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Youth Transition Demonstration

36-Month YTD Follow-Up Instrument

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NOTE: There is no Section VII in this version.

SECTION I: EDUCATION AND TRAINING

The first questions are about school. (Are you/Is NAME) currently attending or enrolled in school? PROBE: Please include regular high school, special high school, adult basic education or GED courses, vocational or trade school, and college or university courses. 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 bacto school in the fall? INTERVIEWER: CODE "YES" IF ON SUMMER BREAK. YES			
PROBE: Please include regular high school, special high school, adult basic education or GED courses, vocational or trade school, and college or university courses. 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		The first of	questions are about school. (Are you/Is NAME) currently attending or enrolled in school?
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INTERVIEWER: CODE "YES" IF ON SUMMER BREAK. YES		PROBE:	IF NO: When was the last time (you/he/she) went to school?
YES		PROBE I	
NO		INTERVI	EWER: CODE "YES" IF ON SUMMER BREAK.
	I.A1a	job?	NO

1.A2 ASK IF NEITHER CURRENTLY IN SCHOOL OR TRAINING PROGRAM:

Did (you/NAME) go to school, attend a training program or take any classes within the past year? That is, at any time since [oneyrago]?

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

YES	. 1		
NO	0 -	7	
DON'T KNOW	. d	→	(GO TO I.D1)
REFUSED			

I.B1 Please tell me the name of each training program or school (you/NAME) attended within the past year? Let's begin with the one you attended most recently and work backwards.

IF UNABLE TO STATE NAME OF SCHOOL OR PROGRAM: I need to enter something that will help us identify the school later. What could I enter that will help identify it? A street name, an address, even the color of the building would be helpful.

PROBE: Any others?

INTERVIEWER: RECORD NAME OF EACH PLACE

SCHOOL/TRAINING PROGRAM 1 NAME:______SCHOOL/TRAINING PROGRAM 2 NAME:______SCHOOL/TRAINING PROGRAM 3 NAME:_____

		SCHOOL 1	SCHOOL 2	SCHOOL 3
		Regular high school,1	Regular high school,1	Regular high school,1
I.B2	Thinking about (NAME OF SCHOOL). What type of school/	Special high school for persons with disabilities,2	Special high school for persons with disabilities,2	Special high school for persons with disabilities,2
	training program) is (this/that)?	Post-secondary, vocational, technical	Post-secondary, vocational, technical	Post-secondary, vocational, technical
		business or trade school,3	business or trade school,3	business or trade school,3
		2-year college or community college,4	2-year college or community college, 4	2-year college or community college,4
		4-year college or university,5	4-year college or university,5	4-year college or university,5
		Or something else (SPECIFY)6	Or something else (SPECIFY)6	Or something else (SPECIFY)6
		SPECIAL EDUCATION NOT	SPECIAL EDUCATION NOT	SPECIAL EDUCATION NOT
		IN A SCHOOL7	IN A SCHOOL7	IN A SCHOOL7
		HOME SCHOOLED8	HOME SCHOOLED8	HOME SCHOOLED8
I.B3	When did you start (this/that) (school/course/training program)?	START DATE: _ _ /20 _ MONTH YEAR	START DATE: / 20 _ MONTH YEAR	START DATE: _/20 _ MONTH YEAR
		MORE THAN ONE YEAR AGO999	MORE THAN ONE YEAR AGO999	MORE THAN ONE YEAR AGO999
I R4	(Are you/Is NAME) still attending	YES1	YES1	YES1
	(NAME OF SCHOOL)?	NO0	NO0	NO0
I.B5	IF NOT CURRENTLY ATTENDING, ASK: And when did you stop going	END DATE: _ / 20 _ MONTH YEAR	END DATE: _ / 20 _ MONTH YEAR	END DATE: _ / 20 MONTH YEAR
	to (this/that) (school/course/training			
	program)?			
I.B6	IF I.B3 OR I.B5 "DON'T KNOW"—	<u> </u> MONTHS	MONTHS	<u> </u> MONTHS
	CANNOT ANSWER EXACT DATES, PROBE FOR TIME	IF DON'T KNOW: Was it	IF DON'T KNOW: Was it	IF DON'T KNOW: Was it
	ATTENDED SCHOOL: Within the	ii bon i know. wasit	ii bon i know. was ii	ii bon i know. was it
	past year about how many months	All year, including the summer,1	All year, including the summer,1	All year, including the summer,1
	did (you/NAME) go to (NAME OF SCHOOL)?	All year, except for the summer (9 months),2	All year, except for the summer (9 months),2	All year, except for the summer (9 months),2
		About half the year (6 months),3	About half the year (6 months),3	About half the year (6 months),3
	PROBE: Your best estimate is fine.	Between 3 and 6 months, or4	Between 3 and 6 months, or4	Between 3 and 6 months, or4
		Less than 3 months?5	Less than 3 months?5	Less than 3 months?5
I.C1	IF CURRENTLY IN HIGH SCHOOL, ASK: (Are you/Is NAME) in	FRESHMAN/9TH GRADE1	FRESHMAN/9TH GRADE1	FRESHMAN/9TH GRADE1
	(your/his/her) freshman, sophomore,	SOPHOMORE/10TH GRADE2	SOPHOMORE/10TH GRADE2	SOPHOMORE/10TH GRADE2
	junior or senior year of school?	JUNIOR/11TH GRADE3	JUNIOR/11TH GRADE3	JUNIOR/11TH GRADE3
		SENIOR/12TH GRADE4	SENIOR/12TH GRADE4	SENIOR/12TH GRADE4
		UNGRADED5	UNGRADED5	UNGRADED5
I.C1a	a IF UNGRADED, ASK: When do you	INTERVIEWER NOTE: If respondent	INTERVIEWER NOTE: If respondent	INTERVIEWER NOTE: If respondent
	expect to graduate?	reports graduate "this year", code year of	reports graduate "this year", code year of	reports graduate "this year", code year of
	PROBE: How many more years	the current school year. 20	the current school year. 20	the current school year. 20
	(do you/does NAMÉ) have left in		<u> </u>	
	school?	or	or	or
		<u> </u> YEARS	<u> </u> YEARS	<u> </u> YEARS
I.C2	What type of classes ([are/were] you taking/[is/was] NAME taking) at	MOSTLY VOCATIONAL1	MOSTLY VOCATIONAL	MOSTLY VOCATIONAL1
	(NAME OF SCHOOL)? (Are/Were)	MOSTLY ACADEMIC2	MOSTLY ACADEMIC2	MOSTLY ACADEMIC2
	the classes mostly vocational	BOTH, MIXED3	BOTH, MIXED3	BOTH, MIXED3
	courses to train for a job, like computer or business courses, or	NEITHER—CLASSES ARE FOR PERSONAL INTEREST.	NEITHER—CLASSES ARE FOR PERSONAL INTEREST,	NEITHER—CLASSES ARE FOR PERSONAL INTEREST,
	mostly academic courses, like	RECREATION4	RECREATION4	RECREATION4
	English or science? PROBE: (Are you/Is NAME) taking			
	courses that are preparing			
	(vou/him/her) for a job or for college?			

	SCHOOL 1	SCHOOL 2	SCHOOL 3
I.C3 IF NOT IN HIGH SCHOOL, ASK: (NLTS – Are (you/Is NAME) – (Were you/Web) NAME) going to (NAME OF SCHOOL) full-time or part-time?	FULL-TIME	FULL-TIME	FULL-TIME
PROBE: By full-time, we mean taking a full course load of 12 credi or more at a time or being in class least 12 hours per week.			
I.C4 (Are you/Is NAME) – (Were you/Wa	yES1	YES1	YES1
(NLTS - NAME) working toward a diploma, certificate, or license from this school?	NO0	NO0	NO0
I.C5 IF NO LONGER ATTENDING	GRADUATED01	GRADUATED01	GRADUATED01
(NAME OF SCHOOL), ASK: Why (NLTS - did (you/he/she) stop going to	FINISHED CLASSES WANTED TO TAKE02	FINISHED CLASSES WANTED TO TAKE	FINISHED CLASSES WANTED TO TAKE02
(NAME OF SCHOOL)?	TRANSPORTATION PROBLEMS03	TRANSPORTATION PROBLEMS03	TRANSPORTATION PROBLEMS03
PROBE: Why (are you/is NAME) r	O DIDN'T GET SERVICES NEEDED04	DIDN'T GET SERVICES NEEDED04	DIDN'T GET SERVICES NEEDED04
longer taking classes at (NAME OF SCHOOL)?	TOO EXPENSIVE/ COULDN'T AFFORD IT	TOO EXPENSIVE/ COULDN'T AFFORD IT05	TOO EXPENSIVE/ COULDN'T AFFORD IT05
PROBE: Did (you/NAME) graduat or complete (your/his/her) classes, did (you/he/she) leave for some oth	Or CONFLICT; CONFLICTS WITH	DIDN'T HAVE TIME; SCHEDULE CONFLICT; CONFLICTS WITH OTHER DEMANDS	DIDN'T HAVE TIME; SCHEDULE CONFLICT; CONFLICTS WITH OTHER DEMANDS
reason? What was the reason?	POOR GRADES/NOT DOING WELL IN SCHOOL07	POOR GRADES/NOT DOING WELL IN SCHOOL07	POOR GRADES/NOT DOING WELL IN SCHOOL07
PROBE: Any other reason?	DIDN'T LIKE SCHOOL08	DIDN'T LIKE SCHOOL08	DIDN'T LIKE SCHOOL08
LIST NOT READ TO RESPONDENT.	WANTED/NEEDED TO FIND A JOB09	WANTED/NEEDED TO FIND A JOB 09	WANTED/NEEDED TO FIND A JOB09
CHECK ALL THAT APPLY:	OFFERED A JOB/CHOSE TO WORK10	OFFERED A JOB/CHOSE TO WORK 10	OFFERED A JOB/CHOSE TO WORK10
	WANTED TO ENTER MILITARY11	WANTED TO ENTER MILITARY11	WANTED TO ENTER MILITARY11
	DIDN'T GET IN TO THE PROGRAM SM WANTED12	DIDN'T GET IN TO THE PROGRAM SM WANTED12	DIDN'T GET IN TO THE PROGRAM SM WANTED12
	ILLNESS/DISABILITY; TOO SICK TO GO13	ILLNESS/DISABILITY; TOO SICK TO GO13	ILLNESS/DISABILITY; TOO SICK TO GO13
	GOT MARRIED14	GOT MARRIED14	GOT MARRIED14
	GOT PREGNANT OR HAD A CHILD15	GOT PREGNANT OR HAD A CHILD15	GOT PREGNANT OR HAD A CHILD15
	MOVED16	MOVED16	MOVED16
	SCHOOL TOO DANGEROUS17	SCHOOL TOO DANGEROUS17	SCHOOL TOO DANGEROUS17
	WANTED TO TRAVEL18	WANTED TO TRAVEL18	WANTED TO TRAVEL18
	FRIENDS WEREN'T IN SCHOOL/ FRIENDS WERE DROPPING OUT19	FRIENDS WEREN'T IN SCHOOL/ FRIENDS WERE DROPPING OUT 19	FRIENDS WEREN'T IN SCHOOL/ FRIENDS WERE DROPPING OUT19
	COULDN'T GET ALONG WITH TEACHERS20	COULDN'T GET ALONG WITH TEACHERS20	COULDN'T GET ALONG WITH TEACHERS20
	COULDN'T GET ALONG WITH OTHER STUDENTS21	COULDN'T GET ALONG WITH OTHER STUDENTS21	COULDN'T GET ALONG WITH OTHER STUDENTS21
	COULDN'T GET CHILD CARE22	COULDN'T GET CHILD CARE22	COULDN'T GET CHILD CARE22
	PARENTS/FAMILY DID WANT SM TO GO23	PARENTS/FAMILY DID WANT SM TO GO23	PARENTS/FAMILY DID WANT SM TO GO23
	OTHER (SPECIFY)24	OTHER (SPECIFY)24	OTHER (SPECIFY)24
		T C C C C C C C C C C C C C C C C C C C	

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 LESS1
	9TH GRADE/FRESHMAN IN HS2
	10TH GRADE/SOPHOMORE IN HS3
	11TH GRADE/JUNIOR IN HS4
	12TH GRADE/SENIOR IN HS5
	SOME COLLEGE OR TECHNICAL SCHOOL6
	COLLEGE OR TECHNICAL SCHOOL7
	UNGRADED SCHOOL8
	HOME SCHOOLED9
	OTHER GRADE (SPECIFY)10
	DON'T KNOWd
	REFUSEDr
	RAMMER NOTE: IF YOUTH REPORTED HAVING A HIGH SCHOOL DIPLOMA AT .D2=1), SKIP TO I.D3
I.D2 (YTD-15)	ASK IF NOT CURRENTLY IN HIGH SCHOOL: (Do you/Does NAME) have a high school diploma, a GED, also known as a graduate 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 DIPLOMA1
	GED2
	CERTIFICATE OF COMPLETION3
	NONE OF THESE4
	DON'T KNOWr
	INET UOLD

I.D3	ASK IF HIGHEST GRADE WAS COLLEGE OR TECHNICAL (Do you/Does NAME) have a college degree or a technical certificate?
	YES1
	NO0 ¬
	DON'T KNOWd → (GO TO SECTION II)
	REFUSEDr _
I.D4	ASK IF HAS A COLLEGE DEGREE OR TECHNICAL CERTIFICATE: What college degrees or technical certificates do (you have/[he/she] has)?
	READ IF NECESSARY. CODE ALL THAT APPLY
	MASTERS OR HIGHER1
	BACHELORS2
	ASSOCIATES3
	TECHNICAL CERTIFICATE (SPECIFY AS MANY AS SAMPLE MEMBER HAS
	EARNED)4
	DON'T KNOWd
	REFUSEDr
I.D4_sp	pecify. How many technical certificates have you earned?
	_ CERTIFICATES

SECTION II: EMPLOYMENT

In this section, I will ask questions about jobs that (you/NAME) have had within the past year. This includes any job or jobs you may currently have as well as jobs that ended after (MONTH AND YEAR ONE YEAR AGO).

