

APPENDIX A
UI RECIPIENT SURVEY

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

Recipient Survey Instrument

October 2, 2012



MATHEMATICA
Policy Research

Contract Number:
GS10F0050L/DOLF109631341

Mathematica Reference Number:
06863.426

Submitted to:
U.S. Department of Labor
CPPR
200 Constitution Ave., NW
Washington, DC 20210
Project Officer: Steven Richardson

Submitted by:
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543-2393
Telephone: (609) 799-3535
Facsimile: (609) 799-0005
Project Director: Karen Needels

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

Recipient Survey Instrument

October 2, 2012

MATHEMATICA
Policy Research

CONTENTS

Section	Page
A. INTRODUCTION AND SCREENING	1
B. UI COLLECTION HISTORY.....	17
C. PRE-UI EMPLOYMENT.....	20
D. POST CLAIM WORK SEARCH ACTIVITIES	31
E. EDUCATION AND TRAINING PROGRAMS.....	36
F. JOBS SINCE PRE-UI CLAIM JOB, INCLUDING CURRENT EMPLOYMENT.....	45
G. MARITAL STATUS AND FINANCIAL WELL-BEING.....	54
H. PRE- AND POST-CLAIM INCOME (OTHER THAN UI BENEFITS).....	56
I. HEALTH STATUS AND HEALTH INSURANCE COVERAGE	62
J. DEMOGRAPHICS	65
K. FAMILY SIZE AND NUMBER OF CHILDREN	66
L. WORK MOBILITY	68
M. TRACKING INFORMATION	70

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

RECIPIENT SURVEY

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

SECTION A – INTRODUCTION AND SCREENING

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

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

A2. What about
 I'm calling from Mathematica Policy Research about a survey we are conducting for the U.S. Department of Labor. [fill FirstName] should have received a letter from Department of Labor about the study. May I speak with [fill SAMPLE MEMBER NAME]?

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

HealthProb (Q3)

ENTER TYPE OF HEALTH PROBLEM.

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

AmpTTY (Q4)

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

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

RespAvail (Q5)

Is [fill FirstName] available now?

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

AmpPhone (Q6)

Please hold while I get the amplifier phone.

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

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

CallTTY (Q7)

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

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

CallLater (Q8)

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

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

Deceased (Q9)

I am very sorry to hear that [fill HeShe] passed away. I am calling about a survey we are conducting for the U.S. Department of Labor. So that I can update my records, could you please tell me when [fill HeShe] passed away?

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

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

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

Institution (Q10)

ENTER TYPE OF INSTITUTION.

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

HomeSoon (Q11)

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..... 01 (CALLBACK)
NO 00 (THANKS Q36 STATUS 421)

KnowWhere (Q17)

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

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

New Phone (Q18)

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

|_|_|_|-|_|_|_|-|_|_|_|_|

(AREA CODE)

DON'T KNOW..... d

REFUSED..... r

[GO TO NEW ADDR (Q19)]

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

CODE ALL THAT APPLY

HOME 01

CELL..... 02

WORK 03

DON'T KNOW..... d

REFUSED..... r

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

SECOND PHONE NUMBER:

|_|_|_|-|_|_|_|-|_|_|_|_|

(AREA CODE)

NO OTHER NUMBER 00 (NEW ADDR Q19)

DON'T KNOW..... d

REFUSED..... r (NEW ADDR Q19)

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

CODE ALL THAT APPLY

HOME 01

CELL..... 02

WORK 03

DON'T KNOW..... d

REFUSED..... r

New Addr (Q19)

May I please have [fill HisHer] address?

HOUSE NUMBER / STREET NAME		APT. #
CITY	STATE	ZIP CODE
DON'T KNOW..... d		
REFUSED..... r		
[GO TO A8]		

(A8) TollFree#

Let me give you a toll-free number where [fill SAMPLE MEMBER] can reach someone to complete the survey and receive [\$40/\$30] for participating. The toll-free number is XXX-XXX-XXXX. Thank you.

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

Lang (Q20)

CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN.

ARABIC	01	} (THANKS Q36 STATUS 400)
BOSNIAN	02	
CAMBODIAN	03	
CHINESE.....	04	
CREOLE	05	
HINDI.....	06	
HMONG.....	07	
ITALIAN.....	08	
LAOTIAN	09	
POLISH	10	
PORTUGUESE.....	11	
RUSSIAN.....	12	
SPANISH.....	13	(THANKS Q36 STATUS 401)
TAGALOG	14	(THANKS Q36 STATUS 400)
VIETNAMESE.....	15	(THANKS Q36 STATUS 400)
OTHER (SPECIFY) [specify].....	16	(OTHERLANG Q21)
<hr/>		
DON'T KNOW..... d		
REFUSED..... r		
[GO TO Thanks (Q36) Status 400]		

OtherLang (Q21)
SPECIFY OTHER LANGUAGE.

LANGUAGE: _____

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

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

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

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

Never Collected (Q32)

According to [fill STATE] Unemployment Insurance Agency records, you filed for unemployment benefits on [fill INITIAL UI CLAIM DATE].

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

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

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

IF NECESSARY: READ DOB ALOUD AND CONFIRM.

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

REFUSED..... r (A5)

A5. **BLAISE SCREEN: SHOW LAST 4-DIGITS OF SS# FROM UI CLAIMS RECORDS.**
Also for verification purposes, 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.

GO TO END

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

ENTER 1 TO CONTINUE

SAMPLE MEMBER AND LETTER

A12. The letter was addressed to you from _____, Federal Project Officer for the U.S. Department of Labor. It explained that this study is sponsored by the U.S. Department of Labor. The purposes are to help the government provide better services to people looking for jobs and be more responsive to those who are unemployed. It also mentioned that we would mail you a check for [\$40/\$30] when the survey is completed.

May we begin the interview?

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

- BEGIN INTERVIEW 01 (A4)
- NOT A GOOD TIME, SCHEDULE CALLBACK 02 (CALLBACK)
- HUNG UP DURING INTRODUCTION 03 (STATUS 640)
- SUPERVISOR REVIEW 04 (STATUS 380)
- REQUESTS ANOTHER LETTER 05 (SEND LETTER)
- REFUSED..... r (STATUS 200)

[SendLetter (Q35)]

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

HOUSE NUMBER / STREET NAME	APT. #	
CITY	STATE	ZIP CODE
DON'T KNOW..... d		
REFUSED..... r		
→ Thanks (Q36) Status 831		

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 and the study’s purpose is to help the government provide better services to jobseekers in the future and be more responsive to the needs of the unemployed. It also mentioned that we would be mailing [fill SM FirstName LastName] a check for [\$40/\$30] when the survey is completed.

May I speak to [fill SAMPLE MEMBER NAME]?

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

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

CALLBACK SCREENS

Hello (Q101)

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

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

WhatAbout (Q102)

[if SampleMember then]

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

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

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

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

SampMemb (Q103)

[if Hello eq 2 or WhatAbout = 1 then]

Hello, my name is [fill InterviewerName].

[endif]

I'm calling to finish the interview we are conducting about improving services to people who are eligible to collect unemployment insurance benefits. Is now a good time?

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

PhoneCheck (Q106)

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

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

WrongNumber (Q107)

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

ENTER 1 TO CONTINUE 1 (STATUS 380)

Thanks (Q108)

Thank you for your time.

ENTER 1 TO CONTINUE 1 (BACKUP Q109)

Backup (Q109)

BACKUP AND REDIAL PHONE NUMBER.

FREQUENTLY ASKED QUESTIONS (FAQs)

PROGRAMMER: ALLOW INTERVIEWER TO VIEW FAQs AT ANY TIME.

WHO/WHICH AGENCY IS SPONSORING THE STUDY?

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

WHO IS CONDUCTING THE STUDY?

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

WHAT IS THE PURPOSE OF THE STUDY?

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

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

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

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

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

HOW DID YOU GET MY NAME?

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

FAQs – continued

IS THE SURVEY CONFIDENTIAL?

Yes. Your responses are protected from disclosure by federal statute [P.L. 107-347, Title V Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA)].

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 received unemployment insurance benefits in your area. Your answers will help the U.S. Department of Labor improve services to people who become unemployed. There are no right or wrong answers. We're interested in your experiences and opinions.

I'M NOT INTERESTED.

Let me reassure you that we are not selling anything. The questions we ask are designed to help the U.S. Department of Labor improve services to people who are unemployed and seeking jobs. There are no right or wrong answers. We're interested in your experiences and opinions. Your answers will be combined with those of others and your name will never be included in any report. If you complete the survey we will pay you [\$40/\$30] as a token of appreciation.

HOW LONG WILL THIS TAKE?

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

FAQs – continued

WHO GAVE YOU THE AUTHORITY TO CONDUCT THE STUDY?

