APPENDIX A

UI RECIPIENT SURVEY

Evaluation of the Unemployment Compensation Provisions of the American Recovery and Reinvestment Act of 2009

Recipient Survey Instrument

February 27, 2012

MATHEMATICA
Policy Research

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CONTENTS

EVALUATION OF THE UNEMPLOYMENT COMPENSATION PROVISIONS OF THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

RECIPIENT SURVEY

NOTE TO REVIEWERS: IN GENERAL, TEXT IN UPPERCASE IS NOT READ TO THE RESPONDENT.

SECTION A – INTRODUCTION AND SCREENING

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

SPEAKING TO [FILL FIRSTNAME]	01	(A3)
PERSON ASKS WHAT CALL IS ABOUT	02	(WHAT ABOUT A2)
NOT A GOOD TIME, SCHEDULE CALLBACK	03	(CALLBACK)
[FILL FIRSTNAME] HAS A HEALTH PROBLEM	04	(HEALTHPROB Q3)
[FILL FIRSTNAME] IS IN AN INSTITUTION	05	(INSTITUTION Q10)
[FILL FIRSTNAME] HAS MOVED	06	(KNOW WHERE Q17)
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH	07	(LANG Q20)
NEVER HEARD OF [FILL FULLNAME]/ WRONG NUMBER	08	(THANKS Q36 STATUS 530)
HUNG UP DURING INTRODUCTION	09	(STATUS 640)
REFUSED	r	(STATUS 220)

A2.   What about

I'm calling from Mathematica Policy Research about a survey we are conducting for the U.S. Department of Labor. [fill FirstName] should have received a letter from Department of Labor about the study. When is a good time to reach [fill FirstName]?

[FILL FIRSTNAME] COMES TO THE PHONE	01	(A3)
NOT A GOOD TIME, SCHEDULE CALLBACK	02	(CALLBACK)
[FILL FIRSTNAME] HAS A HEALTH PROBLEM/ IS DECEASED	03	(HEALTHPROB Q3)
[FILL FIRSTNAME] IS IN AN INSTITUTION	04	(INSTITUTION Q10)
[FILL FIRSTNAME] HAS MOVED	05	(KNOW WHERE Q17)
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH	06	(LANG Q20)
ASKS ABOUT LETTER	07	(A13)
NEVER HEARD OF [FILL FULLNAME]/ WRONG NUMBER	08	(THANKS Q36 STATUS 530)
HUNG UP DURING INTRODUCTION	09	(STATUS 640)
SUPERVISOR REVIEW	10	(STATUS 380)
REFUSED	r	(STATUS 220)

HealthProb (**Q3**)
ENTER TYPE OF HEALTH PROBLEM.

HEARING PROBLEM	01	(AMP TTY Q4)
SPEECH PROBLEM	02	(AMP TTY Q4)
PHYSICAL PROBLEM	03	(CALLLATER Q8)
COGNITIVE PROBLEM	04	(THANKS Q36 STATUS 410)
TOO OLD/FRAIL	05	(CALLLATER Q8)
IN A COMA	06	(THANKS Q36 STATUS 410)
DECEASED	07	(DECEASED Q9)
REFUSED	r	(STATUS 220)

AmpTTY (Q4)
I can get on a phone that will amplify my voice or [fill FirstName]'s voice, or we could use a TTY service. Would either of these enable [fill HimHer] to complete the interview?

YES – USE AMPLIFIER PHONE .... 01 (RESPAVAIL Q5)
YES – USE TTY CAPABILITY .... 02 (RESPAVAIL Q5)
NO .... 00 (THANKS Q36 STATUS 410)
DON'T KNOW... d (CALLBACK)
REFUSED.. r (STATUS 220)

RespAvail (Q5)
Is [fill FirstName] available now?

YES .... 01 (IF AMPTTY (Q4) = 1
                                                                                            THEN AMPPHONE (Q6)
                                                                                            ELSE CALLTTY (Q7))
NO .... 00 (CALLBACK)

AmpPhone (Q6)
Please hold while I get the amplifier phone.

INTERVIEWER: SET UP AMPLIFIER/WEAK SPEECH EQUIPMENT AND ASK GATEKEEPER TO CALL [fill FirstName] TO THE PHONE.

[FILL FIRSTNAME] COMES TO THE PHONE............. 01 (SAMPMEMB Q31)
CALLBACK... 02 (CALLBACK)

CallTTY (Q7)
I will call back in a few minutes after I have the help of the TTY operator.

ARRANGE CALL WITH OPERATOR .... 01 (SAMPMEMB Q31)
IF UNSUCCESSFUL SET CALLBACK .... 02 (CALLBACK)

CallLater (Q8)
Will [fill FirstName] be able to talk on the telephone if I call back in the next few weeks?

YES/MAYBE – CALLBACK.. 01 (CALLBACK)
NO .... 00 (THANKS Q36 STATUS 419)
DON'T KNOW... d (CALLBACK)
REFUSED.. r (STATUS 220)

Deceased (**Q9**)
I am very sorry to hear that [fill HeShe] passed away. I am calling about a survey we are conducting for the U.S. Department of Labor. When did [fill HeShe] pass away?

Thank you. Please accept my condolences. Good-bye.

|__|___| / |__|___| / |__|___|___|___|
MONTH   DAY   YEAR
(01-12)   (01-31)   (2004-2012)

DON'T KNOW.. d
REFUSED... r
  [Status 440]

Institution (**Q10**)
ENTER TYPE OF INSTITUTION.

HOSPITAL...01   (HOMESOON Q11)
NURSING HOME... 02
ASSISTED LIVING FACILITY 03
GROUP HOME 04
JAIL OR PRISON...05   (THANKS Q36 STATUS 421)

HomeSoon (**Q11**)
Do you expect [fill FirstName] to come home from the hospital within a month or so?

YES, ARRANGE CALLBACK......................................01   (CALLBACK)
NO 00   (THANKS Q36 STATUS 421)

KnowWhere (**Q17**)
Do you or anyone there know how we can reach [fill FirstName]?

YES 01   (NEW PHONE Q18)
NO 00
DON'T KNOW.. d
REFUSED... r
[GO TO THANKS (Q36) STATUS S30]

New Phone (**Q18**)

May I please have [fill HisHer] telephone number, beginning with the area code?

|__|__|__|-|__|__|__|-|__|__|__|__|
(AREA CODE)

DON'T KNOW.. d

REFUSED... r

[GO TO NEW ADDR (Q19)]

Is this a home, cell, or work telephone number?

HOME..01

CELL...02

WORK 03

DON'T KNOW.. d

REFUSED... r

Please tell me another telephone number where we might be able to reach [fill NAME]?

SECOND PHONE NUMBER:

|__|__|__|-|__|__|__|-|__|__|__|__|
(AREA CODE)

NO OTHER NUMBER 00   (NEW ADDR Q19)

DON'T KNOW.. d

REFUSED... r   (NEW ADDR Q19)

Is this a home, cell, or work telephone number?

HOME..01

CELL...02

WORK 03

DON'T KNOW.. d

REFUSED... r

New Addr (**Q19**)

May I please have [fill HisHer] address?

_____

HOUSE NUMBER / STREET NAME   APT. #

_____ _____ _____
CITY   STATE   ZIP CODE

DON'T KNOW.. d

REFUSED... r

  [GO TO A8]

(**A8**) TollFree#

Let me give you a toll-free number where [fill SAMPLE MEMBER] can reach someone to complete the survey and receive [$50/$40] for participating. The toll-free number is XXX-XXX-XXXX. Thank you.

[GO TO Thanks (Q36) if New Phone equals DK/RF then Status 530, else Status 899]

Lang (**Q20**)

CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN.

ARABIC 01
BOSNIAN 02
CAMBODIAN 03
CHINESE 04
CREOLE 05
ENGLISH 06
HINDI 07   (THANKS Q36 STATUS 400)
HMONG 08
ITALIAN 09
LAOTIAN 10
POLISH 11
PORTUGUESE 12
RUSSIAN 13
SPANISH 14   (THANKS Q36 STATUS 401)
TAGALOG 15   (THANKS Q36 STATUS 400)
VIETNAMESE 16   (THANKS Q36 STATUS 400)
OTHER (SPECIFY) [specify] 17   (OTHERLANG Q21)

_____

DON'T KNOW .... d
REFUSED .... r
[GO TO Thanks (Q36) Status 400]

OtherLang (**Q21**)
SPECIFY OTHER LANGUAGE.

LANGUAGE: _____

SAY: We will try and call back with someone who speaks your language.
[GO TO else Thanks (Q36) Status 400]

A3.   My name is (NAME) and I'm calling from Mathematica Policy Research in Princeton, New Jersey. Recently, you should have received a letter about a survey we are conducting for the U.S. Department of Labor. We are calling people who filed for unemployment benefits and need to hear about your experiences. This survey is for research purposes only and will help to improve services for workers in the future. All of the information you provide will be kept private. The interview takes about 30 minutes and we will mail you a check for [$50/$40] when the survey is completed.

IF HAS QUESTIONS/DON'T KNOW WHAT WE'RE TALKING ABOUT – SEE FAQ

BEGIN INTERVIEW..01 (A4)
NOT A GOOD TIME, SCHEDULE CALLBACK............02 (CALLBACK)
HUNG UP DURING INTRODUCTION ....03 (STATUS 640)
NEVER COLLECTED UNEMPLOYMENT 04 (Q32)
ASKS ABOUT LETTER 05 (A12)
SUPERVISOR REVIEW ....06 (STATUS 380)
REFUSED.. r (STATUS 200)

Never Collected (**Q32**)
        According to [fill STATE] Unemployment Insurance Agency records, you filed for unemployment benefits on [fill INITIAL UI CLAIM DATE].

YES, BEGIN INTERVIEW...01 (A4)
NO, SUPERVISOR REVIEW ....02 (STATUS 380)
NOT A GOOD TIME, SCHEDULE CALLBACK............03 (CALLBACK)
HUNG UP DURING INTRODUCTION ....04 [STATUS 640]
REFUSED.. r [STATUS 200]

A4.   **BLAISE SCREEN: SHOW DOB FROM UI CLAIMS RECORDS.**
To get started I need to verify that I am speaking with the correct person. Could you please tell me your date of birth?

PROBE IF RESPONDENT RESISTS: I have your year of birth as [fill YEAR], would you please tell me the month and day?

IF NECESSARY: READ DOB ALOUD AND CONFIRM.

RECORD: |___|___| / |___|___| / |___|___|___|___| **[IF MATCHES SAMPLE INFO -**
       MONTH   DAY   YEAR   **Start Survey (B1), IF DOES NOT**
                                                MATCH SAMPLE INFO, ASK (A5)]

       REFUSED.. r   (A5)

A5.   **BLAISE SCREEN: SHOW LAST 4-DIGITS OF SS# FROM UI CLAIMS RECORDS.**
What are the last four digits of your social security number?

IF NECESSARY: READ LAST 4-DIGITS ALOUD AND CONFIRM.

|___|___|___|___| LAST FOUR SSN DIGITS **[IF MATCHES SAMPLE INFO - START SURVEY**
                                                      (B1), IF DOES NOT MATCH
                                                      SAMPLE INFO, READ A9]

       DON'T KNOW.. d
       REFUSED.. r

A9.   I am sorry. Before I continue with the interview I will need to check with my supervisor. Thank you for your time.

<div style="border:1px solid black; display:inline-block; padding:4px 20px;">**GO TO END**</div>

Thanks (**Q36**)
Thank you very much for your time.

       ENTER 1 TO CONTINUE

A12.   The letter was from _____, Federal Project Officer for the U.S. Department of Labor, and addressed to you. The letter explained that this study is sponsored by the U.S. Department of Labor and the study's purpose is to help the government provide better services to jobseekers in the future and be more responsive to the needs of the unemployed. It also mentioned that we would be mailing you a check for [$50/$40] when the survey is completed.

May we begin the interview?

IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.

BEGIN INTERVIEW..01   (A4)

NOT A GOOD TIME, SCHEDULE CALLBACK............02   (CALLBACK)

HUNG UP DURING INTRODUCTION 03   (STATUS 640)

SUPERVISOR REVIEW 04   (STATUS 380)

REQUESTS ANOTHER LETTER 05   (SEND LETTER)

REFUSED... r   (STATUS 200)

[SendLetter (Q35)]

A12a.   Okay, I'll mail another letter and will call back in a few days. To what address should we mail the letter?

