

Instrument 1: Supplemental Baseline Questions

This attachment presents the Supplemental Baseline Questions in the order in which they will appear in the PRS. The supplemental questions will add no more than 15 minutes to existing data collection at program enrollment.

HPOG-Impact Supplemental Baseline Questions

Education

1. Has the participant ever attended any of the following education and training programs?

a. Adult basic education

₁ Yes

₂ No

₃ Not reported

b. English as second language

₁ Yes

₂ No

₃ Not reported

c. Vocational, technical or trade school (other than college)

₁ Yes

₂ No

₃ Not reported

d. Classes in how to succeed in school (for example, college success course)

₁ Yes

₂ No

₃ Not reported

e. Classes in how to succeed at work (for example, work habits, communication)

₁ Yes

₂ No

₃ Not reported

Expectations, self-perceptions and motivations

2. What is the highest level of education that the participant eventually expects to complete?
(Choose one category.)

- ₁ No additional school
- ₂ GED or equivalent
- ₃ Regular high school diploma
- ₄ Alternative non-academic credential, including industry-recognized credential, certification of completing vocational training, etc.
- ₅ Associate's degree (for example, AA, AS)
- ₆ Bachelor's degree (for example, BA, BS)
- ₇ Graduate (Master's, Doctoral, or other advanced professional) degree
- ₈ Not reported

3. Thinking about the near future, does the participant expect to be going to school full-time or part-time if he/she is selected to participate in HPOG?

- ₁ Full-time
- ₂ Part-time
- ₃ Not reported

4. Does the participant expect to be working for pay in the next few months?

- ₁ Yes →
- ₂ No
- ₃ Not reported

a. If yes, how many hours does the participant expect to be working in a typical week?
___ Hours/week

5. If the participant is not selected to participate in HPOG this year, what are his/her plans for education and work? Does he/she plan to:

a. Enroll in another vocational training program?

- ₁ Yes
- ₂ No
- ₃ Not reported

b. Enroll in a basic education and training program, such as GED prep, basic English or math, etc.?

- ₁ Yes
- ₂ No
- ₃ Not Applicable (already attained GED or high school diploma)
- ₄ Not reported

c. Complete a regular high school diploma?

- ₁ Yes
- ₂ No
- ₃ Not Applicable (already attained GED or high school diploma)
- ₄ Not reported

d. Enroll in four-year or community college?

₁ Yes

₂ No

₃ Not Applicable (currently enrolled)

₃ Not reported

e. Seek employment?

₁ Yes →

₂ No

₃ Not Applicable (currently employed)

₄ Not reported

i. If yes, does the participant plan to seek employment in the healthcare field?

₁ Yes

₂ No

₃ Not reported

6. When it comes to careers, some people are more certain than others that they know where they are headed and how to get there. Please ask the participant how strongly he/she agrees/disagrees that the following statements reflect his/her career situation: (*Strongly disagrees, Disagrees, Agrees, Strongly agrees*)

<i>How much does the participant agree that he/she knows...:</i>	Strongly Disagrees	Disagrees	Agrees	Strongly Agrees
a. ...how to make a plan that will help achieve his/her goals for the next 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...the occupation he/she wants to enter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...the type of organization he/she wants to work for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In the **past 12 months**, please note how often each of the following situations interfered with the participant's school, work, job search, or family responsibilities: (*Never, Almost never, Sometimes, Fairly often, Very often*)

<i>How often has the participant had problems or difficulties with:</i>	Never	Almost Never	Sometimes	Fairly Often	Very Often
a. Child care arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. An illness or health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please ask the participant how strongly he/she agrees/disagrees with the following statements about his/her work preferences: (*Strongly agrees, Agrees, Disagrees, Strongly disagrees*)