II.A1 (Have you/Has [he/she]) worked at a job or a business at any time within the past year? Please include all jobs since (MONTH AND YEAR ONE YEAR AGO), even if (you/NAME) only worked for a short time.

PROBE: Please include jobs that (you/Name) currently (have/has) as well as jobs that ended within the past year. Also, please include jobs at which (you/Name) (are/is) or (were/was) self-employed.

PROBES: A job is work either paid or unpaid other than work around the house.

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

Jobs include internships, apprenticeships and volunteer work even if (you/NAME) didn't get paid.

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, that (you get/NAME gets) paid to do.

Do not include chores that (you do/NAME does) around the house, even if (you are/NAME is) paid to do them.

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

II.A1 num. How many jobs (have you /has NAME) had within the past year?

Please include jobs that (you/Name) currently (have/has) as well as jobs that ended within the past year. Also, please include jobs at which (you/Name) (are/is) or (were/was) self-employed or only worked at for a short period of time

PROBES: A job is work either paid or unpaid other than work around the house.

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

Jobs include internships, apprenticeships and volunteer work even if (you/NAME) didn't get paid.

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, that (you get/NAME gets) paid to do.

Do not include chores that (you do/NAME does) around the house, even if (you are/NAME is) paid to do them.

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

IF II.A1=1 and II.A1_num=DK or R, TREAT AS 1 JOB. IF II.A1=D or R and II.A1_num=D or R, skip to II.F4.

(II.A2 thru II.E2 ASKED FOR EACH JOB AT II.A1 – NOTE IN REFERENCE TO THIS FOLLOWING II.E2)

II. A2 ONE JOB: What is the name of the place where [you work or worked at/NAME works or worked at]?

IF II.A1_num>1 FIRST JOB: Now, I would like to get more information about each job [you have/NAME has] has since [RA date]. I'd like to start with the [your/his/her] most recent job and work backwards. What is the name of the place [you/NAME] currently work at or worked at most recently? Please include jobs at which [you are /he is / she is] self-employed.

IF II.A1_num>1 2nd, 3rd, 4th,...x JOBs: Now, I would like to get more information about each of the other jobs [you have/NAME has] had since [RA date]. What is the name of the second place [you have/he has/she has] worked at since [RA Date]? Please include jobs at which [you are /NAME is] self-employed.

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	JOB 1 CURRENT/MAIN JOB/OR MOST RECENT JOB	JOB 2 NEXT MOST RECENT JOB
II.A2 What is the name of the place where (you/he/she) (work/worked)?	NAME OR PLACE:	NAME OR PLACE:
PROBE: Please include jobs at which (you	OR	OR
are/NAME is) self-employed.	SELF-EMPLOYED99	SELF-EMPLOYED
II.B1 (Do you/Does NAME) currently work at (NAME OF PLACE)?	YES	YES
IF SELF-EMPLOYED: (Do you/Does NAME) still currently do this job? (GO TO II.B3)	NO0	NO
II.B2 What does (NAME OR PLACE) make or do?		
PROBE : What kind of place is (NAME OR PLACE)?		
II.B3 What (do/did) (you/he/she) do at (NAME OR PLACE)?	RECORD VERBATIM AND CODE:	RECORD VERBATIM AND CODE:
PROBE: What (are/were) (your/his/her) responsibilities?	ASSEMBLY WORK (SORTING STUFFING)1	ASSEMBLY WORK (SORTING STUFFING)1
PROBE: What kinds of things (have you/ has	ANIMAL CARE (DOG WALKING, VETERINARY HELPER)2	ANIMAL CARE (DOG WALKING, VETERINARY HELPER)2
[he/she]) done there?	CAMP COUNSELOR3	CAMP COUNSELOR3
PROBE: Tell me what (you/he/she) (do/did) when (you/he/she) (get/got) to work? After that?	CASHIER—GROCERY STORE, FAST FOOD PLACE, ETC4	CASHIER—GROCERY STORE, FAST FOOD PLACE, ETC4
Then what?	CHILD CARE—BABYSITTING/MOTHERS HELPER5	CHILD CARE—BABYSITTING/MOTHERS HELPER5
IF CELE FAMILIANED ACK, MALALALAN	CLEANING—JANITOR/MAID6	CLEANING—JANITOR/MAID6
IF SELF-EMPLOYED, ASK: What (do/did) (you/he/she) do?	CLERICAL—FILING, RECEPTIONIST, SECRETARY, TYPING7	CLERICAL—FILING, RECEPTIONIST, SECRETARY, TYPING7
	COMPUTER WORK—DATA ENTRY/PROGRAMMING/ WEB PAGE DEVELOPMENT8	COMPUTER WORK—DATA ENTRY/PROGRAMMING/ WEB PAGE DEVELOPMENT8
	DELIVERY—OF FOOD OR NEWSPAPERS OR PRESCRIPTIONS9	DELIVERY—OF FOOD OR NEWSPAPERS OR PRESCRIPTIONS9
	FARM WORK10	FARM WORK10
	FOOD SERVICE—BUS BOY, WAITER, COOK11	FOOD SERVICE—BUS BOY, WAITER, COOK11
	GARDENING AND GROUNDS MAINTENANCE12	GARDENING AND GROUNDS MAINTENANCE12
	GAS STATION ATTENDANT13	GAS STATION ATTENDANT13
	HEALTH CARE AIDE—PERSONAL CARE ATTENDANT, NURSES AIDE14	HEALTH CARE AIDE—PERSONAL CARE ATTENDANT, NURSES AIDE14
	MECHANIC (AUTO REPAIR)15	MECHANIC (AUTO REPAIR)15
	RETAIL SALES16	RETAIL SALES16
	SKILLED LABOR APPRENTICE—PLUMBER, CARPENTER, ELECTRICIAN17	SKILLED LABOR APPRENTICE—PLUMBER, CARPENTER, ELECTRICIAN17
	SPORTS RELATED—UMPIRE, CADDY, REFEREE, COACH, LIFEGUARD	SPORTS RELATED—UMPIRE, CADDY, REFEREE, COACH, LIFEGUARD18
	STOCK CLERK—GROCERY STORE OR DRUG STORE19	STOCK CLERK—GROCERY STORE OR DRUG STORE19
	USHER—MOVIE THEATER	USHER—MOVIE THEATER20
	OTHER (SPECIFY)21	OTHER (SPECIFY)21

JOB 3 NEXT MOST RECENT JOB	JOB 4 NEXT MOST RECENT JOB	JOB 5 NEXT MOST RECENT JOB
NAME OR PLACE:	NAME OR PLACE:	NAME OR PLACE:
OR	OR	OR
SELF-EMPLOYED99	SELF-EMPLOYED99	SELF-EMPLOYED99
YES1	YES1	YES1
NO0	NO0	NO0
RECORD VERBATIM AND CODE:	RECORD VERBATIM AND CODE:	RECORD VERBATIM AND CODE:
ASSEMBLY WORK (SORTING STUFFING)1	ASSEMBLY WORK (SORTING STUFFING)1	ASSEMBLY WORK (SORTING STUFFING) 1
ANIMAL CARE (DOG WALKING, VETERINARY HELPER)2	ANIMAL CARE (DOG WALKING, VETERINARY HELPER)2	ANIMAL CARE (DOG WALKING, VETERINARY HELPER)2
CAMP COUNSELOR	CAMP COUNSELOR3	CAMP COUNSELOR3
CASHIER—GROCERY STORE, FAST FOOD PLACE, ETC4	CASHIER—GROCERY STORE, FAST FOOD PLACE, ETC	CASHIER—GROCERY STORE, FAST FOOD PLACE, ETC4
CHILD CARE—BABYSITTING/MOTHERS HELPER 5	CHILD CARE—BABYSITTING/MOTHERS HELPER 5	CHILD CARE—BABYSITTING/MOTHERS HELPER 5
CLEANING—JANITOR/MAID	CLEANING—JANITOR/MAID6	CLEANING—JANITOR/MAID
CLERICAL—FILING, RECEPTIONIST, SECRETARY, TYPING	CLERICAL—FILING, RECEPTIONIST, SECRETARY, TYPING	CLERICAL—FILING, RECEPTIONIST, SECRETARY, TYPING
COMPUTER WORK—DATA ENTRY/PROGRAMMING/ WEB PAGE DEVELOPMENT8	COMPUTER WORK—DATA ENTRY/PROGRAMMING/ WEB PAGE DEVELOPMENT8	COMPUTER WORK—DATA ENTRY/PROGRAMMING/ WEB PAGE DEVELOPMENT8
DELIVERY—OF FOOD OR NEWSPAPERS OR PRESCRIPTIONS9	DELIVERY—OF FOOD OR NEWSPAPERS OR PRESCRIPTIONS	DELIVERY—OF FOOD OR NEWSPAPERS OR PRESCRIPTIONS9
FARM WORK	FARM WORK	FARM WORK
FOOD SERVICE—BUS BOY, WAITER, COOK11	FOOD SERVICE—BUS BOY, WAITER, COOK11	FOOD SERVICE—BUS BOY, WAITER, COOK
GARDENING AND GROUNDS MAINTENANCE 12	GARDENING AND GROUNDS MAINTENANCE12	GARDENING AND GROUNDS MAINTENANCE 12
GAS STATION ATTENDANT13	GAS STATION ATTENDANT13	GAS STATION ATTENDANT13
HEALTH CARE AIDE—PERSONAL CARE ATTENDANT, NURSES AIDE14	HEALTH CARE AIDE—PERSONAL CARE ATTENDANT, NURSES AIDE14	HEALTH CARE AIDE—PERSONAL CARE ATTENDANT, NURSES AIDE14
MECHANIC (AUTO REPAIR)15	MECHANIC (AUTO REPAIR)15	MECHANIC (AUTO REPAIR)15
RETAIL SALES16	RETAIL SALES16	RETAIL SALES16
SKILLED LABOR APPRENTICE—PLUMBER, CARPENTER, ELECTRICIAN	SKILLED LABOR APPRENTICE—PLUMBER, CARPENTER, ELECTRICIAN	SKILLED LABOR APPRENTICE—PLUMBER, CARPENTER, ELECTRICIAN
SPORTS RELATED—UMPIRE, CADDY, REFEREE, COACH, LIFEGUARD	SPORTS RELATED—UMPIRE, CADDY, REFEREE, COACH, LIFEGUARD	SPORTS RELATED—UMPIRE, CADDY, REFEREE, COACH, LIFEGUARD
STOCK CLERK—GROCERY STORE OR DRUG STORE	STOCK CLERK—GROCERY STORE OR DRUG STORE19	STOCK CLERK—GROCERY STORE OR DRUG STORE19
JR DRUG STURE 19	•	
JSHER—MOVIE THEATER	USHER—MOVIE THEATER20	USHER—MOVIE THEATER20

		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)?	START DATE: _ _ /20 _ MONTH YEAR MORE THAN ONE YEAR AGO9999	START DATE: _ /20 _ MONTH YEAR MORE THAN ONE YEAR AGO9999
II.B5	IF CURRENT JOB ASK: 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 VOC REHAB OR OTHER SERVICE AGENCY 7 ONE STOP OR WORKFORCE DEVELOPMENT 7 CENTER (UNEMPLOYMENT OFFICE) 8 THE YTD PROGRAM [FILL LOCAL NAMES) 9 OTHER (SPECIFY) 10	NEWSPAPER AD
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?	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?
II.C1	Next, I'd like to ask you some questions about how ((you are) / (he/she is) /(you were) / (he/she was)] paid at (NAME or PLACE]). (Do you/Did you/Does NAME/Did NAME) get paid by the hour or by how many things (you/he/she) (make/do/sell/makes/does/sells)? PROBES: Are you paid a certain amount per day, per week, per month, or per year? Do you get a salary?	Hour, day, week, month, year	Hour, day, week, month, year

