APPENDIX a

WIA EVALUATION 15-MONTH FOLLOW-UP SURVEY

OMB Approval No.: xxxx-xxxx

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Mathematica Reference No.: 06503.151

**WIA Adult and Dislocated Worker**

**Programs Evaluation**

15-Month Follow-Up Survey

*January 17, 2013*

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

**SECTION A – INTRODUCTION AND SCREENING**

**(INCLUDING CATI FRONT END QUESTIONS)**

A1. Hello

 May I speak with [fill SAMPLE MEMBER NAME]?

SPEAKING TO [FILL FIRSTNAME] 1 A3

PERSON ASKS WHAT CALL IS ABOUT 2 WHAT ABOUT A2

NOT A GOOD TIME, SCHEDULE CALLBACK 3 CALLBACK

[FILL FIRSTNAME] HAS A HEALTH PROBLEM 4 HEALTHPROB Q3

[FILL FIRSTNAME] IS IN AN INSTITUTION 5 INSTITUTION Q10

[FILL FIRSTNAME] HAS MOVED 6 KNOW WHERE Q17

[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH 7 LANG Q20

NEVER HEARD OF [FILL FULLNAME]/WRONG NUMBER 8 THANKS Q36 STATUS 530

HUNG UP DURING INTRODUCTION 9 STATUS 640

A2. What about

 I’m calling from Mathematica Policy Research about a survey we are conducting for the U.S. Department of Labor. [fill FirstName] should have received a letter from the U.S. Department of Labor about the study. Is [fill FirstName] available?

[FILL FIRSTNAME] COMES TO THE PHONE 1 A3

NOT A GOOD TIME, SCHEDULE CALLBACK 2 CALLBACK

[FILL FIRSTNAME] HAS A HEALTH PROBLEM/IS DECEASED 3 HEALTHPROB Q3

[FILL FIRSTNAME] IS IN AN INSTITUTION 4 INSTITUTION Q10

[FILL FIRSTNAME] HAS MOVED 5 KNOW WHERE Q17

[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH 6 LANG Q20

ASKS ABOUT LETTER 7 A13

NEVER HEARD OF [FILL SAMPLE MEMBER NAME]/WRONG NUMBER 8 Thanks Q36 Status 530

HUNG UP DURING INTRODUCTION 9 Status 640

SUPERVISOR REVIEW 10 STATUS 380

REFUSED r Status 220

Q3 HealthProb

ENTER TYPE OF HEALTH PROBLEM.

HEARING PROBLEM 1 AMP TTY Q4

SPEECH PROBLEM 2 AMP TTY Q4

PHYSICAL PROBLEM 3 CallLater Q8

COGNITIVE PROBLEM 4 Thanks Q36 Status 410

TOO OLD/FRAIL 5 CallLater Q8

iN A COMA 6 Thanks Q36 Status 410

DECEASED 7 Deceased Q9

REFUSED r Status 220

Q4 AmpTTY

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

 CODE ONE ONLY

YES – USE AMPLIFIER PHONE 1 RESPAVAIL Q5

YES – USE TTY CAPABILITY 2 RESPAVAIL Q5

NO 0 Thanks Q36 Status 410

DON’T KNOW d Callback

REFUSED r Status 220

Q5 RespAvail

 **Is [fill FirstName] available now?**

YES 1 if AmpTTY (Q4) = 1

 then AmpPhone (Q6)

 else CallTTY (Q7)

NO 0 Callback

Q6 AmpPhone

 **Please hold while I get the amplifier phone.**

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

[fill FirstName] COMES TO THE PHONE 1 SampMemb Q31

CALLBACK 2 Callback

Q7 CallTTY

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

ARRANGE CALL WITH OPERATOR 1 SampMemb Q31

IF UNSUCCESSFUL SET CALLBACK 2 Callback

**Q8 CallLater**

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

YES/MAYBE – CALLBACK 1 Callback

NO 0 Thanks Q36 Status 419

DON’T KNOW d Callback

REFUSED r Status 220

**Q9 Deceased**

 I am very sorry to hear that. I am calling about a survey we are conducting for the U.S. Department of Labor. Just so I can update my records, when did [fill FirstName] pass away?

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

| | | / | | | / | | | | |

MONTH DAY YEAR

 (01-12) (01-31) (2004-2012)

DON’T KNOW d

REFUSED r

STATUS 440

**Q10 Institution**

ENTER TYPE OF INSTITUTION.

HOSPITAL 1 HomeSoon Q11

NURSING HOME 2

ASSISTED LIVING FACILITY 3

GROUP HOME 4

JAIL OR PRISON 5 Thanks Q36 Status 421

**Q11 HomeSoon**

 So I know when to call back, do you expect [fill FirstName] to come home from the hospital within a month or so?

YES, ARRANGE CALLBACK 1 Callback

NO 0 Thanks Q36 Status 421

**Q17 KnowWhere**

 Do you or anyone there know how we can reach [fill FirstName]?

YES 1 New Phone Q18

NO 0

DON’T KNOW d

Refused r

SKIP TO Thanks (Q36) Status S30

**Q18 New Phone**

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

| | | |-| | | |-| | | | |

(AREA CODE)

DON’T KNOW d

Refused r

SKIP TO New Addr (Q19)

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

 CODE ALL THAT APPLY

hOME 1

CELL 2

WORK 3

DON’T KNOW d

REFUSED r

 Could you please tell me another telephone number where we might be able to reach [fill FirstName]?

SECOND PHONE NUMBER:

| | | |-| | | |-| | | | |

(AREA CODE)

NO OTHER NUMBER 0 New Addr Q19

DON’T KNOW d

REFUSED r New Addr Q19

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

 CODE ALL THAT APPLY

hOME 1

CELL 2

WORK 3

DON’T KNOW d

REFUSED r

**Q19 New Addr**

 May I please have [fill FirstName]’s address?

HOUSE NUMBER / STREET NAME APT. #

CITY

STATE

ZIP

DON’T KNOW d

REFUSED r

SKIP TO A8

**A8 TollFree#**

 Let me give you a toll-free number where [fill FirstName] can reach someone to complete the survey and receive [$25] for participating. The toll-free number is XXX‑XXX‑XXXX. Thank you.

SKIP TO THANKS (Q36) IF NEW PHONE EQUALS DK/RF THEN STATUS 530, ELSE STATUS 899

**Q20 Lang**

 CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN.

ARABIC 1 Thanks Q36 Status 400

BOSNIAN 2 Thanks Q36 Status 400

CAMBODIAN 3 Thanks Q36 Status 400

CHINESE 4 Thanks Q36 Status 400

CREOLE 5 Thanks Q36 Status 400

ENGLISH 6 Thanks Q36 Status 400

HINDI 7 Thanks Q36 Status 400

HMONG 8 Thanks Q36 Status 400

ITALIAN 9 Thanks Q36 Status 400

LAOTIAN 10 Thanks Q36 Status 400

POLISH 11 Thanks Q36 Status 400

PORTUGUESE 12 Thanks Q36 Status 400

RUSSIAN 13 Thanks Q36 Status 400

SPANISH 14 Thanks Q36 Status 401

TAGALOG 15 Thanks Q36 Status 400

VIETNAMESE 16 Thanks Q36 Status 400

OTHER (SPECIFY) 99 OtherLang Q21

DON’T KNOW d

REFUSED r

SKIP TO THANKS (Q36) STATUS 400

**Q21 OtherLang**

SPECIFY OTHER LANGUAGE.

LANGUAGE:

SAY: We will try and call back with someone who speaks your language.

SKIP TO ELSE THANKS (Q36) STATUS 400

A3. My name is [fill Interviewer Name] and I’m calling from Mathematica Policy Research. Recently, you should have received a letter about a survey we are conducting for the U.S. Department of Labor. We are calling people who participated in a study conducted at [fill LWIA ONE-STOP] and need to hear about your experiences. This survey is for research purposes only and will help to improve services for workers in the future. We will mail you a check for [$25] when the survey is completed.

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

BEGIN INTERVIEW 1 A4

NOT A GOOD TIME, SCHEDULE CALLBACK 2 Callback

HUNG UP DURING INTRODUCTION 3 Status 640

DOESN’T REMEMBER STUDY 4 Q32

ASKS ABOUT LETTER 5 A12

SUPERVISOR REVIEW 6 Status 380

REFUSED r Status 200

Doesn’t Remember Study (Q32)

 Just to refresh your memory, over a year ago in [fill RA MONTH/YEAR], you agreed to be part of a national study, called the Workforce Investment Act (WIA) Adult and Dislocated Worker Programs Gold Standard Evaluation. At that time, you filled out paperwork including a Consent Form, Registration Form, and Contact Form. We’re now calling to follow-up and hear about any services you may have received and any jobs you may have had since that time. The questions may jog your memory so how about we get started?

YES, BEGIN INTERVIEW 1 A4

NO, SUPERVISOR REVIEW 2 Status 380

NOT A GOOD TIME, SCHEDULE CALLBACK 3 Callback

HUNG UP DURING INTRODUCTION 4 Status 640

REFUSED r Status 200

A4. BLAISE SCREEN: SHOW DOB FROM SAMPLE.

 To get started I need to verify that I am speaking with the correct person. Could you please tell me your date of birth?

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

 IF NECESSARY: READ DOB ALOUD AND CONFIRM.

 **RECORD:** | | | / | | | / | | | | |IF MATCHES SAMPLE INFO -

 MONTH DAY YEAR Start Survey (B1), IF DOES NOT

 MATCH SAMPLE INFO, ASK (A5)

REFUSED r A5

BLAISE SCREEN: SHOW LAST 4-DIGITS OF SS# FROM SAMPLE.

A5. Again, for verification purposes, could you please tell me the last four digits of your social security number?

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

 | | | | | LAST FOUR SSN DIGITS [IF MATCHES SAMPLE INFO - START SURVEY

 (B1), IF DOES NOT MATCH

 SAMPLE INFO, READ A9]

DON’T KNOW d

REFUSED r

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

|  |
| --- |
| SKIP TO END |

Q36 Thanks

**Thank you very much for your time.**

ENTER 1 TO CONTINUE

|  |
| --- |
| **SAMPLE MEMBER AND LETTER** |

A12. The letter was from \_\_\_\_\_\_\_\_\_\_\_, Federal Project Officer for the U.S. Department of Labor, and addressed to you. The letter explained that this study is sponsored by the U.S. Department of Labor. The purposes of the study are to help the government provide better services to people looking for jobs and be more responsive to the needs of those who are unemployed. It also mentioned that we would be mailing you a check for [$25] when the survey is completed.

 May we begin the interview?

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

BEGIN INTERVIEW 1 A4

NOT A GOOD TIME, SCHEDULE CALLBACK 2 Callback

HUNG UP DURING INTRODUCTION 3 Status 640

SUPERVISOR REVIEW 4 Status 380

REQUESTS ANOTHER LETTER 5 Send Letter

REFUSED r Status 200

[SendLetter (Q35)]

A12a. Okay, I can read you what the letter says, or I’ll mail another letter and will call back in a few days. To what address should we mail the letter?

HOUSE NUMBER / STREET NAME APT. #

CITY

STATE

ZIP

DON’T KNOW d

REFUSED r

THANKS (Q36) STATUS 831

|  |
| --- |
| **GATEKEEPER AND LETTER** |

A13. The letter was from the U.S. Department of Labor, and addressed to [fill SAMPLE MEMBER NAME]. The letter explained that this study is sponsored by the U.S. Department of Labor. The purposes of the study are to help the government provide better services to people looking for jobs and be more responsive to the needs of those who are unemployed. It also mentioned that we would be mailing [fill SAMPLE MEMBER NAME] a check for [$25] when the survey is completed.

 May I speak to [fill SAMPLE MEMBER NAME]?

