

MPR Reference No.: 6209

MATHEMATICA
Policy Research, Inc.

**Youth Transition
Demonstration**

*12-Month YTD Follow-Up
Instrument*

February 9, 2007

INTRODUCTION TO STUDY

SampMemb. **SCRIPT FOR SAMPLE MEMBER AGE 18 OR OLDER.**

Hello, my name is _____ and I am calling from Mathematica Policy Research. We recently sent you a letter about a study we are doing for the Social Security Administration.

You may remember being interviewed by telephone about a year ago. At that time you answered questions over the phone and we sent you a consent form to sign and a \$10 INCENTIVE. **IF TREATMENT, ADD:** We also gave you a chance to be part of the (NAME OF LOCAL YTD PROGRAM). When we spoke to you a year ago, we explained that the study would have three interviews. This is the second one. The questions I am calling to ask are about you, your schooling, jobs, health, and how you are getting along day to day. The interview takes about 40 minutes to complete by telephone. I will send you a \$10 INCENTIVE when we are done. Let's begin.

IF NEEDED: The questions have been worded so you can answer for yourself. If you wish, you can ask someone to stay nearby in case you need help.

IF R DOES NOT REMEMBER LETTER, ADD:

- All your answers will be held in strict confidence.
- Nothing you say will affect the SSI benefits you get now or in the future.
- Most questions are worded so that young people with disabilities can answer for themselves.
- If it would be better, an interviewer can come to your home instead of doing this by telephone.
- We can start now and take a break if you need one.

YES, CONTINUE..... 1 (GO TO I.A1)

NOT A GOOD TIME 2 (CALL BACK)

DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)

NEED FIELD INTERVIEW 4 (Field Review)

REFUSAL 5 (REFUSAL)

Parent.

SCRIPT FOR PARENTS OF YOUTH UNDER AGE 18 AND YOUTH AT CUNY.

Hello, my name is _____ and I am calling from Mathematica Policy Research. We recently sent you a letter about a study we are doing for the Social Security Administration.

You may remember being interviewed by telephone about a year ago. At that time you answered questions about (NAME) over the phone, we sent you a consent form to sign, and a \$10 INCENTIVE. **IF TREATMENT, ADD:** We also gave (NAME) a chance to be part of the (NAME OF LOCAL YTD PROGRAM). When we spoke to you a year ago, we explained that the study would have three interviews. This is the second one. The questions I am calling to ask are about (NAME), (his/her) schooling, jobs, health, and how (he/she) is getting along day to day. The interview takes about 40 minutes to complete by telephone. I will send (NAME) a \$10 INCENTIVE when we are done. Just like we did before, there are a few questions for parents that I would like to ask you first.

Most questions have been worded so that young people with disabilities can answer for themselves. It would be helpful for you to stay nearby in case (NAME) needs help.

Let's begin.

IF R DOES NOT REMEMBER LETTER, ADD:

- All your answers will be held in strict confidence.
- Nothing you say will affect the SSI benefits you get now or in the future.
- Most questions are worded so that young people with disabilities can answer for themselves.
- If it would be better, an interviewer can come to your home instead of doing this by telephone.
- We can start now and take a break if you need one.

- YES, CONTINUE..... 1 (GO TO I.A1)
- NOT A GOOD TIME 2 (CALL BACK)
- DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)
- NEED FIELD INTERVIEW 4 (Field Review)
- REFUSAL 5 (REFUSAL)

SECTION I: EDUCATION AND TRAINING

THIS SECTION ASKED OF PARENTS OR INDEPENDENT YOUTH.

Intro. Many of the questions in this interview ask about what (you have/[NAME] has) been doing since we last spoke to you around [RA DATE]. What happened around that time that will help you remember that date?

PROBE: Like a special event or birthday.

RECORD MEMORY AID _____.

I.A1
(YTD-9 mod)

The first questions are about school. (Are you/Is [NAME]) currently attending or enrolled in school?

PROBE: Please include regular high school, adult basic education or GED courses, vocational or trade school.

PROBE: (Do you/Does [NAME]) go to school?

PROBE: At school they teach (you/him/her) how to do things, like how to read, write, or do math.

PROBE: IF NO: When was the last time (you/he/she) went to school?

PROBE IF SUMMER: (Are you/Is [NAME]) off school for the summer. Will (you/he/she) be going back to school in the fall?

INTERVIEWER: CODE "YES" IF ON SUMMER BREAK.

YES 1 (GO TO I.B1)
NO 0
DON'T KNOW d
REFUSED r

I.A1a (Are you/Is [NAME]) currently in a training program or taking classes to help you learn job skills or get a job?

PROBE: Please include classes to learn English or improve your reading skills.

YES 1 (GO TO I.B1)
NO 0
DON'T KNOW d
REFUSED r

I.A2 **ASK IF NOT CURRENTLY IN SCHOOL:**

Did (you/NAME) go to school, attend a training program or take any classes since (RA DATE/MEMORY AID)?

PROBE: IF DON'T KNOW: When was the last time (you/he/she) went to school or training?

YES 1
NO 0
DON'T KNOW d
REFUSED r

} → (GO TO I.D1)

I.B1 Please tell me the name of each program or school (you/NAME) attended or training course you took since (RA DATE/MEMORY AID)? Let's begin with the last one and work backwards.

PROBE: Any others?

INTERVIEWER: RECORD NAME OF EACH PLACE

SCHOOL 1 NAME: _____

SCHOOL 2 NAME: _____

SCHOOL 3 NAME: _____

	SCHOOL 1	SCHOOL 2	SCHOOL 3
I.B2 Thinking about (NAME OF SCHOOL). What type of school/training program is (this/that)?	Regular high school,.....1 Special high school for persons with disabilities,2 Post-secondary, vocational, technical business or trade school,3 2-year college or community college,.....4 4-year college or university,5 Or something else (SPECIFY)6 SPECIAL EDUCATION NOT IN A SCHOOL.....7 HOME SCHOOLED.....8	Regular high school, 1 Special high school for persons with disabilities, 2 Post-secondary, vocational, technical business or trade school, 3 2-year college or community college, 4 4-year college or university, 5 Or something else (SPECIFY) 6 SPECIAL EDUCATION NOT IN A SCHOOL 7 HOME SCHOOLED 8	Regular high school,.....1 Special high school for persons with disabilities,2 Post-secondary, vocational, technical business or trade school,3 2-year college or community college,.....4 4-year college or university,5 Or something else (SPECIFY)6 SPECIAL EDUCATION NOT IN A SCHOOL.....7 HOME SCHOOLED.....8
I.B3 When did you start (this/that) (school/course/training program)?	START DATE: _ _ / 20 _ _ MONTH YEAR MORE THAN ONE YEAR AGO 999	START DATE: _ _ / 20 _ _ MONTH YEAR MORE THAN ONE YEAR AGO 999	START DATE: _ _ / 20 _ _ MONTH YEAR MORE THAN ONE YEAR AGO 999
I.B3 (Are you/Is (NAME)) still attending (NAME OF SCHOOL)?	YES.....1 NO.....0	YES 1 NO 0	YES.....1 NO.....0
I.B5 IF NOT CURRENTLY ATTENDING, ASK: And when did you stop going to (this/that) (school/course/training program)?	END DATE: _ _ / 20 _ _ MONTH YEAR	END DATE: _ _ / 20 _ _ MONTH YEAR	END DATE: _ _ / 20 _ _ MONTH YEAR
I.B6 IF I.B4 OR I.B5 "DON'T KNOW"—CANNOT ANSWER EXACT DATES, PROBE FOR TIME ATTENDED SCHOOL: Since (RA DATE/MEMORY AID) about how many of those months did (you/NAME) go to (NAME OF SCHOOL)? PROBE: Your best estimate is fine.	_ _ MONTHS IF DON'T KNOW: Was it . . . All year, including the summer,1 All year, except for the summer (9 months),2 About half the year (6 months),3 Between 3 and 6 months, or4 Less than 3 months?5	_ _ MONTHS IF DON'T KNOW: Was it . . . All year, including the summer,1 All year, except for the summer (9 months),2 About half the year (6 months),3 Between 3 and 6 months, or4 Less than 3 months?5	_ _ MONTHS IF DON'T KNOW: Was it . . . All year, including the summer,1 All year, except for the summer (9 months),2 About half the year (6 months),3 Between 3 and 6 months, or4 Less than 3 months?5
I.C1 IF CURRENTLY IN HIGH SCHOOL, ASK: (Are you/Is (NAME)) in (your/his/her) freshman, sophomore, junior or senior year of school?	FRESHMAN/9TH GRADE.....1 SOPHOMORE/10TH GRADE2 JUNIOR/11TH GRADE.....3 SENIOR/12TH GRADE4 UNGRADED5	FRESHMAN/9TH GRADE 1 SOPHOMORE/10TH GRADE..... 2 JUNIOR/11TH GRADE 3 SENIOR/12TH GRADE..... 4 UNGRADED 5	FRESHMAN/9TH GRADE.....1 SOPHOMORE/10TH GRADE2 JUNIOR/11TH GRADE.....3 SENIOR/12TH GRADE4 UNGRADED5
I.C1a IF UNGRADED, ASK: When do you expect to graduate? PROBE: How many more years (do you/does (NAME)) have left in school? PROBE: How many more years (do you/does (NAME)) have left in school?	20 _ _ or _ _ YEARS	20 _ _ or _ _ YEARS	20 _ _ or _ _ YEARS
I.C2 What type of classes ([are/were] you taking/[is/was] (NAME) taking) at (NAME OF SCHOOL)? (Are/Were) the classes mostly vocational courses to train for a job, like computer or business courses, or mostly academic courses, like English or science? PROBE: (Are you/Is (NAME)) taking courses that are preparing (you/him/her) for a job or for college?	MOSTLY VOCATIONAL.....1 MOSTLY ACADEMIC2 BOTH, MIXED3 NEITHER—CLASSES ARE FOR PERSONAL INTEREST, RECREATION4	MOSTLY VOCATIONAL 1 MOSTLY ACADEMIC 2 BOTH, MIXED 3 NEITHER—CLASSES ARE FOR PERSONAL INTEREST, RECREATION 4	MOSTLY VOCATIONAL.....1 MOSTLY ACADEMIC2 BOTH, MIXED3 NEITHER—CLASSES ARE FOR PERSONAL INTEREST, RECREATION4

	SCHOOL 1	SCHOOL 2	SCHOOL 3
<p>I.C3 IF NOT CURRENTLY IN HIGH SCHOOL, ASK: Are (you/ls [NAME]) – (Were you/Was [NAME]) going to (NAME OF SCHOOL) full-time or part-time?</p> <p>PROBE: By full-time, we mean taking a full course load of 12 credits or more at a time or being in class at least 12 hours per week.</p>	<p>FULL-TIME1</p> <p>PART-TIME2</p>	<p>FULL-TIME.....1</p> <p>PART-TIME.....2</p>	<p>FULL-TIME1</p> <p>PART-TIME2</p>
<p>I.C4 (Are you/ls [NAME]) – (Were you/Was [NAME]) working toward a diploma, certificate, or license from this school?</p>	<p>YES.....1</p> <p>NO.....0</p>	<p>YES1</p> <p>NO0</p>	<p>YES.....1</p> <p>NO.....0</p>
<p>I.C5 IF NO LONGER ATTENDING (NAME OF SCHOOL), ASK: Why did (you/he/she) stop going to (NAME OF SCHOOL)?</p> <p>PROBE: Why (are you/ls [NAME]) no longer taking classes at (NAME OF SCHOOL)?</p> <p>PROBE: Did (you/NAME) graduate or complete (your/his/her) classes, or did (you/he/she) leave for some other reason? What was the reason?</p>	<p>GRADUATED01</p> <p>FINISHED CLASSES WANTED TO TAKE.....02</p> <p>TRANSPORTATION PROBLEMS03</p> <p>DIDN'T GET SERVICES NEEDED04</p> <p>TOO EXPENSIVE/ COULDN'T AFFORD IT05</p> <p>DIDN'T HAVE TIME; SCHEDULE CONFLICT; CONFLICTS WITH OTHER DEMANDS06</p> <p>POOR GRADES/NOT DOING WELL IN SCHOOL07</p> <p>DIDN'T LIKE SCHOOL.....08</p> <p>WANTED/NEEDED TO FIND A JOB.....09</p> <p>OFFERED A JOB/CHOSE TO WORK...10</p> <p>WANTED TO ENTER MILITARY11</p> <p>DIDN'T GET IN TO THE PROGRAM SM WANTED.....12</p> <p>ILLNESS/DISABILITY; TOO SICK TO GO.....13</p> <p>GOT MARRIED14</p> <p>GOT PREGNANT OR HAD A CHILD.....15</p> <p>MOVED.....16</p> <p>SCHOOL TOO DANGEROUS17</p> <p>WANTED TO TRAVEL.....18</p> <p>FRIENDS WEREN'T IN SCHOOL/ FRIENDS WERE DROPPING OUT.....19</p> <p>COULDN'T GET ALONG WITH TEACHERS.....20</p> <p>COULDN'T GET ALONG WITH OTHER STUDENTS.....21</p> <p>COULDN'T GET CHILD CARE.....22</p> <p>PARENTS/FAMILY DID WANT SM TO GO.....23</p> <p>OTHER (SPECIFY)24</p>	<p>GRADUATED.....01</p> <p>FINISHED CLASSES WANTED TO TAKE02</p> <p>TRANSPORTATION PROBLEMS.....03</p> <p>DIDN'T GET SERVICES NEEDED04</p> <p>TOO EXPENSIVE/ COULDN'T AFFORD IT05</p> <p>DIDN'T HAVE TIME; SCHEDULE CONFLICT; CONFLICTS WITH OTHER DEMANDS.....06</p> <p>POOR GRADES/NOT DOING WELL IN SCHOOL.....07</p> <p>DIDN'T LIKE SCHOOL08</p> <p>WANTED/NEEDED TO FIND A JOB09</p> <p>OFFERED A JOB/CHOSE TO WORK ...10</p> <p>WANTED TO ENTER MILITARY11</p> <p>DIDN'T GET IN TO THE PROGRAM SM WANTED12</p> <p>ILLNESS/DISABILITY; TOO SICK TO GO13</p> <p>GOT MARRIED.....14</p> <p>GOT PREGNANT OR HAD A CHILD15</p> <p>MOVED16</p> <p>SCHOOL TOO DANGEROUS.....17</p> <p>WANTED TO TRAVEL18</p> <p>FRIENDS WEREN'T IN SCHOOL/ FRIENDS WERE DROPPING OUT19</p> <p>COULDN'T GET ALONG WITH TEACHERS.....20</p> <p>COULDN'T GET ALONG WITH OTHER STUDENTS21</p> <p>COULDN'T GET CHILD CARE.....22</p> <p>PARENTS/FAMILY DID WANT SM TO GO23</p> <p>OTHER (SPECIFY).....24</p>	<p>GRADUATED01</p> <p>FINISHED CLASSES WANTED TO TAKE.....02</p> <p>TRANSPORTATION PROBLEMS03</p> <p>DIDN'T GET SERVICES NEEDED04</p> <p>TOO EXPENSIVE/ COULDN'T AFFORD IT05</p> <p>DIDN'T HAVE TIME; SCHEDULE CONFLICT; CONFLICTS WITH OTHER DEMANDS06</p> <p>POOR GRADES/NOT DOING WELL IN SCHOOL07</p> <p>DIDN'T LIKE SCHOOL.....08</p> <p>WANTED/NEEDED TO FIND A JOB.....09</p> <p>OFFERED A JOB/CHOSE TO WORK...10</p> <p>WANTED TO ENTER MILITARY11</p> <p>DIDN'T GET IN TO THE PROGRAM SM WANTED.....12</p> <p>ILLNESS/DISABILITY; TOO SICK TO GO.....13</p> <p>GOT MARRIED14</p> <p>GOT PREGNANT OR HAD A CHILD.....15</p> <p>MOVED.....16</p> <p>SCHOOL TOO DANGEROUS17</p> <p>WANTED TO TRAVEL.....18</p> <p>FRIENDS WEREN'T IN SCHOOL/ FRIENDS WERE DROPPING OUT.....19</p> <p>COULDN'T GET ALONG WITH TEACHERS.....20</p> <p>COULDN'T GET ALONG WITH OTHER STUDENTS.....21</p> <p>COULDN'T GET CHILD CARE.....22</p> <p>PARENTS/FAMILY DID WANT SM TO GO.....23</p> <p>OTHER (SPECIFY)24</p>

ASK BOTH IN SCHOOL AND OUT OF SCHOOL YOUTH. DO NOT ASK IF YOUTH IS CURRENTLY IN HIGH SCHOOL:

I.D1 What is the highest grade or year of school that (you have/[NAME] has) finished?