JOB 3 NEXT MOST RECENT JOB	JOB 4 NEXT MOST RECENT JOB	JOB 5 NEXT MOST RECENT JOB
START DATE: _ _ / 20 _ MONTH YEAR MORE THAN ONE YEAR AGO9999	START DATE: _ _ / 20 _ MONTH YEAR MORE THAN ONE YEAR AGO	START DATE: / 20 MONTH YEAR MORE THAN ONE YEAR AGO
NEWSPAPER AD	NEWSPAPER AD	NEWSPAPER AD 1 INTERNET 2 EMPLOYMENT AGENCY (PRIVATE) 3 JOB PLACEMENT OFFICE AT SCHOOL 4 FRIENDS OR RELATIVES 5 DIRECT APPLICATION TO EMPLOYER 6 VOC REHAB OR OTHER SERVICE AGENCY 7 ONE STOP OR WORKFORCE DEVELOPMENT 2 CENTER (UNEMPLOYMENT OFFICE) 8 THE YTD PROGRAM [FILL LOCAL NAMES) 9 OTHER (SPECIFY) 1
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?	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?	_ 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?
Hour	Hour	Hour

	JOB 1 CURRENT/MAIN JOB/OR MOST RECENT JOB	JOB 2 NEXT MOST RECENT JOB
II.C2 About how much (are you/is NAME) paid on this job?	Ψ <u> </u>	\$ _ _ per hour/thing
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 the amount of (your/his/her) pay before taxes are taken out? PROGRAMMER: SKIP NET PAY/BEFORE TAXES IF PAID HOURLY OR BY THE THING	\$ _ _ _ _ _ _ per day	or \$ _ _ _
	Before taxes2	Before taxes
II.C3 (Does/Did) this job offer	YES NO Health insurance?	YES NO Health insurance? 1 0 Paid vacation or sick leave? 1 0 Any kind of pension or retirement plan? 1 0
II.C4 Sometimes people need changes made at their job to help them with their work or to help them try new things. These could be changes to their workspace, work schedule, tasks or responsibilities Since (you/NAME) started (your/his/her) job, (have you/has he/she) needed any sort of changes made at [JOB FROM E4] because of (your/his/her) disability or health problem?	NO	YES
II.C5 Did (JOB FROM E4) make these changes for (you/him/her)?	YES1 NO0	YES
II.C6 What change did they make? PROBE: Did they make any other changes?	WHEELCHAIR ACCESSIBILITY	WHEELCHAIR ACCESSIBILITY

NEXT I	JOB 3 MOST RECENT JOB	JOB 4 NEXT MOST RECENT JOB		JOB 5 NEXT MOST RECENT JOB	
\$ <u> </u>	. per hour/thing	\$ _ . per hour/thing		\$ _ • per hour/thing	
<u> _</u>	_ _ things/hour	things/hour		things/hour	
	or	or		or	
\$ _	per day1	\$ _ _ _ per day	1	\$ _ _ _ _ per day	1
	per week2	per week	2	per week	2
	every other week3	every other week	3	every other week	3
	twice a month4	twice a month	4	twice a month	4
	once a month5	once a month	5	once a month	5
	OTHER (SPECIFY)6	OTHER (SPECIFY)	6	OTHER (SPECIFY)	6
Net pay	1	Net pay	1	Net pay	1
Before taxes	2	Before taxes	2	Before taxes	2
	V50 NO	VEO	NO	VF2	
1110-2	YES NO	YES 1	NO 0	YES	<u>NO</u>
Health insurance?		Health insurance?	0	Health insurance? 1	0
Paid vacation or sick lea		Paid vacation or sick leave? 1	0	Paid vacation or sick leave? 1	0
Any kind of pension or r	retirement plan? 1 0	Any kind of pension or retirement plan? 1	0	Any kind of pension or retirement plan? 1	0
YES	1	YES	1	YES	1
NO	0	NO	0	NO	0
110	······································		0		
VES	1	YES	1	YES	1
			1		1
NU	0	NO	0	NO	0
WHEELCHAIR ACCES	SIBILITY1	WHEELCHAIR ACCESSIBILITY	1	WHEELCHAIR ACCESSIBILITY	1
CUSTOM DESIGNED V	WORKSPACE2	CUSTOM DESIGNED WORKSPACE	2	CUSTOM DESIGNED WORKSPACE	2
COMPUTER-RELATED		COMPUTER-RELATED ASSISTIVE		COMPUTER-RELATED ASSISTIVE	
	E3	TECHNOLOGY DEVICE	3	TECHNOLOGY DEVICE	3
COMMUNICATION-RE		COMMUNICATION-RELATED ASSISTIVE	4	COMMUNICATION-RELATED ASSISTIVE	4
	E4 CHEDULE5	TECHNOLOGY DEVICE		TECHNOLOGY DEVICE	
	(S/RESPONSIBILITIES6	CHANGE IN JOB TASKS/RESPONSIBILITIES		CHANGE IN JOB TASKS/RESPONSIBILITIES	
		OTHER (SPECIFY)		OTHER (SPECIFY)	
,		OTTIER (OF EOII 1)		OTTLK (OF LOW 1)	
			<u></u>		

		JOB 1 CURRENT/MAIN JOB/OR MOST RECENT JOB	JOB 2 NEXT MOST RECENT JOB
II.D1	At (your/his/her) job, do most of the other workers have disabilities?	YES1	YES1
	Other Workers have disabilities!	NO0	NO0
II.D2	Is (NAME OR PLACE) part of any	YES1	YES1
	school sponsored work activities like a work-study job, an internship, or part of a school-based business?	NO0	NO0
II.D4	When did (you/he/she) stop working at	END DATE: _/ 20 MONTH YEAR	END DATE: / 20 MONTH YEAR
	Probe: In which month did	STILL WORKING9999	STILL WORKING9999
	(you/he/she) (start/stop)? Probe: What was the weather like? Probe: Was it around a holiday or (your/his/her) birthday? Probe: Was it during the school year or during the summer? Probe: (Is/Was) this a summer job?	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.	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.
	Interview note: If respondent report	MONTHS1	_ MONTHS1
	still working at this job, reset II.B1 to 1.	_ WEEKS2	WEEKS2
		OR	OR
		IF CANNOT ANSWER TIME WORKED, PROBE FOR RANGE: (Do you/Does NAME) think (you/he/she) worked at (NAME OR PLACE)	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	Three months of less?1
		4-6 months?2	4-6 months?2
		Or more than 6 months?3	Or more than 6 months?3
II.E1	IF NOT CURRENT JOB, ASK: Why	Job was too hard1	Job was too hard1
	did (you/he/she) leave this job?	Job was too easy2	Job was too easy2
	PROBE: Why (are you/is NAME) no	Found a better job3	Found a better job3
	longer working (NAME OR PLACE)?	Temporary job ended4	Temporary job ended4
		Went back to school5	Went back to school5
	PROBE FOR MAIN REASON.	Job did not pay enough6	Job did not pay enough6
		Does not need the money7	Does not need the money7
		Did not like boss8	Did not like boss8
		Did not like coworkers9	Did not like coworkers9
		Transportation problems	Transportation problems10
		I moved to far11	I moved to far11
		Job moved too far12	Job moved too far12
		Fired/performance problems13	Fired/performance problems13
		Health reasons14	Health reasons14
		Employer wouldn't provide accommodations needed to succeed at job15	Employer wouldn't provide accommodations needed to succeed at job15
		Had a baby16	Had a baby16
		Family obligations	Family obligations
		Did not want to loose disability or other benefits 18	Did not want to loose disability or other benefits18
		Parents do not want youth to work19	Parents do not want youth to work19
		Youth does not want to work20	Youth does not want to work20

JOB 3 NEXT MOST RECENT JOB	JOB 4 NEXT MOST RECENT JOB	JOB 5 NEXT MOST RECENT JOB
YES1	YES1	YES1
NO0	NO0	NO0
YES1	YES1	YES1
NO0	NO0	NO0
END DATE: _ _ /20 _ MONTH YEAR	END DATE: _ _ /20 _ MONTH YEAR	END DATE: _ / 20
STILL WORKING9999	STILL WORKING9999	STILL WORKING9999
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.	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.	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.
MONTHS1	_ MONTHS1	MONTHS1
_ WEEKS2	_ WEEKS2	
OR	OR	OR
IF CANNOT ANSWER TIME WORKED, PROBE FOR RANGE: (Do you/Does NAME) think (you/he/she) worked at (NAME OR PLACE)	IF CANNOT ANSWER TIME WORKED, PROBE FOR RANGE: (Do you/Does NAME) think (you/he/she) worked at (NAME OR PLACE)	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	Three months of less?1	Three months of less?1
4-6 months?2	4-6 months?2	4-6 months?2
Or more than 6 months?3	Or more than 6 months?3	Or more than 6 months?3
Job was too hard1	Job was too hard1	Job was too hard1
Job was too easy2	Job was too easy2	Job was too easy2
Found a better job3	Found a better job	Found a better job3
Temporary job ended4	Temporary job ended4	Temporary job ended4
Went back to school5	Went back to school5	Went back to school5
Job did not pay enough6	Job did not pay enough6	Job did not pay enough6
Does not need the money7	Does not need the money7	Does not need the money7
Did not like boss8	Did not like boss8	Did not like boss8
Did not like coworkers9	Did not like coworkers9	Did not like coworkers9
Transportation problems10	Transportation problems10	Transportation problems10
I moved to far11	I moved to far11	I moved to far11
Job moved too far12	Job moved too far12	Job moved too far12
Fired/performance problems13	Fired/performance problems13	Fired/performance problems13
Health reasons14	Health reasons14	Health reasons14
Employer wouldn't provide accommodations needed to succeed at job15	Employer wouldn't provide accommodations needed to succeed at job15	Employer wouldn't provide accommodations needed to succeed at job15
Had a baby16	Had a baby	Had a baby16
Family obligations	Family obligations	Family obligations17
Did not want to loose disability or other benefits18	Did not want to loose disability or other benefits	Did not want to loose disability or other benefits18
Parents do not want youth to work19	Parents do not want youth to work	Parents do not want youth to work19
Youth does not want to work	Youth does not want to work	Youth does not want to work

		JOB 1 CURRENT/MAIN JOB/OR MOST RECENT JOB	JOB 2 NEXT MOST RECENT JOB
II.E2	Overall, how happy ([are/were] you/[is/was] 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	very happy,
II.E3	IF CURRENT JOB, ASK: Does (your/his/her) job make good use of your skills and abilities?	YES	
II.E4	IF CURRENT JOB, ASK: (Do you/Does NAME) think (your/his/her) job is very interesting, somewhat interesting, or boring?	VERY INTERESTING,	
II.E5	IF CURRENT JOB, ASK: If (you/NAME) had the chance would you get a different job?	YES	
II.F1.		CONTINUE WITH OTHER JOB(S) OR COMPLETE JOB GRID. NEXT JOB	CONTINUE WITH OTHER JOB(S) OR COMPLETE JOB GRID. NEXT JOB

JOB 3 NEXT MOST RECENT JOB	JOB 4 NEXT MOST RECENT JOB	JOB 5 NEXT MOST RECENT JOB
very happy,1	very happy, 1	very happy,1
a little happy, or2	a little happy, or2	a little happy, or2
not happy?3	not happy?3	not happy?3
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 JOB1 GO TO JOB 4	NEXT JOB 1 GO TO JOB 5	NEXT JOB1 GO TO JOB 6
NO MORE JOBS 0 GO TO II.F2	NO MORE JOBS 0 GO TO II.F2	NO MORE JOBS0 GO TO II.F2

II.F2 Thank you for telling me about these jobs, I just want to be sure we haven't missed any job (you/NAME) had in the past year. We just spoke about (your/NAME's) job at (LIST JOBS). Did (you/NAME) have any other jobs during the past year, even ones that lasted for just a short time?

PROBES: A job is work, either paid or unpaid, other than work around the house.

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

Jobs include internships, apprenticeships, and volunteer work, even if you don't get paid.

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.

Do not include chores that (you do/NAME does) around the house, even if (you are/NAME is) paid to do them.

YES	1		
NO			
DON'T KNOW	.d	\rightarrow	(GO TO II.F4)
REFUSED	.r		

II.F2_num. How many other jobs did (you /NAME) have during the past year?

PROBE: Please do no include jobs you already told me about.

PROBE: That is since (month and year 1 year ago).

PROBE: Please include all jobs, even if (you/NAME) only worked for a short period of time. Please include jobs at which (you/Name) (were/was) self-employed.

|__|_ JOBS

DON'T KNOW......d (GO TO II.F4)

REFUSED......r (GO TO II.F4)

II.F3 Did any of these jobs last more than two weeks?

PROBE: So (you/NAME) had NUMBER job(s) that lasted less than two weeks?

