**APPENDIX F**

**COBRA SUBSIDY STUDY SURVEY**

**MATHEMATICA**
Policy Research

**Impact of the ARRA Subsidy on COBRA Take-Up**

**COBRA Subsidy Study Survey**

*September 27, 2012*

Prepared by:
Mathematica Policy Research

# CONTENTS

# SECTION A: CASE MANAGEMENT

**PROGRAMMER:** PRELOAD JOB SEPARATION MONTH, YEAR, UI CLAIM DATE, AND EMPLOYER NAME.

CLAIM DATES BETWEEN FEBRUARY 17, 2009 AND MAY 31, 2010 ARE IN THE **SUBSIDY ELIGIBLE** GROUP (ARRA PERIOD)—MPRID BEGINS WITH "1"

CLAIM DATES BETWEEN JUNE 1, 2010 THROUGH MARCH 31, 2011 (POST-ARRA) ARE IN THE **SUBSIDY COMPARISON** GROUP—MPRID BEGINS WITH "2"

[Call Type]

A0.  **INTERVIEWER:  WHICH OF THE FOLLOWING BEST DESCRIBES THIS CALL?**

<u>CODE ONE ONLY</u>

| | | |
|---|---|---|
| IMMEDIATE IVR TRANSFER | 01 | (A31) |
| CALLBACK **TO** AN IVR COMPLETER | 02 | (A1a) |
| CALLBACK **FROM** AN IVR COMPLETER | 03 | (A31) |
| INITIAL CALL-IN TO THE SOC LINE | 04 | (A32) |
| CALL OUT BY AN INTERVIEWER | 05 | (A1) |

(Call Type=Call out by an interviewer (A0=05)

[Hello (Q1)]

A1.  Hello, my name is [fill IntvName]. I am calling on behalf of the U.S. Department of Labor. May I please speak to [fill FullName]?

| | | |
|---|---|---|
| SPEAKING TO SAMPLE MEMBER | 01 | SampMemb (A23) |
| SAMPLE MEMBER COMES TO THE PHONE | 02 | SampMemb (A23) |
| PERSON ASKS WHAT CALL IS ABOUT | 03 | WhatAbout (A2) |
| NEED TO CALLBACK | 04 | Callback |
| SAMPLE MEMBER HAS A HEALTH PROBLEM/ DECEASED | 05 | HealthProb (A3) |
| SAMPLE MEMBER] IS IN AN INSTITUTION | 06 | Institution (A10) |
| SAMPLE MEMBER HAS MOVED | 07 | KnowWhere (A11) |
| SAMPLE MEMBER HAS BEEN DEPLOYED BY MILITARY | 08 | (A15) |
| SAMPLE MEMBER DOES NOT SPEAK ENGLISH | 09 | Lang (A17) |
| NEVER HEARD OF SAMPLE MEMBER/ WRONG NUMBER | 10 | Thanks (A38) Status 530 |
| HUNG UP DURING INTRODUCTION | 11 | Status 640 |
| REFUSED | r | Status 220 |

A1a.  [Hello (Q1a)]

Hello, my name is [fill IntvName]. I am calling on behalf of the U.S. Department of Labor. May I please speak to [fill FullName]? I am returning (his/her) call.

| | | |
|---|---|---|
| SPEAKING TO SAMPLE MEMBER........................................ | 01 | SampMemb (A30) |
| SAMPLE MEMBER COMES TO THE PHONE....................... | 02 | SampMemb (A30) |
| PERSON ASKS WHAT CALL IS ABOUT.............................. | 03 | WhatAbout (A2) |
| NEED TO CALLBACK......................................................... | 04 | Callback |
| SAMPLE MEMBER HAS A HEALTH PROBLEM/ DECEASED.................................................................... | 05 | HealthProb (A3) |
| SAMPLE MEMBER IS IN AN INSTITUTION ......................... | 06 | Institution (A10) |
| SAMPLE MEMBER HAS MOVED ....................................... | 07 | KnowWhere (A11) |
| SAMPLE MEMBER HAS BEEN DEPLOYED BY MILITARY .. | 08 | (A15) |
| SAMPLE MEMBER DOES NOT SPEAK ENGLISH .............. | 09 | Lang (A17) |
| NEVER HEARD OF SAMPLE MEMBER/ WRONG NUMBER ............................................................. | 10 | Thanks (A38) Status 530 |
| REFUSED ......................................................................... | r | Status 200 |

(A1=03; A1a=03)
[WhatAbout (Q2)]

A2.  The U.S. Department of Labor recently sent [fill NAME] a letter inviting (him/her) to call in to see if (he/she) would be eligible to participate in a special study they are sponsoring. Mathematica Policy Research is a nationally recognized research company based in Princeton, New Jersey. We are conducting the study on behalf of the U.S. Department of Labor. We are not selling anything or asking for contributions.

**PROGRAMMER:** ALLOW INTERVIEWER TO ACCESS FAQs FROM THIS SCREEN.

| | | |
|---|---|---|
| SAMPLE MEMBER COMES TO THE PHONE....................... | 01 | SampMemb (A23) |
| NEED TO CALLBACK......................................................... | 02 | Callback |
| SAMPLE MEMBER HAS A HEALTH PROBLEM/ DECEASED.................................................................... | 03 | HealthProb (A3) |
| SAMPLE MEMBER IS IN AN INSTITUTION ......................... | 04 | Institution (A10) |
| SAMPLE MEMBER MOVED................................................. | 05 | KnowWhere (A11) |
| SAMPLE MEMBER DOES NOT SPEAK ENGLISH .............. | 06 | Lang (A17) |
| SAMPLE MEMBER DIDN'T RECEIVE LETTER .................... | 07 | NoLetter (A24) |
| SAMPLE MEMBER HAS BEEN DEPLOYED BY MILITARY ........................................................................ | 08 | (A15) |
| HUNG UP DURING INTRODUCTION ................................. | 09 | Status 640 |
| SUPERVISOR REVIEW ..................................................... | 10 | Status 380 |
| NEVER HEARD OF SAMPLE MEMBER/ WRONG NUMBER ............................................................. | 11 | Thanks (A38) Status 530 |
| REFUSED ......................................................................... | r | Status 220 |

(A1 OR A1a=05)
[HealthProb (Q3)]
A3.   ENTER TYPE OF HEALTH PROBLEM.

|   |   |   |
|---|---|---|
| HEARING PROBLEM | 01 | AmpTTY (A4) |
| SPEECH PROBLEM | 02 | AmpTTY (A4) |
| PHYSICAL PROBLEM | 03 | CallLater (A8) |
| COGNITIVE PROBLEM | 04 | Thanks (A38) Status 410 |
| IN A COMA | 05 | Thanks (A38) Status 410 |
| DECEASED | 06 | Deceased (A9) |
| REFUSED | r | Status 220 |

(A3=01 OR 02)
[AmpTTY (Q4)]
A4.   I was calling to conduct an interview with [fill FirstName] for the U.S. Department of Labor. 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 (him/her) to complete the interview?

|   |   |   |
|---|---|---|
| YES – USE AMPLIFIER PHONE | 01 | RespAvail (A5) |
| YES – USE TTY CAPABILITY | 02 | RespAvail (A5) |
| NO | 00 | Thanks (A38) Status 410 |
| DON'T KNOW | d | Callback |
| REFUSED | r | Status 220 |

(A4=01 OR 02)
[RespAvail (Q5)]
A5.   Is [fill FirstName] available now?

|   |   |   |
|---|---|---|
| YES | 01 | if AmpTTY (A4) = 1 then AmpPhone (A6) else CallTTY (A7) |
| NO | 00 | Callback |

(A4=01 AND A5=01)
[AmpPhone (Q6)]
A6.   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.**

|   |   |   |
|---|---|---|
| SAMPLE MEMBER COMES TO THE PHONE | 01 | SampMemb (A23) |
| CALLBACK | 02 | Callback |

(A5=01 AND A4 NE 1)
[CallTTY (Q7)]
A7.   I will call back in a few minutes after I have the help of the TTY operator.

|   |   |   |
|---|---|---|
| ARRANGE CALL WITH OPERATOR | 01 | SampMemb (A23) |
| IF UNSUCCESSFUL SET CALLBACK | 02 | Callback |

(A3=03)
[CallLater (Q8)]
A8.    Will [fill FirstName] be able to talk on the telephone if I call back next week?

        YES/MAYBE – CALLBACK ................................................ 01  Callback
        NO ................................................................................. 00  Thanks (A38) Status 380
        DON'T KNOW ................................................................. d  Callback
        REFUSED ....................................................................... r  Status 220

(A3=06)
[Deceased (Q9)]
A9.    I am sorry to hear that [fill NAME] has passed away. I was calling about a study we are conducting for the U.S. Department of Labor. You might have seen a letter we recently sent [fill NAME] explaining the study. When did (he/she) pass away?

        DATE:  |__|__| / |__|__| / |_2_|_0_|__|__|
                MO       DAY       YEAR
              (01-12)   (01-31)   (2008-2012)

        DON'T KNOW ................................................................. d
        REFUSED ....................................................................... r
    ➜ Status 440—DECEASED

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

(A1 OR A1a=06 OR A2=04)
[Institution (Q10)]
A10.    ENTER TYPE OF INSTITUTION.

        HOSPITAL ....................................................................... 01  HomeSoon (A14)
        NURSING HOME ............................................................. 02  HomeSoon (A14)
        ASSISTED LIVING FACILITY............................................. 03  HomeSoon (A14)
        GROUP HOME ................................................................ 04  HomeSoon (A14)
        JAIL OR PRISON ............................................................ 05  Thanks (A38) Status 421

(A1 OR A1a=07, A2=05)
[KnowWhere (Q17)]
A11.    Do you or anyone there know how we can reach [fill NAME]?

        YES.................................................................................. 01  (A12)
        NO ................................................................................. 00  (A27)
        DON'T KNOW ................................................................. d  (A27)
        REFUSED ....................................................................... r  (A27)

[NewPhone (Q18)]
A12.    May I please have [fill his/her] telephone number?

[Phone Number]
        Please give me the telephone number, area code first.

[Have Exten]
        Is there an extension number?

                TELEPHONE: |__|__|__|-|__|__|__|-|__|__|__|__|

                EXT.  |__|__|__|__|

                DON'T KNOW ........................................................................    d
                REFUSED ............................................................................    r
                ➔ NewAddr (A12c)

[Phone Type]
A12a.   Is this a home phone, business phone, or a cell phone?

                HOME PHONE.................................................................    01
                OFFICE PHONE .............................................................    02
                HOME AND OFFICE PHONE ...........................................    03
                CELL PHONE..................................................................    04
                PAGER .........................................................................    05
                COMPUTER/FAX LINE ....................................................    06
                OTHER .........................................................................    07

[Time of Day]
A12b.   Should this number be used at only certain times?

                ANYTIME ......................................................................    01
                DAYTIME ONLY (SPECIFY) _____ ....    02
                EVENING ONLY (SPECIFY) _____ ....    03

[NewAddr (Q19)]
A13.    May I please have [fill his/her] address?

                ADDRESS:_____

                _____

                _____

                DON'T KNOW ....................................................................    d
                REFUSED ..........................................................................    r
                ➔ Thanks (A38) if NewPhone eq DK/RF then Status 530 else Status 899

A14.    **PROGRAMMER:** CHECK A13: IS STATE OUTSIDE THE UNITED STATES AND DC?

        YES (OUTSIDE USA) ........................................................ 01    (A15)
        NO (INSIDE USA) ........................................................... 00    Callback

(A1, A1a, OR A2=08 OR A14=01)
A15.    When do you expect [fill NAME] to return (home/to live in the U.S.)?

        |___|___| / |_2_|_0_|___|___|
        MONTH          YEAR
         (01-12)       (2011-2020)

        NEVER................................................................................ 00    Thanks (A38) Status 450
        DON'T KNOW .................................................................... d    (A38) Status 380
        REFUSED ........................................................................... r    (A38) Status 380

A16.    **INTERVIEWER: IS DATE DURING FIELD PERIOD?**

        YES..................................................................................... 01    Callback
        NO, AFTER MARCH 2012.................................................... 00    Thanks (A38) Status 450

(A1 OR A1a=09 OR A2=06)
[Lang (Q20)]
A17.    CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN.

        ARABIC............................................................................... 01    (A19)
        BOSNIAN ............................................................................ 03    (A19)
        CAMBODIAN ....................................................................... 04    (A19)
        CHINESE ............................................................................ 05    (A19)
        CREOLE .............................................................................. 06    (A19)
        ENGLISH ............................................................................ 07    (A19)
        HINDI.................................................................................. 08    (A19)
        ITALIAN .............................................................................. 09    (A19)
        LAOTIAN............................................................................. 10    (A19)
        POLISH............................................................................... 11    (A19)
        PORTUGUESE ................................................................... 12    (A19)
        RUSSIAN ............................................................................ 13    (A19)
        SPANISH ............................................................................ 14    (A17)
        TAGALOG............................................................................ 15    (A19)
        VIETNAMESE ..................................................................... 16    (A19)
        OTHER (SPECIFY) [specify]................................................ 17    (A19)
        _____
        DON'T KNOW ..................................................................... d    Thanks (Q38) Status 400
        REFUSED ........................................................................... r    Thanks (Q38) Status 400

(A17=14)
A18.    (IF SPANISH NEEDED, SAY: A Spanish speaking interviewer will call you.) Thank you very much
        for your time. [Status 401]

        ENTER 1 TO CONTINUE

[NeedAsst (Q22)]

A19. (The U.S. Department of Labor recently sent [fill NAME] a letter saying that someone from Mathematica would be calling to see if (he/she) would be eligible to participate in a study they are conducting. Mathematica is a nationally recognized research company based in Princeton, New Jersey. We are conducting the study for the U.S. Department of Labor. We are not selling anything or asking for contributions.) We are looking for someone who is 18 years or older to help [fill NAME] by interpreting the interview for us. Are you 18 years of age or older?

IF YES: Would you be able to help [fill NAME] by interpreting the interview?

IF NO: Is there someone else 18 years or older who could come to the phone and help with the interview?

| | | |
|---|---|---|
| SPEAKING TO FAMILY MEMBER/FRIEND WHO WILL ACT AS INTERPRETER | 01 | Asst Name (A20) |
| NO INTERPRETER AVAILABLE AT THIS TIME | 02 | Asst Name (A20) |
| NO INTERPRETER AVAILABLE | 03 | Callback |
| SUPERVISOR REVIEW | 04 | Status 380 |
| DON'T KNOW | d | Callback |
| REFUSED | r | Status 210 |

[Asst/ProxyName (Q23)]

A20. (Before we begin), can you please tell me (your name/the name of the person who may be able to interpret the interview for [fill NAME])?

INTERPRETER NAME

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

➔ AsstRel (A21)

[AsstRel (Q24)]

A21. And how (are you/is [fill NAME FROM A20]) related to [fill FirstName]?

| | |
|---|---|
| SPOUSE | 01 |
| CHILD | 02 |
| SIBLING | 03 |
| PARENT | 04 |
| NIECE/NEPHEW | 05 |
| FRIEND/NEIGHBOR/OTHER RELATIVE | 06 |
| GROUP/FOSTER HOME/ASSISTED LIVING FACILITY ADMINISTRATOR/CAREGIVER | 07 |
| OTHER RELATIVE | 08 |
| NOT RELATED | 09 |
| DON'T KNOW | d |
| REFUSED | r |

[INTERPRETER INSTRUCTION (Q25a)]
A22.    Thank you for agreeing to interpret the interview for (him/her). Please repeat the questions to [fill NAME] exactly as I read them to you.

→ Screener/Survey *** GO TO A33

(A1=01 OR 02, A2=01, A6 OR A7=01)
[if Hello (Q1) eq <2> or WhatAbout (Q2) eq <1> then] Hello, my name is [fill IntvName]. I am calling on behalf of ... [endif]
A23.    [Hello, my name is [fill NAME], calling on behalf of the U.S. Department of Labor.] Recently the U.S. Department of Labor sent you a letter saying that someone from Mathematica would be calling to see if you would be eligible to participate in a study they are conducting about people who became unemployed and how being unemployed affected their health insurance situation. To see if you are eligible, I need to ask a few questions which will take about 2 minutes. If you are eligible, for the study, I will ask you to complete a survey with me over the phone. After you complete the survey, Mathematica will send you $30 for your participation. The survey questions will take between 40 and 45 minutes to complete, depending on your situation. All of your answers will be completely confidential and used for research purposes only. Let's start now.

**PROGRAMMER: ALLOW INTERVIEWER TO ACCESS FAQs FROM THIS SCREEN.**

| | | |
|---|---|---|
| BEGIN INTERVIEW ................................................................ | 01 | Screener/Survey (A33) |
| DID NOT RECEIVE OR DOES NOT RECALL LETTER ......... | 02 | NoLetter (A24) |
| NOT A GOOD TIME ............................................................... | 03 | Callback |
| HUNG UP DURING INTRODUCTION ................................... | 04 | Status 640 |
| SUPERVISOR REVIEW ........................................................ | 05 | Status 380 |
| [fill NAME] WILL CALL MPR BACK....................................... | 06 | (A39) |
| WANTS MORE INFORMATION ...........................................FAQ | | |
| REFUSED ........................................................................... | r | Status 200 |

(A2=07 OR A23=02
[NoLetter (Q32)]
A24.    The letter was from the U.S. Department of Labor and said that someone from Mathematica would be calling to see if you would be eligible to participate in a study they are conducting about people who became unemployed and how being unemployed affected people's health insurance situation. We are not selling anything or asking for contributions. If you like, I can read the letter to you now and we can start the interview. To see if you are eligible, we need to ask a few questions which will take about 2 minutes. If you are eligible, for the study, we will ask you to complete a survey with me over the phone. After you complete the survey, we will send you ($40/$40) for your participation. The questions I have will take between 40 and 45 minutes to complete, depending on your situation. All of your answers will be completely confidential and used for research purposes only. Should I read the letter?

(**IF NEEDED:** I can also mail (you/him/her) another copy. (You/He/She) should receive the letter in about a week.)

| | | |
|---|---|---|
| BEGIN INTERVIEW ................................................................ | 01 | Screener/Survey (A33) |
| WANTS ANOTHER LETTER/WANTS LETTER READ TO THEM ................................................................ | 02 | ReadLetter (A25) |
| NOT A GOOD TIME ............................................................... | 03 | Callback |
| WANTS MORE INFORMATION ...........................................FAQ | | |
| REFUSED ........................................................................... | r | Status 200 |

(A24=02)
[ReadLetter (Q34)]
A25.    May I read the letter to you and then we can begin?

**LOAD TEXT OF LETTER HERE**

        YES, READ THE LETTER ...................................................... 01    (A33)
        NO, WANTS ANOTHER LETTER FIRST ............................... 02    SendLetter (A26)
        REFUSED ............................................................................ r    Status 200

(A25=02)
[SendLetter (Q35)]
A26.    Okay, I'll mail another letter and will call back in a few days. To what address should we mail the letter?

        ADDRESS:_____

        _____

        _____

        DON'T KNOW ........................................................................ d
        REFUSED ............................................................................. r
        → Thanks (A38) Status 831—LETTER REQUESTED

(A11=00, d, OR r)
A27.    Is there someone else who might know how to reach [fill NAME]?

        YES....................................................................................... 01
        NO ....................................................................................... 00    (A39a)
        DON'T KNOW ....................................................................... d    (A39a)
        REFUSED ............................................................................ r    (A39a)

(A27=01)
A28.    What's that person's name and phone number?

        **PROBE:** If you don't have all the information, please tell me what you can.

        NAME _____
            FIRST, MIDDLE, LAST

        Please give me the telephone number, starting with the area code first.

        TELEPHONE: |__|__|__|-|__|__|__|-|__|__|__|__|    (A38) Status 530

        DON'T KNOW ........................................................................ d    (A38) Status 530
        REFUSED ............................................................................. r    (A38) Status 530

        | **PROGRAMMER:  THIS INFORMATION NEEDS TO BE SENT TO LOCATING AS A LEAD** |
        | --- |

NO A29 THIS VERSION.

(Call Type=Callback to IVR completer—A1a=01 OR 02)
[Confirm]
A30.  Thank you for calling in to see if you would be eligible to participate in the study being sponsored by the U.S. Department of Labor. I am calling you back to complete the screening process with you. The study is about people who became unemployed and how being unemployed affected their health insurance situation. I will need to confirm your answers with you and ask you a few more questions to see if you are eligible. These questions will take about 2 minutes. If you are eligible for the study, I will ask you to complete a survey with me over the phone. After you complete the survey, Mathematica will send you $40 for your participation. The full survey will take between 40 and 45 minutes to complete, depending on your situation. All of your answers will be completely confidential and used for research purposes only. Let's start now.

| | | |
|---|---|---|
| BEGIN INTERVIEW | 01 | Screener/Survey (A33) |
| NOT A GOOD TIME | 02 | Callback |
| HUNG UP DURING INTRODUCTION | 03 | Status 640 |
| SUPERVISOR REVIEW | 04 | Status 380 |
| SAMPLE MEMBER WILL CALL MATHEMATICA BACK | 05 | (A39) |
| WANTS MORE INFORMATION | FAQ | |
| REFUSED | r | Status 200 |

(Call Type=IVR transfer or callback—A0=01 OR 03)
A31.  Thank you for calling in to see if you would be eligible to participate in the study being sponsored by the U.S. Department of Labor. The study is about people who became unemployed and how being unemployed affected their health insurance situation. Based on the answers you entered on your telephone keypad, you have been transferred to continue the screening process for the study. I will need to confirm your answers with you and ask you a few more questions to see if you are eligible. These questions will take about 2 minutes. If you are eligible for the study, I will ask you to complete a survey with me over the phone. After you complete the survey, Mathematica will send you $40 for your participation. The full survey will take between 40 and 45 minutes to complete, depending on your situation. All of your answers will be completely confidential and used for research purposes only. Let's start now.

| | | |
|---|---|---|
| BEGIN INTERVIEW | 01 | Screener/Survey (A33) |
| NOT A GOOD TIME | 02 | Callback |
| HUNG UP DURING INTRODUCTION | 03 | Status 640 |
| SUPERVISOR REVIEW | 04 | Status 380 |
| SAMPLE MEMBER WILL CALL MATHEMATICA BACK | 05 | (A39) |
| WANTS MORE INFORMATION | FAQ | |
| REFUSED | r | Status 200 |

A32. Thank you for calling in to see if you would be eligible to participate in the study being sponsored by the U.S. Department of Labor. The study is about people who became unemployed and how being unemployed affected their health insurance situation. To see if you are eligible for the study, I need to ask you a few questions. These questions will take about 2 minutes. If you are eligible for the study, I will ask you to complete a survey with me over the phone. After you complete the survey, Mathematica will send you $30 for your participation. The full survey will take between 40 and 45 minutes to complete, depending on your situation. All of your answers will be completely confidential and used for research purposes only. Let's start now.

```
BEGIN INTERVIEW ................................................. 01   Screener/Survey (A33)
NOT A GOOD TIME ................................................ 02   Callback
HUNG UP DURING INTRODUCTION .................................. 03   Status 640
SUPERVISOR REVIEW ............................................. 04   Status 380
SAMPLE MEMBER WILL CALL MATHEMATICA BACK........ 05   (A39)
WANTS MORE INFORMATION ..........................................FAQ
REFUSED ........................................................  r   Status 200
```

(A23, A24, A25, A30, A31, OR A32=01)
A33. To get started, I need to confirm that I am speaking with the correct person. Is your full name [fill FROM PRELOADS]?

```
YES..................................................................... 01   (A34)
NAME CHANGED ..................................................... 02
NO ...................................................................... 00
DON'T KNOW ........................................................  d   Thanks (A38) Status 380
REFUSED ..............................................................  r   Thanks (A38) Status 380
```

(A33=00 OR 02)
[NewName]
A33a. For the record, what is your (new) name?

NAME _____

```
IDENTITY CONFIRMED........................................... 01
IDENTITY NOT CONFIRMED .................................... 02   (A40)
DON'T KNOW ........................................................  d   Thanks (A38) Status 380
REFUSED ..............................................................  r   Thanks (A38) Status 380
```

**PROGRAMMER: STORE NAME CHANGE IN NAME UPDATE BLOCK**

[State_Ask]
A34. (Are you/Is [he/she]) now living in (STATE FROM PRELOAD)?

```
YES..................................................................... 01   (A35)
NO ...................................................................... 00   (A34a)
```

(A34=00)
[State]
A34a. In what state (are you/is [he/she]) now living?

      STATE |___|___| TWO LETTER CODE

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

| PROGRAMMER: STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT STATE UPDATE BLOCK |
| --- |

(All)
A35. What is (your/his/her) date of birth?

      |___|___| / |___|___| / |_1_|_9_|___|___|   (A36)
      MONTH   DAY      YEAR
       (01–12)  (01-31)  (1937–1994)

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

(A35=d OR r)
[Age]
A35a. How old (are you/is [he/she])?

      RECORD AGE |___|___| YEARS (18-65)

      DON'T KNOW ....................................................................... d (A37)
      REFUSED ............................................................................. r (A37)

A36.   **PROGRAMMER:** CHECK BIRTHDATE OR AGE: IS MONTH, DAY, YEAR OF BIRTH AT A35=MONTH, DAY, AND YEAR OF BIRTH ON RECORD OR DOES AGE CONVERT TO DOB ON RECORD?

      NO MATCH ......................................................................... 00
      1 MATCHES........................................................................ 01
      2 MATCH ........................................................................... 02
      3 MATCH ........................................................................... 03

**PROGRAMMER: NOTE: 2 OF 3=VERIFIED**

(All)
A37. What are the last four digits of your social security number?

      |___|___|___|___| LAST FOUR SSN DIGITS

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

A37a.  **PROGRAMMER: IS [fill NAME]'s IDENTITY VERIFIED—NAME, BIRTHDATE, AND/OR LAST FOUR SSN VERIFIED? NOTE: 2 OF 3 NEEDED.**

YES (VERIFIED) ........................................................ 01
NO (FAILED VERIFICATION ................................................ 00   (A40)

(A37a=01)
A37b.  **CODE WITHOUT ASKING IF KNOWN, OTHERWISE, ASK**: Are you male or female?

MALE ....................................................................... 01
FEMALE..................................................................... 02
DON'T KNOW ............................................................. d
REFUSED ................................................................... r

(A37a=01)
[Whom]
A37c.  **INTERVIEWER: WHO ARE YOU SPEAKING WITH?**

NAME ...................................................................... 01   (B1)
INTERPRETER ............................................................ 02   (B1)

(A1 OR A1a=10, A2=11, A3=04 OR 05, A4=00, A8=00, A10=05, A12c=d OR r,
A14=00, d, OR r, A15=00, A16=d OR r, A28=d OR r, A33 OR A33a=d OR r)
[Thanks (Q36)]
A38.  Thank you very much for your time.

ENTER 1 TO CONTINUE

(A23=06)
A39.  Thanks for offering to call back. Please write down our toll-free number. It is XXX-XXX-XXXX. We are available days, evenings, and weekends. Please ask for Carla Smith when you call. If you call after hours, please leave a message and we will get back to you the next day.

(STATUS 830—RESPONDENT WILL CALL MATHEMATICA)

(A27=00, d, OR r)
A39a.  Please write down my toll free number and give it to [fill SAMPLE MEMBER NAME] or someone who might know how to reach (him/her). The toll free number is XXX-XXX-XXXX.

(A33a=02 OR A37a=00)
A40.  Thanks for your patience. There seems to be a problem with my information. I need to check with my supervisor about what to do next. Someone from Mathematica will get back to you. Thanks again. Good-bye. STATUS 380—SUPERVISOR REVIEW

**REFUSAL MODULE: THIS WILL DISPLAY WHEN BREAKOFF IS INDICATED IN CATI.**
**NOTE: A REFUSAL CAN OCCUR AT ANY POINT IN THE INTERVIEW.**

[WHO REFUSED]
**INTERVIEWER: INDICATE WHO REFUSED.**

SAMPLE MEMBER ................................................................. 01
GATEKEEPER ...................................................................... 02
UNKNOWN PERSON ............................................................ 03

[REFUSAL REASON]
**INTERVIEWER: INDICATE REFUSAL REASON TO BEST OF KNOWLEDGE.**

<u>CODE BEST</u>

UNHAPPY WITH UI BENEFITS/UI BENEFITS ENDED ......... 01
NO HEALTH CARE BENEFITS/LOST BENEFITS ................ 02
COULD NOT AFFORD COBRA PREMIUM ........................... 03
NO TIME .............................................................................. 04
SAID NEVER COLLECTED BENEFITS ............................... 05
NO INTEREST ..................................................................... 06
DON'T TRUST GOVERNMENT/DOL ................................... 07
CONFIDENTIALITY .............................................................. 08
NONE GIVEN ...................................................................... 09
OTHER (SPECIFY) ............................................................. 10

_____

**IMPACT OF THE ARRA SUBSIDIES ON COBRA HEALTH INSURANCE**
**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?**

This study is about the health insurance needs and use among workers and their families after they become unemployed.

**WHO IS ELIGIBLE TO PARTICIPATE IN THE STUDY?**

Some people who became unemployed between February 17, 2009 and March 31, 2011.

**WHAT IS COBRA?**

COBRA is the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA was intended to help prevent loss of health insurance coverage for workers and their families when employees change or lose their jobs. COBRA benefits are available for a limited time after an employee separates from a job.

**WHAT IS THE ARRA SUBSIDY?**

To help workers maintain their coverage, the American Recovery and Reinvestment Act (ARRA) provided money to help pay insurance premium costs to most COBRA-eligible people who lost their jobs between September 1, 2008 and May 31, 2010.

**I DON'T COLLECT UNEMPLOYMENT BENEFITS ANYMORE/I COLLECTED THEM FOR A VERY SHORT TIME.**

We are calling people who filed for unemployment insurance benefits between February 2009 and March 2011. Even if you no longer receive or never collected unemployment benefits, your experience and input is very important to the study. Hearing from people with different experiences helps us learn more about how being unemployed affects health insurance coverage for different groups.

**FAQS** – (*continued*)

## 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 benefits between February 17, 2009 and March 31, 2011.

## IS THE SURVEY CONFIDENTIAL?

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

## HOW LONG WILL THIS TAKE?

The length of the interview is different for different people, but it usually takes between 40 and 45 minutes.

## 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 will help the U.S. Department of Labor improve services to people who are unemployed. 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 reported in summary form. Your name will never be included in any report. If you qualify and complete the survey, we will pay you ($30/$40) as a token of our appreciation.

**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 1291-0001. Without this approval we would not be able to conduct this survey.

**WILL I BE PAID?**

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

**WHAT ARE YOU GOING TO DO FOR ME NOW? ARE YOU GOING TO HELP ME FIND A JOB OR HELP ME WITH HEALTH CARE COVERAGE?**

Mathematica is a private, independent research firm. Our company is conducting this study for the U.S. Department of Labor, and this survey is part of the study. We cannot provide assistance finding jobs or health care. 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.

**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, Mr. Jonathan Simonetta of DOL at (202) 693-5085or Mathematica's Project Director, Dr. Anu Rangarajan at 609-936-2765. For questions about the survey you can call Mathematica's Survey Director, Julita Milliner-Waddell at 609-275-2206.

**SECTION B: SCREENER CONFIRMATION, SAMPLE MEMBER VERIFICATION,
AND HOUSEHOLD CHARACTERISTICS**


(All)
B1.    (**FOR IVR CALLERS, SAY:** I have just a bit more information to verify with you.) **ALL OTHERS, START HERE:** For these next questions, please think about the job you had in [fill JOB SEPARATION MONTH, YEAR]. My computer shows that the name of the company you worked for at that time was [fill EMPLOYER NAME FROM UI RECORDS]. Is that correct?

    YES................................................................. 01    (B1ck)
    NO .................................................................. 00
    DON'T KNOW ................................................... d
    REFUSED .......................................................... r

(B1 NE 01)
B1a.    What is the correct name of the company you worked for just before you filed for unemployment benefits in [fill UI CLAIM DATE]?

    **PROBE IF NEEDED:** Having the name of your company will help the interview to flow more smoothly and go more quickly.

    **RECORD VERBATIM**

    _____ <OPEN>

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

(All)
B1ck.    **INTERVIEWER: IS THIS CALL AN IVR CALL-IN OR A CATI CALL-IN?**

    IVR CALL- IN .................................................... 01    (B2)
    CATI CALL-IN ................................................... 02    (B3)

(B1ck=01–IVR CALLERS ONLY)
B2.    And, you were covered by health insurance **through your job** at [fill EMPLOYER NAME FROM UI RECORDS OR B1a IF UPDATED] when that job ended. Is that correct?

    **INTERVIEWER: IF THE RESPONDENT ANSWERS DON'T KNOW OR REFUSED TO B2,
        SAY:** I'm sorry, but I will need the answer to this question to continue the interview.

    YES................................................................. 01    (B4)
    NO .................................................................. 00    (B3a)
    DON'T KNOW ................................................... d    (End, Status 380)
    REFUSED .......................................................... r    (End, Status 200)

B3.     Did you have health insurance **through your job** with [fill EMPLOYER NAME FROM UI
        RECORDS OR B1a IF UPDATED] when that job ended in [fill JOB SEPARATION MONTH,
        YEAR]?