_____
HOUSE NUMBER / STREET NAME   APT. #

_____   _____   _____
CITY   STATE   ZIP CODE

DON'T KNOW.. d

REFUSED... r

→ Thanks (Q36) Status 831

A13.   The letter was from the U.S. Department of Labor, and addressed to [fill SAMPLE MEMBER NAME]. The letter explained that this study is sponsored by the U.S. Department of Labor and the study's purpose is to help the government provide better services to jobseekers in the future and be more responsive to the needs of the unemployed. It also mentioned that we would be mailing [fill SM FirstName LastName] a check for [$50/$40] when the survey is completed.

May I speak to [fill SAMPLE MEMBER NAME]?

IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.

    BEGIN INTERVIEW 01   (A4)
    NOT A GOOD TIME, SCHEDULE CALLBACK 02   (CALLBACK)
    HUNG UP DURING INTRODUCTION 03   (STATUS 640)
    SUPERVISOR REVIEW 04   (STATUS 380)
    REFUSED... r   (STATUS 200)

CALLBACK SCREENS

Hello (**Q101**)
Hello, my name is [fill InterviewerName]. I am calling from Mathematica on behalf of the U.S. Department of Labor. May I please speak to [fill FullName]?

    SPEAKING TO [FILL FIRSTNAME] 01
    [FILL FIRSTNAME] COMES TO THE PHONE.............02
    PERSON ASKS WHAT CALL IS ABOUT 03   (WHATABOUT Q102)
    NEED TO CALLBACK 04   (CALLBACK)
    NEVER HEARD OF [FILL FULLNAME]/WRONG
    NUMBER 05   (PHONECHECK Q106)
    REFUSED... r   (STATUS 200)
                                                                                          IF NOT SAMPLE MEMBER
    IF SAMPLE MEMBER THEN GO TO SAMPMEMB (Q103)]

WhatAbout (**Q102**)
[if SampleMember then]
I'm calling to finish the interview we are conducting with [fill SM FirstName].

When is a good time to reach [fill FirstName]?

[FILL FIRSTNAME] COMES TO THE PHONE.............01
NEED TO CALLBACK ....02 (CALLBACK)
SUPERVISOR REVIEW ....03 (STATUS 380)
REFUSED.. r (STATUS 200)
IF NOT SAMPLE MEMBER]

[IF SAMPLE MEMBER THEN GO TO SAMPMEMB (Q103)]

SampMemb (**Q103**)
[if Hello eq 2 or WhatAbout = 1 then]
Hello, my name is [fill InterviewerName].
[endif]
I'm calling to finish the interview we are conducting about improving services to people
who are eligible to collect unemployment insurance benefits. Is now a good time?

CONTINUE INTERVIEW 01 (A4)
NOT A GOOD TIME ....02 (CALLBACK)
SUPERVISOR REVIEW ....03 (STATUS 380)
REFUSED.. r (STATUS 200)

PhoneCheck (**Q106**)
I'm sorry, I must have misdialed. I thought I dialed [fill Phone]. Can you tell me what
number I've reached to see what kind of mistake I made?

RIGHT NUMBER, NO SUCH PERSON ....01 (WRONGNUMBER Q107)
WRONG CONNECTION/MISDIAL...............................02 (THANKS Q108)
SUPERVISOR REVIEW REQUIRED..........................03 (STATUS 380)
REFUSED TO CONFIRM NUMBER ....04 (THANKS Q108)

WrongNumber (**Q107**)

I'm [fill InterviewerName] from Mathematica Policy Research in Princeton, New Jersey. I thought we'd recently spoken to someone there and according to the information I have, we were supposed to call back to interview [fill FullName]. There must have been some mistake. Thank you for your help. I'll turn this over to my supervisor.

ENTER 1 TO CONTINUE 1   (STATUS 380)

Thanks (**Q108**)

Thank you for your time.

ENTER 1 TO CONTINUE 1   (BACKUP Q109)

Backup (**Q109**)

BACKUP AND REDIAL PHONE NUMBER.

FREQUENTLY ASKED QUESTIONS (FAQs)

PROGRAMMER: ALLOW INTERVIEWER TO VIEW FAQS AT ANY TIME.

WHO/WHICH AGENCY IS SPONSORING THE STUDY?

This study is being sponsored by the U.S. Department of Labor.

WHO IS CONDUCTING THE STUDY?

Mathematica, an independent research company is conducting the study on behalf of the U.S. Department of Labor. Mathematica has more than 40 years of policy research and program evaluation experience. You can learn more about Mathematica by visiting our website at www.mathematica-mpr.com.

WHAT IS THE PURPOSE OF THE STUDY?

Our goal is to learn about how effectively unemployment insurance benefits met the needs of unemployed workers during the recent recession. This study is very important for improving services to jobseekers in the future. It will allow us to understand what works well and what doesn't.

I DON'T COLLECT UNEMPLOYMENT BENEFITS ANY MORE/I COLLECTED FOR A VERY SHORT TIME.

We are calling people who filed for unemployment benefits. Even if you no longer receive benefits or if you collected for a short time only, your experience and input is very important to the study. Hearing from people with different experiences helps us learn more about how the unemployment insurance system is working.

I'M DISSATISFIED WITH MY UNEMPLOYMENT BENEFITS/LOCAL AGENCIES.

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

HOW DID YOU GET MY NAME?

Your name was scientifically selected from among persons in your state who filed for unemployment insurance compensation in the last several years.

WILL THE INFORMATION FROM THE SURVEY BE KEPT PRIVATE?

All of the information we collect through the survey will be kept private and will be used for research purposes only. Your answers will be combined with the answers of other survey participants. Your name will never be used in any reports. Only members of the study team will have information about you.

I DON'T HAVE THE TIME.

We can schedule a call to do the survey at your convenience. Our interviewers are available to speak with you seven days a week as follows: on Mondays through Thursdays from 9:00 A.M. to 12:00 midnight, on Fridays from 9:00 A.M. to 8:00 P.M., Saturdays from 9:00 A.M.-5:00 P.M. and Sundays from 1:00 P.M. to 9:00 P.M. Eastern Standard Time. We can also complete the survey in more than one call, if necessary.

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

Your participation is voluntary and will not affect your eligibility to receive any services or benefits. Your selection for the survey was done scientifically. You were chosen to represent other people who received unemployment insurance benefits in your area. Your answers will help the U.S. Department of Labor improve services to people who become unemployed. There are no right or wrong answers. We're interested in your experiences and opinions.

I'M NOT INTERESTED.

Let me reassure you that we are not selling anything. The questions we ask are designed to help the U.S. Department of Labor improve services to people who are unemployed and seeking jobs. There are no right or wrong answers. We're interested in your experiences and opinions. Your answers will be combined with those of others and your name will never be included in any report. If you complete the survey we will pay you [$50/$40] as a token of appreciation.

HOW LONG WILL THIS TAKE?

The length of the interview varies, but it usually takes about 30 minutes.

FAQs – continued

WHO GAVE YOU THE AUTHORITY TO CONDUCT THE STUDY?

This study is being sponsored by the U.S. Department of Labor and has been approved by the U.S. Office of Management and Budget under OMB control number XXXX-XXXX. Without this approval we would not be able to conduct this survey. Questions regarding any aspect of this survey may be directed to XXXX, U.S. Department of Labor, XXXX, 200 Constitution Avenue, NW., Frances Perkins Bldg., Room S-3317, Washington, DC 20210, telephone number XXX-XXX-XXXX (this is not a toll-free number) or by email: XXXX@dol.gov and fax number is XXX-XXX-XXXX.

WILL I BE PAID?

Yes, we will mail you a check in the amount of [$50/$40] within 2 weeks of completing the survey.

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

Survey results will be reported in several reports prepared by Mathematica for the U.S. Department of Labor. Once these reports are cleared by the U.S. Department of Labor for public release, they will be available on Mathematica's website—www.mathematica-mpr.com.

WHAT ARE YOU GOING TO DO FOR ME NOW? ARE YOU GOING TO HELP ME FIND A JOB? ARE YOU GOING TO SEND ME FOR MORE TRAINING?

Mathematica is a private, independent research firm. Our firm is conducting this evaluation for the U.S. Department of Labor, and this survey is part of this evaluation. We cannot provide assistance finding jobs or training. You will, however, receive [$50/$40] for completing the survey.

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

The do not call list or registry applies to telemarketing calls, not to calls like this one that are approved by the government. Lawmakers recognize the need for the public to participate in studies like this to learn how government programs are working and how to improve them. We will not sell you anything, nor will we ask for money. Your privacy will be respected, and your cooperation is appreciated. For more information on who is included and excluded on the do not call list, you can visit the website at www.donotcall.gov.

DOES THE MONEY I RECEIVE FOR COMPLETING THIS SURVEY COUNT TOWARDS MY INCOME FOR THIS YEAR?

No, the money received for completing this survey is not considered employment income. Employment income is generated from an employment contract. This is a one-time payment for volunteering to take part in the survey.

WHO CAN I CONTACT FOR MORE INFORMATION?

For more information about the study, you can visit the U.S. Department of Labor (DOL) website at http://www.dol.gov/. You can also call the study's project officer, XXXX of DOL at XXX-XXX-XXXX or Mathematica's Project Director, Dr. Karen Needels at 541-753-0201. For questions about the survey you can call Mathematica's Survey Director, Ms. Pat Nemeth at 609-275-2294.

B1.　The first few questions I have are about the dates of your unemployment insurance benefits. According to [fill STATE's] Unemployment Insurance Agency records, you filed for unemployment insurance benefits on or about [fill INITIAL UI CLAIM DATE]. Is that correct?

> YES ....01　(B3)
> NO 00
> DON'T KNOW.. d
> REFUSED... r

(B1 NE 01)

B2.　When around [fill INITIAL UI CLAIM DATE], did you file for or start collecting unemployment benefits?

> **PROBE:**　If you filed more than once during that period, please tell me about the **first** of those times that you filed for benefits.

> **PROBE, IF NECESSARY:** Did you file for or start collecting unemployment benefits around [fill UI CLAIM YEAR]?

> **RECORD MONTH AND YEAR**

> **[PROGRAMMER:　REPLACE SAMPLE DATA UI CLAIM DATE WITH THIS DATE FOR SUBSEQUENT QUESTIONS.]**

> |___|___| / |___|___|___|___|　　　　(B3)
> MONTH　　YEAR
> (01-12)　　(2006-2010)

> DID NOT FILE/COLLECT ....n　(THANKS AND END, Status 380, SUPERVISOR REVIEW)
> DON'T KNOW.. d
> REFUSED... r　(THANKS AND END, Status 380, SUPERVISOR REVIEW)

CATI: IF EXTRACT DATA HAS AN END DATE, ASK B3. IF THE EXTRACT DATE IS MISSING, GO TO B4.

B3.   And, according to [fill STATE's] unemployment insurance records, you stopped receiving benefits on or about [fill UI END DATE]. Is that correct?

> YES 01   (B5)
> NO 00   (B4)
> CURRENTLY RECEIVING/DID NOT STOP 02   (C1)
> DON'T KNOW.. d   (B4)
> REFUSED.. r   (B4)

(EXTRACT DATE IS MISSING OR B3= 00, d OR r)
B4.   When did you stop receiving unemployment insurance benefits?

> **PROBE:** When did your unemployment insurance benefits run out?

> **INTERVIEWER: IF SAMPLE MEMBER FILED MORE THAN ONCE DURING THAT PERIOD, ASK THEM THE DATE UI BENEFITS RAN OUT FOR THE TIME THEY FILED ON [fill UI CLAIM DATE].**

> **RECORD MONTH AND YEAR.**

> **RECORD:** |__|__| / |__|__|__|__| (B5)
>   MONTH   YEAR

> CURRENTLY RECEIVING/DID NOT STOP 02   (C1)
> DON'T KNOW.. d   (B5)
> REFUSED.. r   (B5)

(B3=01 OR B4 NE 02)

B5. Why did you stop collecting unemployment insurance benefits from your initial claim filed in [fill INITIAL UI CLAIM DATE]?

CODE ONE ONLY

NEW INCOME SOURCE

RE-EMPLOYED/FOUND A JOB 01

STARTED OWN BUSINESS 02

BENEFIT RESTRICTION ISSUES

BENEFITS RAN OUT/EXHAUSTED 03

DISQUALIFIED 04

COMPLETED OR STOPPED PARTICIPATING
IN TRAINING PROGRAM THAT MADE ME
ELIGIBLE FOR BENEFITS 05

RECEIVED WORKMEN'S COMPENSATION/
HAD CASE PENDING 06

NOT AVAILABLE TO WORK

ENROLLED IN SCHOOL 07

ILLNESS OR DISABILITY 08

MOVED 09

WENT INTO MILITARY 10

RETIRED/RECEIVING SOCIAL SECURITY 11

DID NOT WANT TO WORK 12

LOST IMMIGRATION PAPERS/OTHER
IMMIGRATION ISSUE 13

OTHER

DID NOT WANT UNEMPLOYMENT
INSURANCE BENEFITS ANY MORE 14

OTHER (SPECIFY) [specify] 15

DON'T KNOW .... d

REFUSED .... r

SECTION C – PRE-UI EMPLOYMENT

INFORMATION ON THE JOB THAT LED TO THE UI CLAIM

C1.   My next questions are about the job you had just before you filed for benefits in
        [fill INITIAL CLAIM DATE]. My computer screen indicates that you worked at
        [fill NAME OF COMPANY FROM PRELOADS] at that time. Is this correct?