(YTD-14)

- 8TH GRADE OR LESS 1
- 9TH GRADE/FRESHMAN IN HS 2
- 10TH GRADE/SOPHOMORE IN HS..... 3
- 11TH GRADE/JUNIOR IN HS 4
- 12TH GRADE/SENIOR IN HS..... 5
- SOME COLLEGE OR
TECHNICAL SCHOOL 6
- COLLEGE OR TECHNICAL SCHOOL..... 7
- UNGRADED SCHOOL..... 8
- HOME SCHOOLED..... 9
- OTHER GRADE (SPECIFY) 10

DON'T KNOW d

REFUSED r

ASK IF NOT CURRENTLY IN HIGH SCHOOL:

I.D2 (Do you/Does [NAME]) have a high school diploma, a GED, also known as a graduate
(YTD-15) equivalency degree, a certificate of completion, or (do you/does [he/she]) have none of these?

CODE LEFT WITHOUT GRADUATING AS “NONE OF THESE.”

HIGH SCHOOL DIPLOMA 1

GED..... 2

CERTIFICATE OF COMPLETION 3

NONE OF THESE 4

DON'T KNOW d

REFUSED r

ASK IF HIGHEST GRADE WAS COLLEGE OR TECHNICAL SCHOOL:
I.D3 (Do you/Does [NAME]) have a college degree or a technical certificate?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ASK IF HAS A COLLEGE DEGREE OR TECHNICAL CERTIFICATE:
I.D4 What is the highest college degree or technical certificate that (you have/[he/she] has)?

READ IF NECESSARY.

- MASTERS OR HIGHER 1
- BACHELORS 2
- ASSOCIATES 3
- TECHNICAL CERTIFICATE (SPECIFY
AS MANY AS SAMPLE MEMBER HAS
EARNED) 4
- _____
- DON'T KNOW d
- REFUSED r

IF NO SCHOOL IN LAST YEAR, GO TO II.A1

ASK OF PARENT AND YOUTH:

I.E1 (NLTS-S3) Next, I am going to read (you/him/her) a list of services, accommodations or help that some people get at school. Please tell me whether or not (you have/[he/she] has) received any of these since (RA DATE/MEMORY AID).

I.E1a **IF NO, ASK:** Did (you/NAME) need (this/any other) accommodation.

	I.E1		I.E1a	
	YES	NO	YES	NO
a. (Have you/Has [he/she]) had any accommodations in how (you/he/she) take tests, like more time to take tests, or a different setting to take tests?	1	0	1	0
b. (Have you/Has [he/she]) had any accommodations in how (you/he/she) handle class assignments, like having more time to finish assignments or getting different assignments?.	1	0	1	0
c. Has there been any person assigned to help [you/NAME]), like a tutor, an interpreter, or someone who takes notes for (you/him/her) in class?	1	0	1	0
d. Have there been any adaptations to (your/his/her) classrooms, like a special desk for (you/him/her) or different equipment because of a disability?	1	0	1	0
e. (Have you/Has [NAME]) received any other accommodations at school during the last year (SPECIFY)?	1	0	1	0

IF NOT IN HIGH SCHOOL SINCE RA DATE, GO TO II.A1

ASK BOTH PARENT AND YOUTH:

I.F1 The next few questions are about special education services (you/NAME) might be (receiving/have received). Students who have a disability or learning problem sometimes receive special education services based on an Individual Education Program, or IEP. The IEP spells out the classroom settings, services, and learning supports a student should receive to meet his or her special needs. Since (RA DATE/MEMORY AID), (have you/has [NAME]) received any kind of special education services?

(Are you/Is [NAME] now receiving/Have you/Has [NAME] received) any type of special education since (RA DATE/MEMORY AID)?

PROBE: Do not include gifted or talented programs.

YES	1	
NO	0	} → (GO TO II.A1)
DON'T KNOW	d	
REFUSED	r	

ASK BOTH PARENT AND YOUTH:

I.F2 Since (RA DATE/MEMORY AID), did (you/he/she) go to a meeting at school about an Individualized Education Plan, or IEP, for special education program or services?
(NLTS - R7a)

PROBE: An Individual Education Plan is an outline of educational goals for a student based on test scores and assessments from a child study team. The IEP contains a statement of goals for the student and a plan of how to achieve them.

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

I.F3
(NLTS)
R7b

ASK BOTH PARENT AND YOUTH:

Did (you/NAME) meet with adults at school to set goals for what (you/he/she) will do after high school and make a plan for how to achieve them? Sometimes this is called a transition plan.

- YES 1 (GO TO I.F4)
- NO 0
- DON'T KNOW d
- REFUSED r

IF I.F2 AND I.F3 ARE BOTH NO – YOUTH DID NOT ATTEND IEP MEETING AND YOUTH DID NOT HAVE A TRANSITION PLAN – END OF SECTION - GO TO II.A1

I.F4
(NLTS -R7c

ASK BOTH PARENT AND YOUTH:

How much choice did (you/he/she) have about the goals on (your/his/her) (IEP [or] transition plan)? Did (you/NAME) have almost no choice about the goals, some choice, or a lot of choice?

- ALMOST NO CHOICE 1
- SOME CHOICE 2
- A LOT OF CHOICE 3
- DON'T KNOW ABOUT ANY GOALS 4
- DON'T KNOW d
- REFUSED r

ASK BOTH PARENT AND YOUTH:

I.F5 Thinking about how involved (you were/[NAME] was) in the decisions about (your/his/her) (IEP [or] transition plan). Did (you/NAME) want to be more involved, less involved, or (were you/was [he/she]) involved about the right amount?

- MORE INVOLVED..... 1
- LESS INVOLVED 2
- RIGHT AMOUNT 3
- NO OPINION 4
- DON'T KNOW d
- REFUSED r

PARENT ONLY QUESTION:

I.F6 Do you think (NAME)'s IEP goals (are/were) too challenging for (him/her), not challenging enough for (him/her) or just right for (him/her)?

- TOO CHALLENGING 1
- NOT CHALLENGING ENOUGH 2
- JUST RIGHT 3
- DON'T KNOW d
- REFUSED r

IF YOUTH HAD TRANSITION PLAN ASK BOTH PARENT AND YOUTH:

I.F7 How useful has this planning been in helping (you/NAME) prepare for life after high school? Would (you/he/she) say it has been very useful, somewhat useful, not very useful, or not at all useful?

- VERY USEFUL..... 1
- SOMEWHAT USEFUL 2
- NOT VERY USEFUL 3
- NOT AT ALL USEFUL..... 4
- DON'T KNOW d
- REFUSED r

SECTION II: EMPLOYMENT

THIS SECTION ASKED OF ALL YOUTH.

II.A1 My next questions are about jobs. (Have you/Has [he/she]) worked for pay at a job or a business at any time since (RA DATE/MEMORY AID)?

PROBES: A job is work for pay other than work around the house. Stipends are pay.

A job could be a school sponsored job or a work study job.

A job could be working for a business or organization or work that (you/he/she) do on (your/his/her) own such as babysitting or dog walking.

YES 1

NO 0 (GO TO II.G1)

II.A2 (Are you/Is [NAME]) currently working at a job or business for pay?

PROBES: (Do you/Does [NAME]) have a job now?

A job is work for pay other than work around the house. Stipends are pay.

A job could be a school sponsored job or a work study job.

A job could be working for a business or organization or work that (you/he/she) do on (your/his/her) own such as babysitting or dog walking.

YES 1

NO 0 (GO TO II.A6)

II.A3 (Do you/Does [NAME]) have more than one job now?

YES 1

NO 0 (RECORD AS JOB 1
AND GO TO II.A6)

II.A4 **IF HAS A CURRENT JOB:** How many different jobs (do you/does [he/she]) have now?

|__|__| JOBS → **DETERMINE MAIN JOB AND RECORD RESPONSES IN II.B1-II.F1. LIST OTHER CURRENT JOBS IN JOB TABLE, AFTER II.A6 BELOW.**

II.A5 I would like to talk about (your/his/her) **[main] job**. [Tell me about the different jobs (you/he/she) have now and we can decide which is (your/his/her) main job?]

IF MORE THAN ONE CURRENT JOB, THE MAIN JOB IS THE:

- JOB AT WHICH THE SAMPLE MEMBER WORKS THE MOST HOURS
- JOB WHICH THE SAMPLE MEMBER HAS HAD THE LONGEST

PROBES: At which job (do you/does [he/she]) work the most hours? Spend the most time? Which job (have you/has [he/she]) had the longest?

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II.A6 **IF NO CURRENT JOB:**
(Have you/Has [NAME]) had (a job/ more than one job) since (RA DATE/MEMORY AID)?

IF CURRENTLY HAS A JOB:
(Have you/Has [NAME]) worked any place else since (RA DATE/MEMORY AID)?

IF YES, ASK: Where else did (you/he/she) work?
What (was/were) the (name/names) of the other (place/places) (you/he/she) worked?
What (do you/does [he/she]) call the place where (you/he/she) (work/worked)?
Who (do/did) (you/he/she) work for?

FOR EACH PLACE, DETERMINE START AND END DATES FOR THE JOB.
When did (you/he/she) start working at (NAME OR PLACE)?

PROBES: When did (you/he/she) start working as a (JOB)?
When did (you/he/she) stop working at (____)?
How long (have/did) (you/he/she) (worked/work) at (____)?
In which month did (you/he/she) (start/stop)?
What was the weather like?
Was it around a holiday or (your/his/her) birthday?
Was it during the school year or during the summer?
(Is/Was) this a summer job?

PRIORITIZE JOBS AS FOLLOWS:

CURRENT JOB IS NUMBER 1.

IF MORE THAN ONE CURRENT JOB, NUMBER JOBS IN ORDER OF DURATION, WITH THE LONGEST JOBS HAVING THE LOWEST NUMBERS OR HIGHEST PRIORITIES.

THEN, NUMBER THE MOST RECENT JOBS NEXT, ACCORDING TO THEIR START DATES.

IF JOBS HAVE THE SAME START DATE, ASSIGN JOBS OF LONGEST DURATION THE HIGHEST PRIORITIES WITH THOSE LASTING THE LONGEST HAVING THE LOWEST NUMBERS.

JOB NAME	CURRENT	START DATE	END DATE	NUMBER
1. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _
2. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _
3. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _
4. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _
5. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _
6. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _
7. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _
8. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _
9. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _
10. _____ _____	YES 01 NO 00	_ _ / _ _ MONTH YEAR	_ _ / _ _ MONTH YEAR	_ _

ASK QUESTIONS II.B1 – 11.F1 ABOUT JOBS 1-5.

	JOB 1 CURRENT/MAIN JOB/OR MOST RECENT JOB	JOB 2 NEXT MOST RECENT JOB
<p>II.B1 Tell me about (your/NAME's) job at _____.</p> <p>INTERVIEWER: RECORD WHAT YOU ARE TOLD IN II.B4-B6. THEN ASK II.C1.</p> <p>What is the name of the place where (you/he/she) (work/worked)?</p> <p>PROBE: What (do you/does [he/she]) call the place where (you/he/she) (work/worked)?</p> <p>PROBE: Who (do/did) (you/he/she) work for?</p>	<p>NAME OR PLACE: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">OR</p> <p>SELF-EMPLOYED 1 → GO TO II.B3</p>	<p>NAME OR PLACE: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">OR</p> <p>SELF-EMPLOYED 1 → GO TO II.B3</p>
<p>II.B2 What does (NAME OR PLACE) make or do?</p> <p>PROBE: What kind of place is (NAME OR PLACE)?</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>II.B3 What (do/did) (you/he/she) do at (NAME OR PLACE)?</p> <p>PROBE: What (are/were) (your/his/her) responsibilities?</p> <p>PROBE: What kinds of things (have you/ has [he/she]) done there?</p> <p>PROBE: Tell me what (you/he/she) (do/did) when (you/he/she) (get/got) to work? After that? Then what?</p> <p>IF SELF-EMPLOYED, ASK: What (do/did) (you/he/she) do?</p>	<p>RECORD VERBATIM AND CODE:</p> <p>_____</p> <p>_____</p> <p>ASSEMBLY WORK (SORTING STUFFING) 11</p> <p>ANIMAL CARE (DOG WALKING, VETERINARY HELPER) 12</p> <p>CAMP COUNSELOR 13</p> <p>CASHIER—GROCERY STORE, FAST FOOD PLACE, ETC. 14</p> <p>CHILD CARE—BABYSITTING/MOTHERS HELPER 15</p> <p>CLEANING—JANITOR/MAID 16</p> <p>CLERICAL—FILING, RECEPTIONIST, SECRETARY, TYPING 17</p> <p>COMPUTER WORK—DATA ENTRY/PROGRAMMING/ WEB PAGE DEVELOPMENT 18</p> <p>DELIVERY—OF FOOD OR NEWSPAPERS OR PRESCRIPTIONS 19</p> <p>FARM WORK 20</p> <p>FOOD SERVICE—BUS BOY, WAITER, COOK 21</p> <p>GARDENING AND GROUNDS MAINTENANCE 22</p> <p>GAS STATION ATTENDANT 23</p> <p>HEALTH CARE AIDE—PERSONAL CARE ATTENDANT, NURSES AIDE 24</p> <p>MECHANIC (AUTO REPAIR) 25</p> <p>RETAIL SALES 26</p> <p>SKILLED LABOR APPRENTICE—PLUMBER, CARPENTER, ELECTRICIAN 27</p> <p>SPORTS RELATED—UMPIRE, CADDY, REFEREE, COACH, LIFEGUARD 28</p> <p>STOCK CLERK—GROCERY STORE OR DRUG STORE 29</p> <p>USHER—MOVIE THEATER 30</p> <p>OTHER (SPECIFY) 31</p> <p>_____</p>	<p>RECORD VERBATIM AND CODE:</p> <p>_____</p> <p>_____</p> <p>ASSEMBLY WORK (SORTING STUFFING) 11</p> <p>ANIMAL CARE (DOG WALKING, VETERINARY HELPER) 12</p> <p>CAMP COUNSELOR 13</p> <p>CASHIER—GROCERY STORE, FAST FOOD PLACE, ETC. 14</p> <p>CHILD CARE—BABYSITTING/MOTHERS HELPER 15</p> <p>CLEANING—JANITOR/MAID 16</p> <p>CLERICAL—FILING, RECEPTIONIST, SECRETARY, TYPING 17</p> <p>COMPUTER WORK—DATA ENTRY/PROGRAMMING/ WEB PAGE DEVELOPMENT 18</p> <p>DELIVERY—OF FOOD OR NEWSPAPERS OR PRESCRIPTIONS 19</p> <p>FARM WORK 20</p> <p>FOOD SERVICE—BUS BOY, WAITER, COOK 21</p> <p>GARDENING AND GROUNDS MAINTENANCE 22</p> <p>GAS STATION ATTENDANT 23</p> <p>HEALTH CARE AIDE—PERSONAL CARE ATTENDANT, NURSES AIDE 24</p> <p>MECHANIC (AUTO REPAIR) 25</p> <p>RETAIL SALES 26</p> <p>SKILLED LABOR APPRENTICE—PLUMBER, CARPENTER, ELECTRICIAN 27</p> <p>SPORTS RELATED—UMPIRE, CADDY, REFEREE, COACH, LIFEGUARD 28</p> <p>STOCK CLERK—GROCERY STORE OR DRUG STORE 29</p> <p>USHER—MOVIE THEATER 30</p> <p>OTHER (SPECIFY) 31</p> <p>_____</p>