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

BEGIN INTERVIEW 1 A4

NOT A GOOD TIME, SCHEDULE CALLBACK 2 Callback

HUNG UP DURING INTRODUCTION 3 Status 640

SUPERVISOR REVIEW 4 Status 380

REFUSED r Status 200

|  |
| --- |
| **CALLBACK SCREENS** |

Q101 Hello

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

SPEAKING TO [fill FirstName] 1

[fill FirstName] COMES TO THE PHONE 2

PERSON ASKS WHAT CALL IS ABOUT 3 WhatAbout Q102

NEED TO CALLBACK 4 Callback

NEVER HEARD OF [fill FullName]/WRONG NUMBER 5 PhoneCheck Q106

Refused r Status 200

 if not sample member

if sample member, then SKIP TO SampMemb (Q103)

Q102 WhatAbout

[if SampleMember then]

 **I’m calling to finish the interview we are conducting with [fill FirstName].**

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

[fill FirstName] COMES TO THE PHONE 1

NEED TO CALLBACK 2 Callback

SUPERVISOR REVIEW 3 Status 380

Refused r Status 200

 if not sample member

If sample member, then SKIP TO SampMemb (Q103)

Q103 SampMemb

[if Hello = 2 or WhatAbout = 1 then]

 **Hello, my name is [fill InterviewerName].**

 [endif]

 I’m calling to finish the interview we are conducting of people who participated in a study conducted at [fill ONE-STOP NAME]. Is now a good time?

CONTINUE INTERVIEW 1 A4

NOT A GOOD TIME 2 Callback

SUPERVISOR REVIEW 3 Status 380

REFUSED r Status 200

Q106 PhoneCheck

 I’m sorry, I thought I dialed [fill PHONE]. Can you tell me what number I’ve reached to see what kind of mistake I made?

RIGHT NUMBER, NO SUCH PERSON 1 WrongNumber Q107

WRONG CONNECTION/MISDIAL 2 Thanks Q108

SUPERVISOR REVIEW REQUIRED 3 Status 380

REFUSED TO CONFIRM NUMBER 4 Thanks Q108

Q107 WrongNumber

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

ENTER 1 TO CONTINUE 1 Status 380

Q108 Thanks

 Thank you for your time.

ENTER 1 TO CONTINUE 1 Backup Q109

Q109 Backup

BACKUP AND REDIAL PHONE NUMBER.

**FREQUENTLY ASKED QUESTIONS (FAQs)**

## programmer: allow interviewer to view faqs at any time.

## WHO/WHICH AGENCY IS SPONSORING THE STUDY?

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

## WHO IS CONDUCTING THE STUDY?

The study is being conducted by a team of researchers at Mathematica Policy Research, Social Policy Research Associates and MDRC, under contract to the U.S. Department of Labor.

**WHAT IS THE PURPOSE OF THE STUDY?**

Our goal is to learn about how effectively some employment and training programs meet the needs of unemployed and underemployed workers. This study is very important for improving services to jobseekers in the future. It will allow us to understand what works well and what doesn’t.

**NO LONGER IN TRAINING/NEVER PARTICIPATED.**

We are calling people who signed up to participate, even if they never did get any training, or are no longer participating. Your responses and views are important because they help us understand why some individuals never received services.

**I’M DISSATISFIED WITH MY UNEMPLOYMENT BENEFITS/LOCAL AGENCIES.**

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

**I’M DISSATISFIED WITH THE TRAINING PROGRAM.**

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

**HOW DID YOU GET MY NAME?**

Your name was scientifically selected from among persons in your state who participated in the study registration process at a local One-Stop or [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]. The Consent Form that you signed mentioned we may be calling you to conduct an interview.

**I GOT A JOB SOON AFTER I SIGNED UP.**

That is wonderful, but we still need to talk to people who didn’t participate in any of the services as well as those who did.

**THERE WAS NO FUNDING/NO MONEY FOR ME TO GET TRAINING.**

I am sorry to hear that and understand that federal funds run out quickly. We still need to talk to you about your experiences and what you’re currently doing.

**FAQs** – continued

**WILL THE INFORMATION FROM THE SURVEY BE KEPT PRIVATE?**

All of the information we collect in the survey will be kept private to the extent allowed by federal law and will be used for research purposes only. Your answers will be combined with those of others and your name will never be used in reporting the results of the study. Your answers to questions will not affect your eligibility for any public program.

**I DON’T HAVE THE TIME.**

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

**WHAT HAPPENS IF I DON’T PARTICIPATE IN THE SURVEY?**

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

**I’M NOT INTERESTED.**

Let me reassure you that we are not selling anything. The questions we ask are designed to help the U.S. Department of Labor improve services to people who are unemployed and seeking jobs. There are no right or wrong answers. We’re interested in your experiences and opinions. Your answers will be combined with those of others and your name will never be included in any report. If you complete the survey we will pay you $25 as a token of appreciation.

**HOW LONG WILL THIS TAKE?**

The length of the interview varies, but it usually takes about 40 minutes.

**WHO GAVE YOU THE AUTHORITY TO CONDUCT THE STUDY?**

As stated in the letter we mailed you, and can be remailed if you like, this study is being sponsored by the U.S. Department of Labor and has been approved by the U.S. Office of Management and Budget under OMB control number XXXX‑XXXX. Without this approval we would not be able to conduct this survey. Questions regarding any aspect of this survey may be directed to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Avenue, NW, Frances Perkins Bldg., Room N-5641, Washington, DC 20210, telephone number (202) 693-3647 (this is not a toll-free number) or by email: pederson.eileen@dol.gov.

**WILL I BE PAID?**

Yes, we will mail you a check in the amount of $25 within 2 weeks of completing the survey.

**FAQs** – continued

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

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

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

Mathematica is a private, independent research firm. Our firm is conducting this evaluation for the U.S. Department of Labor, and this survey is part of this evaluation. We cannot provide assistance finding jobs or training. You will, however, receive $25 for completing the survey.

**I’M ON THE NATIONAL “DO NOT CALL LIST/REGISTRY.” WHY ARE YOU CALLING ME?**

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

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

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

## WHO CAN I CONTACT FOR MORE INFORMATION?

For more information about the study, you can visit the U.S. Department of Labor (DOL) website at http://www.dol.gov/. You can also call the study’s project officer, Eileen Pederson of DOL at (202) 693‑3647 or Mathematica’s Project Director, Dr. Sheena McConnell at 202-484-4518. For questions about the survey you can call Mathematica’s Survey Director, Ms. Pat Nemeth at 609‑275-2294.

## WILL THERE BE ANOTHER FOLLOW-UP TO THIS STUDY?

Yes. In another 15 months, we will contact you again to learn more about your experiences.

## CAN SOMEONE ELSE RESPOND TO THIS QUESTIONNAIRE ON MY BEHALF?

Because of the types of questions we ask, it is important that we talk specifically to you. If, however, you need a family member or friend to translate our questions or your answers, that is okay.

**SECTION B – SERVICE RECEIPT**

IF SRF25 MISSING

B1. Prior to [fill RA MO/YR DATE], had you ever used services at [fill LWIA ONE-STOP NAME] or a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] like it?

YES 1

NO 0

DON’T KNOW d

REFUSED r

B2. Thinking back to [fill RA MO/YR DATE], what was the main reason you went to [fill LWIA ONE-STOP NAME]?

 INTERVIEWER: IF NECESSARY, READ ALL OPTIONS.

 CODE ONE ONLY

SEARCH FOR A NEW JOB (INCLUDING ANYTHING RELATED TO FINDING A NEW JOB—LEARNING NEW STRATEGIES FOR FINDING A JOB, LEARNING ABOUT A DIFFERENT CAREER, ACCESSING JOB MARKET INFORMATION) 1

FIND OUT ABOUT TRAINING OPPORTUNITIES OR GET TRAINING FOR A JOB 2

REQUIRED TO GET UNEMPLOYMENT INSURANCE (UI) 3

OBTAIN INFORMATION ON HOW AN EMPLOYER CAN PROVIDE ACCOMMODATIONS FOR MY DISABILITY (FOR EXAMPLE, WHEELCHAIR ACCESS, TECHNOLOGY THAT CAN READ THE PRINTED PAGE) 4

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| **RESOURCE ROOM** |

B3. Now I’m going to ask about services you may have received. Each [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] usually has an area open to anyone, typically called a resource room. In these areas, you can use computers and the Internet to look for a job, and you can get information about specific jobs, different careers, and services available in the community.

 Since [fill RA MO/YR DATE], did you go to any [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)], including the [fill LWIA ONE-STOP NAME], to use a resource room?

**PROBE: Do not include times you used a resource room as part of a workshop, job club, or meeting with a counselor.**

YES 1

NO 0 SKIP TO B8

DON’T KNOW d SKIP TO B8

REFUSED r SKIP TO B8

|  |
| --- |
| **NO B4 IN THIS VERSION.** |

B5. About how many different times did you go to a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to use a resource room? Would you say . . .

**PROBE: Since [fill RA MO/YR DATE].**

**PROBE: Include in-person visits only.**

 CODE ONE ONLY

**Once or twice,** 1

**3 to 5 times,** 2

**6 to 10 times, or** 3

**More than 10 times?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| **NO B6 IN THIS VERSION.** |

|  |
| --- |
| **NO B7 IN THIS VERSION.** |

B8. Since [fill RA MO/YR DATE], did you go somewhere other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to use a resource room? This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.

**PROBE: By resource room, we mean a dedicated area used to look for a job. In these areas, you can use computers and the Internet to look for a job, and get information about specific jobs, different careers, and services available in the community.**

**PROBE: Do not include times you used a resource room as part of a workshop.**

YES 1

NO 0 SKIP TO B14

DON’T KNOW d SKIP TO B14

REFUSED r SKIP TO B14

B9. Where else did you use a resource room?

 CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE TANF NAME], SNAP, FOOD STAMPS, OR THE VA) (SPECIFY) 1

LIBRARIES 2

CHURCHES 3

COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL 4

COMMUNITY COLLEGES 5

ONLINE 6

OTHER EDUCATIONAL OR TRAINING ENTITY 7

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| **NO B10 IN THIS VERSION.** |

B11. About how many different times did you go to (this/these) place(s) to use a resource room? Would you say . . .

**PROBE: Since [RA MO/YR DATE].**

**PROBE: Include in-person visits only.**

 CODE ONE ONLY

**Once or twice,** 1

**3 to 5 times,** 2

**6 to 10 times, or** 3

**More than 10 times?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| **NO B12 IN THIS VERSION.** |

|  |
| --- |
| **NO B13 IN THIS VERSION.** |

|  |
| --- |
| **WORKSHOPS** |

B14. The next questions are about workshops you may have attended to support you in your job search or career planning. First, let’s talk about workshops that took place at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER).

 Since [fill RA MO/YR DATE], have you attended any of those workshops?

**PROBE: Include workshops you have attended at the [fill LWIA ONE-STOP NAME].**

**PROBE: A workshop involves a small group of people coming together with a leader or instructor to learn how to do something, like use a computer, write a resume, or conduct a job search.**

YES 1

NO 0 SKIP TO B21

DON’T KNOW d SKIP TO B21

REFUSED r SKIP TO B21

|  |
| --- |
| PROGRAMMER BOXcati: IF B15 DOES NOT HAVE ANY FILLS, GO TO B16. |

B15. Did you go to any of the following workshops offered at [fill LWIA ONE-STOP NAME]?

|  | CODE ONE PER ROW |
| --- | --- |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. [fill LWIA INTENSIVE WORKSHOP NAME1]  | 1 | 0 | d | r |
| b. [fill LWIA INTENSIVE WORKSHOP NAME2]  | 1 | 0 | d | r |
| c. [fill LWIA INTENSIVE WORKSHOP NAME3]  | 1 | 0 | d | r |
| d. [fill LWIA INTENSIVE WORKSHOP NAME4]  | 1 | 0 | d | r |

B16. Did you go to any (other) [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] workshops (that I haven’t mentioned)?

YES 1

NO 0 SKIP TO B21

DON’T KNOW d SKIP TO B21

REFUSED r SKIP TO B21

|  |
| --- |
| **NO B17 IN THIS VERSION.** |

B18. About how many of these (other) workshops did you go to? Would you say . . .

**PROBE: Since [RA MO/YR DATE].**

 CODE ONE ONLY

**1,** 1

**2 or 3,** 2

**4 or 5, or** 3

**More than 5 workshops?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| **NO B19 IN THIS VERSION.** |

B20. And about how long was an average workshop? Would you say . . .

