

**Appendix D. Benefit Offset National Demonstration
Stage 1 36-Month Follow-up Survey Instrument**

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Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is [INSERT NUMBER], expiring [INSERT EXPIRATION DATE]. We estimate that it will take about 49 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

SECTION A: CONFIRMATION OF RESPONDENT / SCREENER / INTRODUCTIONS

NOTE TO INTERVIEWER: DO NOT READ TEXT IN ALL CAPS.

Hello, my name is _____ I work for Abt Associates Inc., a national research company based in Cambridge, MA. Thank you for taking the time to speak with me today. You may have received a letter in the past week or so that explained about this interview.

Treatment Group: we are conducting a study for the Social Security Administration. The study is about a new program that they are trying called the Benefit Offset National Demonstration or BOND. You may recall receiving a letter from SSA about this program a couple of years ago.

Control Group: we are conducting a study for the Social Security Administration to find out more about the experiences of people receiving Social Security Disability Benefits. We are interviewing many disability beneficiaries across the country for this study.

At this time, we'd like to have you participate in an interview. The purpose of this interview is to learn more about the types of jobs you and other people who received Social Security disability benefits may have, and in any schooling or job training you may have participated in over the past 3 years. We are also interested in learning whether or not you have worked with a benefits counselor over the past 3 years. Your participation in this study is completely voluntary. It will in no way affect your current or future receipt of benefits. You can stop the interview at any time. If any question makes you feel uncomfortable, you can refuse to answer that question.

All information you provide is confidential and it will be protected to the fullest extent possible by law, including the *Privacy Act*. This means for example, that we may need to notify someone if keeping that information confidential could harm you or someone else. Three groups of people will see your answers: the interviewer, the researchers doing the study, and the Social Security Administration that funded the study. Your name will not be attached to your survey answers in the data files used by these groups. Answering the questions in this survey will not affect any disability benefits you receive now, or may receive in the future. Your name will never appear in any report. Research reports will only present summary information. The researchers will not use names or individual identifying information in any research report.

Do you have any questions before we begin?

IF YES: Interviewer respond to questions as they arise.

If NO: Alright then, do you mind if we start the interview now? It should take approximately [49 minutes estimated duration]. [IF TELEPHONE: At the end of the interview, I will send you a check for \$25 to thank you for your time. You should receive it within a month] [IF IN-PERSON: At the end of the interview, I will give you a \$25 money order to thank you for your time.]

REVIEWER NOTE: There is also a screener to verify the identity of the respondent that begins by checking birth date and continues by checking other data (perhaps name of informant) if

interviewer cannot verify birth date. To simplify review, verification screeners have been removed from this draft.

Screeners vary depending upon:

- if a proxy is needed; or
- if there is a language barrier.

Let's begin with some general questions. We may have asked similar questions in the past. If we repeat questions you have answered before, it is so we can update our information.

* INDICATES QUESTIONS NOT TO BE ASKED OF PROXIES.

A1. Are you currently working at a job or business for pay or profit? This includes work you may do for a business that you own.

IF NEEDED READ: By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.

[INTERVIEWER: IF R IS SELF-EMPLOYED, CODE RESPONSE AS YES]

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

A2. Are you currently enrolled in school or taking any classes?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

A3. Do you currently do any volunteer work for an organization?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

A4. In general, would you say your health is . . .
(SF-12)

- Excellent,..... 1
- Very good,.....2
- Good,3
- Fair, or.....4
- Poor?.....5
- REFUSED7
- DON'T KNOW8

A5. Compared to {THIS MONTH, LAST YEAR}, how would you rate your health in general now?

- Much better now,..... 1
- Somewhat better now,2
- About the same,3
- Somewhat worse now, or.....4
- Much worse now?5
- REFUSED7
- DON'T KNOW8

A6. What is your current marital status? Are you now married, widowed, divorced, separated or have you never been married?

- MARRIED..... 1
- WIDOWED2
- DIVORCED3
- SEPARATED4
- NEVER MARRIED5
- REFUSED7 (SKIP TO SECT B)
- DON'T KNOW8 (SKIP TO SECT B)

A7. Are you currently living with a spouse or with someone who is like a spouse to you?

- YES 1
- NO.....2
- REFUSED7
- DON'T KNOW8

A8. CHECK FOR ABILITY TO CONTINUE WITH SELF-RESPONSE. HOW MANY ITEMS IN QUESTIONS A1-A7 ARE ANSWERED REFUSED OR DON'T KNOW?

- 1 OR 2.....1 (SKIP TO SECT B)
- 3 OR MORE2

[INSTRUCTION: IF RESPONDENT FAILS SCREENER, CAPI WILL PROMPT FOR NAME OF A PROXY RESPONDENT. IF PROXY IS AVAILABLE SCREENER WILL REPEAT WITH PROXY. IF NO PROXY AVAILABLE INTERVIEWER WILL TERMINATE]

A9. It seems like some of these questions are difficult for you. Is there anyone who can help do this interview you or answer questions for you?

- YES 1
- NO2 (THANK/END)
- REFUSED7 (THANK/END)
- DON'T KNOW8 (THANK/END)

- A9a. What is his/her first name? _____
- A9b. What is his/her middle name? _____
- A9c. What is his/her last name? _____
- A9d. Does his/her name have a suffix? _____

- A10. What is (his/her) street address? _____
- A10a. Is there a complex/building name? _____
- A10b. Is there an apartment number? _____
- A10c. In what city? _____
- A10d. In what state? _____
- A10e. What is the zip code? _____

A11. What's the best phone number to reach (him/her) at starting with the area code?

- Telephone # with area code: (_____) _____ - _____
- REFUSED-2
- DON'T KNOW-1

A12. Is she/he a friend or a relative, or what is (his/her) relationship to you?
ACCEPT ONE RESPONSE ONLY.

- FRIEND.....1
- RELATIVE.....2
- LEGAL GUARDIAN.....3
- CASE MANAGER.....4
- OTHER (SPECIFY):_____.....5
- REFUSED.....7
- DON'T KNOW.....8

SECTION B: EDUCATION AND TRAINING

I would like to continue by talking about your education and training experiences

Return to Work Activities—Education and Training

B1. What is the highest grade in school that you have completed?
INTERVIEWER: ENTER HIGHEST GRADE COMPLETED IN SPACE PROVIDED FOR GRADE.
IF BEYOND GRADE 12, SELECT APPROPRIATE CODE.