This study is being sponsored by the U.S. Department of Labor and has been approved by the U.S. Office of Management and Budget under OMB control number 1225-0089. Without this approval we would not be able to conduct this survey. Questions regarding any aspect of this survey may be directed by mail to Mr. Jonathan A. Simonetta, U.S. Department of Labor, Office of the Assistant Secretary for Administration and Management, 200 Constitution Avenue, NW, Room S-2312, Frances Perkins Bldg., Washington, DC 20210, or by email: Simonetta.Jon.A@dol.gov.

WILL I BE PAID?

Yes, we will mail you a check in the amount of [\$40/\$30] within 2 weeks of completing the survey.

WILL THERE BE ANOTHER FOLLOW-UP TO THIS STUDY?

No. Only one survey will be conducted for this study.

CAN SOMEONE ELSE RESPOND TO THIS QUESTIONNAIRE ON MY BEHALF?

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

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 [\$40/\$30] 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.

FAQs – continued

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 email study's project officer, Jonathan A. Simonetta of DOL at Simonetta.Jon.A@dol.gov. or Mathematica's Project Director, Dr. Karen Needels at 541-753-0201. For questions about the survey you can call Mathematica's Survey Director, Ms. Pat Nemeth at 609-275-2294.

SECTION B – UI COLLECTION HISTORY

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

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

(B1 NE 01)

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

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

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

RECORD MONTH AND YEAR

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

_ _	/	_ _ _ _	(B3)
MONTH		YEAR	
(01-12)		(2006-2010)	

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

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

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

- YES01 (B5)
- NO00 (B4)
- CURRENTLY RECEIVING/DID NOT STOP02 (C1)
- DON'T KNOW.....d (B4)
- REFUSED.....r (B4)

(EXTRACT DATE IS MISSING OR B3= 00, d OR r)

B4. When around [fill UI END DATE], did you stop receiving unemployment insurance benefits?

PROBE: When did your unemployment insurance benefits run out?

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

RECORD MONTH AND YEAR.

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

- CURRENTLY RECEIVING/DID NOT STOP02 (C1)
- DON'T KNOW.....d (B5)
- REFUSED.....r (B5)

(B3=01 OR B4 NE 02)

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

CODE ONE ONLY

NEW INCOME SOURCE

- RE-EMPLOYED/FOUND A JOB..... 01
- STARTED OWN BUSINESS..... 02

BENEFIT RESTRICTION ISSUES

- BENEFITS RAN OUT/EXHAUSTED..... 03
- DISQUALIFIED..... 04
- COMPLETED OR STOPPED PARTICIPATING
IN TRAINING PROGRAM THAT MADE ME
ELIGIBLE FOR BENEFITS..... 05
- RECEIVED WORKMEN'S COMPENSATION/
HAD CASE PENDING..... 06

NOT AVAILABLE TO WORK

- ENROLLED IN SCHOOL..... 07
- ILLNESS OR DISABILITY; PREGNANCY..... 08
- MOVED..... 09
- WENT INTO MILITARY..... 10
- RETIRED/RECEIVING SOCIAL SECURITY..... 11
- DID NOT WANT TO WORK..... 12
- LOST IMMIGRATION PAPERS/OTHER
IMMIGRATION ISSUE..... 13

OTHER

- DID NOT WANT UNEMPLOYMENT
INSURANCE BENEFITS ANY MORE..... 14
- OTHER (SPECIFY) [specify]..... 15

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

SECTION C – PRE-UI EMPLOYMENT

INFORMATION ON THE JOB THAT LED TO THE UI CLAIM

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

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

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

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

- (SPECIFY) [specify] 01
- _____
- DON'T KNOW d
- REFUSED r

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

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

- (SPECIFY) [specify] 01
- _____
- DON'T KNOW d
- REFUSED r

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

PROBE: That is, what was your occupation?

PROBE: What were your duties?

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

(SPECIFY) [specify] 01

_____ DON'T KNOW d

REFUSED r

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

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

YES 01

NO 00

DON'T KNOW d

REFUSED r

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

ADJUST DATE IF NECESSARY.

PROBE: Your best estimate would be fine.

CATI: DATE MUST BE BEFORE CLAIM DATE.

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

DON'T KNOW d

REFUSED r

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

PROBE: Your best estimate would be fine.

|_|_| YEARS AND/OR MONTHS |_|_|

YEARS
(01-50)

MONTHS
(01-12)

DON'T KNOW..... d

REFUSED..... r

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

YES01 (C9)

NO00

DON'T KNOW..... d

REFUSED..... r

(C8=00, d OR r)

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

INTERVIEWER: DATE SHOULD USUALLY BE BEFORE INITIAL CLAIM DATE, BUT MAY NOT BE IF STATE ALLOWS BENEFITS FOR PART-TIME WORKERS.

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

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

DON'T KNOW..... d

REFUSED..... r

CATI: NEED SOFT EDIT IF C8a MONTH AND YEAR IS AFTER INITIAL UI CLAIM DATE IN B1, OR AFTER RESPONDENT PROVIDED UI CLAIM DATE IN B2.

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

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

YES, CONTINUOUSLY 01 (C11)
NO, NOT CONTINUOUSLY..... 00
DON'T KNOW..... d
REFUSED..... r

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

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

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

____|____| HOURS PER WEEK (C12)
(1-80)
DON'T KNOW..... d
REFUSED..... r

(C11= d OR r)

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

LESS THAN 20 HOURS PER WEEK..... 01
BETWEEN 20 AND 29 HOURS PER WEEK 02
BETWEEN 30 AND 39 HOURS PER WEEK 03
40 OR MORE HOURS PER WEEK 04
DON'T KNOW..... d
REFUSED..... r

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

PROBE: Your best estimate is fine.

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

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

\$ |_|_|_|_|,|_|_|_|_|.|_|_|_|_|

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

GO TO C13

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

(C12= d OR r)

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

- LESS THAN \$30,000 01 GO TO C12c
- \$30,000 OR MORE 02 GO TO C12b
- DON'T KNOW d GO TO C13
- REFUSED r GO TO C13

(C12a= 02)

C12b. Would you say it was...

- \$30,000 to under \$45,000, 01
- \$45,000 to under \$60,000, 02
- \$60,000 to under \$75,000, 03
- \$75,000 to under \$90,000, 04
- \$90,000 to under \$105,000, or 05
- \$105,000 or more? 06
- DON'T KNOW d
- REFUSED r

GO TO C13

(C12a= 01)

C12c. Would you say it was...

- Less than \$5,000, 01
- \$5,000 to under \$10,000, 02
- \$10,000 to under \$15,000, 03
- \$15,000 to under \$20,000, 04
- \$20,000 to under \$25,000, or 05
- \$25,000 to under \$30,000? 06
- DON'T KNOW d
- REFUSED r

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

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

CODE ONE FOR EACH ROW

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

IF C13a NE 01, GO TO C15

(C13a=01)

C14. Did you have health insurance through your job with [fill EMPLOYER FROM PRELOADS OR C2] when that job ended in [fill JOB SEPARATION DATE]?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

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

CODE ONE ONLY

- you were laid off,..... 01 (C16)
 (INCLUDE / REORGANIZATION/ DOWNSIZING/
 COMPANY SOLD/ COMPANY MOVED/ COMPANY
 WENT OUT OF BUSINESS / PLANT OR FACILITY
 MOVED OR CLOSED/ END OF TERM IN SERVICE/
 ENLISTMENT UP/ REDUCTION IN FORCE OR RIF'ED/
 JOB/POSITION ELIMINATED)
- you retired,..... 02 (C20)
- you were discharged or fired, 03 (D1)
- you quit, 04 (C19)
- Or was there some other reason? (SPECIFY) 05 (D1)

- YOU GOT A BETTER JOB 06 (D1)
- YOU MOVED 07 (C19)
- YOU HAD HEALTH PROBLEMS 08 (D1)
- YOU RETURNED TO SCHOOL 09 (D1)
- YOU NEEDED TO TAKE CARE OF A FAMILY
 MEMBER 10 (D1)
- JOB COMPLETED/TEMP WORK/SEASONAL
 WORK/WORK PERIOD ENDED 11 (C16)
- DON'T KNOW d
- REFUSED r

(C15=01)

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

CODE ONE ONLY

- THE COMPANY MOVED OR CLOSED..... 01
 - THE PLANT OR FACILITY MOVED OR CLOSED..... 02
 - THERE WAS A LACK OF WORK 03
 - YOUR JOB OR SHIFT WAS ELIMINATED..... 04
 - THERE WAS A STRIKE 05
 - COMPANY DOWNSIZING..... 06
 - COMPANY BOUGHT/SOLD/MERGED OR
REORGANIZED/ RESTRUCTURED 07
 - OUTSOURCED/JOB SENT OVERSEAS..... 08
 - THE RECESSION..... 09
 - WEATHER..... 10
 - TEMPORARILY CLOSED/CLOSED FOR
INVENTORY 11
 - POOR WORK PERFORMANCE..... 12
 - DISPUTE WITH MANAGEMENT 13
 - COMPANY FINANCES/BUDGET CUTS/
BANKRUPT 14
 - TEMPORARY WORKER 15
 - EMPLOYER SAID RESPONDENT COULD NOT
DO JOB ANYMORE, OR 16
 - SOME OTHER REASON? (SPECIFY) [specify] 17
-
- DON'T KNOW..... d
 - REFUSED..... r

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

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

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

PROBE: Since [fill INITIAL UI CLAIM DATE].