JOB 3 NEXT MOST RECENT JOB	JOB 4 NEXT MOST RECENT JOB	JOB 5 NEXT MOST RECENT JOB
NAME OR PLACE: _____ _____ _____ OR SELF-EMPLOYED 1 → GO TO II.B3	NAME OR PLACE: _____ _____ _____ OR SELF-EMPLOYED 1 → GO TO II.B3	NAME OR PLACE: _____ _____ _____ OR SELF-EMPLOYED 1 → GO TO II.B3
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	JOB 1 CURRENT/MAIN JOB/OR MOST RECENT JOB	JOB 2 NEXT MOST RECENT JOB
II.B4 When did (you/he/she) start working at (NAME OR PLACE)? IF SELF-EMPLOYED, SAY: When did (you/he/she) start working as a (JOB FROM II.B3)? II.B4a When did (you/he/she) stop working at . . . In which month did (you/he/she) (start/stop)? What was the weather like? Was it around a holiday or (your/his/her) birthday? Was it during the school year or during the summer? (Is/Was) this a summer job?	START DATE: _ _ / 20 _ _ MONTH YEAR MORE THAN ONE YEAR AGO..... 9999 END DATE: _ _ / 20 _ _ MONTH YEAR STILL WORKING 9999 IF CANNOT ANSWER EXACT DATES, PROBE FOR TIME WORKED AT THIS JOB: How long (have [you/he/she] worked/did [you/he/she] work) at (NAME OR PLACE)? PROBE: Your best estimate is fine. _ _ MONTHS..... 1 _ _ WEEKS 2 <p style="text-align: center;">OR</p> IF CANNOT ANSWER TIME WORKED, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) worked at (NAME OR PLACE) . . . Three months of less? 1 4-6 months? 2 Or more than 6 months? 3	START DATE: _ _ / 20 _ _ MONTH YEAR MORE THAN ONE YEAR AGO..... 9999 END DATE: _ _ / 20 _ _ MONTH YEAR STILL WORKING 9999 IF CANNOT ANSWER EXACT DATES, PROBE FOR TIME WORKED AT THIS JOB: How long (have [you/he/she] worked/did [you/he/she] work) at (NAME OR PLACE)? PROBE: Your best estimate is fine. _ _ MONTHS..... 1 _ _ WEEKS 2 <p style="text-align: center;">OR</p> IF CANNOT ANSWER TIME WORKED, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) worked at (NAME OR PLACE) . . . Three months of less? 1 4-6 months? 2 Or more than 6 months? 3
II.B5 ASK FOR CURRENT OR MOST RECENT JOB: How did (you/he/she) find this job? PROBES: How did (you/he/she) hear about this job?	NEWSPAPER AD..... 1 INTERNET..... 2 EMPLOYMENT AGENCY (PRIVATE) 3 JOB PLACEMENT OFFICE AT SCHOOL 4 FRIENDS OR RELATIVES 5 DIRECT APPLICATION TO EMPLOYER 6 VOCREHAB OR OTHER SERVICE AGENCY 7 ONE STOP OR WORKFORCE DEVELOPMENT CENTER (UNEMPLOYMENT OFFICE)..... 8 THE YTD PROGRAM [FILL LOCAL NAMES]..... 9 OTHER (SPECIFY) 10 _____	

JOB 3 NEXT MOST RECENT JOB	JOB 4 NEXT MOST RECENT JOB	JOB 5 NEXT MOST RECENT JOB
<p>START DATE: _ _ /20 _ _ MONTH YEAR</p> <p>MORE THAN ONE YEAR AGO..... 9999</p> <p>END DATE: _ _ /20 _ _ MONTH YEAR</p> <p>STILL WORKING..... 9999</p> <p>IF CANNOT ANSWER EXACT DATES, PROBE FOR TIME WORKED AT THIS JOB: How long (have [you/he/she] worked/did [you/he/she] work) at (NAME OR PLACE)?</p> <p>PROBE: Your best estimate is fine.</p> <p> _ _ MONTHS..... 1 _ _ WEEKS 2</p> <p style="text-align: center;">OR</p> <p>IF CANNOT ANSWER TIME WORKED, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) worked at (NAME OR PLACE) . . .</p> <p>Three months of less? 1 4-6 months? 2 Or more than 6 months? 3</p>	<p>START DATE: _ _ /20 _ _ MONTH YEAR</p> <p>MORE THAN ONE YEAR AGO..... 9999</p> <p>END DATE: _ _ /20 _ _ MONTH YEAR</p> <p>STILL WORKING..... 9999</p> <p>IF CANNOT ANSWER EXACT DATES, PROBE FOR TIME WORKED AT THIS JOB: How long (have [you/he/she] worked/did [you/he/she] work) at (NAME OR PLACE)?</p> <p>PROBE: Your best estimate is fine.</p> <p> _ _ MONTHS..... 1 _ _ WEEKS 2</p> <p style="text-align: center;">OR</p> <p>IF CANNOT ANSWER TIME WORKED, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) worked at (NAME OR PLACE) . . .</p> <p>Three months of less? 1 4-6 months? 2 Or more than 6 months? 3</p>	<p>START DATE: _ _ /20 _ _ MONTH YEAR</p> <p>MORE THAN ONE YEAR AGO..... 9999</p> <p>END DATE: _ _ /20 _ _ MONTH YEAR</p> <p>STILL WORKING..... 9999</p> <p>IF CANNOT ANSWER EXACT DATES, PROBE FOR TIME WORKED AT THIS JOB: How long (have [you/he/she] worked/did [you/he/she] work) at (NAME OR PLACE)?</p> <p>PROBE: Your best estimate is fine.</p> <p> _ _ MONTHS..... 1 _ _ WEEKS 2</p> <p style="text-align: center;">OR</p> <p>IF CANNOT ANSWER TIME WORKED, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) worked at (NAME OR PLACE) . . .</p> <p>Three months of less? 1 4-6 months? 2 Or more than 6 months? 3</p>

	JOB 1 CURRENT/MAIN JOB/OR MOST RECENT JOB	JOB 2 NEXT MOST RECENT JOB																		
II.B6 How many hours per week (do/did you) (does/did [he/she]) usually work at this job? USE THE FOLLOWING PROBES TO CALCULATE HOURS WORKED: Which days do (you/he/she) work? What time do (you/he/she) start work? What time do (you/he/she) finish work? (Do you/Does [NAME]) take a break for lunch?	_____ HOURS PER WEEK USUALLY WORKED OR IF CANNOT ANSWER EXACT HOURS, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) work . . . Less than 10 hours per week?..... 1 10-20 hours per week? 2 21-30 hours per week? 3 Or more than 30 hours per week? 4	_____ HOURS PER WEEK USUALLY WORKED OR IF CANNOT ANSWER EXACT HOURS, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) work . . . Less than 10 hours per week?..... 1 10-20 hours per week? 2 21-30 hours per week? 3 Or more than 30 hours per week? 4																		
II.C1 Next, I'd like to ask you some questions about how (you are/[he/she] is) paid at (NAME OR PLACE). (Do you/Does [NAME]) get paid by the hour or by how many things (you/he/she) (make/do/sell/makes/does/sells)?	Hour..... 1 Things..... 2 Some other way (SPECIFY) 3 _____	Hour..... 1 Things..... 2 Some other way (SPECIFY) 3 _____																		
II.C2 About how much (are you/is [NAME]) paid on this job? PROBES: How much (do you/does[he/she]) get paid for each thing (you/he/she) (make/do/sell/makes/does/sells)? How many things (do you/does [he/she]) (make/do/sell) in an (hour/day/week)? Is that the amount of pay (you bring/[he/she] brings) home or is that (your/his/her) pay before taxes are taken out?	\$ _____ per hour or \$ _____ per week 1 every other week 2 twice a month 3 once a month 4 OTHER (SPECIFY) 5 _____ Net pay 1 Before taxes 2	\$ _____ per hour or \$ _____ per week 1 every other week 2 twice a month 3 once a month 4 OTHER (SPECIFY) 5 _____ Net pay 1 Before taxes 2																		
II.C3 (Does/Did) this job offer. . .	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>Health insurance?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Paid vacation or sick leave?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	Health insurance?	1	0	Paid vacation or sick leave?	1	0	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>Health insurance?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Paid vacation or sick leave?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	Health insurance?	1	0	Paid vacation or sick leave?	1	0
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II.D1 At (your/his/her) job, do most of the other workers have disabilities?	YES 1 NO 0	YES 1 NO 0																		
II.D2 Is (NAME OR PLACE) part of any school sponsored work activities like a work-study job, an internship, or part of a school-based business?	YES 1 NO 0	YES 1 NO 0																		

JOB 3 NEXT MOST RECENT JOB	JOB 4 NEXT MOST RECENT JOB	JOB 5 NEXT MOST RECENT JOB
<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">HOURS PER WEEK USUALLY WORKED</p> <p style="text-align: center;">OR</p> <p>IF CANNOT ANSWER EXACT HOURS, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) work . . .</p> <p>Less than 10 hours per week?..... 1</p> <p>10-20 hours per week? 2</p> <p>21-30 hours per week? 3</p> <p>Or more than 30 hours per week? 4</p>	<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">HOURS PER WEEK USUALLY WORKED</p> <p style="text-align: center;">OR</p> <p>IF CANNOT ANSWER EXACT HOURS, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) work . . .</p> <p>Less than 10 hours per week?..... 1</p> <p>10-20 hours per week? 2</p> <p>21-30 hours per week? 3</p> <p>Or more than 30 hours per week? 4</p>	<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">HOURS PER WEEK USUALLY WORKED</p> <p style="text-align: center;">OR</p> <p>IF CANNOT ANSWER EXACT HOURS, PROBE FOR RANGE: (Do you/Does [NAME]) think (you/he/she) work . . .</p> <p>Less than 10 hours per week?..... 1</p> <p>10-20 hours per week? 2</p> <p>21-30 hours per week? 3</p> <p>Or more than 30 hours per week? 4</p>
<p>Hour..... 1</p> <p>Things..... 2</p> <p>Some other way (SPECIFY) 3</p> <p>_____</p>	<p>Hour..... 1</p> <p>Things..... 2</p> <p>Some other way (SPECIFY) 3</p> <p>_____</p>	<p>Hour..... 1</p> <p>Things..... 2</p> <p>Some other way (SPECIFY) 3</p> <p>_____</p>
<p style="text-align: center;">\$ _ _ _ . _ _ per hour</p> <p style="text-align: center;">or</p> <p>\$ _ _ _ _ . _ _ per week 1</p> <p>every other week 2</p> <p>twice a month 3</p> <p>once a month..... 4</p> <p>OTHER (SPECIFY) 5</p> <p>_____</p> <p>Net pay 1</p> <p>Before taxes 2</p>	<p style="text-align: center;">\$ _ _ _ . _ _ per hour</p> <p style="text-align: center;">or</p> <p>\$ _ _ _ _ . _ _ per week 1</p> <p>every other week 2</p> <p>twice a month 3</p> <p>once a month..... 4</p> <p>OTHER (SPECIFY) 5</p> <p>_____</p> <p>Net pay 1</p> <p>Before taxes 2</p>	<p style="text-align: center;">\$ _ _ _ . _ _ per hour</p> <p style="text-align: center;">or</p> <p>\$ _ _ _ _ . _ _ per week 1</p> <p>every other week 2</p> <p>twice a month 3</p> <p>once a month..... 4</p> <p>OTHER (SPECIFY) 5</p> <p>_____</p> <p>Net pay 1</p> <p>Before taxes 2</p>
<p style="text-align: right;"><u>YES</u> <u>NO</u></p> <p>Health insurance? 1 0</p> <p>Paid vacation or sick leave? 1 0</p>	<p style="text-align: right;"><u>YES</u> <u>NO</u></p> <p>Health insurance? 1 0</p> <p>Paid vacation or sick leave? 1 0</p>	<p style="text-align: right;"><u>YES</u> <u>NO</u></p> <p>Health insurance? 1 0</p> <p>Paid vacation or sick leave? 1 0</p>
<p>YES 1</p> <p>NO 0</p>	<p>YES 1</p> <p>NO 0</p>	<p>YES 1</p> <p>NO 0</p>
<p>YES 1</p> <p>NO 0</p>	<p>YES 1</p> <p>NO 0</p>	<p>YES 1</p> <p>NO 0</p>

	JOB 1 CURRENT/MAIN JOB/OR MOST RECENT JOB	JOB 2 NEXT MOST RECENT JOB
II.E1 IF NOT CURRENT JOB, ASK: Why did (you/he/she) leave this job? PROBE: Why (are you/is [NAME]) no longer working (NAME OR PLACE)? PROBE FOR MAIN REASON.	Job was too hard..... 1 Job was too easy 2 Found a better job..... 3 Temporary job ended..... 4 Went back to school..... 5 Job did not pay enough..... 6 Does not need the money..... 7 Did not like boss..... 8 Did not like coworkers..... 9 Transportation problems..... 10 I moved to far 11 Job moved too far 12 Fired/performance problems..... 13 Health reasons..... 14 Employer wouldn't provide accommodations needed to succeed at job..... 15 Had a baby..... 16 Family obligations 17 Did not want to loose disability or other benefits 18 Parents do not want youth to work 19 Youth does not want to work..... 20	Job was too hard..... 1 Job was too easy 2 Found a better job..... 3 Temporary job ended..... 4 Went back to school..... 5 Job did not pay enough..... 6 Does not need the money..... 7 Did not like boss..... 8 Did not like coworkers..... 9 Transportation problems..... 10 I moved to far 11 Job moved too far 12 Fired/performance problems..... 13 Health reasons..... 14 Employer wouldn't provide accommodations needed to succeed at job..... 15 Had a baby..... 16 Family obligations 17 Did not want to loose disability or other benefits 18 Parents do not want youth to work 19 Youth does not want to work 20
II.E2 IF CURRENT JOB, ASK: Overall, how happy (are you/is [NAME]) with (your/his/her) job at (JOB FROM E4)? Would (you/he/she) say . . .	very happy..... 1 a little happy, or..... 2 not happy? 3	
II.F1.	CONTINUE WITH OTHER JOB(S) OR COMPLETE JOB GRID. NEXT JOB..... 1 → GO TO JOB 2 NO MORE JOBS..... 0 → GO TO II.G1	CONTINUE WITH OTHER JOB(S) OR COMPLETE JOB GRID. NEXT JOB..... 1 → GO TO JOB 3 NO MORE JOBS..... 0 → GO TO II.G1

JOB 3 NEXT MOST RECENT JOB	JOB 4 NEXT MOST RECENT JOB	JOB 5 NEXT MOST RECENT JOB
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CONTINUE WITH OTHER JOB(S) OR COMPLETE JOB GRID.	CONTINUE WITH OTHER JOB(S) OR COMPLETE JOB GRID.	CONTINUE WITH OTHER JOB(S) OR COMPLETE JOB GRID.
NEXT JOB..... 1 → GO TO JOB 4 NO MORE JOBS..... 0 → GO TO II.G1	NEXT JOB..... 1 → GO TO JOB 5 NO MORE JOBS..... 0 → GO TO II.G1	NEXT JOB..... 1 → GO TO JOB 6 NO MORE JOBS..... 0 → GO TO II.G1

ASK IF NOT CURRENTLY EMPLOYED AND NOT CURRENTLY IN SCHOOL:

II.G1 I am going to read a list of reasons people do not work. For each, please tell me if it is a reason why (you are/[he/she] is) not currently working. (Are you/Is [NAME]) not working because . . .