 CODE ONE ONLY

**Less than 1 hour,** 1

**1 to 2 hours,** 2

**More than 2 but less than 4 hours,** 3

**4 to 6 hours, or** 4

**More than 6 hours?** 5

DON’T KNOW d

REFUSED r

B21. Since [fill RA MO/YR DATE], have you gone to any workshops held somewhere other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

**PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.**

YES 1

NO 0 SKIP TO BOX BEFORE B27

DON’T KNOW d SKIP TO BOX BEFORE B27

REFUSED r SKIP TO BOX BEFORE B27

B22. Where were these workshops held?

 CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE TANF NAME], SNAP, FOOD STAMPS, VA) (SPECIFY) 1

LIBRARIES 2

CHURCHES 3

COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL 4

COMMUNITY COLLEGES 5

OTHER EDUCATIONAL OR TRAINING ENTITY 6

ONLINE 7

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| NO B23 IN THIS VERSION. |

B24. About how many of these workshops did you go to? Would you say . . .

 CODE ONE ONLY

**1,** 1

**2 or 3,** 2

**4 or 5, or** 3

**More than 5 workshops?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| NO B25 IN THIS VERSION. |

B26. And about how long did an average workshop last? Would you say . . .

 CODE ONE ONLY

**Less than 1 hour,** 1

**1 to 2 hours,** 2

**More than 2 but less than 4 hours,** 3

**4 to 6 hours, or** 4

**More than 6 hours?** 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| PROGRAMMER BOXcati: IF B16 = 0, d OR r AND B21 = 0, d OR r, SKIP B27. |

B27. Please think about (all of) the workshop(s) we’ve talked about, (regardless of where they were held). (Were any of these/Was this) workshop(s) meant to help you with . . .

|  | CODE ONE PER ROW |
| --- | --- |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. Job search-related activities such as resume writing, interviewing, and networking?  | 1 | 0 | d | r |
| b. Basic computer skills or the use of specific computer programs?  | 1 | 0 | d | r |
| c. Appropriate ways to act on the job like how to manage your time and communicate with your boss and co-workers?  | 1 | 0 | d | r |
| d. Preparing for or learning about tests or assessments, like WorkKeys or the TABE, that help you learn about your basic skills like math or reading?  | 1 | 0 | d | r |
|  PROBE: This does NOT include actually taking the test. |  |  |  |  |
| e. Managing your own finances?  | 1 | 0 | d | r |
| f. Starting your own business?  | 1 | 0 | d | r |
| g. And were any of these workshops meant to help you with something else that I haven’t mentioned? (SPECIFY)  | 1 | 0 | d | r |
|   |  |  |  |  |

|  |
| --- |
| TESTS OR ASSESSMENTS |

B28. Now I’d like to ask you about tests or assessments you may have taken at any location to help you with your job search or training. You may have taken these tests on the computer or using paper and pencil.

 Since [fill RA MO/YR DATE], have you taken . . .

|  | CODE ONE PER ROW |
| --- | --- |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. Tests, like WorkKeys or the TABE, that help you learn about your basic skills like math or reading?  | 1 | 0 | d | r |
| b. Tests, like the ONET Profiler or CareerPath.com, that help you identify your occupational abilities or interests?  | 1 | 0 | d | r |
| c. And have you taken any other tests that I haven’t mentioned? (SPECIFY)  | 1 | 0 | d | r |
|   |  |  |  |  |

|  |
| --- |
| PROGRAMMER BOXcati: IF NO, DON’T KNOW, OR REFUSED TO ALL IN B28, SKIP TO B36. |

B29. Did you take any of these tests at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

**PROBE: Including the [fill LWIA ONE-STOP NAME].**

YES 1

NO 0 SKIP TO B32

DON’T KNOW d SKIP TO B32

REFUSED r SKIP TO B32

|  |
| --- |
| NO B30 IN THIS VERSION. |

B31. About how many different tests did you take at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]? Would you say . . .

 PROBE: Since [fill RA MO/YR DATE].

 PROBE: Please count tests on different subjects that you completed in a single sitting as one test.

 CODE ONE ONLY

**1,** 1

**2 or 3,** 2

**4 or 5, or** 3

**More than 5 tests?** 4

DON’T KNOW d

REFUSED r

B32. Did you take any of these tests somewhere other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

**PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.**

YES 1

NO 0 SKIP TO B36

DON’T KNOW d SKIP TO B36

REFUSED r SKIP TO B36

B33. Where else did you take these tests?

 CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE TANF NAME], SNAP, FOOD STAMPS, VA) (SPECIFY) 1

LIBRARIES 2

CHURCHES 3

COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL 4

COMMUNITY COLLEGES 5

ONLINE 6

OTHER EDUCATIONAL OR TRAINING ENTITY 7

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| NO B34 IN THIS VERSION. |

B35. About how many different tests did you take at (this/these) place(s)? Would you say . . .

 PROBE: Since [RA MO/YR DATE].

**PROBE: Include in-person visits only.**

 CODE ONE ONLY

**1,** 1

**2 or 3,** 2

**4 or 5, or** 3

**More than 5 tests?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| **PEER SUPPORT** |

B36. The next questions are about any job clubs or job groups that you may have participated in. These groups involve getting together with other job seekers for support and to talk about job leads and ways to find jobs. First, let’s talk about group meetings that took place at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)].

 Since [fill RA MO/YR], have you gone to a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to attend meetings for any of these groups?

**PROBE: Include job clubs or job groups that took place at [fill LWIA ONE-STOP NAME].**

**PROBE: Include in-person participation only.**

YES 1

NO 0 SKIP TO B41

DON’T KNOW d SKIP TO B41

REFUSED r SKIP TO B41

|  |
| --- |
| NO B37 IN THIS VERSION. |

B38. About how many different times did you go to a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to attend meetings for (this/these) group(s)? Would you say . . .

**PROBE: Since [fill RA MO/YR DATE].**

**PROBE: Include in-person participation only.**

 CODE ONE ONLY

**Once,** 1

**2 or 3 times,** 2

**4 or 5 times, or** 3

**More than 5 times?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| NO B39 IN THIS VERSION. |

|  |
| --- |
| NO B40 IN THIS VERSION. |

B41. Since [fill RA MO/YR DATE], have you attended any job club or job group meetings somewhere other than or a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

**PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.**

**PROBE: Job clubs and job groups involve getting together with other job seekers for support and to talk about job leads and ways to find jobs.**

**PROBE: Include in-person participation only.**

YES 1

NO 0 SKIP TO B47a

DON’T KNOW d SKIP TO B47a

REFUSED r SKIP TO B47a

B42. Where did these job clubs or job groups meet?

 CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (SPECIFY) 1

LIBRARIES 2

CHURCHES 3

COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOOD WILL 4

COMMUNITY COLLEGES 5

OTHER EDUCATIONAL OR TRAINING ENTITY 6

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| NO B43 IN THIS VERSION. |

B44. About how many different times did you go to (this/these) places(s) to attend meetings for (this/these) group(s)? Would you say . . .

 PROBE: Since [RA MO/YR DATE].

**PROBE: Include in-person participation only.**

 CODE ONE ONLY

**Once,** 1

**2 or 3 times,** 2

**4 or 5 times, or** 3

**More than 5 times?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| NO B45 IN THIS VERSION. |

|  |
| --- |
| NO B46 IN THIS VERSION. |

|  |
| --- |
| **INDIVIDUAL COUNSELING** |

B47a. Now we are interested in learning about any counseling or one-on-one assistance you may have received to support you in your job search or training from an employment professional at any location. We’re interested in individual appointments you may have had in person or over the phone.

**PROBE: “Employment professional” is a generic name and may include counselors or case managers.**

**PROBE: Do not include assistance received during workshops or conversations with employment professionals as part of a visit to a resource room.**

 Since [fill RA MO/YR DATE], did you have any individual appointments with an employment professional?

YES 1

NO 0 SKIP TO B59a

DON’T KNOW d SKIP TO B59a

REFUSED r SKIP TO B59a

B47b. At (this/these) appointment(s). . .

|  | CODE ONE PER ROW |
| --- | --- |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. Did you talk about your job search?  | 1 | 0 | d | r |
| **PROBE:** This includes creating a resume, developing a job search strategy, or discussing progress in pursuing job leads and completing job applications. |  |  |  |  |
| b. Did you talk about your results on tests or assessments that measure basic skills, aptitudes, or career interests?  | 1 | 0 | d | r |
| c. Did you talk about training options or education plans?  | 1 | 0 | d | r |
| **PROBE:** This includes comparing different training programs, or developing specific plans for selecting and paying for training. |  |  |  |  |
| d. Did you get referrals for other services to support work or training?  | 1 | 0 | d | r |
| e. And did you get any other assistance at (this/these) appointment(s) that I haven’t mentioned? (SPECIFY)  | 1 | 0 | d | r |
|   |  |  |  |  |

|  |
| --- |
| PROGRAMMER BOXcati: IF NO, DON’T KNOW, OR REFUSED TO ALL IN B47b, SKIP TO B59. |

B48. (Was this/Were any of these) appointment(s) with an employment professional from a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

 PROBE: Include appointments at the [fill LWIA ONE-STOP NAME].

YES 1

NO 0 SKIP TO B53

DON’T KNOW d SKIP TO B53

REFUSED r SKIP TO B53

|  |
| --- |
| **NO B49 IN THIS VERSION.** |

B50. About how many of these individual appointments, if any, did you have in person? Would you say . . .

 CODE ONE ONLY

**0,** 1

**1,** 2

**2 or 3,** 3

**4 or 5, or** 4

**More than 5 individual appointments in person?** 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| **NO B51 IN THIS VERSION.** |

B52. And would you say an average appointment lasted . . .

 CODE ONE ONLY

**15 minutes or less,** 1

**16 to 30 minutes,** 2

**31 to 45 minutes,** 3

**46 to 60 minutes, or** 4

**More than 60 minutes?** 5

DON’T KNOW d

REFUSED r

B52x. About how many individual appointments, if any, did you have over the phone? Would you say . . .

 CODE ONE ONLY

**0,** 1

**1,** 2

**2 or 3,** 3

**4 or 5, or** 4

**More than 5 individual appointments over the phone?** 5

DON’T KNOW d

REFUSED r

B52xx. And would you say an average appointment lasted . . .

 CODE ONE ONLY

**10 minutes or less,** 1

**11 to 20 minutes,** 2

**21 to 30 minutes, or** 3

**More than 30 minutes?** 4

DON’T KNOW d

REFUSED r

B53. (We are also interested in learning about any counseling or one-on-one assistance to support you in your job search or training you may have received from somewhere other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)].)

 Since [fill RA MO/YR DATE], did you receive any of this individual help from somewhere other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

**PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.**

**PROBE: The counseling may have been provided in person or over the phone.**

YES 1

NO 0 SKIP TO B59

DON’T KNOW d SKIP TO B59

REFUSED r SKIP TO B59

B54. Where else did you receive these counseling or one-on-one services?

 CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE SPECIFIC TANF NAME], SNAP, FOOD STAMPS, VA) (SPECIFY) 1

LIBRARIES 2

CHURCHES 3

COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL 4

COMMUNITY COLLEGES 5

ONLINE 6

OTHER EDUCATIONAL OR TRAINING ENTITY 7

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| **NO B55 IN THIS VERSION.** |

B56. About how many individual appointments, if any, did you have in person? Would you say . . .

 CODE ONE ONLY

**0,** 1 SKIP TO B58x

**1,** 2

**2 or 3,** 3

**4 or 5, or** 4

**More than 5 in-person individual appointments?** 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| **NO B57 IN THIS VERSION.** |

B58. And would you say an average appointment lasted . . .

 CODE ONE ONLY

**15 minutes or less,** 1

**16 to 30 minutes,** 2

**31 to 45 minutes,** 3

**46 to 60 minutes, or** 4

**More than 60 minutes?** 5

DON’T KNOW d

REFUSED r

B58x. About how many individual appointments, if any, did you have over the phone? Would you say . . .