> **INTERVIEWER: IF THE RESPONDENT ANSWERS DON'T KNOW OR REFUSED TO B3,
>                 SAY:** I'm sorry, but I will need the answer to this question to continue the
>                 interview.

        YES....................................................................... 01     (B4)
        NO ........................................................................ 00     (B3a)
        DON'T KNOW ...................................................... d      (End) (Status 380)
        REFUSED ............................................................ r      (End) (Status 200)

(B2 or B3=00)
B3a.    (**IF AN IVR CALLER, SAY:** OK, I will correct my information.) Even though you did not have
        health insurance through your job when it ended, did your employer **offer** health insurance to
        any of its employees at the time your job ended in [fill JOB SEPARATION MONTH, YEAR]?

        YES....................................................................... 01
        NO ........................................................................ 00     (B3c)
        DON'T KNOW ...................................................... d      (B3c)
        REFUSED ............................................................ r      (B3c)

(B3a=00)
B3b.    Even though you did not have health insurance through your job when it ended, were you **eligible**
        to enroll in your employer's health insurance plan at that time?

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

(B3a=00, d OR r, OR B3b=01, 00, d OR r)
B3c.    Thank you for calling in to see if you would be eligible for the study. You have not been selected
        to participate in the study. Thanks again and best wishes to you.

        **END SURVEY – STATUS 460—COBRA INELIGIBLE**

(B2 OR B3=01)
B4.     At the time your job ended in [fill JOB SEPARATION MONTH, YEAR], what was your marital
        status—were you married, living with a partner, separated, divorced, widowed, or had you never
        been married?

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

(B2 or B3=01)
B5.    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 MONTH, YEAR]? Please do not include
        individual health plans or health insurance provided by an employer from a new job that began
        after [fill JOB SEPARATION MONTH, YEAR] here.

        **PROBE:** Were you eligible to participate in… [fill a-d]

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

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

| | **YES** | **NO** | **DON'T KNOW** | **REFUSED** |
|---|---|---|---|---|
| a.  Medicare? ............................................................ | 01 | 00 | d | r |
| (B4=01, 02 OR 03)<br>b.  Your spouse's or 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**<br>     A parent's health insurance plan? ..................................... | 01 | 00 | d | r |

(All, except not selected subset of Group 3—subsidy ineligibles)
B6.    Thank you. Based on your responses you **are** eligible to participate in the study and will receive
        [fill $40/$30] when you complete the survey. Let's get started.

<div align="center">

**GO TO B8**

</div>

(Not selected subset of Group 3—subsidy ineligibles)
B7.    Thank you for calling in to see if you would be eligible for the study. You have not been selected
        to participate in the study. Thanks again and best wishes to you.

        **END SURVEY – STATUS 461—SUBSIDY INELIGIBLE**

(All)
B8.     Now, I'd like you to think about who was living in your household at that time—when your job with [fill EMPLOYER FROM UI RECORDS OR B1a IF UPDATED] ended in [fill JOB SEPARATION MONTH, YEAR]. How many people, **including** yourself, lived or stayed in your household then? Please include babies, small children, people who are not related to you, and people who were temporarily away, for example, away at school.

ENTER NUMBER OF PEOPLE IN HOUSEHOLD INCLUDING SAMPLE MEMBER

|___|___| NUMBER OF PEOPLE IN HOUSEHOLD
(01-10)

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


(All)
B8a.    **INTERVIEWER: DID SAMPLE MEMBER LIVE ALONE—DOES B8=01?**

YES................................................................................ 01    (B16)
NO .................................................................................. 00    (B9)

| | PERSON | 01 | | PERSON | 02 | | PERSON | 03 | |
|---|---|---|---|
| (All)<br>B9. Please tell me the first name of everyone who lived with you in [fill JOB SEPARATION MONTH, YEAR].<br><br>**PROBE:** Who else lived with you at that time?<br>**RECORD ALL NAMES ACROSS FIRST, THEN ASK B10 THROUGH B15 FOR EACH PERSON.**<br>**PROGRAMMER: STORE NAMES BY PERSON NUMBER FOR USE IN REMAINDER OF SURVEY.** | _____<br>NAME #01 | _____<br>NAME #02 | _____<br>NAME #03 |
| B10. What is [fill NAME]'s relationship to you?<br>**CODE ONE ONLY** | SPOUSE ............................... 01<br>PARTNER ............................. 02<br>BOYFRIEND, GIRLFRIEND .. 03<br>SON/DAUGHTER.................. 04<br>STEPCHILD OR ADOPTED CHILD ................. 05<br>OTHER CUSTODIAL OR FOSTER CHILD ................... 06<br>PARENT/STEPPARENT........ 07<br>GRANDPARENT OR GREAT-GRANDPARENT ...... 08<br>AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .............. 09<br>SIBLING (BROTHER OR SISTER)............................... 10<br>NEPHEW OR NIECE ............ 11<br>COUSIN ................................ 12<br>GRANDCHILD ...................... 13<br>OTHER RELATIVE OR IN-LAW ........................... 14<br>NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ..................... 15<br>OTHER (SPECIFY) [specify]...... 00<br>_____<br>DON'T KNOW........................ d<br>REFUSED............................. r | SPOUSE ............................... 01<br>PARTNER ............................. 02<br>BOYFRIEND, GIRLFRIEND.. 03<br>SON/DAUGHTER ................. 04<br>STEPCHILD OR ADOPTED CHILD ................. 05<br>OTHER CUSTODIAL OR FOSTER CHILD.................... 06<br>PARENT/STEPPARENT ....... 07<br>GRANDPARENT OR GREAT-GRANDPARENT...... 08<br>AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE.............. 09<br>SIBLING (BROTHER OR SISTER) ................................ 10<br>NEPHEW OR NIECE............ 11<br>COUSIN................................ 12<br>GRANDCHILD ...................... 13<br>OTHER RELATIVE OR IN-LAW .......................... 14<br>NON-RELATIVE (INCLUDING ROOMER OR BOARDER).................... 15<br>OTHER (SPECIFY) [specify] ..... 00<br>_____<br>DON'T KNOW ....................... d<br>REFUSED ............................. r | SPOUSE ............................... 01<br>PARTNER ............................. 02<br>BOYFRIEND, GIRLFRIEND .. 03<br>SON/DAUGHTER.................. 04<br>STEPCHILD OR ADOPTED CHILD ................. 05<br>OTHER CUSTODIAL OR FOSTER CHILD .................... 06<br>PARENT/STEPPARENT........ 07<br>GRANDPARENT OR GREAT-GRANDPARENT ...... 08<br>AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .............. 09<br>SIBLING (BROTHER OR SISTER)............................... 10<br>NEPHEW OR NIECE............ 11<br>COUSIN ................................ 12<br>GRANDCHILD ...................... 13<br>OTHER RELATIVE OR IN-LAW ........................... 14<br>NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ..................... 15<br>OTHER (SPECIFY) [specify]...... 00<br>_____<br>DON'T KNOW........................ d<br>REFUSED............................. r |
| B11. **CODE GENDER WITHOUT ASKING IF KNOWN, OR ASK:** Is [fill NAME] male or female? | MALE ...................................... 01<br>FEMALE................................. 02 | MALE ...................................... 01<br>FEMALE ................................. 02 | MALE ...................................... 01<br>FEMALE................................. 02 |
| (All)<br>B12 How old is [fill NAME]?<br>**PROBE:** Your best estimate is fine.<br>**ZERO FILL BOXES TO THE LEFT.** | A. YEARS. ............ \|__\|__\|<br><br>B. MONTHS.......... \|__\|__\| | A. YEARS..............\|__\|__\|<br><br>B. MONTHS ..........\|__\|__\| | A. YEARS. ............ \|__\|__\|<br><br>B. MONTHS.......... \|__\|__\| |
| B13. **INTERVIEWER: CHECK B12. IS [fill NAME] 18 OR OLDER?** | YES...................... 01 (B14)<br>NO........................ 00 (B15) | YES...................... 01 (B14)<br>NO ....................... 00 (B15) | YES...................... 01 (B14)<br>NO........................ 00 (B15) |
| (B13=01)<br>B14. Was [fill NAME] employed for pay at the time your job ended? | YES ...................... 01<br>NO ....................... 00 | YES...................... 01<br>NO ....................... 00 | YES ...................... 01<br>NO....................... 00 |
| B15. **PROGRAMMER: CHECK B9. IS THERE ANOTHER PERSON TO ASK ABOUT?** | YES...................... 01 (B9 NAME 02)<br>NO........................ 00 (B16) | YES...................... 01 (B9 NAME 03)<br>NO ....................... 00 (B16) | YES...................... 01 (B9 NAME 04)<br>NO........................ 00 (B16) |

| PERSON | 04 | | PERSON | 05 | | PERSON | 06 | | PERSON | 07 | |

| _____ | _____ | _____ | _____ |
| NAME #04 | NAME #05 | NAME #06 | NAME #07 |

| | | | |
|---|---|---|---|
| SPOUSE ................................. 01 | SPOUSE ............................... 01 | SPOUSE ................................. 01 | SPOUSE ............................... 01 |
| PARTNER ............................. 02 | PARTNER............................... 02 | PARTNER ............................. 02 | PARTNER............................... 02 |
| BOYFRIEND, GIRLFRIEND.. 03 | BOYFRIEND, GIRLFRIEND .. 03 | BOYFRIEND, GIRLFRIEND.. 03 | BOYFRIEND, GIRLFRIEND .. 03 |
| SON/DAUGHTER ................. 04 | SON/DAUGHTER.................. 04 | SON/DAUGHTER ................. 04 | SON/DAUGHTER.................. 04 |
| STEPCHILD OR ADOPTED CHILD ................. 05 | STEPCHILD OR ADOPTED CHILD ................. 05 | STEPCHILD OR ADOPTED CHILD ................. 05 | STEPCHILD OR ADOPTED CHILD ................. 05 |
| OTHER CUSTODIAL OR FOSTER CHILD.................... 06 | OTHER CUSTODIAL OR FOSTER CHILD .................... 06 | OTHER CUSTODIAL OR FOSTER CHILD.................... 06 | OTHER CUSTODIAL OR FOSTER CHILD .................... 06 |
| PARENT/STEPPARENT ....... 07 | PARENT/STEPPARENT........ 07 | PARENT/STEPPARENT ....... 07 | PARENT/STEPPARENT........ 07 |
| GRANDPARENT OR GREAT-GRANDPARENT...... 08 | GRANDPARENT OR GREAT-GRANDPARENT ...... 08 | GRANDPARENT OR GREAT-GRANDPARENT...... 08 | GRANDPARENT OR GREAT-GRANDPARENT ...... 08 |
| AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .............. 09 | AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .............. 09 | AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .............. 09 | AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .............. 09 |
| SIBLING (BROTHER OR SISTER) ............................. 10 | SIBLING (BROTHER OR SISTER)............................. 10 | SIBLING (BROTHER OR SISTER) ................................ 10 | SIBLING (BROTHER OR SISTER)............................. 10 |
| NEPHEW OR NIECE............. 11 | NEPHEW OR NIECE ............ 11 | NEPHEW OR NIECE............. 11 | NEPHEW OR NIECE ............. 11 |
| COUSIN................................. 12 | COUSIN ................................. 12 | COUSIN................................. 12 | COUSIN................................. 12 |
| GRANDCHILD ...................... 13 | GRANDCHILD....................... 13 | GRANDCHILD ...................... 13 | GRANDCHILD ...................... 13 |
| OTHER RELATIVE OR IN-LAW .......................... 14 | OTHER RELATIVE OR IN-LAW ............................ 14 | OTHER RELATIVE OR IN-LAW .......................... 14 | OTHER RELATIVE OR IN-LAW .......................... 14 |
| NON-RELATIVE (INCLUDING ROOMER OR BOARDER)...................... 15 | NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ...................... 15 | NON-RELATIVE (INCLUDING ROOMER OR BOARDER)...................... 15 | NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ...................... 15 |
| OTHER (SPECIFY) [specify] ..... 00 | OTHER (SPECIFY) [specify]...... 00 | OTHER (SPECIFY) [specify] ..... 00 | OTHER (SPECIFY) [specify]...... 00 |
| _____ | _____ | _____ | _____ |
| DON'T KNOW ........................ d | DON'T KNOW......................... d | DON'T KNOW ........................ d | DON'T KNOW ........................ d |
| REFUSED ............................. r | REFUSED............................. r | REFUSED ............................. r | REFUSED............................. r |
| MALE.................................... 01 | MALE .................................... 01 | MALE.................................... 01 | MALE .................................... 01 |
| FEMALE ............................... 02 | FEMALE................................ 02 | FEMALE ............................... 02 | FEMALE................................ 02 |
| A. YEARS.............|__|__| <br><br>B. MONTHS .........|__|__| | A. YEARS. ............ |__|__| <br><br>B. MONTHS......... |__|__| | A. YEARS.............|__|__| <br><br>B. MONTHS .........|__|__| | A. YEARS. ............ |__|__| <br><br>B. MONTHS......... |__|__| |
| YES........................ 01 (B14) | YES........................ 01 (B14) | YES........................ 01 (B14) | YES........................ 01 (B14) |
| NO ......................... 00 (B15) | NO......................... 00 (B15) | NO ......................... 00 (B15) | NO......................... 00 (B15) |
| YES........................... 01 | YES........................... 01 | YES........................... 01 | YES........................... 01 |
| NO .......................... 00 | NO.......................... 00 | NO .......................... 00 | NO.......................... 00 |
| YES........................ 01 (B9 NAME 05) | YES........................ 01 (B9 NAME 06) | YES........................ 01 (B9 NAME 07) | YES........................ 01 (B9 NAME 08) |
| NO ......................... 00 (B16) | NO......................... 00 (B16) | NO ......................... 00 (B16) | NO......................... 00 (B16) |

| PERSON | 08 | | PERSON | 09 | | PERSON | 10 | |
|---|---|---|---|

| NAME #08 | NAME #09 | NAME #10 |
|---|---|---|
| SPOUSE ................................. 01 | SPOUSE ................................. 01 | SPOUSE ................................. 01 |
| PARTNER ............................. 02 | PARTNER ............................. 02 | PARTNER ............................. 02 |
| BOYFRIEND, GIRLFRIEND... 03 | BOYFRIEND, GIRLFRIEND .. 03 | BOYFRIEND, GIRLFRIEND... 03 |
| SON/DAUGHTER .................. 04 | SON/DAUGHTER ................. 04 | SON/DAUGHTER .................. 04 |
| STEPCHILD OR ADOPTED CHILD.................. 05 | STEPCHILD OR ADOPTED CHILD ................. 05 | STEPCHILD OR ADOPTED CHILD.................. 05 |
| OTHER CUSTODIAL OR FOSTER CHILD..................... 06 | OTHER CUSTODIAL OR FOSTER CHILD .................... 06 | OTHER CUSTODIAL OR FOSTER CHILD..................... 06 |
| PARENT/STEPPARENT ........ 07 | PARENT/STEPPARENT ....... 07 | PARENT/STEPPARENT ........ 07 |
| GRANDPARENT OR GREAT-GRANDPARENT ...... 08 | GRANDPARENT OR GREAT-GRANDPARENT ..... 08 | GRANDPARENT OR GREAT-GRANDPARENT ...... 08 |
| AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE.............. 09 | AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .............. 09 | AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE.............. 09 |
| SIBLING (BROTHER OR SISTER) .................................. 10 | SIBLING (BROTHER OR SISTER).................................. 10 | SIBLING (BROTHER OR SISTER) .................................. 10 |
| NEPHEW OR NIECE............. 11 | NEPHEW OR NIECE ............ 11 | NEPHEW OR NIECE............. 11 |
| COUSIN .............................. 12 | COUSIN............................... 12 | COUSIN .............................. 12 |
| GRANDCHILD ....................... 13 | GRANDCHILD...................... 13 | GRANDCHILD ....................... 13 |
| OTHER RELATIVE OR IN-LAW ............................ 14 | OTHER RELATIVE OR IN-LAW............................ 14 | OTHER RELATIVE OR IN-LAW ............................ 14 |
| NON-RELATIVE (INCLUDING ROOMER OR BOARDER)...................... 15 | NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ..................... 15 | NON-RELATIVE (INCLUDING ROOMER OR BOARDER)...................... 15 |
| OTHER (SPECIFY) [specify]...... 00 | OTHER (SPECIFY) [specify] ..... 00 | OTHER (SPECIFY) [specify]...... 00 |
| DON'T KNOW ......................... d | DON'T KNOW ........................ d | DON'T KNOW ......................... d |
| REFUSED ............................. r | REFUSED ............................. r | REFUSED ............................. r |
| MALE...................................... 01 | MALE ..................................... 01 | MALE...................................... 01 |
| FEMALE ................................ 02 | FEMALE ................................ 02 | FEMALE ................................ 02 |
| A. YEARS.............|__|__|  B. MONTHS ..........|__|__| | A. YEARS. ............ |__|__|  B. MONTHS......... |__|__| | A. YEARS.............|__|__|  B. MONTHS ..........|__|__| |
| YES ....................... 01 (B14)  NO ......................... 00 (B15) | YES....................... 01 (B14)  NO......................... 00 (B15) | YES ....................... 01 (B14)  NO ......................... 00 (B15) |
| YES ........................ 01  NO ......................... 00 | YES........................ 01  NO......................... 00 | YES ........................ 01  NO ......................... 00 |
| YES ....................... 01 (B9 NAME 09)  NO ......................... 00 (B16) | YES....................... 01 (B9 NAME 10)  NO......................... 00 (B16) | YES ....................... 01 (B9 NAME 11)  NO ......................... 00 (B16) |

B16. [**PROGRAMMER: IF B10=04, 05 OR 06, START HERE:** Besides your (child/children) who lived with you), at the time your job ended], did you have any (**IF B10=04, 05 OR 06, SAY:** other) children for whom you were financially responsible who did **not** live with you at that time?

YES.................................................................................. 01 (B17)

NO ................................................................................. 00 (C1)

DOES NOT KNOW.............................................................. d (C1)

REFUSED ......................................................................... r (C1)

| | INTERVIEWER: ONLY INCLUDE SAMPLE MEMBER'S CHILDREN WHO ARE NOT LISTED AT B9. | | |
|---|---|---|---|

| | CHILD | 01 | | CHILD | 02 | | CHILD | 03 | |
|---|---|---|---|
| (B16=01)<br>B17. Please tell me the first name(s) of your children who did not live with you at that time.<br><br>**RECORD FIRST NAMES ACROSS AT B17, THEN ASK B18 THROUGH B20 FOR EACH CHILD.** | _____<br>CHILD | 01 | | _____<br>CHILD | 02 | | _____<br>CHILD | 03 | |
| B18. **CODE GENDER WITHOUT ASKING IF KNOWN, OR ASK:** Is [fill NAME] male or female? | MALE ..................................... 01<br>FEMALE................................. 02 | MALE ..................................... 01<br>FEMALE ................................. 02 | MALE ..................................... 01<br>FEMALE................................. 02 |
| (B16=01)<br>B19. How old is [fill NAME]?<br>**PROBE:** Your best estimate is fine.<br>**ZERO FILL BOXES TO THE LEFT.** | A. YEARS. ............ \|__\|__\|<br><br>B. MONTHS.......... \|__\|__\| | A. YEARS..............\|__\|__\|<br><br>B. MONTHS ..........\|__\|__\| | A. YEARS. ............ \|__\|__\|<br><br>B. MONTHS.......... \|__\|__\| |
| (B16=01)<br>B20. In [fill JOB SEPARATION MONTH, YEAR] when your job ended, was [fill NAME] in school, in the military, working, or doing something else?<br><br>**CODE ONE** | IN SCHOOL ............................ 01<br>IN THE MILITARY ................... 02<br>WORKING ............................... 03<br>OTHER (SPECIFY) ................ 04<br>_____<br>_____<br>DON'T KNOW.......................... d<br>REFUSED.............................. r | IN SCHOOL............................ 01<br>IN THE MILITARY ................... . 02<br>WORKING............................... 03<br>OTHER (SPECIFY)................ 04<br>_____<br>_____<br>DON'T KNOW ........................ d<br>REFUSED ............................. r | IN SCHOOL ............................ 01<br>IN THE MILITARY ................... 02<br>WORKING ............................... 03<br>OTHER (SPECIFY) ............... 04<br>_____<br>_____<br>DON'T KNOW.......................... d<br>REFUSED.............................. r |

**SECTION C: EMPLOYMENT AND WORK SEARCH ACTIVITIES**

(All)

C1.     Now I'd like to ask some questions about your job with [fill EMPLOYER FROM UI RECORDS OR B1a IF UPDATED] and other jobs you may have had since then. Since that time, have you worked at a job for pay?

**PROGRAMMER:  SHOW PROBE IF NO**: Include both part-time and full-time jobs, as well as any self-employment jobs held for pay or profit, even if you held them for only a short time.

```
YES ................................................................. 01
NO ................................................................. 00   (C6, JOB 1)
DON'T KNOW ................................................. d
REFUSED ........................................................  r
```

(C1=01, d OR r)

C2.     Are you currently working at a job for pay?

**PROGRAMMER:  SHOW PROBE IF NO:** Include both part-time and full-time jobs, as well as any self-employment jobs held for pay or profit.

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

**PROGRAMMER:** IF C1 <u>AND</u> C2 = DON'T KNOW OR REFUSED, GO TO C6, JOB 1.

(C1 NE 00 OR C1 <u>AND</u> C2 NE d OR r)

C3.     (Including your current job) how many different jobs have you had since [fill JOB SEPARATION MONTH, YEAR]? Include both part time and full-time jobs, as well as any self-employment jobs or business ventures held for pay or profit .

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

**INTERVIEWER:**     TREAT JOBS WITH TEMPORARY AGENCIES AS ONE JOB, REGARDLESS OF THE NUMBER OF ASSIGNMENTS.

```
|___|  NUMBER OF JOBS
(1-5)
DON'T KNOW ................................................. d
REFUSED ........................................................  r
```

| | UI CLAIM TRIGGER JOB JOB \| 01 \| | FIRST JOB AFTER UI CLAIM JOB \| 02 \| | SECOND JOB AFTER UI CLAIM JOB \| 03 \| |
|---|---|---|---|
| (C1 NE 00, OR C1 AND C2 NE d OR r) **[JOB 2]:** C4. In addition to your job with [fill EMPLOYER NAME FROM UI RECORDS OR B1a], please tell me the name of the other places where you have worked since [fill JOB SEPARATION MONTH, YEAR]. What was the name of the first job you had after your job with [fill NAME FROM UI RECORDS OR B1a]? **RECORD AS JOB 2.**<br><br>**PROBE JOBS [3], [4], [5]:** What was the name of the company you worked for after that?<br><br>**RECORD ALL JOBS ACROSS FIRST AND VERIFY AT C5. THEN ASK C6 TO C18a FOR JOB 1. ASK ONLY C6 TO C10 AND C12 TO C18 FOR SUBSEQUENT JOBS.** | **PROGRAMMER:** PRE-FILL EMPLOYER NAME FROM UI RECORDS OR B1a, IF UPDATED<br><br>_____[PRE-FILLED]_____ | (SPECIFY) [specify] ............... 01<br><br>_____<br><br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r | (SPECIFY) [specify] ............... 01<br><br>_____<br><br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r |
| (C3 ≥ 1) C5. Let me verify. Since [fill JOB SEPARATION MONTH, YEAR] you worked at [fill C4 NAMES FOR JOBS 2-5]. Is this correct, or [START HERE IF C4=d OR r] are there any other jobs you may have had?<br><br>**IF CORRECT, ENTER "1" AND CONTINUE TO C6. IF NOT CORRECT. GO BACK TO C3 AND C4 TO ENTER CORRECT NUMBER AND NAMES OF JOBS HELD.** | YES/CORRECT ...................... 01<br><br>NO/NOT CORRECT-ADD JOBS......................... 00<br><br>DON'T KNOW ........................ d<br><br>REFUSED .............................. r | | |
| (All) C6. (Was/Is) your job with [fill EMPLOYER NAME] a seasonal or temporary job?<br><br>**PROBE:** (Was/Is) this a job that you knew from the beginning would only last a few weeks or months. | YES ............................... 01<br><br>NO ................................. 00<br><br>DON'T KNOW ........................ d<br><br>REFUSED ................................. r | YES ............................... 01<br><br>NO ................................. 00<br><br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r | YES ............................... 01<br><br>NO ................................. 00<br><br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r |
| (All) C7. In what month and year did you <u>start</u> working there?<br><br>**IF DON'T KNOW OR REFUSED, PROBE:** What year was it? What time of year was it—early in the year, in the middle of year, or late in the year? Your best estimate is fine.<br><br>**PROBE FOR JOBS 2-6:** Since [fill JOB SEPARATION MONTH, YEAR] | \|__\|__\| / \|__\|__\|__\|__\| (C9)<br>MONTH YEAR<br>(1-12) (1968-2010)<br><br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r | \|__\|__\| / \|__\|__\|__\|__\| (C9)<br>MONTH YEAR<br>(1-12) (1968-2010)<br><br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r | \|__\|__\| / \|__\|__\|__\|__\| (C9)<br>MONTH YEAR<br>(1-12) (1968-2010)<br><br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r |
| (C7=d OR r) C8. How many years and/or months did you work at [fill EMPLOYER]?<br><br>**PROBE:** Your best estimate is fine. | \|__\|__\| YEARS \|__\|__\| MONTHS<br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r | \|__\|__\| YEARS \|__\|__\| MONTHS<br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r | \|__\|__\| YEARS \|__\|__\| MONTHS<br>DON'T KNOW ............................ d<br><br>REFUSED ................................. r |

| THIRD JOB AFTER UI CLAIM JOB \| 04 \| | FOURTH JOB AFTER UI CLAIM JOB \| 05 \| | FIFTH JOB AFTER UI CLAIM JOB \| 06 \| |
|---|---|---|
| (SPECIFY) [specify]...................... 01 _____ DON'T KNOW ............................. d REFUSED ................................... r | (SPECIFY) [specify].................... 01 _____ DON'T KNOW............................. d REFUSED................................... r | (SPECIFY) [specify]..................... 01 _____ DON'T KNOW.............................. d REFUSED................................... r |
| | | |
| YES............................... 01 NO .................................. 00 DON'T KNOW ............................. d REFUSED ................................... r | YES............................... 01 NO.................................. 00 DON'T KNOW............................. d REFUSED................................... r | YES.............................. 01 NO.................................. 00 DON'T KNOW.............................. d REFUSED................................... r |
| \|__\|__\| / \|__\|__\|__\|__\|      (C9) MONTH      YEAR (1-12)       (1968-2010) DON'T KNOW ............................. d REFUSED ................................... r | \|__\|__\| / \|__\|__\|__\|__\|      (C9) MONTH      YEAR (1-12)       (1968-2010) DON'T KNOW............................. d REFUSED................................... r | \|__\|__\| / \|__\|__\|__\|__\|      (C9) MONTH      YEAR (1-12)       (1968-2010) DON'T KNOW.............................. d REFUSED................................... r |
| \|__\|__\| YEARS  \|__\|__\| MONTHS DON'T KNOW ............................. d REFUSED ................................... r | \|__\|__\| YEARS  \|__\|__\| MONTHS DON'T KNOW............................. d REFUSED................................... r | \|__\|__\| YEARS  \|__\|__\| MONTHS DON'T KNOW.............................. d REFUSED................................... r |

| | UI CLAIM TRIGGER JOB JOB \| 01 \| | FIRST JOB AFTER UI CLAIM JOB \| 02 \| | SECOND JOB AFTER UI CLAIM JOB \| 03 \| |
|---|---|---|---|
| (All)<br>C9. **JOB [1]:** According to our records, your job at [fill EMPLOYER FROM UI RECORDS OR B1a IF UPDATED] ended in [fill JOB SEPARATION MONTH, YEAR]. Is that correct?<br><br>**JOBS [2], [3], [4], [5]:** In what month and year did your job at [fill EMPLOYER] end?<br><br>**IF DON'T KNOW OR REFUSED, PROBE:** What year was it? What time of year was it—early in the year, in the middle of year, or late in the year? Your best estimate is fine.<br><br>**INTERVIEWER: FOR JOB 1, IF SAMPLE MEMBER HAS RETURNED TO JOB 1, RECORD THE DATE THE JOB ENDED PRIOR TO FILING THE UI CLAIM.** | YES......................... 01<br>NO........................... 00 (CORRECT BELOW)<br><br>\|__\|__\| / \|__\|__\|__\|__\|<br>MONTH     YEAR<br>(1-12)    (2008-2012)<br><br>DON'T KNOW.......... d<br>REFUSED............... r<br><br>**GO TO C10** | \|__\|__\| / \|__\|__\|__\|__\|   (C10)<br>MONTH     YEAR<br>(1-12)    (2008-2012)<br><br>STILL AT JOB................ n  (C10)<br><br>DON'T KNOW................ d<br><br>REFUSED...................... r | \|__\|__\| / \|__\|__\|__\|__\|   (C10)<br>MONTH     YEAR<br>(1-12)    (2008-2012)<br><br>STILL AT JOB ................ n  (C10)<br><br>DON'T KNOW ................ d<br><br>REFUSED ...................... r |
| (C9, JOBS 2-5=d OR r)<br>**JOBS [2], [3], [4], [5]:**<br>C9a. Would you say your job at [fill JOBS 2, 3, 4, 5,] ended…<br><br>**PROBE:** Your best estimate is fine. | | Within the past month ..................... 01<br>Between 1 and 3 months ago ......... 02<br>Between 3 and 6 months ago ......... 03<br>Between 6 and 12 months ago, or .. 04<br>More than 12 months ago ............... 05<br>DON'T KNOW.................................. d<br>REFUSED ...................................... r | Within the past month...................... 01<br>Between 1 and 3 months ago ......... 02<br>Between 3 and 6 months ago ......... 03<br>Between 6 and 12 months ago, or .. 04<br>More than 12 months ago ............... 05<br>DON'T KNOW .................................. d<br>REFUSED ...................................... r |
| (All)<br>C10. What kind of work (did/do) you do at [fill EMPLOYER]?<br><br>**PROBE:** That is, what (was/is) your occupation?<br><br>**PROBE:** What were your duties? | **RECORD VERBATIM**<br>_____<OPEN><br>DON'T KNOW.................................. d<br>REFUSED ...................................... r | **RECORD VERBATIM**<br>_____<OPEN><br>DON'T KNOW.................................. d<br>REFUSED ...................................... r | |
| (All)<br>C11. What kind of company is this—what do they make, sell, or do?<br><br>**PROBE:** What was the major product or service of [fill COMPANY NAME] | **RECORD VERBATIM**<br>_____<OPEN><br>DON'T KNOW.................................. d<br>REFUSED ...................................... r | **RECORD VERBATIM**<br>_____<OPEN><br>DON'T KNOW.................................. d<br>REFUSED ...................................... r | |
| (All)<br>**JOB [1] ONLY:**<br>C12. Counting all locations where [fill EMPLOYER FROM UI RECORDS OR B1a IF UPDATED] operates, would you say that there were 20 or more employees or fewer than 20 employees who worked for [fill EMPLOYER]? | 20 OR MORE EMPLOYEES .......... 01<br>FEWER THAN 20 EMPLOYEES.... 00<br>DON'T KNOW.................................. d<br>REFUSED ...................................... r | | |
| (All)<br>**ALL JOBS:**<br>C13. Were you represented by a union at this job? | YES.................................................. 01<br>NO.................................................... 00<br>DON'T KNOW.................................. d<br>REFUSED ...................................... r | | |

| THIRD JOB AFTER UI CLAIM JOB | 04 | | FOURTH JOB AFTER UI CLAIM JOB | 05 | | FIFTH JOB AFTER UI CLAIM JOB | 06 | |
|---|---|---|
| \|__\|__\| / \|__\|__\|__\|__\| .....................(C10)<br>MONTH    YEAR<br>(1-12)    (2008-2012)<br><br>STILL AT JOB .......................................  n  (C10)<br><br>DON'T KNOW .......................................  d<br><br>REFUSED ...........................................  r | \|__\|__\| / \|__\|__\|__\|__\| ....................(C10)<br>MONTH    YEAR<br>(1-12)    (2008-2012)<br><br>STILL AT JOB.......................................  n  (C10)<br><br>DON'T KNOW.......................................  d<br><br>REFUSED...........................................  r | \|__\|__\| / \|__\|__\|__\|__\| .....................(C10)<br>MONTH    YEAR<br>(1-12)    (2008-2012)<br><br>STILL AT JOB.......................................  n  (C10)<br><br>DON'T KNOW.......................................  d<br><br>REFUSED...........................................  r |
| Within the past month.....................  01<br>Between 1 and 3 months ago.........  02<br>Between 3 and 6 months ago.........  03<br>Between 6 and 12 months ago, or .  04<br>More than 12 months ago ..............  05<br>DON'T KNOW ................................  d<br>REFUSED ......................................  r | Within the past month .....................  01<br>Between 1 and 3 months ago.........  02<br>Between 3 and 6 months ago.........  03<br>Between 6 and 12 months ago, or..  04<br>More than 12 months ago...............  05<br>DON'T KNOW................................  d<br>REFUSED......................................  r | Within the past month .....................  01<br>Between 1 and 3 months ago .........  02<br>Between 3 and 6 months ago .........  03<br>Between 6 and 12 months ago, or ..  04<br>More than 12 months ago ...............  05<br>DON'T KNOW ................................  d<br>REFUSED ......................................  r |