YES	1 (GO BACK TO II.A2)
NO	0
DON'T KNOW	d
REFUSED	r

II.F4 Next I would like you to think about the year before this year, that is from (month and year 2 years ago) to (month and year 1 year ago). (Other than any jobs you have just told me about) Did (you/NAME) work at a job or a business at any time in the year before the past year? PROBE: Please include all jobs, even if (you/NAME) only worked for a short period of time. Please include jobs at which (you/Name) (were/was) selfemployed. **PROBES:** A job is work, either paid or unpaid, other than work around the house. A job could be a school sponsored job or a work study job. Jobs include internships, apprenticeships, and volunteer work, even if you don't get paid. 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. Do not include chores that (you do/NAME does) around the house, even if (you are/NAME is) paid to do them. YES......1 NO0 -DON'T KNOW......d → (GO TO NOTE BEFORE II.G4) REFUSED.....r II.F4_num. How many jobs did (you /NAME) have during the year before the past year? **PROBE:** Please do no include jobs you already told me about. **PROBE:** That is from (month and year 2 years ago) to (month and year 1 year ago). PROBE: Was it one job, or more than one job. INTERVIEWER CONTINUE PROBING TO GET NUMBER OF JOBS. PROBE: Please include all jobs, even if (you/NAME) only worked for a short period of time. Please include jobs at which (you/Name) (were/was) self-employed, like baby sitting or cutting the lawn. | JOBS (GO TO NOTE BEFORE II.G4)

DON'T KNOWd
REFUSED.....r

II.F5 Did (you/ NAME) have 2 or 3 jobs, 4 or 5 jobs, or more than 5 jobs?

PROBE: That is from (month and year 2 years ago) to (month and year 1 year ago).

2 OR 3	1
4 OR 5	2
MORE THAN 5	3
DON'T KNOW	d
REFUSED	r

NOTE: THERE IS NO II.G1 TO II.G3 IN THIS VERSION

IF CURRENTLY EMP	LOYED GO	TO SECTION III.
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ASK IF NOT CURRENTLY EMPLOYED:

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

(NBS-B28.)	YES	1
	NO	
	DON'T KNOW	d → (GO TO II.G6)
	REFUSED	r ⊐

ASK IF LOOKING FOR WORK:

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

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

	YES	NO
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

GO TO SECTION III

ASK IF NOT LOOKING FOR WORK:

II.G6 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 . . .

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

		YES	NO	NA
a.	A physical or mental condition prevents (you/NAME) from working?	1	0	
b.	(You do/NAME does) not have reliable transportation to and from work?	1	0	
C.	ASK IF CURRENTLY IN SCHOOL OR TRAINING PROGRAM: (You are/NAME is) too busy with school to work?	1	0	
d.	(You are/NAME is) waiting to complete (your/his/her) education 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	

II.G7 Are there any other reasons why (you are/NAME is) not working that I didn't mention?

(NBS-B26.)

YES	1	
NO		
DON'T KNOW	d	→ (GO TO SECTION III)
REFUSED		

II.G8 What are they?

(NBS-B27.)

INTERVIEWER: ENTER VERBATIM RESPONSE.

SECTION III: SERVICE UTILIZATION

III.A1 My next questions are about services or training (you/NAME) might have received in (NLTS-F8b)-st year. Since Since (MONTH AND YEAR 1 YEAR AGO), (have/has) . . .

PROGRAMMER: IF YES ASK III.A2

			YES	NO
a.	\ v	i) been taught skills needed for life, like counting ling time or using public transportation?	1	0
b.	\ J	i) had career counseling, like help in learning which jobs match with (your/NAME's) skills and interests?	1	0
		Career counseling, is where someone talked with (you/NAME) about different types of jobs or careers, and the training and skills they require?		
C.	to find jobs	e) had help in finding or applying for a job, such as how available, fill out an application, write a resume, or goview?	1	0
		A resume is a summary of (your/NAME's) job qualifications.		
d.	(you/NAME	done any job shadowing?	1	0
	opportuni	ob shadowing is a way for youth to learn about job ties by tagging along with a worker to see what kind of are performed as part of his or her particular job.		
e.		i) had help in getting into a school or training program, elping with an application or interview?	1	0
		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.		

	IF III.A1a IS YES: In the last three months, how many times did (you/ NAME) get training in skills needed for life?
	PROBE: Like counting change, telling time, or using public transportation. PROBE: Your best estimate is fine.
	PROBE: Did (you/NAME) get this training this month, last month, the month before that. IF YES: About how often each week during that month did (you/NAME) get this training.
	_ TIMES (GO TO III.A1b)
	DON'T KNOWd
	REFUSEDr
III.A3a	In the past 3 months, would you say that (you/NAME) received this service or training
	More than once a week1
	About once a week2
	More than once a month3
	About once a month, or4
	Less often than that?5
	DON'T KNOWd
	REFUSEDr
	KEFUSED
	REFUSED
	GO TO III.A1b
III.A2b	
III.A2b	GO TO III.A1b IF III.A1b IS YES: In the last three months, how many times did (you/ NAME) get careel
III.A2b	GO TO III.A1b IF III.A1b IS YES: In the last three months, how many times did (you/ NAME) get career counseling? PROBE: Like help in learning which jobs are a good match with (your/NAME's) skills
III.A2b	GO TO III.A1b IF III.A1b IS YES: In the last three months, how many times did (you/ NAME) get careel counseling? PROBE: Like help in learning which jobs are a good match with (your/NAME's) skills and interests.
III.A2b	IF III.A1b IS YES: In the last three months, how many times did (you/ NAME) get career counseling? PROBE: Like help in learning which jobs are a good match with (your/NAME's) skills and interests. PROBE: You best estimate is fine. PROBE: Did (you/NAME) get this training this month, last month, the month before that.
III.A2b	IF III.A1b IS YES: In the last three months, how many times did (you/ NAME) get career counseling? PROBE: Like help in learning which jobs are a good match with (your/NAME's) skills and interests. PROBE: You best estimate is fine. PROBE: Did (you/NAME) get this training this month, last month, the month before that IF YES: About how often each week during that month did (you/NAME) get this training.

III.A3b In the	past 3 months, would you say that (you/NAME) received this service or training
	More than once a week1
	About once a week2
	More than once a month3
	About once a month, or4
	Less often than that?5
	DON'T KNOWd
	REFUSEDr
	GO TO III.A1c
ASK III.A1c	
	A1c IS YES: In the last three months, how many times did (you/ NAME) get help ing for a job?
	BE: Such as how to find jobs available, fill out an application, write a resume, or go interview.
PROI	BE: You best estimate is fine.
	BE: Did (you/NAME) get this training this month, last month, the month before that S: About how often each week during that month did (you/NAME) get this training
	TIMES (GO TO III.A1d)
	DON'T KNOWd
	REFUSEDr
III.A3c In the	past 3 months, would you say that (you/NAME) received this service or training
	More than once a week1
	About once a week2
	More than once a month3
	About once a month, or4
	Less often than that?5
	DON'T KNOWd
	REFUSEDr

GO TO III.A1d

III.A2d IF III.A1d IS YES: In the last three months, how many times did (you/ NAME) do job shadowing?

PROBE Job shadowing is a way for youth to learn about job opportunities by tagging along with a worker to see what kind of activities are performed as part of his or her

	GO TO III.A1e
	REFUSEDr
	DON'T KNOWd
	Less often than that?5
	About once a month, or4
	More than once a month3
	About once a week2
	More than once a week1
III.A3d In the p	past 3 months, would you say that (you/NAME) received this service or training
	REFUSEDr
	DON'T KNOWd
	_ TIMES (GO TO III.A1e)
	E: Did (you/NAME) get this training this month, last month, the month before that : About how often each week during that month did (you/NAME) get this training
PROB	E: You best estimate is fine.
along v particu	with a worker to see what kind of activities are performed as part of his or her lar job.

III.A2e IF III.A1e IS YES: In the last three months, how many times did (you/ NAME) get help in getting into a school or training program? 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. **PROBE:** You best estimate is fine. **PROBE:** Did (you/NAME) get this training this month, last month, the month before that. IF YES: About how often each week during that month did (you/NAME) get this training. |__| TIMES (GO TO SECTION IV) DON'T KNOWd REFUSED.....r III.A3e In the past 3 months, would you say that (you/NAME) received this service or training ... More than once a week......1 About once a week......2 More than once a month3 About once a month, or4 Less often than that?.....5

DON'T KNOWd
REFUSED.....r

SECTION IV: SATISFACTION WITH YTD PROGRAM

THIS SECTION IS ASKED OF YOUTH IN TREATMENT GROUP WHO RECEIVED YTD SERVICES. TREATMENT YOUTH WITH NO 12-MONTH INTERVIEW BEGIN SECTION. TREATMENT YOUTH WHO DID NOT REPORT PARTICIPATION IN YTD AT 12 MONTH SKIP TO SECTION V. CONTROL YOUTH SKIP TO SECTION V.

My next questions are about (your/NAMEs) experiences with (YTD PROGRAM). 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).

IV.E1.1 How much has (your/his/her) experience with (YTD PROGRAM) helped (you/him/her) in the following areas?

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.E	1.2
		VERY MUCH	SOME WHAT	A LITTLE	NOT AT ALL	Volunteered: Did not participate in YTD program	YES	NO
a.	Getting work- related knowledge and skills?	1	2	3	4	5	1	0
b.	Working effectively with others?	1	2	3	4	5	1	0
C.	Understanding yourself?	1	2	3	4	5	1	0
d.	Developing clearer career goals?	1	2	3	4	5	1	0

		IV.E1.1			IV.E	IV.E1.2		
		VERY MUCH	SOME WHAT	A LITTLE	NOT AT ALL	Volunteered: Did not participate in YTD program	YES	NO
e.	Gaining information about career opportunities?	1	2	3	4	5	1	0
f.	Developing a sense of confidence in what (you are/[he/she] is) able to do?	1	2	3	4	5	1	0
g.	Getting a job?	1	2	3	4	5	1	0

IV.E4 How useful has the help or services that (you/NAME) got from (YTD PROGRAM) been in your life? Would you say \dots

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

IV.F1 Would you recommend (YTD PROGRAM) to a friend or family member?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

SECTION V: AWARENESS OF WAIVERS AND INCENTIVES

V.A1 Next, I'd like to ask you a few questions about your understanding about Social Security benefits. Please tell me whether you agree or disagree with these statements about Social Security benefits.

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

		AGREE	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

V.B1 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 ever heard of this plan?

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

YES	1
NO/NOT SURE	0 \(\(\text{GO TO V C1} \)
REFLISED	r (33 :3 :13:)

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)?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

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

PROBE: Have you ever heard of this exclusion?

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

YES	1
NO/NOT SURE	0 \(\sum_ (GO TO V D1)
REFUSED	

V C2	ASK IF HEARD O	F GENERAL	FARNED INCOME	FXCLUSION
v.OZ	ACK II LIEAND CI			LACEUDIUI

What portion of (your/NAME) earnings after the first \$65 does Social Security count against (your/his/her) 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)?

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 (Have you/Has NAME) used the general earned income exclusion since (RA DATE)?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

V.D1 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.

INTERVIEWER NOTE: THIS IS ALSO KNOWN AS SECTION 1619(b).

YES	1		
NO/NOT SURE	0	7	(GO TO V.E1)
REFUSED			(00:0::=:)

V.D2 (NBS-E10)	(Have you/Has NAME) used the Continued Medicaid Eligibility or Medicaid While Working since (RA DATE)?
	INTERVIEWER NOTE: THIS IS ALSO KNOWN AS SECTION 1619(b).
	YES1
	NO0
	REFUSEDr
V.E1	Have you ever heard of the student earned-income exclusion? This is a Social Security incentive where if (you are/[he/she] is) in school, up to (AMOUNT PER MONTH: \$1,640 for 2009) of earnings per month are not counted when Social Security figures (your/the) benefit.
	YES1
	NO/NOT SURE0 7 (CO TO) (E1)
	NO/NOT SURE
V.E2	ASK IF HEARD OF SEIE: (Have you/Has NAME) used the student earned-income exclusion since (RA DATE)?
(NBS-E13)	YES1
	NO0
	DON'T KNOWd
	REFUSEDr
V.F1 (NBS-E12)	ASK IF LESS THAN AGE 18 AT RANDOM ASSIGNMENT: 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.
	YES1
	NO/NOT SURE (GO TO V.G1)
	REFUSEDrr

ASK IF HEARD OF CONTINUED MEDICAID ELIGIBILITY:

ASK IF AGE LESS THAN 18 AT RANDOM	ASSIGNMENT, HEARD OF CDR	AND IS
A TREATMENT CASE:		

V.F2	If (you/NA receiving	MENT CASE: ME) are found no longer eligible for benefits, will (you/NAME) continue benefits from Social Security for as long as (you continue/ he/she continues) to e in (YTD PROGRAM NAME)?
		YES1
		NO/NOT SURE
V.G1	special ba	ever heard of an Individual Development Account or an IDA? An IDA is a ank account that helps (you/NAME) save for (your/his/her) education, the of a first home, or to start a business.
	PROBE:	Have you ever heard of this special bank account?
	PROBE:	If you're not sure, please just say so.
		YES
V.G2	_	EARD OF IDA: I/Has NAME) used an IDA since (RA DATE)? An individual development account. YES
		DON'T KNOWd REFUSEDr

V.H1 If you wanted information about how working would affect (your/NAME) Social Security benefits where would you 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

APPENDIX B - YTD-36 Month Follow-Up to OMB.doc

SECTION VI: HEALTH

THIS SECTION ASKED OF ALL YOUTH.