 CODE ONE ONLY

**0,** 1 SKIP TO B59a

**1,** 2

**2 or 3,** 3

**4 or 5, or** 4

**More than 5 individual appointments over the phone?** 5

DON’T KNOW d

REFUSED r

B58xx. And would you say an average appointment lasted . . .

 CODE ONE ONLY

**10 minutes or less,** 1

**11 to 20 minutes,** 2

**21 to 30 minutes, or** 3

**More than 30 minutes?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| **SUPPORT SERVICES** |

B59a. Now let’s talk about financial assistance you may have received to help you with expenses, not including tuition and fees, to look for or attend work, training or school. Please do not include financial assistance you may have received from friends or family.

 Since [fill RA MO/YR DATE], have you received any assistance in the form of cash, vouchers, gift cards or reimbursement?

YES 1

NO 0 SKIP TO C1

DON’T KNOW d SKIP TO C1

REFUSED r SKIP TO C1

B59b. Was this assistance meant to help you pay for . . .

|  | CODE ONE PER ROW |
| --- | --- |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. Books?  | 1 | 0 | d | r |
| b. Tools or other supplies?  | 1 | 0 | d | r |
| c. Clothes or other uniforms?  | 1 | 0 | d | r |
| d. Transportation (such as gas cards or bus passes)?  | 1 | 0 | d | r |
| e. Child care?  | 1 | 0 | d | r |
| f. Something else that I haven’t mentioned? (SPECIFY  | 1 | 0 | d | r |
|   |  |  |  |  |

|  |
| --- |
| PROGRAMMER BOXcati: IF NO, DON’T KNOW, OR REFUSED TO ALL IN B59b, SKIP TO C1 |

B60. Did you receive any of this financial assistance from a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

 PROBE: Include financial assistance you received from [fill LWIA ONE-STOP NAME].

YES 1

NO 0 SKIP TO B62

DON’T KNOW d SKIP TO B62

REFUSED r SKIP TO B62

B61. Thinking about all of the financial assistance you received from a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] since [fill RA MO/YR], how much total assistance, in dollars, did you receive? Do not include assistance you received for tuition or fees.

 $ | | | | **,** | | | | TOTAL ASSISTANCE

DON’T KNOW d

REFUSED r

B62. Since [fill RA MO/YR DATE], did you receive any of this financial assistance from somewhere other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

**PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.**

**PROBE: Do not include financial assistance you may have received from friends or family.**

YES 1

NO 0 SKIP TO C1

DON’T KNOW d SKIP TO C1

REFUSED r SKIP TO C1

B63. From what other places did you receive financial assistance?

 CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE TANF NAME], SNAP, FOOD STAMPS, VA) (SPECIFY) 1

LIBRARIES 2

CHURCHES 3

COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL 4

COMMUNITY COLLEGES 5

ONLINE 6

OTHER EDUCATIONAL OR TRAINING ENTITY 7

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

B64. Thinking about all of the financial assistance you received from (this/these) place(s) since [fill RA MO/YR DATE], how much total assistance did you receive? Do not include assistance for tuition or fees.

 $ | | | | **,** | | | | TOTAL ASSISTANCE

DON’T KNOW d

REFUSED r

**SECTION C – TRAINING AND EDUCATION PROGRAMS: LEVEL OF PARTICIPATION, PAYMENT, AND OUTCOMES**

C1. Now I’d like to ask you about education or training programs you may have participated in since [fill RA MO/YR DATE] that we haven’t talked about yet. Please include training programs that helped you learn job skills or prepare for an occupation. Also include general educational programs, such as adult basic education or GED courses, ESL classes, college, or other types of school.

 Since [fill RA MO/YR DATE], did you participate in any education or training programs?

**PROBE: Include classes you may have attended to learn English (ESL classes) or improve your reading skills.**

**PROBE: Include training provided by an employer, for self-employment, or on-the-job training (OJT).**

YES 1

NO 0 SKIP TO D0

DON’T KNOW d SKIP TO D0

REFUSED r SKIP TO D0

C2. How many different education and training programs have you participated in since [fill RA MO/YR DATE]?

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

INTERVIEWER: DO NOT REPORT MULTIPLE COURSES THAT ARE PART OF ONE DEGREE PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PROGRAMS.

| | | NUMBER OF PROGRAMS SKIP TO C4

DON’T KNOW d

REFUSED r

IF C2 = d or r

C3. Would you say you participated in . . .

 CODE ONE ONLY

**1 education or training program,** 1

**2 or 3,** 2

**4 or 5, or** 3

**More than 5 programs?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| PROGRAMMER SKIP BOXCATI: ALLOW FOR 5 PROGRAMS. ASK C4 ACROSS FIRST, FOLLOWED BY C5. THEN ASK C6-C37 FOR EACH PROGRAM. |

NOTE: SPACE FOR 3RD, 4TH, AND 5TH SCHOOL OR TRAINING WILL BE IN CATI PROGRAM.

|  |  |  |
| --- | --- | --- |
|  | **#1****(FIRST SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** | **#2****(SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)** |
| C4. What (is/are) the name(s) of the program(s) you attended since [fill RA MO/YR DATE], starting with the first one you attended? What’s the next program you attended? |  (SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S)) |  (SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S)) |
| C5. Let me verify that since [fill RA MO/YR DATE] you attended [fill C4 NAMES]. Is this correct, or are there any other education or training programs you may have attended? IF CORRECT, ENTER “1” AND CONTINUE. IF THIS IS NOT CORRECT, GO BACK TO C4 AND C5 TO ENTER CORRECT NUMBER AND NAMES OF PROGRAMS ATTENDED. | CORRECT 1NOT CORRECT 0DON’T KNOW dREFUSED r | CORRECT 1NOT CORRECT 0DON’T KNOW dREFUSED r |
| C6. When did you start attending [fill PROGRAM]? | | | | / | | | | | SKIP TO C8MONTH YEARDON’T KNOW dREFUSED r  | | | | / | | | | | SKIP TO C8MONTH YEARDON’T KNOW dREFUSED r |
| IF C6 = d OR rC7. Do you recall what year you started attending [fill PROGRAM/THE FIRST/SECOND] program? | | | | | | YEARDON’T KNOW dREFUSED r | | | | | | YEARDON’T KNOW dREFUSED r |
| C8. And when did you stop attending that program? | | | | / | | | | | SKIP TO C10MONTH YEARSTILL IN PROGRAM 2 SKIP TO C10DON’T KNOW dREFUSED r  | | | | / | | | | | SKIP TO C10MONTH YEARSTILL IN PROGRAM 2 SKIP TO C10DON’T KNOW dREFUSED r  |
| IF C8 = d OR rC9. Do you recall what year you stopped attending that program? | | | | | | YEARDON’T KNOW dREFUSED r | | | | | | YEARDON’T KNOW dREFUSED r |

|  |  |  |
| --- | --- | --- |
|  | **#1****(FIRST SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** | **#2****(SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)** |
| C10. How many hours per week (did/do) you attend that program?**PROBE:** Do not include time spent outside of class studying or doing homework. Only time spent attending class should be included. IF RESPONDENT SAYS THEY TOOK ONLINE CLASSES,**PROBE:** Only include the time you spent online actually taking classes. Do not include time spent studying or doing homework. IF RESPONDENT SAYS THIS WAS PART OF ON-THE-JOB TRAINING,**PROBE:** We are interested in how many hours you spent working during your on-the-job training placement. | | | | HOURS PER WEEK SKIP TO C12DON’T KNOW dREFUSED r | | | | HOURS PER WEEK SKIP TO C12DON’T KNOW dREFUSED r |
| IF C10 = d OR rC11. Would you say you attend(ed) the program for . . . |  CODE ONE ONLYless than 1 hour per week, 11 to 3 hours per week, 2more than 3 but less than 5 hours per week, or 35 hours or more per week? 4DON’T KNOW dREFUSED r |  CODE ONE ONLYless than 1 hour per week, 11 to 3 hours per week, 2more than 3 but less than 5 hours per week, or 35 hours or more per week? 4DON’T KNOW dREFUSED r |
| C12. Now I am interested in what kind of program this (is/was). (Is/Was) this program meant to help you learn job skills or prepare for an occupation, or to provide general education?**PROBE:** General education programs include adult basic education or GED courses, college, and other types of school.**PROBE:** (Is/Was) this program meant to help you learn English as a second language (ESL)? |  CODE ONE ONLYJOB SKILLS OR PREPARE FOR OCCUPATION 1GENERAL EDUCATION 2ENGLISH AS A SECOND LANGUAGE 3DON’T KNOW dREFUSED r |  CODE ONE ONLYJOB SKILLS OR PREPARE FOR OCCUPATION 1GENERAL EDUCATION 2ENGLISH AS A SECOND LANGUAGE 3DON’T KNOW dREFUSED r |

|  |  |  |
| --- | --- | --- |
|  | **#1****(FIRST SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** | **#2****(SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)** |
| IF C12 = 1 (JOB SKILLS OR PREPARE FOR AN OCCUPATION)C13. (Is/Was) this program considered to be “on-the-job” training??**PROBE:** On-the-job training, also called “OJT”, involves getting on-the-job-experience from a particular employer. | YES 1NO 0DON’T KNOW dREFUSED r | YES 1NO 0DON’T KNOW dREFUSED r |
| IF C12 = 2 (GENERAL EDUCATION)C14. What kind of general education (are/were) you attending? (Is/Was) it . . . INTERVIEWER: READ CATEGORIES. |  CODE ONE ONLYregular high school, 1GED classes, 2non-credit adult education, 3a two-year program at a community college, 4a four-year program at a college or university, 5a graduate or professional program, or 6something else? (SPECIFY) 99 ESL-English as a second language 8DON’T KNOW dREFUSED r |  CODE ONE ONLYregular high school, 1GED classes, 2non-credit adult education, 3a two-year program at a community college, 4a four-year program at a college or university, 5a graduate or professional program, or 6something else? (SPECIFY) 99 ESL-English as a second language 8DON’T KNOW dREFUSED r |
| C15. What kind of job (are/were) you being trained for or what (are/were) you learning to do in that program? PROBE FOR SPECIFICS. |   (SPECIFY JOB TRAINING) |   (SPECIFY JOB TRAINING) |

|  |  |  |
| --- | --- | --- |
|  | **#1****(FIRST SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** | **#2****(SECOND SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** |
| SKIP C16 IF C13 = 1 (OJT)C16. At what type of place (do/did) you go to participate in that program? READ CHOICES IF NECESSARY. |  CODE ONE ONLYCOMMUNITY COLLEGE/2 YEAR COLLEGE 14 YEAR COLLEGE OR UNIVERSITY 2PRIVATE PROVIDER OF TRAINING (SPECIFY) 3 COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 4ONLINE 5VOCATIONAL INSTITUTE/TRAINING CENTER 6ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 7EMPLOYER 8GOVERNMENT AGENCY/MILITARY 9[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] 10STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE 11SOME PLACE ELSE (SPECIFY) 99 DON’T KNOW dREFUSED r |  CODE ONE ONLYCOMMUNITY COLLEGE/2 YEAR COLLEGE 14 YEAR COLLEGE OR UNIVERSITY 2PRIVATE PROVIDER OF TRAINING (SPECIFY) 3 COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 4ONLINE 5VOCATIONAL INSTITUTE/TRAINING CENTER 6ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 7EMPLOYER 8GOVERNMENT AGENCY/MILITARY 9[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] 10STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE 11SOME PLACE ELSE (SPECIFY) 99 DON’T KNOW dREFUSED r |
| C17. How much (does/did) the program cost? Please do not include the cost of books, uniforms, travel, tools, or tests or assessments.**PROBE:** Please provide the cost of program participation, regardless of who paid for it.**PROBE:** Your best estimate is fine. | $ | | | **,** | | | | SKIP TO C19DON’T KNOW dREFUSED r  | $ | | | **,** | | | | SKIP TO C19DON’T KNOW dREFUSED r  |
| IF C17 = d OR rC18. Would you say the cost of the program (is/was) . . . |  CODE ONE ONLYLess than $2,000, 1$2,000 to $3,999, 2$4,000 to $5,999, 3$6,000 to $7,999, 4$8,000 to $9,999, or 5$10,000 or more? 6 |  CODE ONE ONLYLess than $2,000, 1$2,000 to $3,999, 2$4,000 to $5,999, 3$6,000 to $7,999, 4$8,000 to $9,999, or 5$10,000 or more? 6 |
| C19. Is this amount the total cost of the program or the cost for some other period of time?**PROBE:** Is this amount the cost per year, per semester, per quarter, or for some other period of time? |  CODE ONE ONLYTOTAL COST OF THE PROGRAM 1 SKIP TO C20COST PER YEAR 2COST PER SEMESTER 3COST PER QUARTER 4COST PER MONTH 5COST FOR SOME OTHER PERIOD OF TIME (SPECIFY) 99  |  CODE ONE ONLYTOTAL COST OF THE PROGRAM 1 SKIP TO C20COST PER YEAR 2COST PER SEMESTER 3COST PER QUARTER 4COST PER MONTH 5COST FOR SOME OTHER PERIOD OF TIME (SPECIFY) 99  |

