

Attachment C: Draft CPS Survey Questions

| Question Number | Questions | Response Options | Who Receives Question |
|--|--|---|-----------------------|
| Demographics | | | |
| Intro | I will formally begin the interview by asking you for the names of all the people living in your household. Are you ready to begin? | | All |
| 1 | Household Roster First Name, Gender, Age for each HH Member | | All |
| Labor Force Participation Questions | | | |
| Intro | Next, I am going to ask a few questions about work related activities LAST WEEK. By last week I mean the week beginning on Sunday, ____ and ending on Saturday, ____ | | All |
| 1 | Does anyone in this household have a business or farm? | 1. Yes 2. No 3. Don't Know 4. Refused | All |
| 2 | LAST WEEK, did you do ANY work for (either) pay (or profit)? | 1. Yes 2. No 3. Don't Know 4. Refused | All |
| 3 | LAST WEEK, (in addition to the business,) did you have a job either full or part time? Include any job from which you were temporarily absent. | 1. Yes 2. No 3. Don't Know 4. Refused | 1. Q1=1 2. Q2=2 |
| 4 | What was the main reason you were absent from work LAST WEEK? | 1. On Layoff 2. Slack Work/business conditions 3. Waiting for a new job to begin 4. Own illness/injury/medical problems 5. Does not work in the business 6. Other 7. Don't Know 8. Refused | Q3=1 |
| 5 | LAST WEEK, were you on layoff from a job? | 1. Yes 2. No 3. Don't Know 4. Refused | Q3=2 |

| Question Number | Questions | Response Options | Who Receives Question |
|-----------------|--|--|-----------------------|
| 6 | Has your employer given you a date to return to work? | 1. Yes 2. No 3. Don't Know 4. Refused | Q4=1 OR 2 |
| 7 | Have you been given any indication that you will be recalled to work within the next 6 months? | 1. Yes 2. No 3. Don't Know 4. Refused | Q6=2 |
| 8 | Could you have returned to work LAST WEEK if you had been recalled? | 1. Yes 2. No 3. Don't Know 4. Refused | Q7=1 |
| 9 | Why is that? | 1. Own Temporary Illness 2. Going to School 3. Other (Specify) 4. Don't Know 5. Refused | Q8=2 |
| 10 | Have you been doing anything to find work during the last 4 weeks? | 1. Yes 2. No 3. Don't Know 4. Refused | Q2=2 OR Q5=2 |
| 11 | What are all of the things you have done to find work during the last 4 weeks? | Active: Contacted -- 1. Employer directly/interview 2. Employment agency 3. Friends or relatives 4. School/university employment center 5. Sent out resumes/filled out applications 6. Check union/professional registers 7. Place or answer ads 8. Other Active 9. Passive 10. Don't Know 11. Refused | Q10=1 |
| 12 | LAST WEEK, could you have started a job if one had been offered? | 1. Yes 2. No 3. Don't Know 4. Refused | Q11 = 1 - 8 |

| Question Number | Questions | Response Options | Who Receives Question |
|-----------------------------|--|--|-----------------------|
| 13 | Why is that? | 1. Waiting for a new job to begin 2. Own Temporary Illness 3. Going to School 4. Other 5. Don't Know 6. Refused | Q12=2 |
| Disability Questions | | | |
| Intro | This month we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulty with their daily activities. Please answer for household members who are 15 years old or over. | | All |
| 1 | Is anyone deaf or does anyone have serious difficulty hearing? | 1. Yes 2. No 3. Don't Know 4. Refused | All |
| 1a | Who is it? | 1. Family Member Name | Q1=1 |
| 1b | Anyone else? | 1. Yes 2. No | Q1=1 |
| 2 | Is anyone blind or does anyone have serious difficulty seeing even when wearing glasses? | 1. Yes 2. No 3. Don't Know 4. Refused | All |
| 2a | Who is it? | 1. Family Member Name | Q2=1 |
| 2b | Anyone else? | 1. Yes 2. No | Q2=1 |
| 3 | Because of a physical, mental, or emotional condition, does anyone have serious difficulty concentrating, remembering, or making decisions? | 1. Yes 2. No 3. Don't Know 4. Refused | All |
| 3a | Who is it? | 1. Family Member Name | Q3=1 |
| 3b | Anyone else? | 1. Yes 2. No | Q3=1 |
| 4 | Does anyone have serious difficulty walking or climbing stairs? | 1. Yes 2. No 3. Don't Know 4. Refused | All |
| 4a | Who is it? | 1. Family Member Name | Q4=1 |