| | UI CLAIM TRIGGER JOB<br>JOB \|_01_\| | FIRST JOB AFTER UI CLAIM<br>JOB \|_02_\| | SECOND JOB AFTER UI CLAIM<br>JOB \|_03_\| |
|---|---|---|---|
| (All)<br>**ALL JOBS:**<br>C14.  How many hours per week, including regular overtime hours (did/do) you usually work at [fill EMPLOYER]? | \|\_\_\|\_\_\|                    (C15a)<br>(1-80)<br><br>VARIES.......................................  v<br>DON'T KNOW..............................  d<br>REFUSED...................................  r | \|\_\_\|\_\_\|                    (C15a)<br>(1-80)<br><br>VARIES.......................................  v<br>DON'T KNOW..............................  d<br>REFUSED...................................  r | \|\_\_\|\_\_\|                    (C15a)<br>(1-80)<br><br>VARIES.......................................  v<br>DON'T KNOW..............................  d<br>REFUSED...................................  r |
| (C14=v, d OR r)<br>C14a.  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<br>PER WEEK..............................  01<br>BETWEEN 20 AND<br>29 HOURS PER WEEK...............  02<br>BETWEEN 30 AND<br>39 HOURS PER WEEK...............  03<br>40 OR MORE HOURS<br>PER WEEK..............................  04<br>DON'T KNOW.............................  d<br>REFUSED..................................  r | LESS THAN 20 HOURS<br>PER WEEK ..............................  01<br>BETWEEN 20 AND<br>29 HOURS PER WEEK ...............  02<br>BETWEEN 30 AND<br>39 HOURS PER WEEK ...............  03<br>40 OR MORE HOURS<br>PER WEEK ..............................  04<br>DON'T KNOW .............................  d<br>REFUSED ..................................  r | LESS THAN 20 HOURS<br>PER WEEK ..............................  01<br>BETWEEN 20 AND<br>29 HOURS PER WEEK ...............  02<br>BETWEEN 30 AND<br>39 HOURS PER WEEK ...............  03<br>40 OR MORE HOURS<br>PER WEEK ..............................  04<br>DON'T KNOW ..............................  d<br>REFUSED ...................................  r |
| (All)<br>ALL JOBS:<br>C15a.  What (was/is) your usual pay, including tips, bonuses and commissions at this job **before** taxes or other deductions (were/are) taken?<br><br>**PROBE:** Your best estimate is fine.<br><br>**INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD.** | $ \|\_\_\|\_\_\|\_\_\|,\|\_\_\|\_\_\|\_\_\|.\|\_\_\|\_\_\|<br>(5.00 – 300,000.00)      (C15c)<br>PER HOUR ................................  01<br>PER WEEK ...............................  02<br>ONCE EVERY TWO WEEKS.......  03<br>TWICE A MONTH.......................  04<br>PER MONTH .............................  05<br>PER YEAR ................................  06<br>OTHER (SPECIFY) [specify] ........  07<br>_____<br>DON'T KNOW.............................  d<br>REFUSED..................................  r | $ \|\_\_\|\_\_\|\_\_\|,\|\_\_\|\_\_\|\_\_\|.\|\_\_\|\_\_\|<br>(5.00 – 300,000.00)      (C15c)<br>PER HOUR ................................  01<br>PER WEEK ...............................  02<br>ONCE EVERY TWO WEEKS.......  03<br>TWICE A MONTH........................  04<br>PER MONTH..............................  05<br>PER YEAR ................................  06<br>OTHER (SPECIFY) [specify] ........  07<br>_____<br>DON'T KNOW .............................  d<br>REFUSED ..................................  r | $ \|\_\_\|\_\_\|\_\_\|,\|\_\_\|\_\_\|\_\_\|.\|\_\_\|\_\_\|<br>(5.00 – 300,000.00)      (C15c)<br>PER HOUR .................................  01<br>PER WEEK ................................  02<br>ONCE EVERY TWO WEEKS ......  03<br>TWICE A MONTH .......................  04<br>PER MONTH...............................  05<br>PER YEAR .................................  06<br>OTHER (SPECIFY) [specify]........  07<br>_____<br>DON'T KNOW ..............................  d<br>REFUSED ...................................  r |
| (C15a=d OR r)<br>C15b.  I'll read some ranges. Please try to estimate your annual pay at [fill EMPLOYER]. Would you say your annual earnings (are/were)…<br><br>**PROBE:** (Did/Does) this include tips and commissions? | Less than $10,000<br>per year,.....................  01<br>$10,000 or more, but less<br>than $20,000 per year,........  02<br>$20,000 or more but less<br>than $30,000 per year,........  03<br>$30,000 or more but less<br>than $40,000 per year,........  04<br>$40,000 or more but less<br>than $50,000 per year,........  05<br>$50,000 or more but less<br>than $75,000 per year,........  06<br>$75,000 or more but<br>less than $100,000<br>per year, or.........................  07<br>more than $100,000<br>per year?............................  08<br>DON'T KNOW..................  d   (C16)<br>REFUSED.........................  r  (C16) | Less than $10,000<br>per year, ..............................  01<br>$10,000 or more, but less<br>than $20,000 per year,........  02<br>$20,000 or more but less<br>than $30,000 per year,........  03<br>$30,000 or more but less<br>than $40,000 per year,........  04<br>$40,000 or more but less<br>than $50,000 per year,........  05<br>$50,000 or more but less<br>than $75,000 per year,........  06<br>$75,000 or more but<br>less than $100,000<br>per year, or.........................  07<br>more than $100,000<br>per year?............................  08<br>DON'T KNOW....................  d   (C16)<br>REFUSED.........................  r  (C16) | Less than $10,000<br>per year, ..............................  01<br>$10,000 or more, but less<br>than $20,000 per year, ........  02<br>$20,000 or more but less<br>than $30,000 per year, ........  03<br>$30,000 or more but less<br>than $40,000 per year, ........  04<br>$40,000 or more but less<br>than $50,000 per year, ........  05<br>$50,000 or more but less<br>than $75,000 per year, ........  06<br>$75,000 or more but<br>less than $100,000<br>per year, or .........................  07<br>more than $100,000<br>per year? ............................  08<br>DON'T KNOW ....................  d   (C16)<br>REFUSED ..........................  r  (C16) |

| THIRD JOB AFTER UI CLAIM<br>JOB | 04 | | FOURTH JOB AFTER UI CLAIM<br>JOB | 05 | | FIFTH JOB AFTER UI CLAIM<br>JOB | 06 | |
|---|---|---|
| \|__\|__\|                    (C15a)<br>(1-80) | \|__\|__\|                    (C15a)<br>(1-80) | \|__\|__\|                    (C15a)<br>(1-80) |
| VARIES .............................................. v<br>DON'T KNOW ................................... d<br>REFUSED .......................................... r | VARIES .............................................. v<br>DON'T KNOW ................................... d<br>REFUSED .......................................... r | VARIES .............................................. v<br>DON'T KNOW ................................... d<br>REFUSED .......................................... r |
| LESS THAN 20 HOURS<br>PER WEEK.............................. 01<br>BETWEEN 20 AND<br>29 HOURS PER WEEK ................ 02<br>BETWEEN 30 AND<br>39 HOURS PER WEEK ................ 03<br>40 OR MORE HOURS<br>PER WEEK.............................. 04<br>DON'T KNOW ................................... d<br>REFUSED .......................................... r | LESS THAN 20 HOURS<br>PER WEEK .............................. 01<br>BETWEEN 20 AND<br>29 HOURS PER WEEK ................ 02<br>BETWEEN 30 AND<br>39 HOURS PER WEEK ................ 03<br>40 OR MORE HOURS<br>PER WEEK .............................. 04<br>DON'T KNOW................................... d<br>REFUSED.......................................... r | LESS THAN 20 HOURS<br>PER WEEK .............................. 01<br>BETWEEN 20 AND<br>29 HOURS PER WEEK ................ 02<br>BETWEEN 30 AND<br>39 HOURS PER WEEK ................ 03<br>40 OR MORE HOURS<br>PER WEEK .............................. 04<br>DON'T KNOW ................................... d<br>REFUSED .......................................... r |
| $ \|__\|__\|__\|,\|__\|__\|__\|.\|__\|__\|<br>(5.00 – 300,000.00)          (C15c)<br>PER HOUR ........................................ 01<br>PER WEEK ........................................ 02<br>ONCE EVERY TWO WEEKS ...................... 03<br>TWICE A MONTH .............................. 04<br>PER MONTH ...................................... 05<br>PER YEAR .......................................... 06<br>OTHER (SPECIFY) [specify]...................... 07<br>_____<br>DON'T KNOW ................................... d<br>REFUSED .......................................... r | $ \|__\|__\|__\|,\|__\|__\|__\|.\|__\|__\|<br>(5.00 – 300,000.00)          (C15c)<br>PER HOUR ........................................ 01<br>PER WEEK ........................................ 02<br>ONCE EVERY TWO WEEKS ...................... 03<br>TWICE A MONTH .............................. 04<br>PER MONTH ...................................... 05<br>PER YEAR .......................................... 06<br>OTHER (SPECIFY) [specify] ...................... 07<br>_____<br>DON'T KNOW................................... d<br>REFUSED.......................................... r | $ \|__\|__\|__\|,\|__\|__\|__\|.\|__\|__\|<br>(5.00 – 300,000.00)          (C15c)<br>PER HOUR ........................................ 01<br>PER WEEK ........................................ 02<br>ONCE EVERY TWO WEEKS ...................... 03<br>TWICE A MONTH .............................. 04<br>PER MONTH....................................... 05<br>PER YEAR .......................................... 06<br>OTHER (SPECIFY) [specify]...................... 07<br>_____<br>DON'T KNOW ................................... d<br>REFUSED .......................................... r |
| Less than $10,000<br>per year, ...................................... 01<br>$10,000 or more, but less<br>than $20,000 per year, ................ 02<br>$20,000 or more but less<br>than $30,000 per year, ................ 03<br>$30,000 or more but less<br>than $40,000 per year, ................ 04<br>$40,000 or more but less<br>than $50,000 per year, ................ 05<br>$50,000 or more but less<br>than $75,000 per year, ................ 06<br>$75,000 or more but<br>less than $100,000<br>per year, or ................................. 07<br>more than $100,000<br>per year? ..................................... 08<br>DON'T KNOW ............................ d     (C16)<br>REFUSED ................................... r     (C16) | Less than $10,000<br>per year, ...................................... 01<br>$10,000 or more, but less<br>than $20,000 per year, ................ 02<br>$20,000 or more but less<br>than $30,000 per year, ................ 03<br>$30,000 or more but less<br>than $40,000 per year, ................ 04<br>$40,000 or more but less<br>than $50,000 per year, ................ 05<br>$50,000 or more but less<br>than $75,000 per year, ................ 06<br>$75,000 or more but<br>less than $100,000<br>per year, or ................................. 07<br>more than $100,000<br>per year? ..................................... 08<br>DON'T KNOW............................ d     (C16)<br>REFUSED................................... r     (C16) | Less than $10,000<br>per year, ...................................... 01<br>$10,000 or more, but less<br>than $20,000 per year, ................ 02<br>$20,000 or more but less<br>than $30,000 per year, ................ 03<br>$30,000 or more but less<br>than $40,000 per year, ................ 04<br>$40,000 or more but less<br>than $50,000 per year, ................ 05<br>$50,000 or more but less<br>than $75,000 per year, ................ 06<br>$75,000 or more but<br>less than $100,000<br>per year, or ................................. 07<br>more than $100,000<br>per year? ..................................... 08<br>DON'T KNOW ............................ d     (C16)<br>REFUSED ................................... r     (C16) |

| | UI CLAIM TRIGGER JOB JOB \| 01 \| | FIRST JOB AFTER UI CLAIM JOB \| 02 \| | SECOND JOB AFTER UI CLAIM JOB \| 03 \| |
|---|---|---|---|
| **(All)**<br>**ALL JOBS:**<br>C16.  (Was/Is) [fill a-c]) available to you at [fill EMPLOYER]?<br><br>**PROGRAMMER:** FOR JOB [1] ONLY, IF B2 OR B3=01, START AT C16b.<br><br>**INTERVIEWER: IF BENEFITS WERE OR WILL BE AVAILABLE TO SAMPLE MEMBER AFTER A STANDARD PROBATIONARY PERIOD, CODE YES, EVEN IF NOT USED.** |          YES NO DK RF<br><br>a. NOT APPLICABLE<br><br>b. Paid vacation ...........1   0   d   r<br><br>c. Participation in a<br>    retirement or<br>    pension plan..............1  0   d  r |          YES NO DK RF<br><br>a. Health insurance or<br>    membership in an<br>    HMO or PPO plan .....1  0   d  r<br><br>b. Paid vacation.............1  0   d  r<br><br>c. Participation in a<br>    retirement or<br>    pension plan..............1  0   d  r<br><br>**IF STILL AT JOB, GO TO C19** |          YES NO DK RF<br><br>a. Health insurance or<br>    membership in an<br>    HMO or PPO plan..... 1  0   d  r<br><br>b. Paid vacation ...........1  0   d  r<br><br>c. Participation in a<br>    retirement or<br>    pension plan ............. 1  0   d  r<br><br>**GO TO C19** |
| **(All)**<br>**JOBS [1] AND [2] ONLY:**<br>C17.  What was the main reason this job ended? Was it because…<br><br>**CODE ONE RESPONSE** | you were laid off.................01 (C17a)<br>(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)<br>you retired, ................................... 02<br>you were discharged or fired, ...... 03<br>you quit, ...................................... 04<br><br>Or was there some other reason? (SPECIFY) [specify]...................... 05<br>_____<br>YOU GOT A BETTER JOB........... 06<br>YOU MOVED ............................. 07<br>YOU HAD HEALTH PROBLEMS . 08<br>YOU RETURNED TO SCHOOL... 09<br>YOU NEEDED TO TAKE CARE OF A FAMILY MEMBER..................... 10<br>JOB COMPLETED/ TEMP. WORK/SEASONAL WORK/ WORK PERIOD ENDED ...   11 (C17a)<br>DON'T KNOW............................... d<br>REFUSED.................................... r<br>**GO TO C19** | you were laid off................01 (C17a)<br>(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)<br>you retired, ................................... 02<br>you were discharged or fired,........ 03<br>you quit,....................................... 04<br><br>Or was there some other reason? (SPECIFY) [specify]...................... 05<br>_____<br>YOU GOT A BETTER JOB........... 06<br>YOU MOVED ............................. 07<br>YOU HAD HEALTH PROBLEMS . 08<br>YOU RETURNED TO SCHOOL... 09<br>YOU NEEDED TO TAKE CARE OF A FAMILY MEMBER..................... 10<br>JOB COMPLETED/ TEMP. WORK/SEASONAL WORK/ WORK PERIOD ENDED ......  11 (C17a)<br>DON'T KNOW............................... d<br>REFUSED.................................... r<br>**GO TO C19** | |
| **[JOB [1] ONLY**<br>(C17=01)<br>C17a. At the time that you were laid off from **[fill EMPLOYER FROM UI RECORDS OR B1a IF UPDATED]**, did you expect the layoff to be temporary – that is did you think you would be recalled? | YES.............................. 01<br><br>NO................................ 00<br><br>DON'T KNOW........................... d<br><br>REFUSED................................... r | | |
| **(All)**<br>**JOB [1] ONLY:**<br>C18.  At the time your job ended, did the company, plant, or facility you worked for move or close?<br>**PROGRAMMER:** CHECK C4. IF NO OTHER JOBS, GO TO C19.<br>**PROGRAMMER: BEFORE GOING TO JOB 2, SHOW THIS:** These are all the questions I have about [fill JOB 1 NAME]. Now I'm going to ask you just a few questions about the other jobs you had since [fill JOB SEPARATION MONTH, YEAR]. | YES.............................. 01<br><br>NO................................ 00<br><br>DON'T KNOW........................... d<br><br>REFUSED................................... r | | |

| THIRD JOB AFTER UI CLAIM<br>JOB \| 04 \| | FOURTH JOB AFTER UI CLAIM<br>JOB \| 05 \| | FIFTH JOB AFTER UI CLAIM<br>JOB \| 06 \| |
|---|---|---|
| YES NO DK RF | YES NO DK RF | YES NO DK RF |
| a. Health insurance or membership in an HMO or PPO plan ..... 1　0　d　r | a. Health insurance or membership in an HMO or PPO plan ..... 1　0　d　r | a. Health insurance or membership in an HMO or PPO plan ..... 1　0　d　r |
| b. Paid vacation ............ 1　0　d　r | b. Paid vacation ............ 1　0　d　r | b. Paid vacation ............ 1　0　d　r |
| c. Participation in a retirement or pension plan ............. 1　0　d　r | c. Participation in a retirement or pension plan ............. 1　0　d　r | c. Participation in a retirement or pension plan ............. 1　0　d　r |

(All)
C19. Think back to when your job ended in [fill JOB SEPARATION MONTH, YEAR]. At that time, how long did you think it would take to find a job? Did you think it would take less than three months, three to six months, seven to nine months, ten to twelve months, or longer than twelve months?

<u>CODE ONE ONLY</u>

LESS THAN THREE MONTHS ........................................... 01
THREE TO SIX MONTHS .................................................. 02
SEVEN TO NINE MONTHS................................................ 03
TEN TO TWELVE MONTHS............................................... 04
LONGER THAN 12 MONTHS............................................ 05
DON'T KNOW ................................................................... d
REFUSED ....................................................................... r

(All)
C20. In reality, how difficult (IF WORKED SINCE JOB LOSS (C1=01), SAY: was it/IF NEVER WORKED SINCE JOB LOSS (C1=00, d, or r), SAY: has it been) to find a job? (Was it/Has it been) more difficult than you expected, less difficult than you expected, or just about as difficult as you expected?

<u>CODE ONE ONLY</u>

MORE DIFFICULT THAN EXPECTED ............................... 01
LESS DIFFICULT THAN EXPECTED................................ 02
AS DIFFICULT AS EXPECTED......................................... 03
DON'T KNOW ................................................................... d
REFUSED ....................................................................... r

(All)
C21. After your job with [fill EMPLOYER NAME FROM UI RECORDS OR B1a] ended, about how many hours did you spend each week, on average, looking for work <u>during the first three months</u>?

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

|___|___| HOURS **(IF WORKED SINCE JOB LOSS, GO TO C26, OTHERWISE GO TO C22)**
(01-80)

ZERO/DID NOT LOOK FOR WORK.................................... n    (C24)
DON'T KNOW ................................................................... d
REFUSED ....................................................................... r

(C21=D OR R)
C21a.   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

(All)
C22.    Since that time have you received any job offers that you turned down?

                YES.................................................................................. 01

                NO ................................................................................... 00      (C26)

                DON'T KNOW .................................................................... d      (C26)

                REFUSED ........................................................................... r      (C26)

(C22=01)
C23. There are many reasons why people sometimes do not accept a job offer. What was the **main** reason why you did not accept a job that you were offered? Was it because…

<u>CODE ONE ONLY</u>

| | |
|---|---|
| It did not pay enough, ......................................................... | 01 |
| It did not offer health benefits, ............................................. | 02 |
| You expected to be called back to your former job, ............. | 03 |
| Or some other reason? (SPECIFY) ...................................... | 04 |
| _____ | |
| IT DID NOT OFFER OTHER BENEFITS ............................ | 05 |
| THE JOB WAS NOT IN MY USUAL OCCUPATION ............ | 06 |
| STARTED OWN BUSINESS/SELF-EMPLOYED ................. | 07 |
| COMMUTE WAS TOO LONG ............................................ | 08 |
| FAMILY RESPONSIBILITIES ............................................ | 09 |
| IN SCHOOL OR OTHER TRAINING.................................. | 10 |
| ILL HEALTH OR PHYSICAL DISABILITY ........................... | 11 |
| DON'T KNOW ................................................................. | d |
| REFUSED ....................................................................... | r |

(C22=01)
C23a. Were there any other reasons?

| | | |
|---|---|---|
| YES.................................................................................. | 01 | |
| NO ................................................................................... | 00 | (C26) |
| DON'T KNOW .................................................................. | d | (C26) |
| REFUSED ....................................................................... | r | (C26) |

C23b.   What were the other reasons why you did not accept a job that you were offered?

<u>CODE ALL THAT APPLY</u>

IT DID NOT PAY ENOUGH ................................................. 01
IT DID NOT OFFER HEALTH BENEFITS ........................... 02
EXPECTED TO BE CALLED BACK TO FORMER JOB ....... 03
IT DID NOT OFFER OTHER BENEFITS ............................ 04
THE JOB WAS NOT IN MY USUAL OCCUPATION ........... 05
STARTED OWN BUSINESS/SELF-EMPLOYED ................. 06
COMMUTE WAS TOO LONG ........................................... 07
FAMILY RESPONSIBILITIES ........................................... 08
IN SCHOOL OR OTHER TRAINING.................................. 09
ILL HEALTH OR PHYSICAL DISABILITY ........................... 10
SOME OTHER REASON (SPECIFY) [SPECIFY] ............... 11

_____

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

**GO TO C26**

(C21=n)
C24. 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 B1a] ended?

<u>CODE ONE ONLY</u>

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

_____

DON'T KNOW ................................................................... d   (C26)
REFUSED ........................................................................ r   (C26)

C25. Were there any other reasons why you did not look for work in the three months after that job ended?

> YES................................................................ 01
> NO ................................................................. 00 (C26)
> DON'T KNOW ................................................. d (C26)
> REFUSED ....................................................... r (C26)

C25a. What were the other reasons why you did not look for work in the three months after that job ended?

**PROBE:** Any other reasons?

<u>CODE ALL THAT APPLY</u>

> 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, PHYSICAL DISABILITY ....................17
> PREGNANCY..................................................18
> TRANSPORTATION PROBLEMS ..........................19
> STILL WORKING PART-TIME/WORKING PART-TIME
>   WHILE COLLECTING UI BENEFITS .................20
> OTHER (SPECIFY) [specify]................................21
>
> _____
>
> DON'T KNOW ................................................. d
> REFUSED ....................................................... r

C26.   Are you currently looking for work?

        YES....................................................................... 01
        NO ........................................................................ 00
        DON'T KNOW ..................................................... d   (D1)
        REFUSED ........................................................... r   (D1)

(C26=01 OR 00)
C26ck.  **PROGRAMMER:** IF C2 AND C26=01 - CURRENTLY WORKING AND LOOKING FOR WORK, GO TO C26a.

        IF C2 AND C26=00 - NOT CURRENTLY WORKING AND NOT LOOKING FOR WORK, GO TO C26b.

        EVERYONE ELSE, GO TO D1.

(C26ck=01)
C26a.   Although you are currently working, why are you looking for work?

        **PROBE:** Any other reasons?

                                                  CODE ALL THAT APPLY
        BETTER PAY ........................................................ 01
        MORE HOURS...................................................... 02
        BETTER WORK SCHEDULE ............................... 03
        BETTER HEALTH INSURANCE........................... 04
        MORE AFFORDABLE HEALTH INSURANCE ..... 05
        BETTER OTHER BENEFITS (NOT HEALTH) ..... 06
        SHORTER COMMUTE......................................... 07
        BETTER FIT WITH EDUCATION OR TRAINING................. 08
        OTHER (SPECIFY) [specify]............................... 09

        _____

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

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

C26b. People have different reasons for not looking for work. What is the **main** reason you are not currently looking for work?

<u>CODE ONE RESPONSE</u>

BELIEVES NO WORK AVAILABLE IN LINE OF WORK OR AREA ................................................................. 01

COULDN'T FIND ANY WORK .................................................... 02

EXPECTED TO BE CALLED BACK TO JOB ............................. 03

MOVED OR MOVING ............................................................. 04

STARTED OWN BUSINESS/SELF-EMPLOYED ........................ 05

LACKS NECESSARY SCHOOLING, TRAINING, SKILLS OR EXPERIENCE ................................................................. 06

RETIRED ............................................................................... 07

EMPLOYERS THINK TOO YOUNG OR TOO OLD ..................... 08

OTHER TYPES OF DISCRIMINATION ...................................... 09

CAN'T ARRANGE CHILD CARE ............................................... 10

FAMILY RESPONSIBILITIES .................................................... 11

IN SCHOOL OR OTHER TRAINING .......................................... 12

ILL HEALTH OR PHYSICAL DISABILITY ................................... 13

TRANSPORTATION PROBLEMS .............................................. 14

WORKING PART TIME WHILE COLLECTING UI BENEFITS ...... 15

OTHER (SPECIFY) [SPECIFY] ................................................. 16

_____

DON'T KNOW ......................................................................... d

REFUSED ............................................................................... r

## SECTION D: HEALTH INSURANCE

(All)
D1. These next questions are about health insurance. Please think back to [fill JOB SEPARATION MONTH, YEAR] just before your job with [fill EMPLOYER NAME FROM PRELOADS OR B1a] ended and about your employer's health plan that you were enrolled in at that time.

How good was that plan at meeting your (and your family's) medical needs? Would you say it was excellent, very good, good, fair, or poor?

| | |
|---|---|
| EXCELLENT ....................................................................... | 01 |
| VERY GOOD .................................................................... | 02 |
| GOOD................................................................................. | 03 |
| FAIR................................................................................... | 04 |
| POOR ................................................................................ | 05 |
| DON'T KNOW ................................................................... | d |
| REFUSED .......................................................................... | r |

(All)
D1a. In general, did that plan cover the doctors you wanted to see?

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

(All)
D2. Were **any** of your family members covered by that same plan while you were still working at that job? By family we mean **your spouse or partner, and children for whom you were financially responsible, even if they did not live with you.**

| | | |
|---|---|---|
| YES..................................................................................... | 01 | |
| NO ...................................................................................... | 00 | (D3a) |
| DON'T KNOW ................................................................... | d | (D3a) |
| REFUSED .......................................................................... | r | (D3a) |

(D2=01)
D2a. Were **all** of your family members covered by that same plan at that time?

**PROBE, IF NEEDED**: Again, by family we mean your spouse or partner, and children for whom you were financially responsible, even if they did not live with you.

| | | |
|---|---|---|
| YES..................................................................................... | 01 | (D4) |
| NO ...................................................................................... | 00 | (D3) |
| DON'T KNOW ................................................................... | d | (D3) |
| REFUSED .......................................................................... | r | (D3) |

| ASK D3 FOR SPOUSE AND DEPENDENT CHILDREN ONLY (B10=01, 02, 04, 05, 06) AND CHILDREN NAMED AT B17. | RESPONDENT | PERSON \| 01 \| | PERSON \| 02 \| |
|---|---|---|---|
| (D2=01 AND D2a =00, d OR r) <br> D3. Was [fill NAME] covered by your employer-sponsored health plan while you were still working at that job? <br><br> **PROGRAMMER:** IF D3=00, d, OR r, GO DIRECTLY TO D3a, SAME PERSON. <br><br> **PROGRAMMER:** IF D3=00, d, or r, GO DIRECTLY TO D3a, SAME PERSON. | | YES .......................... 01 (D3, NEXT PERSON OR D4) <br><br> NO ........................... 00 <br><br> DON'T KNOW ......................... d <br><br> REFUSED ............................. r | YES.......................... 01 (D3, NEXT PERSON OR D4) <br><br> NO ........................... 00 <br><br> DON'T KNOW ......................... d <br><br> REFUSED ............................. r |
| (D3=00, d OR r OR D2=00, d OR r) <br> D3a. Was [fill NAME] covered by **another** health insurance plan in [fill JOB SEPARATION MONTH, YEAR] **before** your job ended? <br><br> **PROGRAMMER:** IF D3a=01, GO DIRECTLY TO D3b, SAME PERSON. ELSE STAY AT D3a, NEXT PERSON BEFORE MOVING TO D4. | | YES .......................... 01 <br><br> NO ........................... 00 (D3 NEXT PERSON OR D4) <br><br> DON'T KNOW ......................... d (D3 NEXT PERSON OR D4) <br><br> REFUSED ............................. r (D3 NEXT PERSON OR D4) | YES.......................... 01 <br><br> NO ........................... 00 (D3 NEXT PERSON OR D4) <br><br> DON'T KNOW ......................... d (D3 NEXT PERSON OR D4) <br><br> REFUSED ............................. r (D3 NEXT PERSON OR D4) |
| (D3a=01) <br> D3b. What type of plan was [fill NAME] covered by at that time? <br><br> **PROBES: Medicaid** is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE]. <br><br> **Medicare** is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top. <br><br> **INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN.** | | **CODE ONE ONLY** <br> (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN ................ 00 <br> A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN ................ 01 <br> MEDICAID ................................ 02 <br> MEDICARE ............................... 03 <br> THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP ............................ 04 <br> A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP ....... 05 <br> MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ............................... 06 <br> A PLAN FROM THE INDIAN HEALTH SERVICE ............................... 07 <br> GROUP COVERAGE THROUGH A UNION ................................... 08 <br> GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION .......................... 09 <br> INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR ...................... 10 <br> SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY] .... 11 <br><br> _____ <br> COBRA (DO NOT READ) ............ 12 (D3c) <br> DON'T KNOW ......................... d <br> REFUSED ............................. r <br> **GO TO D3, NEXT PERSON OR D4** | **CODE ONE ONLY** <br> (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN ................. 00 <br> A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN ................ 01 <br> MEDICAID ................................ 02 <br> MEDICARE ............................... 03 <br> THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP ............................ 04 <br> A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP ....... 05 <br> MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ............................... 06 <br> A PLAN FROM THE INDIAN HEALTH SERVICE ............................... 07 <br> GROUP COVERAGE THROUGH A UNION ................................... 08 <br> GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION .......................... 09 <br> INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR ...................... 10 <br> SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY] ..... 11 <br><br> _____ <br> COBRA (DO NOT READ) ........... 12 (D3c) <br> DON'T KNOW ......................... d <br> REFUSED ............................. r <br> **GO TO D3, NEXT PERSON OR D4** |
| (D3b=12) <br> D3c. Was this COBRA plan through a family member's employer? <br><br> **INTERVIEWER: CORRECT D3b IF NEEDED. COBRA INSURANCE THROUGH A FAMILY MEMBER SHOULD BE CODED "01."** | | YES .......................... 01 <br><br> NO ........................... 00 <br><br> DON'T KNOW ......................... d <br><br> REFUSED ............................. r | YES.......................... 01 <br><br> NO ........................... 00 <br><br> DON'T KNOW ......................... d <br><br> REFUSED ............................. r |