YES 01
NO 00
DON'T KNOW d
REFUSED r

GO TO D1

C19. What was the **main** reason that you [fill quit/moved FROM C15]?

CODE ONLY ONE

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

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

GO TO D1

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

CODE ONE ONLY

YOU REACHED RETIREMENT AGE OR YEARS ON JOB REQUIREMENT	01
YOUR ILL HEALTH OR DISABILITY	02
THE ILLNESS OR INJURY OF AN IMMEDIATE FAMILY MEMBER	03
CHILD CARE RESPONSIBILITIES.....	04
OTHER FAMILY RESPONSIBILITIES.....	05
TO ACCOMPANY SPOUSE OR PARTNER TO A NEW JOB	06
OTHER PERSONAL REASONS.....	07
YOU MOVED AWAY FOR OTHER REASONS	08
UNSATISFACTORY WORKING ARRANGEMENTS OR YOU DISLIKED THE JOB.....	09
YOU KNEW THE PLANT OR COMPANY WAS GOING TO CLOSE OR MOVE	10
COMMUTING BECAME TOO DIFFICULT OR EXPENSIVE	11
YOU WENT BACK TO SCHOOL,	12
SOME OTHER REASON (SPECIFY) [specify]	13
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

SECTION D – POST CLAIM WORK SEARCH ACTIVITIES

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

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

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

PROBE: Your best estimate is fine.

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

- DON'T KNOW d
- REFUSED r

(D2=d OR r)

D2a. Would you say you spent between...

CODE ONE ONLY

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

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

CODE ONE FOR EACH ROW

	YES	NO	DON'T KNOW	REFUSED
a. contact a private employment or placement agency?	01	00	d	r
b. contact [fill STATE ONE-STOP CENTER NAME]?....	01	00	d	r
c. contact another state employment or unemployment center?	01	00	d	r
d. contact another government agency?	01	00	d	r
e. contact a school, training provider, college or university?	01	00	d	r
f. contact your former employer?	01	00	d	r
(C5 = 01) g. contact your union?	01	00	d	r
h. register online for job matching, job placement, or networking services?	01	00	d	r
i. contact personal or professional associates?	01	00	d	r
j. use some other source? (SPECIFY) [specify]	01	00	d	r

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

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

PROGRAMMER: SHOW ONLY THE CATEGORIES CHECKED AT D3.

CODE ONE ONLY

CONTACTED A PRIVATE EMPLOYMENT OR PLACEMENT AGENCY	01
CONTACTED [FILL STATE ONE-STOP CENTER NAME].....	02
CONTACTED ANOTHER STATE EMPLOYMENT OR UNEMPLOYMENT CENTER.....	03
CONTACTED ANOTHER GOVERNMENT AGENCY	04
CONTACTED A SCHOOL, TRAINING PROVIDER, COLLEGE OR UNIVERSITY	05
CONTACTED YOUR FORMER EMPLOYER	06
CONTACTED YOUR UNION.....	07
REGISTERED ONLINE FOR JOB MATCHING, JOB PLACEMENT, OR NETWORKING SERVICE	08
CONTACTED PERSONAL OR PROFESSIONAL ASSOCIATES.....	09
USED SOME OTHER SOURCE (SPECIFY) [specify].....	10
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

GO TO D5

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

CODE ONE ONLY

EXPECTED NEW JOB TO START	01
DID NOT WANT TO WORK/DID NOT WANT TO LOOK FOR WORK	02
BELIEVES NO WORK AVAILABLE IN LINE OF WORK OR AREA.....	03
COULDN'T FIND ANY WORK	04
EXPECTED TO BE CALLED BACK TO JOB (NO SPECIFIC DATE).....	05
ON STANDBY WITH EMPLOYER—HAS A SPECIFIC CALLBACK DATE	06
EXPECTED UNION TO PROVIDE JOB	07
MOVED OR MOVING	08
STARTED OWN BUSINESS/SELF-EMPLOYED	09
LACKS NECESSARY SCHOOLING, TRAINING, SKILLS OR EXPERIENCE	10
RETIRED.....	11
EMPLOYERS THINK TOO YOUNG OR TOO OLD	12
OTHER TYPES OF DISCRIMINATION	13
CAN'T ARRANGE CHILD CARE	14
FAMILY RESPONSIBILITIES	15
IN SCHOOL OR OTHER TRAINING.....	16
ILL HEALTH OR PHYSICAL DISABILITY	17
PREGNANCY	18
TRANSPORTATION PROBLEMS	19
STILL WORKING PART-TIME/WORKING PART- TIME WHILE COLLECTING UI BENEFITS.....	20
OTHER (SPECIFY) [specify].....	21
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

GO TO E1

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

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

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

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

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

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

SECTION E – EDUCATION AND TRAINING PROGRAMS

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

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

PROBE: How far did you go in school?

CODE ONE ONLY

LESS THAN 1ST GRADE	01
1ST, 2ND, 3RD OR 4TH GRADE	02
5TH OR 6TH GRADE	03
7TH OR 8TH GRADE	04
9TH GRADE	05
10TH GRADE	06
11TH GRADE	07
12TH GRADE NO DIPLOMA	08
HIGH SCHOOL GRADUATE, HIGH SCHOOL DIPLOMA OR THE EQUIVALENT (FOR EXAMPLE: GED)	09
SOME COLLEGE BUT NO DEGREE	10
ASSOCIATE DEGREE IN COLLEGE OCCUPATIONAL/VOCATIONAL PROGRAM.....	11
ASSOCIATE DEGREE IN COLLEGE ACADEMIC PROGRAM	12
BACHELOR'S DEGREE (FOR EXAMPLE: BA, AB, BS)	13
MASTER'S DEGREE (FOR EXAMPLE: MA, MS, MENG, MED, MSW, MBA).....	14
PROFESSIONAL SCHOOL DEGREE (FOR EXAMPLE: MD, DDS, DVM, LLB, JD)	15
DOCTORATE DEGREE (FOR EXAMPLE: PhD, EDD)	16
OTHER (SPECIFY) [specify].....	17
<hr style="border: 1px solid black;"/>	
DON'T KNOW	d
REFUSED.....	r

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

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

(E1a=01)

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

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

|_|_|
(01-99)

- DON'T KNOW d
- REFUSED r

(E1a=01)

E2a. Are you currently participating in (this/any of these) program(s)?

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

(E2a=01 AND E2>01)

E2b. In how many training and education programs are you currently participating?

|_|_|
(01-99)

- DON'T KNOW d
- REFUSED r

ASK E3, E3a, AND E4 ACROSS FIRST, THEN ASK E5-E18 FOR EACH SELECTED PROGRAM ONLY.	#1 TRAINING PROGRAM	#2 TRAINING PROGRAM	#3 TRAINING PROGRAM
(E2a=01) E3. What (is/are) the name(s) of (the program(s) in which you are currently participating? ENTER UP TO 3 CURRENT PROGRAMS, MATCHING NUMBER AT E2b.	_____ _____ _____	_____ _____ _____	_____ _____ _____
(E2a=00, d or r OR E2> 1 PROGRAMS ENTERED AT E3) E3a. (In addition to the program(s) in which you are currently participating) What (is/are) the name(s) of the (other) program(s) in which have participated since [fill INITIAL UI CLAIM DATE]? ENTER UP TO 3 NON-CURRENT PROGRAMS, MATCHING NUMBER AT E2 MINUS E2b.			
E4. What is the length of [fill PROGRAM NAME]; that is, how long would you have to participate in [fill PROGRAM NAME] to get through the full program? PROBE: Please tell me the full program length even if you (did/have) not participate(d) for the full time.	<p style="text-align: center;"> _ _ _ . _ _ </p> <p style="text-align: center;"><u>CODE ONE ONLY</u></p> DAYS.....01 WEEKS 02 MONTHS..... 03 YEARS 04 DON'T KNOW d REFUSED r	<p style="text-align: center;"> _ _ _ . _ _ </p> <p style="text-align: center;"><u>CODE ONE ONLY</u></p> DAYS.....01 WEEKS02 MONTHS03 YEARS.....04 DON'T KNOWd REFUSEDr	<p style="text-align: center;"> _ _ _ . _ _ </p> <p style="text-align: center;"><u>CODE ONE ONLY</u></p> DAYS.....01 WEEKS 02 MONTHS..... 03 YEARS 04 DON'T KNOW d REFUSED r