|  |  |  |
| --- | --- | --- |
|  | **#1****(FIRST SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** | **#2****(SECOND SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** |
| C19a. How (many [fill UNIT OF TIME FROM C19]s/long) is it supposed to take to complete this program? | | | | NUMBERYEARS 1SEMESTERS 2QUARTERS 3MONTHS 4SOME OTHER PERIODOF TIME (SPECIFY) 99  | | | | NUMBERYEARS 1SEMESTERS 2QUARTERS 3MONTHS 4SOME OTHER PERIODOF TIME (SPECIFY) 99  |
| C20. (Do/Did) you or your family . . . |  CODE ONE ONLYpay for all, 1 SKIP TO C24some, or 2none of this program? 3 SKIP TO C23DON’T KNOW d SKIP TO C23REFUSED r SKIP TO C23 |  CODE ONE ONLYpay for all, 1 SKIP TO C24some, or 2none of this program? 3 SKIP TO C23DON’T KNOW d SKIP TO C23REFUSED r SKIP TO C23 |
| C21. How much, (do/did) you or your family pay for this program? | $ | | **,** | | | |DON’T KNOW dREFUSED r | $ | | **,** | | | |DON’T KNOW dREFUSED r |
| C22. Did this payment cover the cost per year, per semester, per quarter, or for some other period of time? |  CODE ONE ONLYTOTAL COST OF THE PROGRAM 1COST PER YEAR 2COST PER SEMESTER 3COST PER QUARTER 4COST PER MONTH 5COST FOR SOME OTHER PERIOD OF TIME (SPECIFY) 99  |  CODE ONE ONLYTOTAL COST OF THE PROGRAM 1COST PER YEAR 2COST PER SEMESTER3COST PER QUARTER 4COST PER MONTH 5COST FOR SOME OTHER PERIOD OF TIME (SPECIFY) 99  |
| C23. Who (else) (pays/paid) for this program? This may include an organization or grant.**PROBE:** Any other person or organization? |  CODE ALL THAT APPLYITA VOUCHER 1[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] 2STATE UNEMPLOYMENT/EMPLOYMENT OFFICE 3TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA) 4VETERANS AFFAIRS (VA) 5PELL GRANT 6OTHER GOVERNMENT AGENCY OR ASSISTANCE 7OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) 8OTHER (SPECIFY) 99 DON’T KNOW dREFUSED r |  CODE ALL THAT APPLYITA VOUCHER 1[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] 2STATE UNEMPLOYMENT/EMPLOYMENT OFFICE 3TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA) 4VETERANS AFFAIRS (VA) 5PELL GRANT 6OTHER GOVERNMENT AGENCY OR ASSISTANCE 7OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) 8OTHER (SPECIFY) 99 DON’T KNOW dREFUSED r |
| C24. CATI: CHECK C8. DOES C8=2 (STILL IN PROGRAM)? | YES 1 GO TO C4 FOR ANOTHER PROGRAM OR TO C27NO 0 | YES 1 GO TO C4 FOR ANOTHER PROGRAM OR TO C27NO 0 |

|  |  |  |
| --- | --- | --- |
|  | **#1****(FIRST SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** | **#2****(SECOND SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** |
| C25. Did you complete the program?**PROBE:** Did you receive a certificate or degree? | YES 1 SKIP TO C27NO 0NO SPECIFICCOMPLETION 3 SKIP TO C27DON’T KNOW d SKIP TO C27REFUSED r SKIP TO C27 | YES 1 SKIP TO C27NO 0NO SPECIFICCOMPLETION 3 SKIP TO C27DON’T KNOW d SKIP TO C27REFUSED r SKIP TO C27 |
| C26. What was the main reason that you stopped attending that program? |  CODE ONE ONLYFOUND JOB/REEMPLOYED 1COULDN’T AFFORD TO CONTINUE 2PERSONAL PROBLEMS 3NOT INTERESTED/DIDN’T LIKE PROGRAM 4DIDN’T THINK IT WOULD HELP TO FIND JOB 5STARTED (OTHER) SCHOOL/ TRAINING 6DECIDED DIDN’T WANT JOB 7ILLNESS/PREGNANCY 8CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS 9POOR GRADES 10COURSES OR PROGRAM POORLY TAUGHT 11OTHER (SPECIFY) 99 DON’T KNOW dREFUSED rSKIP TO C37a  |  CODE ONE ONLYFOUND JOB/REEMPLOYED 1COULDN’T AFFORD TO CONTINUE 2PERSONAL PROBLEMS 3NOT INTERESTED/DIDN’T LIKE PROGRAM 4DIDN’T THINK IT WOULD HELP TO FIND JOB 5STARTED (OTHER) SCHOOL/ TRAINING 6DECIDED DIDN’T WANT JOB 7ILLNESS/PREGNANCY 8CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS 9POOR GRADES 10COURSES OR PROGRAM POORLY TAUGHT 11OTHER (SPECIFY) 99 DON’T KNOW dREFUSED rSKIP TO C37a  |
| C27. (Is/Was) [fill PROGRAM NAME] designed to lead to a diploma or degree?**PROBE:** For example, a high school diploma or GED or a two- or four-year degree.**PROBE:** A professional certification or state or industry license is not considered to be a diploma or degree. We will talk about certifications and licenses next. | YES 1NO 0 SKIP TO C30DON’T KNOW d SKIP TO C30REFUSED r SKIP TO C30IF C8=2 (STILL IN PROGRAM),SKIP TO C30 FOR ALL | YES 1NO 0 SKIP TO C30DON’T KNOW d SKIP TO C30REFUSED r SKIP TO C30IF C8=2 (STILL IN PROGRAM),SKIP TO C30 FOR ALL |
| C28. Did you receive a diploma or degree for completing that program? | YES 1NO 0 SKIP TO C30DON’T KNOW d SKIP TO C30REFUSED r SKIP TO C30 | YES 1NO 0 SKIP TO C30DON’T KNOW d SKIP TO C30REFUSED r SKIP TO C30 |
|  | **#1****(FIRST SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** | **#2****(SECOND SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** |
| C29. What specific degree did you receive for completing that program? |  CODE ONE ONLYHIGH SCHOOL DIPLOMA OR GED 1POST-SECONDARY DEGREE (E.G., AA, BA, ETC.) 2OTHER (SPECIFY) 99 DON’T KNOW dREFUSED r |  CODE ONE ONLYHIGH SCHOOL DIPLOMA OR GED 1POST-SECONDARY DEGREE (E.G., AA, BA, ETC.) 2OTHER (SPECIFY) 99 DON’T KNOW dREFUSED r |
| C30. (Is/Was) [fill PROGRAM NAME] designed to lead to a professional certification or a state or industry license?**PROBE:** A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, a Project Management Professional or PMP certification, or an IT certification. | YES 1NO 0 SKIP TO C37aDON’T KNOW d SKIP TO C37aREFUSED r SKIP TO C36xIF C8=2 (STILL IN PROGRAM),SKIP TO C37a FOR ALL | YES 1NO 0 SKIP TO C37aDON’T KNOW d SKIP TO C37aREFUSED r SKIP TO C37aIF C8=2 (STILL IN PROGRAM),SKIP TO C37a FOR ALL |
| C31. Did you receive a certification or license for completing that program? | YES 1NO 0 SKIP TO C37aDON’T KNOW d SKIP TO C37aREFUSED r SKIP TO C37a | YES 1NO 0 SKIP TO C37aDON’T KNOW d SKIP TO C37aREFUSED r SKIP TO C37a |
| C32. Did you need to take any tests or exams to get this certification or license? | YES 1NO 0 SKIP TO C37aDON’T KNOW d SKIP TO C37aREFUSED r SKIP TO C37a | YES 1NO 0 SKIP TO C37aDON’T KNOW d SKIP TO C37aREFUSED r SKIP TO C37a |
| C33. How much (does/did) (this/these) test(s) cost?**PROBE:** Your best estimate is fine. | $ | | | **,** | | | | EXAM COSTDON’T KNOW dREFUSED r | $ | | | **,** | | | | EXAM COSTDON’T KNOW dREFUSED r |
| C34. (Do/Did) you or your family . . . |  CODE ONE ONLYpay for all, 1 SKIP TO C37asome, or 2none of (this/these) tests? 3 SKIP TO C36DON’T KNOW d SKIP TO C36REFUSED r SKIP TO C36 |  CODE ONE ONLYpay for all, 1 SKIP TO C37asome, or 2none of (this/these) tests? 3 SKIP TO C36DON’T KNOW d SKIP TO C36REFUSED r SKIP TO C36 |
| C35. How much, (do/did) you or your family pay for (this/these) test(s)? | $ | | | **,** | | | | EXAM COSTDON’T KNOW dREFUSED r | $ | | | **,** | | | | EXAM COSTDON’T KNOW dREFUSED r |

|  |  |  |
| --- | --- | --- |
|  | **#1****(FIRST SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** | **#2****(SECOND SCHOOL OR TRAINING****PROGRAM AFTER RA DATE)** |
| C36. Who (else) (pays/paid) for (this/these) tests? This may include an organization or grant.**PROBE:** Any other person or organization? |  CODE ALL THAT APPLYITA VOUCHER 1[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] 2STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE 3TRADE ADJUSTMENT ASSISTANCE (TAA or TRA) 4VETERANS AFFAIRS (VA) 5PELL GRANT 6OTHER GOVERNMENT AGENCY OR ASSISTANCE 7OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) 8OTHER (SPECIFY) 99 DON’T KNOW dREFUSED r |  CODE ALL THAT APPLYITA VOUCHER 1[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] 2STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE 3TRADE ADJUSTMENT ASSISTANCE (TAA or TRA) 4VETERANS AFFAIRS (VA) 5PELL GRANT 6OTHER GOVERNMENT AGENCY OR ASSISTANCE 7OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) 8OTHER (SPECIFY) 99 DON’T KNOW dREFUSED r |
| C37a. Have you had at least one job since you started this program? | YES 1 GO TO C37bNO 0 SKIP TO D0DON’T KNOW d GO TO C37bREFUSED r GO TO C37 | YES 1 GO TO C37bNO 0 SKIP TO D0DON’T KNOW d GO TO C37bREFUSED r GO TO C37 |
| C37b. Do you think you got a job because of the skills you learned in this program? | YES 1NO, DID NOT GET JOB BECAUSEOF SKILLS 2NO, HAVE NOT BEEN EMPLOYEDSINCE COMPLETED PROGRAM 3STILL IN PROGRAM 4DON’T KNOW dREFUSED rIF STILL IN PROGRAM,GO TO C4 FOR NEXT PROGRAM OR D0 IF NO OTHER PROGRAM | YES 1NO, DID NOT GET JOB BECAUSEOF SKILLS 2NO, HAVE NOT BEEN EMPLOYEDSINCE COMPLETED PROGRAM 3STILL IN PROGRAM 4DON’T KNOW dREFUSED rIF STILL IN PROGRAM,GO TO C4 FOR NEXT PROGRAM OR D0 IF NO OTHER PROGRAM |

**SECTION D – EMPLOYMENT PATTERNS, JOB CHARACTERISTICS, AND EARNINGS**

|  |
| --- |
| **MOST RECENT JOB BEFORE RECEIVING ONE-STOP SERVICES** |

|  |
| --- |
| PROGRAMMER BOXcati: IF SRF17 = 1, GO TO D5, ELSE GO TO D0. |

D0. Now I’d like to ask you about your employment status before you sought services from the [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE]. Did you have at least one job between [fill (RA MO/YR DATE – 5 years)] and [fill RA MO/YR DATE]?