                    YES 01   (C3)
                    NO 00
                    DON'T KNOW... d
                    REFUSED.. r

C2.   What was the name of the employer you worked for just before you filed for
        unemployment benefits in [fill INITIAL UI CLAIM DATE]?

        **NOTE: PROBE FOR SPECIFIC DIVISION OR BRANCH OF OPERATION FOR THIS
                 EMPLOYER.** For example, the manufacturing, retail or wholesale part of a
                 company.

                    (SPECIFY) [specify] 01

                    _____

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

C3.   What kind of company was it—what did they make, do, or sell?

        PROBE, IF NECESSARY: What was the major product or service of [IF C1 = 1, THEN
                                 FILL CL_CompanyName FROM SAMPLE LOAD, ELSE
                                 FILL C2]?

                    (SPECIFY) [specify] 01

                    _____

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

C4.　What kind of work did you do at [IF C1 = 1, THEN FILL CL_CompanyName FROM SAMPLE LOAD, ELSE FILL C2]?

PROBE:　That is, what was your occupation?

PROBE:　What were your duties?

NOTE:　PROBE FOR VERBS, E.G., I INSTALLED DOORS; I OPERATE A FORK LIFT, I DROVE A TRACTOR TRAILER, I STOCKED SHELVES IN A DISCOUNT STORE.

(SPECIFY) [specify] 01

_____

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

C5.　Were you represented by a union at your job with [fill EMPLOYER]?

PROBE FOR NON-YES RESPONSES:　In some jobs you might be represented by a union even if you are not a member.

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

C6.　In what month and year did you **first** start working at [IF C1 = 1, THEN FILL CL_CompanyName FROM SAMPLE LOAD, ELSE FILL C2]?

ADJUST DATE IF NECESSARY.

PROBE: Your best estimate would be fine.

CATI: DATE MUST BE <u>BEFORE</u> CLAIM DATE.

|___|___| / |___|___|___|___| (C8)
MONTH　　　YEAR
 (01-12)　　 (1962-2012)

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

C7.   How many years and/or months ago did you first start working for [IF C1 = 1, THEN FILL
       CL_CompanyName FROM SAMPLE LOAD, ELSE FILL C2]?

       PROBE: Your best estimate would be fine.

           |___|___| YEARS AND/OR MONTHS |___|___|
             YEARS   MONTHS
            (01-50)   (01-12)

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

C8.   According to our records, [fill JOB SEPARATION DATE] was the **last** date that you
       worked at [IF C1 = 1, THEN FILL CL CompanyName FROM SAMPLE LOAD, ELSE
       FILL C2] before you applied for unemployment insurance benefits in [fill INITIAL CLAIM
       DATE]? Is that correct?

           YES 01   (C9)
           NO 00
           DON'T KNOW... d
           REFUSED.. r

(C8=00, d OR r)
C8a.   In what month and year did your job at [IF C1 = 1, THEN FILL CL_CompanyName
       FROM SAMPLE LOAD, ELSE FILL C2] end?

           **INTERVIEWER: DATE SHOULD USUALLY BE <u>BEFORE</u> INITIAL CLAIM DATE, BUT MAY
                           NOT BE IF STATE ALLOWS BENEFITS FOR PART-TIME WORKERS**

           INTERVIEWER: IF RESPONDENT SAYS HOURS WERE REDUCED, SAY: Please tell
                           me the date your reduced hours started.

           |___|___| / |___|___|___|___|
           MONTH   YEAR
            (01-12)   (2005-2010)

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

C9.　Did you work continuously at [fill COMPANY NAME] from the time you began working there or were there periods when you were not working for [fill COMPANY NAME] because you were laid off without pay?

INTERVIEWER: CONSIDER UNPAID ABSENCES OF TWO WEEKS OR MORE AS NONCONTINUOUS EMPLOYMENT. PAID VACATIONS, SICK TIME, DISABILITY, AND STRIKES ARE NOT BREAKS IN EMPLOYMENT.

YES, CONTINUOUSLY .... 01　(C11)

NO, NOT CONTINUOUSLY 00

DON'T KNOW .... d

REFUSED .... r

C10.　In general, were you laid off from [fill COMPANY NAME FROM PRELOADS OR C2] on a regular basis—for example, for a few weeks at about the same time each year?

YES 01

NO 00

DON'T KNOW .... d

REFUSED .... r

C11.　How many **hours per week**, including regular overtime hours, did you usually work on that job?

|__|__|　HOURS PER WEEK　(C12)
　(1-80)

DON'T KNOW .... d

REFUSED .... r

(C11= d OR r)

C11a.　Would you say you worked less than 20 hours per week, between 20 and 29 hours per week, between 30 and 39 hours per week, or 40 or more hours per week?

LESS THAN 20 HOURS PER WEEK 01

BETWEEN 20 AND 29 HOURS PER WEEK 02

BETWEEN 30 AND 39 HOURS PER WEEK 03

40 OR MORE HOURS PER WEEK 04

DON'T KNOW .... d

REFUSED .... r

C12. What (was/is) your usual pay, including tips, bonuses and commissions at this job **before** taxes or other deductions (were/are) taken?

PROBE: Your best estimate is fine.

INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD.

PROBE IF BACK TO WORK AT SEPARATING JOB: What was your rate of pay when you lost the job just before you filed for unemployment benefits?

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

PER HOUR..01
PER WEEK...02
ONCE EVERY TWO WEEKS 03
TWICE A MONTH...04
PER MONTH 05
PER YEAR...06
IN-KIND ONLY...07
PER DAY...08
PER JOB 09
COMMISSION 10
OTHER (SPECIFY) [specify]..11

GO TO C13

DON'T KNOW.. d   (C12a)
REFUSED.. r   (C12a)

C12a. Please try to estimate your annual pay at [fill EMPLOYER FROM PRELOADS OR C2].
Would you say your annual earnings (are/were) less than $30,000 or $30,000 or more?

LESS THAN $30,000 01   GO TO C12c

$30,000 OR MORE 02   GO TO C12b

DON'T KNOW .... d   GO TO C13

REFUSED .... r   GO TO C13

C12b. Would you say it was…

$30,000 to under $45,000, ... 01

$45,000 to under $60,000, ... 02

$60,000 to under $75,000, ... 03

$75,000 to under $90,000, ... 04

$90,000 to under $105,000, or 05

$105,000 or more? 06

DON'T KNOW .... d

REFUSED .... r

GO TO C13

C12c. Would you say it was…

Less than $5,000, ... 01

$5,000 to under $10,000, ... 02

$10,000 to under $15,000, ... 03

$15,000 to under $20,000, ... 04

$20,000 to under $25,000, or 05

$25,000 to under $30,000? 06

DON'T KNOW .... d

REFUSED .... r

C13. Was [fill a-c] available to you through your job at [fill EMPLOYER FROM PRELOADS OR C2]?

INTERVIEWER: CODE "YES" IF AVAILABLE, BUT NOT USED.

| | **CODE ONE FOR EACH ROW** | | | |
	YES	**NO**	**DON'T KNOW**	**REFUSED**
a. Health insurance or membership in an HMO or PPO plan?...	01	00	d	r
b. Paid vacation?..	01	00	d	r
c. Retirement or pension benefits?.............................	01	00	d	r

IF C13a NE 01, GO TO C15

(C13a=01)
C14. Did you have health insurance through your job with [fill EMPLOYER FROM PRELOADS OR C2] when that job ended in [fill INITIAL UI CLAIM DATE]?

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

C15. What was the main reason your job at [fill EMPLOYER FROM PRELOADS OR C2] ended? Was it because…

CODE ONE ONLY

you were laid off,...01 (C16)
   (INCLUDE / REORGANIZATION/ DOWNSIZING/
   COMPANY SOLD/ COMPANY MOVED/ COMPANY
   WENT OUT OF BUSINESS / PLANT OR FACILITY
   MOVED OR CLOSED/ END OF TERM IN SERVICE/
   ENLISTMENT UP/ REDUCTION IN FORCE OR RIF'ED/
   JOB/POSITION ELIMINATED)

you retired,...02 (C20)

you were discharged or fired,.....................................03 (D1)

you quit,...04 (C19)

Or was there some other reason? (SPECIFY) 05 (D1)

_____

YOU GOT A BETTER JOB 06 (D1)

YOU MOVED...07 (C19)

YOU HAD HEALTH PROBLEMS.................................08 (D1)

YOU RETURNED TO SCHOOL 09 (D1)

YOU NEEDED TO TAKE CARE OF A FAMILY
MEMBER 10 (D1)

JOB COMPLETED/TEMP WORK/SEASONAL
WORK/WORK PERIOD ENDED.................................11 (C16)

DON'T KNOW.. d

REFUSED... r

C16.   What was the **main** reason that you were laid off in [fill JOB SEPARATION DATE]?

CODE ONE ONLY

THE COMPANY MOVED OR CLOSED.......................01

THE PLANT OR FACILITY MOVED OR CLOSED.......02

THERE WAS A LACK OF WORK 03

YOUR JOB OR SHIFT WAS ELIMINATED.................04

THERE WAS A STRIKE 05

COMPANY DOWNSIZING..06

COMPANY BOUGHT/SOLD/MERGED OR
REORGANIZED/ RESTRUCTURED 07

OUTSOURCED/JOB SENT OVERSEAS.....................08

WEATHER...09

TEMPORARILY CLOSED/CLOSED FOR
INVENTORY..10

POOR WORK PERFORMANCE.................................11

DISPUTE WITH MANAGEMENT 12

COMPANY FINANCES/BUDGET CUTS/
BANKRUPT 13

TEMPORARY WORKER 14

EMPLOYER SAID RESPONDENT COULD NOT
DO JOB ANYMORE, OR 15

SOME OTHER REASON? (SPECIFY) [specify] 16

_____

DON'T KNOW.. d

REFUSED.. r

C17.   At the time that you were laid off from [fill EMPLOYER FROM PRELOADS OR C2], did
you expect the layoff to be temporary – that is did you think you would be recalled?

YES 01

NO 00

DON'T KNOW.. d

REFUSED.. r

C18.   Did you actually go back to your job at [fill EMPLOYER FROM PRELOADS OR C2]
        (IF C17 = 00, d, or r SAY: anyway)?

        PROBE: Since [fill INITIAL UI CLAIM DATE].

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

                ┌────────────────────────┐
                │   **GO TO D1**   │
                └────────────────────────┘

C19.   What was the **main** reason that you (quit/moved)?

                                                        CODE ONLY ONE

                YOUR ILL HEALTH OR DISABILITY 01
                THE ILLNESS OR INJURY OF AN IMMEDIATE
                FAMILY MEMBER 02
                CHILD CARE RESPONSIBILITIES............................ 03
                OTHER FAMILY RESPONSIBILITIES 04
                TO ACCOMPANY SPOUSE OR PARTNER TO A
                NEW JOB 05
                OTHER PERSONAL REASONS................................. 06
                YOU MOVED AWAY FOR ANOTHER REASON........ 07
                UNSATISFACTORY WORKING
                ARRANGEMENTS OR YOU DISLIKED THE JOB....... 08
                YOU KNEW THE PLANT OR COMPANY WAS
                GOING TO CLOSE OR MOVE 09
                COMMUTING BECAME TOO DIFFICULT OR
                EXPENSIVE 10
                YOU WENT BACK TO SCHOOL.............................. 11
                SOME OTHER REASON? (SPECIFY) [specify] 12
                _____

                DID NOT GET ALONG WITH SUPERVISOR 13
                DANGEROUS WORKING CONDITIONS 14
                FOUND BETTER JOB 15
                DID NOT MAKE ENOUGH MONEY........................... 16
                DON'T KNOW.. d
                REFUSED... r

                ┌────────────────────────┐
                │   **GO TO D1**   │
                └────────────────────────┘

C20. What was the **main** reason you retired?