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

ASK E3, E3a, AND E4 ACROSS FIRST, THEN ASK E5-E18 FOR EACH SELECTED PROGRAM ONLY.	#4 TRAINING PROGRAM	#5 TRAINING PROGRAM	#6 TRAINING PROGRAM
(E2a=01) E3. What (is/are) the name(s) of (the program(s) in which you are currently participating? ENTER UP TO 3 CURRENT PROGRAMS, MATCHING NUMBER AT E2b.	_____ _____ _____	_____ _____ _____	_____ _____ _____
(E2a=00, d or r OR E2> 1 PROGRAMS ENTERED AT E3) E3a. (In addition to the program(s) in which you are currently participating) What (is/are) the name(s) of the (other) program(s) in which you have participated since [fill INITIAL UI CLAIM DATE]? ENTER UP TO 3 NON-CURRENT PROGRAMS, MATCHING NUMBER AT E2 MINUS E2b.			
E4. What is the length of [fill PROGRAM NAME]; that is, how long would you have to participate in [fill PROGRAM NAME] to get through the full program? PROBE: Please tell me the full program length even if you (did/have) not participate(d) for the full time.	<p style="text-align: center;"> _ _ _ . _ _ </p> <p style="text-align: center;"><u>CODE ONE ONLY</u></p> DAYS.....01 WEEKS 02 MONTHS..... 03 YEARS 04 DON'T KNOW d REFUSED r	<p style="text-align: center;"> _ _ _ . _ _ </p> <p style="text-align: center;"><u>CODE ONE ONLY</u></p> DAYS.....01 WEEKS02 MONTHS03 YEARS.....04 DON'T KNOWd REFUSEDr	<p style="text-align: center;"> _ _ _ . _ _ </p> <p style="text-align: center;"><u>CODE ONE ONLY</u></p> DAYS.....01 WEEKS 02 MONTHS..... 03 YEARS 04 DON'T KNOW d REFUSED r

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

ASK E3, E3a, AND E4 ACROSS FIRST, THEN ASK E5-E18 FOR EACH SELECTED PROGRAM ONLY.	#7 TRAINING PROGRAM	#8 TRAINING PROGRAM	#9 TRAINING PROGRAM
(E2a=01) E3. What (is/are) the name(s) of (the program(s) in which you are currently participating? ENTER UP TO 3 CURRENT PROGRAMS, MATCHING NUMBER AT E2b.			
(E2a=00, d or r OR E2> 1 PROGRAMS ENTERED AT E3) E3a. (In addition to the program(s) in which you are currently participating) What (is/are) the name(s) of the (other) program(s) in which you have participated since [fill INITIAL UI CLAIM DATE]? ENTER UP TO 3 NON-CURRENT PROGRAMS, MATCHING NUMBER AT E2 MINUS E2b.			
E4. What is the length of [fill PROGRAM NAME]; that is, how long would you have to participate in [fill PROGRAM NAME] to get through the full program? PROBE: Please tell me the full program length even if you (did/have) not participate(d) for the full time.	<p style="text-align: center;"> _ _ _ . _ _ </p> <p style="text-align: center;"><u>CODE ONE ONLY</u></p> DAYS.....01 WEEKS 02 MONTHS..... 03 YEARS 04 DON'T KNOW d REFUSED r	<p style="text-align: center;"> _ _ _ . _ _ </p> <p style="text-align: center;"><u>CODE ONE ONLY</u></p> DAYS.....01 WEEKS02 MONTHS03 YEARS.....04 DON'T KNOWd REFUSEDr	<p style="text-align: center;"> _ _ _ . _ _ </p> <p style="text-align: center;"><u>CODE ONE ONLY</u></p> DAYS.....01 WEEKS 02 MONTHS..... 03 YEARS 04 DON'T KNOW d REFUSED r

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

ASK E5-E18 FOR EACH SELECTED PROGRAM.	#1 SELECTED TRAINING PROGRAM NAME: _____	#2 SELECTED TRAINING PROGRAM NAME: _____
E5. In what month and year did you <u>start</u> attending [fill PROGRAM]? FOR PROGRAM 2, SAY: Now I'm going to ask you about [fill SELECTED PROGRAM 2 NAME].	__ __ / __ __ __ __ [GO TO E6a] MONTH YEAR DON'T KNOW..... d REFUSED..... r	__ __ / __ __ __ __ [GO TO E6a] MONTH YEAR DON'T KNOW d REFUSED r
(E5=d OR r) E6. Do you recall what year you started attending [fill PROGRAM] program after [fill INITIAL UI CLAIM DATE]?	__ __ __ __ YEAR (2005-2013) DON'T KNOW..... d REFUSED..... r	__ __ __ __ YEAR (2005-2013) DON'T KNOW d REFUSED r
E6a. Are you still attending [fill PROGRAM NAME]?	YES.....[GO TO E8a] 01 NO..... 00 DON'T KNOW d REFUSED..... r	YES.....[GO TO E8a]..... 01 NO..... 00 DON'T KNOW d REFUSED r
E7. And when did you <u>stop</u> attending (the/that) program? PROBE: In what month and year?	__ __ / __ __ __ __ [GO TO E9] MONTH YEAR DON'T KNOW..... d REFUSED..... r	__ __ / __ __ __ __ [GO TO E9] MONTH YEAR DON'T KNOW d REFUSED r
(E7= d OR r) E8. Do you recall what year you stopped attending (the/that) program?	__ __ __ __ YEAR (2006-2013) DON'T KNOW..... d REFUSED..... r [GO TO E9]	__ __ __ __ YEAR (2006-2013) DON'T KNOW d REFUSED r [GO TO E9]
(E2a=01 OR E7=02) E8a. When do you expect to complete this program?	__ __ / __ __ __ __ MONTH YEAR DON'T KNOW d REFUSED..... r	__ __ / __ __ __ __ MONTH YEAR DON'T KNOW d REFUSED r
E9. How many hours per week (did/do) you participate in [fill PROGRAM NAME]? PROBE: Do not include time spent outside of class studying or doing homework, only time attending class should be included. IF RESPONDENT SAYS THEY TOOK ONLINE CLASSES, PROBE: Please include only the time you spent online actually taking classes. Do not include time you spent studying or doing homework.	__ __ HOURS PER WEEK DON'T KNOW d REFUSED r	__ __ HOURS PER WEEK DON'T KNOW d REFUSED r
E9a. (Are/Were) you employed while participating in [fill PROGRAM NAME]? PROBE IF YES: Was that for all of the time or some of the time?	YES, ALL OF THE TIME..... 01 YES, SOME OF THE TIME 02 NO..... 00 DON'T KNOW d REFUSED..... r	YES, ALL OF THE TIME..... 01 YES, SOME OF THE TIME..... 02 NO..... 00 DON'T KNOW d REFUSED r
E9b. What kind of job (are/were) you being trained for or what (are/were) you learning to do or studying in that program?	_____ _____ _____	_____ _____ _____