YES 1

NO 0 SKIP TO D21a

DON’T KNOW d SKIP TO D21a

REFUSED r SKIP TO D21a

D1. I am interested in the job you had just prior to [fill RA MO/YR DATE]. If you had more than one job just before you sought services, please give answers about your job with the most hours.

 What was the name of this company? Who was your employer?

COMPANY NAME (SPECIFY) 1

SELF EMPLOYED 2

DON’T KNOW d

REFUSED r

D2. What kind of company is [fill COMPANY NAME]—what do they make, do, or sell?

**PROBE: What kind of business or industry is this?**

KIND OF BUSINESS OR INDUSTRY (SPECIFY) 1

DON’T KNOW d

REFUSED r

D3. What were your main duties at this company? Please be specific.

 PROBE: What did you do?

FOR EXAMPLE: TRY TO GET A VERB. TEACHING, DRIVING A TRACTOR TRAILER, STOCKING INVENTORY.

MAIN DUTIES (SPECIFY) 1

DON’T KNOW d

REFUSED r

D4. As of [fill RA MO/YR DATE], what was your most recent rate of pay, before taxes or deductions, at that job?

 PROBE: If your pay varied, provide an average amount.

 ACCEPT MOST CONVENIENT PAY PERIOD.

 $ | | | | , | | | | . | | | RATE OF PAY SKIP TO D8

PER HOUR 1 SKIP TO D8

PER WEEK 2 SKIP TO D8

ONCE EVERY TWO WEEKS 3 SKIP TO D8

TWICE A MONTH 4 SKIP TO D8

PER YEAR 5 SKIP TO D8

OTHER (SPECIFY) 99 SKIP TO D8

DON’T KNOW d SKIP TO D8

REFUSED r SKIP TO D8

D5. Now, I’d like to ask you about the job you had just before you sought services from the [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE]. My computer screen indicates that you worked at [fill COMPANY NAME SRF20]. Is this correct?

YES 1

NO 0 GO BACK TO D1

DON’T KNOW d GO BACK TO D1

REFUSED r GO BACK TO D1

D6. What kind of company is [fill COMPANY NAME]—what do they make, do, or sell?

**PROBE: What kind of business or industry is this?**

KIND OF BUSINESS OR INDUSTRY (SPECIFY) 1

DON’T KNOW d

REFUSED r

IF SRF21 valid

D7. At the time you sought services from [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE] your main duties at [fill COMPANY NAME SRF20] were [fill SRF21]. Is this correct?

YES 1

NO 0 GO BACK TO D3

DON’T KNOW d GO BACK TO D3

REFUSED r GO BACK TO D3

ALL

D8. When did you start working for [fill COMPANY NAME]?

INTERVIEWER: RECORD MONTH AND YEAR.

 ENTER DATE IN MM/YYYY FORMAT

| | | / | | | | | SKIP TO D10

MONTH YEAR

DON’T KNOW d

REFUSED r

IF D8 = d OR r

D9. Do you recall what year you started working there?

 | | | | | YEAR

DON’T KNOW d

REFUSED r

D10. When did that job end?

INTERVIEWER: RECORD MONTH AND YEAR.

 ENTER DATE IN MM/YYYY FORMAT.

| | | / | | | | | SKIP TO D12a

MONTH YEAR

STILL AT JOB 2 SKIP TO D12a

DON’T KNOW d

REFUSED r

IF D10 = d OR r

D11. Do you recall what year that job ended?

 | | | | | YEAR

DON’T KNOW d

REFUSED r

D12a. Apart from vacations, holidays, or sick leave, would you say you worked for all or nearly all of the time between when that job started and (when that job ended/now) or was there some time that you were not working?

 PROBE: Between [fill (D8/D9 MO/YR)] and ([fill (D10/D11 MO/YR)]/now)

WORKED ALL OR NEARLY ALL OF THE TIME 1 SKIP TO D13

SOME TIME NOT WORKING 0

DON’T KNOW d

REFUSED r

D12b. About how many weeks would you say you worked during that time? Would you say . . .

 PROBE: Between [fill (D8/D9 MO/YR)] and ([fill (D10/D11 MO/YR)]/now)

 CODE ONE ONLY

**Most but not all,** 1

**About half,** 2

**Less than half but more than a few, or** 3

**Almost none?** 4

DON’T KNOW d

REFUSED r

D13. How many hours per week, including regular overtime hours, did you usually work on that job?

| | | HOURS PER WEEK SKIP TO D15

DON’T KNOW d

REFUSED r

IF D13 = d OR r

D14. Would you say you work(ed) . . .

 CODE ONE ONLY

**Less than 20 hours per week,** 1

**Between 20 and 29 hours per week,** 2

**Between 30 and 39 hours per week,** 3

**Between 40 and 49 hours per week, or** 4

**50 or more hours per week?** 5

DON’T KNOW d

REFUSED r

D15. How many days per week did you usually work?

PROBE: How many days in an average week?

PROBE: Just before you left.

 | | DAYS PER WEEK

DON’T KNOW d

REFUSED r

|  |
| --- |
| **NO D16 IN THIS VERSION.** |

|  |
| --- |
| PROGRAMMER BOXcati: IF D1 = 2 (SELF-EMPLOYED), SKIP TO D20. |

D17. Which of the following best describes your employment at that company? Were you working . . .

 CODE ONE ONLY

**As a regular full-time or part-time employee,** 1

**For a temporary help agency,** 2

**For a company that contracts out you or your services,** 3

**As an independent contractor, independent consultant, free-lance worker, or self-employed,** 4

**As a day laborer, or** 5

**As an on-call employee?** 6

DON’T KNOW d

REFUSED r

PROBE: A temporary help agency supplies workers to other companies on an as needed basis.

PROBE: Some companies provide employees or their services to others under contract. A few examples of services that can be contracted out include security, landscaping, or computer programming.

PROBE: Independent contractors, independent consultants, and free-lance workers obtain customers on their own to provide a product or service and can have other employees working for them.

PROBE: Day laborers are people who get work by waiting at a place where employers pick up people to work for a day or by posting paper or electronic job wanted ads and responding on a day-by-day basis.

PROBE: On-call workers are in a pool of workers who are ONLY called to work as needed, although they can be scheduled to work for several days or weeks in a row, for example, substitute teachers, and construction workers supplied by a union hiring hall.

D18. Which of the following benefits were available to you on your job, even if you were not receiving them (READ EACH ITEM) . . .

INTERVIEWER: CODE “YES” IF AVAILABLE, BUT NOT USED.

|  |  |
| --- | --- |
|  | CODE ONE PER ROW |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. Health insurance or membership in an HMO or PPO plan?  | 1 | 0 | d | r |
| b. Paid vacation?  | 1 | 0 | d | r |
| c. Paid holidays?  | 1 | 0 | d | r |
| d. Paid sick leave?  | 1 | 0 | d | r |
| e. Retirement or pension benefits?  | 1 | 0 | d | r |
| f. Tuition assistance/reimbursement?  | 1 | 0 | d | r |

D19. Did you belong to a union on this job?

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| PROGRAMMER BOXcati: IF D10 = 2 (STILL AT JOB), d, OR r, SKIP TO D21b. |

D20. Why did you stop working at that job?

PROBE: Were you laid off, did you quit, did you retire, were you fired, or was there some other reason?

 CODE ONE ONLY

LAID OFF (INCLUDE JOB COMPLETED/TEMP. WORK/SEASONAL WORK/WORK PERIOD ENDED/REORGANIZATION/DOWNSIZING/ COMPANY SOLD/COMPANY MOVED/COMPANY WENT OUT OF BUSINESS/END OF TERM IN SERVICE/ENLISTMENT UP) 1

QUIT 2

RETIRED 3

FIRED 4

ILLNESS/PREGNANCY/LEAVE OF ABSENCE 5

STRIKE 6

INJURED ON JOB 7

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| **CURRENT JOB AND UP TO 5 JOBS BETWEEN NOW AND RA** |

|  |
| --- |
| PROGRAMMER BOXcati: IF D10 = 2 (STILL AT JOB), SKIP TO D21b. |

D21a. (We are finished talking about the job you had at [IF SRF17 ~=1, fill D2 COMPANY NAME; ELSE IF SRF17 = 1, fill COMPANY NAME SRF20].) Now I’d like to ask you about your current employment status. Are you . . .

 CODE ALL THAT APPLY

**Currently employed for someone other than yourself,** 1

**Self-employed,** 2

**Not employed,** 3

**Not employed outside the home,** 4

**Retired,** 5

**A student, or** 6

**Something else?** (SPECIFY) 99

ONLY TEMPORARILY LAID OFF, SICK, OR MATERNITY LEAVE 7

DISABLED, PERMANENTLY OR TEMPORARILY 8

DON’T KNOW d

REFUSED r

D21b. Are you currently looking for work?

YES 1

NO 0

DON’T KNOW d

REFUSED r

**D22.** **Including any current job(s), how many different paid jobs have you had since [fill RA MO/YR DATE]?**

**PROBE: How many different full-time or part-time jobs have you had since you sought services from [fill LWIA ONE-STOP NAME]?**

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

 | | | NUMBER OF JOBS

ZERO 00 SKIP TO E1

DON’T KNOW d

REFUSED r

|  |
| --- |
| PROGRAMMER BOXCATI: ALLOW FOR 5 JOBS. ASK D23 ACROSS FIRST, FOLLOWED BY D24. THEN ASK D25-D39 FOR EACH JOB. |

NOTE: SPACE FOR 3RD, 4TH, AND 5TH JOB WILL BE IN CATI PROGRAM.

|  |  |  |
| --- | --- | --- |
|  | **JOB 1** | **JOB 2** |
| D23. Please tell me the name of the companies, organizations, or people you’ve worked for. Start with your current job or jobs, then the most recent jobs that you had.**PROBE:** What was the job before that? | COMPANY NAME (SPECIFY) 1 SELF-EMPLOYED 2DON’T KNOW dREFUSED r | COMPANY NAME (SPECIFY) 1 SELF-EMPLOYED 2DON’T KNOW dREFUSED r |
| D24. It is important that we get information on every job you have had since [fill RA MO/YR DATE]. Let me verify that since [fill RA MO/YR DATE] you worked at [fill D23 NAMES]. Is this correct, or are there any other jobs you may have had, including your current job? INTERVIEWER: IF CORRECT, ENTER “1” AND CONTINUE. IF IT IS NOT CORRECT, ENTER “0”; GO BACK TO D23 AND D24 TO ENTER CORRECT NAMES AND NUMBER OF JOBS HELD. | CORRECT 1NOT CORRECT 0DON’T KNOW dREFUSED r | CORRECT 1NOT CORRECT 0DON’T KNOW dREFUSED r |
| D25. When did you start working for [fill D23\_JOB\_1 – D23\_JOB\_5]? INTERVIEWER: RECORD MONTH AND YEAR. | | | | / | | | | | SKIP TO D27MONTH YEARDON’T KNOW dREFUSED r | | | | / | | | | | SKIP TO D27MONTH YEARDON’T KNOW dREFUSED r |
| IF D25= d OR rD26. Do you recall what year you started working there? | | | | | | YEARDON’T KNOW dREFUSED r | | | | | | YEARDON’T KNOW dREFUSED r |
| D27. When did that job end? INTERVIEWER: RECORD MONTH AND YEAR. | | | | / | | | | | SKIP TO D29aMONTH YEARSTILL AT JOB 2 SKIP TO D29aDON’T KNOW dREFUSED r | | | | / | | | | | SKIP TO D29aMONTH YEARSTILL AT JOB 2 SKIP TO D29aDON’T KNOW dREFUSED r |
| IF D27= d OR rD28. Do you recall what year that job ended? | | | | | | YEARDON’T KNOW dREFUSED r | | | | | | YEARDON’T KNOW dREFUSED r |