CODE ONE ONLY

YOU REACHED RETIREMENT AGE OR YEARS
REQUIREMENT 01

YOUR ILL HEALTH OR DISABILITY 02

THE ILLNESS OR INJURY OF AN IMMEDIATE
FAMILY MEMBER 03

CHILD CARE RESPONSIBILITIES............................. 04

OTHER FAMILY RESPONSIBILITIES........................ 05

TO ACCOMPANY SPOUSE OR PARTNER TO A
NEW JOB 06

OTHER PERSONAL REASONS................................. 07

YOU MOVED AWAY FOR OTHER REASONS 08

UNSATISFACTORY WORKING
ARRANGEMENTS OR YOU DISLIKED THE JOB....... 09

YOU KNEW THE PLANT OR COMPANY WAS
GOING TO CLOSE OR MOVE 10

COMMUTING BECAME TOO DIFFICULT OR
EXPENSIVE 11

YOU WENT BACK TO SCHOOL, ... 12

SOME OTHER REASON (SPECIFY) [specify] 13

_____

DON'T KNOW... d

REFUSED.. r

SECTION D – POST CLAIM WORK SEARCH ACTIVITIES

D1.   Now, please think about what you may have done to look for work shortly after you first began receiving unemployment benefits in [fill INITIAL UI CLAIM DATE]. Did you begin to look for work within the first three months after your job ended?

    YES 01
    NO 00   (D4)
    DON'T KNOW.. d   (D4)
    REFUSED... r   (D4)

D2.   And during those first three months after your job ended, about how many hours did you spend each week, on average, looking for work?

    PROBE: Your best estimate is fine.

    |___|___| HOURS PER WEEK (D3)
    (1-80)

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

(D2=d OR r)
D2a.   Would you say you spent between…

                                                            CODE ONE ONLY
    1 and 5 hours per week,... 01
    6 and 10 hours per week,.. 02
    11 and 20 hours per week,... 03
    21 and 30 hours per week,... 04
    31 and 40 hours per week, or...................................... 05
    more than 40 hours per week?..................................... 06
    DON'T KNOW... d
    REFUSED... r

D3. I'm going to read a short list of things people sometimes do when looking for work. Please tell me whether you did any of these things during the first three months after your job with [fill EMPLOYER FROM PRELOADS OR C2] ended. Did you…

		CODE ONE FOR EACH ROW		
	YES	**NO**	**DON'T KNOW**	**REFUSED**
a. contact a private employment or placement agency?	01	00	d	r
b. contact [fill STATE ONE-STOP CENTER NAME]?....	01	00	d	r
c. contact another state employment or unemployment center?...	01	00	d	r
d. contact another government agency?	01	00	d	r
e. contact a school, training provider, college or university?..	01	00	d	r
f. contact your former employer?..................................	01	00	d	r
g. contact your union?..	01	00	d	r
h. register online for job matching, job placement, or networking services?..	01	00	d	r
i. use some other source? (SPECIFY) [specify]	01	00	d	r

_____

PROGRAMMER: IF D3a THROUGH D3i = 00, d, OR r, OR IF THERE IS ONLY ONE YES AT D3, GO TO D5.

D3a.   Of the things you did to look for work during the first three months after your job ended, which **one** did you do most often in your job search?

PROGRAMMER: SHOW ONLY THE CATEGORIES CHECKED AT D3.

CODE ONE ONLY

CONTACTED A PRIVATE EMPLOYMENT OR
PLACEMENT AGENCY 01

CONTACTED [FILL STATE ONE-STOP
CENTER NAME] 02

CONTACTED ANOTHER STATE EMPLOYMENT
OR UNEMPLOYMENT CENTER 03

CONTACTED ANOTHER GOVERNMENT
AGENCY 04

CONTACTED A SCHOOL, TRAINING
PROVIDER, COLLEGE OR UNIVERSITY 05

CONTACTED YOUR FORMER EMPLOYER 06

CONTACTED YOUR UNION 07

REGISTERED ONLINE FOR JOB MATCHING, JOB
PLACEMENT, OR NETWORKING SERVICE 08

USED SOME OTHER SOURCE
(SPECIFY) [specify] 09

_____

DON'T KNOW .... d

REFUSED .... r

GO TO D5

D4. What is the main reason you did not look for work in the first three months after your job with [fill EMPLOYER FROM PRELOADS OR C2] ended?

CODE ONE ONLY

EXPECTED NEW JOB TO START 01

DID NOT WANT TO WORK/DID NOT WANT TO
LOOK FOR WORK 02

BELIEVES NO WORK AVAILABLE IN LINE OF
WORK OR AREA... 03

COULDN'T FIND ANY WORK 04

EXPECTED TO BE CALLED BACK TO JOB (NO
SPECIFIC DATE).. 05

ON STANDBY WITH EMPLOYER—HAS A
SPECIFIC CALLBACK DATE 06

EXPECTED UNION TO PROVIDE JOB 07

MOVED OR MOVING... 08

STARTED OWN BUSINESS/SELF-EMPLOYED 09

LACKS NECESSARY SCHOOLING, TRAINING,
SKILLS OR EXPERIENCE 10

RETIRED... 11

EMPLOYERS THINK TOO YOUNG OR TOO OLD 12

OTHER TYPES OF DISCRIMINATION 13

CAN'T ARRANGE CHILD CARE 14

FAMILY RESPONSIBILITIES 15

IN SCHOOL OR OTHER TRAINING........................... 16

ILL HEALTH OR PHYSICAL DISABILITY 17

PREGNANCY 18

TRANSPORTATION PROBLEMS 19

STILL WORKING PART-TIME/WORKING PART-
TIME WHILE COLLECTING UI BENEFITS.................. 20

OTHER (SPECIFY) [specify]...................................... 21

DON'T KNOW... d

REFUSED.. r

GO TO E1

D5.   Did any of the things you did to look for work during the first three months after your job ended lead to specific referrals for job openings that matched your skills?

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

D6.   Did you follow up on any of these referrals?

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

D7.   Did you actually start work for any of those employers?

YES 01
NO, BUT HAS A START DATE....................................02
NO 00
DON'T KNOW.. d
REFUSED.. r

E1.   Now I'd like to ask you about school, education, and job training programs and courses in which you may have participated.

First, what was the highest level of school you had completed or the highest degree you had received at the time your job at [fill NAME OF COMPANY FROM PRELOADS OR C2] ended?

PROBE: How far did you go in school?

                                                              CODE ONE ONLY

LESS THAN 1ST GRADE 01

1ST, 2ND, 3RD OR 4TH GRADE 02

5TH OR 6TH GRADE 03

7TH OR 8TH GRADE 04

9TH GRADE 05

10TH GRADE 06

11TH GRADE 07

12TH GRADE NO DIPLOMA 08

HIGH SCHOOL GRADUATE, HIGH SCHOOL
DIPLOMA OR THE EQUIVALENT (FOR
EXAMPLE: GED) 09

SOME COLLEGE BUT NO DEGREE 10

ASSOCIATE DEGREE IN COLLEGE
OCCUPATIONAL/VOCATIONAL PROGRAM.............. 11

ASSOCIATE DEGREE IN COLLEGE ACADEMIC
PROGRAM 12

BACHELOR'S DEGREE (FOR EXAMPLE:
BA, AB, BS) 13

MASTER'S DEGREE (FOR EXAMPLE: MA, MS,
MENG, MED, MSW, MBA)... 14

PROFESSIONAL SCHOOL DEGREE (FOR
EXAMPLE: MD, DDS, DVM, LLB, JD) 15

DOCTORATE DEGREE (FOR EXAMPLE:
PhD, EDD) 16

OTHER (SPECIFY) [specify] 17

_____

DON'T KNOW.. d

REFUSED... r

E1a. Since your job at [IF C1 = 1, THEN FILL CL_CompanyName FROM SAMPLE LOAD, ELSE FILL C2] ended, have you participated in any education and training programs and courses? Please include training programs that helped you learn job skills or prepare for an occupation, as well as general educational programs, such as college, regular high school, or GED courses.

> YES 01
> NO 00 (F1)
> DON'T KNOW.. d (F1)
> REFUSED... r (F1)

(E1a=01)
E2. How many different education and training programs have you participated in since [fill INITIAL UI CLAIM DATE]?

IF MORE THAN ONE, PROBE: Were these separate programs or different courses for the same program?

> |__|__|
> (01-99)

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

(E1a=01)
E2a. Are you currently participating in any of these programs?

> YES 01
> NO 00 (E3a)
> DON'T KNOW... d (E3a)
> REFUSED... r (E3a)

(E2a=01 AND E2>01)
E2b. In how many training and education programs are you currently participating?

> |__|__|
> (01-99)

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

ASK E3, E3a, AND E4 ACROSS FIRST, THEN ASK E5-E18 FOR EACH SELECTED PROGRAM ONLY.	#1 TRAINING PROGRAM	#2 TRAINING PROGRAM	#3 TRAINING PROGRAM
(E2a=01) E3. What (is/are) the name(s) of (the program(s) in which you are currently participating? **ENTER UP TO 3 CURRENT PROGRAMS, MATCHING NUMBER AT E2b.**	_____ _____ _____	_____ _____ _____	_____ _____ _____
(E2a=00, d or r OR E2> PROGRAMS ENTERED AT E3) E3a. (In addition to the program(s) in which you are currently participating) What (is/are) the name(s) of the (other) program(s) in which have participated since [fill INITIAL UI CLAIM DATE]? **ENTER UP TO 3 NON-CURRENT PROGRAMS, MATCHING NUMBER AT E2 MINUS E2b.**			
E4. What is the length of [fill PROGRAM NAME]; that is, how long would you have to participate in [fill PROGRAM NAME] to get through the full program? **PROBE:** Please tell me the full program length even if you (did/have) not participate(d) for the full time.	|___|___| **CODE ONE ONLY** DAYS…………………………01 WEEKS .... 02 MONTHS............................. 03 YEARS .... 04 DON'T KNOW .... d REFUSED .... r	|___|___| **CODE ONE ONLY** DAYS…………………………01 WEEKS ....02 MONTHS ....03 YEARS.................................04 DON'T KNOW ....d REFUSED ....r	|___|___| **CODE ONE ONLY** DAYS…………………………01 WEEKS .... 02 MONTHS............................. 03 YEARS .... 04 DON'T KNOW .... d REFUSED .... r

E4ck.
CATI: SELECT (1) THE LONGEST *CURRENT* PROGRAM AND (2) THE LONGEST PROGRAM, CURRENT OR NON-CURRENT, WHICH WE HAVEN'T ALREADY ASKED ABOUT. WE SHOULD ASK ABOUT A MAXIMUM OF TWO PROGRAMS. IF THERE ARE NO CURRENT PROGRAMS, THEN WE WILL WANT TO ASK ONLY ABOUT THE LONGEST NON-CURRENT PROGRAM (I.E. ONE PROGRAM), EVEN IF THERE ARE 2 OR MORE NON-CURRENT PROGRAMS.

ASK E3, E3a.AND E4 ACROSS FIRST, THEN ASK E5-E18 FOR EACH SELECTED PROGRAM ONLY.	#4 TRAINING PROGRAM	#5 TRAINING PROGRAM	#6 TRAINING PROGRAM
(E2a=01) E3. What (is/are) the name(s) of (the program(s) in which you are currently participating? **ENTER UP TO 3 CURRENT PROGRAMS, MATCHING NUMBER AT E2b.**			
(E2a=00, d or r OR E2> PROGRAMS ENTERED AT E3) E3a. (In addition to the program(s) in which you are currently participating) What (is/are) the name(s) of the (other) program(s) in which have participated since [fill INITIAL UI CLAIM DATE]? **ENTER UP TO 3 NON-CURRENT PROGRAMS, MATCHING NUMBER AT E2 MINUS E2b.**	_____ _____ _____	_____ _____ _____	_____ _____ _____
E4. What is the length of [fill PROGRAM NAME]; that is, how long would you have to participate in [fill PROGRAM NAME] to get through the full program? **PROBE:** Please tell me the full program length even if you (did/have) not participate(d) for the full time.	|__|__| **CODE ONE ONLY** DAYS…………………………01 WEEKS .... 02 MONTHS .... 03 YEARS .... 04 DON'T KNOW .... d REFUSED .... r	|__|__| **CODE ONE ONLY** DAYS…………………………01 WEEKS.............................. 02 MONTHS .... 03 YEARS .... 04 DON'T KNOW....................... d REFUSED .... r	|__|__| **CODE ONE ONLY** DAYS…………………………01 WEEKS................................ 02 MONTHS .... 03 YEARS .... 04 DON'T KNOW....................... d REFUSED.............................. r

E4ck. CATI: SELECT (1) THE LONGEST *CURRENT* PROGRAM AND (2) THE LONGEST PROGRAM, CURRENT OR NON-CURRENT, WHICH WE HAVEN'T ALREADY ASKED ABOUT. WE SHOULD ASK ABOUT A MAXIMUM OF TWO PROGRAMS. IF THERE ARE NO CURRENT PROGRAMS, THEN WE WILL WANT TO ASK ONLY ABOUT THE LONGEST NON-CURRENT PROGRAM (I.E. ONE PROGRAM), EVEN IF THERE ARE 2 OR MORE NON-CURRENT PROGRAMS.