| Question Number | Questions | Response Options | Who Receives Question |
|-----------------|--|--|-----------------------|
| 4b | Anyone else? | 1. Yes 2. No | Q4=1 |
| 5 | Does anyone have difficulty dressing or bathing? | 1. Yes 2. No 3. Don't Know 4. Refused | All |
| 5a | Who is it? | 1. Family Member Name | Q5=1 |
| 5b | Anyone else? | 1. Yes 2. No | Q5=1 |
| 6 | Because of a physical, mental, or emotional condition, does anyone have difficulty doing errands alone such as visiting a doctor's office or shopping? | 1. Yes 2. No 3. Don't Know 4. Refused | All |
| 6a | Who is it? | 1. Family Member Name | Q6=1 |
| 6b | Anyone else? | 1. Yes 2. No | Q6=1 |

CPS Disability Supplement Questions

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| Intro | This month we would like to learn more about how people in different circumstances deal with labor market challenges. | | All |
| 1 | Previously, you mentioned that (you/Name) had difficulty _____. How has this affected (your/his/her) ability to complete current work duties? Would you say this has caused no difficulty, a little difficulty, moderate difficulty, or severe difficulty? | 1. No difficulty 2. A little difficulty 3. Moderate difficulty 4. Severe difficulty 5. Don't Know 6. Refused | Disability and Employed |
| 2 | [(Have you)/(Has Name)] EVER worked for pay at a job or business? | 1. Yes 2. No 3. Don't Know 4. Refused | Disability and Not in the Labor Force (& Unemployed for testing) |
| 3 | Earlier it was reported that (you/Name) had difficulty _____. Did (you/he/she) ever leave a job because of reasons related to (this difficulty/these difficulties)? | 1. Yes 2. No 3. Don't Know 4. Refused | 1. Q2 = 1 OR Disability and Employed |
| 4 | The purpose of this next question is to identify barriers to employment faced by | 1. Education or training 2. Job counseling | Disability and Not in Labor |

| Question Number | Questions | Response Options | Who Receives Question |
|-----------------|---|--|---|
| | <p>persons with difficulties. What would you say the main barriers to employment are for (you/Name)?</p> | <p>3. Transportation 4. Loss of government assistance 5. Need special features at the job 6. Discrimination 7. Other 8. Not interested in working 9. None 10. Don't Know 11. Refused</p> | <p>Force (& Unemployed for testing)</p> |
| 5 | <p>If these barriers could be removed, would (you/Name) be able to work?</p> | <p>1. Yes 2. No 3. Don't Know 4. Refused</p> | <p>Q4=1-7</p> |
| 6 | <p>The purpose of this next question is to find out if (you have/Name has) taken advantage of any of the following sources that help people prepare for work or advance on the job. [(Have you)/(Has Name)] received assistance from:</p> <p>1. Vocational Rehabilitation Centers 2. One Stop Career Centers 3. Ticket to Work Program 4. Assistive Technology Act Program 5. Center for Independent Living for Individuals with Disabilities 6. Client Assistance Program 7. Any other employment assistance program</p> | <p>1. Yes 2. No 3. Don't Know 4. Refused 5. No Assistance</p> | <p>Disability</p> |
| 7 | <p>How helpful was (this source)? Would you say it was not at all helpful, a little helpful, somewhat helpful, or very helpful?</p> | <p>1. Not at all helpful 2. A little helpful 3. Somewhat helpful 4. Very helpful 5. Don't Know 6. Refused</p> | <p>Q6=1 for each option</p> |
| 8 | <p>Have (you/NAME) ever requested any change in your current workplace, for example, in equipment or work processes, to help you do your job better?</p> | <p>1. Yes 2. No 3. Don't Know 4. Refused</p> | <p>Employed</p> |
| 9 | <p>What change did (you/Name) request?</p> | <p>1. New or modified equipment 2. Physical changes to the workplace 3. Policy changes to the workplace</p> | <p>Q8=1</p> |