(NBS-B25.)

READ IF NEEDED: I know (you are/[he/she] is) not able to work, but the study rules require us to ask all beneficiaries the same questions.

	YES	NO
a. A physical or mental condition prevents (you/NAME) from working?	1	0
b. (You/NAME) do not have reliable transportation to and from work?	1	0
c. (You/NAME) cannot find a job (you want/[he/she] wants)?.....	1	0
d. (You are/[NAME] is) waiting to finish school or a training program?	1	0
e. Workplaces are not accessible to people with (your/his/her) disability?	1	0
f. (You/NAME) do not want to lose benefits such as disability or Medicaid? .	1	0
g. (Your/His/Her) previous attempts to work have been discouraging?	1	0
h. Others do not think (you/he/she) can work?	1	0

ASK IF NOT CURRENTLY EMPLOYED AND NOT CURRENTLY IN SCHOOL:

II.G2 Are there any other reasons why (you are/[he/she] is) not working that I didn't mention?

(NBS-B26.)

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

} → (GO TO II.G4)

ASK IF OTHER REASON NOT WORKING:

II.G3 What are they?

(NBS-B27.)

INTERVIEWER: ENTER VERBATIM RESPONSE.

DON'T KNOW d
 REFUSED r

ASK IF NOT CURRENTLY EMPLOYED AND NOT CURRENTLY IN SCHOOL:

II.G4 (Have you/Has [he/she]) been looking for work during the last four weeks?

(NBS-B28.)

- YES 1
 NO 0
 DON'T KNOW d
 REFUSED r
- } → (GO TO SECTION III.1A)

ASK IF NOT CURRENTLY EMPLOYED AND NOT CURRENTLY IN SCHOOL:

II.G5 Next, I am going to read (you/NAME) a list of things that some people do to look for work. Please tell me whether or not (you/he/she) did any of these things during the last four weeks.

(NBS - B29.)

To look for work in the last four weeks, did (you/he/she) . . .

	YES	NO
a. Contact (your/his/her) state's One Stop office, (CO: WIN Center), Workforce Development office, or unemployment office?.....	1	0
b. Ask friends or relatives?.....	1	0
c. Look through job advertisements in a newspaper or on the internet?	1	0
d. Contact the State Vocational Rehabilitation Agency or (STATE VR NAME)?.....	1	0
e. Contact any employers in person, by mail, or by phone?	1	0
f. Do anything else that I didn't mention? (SPECIFY: What was it?).....	1	0

SECTION III: SERVICE UTILIZATION

THIS SECTION ASKED OF PARENTS OR INDEPENDENT YOUTH.

III.A1 My next questions are about services or training (you/NAME) might have received since
(NLS - F8b)- (RA DATE/MEMORY AID). (Have/Has) . . .
(mod)

	YES	NO
a. (you/NAME) spoken with anyone about (your/his/her) interests and what (you/he/she) might enjoy doing in the future?	1	0
b. someone spoken with (your/NAME's) parent or guardian about (your/NAME's) life or future plans?	1	0
c. (you/NAME) been taught skills needed for life, like counting change, telling time or using public transportation?	1	0
d. (you/NAME) had career counseling, like help in learning which jobs are a good match with (your/NAME's) skills and interests?	1	0
<p>PROBE: Career counseling, is where someone talked with (you/NAME) about different types of jobs or careers, and the training and skills they require?</p>		
e. (you/NAME) had help in finding or applying for a job, such as how to find jobs available, fill out an application, write a resume, or go for an interview?	1	0
<p>PROBE: A resume is a summary of (your/NAME's) job qualifications.</p>		
f. (you/NAME) had help in getting into a school or training program, including helping with an application or interview?	1	0
<p>PROBE: For example, where someone told (you/him/her) about jobs that are available and how to apply for them? Or if someone helped you complete an application for college.</p>		
g. (you/NAME) had help with accommodations at school or work?	1	0
h. (you/NAME) had help in understanding Social Security benefits and rules?	1	0
i. PLACEHOLDER FOR PROGRAM SPECIFIC SERVICES FOR NEW SITES. NEW SITE SPECIFIC PROGRAM SERVICE?	1	0

IF III.A1 a-i ALL=NO, GO TO III.G3

ASK IF YES TO ANY OF THE SERVICES:
III.B1 You said that (you/NAME) received the following services since (RATE DATE/
MEMORY AID).

LIST SERVICES THAT YOUTH RECEIVED.

FOR EACH SERVICE ASK:

Where did (you/NAME) get (SERVICE)?

PROBE: Who helped (you/NAME) with (SERVICE)?

PROBE: Any place else? Anyone else?

PROVIDER NAME: _____

III.B2 What type of place is (PROVIDER NAME)?

READ IF NECESSARY.

- VOCATIONAL REHABILITATION AGENCY/VR..... 1
- OTHER AGENCY SERVING PERSONS
WITH DISABILITIES..... 2
- ONE-STOP/WORK FORCE DEVELOPMENT
CENTER/[CO: WIN CENTERS) 3
- (YTD PROGRAM) 4
- OTHER (SPECIFY) 5
- _____
- DON'T KNOW d
- REFUSED r

ASK FOR EACH SERVICE PROVIDER CODED "YES" IN III..B1:	PROVIDER 1 NAME _____	PROVIDER 2 NAME _____
III.C1 Did (you/NAME) get any other services from (PROVIDER)?	YES 1 NO 0 → GO TO III.D1	YES 1 NO 0 → GO TO III.D1
III.C2 ASK IF SM RECEIVED OTHER SERVICES FROM PROVIDER: What other services did (you/NAME) get from (PROVIDER)?	CIRCLE ALL THAT APPLY DISCUSSING INTERESTS 1 TEST TO FIND OUT INTERESTS 2 BASIC SKILLS TRAINING 3 CAREER COUNSELING 4 LEARNING HOW TO LOOK FOR A JOB 5 JOB SHADOWING 6 APPRENTICESHIP/INTERNSHIP 7 HELP FINDING A JOB 8 HELP GETTING INTO SCHOOL 9 UNDERSTANDING SSA BENEFITS 10 COMPUTER CLASSES 11 PROBLEM SOLVING 12 SOCIAL SKILLS TRAINING 13 REFERRAL TO ANOTHER AGENCY 14 TRANSPORTATION SERVICES 15 HEALTH SERVICES 16 CASE MANAGEMENT 17 ACCOMMODATIONS 18 OTHER SERVICES (SPECIFY) 19 _____ DON'T KNOW d	CIRCLE ALL THAT APPLY DISCUSSING INTERESTS 1 TEST TO FIND OUT INTERESTS 2 BASIC SKILLS TRAINING 3 CAREER COUNSELING 4 LEARNING HOW TO LOOK FOR A JOB 5 JOB SHADOWING 6 APPRENTICESHIP/INTERNSHIP 7 HELP FINDING A JOB 8 HELP GETTING INTO SCHOOL 9 UNDERSTANDING SSA BENEFITS 10 COMPUTER CLASSES 11 PROBLEM SOLVING 12 SOCIAL SKILLS TRAINING 13 REFERRAL TO ANOTHER AGENCY 14 TRANSPORTATION SERVICES 15 HEALTH SERVICES 16 CASE MANAGEMENT 17 ACCOMMODATIONS 18 OTHER SERVICES (SPECIFY) 19 _____ DON'T KNOW d
III.D1 Did (PROVIDER) refer (you/NAME) to or arrange for (you/NAME) to go to other places or services? PROBE: Such as transportation services or other agencies that could help (you/NAME).	YES 1 NO 0	YES 1 NO 0

PROVIDER 3	PROVIDER 4	PROVIDER 5
NAME _____	NAME _____	NAME _____
YES 1 NO 0 → GO TO III.D1	YES 1 NO 0 → GO TO III.D1	YES 1 NO 0 → GO TO III.D1
<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>
DISCUSSING INTERESTS 1	DISCUSSING INTERESTS 1	DISCUSSING INTERESTS 1
TEST TO FIND OUT INTERESTS 2	TEST TO FIND OUT INTERESTS 2	TEST TO FIND OUT INTERESTS 2
BASIC SKILLS TRAINING 3	BASIC SKILLS TRAINING 3	BASIC SKILLS TRAINING 3
CAREER COUNSELING 4	CAREER COUNSELING 4	CAREER COUNSELING 4
LEARNING HOW TO LOOK FOR A JOB 5	LEARNING HOW TO LOOK FOR A JOB 5	LEARNING HOW TO LOOK FOR A JOB 5
JOB SHADOWING 6	JOB SHADOWING 6	JOB SHADOWING 6
APPRENTICESHIP/INTERNSHIP 7	APPRENTICESHIP/INTERNSHIP 7	APPRENTICESHIP/INTERNSHIP 7
HELP FINDING A JOB 8	HELP FINDING A JOB 8	HELP FINDING A JOB 8
HELP GETTING INTO SCHOOL 9	HELP GETTING INTO SCHOOL 9	HELP GETTING INTO SCHOOL 9
UNDERSTANDING SSA BENEFITS 10	UNDERSTANDING SSA BENEFITS 10	UNDERSTANDING SSA BENEFITS 10
COMPUTER CLASSES 11	COMPUTER CLASSES 11	COMPUTER CLASSES 11
PROBLEM SOLVING 12	PROBLEM SOLVING 12	PROBLEM SOLVING 12
SOCIAL SKILLS TRAINING 13	SOCIAL SKILLS TRAINING 13	SOCIAL SKILLS TRAINING 13
REFERRAL TO ANOTHER AGENCY 14	REFERRAL TO ANOTHER AGENCY 14	REFERRAL TO ANOTHER AGENCY 14
TRANSPORTATION SERVICES 15	TRANSPORTATION SERVICES 15	TRANSPORTATION SERVICES 15
HEALTH SERVICES 16	HEALTH SERVICES 16	HEALTH SERVICES 16
CASE MANAGEMENT 17	CASE MANAGEMENT 17	CASE MANAGEMENT 17
ACCOMMODATIONS 18	ACCOMMODATIONS 18	ACCOMMODATIONS 18
OTHER SERVICES (SPECIFY) 19	OTHER SERVICES (SPECIFY) 19	OTHER SERVICES (SPECIFY) 19
_____	_____	_____
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
YES 1 NO 0	YES 1 NO 0	YES 1 NO 0

	PROVIDER 1	PROVIDER 2
III.E1a When did (you/NAME) start going to (PROVIDER)? PROBE: In what month and year?	/ MONTH YEAR	/ MONTH YEAR
III.E1b (Are you/Is [NAME]) still going to (PROVIDER)?	YES 1 → GO TO III.E2 NO 0	YES.....1 → GO TO III.E2 NO0
IF III.E1b=NO, ASK: III.E1c When did (you/NAME) stop going to (PROVIDER)? PROBE: In what month and year?	/ MONTH YEAR	/ MONTH YEAR
III.E1d Why did (you/NAME) stop attending the (PROGRAM/SERVICE)?	THE PROGRAM WAS FINISHED1 DID NOT LIKE THE PROGRAM/SERVICE— FOUND IT BORING2 DID NOT LEARN ANYTHING NEW3 NO TRANSPORTATION4 BAD TIME OF THE DAY- OTHER OBLIGATIONS5 YOUTH BECAME ILL6 FAMILY MEMBER BECAME ILL7 GOT A JOB8 DID NOT HAVE ANY FRIENDS AT THE PROGRAM/SERVICE9 OTHER (SPECIFY)10 _____	THE PROGRAM WAS FINISHED 1 DID NOT LIKE THE PROGRAM/SERVICE— FOUND IT BORING..... 2 DID NOT LEARN ANYTHING NEW 3 NO TRANSPORTATION 4 BAD TIME OF THE DAY- OTHER OBLIGATIONS 5 YOUTH BECAME ILL 6 FAMILY MEMBER BECAME ILL 7 GOT A JOB 8 DID NOT HAVE ANY FRIENDS AT THE PROGRAM/SERVICE 9 OTHER (SPECIFY) 10 _____
IF III.E1a or III.E1c NOT ANSWERED AND III.E1b NE 0, ASK: III.E1e For how many months of the past year (have you/has [NAME]) been seeing/going to (PROVIDER)? PROBE: Since (RA DATE/MEMORY AID), for how many months . . .	MONTHS IF DON'T KNOW OR REFUSED: Was it . . . Every month or all year long,1 About six months or half of the year,2 For about 3 or 4 months, or3 Less than that?4 DON'T KNOWd	MONTHS IF DON'T KNOW OR REFUSED: Was it . . . Every month or all year long, 1 About six months or half of the year, 2 For about 3 or 4 months, or 3 Less than that? 4 DON'T KNOW d