ASK E5-E18 FOR EACH SELECTED PROGRAM.	#1 TRAINING PROGRAM	#2 TRAINING PROGRAM
E5. When did you <u>start</u> attending [fill PROGRAM]?	|__|__|/|__|__|__|__| **[GO TO E7]** MONTH YEAR DON'T KNOW... d REFUSED.. r	|__|__|/|__|__|__|__| **[GO TO E7]** MONTH YEAR DON'T KNOW .... d REFUSED .... r
(E5=d OR r) E6. Do you recall what year you started attending [fill PROGRAM] program after [fill INITIAL UI CLAIM DATE]?	|__|__|__|__| YEAR (2005-2012) DON'T KNOW... d REFUSED.. r	|__|__|__|__| YEAR (2005-2012) DON'T KNOW .... d REFUSED .... r
E7. And when did you <u>stop</u> attending (the/that) program?	|__|__|/|__|__|__|__| **[GO TO E9]** MONTH YEAR STILL IN PROGRAM **[GO TO E8a]** .... 02 DON'T KNOW... d REFUSED.. r	|__|__|/|__|__|__|__| **[GO TO E9]** MONTH YEAR STILL IN PROGRAM **[GO TO E8a]** .... 02 DON'T KNOW .... d REFUSED .... r
(E7= d OR r) E8. Do you recall what year you stopped attending (the/that) program?	|__|__|__|__| YEAR (2006-2012) DON'T KNOW... d REFUSED.. r **[GO TO E9]**	|__|__|__|__| YEAR (2006-2012) DON'T KNOW .... d REFUSED .... r **[GO TO E9]**
(E2a=01 OR E7=02) E8a. When do you expect to complete this program?	|__|__| / |__|__|__|__| MONTH YEAR DON'T KNOW .... d REFUSED ....r	|__|__| / |__|__|__|__| MONTH YEAR DON'T KNOW .... d REFUSED ....r
E9. How many hours per week (did/do) you participate in [fill PROGRAM NAME]? **RESPONDENT SHOULD NOT INCLUDE TIME SPENT OUTSIDE OF CLASS STUDYING OR DOING HOMEWORK, ONLY TIME ATTENDING CLASS SHOULD BE INCLUDED.** **IF RESPONDENT SAYS THEY TOOK ONLINE CLASSES, ASK THEM ONLY TO INCLUDE THE TIME THEY SPENT ONLINE ACTUALLY TAKING CLASSES AND NOT INCLUDE TIME THEY SPENT DOING HOMEWORK.**	|__|__| HOURS PER WEEK DON'T KNOW .... d REFUSED ....r	|__|__| HOURS PER WEEK DON'T KNOW .... d REFUSED ....r
E9a. (Are/Were) you employed while participating in [fill PROGRAM NAME]? **PROBE IF YES:** Was that for all of the time or some of the time?	YES, ALL OF THE TIME.......................... 01 YES, SOME OF THE TIME .... 02 NO... 00 DON'T KNOW .... d REFUSED.. r	YES, ALL OF THE TIME.......................... 01 YES, SOME OF THE TIME..................... 02 NO... 00 DON'T KNOW .... d REFUSED .... r

ASK E5-E18 FOR EACH SELECTED PROGRAM.	#1 TRAINING PROGRAM	#2 TRAINING PROGRAM
E10. At what type of place (do/did) you go to get that training? **(READ CHOICES IF NECESSARY)**	**CODE ONE ONLY** COMMUNITY COLLEGE/ 2 YEAR COLLEGE ....01 4 YEAR COLLEGE OR UNIVERSITY......02 STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE..........................03 STATE ONE-STOP CENTER ....04 VOCATIONAL TRAINING CENTER ....05 ADULT ED/COMMUNITY SCHOOL/ADULT HS/NIGHT SCHOOL ...06 PRIVATE COMPANY THAT PROVIDES TRAINING (SPECIFY) [specify] ....07 _____ COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY ....08 THE COMPANY WHERE YOU WORK(ED)..09 ONLINE...10 GOVERNMENT AGENCY/MILITARY ......11 SOME PLACE ELSE (SPECIFY) [specify] ....12 _____ DON'T KNOW ....d REFUSED ....r	**CODE ONE ONLY** COMMUNITY COLLEGE/ 2 YEAR COLLEGE..01 4 YEAR COLLEGE OR UNIVERSITY......02 STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE..........................03 STATE ONE-STOP CENTER ....04 VOCATIONAL TRAINING CENTER.........05 ADULT ED/COMMUNITY SCHOOL/ADULT HS/NIGHT SCHOOL ...06 PRIVATE COMPANY THAT PROVIDES TRAINING (SPECIFY) [specify] ....07 _____ COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY ....08 THE COMPANY WHERE YOU WORK(ED) ....09 ONLINE ....10 GOVERNMENT AGENCY/MILITARY ......11 SOME PLACE ELSE (SPECIFY) [specify] ....12 _____ DON'T KNOW..d REFUSED .... r
E11. (Are/Were) you collecting unemployment insurance benefits while participating in [fill PROGRAM]? **PROBE IF YES:** Was that for all of the time or some of the time?	YES, ALL OF THE TIME..........................01 YES, SOME OF THE TIME ....02 NO..00 DON'T KNOW ....d REFUSED ....r	YES, ALL OF THE TIME..........................01 YES, SOME OF THE TIME.....................02 NO ....00 DON'T KNOW...d REFUSED .... r
E12. Who (pays/paid) for this training? **PROBE:** Anyone else?	**CODE ALL THAT APPLY** SAMPLE MEMBER/SAMPLE MEMBER'S FAMILY ....01 STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE/ ONE STOP CAREER CENTER/ WIA/INDIVIDUAL TRAINING ACCOUNT (ITA) VOUCHER..02 OTHER GOVERNMENT AGENCY ....03 TRADE ADJUSTMENT ASSISTANCE (TAA) OR TRADE READJUSTMENT ALLOWANCE (TRA) BENEFITS ....04 EMPLOYER ....05 GOVERNMENT/STATE UNSPECIFIED ... 06 PELL GRANT ....07 UNION..08 PRIVATE ORGANIZATION OR SCHOLARSHIP FUND ....09 DEPARTMENT OF VETERANS AFFAIRS (VA) ....10 FREE..11 OTHER? (SPECIFY) [specify].................12 _____ DON'T KNOW ....d REFUSED ....r	**CODE ALL THAT APPLY** SAMPLE MEMBER/SAMPLE MEMBER'S FAMILY ....01 STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE/ ONE STOP CAREER CENTER/ WIA/INDIVIDUAL TRAINING ACCOUNT (ITA) VOUCHER..02 OTHER GOVERNMENT AGENCY ....03 TRADE ADJUSTMENT ASSISTANCE (TAA) OR TRADE READJUSTMENT ALLOWANCE (TRA) BENEFITS..............04 EMPLOYER...05 GOVERNMENT/STATE UNSPECIFIED .. 06 PELL GRANT ....07 UNION..08 PRIVATE ORGANIZATION OR SCHOLARSHIP FUND ....09 DEPARTMENT OF VETERANS AFFAIRS (VA) ....10 FREE..11 OTHER? (SPECIFY) [specify].................12 _____ DON'T KNOW..d REFUSED .... r

ASK E5-E18 FOR EACH SELECTED PROGRAM.	#1 TRAINING PROGRAM	#2 TRAINING PROGRAM
(E7 NE 02) E13. Did you complete [fill PROGRAM NAME]?	YES.. 01 NO .... 00 NO SPECIFIC COMPLETION .... 02 DON'T KNOW .... d REFUSED.. r	YES.. 01 NO .... 00 NO SPECIFIC COMPLETION .... 02 DON'T KNOW .... d REFUSED.. r
E14. (Was/Is) [fill PROGRAM NAME] supposed to lead to a license, degree, or certificate?	YES.. 01 NO ....**[GO TO E16]**............... 00 DON'T KNOW ....**[GO TO E16]**................. d REFUSED..........**[GO TO E16]**.................. r	YES.. 01 NO ....**[GO TO E16]**............... 00 DON'T KNOW ....**[GO TO E16]**................. d REFUSED..........**[GO TO E16]**.................. r
(E14=01) E15. Did you receive a license, degree, or certificate for participating in [fill PROGRAM NAME]?	YES.. 01 NO .... 00 DON'T KNOW .... d REFUSED.. r	YES.. 01 NO .... 00 DON'T KNOW .... d REFUSED.. r
(E13 NE 01) E16. What was the main reason that you stopped attending [fill PROGRAM NAME]? **CODE ONE ONLY**	FOUND JOB/RE-EMPLOYED................. 01 COULDN'T AFFORD TO CONTINUE ..... 02 NOT INTERESTED/ DIDN'T LIKE PROGRAM .... 03 ILLNESS .... 04 PREGNANCY .... 05 CHILD CARE ISSUES .... 06 OTHER FAMILY REASONS.................... 07 TRANSPORTATION/ LOGISTICAL PROBLEMS .... 08 PERSONAL PROBLEMS .... 09 POOR GRADES .... 10 COURSES OR PROGRAM POORLY TAUGHT .... 11 DIDN'T THINK IT WOULD HELP ME FIND A JOB .... 12 STARTED OTHER SCHOOL/TRAINING 13 DECIDED DIDN'T WANT JOB .... 14 STILL ATTENDING................................. 15 OTHER (SPECIFY) [specify] .... 16 _____ DON'T KNOW .... d REFUSED.. r	FOUND JOB/RE-EMPLOYED................. 01 COULDN'T AFFORD TO CONTINUE ..... 02 NOT INTERESTED/ DIDN'T LIKE PROGRAM .... 03 ILLNESS .... 04 PREGNANCY .... 05 CHILD CARE ISSUES .... 06 OTHER FAMILY REASONS.................... 07 TRANSPORTATION/ LOGISTICAL PROBLEMS .... 08 PERSONAL PROBLEMS .... 09 POOR GRADES .... 10 COURSES OR PROGRAM POORLY TAUGHT .... 11 DIDN'T THINK IT WOULD HELP ME FIND A JOB .... 12 STARTED OTHER SCHOOL/TRAINING 13 DECIDED DIDN'T WANT JOB .... 14 STILL ATTENDING................................. 15 OTHER (SPECIFY) [specify] .... 16 _____ DON'T KNOW .... d REFUSED.. r
E17. Did you get a job as a direct result of participating in [fill PROGRAM NAME]?	YES.. 01 NO .... 00 STILL IN PROGRAM................................ n DON'T KNOW .... d REFUSED.. r	YES.. 01 NO .... 00 STILL IN PROGRAM................................ n DON'T KNOW .... d REFUSED.. r
E18. **PROGRAMMER: WAS ANOTHER PROGRAM SELECTED?**	YES.......... **[GO TO E5, PROGRAM 2]**... 01 NO .... **[GO TO E19]** 00	**GO TO E19**

E19.   Did you collect any extra weeks of unemployment insurance benefits because you participated in a training program?

YES 01

NO 00

DON'T KNOW...d

REFUSED..r

F1.   The next questions are about the jobs you've held since working at [fill COMPANY
NAME FROM PRELOADS OR C2]. First, which of the following best describes your
work-related activities **last week**? Were you…

CODE ONE ONLY

working at a job for pay,..01 (F2)

employed, but on vacation, on leave,
or not at work for other reasons, ...02 (F2)

retired, ...03 (F5)

unable to work because of a disability,........................04 (F5)

attending school or long-term training program, ...05 (F5)

unemployed, on a layoff,..06 (F1a)

unemployed, looking for work 07 (F5)

without a job and not looking for work, or 08 (F1b)

doing something else? (SPECIFY) [specify]................09 (F1a)

DON'T KNOW...d (F1a)

REFUSED..r (F1a)

(F1=06, 09, d OR r)
F1a.   Were you looking for work last week?

YES 01 (F5)

NO 00

DON'T KNOW...d (F5)

REFUSED..r (F5)

(F1=08 OR F1a = 00, d OR r)
F1b.   What is the main reason that you were not looking for work last week?