GRADE (1-12) _____	
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES	13
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA	14
4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE)	15
SOME GRADUATE WORK/NO GRADUATE DEGREE	16
GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.)	17
NEVER ATTENDED SCHOOL	18
SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION	19
SPECIAL EDUCATION WITH A CERTIFICATE OF COMPLETION	20
REFUSED	97
DON'T KNOW	98

IF B1 = 1-12 ASK B1a ELSE SKIP TO B2.

B1a. Do you have a high school diploma or a GED?

GED	1
HIGH SCHOOL DIPLOMA.....	2
BOTH	3
NEITHER	4
REFUSED	7
DON'T KNOW	8

B2. INTERVIEWER: CHECK A2 IS SAMPLE MEMBER CURRENTLY ENROLLED IN SCHOOL OR TAKING ANY CLASSES?

- YES 1
- NO 2 (SKIP TO B6)
- REFUSED 7 (SKIP TO B6)
- DON'T KNOW 8 (SKIP TO B6)

B3. Are you working toward a degree, a certificate or license, or are you just taking classes?

- WORKING TOWARD DEGREE 1
- WORKING TOWARD CERTIFICATE/ LICENSE 2
- ONLY TAKING CLASSES 3 (SKIP TO B6)
- REFUSED 7
- DON'T KNOW 8

B4. Toward what type of {degree/certificate or license} are you working?

- GED OR HIGH SCHOOL EQUIVALENCE PROGRAM/COURSES 1
- VOCATIONAL OR TRAINING PROGRAM 2
- ASSOCIATE DEGREE PROGRAM (AA DEGREE) 3
- UNDERGRADUATE DEGREE PROGRAM (BA, BS DEGREE) 4
- GRADUATE DEGREE PROGRAM (e.g., MA, MS, MD, EdD) 5
- OTHER _____ 6
- REFUSED 7
- DON'T KNOW 8

B5. Are you a full-time or part-time student?

- FULL-TIME 1
- PART-TIME 2
- REFUSED 7
- DON'T KNOW 8

B6. Now I would like to ask you about any [other] training you may have had since [RADATE]. [SINCE RADATE], have you done any additional schooling or other type of training program that lasted at least two weeks and that was designed to help you find a job, improve your job skills, or learn a new job?

- YES1
- NO2 (SKIP TO C1)
- REFUSED7 (SKIP TO C1)
- DON'T KNOW8 (SKIP TO C1)

B7. **[IF CURRENTLY IN TRAINING A2=1]** Not including the program(s) you already told me about, how many other school or training programs have you done since [RADATE]?

[IF NOT CURRENTLY IN TRAINING A2=2] Altogether, how many school or training programs have you gone to since [RADATE]?

- _____ # PROGRAMS
- REFUSED-2 (SKIP TO C1)
- DON'T KNOW-1 (SKIP TO C1)

QUESTIONS B8-B11 ARE REPEATED FOR EACH EPISODE OF EDUCATION/TRAINING REPORTED IN B7, TO COLLECT DETAILED INFORMATION ABOUT EACH SPELL OF EDUCATION OR TRAINING RECEIVED SINCE RANDOM ASSIGNMENT. CAPI PROGRAMMING WILL ALLOW FOR UP TO 5 SPELLS OF EDUCATION AND TRAINING.

B8. You said that you have gone to [Number of trainings from B6] education or training programs since [RADATE]. Beginning with the most recent program, please tell me the name of the program you went to

NAME 1 _____

B8a. What is the name of the next training program you went to?

- NAME 2 _____
- NAME 3 _____
- NAME 4 _____
- NAME 5 _____

IF B7>5 THEN TAKE 5 MOST RECENT PROGRAMS.

B9. Think about [TRAINING PROGRAM NAME1...5], what kind of schooling or training [is/was] that?

- REGULAR HIGH SCHOOL, DIRECTED TOWARD A HS DIPLOMA... 1
- PREPARATION FOR A GED EXAM2
- 2-YEAR COLLEGE DIRECTED TOWARD A DEGREE3
- 4-YEAR COLLEGE DIRECTED TOWARD A DEGREE4
- GRADUATE COURSES5
- COLLEGE COURSES NOT DIRECTED TOWARD A DEGREE6
- VOCATIONAL EDUCATION OUTSIDE A COLLEGE (BUSINESS or
TECHNICAL SCHOOLS, EMPLOYER OR UNION-PROVIDED
TRAINING, AND MILITARY TRAINING IN VOCATIONAL BUT
NOT MILITARY SKILLS OR JTPA7
- NON-VOCATIONAL ADULT EDUCATION NOT DIRECTED
TOWARD A DEGREE (BASIC EDUCATION, LITERACY TRAINING,
ENGLISH AS A SECOND LANGUAGE8
- JOB SEARCH ASSISTANCE, JOB FINDING, ORIENTATION
TO THE WORLD OF WORK9
- OTHER (SPECIFY) _____96
- REFUSED97
- DON'T KNOW98

B10. Since [RADATE], how many weeks have you gone to [TRAINING PROGRAM NAME1...5]?

- NUMBER OF WEEKS: _____
- REFUSED-2
- DON'T KNOW-1

B11. During those weeks, how many hours a week did you usually spend in [TRAINING PROGRAM NAME 1...5]?

- NUMBER OF HOURS: _____
- REFUSED-2
- DON'T KNOW-1

REPEAT B8-B11 FOR EACH PROGRAM NAME LISTED IN B7

SECTION C: CURRENT EMPLOYMENT STATUS

These next questions are about your current work activities.

C1. INTERVIEWER: CHECK A1 IS SAMPLE MEMBER CURRENTLY WORKING AT A JOB OR BUSINESS FOR PAY OR PROFIT?

- YES1 (SKIP TO C4)
- NO2

C2. Have you been looking for work during the last four weeks?
IF NEEDED READ: By looking for work, I mean looking for a job, either full-time or part-time, for which you will be paid.

- YES 1
- NO2
- REFUSED7
- DON'T KNOW8

C3. When did you last work for pay at a job for at least one month?

 MO YEAR

- REFUSED-2
- DON'T KNOW-1

IF A1=2,7,8 (not employed) SKIP TO C26

IF RESPONDENT INDICATES THAT HE/SHE IS CURRENTLY WORKING, CAPI WILL PROBE: 'I'm sorry, I must have entered something incorrectly. [CHECK QUESTION A1].

[ASK ONLY OF THOSE EMPLOYED (A1=1)] Now I am going to ask some questions about the jobs you currently have. When answering these questions, please include both part-time and full-time jobs, but only include jobs you work at for pay or profit. This could be work you do for a business that you own. (NBS modified)

C4. How many jobs do you currently have?