| PERSON \|_03_\| | PERSON \|_04_\| | PERSON \|_05_\| | PERSON \|_06_\| |
|---|---|---|---|
| YES ................................ 01 (D3, NEXT PERSON OR D4) | YES ................................ 01 (D3, NEXT PERSON OR D4) | YES ................................ 01 (D3, NEXT PERSON OR D4) | YES ................................ 01 (D3, NEXT PERSON OR D4) |
| NO ........................................ 00 | NO ........................................ 00 | NO ........................................ 00 | NO ........................................ 00 |
| DON'T KNOW ....................... d | DON'T KNOW ....................... d | DON'T KNOW ....................... d | DON'T KNOW ....................... d |
| REFUSED ............................. r | REFUSED ............................. r | REFUSED ............................. r | REFUSED ............................. r |
| YES ................................ 01 | YES ................................ 01 | YES ................................ 01 | YES ................................ 01 |
| NO ............................ 00 (D3 NEXT PERSON OR D4) | NO ............................ 00 (D3 NEXT PERSON OR D4) | NO ............................ 00 (D3 NEXT PERSON OR D4) | NO ............................ 00 (D3 NEXT PERSON OR D4) |
| DON'T KNOW ...................... d (D3 NEXT PERSON OR D4) | DON'T KNOW ...................... d (D3 NEXT PERSON OR D4) | DON'T KNOW ...................... d (D3 NEXT PERSON OR D4) | DON'T KNOW ...................... d (D3 NEXT PERSON OR D4) |
| REFUSED ............................. r (D3 NEXT PERSON OR D4) | REFUSED ............................. r (D3 NEXT PERSON OR D4) | REFUSED ............................. r (D3 NEXT PERSON OR D4) | REFUSED ............................. r (D3 NEXT PERSON OR D4) |
| **CODE ONE ONLY** | **CODE ONE ONLY** | **CODE ONE ONLY** | **CODE ONE ONLY** |
| (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN ............... 00 | (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN ............... 00 | (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN ............... 00 | (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN ............... 00 |
| A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN ............... 01 | A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN ............... 01 | A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN ............... 01 | A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN ............... 01 |
| MEDICAID ............................ 02 | MEDICAID ............................ 02 | MEDICAID ............................ 02 | MEDICAID ............................ 02 |
| MEDICARE ........................... 03 | MEDICARE ........................... 03 | MEDICARE ........................... 03 | MEDICARE ........................... 03 |
| THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP ...................... 04 | THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP ...................... 04 | THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP ...................... 04 | THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP ...................... 04 |
| A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP ....... 05 | A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP ....... 05 | A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP ...... 05 | A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP ....... 05 |
| MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .................. 06 | MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .................. 06 | MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .................. 06 | MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .................. 06 |
| A PLAN FROM THE INDIAN HEALTH SERVICE ................... 07 | A PLAN FROM THE INDIAN HEALTH SERVICE ................... 07 | A PLAN FROM THE INDIAN HEALTH SERVICE ................... 07 | A PLAN FROM THE INDIAN HEALTH SERVICE ................... 07 |
| GROUP COVERAGE THROUGH A UNION ................................ 08 | GROUP COVERAGE THROUGH A UNION ................................ 08 | GROUP COVERAGE THROUGH A UNION ................................ 08 | GROUP COVERAGE THROUGH A UNION ................................ 08 |
| GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION ...................... 09 | GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION ...................... 09 | GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION ...................... 09 | GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION ...................... 09 |
| INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR ...................... 10 | INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR ...................... 10 | INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR ...................... 10 | INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR ...................... 10 |
| SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY] .... 11 _____ | SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY] .... 11 _____ | SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY] .... 11 _____ | SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY] ..... 11 _____ |
| COBRA (DO NOT READ) ........... 12 (D3c) | COBRA (DO NOT READ) ........... 12 (D3c) | COBRA (DO NOT READ) ........... 12 (D3c) | COBRA (DO NOT READ) ........... 12 (D3c) |
| DON'T KNOW ...................................... d | DON'T KNOW ...................................... d | DON'T KNOW ...................................... d | DON'T KNOW ...................................... d |
| REFUSED ........................................... r | REFUSED ........................................... r | REFUSED ........................................... r | REFUSED ........................................... r |
| **GO TO D3, NEXT PERSON OR D4** | **GO TO D3, NEXT PERSON OR D4** | **GO TO D3, NEXT PERSON OR D4** | **GO TO D3, NEXT PERSON OR D4** |
| YES .............................. 01 | YES .............................. 01 | YES .............................. 01 | YES .............................. 01 |
| NO ................................ 00 | NO ................................ 00 | NO ................................ 00 | NO ................................ 00 |
| DON'T KNOW ................... d | DON'T KNOW ................... d | DON'T KNOW ................... d | DON'T KNOW ................... d |
| REFUSED ......................... r | REFUSED ......................... r | REFUSED ......................... r | REFUSED ......................... r |

| PERSON | 07 | | PERSON | 08 | | PERSON | 09 | | PERSON | 10 | |

| **PERSON \| 07 \|** | **PERSON \| 08 \|** | **PERSON \| 09 \|** | **PERSON \| 10 \|** |
|---|---|---|---|
| YES ............................. 01 (D3, NEXT PERSON OR D4) | YES............................. 01 (D3, NEXT PERSON OR D4) | YES............................. 01 (D3, NEXT PERSON OR D4) | YES ............................. 01 (D3, NEXT PERSON OR D4) |
| NO ........................... 00 | NO........................... 00 | NO........................... 00 | NO ........................... 00 |
| DON'T KNOW ......................... d | DON'T KNOW ......................... d | DON'T KNOW......................... d | DON'T KNOW ......................... d |
| REFUSED.............................. r | REFUSED.............................. r | REFUSED.............................. r | REFUSED.............................. r |
| | | | |
| YES ...................... 01 | YES ...................... 01 | YES ...................... 01 | YES ...................... 01 |
| NO...................... 00 (D4) | NO...................... 00 (D4) | NO...................... 00 (D4) | NO...................... 00 (D4) |
| DON'T KNOW ................ d (D4) | DON'T KNOW ................ d (D4) | DON'T KNOW ................ d (D4) | DON'T KNOW ................ d (D4) |
| REFUSED ...................... r (D4) | REFUSED...................... r (D4) | REFUSED ...................... r (D4) | REFUSED...................... r (D4) |
| **CODE ONE ONLY** | **CODE ONE ONLY** | **CODE ONE ONLY** | **CODE ONE ONLY** |
| (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN ............... 00 | (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN ............... 00 | (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN ............... 00 | (HIS/HER) EMPLOYER'S SPONSORED HEALTH PLAN................ 00 |
| A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN ............... 01 | A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN ............... 01 | A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN ............... 01 | A FAMILY MEMBER'S EMPLOYER SPONSORED HEALTH PLAN................ 01 |
| MEDICAID.............................. 02 | MEDICAID.............................. 02 | MEDICAID.............................. 02 | MEDICAID .............................. 02 |
| MEDICARE ............................ 03 | MEDICARE ............................ 03 | MEDICARE ............................ 03 | MEDICARE................................ 03 |
| THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP............................. 04 | THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP ............................. 04 | THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP ............................. 04 | THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP ............................. 04 |
| A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP....... 05 | A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP....... 05 | A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP ...... 05 | A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP ....... 05 |
| MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ............................ 06 | MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ............................ 06 | MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA............................ 06 | MILITARY HEALTH CARE THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA............................ 06 |
| A PLAN FROM THE INDIAN HEALTH SERVICE ............................. 07 | A PLAN FROM THE INDIAN HEALTH SERVICE ............................. 07 | A PLAN FROM THE INDIAN HEALTH SERVICE ............................. 07 | A PLAN FROM THE INDIAN HEALTH SERVICE............................. 07 |
| GROUP COVERAGE THROUGH A UNION............................. 08 | GROUP COVERAGE THROUGH A UNION............................. 08 | GROUP COVERAGE THROUGH A UNION............................. 08 | GROUP COVERAGE THROUGH A UNION ............................. 08 |
| GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION........................ 09 | GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION........................ 09 | GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION ........................ 09 | GROUP COVERAGE THROUGH SOME OTHER ASSOCIATION ........................ 09 |
| INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR...................... 10 | INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR...................... 10 | INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR .................... . 10 | INSURANCE PURCHASED DIRECTLY FROM AN INSURER, OR ...................... 10 |
| SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY] .... 11 | SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY] .... 11 | SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY].... 11 | SOME OTHER TYPE OF HEALTH INSURANCE? (SPECIFY) [SPECIFY]..... 11 |
| _____ | _____ | _____ | _____ |
| COBRA (DO NOT READ)............ 12 (D3c) | COBRA (DO NOT READ)............ 12 (D3c) | COBRA (DO NOT READ) ........... 12 (D3c) | COBRA (DO NOT READ) ........... 12 (D3c) |
| DON'T KNOW .......................................... d | DON'T KNOW .......................................... d | DON'T KNOW .......................................... d | DON'T KNOW .......................................... d |
| REFUSED.................................................. r | REFUSED.................................................. r | REFUSED.................................................. r | REFUSED.................................................. r |
| **GO TO D3, NEXT PERSON OR D4** | **GO TO D3, NEXT PERSON OR D4** | **GO TO D3, NEXT PERSON OR D4** | **GO TO D3, NEXT PERSON OR D4** |
| YES ...................................... 01 | YES............................................. 01 | YES.............................................. 01 | YES........................................... 01 |
| NO ...................................... 00 | NO ...................................... 00 | NO.............................................. 00 | NO .......................................... 00 |
| DON'T KNOW ............................ d | DON'T KNOW ............................ d | DON'T KNOW ............................ d | DON'T KNOW ............................. d |
| REFUSED ................................. r | REFUSED ................................. r | REFUSED.................................. r | REFUSED................................... r |

| | RESPONDENT | PERSON | 01 | | PERSON | 02 | |
|---|---|---|---|
| (All)<br>D4. How much was your portion of the monthly premium; that is, how much did you have to pay for health insurance coverage **before** your job with [fill EMPLOYER FROM UI RECORDS OR B1a IF UPDATED] ended?<br><br>**PROBE:** The premium is the amount you pay to maintain health insurance coverage. Your best estimate is fine. | $ \|___\|,\|___\|___\|___\|  (D5)<br><br>CODE ONE<br>PER MONTH ............................ 01<br>PER WEEK................................ 02<br>EVERY TWO WEEKS................ 03<br>TWICE PER MONTH……......... 04<br>DON'T KNOW ........................... d<br>REFUSED................................. r | | |
| (D4=d OR r)<br>D4a. Would you say you paid less than $100 per month, between $100 and $200 per month, between $200 and $400 per month, between $400 and $600 per month, or more than $600 per month? | LESS THAN $100...................... 01<br>$100 TO $200 PER MONTH ..... 02<br>$200 TO $400 PER MONTH ..... 03<br>$400 TO $600 PER MONTH ..... 04<br>MORE THAN $600.................... 05<br>DON'T KNOW ........................... d<br>REFUSED................................. r | | |
| (All)<br>D5. Did you continue with the same plan that you had with your employer **after** your job ended in [fill JOB SEPARATION MONTH, YEAR]?<br>**PROBE:** If there was a gap in coverage of two months or less, please answer yes.<br><br>PROBE; Please do not include retiree health insurance plans.<br>**INTERVIEWER: IF RESPONDENT SAYS THEY ENROLLED IN COBRA, CODE AS YES, CODE 02. DO NOT MENTION COBRA UNLESS RESPONDENT ASKS ABOUT IT.** | YES............................. 01  (D5a)<br><br>YES, MENTIONED<br>COBRA ......................... 02  (D5a)<br><br>NO................................ 00  (D7)<br><br>DON'T KNOW ............. d  (D7)<br><br>REFUSED.................... r  (D7) | | |
| (D5 =01 OR 02)<br>D5a. How much did you have to pay to continue this health insurance coverage **after** your job ended?<br><br>**PROBE:** The premium is the amount you pay to maintain health insurance coverage. Your best estimate is fine.<br><br>PROBE, IF ASKED: Please tell me the amount after the subsidy. | $ \|___\|,\|___\|___\|___\| (D5c)<br><br>CODE ONE<br>PER MONTH ............................ 01<br>PER WEEK................................ 02<br>EVERY TWO WEEKS................ 03<br>TWICE PER MONTH ................ 04<br>DON'T KNOW ........................... d<br>REFUSED................................. r | | |
| (D5a=d OR r)<br>D5b. Would you say you paid less than $100 per month, between $100 and $200 per month, between $200 and $400 per month, between $400 and $600 per month, or more than $600 per month? | LESS THAN $100...................... 01<br>$100 TO $200 PER MONTH ..... 02<br>$200 TO $400 PER MONTH ..... 03<br>$400 TO $600 PER MONTH ..... 04<br>MORE THAN $600.................... 05<br>DON'T KNOW ........................... d<br>REFUSED................................. r | | |

| | RESPONDENT | PERSON | 01 |<br>NAME:_____ | PERSON | 02 |<br>NAME:_____ |
|---|---|---|---|
| **(D5=01 or 02 AND D2=01)**<br>D5c. Did you continue coverage with that same plan for **all** of your family members who were covered by that plan before that job ended? | YES ............................ 01 (D8)<br>NO................................ 00 (D5d)<br>DON'T KNOW............. d (D5d)<br>REFUSED.................... r (D5d) | | |
| **(D5c=00, d OR r)**<br>D5d. Did you continue coverage with that same plan for [fill NAME] **after** your job ended? | | YES ............................ 01<br>NO................................ 00 (D6)<br>DON'T KNOW ............. d (D6)<br>REFUSED.................... r (D6)<br>**IF YES, GO TO D5d, NEXT PERSON OR IF NO OTHERS, GO TO D8** | YES ............................ 01<br>NO................................ 00 (D6)<br>DON'T KNOW............. d (D6)<br>REFUSED.................... r (D6)<br>**IF YES, GO TO D5d, NEXT PERSON OR IF NO OTHERS, GO TO D8** |
| **(D5d = 00, d OR r)**<br>D6. Was [fill NAME] covered by another health insurance plan within two months of when your job with [fill EMPLOYER FROM UI RECORDS OR FROM B1a] ended? | | YES ............................ 01 (D6a)<br>NO................................ 00 (D5d, NEXT PERSON OR D8)<br>DON'T KNOW ............. d (D5d, NEXT PERSON OR D8)<br>REFUSED.................... r (D5d, NEXT PERSON OR D8) | YES ............................ 01 (D6a)<br>NO................................ 00 (D5d, NEXT PERSON OR D8)<br>DON'T KNOW............. d (D5d, NEXT PERSON OR D8)<br>REFUSED.................... r (D5d, NEXT PERSON OR D8) |
| **(D6=01)**<br>D6a. What type of plan was [fill NAME] covered by at that time? Was it…<br><br>**PROBES: Medicaid** is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE].<br><br>**Medicare** is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.<br><br>**INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN.** | | **CODE ONE ONLY**<br>Your new employer's plan ........ 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or.................................. 03<br>Another type of plan? (SPECIFY) [specify].................. 04<br>_____<br>MEDICAID................................. 05<br>MEDICARE ............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME]....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] .......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ........................... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10<br>GROUP COVERAGE THROUGH A UNION................ 11<br>COBRA (DO NOT READ) ..... 12 (D6b)<br>DON'T KNOW.......................... d<br>REFUSED ................................ r<br>**GO TO D5d, NEXT PERSON OR D8** | **CODE ONE ONLY**<br>Your new employer's plan ......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or ................................. 03<br>Another type of plan? (SPECIFY) [specify].................. 04<br>_____<br>MEDICAID ................................ 05<br>MEDICARE ............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] .......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ............................. 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE................... 10<br>GROUP COVERAGE THROUGH A UNION ............... 11<br>COBRA (DO NOT READ) ..... 12 (D6b)<br>DON'T KNOW.......................... d<br>REFUSED................................ r<br>**GO TO D5d, NEXT PERSON OR D8** |
| **(D6a=12)**<br>D6b. Was this COBRA plan through your employer or through a family member's employer?<br>**INTERVIEWER: CORRECT D5 OR D6a IF NEEDED. COBRA INSURANCE THROUGH RESPONDENT'S EMPLOYER SHOULD BE CODED D5=01. COBRA INSURANCE THROUGH A FAMILY MEMBER SHOULD BE CODED D6a=01.** | | YOUR EMPLOYER .............. 01<br>FAMILY MEMBER'S EMPLOYER .......................... 00<br>DON'T KNOW ....................... d<br>REFUSED ............................. r<br>**GO TO D5d, NEXT PERSON OR D8** | YOUR EMPLOYER ............... 01<br>FAMILY MEMBER'S EMPLOYER ............................ 00<br>DON'T KNOW........................ d<br>REFUSED............................. r<br>**GO TO D5d, NEXT PERSON OR D8** |

| | PERSON \| 03 \|<br>NAME:_____ | PERSON \| 04 \|<br>NAME:_____ | PERSON \| 05 \|<br>NAME:_____ |
|---|---|---|---|
| **(D5=01 or 02 AND D2=01)**<br>D5c. Did you continue coverage with that same plan for **all** of your family members who were covered by that plan before that job ended? | | | |
| **(D5c=00, d OR r)**<br>D5d. Did you continue coverage with that same plan for [fill NAME] **after** your job ended? | YES .............................. 01<br>NO.............................. 00 (D6)<br>DON'T KNOW.............. d (D6)<br>REFUSED................... r (D6)<br>**IF YES, GO TO D5d, NEXT PERSON OR IF NO OTHERS, GO TO D8** | YES .............................. 01<br>NO .............................. 00 (D6)<br>DON'T KNOW .............. d (D6)<br>REFUSED ................... r (D6)<br>**IF YES, GO TO D5d, NEXT PERSON OR IF NO OTHERS, GO TO D8** | YES.............................. 01<br>NO.............................. 00 (D6)<br>DON'T KNOW ............ d (D6)<br>REFUSED................... r (D6)<br>**IF YES, GO TO D5d, NEXT PERSON OR IF NO OTHERS, GO TO D8** |
| **(D5d = 00, d OR r)**<br>D6. Was [fill NAME] covered by another health insurance plan within two months of when your job with [fill EMPLOYER FROM UI RECORDS OR FROM B1a] ended? | YES .............................. 01 (D6a)<br>NO.............................. 00 (D5d, NEXT PERSON OR D8)<br>DON'T KNOW.............. d (D5d, NEXT PERSON OR D8)<br>REFUSED................... r (D5d, NEXT PERSON OR D8) | YES .............................. 01 (D6a)<br>NO .............................. 00 (D5d, NEXT PERSON OR D8)<br>DON'T KNOW .............. d (D5d, NEXT PERSON OR D8)<br>REFUSED ................... r (D5d, NEXT PERSON OR D8) | YES.............................. 01 (D6a)<br>NO.............................. 00 (D5d, NEXT PERSON OR D8)<br>DON'T KNOW ............ d (D5d, NEXT PERSON OR D8)<br>REFUSED................... r (D5d, NEXT PERSON OR D8) |
| **(D6=01)**<br>D6a. What type of plan was [fill NAME] covered by at that time? Was it…<br><br>**PROBES: Medicaid** is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE].<br><br>**Medicare** is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.<br><br>**INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN.** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or ................. 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ................................ 05<br>MEDICARE ................................ 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME].......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ......................... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE................... 10<br>GROUP COVERAGE THROUGH A UNION ............... 11<br>COBRA (DO NOT READ) ..... 12 (D6b)<br>DON'T KNOW.......................... d<br>REFUSED.............................. r<br>**GO TO D5d, NEXT PERSON OR D8** | **CODE ONE ONLY**<br>Your new employer's plan ........ 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or.................. 03<br>Another type of plan? (SPECIFY) [specify].................. 04<br>_____<br>MEDICAID................................ 05<br>MEDICARE ................................ 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME].......07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME].......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ............................ 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10<br>GROUP COVERAGE THROUGH A UNION ............... 11<br>COBRA (DO NOT READ) ..... 12 (D6b)<br>DON'T KNOW.......................... d<br>REFUSED .............................. r<br>**GO TO D5d, NEXT PERSON OR D8** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or ................. 03<br>Another type of plan? (SPECIFY) [specify]...................................... 04<br>_____<br>MEDICAID................................ 05<br>MEDICARE................................ 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ................. 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME]......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA............................... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10<br>GROUP COVERAGE THROUGH A UNION ............... 11<br>COBRA (DO NOT READ)......12 (D6b)<br>DON'T KNOW .......................... d<br>REFUSED.............................. r<br>**GO TO D5d, NEXT PERSON OR D8** |
| **(D6a=12)**<br>D6b. Was this COBRA plan through your employer or through a family member's employer?<br>**INTERVIEWER: CORRECT D5 OR D6a IF NEEDED. COBRA INSURANCE THROUGH RESPONDENT'S EMPLOYER SHOULD BE CODED D5=01. COBRA INSURANCE THROUGH A FAMILY MEMBER SHOULD BE CODED D6a=01.** | YOUR EMPLOYER ............... 01<br><br>FAMILY MEMBER'S EMPLOYER............................ 00<br><br>DON'T KNOW........................ d<br><br>REFUSED............................. r<br>**GO TO D5d, NEXT PERSON OR D8** | YOUR EMPLOYER .............. 01<br><br>FAMILY MEMBER'S EMPLOYER ............................ 00<br><br>DON'T KNOW........................ d<br><br>REFUSED ............................. r<br>**GO TO D5d, NEXT PERSON OR D8** | YOUR EMPLOYER................ 01<br><br>FAMILY MEMBER'S EMPLOYER............................ 00<br><br>DON'T KNOW ....................... d<br><br>REFUSED.............................. r<br>**GO TO D5d, NEXT PERSON OR D8** |

| | PERSON \| 06 \|  NAME:_____ | PERSON \| 07 \|  NAME:_____ | PERSON \| 08 \|  NAME:_____ |
|---|---|---|---|
| (D5=01 or 02 AND D2=01) **D5c.** Did you continue coverage with that same plan for **all** of your family members who were covered by that plan before that job ended? | | | |
| (D5c=00, d OR r) **D5d.** Did you continue coverage with that same plan for [fill NAME] **after** your job ended? | YES ............................ 01  NO............................. 00 (D6)  DON'T KNOW.............. d (D6)  REFUSED................... r (D6)  **IF YES, GO TO D5d, NEXT PERSON OR IF NO OTHERS, GO TO D8** | YES ............................. 01  NO ............................ 00 (D6)  DON'T KNOW .............. d (D6)  REFUSED ................... r (D6)  **IF YES, GO TO D5d, NEXT PERSON OR IF NO OTHERS, GO TO D8** | YES ............................ 01  NO............................. 00 (D6)  DON'T KNOW ............ d (D6)  REFUSED................... r (D6)  **IF YES, GO TO D5d, NEXT PERSON OR IF NO OTHERS, GO TO D8** |
| (D5d = 00, d OR r) **D6.** Was [fill NAME] covered by another health insurance plan within two months of when your job with [fill EMPLOYER FROM UI RECORDS OR FROM B1a] ended? | YES ............................ 01 (D6a)  NO............................. 00 (D5d, NEXT PERSON OR D8)  DON'T KNOW.............. d (D5d, NEXT PERSON OR D8)  REFUSED................... r (D5d, NEXT PERSON OR D8) | YES ............................. 01 (D6a)  NO ............................ 00 (D5d, NEXT PERSON OR D8)  DON'T KNOW .............. d (D5d, NEXT PERSON OR D8)  REFUSED ................... r (D5d, NEXT PERSON OR D8) | YES ............................ 01 (D6a)  NO............................. 00 (D5d, NEXT PERSON OR D8)  DON'T KNOW ............ d (D5d, NEXT PERSON OR D8)  REFUSED................... r (D5d, NEXT PERSON OR D8) |
| (D6=01) **D6a.** What type of plan was [fill NAME] covered by at that time? Was it…  **PROBES: Medicaid** is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE].  **Medicare** is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.  **INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN.** | **CODE ONE ONLY** Your new employer's plan......... 01  Your spouse's employer's plan. 02  A plan you purchased directly, or ............................. 03  Another type of plan? (SPECIFY) [specify] .................. 04  _____  MEDICAID ..................... 05  MEDICARE...................... 06  THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07  A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME]........................ 08  MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ................. 09  A PLAN FROM THE INDIAN HEALTH SERVICE.................... 10  GROUP COVERAGE THROUGH A UNION ............... 11  COBRA (DO NOT READ) ..... 12 (D6b)  DON'T KNOW........................... d  REFUSED................................ r  **GO TO D5d, NEXT PERSON OR D8** | **CODE ONE ONLY** Your new employer's plan ........ 01  Your spouse's employer's plan. 02  A plan you purchased directly, or............................. 03  Another type of plan? (SPECIFY) [specify]................. 04  _____  MEDICAID........................ 05  MEDICARE ...................... 06  THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME]....... 07  A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] ........................ 08  MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA ............... 09  A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10  GROUP COVERAGE THROUGH A UNION............... 11  COBRA (DO NOT READ) ..... 12 (D6b)  DON'T KNOW .......................... d  REFUSED ............................... r  **GO TO D5d, NEXT PERSON OR D8** | **CODE ONE ONLY** Your new employer's plan......... 01  Your spouse's employer's plan. 02  A plan you purchased directly, or ................................ 03  Another type of plan? (SPECIFY) [specify]...................................... 04  _____  MEDICAID ...................... 05  MEDICARE...................... 06  THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME]................. 07  A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME]........................ 08  MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA............................... 09  A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10  GROUP COVERAGE THROUGH A UNION ............... 11  COBRA (DO NOT READ)......12 (D6b)  DON'T KNOW ......................... d  REFUSED................................ r  **GO TO D5d, NEXT PERSON OR D8** |
| (D6a=12) **D6b.** Was this COBRA plan through your employer or through a family member's employer? **INTERVIEWER: CORRECT D5 OR D6a IF NEEDED. COBRA INSURANCE THROUGH RESPONDENT'S EMPLOYER SHOULD BE CODED D5=01. COBRA INSURANCE THROUGH A FAMILY MEMBER SHOULD BE CODED D6a=01.** | YOUR EMPLOYER ............... 01  FAMILY MEMBER'S EMPLOYER.......................... 00  DON'T KNOW........................ d  REFUSED............................. r  **GO TO D5d, NEXT PERSON OR D8** | YOUR EMPLOYER .............. 01  FAMILY MEMBER'S EMPLOYER ......................... 00  DON'T KNOW........................ d  REFUSED ............................ r  **GO TO D5d, NEXT PERSON OR D8** | YOUR EMPLOYER................ 01  FAMILY MEMBER'S EMPLOYER........................... 00  DON'T KNOW ...................... d  REFUSED............................. r  **GO TO D5d, NEXT PERSON OR D8** |

| | RESPONDENT | PERSON \| 01 \|<br>NAME:_____ | PERSON \| 02 \|<br>NAME:_____ |
|---|---|---|---|
| (D5=00, d, OR r)<br>D7. Were you covered by another health insurance plan within two months of the time your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended? | YES............................... 01<br>NO................................. 00 (D7f or D9)<br>DON'T KNOW .............. d (D7f or D9)<br>REFUSED .................... r (D7f or D9) | | |
| (D7=01)<br>D7a. What type of plan were you covered by at that time? Was it…<br><br>PROBES: Medicaid is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE].<br><br>Medicare is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.<br><br>INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN. | CODE ONE ONLY<br>Your new employer's plan ............ 01<br>Your spouse's employer's plan..... 02<br>A plan you purchased directly, or . 03<br>Another type of plan? (SPECIFY)<br>[specify] ........................................ 04<br>_____<br>MEDICAID .................................... 05<br>MEDICARE.................................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ........... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] ........................................ 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA.................................... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE ...................... 10<br>GROUP COVERAGE THROUGH A UNION................................... 11<br>COBRA (DO NOT READ).............. 12 (D7b)<br>DON'T KNOW .............................. d<br>REFUSED .................................... r<br>GO TO D7c | | |
| (D7a=12)<br>D7b. Was this COBRA plan through a family member's employer? | YES............................... 01<br>NO................................. 00<br>DON'T KNOW .............. d<br>REFUSED .................... r | | |
| (D7=01)<br>D7c. How much was your portion of the premium; that is, how much did you have to pay each month for this health insurance coverage?<br><br>PROBE: The premium is the amount you pay—the amount deducted from your paycheck—to maintain health insurance coverage. Your best estimate is fine. | $ \|___,\|___\|___\|___\| (D7e)<br>CODE ONE<br>PER MONTH............................... 01<br>PER WEEK................................. 02<br>EVERY TWO WEEKS ................ 03<br>TWICE PER MONTH................... 04<br>DON'T KNOW ............................ d<br>REFUSED .................................. r | | |
| (D7c=d OR r)<br>D7d. Would you say you paid less than $100 per month, between $100 and $200 per month, between $200 and $400 per month, between $400 and $600 per month, or more than $600 per month? | LESS THAN $100 ........................ 01<br>$100 TO $200 PER MONTH ........ 02<br>$200 TO $400 PER MONTH ........ 03<br>$400 TO $600 PER MONTH ........ 04<br>MORE THAN $600....................... 05<br>DON'T KNOW .............................. d<br>REFUSED .................................... r | | |

| | RESPONDENT | PERSON | 01 | <br>NAME:_____ | PERSON | 02 | <br>NAME:_____ |
|---|---|---|---|
| (D7=01and D3=01 or D2a=01)<br>D7e. Was [fill NAME] also covered by your plan at that time?<br>**PROGRAMMER: ASK ONLY FOR THOSE COVERED BY EMPLOYER SPONSORED PLAN PRIOR TO JOB LOSS – D2 OR D3a=01)** | | YES............................... 01<br>(D7e, NEXT PERSON OR D8)<br>NO................................. 00<br>DON'T KNOW ............... d<br>REFUSED .................... r | YES............................... 01<br>(D7e, NEXT PERSON OR D8)<br>NO................................. 00<br>DON'T KNOW ............... d<br>REFUSED .................... r |
| (D7 OR D7e=00, d OR r)<br>D7f. Was [fill NAME]) covered by another health insurance plan within two months of when your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended?<br>**ASK D7f FOR PERSONS 1 THROUGH 9, FIRST THEN CONTINUE.** | | YES............................... 01<br>NO............................... 00 (D7f, NEXT PERSON OR D8)<br>DON'T KNOW ............... d (D7f, NEXT PERSON OR D8)<br>REFUSED .................... r (D7f, NEXT PERSON OR D8) | YES............................... 01<br>NO............................... 00 (D7f, NEXT PERSON OR D8)<br>DON'T KNOW ............... d (D7f, NEXT PERSON OR D8)<br>REFUSED .................... r (D7f, NEXT PERSON OR D8) |
| (D7f=01)<br>D7g. What type of plan was [fill NAME] covered by at that time? Was it…<br><br>**PROBES: Medicaid** is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE].<br><br>**Medicare** is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.<br>**INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN.** | | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or.................................... 03<br>Another type of plan? (SPECIFY) [specify] .................. 04<br>_____<br>MEDICAID ................................. 05<br>MEDICARE................................. 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] ......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D7h)<br>DON'T KNOW .......................... d<br>REFUSED .............................. r<br>**GO TO D7f, NEXT PERSON OR D8** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or.................................... 03<br>Another type of plan? (SPECIFY) [specify] .................. 04<br>_____<br>MEDICAID ................................. 05<br>MEDICARE................................. 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] ......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D7h)<br>DON'T KNOW .......................... d<br>REFUSED .............................. r<br>**GO TO D7f, NEXT PERSON OR D8** |
| (D7g=12)<br>D7h. Was this COBRA Plan through your employer or through a family member's employer? | | YES.................................... 01<br>NO..................................... 00<br>DON'T KNOW .................... d<br>REFUSED .......................... r | YES.................................... 01<br>NO..................................... 00<br>DON'T KNOW .................... d<br>REFUSED .......................... r |

| | PERSON | 03 |<br>NAME:_____ | PERSON | 04 |<br>NAME:_____ | PERSON | 05 |<br>NAME:_____ |
|---|---|---|---|
| (D7=01and D3=01 or D2a=01)<br>D7e. Was [fill NAME] also covered by your plan at that time?<br>**PROGRAMMER: ASK ONLY FOR THOSE COVERED BY EMPLOYER SPONSORED PLAN PRIOR TO JOB LOSS – D2 OR D3a=01)** | YES.............................. 01<br>(D7e, NEXT PERSON OR D8)<br>NO................................. 00<br>DON'T KNOW ............... d<br>REFUSED...................... r | YES.............................. 01<br>(D7e, NEXT PERSON OR D8)<br>NO................................. 00<br>DON'T KNOW ............... d<br>REFUSED ..................... r | YES.............................. 01<br>(D7e, NEXT PERSON OR D8)<br>NO................................. 00<br>DON'T KNOW ............... d<br>REFUSED ..................... r |
| (D7 OR D7e=00, d OR r)<br>D7f. Was [fill NAME]) covered by another health insurance plan within two months of when your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended?<br>**ASK D7f FOR PERSONS 1 THROUGH 9, FIRST THEN CONTINUE.** | YES.............................. 01<br>NO................................. 00 (D7f, NEXT PERSON OR D8)<br>DON'T KNOW ............... d (D7f, NEXT PERSON OR D8)<br>REFUSED...................... r (D7f, NEXT PERSON OR D8) | YES.............................. 01<br>NO................................. 00 (D7f, NEXT PERSON OR D8)<br>DON'T KNOW ............... d (D7f, NEXT PERSON OR D8)<br>REFUSED ..................... r (D7f, NEXT PERSON OR D8) | YES.............................. 01<br>NO................................. 00 (D7f, NEXT PERSON OR D8)<br>DON'T KNOW ............... d (D7f, NEXT PERSON OR D8)<br>REFUSED ..................... r (D7f, NEXT PERSON OR D8) |
| (D7f=01)<br>D7g. What type of plan was [fill NAME] covered by at that time? Was it…<br><br>PROBES: **Medicaid** is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE].<br><br>**Medicare** is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.<br>**INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN.** | **CODE ONE ONLY**<br>Your new employer's plan........ 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or................................................. 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ............................... 05<br>MEDICARE............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME]........................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA..... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE .................. 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D7h)<br>DON'T KNOW .......................... d<br>REFUSED................................ r<br>**GO TO D7f, NEXT PERSON OR D8** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or................................................. 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ............................... 05<br>MEDICARE............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] ......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE .................. 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D7h)<br>DON'T KNOW .......................... d<br>REFUSED ............................... r<br>**GO TO D7f, NEXT PERSON OR D8** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or................................................. 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ............................... 05<br>MEDICARE............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] ......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE .................. 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D7h)<br>DON'T KNOW .......................... d<br>REFUSED ............................... r<br>**GO TO D7f, NEXT PERSON OR D8** |
| (D7g=12)<br>D7h. Was this COBRA Plan through your employer or through a family member's employer? | YES.................................... 01<br>NO...................................... 00<br>DON'T KNOW .................... d<br>REFUSED.......................... r | YES.................................... 01<br>NO...................................... 00<br>DON'T KNOW .................... d<br>REFUSED .......................... r | YES.................................... 01<br>NO...................................... 00<br>DON'T KNOW .................... d<br>REFUSED .......................... r |