Now I will ask you some questions about (your/NAME's) health and daily activities.

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?

YES	1		
NO			
DON'T KNOW	d	→	(GO TO VI.B1)
REFUSED	r —		

VI.A2 Can (you/NAME) describe (your/his/her) disability to others?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

VI.B1 In general, would (you/he/she) say that (your/NAME's) health is. . . $_{\stackrel{(YTD-30)}{(SF-1)}}$

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

VI.B1a (NBS-I9) (SF-36)	Compared to one year ago, how would (you/NAME) rate (your/his/her) health in general now? Is it \dots
	Much better now,1
	Somewhat better now,2
	About the same,3
	Somewhat worse now, or4
	Much worse now?5
	DON'T KNOWd
	REFUSEDr
The nex	kt two question are about activities (you/NAME) might do during a typical day.
VI.B2 (SF-12)	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 lot1
	Yes, limited a little2
	No, not limited at all3
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?
	PROBE, IF RESPONDENT REPORTS THAT THEY DON'T PERFORM STAIR-CLIMBING ASK: Could you climb several flights of stairs if you needed to?
	Yes, limited a lot1
	Yes, limited a little2
	No, not limited at all3

The ne	ext two questions ask about (your/NAME's) physical health and (your/his/her) daily es.
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,1
	Most,2
	Some,3
	A little, or4
	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/hephysical health? Would you say
	All,1
	Most,2
	Some,3
	A little, or4
	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,1
	Most,2
	Some,3
	A little, or4
	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 otl activities as carefully as usual as a result of any emotional problems, such as feeli depressed or anxious? Would you say	
	All,1	
	Most,2	
	Some,3	
	A little, or4	
	None of the time?5	
VI.B8 (SF-12)	During the past 4 weeks, how much did pain interfere with (your/NAME's) normal including both work outside the home, housework, or school work? Did it interfere	
	Not at all,1	
	A little bit,2	
	Moderately,3	
	Quite a bit, or4	
	Extremely?5	
(you/h	next questions are about how (you feel/NAME feels) and how things have been with m/her) during the past 4 weeks. For each question, please give me the one answer closest to the way (you have/NAME has) been feeling.	
VI.B9 (SF-12)	During the past 4 weeks, how much of the time (have you/has NAME) felt calm an peaceful? Would you say	nd
	All,1	
	Most,2	
	Some,3	
	A little, or4	
	None of the time?5	

VI.B10 (SF-12)	Washington		
	All,1		
	Most,2		
	Some,3		
	A little, or4		
	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		
,	All,1		
	Most,2		
	Some,3		
	A little, or4		
	None of the time?5		
VI.B12 (SF-12)	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		
	All,1		
	Most,2		
	Some,3		
	A little, or4		
	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).

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 to or needed to?

					IF NONE, AS (you/he/she) if (you/he/she chance to or	(ACTIVITY) e) had the
		MOST	SOME	NONE	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
f.	Taking medication	1	2	3	1	0
g.	Making doctor's appointments	1	2	3	1	0

VI.C2 (Have you/Has NAME) been in a drug or alcohol treatment program since (RA DATE)? Please include both residential and outpatient programs.

PROBE: Was this in the past three years?

JC-H27		
JO-1121	YES	1
	NO	
	DON'T KNOW	D → (GO TO SECTION VIII)
	REFUSED	

VI.C3 How many drug or alcohol treatment programs did you attend since (RA DATE)?

JC-h28 |___| PROGRAMS

ASK VI.D1 TO VI.D3 FOR EACH PROGRAM

VI.D1 JC-h29	When did (you/NAME) begin attending (that/the) ([next] most recent) drug or alcohol treatment program?
	MONTH
	20 YEAR
VI.D2	How long (were you/was NAME) in that drug or alcohol treatment program?
JC-h30	INTERVIEWER: IF STILL ATTENDING, CIRCLE CODE 99.
	UNITS
	DAYS1
	WEEKS2
	MONTHS3
	YEARS4
	STILL ATTENDING99
VI.D3	Where (do/did) (you/NAME) receive that drug or alcohol treatment? Was it in
JC-h31	PROBE: By a long-term residential program we mean one that was longer than three months.
	a hospital,1
	a free-standing detoxification center,2
	a short-term residential program,3
	a long-term residential program,4
	a methadone program,5
	an out-patient drug-free program, or6
	did you receive drug or alcohol treatment
	in another setting? (SPECIFY)7
	

NOTE: THERE IS NO SECTION VII IN THIS VERSION

SECTION VIII: SELF-DETERMINATION

IF PROXY GO TO VIII.B1

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.

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
k. or	Your personal goals include working continuing to work in a paid job	1	2	3	4
I.	Your job opportunities will be limited by discrimination, because of your gender, race or disability	1	2	3	4
m.	You know of paying jobs that you would like to try	1	2	3	4
n.	You often reach the personal goals that you have set for yourself	1	2	3	4

		AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT
0.	You know of the supports that you need to be successful in a job or school	1	2	3	4
p.	You tell other people what you would like to do now and in the future	1	2	3	4
q.	You know of the special laws that protect people with disabilities	1	2	3	4

VIII.A2. The next list of statements are about activities that people sometimes take part in. For each, I'd like you to tell me how often you do the activity when you have the chance to it. Please tell me if you do you not do it, do it sometimes, do it most of the time, or do it every time you have the chance. There are not right or wrong answers.

		DO NOT EVEN IF I HAVE THE CHANCE	DO SOMETIMES WHEN I HAVE THE CHANCE	DO MOST OF THE TIME I HAVE THE CHANCE	DO EVERY TIME I HAVE THE CHANCE
a.	You keep your own personal items together	1	2	3	4
b.	You keep good personal care and grooming	1	2	3	4
C.	You make friends with other people your age	1	2	3	4
d.	You keep appointments and meetings.	1	2	3	4
e.	You plan weekend activities that you like to do	1	2	3	4
f.	You are involved in activities outside the home	1	2	3	4
g.	You volunteer for things that you are interested in	1	2	3	4
h.	You go to restaurants that you like	1	2	3	4
i.	You choose gifts to give to family and friends	1	2	3	4
j.	You choose how to spend your personal money	1	2	3	4

VIII.A3	Next, I am going to read you two statements. Then, I want you to tell me the one that best describes you. Choose only one answer for each question. There are no right or wrong answers. Let's start.
VIII.A3a	READ IF NECESSARY: Which of the following statements best describes you?
	You tell others when you have a new or different opinion, or1
	You usually agree with other's opinions
	and/or ideas2
	DON'T KNOWd
	REFUSEDr
VIII.A3b	READ IF NECESSARY: Which of the following statements best describes you?
	You can make your own decisions, or1
	Other people make decisions for you2
	DON'T KNOWd
	REFUSEDr
VIII.A3d	READ IF NECESSARY: Which of the following statements best describes you?
	You can get what you want by working hard, or1
	You need good luck to get what you want2
	DON'T KNOWd
	REFUSEDr
VIII.A3d	READ IF NECESSARY: Which of the following statements best describes you?
	You keep trying even after you get something wrong, or1
	It is no use to keep trying because it will not
	work2
	DON'T KNOWd
	REFUSEDr

VIII.A3e	READ IF	F NECESSARY: Which of the following statements by	est describes you?
		You usually make good choices, or1	
		You usually do not make good choices2	
		DON'T KNOWd	
		REFUSEDr	
VIII.A3f	READ IF	F NECESSARY: Which of the following statements be	est describes you?
		You will be able to make choices that are important to you, or1	
		Your choices will not be honored2	
		DON'T KNOWd	
		REFUSEDr	
VIII.B1		ASK IF DISABILITY IS BLINDNESS Does NAME) have a driver's license or learners perm	nit?
(11210110)		YES1 (GO	TO VIII.B3)
		NO0	
		DON'T KNOWd	
		REFUSEDr	
VIII.B2	How likely	NO DRIVER'S LICENSE OR LEARNERS PERMIT: ly (do you/does [he/she]) think it is that (you/he/she) v Does NAME) think (you/he/she)	will get a driver's license?
		Definitely will,1	
		Probably will,2	
		Probably won't, or3	
		Definitely won't?4	
		DON'T KNOWd	
		REFUSEDr	

VIII.B3 (Do You/Does NAME) get any bills in (your/his/her) own name that (you are/[he/she] is) responsible for paying?

PROBE: Such as a bill for a cell phone, electricity, internet access, credit card, rent, or a magazine subscription.

YES	1
NO	C
DON'T KNOW	c
REFUSED	r

SECTION IX: CRIMINAL BEHAVIOR

IX.A1 Now I'm going to ask you about things some young people do. All of your answers will be private; nothing you say 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 Young people sometime get in trouble with the law. These next questions are about experiences (you/NAME) may have had with the police or courts.

(Have you/Has NAME) ever been arrested or charged with a delinquency or criminal complaint?

PROBE: Please include probation or parole violations.

PROBE: Do not include minor motor vehicle violations.

YES	1	
NO	0 -	1
DON'T KNOW	d	→ (GO TO SECTION X)
REFLISED	r	

IX.B2 _{JC-J20}	IF YES: (Have you/Has NAME) been arrested or charged with a delinquency or criminal complaint, since (RA DATE)?
	PROBE: Did this happen within the past three years?
	PROBE: Please include probation or parole violations.
	PROBE: Do not include minor motor vehicle violations. YES
	DON'T KNOWd (GO TO IX.II) REFUSEDr
IX.B3	How many times (have you /has NAME) been arrested or charged with a delinquency or criminal complaint since (RA DATE)?
	INTERVIEWER: PROBE TO GET NUMBER OF ARRESTS
	_ ARRESTS
IX.C1 JC-J22 (MOD)	When were (you/NAME) (most recently/next most recently) arrested or charged with a delinquency or criminal complaint? MONTH 20 _ YEAR
IX.C2	What were all of the charges brought against (you/NAME) by the police on (ARREST DATE)?
(MOD)	PROBE: Why (were you/was NAME) arrested? Were there any other charges brought against (you/NAME) Were there any other reasons (you were/NAME was) arrested?
	RECORD VERBATIM AND CODE:
	AGGRAVATED ASSAULT1
	ARSON2
	BURGLARY3
	DISORDERLY CONDUCT4
	DRUGS - USE OR POSSESSION5

DRUGS - SALE OR MANUFACTURE	.6
DRUNKENNESS, LIQUOR LAWS, OR	
DRIVING WHILE UNDER THE INFLUENCE	Ξ
(DWI, DUI)	.7
EMBEZZLEMENT	.8
FORCIBLE RAPE	.9
FORGERY OR COUNTERFEITING	.10
FRAUD	.11
GAMBLING	.12
LARCENY OR THEFT	.13
LOITERING, VAGRANCY, OR CURFEW	
VIOLATION	.14
MOTOR VEHICLE THEFT OR	
CARJACKING	.15
MURDER OR MANSLAUGHTER	.16
OFFENSES AGAINST YOUR FAMILY OR	
CHILDREN (DOMESTIC VIOLENCE)	.17
PAROLE OR PROBATION VIOLATION	.18
PROSTITUTION	.19
ROBBERY	.20
SEX OFFENSES OTHER THAN RAPE OR	
PROSTITUTION	.21
SHOPLIFTING	.22
SIMPLE ASSAULT	.23
STOLEN PROPERTY, EITHER BUYING,	
RECEIVING, OR POSSESSING	.24
VANDALISM	.25
EITHER CARRYING OR POSSESSION OF	•
WEAPONS	.26
OTHER (SPECIFY)	.27
DON'T KNOW	.d
REFUSED	.r

IX.D1	(Were you/Was NAME) convicted of (that charge/those charges)?
JC- J26 (MOD)	PROBE: (Were you/Was NAME) found guilty?
	YES1 (GO TO IX.E1)
	NO
	DON'T KNOWd
	REFUSEDr
IX.D2	Did (you/NAME) plead guilty to (that charge/those charges)?
JC- J26 (MOD)	YES1 (GO TO IX.E1)
	NO
	DON'T KNOWd
	REFUSEDr
IX.D3	What happened with (that charge/those charges)?
JC- J26 (MOD)	PROBE: Did (you/ NAME) make a deal or "cop a plea"? (Were you/Was NAME) acquitted? Were the charges dismissed or dropped? Or are the charges still pending?
	MADE A DEAL1 (GO TO IX.E1)
	ACQUITTED2
	DISMISSED OR DROPPED3
	PENDING4
	DON'T KNOWd
	REFUSEDr
	ASK ABOUT NEXT ARREST. IF NO MORE ARRESTS GO TO IX.G1
IX.E1	What (were you/was NAME) convicted of or what did (you/NAME) plead guilty to?
JC-J29	PROBE: What crime(s) (were you/was NAME) convicted of? (Were you/Was NAME) convicted of any other charge?
	RECORD VERBATIM AND CODE ALL THAT APPLY:
	AGGRAVATED ASSAULT1
	ARSON2
	BURGLARY 3