CODE ONE ONLY

EXPECTS NEW JOB TO START 01

DOES NOT WANT TO WORK/DOES NOT
WANT TO LOOK FOR WORK 02

BELIEVES NO WORK AVAILABLE IN LINE OF
WORK OR AREA.. 03

CAN'T FIND ANY WORK... 04

EXPECTS TO BE CALLED BACK TO JOB 05   (F1c)

EXPECTS UNION TO PROVIDE JOB 06

MOVED OR MOVING 07

STARTED OWN BUSINESS/SELF-EMPLOYED 08

LACKS NECESSARY SCHOOLING, TRAINING,
SKILLS OR EXPERIENCE 09

RETIRED 10

EMPLOYERS THINK TOO YOUNG OR TOO OLD 11

OTHER TYPES OF DISCRIMINATION 12

CAN'T ARRANGE CHILD CARE 13

FAMILY RESPONSIBILITIES 14

IN SCHOOL OR OTHER TRAINING........................... 15

ILL HEALTH, PHYSICAL DISABILITY 16

PREGNANCY 17

TRANSPORTATION PROBLEMS 18

STILL WORKING PART-TIME/WORKING PART-
TIME WHILE COLLECTING UI BENEFITS.................. 19

OTHER (SPECIFY) [specify]....................................... 20

_____

DON'T KNOW.. d

REFUSED.. r

GO TO F5

F1c. Do you have a definite recall date to return to work?

        YES 01

        NO 00

        DON'T KNOW .... d

        REFUSED .... r

<div style="border:1px solid black; text-align:center;">

GO TO F5

</div>

F2. How many jobs do you currently have?

        |__|__|
        (01-10)

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

F3. Do you usually work 35 hours or more per week [IF F2 = 1, FILL "at your job," IF F2 = 2 OR MORE, d, r, FILL "across all of your jobs"]?

        YES 01 (F5)

        NO 00

        DON'T KNOW .... d

        REFUSED .... r

F4. Do you want to work a full-time workweek of 35 hours or more per week?

        YES 01

        NO 00

        DON'T KNOW .... d

        REFUSED .... r

F5. (Including any current job(s)), how many different jobs have you had since [fill INITIAL UI CLAIM DATE FROM PRELOADS IF VERIFIED (B1 =01). IF NOT VERIFIED, FILL C8a – JOB END DATE OR B2]?

    PROBE: How many different jobs have you had since you filed for unemployment benefits?

    INTERVIEWER: TREAT A JOB INTERRUPTED BY TWO OR MORE UNPAID WEEKS AS SEPARATE JOBS, <u>EVEN IF IT IS WITH THE SAME EMPLOYER</u>. IF SEPARATION IS LESS THAN TWO WEEKS, TREAT AS ONE JOB.

    |__|__|
    (01-10)

    ZERO...00 (G1)

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

CATI: ALLOW FOR 10 JOBS. ASK F6 ACROSS FIRST, THEN ASK F8-F11 FOR ALL JOBS.	CURRENT JOB - JOB 1	JOB 2	JOB 3
F6. Please tell me the name of the companies, organizations, or people you've worked for since your job with [fill COMPANY NAME FROM SAMPLE IF C1=1, ELSE fill C2 COMPANY NAME] ended around [fill INITIAL UI CLAIM DATE]. Start with your current job or jobs, then the most recent jobs that you had. **PROBE:** What was the job before that?	(SPECIFY) [specify].............01 _____ DON'T KNOW ....d REFUSED ....r	(SPECIFY) [specify] .... 01 _____ DON'T KNOW .... d REFUSED .... r	(SPECIFY) [specify].............01 _____ DON'T KNOW........................d REFUSED.............................r
F7. Let me verify that since [fill INITIAL UI CLAIM DATE] you worked at [fill F6 NAMES]. Is this correct, or are there any other jobs you may have had? **IF CORRECT, ENTER "1" AND CONTINUE.** **IF IT IS NOT CORRECT, ENTER "0"; GO BACK TO F5 AND F6 TO ENTER CORRECT NUMBER AND NAMES OF JOBS HELD.**			
F8. When did you <u>start</u> working for [fill F6_JOB_1 – F6_JOB_10]? **RECORD MONTH AND YEAR.** **INTERVIEWER: DATE USUALLY WILL BE AFTER PRE UI CLAIM JOB, BUT IT MAY NOT BE.**	|__|__| / |__|__|__|__| [GO TO F10] MONTH YEAR DON'T KNOW ....d REFUSED ....r	|__|__| / |__|__|__|__| [GO TO F10] MONTH YEAR DON'T KNOW .... d REFUSED .... r	|__|__| / |__|__|__|__| [GO TO F10] MONTH YEAR DON'T KNOW......................d REFUSED..........................r
(F8= d OR r) F9. Do you recall what year you started working for [fill JOB NAME]?	|__|__|__|__| YEAR DON'T KNOW ....d REFUSED ....r	|__|__|__|__| YEAR DON'T KNOW .... d REFUSED .... r	|__|__|__|__| YEAR DON'T KNOW......................d REFUSED..........................r
F10. When did that job <u>end</u>? **RECORD MONTH AND YEAR.**	|__|__|/|__|__|__|__|] MONTH YEAR STILL AT JOB ....02 GO TO F12ck1 DON'T KNOW ....d REFUSED ....r	|__|__|/|__|__|__|__|] MONTH YEAR STILL AT JOB .... 02 GO TO F12ck1 DON'T KNOW .... d REFUSED .... r	|__|__|/|__|__|__|__|] MONTH YEAR STILL AT JOB......................02 GO TO F12ck1 DON'T KNOW......................d REFUSED..........................r
(F10= d OR r) F11. Do you recall what year that job ended?	|__|__|__|__| YEAR DON'T KNOW ....d REFUSED ....r	|__|__|__|__| YEAR DON'T KNOW .... d REFUSED .... r	|__|__|__|__| YEAR DON'T KNOW......................d REFUSED..........................r

(All)
F12ck1. **PROGRAMMER:** **CHECK F5. IS F5 >1—HAS SAMPLE MEMBER HAD MORE THAN ONE JOB SINCE INITIAL CLAIM?**

          YES 01 (F12ck2)

          NO 00 (F13)

                                   (NOTE: THIS IS FOCAL JOB 1)

(F12ck1=01)
F12ck2. **PROGRAMMER:** **CHECK F10 ACROSS ALL JOBS. DOES F10=02 FOR MORE THAN ONE JOB—DOES THE SAMPLE MEMBER HAVE MORE THAN ONE CURRENT JOB?**

          YES 01 (F12a1)

          NO 00 (F12b)

(F12ck2=01)
F12a1. Which of your [fill NUMBER OF CURRENT JOBS] current jobs is your **main** source of income and benefits?

          SPECIFY_____

          DON'T KNOW...d

          REFUSED...r

PROGRAMMER: SET FLAG FOR JOB LISTED ABOVE AS "FOCAL JOB 1."

F12a2. **PROGRAMMER:** **CHECK START DATES AT F8. IS FOCAL JOB 1 THE SAME AS THE FIRST JOB HELD AFTER THE INITIAL UI CLAIM DATE?**

          YES 01

          NO 00

          PROGRAMMER: IF THE FIRST JOB HELD AFTER THE INITIAL UI CLAIM DATE IS THE SAME AS FOCAL JOB 1 (F12a2 = 01), THEN LEAVE FOCAL JOB 2 BLANK.
          OTHERWISE (F12a2=00), THEN FLAG THE FIRST JOB HELD AFTER THE INITIAL UI CLAIM DATE AS FOCAL JOB 2.

F12ck3. **PROGRAMMER:** **DID THE SAMPLE MEMBER HAVE ANY ADDITIONAL JOBS SINCE INITIAL UI CLAIM DATE?**

          YES 01

          NO 00 (F13)

(F12ck1OR F12ck3 =01)
F12b. Considering all of the jobs you have had since filing for unemployment benefits in
       [fill INITIAL UI CLAIM DATE], which has been your **main** source of income and benefits?

SPECIFY_____

DON'T KNOW.. d
REFUSED.. r

**PROGRAMMER: SET FLAG FOR JOB LISTED ABOVE AS "FOCAL JOB 3, IF JOB HAS
                NOT BEEN SELECTED AS EITHER FOCAL JOB 1 OR FOCAL JOB 2.**

CATI: ASK F13 TO F20 FOR UP TO 3 SELECTED FOCAL JOBS.	FOCAL JOB 1	FOCAL JOB 2	FOCAL JOB 3
F13. What kind of company is [fill JOBS SELECTED BY CATI]—what do they make, do, or sell? **PROBE:** What kind of business or industry is this? INTERVIEWER: IF RESPONDENT RETURNED TO JOB, SAY: You may have told me this information about when you worked for [fill EMPLOYER] before.	(SPECIFY) [specify]...............01 _____ DON'T KNOW ....d REFUSED ....r	(SPECIFY) [specify] ....01 _____ DON'T KNOW ....d REFUSED ....r	(SPECIFY) [specify]...............01 _____ DON'T KNOW.......................d REFUSED..............................r
F14. What (do/did) you do there—what (is/was) your job? **PROBE:** What (are/were) your most important duties at (this/that) job? **NOTE: TRY TO GET A VERB**	(SPECIFY) [specify]...............01 _____ DON'T KNOW ....d REFUSED ....r	(SPECIFY) [specify] ....01 _____ DON'T KNOW ....d REFUSED ....r	(SPECIFY) [specify]...............01 _____ DON'T KNOW.......................d REFUSED..............................r
F15. (Are/Were) you represented by a union at your job with [fill EMPLOYER]? **PROBE:** On some jobs you might be represented by a union, even if you are not a union member.	YES ....01 NO ....00 DON'T KNOW ....d REFUSED ....r	YES......................................01 NO ....00 DON'T KNOW ....d REFUSED ....r	YES ....01 NO ....00 DON'T KNOW.......................d REFUSED..............................r
F16. Which of the following best describes your employment status at [fill EMPLOYER]? (Are/Were) you…	a regular employee, ...01 a leased or contract employee,...............................02 an independent contractor, consultant, or self-employed,..03 a casual or day laborer, or ......04 an on-call or temporary employee?..............................05 DON'T KNOW ....d REFUSED ....r	a regular employee, ...01 a leased or contract employee, ...02 an independent contractor, consultant, or self-employed, .03 a casual or day laborer, or......04 an on-call or temporary employee? ....05 DON'T KNOW ....d REFUSED ....r	a regular employee, ...01 a leased or contract employee, ...02 an independent contractor, consultant, or self-employed, .03 a casual or day laborer, or .....04 an on-call or temporary employee? ....05 DON'T KNOW.......................d REFUSED..............................r
F17. How many hours per week, including regular overtime hours (do/did) you usually work at [fill EMPLOYER NAME]?	|__|__|__| # HOURS PER WEEK (1-120) **GO TO F18** DON'T KNOW ....d REFUSED ....r	|__|__|__| # HOURS PER WEEK (1-120) **GO TO F18** DON'T KNOW ....d REFUSED ....r	|__|__|__| # HOURS PER WEEK (1-120) **GO TO F18** DON'T KNOW.......................d REFUSED..............................r
(F17=d OR r) F17a. Would you say you work(ed) less than 20 hours per week, between 20 and 29 hours per week, between 30 and 39 hours per week, or 40 or more hours per week?	LESS THAN 20 HOURS PER WEEK ....01 BETWEEN 20 AND 29 HOURS PER WEEK..........02 BETWEEN 30 AND 39 HOURS PER WEEK..........03 40 OR MORE HOURS PER WEEK ....04 DON'T KNOW ....d REFUSED ....r	LESS THAN 20 HOURS PER WEEK ....01 BETWEEN 20 AND 29 HOURS PER WEEK ....02 BETWEEN 30 AND 39 HOURS PER WEEK ....03 40 OR MORE HOURS PER WEEK ....04 DON'T KNOW ....d REFUSED ....r	LESS THAN 20 HOURS PER WEEK............................01 BETWEEN 20 AND 29 HOURS PER WEEK ....02 BETWEEN 30 AND 39 HOURS PER WEEK ....03 40 OR MORE HOURS PER WEEK............................04 DON'T KNOW.......................d REFUSED..............................r