| | PERSON \| 06 \|<br>NAME:_____ | PERSON \| 07 \|<br>NAME:_____ | PERSON \| 08 \|<br>NAME:_____ |
|---|---|---|---|
| (D7=01and D3=01 or D2a=01)<br>D7e. Was [fill NAME] also covered by your plan at that time?<br>**PROGRAMMER: ASK ONLY FOR THOSE COVERED BY EMPLOYER SPONSORED PLAN PRIOR TO JOB LOSS – D2 OR D3a=01)** | YES............................... 01<br>(D7e, NEXT PERSON OR D8)<br>NO................................... 00<br>DON'T KNOW ............... d<br>REFUSED...................... r | YES............................... 01<br>(D7e, NEXT PERSON OR D8)<br>NO................................... 00<br>DON'T KNOW ............... d<br>REFUSED ...................... r | YES............................... 01<br>(D7e, NEXT PERSON OR D8)<br>NO................................... 00<br>DON'T KNOW ............... d<br>REFUSED ...................... r |
| (D7 OR D7e=00, d OR r)<br>D7f. Was [fill NAME]) covered by another health insurance plan within two months of when your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended?<br>**ASK D7f FOR PERSONS 1 THROUGH 9, FIRST THEN CONTINUE.** | YES............................... 01<br>NO................................... 00 (D7f, NEXT PERSON OR D8)<br>DON'T KNOW ............... d (D7f, NEXT PERSON OR D8)<br>REFUSED...................... r (D7f, NEXT PERSON OR D8) | YES............................... 01<br>NO................................... 00 (D7f, NEXT PERSON OR D8)<br>DON'T KNOW ............... d (D7f, NEXT PERSON OR D8)<br>REFUSED ...................... r (D7f, NEXT PERSON OR D8) | YES............................... 01<br>NO................................... 00 (D7f, NEXT PERSON OR D8)<br>DON'T KNOW ............... d (D7f, NEXT PERSON OR D8)<br>REFUSED ...................... r (D7f, NEXT PERSON OR D8) |
| (D7f=01)<br>D7g. What type of plan was [fill NAME] covered by at that time? Was it…<br><br>PROBES: **Medicaid** is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE].<br><br>**Medicare** is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.<br><br>**INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN.** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or.................................... 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ............................... 05<br>MEDICARE............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME]...................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA..... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D7h)<br>DON'T KNOW ........................... d<br>REFUSED................................ r<br>**GO TO D7f, NEXT PERSON OR D8** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or.................................... 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ............................... 05<br>MEDICARE............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] ...................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D7h)<br>DON'T KNOW ........................... d<br>REFUSED ................................ r<br>**GO TO D7f, NEXT PERSON OR D8** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or.................................... 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ............................... 05<br>MEDICARE............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME] ...................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA .... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE ................... 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D7h)<br>DON'T KNOW ........................... d<br>REFUSED ................................ r<br>**GO TO D7f, NEXT PERSON OR D8** |
| (D7g=12)<br>D7h. Was this COBRA Plan through your employer or through a family member's employer? | YES..................................... 01<br>NO........................................ 00<br>DON'T KNOW .................... d<br>REFUSED........................... r | YES..................................... 01<br>NO........................................ 00<br>DON'T KNOW .................... d<br>REFUSED ........................... r | YES..................................... 01<br>NO........................................ 00<br>DON'T KNOW .................... d<br>REFUSED ........................... r |

| | PLAN 1 | PLAN 2 | PLAN 3 |
|---|---|---|---|
| **(D5c OR D7=01)**<br><br>D8. (IF D5=01. SAY: Now I'd like to ask more about your continuation of coverage through [fill EMPLOYER.) (If D7=01, SAY: Now I'd like to ask more about the coverage you had just after you left [fill EMPLOYER].) Are you still covered by that plan? | YES................................ 01 (D12)<br>NO.................................... 00<br>DON'T KNOW............................ d (D12)<br>REFUSED.................................. r (D12) | | |
| **(D8=00)**<br><br>D8a. When did your coverage in that health plan end? | \|___\|___\|/ \|___\|___\|___\|___\|<br>MONTH YEAR<br>(1-12) (2008-2012)<br>DON'T KNOW ..................... d<br>REFUSED........................... r | | |
| **(D8=00)**<br><br>D8b. What was the main reason that your coverage ended? | **HAD OTHER INSURANCE**<br>HAD COVERAGE FROM A SPOUSE/ PARTNER/PARENTS PLAN ...........01<br>HAD LESS EXPENSIVE COVERAGE AVAILABLE.................02<br>HAD BETTER COVERAGE AVAILABLE.....................................03<br>FOUND A JOB WITH BENEFITS.....04<br>STATE SUBSIDY AVAILABLE.........05<br>**HAD NO OTHER COVERAGE**<br>TOO EXPENSIVE............................06<br>JOB ENDED ...................................07<br>COBRA RAN OUT ...........................08<br>COBRA SUBSIDY RAN OUT...........09<br>DIDN'T UNDERSTAND HOW TO ENROLL/ TOO COMPLICATED ......10<br>IN GOOD HEALTH ..........................11<br>USING A 60-DAY PERIOD TO DECIDE ...........................................12<br>EXPECT TO FIND NEW JOB SOON ............................................. 13<br>NON-PAYMENT OF PREMIUM/ POLICY CANCELLED.....................14<br>OTHER (SPECIFY) [specify]............15<br><br>_____<br>DON'T KNOW.................................. d<br>REFUSED....................................... r | | |
| **(D7f=00, d OR r or D8=00)**<br><br>D9. (IF D7=00, SAY: Now I would like to ask about other health insurance coverage that you may have had for yourself at any time after your job at [fill EMPLOYER] ended). Were you covered by another health insurance plan after that time? | YES...................................... 01<br>NO.......................................... 00 (D11)<br>DON'T KNOW....................... d (D11)<br>REFUSED............................. r (D11) | | |

|  | PLAN 1 | PLAN 2 | PLAN 3 |
|---|---|---|---|
| (D9=01)<br><br>D9a. What type of health insurance coverage did you have next? Were you covered by…<br><br>**PROBES: Medicaid** is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE].<br><br>**Medicare** is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.<br><br>**INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN.** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or................................................ 03<br>Another type of plan? (SPECIFY) [specify] ................ 04<br>_____<br>MEDICAID ............................... 05<br>MEDICARE............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME].......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA..... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE .................. 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D9b)<br>DON'T KNOW ........................... d<br>REFUSED................................. r<br>**GO TO D9c** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or................................................ 03<br>Another type of plan? (SPECIFY) [specify] ................ 04<br>_____<br>MEDICAID ............................... 05<br>MEDICARE............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME].......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA..... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE .................. 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D9b)<br>DON'T KNOW ........................... d<br>REFUSED................................. r<br>**GO TO D9c** | **CODE ONE ONLY**<br>Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or................................................ 03<br>Another type of plan? (SPECIFY) [specify] ................ 04<br>_____<br>MEDICAID ............................... 05<br>MEDICARE............................... 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME].......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA..... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE .................. 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D9b)<br>DON'T KNOW ........................... d<br>REFUSED................................. r<br>**GO TO D9c** |
| (D9a=12)<br>D9b. Was this COBRA plan through your employer or through a family member's employer? | YOUR EMPLOYER ............... 01<br><br>FAMILY MEMBER'S EMPLOYER............................ 00<br><br>DON'T KNOW ........................ d<br>REFUSED....................... r | YOUR EMPLOYER ............... 01<br><br>FAMILY MEMBER'S EMPLOYER............................ 00<br><br>DON'T KNOW ........................ d<br>REFUSED....................... r | YOUR EMPLOYER ............... 01<br><br>FAMILY MEMBER'S EMPLOYER............................ 00<br><br>DON'T KNOW ........................ d<br>REFUSED....................... r |
| (D9=01)<br>D9c. When did your coverage in that health plan begin? | \|__\|__\| /\|__\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED....................... r | \|__\|__\| /\|__\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED....................... r | \|__\|__\| /\|__\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED....................... r |
| (D9=01)<br>D9d. Are you still covered as part of that plan? | YES................................. 01 (D11)<br>NO........................................ 00<br>DON'T KNOW ................. d<br>REFUSED....................... r | YES................................. 01 (D12)<br>NO........................................ 00<br>DON'T KNOW ................. d<br>REFUSED....................... r | YES................................. 01 (D12)<br>NO........................................ 00<br>DON'T KNOW ................. d<br>REFUSED....................... r |
| (D9d=00, d, OR r)<br>D9e. When did your coverage in that health plan end? | \|__\|__\| /\|__\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED....................... r | \|__\|__\| /\|__\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED....................... r | \|__\|__\| /\|__\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED....................... r |

| | PLAN 4 | PLAN 5 | PLAN 6 |
|---|---|---|---|
| (D9=01)<br><br>D9a. What type of health insurance coverage did you have next? Were you covered by…<br><br>**PROBES: Medicaid** is a program that pays for the health care of persons in need. In your state, you may also hear it called [STATEMED FROM (NAME's) CURRENT STATE].<br><br>**Medicare** is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.<br><br>**INTERVIEWER: IF RESPONDENT HAS MULTIPLE PLANS, ASK HIM/HER TO CHOOSE THE PRIMARY PLAN.** | Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or................................................. 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ................................ 05<br>MEDICARE................................ 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME]......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA..... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE .................. 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D9b)<br>DON'T KNOW ........................... d<br>REFUSED................................. r<br>**GO TO D9c** | Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or................................................. 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ................................ 05<br>MEDICARE................................ 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME]......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA..... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE .................. 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D9b)<br>DON'T KNOW ........................... d<br>REFUSED................................. r<br>**GO TO D9c** | Your new employer's plan......... 01<br>Your spouse's employer's plan. 02<br>A plan you purchased directly, or................................................. 03<br>Another type of plan? (SPECIFY) [specify] ................. 04<br>_____<br>MEDICAID ................................ 05<br>MEDICARE................................ 06<br>THE CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP [FILL STATE NAME] ....... 07<br>A STATE GOVERNMENT PROGRAM OTHER THAN MEDICAID OR CHIP [FILL STATE NAME]......................... 08<br>MILITARY HEALTH CARE, THROUGH ARMED FORCES RETIREMENT BENEFITS, THE VA, TRICARE, CHAMPUS, OR CHAMP-VA..... 09<br>A PLAN FROM THE INDIAN HEALTH SERVICE .................. 10<br>GROUP COVERAGE THROUGH A UNION ................ 11<br>COBRA (DO NOT READ)...... 12 (D9b)<br>DON'T KNOW ........................... d<br>REFUSED................................. r<br>**GO TO D9c** |
| (D9a=12)<br>D9b. Was this COBRA plan through your employer or through a family member's employer? | YOUR EMPLOYER............... 01<br>FAMILY MEMBER'S EMPLOYER........................... 00<br>DON'T KNOW ........................ d<br>REFUSED...................... r | YOUR EMPLOYER............... 01<br>FAMILY MEMBER'S EMPLOYER........................... 00<br>DON'T KNOW ........................ d<br>REFUSED............................. r | YOUR EMPLOYER............... 01<br>FAMILY MEMBER'S EMPLOYER........................... 00<br>DON'T KNOW ........................ d<br>REFUSED............................. r |
| (D9=01)<br>D9c. When did your coverage in that health plan begin? | \|__\|__\| **/**\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED...................... r | \|__\|__\| **/**\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED...................... r | \|__\|__\| **/**\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED...................... r |
| (D9=01)<br>D9d. Are you still covered as part of that plan? | YES................................. 01 (D12)<br>NO................................... 00<br>DON'T KNOW ................. d<br>REFUSED...................... r | YES................................. 01 (D12)<br>NO................................... 00<br>DON'T KNOW ................. d<br>REFUSED...................... r | YES................................. 01 (D12)<br>NO................................... 00<br>DON'T KNOW ................. d<br>REFUSED...................... r |
| (D9d=00, d, OR r)<br>D9e. When did your coverage in that health plan end? | \|__\|__\| **/**\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED...................... r | \|__\|__\| **/**\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED...................... r | \|__\|__\| **/**\|__\|__\|__\| MONTH/YEAR<br>DON'T KNOW .................... d<br>REFUSED...................... r |

| | PLAN 1 | PLAN 2 | PLAN 3 |
|---|---|---|---|
| (D9d=00, d OR r)<br><br>D9f. What was the main reason that your coverage ended? | **HAD OTHER INSURANCE**<br>HAD COVERAGE FROM A SPOUSE/ PARTNER/ PARENTS PLAN ......................01<br>HAD LESS EXPENSIVE COVERAGE AVAILABLE..........02<br>HAD BETTER COVERAGE AVAILABLE.................................03<br>FOUND A JOB WITH BENEFITS .................................04<br>STATE SUBSIDY AVAILABLE .05<br>**HAD NO OTHER COVERAGE**<br>TOO EXPENSIVE.....................06<br>JOB ENDED ...........................07<br>COBRA RAN OUT....................08<br>COBRA SUBSIDY RAN OUT ...09<br>DIDN'T UNDERSTAND HOW TO ENROLL/ TOO COMPLICATED.......................10<br>IN GOOD HEALTH...................11<br>USING A 60-DAY PERIOD TO DECIDE....................................12<br>EXPECT TO FIND NEW JOB SOON.......................................13<br>NON-PAYMENT OF PREMIUM/POLICY CANCELLED ...........................14<br>OTHER (SPECIFY) [specify]....15<br>_____<br>DON'T KNOW........................... d<br>REFUSED ............................... r | **HAD OTHER INSURANCE**<br>HAD COVERAGE FROM A SPOUSE/ PARTNER/ PARENTS PLAN ......................01<br>HAD LESS EXPENSIVE COVERAGE AVAILABLE .........02<br>HAD BETTER COVERAGE AVAILABLE ...............................03<br>FOUND A JOB WITH BENEFITS .................................04<br>STATE SUBSIDY AVAILABLE .05<br>**HAD NO OTHER COVERAGE**<br>TOO EXPENSIVE ....................06<br>JOB ENDED............................07<br>COBRA RAN OUT ..................08<br>COBRA SUBSIDY RAN OUT ...09<br>DIDN'T UNDERSTAND HOW TO ENROLL/ TOO COMPLICATED .......................10<br>IN GOOD HEALTH ..................11<br>USING A 60-DAY PERIOD TO DECIDE ....................................12<br>EXPECT TO FIND NEW JOB SOON ......................................13<br>NON-PAYMENT OF PREMIUM/ POLICY CANCELLED ...........................14<br>OTHER (SPECIFY) [specify] ....15<br>_____<br>DON'T KNOW ........................... d<br>REFUSED ............................... r | **HAD OTHER INSURANCE**<br>HAD COVERAGE FROM A SPOUSE/ PARTNER/ PARENTS PLAN ......................01<br>HAD LESS EXPENSIVE COVERAGE AVAILABLE .........02<br>HAD BETTER COVERAGE AVAILABLE ...............................03<br>FOUND A JOB WITH BENEFITS .................................04<br>STATE SUBSIDY AVAILABLE .05<br>**HAD NO OTHER COVERAGE**<br>TOO EXPENSIVE ....................06<br>JOB ENDED............................07<br>COBRA RAN OUT ..................08<br>COBRA SUBSIDY RAN OUT ...09<br>DIDN'T UNDERSTAND HOW TO ENROLL/ TOO COMPLICATED .......................10<br>IN GOOD HEALTH...................11<br>USING A 60-DAY PERIOD TO DECIDE ....................................12<br>EXPECT TO FIND NEW JOB SOON ......................................13<br>NON-PAYMENT OF PREMIUM/ POLICY CANCELLED ...........................14<br>OTHER (SPECIFY) [specify] ....15<br>_____<br>DON'T KNOW ........................... d<br>REFUSED ............................... r |
| D10. Did you have any other health plan coverage after your [fill D9a PLAN TYPE] coverage ended? | YES ........................ 01 (D9a, NEXT PLAN)<br>NO ................................ 00 (D11)<br>DON'T KNOW................. d (D11)<br>REFUSED................... r (D11) | YES.............................. 01 (D9a, NEXT PLAN)<br>NO................................ 00 (D12)<br>DON'T KNOW ................. d (D12)<br>REFUSED ..................... r (D12) | YES.............................. 01 (D9a, NEXT PLAN)<br>NO................................ 00 (D12)<br>DON'T KNOW ................. d (D12)<br>REFUSED ..................... r (D12) |
| D11. Between [fill JOB SEPARATION MONTH, YEAR] and now, for approximately how many months were you without health insurance coverage? | \|___\|___\| MONTHS<br>(01-48)<br>ZERO/NONE.............................. 00<br>DON'T KNOW............................. d<br>REFUSED............................... r | | |

| | PLAN 4 | PLAN 5 | PLAN 6 |
|---|---|---|---|
| (D9d=00, d OR r)<br>D9f. What was the main reason that your coverage ended? | **HAD OTHER INSURANCE**<br>HAD COVERAGE FROM A SPOUSE/ PARTNER/ PARENTS PLAN ......................01<br>HAD LESS EXPENSIVE COVERAGE AVAILABLE..........02<br>HAD BETTER COVERAGE AVAILABLE...............................03<br>FOUND A JOB WITH BENEFITS ................................04<br>STATE SUBSIDY AVAILABLE .05<br>**HAD NO OTHER COVERAGE**<br>TOO EXPENSIVE......................06<br>JOB ENDED .............................07<br>COBRA RAN OUT....................08<br>COBRA SUBSIDY RAN OUT ...09<br>DIDN'T UNDERSTAND HOW TO ENROLL/ TOO COMPLICATED.........................10<br>IN GOOD HEALTH....................11<br>USING A 60-DAY PERIOD TO DECIDE...................................12<br>EXPECT TO FIND NEW JOB SOON.........................................13<br>NON-PAYMENT OF PREMIUM/POLICY CANCELLED ...........................14<br>OTHER (SPECIFY) [specify].....15<br>_____<br>DON'T KNOW........................... d<br>REFUSED............................... r | **HAD OTHER INSURANCE**<br>HAD COVERAGE FROM A SPOUSE/ PARTNER/ PARENTS PLAN .......................01<br>HAD LESS EXPENSIVE COVERAGE AVAILABLE .........02<br>HAD BETTER COVERAGE AVAILABLE ...............................03<br>FOUND A JOB WITH BENEFITS .................................04<br>STATE SUBSIDY AVAILABLE .05<br>**HAD NO OTHER COVERAGE**<br>TOO EXPENSIVE .....................06<br>JOB ENDED..............................07<br>COBRA RAN OUT ...................08<br>COBRA SUBSIDY RAN OUT ...09<br>DIDN'T UNDERSTAND HOW TO ENROLL/ TOO COMPLICATED ........................10<br>IN GOOD HEALTH ..................11<br>USING A 60-DAY PERIOD TO DECIDE ....................................12<br>EXPECT TO FIND NEW JOB SOON ........................................13<br>NON-PAYMENT OF PREMIUM/ POLICY CANCELLED ...........................14<br>OTHER (SPECIFY) [specify] .... 15<br>_____<br>DON'T KNOW ........................... d<br>REFUSED ............................... r | **HAD OTHER INSURANCE**<br>HAD COVERAGE FROM A SPOUSE/ PARTNER/ PARENTS PLAN .......................01<br>HAD LESS EXPENSIVE COVERAGE AVAILABLE .........02<br>HAD BETTER COVERAGE AVAILABLE ...............................03<br>FOUND A JOB WITH BENEFITS .................................04<br>STATE SUBSIDY AVAILABLE .05<br>**HAD NO OTHER COVERAGE**<br>TOO EXPENSIVE .....................06<br>JOB ENDED..............................07<br>COBRA RAN OUT ...................08<br>COBRA SUBSIDY RAN OUT ...09<br>DIDN'T UNDERSTAND HOW TO ENROLL/ TOO COMPLICATED ........................10<br>IN GOOD HEALTH...................11<br>USING A 60-DAY PERIOD TO DECIDE ....................................12<br>EXPECT TO FIND NEW JOB SOON ........................................13<br>NON-PAYMENT OF PREMIUM/ POLICY CANCELLED ...........................14<br>OTHER (SPECIFY) [specify] .... 15<br>_____<br>DON'T KNOW ........................... d<br>REFUSED ............................... r |
| D10. Did you have any other health plan coverage after your [fill D9a PLAN TYPE] coverage ended? | YES ............................ 01 (D9a, NEXT PLAN)<br>NO ............................... 00 (D12)<br>DON'T KNOW................ d (D12)<br>REFUSED...................... r (D12) | YES.............................. 01 (D9a, NEXT PLAN)<br>NO................................ 00 (D12)<br>DON'T KNOW ................. d (D12)<br>REFUSED ..................... r (D12) | YES.............................. 01 (D9a, NEXT PLAN)<br>NO................................ 00 (D12)<br>DON'T KNOW ................. d (D12)<br>REFUSED ..................... r (D12) |
| D11. Between [fill JOB SEPARATION MONTH, YEAR] and now, for approximately how many months were you without health insurance coverage? | | | |

(All)
D12. Now, please think about the **six months after** your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended. During that time, did you (or a family member) have any medical needs and expenses that you needed to postpone or delay?

```
YES ................................................................... 01
NO ..................................................................... 00    (D13)
DON'T KNOW ................................................... d     (D13)
REFUSED ............................................................ r     (D13)
```

(D12=01 AND D11=01)
D12a. Was it because you did not have health insurance?

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

(D12 =01)
D12b. Was it because your income was lower and you could not afford to visit a doctor?

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

(All)
D13. During that time, did you (or a family member) ever visit an emergency room?

```
YES ................................................................... 01
NO ..................................................................... 00    (D14)
DON'T KNOW ................................................... d     (D14)
REFUSED ............................................................ r     (D14)
```

(D13=01 AND D11=01)
D13a. Was it because you did not have health insurance?

```
YES ................................................................... 01
NO ..................................................................... 00    (D14)
DON'T KNOW ................................................... d     (D14)
REFUSED ............................................................ r     (D14)
```

(D13=01)
D13b. Was it because your income was lower and you could not afford to visit a doctor?

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

D14.    During that time, did you (or a family member) delay getting preventive medical care?

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


(D14=01 AND D11=01)
D14a.   Was it because you did not have health insurance?

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


(D14=01)
D14b.   Was it because your income was lower and you could not afford to visit a doctor?

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

# SECTION E: COBRA KNOWLEDGE AND TAKE UP

(D5=02—MENTIONED COBRA)

E1.  Now I'd like to ask a few general questions about COBRA health insurance continuation. As you know, COBRA allows some workers and their families who lose their job and health benefits the right to continue health benefits provided by their former employer's group plan for a limited period of time.

> **GO TO E2**

(D5= 01, 00, d OR r—DID NOT MENTION COBRA)

E1a.  Now I'd like to ask a few general questions about COBRA health insurance continuation. COBRA allows some workers and their families who lose their job and health benefits the right to continue health benefits provided by their former employer's group plan for a limited period of time. Does that sound familiar?

**IF ASKED:** COBRA stands for the Consolidated Omnibus Budget Reconciliation Act.

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

(D5= 02, OR E1a=01)

E2.  Please tell me your best guess in response to these questions about COBRA health insurance. Don't worry if you don't know the exact answer.

Compared to what you pay while you are employed, does your premium increase, decrease, or stay the same under COBRA?

**PROBE:**  The premium is the amount you pay to maintain health insurance coverage.

```
INCREASE...............................................................   01
DECREASE .............................................................   02
STAY THE SAME......................................................   03
DON'T KNOW ..........................................................    d
REFUSED ...............................................................    r
```

E3.    Compared to what you pay while you are employed, does your deductible or co-pay increase, decrease, or stay the same under COBRA?

PROBES:    A **deductible** is the amount of money which the insured person must pay before the insurance company's coverage begins.

A **co-pay** is a specified amount of out-of-pocket expenses for health-care services such as doctor visits and prescriptions drugs that must be paid at the time of service.

CODE ONE ONLY

INCREASE.............................................................................. 01
DECREASE ........................................................................... 02
STAY THE SAME................................................................... 03
DON'T KNOW ........................................................................ d
REFUSED .............................................................................. r

E4.    Were you eligible to continue participation in your employer's sponsored health plan through COBRA at the time your job ended?

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

E5.    Did you first learn that you were eligible to continue participating in your health plan through written notification from your employer, verbal notification from your employer, in a meeting at your job site, or in some other way?

CODE ALL THAT APPLY

RECEIVED WRITTEN NOTIFICATION FROM EMPLOYER ...  01
RECEIVED VERBAL NOTIFICATION FROM EMPLOYER .....  02
IN A JOB-SITE MEETING .....................................................  03
SOME OTHER WAY (SPECIFY) [specify] .............................  04

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

E6.    When you were notified that you were eligible for COBRA coverage, were you provided with information about the cost of participating in COBRA?

YES....................................................................................... 01
NO ........................................................................................ 00   (E11)
DON'T KNOW ........................................................................ d   (E11)
REFUSED .............................................................................. r   (E11)

(E6=01)
E7.     Were you provided with an exact dollar amount that you would be required to pay?

> YES.................................................................................. 01
> NO .................................................................................. 00   (E9)
> DON'T KNOW .................................................................. d   (E9)
> REFUSED ........................................................................ r   (E9)

(E7=01)
E8.     What was the dollar amount that you would be required to pay each month to keep your health insurance coverage through COBRA?

> $ |___|,|___|___|___|·|___|___|
>    DOLLARS          CENTS
>                                                          CODE ONE ONLY
> PER WEEK .......................................................................  01
> PER MONTH......................................................................  02
> PER QUARTER .................................................................  03
> OTHER (SPECIFY) [specify]................................................  04
> _____
> DON'T KNOW ..................................................................  d
> REFUSED .........................................................................  r

> **GO TO E10**

(E7=00, d OR r or E8=d OR r)
E9.     Were you given a percentage of your previous premium that you would be required to pay?

> YES.................................................................................. 01
> NO .................................................................................. 00   (E10)
> DON'T KNOW .................................................................. d   (E10)
> REFUSED ........................................................................ r   (E10)

(E9=01)
E9a.    What was the percentage that you would be required to pay to keep your health insurance coverage through COBRA?

> |___|___|___| %
> DON'T KNOW .................................................................. d
> REFUSED ........................................................................ r

(E6=01)
E10.    How easy or difficult was the information about costs to understand? Would you say it was very
        easy, somewhat easy, somewhat difficult, or very difficult?

                                                                CODE ONE ONLY

                VERY EASY ............................................................  01
                SOMEWHAT EASY ................................................  02
                SOMEWHAT DIFFICULT .......................................  03
                VERY DIFFICULT .................................................  04
                DON'T KNOW .......................................................   d
                REFUSED .............................................................    r


**PROGRAMMER:    IF E4=01 AND D5=00, d, OR r—ELIGIBLE, BUT DID NOT CONTINUE
                 COVERAGE—GO TO E12.  OTHERWISE, GO TO E11.**


(E4 AND D5=01 OR 02)
E11.    If COBRA had not been available to you (and your family) at the time your job ended, would you
        have looked for some other health insurance option or would you have gone without insurance?

                                                                CODE ONE ONLY

                LOOKED FOR OTHER OPTIONS ........................................  01
                GONE WITHOUT INSURANCE ...........................................  02  (F1)
                DON'T KNOW .......................................................   d  (F1)
                REFUSED .............................................................    r  (F1)


(E11=01)
E11a.   What is the option you would have most likely pursued?

                                                                CODE ONE ONLY

                ENROLLED IN A FAMILY MEMBER'S
                   INSURANCE PLAN ............................................................  01
                PURCHASED AN INDIVIDUAL OR FAMILY PLAN
                   DIRECTLY FROM AN INSURANCE COMPANY..................  02
                ENROLLED IN A PUBLIC HEALTH CARE
                   OPTION SUCH AS MEDICAID .........................................  03
                SOMETHING ELSE (SPECIFY) [specify]..............................  04

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

(E11=01)
E11b.   What was the main reason you chose to enroll in COBRA instead of [fill E11a ANSWER]?

<u>CODE ONE ONLY</u>

COBRA WAS READILY AVAILABLE/EASY TO ENROLL....... 01
COBRA WAS CONVENIENT.................................................. 02
COBRA WAS CHEAPER THAN OTHER OPTIONS .............. 03
WAS NOT AWARE OF/DIDN'T KNOW OTHER OPTIONS..... 04
WAS NOT ELIGIBLE FOR OTHER OPTIONS........................ 05
OTHER (SPECIFY) [specify]................................................ 06

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

---

**GO TO F1**

---

(E8=01 AND D5=00, d, OR r)
E12.   At the time your coverage with [fill EMPLOYER FROM UI RECORDS OR B1a] ended, what was
the **main** reason you did not enroll in COBRA?

<u>CODE ONE ONLY</u>

**HAD OTHER INSURANCE**
HAD COVERAGE FROM A SPOUSE/
  PARTNER/PARENTS PLAN.............................................. 01
HAD LESS EXPENSIVE COVERAGE AVAILABLE ............... 02
HAD BETTER COVERAGE AVAILABLE ............................... 03
HAD COVERAGE FROM A JOB OTHER
  THAN UI CLAIM JOB ..................................................... 04
STATE SUBSIDY AVAILABLE ........................................... 05

**HAD NO OTHER COVERAGE**
TOO EXPENSIVE ................................................................ 06
DIDN'T UNDERSTAND HOW TO ENROLL/
  TOO COMPLICATED ...................................................... 07
IN GOOD HEALTH.............................................................. 08
USING A 60-DAY PERIOD TO DECIDE .............................. 09
EXPECTS TO FIND NEW JOB SOON ................................. 10
OTHER (SPECIFY) [specify]................................................ 11

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

## SECTION F: COBRA SUBSIDY KNOWLEDGE AND TAKE UP

(All)

F1.    The stimulus bill or the Recovery Act helped some groups of unemployed workers pay part of COBRA health insurance costs. This is sometimes called the COBRA subsidy. Does this sound familiar?

**IF NEEDED:** The Recovery Act is also known as ARRA—the American Recovery and Reinvestment Act of 2009.

<div align="right">CODE ONE ONLY</div>

| | | |
|---|---|---|
| YES............................................................................. | 01 | (F2) |
| NO ............................................................................. | 00 | |
| NO, BUT WOULD LIKE TO KNOW.................................... | 02 | |
| DON'T KNOW ............................................................... | d | |
| REFUSED ..................................................................... | r | |

(F1 NE 01)

F1a.    This program was intended to help people who were laid off as a result of the recession with some support in continuing health insurance coverage through COBRA.  Are you aware of anything like this?

<div align="right">CODE ONE ONLY</div>

| | | |
|---|---|---|
| YES............................................................................. | 01 | |
| NO ............................................................................. | 00 | (F17) |
| NO, BUT WOULD LIKE TO KNOW.................................... | 02 | (F17) |
| DON'T KNOW ............................................................... | d | (F17) |
| REFUSED ..................................................................... | r | (F17) |

(F1 or F1a=01)

F2.    How did you hear about the COBRA subsidy?

PROBE:  Any other ways?

<div align="right">CODE ALL THAT APPLY</div>

| | |
|---|---|
| FRIENDS ........................................................................ | 01 |
| TELEVISION .................................................................... | 02 |
| NEWSPAPER .................................................................. | 03 |
| OTHER MEDIA ................................................................ | 04 |
| FORMER EMPLOYER ...................................................... | 05 |
| UNEMPLOYMENT AGENCY.............................................. | 06 |
| OTHER GOVERNMENT AGENCY ..................................... | 07 |
| OTHER (SPECIFY) [specify]............................................. | 08 |
| _____ | |
| DON'T KNOW ................................................................. | d |
| REFUSED ...................................................................... | r |

F3.     Now I would like to ask you a couple of general questions about the rules for receiving the COBRA subsidy. Please tell me your best guess in response to these questions. Don't worry if you don't know the exact answer.

**ADD IF NECESSARY:** The U.S. Department of Labor would like to know how well people understand the health insurance aspects of ARRA rules and regulations.

First, with the COBRA subsidy, would your COBRA premium be the same, higher, or lower than what you would have paid without the program?

**PROBE:**  The premium is the amount you pay—the amount deducted from your paycheck—to maintain health insurance coverage.

<u>CODE ONE ONLY</u>

THE SAME...................................................................... 01     (F4a)
HIGHER .......................................................................... 02
LOWER............................................................................ 03
DON'T KNOW ................................................................. d     (F4a)
REFUSED ........................................................................ r     (F4a)

F4.     How much (higher/lower) would your premium amount be with the COBRA subsidy?

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

|__|__|__| %   OR   $ |__|,|__|__|__|.|__|__|
                    DOLLARS                CENTS
DON'T KNOW ................................................................. d
REFUSED ......................................................................... r

F4a.    With the COBRA subsidy, would your deductible or co-pay be higher, lower, or the same as what you would have paid without the program?

**PROBES:**  A **deductible** is the amount of money which the insured person must pay before the insurance company's coverage begins.