DISORDERLY CONDUCT4
DRUGS - USE OR POSSESSION5
DRUGS - SALE OR MANUFACTURE6
DRUNKENNESS, LIQUOR LAWS, OR
DRIVING WHILE UNDER THE INFLUENCE
(DWI, DUI)7
EMBEZZLEMENT8
FORCIBLE RAPE9
FORGERY OR COUNTERFEITING10
FRAUD11
GAMBLING12
LARCENY OR THEFT13
LOITERING, VAGRANCY, OR CURFEW
VIOLATION14
MOTOR VEHICLE THEFT OR
CARJACKING15
MURDER OR MANSLAUGHTER16
OFFENSES AGAINST YOUR FAMILY OR
CHILDREN (DOMESTIC VIOLENCE)17
PAROLE OR PROBATION VIOLATION18
PROSTITUTION19
ROBBERY20
SEX OFFENSES OTHER THAN RAPE OR
PROSTITUTION21
SHOPLIFTING22
SIMPLE ASSAULT23
STOLEN PROPERTY, EITHER BUYING,
RECEIVING, OR POSSESSING24
VANDALISM25
EITHER CARRYING OR POSSESSION OF
WEAPONS26
OTHER (SPECIFY)27
DON'T KNOWd
REFUSEDr

IX.E2	Did (you/NAME) serve time in a jail, prison or detention home on that conviction?
JC-130	YES
IX.E3	When did (you/ NAME) start serving time on that conviction?
JC-J31	MONTH
	DAY
	20 YEAR
	DON'T KNOWd REFUSEDr
IX.E4 JC-J32	(Are you/Is NAME) currently serving time in a jail, prison or detention home?
	INTERVIEWER: CODE IF ALREADY KNOWN
	YES 1 (GO TO IX.F1)
	NO0
IX.E5 JC-J33	When did (you/ NAME) get out?
	MONTH
	DAY
	20 YEAR
	DON'T KNOWd
	REFUSEDr

IF SAMPLE MEMBER DOES NOT KNOW OR REFUSES DATES OF INCARCERATION ASK IX.E6. ELSE ASK IX.F1.

IX.E6	How much time did (you/ NAME) serve on that conviction?
JC-J35	INTERVIEWER: PROBE FOR TIME SERVED, NOT LENGTH OF SENTENCE.
	UNITS
	DAYS1
	WEEKS2
	MONTHS3
	YEARS4
	DON'T KNOWd
	REFUSEDr
IX.F1	(Were you/Was NAME) put on probation or parole?
JC-J36	PROBATION1
	PAROLE2
	BOTH PROBATION AND PAROLE3
	NO PROBATION OR PAROLE4
	DON'T KNOWd \rightarrow (GO TO BOX BEFORE IX.G1)
	REFUSEDr
IX.F2	How long (were you/was NAME) put on probation or parole?
	UNITS
	DAYS1
	WEEKS2
	MONTHS3
	YEARS4
	DON'T KNOWd
	REFUSEDr
IX.F2	IF YES: (Are you/Is NAME) still on probation or parole for that charge?
JU-J31	YES1
	NO0
	DON'T KNOWd

	REFUSEDr
	ASK ABOUT NEXT ARREST. IF NO MORE ARRESTS GO TO IX.G1
IX.G1	I just want to make sure we haven't missed any arrests or charges since (RA DATE). Other than the one(s) you've already told me about, (were you/was NAME) arrested or changed since (RA DATE)?
	YES
IX.H1	(Other than the ones you already told me about) Since (RA DATE), (have you/has NAME) been convicted of, or (have you/has (he/she)) plead guilty to any charge? YES
IX.H2 JC-I29 (MO	What [were/are] all the [other] charges (you were/NAME was) [convicted of / or plead guilty to] since (RA DATE)?
~	PROBE: Please don't count any convictions you already told me about.
	PROBE: (Were you convicted of/did you plead guilty to) any other charges?
	RECORD VERBATIM AND CODE:
	AGGRAVATED ASSAULT
	(DWI, DUI)7

EMBEZZLEMENT	.8
FORCIBLE RAPE	.9
FORGERY OR COUNTERFEITING	.10
FRAUD	.11
GAMBLING	.12
LARCENY OR THEFT	.13
LOITERING, VAGRANCY, OR CURFEW	
VIOLATION	.14
MOTOR VEHICLE THEFT OR	
CARJACKING	.15
MURDER OR MANSLAUGHTER	.16
OFFENSES AGAINST YOUR FAMILY OR	
CHILDREN (DOMESTIC VIOLENCE)	.17
PAROLE OR PROBATION VIOLATION	.18
PROSTITUTION	.19
ROBBERY	.20
SEX OFFENSES OTHER THAN RAPE OR	
PROSTITUTION	.21
SHOPLIFTING	.22
SIMPLE ASSAULT	.23
STOLEN PROPERTY, EITHER BUYING,	
RECEIVING, OR POSSESSING	.24
VANDALISM	.25
EITHER CARRYING OR POSSESSION OF	=
WEAPONS	.26
OTHER (SPECIFY)	
DON'T KNOW	.d
REFUSED	.r

IF JAIL TIME WAS REPORTED SINCE RA GO TO IX.I2a, ELSE ASK IX.I1.

IF NO JAIL TIME SINCE RA DATE IX.I1 (Have you/Has NAME) ever served time in a jail, prison or detention home? (MOD) PROBE: Please only include time served in a jail, prison or detention home if you were arrested or charged with a crime or delinquency? YES......1 NO0 DON'T KNOW ... d GO TO BOX BEFORE IX.J1) IX.I2 (Have you/Has NAME) served any time in a jail, prison or detention home since (RA DATE)? PROBE: Was this in the past three years? YES....... 1 (GO TO IX.I3) NO0 DON'T KNOW......d → (GO TO BOX BEFORE IX.K1) REFUSED..... IX.I2a Next, I would like to ask about time spent in jail, prison or detention home since (RA DATE)? Other than the time spent in jail that you have already told me about, (have you, has NAME) served any other time in a jail, prison or detention home since (RA DATE)? PROBE: Was this in the past three years? YES......1 NO0 DON'T KNOW......d GO TO BOX
BEFORE IX.K1) REFUSED..... IX.I3 (Other than what you have already told me about,) Since (RA DATE), how many different times did (you/ NAME) serve time in a jail, prison, or detention home? **PROBE:** How many jail terms (have you/has NAME) had since (RA DATE)?

| | NUMBER OF JAIL TERMS

IX.14	(Other than the time you have already told me about,) How much time did (you/NAME) serve in a jail, prison, or detention home since (RA DATE)?
	INTERVIEWER: PROBE FOR TIME SERVED, NOT LENGTH OF SENTENCE. IF UNSURE, GET BEST ESTIMATE.
	UNITS
	DAYS
	NET OOLD
IX.15 JC-J32	(Are you/Is NAME) currently serving time in a jail, prison or detention home?
	INTERVIEWER: CODE IF ALREADY KNOWN
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF PROBATION OR PAROLE WAS REPORTED SINCE RA GO TO IX.J2a, ELSE ASK IX.J1.
IX.J1	IF NO PROBATION OR PAROLE SINCE RA DATE (Have you/Has NAME) ever been on probation or parole?
(NLTS (mod, timeframe) U8c)	YES1
	NO0 ¬
	DON'T KNOWd → (GO TO SECTION X)
	REFUSEDr _
IX.J2	IF YES: (Were you/Was NAME) on probation or parole since (RA DATE)?
	YES1
	NO0 7
	DON'T KNOWd (GO TO SECTION X)
	REFUSEDr ¬

IX.J2a	Next, I would like to ask about probation or parole. Other than the time spent on probation or parole that you have already told me about, (have you, has NAME) been on probation or parole at any other time since (RA DATE)?
	PROBE: Was this in the past three years?
	YES1
	NO
	DON'T KNOWd \rightarrow (GO TO SECTION X)
	REFUSEDr
IX.J3	(Other than the probation or parole time you have already told me about,) Since (RA DATE), how many different times (have you/has NAME) been on probation or parole?
	_ NUMBER OF TIMES ON PROBATION/PAROLE
	DON'T KNOWd
	REFUSEDr
IX.I4	(Other than the time you have already told me about,) Since (RA DATE) how long (were you/ was NAME) put on probation or parole?
	UNITS
	DAYS1
	WEEKS2
	MONTHS3
	YEARS4
	DON'T KNOWd
	REFUSEDr
IX.J4	(Are you/Is NAME) currently on parole for any offense?
JC-J39	YES1
	NO0
	DON'T KNOWd
	REFUSEDr

IX.J5	(Are you/Is NAME) currently on probation for any offense	?
JC-J40	YES1	
	NO0	
	DON'T KNOWd	
	REFUSEDr	

SECTION X: LIVING ARRANGEMENT

Next, I	will ask some questions about (yo	our/ NAME's) living arrangement.
X.A1	(Are you/Is NAME) currently ma	rried?
(YTD - 52.)	YES	1 (GO TO X.A3)
	NO	0
	DON'T KNOW	d
	REFUSED	г
X.A2		O AND DOES NOT LIVE ALONE: partner or companion in a marriage-like relationship?
	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r
X.A3	(Do you/Does NAME) live in a he (your/his/her) family owns?	ouse, condo or mobile home that (you/name) or
	YES	1 (GO TO X.B1)
		0
X.A4	(Do you/Does NAME) live in a he (you/name) or (your/his/her) fam	ouse, apartment, condo or mobile home that illy rents?
	YES	1
	NO	0 (GO TO X.A6)
X.A5	like cleaning the apartment, make	has staff available to help them learn daily activities, king nutritious meals, and maintaining a clean and near Does NAME) live in this type of place?
	YES	1 (GO TO X.D1)
	NO	0 (GO TO X.B1)

X.A6	(Do you/Does NAME) live in a house, apartment, condo or other home for people with disabilities?
	YES 1 (GO TO X.D1)
	NO0
X.A7	(Do you/Does NAME) live in a group home?
	PROBE: (Do you/Does NAME) live in home with other people with disabilities and someone whose job it is to help (you/him/her) or provide supervision?
	YES 1 (GO TO X.D1)
	NO0
X.A8	Where (do you/does NAME) live?
	JAIL, PRISON, DETENTION CENTER1(GO TO X.D1)
	SHELTER2(GO TO X.D1)
	NURSING HOME3 (GO TO X.D1)
	ASSISTED LIVING FACILITY4 (GO TO X.D1)
	OTHER INSTITUTIONAL SETTING (SPECIFY)5 (GO TO X.D1)
	OTHER RESIDENTIAL SETTING (SPECIFY)
	HOMELESS7 (GO TO X.D1)
	DON'T KNOWd
	REFUSEDr
X.B1	Other than family members, does someone help (you/NAME) with activities like how to manage (your/his/her) money, how to do laundry, how to make meals, OR other activities so that (you/NAME) can live independently.
	YES1
	NO0

X.B2	(Do you/Do	es NAME) live alone or (do you/does [he/she]) live with other people?
(YTD -Q40)	INTERVIE	WER: CODE IF ALREADY KNOWN
		IVE ALONE1 (GO TO X.D1) IVE WITH OTHER PEOPLE0
X.C1		LIVES IN RESIDENTIAL SETTING AND LIVES WITH OTHER PEOPLE: ou/does NAME) live with?
(YTD -Q43)	PROBE: (Do you/Does NAME) live with anyone else?
		CODE ALL THAT APPLY
	I	BIOLOGICAL/ADOPTIVE MOTHER1
	;	STEP/OTHER MOTHER2
	I	OSTER MOTHER3
	(GRANDMOTHER4
		AUNT5
	;	SISTER6
	I	BIOLOGICAL/ADOPTIVE FATHER7
	;	STEP/OTHER FATHER8
		OSTER FATHER9
	(GRANDFATHER10
	Į	JNCLE11
	I	BROTHER12
	;	SPOUSE OR PARTNER13
		EGAL GUARDIAN14
	;	SM'S CHILD15
	1	OSTER SIBLING16
	(COUSIN17
	1	RIEND18
	1	ROOMMATE19
	;	SOMEONE ELSE20
	1	DON'T KNOWd