| Question Number | Questions | Response Options | Who Receives Question |
|-----------------|--|---|-----------------------|
| | | 4. Changes in work tasks, job structure or schedule 5. Changes in communication or information sharing 6. Changes to comply with religious beliefs 7. Accommodations for family or personal obligations 8. Other changes 9. Don't Know 10. Refused | |
| 10 | Was the change granted? | 1. Yes 2. Partially 3. No 4. Don't Know 5. Refused | Q8=1 |
| 11 | How [(do you)/(does Name)] typically commute to work? | 1. Bus 2. Specialized bus or van service for people with disabilities 3. Train/subway 4. Taxi 5. Own vehicle 6. Passenger in a family member's car 7. Passenger in friend's car 8. Passenger in carpool 9. Driver in carpool 10. Motorcycle 11. Bicycle 12. Walk 13. Other 14. Work from home 15. Don't Know 16. Refused | Employed |
| 12 | (Do you/Does Name) do any work at home for (your/his/her) job or business? | 1. Yes 2. No 3. Don't Know 4. Refused | Employed |
| 13 | [When (you/he/she) (work/works) at home, how/How] many hours per week (do/does) (you/he/she) usually work at home as part of this job? | 1. Free Response ____ 2. Hours vary 3. Don't Know 4. Refused | Q12=1 |

| Question Number | Questions | Response Options | Who Receives Question |
|-----------------|--|--|-----------------------|
| 14 | Are those hours worked at home usually considered paid work hours? | <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused | Q12=1 |
| 15 | (Do/Does) (you/he/she) have a formal arrangement with (your/his/her) employer to be paid for the work that (you/he/she) (do/does) at home, or (were/was) (you/he/ she) just taking work home from the job? | <ol style="list-style-type: none"> 1. Paid 2. Taking work home 3. Don't Know 4. Refused | Q12=1 |
| 16 | What is the main reason why (you work/Name works) at home? | <ol style="list-style-type: none"> 1. Less commuting 2. Reduce expenses for transportation, food, clothing, etc. 3. Coordinate work schedule with work and family needs 4. More control over own life 5. Illness, disability, health reasons 6. Mandated by employer to reduce employer costs 7. Managed by employer to meet local transportation management and pollution abatement requirement 8. More productive 9. Other 10. Don't Know 11. Refused | Q12=1 |
| 17 | (Do/Does) (you/Name) have flexible work hours that allow (you/him/her) to vary or make changes in the time [(you begin and end)/(he begins and ends)/(she begins and ends)] work? | <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused | Employed |
| 18 | Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is your job temporary? | <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused | Employed |
| 19 | A variety of programs exist to help people in different situations. In the past year did (you/Name) receive assistance from any of the following programs? | <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused | All |

| Question Number | Questions | Response Options | Who Receives Question |
|-----------------|---|--|-------------------------|
| | <ol style="list-style-type: none"> 1. Workers Compensation 2. Social Security Disability Income 3. Supplemental Security Income 4. Veterans Disability compensation 5. Disability Insurance Payments 6. Other disability payments 7. Medicaid 8. Medicare | | |
| 20 | Did (source) affect whether or not [(you worked)/(Name worked)]? | <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused | Q19=1 for each response |

Attachment D: Debriefing Items

Instructions/Transition: I'd like to begin by asking you about your general reactions to the survey.

1. What was it like for you to participate in this survey?
 - i. Were there any questions you found difficult or confusing?
 - ii. Were there any questions you found sensitive or personal?
2. Near the end of the survey I read you the following statement: *“This month we would like to learn more about how people in different circumstances deal with labor market challenges.”* Can you tell me in your own words what this means?