A **co-pay** is a specified amount of out-of-pocket expenses for health-care services *such as doctor visits and prescriptions drugs that must be paid at the time of service.*

<u>CODE ONE ONLY</u>

HIGHER .......................................................................... 01
LOWER............................................................................ 02
THE SAME...................................................................... 03
DON'T KNOW ................................................................. d
REFUSED ......................................................................... r

F5.     Were you eligible for the COBRA subsidy?

YES................................................................................. 01
NO ................................................................................. 00     (F16)
DON'T KNOW ................................................................. d     (F16)
REFUSED ........................................................................ r     (F16)

F5a. Did you receive any information from [fill EMPLOYER FROM UI RECORDS OR B1a] about your health insurance and your eligibility for any assistance with paying your premiums?

YES........................................................................... 01
NO ............................................................................ 00 (F10)
DON'T KNOW ........................................................... d (F10)
REFUSED ................................................................. r (F10)

(F2 NE 05 OR F5a=01)
F6. Did your employer notify you about the COBRA subsidy through written notification, verbal notification, in a meeting at your job site, or in some other way?

<u>CODE ALL THAT APPLY</u>

RECEIVED WRITTEN NOTIFICATION .............................. 01
RECEIVED VERBAL NOTIFICATION................................ 02
IN A JOB-SITE MEETING ............................................... 03
SOME OTHER WAY (SPECIFY) [specify] .......................... 04

_____

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

(F5a=01)
F7. Were you notified about the COBRA subsidy at the same time that you were notified about your eligibility to participate in COBRA or was it at a different time?

SAME TIME ..................................................................... 01
DIFFERENT TIME............................................................. 00
DON'T KNOW .................................................................. d
REFUSED ....................................................................... r

(F5a=01)
F8. When you were notified that you were eligible for the COBRA subsidy, were you told the monthly amount that you would have to pay?

YES........................................................................... 01
NO ............................................................................ 00 (F10)
DON'T KNOW ........................................................... d (F10)
REFUSED ................................................................. r (F10)

(F8=01)
F8a. How easy or difficult was the information about the amount you would have to pay to understand? Would you say it was very easy, somewhat easy, somewhat difficult, or very difficult?

<u>CODE ONE ONLY</u>

VERY EASY ..................................................................... 01
SOMEWHAT EASY ........................................................... 02
SOMEWHAT DIFFICULT .................................................. 03
VERY DIFFICULT ............................................................. 04
DON'T KNOW .................................................................. d
REFUSED ....................................................................... r

(F8=01 AND D5 NE 01 OR 02)
F9.    What were you told your monthly cost would be?

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

   $ |___|,|___|___|___|.|___|___|
        DOLLARS           CENTS

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


(F5=01)
F10.    Did you use the COBRA subsidy?

   YES.............................................................................   01
   NO ..............................................................................   00    (F15)
   DON'T KNOW ................................................................    d    (F15)
   REFUSED ......................................................................     r    (F15)


(F10=01)
F11.    In what month and year did you start using the COBRA subsidy?

   |___|___| MONTH       |_2_|_0_|___|___| YEAR
      (01-12)                  (2008-2012)

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


(F10=01)
F12.    Are you still receiving the COBRA subsidy?

   YES.............................................................................   01    (F14)
   NO ..............................................................................   00
   DON'T KNOW ................................................................    d    (F14)
   REFUSED ......................................................................     r    (F14)


(F12=00)
F13.    When did you stop receiving the COBRA subsidy?

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

   |___|___| MONTH       |_2_|_0_|___|___| YEAR   (F14)
      (01-12)                  (2008-2012)

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

(F13=d OR r)
F13a.    Would you say (you received/have been receiving) the COBRA subsidy for…

                                                   <u>CODE ONE ONLY</u>

1 to 3 months,............................................................... 01
4 to 6 months,............................................................... 02
7 to 9 months,............................................................... 03
10 to 12 months,............................................................ 04
13 to 15 months,............................................................ 05
16 to 18 months, or....................................................... 06
More than 18 months?.................................................... 07
DON'T KNOW ................................................................. d
REFUSED ....................................................................... r

(F10=01)
F14.     How important was the COBRA subsidy in allowing you to enroll in COBRA? Would you say it was very important, somewhat important, somewhat unimportant, or very unimportant?

                                                   <u>CODE ONE ONLY</u>

VERY IMPORTANT................................................................ 01
SOMEWHAT IMPORTANT.................................................... 02
SOMEWHAT UNIMPORTANT.............................................. 03
VERY UNIMPORTANT........................................................... 04
DON'T KNOW ...................................................................... d
REFUSED ........................................................................... r

**GO TO F16**

(F10=00)
F15.     Why did you decide not to take advantage of the COBRA subsidy?

                                                   <u>CODE ONE ONLY</u>

**HAD OTHER INSURANCE**
HAD COVERAGE FROM A SPOUSE/PARTNER/
   PARENTS PLAN ......................................................... 01
HAD LESS EXPENSIVE COVERAGE AVAILABLE ............. 02
HAD BETTER COVERAGE AVAILABLE ............................ 03
STATE SUBSIDY AVAILABLE .......................................... 04
FOUND A JOB WITH BENEFITS ...................................... 05

**HAD NO OTHER COVERAGE**
TOO EXPENSIVE ............................................................. 06
DIDN'T UNDERSTAND HOW TO ENROLL/
   TOO COMPLICATED ..................................................... 07
IN GOOD HEALTH............................................................ 08
USING A 60-DAY PERIOD TO DECIDE ............................ 09
EXPECTED TO FIND NEW JOB ...................................... 10
OTHER (SPECIFY) [specify].............................................. 11

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

F16.  **PROGRAMMER CHECK:**

ENROLLED IN COBRA SUBSIDY (F10=01)........................ 01    (F16a)

NOT FAMILIAR WITH COBRA AND NOT
ENROLLED, NOT ELIGIBLE, OR DO NOT KNOW
OF SUBSIDY (E4=0, d, OR r; AND [F2=0, d OR r;
OR F5=0, d OR r; OR F10=0, d, OR r]).......................... 02    (F17)

FAMILIAR WITH COBRA (D5=02 OR E1a=01) BUT
DON'T KNOW WHETHER ENROLLED OR NOT
ENROLLED, NOT ELIGIBLE, OR DO NOT KNOW
OF SUBSIDY (E4=00, d OR r; AND F1=00, d OR r;
OR F5=00, d OR r) ..................................................... 03    (F17)

ENROLLED IN COBRA, DO NOT KNOW WHETHER
ENROLLED IN SUBSIDY (D5=01 OR 02 AND
F10=d OR r) ................................................................ 04    (F17)

NOT ENROLLED BUT FAMILIAR WITH COBRA
(D5=00, d OR r, OR E1a=01) AND NOT FAMILIAR
WITH, NOT ELIGIBLE FOR, OR DON'T KNOW
WHETHER ENROLLED IN SUBSIDY
(F1=00, 02, d OR r; OR F5=00, d OR r; OR
F10=d OR r]) ............................................................... 05    (F17)

NOT ENROLLED BUT FAMILIAR WITH COBRA AND
NOT ELIGIBLE FOR SUBSIDY (D5=00 AND
E1a=01AND F5=00) ..................................................... 06    (F19)

ENROLLED IN COBRA (F5=01 OR 02) AND NOT
ENROLLED, NOT ELIGIBLE, OR NOT FAMILIAR WITH
SUBSIDY (D5=01 OR 02 AND F1 OR F1a=00, 02, d OR r;
OR F10=00, d OR r) ..................................................... 07    (F17)

(F16=01)
F16a.  Now I'm going to ask a few questions about health insurance choices you **would** have made if the costs were different. Do you think you would have enrolled in COBRA health insurance, even if you did not get the COBRA subsidy?

(**IF FAMILY MEMBERS WERE ENROLLED (D2=01), SAY:** Without the subsidy, the average family plan would have cost about $1,000 per month.)

(**IF ONLY SAMPLE MEMBER WAS ENROLLED (D2=00, d, OR r), SAY:** Without the subsidy, the average individual plan would have cost about $400 per month.)

YES...................................................................... 01    (G1)
NO ....................................................................... 00    (F18)
DON'T KNOW ........................................................ d    (F18)
REFUSED ............................................................. r    (F18)

F17.    Now I'm going to ask a few questions about health insurance choices you **would** have made if the costs were different. When your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended, suppose you had the option to continue the same health insurance coverage.

(**IF FAMILY MEMBERS WERE ENROLLED (D2=01), SAY:** Without the subsidy, the average family plan would have cost about $1,000 per month.) Would you have enrolled?

(**IF ONLY SAMPLE MEMBER WAS ENROLLED (D2=00, d, OR r), SAY:** Without the subsidy, the average individual plan would have cost about $400 per month.) Would you have enrolled?

| | | |
|---|---|---|
| YES.................................................................... | 01 | (G1) |
| NO ..................................................................... | 00 | |
| DON'T KNOW ..................................................... | d | |
| REFUSED ........................................................... | r | |

F17a.    (Now I'm going to ask a few questions about health insurance choices you **would** have made if the costs were different.) When your job from [fill EMPLOYER FROM UI RECORDS OR B1a] ended, suppose you had the option to continue your same health insurance coverage and receive a COBRA subsidy to cover **65 percent** of the cost of your monthly premiums.

(**IF FAMILY MEMBERS WERE ENROLLED (D2=01), SAY:** After this subsidy, the average family plan would have cost about $350 per month instead of $1,000.) Do you think you would have continued your coverage through COBRA?

(**IF ONLY SAMPLE MEMBER WAS ENROLLED (D2=00, d, OR r), SAY:** After this subsidy, the average individual plan would have cost about $150 per month instead of $400.) Do you think you would have continued your coverage through COBRA?

| | | |
|---|---|---|
| YES.................................................................... | 01 | |
| NO ..................................................................... | 00 | (F19) |
| DON'T KNOW ..................................................... | d | (F19) |
| REFUSED ........................................................... | r | (F19) |

F18.    Suppose you had been offered a COBRA subsidy to cover **35 percent** of the cost of your monthly premiums.

(**IF FAMILY MEMBERS WERE ENROLLED (D2=01), SAY:** After this subsidy, the average family plan would have cost about $650 per month instead of $1,000.) Do you think you would have continued your coverage through COBRA?

(**IF ONLY SAMPLE MEMBER WAS ENROLLED (D2=00, d, OR r), SAY:** After this subsidy, the average individual plan would have cost about $250 per month instead of $400.) Do you think you would have continued your coverage through COBRA?

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

| GO TO G1 |
|---|

F19.    (Now I'm going to ask a few questions about health insurance choices you **would** have made if the costs were different.) When your job from [fill EMPLOYER FROM UI RECORDS OR B1a] ended, suppose you had the option to continue the same health insurance coverage and receive a COBRA subsidy to cover **80 percent** of the cost of your monthly premiums.

(**IF FAMILY MEMBERS WERE ENROLLED (D2=01), SAY:** After this subsidy, the average family plan would have cost about $200 per month instead of $1,000.) Do you think you would have continued your coverage through COBRA?

(**IF ONLY SAMPLE MEMBER WAS ENROLLED (D2=00, d, OR r), SAY:** After this subsidy, the average individual plan would have cost about $80 per month instead of $400.) Do you think you would have continued your coverage through COBRA?

YES..................................................................................... 01    (G1)
NO ....................................................................................... 00
DON'T KNOW ..................................................................... d
REFUSED ............................................................................ r

F20.    Suppose you had been offered a COBRA subsidy to cover **90 percent** of the cost of your monthly premiums.

(**IF FAMILY MEMBERS WERE ENROLLED (D2=01), SAY:** After this subsidy, the average family plan would have cost about $100 per month instead of $1,000.) Do you think you would have continued your coverage through COBRA?

(**IF ONLY SAMPLE MEMBER WAS ENROLLED (D2=00, d, OR r), SAY:** After this subsidy, the average individual plan would have cost about $40 per month instead of $400.) Do you think you would have continued your coverage through COBRA?

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

## SECTION G: HEALTH

(All)
G1.    Now I have some questions about your health [IF D2=01, SAY: and the health of your family members who were enrolled in your health insurance plan].

| | RESPONDENT | PERSON | 01 |<br>NAME:_____ | PERSON | 02 |<br>NAME:_____ |
|---|---|---|---|
| (All)<br>G1.  Thinking about [fill JOB SEPARATION MONTH, YEAR] when your job ended; in general, how would you say (your/fill NAME]'s health was at that time? Would you say it was…<br><br>**PROBE:** And how was [fill NAME]'s health at that time? Was it….?<br><br>**ASK G1 ACROSS, THEN ASK G2.**<br><br>**ASK SERIES ONLY FOR FAMILY MEMBERS FOR WHOM D3=01 (COVERED BY SAMPLE MEMBER'S PLAN AT JOB LOSS)** | excellent, ........................  01<br>very good,.......................  02<br>good, ..............................  03<br>fair, or.............................  04<br>poor? ..............................  05<br>DON'T KNOW .................   d<br>REFUSED ......................   r | excellent,........................  01<br>very good, ......................  02<br>good, ..............................  03<br>fair, or.............................  04<br>poor?..............................  05<br>DON'T KNOW .................   d<br>REFUSED ......................   r | excellent, ........................  01<br>very good,........................  02<br>good, ...............................  03<br>fair, or..............................  04<br>poor? ...............................  05<br>DON'T KNOW..................   d<br>REFUSED ......................   r |
| (All)<br>G2.  At that time, did you have a physical, emotional, or other health condition that limited the amount or type of work you could do? | YES .................................  01<br>NO...................................  00<br>DON'T KNOW .................   d<br>REFUSED ......................   r | | |
| (A37b OR B11 =02 AND A35, A35a OR B12 = 15 to 45 YEARS OLD)<br>G2a. Was anyone in your family pregnant at that time]? | YES .................................  01<br>NO...................................  00<br>DON'T KNOW .................   d<br>REFUSED ......................   r | | |

**FROM THIS POINT ON, ASK QUESTIONS BY PERSON—GO DOWN EACH COLUMN**

| | RESPONDENT | PERSON 01 | PERSON 02 |
|---|---|---|---|
| (All)<br>G3.  Prior to the time your job ended, (were you/was [fill NAME]) diagnosed with a chronic health condition or other health condition needing ongoing medical care? | YES ...............................01 (G4)<br>NO...............................00 (G6)<br>DON'T KNOW .................d  (G6)<br>REFUSED ......................  r (G6) | YES................................ 01 (G4)<br>NO .................................. 00 (G6)<br>DON'T KNOW ................. d  (G6)<br>REFUSED...................... r  (G6) | YES ................................01 (G4)<br>NO ...................................00 (G6)<br>DON'T KNOW..................d  (G6)<br>REFUSED .......................r  (G6) |

| | PERSON | 03 | | PERSON | 04 | | PERSON | 05 | |
|---|---|---|---|
| | NAME:_____ | NAME:_____ | NAME:_____ |
| (All)<br>G1. Thinking about [fill JOB SEPARATION MONTH, YEAR] when your job ended; in general, how would you say (your/fill NAME]'s health was at that time? Would you say it was…<br><br>**PROBE:** And how was [fill NAME]'s health at that time? Was it….?<br><br>**ASK G1 ACROSS, THEN ASK G2.**<br><br>**ASK SERIES ONLY FOR FAMILY MEMBERS FOR WHOM D3=01 (COVERED BY SAMPLE MEMBER'S PLAN AT JOB LOSS)** | excellent, ........................ 01<br>very good, ...................... 02<br>good, ............................. 03<br>fair, or ............................ 04<br>poor? ............................. 05<br>DON'T KNOW ................. d<br>REFUSED ...................... r | excellent, ........................ 01<br>very good, ...................... 02<br>good, ............................. 03<br>fair, or ............................ 04<br>poor? ............................. 05<br>DON'T KNOW ................. d<br>REFUSED ...................... r | excellent, ........................ 01<br>very good, ...................... 02<br>good, ............................. 03<br>fair, or ............................ 04<br>poor? ............................. 05<br>DON'T KNOW ................. d<br>REFUSED ...................... r |
| (All)<br>G2. At that time, did you have a physical, emotional, or other health condition that limited the amount or type of work you could do? | | | |
| (A37b OR B11 =02 AND A35, A35a OR B12 = 15 to 45 YEARS OLD)<br>G2a. Was anyone in your family pregnant at that time]? | | | |
| (All)<br>G3. Prior to the time your job ended, (were you/was [fill NAME]) diagnosed with a chronic health condition or other health condition needing ongoing medical care? | YES ............................... 01 (G4)<br>NO................................... 00 (G6)<br>DON'T KNOW ................. d  (G6)<br>REFUSED ...................... r   (G6) | YES ............................. 01 (G4)<br>NO ................................ 00 (G6)<br>DON'T KNOW.............. d  (G6)<br>REFUSED.................... r   (G6) | YES ............................. 01 (G4)<br>NO ................................ 00 (G6)<br>DON'T KNOW.............. d  (G6)<br>REFUSED .................... r   (G6) |

| | PERSON | 06 |<br>NAME:_____ | PERSON | 07 |<br>NAME:_____ | PERSON | 08 |<br>NAME:_____ |
|---|---|---|---|
| (All)<br>G1. Thinking about [fill JOB SEPARATION MONTH, YEAR] when your job ended; in general, how would you say (your/fill NAME]'s health was at that time? Would you say it was…<br><br>**PROBE:** And how was [fill NAME]'s health at that time? Was it….?<br><br>**ASK G1 ACROSS, THEN ASK G2.**<br><br>**ASK SERIES ONLY FOR FAMILY MEMBERS FOR WHOM D3=01 (COVERED BY SAMPLE MEMBER'S PLAN AT JOB LOSS)** | excellent, ......................... 01<br>very good, ...................... 02<br>good, .............................. 03<br>fair, or............................. 04<br>poor? ............................. 05<br>DON'T KNOW ................. d<br>REFUSED ...................... r | excellent,.......................... 01<br>very good, ....................... 02<br>good,............................... 03<br>fair, or ............................. 04<br>poor? .............................. 05<br>DON'T KNOW................. d<br>REFUSED....................... r | excellent, ......................... 01<br>very good,........................ 02<br>good, .............................. 03<br>fair, or ............................. 04<br>poor? ............................. 05<br>DON'T KNOW................. d<br>REFUSED ...................... r |
| (All)<br>G2. At that time, did you have a physical, emotional, or other health condition that limited the amount or type of work you could do? | | | |
| (A37b OR B11 =02 AND A35, A35a OR B12 = 15 to 45 YEARS OLD)<br>G2a. Was anyone in your family pregnant at that time]? | | | |
| (All)<br>G3. Prior to the time your job ended, (were you/was [fill NAME]) diagnosed with a chronic health condition or other health condition needing ongoing medical care? | YES................................. 01 (G4)<br>NO.................................. 00 (G6)<br>DON'T KNOW ................. d (G6)<br>REFUSED ...................... r  (G6) | YES .............................. 01 (G4)<br>NO ................................ 00 (G6)<br>DON'T KNOW.............. d (G6)<br>REFUSED.................... r (G6) | YES .............................. 01 (G4)<br>NO ................................ 00 (G6)<br>DON'T KNOW.............. d (G6)<br>REFUSED .................... r (G6) |

|  | **RESPONDENT** | **PERSON \| 01 \|**<br><br>NAME:_____ | **PERSON \| 02 \|**<br><br>NAME:_____ |
|---|---|---|---|
| (G3=01)<br>G4. What type of chronic or ongoing health conditions did (you/[fill NAME]) have?<br><br>**INTERVIEWER: RECORD VERBATIM AND CODE AT END OF INTERVIEW.**<br><br>**PROBE:** Were there any other conditions? | <u>RECORD VERBATIM</u><br><br>—————————————<br><br>—————————————<br><br><u>CODE ALL THAT APPLY</u><br>ARTHRITIS, INCLUDING RHEUMATOID ARTHRITIS .... 01<br>CANCER, MALIGNANCY, OR TUMOR, EXCEPT SKIN CANCER ................................. 02<br>DIABETES, HIGH BLOOD SUGAR, OR SUGAR IN YOUR URINE........................... 03<br>EMPHYSEMA, ASTHMA, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).................................... 04<br>HEARING LOSS OR OTHER HEARING PROBLEM............................... 05<br>HEART DISEASE/HEART PROBLEMS ............................. 06<br>HYPERTENSION OR HIGH BLOOD PRESSURE ..... 07<br>MENTAL OR PSYCHIATRIC DISORDER .... 08<br>MULTIPLE SCLEROSIS OR MS ........................................ 09<br>PARKINSON'S DISEASE........ 10<br>STROKE OR PARTIAL OR COMPLETE PARALYSIS........ 11<br>VISION PROBLEMS............... 12<br>OTHER (SPECIFY) [specify]... 13<br><br>——————————<br>DON'T KNOW ......................... d<br>REFUSED ............................... r | <u>RECORD VERBATIM</u><br><br>—————————————<br><br>—————————————<br><br><u>CODE ALL THAT APPLY</u><br>ARTHRITIS, INCLUDING RHEUMATOID ARTHRITIS..... 01<br>CANCER, MALIGNANCY, OR TUMOR, EXCEPT SKIN CANCER ................................. 02<br>DIABETES, HIGH BLOOD SUGAR, OR SUGAR IN YOUR URINE........................... 03<br>EMPHYSEMA, ASTHMA, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).................................... 04<br>HEARING LOSS OR OTHER HEARING PROBLEM............................... 05<br>HEART DISEASE/HEART PROBLEMS ............................. 06<br>HYPERTENSION OR HIGH BLOOD PRESSURE ..... 07<br>MENTAL OR PSYCHIATRIC DISORDER..... 08<br>MULTIPLE SCLEROSIS OR MS ........................................ 09<br>PARKINSON'S DISEASE........ 10<br>STROKE OR PARTIAL OR COMPLETE PARALYSIS........ 11<br>VISION PROBLEMS............... 12<br>OTHER (SPECIFY) [specify]... 13<br><br>——————————<br>DON'T KNOW ......................... d<br>REFUSED ............................... r | <u>RECORD VERBATIM</u><br><br>—————————————<br><br>—————————————<br><br><u>CODE ALL THAT APPLY</u><br>ARTHRITIS, INCLUDING RHEUMATOID ARTHRITIS..... 01<br>CANCER, MALIGNANCY, OR TUMOR, EXCEPT SKIN CANCER ................................. 02<br>DIABETES, HIGH BLOOD SUGAR, OR SUGAR IN YOUR URINE........................... 03<br>EMPHYSEMA, ASTHMA, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).................................... 04<br>HEARING LOSS OR OTHER HEARING PROBLEM............................... 05<br>HEART DISEASE/HEART PROBLEMS............................. 06<br>HYPERTENSION OR HIGH BLOOD PRESSURE ..... 07<br>MENTAL OR PSYCHIATRIC DISORDER..... 08<br>MULTIPLE SCLEROSIS OR MS............................................ 09<br>PARKINSON'S DISEASE........ 10<br>STROKE OR PARTIAL OR COMPLETE PARALYSIS ........ 11<br>VISION PROBLEMS............... 12<br>OTHER (SPECIFY) [specify] ... 13<br><br>——————————<br>DON'T KNOW ......................... d<br>REFUSED ............................... r |

|  | **PERSON \| 03 \|**<br>NAME:_____ | **PERSON \| 04 \|**<br>NAME:_____ | **PERSON \| 05 \|**<br>NAME:_____ |
|---|---|---|---|
| (G3=01)<br>G4. What type of chronic or ongoing health conditions did (you/[fill NAME]) have?<br><br>**INTERVIEWER: RECORD VERBATIM AND CODE AT END OF INTERVIEW.**<br><br>**PROBE:** Were there any other conditions? | RECORD VERBATIM<br>_____<br>_____<br><br>CODE ALL THAT APPLY<br>ARTHRITIS, INCLUDING RHEUMATOID ARTHRITIS .... 01<br>CANCER, MALIGNANCY, OR TUMOR, EXCEPT SKIN CANCER........................ 02<br>DIABETES, HIGH BLOOD SUGAR, OR SUGAR IN YOUR URINE........................... 03<br>EMPHYSEMA, ASTHMA, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).................................... 04<br>HEARING LOSS OR OTHER HEARING PROBLEM............................. 05<br>HEART DISEASE/HEART PROBLEMS ............................ 06<br>HYPERTENSION OR HIGH BLOOD PRESSURE ..... 07<br>MENTAL OR PSYCHIATRIC DISORDER .... 08<br>MULTIPLE SCLEROSIS OR MS.................................... 09<br>PARKINSON'S DISEASE........ 10<br>STROKE OR PARTIAL OR COMPLETE PARALYSIS........ 11<br>VISION PROBLEMS............... 12<br>OTHER (SPECIFY) [specify]... 13<br>_____<br>DON'T KNOW .......................... d<br>REFUSED ............................... r | RECORD VERBATIM<br>_____<br>_____<br><br>CODE ALL THAT APPLY<br>ARTHRITIS, INCLUDING RHEUMATOID ARTHRITIS .... 01<br>CANCER, MALIGNANCY, OR TUMOR, EXCEPT SKIN CANCER........................ 02<br>DIABETES, HIGH BLOOD SUGAR, OR SUGAR IN YOUR URINE........................... 03<br>EMPHYSEMA, ASTHMA, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).................................... 04<br>HEARING LOSS OR OTHER HEARING PROBLEM............................. 05<br>HEART DISEASE/HEART PROBLEMS ............................ 06<br>HYPERTENSION OR HIGH BLOOD PRESSURE ..... 07<br>MENTAL OR PSYCHIATRIC DISORDER .... 08<br>MULTIPLE SCLEROSIS OR MS.................................... 09<br>PARKINSON'S DISEASE........ 10<br>STROKE OR PARTIAL OR COMPLETE PARALYSIS........ 11<br>VISION PROBLEMS............... 12<br>OTHER (SPECIFY) [specify]... 13<br>_____<br>DON'T KNOW .......................... d<br>REFUSED ............................... r | RECORD VERBATIM<br>_____<br>_____<br><br>CODE ALL THAT APPLY<br>ARTHRITIS, INCLUDING RHEUMATOID ARTHRITIS .... 01<br>CANCER, MALIGNANCY, OR TUMOR, EXCEPT SKIN CANCER........................ 02<br>DIABETES, HIGH BLOOD SUGAR, OR SUGAR IN YOUR URINE........................... 03<br>EMPHYSEMA, ASTHMA, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).................................... 04<br>HEARING LOSS OR OTHER HEARING PROBLEM............................. 05<br>HEART DISEASE/HEART PROBLEMS ............................ 06<br>HYPERTENSION OR HIGH BLOOD PRESSURE ..... 07<br>MENTAL OR PSYCHIATRIC DISORDER .... 08<br>MULTIPLE SCLEROSIS OR MS.................................... 09<br>PARKINSON'S DISEASE........ 10<br>STROKE OR PARTIAL OR COMPLETE PARALYSIS........ 11<br>VISION PROBLEMS............... 12<br>OTHER (SPECIFY) [specify]... 13<br>_____<br>DON'T KNOW .......................... d<br>REFUSED ............................... r |

| | PERSON | 06 | | PERSON | 07 | | PERSON | 08 | |
|---|---|---|---|
| | NAME:_____ | NAME:_____ | NAME:_____ |
| (G3=01)<br>G4. What type of chronic or ongoing health conditions did (you/[fill NAME]) have?<br><br>**INTERVIEWER: RECORD VERBATIM AND CODE AT END OF INTERVIEW.**<br><br>**PROBE:** Were there any other conditions? | RECORD VERBATIM<br><br>————————————<br><br>————————————<br><br><u>CODE ALL THAT APPLY</u><br>ARTHRITIS, INCLUDING RHEUMATOID ARTHRITIS .... 01<br>CANCER, MALIGNANCY, OR TUMOR, EXCEPT SKIN CANCER ................... 02<br>DIABETES, HIGH BLOOD SUGAR, OR SUGAR IN YOUR URINE.......................... 03<br>EMPHYSEMA, ASTHMA, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).................................... 04<br>HEARING LOSS OR OTHER HEARING PROBLEM................................ 05<br>HEART DISEASE/HEART PROBLEMS ............................ 06<br>HYPERTENSION OR HIGH BLOOD PRESSURE ..... 07<br>MENTAL OR PSYCHIATRIC DISORDER .... 08<br>MULTIPLE SCLEROSIS OR MS .......................................... 09<br>PARKINSON'S DISEASE........ 10<br>STROKE OR PARTIAL OR COMPLETE PARALYSIS........ 11<br>VISION PROBLEMS............... 12<br>OTHER (SPECIFY) [specify]... 13<br><br>————————————<br>DON'T KNOW ......................... d<br>REFUSED .............................. r | RECORD VERBATIM<br><br>————————————<br><br>————————————<br><br><u>CODE ALL THAT APPLY</u><br>ARTHRITIS, INCLUDING RHEUMATOID ARTHRITIS .... 01<br>CANCER, MALIGNANCY, OR TUMOR, EXCEPT SKIN CANCER ................... 02<br>DIABETES, HIGH BLOOD SUGAR, OR SUGAR IN YOUR URINE.......................... 03<br>EMPHYSEMA, ASTHMA, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).................................... 04<br>HEARING LOSS OR OTHER HEARING PROBLEM................................ 05<br>HEART DISEASE/HEART PROBLEMS ............................ 06<br>HYPERTENSION OR HIGH BLOOD PRESSURE ..... 07<br>MENTAL OR PSYCHIATRIC DISORDER .... 08<br>MULTIPLE SCLEROSIS OR MS .......................................... 09<br>PARKINSON'S DISEASE........ 10<br>STROKE OR PARTIAL OR COMPLETE PARALYSIS........ 11<br>VISION PROBLEMS............... 12<br>OTHER (SPECIFY) [specify]... 13<br><br>————————————<br>DON'T KNOW ......................... d<br>REFUSED .............................. r | RECORD VERBATIM<br><br>————————————<br><br>————————————<br><br><u>CODE ALL THAT APPLY</u><br>ARTHRITIS, INCLUDING RHEUMATOID ARTHRITIS .... 01<br>CANCER, MALIGNANCY, OR TUMOR, EXCEPT SKIN CANCER ................... 02<br>DIABETES, HIGH BLOOD SUGAR, OR SUGAR IN YOUR URINE.......................... 03<br>EMPHYSEMA, ASTHMA, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).................................... 04<br>HEARING LOSS OR OTHER HEARING PROBLEM................................ 05<br>HEART DISEASE/HEART PROBLEMS ............................ 06<br>HYPERTENSION OR HIGH BLOOD PRESSURE ..... 07<br>MENTAL OR PSYCHIATRIC DISORDER ............................ 08<br>MULTIPLE SCLEROSIS OR MS .......................................... 09<br>PARKINSON'S DISEASE........ 10<br>STROKE OR PARTIAL OR COMPLETE PARALYSIS........ 11<br>VISION PROBLEMS............... 12<br>OTHER (SPECIFY) [specify]... 13<br><br>————————————<br>DON'T KNOW ......................... d<br>REFUSED .............................. r |