ASK E5-E18 FOR EACH SELECTED PROGRAM.	#1 TRAINING PROGRAM	#2 TRAINING PROGRAM
<p>E10. At what type of place (do/did) you go to get that training?</p> <p>(READ CHOICES IF NECESSARY)</p>	<p style="text-align: center;"><u>CODE ONE ONLY</u></p> <p>COMMUNITY COLLEGE/ 2 YEAR COLLEGE01</p> <p>4 YEAR COLLEGE OR UNIVERSITY.....02</p> <p>STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE.....03</p> <p>STATE/LOCAL ONE-STOP CENTER04</p> <p>VOCATIONAL TRAINING CENTER05</p> <p>ADULT ED/COMMUNITY SCHOOL/ADULT HS/NIGHT SCHOOL ...06</p> <p>PRIVATE COMPANY THAT PROVIDES TRAINING (SPECIFY) [specify].....07</p> <hr/> <p>COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY08</p> <p>THE COMPANY WHERE YOU WORK(ED).....09</p> <p>ONLINE10</p> <p>GOVERNMENT AGENCY/MILITARY11</p> <p>SOME PLACE ELSE (SPECIFY) [specify]12</p> <hr/> <p>DON'T KNOWd</p> <p>REFUSEDr</p>	<p style="text-align: center;"><u>CODE ONE ONLY</u></p> <p>COMMUNITY COLLEGE/ 2 YEAR COLLEGE01</p> <p>4 YEAR COLLEGE OR UNIVERSITY.....02</p> <p>STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE.....03</p> <p>STATE/LOCAL ONE-STOP CENTER.....04</p> <p>VOCATIONAL TRAINING CENTER.....05</p> <p>ADULT ED/COMMUNITY SCHOOL/ADULT HS/NIGHT SCHOOL ...06</p> <p>PRIVATE COMPANY THAT PROVIDES TRAINING (SPECIFY) [specify]07</p> <hr/> <p>COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY08</p> <p>THE COMPANY WHERE YOU WORK(ED)09</p> <p>ONLINE10</p> <p>GOVERNMENT AGENCY/MILITARY11</p> <p>SOME PLACE ELSE (SPECIFY) [specify]12</p> <hr/> <p>DON'T KNOWd</p> <p>REFUSED r</p>
<p>E11. (Are/Were) you collecting unemployment insurance benefits while participating in [fill PROGRAM]?</p> <p>PROBE IF YES: Was that for all of the time or some of the time?</p>	<p>YES, ALL OF THE TIME.....01</p> <p>YES, SOME OF THE TIME02</p> <p>NO.....00</p> <p>DON'T KNOWd</p> <p>REFUSEDr</p>	<p>YES, ALL OF THE TIME.....01</p> <p>YES, SOME OF THE TIME02</p> <p>NO.....00</p> <p>DON'T KNOWd</p> <p>REFUSED r</p>
<p>E12. Who (pays/paid) for this training?</p> <p>PROBE: Anyone else?</p>	<p style="text-align: center;"><u>CODE ALL THAT APPLY</u></p> <p>SAMPLE MEMBER/SAMPLE MEMBER'S FAMILY01</p> <p>STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE/ ONE STOP CAREER CENTER/ WIA/INDIVIDUAL TRAINING ACCOUNT (ITA) VOUCHER..02</p> <p>OTHER GOVERNMENT/STATE AGENCY03</p> <p>TRADE ADJUSTMENT ASSISTANCE (TAA) OR TRADE READJUSTMENT ALLOWANCE (TRA) BENEFITS04</p> <p>CURRENT OR FORMER EMPLOYER...05</p> <p>PELL GRANT06</p> <p>UNION.....07</p> <p>PRIVATE ORGANIZATION OR SCHOLARSHIP FUND08</p> <p>DEPARTMENT OF VETERANS AFFAIRS (VA).....09</p> <p>FREE.....10</p> <p>OTHER? (SPECIFY) [specify].....11</p> <hr/> <p>DON'T KNOWd</p> <p>REFUSEDr</p>	<p style="text-align: center;"><u>CODE ALL THAT APPLY</u></p> <p>SAMPLE MEMBER/SAMPLE MEMBER'S FAMILY01</p> <p>STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE/ ONE STOP CAREER CENTER/ WIA/INDIVIDUAL TRAINING ACCOUNT (ITA) VOUCHER..02</p> <p>OTHER GOVERNMENT/STATE AGENCY03</p> <p>TRADE ADJUSTMENT ASSISTANCE (TAA) OR TRADE READJUSTMENT ALLOWANCE (TRA) BENEFITS.....04</p> <p>CURRENT OR FORMER EMPLOYER05</p> <p>PELL GRANT06</p> <p>UNION.....07</p> <p>PRIVATE ORGANIZATION OR SCHOLARSHIP FUND08</p> <p>DEPARTMENT OF VETERANS AFFAIRS (VA)09</p> <p>FREE10</p> <p>OTHER? (SPECIFY) [specify].....11</p> <hr/> <p>DON'T KNOWd</p> <p>REFUSED r</p>

ASK E5-E18 FOR EACH SELECTED PROGRAM.	#1 TRAINING PROGRAM	#2 TRAINING PROGRAM
(E6a=00, d or r) E13. Did you complete [fill PROGRAM NAME]?	YES..... 01 NO 00 NO SPECIFIC COMPLETION 02 DON'T KNOW d REFUSED r	YES..... 01 NO 00 NO SPECIFIC COMPLETION 02 DON'T KNOW d REFUSED r
E14. (Was/Is) [fill PROGRAM NAME] supposed to lead to a license, degree, or certificate?	YES, LICENSE 01 YES, DEGREE 02 YES, CERTIFICATE 03 NO [GO TO E16] 00 DON'T KNOW [GO TO E16] d REFUSED [GO TO E16] r	YES, LICENSE 01 YES, DEGREE 02 YES, CERTIFICATE 03 NO [GO TO E16] 00 DON'T KNOW [GO TO E16] d REFUSED [GO TO E16] r
(E14=01, 02, or 03) E15. Did you receive the [fill LICENSE, DEGREE, CERTIFICATE FROM E14] for participating in [fill PROGRAM NAME]?	YES..... 01 NO 00 DON'T KNOW d REFUSED r	YES..... 01 NO 00 DON'T KNOW d REFUSED r
(E13 NE 01) E16. What was the main reason that you stopped attending [fill PROGRAM NAME]?	FOUND JOB/RE-EMPLOYED 01 COULDN'T AFFORD TO CONTINUE 02 NOT INTERESTED/DIDN'T LIKE PROGRAM 03 ILLNESS 04 PREGNANCY 05 CHILD CARE ISSUES 06 OTHER FAMILY REASONS 07 TRANSPORTATION/LOGISTICAL PROBLEMS 08 PERSONAL PROBLEMS 09 POOR GRADES 10 COURSES OR PROGRAM POORLY TAUGHT 11 DIDN'T THINK IT WOULD HELP ME FIND A JOB 12 STARTED OTHER SCHOOL/ TRAINING 13 DECIDED DIDN'T WANT JOB 14 STILL ATTENDING 15 OTHER (SPECIFY) [specify] 16 DON'T KNOW d REFUSED r	FOUND JOB/RE-EMPLOYED 01 COULDN'T AFFORD TO CONTINUE 02 NOT INTERESTED/DIDN'T LIKE PROGRAM 03 ILLNESS 04 PREGNANCY 05 CHILD CARE ISSUES 06 OTHER FAMILY REASONS 07 TRANSPORTATION/LOGISTICAL PROBLEMS 08 PERSONAL PROBLEMS 09 POOR GRADES 10 COURSES OR PROGRAM POORLY TAUGHT 11 DIDN'T THINK IT WOULD HELP ME FIND A JOB 12 STARTED OTHER SCHOOL/ TRAINING 13 DECIDED DIDN'T WANT JOB 14 STILL ATTENDING 15 OTHER (SPECIFY) [specify] 16 DON'T KNOW d REFUSED r
E17. Did you get a job as a direct result of participating in [fill PROGRAM NAME] either through a direct referral from the program or because of the skills you learned?	YES..... 01 NO 00 STILL IN PROGRAM n DON'T KNOW d REFUSED r	YES..... 01 NO 00 STILL IN PROGRAM n DON'T KNOW d REFUSED r
E18. PROGRAMMER: WAS ANOTHER PROGRAM SELECTED?	YES..... [GO TO E5, PROGRAM 2]... 01 NO [GO TO E19] 00	GO TO E19

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

**SECTION F – JOBS SINCE PRE-UI CLAIM JOB,
INCLUDING CURRENT EMPLOYMENT**

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

CODE ONE ONLY

- working at a job for pay, 01 (F2)
 - employed, but on vacation, on leave,
or not at work for other reasons, 02 (F2)
 - retired, 03 (F5)
 - unable to work because of a disability, 04 (F5)
 - attending school or long-term training program, 05 (F5)
 - unemployed, on a layoff, 06 (F1a)
 - unemployed, looking for work 07 (F5)
 - without a job and not looking for work, or 08 (F1b)
 - doing something else? (SPECIFY) [specify] 09 (F1a)
-
- DON'T KNOW d (F1a)
 - REFUSED r (F1a)

(F1=06, 09, d OR r)

F1a. Were you looking for work last week?

- YES 01 (F5)
- NO 00
- DON'T KNOW d (F5)
- REFUSED r (F5)

(F1=08 OR F1a = 00, d OR r)

F1b. What is the main reason that you were not looking for work last week?