PROVIDER 3	PROVIDER 4	PROVIDER 5
<p style="text-align: center;"> _ _ / _ _ _ _ MONTH YEAR</p>	<p style="text-align: center;"> _ _ / _ _ _ _ MONTH YEAR</p>	<p style="text-align: center;"> _ _ / _ _ _ _ MONTH YEAR</p>
<p>YES 1 → GO TO III.E2 NO 0</p>	<p>YES 1 → GO TO III.E2 NO 0</p>	<p>YES 1 → GO TO III.E2 NO 0</p>
<p style="text-align: center;"> _ _ / _ _ _ _ MONTH YEAR</p>	<p style="text-align: center;"> _ _ / _ _ _ _ MONTH YEAR</p>	<p style="text-align: center;"> _ _ / _ _ _ _ MONTH YEAR</p>
<p>THE PROGRAM WAS FINISHED 1 DID NOT LIKE THE PROGRAM/SERVICE— FOUND IT BORING 2 DID NOT LEARN ANYTHING NEW 3 NO TRANSPORTATION 4 BAD TIME OF THE DAY- OTHER OBLIGATIONS 5 YOUTH BECAME ILL 6 FAMILY MEMBER BECAME ILL 7 GOT A JOB 8 DID NOT HAVE ANY FRIENDS AT THE PROGRAM/SERVICE 9 OTHER (SPECIFY) 10 _____</p>	<p>THE PROGRAM WAS FINISHED 1 DID NOT LIKE THE PROGRAM/SERVICE— FOUND IT BORING 2 DID NOT LEARN ANYTHING NEW 3 NO TRANSPORTATION 4 BAD TIME OF THE DAY- OTHER OBLIGATIONS 5 YOUTH BECAME ILL 6 FAMILY MEMBER BECAME ILL 7 GOT A JOB 8 DID NOT HAVE ANY FRIENDS AT THE PROGRAM/SERVICE 9 OTHER (SPECIFY) 10 _____</p>	<p>THE PROGRAM WAS FINISHED 1 DID NOT LIKE THE PROGRAM/SERVICE— FOUND IT BORING 2 DID NOT LEARN ANYTHING NEW 3 NO TRANSPORTATION 4 BAD TIME OF THE DAY- OTHER OBLIGATIONS 5 YOUTH BECAME ILL 6 FAMILY MEMBER BECAME ILL 7 GOT A JOB 8 DID NOT HAVE ANY FRIENDS AT THE PROGRAM/SERVICE 9 OTHER (SPECIFY) 10 _____</p>
<p style="text-align: center;"> _ _ MONTHS</p> <p>IF DON'T KNOW OR REFUSED: Was it . . .</p> <p>Every month or all year long, 1 About six months or half of the year, 2 For about 3 or 4 months, or 3 Less than that? 4 DON'T KNOW d</p>	<p style="text-align: center;"> _ _ MONTHS</p> <p>IF DON'T KNOW OR REFUSED: Was it . . .</p> <p>Every month or all year long, 1 About six months or half of the year, 2 For about 3 or 4 months, or 3 Less than that? 4 DON'T KNOW d</p>	<p style="text-align: center;"> _ _ MONTHS</p> <p>IF DON'T KNOW OR REFUSED: Was it . . .</p> <p>Every month or all year long, 1 About six months or half of the year, 2 For about 3 or 4 months, or 3 Less than that? 4 DON'T KNOW d</p>

	PROVIDER 1	PROVIDER 2
<p>III.E2 During the months when (you/NAME) (saw/met with) (PROVIDER), about how often did (you/he/she) go?</p> <p>PROBE: This could include meetings, classes, or check-in calls.</p> <p>PROBE: (Your/His/Her) best estimate is fine.</p> <p>READ IF NECESSARY.</p>	<p>Every day.....1</p> <p>More than once a week2</p> <p>Weekly.....3</p> <p>More than once a month.....4</p> <p>About once a month5</p> <p>Less often than once a month6</p>	<p>Every day 1</p> <p>More than once a week 2</p> <p>Weekly 3</p> <p>More than once a month..... 4</p> <p>About once a month..... 5</p> <p>Less often than once a month 6</p>
<p>III.E3 On average, how long was each meeting or session?</p> <p>PROBE: How much time per day?</p>	<p> _ _ MINUTES _ _ HOURS</p> <p>IF DON'T KNOW OR REFUSED: On average, was it . . .</p> <p>Less than an hour,.....1</p> <p>About one hour,.....2</p> <p>About 2 hours,3</p> <p>About 3 hours,4</p> <p>About 4 hours or half a day, or was it,.....5</p> <p>More than 4 hours per meeting?6</p>	<p> _ _ MINUTES _ _ HOURS</p> <p>IF DON'T KNOW OR REFUSED: On average, was it . . .</p> <p>Less than an hour, 1</p> <p>About one hour, 2</p> <p>About 2 hours, 3</p> <p>About 3 hours, 4</p> <p>About 4 hours or half a day, or was it, 5</p> <p>More than 4 hours per meeting?..... 6</p>
<p><small>(NLTS - F9f) (Mod)</small></p> <p>III.F1 How useful (do you/does [he/she]) think the help or services that (you/NAME) got from (PROVIDER) has been?</p> <p>Would you say . . .</p>	<p>Very useful,.....1</p> <p>Somewhat useful,2</p> <p>Not very useful, or3</p> <p>Not at all useful?.....4</p> <p>DON'T KNOWd</p>	<p>Very useful, 1</p> <p>Somewhat useful, 2</p> <p>Not very useful, or..... 3</p> <p>Not at all useful? 4</p> <p>DON'T KNOW..... d</p>
<p>III.F2 INTERVIEWER: IS THERE ANOTHER SERVICE PROVIDER?</p>	<p>YES1</p> <p>NO0</p> <p>GO TO III.G1</p>	<p>YES..... 1</p> <p>NO 0</p> <p>GO TO III.G1</p>

PROVIDER 3	PROVIDER 4	PROVIDER 5
Every day 1 More than once a week 2 Weekly 3 More than once a month 4 About once a month 5 Less often than once a month 6	Every day 1 More than once a week 2 Weekly 3 More than once a month 4 About once a month 5 Less often than once a month 6	Every day 1 More than once a week 2 Weekly 3 More than once a month 4 About once a month 5 Less often than once a month 6
MINUTES HOURS IF DON'T KNOW OR REFUSED: On average, was it . . . Less than an hour, 1 About one hour, 2 About 2 hours, 3 About 3 hours, 4 About 4 hours or half a day, or was it, 5 More than 4 hours per meeting? 6	MINUTES HOURS IF DON'T KNOW OR REFUSED: On average, was it . . . Less than an hour, 1 About one hour, 2 About 2 hours, 3 About 3 hours, 4 About 4 hours or half a day, or was it, 5 More than 4 hours per meeting? 6	MINUTES HOURS IF DON'T KNOW OR REFUSED: On average, was it . . . Less than an hour, 1 About one hour, 2 About 2 hours, 3 About 3 hours, 4 About 4 hours or half a day, or was it, 5 More than 4 hours per meeting? 6
Very useful, 1 Somewhat useful, 2 Not very useful, or 3 Not at all useful? 4 DON'T KNOW d	Very useful, 1 Somewhat useful, 2 Not very useful, or 3 Not at all useful? 4 DON'T KNOW d	Very useful, 1 Somewhat useful, 2 Not very useful, or 3 Not at all useful? 4 DON'T KNOW d
YES 1 NO 0 <p style="text-align: center;">GO TO III.G1</p>	YES 1 NO 0 <p style="text-align: center;">GO TO III.G1</p>	<p style="text-align: center;">GO TO III.G1</p>

III.G1 Since (RATE DATE/MEMORY AID), (have you/has [NAME]) had . . .

Any other services to help prepare (you/[him/her]) for working or going to school?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ASK IF RECEIVED OTHER SERVICES:

III.G2 What other services did (you/NAME) get in the last year that helped prepare (you/him/her) for working or going to school?

- COMPUTER CLASSES 1
 - PROBLEM SOLVING 2
 - SOCIAL INTERACTION SKILLS 3
 - REFERRAL TO ANOTHER AGENCY 4
 - TRANSPORTATION SERVICES 5
 - CASE MANAGEMENT 6
 - OTHER (SPECIFY) 7
-
- DON'T KNOW d
 - REFUSED r

IF III.C2=16, SKIP III.G3. ASK ALTERNATE WORDING IN III.G4:

III.G3 Since (RATE DATE/MEMORY AID), (have you/has [NAME]) received any health or health-related services from an agency or organization that serves people with disabilities in (your/his/her) area?

PROBE: Please don't include any job or education services that we have already discussed.

PROBE: Such as help with equipment or devices, or paying for health care.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ASK IF RECEIVED HEALTH OR OTHER TYPES OF SERVICES:

III.G4 (You told me [you/NAME] received health services.) What type of health or health-related services did (you/he/she) receive?

- HEALTH INSURANCE 1
 - OBTAINING ASSISTIVE DEVICES 2
 - PAYING FOR ASSISTIVE DEVICES 3
 - HEALTH CARE SERVICES 4
 - HELP PAYING FOR MEDICATION 5
 - CASE MANAGEMENT 6
 - OTHER (SPECIFY) 7
-
- DON'T KNOW d
 - REFUSED r

III.H1 **ASK OF EVERYONE:**

Since (RA DATE/MEMORY AID), (have you/has [NAME]) needed any (other) help or services preparing for work or school that (you/he/she) didn't receive?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → (GO TO IV.A1)

III.H2 What help or services did (you/he/she) need that (you/he/she) did not get?

PROGRAMMER: ONLY DISPLAY SERVICES THAT WERE CODED "NO."

DISCUSSING INTERESTS	1
TEST TO FIND OUT INTERESTS	2
BASIC SKILLS TRAINING	3
CAREER COUNSELING	4
LEARNING HOW TO LOOK FOR A JOB	5
JOB SHADOWING	6
APPRENTICESHIP/INTERNSHIP	7
HELP FINDING A JOB	8
HELP GETTING INTO SCHOOL	9
UNDERSTANDING SSA BENEFITS	10
COMPUTER CLASSES	11
PROBLEM SOLVING	12
SOCIAL SKILLS TRAINING	13
REFERRAL TO ANOTHER AGENCY	14
TRANSPORTATION SERVICES	15
HEALTH SERVICES	16
CASE MANAGEMENT	17
ACCOMMODATIONS	18
OTHER (SPECIFY)	19
<hr/>	
DON'T KNOW	d
REFUSED	r

SECTION IV: SATISFACTION WITH YTD PROGRAM

THIS SECTION IS ASKED OF PARENTS AND YOUTH IN TREATMENT GROUP.

IF YTD PROGRAM WAS REPORTED AS A SERVICE PROVIDER, GO TO IV.E1

PARENT OR INDEPENDENT YOUTH QUESTIONS

My next questions are about (your/his/her) experiences [ADD IF SPEAKING WITH PARENT: and (NAME)'s experiences] with (YTD PROGRAM). **IF YTD PROGRAM NOT MENTIONED IN SERVICE UTILIZATION, ADD:** This is the program through Social Security that helps young people with disabilities become more independent. (You were/[NAME] was) eligible for this program beginning on (RA DATE/MEMORY AID).

ASK IF YTD PROGRAM WAS NOT REPORTED AS A SERVICE PROVIDER:

IV.A1 Since (RA DATE/MEMORY AID), did (you/NAME) receive any services or participate in any (YTD PROGRAM) activities?

INTERVIEWER: CODE "YES" EVEN IF ONLY ONCE.

YES 1 (GO TO IV.C1)
NO 0
DON'T KNOW d
REFUSED r

IV.B1 Since (RA DATE/MEMORY AID), did someone from (YTD PROGRAM) speak with (you/NAME) to try to meet with (you/NAME) about participating in (YTD PROGRAM)?

INTERVIEWER: CODE "YES" EVEN IF ONLY ONCE.

YES 1
NO 0
DON'T KNOW d
REFUSED r

} → (GO TO V.A1)

IV.B2 Did (you/NAME) speak to or meet with someone from the (YTD PROGRAM)?

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

} → (GO TO IV.B3)

IV.B2a Why did (you/NAME) not participate in (YTD PROGRAM)?

(SPECIFY)..... 1

DON'T KNOW d
 REFUSED r

GO TO V.A1

ASK IF NO CONTACT WITH YTD PROGRAM:

IV.B3 Why didn't (you/NAME) speak to or meet with someone from (YTD PROGRAM)?

SPECIFY 1

DON'T KNOW d
 REFUSED r

**IF NO CONTACT WITH YTD PROGRAM, NO FURTHER
 QUESTIONS IN THIS SECTION - GO TO V.A1**

ASK IF YTD PROGRAM WAS NOT REPORTED AS A SERVICE PROVIDER:

IV.C1 When did (you/NAME) start going to (YTD PROGRAM)?

PROBE: In what month and year?

|_|_| / |_|_|_|_|
 MONTH YEAR

DON'T KNOW d
 REFUSED r

IV.C2 (Are you/Is [NAME]) still going to (YTD PROGRAM)?

- YES 1 (GO TO IV.D1)
- NO 0
- DON'T KNOW d
- REFUSED r

IV.C3 When did (you/NAME) stop going to (YTD PROGRAM)?

PROBE: In what month and year?

|_|_| / |_|_|_|_|
MONTH YEAR

- DON'T KNOW d
- REFUSED r

IV.C4 Why did (you/NAME) stop going to (YTD PROGRAM)?

- THE PROGRAM WAS FINISHED 1
 - DID NOT LIKE THE PROGRAM/
SERVICE FOUND IT BORING 2
 - DID NOT LEARN ANYTHING NEW 3
 - NO TRANSPORTATION 4
 - BAD TIME OF THE DAY—OTHER
OBLIGATIONS 5
 - YOUTH BECAME ILL 6
 - FAMILY MEMBER BECAME ILL 7
 - GOT A JOB 8
 - DID NOT HAVE ANY FRIENDS AT THE
PROGRAM/SERVICE 9
 - OTHER (SPECIFY) 10
-
- DON'T KNOW d
 - REFUSED r

IV.D1 For how many months of the past year (have you/has [NAME]) met with or gone to (YTD PROGRAM)?

|_|_| MONTHS

IF DON'T KNOW OR REFUSED: Was it . . .

- Every month or all year long,..... 1
- About six months or half of the year, 2
- For about 3 or 4 months, or 3
- Less than that? 4
- DON'T KNOW d
- REFUSED r

ASK IF YTD PROGRAM WAS NOT REPORTED AS A SERVICE PROVIDER:

IV.D2 During the months when (you/NAME) met with or went to (YTD PROGRAM), about how often did (you/NAME) go?

PROBE: This could include meetings, classes, or check-in calls.

PROBE: (Your/His/Her) best estimate is fine.

READ IF NECESSARY.

- Every day,..... 1
- More than once a week, 2
- Weekly,..... 3
- More than once a month,..... 4
- About once a month, or 5
- Less than once a month? 6
- DON'T KNOW d
- REFUSED r

ASK IF YTD PROGRAM WAS NOT REPORTED AS A SERVICE PROVIDER:

IV.D3 On average, how long was each meeting or session?

|_|_| MINUTES |_|_| HOURS

PROBE: How much time per meeting or session?

IF DON'T KNOW OR REFUSED: Was it . . .

- Less than an hour, 1
- About one hour, 2
- About 2 hours, 3
- About 3 hours, 4
- About 4 hours or half a day, or was it 5
- More than 4 hours per meeting? 6
- DON'T KNOW d
- REFUSED

ASK IF YTD PROGRAM WAS NOT REPORTED AS A SERVICE PROVIDER:

IV.D4 What type of training or help did (you/NAME) get from (YTD PROGRAM)?

PROBE: Anything else?