| | RESPONDENT | PERSON | 01 | NAME:_____ | PERSON | 02 | NAME:_____ |
|---|---|---|---|
| (G3=01)<br>G5. (Were you/Was [fill NAME]) regularly seeing a doctor for (this condition/ these conditions)? | YES ..................... 01<br>NO ........................ 00 (G5b)<br>DON'T KNOW....... d (G5b)<br>REFUSED ........... r (G5b) | YES ..................... 01<br>NO ........................ 00 (G5b)<br>DON'T KNOW....... d (G5b)<br>REFUSED ........... r (G5b) | YES ..................... 01<br>NO ........................ 00 (G5b)<br>DON'T KNOW ...... d (G5b)<br>REFUSED ........... r (G5b) |
| (G5=01)<br>G5a. While you were still working at [fill EMPLOYER FROM UI RECORDS OR B1a], about how many times a year did (you/[fill NAME]) see a doctor or go in for medical tests for (this condition/these conditions)? Would you say once a year, two to three times per year, four to five times per year, or more than five times per year? | CODE ONE<br>ONCE PER YEAR ............. 01<br>2-3 TIMES PER YEAR....... 02<br>4-5 TIMES PER YEAR....... 03<br>MORE THAN FIVE TIMES PER YEAR ........................ 04<br>NEVER ............................ n<br>DON'T KNOW.................. d<br>REFUSED ........................ r | CODE ONE<br>ONCE PER YEAR ............. 01<br>2-3 TIMES PER YEAR....... 02<br>4-5 TIMES PER YEAR....... 03<br>MORE THAN FIVE TIMES PER YEAR ........................ 04<br>NEVER ............................ n<br>DON'T KNOW.................. d<br>REFUSED ........................ r | CODE ONE<br>ONCE PER YEAR ............. 01<br>2-3 TIMES PER YEAR ...... 02<br>4-5 TIMES PER YEAR ...... 03<br>MORE THAN FIVE TIMES PER YEAR ........................ 04<br>NEVER ............................ n<br>DON'T KNOW ................. d<br>REFUSED ........................ r |
| (G5=01)<br>G5b. Did (you/[fill NAME]) see a doctor or go in for medical tests for (this condition/ these conditions) more often, less often, or about the same in the six months **after** your job ended? | MORE OFTEN.................. 01<br>LESS OFTEN ................... 02<br>ABOUT THE SAME .......... 03<br>DON'T KNOW.................. d<br>REFUSED ........................ r | MORE OFTEN.................. 01<br>LESS OFTEN ................... 02<br>ABOUT THE SAME .......... 03<br>DON'T KNOW.................. d<br>REFUSED ........................ r | MORE OFTEN.................. 01<br>LESS OFTEN ................... 02<br>ABOUT THE SAME .......... 03<br>DON'T KNOW ................. d<br>REFUSED ........................ r |
| (G3=01)<br>G5c. (Were you/Was [fill NAME]) taking prescription medication for (this condition/these conditions) while you were still working at [fill EMPLOYER FROM UI RECORDS OR B1a]? | YES ..................... 01<br>NO ........................ 00 (G5e)<br>DON'T KNOW....... d (G5e)<br>REFUSED ........... r (G5e) | YES ..................... 01<br>NO ........................ 00 (G5e)<br>DON'T KNOW....... d (G5e)<br>REFUSED ........... r (G5e) | YES ..................... 01<br>NO ........................ 00 (G5e)<br>DON'T KNOW ...... d (G5e)<br>REFUSED ........... r (G5e) |
| (G5c=01)<br>G5d. In the six months after your job ended, did (you/NAME) increase, decrease or continue taking the same number of prescription medicines for (your/his/her) chronic condition(s)? | INCREASE ........................ 01<br>DECREASE ....................... 02<br>SAME AMOUNT ................ 03<br>DON'T KNOW.................... d<br>REFUSED ......................... r | INCREASE ........................ 01<br>DECREASE ....................... 02<br>SAME AMOUNT ................ 03<br>DON'T KNOW.................... d<br>REFUSED ......................... r | INCREASE ........................ 01<br>DECREASE ....................... 02<br>SAME AMOUNT ................ 03<br>DON'T KNOW ................... d<br>REFUSED ......................... r |
| (G3=01)<br>G5e. Did (this condition/these conditions) improve, worsen, or stay the same in the six months **after** your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended? | IMPROVE .......................... 01<br>WORSEN .......................... 02<br>STAY THE SAME .............. 03<br>DON'T KNOW.................... d<br>REFUSED ......................... r | IMPROVE .......................... 01<br>WORSEN .......................... 02<br>STAY THE SAME .............. 03<br>DON'T KNOW.................... d<br>REFUSED ......................... r | IMPROVE .......................... 01<br>WORSEN .......................... 02<br>STAY THE SAME .............. 03<br>DON'T KNOW ................... d<br>REFUSED ......................... r |

| | PERSON \| 03 \|  NAME:_____ | PERSON \| 04 \|  NAME:_____ | PERSON \| 05 \|  NAME:_____ |
|---|---|---|---|
| (G3=01)  G5. (Were you/Was [fill NAME]) regularly seeing a doctor for (this condition/ these conditions)? | YES...................... 01  NO........................ 00 (G5b)  DON'T KNOW ....... d (G5b)  REFUSED ............ r (G5b) | YES ..................... 01  NO ....................... 00 (G5b)  DON'T KNOW....... d (G5b)  REFUSED ............ r (G5b) | YES...................... 01  NO........................ 00 (G5b)  DON'T KNOW ....... d (G5b)  REFUSED ............. r (G5b) |
| (G5=01)  G5a. While you were still working at [fill EMPLOYER FROM UI RECORDS OR B1a], about how many times a year did (you/[fill NAME]) see a doctor or go in for medical tests for (this condition/these conditions)? Would you say once a year, two to three times per year, four to five times per year, or more than five times per year? | CODE ONE  ONCE PER YEAR.............. 01  2-3 TIMES PER YEAR ....... 02  4-5 TIMES PER YEAR ....... 03  MORE THAN FIVE TIMES PER YEAR ........................ 04  NEVER............................. n  DON'T KNOW .................... d  REFUSED ......................... r | CODE ONE  ONCE PER YEAR ............. 01  2-3 TIMES PER YEAR....... 02  4-5 TIMES PER YEAR....... 03  MORE THAN FIVE TIMES PER YEAR ........................ 04  NEVER ............................. n  DON'T KNOW.................... d  REFUSED ........................ r | CODE ONE  ONCE PER YEAR.............. 01  2-3 TIMES PER YEAR ....... 02  4-5 TIMES PER YEAR ....... 03  MORE THAN FIVE TIMES PER YEAR ........................ 04  NEVER............................. n  DON'T KNOW .................... d  REFUSED ......................... r |
| (G5=01)  G5b. Did (you/[fill NAME]) see a doctor or go in for medical tests for (this condition/ these conditions) more often, less often, or about the same in the six months **after** your job ended? | MORE OFTEN ................... 01  LESS OFTEN..................... 02  ABOUT THE SAME........... 03  DON'T KNOW .................... d  REFUSED ......................... r | MORE OFTEN................... 01  LESS OFTEN .................... 02  ABOUT THE SAME .......... 03  DON'T KNOW.................... d  REFUSED ........................ r | MORE OFTEN ................... 01  LESS OFTEN..................... 02  ABOUT THE SAME............ 03  DON'T KNOW .................... d  REFUSED ......................... r |
| (G3=01)  G5c. (Were you/Was [fill NAME]) taking prescription medication for (this condition/these conditions) while you were still working at [fill EMPLOYER FROM UI RECORDS OR B1a]? | YES...................... 01  NO........................ 00 (G5e)  DON'T KNOW ....... d (G5e)  REFUSED ............ r (G5e) | YES ..................... 01  NO ....................... 00 (G5e)  DON'T KNOW....... d (G5e)  REFUSED ............ r (G5e) | YES...................... 01  NO........................ 00 (G5e)  DON'T KNOW ....... d (G5e)  REFUSED ............. r (G5e) |
| (G5c=01)  G5d. In the six months after your job ended, did (you/NAME) increase, decrease or continue taking the same number of prescription medicines for (your/his/her) chronic condition(s)? | INCREASE......................... 01  DECREASE ....................... 02  SAME AMOUNT................. 03  DON'T KNOW .................... d  REFUSED ......................... r | INCREASE ........................ 01  DECREASE....................... 02  SAME AMOUNT ............... 03  DON'T KNOW.................... d  REFUSED ........................ r | INCREASE......................... 01  DECREASE ....................... 02  SAME AMOUNT ................ 03  DON'T KNOW .................... d  REFUSED ......................... r |
| (G3=01)  G5e. Did (this condition/these conditions) improve, worsen, or stay the same in the six months **after** your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended? | IMPROVE.......................... 01  WORSEN .......................... 02  STAY THE SAME.............. 03  DON'T KNOW .................... d  REFUSED ......................... r | IMPROVE ......................... 01  WORSEN .......................... 02  STAY THE SAME ............. 03  DON'T KNOW.................... d  REFUSED ........................ r | IMPROVE .......................... 01  WORSEN........................... 02  STAY THE SAME .............. 03  DON'T KNOW .................... d  REFUSED ......................... r |

| | PERSON | 06 |<br>NAME:_____ | PERSON | 07 |<br>NAME:_____ | PERSON | 08 |<br>NAME:_____ |
|---|---|---|---|
| (G3=01)<br>G5. (Were you/Was [fill NAME]) regularly seeing a doctor for (this condition/ these conditions)? | YES...................... 01<br>NO........................ 00 (G5b)<br>DON'T KNOW ....... d (G5b)<br>REFUSED ............. r (G5b) | YES ...................... 01<br>NO ........................ 00 (G5b)<br>DON'T KNOW....... d (G5b)<br>REFUSED ............ r (G5b) | YES...................... 01<br>NO ........................ 00 (G5b)<br>DON'T KNOW ....... d (G5b)<br>REFUSED ............. r (G5b) |
| (G5=01)<br>G5a. While you were still working at [fill EMPLOYER FROM UI RECORDS OR B1a], about how many times a year did (you/[fill NAME]) see a doctor or go in for medical tests for (this condition/these conditions)? Would you say once a year, two to three times per year, four to five times per year, or more than five times per year? | CODE ONE<br>ONCE PER YEAR.............. 01<br>2-3 TIMES PER YEAR ....... 02<br>4-5 TIMES PER YEAR ....... 03<br>MORE THAN FIVE TIMES PER YEAR ........................ 04<br>NEVER.............................. n<br>DON'T KNOW .................... d<br>REFUSED ......................... r | CODE ONE<br>ONCE PER YEAR ............. 01<br>2-3 TIMES PER YEAR....... 02<br>4-5 TIMES PER YEAR....... 03<br>MORE THAN FIVE TIMES PER YEAR ........................ 04<br>NEVER .............................. n<br>DON'T KNOW.................... d<br>REFUSED ......................... r | CODE ONE<br>ONCE PER YEAR.............. 01<br>2-3 TIMES PER YEAR ....... 02<br>4-5 TIMES PER YEAR ....... 03<br>MORE THAN FIVE TIMES PER YEAR ........................ 04<br>NEVER.............................. n<br>DON'T KNOW .................... d<br>REFUSED ......................... r |
| (G5=01)<br>G5b. Did (you/[fill NAME]) see a doctor or go in for medical tests for (this condition/ these conditions) more often, less often, or about the same in the six months **after** your job ended? | MORE OFTEN ................... 01<br>LESS OFTEN.................... 02<br>ABOUT THE SAME........... 03<br>DON'T KNOW .................... d<br>REFUSED ......................... r | MORE OFTEN................... 01<br>LESS OFTEN ................... 02<br>ABOUT THE SAME .......... 03<br>DON'T KNOW.................... d<br>REFUSED ......................... r | MORE OFTEN ................... 01<br>LESS OFTEN.................... 02<br>ABOUT THE SAME .......... 03<br>DON'T KNOW .................... d<br>REFUSED ......................... r |
| (G3=01)<br>G5c. (Were you/Was [fill NAME]) taking prescription medication for (this condition/these conditions) while you were still working at [fill EMPLOYER FROM UI RECORDS OR B1a]? | YES...................... 01<br>NO........................ 00 (G5e)<br>DON'T KNOW ....... d (G5e)<br>REFUSED ............. r (G5e) | YES ...................... 01<br>NO ........................ 00 (G5e)<br>DON'T KNOW....... d (G5e)<br>REFUSED ............ r (G5e) | YES...................... 01<br>NO ........................ 00 (G5e)<br>DON'T KNOW ....... d (G5e)<br>REFUSED ............. r (G5e) |
| (G5c=01)<br>G5d. In the six months after your job ended, did (you/NAME) increase, decrease or continue taking the same number of prescription medicines for (your/his/her) chronic condition(s)? | INCREASE......................... 01<br>DECREASE ....................... 02<br>SAME AMOUNT................. 03<br>DON'T KNOW .................... d<br>REFUSED ......................... r | INCREASE ........................ 01<br>DECREASE ....................... 02<br>SAME AMOUNT ............... 03<br>DON'T KNOW.................... d<br>REFUSED ......................... r | INCREASE......................... 01<br>DECREASE ....................... 02<br>SAME AMOUNT ............... 03<br>DON'T KNOW .................... d<br>REFUSED ......................... r |
| (G3=01)<br>G5e. Did (this condition/these conditions) improve, worsen, or stay the same in the six months **after** your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended? | IMPROVE.......................... 01<br>WORSEN .......................... 02<br>STAY THE SAME.............. 03<br>DON'T KNOW .................... d<br>REFUSED ......................... r | IMPROVE .......................... 01<br>WORSEN .......................... 02<br>STAY THE SAME .............. 03<br>DON'T KNOW.................... d<br>REFUSED ......................... r | IMPROVE .......................... 01<br>WORSEN........................... 02<br>STAY THE SAME .............. 03<br>DON'T KNOW .................... d<br>REFUSED ......................... r |

| | RESPONDENT | PERSON | 01 |  NAME:_____ | PERSON | 02 |  NAME:_____ |
|---|---|---|---|
| (All)<br>G6. (Other than doctor visits made for chronic health conditions), how often did (you/[fill NAME]) visit a doctor for preventive care, general checkups, or sick visits when you were still working at [fill EMPLOYER FROM UI RECORDS OR B1a]? Would you say never, once a year, two to three times per year, four to five times per year, or more than five times per year? | CODE ONE<br>NEVER ............................. 01<br>ONCE PER YEAR ............. 02<br>2-3 TIMES PER YEAR....... 03<br>4-5 TIMES PER YEAR....... 04<br>MORE THAN FIVE TIMES PER YEAR ........................ 05<br>DON'T KNOW................... d<br>REFUSED ........................ r | CODE ONE<br>NEVER ............................. 01<br>ONCE PER YEAR ............. 02<br>2-3 TIMES PER YEAR....... 03<br>4-5 TIMES PER YEAR....... 04<br>MORE THAN FIVE TIMES PER YEAR ........................ 05<br>DON'T KNOW................... d<br>REFUSED ........................ r | CODE ONE<br>NEVER ............................. 01<br>ONCE PER YEAR ............. 02<br>2-3 TIMES PER YEAR ...... 03<br>4-5 TIMES PER YEAR ...... 04<br>MORE THAN FIVE TIMES PER YEAR ........................ 05<br>DON'T KNOW ................... d<br>REFUSED ........................ r |
| (All)<br>G7. (Other than prescriptions for chronic conditions), (were you/was [fill NAME]) regularly taking any (IF G5b=01, SAY, other) prescription medication at that time? | YES ....................01 (G7a)<br>NO ......................00 (G7ck)<br>DON'T KNOW.....d (G7ck)<br>REFUSED ..........r (G7ck) | YES ....................01 (G7a)<br>NO ......................00 (G7ck)<br>DON'T KNOW.....d (G7ck)<br>REFUSED ..........r (G7ck) | YES ....................01 (G7a)<br>NO ......................00 (G7ck)<br>DON'T KNOW ....d (G7ck)<br>REFUSED ..........r (G7ck) |
| (G7=01)<br>G7a. In the six months after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended, did (you/[fill NAME]) increase, decrease or continue taking the same number of these prescription medicines? | INCREASE ........................ 01<br>DECREASE....................... 02<br>SAME AMOUNT ............... 03<br>DON'T KNOW................... d<br>REFUSED ........................ r | INCREASE ........................ 01<br>DECREASE....................... 02<br>SAME AMOUNT ............... 03<br>DON'T KNOW................... d<br>REFUSED ........................ r | INCREASE ........................ 01<br>DECREASE....................... 02<br>SAME AMOUNT ............... 03<br>DON'T KNOW ................. d<br>REFUSED ........................ r |
| G7ck. **INTERVIEWER:** IS THERE SOMEONE ELSE TO ASK ABOUT? | YES ............ 01 (G3, NEXT PERSON)<br>NO ...................... 00 (G8) | YES ............ 01 (G3, NEXT PERSON)<br>NO ...................... 00 (G8) | YES ............ 01 (G3, NEXT PERSON)<br>NO ...................... 00 (G8) |

| | PERSON | 03 |<br>NAME:_____ | PERSON | 04 |<br>NAME:_____ | PERSON | 05 |<br>NAME:_____ |
|---|---|---|---|
| (All)<br>G6. (Other than doctor visits made for chronic health conditions), how often did (you/[fill NAME]) visit a doctor for preventive care, general checkups, or sick visits when you were still working at [fill EMPLOYER FROM UI RECORDS OR B1a]? Would you say never, once a year, two to three times per year, four to five times per year, or more than five times per year? | CODE ONE<br>NEVER.............................. 01<br>ONCE PER YEAR.............. 02<br>2-3 TIMES PER YEAR ....... 03<br>4-5 TIMES PER YEAR ....... 04<br>MORE THAN FIVE TIMES PER YEAR ........................ 05<br>DON'T KNOW ................... d<br>REFUSED .......................... r | CODE ONE<br>NEVER .............................. 01<br>ONCE PER YEAR ............. 02<br>2-3 TIMES PER YEAR....... 03<br>4-5 TIMES PER YEAR....... 04<br>MORE THAN FIVE TIMES PER YEAR ....................... 05<br>DON'T KNOW.................... d<br>REFUSED ........................ r | CODE ONE<br>NEVER.............................. 01<br>ONCE PER YEAR.............. 02<br>2-3 TIMES PER YEAR ....... 03<br>4-5 TIMES PER YEAR ....... 04<br>MORE THAN FIVE TIMES PER YEAR ....................... 05<br>DON'T KNOW ................... d<br>REFUSED .......................... r |
| (All)<br>G7. (Other than prescriptions for chronic conditions), (were you/was [fill NAME]) regularly taking any (IF G5b=01, SAY, other) prescription medication at that time? | YES.................... 01 (G7a)<br>NO...................... 00 (G7ck)<br>DON'T KNOW .... d (G7ck)<br>REFUSED .......... r (G7ck) | YES ...................01 (G7a)<br>NO ......................00 (G7ck)<br>DON'T KNOW.....d (G7ck)<br>REFUSED ..........r (G7ck) | YES.................... 01 (G7a)<br>NO...................... 00 (G7ck)<br>DON'T KNOW .... d (G7ck)<br>REFUSED .......... r (G7ck) |
| (G7=01)<br>G7a. In the six months after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended, did (you/[fill NAME]) increase, decrease or continue taking the same number of these prescription medicines? | INCREASE ........................ 01<br>DECREASE ....................... 02<br>SAME AMOUNT................ 03<br>DON'T KNOW .................... d<br>REFUSED .......................... r | INCREASE ........................ 01<br>DECREASE ....................... 02<br>SAME AMOUNT ............... 03<br>DON'T KNOW.................... d<br>REFUSED ........................ r | INCREASE......................... 01<br>DECREASE ....................... 02<br>SAME AMOUNT ................ 03<br>DON'T KNOW ................... d<br>REFUSED .......................... r |
| G7ck. INTERVIEWER: IS THERE SOMEONE ELSE TO ASK ABOUT? | YES.............01 (G3, NEXT PERSON)<br>NO...................... 00 (G8) | YES ............ 01 (G3, NEXT PERSON)<br>NO ..................... 00 (G8) | YES.............01 (G3, NEXT PERSON)<br>NO..................... 00 (G8) |

| | PERSON | 06 |<br>NAME:_____ | PERSON | 07 |<br>NAME:_____ | PERSON | 08 |<br>NAME:_____ |
|---|---|---|---|
| (All)<br>G6. (Other than doctor visits made for chronic health conditions), how often did (you/[fill NAME]) visit a doctor for preventive care, general checkups, or sick visits when you were still working at [fill EMPLOYER FROM UI RECORDS OR B1a]? Would you say never, once a year, two to three times per year, four to five times per year, or more than five times per year? | CODE ONE<br>NEVER.............................. 01<br>ONCE PER YEAR.............. 02<br>2-3 TIMES PER YEAR ....... 03<br>4-5 TIMES PER YEAR ....... 04<br>MORE THAN FIVE TIMES PER YEAR ......................... 05<br>DON'T KNOW .................... d<br>REFUSED .......................... r | CODE ONE<br>NEVER ............................. 01<br>ONCE PER YEAR ............. 02<br>2-3 TIMES PER YEAR....... 03<br>4-5 TIMES PER YEAR....... 04<br>MORE THAN FIVE TIMES PER YEAR ........................ 05<br>DON'T KNOW.................... d<br>REFUSED ........................ r | CODE ONE<br>NEVER.............................. 01<br>ONCE PER YEAR.............. 02<br>2-3 TIMES PER YEAR ....... 03<br>4-5 TIMES PER YEAR ....... 04<br>MORE THAN FIVE TIMES PER YEAR ........................ 05<br>DON'T KNOW.................... d<br>REFUSED .......................... r |
| (All)<br>G7. (Other than prescriptions for chronic conditions), (were you/was [fill NAME]) regularly taking any (IF G5b=01, SAY, other) prescription medication at that time? | YES.................... 01 (G7a)<br>NO...................... 00 (G7ck)<br>DON'T KNOW .... d (G7ck)<br>REFUSED .......... r (G7ck) | YES ...................01 (G7a)<br>NO......................00 (G7ck)<br>DON'T KNOW.....d (G7ck)<br>REFUSED ..........r (G7ck) | YES.................... 01 (G7a)<br>NO ..................... 00 (G7ck)<br>DON'T KNOW .... d (G7ck)<br>REFUSED.......... r (G7ck) |
| (G7=01)<br>G7a. In the six months after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended, did (you/[fill NAME]) increase, decrease or continue taking the same number of these prescription medicines? | INCREASE.......................... 01<br>DECREASE ....................... 02<br>SAME AMOUNT................ 03<br>DON'T KNOW .................... d<br>REFUSED .......................... r | INCREASE ........................ 01<br>DECREASE....................... 02<br>SAME AMOUNT ............... 03<br>DON'T KNOW.................... d<br>REFUSED ........................ r | INCREASE.......................... 01<br>DECREASE ....................... 02<br>SAME AMOUNT ............... 03<br>DON'T KNOW.................... d<br>REFUSED.......................... r |
| G7ck. **INTERVIEWER:** IS THERE SOMEONE ELSE TO ASK ABOUT? | YES.............01 (G3, NEXT PERSON)<br>NO..................... 00 (G8) | YES ........... 01 (G3, NEXT PERSON)<br>NO..................... 00 (G8) | YES.............01 (G3, NEXT PERSON)<br>NO..................... 00 (G8) |

G8. Now please think about **after** your job ended in [fill JOB SEPARATION MONTH, YEAR]. Compared to before your job ended, did the number of times you or your family members went to a medical doctor for any reason increase, decrease, or stay the same?

> **PROBE:** Please think about all of your family members, even if they were not covered by your employer's health plan.

|  | CODE ONE ONLY |
|---|---|
| INCREASE............................................................... | 01 |
| DECREASE ............................................................ | 02 |
| STAY THE SAME.................................................... | 03 |
| DON'T KNOW ......................................................... | d |
| (REFUSED............................................................. | r |

(All)
G9. Overall, since your job ended, do you feel that access to health care for you and your family is better, worse, or about the same?

|  | CODE ONE ONLY |
|---|---|
| BETTER.................................................................. | 01 |
| WORSE .................................................................. | 02 |
| ABOUT THE SAME................................................. | 03 |
| DON'T KNOW ......................................................... | d |
| REFUSED............................................................... | r |

(All)
G10. Earlier you said that your health was [fill G1 ANSWER] when your job ended, how would you say your health is **now,** in general. Would you say it is…

|  | CODE ONE ONLY |
|---|---|
| excellent,............................................................... | 01 |
| very good, ............................................................. | 02 |
| good,..................................................................... | 03 |
| fair, or................................................................... | 04 |
| poor?..................................................................... | 05 |
| DON'T KNOW ......................................................... | d |
| REFUSED............................................................... | r |

(All)
G11. Do you **now** have a physical, emotional, or other health condition that limits the amount or type of work you can do?

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

**SECTION H: INCOME AND PARTICIPATION IN OTHER TRANSFER PROGRAMS**

> **PROGRAMMER:  CHECK B12. IF ANY HOUSEHOLD MEMBER IS 16 OR OLDER, ASK H1. OTHERWISE, GO TO H2ck1.**

(B12 GE 16)

H1.     The next questions are about sources of income and other support that you (and other members of your family) may have been receiving at the time your job ended in [fill JOB SEPARATION MONTH, YEAR].

Besides your unemployment insurance claim filed in [fill UI CLAIM MONTH, YEAR] was anyone else in your family receiving unemployment compensation benefits at that time?

> **MANDATORY PROBE:**  By family we mean your spouse or partner and any children for whom you are financially responsible, even if they don't live with you.

| | |
|---|---|
| YES..................................................................... | 01 |
| NO ...................................................................... | 00     (H2ck1) |
| DON'T KNOW ..................................................... | d     (H2ck1) |
| REFUSED ............................................................ | r     (H2ck1) |

(H1=01)

H1a.    What was the total **monthly** amount that other members of your family received in unemployment insurance benefits in [fill JOB SEPARATION MONTH, YEAR]?

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

$ |___|,|___|___|___|**.**|___|___|  PER MONTH
   DOLLARS           CENTS

| | |
|---|---|
| DON'T KNOW ..................................................... | d |
| REFUSED ............................................................ | r     (REF) |

**PROGRAMMER:**
**REF.    THIS ITEM SHOULD BE PROGRAMMED AS AN INFO SCREEN.**

> **INTERVIEWER: IF AMOUNTS RECEIVED ARE REFUSED FOR ANY SOURCE, 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. Please tell me your best estimate.

H2ck1.  **PROGRAMMER:    CHECK B7. WAS SAMPLE MEMBER MARRIED OR WITH A PARTNER WHEN JOB ENDED?**

| | |
|---|---|
| YES..................................................................... | 01     (H2ck2) |
| NO ...................................................................... | 00     (H3) |

H2ck2.  **PROGRAMMER:    CHECK B10 AND B14. WAS THE SPOUSE/PARTNER WORKING AT JOB LOSS?**

| | |
|---|---|
| YES..................................................................... | 01     (H2) |
| NO ...................................................................... | 00     (H3) |

H2.    You said that your (spouse/partner) was working when your job ended in [fill JOB SEPARATION MONTH, YEAR]. What were your (spouse's/partner's) earnings at the time your job ended?

$ |___|___|___|,|___|___|___|•|___|___|
       DOLLARS       CENTS

PER MONTH.................................................................. 01
PER YEAR .................................................................... 02
DON'T KNOW ............................................................... d
REFUSED ....................................................................... r

(All)
H3.    Prior to losing your job at [fill EMPLOYER FROM UI RECORDS OR B1a], were you (or anyone else in your family) receiving any benefits or income from the following sources…

**PROGRAMMER: INSERT STATE TANF NAME AT H3b.**

**PROBE IF NEEDED:** Please think about [fill JOB SEPARATION MONTH, YEAR MINUS 1 MONTH].

| | | CODE ONE FOR EACH | | |
| PROGRAMS | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| a.  Food Stamp or SNAP benefits?.................................... | 01 | 00 | d | r |
| b.  Welfare programs such as [fill STATE TANF NAME]? .. | 01 | 00 | d | r |
| c.  General Assistance? .................................................... | 01 | 00 | d | r |
| d.  SSI, SSDI, or other disability benefits? ........................ | 01 | 00 | d | r |
| e.  Social Security or Pension benefits?............................. | 01 | 00 | d | r |
| f.  Workers Compensation benefits?................................. | 01 | 00 | d | r |
| g.  Alimony, child support, or rent payments? .................... | 01 | 00 | d | r |
| h.  Interest and/or dividends? ........................................... | 01 | 00 | d | r |
| i.  Any other income sources? **PROBE:** Please do not include unemployment benefits.   SPECIFY ................................................... _____ | 01 | 00 | d | r |

> **IF ALL ANSWERS TO H3=00, D OR R, GO TO H4.**

(H3a=01)
H3a-1. What was the total monthly amount that you (and other members of your family) were receiving in **food stamp or SNAP** benefits at that time?

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

$|__| , |__|__|__|.|__|__| PER MONTH
     DOLLARS     CENTS

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

| **IF NO OTHER BENEFITS, GO TO H4.** |
| --- |

(H3b=01)
H3b-1. What was the total monthly amount that you (and other members of your family) were receiving in **[fill STATE TANF PROGRAM NAME]**benefits at that time?

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

$|__| , |__|__|__|.|__|__| PER MONTH
     DOLLARS     CENTS

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

| **IF NO OTHER BENEFITS, GO TO H4.** |
| --- |

(H3c=01)
H3c-1. What was the total monthly amount that you (and other members of your family) were receiving in **general assistance** benefits at that time?

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

$|__| , |__|__|__|.|__|__| PER MONTH
     DOLLARS     CENTS

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

| **IF NO OTHER BENEFITS, GO TO H4.** |
| --- |

(H3d=01)
H3d-1. What was the total monthly amount that you (and other members of your family) were receiving in **SSI, SSDI,** or other disability benefits at that time?

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

$|__| , |__|__|__|.|__|__| PER MONTH
     DOLLARS     CENTS

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

| **IF NO OTHER BENEFITS, GO TO H4.** |
| --- |

(H3e=01)
H3e-1. What was the total monthly amount that you (and other members of your family) were receiving in **Social Security or pension** benefits at that time?

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

$|___| , |___|___|___|.|___|___| PER MONTH
　　　　DOLLARS　　　CENTS

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

| IF NO OTHER BENEFITS, GO TO H4. |

(H3f=01)
H3f-1. What was the total monthly amount that you (and other members of your family) were receiving in **Workers' Compensation** benefits at that time?

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

$|___| , |___|___|___|.|___|___| PER MONTH
　　　　DOLLARS　　　CENTS

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

| IF NO OTHER BENEFITS, GO TO H4. |

(H3g=01)
H3g-1. What was the total monthly amount that you (and other members of your family) were receiving in **alimony, child support, or rent payments** at that time?

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

$|___| , |___|___|___|.|___|___| PER MONTH
　　　　DOLLARS　　　CENTS

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

| IF NO OTHER BENEFITS, GO TO H4. |

(H3h=01)
H3h-1. What was the total monthly amount that you (and other members of your family) were receiving in **interest and/or dividends** at that time?

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

$|___| , |___|___|___|.|___|___| PER MONTH
　　　　DOLLARS　　　CENTS

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

| IF NO OTHER BENEFITS, GO TO H4. |

H3i-1. What was the total monthly amount that you (and other members of your family) were receiving **from other income sources** at that time?

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

> $|___|,|___|___|___|.|___|___| **PER MONTH  OR** $ $|___|,|___|___|___|.|___|___| **LUMP SUM**
> DOLLARS          CENTS                                                      DOLLARS          CENTS

> DON'T KNOW ..................................................................  d
> REFUSED ........................................................................  r   (REF)

H4. What was (your total income/the total income for you and all the members of your family), before taxes and other deductions just before your job ended in [fill JOB SEPARATION MONTH, YEAR]? 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. GO TO RANGES IN H5 TO GET INCOME AMOUNT.**

> $ |___|___|___|,|___|___|___|.|___|___|
> DOLLARS                CENTS

>                                                      CODE ONE ONLY

> PER MONTH.......................................................................  01    (H6)
> PER YEAR .........................................................................  02    (H6)
> DON'T KNOW ..................................................................  d
> REFUSED ........................................................................   r

H5. Would you say your monthly household income just before [fill JOB SEPARATION MONTH, YEAR] was less than $3,000 or $3,000 or more?

> **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 $3,000............................................................  01    (H5b)
> $3,000 OR MORE .............................................................  02
> DON'T KNOW ..................................................................  d    (H6)
> REFUSED ........................................................................   r    (H6)

H5a.    Would you say it was…

CODE ONE ONLY

$3,000 to under $4,000,......................................................  01
$4,000 to under $5,000,......................................................  02
$5,000 to under $6,000,......................................................  03
$6,000 to under $7,000,......................................................  04
$7,000 to under $8,000,......................................................  05
$8,000 to under $9,000......................................................  06
$9,000 to under $10,000, or...............................................  07
$10,000 or more? ............................................................  08
DON'T KNOW ...................................................................  d
REFUSED .......................................................................  r

**GO TO H6**

H5b.    Would you say it was…

CODE ONE ONLY

less than $500, ................................................................  01
$500 to under $1,000,.........................................................  02
$1,000 to under $1,500,......................................................  03
$1,500 to under $2,000,......................................................  04
$2,000 to under $2,500, or..................................................  05
$2,500 to under $3,000?......................................................  06
DON'T KNOW ...................................................................  d
REFUSED .......................................................................  r

(All)
H6. Now I would like to ask you about your income after your job at [fill EMPLOYER FROM UI RECORDS OR B1a] ended. Since then, have you (or anyone else in your family) received any benefits or income from the following sources…

**INTERVIEWER: IF SOMEONE WAS ALREADY RECEIVING THE BENEFIT PRIOR TO JOB LOSS, CODE "YES, ALREADY RECEIVING" WITHOUT ASKING.**

CODE ONE PER ROW

| PROGRAMS | YES | YES, ALREADY RECEIVING | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| a. Food stamp or SNAP benefits?................................ | 01 | 02 | 00 | d | r |
| b. Welfare programs such as [fill STATE TANF NAME]? .. | 01 | 02 | 00 | d | r |
| c. General Assistance?................................................ | 01 | 02 | 00 | d | r |
| d. SSI, SSDI, or other disability benefits? .................... | 01 | 02 | 00 | d | r |
| e. Social Security or Pension benefits?........................ | 01 | 02 | 00 | d | r |
| f. Workers Compensation benefits? ............................ | 01 | 02 | 00 | d | r |
| g. Alimony, child support, or rent payments? .............. | 01 | 02 | 00 | d | r |
| h. Interest and/or dividends?....................................... | 01 | 02 | 00 | d | r |
| i. Any other income sources, not including unemployment benefits? (SPECIFY)................................................ _____ | 01 | 02 | 00 | d | r |

**IF ALL ANSWERS TO H6=00, D OR R, GO TO H7.
IF ANY ANSWERS=02, GO TO "-2" QUESTION FOR THAT BENEFIT.**

(H6a=01)
H6a-1. Approximately how soon after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended did you (or someone else in your family) begin receiving **food stamp or SNAP** benefits? Would you say it was…

CODE ONE ONLY

ALREADY RECEIVING BENEFIT PRIOR TO JOB LOSS .... n
Within one to three months, .................................................. 01
Within four to six months,..................................................... 02
Within seven to nine months, ............................................... 03
Within 10 to 12 months, or ................................................... 04
More than 12 months after your job ended? ......................... 05
DON'T KNOW ....................................................................... d
REFUSED .............................................................................. r  (REF)

(H6a=01 OR 02)
H6a-2. Since [fill JOB SEPARATION MONTH, YEAR], for approximately how many months did you (or someone else in your family) receive **food stamp or SNAP** benefits?

|__|__| # OF MONTHS
 (1-36)
ALL OF THE MONTHS....................................................... 99
NONE OF THE MONTHS................................................... n
DON'T KNOW ................................................................... d
REFUSED ......................................................................... r

(H6a=01 OR 02)
H6a-3.   How much was received in **food stamp or SNAP** benefits each month since [fill JOB SEPARATION MONTH, YEAR]?