CODE ONE ONLY

EXPECTS NEW JOB TO START	01	
DOES NOT WANT TO WORK/DOES NOT WANT TO LOOK FOR WORK.....	02	
BELIEVES NO WORK AVAILABLE IN LINE OF WORK OR AREA.....	03	
CAN'T FIND ANY WORK.....	04	
EXPECTS TO BE CALLED BACK TO JOB	05	(F1c)
EXPECTS UNION TO PROVIDE JOB.....	06	
MOVED OR MOVING.....	07	
STARTED OWN BUSINESS/SELF-EMPLOYED	08	
LACKS NECESSARY SCHOOLING, TRAINING, SKILLS OR EXPERIENCE	09	
RETIRED.....	10	
EMPLOYERS THINK TOO YOUNG OR TOO OLD	11	
OTHER TYPES OF DISCRIMINATION	12	
CAN'T ARRANGE CHILD CARE	13	
FAMILY RESPONSIBILITIES	14	
IN SCHOOL OR OTHER TRAINING.....	15	
ILL HEALTH, PHYSICAL DISABILITY	16	
PREGNANCY	17	
TRANSPORTATION PROBLEMS	18	
STILL WORKING PART-TIME/WORKING PART-TIME WHILE COLLECTING UI BENEFITS.....	19	
OTHER (SPECIFY) [specify].....	20	
<hr/>		
DON'T KNOW.....	d	
REFUSED.....	r	

GO TO F5

(F1b=05)

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

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

GO TO F5

(F1=01 OR 02)

F2. How many jobs do you currently have?

|_|_|
(01-10)

- DON'T KNOW d
- REFUSED r

(F1=01 OR 02)

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

- YES 01 (F5)
- NO 00
- DON'T KNOW d
- REFUSED r

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

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

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

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

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

|_|_|
(01-10)

ZERO.....00 (G1)

DON'T KNOW.....d

REFUSED.....r

CATI: ALLOW FOR 10 JOBS. ASK F6 ACROSS FIRST, THEN ASK F8-F11 FOR ALL JOBS.	CURRENT JOB - JOB 1	JOB 2	JOB 3
<p>F6. Please tell me the name of the companies, organizations, or people you've worked for since your job with [fill COMPANY NAME FROM SAMPLE IF C1=1, ELSE fill C2 COMPANY NAME] ended around [fill INITIAL UI CLAIM DATE]. Start with your current job (or jobs), then the most recent jobs that you had.</p> <p>PROBE: What was the job before that?</p>	<p>(SPECIFY) [specify].....01 _____</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>(SPECIFY) [specify] 01 _____</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>(SPECIFY) [specify].....01 _____</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>
<p>F7. Let me verify that since [fill INITIAL UI CLAIM DATE] you worked at [fill F6 NAMES]. Is this correct, or are there any other jobs you may have had?</p> <p>IF CORRECT, ENTER "1" AND CONTINUE.</p> <p>IF IT IS NOT CORRECT, ENTER "0"; GO BACK TO F5 AND F6 TO ENTER CORRECT NUMBER AND NAMES OF JOBS HELD.</p>			
<p>F8. In what month and year did you <u>start</u> working for [fill F6_JOB_1 – F6_JOB_10]?</p> <p>RECORD MONTH AND YEAR.</p> <p>INTERVIEWER: DATE USUALLY WILL BE AFTER PRE UI CLAIM JOB, BUT IT MAY NOT BE.</p>	<p>____/____ [GO TO F10] MONTH YEAR</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>____/____ [GO TO F10] MONTH YEAR</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>____/____ [GO TO F10] MONTH YEAR</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>
<p>(F8= d OR r)</p> <p>F9. Do you recall what year you started working for [fill JOB NAME]?</p>	<p>_____ YEAR</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>_____ YEAR</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>_____ YEAR</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>
<p>F10. When did that job <u>end</u>?</p> <p>RECORD MONTH AND YEAR.</p>	<p>____/____] MONTH YEAR</p> <p>STILL AT JOB02 [GO TO F8, JOB 2 OR F12ck1]</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>____/____] MONTH YEAR</p> <p>STILL AT JOB 02 [GO TO F8, JOB 3 OR F12ck1]</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>____/____] MONTH YEAR</p> <p>STILL AT JOB.....02 [GO TO F8 FOR NEXT JOB, UP TO 10 JOBS]</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>
<p>(F10= d OR r)</p> <p>F11. Do you recall what year that job ended?</p>	<p>_____ YEAR</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>_____ YEAR</p> <p>DON'T KNOW d</p> <p>REFUSED r</p>	<p>_____ YEAR</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>

CATI SOFT EDIT: IF F10 MONTH AND YEAR IS BEFORE INITIAL UI CLAIM DATE, OR F11 YEAR IS BEFORE INITIAL CLAIM DATE.

(All)

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

YES 01 (F12ck2)

NO 00 (F13)

(NOTE: THIS IS FOCAL JOB 1)

(F12ck1=01)

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

YES 01 (F12a1)

NO 00 (F12b)

(F12ck2=01)

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

SPECIFY _____

DON'T KNOW d

REFUSED r

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

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

YES 01

NO 00

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

OTHERWISE (F12a2=00), THEN FLAG THE FIRST JOB HELD AFTER THE INITIAL UI CLAIM DATE AS FOCAL JOB 2.

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

YES 01
NO 00 (F13)

(F12ck1OR F12ck3 =01)

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

SPECIFY _____

DON'T KNOW d

REFUSED r

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

CATI: ASK F13 TO F20 FOR UP TO 3 SELECTED FOCAL JOBS.	FOCAL JOB 1	FOCAL JOB 2	FOCAL JOB 3
F13. What kind of company is [fill JOBS SELECTED BY CATI]—what do they make, do, or sell? PROBE: What kind of business or industry is this? INTERVIEWER: IF RESPONDENT RETURNED TO JOB, SAY: You may have told me this information about when you worked for [fill EMPLOYER] before.	(SPECIFY) [specify].....01 _____ DON'T KNOWd REFUSEDr	(SPECIFY) [specify]01 _____ DON'T KNOWd REFUSEDr	(SPECIFY) [specify].....01 _____ DON'T KNOW.....d REFUSED.....r
F14. What (do/did) you do there—what (is/was) your job? PROBE: What (are/were) your most important duties at (this/that) job? NOTE: TRY TO GET A VERB	(SPECIFY) [specify].....01 _____ DON'T KNOWd REFUSEDr	(SPECIFY) [specify]01 _____ DON'T KNOWd REFUSEDr	(SPECIFY) [specify].....01 _____ DON'T KNOW.....d REFUSED.....r
F15. (Are/Were) you represented by a union at your job with [fill EMPLOYER]? PROBE: On some jobs you might be represented by a union, even if you are not a union member.	YES01 NO00 DON'T KNOWd REFUSEDr	YES.....01 NO00 DON'T KNOWd REFUSEDr	YES01 NO00 DON'T KNOW.....d REFUSED.....r
F16. Which of the following best describes your employment status at [fill EMPLOYER]? (Are/Were) you...	a regular part-time or full-time employee,01 a leased or contract employee,02 an independent contractor, consultant, or self-employed, .03 a casual or day laborer, or04 an on-call or temporary employee?05 DON'T KNOWd REFUSEDr	a regular part-time or full-time employee,01 a leased or contract employee,02 an independent contractor, consultant, or self-employed, .03 a casual or day laborer, or04 an on-call or temporary employee?05 DON'T KNOWd REFUSEDr	a regular part-time or full-time employee,01 a leased or contract employee,02 an independent contractor, consultant, or self-employed, .03 a casual or day laborer, or04 an on-call or temporary employee?05 DON'T KNOW.....d REFUSED.....r
F17. How many hours per week, including regular overtime hours (do/did) you usually work at [fill EMPLOYER NAME]?	# HOURS PER WEEK (1-120) GO TO F18 DON'T KNOWd REFUSEDr	# HOURS PER WEEK (1-120) GO TO F18 DON'T KNOWd REFUSEDr	# HOURS PER WEEK (1-120) GO TO F18 DON'T KNOW.....d REFUSED.....r
(F17=d OR r) F17a. Would you say you work(ed) less than 20 hours per week, between 20 and 29 hours per week, between 30 and 39 hours per week, or 40 or more hours per week?	LESS THAN 20 HOURS PER WEEK01 BETWEEN 20 AND 29 HOURS PER WEEK.....02 BETWEEN 30 AND 39 HOURS PER WEEK.....03 40 OR MORE HOURS PER WEEK04 DON'T KNOWd REFUSEDr	LESS THAN 20 HOURS PER WEEK01 BETWEEN 20 AND 29 HOURS PER WEEK02 BETWEEN 30 AND 39 HOURS PER WEEK03 40 OR MORE HOURS PER WEEK04 DON'T KNOWd REFUSEDr	LESS THAN 20 HOURS PER WEEK.....01 BETWEEN 20 AND 29 HOURS PER WEEK02 BETWEEN 30 AND 39 HOURS PER WEEK.....03 40 OR MORE HOURS PER WEEK.....04 DON'T KNOW.....d REFUSED.....r