NUMBER OF JOBS: _____
REFUSED-2
DON'T KNOW-1

C5. Now I have a few questions about your [current/main] job. IF MORE THAN ONE JOB [C4>1] READ: Your main job is the job where you work the most hours. What kind of business or industry is this? That is, what do they make or do where you work? (RECORD VERBATIM) (CPS/MTO modified)

REFUSED7
DON'T KNOW8

C6. What kind of work do you do? That is, what is your occupation? For example, plumber, typist, farmer [RECORD VERBATIM] (CPS/MTO modified)

REFUSED7
DON'T KNOW8

C7. What are your usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick. [RECORD VERBATIM] (CPS/MTO modified)

REFUSED7
DON'T KNOW8

C8. Are you self-employed at this job? (NBS)
PROBE: Self-employed means that you work for yourself or own your own business.

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

C9. Is this job a temporary or seasonal job? (NEW)

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

C10. In what month and year did you start working there?

IF SELF-EMPLOYED [C8=01] ASK:
In what month and year did you start this business? (NBS: Modified)

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN
PROBE: Your best estimate is fine.

MO			YEAR			

- REFUSED-2
- DON'T KNOW-1

For this study, we need some information on how much often you work and how much you are paid on this job. Please remember that we will keep all of your responses private.

C11. How many hours per week do you typically work at this job?

- NUMBER OF HOURS PER WEEK: _____
- REFUSED-2
- DON'T KNOW-1

[Programming in CAPI will control for main job versus current job, depending on the response to C4.]

C12. Before taxes and other deductions how much are you paid on this job? (NBS-modified)

\$ _____.

- REFUSED-2
- DON'T KNOW-1

C12a. Is that amount paid daily, weekly, bi-weekly, twice a month, monthly, annually, or per unit?

- HOURLY1 (SKIP TO C16)
- DAILY2
- WEEKLY3 (SKIP TO C14)
- EVERY TWO WEEKS.....4 (SKIP TO C17)
- TWICE A MONTH.....5 (SKIP TO C17)
- MONTHLY.....6 (SKIP TO C17)
- ANNUALLY7 (SKIP TO C14)
- PER UNIT OR PIECE8 (SKIP TO C15)
- REFUSED97
- DON'T KNOW98

C13. **[IF RATE OF PAY IS NOT DAILY (C12a≠2) SKIP TO C14]** How many days a week do you usually work? (CPS; MTO Interim Evaluation)

- NUMBER OF DAYS PER WEEK: _____
- REFUSED-2
 - DON'T KNOW-1

C14. **[IF RATE OF PAY NOT WEEKLY (C12a≠3) OR ANNUALLY (C12a≠7) SKIP TO C15]** How many weeks a year do you get paid for? (CPS; MTO Interim Evaluation)

- NUMBER OF WEEK: _____
- REFUSED-2
 - DON'T KNOW-1

C15. **[IF RATE OF PAY NOT PER UNIT (C12a≠8 SKIP TO C16)]** For how many [UNIT]s are you usually paid per week (on this job)?

- NUMBER OF UNITS: _____
- REFUSED-2
- DON'T KNOW-1

C16. **[IF RATE OF PAY IS NOT HOURLY (C12a≠1) SKIP TO C17]** How many hours per week are you paid for at this rate? (CPS; MTO Interim Evaluation)

- NUMBER OF HOURS PER WEEK: _____
- REFUSED-2
- DON'T KNOW-1

C17. Do you usually receive tips, or commissions (at your main job)? (CPS–modified)

- YES 1
- NO2 (SKIP TO C18)
- REFUSED7
- DON'T KNOW8

C17a. (At your main job,) how much do you usually earn in tips or commissions, before taxes or other deductions? (CPS-modified)

\$ _____.

- REFUSED-2
- DON'T KNOW-1

C18. I'd like you to think about your earnings in a typical week. How much do you typically earn, before taxes or other deductions, in a typical week.

PROBE: Your best estimate is fine.

\$ _____.

- REFUSED-2
- DON'T KNOW-1

C19. I'd like you to think about the past year. Have you received any promotions at this job during the past year?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

C19a. I'd like you to think about the past year. Have you received any bonuses or awards at this job during the past year?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

C20. **(SKIP TO C21 if SELF EMPLOYED [C8=1]).** Now, I'd like to ask you a few more questions about your current job. I am going to read to you a list of benefits that some employers offer their employees. Please tell me whether or not your current employer offers you any of these benefits. Does your employer offer you or your co-workers...

PROGRAMMER: USE "MAIN" IF C4>01, OTHERWISE USE "CURRENT."

IF NECESSARY READ: Please answer 'yes' if you are eligible for the benefit even if you haven't started to receive it yet. (NBS-Modified)

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
C20a. Health care insurance? (IF NECESSARY: medical and/or hospital)	1	2	7	8
C20b. Dental benefits?	1	2	7	8
C20c. Sick days with pay?	1	2	7	8
C20d. Disability benefits?	1	2	7	8
C20e. Workers' compensation	1	2	7	8
C20f. Paid vacation?	1	2	7	8
C20g. Free or low-cost childcare?	1	2	7	8
C20h. Transportation, a transportation allowance, or transportation discounts?	1	2	7	8
C20i. Pension or retirement benefits?	1	2	7	8

C21. Now I have a few questions about your work related expenses, including transportation to work. During the typical week, how do you get to work?

Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

ENTER ALL THAT APPLY. READ IF NECESSARY

- DRIVE OWN VEHICLE 1
- RIDE IN SOMEONE ELSE'S VEHICLE/VAN POOL2 (SKIP TO C21B)
- PUBLIC TRANSPORTATION (BUS, TRAIN, SUBWAY, ETC.)3 (SKIP TO C21C)
- WALK OR BICYCLE4 (SKIP TO C21C)
- SOME OTHER WAY (SPECIFY).....5 (SKIP TO C21c)
- REFUSED7 (SKIP TO C21c)
- DON'T KNOW8 (SKIP TO C21c)

C21a. Altogether, about how many miles per week do you usually drive your vehicle as part of your work commute?

___ MILES PER WEEK

- REFUSED-2
- DON'T KNOW-1

C21b. Do you have to pay for parking or tolls as a part of your work-commuting expenses?

- YES 1
- NO2
- REFUSED7
- DON'T KNOW8

C21c. During a typical week, about how much are your work commuting expenses?

\$ _____ PER WEEK

- REFUSED-2
- DON'T KNOW-1

C22. Not counting expenses your employer paid, do you have any work-related expenses such as licenses, permits, union dues, special tools, or uniforms for your work?

- YES 1
- NO 2 (SKIP TO C23)
- REFUSED 7 (SKIP TO C23)
- DON'T KNOW 8 (SKIP TO C23)

C22a. Altogether, how much do you spend for such items?