CODE ALL THAT APPLY

- DISCUSSING INTERESTS 1
 - TEST TO FIND OUT INTERESTS 2
 - BASIC SKILLS TRAINING 3
 - CAREER COUNSELING 4
 - LEARNING HOW TO LOOK FOR A JOB 5
 - JOB SHADOWING 6
 - APPRENTICESHIP/INTERNSHIP 7
 - HELP FINDING A JOB 8
 - HELP GETTING INTO SCHOOL 9
 - UNDERSTANDING SSA BENEFITS 10
 - COMPUTER CLASSES 11
 - PROBLEM SOLVING 12
 - SOCIAL SKILLS TRAINING 13
 - REFERRAL TO ANOTHER AGENCY 14
 - TRANSPORTATION SERVICES 15
 - HEALTH SERVICES 16
 - CASE MANAGEMENT 17
 - ACCOMMODATIONS 18
 - OTHER (SPECIFY) 19
-
- DON'T KNOW d
 - REFUSED r

IV.D5 Did (YTD PROGRAM) refer (you/NAME) to or arrange for (you/NAME) to go to other places or services?

PROBE: Such as transportation services or other agencies that could help (you/NAME).

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ASK OF ALL YOUTH YTD PARTICIPANTS:

IV.E1.1 My next questions are about (your/his/her) experience with (YTD PROGRAM). Since (RA DATE/MEMORY AID) how much has (your/his/her) experience with (YTD PROGRAM) helped (you/him/her) in the following areas?
(OPENING DOORS – S1Q16)

INTERVIEWER: READ STATEMENT...

Did (YTD PROGRAM) help (you/NAME) very much, somewhat, a little, or not at all?

IV.E1.2 **IF NOT AT ALL, ASK:** Did (you/he/she) need this help?

	IV.E1.1				IV.E1.2	
	VERY MUCH	SOMEWHAT	A LITTLE	NOT AT ALL	YES	NO
a. Getting job or work-related knowledge and skills?	1	2	3	4	1	0
b. Working effectively with others?.....	1	2	3	4	1	0
c. Understanding yourself?	1	2	3	4	1	0
d. Developing clearer career goals?	1	2	3	4	1	0
e. Gaining information about career opportunities?.....	1	2	3	4	1	0
f. Developing a sense of confidence in what (you are/[he/she] is) able to do?	1	2	3	4	1	0

IV.E2 Overall, how would (you/he/she) rate (your/his/her) experience at (YTD PROGRAM)? Would (you/he/she) say it was very good, good, fair, or poor?

- VERY GOOD 1
- GOOD..... 2
- FAIR 3
- POOR 4
- DON'T KNOW d
- REFUSED r

IV.E3 How would (you/he/she) rate the instructors and staff at understanding who (you are/[he/she] is), where (you are/[he/she] is) coming from? Would you say they are very good, good, fair, or poor?

- VERY GOOD..... 1
- GOOD..... 2
- FAIR 3
- POOR 4
- DON'T KNOW d
- REFUSED r

IV.E4 How useful (do you/does [he/she]) think the help or services that (you/NAME) got from (YTD PROGRAM) has been? Would you say . . .

(NLTS - F9f) (Mod)

- Very useful,..... 1
- Somewhat useful, 2
- Not very useful, or 3
- Not at all useful? 4
- DON'T KNOW d
- REFUSED r

SECTION V: AWARENESS OF WAIVERS AND INCENTIVES

THIS SECTION ASKED OF PARENTS OR INDEPENDENT YOUTH, SOME QUESTIONS ALSO ASKED OF YOUTH.

ASK BOTH PARENT AND YOUTH:

V.A1 (EIDP-mod) Next, I'd like to ask you a few questions about (your/his/her) understanding about Social Security benefits. Please tell me whether you agree or disagree with these statements about Social Security benefits.

	AGREE	NOT SURE	DISAGREE
a. As soon as people start working they stop getting their Social Security benefits.....	1	2	3
b. As soon as people start working they lose their medical coverage.....	1	2	3

IF YOUTH IS IN THE AT RISK GROUP, GO TO VI.A1.

ASK BOTH PARENT AND YOUTH:

V.B1 (NBS-E3) I'm going to read a list of incentives and supports that Social Security offers to people getting disability benefits, to encourage them to work. Please tell me if you have ever heard of these incentives or supports or used any of them.

Have you ever heard of a Plan for Achieving Self-Support or a PASS Plan? This is a Social Security incentive that lets (you/beneficiaries) set aside money to be used to help (you/them) reach a work goal. The money set aside does not affect (your/their) benefits.

PROBE: (Have you/Has [NAME]) ever heard of this plan?

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

YES 1
 NO/NOT SURE 0
 REFUSED r } → (GO TO V.C1)

ASK IF HEARD OF PASS:

V.B2 I'm going to read a list of different work goals. Please tell me if you think a PASS Plan could be used for each goal.

Could (you/NAME) use a PASS Plan to . . .

	YES	NO
a. Pay for college?	1	0
b. Start (your/his/her) own business?.....	1	0
c. Pay a job coach?.....	1	0
d. Pay for accommodations (you/he/she) need(s)?	1	0

ASK IF HEARD OF PASS:

V.B3 (Have you/Has [NAME]) used a Plan for Achieving Self-Support or a PASS Plan since
(NBS-E4) (RA/DATE/MEMORY AID)?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

PARENT AND YOUTH:

V.C1 Have you ever heard of the general earned income exclusion? This is an incentive
(NBS-E5) where Social Security does not count the first \$65 of (your/NAME's) earnings in a
Mod. month, and then only counts a portion of (your/his/her) earnings when determining
(your/his/her) monthly payment.

PROBE: (Have you/Has [NAME]) ever heard of this exclusion?

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

- YES 1
 - NO/NOT SURE..... 0
 - REFUSED r
- } → (GO TO V.D1)

V.C2 **ASK IF HEARD OF GENERAL EARNED INCOME EXCLUSION:**

What portion of (your/his/her) earnings after the first \$65 does Social Security count against your SSI benefit? Does Social Security count one dollar for each dollar ([you/he/she] earn/[he/she] earns), one dollar for each two dollars ([you/he/she] earn/[he/she] earns), one dollar for each three dollars ([you/he/she] earn/[he/she] earns), or one dollar for each four dollars ([you/he/she] earn/[he/she] earns)?

PROBE: Does Social Security count all of (your/his/her) earnings in reducing your SSI benefit, half of (your/his/her) earnings, one-third of (your/his/her) earnings, or one-quarter of (your/his/her) earnings?

- 1 FOR 1 (ALL) 1
- 1 FOR 2 (HALF) 2
- 1 FOR 3 (ONE-THIRD)..... 3
- 1 FOR 4 (ONE-QUARTER) 4
- DON'T KNOW d
- REFUSED r

ASK IF HEARD OF THE GENERAL EARNED INCOME EXCLUSION:

V.C3 (NBS-E6) (Have you/Has [NAME]) used the general earned income exclusion since (RA DATE/MEMORY AID)?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ASK BOTH PARENT AND YOUTH:

V.D1 (NBS-E9) Have you ever heard of Continued Medicaid Eligibility or Medicaid While Working? This is a Social Security incentive that lets (you/beneficiaries) keep (your/their) LOCAL MEDICAID NAME insurance after (you/they) go to work, even if (your/their) benefits have stopped.

- YES 1
 - NO/NOT SURE..... 0
 - REFUSED r
- } → (GO TO V.E1)

ASK IF HEARD OF CONTINUED MEDICAID ELIGIBILITY:

V.D2 (NBS-E10) (Have you/Has [NAME]) used the Continued Medicaid Eligibility or Medicaid While Working since (RA DATE/MEMORY AID)?

- YES 1
- NO 0
- REFUSED r

ASK BOTH PARENT AND YOUTH:

V.E1 (NBS-E12) Have you ever heard of the student earned-income exclusion? This is a Social Security incentive where if (you are/[he/she] is/a beneficiary is) in school, up to \$1,460 of earnings per month are not counted when Social Security figures (your/the) benefit.

- YES 1
 - NO/NOT SURE 0
 - REFUSED r
- } → (GO TO V.F1)

ASK IF HEARD OF SEIE:

V.E2 (NBS-E13) (Have you/Has [NAME]) used the student earned-income exclusion since (RA DATE/MEMORY AID)?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ASK IF AGE LESS THAN 18. ASK BOTH PARENT AND YOUTH.

V.F1 (NBS-E12) Have you ever heard of the Continuing Disability Review or Age 18 Medical Redetermination? This is when Social Security determines whether or not an SSI recipient is eligible to receive SSI benefits as an adult.

- YES 1
 - NO/NOT SURE 0
 - REFUSED r
- } → (GO TO V.G1)

ASK IF AGE LESS THAN 18, HEARD OF CDR AND TREATMENT CASE:

V.F2 If (you/NAME) are determined to be ineligible for adult SSI benefits, will participating in (YTD PROGRAM NAME) allow you to keep (your/his/her) current benefits?

- YES 1
- NO/NOT SURE..... 0
- REFUSED r

ASK BOTH PARENT AND CHILD:

V.G1 Have you ever heard of an Individual Development Account or an IDA? An IDA is a special bank account that helps (you/NAME) save for (your/his/her) education, the purchase of a first home, or to start a business.

- YES 1
 - NO/NOT SURE..... 0
 - REFUSED r
- } → (GO TO V.H1)

ASK IF HEARD OF IDA:

V.G2 (Do you/Does [NAME]) have an IDA?

PROBE: An individual development account.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

V.H1 If (you/he/she) wanted information about how working would affect (your/his/her) Social Security benefits where would (you/he/she) get that information?

CODE ALL THAT APPLY

- BENEFITS PLANNER/BPAO/WIPA..... 1
- INTERNET..... 2
- FRIENDS/FAMILY 3
- ONE STOP CENTER/WORKFORCE
DEVELOPMENT CENTER/
[IF COLORADO: WIN CENTERS]..... 4
- SOCIAL SECURITY OFFICE 5
- SOCIAL SECURITY WEBSITE 6
- VOCATIONAL REHABILITATION
AGENCY 7
- YTD PROGRAM..... 8
- OTHER (SPECIFY) 9
- _____
- DON'T KNOW d
- REFUSED r

SECTION VI: HEALTH

THIS SECTION ASKED OF ALL YOUTH.

VI.A1 Some people have a disability or special need that makes it hard for them to do some things. (Do you/Does [NAME]) consider (yourself/himself/herself) to have any kind of disability?
(NLTS-Q5)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

VI.A2 Since (RA DATE/MEMORY AID), (have you/has [he/she]) sought treatment for a drug or alcohol problem?

WFNJ-J17h

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

VI.B1 Now I have some questions about (your/NAME's) health.

(YTD-30)
(SF-1)

In general, how would (you/he/she) say that (your/NAME's) health is . . .

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5
- DON'T KNOW d
- REFUSED r

VI.B1a Compared to (RA DATE/MEMORY AID), how would (you/NAME) rate (your/his/her) health in general now? Is it . . .

(NBS-19)
(SF-2)

- Much better now, 1
- Somewhat better now, 2
- About the same, 3
- Somewhat worse now, or 4
- Much worse now? 5
- DON'T KNOW d
- REFUSED r

The next two question are about activities (you/NAME) might do during a typical day.

VI.B2 During a typical day, does (your/NAME's) health now limit (you/him/her) in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

PROBE, IF YES: Does (your/NAME's) health limit you a little or a lot?

- Yes, limited a lot 1
- Yes, limited a little..... 2
- No, not limited at all 3

VI.B3 During a typical day, does (your/NAME's) health now limit (you/him/her) in climbing several flights of stairs?

PROBE, IF YES: Does (your/NAME's) health limit you a little or a lot?

- Yes, limited a lot 1
- Yes, limited a little..... 2
- No, not limited at all 3

The next two questions ask about (your/NAME's) physical health and (your/his/her) daily activities.

VI.B4 (SF-12) During the past 4 weeks, how much of the time have (you/NAME) accomplished less than (you/he/she) would have liked to as a result of (your/his/her) physical health? Would you say . . .

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

VI.B5 (SF-12) During the past 4 weeks, how much of the time (were you/was [NAME]) limited in the kind of work or other regular daily activities (you do/[he/she] does) as a result of (your/his/her) physical health? Would you say . . .

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

Now I will ask about any emotional problems and (your/NAME's) daily activities.

VI.B6 (SF-12) During the past 4 weeks, how much of the time (have you/has [NAME]) accomplished less than (you/he/she) would have liked to as a result of any emotional problems, such as feeling depressed or anxious? Would you say . . .

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

VI.B7 During the past 4 weeks, how much of the time did (you/he/she) not do work or other activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? Would you say . . .

(SF-12)

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

VI.B8 During the past 4 weeks, how much did pain interfere with (your/NAME's) normal work, including both work outside the home, housework, or school work? Did it interfere . . .

(SF-12)

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

These next questions are about how (you/NAME) feel and how things have been with (you/him/her) during the past 4 weeks. For each question, please give me the one answer that comes closest to the way (you have/[NAME] has) been feeling.

VI.B9 During the past 4 weeks, how much of the time (have you/has [NAME]) felt calm and peaceful? Would you say . . .

(SF-12)

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

VI.B10 During the past 4 weeks, how much of the time did (you/NAME) have a lot of energy?
(SF-12) Would you say . . .

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

VI.B11 During the past 4 weeks, how much of the time have (you/NAME) felt downhearted and depressed? Would you say . . .
(SF-12)

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

VI.B12 During the past 4 weeks, how much of the time has (your/NAME's) physical health or emotional problems interfered with your social activities, like visiting with friends or relatives? Would you say . . .
(SF-12)

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

VI.C1 For the next set of activities, please tell me how often (you do/[NAME] does) the activity by (yourself/himself/herself).
(YTD-38)

The first (next) activity is ACTIVITY. (Do you/Does [NAME]) do it by (yourself/himself/herself) most of the time, some of the time, or none of the time.

IF NONE OF THE TIME: Could (you/NAME) ACTIVITY by yourself it if (you/he/she) had the chance?

	MOST	SOME	NONE	IF NONE, ASK: Could (you/he/she) (ACTIVITY) if (you/he/she) had the chance?	
				YES	NO
a. Deciding how to spend (your/his/her) money	1	2	3	1	0
b. Picking clothes to wear	1	2	3	1	0
c. Making snacks or sandwiches	1	2	3	1	0
d. Riding public transportation alone.....	1	2	3	1	0
e. Deciding how to spend (your/his/her) free time	1	2	3	1	0

SECTION VII: EXPECTATIONS ABOUT THE FUTURE

THIS SECTION ASKED OF PARENTS AND YOUTH.

VII.A1 (YTD-27) The next questions are about (your/his/her) plans and goals for the next 5 years. For each one please tell me which statement is what (you/he/she) will most likely do in the next 5 years.

First, I'd like you to think about where (you/NAME) will be living. In the next 5 years, (do you/does [he/she]) plan to be living with (your/his/her) parents or guardians, (do you/does [he/she]) plan to be living on (your/his/her) own with help from a counselor or aide, or (do you/does [he/she]) plan to be living on (your/his/her) own without help?

WITH PARENTS OR GUARDIANS..... 1
ON OWN WITH HELP 2
ON OWN WITHOUT HELP 3
DON'T KNOW d
REFUSED r

DO NOT ASK IF YOUTH HAS A COLLEGE DEGREE:

VII.A2 (YTD-28.) Next, I'd like you to think about (your/NAME's) plans for school. In the next 5 years, (do you/does [he/she]) (**ASK IF IN HIGH SCHOOL:** plan to graduate from high school), plan to attend college or a technical school, or (do you/does [he/she]) have no further plans for school?

INTERVIEWER: CODE HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT MENTIONED.