|  |  |  |
| --- | --- | --- |
|  | **JOB 1** | **JOB 2** |
| D29a. Apart from vacations, holidays, or sick leave, would you say you worked for all or nearly all of the time between when that job started and (when that job ended/now) or was there some time that you were not working?**PROBE:** Between [fill (D25/D26 MO/YR)] and [fill D27/ D28 MO/YR)]/now. |  CODE ONE ONLYWORKED ALL OR NEARLY ALL OF THE TIME 1 SKIP TO D30SOME TIME NOT WORKING 2DON’T KNOW dREFUSED r |  CODE ONE ONLYWORKED ALL OR NEARLY ALL OF THE TIME 1 SKIP TO D30SOME TIME NOT WORKING 2DON’T KNOW dREFUSED r |
| D29b. About how many weeks would you say you worked during that time?**PROBE:** Between [fill (D25/D26 MO/YR)] and [fill D27/ D28 MO/YR)]/now. |  CODE ONE ONLYMost but not all, 1About half, 2Less than half but more than a few, or 3Almost none? 4DON’T KNOW dREFUSED r |  CODE ONE ONLYMost but not all, 1About half, 2Less than half but more than a few, or 3Almost none? 4DON’T KNOW dREFUSED r |
| IF D29a =1D30. How many hours per week, including regular overtime hours (do/did) you usually work at [fill D23\_JOB\_1 – D23\_JOB\_5]? | | | | HOURS PER WEEK SKIP TO D32DON’T KNOW dREFUSED r | | | | HOURS PER WEEK SKIP TO D32DON’T KNOW dREFUSED r |
| IF D30 =d OR rD31. Would you say you work(ed) . . . |  CODE ONE ONLYLess than 20 hours per week, 1Between 20 and 29 hours per week, 2Between 30 and 39 hours per week, 3Between 40 and 49 hours per week, or 450 or more hours per week? 5DON’T KNOW dREFUSED r |  CODE ONE ONLYLess than 20 hours per week, 1Between 20 and 29 hours per week, 2Between 30 and 39 hours per week, 3Between 40 and 49 hours per week, or 450 or more hours per week? 5DON’T KNOW dREFUSED r |
| D32. How many days per week (do/did) you usually work?**PROBE:** How many days in an average week?**PROBE:** Just before you left. | | | | DAYS PER WEEKDON’T KNOW dREFUSED r | | | | DAYS PER WEEKDON’T KNOW dREFUSED r |
| NO D33 IN THIS VERSION. |  |  |
| D34. What kind of company is [fill D23\_JOB\_1 – D23\_JOB\_5]—what do they make, do, or sell?**PROBE:** What kind of business or industry is this? **INTERVIEWER: IF RESPONDENT RETURNED TO JOB, SAY:** You may have told me this information about when you worked for [fill COMPANY NAME] before. | KIND OF BUSINESS OR INDUSTRY (SPECIFY) 1 DON’T KNOW dREFUSED r | KIND OF BUSINESS OR INDUSTRY (SPECIFY) 1 DON’T KNOW dREFUSED r |

|  |  |  |
| --- | --- | --- |
|  | **JOB 1** | **JOB 2** |
| D35. What (do/did) you do there—what (is/was) your job?**PROBE:** What were your most important duties at that job?INTERVIEWER: TRY TO GET A VERB. | JOB DUTIES (SPECIFY) 1 DON’T KNOW dREFUSED r | JOB DUTIES (SPECIFY) 1 DON’T KNOW dREFUSED r |
| IF D23 = 2, SKIP D36D36. Which of the following best describes your employment at [fill D23\_JOB\_1 – D23\_JOB\_5]? (Are/Were) you working . . . |  CODE ONE ONLYas a regular full-time or part-time employee, 1for a temporary help agency, 2for a company that contracts out you or your services, 3as an independent contractor, independent consultant, free-lance worker, or self-employed, 4as a day laborer, or 5as an on-call employee? 6DON’T KNOW dREFUSED r |  CODE ONE ONLYas a regular full-time or part-time employee, 1for a temporary help agency, 2for a company that contracts out you or your services, 3as an independent contractor, independent consultant, free-lance worker, or self-employed, 4as a day laborer, or 5as an on-call employee? 6DON’T KNOW dREFUSED r |
| D37. What (was/is) your (most recent/current) rate of pay, before taxes at deductions, at that job? **PROBE:** If your pay (varies/varied), please provide an average amount. ACCEPT MOST CONVENIENT PAY PERIOD. | $ | | | |**,**| | | |**.**| | | AVERAGE AMOUNTPER HOUR 1PER WEEK 2ONCE EVERY TWO WEEKS 3TWICE A MONTH 4PER YEAR 5OTHER (SPECIFY) 99 DON’T KNOW dREFUSED r | $ | | | |**,**| | | |**.**| | | AVERAGE AMOUNTPER HOUR 1PER WEEK 2ONCE EVERY TWO WEEKS 3TWICE A MONTH 4PER YEAR 5OTHER (SPECIFY) 99 DON’T KNOW dREFUSED r |
| IF D23 = 2, SKIP D38D38. Which of the following benefits (are/were) available to you on your job, even if you (are/were) not receiving them (READ EACH ITEM) . . . SELECT IF AVAILABLE, BUT NOT USED. |  CODE ALL THAT APPLYHealth insurance or membership in an HMO or PPO plan? 1Paid vacation? 2Paid holidays? 3Paid sick leave? 4Retirement or pension benefits? 5Tuition assistance/reimbursement? 6DON’T KNOW dREFUSED r |  CODE ALL THAT APPLYHealth insurance or membership in an HMO or PPO plan? 1Paid vacation? 2Paid holidays? 3Paid sick leave? 4Retirement or pension benefits? 5Tuition assistance/reimbursement? 6DON’T KNOW dREFUSED r |
| IF D23 = 2, SKIP D39.D39. (Do/Did) you belong to a union on this job? | YES 1NO 0DON’T KNOW dREFUSED r | YES 1NO 0DON’T KNOW dREFUSED r |

**SECTION E – INCOME SOURCES AND HOUSEHOLD CHARACTERISTICS**

**The next questions are about sources of income and support other than unemployment benefits that you may have received during the most recent calendar year, that is, between [fill January 1, MOST RECENT CALENDAR YEAR (CY) and December 31, CY]. These questions will go very quickly.**

**E1. Did you or anyone in your household receive assistance from any of the following programs during [fill CY]?**

|  |  |
| --- | --- |
|  | CODE ONE PER ROW |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. SNAP/food stamps  | 1 | 0 | d | r |
| b. WIC  | 1 | 0 | d | r |
| c. Cash assistance from [fill STATE TANF NAME] or welfare, Supplemental Security Income (SSI), Social Security Retirement, Disability, or Survivors Benefits (SSA) or General Assistance (GA)  | 1 | 0 | d | r |
| d. Any other assistance that I haven’t mentioned? (SPECIFY)  | 1 | 0 | d | r |
|   |  |  |  |  |

|  |
| --- |
| PROGRAMMER BOXIF E1a – E1b = NO, GO TO E4.CATI: ASK E2 AND E3 FOR EACH YES IN E1 (WITH THE EXCEPTION OF E1b (WIC)). |

|  |  |  |
| --- | --- | --- |
|  | SNAP (FOOD STAMPS) | CASH ASSISTANCE |
| E2. For approximately how many months did you or anyone else in your household receive [fill (food stamps) (cash assistance) (other assistance)]?**PROBE:** If you did not receive assistance in some months, please tell us for how many months you did receive assistance. | | | | MONTHSDON’T KNOW dREFUSED r | | | | MONTHSDON’T KNOW dREFUSED r |
| E3. And approximately how much assistance was received each month? **IF VARIED, PROBE:** Please tell me the average amount received. | $ | | | **,** | | | |DON’T KNOW dREFUSED r | $ | | | **,** | | | |DON’T KNOW dREFUSED r |

**E4. What was the total income for you and all the members of your household, before taxes and other deductions in [fill CY]? Please include all of the sources of income we’ve talked about, plus any others you may have had.**

**PROBE, IF NEEDED: Include sources such as self-employment, regular jobs, and earnings from odd side jobs, under-the-table jobs, and other activities, social security, pensions, rent, interest and dividends, unemployment compensation, welfare, other public assistance, food stamps, child support, and money from any other sources. Your best estimate is fine.**

INTERVIEWER: ACCEPT A “DON’T KNOW” ANSWER WITHOUT PRESSING RESPONDENT FOR AN ANSWER. GO TO RANGES IN E5 TO GET INCOME AMOUNT.

$ | | | | **,** | | | | skip to E8

PER MONTH 1

PER YEAR 2

DON’T KNOW d skip to E8

REFUSED r skip to E8

**E5. Would you say your household income in [fill CY] was . . .**

**PROBE: Your best estimate is fine.**

INTERVIEWER: IF RESPONDENT STILL SAYS “DON’T KNOW,” RECORD DON’T KNOW AS THEIR ANSWER AND MOVE ON WITHOUT PRESSING RESPONDENT FURTHER.

 CODE ONE ONLY

**Less than $30,000, or** 1 SKIP TO E7

**$30,000 or more?** 2

DON’T KNOW d SKIP TO E8

REFUSED r SKIP TO E8

**E6. Would you say it was . . .**

 CODE ONE ONLY

**$30,000 to under $45,000,** 1

**$45,000 to under $60,000,** 2

**$60,000 to under $75,000,** 3

**$75,000 to under $90,000,** 4

**$90,000 to under $105,000, or** 5

**$105,000 or more?** 6

DON’T KNOW d skip to E8

REFUSED r skip to E8

|  |
| --- |
| SKIP TO E8 |

**E7. Would you say it was . . .**

 CODE ONE ONLY

**Less than $5,000,** 1

**$5,000 to under $10,000,** 2

**$10,000 to under $15,000,** 3

**$15,000 to under $20,000,** 4

**$20,000 to under $25,000, or** 5

**$25,000 to under $30,000?** 6

DON’T KNOW d

REFUSED r

**E8. INCLUDING YOURSELF, how many people currently live with you? Please include babies, small children, people who are not related to you, and people who are temporarily away.**

| | | NUMBER OF PEOPLE LIVING WITH, INCLUDING RESPONDENT

DON’T KNOW d

REFUSED r

|  |
| --- |
| PROGRAMMER BOX IF E8 = 1, SKIP TO F1. |

**E9. How many of these people are children under 18 who are financially dependent on you?**

| | | NUMBER CHILDREN UNDER 18 LIVING WITH AND WHO
ARE FINANCIALLY DEPENDENT UPON RESPONDENT

DON’T KNOW d

REFUSED r

**SECTION F – HEALTH INSURANCE AND DEMOGRAPHICS**

|  |
| --- |
| PROGRAMMER BOXCATI: IF SRF16 MISSING, START WITH F1, ELSE START WITH F2. |

**F1. We’re almost done. Thank you for your patience.**

 **At the time you sought services from [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE], did you have any health problems—mental, physical, or emotional—or substance abuse problems that limited the kind or amount of work or training that you could do?**

INTERVIEWER: COVERS DISABILITY.

YES 1

NO 0

DON’T KNOW d

REFUSED r

**F2. Were you covered by health insurance during the year leading up to the time you sought services at [fill LWIA ONE-STOP NAME], that is from [fill (RA MO/YR DATE – 1 year)] to [fill RA MO/YR DATE]?**

INTERVIEWER: IF RESPONDENT STATES THAT THEIR COVERAGE WAS INTERRUPTED DURING THIS YEAR AND THEY HAD COVERAGE FOR PART OF THE YEAR, BUT NOT THE ENTIRE YEAR, ASK: “**Did you have coverage for the majority of the year, that is, 6 months or more?”**IF SO, CODE THE RESPONSE AS “YES,” IF NOT CODE AS “NO.”

YES 1

NO 0

DON’T KNOW d

REFUSED r

**F3. Have you been covered by health insurance at any time since [fill RA MO/YR DATE]?**

YES 1

NO 0 SKIP TO F6

DON’T KNOW d SKIP TO F6

REFUSED r SKIP TO F6

**F4. Were you covered by health insurance for the entire period since [fill RA MO/YR DATE]?**

PROBE: If there were only very brief periods totaling less than one month that you did not have health insurance, please say “yes.”