\$ _____

- REFUSED -2
- DON'T KNOW -1

Is that per....

- Week 1
- Every other week 2
- Month 3
- Quarter 4
- Year 5
- REFUSED 7
- DON'T KNOW 8

C23. During the last four months, did you or your family pay for any child care arrangements for your child(ren) while you worked? Include cost of preschool and nursery school; but do not include tuition for private kindergarten or grade school.

- YES 1
- NO 2 (SKIP TO C24)
- NO CHILDREN/NOT APPLICABLE 3
- REFUSED 7 (SKIP TO C24)
- DON'T KNOW 8 (SKIP TO C24)

C23a. How much do you pay for child care while you work?

\$ _____

- REFUSED-2
- DON'T KNOW-1

Is that per...

- WEEK..... 1
- EVERY OTHER WEEK.....2
- MONTH3
- REFUSED7
- DON'T KNOW8

C24. Do you use any special equipment related to your disability that helps you work at your job, for example a brace, cane, wheelchair, modified computer hardware or modified computer software?

- YES 1
- NO2 (SKIP TO C25)
- REFUSED7 (SKIP TO C25)
- DON'T KNOW8 (SKIP TO C25)

C24a. What kinds of special equipment do you/ use? Anything else?

ENTER ALL THAT APPLY. READ IF NECESSARY

- BRACE 1
- CANE/CRUTCHES/WALKER2
- WHEELCHAIR3
- MODIFIED COMPUTER HARDWARE.....4
- MODIFIED COMPUTER SOFTWARE5
- OTHER (SPECIFY).....6
- REFUSED7
- DON'T KNOW8

C24b. Who pays or paid for the equipment you use?

PROBE: For example, you or your family, insurance or Medicaid, or someone else?

ENTER ALL THAT APPLY. READ IF NECESSARY

- SELF 1
- FAMILY2
- HEALTH INSURANCE.....3
- MEDICARE4
- MEDICAID.....5
- EMPLOYER6
- STATE VOCATIONAL REHABILITATION AGENCY7
- NON-PROFIT ORGANIZATION
 - SERVING PEOPLE WITH DISABILITIES8
- WORKER’S COMPENSATION9
- DISABILITY INSURANCE 10
- OTHER (SPECIFY)..... 11
- REFUSED97
- DON’T KNOW98

C24c. ASK IFC24b = SELF OR FAMILY: How much you or your family have to pay?

READ IF NECESSARY: Is that a one-time payment, per week, per month, per year, or some other time period?

\$ _____

- REFUSED-2
- DON’T KNOW-1
- ONE TIME PAYMENT.. 1
- PER WEEK 2
- PER MONTH3
- PER YEAR..... 4
- REFUSED7
- DON’T KNOW8

C25. Do you use any personal assistance services related to your/his/her disability that helps you work, for example, a job coach, a sign language interpreter, a reader or interpreter for the blind, or a personal care attendant?

- YES 1
- NO 2 (SKIP TO C26)
- REFUSED 7 (SKIP TO C26)
- DON'T KNOW 8 (SKIP TO C26)

C25a. What kind of personal assistance services do you use? Anything else?

ENTER ALL THAT APPLY. READ IF NECESSARY

- JOB COACH..... 1
- SIGN LANGUAGE INTERPRETER..... 2
- READER/INTERPRETER FOR THE BLIND 3
- PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT 4
- OTHER (SPECIFY)..... 5
- REFUSED 7
- DON'T KNOW 8

C25b. Who pays for the personal assistance services you use?

PROBE: For example, you or your family/ insurance or Medicaid, or someone else?

ENTER ALL THAT APPLY. READ IF NECESSARY

- SELF 1
- FAMILY 2
- HEALTH INSURANCE 3
- MEDICARE 4
- MEDICAID..... 5
- EMPLOYER 6
- STATE VOCATIONAL REHABILITATION AGENCY 7
- NON-PROFIT ORGANIZATION
 - SERVING PEOPLE WITH DISABILITIES 8
- WORKER'S COMPENSATION 9
- DISABILITY INSURANCE 10
- OTHER (SPECIFY)..... 11
- REFUSED 97
- DON'T KNOW 98

C25c. ASK IFC25b = SELF OR FAMILY: How much you or your family have to pay?

READ IF NECESSARY: Is that a one-time payment, per week, per month, per year, or some other time period?

\$ _____

REFUSED-2
 DON'T KNOW-1

ONE TIME PAYMENT.. 1
 OR
 PER WEEK 2
 PER MONTH3
 PER YEAR..... 4
 REFUSED7
 DON'T KNOW8

C26. Next, I would like to ask you about different types of services or supports that you may have received to **improve your ability to work**. For each service I read, please tell me if it is something you have used since [RADATE], if you needed, but did not use it, or if you did not need it. [NBS modified]

Since [RADATE] did you get...	<u>Yes Used</u>	<u>Not Used</u>	<u>Not Needed</u>	<u>REF</u>	<u>DK</u>
C26a. A work or job assessment?	1	2	3	7	8
C26b. Help to find a job?	1	2	3	7	8
C26c. Training to learn a new job or skill?	1	2	3	7	8
C26d. Advice about modifying your job or work place?	1	2	3	7	8
C26e. On-the-job training, job coaching, or support services?	1	2	3	7	8
C26f. Personal care assistance?	1	2	3	7	8
C26g. Transportation assistance?	1	2	3	7	8
C26h. Help in keeping a job?	1	2	3	7	8
C26i. Any kind of assistive device (a piece of equipment to make it easier for you to live independently or work?	1	2	3	7	8
C26j. Anything else that I did not mention? SPECIFY _____	1	2	3	7	8

C27. [IF C26g=YES ASKC27 ELSE SKIP TO C28] I'd like to know more about the type of transportation assistance you received. Did the transportation assistance you received include assistance in transportation costs such as bus tokens, subway passes?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

C27a. Did it (also) include aid for a specific purpose such as modifying an existing vehicle to be more accessible?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

C28. [FOR EACH YES IN C26a-hASK:] How many hours of service did you receive in total over the past 2 years?

- NUMBER OF HOURS OF SERVICE [C26 ACTIVITY]: _____
- REFUSED-2
- DON'T KNOW-1

C29. [IF C26c = YES, ASK C29, ELSE SKIP TO C31] Where did you go to receive the training to learn a new job or skill? Did you go to . . .