REFUSED.....r

X.C2	Including (yourself/NAME), how many people live with (you/him/her)?
(YTD -Q46)	NUMBER OF PEOPLE
	DON'T KNOWd
	REFUSEDr
	1121 0020
X.D1 (YTD -Q49)	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, even if they are not living in (your/his/her) household right now.
	PROGRAMMER: CODE "1" YES IF LIVES WITH OWN CHILD: (Do you/Does NAME) have any children for whom (you/he/she) are responsible?
	YES1
	NO0 ¬
	DON'T KNOWd → (GO TO X.E1)
	REFUSEDr J
X.D2 (YTD -Q50)	ASK IF SM HAS CHILDREN: How many children (do you/does NAME) have? NUMBER OF CHILDREN
X.D4	(Is this child/Are any of these children) (your/NAME's) biological child?
	YES1 (GO TO SECTION XI)
	NO0
	DON'T KNOWd
	REFUSEDr
ASK FI	EMALES ONLY (Have you/Has NAME) ever been pregnant?
	YES1
	NO
	DON'T KNOWd
	REFUSEDr

ASK MALES ONLY

X.E2 To your knowledge, (have you/has NAME) ever gotten a woman pregnant?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

SECTION XI: INCOME

XI.A1 (YTD -57.)	The next questions are about (your/NAME's) h (you/NAME) may receive. [IF RESPONDENT help to answer these questions.	
	First, I'd like to ask about medical expenses ar helps pay for medical expenses, like when (yo	
	(Are you/Is NAME) now covered by any government as Medicare, Medicaid, (IF COLORADO: Health Plus, or Family Health Plus; IF WV: Medicare.)	or Child Health Plan Plus, IF NY: Child
	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	г
XI.A2 (YTD -58) (Mod)	(Are you/Is NAME) now covered by private heaunion?	alth insurance from an employer or
	PROBE [If independent youth]: This includes of union as well as coverage that you may have to	
	PROBE [If parent]: This includes coverage the own employer or union as well as coverage the own) employer or union.	, , ,
	YES	1
	NO	
	DON'T KNOW	
	REFUSED	г
XI.A3	(Are you/Is NAME) now covered by private hea (your/his/her) family buys directly?	alth insurance that (you/NAME) or
	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r

XI.B1 (YTD - 63)	Last month, did (you/NAME) receive assistance from temporary assistance for needy families, TANF, or (COLORADO: Colorado Works; NY: Family Assistance; FLORIDA: Temporary Cash Assistance; MARYLAND: Temporary Cash Assistance; WEST VIRGINIA: West Virginia Works])?	
		YES1 NO
		DON'T KNOWd (GO TO X.B1c)
XI.B1a.	Last mo	onth, how much money did (you/NAME) get from TANF?
		DOLLARS (GO TO XI.B2)
		DON'T KNOWd REFUSEDr
XI.B1b.	Was it .	···
		Less than \$1001
		Between \$100 and \$1992
		Between \$200 and \$2993
		Between \$300 and \$3994
		Between \$400 and \$4995
		Between \$500 and \$5996
		Between \$600 and \$6997
		Or was it more than \$7008
		DON'T KNOWd
		REFUSEDr
		IF SM LIVES ALONE, SKIP TO XI.B2

XI.B1c	Last month, did anyone else in (your/NAME's) household receive temporary assistance for needy families, TANF, or (COLORADO: Family Assistance; FLORIDA: Temporary Cash Assistance; MAF Cash Assistance; WEST VIRGINIA: West Virginia Works])?	Colo	orado Works; NY:
	YES	1	
	NO	0	
	DON'T KNOW	d	
	REFUSED	r	
XI.B2 (YTD - 63a)	Last month, did (you/ NAME) receive assistance from food stamp SUNCAP)?	os (IF	FLORIDA: or
	PROBE: This is also known as the supplemental nutrition program	m or S	SNAP.
	PROBE: Benefits are provided on an electronic card, called an E like an ATM card and accepted at most grocery stores.	BT ca	ard, that is used
	YES	1	
	NO	0 —	1
	NO DON'T KNOW REFUSED	d r <u> </u>	GO TO X.B2c)
XI.B2a	. Last month, how much money did (you/NAME) get from food sta	mps?	
	DOLLARS (GO TO XI.B3)		
	DON'T KNOW	d	
	REFUSED	r	

VΙ	Dah	Was	14
XΙ	B/()	vvas	ш

Less than \$100	. 1
Between \$100 and \$199	. 2
Between \$200 and \$299	. 3
Between \$300 and \$399	. 4
Between \$400 and \$499	. 5
Between \$500 and \$599	. 6
Between \$600 and \$699	. 7
Or was it more than \$700	. 8
DON'T KNOW	. d
REFUSED	. r

IF SM LIVES ALONE, SKIP TO XI.B3

XI.B2c. Last month, did anyone else in (your/NAME's) household receive assistance from food stamps (IF FLORIDA: or SUNCAP)?

YES	
NO	0
DON'T KNOW	d
REFUSED	r

XI.B3. (Do you/Does NAME) currently receive any governmental housing assistance in paying rent (such as through public housing or Section 8)?

PROBE: This is also known as the Housing Choice Voucher Program. Section 8 provides funding for rent subsidies for eligible low-income families.

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

		GO TO XI.D1	
		REFUSEDr	
		DON'T KNOWd	
		Was it between \$400 and \$5005	
		Between \$300 and \$399, or4	
		Between \$200 and \$2993	
		Between \$100 and \$1992	
		Less than \$1001	
XI.C2b.	Was it .		
		REFUSEDr (GO TO XI.D1)	
		DON'T KNOWd (GO TO XI.D1)	
		NO	
		YES1	
XI.C2a.	Was it le	ess than \$500?	
		REFUSEDr	
		DON'T KNOWd	
		, DOLLARS (GO TO XI.D1) (1-4000)	
XI.C2	How muc	ch income did (you/name) receive last month from Social Security?	
		REFUSEDr _	
		DON'T KNOWd → (GO TO X.D	1)
		NO0 7	
		YES1	
NBS	Security	Please consider both SSI and SSDI payments.	

XI.C2c. Was it less than \$1,000? YES......1 NO 0 (GO TO XI.C2e) DON'T KNOWd (GO TO XI.D1) REFUSED.....r (GO TO XI.D1) XI.C2d. Was it . . . Between \$500 and \$5991 Between \$600 and \$6992 Between \$800 and \$8994 Or was it between \$900 and \$1.000......5 DON'T KNOW......d REFUSED.....r GO TO XI.D1 XI.C2e. Was it . . . Between \$1,000 and \$1,4991 Between \$1,500 and \$1,9992 Between \$2,000 and \$2,4993

DON'T KNOWd

REFUSEDr

 Between \$2,500 and \$2,999
 4

 Or was it more than \$3,000
 5

 DON'T KNOW
 d

 REFUSED
 r

IF CURRENLTY EMPLOYED ASK XI.D1, IF NOT EMPLOYED BUT MARRIED OR LIVING WITH PARTNER ASK XI.D3, ELSE ASK XI.E1

IF CURRENTLY EMPLOYED:

XI.D1 Next I'd like you to think about money earned at jobs. How much money did (you/NAME) earn last month? Please include (your/NAME's) wages, salary, commissions, bonuses and tips from all jobs you worked last month.

Y

	PROBE: 4)	How much did (you/he/she) earn last week?	(INTERVIEWER MULTIPLY B
	PROBE:	How much did (you/he/she) earn last year? (INTERVIEWER DIVIDE BY 12
		, _ DOLLARS (GO TO XI.D2)	
		NO EARNINGS LAST MONTH	0 (GO TO XI.D3)
		DON'T KNOW	d
		REFUSED	r
XI.D1a	a. Was (yo	our/his/her) income last month, less than \$1,00	00?
		YES	1
		NO	0 (GO TO XI.D1e)
		DON'T KNOW	d (GO TO XI.D3)
		REFUSED	r (GO TO XI.D3)
XI.D1b	o. Was it le	ess than \$500?	
		YES	1
		NO	0 (GO TO XI.D1d)
		DON'T KNOW	d (GO TO XI.D3)
		REFUSED	r (GO TO XI.D3)
XI.D1c	c. Was it .		
		Less than \$100	1
		Between \$100 and \$199	2
		Between \$200 and \$299	3
		Between \$300 and \$399, or	4
		Was it between \$400 and \$500 last month?	5
		DON'T KNOW	d (GO TO XI.D3)
		REFUSED	r (GO TO XI.D3)

APPENDIX B - YTD-36 Month Follow-Up to OMB.doc

GO TO XI.D2

XI.D1d. Was it . . .

Between \$500 and \$599	1
Between \$600 and \$699	2
Between \$700 and \$799	3
Between \$800 and \$899	4
Or was it between \$900 and \$1,000 last month?	5
DON'T KNOW	d (GO TO XI.D3)
REFUSED	r (GO TO XI.D3)

GO TO XI.D2

XI.D1e. Was it less than \$2,000?

YES	1
NO	0 (GO TO XI.D1g)
DON'T KNOW	d (GO TO XI.D3)
REFUSED	r (GO TO XI.D3)

XI.D1f. Was it . . .

Between \$1,000 and \$1,199	1
Between \$1,200 and \$1,399	2
Between \$1,400 and \$1,599	3
Between \$1,600 and \$1,799	4
Or was it between \$1,800 and \$2,000 last month?	5
DON'T KNOW	d (GO TO XI.D3)
REFUSED	r (GO TO XI.D3)

GO TO XI.D2

XI.D1g. Was it le	ess than \$4,000?
	YES1
	NO
	DON'T KNOWd (GO TO XI.D3)
	REFUSEDr (GO TO XI.D3)
XI.D1h. Was it.	
	Between \$2,000 and \$2,4991
	Between \$2,500 and \$2,9992
	Between \$3,000 and \$3,4993
	Or was it between \$3,500 and \$4,000 last month?4
	DON'T KNOWd (GO TO XI.D3)
	REFUSEDr (GO TO XI.D3)
XI.D1i. Was it	•
	Between \$4,000 and \$4,9991
	Between \$5,000 and \$5,9992
	Between \$6,000 and \$6,9993
	Between \$7,000 and \$7,9994
	Or was it more than \$8,000 last month?5
	DON'T KNOWd (GO TO XI.D3)
	REFUSEDr (GO TO XI.D3)
XI.D2. Was this	amount before or after taxes?
	BEFORE1
	AFTER2
	DON'T KNOWd
	REFUSEDr

IF MARRIED OR LIVING WITH PARTNER ASK XI.D3, ELSE ASK XI.E1

XI.D3.	Did you spouse or partner work at a job for pay last month?
	YES1
	NO0 7
	NO
	REFUSEDr _
XI.D4	How much money did (your/NAME's) spouse or partner earn last month? Please include wages, salary, commissions, bonuses and tips from all jobs worked last month.
	PROBE: How much did (he/she) earn last week? (INTERVIEWER MULTIPLY BY 4)
	PROBE: How much did (he/she) earn last year? (INTERVIEWER DIVIDE BY 12)
	, _ DOLLARS (GO TO XI.D5)
	DON'T KNOWd
	REFUSEDr
XI.D4a	. Was (your/his/her) income last month, less than \$1,000?
	YES1
	NO 0 (GO TO XI.D4e)

XI.D4b.	Was it I	ess than \$500?	
		YES	1
		NO	0 (GO TO XI.D4d)
		DON'T KNOW	d (GO TO XI.E1)
		REFUSED	r (GO TO XI.E1)
XI.D4c.	Was it .		
		Less than \$100	1
		Between \$100 and \$199	2
		Between \$200 and \$299	3
		Between \$300 and \$399, or	4
		Was it between \$400 and \$500 last month?	5
		DON'T KNOW	d (GO TO XI.E1)
		REFUSED	r (GO TO XI.E1)
		GO TO XI.D5	
XI.D4d.	Was it .		
		Between \$500 and \$599	1
		Between \$600 and \$699	2
		Between \$700 and \$799	3
		Between \$800 and \$899	4
		Or was it between \$900 and \$1,000 last month?	5
		DON'T KNOW	d (GO TO XI.E1)
		REFUSED	r (GO TO XI.E1)
		GO TO XI.D5	
XI.D4e.	Was it I	ess than \$2,000?	
		YES	1
		NO	0 (GO TO XI.D4g)
		DON'T KNOW	d (GO TO XI.E1)
		REFUSED	r (GO TO XI.E1)

XI.D4f. Was it . . .

Between \$1,000 and \$1,199	1
Between \$1,200 and \$1,399	2
Between \$1,400 and \$1,599	3
Between \$1,600 and \$1,799	4
Or was it between \$1,800 and \$2,000 last month?	5
DON'T KNOW	d (GO TO XI.E1)
REFUSED	r (GO TO XI.E1)

GO TO XI.D5

XI.D4g. Was it less than \$4,000?

YES	1
NO	0 (GO TO XI.D4i)
DON'T KNOW	d (GO TO XI.E1)
REFUSED	r (GO TO XI.E1)

XI.D4h. Was it . . .