	FOCAL JOB 1	FOCAL JOB 2	FOCAL JOB 3
F18. What (are/were) your earnings before taxes and other deductions at your job with [fill EMPLOYER] (when your job ended)? Please include tips, commissions, bonuses, and regular overtime. **PROBE:** Before taxes were taken out. **INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD.** **WHEN ENTERING AN AMOUNT IN DOLLARS AND CENTS, BE SURE TO INCLUDE THE DECIMAL POINT.**	$ |__|__|__|,|__|__|__|.|__|__| **CODE ONE TIME PERIOD** PER HOUR ....01 PER WEEK ....02 PER YEAR ....03 ONCE EVERY TWO WEEKS ....04 TWICE A MONTH ....05 PER MONTH..........................06 IN-KIND ONLY ....07 PER DAY...............................08 NOT YET PAID.......................09 PER JOB ....10 COMMISSION ....11 OTHER (SPECIFY) [specify] ..12 _____ DON'T KNOW ....d REFUSED ....r	$ |__|__|__|,|__|__|__|.|__|__| **CODE ONE TIME PERIOD** PER HOUR ....01 PER WEEK ....02 PER YEAR ....03 ONCE EVERY TWO WEEKS ....04 TWICE A MONTH ....05 PER MONTH..........................06 IN-KIND ONLY ....07 PER DAY ....08 NOT YET PAID ....09 PER JOB...............................10 COMMISSION.......................11 OTHER (SPECIFY) [specify]..12 _____ DON'T KNOW ....d REFUSED ....r	$ |__|__|__|,|__|__|__|.|__|__| **CODE ONE TIME PERIOD** PER HOUR............................ 01 PER WEEK............................ 02 PER YEAR............................. 03 ONCE EVERY TWO WEEKS .... 04 TWICE A MONTH.................. 05 PER MONTH .... 06 IN-KIND ONLY...................... 07 PER DAY............................... 08 NOT YET PAID..................... 09 PER JOB .... 10 COMMISSION .... 11 OTHER (SPECIFY) [specify].. 12 _____ DON'T KNOW........................ d REFUSED............................. r
F19. (Are/Were) any of the following benefits available to you at [fill EMPLOYER]? **INTERVIEWER: IF BENEFITS WILL BE AVAILABLE AFTER A STANDARD PROBATIONARY PERIOD, CODE YES EVEN IF NOT CURRENTLY AVAILABLE.**	<u>YES</u> <u>NO</u> <u>DK</u> <u>RF</u> a. Health insurance or membership in an HMO or PPO plan?.......01 00 d r b. Paid vacation?. 01 00 d r c. Retirement or pension benefits?..........01 00 d r	<u>YES</u> <u>NO</u> <u>DK</u> <u>RF</u> a. Health insurance or membership in an HMO or PPO plan? ....01 00 d r b. Paid vacation? .01 00 d r c. Retirement or pension benefits? ....01 00 d r	<u>YES</u> <u>NO</u> <u>DK</u> <u>RF</u> a. Health insurance or membership in an HMO or PPO plan? ....01 00 d r b. Paid vacation?. 01 00 d r c. Retirement or pension benefits?..........01 00 d r
F20. **PROGRAMMER: CHECK FOCAL JOBS FLAGS. IS THERE ANOTHER FOCAL JOB TO ASK ABOUT?**	YES ......**[GO TO F13, FOCAL JOB 2]**.........01 NO........**[GO TO G1]**..............00	YES......**[GO TO F13, FOCAL JOB 3]** ....01 NO ....**[GO TO G1]** 00	**GO TO G1**

SECTION G – MARITAL STATUS AND FINANCIAL WELL-BEING

CURRENT

Now I have some general questions about you.

G1.   What is your current marital status—are you now married, living with a partner, separated, divorced, widowed, or have you never been married?

	CODE ONE ONLY
MARRIED	01
LIVING WITH A PARTNER	02
SEPARATED	03
DIVORCED	04
WIDOWED	05
NEVER MARRIED	06
DON'T KNOW	d
REFUSED	r

G2.   Is your current marital status different from when you worked at [fill NAME OF COMPANY FROM PRELOADS OR C2] in [fill INITIAL CLAIM MONTH/YEAR]?

YES	01
NO	00 (G4)
DON'T KNOW	d (G4)
REFUSED	r (G4)

PRE-CLAIM

G3.   What was your marital status when you lost your job around [fill INITIAL UI CLAIM DATE]? Were you then married, living with a partner, separated, divorced, widowed, or had you never been married?

	CODE ONE ONLY
MARRIED	01
LIVING WITH A PARTNER	02
SEPARATED	03
DIVORCED	04
WIDOWED	05
NEVER MARRIED	06
DON'T KNOW	d
REFUSED	r

G4.   In [fill INITIAL UI CLAIM DATE], did you have any savings in bank accounts?

        YES 01
        NO 00   (G7)
        DON'T KNOW.. d   (G7)
        REFUSED.. r   (G7)

G5.   Did you have enough savings to cover all of your living expenses for three months?

        YES 01
        NO 00   (G7)
        DON'T KNOW.. d   (G7)
        REFUSED.. r   (G7)

G6.   Did you have enough savings to cover all of your living expenses for six months?

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

G7.   When your job ended in [fill INITIAL UI CLAIM DATE] did you have any of the following
       types of investments or savings? [READ a-e]

	CODE ONE FOR EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. 401(k) or 403(b) accounts?	01	00	d	r
b. Individual Retirement Accounts or IRAs?	01	00	d	r
c. Certificates of Deposit or money market accounts?.	01	00	d	r
d. Other stocks and bonds?	01	00	d	r
e. Rental properties?...	01	00	d	r

H1.   The next questions are about other types of payments besides unemployment insurance benefits that you and other members of your household may be receiving now or may have received in the past. By household we mean people who live together and share finances. We'll move quickly through this section.

Are you or anyone in your household **currently** receiving [READ a-j]…

| | | | CODE ONE FOR EACH ROW | | |
		YES	NO	DON'T KNOW	REFUSED
a.	Social Security or Railroad Retirement payments?...	01	00	d	r
b.	Payments from a 401(k) or IRA account?.................	01	00	d	r
c.	Pension benefits from a private or government employer?	01	00	d	r
d.	Workers Compensation or Disability Insurance payments?	01	00	d	r
e.	Supplemental Security Income or SSI payments?....	01	00	d	r
f.	Temporary Assistance for Needy Families or TANF payments?	01	00	d	r
g.	General Assistance or other welfare payments?	01	00	d	r
h.	Food stamp or SNAP benefits?	01	00	d	r
i.	An earned income tax credit or EITC?....................	01	00	d	r
j.	Any other payments, such as child support, rental income, dividends, interest, or something else? (SPECIFY) [specify]	01	00	d	r

H2.	How about in [fill UI CLAIM YEAR MINUS ONE], did you or any members of your household receive payments from [READ a-j]…

		YES	**NO**	**DON'T KNOW**	**REFUSED**
				CODE ONE FOR EACH ROW	
a.	Social Security or Railroad Retirement payments?............	01	00	d	r
b.	Payments from a 401(k) or IRA account?	01	00	d	r
c.	Pension benefits from a private or government employer?	01	00	d	r
d.	Workers Compensation or Disability Insurance payments?	01	00	d	r
e.	Supplemental Security Income or SSI payments?	01	00	d	r
f.	Temporary Assistance for Needy Families or TANF payments?	01	00	d	r
g.	General Assistance or other welfare payments?................	01	00	d	r
h.	Food Stamp or SNAP benefits?	01	00	d	r
i.	An earned income tax credit or EITC?	01	00	d	r
j.	Any other payments, such as child support, rental income, dividends, interest, or something else? (SPECIFY) [specify]...	01	00	d	r

CATI: ASK H3 ONLY IF BOTH H1 AND H2 CORRESPONDING ITEMS = 01.

(H1a and H2a=01)
H3a.	Did you or another member of your household receive Social Security or Railroad Retirement payments continuously since [fill UI CLAIM YEAR MINUS ONE]?

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

(H1b and H2b=01)
H3b.	Did you or another member of your household receive payments from a 401(k) or IRA account continuously since [fill UI CLAIM YEAR MINUS ONE]?

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

H3c. Did you or another member of your household receive pension benefits from a private or government employer continuously since [fill UI CLAIM YEAR MINUS ONE]?

        YES 01

        NO 00

        DON'T KNOW.. d

        REFUSED.. r

H3d. Did you or another member of your household receive Workers Compensation or Disability Insurance payments since [fill UI CLAIM YEAR MINUS ONE]?

        YES 01

        NO 00

        DON'T KNOW.. d

        REFUSED.. r

H3e. Did you or another member of your household receive Supplemental Security Income or SSI payments continuously since [fill UI CLAIM YEAR MINUS ONE]?

        YES 01

        NO 00

        DON'T KNOW.. d

        REFUSED.. r

H3f. Did you or another member of your household receive Temporary Assistance for Needy Families or TANF payments continuously since [fill UI CLAIM YEAR MINUS ONE]?

        YES 01

        NO 00

        DON'T KNOW.. d

        REFUSED.. r

H3g.   Did you or another member of your household receive General Assistance or other welfare payments continuously since [fill UI CLAIM YEAR MINUS ONE]?

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

H3h.   Did you or another member of your household receive food stamp or SNAP benefits continuously since [fill UI CLAIM YEAR MINUS ONE]?

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

H3i.   Did you or another member of your household an earned income tax credit or EITC continuously since [fill UI CLAIM YEAR MINUS ONE]?

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

H3j.   Did you or another member of your household receive any other payments, such as child support, rental income, dividends, interest, or something else continuously since [fill UI CLAIM YEAR MINUS ONE]?

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

CATI: ASK H4 TO H7 ABOUT 2011 AND THE PRE-CLAIM YEAR	2011	PRE-CLAIM YEAR
H4. What was the total income for you and all the members of your household, **before** taxes and other deductions, in [fill (2011/CLAIM YEAR MINUS ONE)]? Please include all of the sources of income we've talked about, plus any others you may have had. **PROBE IF NEEDED:** Please include income from your spouse or partner, if applicable and income from all possible sources such as self-employment, regular jobs, and earnings from odd jobs, side jobs, under-the-table jobs, and other activities, social security, pensions, rent, interest and dividends, unemployment compensation, welfare, other public assistance, food stamps, child support, and money from any other sources. Your best estimate is fine. **THIS ITEM SHOULD BE PROGRAMMED LIKE AN INFO SCREEN.** **CATI: IF TOTAL INCOME IS REFUSED, SAY:** Your answers to these questions will help the researchers better understand the problems people face when they are unemployed. Neither your name nor any other information that would identify you is kept with your answers. Could you provide your best estimate?	$ |__|__|__|,|__|__|__| **[GO TO H9]** DON'T KNOW ....d REFUSED ....r	$ |__|__|__|,|__|__|__| **[GO TO H9]** DON'T KNOW .... d REFUSED .... r
H5. Would you say your household income in [fill YEAR] was less than $30,000 or $30,000 or more?	LESS THAN $30,000 .... **[GO TO H7]** ......01 $30,000 OR MORE ....02 DON'T KNOW ....d REFUSED ....r	LESS THAN $30,000 .... **[GO TO H7]** ...... 01 $30,000 OR MORE .... 02 DON'T KNOW .... d REFUSED .... r
H6. Would you say it was…	$30,000 to under $45,000, ...01 $45,000 to under $60,000, ...02 $60,000 to under $75,000, ...03 $75,000 to under $90,000, ...04 $90,000 to under $105,000, or ....05 $105,000 or more? ....06 DON'T KNOW ....d REFUSED ....r **GO TO H8**	$30,000 to under $45,000, ... 01 $45,000 to under $60,000, ... 02 $60,000 to under $75,000, ... 03 $75,000 to under $90,000, ... 04 $90,000 to under $105,000, or .... 05 $105,000 or more? .... 06 DON'T KNOW .... d REFUSED .... r **GO TO H8**
H7. Would you say it was…	Less than $5,000, ...01 $5,000 to under $10,000, ...02 $10,000 to under $15,000, ...03 $15,000 to under $20,000, ...04 $20,000 to under $25,000, or ....05 $25,000 to under $30,000? ....06 DON'T KNOW ....d REFUSED ....r	Less than $5,000, ... 01 $5,000 to under $10,000, ... 02 $10,000 to under $15,000, ... 03 $15,000 to under $20,000, ... 04 $20,000 to under $25,000, or .... 05 $25,000 to under $30,000? .... 06 DON'T KNOW .... d REFUSED .... r

HOUSING

H8.   When your job ended in [fill INITIAL UI CLAIM DATE], did you…

                                                            CODE ONE ONLY

        Own your home, ...01   (H9)

        Rent your home, ...02   (H10)

        Live with family or friends and pay part of the rent
        or mortgage, ...03   (H10)

        Live with family or friends and not pay, ...04   (H9a)

        Live in a group shelter,..05   (H9a)

        Live in an assisted living facility, or 06   (H10)

        Live in some other housing arrangement? 07   (H9a)

        DON'T KNOW.. d   (H9a)

        REFUSED.. r   (H9a)

H9.   Since [fill INITIAL UI CLAIM DATE], have you…

	YES	**NO**	**DON'T KNOW**	**REFUSED**
			CODE ONE FOR EACH ROW	
a. missed or been late on a mortgage payment?....	01	00 (H9d)	d	r
b. received a notice that your mortgage was in default?	01	00 (H9d)	d	r
c. had your house foreclosed on?	01	00	d	r

H9d.   Since [fill INITIAL UI CLAIM DATE], have you rented a place to live?