	<u>Yes</u>	<u>No</u>	<u>REF</u>	<u>DK</u>
C29a. A vocational rehabilitation agency?	1	2	7	8
C29b. A welfare agency?	1	2	7	8
C29c. A mental health agency?	1	2	7	8
C29d. A state agency?	1	2	7	8
C29e. A workforce center or unemployment office	1	2	7	8
C29f. Your employer	1	2	7	8
C29g. OTHER(SPECIFY: _____)	1	2	7	8

C30. Who referred you to place(s) that you went for training or to learn a new job skill?

INTERVIEWER: MARK ONLY ONE. IF R INDICATES IT WAS THEIR IDEA CODE WAS NOT REFERRED HERE.

- PARENT/GUARDIAN.....1
- SPOUSE/PARTNER2
- FRIEND3
- JOB COACH4
- EMPLOYER/SUPERVISOR5
- OTHER RELATIVE6
- BENEFIT SPECIALIST7
- MEDICAL PROVIDER8
- WAS NOT REFERRED BY ANYONE9
- OTHER (SPECIFY _____)10
- REFUSED97
- DON'T KNOW98

[IF C26e=YES, ASK C31 ELSE SKIP TO C35]

C31. Where did you go or who provided the on the job training, job coaching, or support services?

	<u>Yes</u>	<u>Not Used</u>	<u>Not Needed</u>	<u>REF</u>	<u>DK</u>
C31a. A vocational rehabilitation agency?	1	2	3	7	8
C31b. A welfare agency?	1	2	3	7	8
C31c. A mental health agency?	1	2	3	7	8
C31d. A state agency?	1	2	3	7	8
C31e. A workforce center or unemployment office?	1	2	3	7	8
C31f. Your employer?	1	2	3	7	8
C29g. OTHER(SPECIFY: _____)	1	2	7	8	

C32. Who referred you to place(s) that you went for on-the-job training, job coaching, or support services?

INTERVIEWER: MARK ONLY ONE.

IF R INDICATES IT WAS THEIR IDEA CODE WAS NOT REFERRED BY ANYONE.

- PARENT/GUARDIAN.....1
- SPOUSE/PARTNER2
- FRIEND3
- JOB COACH4
- EMPLOYER/SUPERVISOR5
- OTHER RELATIVE6
- BENEFIT SPECIALIST7
- MEDICAL PROVIDER8
- WAS NOT REFERRED BY ANYONE9
- OTHER (SPECIFY _____)10
- REFUSED97
- DON'T KNOW98

UNEMPLOYED RESPONDENTS (A1 NE 1) SKIP TO C37

C33. [IF SELF-EMPLOYED SKIP TO C36] Please tell me whether or not your {main/current} employer has made any accommodations because of your physical or mental condition. Has your employer ... (NBS-modified)

	<u>YES</u>	<u>NO</u>	<u>NOT NEEDED</u>	<u>REF</u>	<u>DK</u>
C33a. Provided you with any <u>special equipment</u> or assistive technology	1	2	3	7	8
C33b. Kept your job available to you, even though you have to go out on disability from time to time?	1	2	3	7	8
C33c. Arranged for <u>co-workers</u> or others to help you when you need it?	1	2	3	7	8
C33d. Provided you with any modified computer hardware?	1	2	3	7	8
C33e. Provided you with any modified computer software?	1	2	3	7	8
C33f. Made any other changes that I didn't mention to accommodate your condition in the workplace? (SPECIFY:_____)	1	2	3	7	8

ASK ALL RESPONDENTS

C34. * Taking all things into account, how satisfied are you with your [main/current] job? Would you say you are:

PROGRAMMER: USE "MAIN" IF C4>01, OTHERWISE USE "CURRENT."

- Very satisfied1
- Somewhat satisfied2
- Not very satisfied3
- Not at all satisfied?4
- REFUSED97
- DON'T KNOW98

C35. Now, I would like to ask you some questions about how you usually spend your time. **In an ordinary week**, about how many hours do you spend in each of these activities:

[INTERVIEWER: IF NONE, ENTER 0. IF LESS THAN 1, ENTER 1]

	Number of Hours per Week
C35a. Working in a job for which you are paid?	_ _ _
C35b. Doing unpaid work at a family business?	_ _ _
C35c. (if C37a or C37b >0) Commuting to and from work?	_ _ _
C35d. In volunteer work for an organization?	_ _ _
C35e. In school, working toward a degree, or in a training program?	_ _ _
C35f. In home-making or home maintenance activities including caring for others, housekeeping, food preparation, yard work or house repairs?	_ _ _
C35g. In personal health care and self grooming activities?	_ _ _

C36. [IF A3 = 1 OR C35d>0, ASK C36, ELSE SKIP TO D1] Did any of the volunteer or unpaid work we just discussed lead you to a paid job?

- YES 1
- NO2
- REFUSED7
- DON'T KNOW8

SECTION D: BARRIERS TO EMPLOYMENT

Personal Views

Now I am going to read you a few statements. I'm going to ask whether or not you agree with each one. Please remember that there is no right or wrong answer, the questions are simply asking what you think about each one.

D1. * For the following statements, please tell me whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. (NBS modified)

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	NA	REF	DK
D1a. I am limited in my ability to work because of a physical or mental condition.	1	2	3	4	5	6	7	8
D1b. I am limited in my ability to work because I do not have reliable transportation to and from work.	1	2	3	4	5	6	7	8
D1c. I am limited in my ability to work because I am caring for children or others	1	2	3	4	5	6	7	8
D1d. It is difficult for me to work because I am afraid I will lose my disability benefits	1	2	3	4	5	6	7	8
D1e. I am limited in my ability to work because I am finishing a school or training program	1	2	3	4	5	6	7	8
D1f. Many workplaces are not accessible to people with my disability	1	2	3	4	5	6	7	8
D1g. I don't have the skills or training I need to return to work.	1	2	3	4	5	6	7	8
D1h. It will be difficult to re-qualify for Social Security disability benefits in the future if I work.	1	2	3	4	5	6	7	8

Now I am going to read you a few statements. I'm going to ask whether or not you agree with each one. Please remember that there is no right or wrong answer, the questions are simply asking what you think about each one.

D2. * Do your personal goals include [IF A1=2, getting a job], moving up in a job or learning new job skills?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

D3. Are you currently receiving Social Security disability benefits?

- YES1
- NO2 (SKIP TO D4)
- REFUSED7 (SKIP TO D4)
- DON'T KNOW8 (SKIP TO D4)

*D3a. Do your personal goals include someday working and earning enough to stop receiving Social Security disability benefits?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

INTERVIEWER READS THIS INTRODUCTION: *Under the current rules of the Social Security Disability Insurance program, disability beneficiaries are allowed to earn up to \$1000 per month without a change to your benefits. This limit is called the level of Substantial Gainful Activity or SGA and the Social Security increases this limit each year to adjust for inflation. When disability beneficiaries go to work while receiving disability benefits, SSA ignores the cap of \$1000 for up to 9 months, no matter how much a beneficiary earns from work.*

D4. * We'd like to know which of the following things you think would happen to your **monthly disability cash benefits** if you were to work and earn more than the SGA limit of \$1000 month after those initial months have passed. Thinking about the **amount of your disability cash benefits**, if you earned more than \$1,000 after those initial months...

