is a better email address to use to contact you?

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

G12. What is the name of the person I should contact first when I need to call you in the future?

- G11a. What is his/her first name? _____
- G11b. What is his/her middle name? _____
- G11c. What is his/her last name? _____
- G11d. Does his/her name have a suffix? _____

G13. What is (his/her) street address? _____

- G12a. Is there a complex/building name? _____
- G12b. Is there an apartment number? _____
- G12c. In what city? _____
- G12d. In what state? _____
- G12e. What is the zip code? _____

G14. What's the best phone number to reach (him/her) at starting with the area code?

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

G15. 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
- REFUSED7
- DON'T KNOW8

Thank you very much.