**IF VARIED, PROBE:** Please tell me the average amount received.

**ENTER AMOUNT RECEIVED FOR EACH MONTH.**

$ |___|___|**,**|___|___|___|**.**|___|___| PER MONTH
　　　DOLLARS　　　　　CENTS

SAME AS BEFORE ............................................................  n
DON'T KNOW ..................................................................  d
REFUSED ........................................................................  r  (REF)

> **IF NO OTHER BENEFITS WERE RECEIVED GO TO H7.**

(H6b=01)
H6b-1.   Approximately how soon after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended did you (or someone else in your family) begin receiving **[fill STATE TANF PROGRAM NAME]** benefits? Would you say it was…

　　　　　　　　　　　　　　　　　　　　　　　　　CODE ONE ONLY

ALREADY RECEIVING BENEFIT PRIOR TO JOB LOSS ....  n
Within one to three months, .................................................  01
Within four to six months, ...................................................  02
Within seven to nine months, .............................................  03
Within 10 to 12 months, or .................................................  04
More than 12 months after your job ended? ........................  05
DON'T KNOW ..................................................................  d
REFUSED ........................................................................  r  (REF)

(H6b=01 OR 02)
H6b-2.   Since [fill JOB SEPARATION MONTH, YEAR], for approximately how many months did you (or someone else in your family) receive **[fill STATE TANF PROGRAM NAME]** benefits?

|___|___| # OF MONTHS
(1-36)
ALL OF THE MONTHS ......................................................  99
NONE OF THE MONTHS ...................................................  n
DON'T KNOW ..................................................................  d
REFUSED ........................................................................  r

(H6b=01 OR 02)
H6b-3.   How much was received in **[fill STATE TANF PROGRAM NAME]** benefits each month since [fill JOB SEPARATION MONTH, YEAR]?

**IF VARIED, PROBE:** Please tell me the average amount received.

**ENTER AMOUNT RECEIVED FOR EACH MONTH.**

$ |___|___|**,**|___|___|___|**.**|___|___| PER MONTH
　　　DOLLARS　　　　　CENTS

SAME AS BEFORE ............................................................  n
DON'T KNOW ..................................................................  d
REFUSED ........................................................................  r  (REF)

> **IF NO OTHER BENEFITS WERE RECEIVED GO TO H7.**

(H6c=01)
H6c-1. Approximately how soon after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended did you (or someone else in your family) begin receiving **general assistance** benefits? Would you say it was…

<div style="text-align:right">CODE ONE ONLY</div>

ALREADY RECEIVING BENEFIT PRIOR TO JOB LOSS .... n
Within one to three months, ................................................. 01
Within four to six months, ................................................. 02
Within seven to nine months, ............................................. 03
Within 10 to 12 months, or ................................................. 04
More than 12 months after your job ended? ........................ 05
DON'T KNOW ................................................................... d
REFUSED .......................................................................... r (REF)

(H6c=01 OR 02)
H6c-2. Since [fill JOB SEPARATION MONTH, YEAR], for approximately how many months did you (or someone else in your family) receive **general assistance** benefits?

|___|___| # OF MONTHS
(1-36)
ALL OF THE MONTHS ....................................................... 99
NONE OF THE MONTHS .................................................... n
DON'T KNOW ................................................................... d
REFUSED .......................................................................... r

(H6c=01 OR 02)
H6c-3. How much was received in **general assistance** benefits each month since [fill JOB SEPARATION MONTH, YEAR]?

**IF VARIED, PROBE:** Please tell me the average amount received.

**ENTER AMOUNT RECEIVED FOR EACH MONTH.**

$ |___|___|,|___|___|___|.|___|___| PER MONTH
DOLLARS        CENTS
SAME AS BEFORE ............................................................. n
DON'T KNOW ................................................................... d
REFUSED .......................................................................... r (REF)

| **IF NO OTHER BENEFITS WERE RECEIVED GO TO H7.** |
| --- |

(H6d=01)
H6d-1. Approximately how soon after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended did you (or someone else in your family) begin **SSI, SSDI, or other disability benefits**? Would you say it was…

<div style="text-align:right">CODE ONE ONLY</div>

ALREADY RECEIVING BENEFIT PRIOR TO JOB LOSS .... n
Within one to three months, ................................................. 01
Within four to six months, ................................................. 02
Within seven to nine months, ............................................. 03
Within 10 to 12 months, or ................................................. 04
More than 12 months after your job ended? ........................ 05
DON'T KNOW ................................................................... d
REFUSED .......................................................................... r (REF)

H6d-2.   Since [fill JOB SEPARATION MONTH, YEAR], for approximately how many months did you (or someone else in your family) receive **SSI, SSDI or other disability** benefits?

|___|___| # OF MONTHS
(1-36)

ALL OF THE MONTHS.................................................... 99
NONE OF THE MONTHS................................................. n
DON'T KNOW ............................................................... d
REFUSED ...................................................................... r

H6d-3.   How much was received in **SSI, SSDI or other disability** benefits each month since [fill JOB SEPARATION MONTH, YEAR]?

**IF VARIED, PROBE:** Please tell me the average amount received.

**ENTER AMOUNT RECEIVED FOR EACH MONTH.**

$ |___|___|,|___|___|___|.|___|___| PER MONTH
DOLLARS                  CENTS

SAME AS BEFORE ........................................................ n
DON'T KNOW ............................................................... d
REFUSED ...................................................................... r   (REF)

> **IF NO OTHER BENEFITS WERE RECEIVED GO TO H7.**

H6e-1.   Approximately how soon after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended did you (or someone else in your family) begin receiving **Social Security or pension** benefits? Would you say it was…

CODE ONE ONLY

ALREADY RECEIVING BENEFIT PRIOR TO JOB LOSS .... n
Within one to three months, ................................................. 01
Within four to six months,.................................................... 02
Within seven to nine months, .............................................. 03
Within 10 to 12 months, or .................................................. 04
More than 12 months after your job ended? ......................... 05
DON'T KNOW ...................................................................... d
REFUSED .......................................................................... r   (REF)

H6e-2.   Since [fill JOB SEPARATION MONTH, YEAR], for approximately how many months did you (or someone else in your family) receive **Social Security or pension** benefits?

|___|___| # OF MONTHS
(1-36)

ALL OF THE MONTHS.................................................... 99
NONE OF THE MONTHS................................................. n
DON'T KNOW ............................................................... d
REFUSED ...................................................................... r

H6e-3. How much was received in **Social Security or pension** benefits each month since [fill JOB SEPARATION MONTH, YEAR]?

**IF VARIED, PROBE:** Please tell me the average amount received.

**ENTER AMOUNT RECEIVED FOR EACH MONTH.**

$ |___|___|,|___|___|___|.|___|___| PER MONTH
    DOLLARS       CENTS

SAME AS BEFORE............................................................ n
DON'T KNOW ................................................................. d
REFUSED ....................................................................... r  (REF)

> **IF NO OTHER BENEFITS WERE RECEIVED GO TO H7.**

H6f-1. Approximately how soon after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended did you (or someone else in your family) begin receiving **Worker's Compensation** benefits? Would you say it was…

                                                                  <u>CODE ONE ONLY</u>

ALREADY RECEIVING BENEFIT PRIOR TO JOB LOSS....  n
Within one to three months, .................................................. 01
Within four to six months,.................................................... 02
Within seven to nine months, .............................................. 03
Within 10 to 12 months, or ................................................. 04
More than 12 months after your job ended?......................... 05
DON'T KNOW ................................................................. d
REFUSED ....................................................................... r  (REF)

H6f-2. Since [fill JOB SEPARATION MONTH, YEAR], for approximately how many months did you (or someone else in your family) receive **Worker's Compensation** benefits?

|___|___| # OF MONTHS
(1-36)
ALL OF THE MONTHS....................................................... 99
NONE OF THE MONTHS.................................................... n
DON'T KNOW ................................................................. d
REFUSED ....................................................................... r

H6f-3. How much was received in **Worker's Compensation** benefits each month since [fill JOB SEPARATION MONTH, YEAR]?

**IF VARIED, PROBE:** Please tell me the average amount received.

**ENTER AMOUNT RECEIVED FOR EACH MONTH.**

$ |___|___|,|___|___|___|.|___|___| PER MONTH
    DOLLARS       CENTS

SAME AS BEFORE............................................................ n
DON'T KNOW ................................................................. d
REFUSED ....................................................................... r  (REF)

> **IF NO OTHER BENEFITS WERE RECEIVED GO TO H7.**

H6g-1. Approximately how soon after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended did you (or someone else in your family) begin receiving **alimony, child support, or rent payments**? Would you say it was…

CODE ONE ONLY

| | |
|---|---|
| ALREADY RECEIVING BENEFIT PRIOR TO JOB LOSS .... | n |
| Within one to three months, ................................................. | 01 |
| Within four to six months,.................................................... | 02 |
| Within seven to nine months, ............................................. | 03 |
| Within 10 to 12 months, or ................................................. | 04 |
| More than 12 months after your job ended? ........................ | 05 |
| DON'T KNOW .................................................................... | d |
| REFUSED ......................................................................... | r (REF) |

H6g-2. Since [fill JOB SEPARATION MONTH, YEAR], for approximately how many months did you (or someone else in your family) receive **alimony, child support, or rent payments**?

|___|___| # OF MONTHS
(1-36)

| | |
|---|---|
| ALL OF THE MONTHS........................................................ | 99 |
| NONE OF THE MONTHS.................................................... | n |
| DON'T KNOW .................................................................... | d |
| REFUSED ......................................................................... | r |

H6g-3. How much was received in **alimony, child support, or rent payments** each month since [fill JOB SEPARATION MONTH, YEAR]?

**IF VARIED, PROBE:** Please tell me the average amount received.

**ENTER AMOUNT RECEIVED FOR EACH MONTH.**

$ |___|___|,|___|___|___|.|___|___| PER MONTH
      DOLLARS              CENTS

| | |
|---|---|
| SAME AS BEFORE ............................................................ | n |
| DON'T KNOW .................................................................... | d |
| REFUSED ......................................................................... | r (REF) |

> **IF NO OTHER BENEFITS WERE RECEIVED GO TO H7.**

H6h-1. Approximately how soon after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended did you (or someone else in your family) begin receiving **interest and dividend payments**? Would you say it was…

CODE ONE ONLY

| | |
|---|---|
| ALREADY RECEIVING BENEFIT PRIOR TO JOB LOSS .... | n |
| Within one to three months, ................................................. | 01 |
| Within four to six months,.................................................... | 02 |
| Within seven to nine months, ............................................. | 03 |
| Within 10 to 12 months, or ................................................. | 04 |
| More than 12 months after your job ended? ........................ | 05 |
| DON'T KNOW .................................................................... | d |
| REFUSED ......................................................................... | r (REF) |

H6h-2.   Since [fill JOB SEPARATION MONTH, YEAR], for approximately how many months did you (or someone else in your family) **receive interest and dividend payments**?

|___|___| # OF MONTHS
(1-36)

ALL OF THE MONTHS.......................................................... 99
NONE OF THE MONTHS..................................................... n
DON'T KNOW .................................................................... d
REFUSED ........................................................................... r

H6h-3.   How much was received in **interest and dividend payments** each month since [fill JOB SEPARATION MONTH, YEAR]?

**IF VARIED, PROBE:** Please tell me the average amount received.

**ENTER AMOUNT RECEIVED FOR EACH MONTH.**

$ |___|___|,|___|___|___|.|___|___| PER MONTH
　　　DOLLARS　　　　　CENTS

SAME AS BEFORE............................................................. n
DON'T KNOW .................................................................... d
REFUSED ........................................................................... r   (REF)

| IF NO OTHER BENEFITS WERE RECEIVED GO TO H7. |

H6i-1.   Approximately how soon after your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended did you (or someone else in your family) begin receiving **income from other sources**? Would you say it was…

CODE ONE ONLY

ALREADY RECEIVING BENEFIT PRIOR TO JOB LOSS....   n
Within one to three months, .................................................. 01
Within four to six months,...................................................... 02
Within seven to nine months, ............................................... 03
Within 10 to 12 months, or .................................................... 04
More than 12 months after your job ended? ......................... 05
DON'T KNOW .................................................................... d
REFUSED ........................................................................... r   (REF)

H6i-2.   Since [fill JOB SEPARATION MONTH, YEAR], for approximately how many months did you (or someone else in your family) receive **income from other sources**?

|___|___| # OF MONTHS
(1-36)

ALL OF THE MONTHS.......................................................... 99
NONE OF THE MONTHS..................................................... n
DON'T KNOW .................................................................... d
REFUSED ........................................................................... r

H6i-3.    How much was received in **income from other sources** each month since [fill JOB
SEPARATION MONTH, YEAR]?

**IF VARIED, PROBE:** Please tell me the average amount received.

**ENTER AMOUNT RECEIVED FOR EACH MONTH.**

$|___|, |___|___|___|.|___|___|  **PER MONTH  OR** $ |___|,|___|___|___|.|___|___|  **LUMP SUM**
    DOLLARS          CENTS                                 DOLLARS          CENTS

SAME AS BEFORE............................................................    n
DON'T KNOW ................................................................    d
REFUSED .......................................................................    r    (REF)

H7.    Now I have a few questions about your unemployment insurance claim filed in [fill UI CLAIM
MONTH, YEAR]. For how many total weeks or months did you receive unemployment
insurance benefits for this claim?

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

**PROBE IF NEEDED:** Before taxes.

|___|___| WEEKS    OR |___|___| MONTHS (H7b)
(01-99)                    (01-25)

STILL RECEIVING ............................................................    n    (H7b)
DON'T KNOW ................................................................    d
REFUSED .......................................................................    r

H7a.    Would you say…

                                                                          <u>CODE ONE ONLY</u>

less than 2 months, ...........................................................    01
2 to 4 months,...................................................................    02
4 to 6 months,...................................................................    03
6 to 8 months,...................................................................    04
8 to 10 months,.................................................................    05
10 to 12 months,...............................................................    06
12 to 15 months,...............................................................    07
15 to 18 months,...............................................................    08
18 to 21 months, or...........................................................    09
more than 21 months?.......................................................    10
DON'T KNOW ................................................................    d
REFUSED .......................................................................    r

H7b. What (was/is) the amount you receive(d) in unemployment insurance benefits for this claim?

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

$ |___|,|___|___|___|.|___|___|
  DOLLARS        CENTS

CODE ONE ONLY

PER WEEK ........................................................................ 01
PER TWO WEEKS............................................................ 02
PER MONTH..................................................................... 03
DON'T KNOW ................................................................. d
REFUSED ........................................................................ r (REF)

(H7 NE n)
H8. Have you filed any additional unemployment insurance claims since the claim you filed on [fill UI CLAIM DATE]?

YES.................................................................................. 01
NO ................................................................................... 00 (H9)
DON'T KNOW ................................................................. d (H9)
REFUSED ........................................................................ r (H9)

(H8=01)
H8a. How many additional claims have you filed since [fill UI CLAIM DATE]?

|___|___| # OF CLAIMS
(1-10)

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

(H8=01)
H8a. In what month and year did you file your next claim (after the one you filed in [fill UI CLAIM DATE])?

|___|___| / |___|___|___|___|
MONTH      YEAR

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

(H8=01)
H8b. For how many total weeks or months did you receive unemployment insurance benefits for this claim?

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

|___|___| WEEKS   OR |___|___| MONTHS (H9)
(01-99)                (01-25)

STILL RECEIVING ............................................................ n (H9)
DON'T KNOW ................................................................. d
REFUSED ........................................................................ r

(H8b=d OR r)
H8c.      Would you say…

<div align="right">

CODE ONE ONLY
</div>

| | |
|---|---|
| less than 2 months, ........................................................... | 01 |
| 2 to 4 months,.................................................................... | 02 |
| 4 to 6 months,.................................................................... | 03 |
| 6 to 8 months,.................................................................... | 04 |
| 8 to 10 months,.................................................................. | 05 |
| 10 to 12 months,................................................................ | 06 |
| 12 to 15 months,................................................................ | 07 |
| 15 to 18 months,................................................................ | 08 |
| 18 to 21 months, or............................................................ | 09 |
| more than 21 months?....................................................... | 10 |
| DON'T KNOW ................................................................... | d |
| REFUSED ......................................................................... | r |

**PROGRAMMER:   CHECK B12. IF ANY HOUSEHOLD MEMBER IS 16 OR OLDER, ASK H9 – H12. OTHERWISE, GO TO I1.**

(B12 GE 16)
H9.      Since [fill UI CLAIM MONTH, YEAR], has anyone **else** in your family received unemployment insurance benefits?

| | | |
|---|---|---|
| YES.................................................................................. | 01 | |
| NO ................................................................................... | 00 | (H12) |
| DON'T KNOW ................................................................... | d | (H12) |
| REFUSED ......................................................................... | r | (H12) |

(H9=01)
H10.    For how many total weeks or months did others in your family receive unemployment insurance benefits?

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

|__|__| WEEKS  OR  |__|__| MONTHS  (H11)
(01-99)               (01-25)

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

H10a.    Would you say…

<u>CODE ONE ONLY</u>

less than 2 months, ............................................................ 01

2 to 4 months, ................................................................... 02

4 to 6 months, ................................................................... 03

6 to 8 months, ................................................................... 04

8 to 10 months, ................................................................. 05

10 to 12 months, ............................................................... 06

12 to 15 months, ............................................................... 07

15 to 18 months, ............................................................... 08

18 to 21 months, or ............................................................ 09

more than 21 months? ....................................................... 10

DON'T KNOW ................................................................... d

REFUSED ........................................................................ r

H11.    What was the amount that others in your family received in unemployment insurance benefits?

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

$ |___|**,**|___|___|___|**.**|___|___| BENEFIT AMOUNT
DOLLARS        CENTS

<u>CODE ONE ONLY</u>

PER WEEK ......................................................................... 01

PER TWO WEEKS ............................................................. 02

PER MONTH ...................................................................... 03

DON'T KNOW ................................................................... d

REFUSED ........................................................................ r    (REF)

H12.    Since [fill UI CLAIM MONTH, YEAR], did anyone else in your household begin working or begin working more hours?

YES.................................................................................. 01

NO .................................................................................. 00

DON'T KNOW ................................................................... d

REFUSED ........................................................................ r

## SECTION I: FINANCIAL WELL-BEING

(All)

I1.     We're almost finished. My next questions are about financial obligations you had when your job ended in [fill JOB SEPARATION MONTH, YEAR]. What was your living arrangement at that time? Did you…

<u>CODE ONE ONLY</u>

Own your home, ..................................................................... 01     (I1a)
Rent your home, .................................................................... 02
Live with family or friends and pay part of the rent
   or mortgage, ................................................................... 03
Live with family or friends and not pay, or  .......................... 04
Live in some other housing arrangement? ........................... 05     (I1b)
LIVE IN A GROUP SHELTER, ............................................ 06
LIVE IN AN ASSISTED LIVING FACILITY, OR ................... 07
DON'T KNOW ..................................................................... d
REFUSED .......................................................................... r

### GO TO I2

(I1=01)

I1a.    Did you have a mortgage on your home?

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

### GO TO I2

(I1=07)

I1b.    What was your living arrangement in [fill JOB SEPARATION MONTH, YEAR]?

**RECORD VERBATIM**

_____<OPEN>

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

(All)
I2. At the time just before your job ended in [fill JOB SEPARATION MONTH, YEAR], did you (or anyone else in your family) have any…

| | CODE ONE FOR EACH | | | |
|---|---|---|---|---|
| | **YES** | **NO** | **DON'T KNOW** | **REFUSED** |
| a. automobile loans?.............................................................. | 01 | 00 | d | r |
| b. student loans? ................................................................. | 01 | 00 | d | r |
| c. balances on credit cards that you carried over from one month to the next? ................................................................. | 01 | 00 | d | r |
| d. medical bills? .................................................................. | 01 | 00 | d | r |
| e. personal loans owed to your parents or other individuals? ....... | 01 | 00 | d | r |

---

**IF ALL ANSWERS TO I2=00, D OR R, GO TO I4.**

---

(I2a, b, c, d, e, OR f=01)
I3. What was the total amount of debt and loans you owed in [fill JOB SEPARATION MONTH, YEAR]? (IF I1a=01, SAY: Please do not include mortgage payments here.)

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

$ |___|___|___|**,**|___|___|___|  TOTAL DEBT AT JOB SEPARATION    (I3b)
   DOLLARS

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

(I3=d OR r)
I3a. Would you say it was…

<u>CODE ONE ONLY</u>

less than $5,000, ...............................................................  01
between $5,000 to under $10,000,.......................................  02
between $10,000 to under $15,000,.....................................  03
between $15,000 to under $20,000,.....................................  04
between $20,000 to under $25,000, or................................  05
between $25,000 to under $30,000?....................................  06
or more than $30,000? ......................................................  07
DON'T KNOW ......................................................................  d
REFUSED ..........................................................................   r

I3b.     What were your minimum monthly required payments toward your debts and loans in [fill JOB SEPARATION MONTH, YEAR]?

       **PROBE:**   This is the lowest amount you could pay to keep your account in good standing. Your best estimate is fine.

       $ |___|___|**,**|___|___|___|  MINIMUM PAYMENTS AT JOB SEPARATION
          DOLLARS

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


(I2a, b, c, d, e, OR f=01)
I3c.     While your minimum monthly required payments were [fill I3b AMOUNT], how much did you **usually** pay each month toward your debts and loans just before [fill JOB SEPARATION MONTH, YEAR]?

       $ |___|___|**,**|___|___|___|  USUAL MONTHLY PAYMENTS AT JOB SEPARATION
          DOLLARS

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


(All)
I4.      Now, please think about the twelve months **after** your job ended. Did you have any trouble making payments on any of your monthly bills or loan payments during **the twelve months after** your job ended?

       **INTERVIEWER:**  THIS INCLUDES MORTGAGE PAYMENTS.

       YES...............................................................................  01
       NO .................................................................................  00   (I11)
       DON'T KNOW ...................................................................    d
       REFUSED .........................................................................    r

I5.     Did you have trouble paying any of the following bills in the twelve months after your job with [fill
        EMPLOYER FROM UI RECORDS OR B1a] ended.. (READ a-h)?

        **PROGRAMMER:**  SHOW I5b –I5f ONLY IF I2a – I2e =01.

|  | | CODE ONE FOR EACH | | |
| --- | --- | --- | --- | --- |
| | **YES** | **NO** | **DON'T KNOW** | **REFUSED** |
| a.   utility bills? ............................................................... | 01 | 00 | d | r |
| (I2a=01)<br>b.   automobile loans? ............................................... | 01 | 00 | d | r |
| (I2b=01)<br>c.   student loans? ................................................... | 01 | 00 | d | r |
| (I2c=01)<br>d.   credit card bills? ............................................... | 01 | 00 | d | r |
| (I2d=01)<br>e.   medical bills? ..................................................... | 01 | 00 | d | r |
| (I2e=01)<br>f.   personal loans owed to your parents or other individuals? | 01 | 00 | d | r |
| (I1a=01)<br>g.   your mortgage? .................................................. | 01 | 00 | d | r |
| (I1=02 OR 03)<br>h.   your rent? ....................................................... | 01 | 00 | d | r |
| i.    other bills or loans? (SPECIFY) [specify] ........................... | 01 | 00 | d | r |

I6.     Since [fill JOB SEPARATION MONTH, YEAR], did you move to a new place to live because you
        were unable to pay your rent, mortgage or other bills?

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

I7.     Since [fill JOB SEPARATION MONTH, YEAR], did you need to sell a car, appliance, furniture, or
        jewelry because you were unable to pay your rent, mortgage or other bills?

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

I8. Did you have to withdraw money from a 401K or other retirement account in the **twelve months after** your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended because you were unable to pay your rent, mortgage or other bills?

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

I9. Since [fill JOB SEPARATION MONTH, YEAR], have you…

| | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| | | | | CODE ONE FOR EACH ROW |
| a. missed or been late on a mortgage payment?.............. | 01 | 00 (I11) | d (I11) | r (I11) |
| b. received a notice that your mortgage was in default?... | 01 | 00 (I11) | d (I11) | r (I11) |
| c. had your house foreclosed on?.................................... | 01 (I9a) | 00 (I11) | d (I11) | r (I11) |

I9a. In what month and year was your home foreclosed?

|___|___| / |___|___|___|___|
MONTH      YEAR
 (1-12)    (2009-2012)

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

**GO TO I11**

I10. Since [fill JOB SEPARATION MONTH, YEAR], have you…

| | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| | | | | CODE ONE FOR EACH ROW |
| a. been charged a late fee or missed a rent payment?..... | 01 | 00 (I11) | d (I11) | r (I11) |
| b. received a notice of eviction?........................................ | 01 | 00 (I11) | d (I11) | r (I11) |
| c. been evicted?................................................................ | 01 | 00 (I11) | d (I11) | r (I11) |

(I4=01, d OR r)
I11.   Did you declare personal bankruptcy at any time after [fill JOB SEPARATION MONTH, YEAR]?

        YES.................................................................................. 01
        NO ................................................................................. 00   (I12)
        DON'T KNOW ................................................................. d   (I12)
        REFUSED ...................................................................... r   (I12)

(I11=01)
I11a.   In what month and year did you declare personal bankruptcy?

        |___|___| / |___|___|___|___|
        MONTH      YEAR
         (1-12)     (2009-2012)

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

(All)
I12.   I'd also like to ask you about the foods eaten in your household during the **twelve months after** your job with [fill EMPLOYER FROM UI RECORDS OR B1a] ended.  Which of the following statements best describes the food eaten in your household at that time.  Would you say that you had enough of the kinds of food you wanted to eat, enough but not always the kinds of food you wanted to eat, sometimes not enough to eat, or often not enough to eat?

                                                                 <u>CODE ONE ONLY</u>

        ENOUGH OF KINDS WANTED TO EAT ............................. 01
        ENOUGH BUT NOT ALWAYS THE KIND OF FOOD
          WANTED TO EAT ...................................................... 02
        SOMETIMES NOT ENOUGH TO EAT............................... 03
        OFTEN NOT ENOUGH TO EAT....................................... 04
        DON'T KNOW ................................................................. d
        REFUSED ...................................................................... r

(All)
I12a.   During that same time did you (and your family) start to eat out less?

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

(All)
I13.   In [fill JOB SEPARATION MONTH, YEAR], did you have any savings in bank accounts?

    **PROBE:**  Please do not include money you may have had in retirement accounts.

        YES.................................................................................. 01
        NO ................................................................................. 00   (J1)
        DON'T KNOW ................................................................. d   (J1)
        REFUSED ...................................................................... r   (J1)

(I13=01)
I14. Did you have enough savings to cover all of your living expenses for three months?

     YES.................................................................................. 01
     NO ................................................................................... 00  (I16)
     DON'T KNOW .................................................................... d  (I16)
     REFUSED ......................................................................... r  (I16)


(I14=01)
I15. 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


(I13=01)
I16. When your job ended in [fill JOB SEPARATION MONTH, YEAR] about how much savings did you have in your bank accounts? Please do not include money you may have had in retirement accounts. Would you say you had less than $5,000, $5,000 to $10,000, $10,000 to $15,000, $15,000 to $20,000, or more than $20,000?

**PROBE:** Please do not include money you may have had in retirement accounts.

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

<u>CODE ONE ONLY</u>

     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
     MORE THAN $20,000 ........................................................ 05
     DON'T KNOW .................................................................... d
     REFUSED ......................................................................... r  (REF)

# SECTION J: BACKGROUND

(All)
J1.     Now, I just have a few final questions about you. Do you consider yourself to be of Hispanic, Latino, or Spanish origin?

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

(All)
J2.     I'm going to read you a list of five race categories. Please choose one or more races that you consider yourself to be. Would you say you are…

        **INTERVIEWER: PROBE ONLY IF RESPONSE IS HISPANIC OR HISPANIC ORIGIN.**

                                                                                    CODE ALL THAT APPLY

                    White,................................................................... 01

                    Black or African-American, .................................. 02

                    American Indian or Alaskan Native, .................... 03

                    Asian, or.............................................................. 04

                    Native Hawaiian or Pacific Islander? ................... 05

                    OTHER (SPECIFY) [specify]................................ 06

                    _____

                    DON'T KNOW .....................................................  d

                    REFUSED ...........................................................   r

J3. What was the highest diploma or degree you had received at the time your job at [fill EMPLOYER FROM UI RECORDS OR B1a] ended?

**PROBE:** How far did you go in school?

**INTERVIEWER:IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1. IF NEVER ATTENDED SCHOOL, CODE AS 10.**

**INTERVIEWER:IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.**

**INTERVIEWER:IF RESPONDENT SAYS HIGH SCHOOL, PROBE:** Did you receive a diploma, GED, or certificate of completion?

<u>CODE ONE ONLY</u>

```
DID NOT COMPLETE HIGH SCHOOL OR GED ........................ 01
HIGH SCHOOL: DIPLOMA ......................................................... 02
HIGH SCHOOL: GED ................................................................ 03
CERTIFICATE OF COMPLETION .............................................. 04
SOME COLLEGE/SOME POSTSECONDARY
    VOCATIONAL COURSES ...................................................... 05
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S
    DEGREE) OR VOCATIONAL SCHOOL DIPLOMA ................. 06
4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE) ............. 07
SOME GRADUATE WORK/NO GRADUATE DEGREE .............. 08
GRADUATE OR PROFESSIONAL DEGREE
    (e.g., MA, MBA, Ph.D., JD, MD) ............................................ 09
NEVER ATTENDED SCHOOL ................................................... 10
DON'T KNOW ......................................................................... d
REFUSED ............................................................................... r
```

J4. Is your current marital status different from when your job ended in [fill UI CLAIM DATE]?

```
YES ...................................................................................... 01
NO ........................................................................................ 00    (K1)
DON'T KNOW ........................................................................ d    (K1)
REFUSED ............................................................................. r    (K1)
```

J4a. What is your **current** marital status—are you now married, living with a partner, separated, divorced, widowed, or have you never been married?

<u>CODE ONE ONLY</u>

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

**SECTION K: CLOSING AND CONTACT INFORMATION**

(All)
K1.  **PROGRAMMER:  IF WE HAVE NAME, ADDRESS, AND PHONE NUMBER FROM EITHER THE SCREENER OR FROM THE OTHER PRELOADED INFORMATION DISPLAY THAT NAME, ADDRESS, AND PHONE NUMBER.**

That was the last interview question. Now I would like to ask you a few general questions about this experience.

K2.  What is your overall reaction to the survey? **RECORD VERBATIM**

_____ <OPEN>

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

K3.  How do you feel about the length of the survey?

**PROBE:** Was the length reasonable? Was it too long?

CODE ONE ONLY

REASONABLE LENGTH .....................................................  01
TOO LONG ........................................................................  02
OTHER (SPECIFY) [specify]..............................................  03

_____

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

K4.  Were there questions or topics in the survey that you found hard to understand or difficult to answer? Which ones? **RECORD VERBATIM**

_____ <OPEN>

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

K5.  How likely would you be to participate in a study like this if you received a letter from the U.S. Department of Labor? Would you be…

CODE ONE ONLY

very likely, ........................................................................  01
somewhat likely, ..............................................................  02
somewhat unlikely, or .....................................................  03
very unlikely? ...................................................................  04
DON'T KNOW ...................................................................  d
REFUSED ........................................................................  r

K6.    Are there any other comments or reactions that you would like to share about your experience doing this pretest? **RECORD VERBATIM**

_____<OPEN>

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

K7.    Thank you again for your input. Please tell me the correct spelling of your name and your current mailing address so that we can mail your check for $40.

        **PROBE:** Is there an apartment number?

        NAME (VERIFY SPELLING)_____

        ADDRESS LINE 1_____

        ADDRESS LINE 2_____

        CITY/TOWN_____

        STATE_____

        ZIP CODE_____

        TELEPHONE_____

        DON'T KNOW ....................................................................    d

        REFUSED ..........................................................................    r

Thanks again and best wishes to you.

**INTERVIEWER:  GO BACK AND CODE QUESTION G4 BEFORE CLOSING THIS CASE.**