GRADUATE FROM HIGH SCHOOL..... 1
ATTEND COLLEGE OR A
TECHNICAL SCHOOL 2
GRADUATE COLLEGE..... 3
HAVE NO PLANS FOR SCHOOL..... 4
DON'T KNOW d
REFUSED r

DO NOT ASK IF CURRENTLY WORKING FULL-TIME:

VII.A3 Next, I'd like to (you/NAME) to think about (your/his/her) plans for getting a job. (Is
(YTD-29.) [NAME]/Are you) now or in the next five years, (do you/does [he/she]) plan to work
part-time for pay, (do you/does [he/she]) plan to work full-time for pay, or (do you/does
[he/she]) have no plans for getting a job?

INTERVIEWER: CODE HIGHEST LEVEL OF WORK MENTIONED.

WORK FULL-TIME FOR PAY 1
WORK PART-TIME FOR PAY 2
NOT PLANS FOR GETTING A JOB 3
DON'T KNOW d
REFUSED r

SECTION VIII: SELF-DETERMINATION

THIS SECTION TO BE ASKED OF YOUTH. IF PROXY GO TO VIII.C1

DO NOT ASK PROXY:

VIII.A1 Next I'm going to read a list of statements. For each one please tell me how much you agree or disagree with the statement. There are no right or wrong answers.
(YITS-11)

INTERVIEWER: READ STATEMENT.

Do you agree or disagree? Do you (dis)agree a lot or a little?

	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT
a. You have little control over the things that happen to you	1	2	3	4
b. There is really no way you can solve some of the problems you have	1	2	3	4
c. There is little you can do to change many of the important things in your life..	1	2	3	4
d. You often feel helpless in dealing with the problems of life.....	1	2	3	4
e. Sometimes you feel like you are being pushed around in life..	1	2	3	4
f. What happens to you in the future mostly depends on you.....	1	2	3	4
g. You can do just about anything you really set your mind to...	1	2	3	4
h. You tell other people how you feel when they upset you or hurt your feelings	1	2	3	4
i. You know how to get the information you need.....	1	2	3	4
j. You have a good sense of the path you want to take in life and the steps to get there.....	1	2	3	4
(NBS-B37a)				
k. Your personal goals include someday working and earning enough to stop receiving Social Security disability benefits	1	2	3	4
l. (Your/[NAME]'s) job opportunities will be limited by discrimination, because of (your/his/her) gender, race or disability.....	1	2	3	4

DO NOT ASK IF DISABILITY IS BLINDNESS OR QUADRIPLÉGIA, OR IF YOUTH IS YOUNGER THAN AGE FOR LEARNER'S PERMIT (CO: AGE 15 AND 3 MONTHS; NY: AGE 16). ASK BOTH PARENT AND YOUTH.

VIII.B1 (Do you/Does [NAME]) have a driver's license or learners permit?

(NLTS-P15)

- YES 1 (GO TO IX.A1)
- NO 0
- DON'T KNOW d
- REFUSED r

**ASK BOTH PARENT AND YOUTH.
ASK IF NO DRIVER'S LICENSE OR LEARNERS PERMIT:**

VIII.B2 How likely (do you/does [he/she]) think it is that (you/he/she) will get a driver's license?
(Do you/Does [NAME]) think (you/he/she) . . .

(NLTS-V11)

- Definitely will, 1
- Probably will, 2
- Probably won't, or 3
- Definitely won't? 4
- DON'T KNOW d
- REFUSED r

SECTION IX: SOCIAL ACTIVITIES AND CRIMINAL BEHAVIOR

THIS SECTION ASKED OF ALL YOUTH.

IX.A1 Now I'm going to ask you about things some young people do. All of (your/his/her) answers will be private; nothing (you/he/she) say(s) will be told to anyone else.

First, think about (your/NAME's) friends. How often (do you/does [he/she]) and (your/his/her) friends get together to have fun or hang out? Would you say . . .

- Never, 1
- Hardly ever, 2
- Sometimes, or 3
- Often? 4
- DOES NOT HAVE FRIENDS 5
- DON'T KNOW d
- REFUSED r

IX.B1 (Have you/Has [NAME]) ever been arrested or convicted of a crime?

(WFNJ-J17K
(MOD)

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → (GO TO IX.C1)

IX.B2 IF YES: Did this happen since (RA DATE/MEMORY AID)?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

IF ARRESTED OR CONVICTED OF A CRIME:

IX.B3 For what crime or crimes (were you/was [he/she]) arrested?

SPECIFY CRIME: _____

DON'T KNOW d

REFUSED r

IX.B4 (Have you/Has [NAME]) ever been in jail overnight?

(NLTS (mod, timeframe) U8b)

YES 1

NO 0

DON'T KNOW d

REFUSED r

} → (GO TO IX.B5)

IX.B4A IF YES: Did this happen since (RA DATE/MEMORY AID)?

YES 1

NO 0

DON'T KNOW d

REFUSED r

IX.B5 (Have you/Has [NAME]) ever been on probation or parole?

(NLTS (mod, timeframe) U8c)

YES 1

NO 0

DON'T KNOW d

REFUSED r

} → (GO TO IX.B6)

IX.B5A IF YES: (Were you/Was [NAME]) on probation or parole since (RA DATE/MEMORY AID)?

YES 1

NO 0

DON'T KNOW d

REFUSED r

IX.B6 Since (RA DATE/MEMORY AID), have (you/he/she) been stopped and questioned by the police (IF YOUTH HAS A DRIVER'S LICENSE OR PERMIT, ADD: except for a traffic violation)?

(NLTS (mod, timeframe) U8d)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

IX.C1 (Do you/Does [NAME]) belong to a gang?

(NLTS - U6)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

SECTION X: LIVING ARRANGEMENT

THIS SECTION ASKED OF ALL YOUTH.

X.A1 (Are you/Is [NAME]) currently married?

(YTD - 52.)

- YES 1 (GO TO X.B1)
- NO 0
- DON'T KNOW d
- REFUSED r

IF NOT CURRENTLY MARRIED:

X.A2 (Are you/Is [NAME]) living with a partner or companion in a spouse-like relationship?

- YES 1 (GO TO X.B2)
- NO 0
- DON'T KNOW d
- REFUSED r

PROGRAMMER CODE "0" LIVE WITH OTHER PEOPLE IF LIVES WITH PARTNER:

X.B1 (Do you/Does [NAME]) live alone or (do you/does [he/she]) live with other people?

(YTD -Q40)

- LIVE ALONE..... 1 (GO TO X.D1)
- LIVE WITH OTHER PEOPLE..... 0

ASK IF SM LIVES WITH OTHER PEOPLE:

X.B2 (Do you/Does [NAME]) live in a house or apartment with (your/his/her) family (or foster family)?

(YTD -Q41)

- YES 1 (GO TO X.C1)
- NO 0

ASK IF SM DOES NOT LIVE IN HOUSE OR APARTMENT:

X.B2 (Do you/Does [NAME]) live in a group home or other residential family with other people with disabilities and someone whose job it is to help (you/him/her)?

(YTD -Q42)

- YES 1 (GO TO X.D1)
- NO 0

ASK IF SM DOES NOT LIVE IN GROUP HOME OR IF SM DOES NOT LIVE ALONE:

X.B3 Where (do you/does [NAME]) live?

(YTD Q43)

- HOUSE OR APARTMENT
WITH FRIENDS..... 1
- HOUSE OR APARTMENT WITH
ROOM MATES 2
- NURSING HOME 3
- ASSISTED LIVING FACILITY 4
- OTHER INSTITUTIONAL SETTING
(SPECIFY)..... 5

- OTHER RESIDENTIAL SETTING
(SPECIFY)..... 6

- DON'T KNOW d
- REFUSED r

ASK IF SM LIVES IN RESIDENTIAL SETTING AND LIVES WITH OTHER PEOPLE:

X.C1 Who (do you/does [NAME]) live with?

(YTD -Q43)

PROBE: (Do you/Does [NAME]) live with anyone else?

CODE ALL THAT APPLY

- BIOLOGICAL/ADOPTIVE MOTHER 10
- STEP/OTHER MOTHER 11
- FOSTER MOTHER 12
- GRANDMOTHER 13
- AUNT 14
- SISTER..... 15
- BIOLOGICAL/ADOPTIVE FATHER 16
- STEP/OTHER FATHER 17
- FOSTER FATHER..... 18
- GRANDFATHER 19
- UNCLE 20
- BROTHER 21
- SPOUSE OR PARTNER 22
- LEGAL GUARDIAN 23
- SM'S CHILD 24
- FOSTER SIBLING 25
- COUSIN..... 26
- FRIEND 27
- ROOMMATE 28
- SOMEONE ELSE 29
- DON'T KNOW d
- REFUSED r

X.C2 Including (yourself/NAME), how many people live with (you/him/her)?

(YTD -Q46)

|__|__| NUMBER OF PEOPLE

- DON'T KNOWd
- REFUSEDr

X.D1 Next I am going to ask you about all of (your/his/her) biological children, adopted children, or foster children and any other children for whom (you/he/she) are responsible who are 18 years old or younger, even if they are not living in (your/his/her) household right now.
(YTD -Q49)

PROGRAMMER: CODE "1" YES IF LIVES WITH OWN CHILD:

(Do you/Does [NAME]) have any children?

YES 1
NO 0
DON'T KNOW d
REFUSED r

} → (GO TO XI.A1)

ASK IF SM HAS CHILDREN:

X.D2 (You mentioned earlier that (you/he/she) live with ([your/his/her] son/daughter). How many children (do you/does [NAME]) have?
(YTD -Q50)

|_|_| NUMBER OF CHILDREN

X.D3 How old (is [your/his/her] child/is [your/his/her] youngest child)?
(YTD -Q51)

INTERVIEWER: IF LESS THAN ONE YEAR, CODE "0."

|_|_| YEARS

SECTION XI: INCOME

THIS SECTION ASKED OF PARENTS OR INDEPENDENT YOUTH.

XI.A1 The next questions are about (your/NAME's) household. You may need someone's help to answer these questions.
(YTD -57.)

First, I'd like to about (you/he/she) about health insurance. Health insurance helps pay for medical expenses, like when (you/he/she) go to the doctor.

(Are you/Is [NAME]) now covered by any government-assisted or public health insurance such as Medicare, Medicaid, **(IF COLORADO:** or Child Health Plan Plus, **IF CUNY:** Child Health Plus, or Family Health Plus).

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

XI.A2 (Are you/Is [NAME]) now covered by private health insurance from an employer or union?
(YTD -58)
(Mod)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

XI.A3 (Are you/Is [NAME]) now covered by private health insurance that (your/his/her) family buys directly?
(YTD -58)
(Mod)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

IF SM IN GROUP HOME OR FACILITY, SKIP TO XII.A1

XI.B1 (Do you/Does [NAME]) or does anyone in (your/his/her) household receive assistance from temporary assistance to needy families, TANF, or (**COLORADO:** Colorado Works; **CUNY:** Family Assistance)?

(YTD - 63)

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

XI.B2 (Do you/Does [NAME]) or does anyone in (your/his/her) household receive assistance from food stamps?

(YTD - 63a)

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

XI.C1 Please tell me which group best describes the total income of all persons in (you/NAME)'s household last year, including salaries or other earnings, money from public assistance, retirement, and so on, for all household members, before taxes. Was (you/his/her) household income last year . . .

(YTD - 64P)

PROBE IF IN FOSTER CARE: Please answer about the foster family (you were/[NAME] was) was with last year.

Less than \$10,000, 1
 \$10,000 or more, but less than \$25,000, 2
 \$25,000 or more, but less than to \$50,000, 3
 \$50,000 or more, but less than \$75,000, 4
 \$75,000 or more, but less than \$100,000, 5
 Or was it \$100,000 or more? 6
 DON'T KNOW d
 REFUSED r

SECTION XII: FUTURE CONTACT

XII.A1 As part of the research, it is important that we don't lose touch with (you/NAME). Last time we spoke with you, you gave us information for the following people. I would like to confirm their information so we can contact you in two years.

CONFIRM CONTACT INFORMATION FOR PARENTS/GUARDIANS AND OTHER CONTACTS FROM BASELINE.

XII.B1 Can you please tell me the name of another friend or relative who does not live with (you/NAME) and would know how to reach (you/him/her) if (you move/[NAME] moves) or (change your/changes [his/her]) telephone number?

What is his or her name?

FIRST NAME: _____

LAST NAME: _____

XII.B2 What is his or her address?

ADDRESS: _____

APARTMENT: _____

CITY: _____

STATE: _____

ZIP CODE: _____

XII.B3 What is his or her telephone number?

(|_|_|_|_|) - |_|_|_|_| - |_|_|_|_|_|
AREA CODE

XII.B4 How is this person related to (you/NAME)?

- SISTER.....1
- BROTHER.....2
- GRAND MOTHER.....3
- GRANDFATHER.....4
- AUNT.....5
- UNCLE.....6
- COUSIN.....7
- FRIEND.....8
- OTHER RELATIVE.....9

XII.C1 **INTERVIEWER: DID SOMEONE HELP YOUTH ANSWER ANY OF THE QUESTIONS?**

- YES.....1
 - PROXY ANSWERED ALL QUESTIONS.....2
 - NO.....0
- } (GO TO XII.D1)

XII.C2 HOW DID THAT PERSON HELP YOUTH?

CODE ALL THAT APPLY

- TRANSLATED INTO ANOTHER LANGUAGE.....1
 - USED ASL.....2
 - PROVIDED ANSWERS TO A FEW QUESTIONS.....3
 - PROVIDED ANSWERS TO MANY QUESTIONS.....4
 - OTHER (SPECIFY).....5
-

XII.D1 Thank you for helping us with this important study. Your answers will help us better understand how Social Security disability programs affect the lives of people receiving these benefits.

As a token of our appreciation we will be sending a \$10 (GIFT CARD) to you at (FILL ADDRESS). Is this address correct?

INTERVIEWER: CONFIRM INFORMATION AND MAKE CORRECTIONS IF NEEDED.

YES 1

NO 0

ADDRESS: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

XII.D2 We will be calling you again in two years to see how you are doing. Thank you again for your help.

CONTACT MODULE

SCRIPTS WHEN YOUTH IS LESS THAN AGE 18 OR SITE IS CUNY:
Hello_PG. Hello, my name is (INTERVIEWER'S FULL NAME) and I am calling from Mathematica Policy Research in Princeton, New Jersey. May I please speak to a parent or guardian of (NAME)?

SPEAKING TO PARENT.....1 (Parent)
PARENT COMES TO THE PHONE.....2 (Parent)
WHAT IS CALL ABOUT3 (WhatAbout_PG)
PARENT BUSY, UNAVAILABLE, OR NOT.....4 (CALL BACK)
PARENT MOVED/LIVES ELSEWHERE5 (Moved)
PARENT ONLY SPEAKS SPANISH
[Spanish-speaking interviewer - interim status 410].....6
PARENT DOES NOT SPEAK ENGLISH
OR SPANISH7 (Interpret)
YOUTH IS DECEASED.....8 (Deceased)
NEVER HEAD OF SM.....9 (WrongNum)
HUNG UP DURING INTRODUCTION10 (HUDI)

WhatAbout_PG. Mathematica recently sent the parents or guardian of (NAME) a letter about a study we are doing for the Social Security Administration. I work for Mathematica Policy Research, a research company in Princeton, New Jersey. Can I please speak with a parent or guardian of (NAME)?