	FOCAL JOB 1	FOCAL JOB 2	FOCAL JOB 3
<p>F18. What (are/were) your earnings before taxes and other deductions at your job with [fill EMPLOYER] (when your job ended)? Please include tips, commissions, bonuses, and regular overtime.</p> <p>PROBE: Before taxes were taken out.</p> <p>INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD.</p> <p>WHEN ENTERING AN AMOUNT IN DOLLARS AND CENTS, BE SURE TO INCLUDE THE DECIMAL POINT.</p>	<p>\$, . </p> <p><u>CODE ONE TIME PERIOD</u></p> <p>PER HOUR01</p> <p>PER WEEK02</p> <p>PER YEAR03</p> <p>ONCE EVERY TWO WEEKS04</p> <p>TWICE A MONTH05</p> <p>PER MONTH06</p> <p>IN-KIND ONLY07</p> <p>PER DAY08</p> <p>NOT YET PAID09</p> <p>PER JOB10</p> <p>COMMISSION11</p> <p>OTHER (SPECIFY) [specify] ..12</p> <p>_____</p> <p>DON'T KNOWd</p> <p>REFUSEDr</p>	<p>\$, . </p> <p><u>CODE ONE TIME PERIOD</u></p> <p>PER HOUR01</p> <p>PER WEEK02</p> <p>PER YEAR03</p> <p>ONCE EVERY TWO WEEKS04</p> <p>TWICE A MONTH05</p> <p>PER MONTH06</p> <p>IN-KIND ONLY07</p> <p>PER DAY08</p> <p>NOT YET PAID09</p> <p>PER JOB10</p> <p>COMMISSION11</p> <p>OTHER (SPECIFY) [specify] ..12</p> <p>_____</p> <p>DON'T KNOWd</p> <p>REFUSEDr</p>	<p>\$, . </p> <p><u>CODE ONE TIME PERIOD</u></p> <p>PER HOUR01</p> <p>PER WEEK02</p> <p>PER YEAR03</p> <p>ONCE EVERY TWO WEEKS04</p> <p>TWICE A MONTH05</p> <p>PER MONTH06</p> <p>IN-KIND ONLY07</p> <p>PER DAY08</p> <p>NOT YET PAID09</p> <p>PER JOB10</p> <p>COMMISSION11</p> <p>OTHER (SPECIFY) [specify] ..12</p> <p>_____</p> <p>DON'T KNOWd</p> <p>REFUSEDr</p>
<p>F19. (Are/Were) any of the following benefits available to you at [fill EMPLOYER]?</p> <p>INTERVIEWER: IF BENEFITS WILL BE AVAILABLE AFTER A STANDARD PROBATIONARY PERIOD, CODE YES EVEN IF NOT CURRENTLY AVAILABLE.</p>	<p><u>YES NO DK RF</u></p> <p>a. Health insurance or membership in an HMO or PPO plan?01 00 d r</p> <p>b. Paid vacation? .01 00 d r</p> <p>c. Retirement or pension benefits?01 00 d r</p>	<p><u>YES NO DK RF</u></p> <p>a. Health insurance or membership in an HMO or PPO plan?01 00 d r</p> <p>b. Paid vacation? .01 00 d r</p> <p>c. Retirement or pension benefits?01 00 d r</p>	<p><u>YES NO DK RF</u></p> <p>a. Health insurance or membership in an HMO or PPO plan?01 00 d r</p> <p>b. Paid vacation? .01 00 d r</p> <p>c. Retirement or pension benefits?01 00 d r</p>
<p>F20. PROGRAMMER: CHECK FOCAL JOBS FLAGS. IS THERE ANOTHER FOCAL JOB TO ASK ABOUT?</p>	<p>YES [GO TO F13, FOCAL JOB 2]01</p> <p>NO [GO TO G1]00</p>	<p>YES [GO TO F13, FOCAL JOB 3]01</p> <p>NO [GO TO G1]00</p>	<p style="text-align: center; border: 1px solid black; padding: 5px;">GO TO G1</p>

SECTION G – MARITAL STATUS AND FINANCIAL WELL-BEING

CURRENT

Now I have some general questions about you.

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

CODE ONE ONLY

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

G2. Is your current marital status different from when you worked at [fill NAME OF COMPANY FROM PRELOADS OR C2] in [fill JOB SEPARATION DATE]?

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

PRE-CLAIM

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

CODE ONE ONLY

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

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

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

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

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

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

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

CODE ONE FOR EACH ROW

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

SECTION H – PRE- AND POST-CLAIM INCOME (OTHER THAN UI BENEFITS)

H1/H2. The next questions are about other types of payments besides unemployment insurance benefits that you and other members of your household may be receiving now or may have received in [fill UI CLAIM YEAR MINUS ONE]. By household we mean people who live together and share finances.

For each type of payment first tell me if you or anyone in your household are **currently** receiving the payment and then if you received it in [fill UI CLAIM YEAR MINUS ONE]. [READ a-j]...

PROBE: Are you or anyone in your household currently receiving [FILL PAYMENT TYPE]?/How about in [fill UI CLAIM YEAR MINUS ONE]?

PROGRAMMER: RANDOMIZE “START” PHRASE KEEP “j” AS ALWAYS LAST.

	H1. CURRENTLY	H2. UI CLAIM YEAR MINUS ONE
a. Social Security Retirement or Railroad Retirement payments?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
b. Payments from a 401(k) or IRA account?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
c. Pension benefits from a private or government employer?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
d. Workers Compensation or private disability insurance payments?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
e. Social Security Disability Insurance (SSDI) payments or Supplemental Security Income (SSI) payments for a disability?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
f. Temporary Assistance for Needy Families or TANF payments?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
g. General Assistance or other welfare payments?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
h. Food stamp or SNAP benefits?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
i. An earned income tax credit or EITC?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
j. Any other payments, such as child support, alimony, rental income, dividends, interest, or something else? (SPECIFY)	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r

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

(H1a and H2a=01)

H3a. Did you or another member of your household receive Social Security Retirement or Railroad Retirement payments continuously since [fill UI CLAIM YEAR MINUS ONE]?

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

(H1b and H2b=01)

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

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

(H1c and H2c=01)

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

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

(H1d and H2d=01)

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

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

(H1e and H2e=01)

H3e. Did you or another member of your household receive Social Security Disability Insurance (SSDI) payments or Supplemental Security Income (SSI) for a disability continuously since [fill UI CLAIM YEAR MINUS ONE]?

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

(H1f and H2f=01)

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

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

(H1g and H2g=01)

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

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

(H1h and H2h=01)

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

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

(H1i and H2i=01)

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

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

(H1j and H2j=01)

H3j. Did you or another member of your household receive these other payments continuously since [fill UI CLAIM YEAR MINUS ONE]?

PROBE: Other payments such as child support, alimony, rental income, dividends, interest, or something else.

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

CATI: ASK H4 TO H7 ABOUT 2012 AND THE PRE-CLAIM YEAR	H4. 2012	H4a. UI CLAIM YEAR MINUS ONE
<p>H4. What was the total income for you and all the members of your household, before taxes and other deductions, in [fill 2012]? Please include all of the sources of income we've talked about, plus any others you may have had.</p> <p>H4a. What was the total income for you and all the members of your household, before taxes and other deductions, in [fill UI CLAIM YEAR MINUS ONE].</p> <p>PROBE IF NEEDED: Please include income from your spouse or partner, if applicable and income from all possible sources such as self-employment, regular jobs, and earnings from odd jobs, side jobs, under-the-table jobs, and other activities, social security, pensions, rent, interest and dividends, unemployment compensation, welfare, other public assistance, food stamps, child support, and money from any other sources. Your best estimate is fine.</p> <p>THIS ITEM SHOULD BE PROGRAMMED LIKE AN INFO SCREEN.</p> <p>CATI: IF TOTAL INCOME IS REFUSED, SAY: Your answers to these questions will help the researchers better understand the problems people face when they are unemployed. Neither your name nor any other information that would identify you is kept with your answers. Could you provide your best estimate?</p>	<p>\$ _ _ _ , _ _ _ [GO TO H4a]</p> <p>DON'T KNOWd</p> <p>REFUSEDr</p>	<p>\$ _ _ _ , _ _ _ [GO TO H8]</p> <p>DON'T KNOWd</p> <p>REFUSED.....r</p>
<p>H5. Would you say your household income in [fill YEAR] was less than \$30,000 or \$30,000 or more?</p>	<p>LESS THAN \$30,000..... [GO TO H7]01</p> <p>\$30,000 OR MORE02</p> <p>DON'T KNOWd</p> <p>REFUSEDr</p>	<p>LESS THAN \$30,000 [GO TO H7] 01</p> <p>\$30,000 OR MORE 02</p> <p>DON'T KNOW d</p> <p>REFUSED..... r</p>
<p>H6. Would you say it was...</p>	<p>\$30,000 to under \$45,000,01</p> <p>\$45,000 to under \$60,000,02</p> <p>\$60,000 to under \$75,000,03</p> <p>\$75,000 to under \$90,000,04</p> <p>\$90,000 to under \$105,000, or05</p> <p>\$105,000 or more?06</p> <p>DON'T KNOWd</p> <p>REFUSEDr</p> <p style="text-align: center;">GO TO H8</p>	<p>\$30,000 to under \$45,000, 01</p> <p>\$45,000 to under \$60,000, 02</p> <p>\$60,000 to under \$75,000, 03</p> <p>\$75,000 to under \$90,000, 04</p> <p>\$90,000 to under \$105,000, or 05</p> <p>\$105,000 or more? 06</p> <p>DON'T KNOW d</p> <p>REFUSED..... r</p> <p style="text-align: center;">GO TO H8</p>
<p>H7. Would you say it was...</p>	<p>Less than \$5,000,01</p> <p>\$5,000 to under \$10,000,02</p> <p>\$10,000 to under \$15,000,03</p> <p>\$15,000 to under \$20,000,04</p> <p>\$20,000 to under \$25,000, or05</p> <p>\$25,000 to under \$30,000?06</p> <p>DON'T KNOWd</p> <p>REFUSEDr</p>	<p>Less than \$5,000, 01</p> <p>\$5,000 to under \$10,000, 02</p> <p>\$10,000 to under \$15,000, 03</p> <p>\$15,000 to under \$20,000, 04</p> <p>\$20,000 to under \$25,000, or 05</p> <p>\$25,000 to under \$30,000? 06</p> <p>DON'T KNOW d</p> <p>REFUSED..... r</p>

HOUSING

We understand that many people who become unemployed face difficulty paying their bills and meeting their financial commitments. These next questions ask about some of the types of situations that might be faced by people who are unemployed.