YES 1 SKIP TO F5a

NO 0

DON’T KNOW d

REFUSED r

**F5. For approximately how many months were you covered by health insurance?**

 **PROBE: Since [fill RA MO/YR DATE].**

 | | | number of months

DON’T KNOW d

REFUSED r

**F5x. And what was the main type of health insurance or health coverage that you had during that time?**

 **PROBE: For example, a plan from your current employer, a plan you bought on your own, or a play from the government, like Medicare or Medicaid. We are not looking for the name of your insurance carrier.**

 **PROBE: Since [fill RA MO/YR DATE].**

INTERVIEWER: READ IF NECESSARY.

 **IF SAMPLE MEMBER GIVES MORE THAN ONE, PROBE: “Out of those, what was the primary coverage you had?”**

 IF SAMPLE MEMBER TELLS YOU THE NAME OF THEIR HEALTH INSURANCE PLAN, READ ANSWER CHOICES AND STRESS THAT THE QUESTION IS ASKING WHAT TYPE OF HEALTH INSURANCE THEY HAD, NOT THE NAME OF THEIR INSURANCE CARRIER.

 CODE ONE ONLY

A HEALTH INSURANCE PLAN FROM YOUR CURRENT OR FORMER EMPLOYER, UNION, OR SCHOOL 1

A HEALTH INSURANCE PLAN FROM YOUR SPOUSE’S CURRENT OR FORMER EMPLOYER, UNION, OR SCHOOL 2

A HEALTH INSURANCE PLAN BOUGHT ON YOUR OWN, INCLUDING THOSE FROM PROFESSIONAL ASSOCIATIONS 3

A HEALTH INSURANCE PLAN PROVIDED BY SOMEONE WHO DOES NOT LIVE IN YOUR HOUSEHOLD 4

MEDICARE, THE HEALTH INSURANCE PLAN FOR PEOPLE 65 YEARS OLD AND OLDER OR PERSONS WITH CERTAIN DISABILITIES 5

MEDICAID, THE GOVERNMENT ASSISTANCE PROGRAM THAT PAYS FOR HEALTH CARE 6

ANOTHER STATE SPECIFIC PLAN 7

VA, CHAMPUS, CHAMP-VA, TRICARE, OR SOME OTHER MILITARY CARE 8

INDIAN HEALTH SERVICE 9

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

**Now I have some general questions.**

IF SRF6 MISSING

**F6. CODE WITHOUT ASKING IF KNOWN: What is your gender?**

 CODE ONE ONLY

MALE 1

FEMALE 2

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

IF SRF10 MISSING

**F7. Are you of Hispanic, Latino, or Spanish origin?**

YES 1

NO 0

DON’T KNOW d

REFUSED r

IF SRF11 MISSING

**F8. What is your race? You may choose more than one.**

 CODE ALL THAT APPLY

**White,** 1

**Black or African American,** 2

**American Indian or Alaska Native,** 3

**Asian, or** 4

**Native Hawaiian or other Pacific Islander?** 5

DON’T KNOW d

REFUSED r

IF SRF13 MISSING

**F9. At the time you sought services from [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE], what was your marital status? Were you . . .**

 CODE ONE ONLY

**Married,** 1

**Separated,** 2

**Divorced,** 3

**Widowed, or** 4

**Never married?** 5

DON’T KNOW d

REFUSED r

IF SRF15 MISSING

**F10. At the time you sought services from [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE], what was the highest diploma or degree you had received?**

 CODE ONE ONLY

NONE 1

ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA 2

HIGH SCHOOL DIPLOMA 3

ADULT BASIC EDUCATION (ABE) CERTIFICATE 4

GENERAL EDUCATIONAL DEVELOPMENT (GED) 5

VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE 6

ASSOCIATE’S DEGREE (AA; 2 YEARS) 7

BACHELOR’S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS) 8

MASTER’S DEGREE OR EQUIVALENT (MA/MS) 9

DOCTORATE/Ph.D. (MD, PHD) 10

OTHER PROFESSIONAL DEGREE/CERTIFICATE 11

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

ALL

**F11. What is the highest diploma or degree you currently have?**

 CODE ONE ONLY

NONE 1

ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA 2

HIGH SCHOOL DIPLOMA 3

ADULT BASIC EDUCATION (ABE) CERTIFICATE 4

GENERAL EDUCATIONAL DEVELOPMENT (GED) 5

VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE 6

ASSOCIATE’S DEGREE (AA; 2 YEARS) 7

BACHELOR’S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS) 8

MASTER’S DEGREE OR EQUIVALENT (MA/MS) 9

DOCTORATE/Ph.D. (MD, PHD) 10

OTHER PROFESSIONAL DEGREE/CERTIFICATE 11

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

**F12a. Have you ever been arrested?**

YES 1

NO 0 SKIP TO G1

DON’T KNOW d SKIP TO G1

REFUSED r SKIP TO G1

**F12b. Was this before [fill RA MO/YR DATE], after [fill RA MO/YR DATE] or both before and after?**

 CODE ONE ONLY

BEFORE 1

AFTER 2

BOTH BEFORE AND AFTER 3

DON’T KNOW d

REFUSED r

**F13a. Have you ever been convicted of a felony?**

YES 1

NO 0 SKIP TO G1

DON’T KNOW d SKIP TO G1

REFUSED r SKIP TO G1

**F13b. Was this before [fill RA MO/YR DATE], after [fill RA MO/YR DATE] or both before and after?**

 CODE ONE ONLY

BEFORE 1

AFTER 2

BOTH BEFORE AND AFTER 3

DON’T KNOW d

REFUSED r

**SECTION G – FOLLOW-UP INFORMATION**

**G1. Thank you for participating in the survey. We may contact you again in the future and I need to know how to get in touch with you.**

**G2. (What is/Is [fill TELEPHONE NUMBER]) your telephone number?**

TELEPHONE NUMBER SAME AS SAMPLE INFORMATION 1

NEW TELEPHONE NUMBER 2

| | | |-| | | |-| | | | |

NO TELEPHONE 0 SKIP TO G7

DON’T KNOW d SKIP TO G7

REFUSED r SKIP TO G7

**G3. Is that number listed in your name or is it in someone else’s?**

SAMPLE MEMBER 1 SKIP TO G7

OTHER 2

DON’T KNOW d SKIP TO G7

REFUSED r SKIP TO G7

**G4. Could you spell the first name for me please?**

 **Could you spell their last name for me please?**

 CONFIRM NAME WITH RESPONDENT THEN PRESS ENTER.

FIRST NAME

LAST NAME

DON’T KNOW d

REFUSED r

**G5. What is (his/her/their) address?**

STREET 1

STREET 2

STREET 3

CITY

STATE

ZIP

SAME AS SAMPLE MEMBER’S 1

DON’T KNOW d

REFUSED r

**G6. What is (his/her/their) relationship to you?**

 CODE ONE ONLY

SPOUSE/PARTNER 1

MOTHER 2

FATHER 3

SISTER 4

BROTHER 5

GRANDMOTHER 6

GRANDFATHER 7

AUNT 8

UNCLE 9

FRIEND 10

DAUGHTER 11

SON 12

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| SKIP TO G11 |

**G7. Can you give me a different phone number where you can be reached, perhaps a cell phone number?**

YES 1

NO 0

DON’T KNOW d

REFUSED r

 **Please give me the telephone number, area code first.**

NEW TELEPHONE

NUMBER: | | | |-| | | |-| | | | |

NO TELEPHONE 0 SKIP TO G11

DON’T KNOW d SKIP TO G11

REFUSED r SKIP TO G11

NEW SCREEN:

PHONE

NUMBER: | | | |-| | | |-| | | | |

 CONFIRM THE INFO ABOVE WITH RESPONDENT THEN PRESS ENTER.

**G8. Whose telephone is that?**

NAME

SAMPLE MEMBER 1 SKIP TO G11

DON’T KNOW d SKIP TO G11

REFUSED r SKIP TO G11

**G9. What is (his/her/their) address?**

STREET 1

STREET 2

APT. #

CITY

STATE

ZIP

DON’T KNOW d

REFUSED r

**G10. What is (his/her/their) relationship to you?**

 CODE ONE ONLY

SPOUSE/PARTNER 1

MOTHER 2

FATHER 3

SISTER 4

BROTHER 5

GRANDMOTHER 6

GRANDFATHER 7

AUNT 8

UNCLE 9

FRIEND 10

DAUGHTER 11

SON 12

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

**G11. As part of our study, we may be contacting you in a few years to see how things are going for you. In case you move, we would like to have the name, address, and phone number of one person who does not live with you who will know how to reach you. We would only contact this person if we have trouble getting in touch with you directly.**

|  |
| --- |
| PROGRAMMER SKIP BOXG11CATI INSTRUCTION: FOR ALL CONTACT INFORMATION, A “DON’T KNOW” RESPONSE CAN BE ACCEPTED IN ANY ADDRESS FIELD TO ALLOW FOR PARTIAL ADDRESSES, I.E. THE RESPONDENT KNOWS IN WHICH CITY THE CONTACT LIVES, BUT NOT THE EXACT STREET ADDRESS. IF A “DON’T KNOW” RESPONSE IS ENTERED IN ANY “NAME” FIELD, IN THE CONTACT SECTION, THE INTERVIEWER SHOULD BE TAKEN DIRECTLY TO THE CLOSING “THANK YOU.” |

OTHER RELATIVE’S NAME, ADDRESS, AND TELEPHONE NUMBER

**G12. What is the name of the person who would always know how to get in touch with you?**

 PROBE FOR FULL NAMES, INCLUDING MIDDLE INITIALS.

 PROBE FOR CORRECT SPELLING.

 **Could you spell their first and last name for me please?**

 CONFIRM THE NAME ABOVE WITH RESPONDENT THEN PRESS ENTER.

FIRST NAME (OTHER RELATIVE’S FULL NAME)

LAST NAME

DON’T KNOW d SKIP TO G11

REFUSED r SKIP TO G11

**G13.** **What is their relationship to you?**

 CODE ONE ONLY

SPOUSE/PARTNER 1

MOTHER 2

FATHER 3

SISTER 4

BROTHER 5

GRANDMOTHER 6

GRANDFATHER 7

AUNT 8

UNCLE 9

FRIEND 10

DAUGHTER 11

SON 12

OTHER (SPECIFY) 99

DON’T KNOW d

REFUSED r

**G14.** **What is their full address and home telephone number?**

**PROBE: Can you spell the street name for me please?**

 **Is there an apartment number?**

 **Besides the PO Box do you have a street address?**

 CONFIRM INFO.

STREET 1

STREET 2

APT. #

CITY

STATE

ZIP

NUMBER: | | | |-| | | |-| | | | |

DON’T KNOW d

REFUSED r

**G15.** **In whose name is that phone listed?**

NAME

 CODE ONE ONLY

SAMPLE MEMBER 1

DON’T KNOW d

REFUSED r

**G16. We will be mailing you a check in a couple of weeks and I would like to confirm the name and address where we should send the payment. Is it . . .**

INTERVIEWER: VERIFY SPELLING OF NAME.

|  |
| --- |
| PROGRAMMER BOXcati: allow for name changes |

STREET 1

STREET 2

APT. #

CITY

STATE

ZIP

DON’T KNOW d

REFUSED r

**G17. I just have two final questions for you about your overall experience with [fill LWIA ONE-STOP NAME]. First, how satisfied or dissatisfied are you with your experience? Would you say you are . . .**

 CODE ONE ONLY

**Very satisfied,** 1

**Somewhat satisfied,** 2

**Somewhat dissatisfied, or** 3

**Very dissatisfied,** 4

DON’T KNOW d

REFUSED r

**G18. And do you have any further comments about your experience with the [fill LWIA ONE‑STOP NAME]? If yes, I can write them down now.**

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| PROGRAMMER BOXIF G18 = 1, TAKE TO SCREEN FOR INTERVIEWER TO TYPE COMMENTS.IF G18 = 0, d, or r, take to thank you screen. |

**Thank you for your cooperation. This completes the survey! Thank you again.**