Instructions/Transition: Next, I would like to go back and ask you about your thoughts about specific questions. Let's begin with this question:

| Question Number | Question | Response Options |
|-----------------|--|---|
| 1 | Previously, you mentioned that (you/Name) had difficulty _____. How has this affected (your/his/her) ability to complete current work duties? Would you say this has caused no difficulty, a little difficulty, moderate difficulty, or severe difficulty? | 1. No difficulty 2. A little difficulty 3. Moderate difficulty 4. Severe difficulty 5. Don't Know 6. Refused |

1. What was your reaction when you first heard this question?
2. What do you think this question is asking?
3. You said (your/NAME's) (difficulty/difficulties) caused (you/him/her) _____ completing (your/his/her) current work duties? Can you tell me more about that?
 - a. How did you decide on _____ instead of _____?
4. **(if 2-4)** Do you think you have this difficulty because of particularly challenging work duties or because your disability causes problems with getting work done?
5. What did you think of when you heard the phrase “work duties?”
6. Do you think this is a sensitive topic? (*Probe if necessary: Do you think others would consider this a sensitive topic?*)

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| 2 | [(Have you)/(Has Name)] EVER worked for pay at a job or business? | 1. Yes 2. No 3. Don't Know 4. Refused |
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1. Can you tell me in your own words what this question is asking?

2. **(if yes)** How many jobs have (you/he/she) had?
3. **(if yes)** How long did (you/he/she) work at (this job/these jobs)?
4. How did you arrive at your answer for this question? (*Probe if necessary: Did you think of all your past jobs or did you think of your last job?*)

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| 3 | Earlier it was reported that (you/Name) had difficulty _____. Did (you/he/she) ever leave a job because of reasons related to (this difficulty/these difficulties)? | <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused |
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1. What do you think this question is asking?
2. **(if yes)** What were the circumstances led to you leaving this job?

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| 4 | The purpose of this next question is to identify barriers to employment faced by persons with difficulties. What would you say the main barriers to employment are for (you/Name)? | <ol style="list-style-type: none"> 1. Education or training 2. Job counseling 3. Transportation 4. Loss of government assistance 5. Need special features at the job 6. Discrimination 7. Other 8. Not interested in working 9. None 10. Don't Know 11. Refused |
|----------|--|--|

1. What types of things did you think of when you heard the phrase "barriers to employment?"
2. What are some terms you would use other than "barriers to employment"?
3. **(if 1-7)** You answered _____. Can you tell me more about that?
4. **(if 4)** You answered _____ (coded as #4). Is this loss of medical or financial assistance?
5. **(if 5)** You answered ____ (Coded as #5). Are there any other types of special features you would need in order to get and excel at a job?
6. **(if 9 or 10)** I am going to read you some categories of possible barriers to employment, please tell me if any have applied to (you/Name) in the past.

7. **(READ LIST)** Can you think of any other ‘barriers to employment’ that we might have missed/should add to this list?
 - a. **(if not 6)** Do you consider discrimination a barrier to employment?

| | | |
|----------|---|--|
| 5 | If these barriers could be removed, would (you/Name) be able to work? | 1. Yes 2. No 3. Don't Know 4. Refused |
|----------|---|--|

1. To this question you answered _____. Can you tell me a bit more about this - how did you arrive at this answer?
2. **(if no)** What other conditions would need to be met in order for you to be able to work?
3. **(if proxy report)** Is this a topic you have discussed with (Name)? *(Probe if necessary: How did you arrive at your answer for (him/her))?*

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| 6 | The purpose of this next question is to find out if (you have/Name has) taken advantage of any of the following sources that help people prepare for work or advance on the job. [(Have you)/(Has Name)] received assistance from: <ol style="list-style-type: none"> 1. Vocational Rehabilitation Programs 2. One Stop Career Centers 3. Ticket to Work Program 4. Assistive Technology Act Program 5. Center for Independent Living for Individuals with Disabilities 6. Client Assistance Program 7. Any other employment assistance program | 1. Yes 2. No 3. Don't Know 4. Refused |
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1. What does “received assistance from” mean to you? *(Probe if necessary: What things come to mind?)*
 - a. Are there any types of assistance you think the question is NOT referring to?
2. You said you have received assistance from _____. When was the last time you received assistance from (this/these) organization(s)?
3. Have you ever attempted to get assistance from an organization but didn’t receive any? Did you count these attempts when answering this question?
4. Were there any programs or organizations I mentioned **(REREAD LIST)** that you have never heard of? Are there other sources of assistance you think should be included on the list?