*D4a. Do you think you would lose your monthly benefits completely? That is, would the amount of your benefits fall to \$0?

- YES1
- NO2
- REFUSED7
- DON'T KNOW8

D4b. * Do you think your benefits would be reduced but that you would be able to keep receiving some of your monthly disability benefits?

- YES1
- NO2 (SKIP TO D4d)
- REFUSED7
- DON'T KNOW8

D4c. * [IF D5b=YES] How do you think those benefits would be reduced? Do you think that they would be reduced...

- By the full amount of your benefit? 1
- By half of the amount of your benefits, that is a \$1 reduction in benefits for every \$2 you earn from work?2
- By some other amount?3
- REFUSED7
- DON'T KNOW8

D4d. * Do you think your disability benefits would stay the same? That is, nothing would happen to your monthly disability benefits if you earned more than \$1000 per month after the initial nine months that SSA allows?

- YES 1
- NO2
- REFUSED7
- DON'T KNOW8

D5. Now, we'd like to know which of the following things you think would happen to your **eligibility for disability benefits** if you were to work and earn more than the SGA limit of \$1000 month after those initial months have passed. Thinking about your eligibility for disability benefits...

D5a. * Do you think you would remain eligible for disability benefits in the future, no matter how much you earn from work? That is, you would never have to re-apply for benefits?

- YES 1
- NO2
- REFUSED7
- DON'T KNOW8

D5b. * Do you think you would remain eligible for disability benefits for awhile, but eventually you would no longer be eligible to receive benefits? That is, do you think eventually you would have to re-apply for benefits?

- YES 1
- NO2
- REFUSED7
- DON'T KNOW8

SECTION E: INCOME

I'm going to ask you about the income you personally received last month, that is, in [INSERT LAST MONTH, THIS YEAR]. This includes income and benefits from different programs. When answering these questions, please think **only about your own earnings and benefits**, and don't include earnings or benefits that other family members may have received.

E1. IF D3=1, ASK, OTHERWISE, SKIP TO E2A

E1a. You just told me you get income from Social Security (or SSDI). How much do you get each month?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$_____ (SKIP TO E2)

REFUSED-2

DON'T KNOW-1

E1b. Was it more than or less than \$300?

\$300 OR MORE1

LESS THAN \$3002

REFUSED7

DON'T KNOW8

E2. (In addition to your Social Security or SSDI, last/ Last) month did you receive any income from... [READ EACH SOURCE. IF RESPONDENT VOLUNTEERS 'I ONLY GET SSDI or SOCIAL SECURITY' SKIP TO E4

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
E2a. Veterans' benefits?	1	2	7	8
E2b. Public assistance or welfare payments?	1	2	7	8
E2c. Workers' compensation?	1	2	7	8
E2d. Private disability insurance?	1	2	7	8
E2e. Unemployment benefits?	1	2	7	8
E2f. Private pensions or government employee pensions?	1	2	7	8
E2g. Disability insurance for a Disabled adult child?	1	2	7	8
E2h. Other sources on a regular basis but not from jobs or Social Security?	1	2	7	8
E2i. Other sources not on a regular basis?	1	2	7	8
E2j. IF VOLUNTEERED BY RESPONDENT: SSDI ONLY	1	2	7	8

E3. How much income did you receive last month from {SOURCE FROM F2}?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$_____ (GO TO E2 FOR NEXT SOURCE OR E4 IF NO OTHER SOURCES OF INCOME)

- REFUSED-2
- DON'T KNOW-1 (ASK E2a)

E3a. Was it more than or less than \$300?

- \$300 OR MORE 1 (SKIP TO E2b)
- LESS THAN \$3002 (SKIP TO E2c)
- REFUSED7
- DON'T KNOW8

E3b. Was it more than or less than \$500?

- \$500 OR MORE 1
- LESS THAN \$5002
- REFUSED7
- DON'T KNOW8

**GO TO E2 FOR NEXT SOURCE
OR E4**

E3c. Was it more than or less than \$150?

- \$150 OR MORE 1
- LESS THAN \$1502
- REFUSED7
- DON'T KNOW8

**GO TO E2 FOR NEXT SOURCE
OR E4**

E4. Did you or any member of your household receive SNAP benefits (Supplemental Nutrition Assistance Program) or food stamps last month?

- YES 1
- NO2 (SKIP TO E5)
- REFUSED7 (SKIP TO E5)
- DON'T KNOW8 (SKIP TO E5)

E4a. What was the dollar value of the SNAP benefit (Supplemental Nutrition Assistance Program) or food stamps you received last month?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ _____.

- REFUSED-2
- DON'T KNOW-1

E5. Did you or any member of your household receive assistance from any other government source? For example: energy assistance or child care assistance.

- YES 1
- NO2 (SKIP TO E8)
- REFUSED7 (SKIP TO E8)
- DON'T KNOW8 (SKIP TO E8)

E6. What type of other assistance did you receive?

<OPEN> _____

- REFUSED97
- DON'T KNOW98

E7. How much income did you receive last month from this other assistance?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ _____.

- REFUSED-2
- DON'T KNOW-1

E8. Do you currently receive any governmental housing assistance in paying rent, such as through public housing or Section 8 or a Housing Choice Voucher? (HOPE VI, MTO)

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

Now I'd like you to think about the income of all members in your household.

E9. What was the total combined income of all members of this household during the [LAST CALENDAR YEAR]? Please include money from jobs, work on the side, welfare, SSI, help from your family and friends, and any other money income received by you or any other household member. (Effects of Housing Choice Vouchers on Welfare Families)

- ENTER DOLLAR AMOUNT: \$ _____ . _____ (SKIP TO F1)
- REFUSED -2
- DON'T KNOW -1

E9a. Would it amount to \$10,000 or more?

- YES 1
- NO 2 (SKIP TO E9e)
- REFUSED 7 (SKIP TO E9e)
- DON'T KNOW 8 (SKIP TO E9e)

E9b. Would it amount to \$20,000 or more?