H8. When your job ended in [fill JOB SEPARATION DATE], did you...

CODE ONE ONLY

- Own your home, 01 (H9a)
- Rent your home, 02 (H10)
- Live with family or friends and pay part of the rent or mortgage, 03 (H10)
- Live with family or friends and not pay, or 04 (H9d)
- Live in some other housing arrangement? 05 (H9d)
- LIVE IN A GROUP SHELTER..... 06 (H9d)
- LIVE IN AN ASSISTED LIVING FACILITY 07 (H9d)
- DON'T KNOW..... d (H9d)
- REFUSED..... r (H9d)

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

CODE ONE FOR EACH ROW

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

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

- YES 01 (H10)
- NO 00 (H11)
- DON'T KNOW..... d (H11)
- REFUSED..... r (H11)

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

CODE ONE FOR EACH ROW

	YES	NO	DON'T KNOW	REFUSED
a. been charged a late fee or missed a rent payment?	01	00 (H11)	d	r
b. received a notice of eviction?	01	00 (H11)	d	r
c. been evicted?.....	01	00	d	r

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

CODE ONE FOR EACH ROW

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

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

CODE ONE FOR EACH ROW

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

SECTION I – HEALTH STATUS AND HEALTH INSURANCE COVERAGE

I1ck. **PROGRAMMER: CHECK C14, DOES C14=01?**

YES01
 NO00 (I6)

I2. We're almost finished. Now I have some questions about health insurance coverage. COBRA is a law that allows some workers and their families who lose their job and health benefits the right to continue getting health benefits provided by their former employer's group plan for a limited period of time. Were you **eligible** to enroll in your employer's sponsored health plan through COBRA when your job ended in [fill JOB SEPARATION DATE]?

YES01
 NO00 (I6)
 DON'T KNOW.....d (I6)
 REFUSED.....r (I6)

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

YES01
 NO00 (I6)
 DON'T KNOW.....d (I6)
 REFUSED.....r (I6)

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

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

YES01
 NO00 (I6)
 DON'T KNOW.....d (I6)
 REFUSED.....r (I6)

14. Were you eligible for this premium assistance?

YES 01
 NO 00 (16)
 DON'T KNOW d (16)
 REFUSED r (16)

15. Did you use this premium assistance?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

16. (READ IF I1ck = 00. We're almost finished. Now I have some questions about health insurance coverage.) Were you eligible to participate in any of the following types of group health insurance plans at the time your job ended in [fill JOB SEPARATION DATE]? Please do not include health insurance provided by an employer from a new job that began after [fill JOB SEPARATION DATE] or individual health plans here. Were you eligible to participate in... [fill a-e]

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

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

CODE ONE FOR EACH ROW

	YES	NO	DON'T KNOW	REFUSED
a. Medicare?	01	00	d	r
(G1 NE 05 or 06)				
b. Your (spouse's/partner's) health insurance plan?	01	00	d	r
c. A health insurance plan sponsored by a union?	01	00	d	r
d. PROGRAMMER: ASK "d" ONLY FOR RESPONDENTS AGE 29 OR YOUNGER				
A parent's health insurance plan?	01	00	d	r
e. Another type of group health insurance plan? (SPECIFY)	01	00	d	r

HEALTH INSURANCE COVERAGE

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

PROBE: Your best estimate is fine.

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

- ZERO/NONE00
- THE ENTIRE TIME99
- DON'T KNOW.....d
- REFUSED.....r

18. Since [fill INITIAL UI CLAIM DATE], did you (or a household member)...

CODE ONE FOR EACH ROW

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

SECTION J – DEMOGRAPHICS

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

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

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

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

CODE ALL THAT APPLY

- White? 01
- Black or African American, 02
- American Indian or Alaska Native, 03
- Asian, 04
- Native Hawaiian or Other Pacific Islander, or 05
- DON'T KNOW..... d
- REFUSED..... r

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

- MALE 01
- FEMALE 02

SECTION K – FAMILY SIZE AND NUMBER OF CHILDREN

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

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

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

____ # OF HOUSEHOLD MEMBERS AT UI CLAIM YEAR MINUS ONE
(01-20)

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

REFUSED..... r (K4)

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

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

____ # OF CHILDREN UNDER 18
(00-20)

DON'T KNOW..... d

REFUSED..... r

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

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

____ # OF CHILDREN/DEPENDENTS 18 OR OLDER
(00-20)

DON'T KNOW..... d

REFUSED..... r

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

YES 01

NO 00 (K8)

DON'T KNOW..... d (K8)

REFUSED..... r (K8)

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

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

____ # OF CURRENT HOUSEHOLD MEMBERS

(01-20)

DON'T KNOW..... d

REFUSED..... r

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

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

____ # OF CHILDREN UNDER 18

(00-20)

DON'T KNOW..... d

REFUSED..... r

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

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

____ # OF CHILDREN/DEPENDENTS 18 OR OLDER

(00-20)

DON'T KNOW..... d

REFUSED..... r

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

(K1 NE 01 AND K4=00)

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

YES 01

NO 00

DON'T KNOW..... d

REFUSED..... r

SECTION L – WORK MOBILITY

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

- YES01 (L3)
- NO00
- DON'T KNOW..... d
- REFUSED..... r

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

- STATE NAME: _____
- DON'T KNOW..... d
 - REFUSED..... r

L3. Since then, have you worked in a state different from [fill UI CLAIM STATE] or in another country?

- YES01
- NO00 (M1)
- DON'T KNOW..... d (M1)
- REFUSED..... r (M1)

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

PROBE: Do not include vacations or short visits.

OTHER (SPECIFY) [specify]

STATE/COUNTRY 1: _____

STATE/COUNTRY 2: _____

STATE/COUNTRY 3: _____

STATE/COUNTRY 4: _____

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

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

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

DON'T KNOW..... d

REFUSED..... r

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

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

DON'T KNOW..... d

REFUSED..... r

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

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

DON'T KNOW..... d

REFUSED..... r

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

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

DON'T KNOW..... d

REFUSED..... r

SECTION M – TRACKING INFORMATION

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

TELEPHONE NUMBER SAME AS SAMPLE INFORMATION..... 01

NEW TELEPHONE NUMBER:

|_|_|_|_|-|_|_|_|_|-|_|_|_|_|
AREA CODE

NO TELEPHONE..... 00

DON'T KNOW..... d

REFUSED..... r

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

SECOND TELEPHONE NUMBER:

|_|_|_|_|-|_|_|_|_|-|_|_|_|_|
AREA CODE

NO TELEPHONE..... 00

DON'T KNOW..... d

REFUSED..... r

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

PROBE FOR FULL NAMES, INCLUDING MIDDLE INITIALS.

FIRST	MI	LAST
HOUSE NUMBER / STREET NAME		APT. #
CITY	STATE	ZIP CODE
_ _ _ _ - _ _ _ _ - _ _ _ _		
AREA CODE		

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

M4. What is their relationship to you?

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

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

INTERVIEWER: VERIFY SPELLING OF NAME.

CATI: ALLOW FOR NAME CHANGES

FIRST	MI	LAST
HOUSE NUMBER / STREET NAME		APT. #
CITY	STATE	ZIP CODE
DON'T KNOW..... d		
REFUSED..... r		

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

M6. SPECIFY LANGUAGE INTERVIEW COMPLETED IN:

CODE ONE ONLY

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

The logo for Mathematica Policy Research features the word "MATHEMATICA" in a bold, black, serif font, positioned above the words "Policy Research" in a black, serif font. The text is centered and framed by a thin red horizontal line above and below it.

MATHEMATICA
Policy Research

www.mathematica-mpr.com

Improving public well-being by conducting high-quality, objective research and surveys

Princeton, NJ ■ Ann Arbor, MI ■ Cambridge, MA ■ Chicago, IL ■ Oakland, CA ■ Washington, DC

Mathematica® is a registered trademark of Mathematica Policy Research