| | | |
|---|--|---|
| 7 | How helpful was (this source)? Would you say it was not at all helpful, a little helpful, somewhat helpful, or very helpful? | 1. Not at all helpful 2. A little helpful 3. Somewhat helpful 4. Very helpful 5. Don't Know 6. Refused |
|---|--|---|

1. How was (source) helpful?
2. What do you think the term “helpful” means in this question? (*Probe if necessary: What does “helpful” mean to you?*)

| | | |
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| 8 | Have (you/NAME) ever requested any change in your current workplace, for example, in equipment or work processes, to help you do your job better? | 1. Yes 2. No 3. Don't Know 4. Refused |
|---|---|--|

1. This question asks about changes in equipment or work processes to help you do your job better. What types of changes did you think about when answering this question?
 - a. What types of changes do you think the question is NOT referring to?
2. **(if proxy report)** Would you know if (NAME) requested a change at work?
3. Are you familiar with the term workplace accommodations? If I had asked if you had ever requested any workplace accommodations what would your answer be? **(if yes)** Why is that?

| | | |
|---|-------------------------------------|--|
| 9 | What change did (you/Name) request? | 1. New or modified equipment 2. Physical changes to the workplace 3. Policy changes to the workplace 4. Changes in work tasks, job structure or schedule 5. Changes in communication or information sharing 6. Changes to comply with religious beliefs 7. Accommodations for family or personal obligations 8. Other changes 9. Don't Know 10. Refused |
|---|-------------------------------------|--|

1. Could you describe this change in a bit more detail (*Probe if necessary: How was that change made?*)
2. What do you think this question is asking for? (*Probe if necessary: most recent change?, all changes?, largest change?*)

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| 10 | Was the change granted? | 1. Yes 2. Partially 3. No 4. Don't Know |
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| | | 5. Refused |
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1. **(if 1)** Was the change you requested granted in the way you originally wanted?
 - a. **(if no)** Please explain.

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| 11 | How [(do you)/(does Name)] typically commute to work? | <ol style="list-style-type: none"> 1. Bus 2. Specialized bus or van service for people with disabilities 3. Train/subway 4. Taxi 5. Own vehicle 6. Passenger in a family member's car 7. Passenger in friend's car 8. Passenger in carpool 9. Driver in carpool 10. Motorcycle 11. Bicycle 12. Walk 13. Other 14. Work from home 15. Don't Know 16. Refused |
|----|---|---|

1. What do you think the word “typically” means in this question?
 - a. How often do you commute to work by _____?

2. **(if R gives one answer)** Were you aware you could give more than one answer to this question? Would you add to your previous answer? What would you add?

3. **(if R gives more than one answer)** Do you alternate between these modes of transportation to get to work or do you use (both/all) of them on each commute?
 - a. How often is each method used?

| | | |
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| 12 | (Do you/Does Name) do any work at home for (your/his/her) job or business? | <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused |
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1. What do you think this question is asking?

2. What types of work do you think the question is referring to? Are there any types of work you think the question is NOT referring to?

| | | |
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| 13 | [When (you/he/she) (work/works) at home, how/How] many hours per week (do/does) (you/he/she) usually work | <ol style="list-style-type: none"> 1. Free Response ____ 2. Hours vary |
|----|---|--|

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| | at home as part of this job? | |
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1. You responded _____ to this question. How did you arrive at your answer?
2. **(if proxy report)** How sure are you of your answer for (Name)? *(Probe if necessary: How did you arrive at your answer for (him/her))?*