- YES 1
- NO 2 (SKIP TO E9d)
- REFUSED 7 (SKIP TO E9d)
- DON'T KNOW 8 (SKIP TO E9d)

E9c. Would it amount to \$25,000 or more?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

(SKIP TO F1)

E9d. Would it amount to \$15,000 or more?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

(SKIP TO F1)

E9e. Would it amount to \$5,000 or more?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

E10. INTERVIEWER CHECK: IF EITHER A6 OR A7 = 1, ASK E10a. OTHERWISE, SKIP TO F1.

E10a. Did your spouse (or partner) work during the last calendar year?

- YES 1
- NO 2 (SKIP TO F1)
- REFUSED 7
- DON'T KNOW 8

E10b. How much did your spouse earn from work last year?

- ENTER DOLLAR AMOUNT: \$ _____
- REFUSED -2
- DON'T KNOW -1

SECTION F: HEALTH AND FUNCTIONAL STATUS

The next few questions ask about your health and how well you are able to do your usual activities. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

F1. Does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Does it limit you...

(SF-12)

- A lot, 1
- A little, or 2
- Not at all? 3

F2. Does your health now limit you in climbing several flights of stairs? Does it limit you...

(SF-12)

- A lot, 1
- A little, or 2
- Not at all? 3

The next two questions ask about your physical health and your daily activities.

F3. * During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of your physical health? Would you say...

(SF-12)

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

F4. During the past 4 weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health? Would you say...

(SF-12)

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

Now I will ask about any emotional problems and your daily activities.

F5. * During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

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

F6. * During the past 4 weeks, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

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

F7. * During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere.

- (SF-12)
- Not at all, 1
- A little bit,.....2
- Moderately,3
- Quite a bit, or.....4
- Extremely?5

These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give me the one answer that comes closest to the way you have been feeling.

F8. * During the past 4 weeks, how much of the time have you felt calm and peaceful? Would you say...

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

F9. * During the past 4 weeks, how much of the time did you have a lot of energy? Would you say... (SF-12)

- All of the time, 1
Most of the time,.....2
Some of the time,3
A little of the time, or4
None of the time?.....5

F10. * During the past 4 weeks, how much of the time have you felt downhearted and depressed? Would you say...

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

F11. * During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives? Would you say...

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

Health Care Service Utilization

F12. During the past 12 months, have you stayed overnight in a hospital? (HCC)

- YES 1
NO2 (SKIP TO F14)
REFUSED7
DON'T KNOW8

F13. During the past 12 months, how many nights in total did you stay in the hospital? (HCC)

- |_|_| TIMES
REFUSED-2
DON'T KNOW-1

Now I'd like to ask some general health related questions.

F14. How tall are you without shoes? (NHIS 97)

IF NECESSARY READ: Please respond in feet and inches?

|_| FEET |_|_| INCHES
(3-8) (1-11)

REFUSED-2
DON'T KNOW-1

F15. How much do you weigh without shoes? (NHIS97)

|_|_| POUNDS(50-300)
(50-600)

REFUSED-2
DON'T KNOW-1

Now I'd like to ask you some questions about everyday activities and how much difficulty you have doing these activities. Please give me your best answer even if the questions don't seem to apply to you.

F16. Do you need help with personal care such as bathing, dressing, or getting around the house because of an impairment or a physical or mental health problem?

YES 1
NO2
REFUSED7
DON'T KNOW8

F17. During the past 12 months, about how many days did illness or an injury keep you in bed more than half of the day? (Please include days that you were an overnight patient in a hospital.)

NUMBER OF DAYS _____
NONE0
REFUSED-2
DON'T KNOW-1

F18. Do you need the help of another person in order to get around inside your home?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

F19. Do you need the help of another person in order to get around outside your home?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

F20. * Do you have a lot of trouble concentrating long enough to finish everyday tasks?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

F21. * Do you have a lot of trouble coping with day-to-day stresses?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

SECTION G: HEALTH INSURANCE

Now, I'm going to ask you about different types of health insurance coverage you might have.

G1. Do you have health insurance coverage now?
(HCC)

[INTERVIEWER: PROBE IF NECESSARY: "For instance, are you covered by a plan that someone else in your family has, or through a health plan your employer provides, or Medicare, Medicaid, or a plan you bought on your own?"]

YES 1 (SKIPTO G3)
 NO 2
 REFUSED 7
 DON'T KNOW 8

G2. So, you are uninsured, is that correct?
(HCC)

[INTERVIEWER: PROBE IF NECESSARY: "This means no Medicaid coverage or any other government sponsored health insurance coverage."]

YES 1 (SKIPTO G5)
 NO 2
 REFUSED 7
 DON'T KNOW 8

G3. What kinds of health coverage do you have?

PROBE: Any other kind?

INTERVIEWER: CODE ALL THAT APPLY.

MEDICAID/{STATMED} 1
 MEDICARE 2
 CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY 3
 INDIAN HEALTH SERVICE 4
 MEDI-GAP 5
 STATE PROGRAM 6
 PRIVATE INSURANCE THROUGH OWN EMPLOYER 7
 PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT 8
 PRIVATE INSURANCE PAID BY SELF/FAMILY 9
 PRIVATE DISABILITY INSURANCE PAID BY SELF/FAMILY 10
 OTHER PLAN (SPECIFY) _____ 95
 REFUSED 97
 DON'T KNOW 98

SECTION H: FINANCIAL HARDSHIP

The next set of questions are about difficulties people sometimes have in meeting their essential household expenses. Essential household expenses are things such as mortgage or rent payments, utility bills, or important medical care.

H1. During the past 12 months, has there been a time when you did not meet all of your essential expenses?

IF NEEDED: Essential household expenses include such things as mortgage or rent payments, utility bills or important medical care

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

H2. The following are some of the specific difficulties people experience with household expenses. Was there any time in the past 12 months when you did not pay the full amount of the rent or mortgage?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

H3. In the past 12 months were you evicted from your home or apartment for not paying the rent or mortgage?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

H4. Was there a time in the past 12 months when you could not pay the full amount of the gas, oil, or electricity bills?

- YES 1
- NO 2 (SKIP TO H6)
- REFUSED 7 (SKIP TO H6)
- DON'T KNOW 8 (SKIP TO H6)

H5. In the past 12 months did the gas or electric company turn off service, or the oil company not deliver oil because you did not pay?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

H6. Was there a time in the past 12 months when the telephone or cell phone company disconnected service because you did not pay?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

H7. Getting enough food can also be a problem for some people. Which of these statements best describes the food eaten in your household in the last twelve months:

- Enough of the kinds of food we want..... 1
- Enough but not always the kinds of food we want to eat..... 2
- Sometimes not enough to eat 7
- Often not enough to eat 8
- REFUSED 7
- DON'T KNOW 8

H8. I'm going to read you some statements that people have made about their food situation. For these statements, please tell me whether it was often true, sometimes true, or never true for you in the last twelve months.