        YES 01   (H10)

        NO 00   (H11)

        DON'T KNOW.. d   (H11)

        REFUSED.. r   (H11)

H10. Since [fill INITIAL UI CLAIM DATE], have you…

	CODE ONE FOR EACH ROW			
	YES	**NO**	**DON'T KNOW**	**REFUSED**
a. been charged a late fee or missed a rent payment?	01	00	d	r
b. received a notice of eviction?	01	00	d	r
c. been evicted?	01	00	d	r

H11. Since [fill INITIAL UI CLAIM DATE], have you…

	CODE ONE FOR EACH ROW			
	YES	**NO**	**DON'T KNOW**	**REFUSED**
a. had your utilities disconnected?	01	00	d	r
b. been charged a late fee on any monthly credit payments?	01	00	d	r
c. declared personal bankruptcy?	01	00	d	r
d. postponed a major purchase that was planned or needed such as a car or major appliance?	01	00	d	r
e. received extra financial assistance from family members?	01	00	d	r
f. received any assistance from churches, food banks, or other private community organizations?...	01	00	d	r

H12. Since [fill INITIAL UI CLAIM DATE], did you or anyone in your household…

	CODE ONE FOR EACH ROW			
	YES	**NO**	**DON'T KNOW**	**REFUSED**
a. make an early withdrawal from a retirement investment account such as a 401(k), 403(b), or IRA?	01	00	d	r
b. take early retirement to get benefits from a pension plan?	01	00	d	r

SECTION I – HEALTH STATUS AND HEALTH INSURANCE COVERAGE

I1. Now I have some questions about health care insurance. Did you have health insurance **through your job** with [fill NAME OF COMPANY FROM PRELOADS OR C2] when that job ended?

> YES 01
> NO 00 (I6)
> DON'T KNOW.. d (I6)
> REFUSED... r (I6)

I2. COBRA is a law that allows some workers and their families who lose their job and health benefits the right to continue getting health benefits provided by their former employer's group plan for a limited period of time. Were you **eligible** to enroll in your employer's sponsored health plan through COBRA when your job ended in [fill CLAIM DATE]?

> YES 01
> NO 00 (I6)
> DON'T KNOW.. d (I6)
> REFUSED... r (I6)

I2a. Did you enroll in your employer's sponsored health plan through COBRA when your job ended?

> YES 01
> NO 00 (I6)
> DON'T KNOW.. d (I6)
> REFUSED... r (I6)

I3. My next questions are about help with paying COBRA premium costs. ARRA, also known as the Recovery Act or the stimulus plan, helped some groups of unemployed workers pay the monthly premium for COBRA health insurance. Did you know about this?

IF NEEDED: ARRA is the American Recovery and Reinvestment Act of 2009.

> YES 01
> NO 00 (I6)
> DON'T KNOW.. d (I6)
> REFUSED... r (I6)

I4.   Were you eligible for this premium assistance?

        YES 01
        NO 00 (I6)
        DON'T KNOW.. d (I6)
        REFUSED.. r (I6)

I5.   Did you use this premium assistance?

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

I6.   Were you eligible to participate in any of the following types of group health insurance
        plans at the time your job ended in [fill INITIAL UI CLAIM DATE]? Please do not include
        health insurance provided by an employer from a new job that began after [fill INITIAL UI
        CLAIM DATE] or individual health plans here. Were you eligible to participate in… [fill a-
        e]

        INTERVIEWER: CODE "YES" IF ELIGIBLE, BUT NOT USED.

        **INTERVIEWER: IF NOT APPLICABLE, FOR EXAMPLE NO SPOUSE OR
                             PARTNER, CODE NO.**

	CODE ONE FOR EACH ROW			
	YES	**NO**	**DON'T KNOW**	**REFUSED**
a. Medicare?	01	00	d	r
b. Your (spouse's/partner's) health insurance plan?...........	01	00	d	r
c. A health insurance plan sponsored by a union?	01	00	d	r
d. **PROGRAMMER: ASK "d" ONLY FOR RESPONDENTS AGE 29 OR YOUNGER** A parent's health insurance plan?	01	00	d	r
e. Another type of group health insurance plan? (SPECIFY) _____	01	00	d	r

HEALTH INSURANCE COVERAGE

I7. Between [fill JOB SEPARATION MONTH, YEAR] and now, for approximately how long were you without health insurance coverage?

PROBE: Your best estimate is fine.

|___|___| YEARS AND/OR |___|___| MONTHS
 (01-06)   (01-72)

ZERO/NONE 00
DON'T KNOW.. d
REFUSED... r

I8. Since [fill INITIAL UI CLAIM DATE], did you (or a family member)…

	YES	**NO**	**DON'T KNOW**	**REFUSED**
a. Put off getting <u>important medical care</u>?....................	01	00	d	r
b. Visit an emergency room?	01	00	d	r
c. Delay getting preventive medical care?	01	00	d	r

CODE ONE FOR EACH ROW

SECTION J – DEMOGRAPHICS

J1. Do you consider yourself to be of Hispanic, Latino, or Spanish origin?

   PROBE: Are you of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin?

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

J2. What race do you consider yourself? Would you say you are…

   CODE ALL THAT APPLY

   White, ... 01
   Black or African American, ... 02
   American Indian or Alaska Native, ... 03
   Asian, or 04
   Native Hawaiian or Other Pacific Islander? 05
   SOME OTHER RACE (SPECIFY) [specify]................. 06

   _____

   DON'T KNOW.. d
   REFUSED.. r

J3. **INTERVIEWER: CODE RESPONDENT'S GENDER WITHOUT ASKING IF KNOWN.**

   MALE... 01
   FEMALE 02

SECTION K – FAMILY SIZE AND NUMBER OF CHILDREN

Now please think back to [fill YEAR BEFORE UI CLAIM YEAR], before you began collecting unemployment benefits.

K1.   How many people, including yourself, were part of your household in [fill YEAR BEFORE UI CLAIM YEAR]?

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

     |___|___| **# OF HOUSEHOLD MEMBERS AT JOB LOSS**
     (01-20)

     DON'T KNOW.. d   (K4)
     REFUSED... r   (K4)

K2.   How many children under 18 were financially dependent on you at that time?

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

     |___|___| **# OF CHILDREN UNDER 18**
     (00-20)

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

K3.   How many children or other dependents 18 years or older did you support in [fill YEAR BEFORE UI CLAIM YEAR]?

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

     |___|___| **# OF CHILDREN/DEPENDENTS 18 OR OLDER**
     (00-20)

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

K4.   Have there been any changes in your household size and dependents since then?

YES 01
NO 00   (K8)
DON'T KNOW.. d   (K8)
REFUSED... r   (K8)

K5.   How many people, including yourself, are currently part of your household?

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

|___|___| **# OF CURRENT HOUSEHOLD MEMBERS**
 (01-20)

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

K6.   How many children under 18 are financially dependent on you?

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

|___|___| **# OF CHILDREN UNDER 18**
 (00-20)

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

K7.   How many children or other dependents 18 years of age or older do you currently support?

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

|___|___| **# OF CHILDREN/DEPENDENTS 18 OR OLDER**
 (00-20)

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

CATI: ONLY ASK K8 IF THERE ARE OTHER HOUSEHOLD MEMBERS WHO ARE AGE 18 OR OLDER (K3>0).

K8.   Since your job ended in [fill INITIAL UI CLAIM DATE], did anyone in your household begin working or begin working more hours?

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

SECTION L – WORK MOBILITY

L1.   Now I would like you to think back to [fill INITIAL UI CLAIM DATE]. According to my information, you worked in [fill STATE] just before you started receiving benefits. Is that correct?

    YES 01   (L3)
    NO 00
    DON'T KNOW.. d
    REFUSED.. r

L2.   In what state did you work at that time?

    STATE NAME:_____

    DON'T KNOW.. d
    REFUSED.. r

L3.   Since then, have you worked in a different state or country?

    YES 01
    NO 00   (M1)
    DON'T KNOW.. d   (M1)
    REFUSED.. r   (M1)

L4.   In what (other) states or countries have you worked since [fill INITIAL UI CLAIM DATE]?

    PROBE: Do not include vacations or short visits.

    OTHER (SPECIFY) [specify]

    STATE/COUNTRY 1:_____

    STATE/COUNTRY 2:_____

    STATE/COUNTRY 3:_____

    STATE/COUNTRY 4:_____

    DON'T KNOW.. d
    REFUSED.. r

L5.   **FOR EACH STATE/COUNTRY, ASK:** When did you work in [fill STATE/COUNTRY1]?

RECORD FROM: |__|__| / |__|__|__|__| TO |__|__| / |__|__|__|__| 01
              MONTH   YEAR   MONTH   YEAR

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

L6.   **FOR EACH STATE/COUNTRY, ASK:** When did you work in [fill STATE/COUNTRY2]?

RECORD FROM: |__|__| / |__|__|__|__| TO |__|__| / |__|__|__|__| 02
              MONTH   YEAR   MONTH   YEAR

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

L7.   **FOR EACH STATE/COUNTRY, ASK:** When did you work in [fill STATE/COUNTRY3]?

RECORD FROM: |__|__| / |__|__|__|__| TO |__|__| / |__|__|__|__| 03
              MONTH   YEAR   MONTH   YEAR

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

L7.   **FOR EACH STATE/COUNTRY, ASK:** When did you work in [fill STATE/COUNTRY4]?

RECORD FROM: |__|__| / |__|__|__|__| TO |__|__| / |__|__|__|__| 04
              MONTH   YEAR   MONTH   YEAR

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

SECTION M – TRACKING INFORMATION

M1.   Thank you for participating in the survey. In case we have to contact you again to clarify anything, I need to know how to get in touch with you. (What is/Is TELEPHONE NUMBER) your telephone number?

TELEPHONE NUMBER SAME AS SAMPLE
INFORMATION.. 01

NEW TELEPHONE NUMBER:

|___|___|___|-|___|___|___|-|___|___|___|___|
AREA CODE

NO TELEPHONE.. 00
DON'T KNOW.. d
REFUSED.. r

M2.   Please give me another telephone number where you can be reached, perhaps a cell phone number, starting with the area code.

SECOND TELEPHONE NUMBER:

|___|___|___|-|___|___|___|-|___|___|___|___|
AREA CODE

NO TELEPHONE.. 00
DON'T KNOW.. d
REFUSED.. r

M3.   The U.S. Department of Labor may want us to follow up with you in the future to see how things are going for you. In case you move, we would like to have the name, address, and phone number of one person who does not live with you who will know how to reach you. We would only contact this person if we have trouble getting in touch with you directly. What is the name, address, and telephone number of the person who would always know how to get in touch with you?

PROBE FOR FULL NAMES, INCLUDING MIDDLE INITIALS.

_____ _____ _____
           FIRST   MI   LAST

_____
   HOUSE NUMBER / STREET NAME   APT. #

_____   _____   _____
           CITY   STATE   ZIP CODE

|__|__|__|-|__|__|__|-|__|__|__|__|
AREA CODE

NO TELEPHONE...00
DON'T KNOW... d
REFUSED.. r

M4.   What is their relationship to you?

SPOUSE/PARTNER....................................01
MOTHER 02
FATHER 03
SISTER...04
BROTHER 05
GRANDMOTHER 06
GRANDFATHER.......................................07
AUNT...08
UNCLE 09
FRIEND 10
DAUGHTER...11
SON...12
OTHER (SPECIFY) [specify].......................13
_____
DON'T KNOW... d
REFUSED.. r

M5. We will be mailing you a check in a couple of weeks and I would like to confirm the name and address where we should send the payment. Is it…?

INTERVIEWER: VERIFY SPELLING OF NAME.

CATI: ALLOW FOR NAME CHANGES

_____   _____   _____
    FIRST   MI   LAST

_____
  HOUSE NUMBER / STREET NAME   APT. #

_____   _____   _____
     CITY   STATE   ZIP CODE

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

Thank you for your cooperation. This completes the survey! Best wishes.

M6. SPECIFY LANGUAGE INTERVIEW COMPLETED IN:

                                                        CODE ONE ONLY

ARABIC 01
BOSNIAN 02
CAMBODIAN 03
CHINESE... 04
CREOLE.. 05
ENGLISH... 06
HINDI... 07
HMONG... 08
ITALIAN 09
LAOTIAN 10
POLISH 11
PORTUGUESE... 12
RUSSIAN.. 13
SPANISH.. 14
TAGALOG 15
VIETNAMESE.. 16
OTHER (SPECIFY) [specify]....................................... 17

_____

INTERVIEWER: _____

DATE: |__|__| / |__|__| / |__|__|__|__|

MATHEMATICA
Policy Research