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|----|--|--|
| 14 | Are those hours worked at home usually considered paid work hours? | <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused |
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1. Can you tell me in your own words what you think this question is asking?
2. You responded _____. Can you tell me more about that? *(Probe if necessary: Are there times when these hours are paid and times when they are not?)*

| | | |
|----|---|--|
| 15 | (Do/Does) (you/he/she) have a formal arrangement with (your/his/her) employer to be paid for the work that (you/he/she) (do/does) at home, or (were/was) (you/he/she) just taking work home from the job? | <ol style="list-style-type: none"> 1. Paid 2. Taking work home |
|----|---|--|

1. What do you think the question means by “formal arrangement?”
2. Do both of these situations apply to you? That is, are there times when you are paid for work at home and times when you are not? If so, how did you arrive at your answer?

| | | |
|----|--|---|
| 16 | What is the main reason why (you work/Name works) at home? | <ol style="list-style-type: none"> 1. Less commuting 2. Reduce expenses for transportation, food, clothing, etc. 3. Coordinate work schedule with work and family needs 4. More control over own life 5. Illness, disability, health reasons 6. Mandated by employer to reduce employer costs 7. Mandated by employer to meet local transportation management and pollution abatement requirement 8. More productive 9. Other 10. Don't Know 11. Refused |
|----|--|---|

1. Are there any other reasons why you work from home? Anything else?
2. **(if proxy report)** Do you feel you have a good sense of why (Name) works from home?
 - a. Why is that?

| | | |
|----|---|---|
| 17 | Do (you/Name) have flexible work hours that allow (you/him/her) to vary or make changes in the time [(you | <ol style="list-style-type: none"> 1. Yes 2. No |
|----|---|---|

| | | |
|--|--|-----------------------------|
| | begin and end)/(he begins and ends)/(she begins and ends)] work? | 3. Don't Know 4. Refused |
|--|--|-----------------------------|

1. Can you tell me in your own words what this question is asking?
2. **(if yes)** Do you take advantage of this policy at work?
 - a. Do you have a regular time that you begin work? **YES NO**
 - i. **(if yes)** How often do you vary from that regular time?
3. **(if no)** Is there an option to work flexible hours that you don't take advantage of?
4. Was this question easy or difficult to understand? Why?

| | | |
|-----------|--|--|
| 18 | Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is your job temporary? | 1. Yes 2. No 3. Don't Know 4. Refused |
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1. Can you please tell me in your own words what this question is asking?
2. What does the term 'temporary' mean to you?
3. Can you give me some examples of temporary jobs?
4. **(if yes)** You said that your job is temporary. Can you tell me why you view it as temporary?

| | | |
|-----------|---|--|
| 19 | <p>A variety of programs exist to help people in different situations. In the past year did (you/Name) receive assistance from any of the following programs?</p> <ol style="list-style-type: none"> 1. Workers Compensation 2. Social Security Disability Income 3. Supplemental Security Income 4. Veterans Disability compensation 5. Disability Insurance Payments 6. Other disability payments 7. Medicaid 8. Medicare | 1. Yes 2. No 3. Don't Know 4. Refused |
|-----------|---|--|

1. What do you think this question is asking?
2. You said you have received assistance from _____. When was the last time you received assistance from (this/these) organization(s)?

3. What type of assistance do you think the question is referring to? Are there any types of assistance you think the question is NOT referring to?
4. Have you ever attempted to get assistance from an organization but didn't receive any? Did you count these attempts when answering this question?
5. Were there any organizations I mentioned (**REREAD LIST**) that you have never heard of? Are there any organizations you think should be added to that list?

| | | |
|----|--|--|
| 20 | Did (source) affect whether or not [(you worked)/(Name worked)]? | 1. Yes 2. No 3. Don't Know 4. Refused |
|----|--|--|

1. Can you please tell me in your own words what this question is asking?
2. **(for each yes)** Please explain how (source) affected whether or not you worked?
3. Is this benefit dependent on whether or not you can work?
4. Is there any restriction on the amount of work you can do related to this program?
 - a. **(if yes)** Do you choose (not to work/to limit the amount of work you do, or the amount of money you earn) in order to continue participating in this program?
5. Do you think this is a sensitive topic? (*Probe if necessary: Do you think others would consider this a sensitive topic?*)

Do you have any other comments?