<i>How much does the participant agree that he/she:</i>	Strongly Agrees	Agrees	Disagrees	Strongly Disagrees
a. ...will take any job even if the pay is low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. ...only wants the kind of job that is related to his/her training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Please ask the participant how much a job must pay per hour for it to make sense for him/her to take it. \$____./Hour <input type="checkbox"/> Do not know				
10. In general, some people have an easier or harder time with these kinds of problems or difficulties. Please ask the participant how he/she would respond to the following statements: (<i>Not at all true, Somewhat true, Exactly true</i>)				
<i>How true are the following statements?:</i>	Not at all True	Somewhat True	Exactly True	
a. He/she can handle whatever comes his/her way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. He/she is certain that he/she can accomplish his/her goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. He/she is resourceful and can handle unforeseen situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Family member income/benefit receipt			
11. In the past month, did anyone in the participant's family (his/her spouse or partner and any other relatives who live with him/her) have income or benefits from any of the following sources? For each yes, about how much was it per month?			
<i>Family had income or benefits from:</i>	Yes	No	How Much
a. Job earnings	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Child support (official or unofficial)	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Family and friends (outside the household)	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Grants or loans for school	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. General Assistance (GA)	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Women, Infants and Children Program (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Social Security Insurance (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Unemployment Insurance (UI) or Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Refugee Cash Assistance (RCA)	<input type="checkbox"/>	<input type="checkbox"/>	_____
m. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	_____
n. Subsidized Child Care	<input type="checkbox"/>	<input type="checkbox"/>	_____

o. Section 8 / Public Housing	<input type="checkbox"/>	<input type="checkbox"/>	_____
p. Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>	_____
q. Free or reduced lunch program	<input type="checkbox"/>	<input type="checkbox"/>	_____

Children						
12. Basic information for each child for whom either the participant or his/her spouse/partner is the legal guardian. Include only children under the age of 18 who live with the participant at least half the time. <i>NOTE: We will notify research participants and secure their approval before engaging in any additional data collection on these children; this roster will be used simply to create a sample that we can draw from for future/possible data collection.</i>						
	First name of child:	Relationship to participant:	Child birthdate:	Amount of time child lives with participant:	Who else the child lives with:	
1	_____	1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	____ / ____ MM / YYYY	1 <input type="checkbox"/> Full-time (12 months/year) 2 <input type="checkbox"/> > 9 months/year 3 <input type="checkbox"/> 6-9 months/year 4 <input type="checkbox"/> < 6 months/year	Yes No Biological parent <input type="checkbox"/> <input type="checkbox"/> Foster parent <input type="checkbox"/> <input type="checkbox"/> Other related adult <input type="checkbox"/> <input type="checkbox"/> Other unrelated adult <input type="checkbox"/> <input type="checkbox"/>	
2	_____	1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	____ / ____ MM / YYYY	1 <input type="checkbox"/> Full-time (12 months/year) 2 <input type="checkbox"/> > 9 months/year 3 <input type="checkbox"/> 6-9 months/year 4 <input type="checkbox"/> < 6 months/year	Yes No Biological parent <input type="checkbox"/> <input type="checkbox"/> Foster parent <input type="checkbox"/> <input type="checkbox"/> Other related adult <input type="checkbox"/> <input type="checkbox"/> Other unrelated adult <input type="checkbox"/> <input type="checkbox"/>	
3	_____	1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	____ / ____ MM / YYYY	1 <input type="checkbox"/> Full-time (12 months/year) 2 <input type="checkbox"/> > 9 months/year 3 <input type="checkbox"/> 6-9 months/year 4 <input type="checkbox"/> < 6 months/year	Yes No Biological parent <input type="checkbox"/> <input type="checkbox"/> Foster parent <input type="checkbox"/> <input type="checkbox"/> Other related adult <input type="checkbox"/> <input type="checkbox"/> Other unrelated adult <input type="checkbox"/> <input type="checkbox"/>	
4	_____	1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	____ / ____ MM / YYYY	1 <input type="checkbox"/> Full-time (12 months/year) 2 <input type="checkbox"/> > 9 months/year 3 <input type="checkbox"/> 6-9 months/year 4 <input type="checkbox"/> < 6 months/year	Yes No Biological parent <input type="checkbox"/> <input type="checkbox"/> Foster parent <input type="checkbox"/> <input type="checkbox"/> Other related adult <input type="checkbox"/> <input type="checkbox"/> Other unrelated adult <input type="checkbox"/> <input type="checkbox"/>	