SPEAKING TO PARENT/COMES TO PHONE.....1 (Parent)
PARENT BUSY, UNAVAILABLE, OR NOT HOME2 (CALL BACK)
PARENT MOVED/LIVES ELSEWHERE3 (Moved)
PARENT ONLY SPEAKS SPANISH
[Spanish-speaking interviewer - interim status 410].....4
PARENT DOES NOT SPEAK ENGLISH
OR SPANISH5 (Interpret)
HUNG UP DURING INTRODUCTION6 (HUDI)

SCRIPTS WHEN YOUTH IS AGE 18 OR OLDER:

Hello_SM.

Hello, my name is (INTERVIEWER'S FULL NAME) and I am calling from Mathematica Policy Research in Princeton, New Jersey. May I please speak to (NAME)?

- SPEAKING TO SAMPLE MEMBER..... 1 (SampMemb)
- SM COMES TO THE PHONE 2 (SampMemb)
- SPEAKING TO LEGAL GUARDIAN..... 3 (Parent)
- GUARDIAN COMES TO THE PHONE 4 (Parent)
- WHAT IS CALL ABOUT 5 (WhatAbout_SM)
- SM/GUARDIAN BUSY, UNAVAILABLE, NOT HOME ... 6 (CALL BACK)
- SM MOVED/LIVES ELSEWHERE 7 (KnowWhere)
- SM/GUARDIAN SPEAKS SPANISH
[Spanish-speaking interviewer - interim status 410] 8
- SM DOES NOT SPEAK ENGLISH OR SPANISH 9 (Interpret)
- GUARDIAN DOES NOT SPEAK ENGLISH
OR SPANISH 10 (Interpret)
- SM HAS HEALTH PROBLEM 11 (HealthProb)
- SM IN INSTITUTION 12 (Institution)
- SM DECEASED 13 (Deceased)
- WRONG NUMBER 14 (Locating)
- HUNG UP DURING INTRODUCTION 15 (HUDI)

WhatAbout_SM

Mathematica recently sent (NAME) a letter about a study we are doing for the Social Security Administration. I work for Mathematica Policy Research, a research company in Princeton, New Jersey. Can I please speak with (NAME)?

- SM COMES TO THE PHONE 1 (SampMemb)
- GUARDIAN COMES TO THE PHONE 2 (Guardian)
- SM/GUARDIAN BUSY, UNAVAILABLE,
OR NOT HOME 3 (CALL BACK)
- SM MOVED/LIVES ELSEWHERE 4 (KnowWhere)
- SM/GUARDIAN SPEAKS SPANISH
[Spanish-speaking interviewer - interim status 410] 5
- SM DOES NOT SPEAK ENGLISH OR SPANISH 6 (Interpret)
- GUARDIAN DOES NOT SPEAK ENGLISH
OR SPANISH 7 (Interpret)
- SM/GUARDIAN PHYSICALLY OR MENTALLY
SM HAS HEALTH PROBLEM 8 (HealthProb)

SampMemb.

SCRIPT FOR SM IF AGE 18 OR OLDER.

PROGRAMMER: WE WILL HAVE TEXT FOR EACH SITE. THIS IS THE GENERIC TEXT.

IF SM COMES TO PHONE: Hello, my name is _____ and I am calling from Mathematica Policy Research about a study we are doing for the Social Security Administration.

You may remember being interviewed by telephone about a year ago. At that time you answered questions over the phone and we sent you a consent form to sign and a \$10 INCENTIVE. **IF TREATMENT, ADD:** We also gave you a chance to be part of the (NAME OF LOCAL YTD PROGRAM). When we spoke to you a year ago, we explained that the study would have three interviews. This is the second one. The questions I am calling to ask are about you, your schooling, jobs, health, and how you are getting along day to day. The interview takes about 40 minutes to complete by telephone. I will send you a \$10 INCENTIVE when we are done. Let's begin.

IF NEEDED: The questions have been worded so you can answer for yourself. If you wish, you can ask someone to stay nearby in case you need help.

IF NECESSARY, ADD:

- All your answers will be held in strict confidence.
- Nothing you say will affect the SSI benefits you get now or in the future.
- Most questions are worded so that young people with disabilities can answer for themselves.
- If it would be better, an interviewer can come to your home instead of doing this by telephone.
- We can start now and take a break if you need one.

YES, CONTINUE..... 1 (GO TO I.A1)

NOT A GOOD TIME 2 (CALL BACK)

DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)

NEED FIELD INTERVIEW 4 (Field Review)

REFUSAL 5 (REFUSAL)

Parent. **SCRIPT FOR PARENTS OF YOUTH UNDER AGE 18. THIS IS THE GENERIC TEXT.**

IF SM COMES TO PHONE: Hello, my name is _____ and I am calling from Mathematica Policy Research about a study we are doing for the Social Security Administration.

You may remember being interviewed by telephone about a year ago. At that time you answered questions about (NAME) over the phone, we sent you a consent form to sign, and a \$10 INCENTIVE. **IF TREATMENT, ADD:** We also gave (NAME) a chance to be part of the (NAME OF LOCAL YTD PROGRAM). When we spoke to you a year ago, we explained that the study would have three interviews. This is the second one. The questions I am calling to ask are about (NAME), (his/her) schooling, jobs, health, and how (he/she) getting along day to day. The interview takes about 40 minutes to complete by telephone. I will send (NAME) a \$10 INCENTIVE when we are done. Just like we did before, I would like to begin with some questions for you and then talk to (NAME).

Most questions have been worded so that young people with disabilities can answer for themselves. There are a few questions for parents that I would like to ask you first. Then I would like to continue with (NAME). It would be helpful for you to stay nearby in case (NAME) needs help.

Let's begin.

IF NECESSARY, ADD:

- All your answers will be held in strict confidence.
- Nothing you say will affect the SSI benefits you get now or in the future.
- Most questions are worded so that young people with disabilities can answer for themselves.
- If it would be better, an interviewer can come to your home instead of doing this by telephone.
- We can start now and take a break if you need one.

YES, CONTINUE..... 1 (GO TO I.A1)
NOT A GOOD TIME 2 (CALL BACK)
DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)
NEED FIELD INTERVIEW 4 (Field Review)
REFUSAL 5 (REFUSAL)

NoLetter. The letter explained that we would be calling to interview (you/NAME). The questions should take about 40 minutes to answer. All of your answers will be held in strict confidence. I can read the letter to you now and we can begin the interview.

- YES, CONTINUE..... 1 (GO TO I.A1)
- NOT A GOOD TIME2 (CALL BACK)
- WANTS ANOTHER LETTER3 (SendLetter)
- REFUSAL4 (REFUSAL)

SendLetter. I would be happy to send another letter. Please tell me the address where I should send the letter.

INTERVIEWER NOTE: ADDRESS ENVELOPE FOR REMAIL.

STREET ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

StartNow. That letter will be mailed today. Let's begin the interview now.

- YES, BEGIN INTERVIEW 1 (GO TO I.A1)
- NO (INTERVIEWER SCHEDULE CALLBACK
IN 2 WEEKS) [letter requested - code 831].....2 (CALL BACK)

HealthProb. **ENTER TYPE OF HEALTH PROBLEM**

- HEARING PROBLEM..... 1 (AmpTTY)
- SPEECH PROBLEM2 (AmpTTY)
- PHYSICAL PROBLEM3 (CallLater)
- COGNITIVE PROBLEM4 (NeedProxy)

CallLater. Will (NAME) be able to talk on the telephone if I call back next week or will (NAME) need help with the interview?

PROBE: The interview is designed to be answered by young adults with disabilities.

- YES/MAYBE WOULD ABLE TO DO NEXT WEEK..... 1 (CALL BACK)
- NO, WOULD NEED HELP FROM A PROXY0 (NeedProxy)

AmpTTY. I can get on a get a phone that will amplify my voice or (NAME)'s, or we could use a TTY service or instant messenger. Would either of these enable (NAME) to complete the interview?

- YES - amplifier phone..... 1 (AmpPhone)
- YES - TTY 2 (CallTTY)
- YES - instant messenger 3 (IMInterview)
- NO 4 (NeedProxy)

AmpPhone. Please hold while I get the amplifier phone.

INTERVIEWER: WHEN HAVE AMPLIFIER PHONE, ASK RESPONDENT TO CALL SM TO THE PHONE.

- SM COMES TO PHONE 1 (SampMemb)
- CALLBACK..... 2 (CALLBACK)

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

INTERVIEWER: NEED TO ARRANGE NEXT CALL WITH TTY OPERATOR.

- ARRANGE CALL WITH TTY OPERATOR..... 1 (SampMemb)
- IF UNSUCCESSFUL, SET CALLBACK 2 (CALLBACK)

IMInterview. **INTERVIEWER: NEED TO COMPLETE BASELINE USING INSTANT MESSENGER.**

- SM COMES TO PHONE, BEGIN WITH IM..... 1 (SampMemb)
- CALLBACK..... 2 (CALLBACK)

Interpret. Perhaps there is someone who could interpret the questions on behalf of (NAME/[NAME's] legal guardian). Is there someone there who can interpret?

- YES, SPEAKING TO INTERPRETER..... 1 (InterpreterName)
- YES, BUT NOT A GOOD TIME..... 2 (InterpreterName)
- NO INTERPRETER AVAILABLE 3 (Lang)

InterpreterName.

IF SPEAKING WITH INTERPRETER: What is your name?

IF NOT SPEAKING WITH INTERPRETER: What is the interpreter's name?

RECORD FIRST AND LAST NAME

BEGIN BASELINE 1 (GO TO I.A1)

SCHEDULE CALLBACK [INTERIM STATUS 400] 2 (CALL BACK)

Lang.

What language does (NAME) speak?

CHINESE (CANTONESE) 1

CHINESE (MANDARIN) 2

CHINESE (NON-SPECIFIED) 3

HMONG 4

ITALIAN 5

JAPANESE 6

PORTUGUESE 7

RUSSIAN 8

VIETNAMESE 9

OTHER ASIAN (SPECIFY) 10

OTHER (SPECIFY) 11

LangCB.

Thank you. We will try to arrange for an interpreter to call (NAME).

SCHEDULE CALLBACK [INTERIM STATUS 400]

Deceased. I am very sorry to hear that (he/she) passed away.

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

[END INTERVIEW - FINAL STATUS 440 - DECEASED]

Institution. **ENTER TYPE OF INSTITUTION:**

- HOSPITAL..... 1 (HomeSoon)
- NURSING HOME 2 (Capable)
- ASSISTED LIVING FACILITY 3 (Capable)
- GROUP HOME..... 4 (Capable)
- JAIL OR PRISON 5 (Release)

HomeSoon. Do you expect (NAME) to come home from the hospital within a week or two?

- YES, APPOINTMENT MADE 1 (CALL BACK)
- SM UNABLE TO RESPOND, NEED PROXY 2 (NeedProxy)

Release. (NAME) should have received a letter about a study we are doing for the Social Security Administration. I work for Mathematica Policy Research, a research company in Princeton, New Jersey. The questions I will be asking are about (NAME), work and school, and how (he/she) gets along day-to-day. When do you expect (NAME) to get out of jail?

SCHEDULE CALL BACK FOR ANTICIPATED TIME OF RELEASE.

- APPOINTMENT MADE
[Incarcerated -interim status 421] 1
- UNKNOWN/MORE THAN ONE YEAR
[Supervisor Review Needed] 2

Capable. (NAME) should have received a letter about a study we are doing for the Social Security Administration. I work for Mathematica Policy Research, a research company in Princeton, New Jersey. The questions I will be asking are about (NAME), work and school, and how he/she gets along day-to-day.

If I called (NAME) at the group facility, would (he/she) be able to answer questions (himself/herself) or would someone need to answer on (his/her) behalf?

- SM COULD RESPOND..... 1 (Facility)
- SM COULD RESPOND BY FIELD..... 2 (Field Review)
- SM COULD NOT RESPOND, NEED PROXY..... 3 (NeedProxy)

Facility. I would like to talk to (NAME) over the telephone about this research study. Where is (NAME) living?

NAME OF PLACE: _____

FacAddress. What is the address?

ADDRESS OF PLACE: _____

FacPhone. What is the phone number?

INTERVIEWER: RECORD PHONE NUMBER ON CONTACT SHEET.

PHONE NUMBER OF PLACE: _____

INTERVIEWER: RECORD BEST TIME TO REACH SM ON CONTACT SHEET.

CALL SM AT NEW NUMBER..... 1 (CALL BACK)

NeedProxy. Perhaps there is someone who could answer the questions on behalf of (NAME). Is there a legal guardian (family member or friend) who is knowledgeable about (his/her) school and work experiences and how (he/she) gets along day-to-day?

- YES, LEGAL GUARDIAN CAN PROXY..... 1 (ProxyName)
- YES, PROXY OTHER THAN LEGAL GUARDIAN..... 2 (ProxyName2)
- NO PROXY AVAILABLE
[FINAL STATUS - NO PROXY 470]..... 3

ProxyName. May I please have (your/his/her) legal guardian's name?

LEGAL GUARDIAN'S FIRST AND LAST NAME

[GO TO ProxyRel]

ProxyName2. Who is the person who is most knowledgeable about (NAME)'s school and work experiences and how (he/she) gets along day-to-day?

May I please have (your/his/her) name?

PROXY'S FIRST AND LAST NAME

ProxyRel. How (are you/is proxy) related to (NAME)?

- SPOUSE..... 1
 - PARTNER 2
 - SIBLING 3
 - PARENT 4
 - LEGAL GUARDIAN 5
 - NIECE/NEPHEW 6
 - OTHER RELATIVE 7
 - FRIEND 8
 - OTHER (SPECIFY) 9
- _____

Speaking. **INTERVIEWER: ARE YOU SPEAKING TO PROXY? IS PROXY AVAILABLE?**

- SPEAKING TO PROXY..... 1 (ProxyStart)
- NOT SPEAKING TO PROXY, PROXY
NOT AVAILABLE, NEED TO GET
MORE INFORMATION..... 2 (ProxyThere)

ProxyStart. I'd like to begin the interview now.

- BEGIN INTERVIEW 1 (SampMemb)
- SCHEDULE CALLBACK 2 (CALL BACK)

ProxyThere. Does (NAME OF PROXY) live at this phone number or do I need to call somewhere else to speak with (him/her)?

PROXY LIVES AT THIS NUMBER -
SCHEDULE CALLBACK1 (CALL BACK)
PROXY LIVES ELSEWHERE2 (ProxyPhone)

ProxyPhone. May I please have (his/her)telephone number?

TELEPHONE NUMBER: _____

ProxyAddr. And (his/her)address?

STREET ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

[GO TO Thanks]

KnowWhere. (NAME) should have received a letter about a study we are doing for the Social Security Administration. I work for Mathematica Policy Research, a research company in Princeton, New Jersey. The questions I will be asking are about (NAME), work and school, and how (he/she) gets along day-to-day.

Do you know how we can reach (NAME)?

YES1 (NewPhone)
YES, NEED CALLBACK.....2 (CALLBACK)
NO [send to searching - interim status 530]3

NewPhone. Could you please give me the number where I can reach (him/her)?

INTERVIEWER: RECORD PHONE NUMBER AND ADDRESS ON CONTACT SHEET.

TELEPHONE NUMBER: _____

New Address. May I please have (his/her) address?

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

Thanks. Thank you very much for your time.

[exit case]