"The food that I bought just didn't last and I didn't have money to get more." Was that often, sometimes or never true for you in the last twelve months?

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE 7
- REFUSED 7
- DON'T KNOW 8

H9. The next statement is: "I couldn't afford to eat balanced meals" Was that often, sometimes or never true for you in the last twelve months?

- OFTEN TRUE 1
- SOMETIMES TRUE.....2
- NEVER TRUE7
- REFUSED7
- DON'T KNOW8

H10. The next statement is: I was not eating enough because I couldn't afford enough food." Was that often, sometimes or never true for you in the last twelve months?

- OFTEN TRUE 1
- SOMETIMES TRUE.....2
- NEVER TRUE7
- REFUSED7
- DON'T KNOW8

H11. The next questions refer to adults in the household. In the past twelve months did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- YES 1
- NO.....2
- REFUSED7
- DON'T KNOW8

H12. In the past twelve months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- YES 1
- NO.....2
- REFUSED7
- DON'T KNOW8

H13. In the past twelve months, did you ever not eat for a whole day because there wasn't enough money for food?

- YES 1
- NO.....2
- REFUSED7
- DON'T KNOW8

SECTION I: PERSONAL CHARACTERISTICS

Demographics

I have a few more questions about you.

I1. What is your ethnic background? Are you:

- Hispanic or Latino, or 1
- Not Hispanic or Latino? 2
- REFUSED 7
- DON'T KNOW 8

I2. What is your race? Do you think of yourself as:

INTERVIEWER: CODE ALL THAT APPLY.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
I2a. IF VOLUNTEERED: MULTIRACIAL,	1	2	7	8
I2b. Alaska Native or American Indian	1	2	7	8
I2c. Asian	1	2	7	8
I2d. Black or African American	1	2	7	8
I2e. Native Hawaiian or Other Pacific Islander	1	2	7	8
I2f. White	1	2	7	8
I2g. OTHER (SPECIFY _____)	1	2	7	8

I3. What is the primary language spoken in your home?

- ENGLISH 1
- SPANISH 2
- AMERICAN SIGN LANGUAGE 3
- OTHER(SPECIFY _____) 4
- REFUSED 7
- DON'T KNOW 8

I4. INTERVIEWER: RECORD RESPONDENT'S GENDER:

MALE / FEMALE [query or interviewer observation]

Current Living Situation

15. Thinking about the place you live, would you say that this place is a...

[INTERVIEWER: CODE ONE ANSWER.]

[IF RESPONDENT LIVES IN ONE UNIT WITHIN A TWO- OR THREE-FAMILY HOME, CODE AS REGULAR APARTMENT (03).]

- Single family home 1
- Mobile home.2
- Regular apartment3
- Supervised apartment4
- Group home5
- Halfway house.....6
- Personal care or board and care home7
- Assisted living facility8
- Nursing or convalescent home9
- Shelter10
- Some other type of supervised group residence or facility 11
- Something else_____ 12
- REFUSED97
- DON'T KNOW98

16. Is this place primarily for people with hearing or vision impairments, mental illness psychiatric disabilities, mental retardation, or developmental disabilities?

- YES 1
- NO2
- REFUSED7
- DON'T KNOW8

17. Not including yourself, how many other people live in your household with you now?

- NUMBER OF PEOPLE_____
- REFUSED-2
- DON'T KNOW-1

SECTION J: RESPONDENT CONTACT INFORMATION

Thank you very much for your time today. At this time we'd like to just confirm some information about you. The information we confirm now will allow us to help us be able to get back in touch with you in the future. [It will also allow us to ensure that your incentive payment is sent to the correct address.]

J1. I have your name listed as [READ AND CONFIRM SPELLING OF NAME, FIRST MIDDLE LAST SUFFIX]. Is that correct?

- YES, ALL CORRECT.....1 (SKIP TO J3)
- NO, CORRECT FIRST NAME2 (GO TO J2A)
- NO, CORRECT MIDDLE NAME3 (GO TO J2B)
- NO, CORRECT LAST NAME4 (GO TO J2C)
- NO, CORRECT SUFFIX5 (GO TO J2D)
- REFUSED7 (SKIP TO J3)
- DON'T KNOW8 (SKIP TO J3)

J2. Could you please tell me how to spell your name.?

J2a. FIRST: What is your first name? _____

J2b. MIDDLE: What is your middle name? _____

J2c. LAST: What is your last name? _____

J2d. SUFFIX: Is there anything after your last name, like Jr. or Sr.? _____

J3. I would like to confirm your date of birth. I have your date of birth as [MM/DD/YYYY]. Is that correct?

- YES1 (SKIP TO J4)
- NO2
- REFUSED7 (SKIP TO J4)
- DON'T KNOW8 (SKIP TO J4)

J3a. What is your date of birth?

____/____/____
MM DD YYYY

- REFUSED-2
- DON'T KNOW-1

J4. Our records show that your current address is (READ FROM SAMPLE SHEET). Is this correct?

- YES, ALL OF THAT IS CORRECT)..... 1 (SKIP TO J5)
- NO-UPDATE STREET2 (GO TO J4a)
- NO-UPDATE APARTMENT/UNIT3 (GO TO J4b)
- NO-UPDATE CITY4 (GO TO J4c)
- NO-UPDATE STATE.....5 (GO TO J4d)
- NO-UPDATE ZIP.....6 (GO TO J4e)
- NO-UPDATE TELEPHONE7 (GO TO J5)
- REFUSED97 (SKIP TO J5)
- DON'T KNOW98 (SKIP TO J5)

J4a. STREET: What is your current street address? _____

J4b. APT: Is there an apartment number? _____

J4c. CITY: In what city do you live? _____

J4d. STATE: In what state do you live? _____

J4e. ZIP: What is your zip code? _____

J5. IF CAPI: Our records show your phone number as [AREA CODE/PHONE NUMBER]
IF CATI: I called you at [AREA CODE/PHONE NUMBER].
Is this the best number to reach you at?

- YES 1 (SKIP TO J7)
- NO2
- REFUSED7 (SKIP TO J7)
- DON'T KNOW8 (SKIP TO J7)

J6. What is your home phone number, starting with area code?

- (____) _____ - _____
- REFUSED7
- DON'T KNOW8

J7. Do you have a cell phone number?

- YES 1
- NO 2 (SKIP TO END)
- REFUSED 7
- DON'T KNOW 8

J7a. What is your cell phone number, starting with area code?

- (____) _____ - _____
- REFUSED 7
- DON'T KNOW 8

Thanks so much for your time.