Between \$2,000 and \$2,499	1
Between \$2,500 and \$2,999	2
Between \$3,000 and \$3,499	3
Or was it between \$3,500 and \$4,000 last month?	4
DON'T KNOW	d (GO TO XI.E1)
REFUSED	r (GO TO XI.E1)

GO TO XI.D5

APPENDIX B - YTD-36 Month Follow-Up to OMB.doc

XI.D4i.	Was it
	Between \$4,000 and \$4,9991
	Between \$5,000 and \$5,9992
	Between \$6,000 and \$6,9993
	Between \$7,000 and \$7,9994
	Or was it more than \$8,000 last month?5
	DON'T KNOWd (GO TO XI.E1)
	REFUSEDr (GO TO XI.E1)
XI.D5.	Was this amount before or after taxes?
	BEFORE1
	AFTER2
	DON'T KNOWd
	REFUSEDr
XI.E1	Next I'd like you to think about money you received from friends or relatives.
	Last month, did you receive any money from friends or relatives?
	YES1
	NO0 ¬
	DON'T KNOWd → (GO TO X.F1)
	REFUSEDr J

REFUSED.....r

		YES1	
		NO	O TO XI.E2e)
		DON'T KNOWd (GG	•
		REFUSEDr (GC	
XI.E2b.	Was it I	less than \$500?	
		YES1	
		NO 0 (Go	O TO XI.E2d)
		DON'T KNOWd (G	O TO XI.F1)
		REFUSEDr (Ge	O TO XI.F1)
XI.E2c.	Was it .		
		Less than \$1001	
		Between \$100 and \$1992	
		Between \$200 and \$2993	
		Between \$300 and \$399, or4	
		Was it between \$400 and \$500 last month?5	
		DON'T KNOWd	
		REFUSEDr	
		GO TO XI.F1	7
XI.E2d.	Was it .		
		Between \$500 and \$5991	
		Between \$600 and \$6992	
		Between \$700 and \$7993	
		Between \$800 and \$8994	
		Or was it between \$900 and \$1,000 last month?5	
		DON'T KNOWd	
		REFUSEDr	
		GO TO XI.F1	

(REV-1/7/09)

XI.E2e. Was it I	less than \$2,000?	
	YES1	
	NO 0 (GC	TO XI.E2g
	DON'T KNOWd (GC	TO XI.F1)
	REFUSEDr (GO	TO XI.F1)
XI.E2f. Was it .		
	Between \$1,000 and \$1,1991	
	Between \$1,200 and \$1,3992	
	Between \$1,400 and \$1,5993	
	Between \$1,600 and \$1,7994	
	Or was it between \$1,800 and \$2,000 last month?5	
	DON'T KNOWd	
	REFUSEDr	
	GO TO XI.F1]
XI.E2g. Was it I	less than \$4,000?	_
	YES1	
	NO 0 (GC	TO XI.E2i)
	DON'T KNOWd (GC	TO XI.F1)
	REFUSEDr (GO	TO XI.F1)
XI.E2h. Was it		
	Between \$2,000 and \$2,4991	
	Between \$2,500 and \$2,9992	
	Between \$3,000 and \$3,4993	
	Or was it between \$3,500 and \$4,000 last month?4	
	DON'T KNOWd	
	REFUSEDr	
	GO TO XI.F1	

\/ 1	- 0:	1 4 /	• •	
XI.	.E21.	Was	It	

Between \$4,000 and \$4,999	1
Between \$5,000 and \$5,9992	2
Between \$6,000 and \$6,999	3
Between \$7,000 and \$7,999	4
Or was it more than \$8,000 last month?	5
DON'T KNOW	d
REFUSED	r

XI.F1 Next I'd like you to think about money (you/NAME) received from any source we haven't mentioned, such as money from interest, dividends, alimony, child support, or other public assistance.

Last month, did (you/NAME) receive money from any source we haven't discussed?

YES	1	
NO		
DON'T KNOW	d	→ (GO TO X.G1)
REFUSED		

XI.F2 How much money did (you/ NAME) receive from other sources last month?

, _ DOLLARS (GO TO XI.G1)	
DON'T KNOW	d
REFUSED	r

XI.F2a. Was it less than \$1,000?

YES	1
NO	0 (GO TO XI.F2c)
DON'T KNOW	d (GO TO XI.G1
REFUSED	r (GO TO XI.G1)

Between \$500 and \$599	. 1
Between \$600 and \$699	. 2
Between \$700 and \$799	3
Between \$800 and \$899	4
Or was it between \$900 and \$1,000 last month?	. 5
DON'T KNOW	. d
REFUSED	. r

GO TO XI.G1

XI.F2e. W	as it less than	\$2,000?	
	YES		1
	NO		0 (GO TO XI.F2g)
	DON"	T KNOW	d (GO TO XI.G1)
	REFU	SED	r (GO TO XI.G1)
XI.F2f. W	as it		
	Betwe	en \$1,000 and \$1,199	1
	Betwe	en \$1,200 and \$1,399	2
	Betwe	en \$1,400 and \$1,599	3
	Betwe	en \$1,600 and \$1,799	4
	Or wa	s it between \$1,800 and \$2,000 last month?	5
	DON"	T KNOW	d
	REFU	SED	r
		GO TO XI.G1	
XI.F2g. W	as it less than	\$4,000?	
	YES		1
	NO		0 (GO TO XI.F2i)
	DON"	T KNOW	d (GO TO XI.G1)
	REFU	SED	r (GO TO XI.G1)
XI.F2h. W	as it		
	Betwe	en \$2,000 and \$2,499	1
	Betwe	en \$2,500 and \$2,999	2
	Betwe	en \$3,000 and \$3,499	3
	Or wa	s it between \$3,500 and \$4,000 last month?	4
	DON"	T KNOW	d
	REFU	SED	r
		GO TO XI.G1	

XI.F2i. Was it . . .

Between \$4,000 and \$4,999	. 1
Between \$5,000 and \$5,999	. 2
Between \$6,000 and \$6,999	. 3
Between \$7,000 and \$7,999	. 4
Or was it more than \$8,000 last month?	. 5
DON'T KNOW	. c
REFUSED	. r

XI.G1 You just told me that you received money from (LIST SOURCES) last month, which of these is (your/NAME's) most important source of income?

PROGRAMMER: ONLY SHOW REPORTED SOURCES OF INCOME

TANF	1
FOOD STAMPS	2
SSI/SSDI	3
SM'S JOB	4
SPOUSE OR PARTNER'S JOB	5
FRIENDS AND RELATIVES	6
OTHER INCOME	7
DON'T KNOW	c
REFUSED	r

SECTION XII: FINAL COMMENTS

XII.C1	INTERVIEWER:	DID SOMEONE HELP YOUTH ANSWER ANY O QUESTIONS?	F THE
	YES, GO	OT SOME HELP ON SOME QUESTIONS 1	
	YES, PR NO	ROXY ANSWERED ALL QUESTIONS2	→ (GO TO XII.D1)
XII.C2	HOW DID THAT F	PERSON HELP YOUTH?	
		CODE ALL THA	T APPLY
	TRANS	LATED INTO ANOTHER LANGUAGE1	
	USED A	SL2	
	PROVID	ED ANSWERS TO A FEW QUESTIONS3	
	PROVID	ED ANSWERS TO MANY QUESTIONS4	
	EXPLAIN	NED A FEW QUESTIONS5	
	EXPLAIN	NED MANY QUESTIONS6	
	OTHER	(SPECIFY)7	

(All)	
XII.D1	

Because people like you are such a valued part of what we do, I'd like you to think about the survey you just participated in. On a scale from 1 to 10 where one means 'it was not a good use of time' and ten means, "it was a good use of time", which number between 1 and 10 best describes how you feel about your experience today?

XII.D2 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.

YES1
NO0
ADDRESS:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

- XII.D3 Thank you again for your help.
- XII.D4 Are there any final comments you would like to make regarding your participation in this research?

RECORD VERBATIM:_____

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CONTACT MODULE

Hello_SM.	Hello, my name is (INTERVIEWER'S FULL NAME) and I Mathematica Policy Research in Princeton, New Jersey. to (NAME)?	
	SPEAKING TO SAMPLE MEMBER1	I (SampMemb)
	SM COMES TO THE PHONE2	2 (SampMemb)
	SPEAKING TO LEGAL GUARDIAN	3 (Parent)
	GUARDIAN COMES TO THE PHONE	1 (Parent)
	WHAT IS CALL ABOUT5	5 (WhatAbout_SM)
	SM/GUARDIAN BUSY, UNAVAILABLE, NOT HOME 6	6 (CALL BACK)
	SM MOVED/LIVES ELSEWHERE7	7 (KnowWhere)
	SM/GUARDIAN SPEAKS SPANISH [Spanish-speaking interviewer - interim status 410]8	3
	SM DOES NOT SPEAK ENGLISH OR SPANISH	(Interpret)
	GUARDIAN DOES NOT SPEAK ENGLISH OR SPANISH1	10 (Interpret)
	SM HAS HEALTH PROBLEM1	I1 (HealthProb)
	SM IN INSTITUTION1	12 (Institution)
	SM DECEASED1	13 (Deceased)
	WRONG NUMBER1	14 (Locating)
	HUNG UP DURING INTRODUCTION1	I5 (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 PHONE1 (SampMemb)
	GUARDIAN COMES TO THE PHONE2 (Guardian)
	SM/GUARDIAN BUSY, UNAVAILABLE,
	OR NOT HOME3 (CALL BACK)
	SM MOVED/LIVES ELSEWHERE4 (KnowWhere)
	SM/GUARDIAN SPEAKS SPANISH [Spanish-speaking interviewer - interim status 410]5
	SM DOES NOT SPEAK ENGLISH OR SPANISH6 (Interpret)
	GUARDIAN DOES NOT SPEAK ENGLISH OR SPANISH7 (Interpret)

SM/GUARDIAN PHYSICALLY OR MENTALLY

SM HAS HEALTH PROBLEM......8 (HealthProb)

Guardian. SCRIPT FOR GUARDIANS OF YOUTH.

IF GUARDIAN 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 two years ago. At that time you answered questions about (NAME) over the phone. About three years ago we also spoke to you on the phone and 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, we explained that the study would have three interviews. This is the third and final 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.

Unlike the prior interviews when we first started the interview with you and then spoke with (NAME). I would like to complete today's interview with (NAME). It would be helpful for you to stay nearby in case (NAME) needs help.

Can I please speak with (NAME).

IF NECESSARY, ADD:

- All answers will be held in strict confidence.
- 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.

YES, CONTINUE	1 (SAMPMEMB)
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)
SM UNABLE TO COMPLETE INTERVIEW	6 (HEALTHPROB

SampMemb.

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 two years ago. At that time you answered questions over the phone. About three years ago you also 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, we explained that the study would have three interviews. This is the third and final 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)

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 LETTER 3 (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 PROXY 0 (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 phone1 (AmpPhone)
	YES - TTY2 (CallTTY)
	YES - instant messenger3 (IMInterview)
	NO4 (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 PHONE1 (SampMemb)
	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
IMInterview.	ARRANGE CALL WITH TTY OPERATOR1 (SampMemb)
IMInterview.	ARRANGE CALL WITH TTY OPERATOR
IMInterview.	ARRANGE CALL WITH TTY OPERATOR
IMInterview.	ARRANGE CALL WITH TTY OPERATOR
	ARRANGE CALL WITH TTY OPERATOR
	ARRANGE CALL WITH TTY OPERATOR

InterpreterNa	ne. 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 BASELINE1 (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	
	HMONG4	
	ITALIAN5	
	JAPANESE6	
	PORTUGUESE7	
	RUSSIAN8	
	VIETNAMESE9	
	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:

HOSPITAL1	(HomeSoon)
NURSING HOME2	(Capable)
ASSISTED LIVING FACILITY3	(Capable)
GROUP HOME4	(Capable)
JAIL OR PRISON5	(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 RESPOND1 (Facility)
	SM COULD RESPOND BY FIELD2 (Field Review)
	SM COULD NOT RESPOND, NEED PROXY3 (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 NUMBER1 (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

[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?

	may i prodoc mave (year/me/ner/ mame)	
	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 PROD	XY? IS PROXY AVAILABLE?
	SPEAKING TO PROXY	1 (ProxyStart)
	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.	•	PROXY) live at this phone number or do I need to call be speak with (him/her)?
		S AT THIS NUMBER - ALLBACK1 (CALL BACK)
	PROXY LIVES	S ELSEWHERE2 (ProxyPhone)
ProxyPhone.	May I please have	e (his/her)telephone number?
	TELEPHONE	NUMBER:
ProxyAddr.	And (his/her)addre	ess?
	STREET ADD	RESS:
	CITY:	
	STATE:	
	ZIP CODE:	
		[GO TO Thanks]
KnowWhere.		ave received a letter about a study we are doing for the Social ration. I work for Mathematica Policy Research, a research eton, New Jersey.
	Do you know how	we can reach (NAME)?
	YES	1 (NewPhone)
	YES, NEED C	ALLBACK2 (CALLBACK)
	NO [send to se	earching - 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]
Thanks.	Thank you very much for your time.
	[exit case]