

HPOG-Impact 36-month Follow-up Survey – Treatment Version

A. INTRODUCTION

Hello, my name is []. May I please speak with _____?

Thank you for taking the time to talk with me today. I work for Abt SRBI. Abt SRBI is an independent research company and we are helping the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) with its evaluation of the Health Profession Opportunity Grants (HPOG) program. We are conducting interviews with people who agreed to be in a study about a program offered at [Name of organization] called [program name].

We are getting ready to contact all of the people who joined the study so we can do a follow-up survey with them. This interview will include questions on your employment and education activities, your use of services, and your overall well-being. This interview will take about 60 minutes to complete. When we are done, we will send you a \$40 check, as a token of appreciation for your time. You agreed to be part of the study around [RAD] (when you signed a consent form to let researchers collect information from you). [INTERVIEWER IF RESPONDENT COMPLETED 15 MONTH SURVEY READ AS NECESSARY: This is a follow-up to the interview you participated in MONTH/YEAR OF LAST INTERVIEW.]

We need to talk with people who got into the program and those who did not. Your participation in this study will help policymakers and program operators better understand how to help people attain educational credentials and find and keep jobs.

Before we begin the survey, I would like to assure you that all of your responses on this survey will be kept private; your name will not appear in any written reports we produce. Your responses to these questions are completely voluntary. That means you may choose not to answer any question, or you may stop the interview if you wish, but we hope you don't. Your responses to these questions will in no way affect your participation in any programs or your receipt of any kinds of public benefits or services. The information you provide will be kept private and only used for this study. By participating in this study, you will help the government learn if and how programs like [LOCAL PROGRAM NAME] make a difference in people's lives and how to improve programs in the future.

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0394 and it expires xx/xx/xxxx. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to [Contact Name]; [Contact Address]; Attn: OMB-PRA (xxxxxxx). Do you have any questions before we begin?

Do you have any questions before we begin?

Let's begin now.

SCREENER/VERIFICATION:

First I just need to verify that I am speaking with the correct person.

- 1. What is your date of birth? _____ (MM/DD/YYYY)

INTERVIEWER: ENTER DATE USING FORMAT BELOW. ENTER DOB EVEN IF IT MATCHES THE SAMPLE INFO. **CATI NOTE: DISPLAY DOB**

Respondent's Birthday: _____ / _____ / _____
MM DD YYYY

REFUSED..... -1

DON'T KNOW..... -2

CATI/CAPI: IF DOB AGREES WITH THE BIRTH DATE ON THE FILE, SKIP TO B1. ELSE, CONTINUE.

- 2. What are the last 4 digits of your Social Security Number?

RECORD LAST 4 DIGITS: _ _ _ _

REFUSED..... -1

DON'T KNOW..... -2

CATI/CAPI NOTE: DISPLAY LAST 4 DIGITS SSN

INTERVIEWER – ENTER LAST 4 DIGITS OF SSN EVEN IF IT MATCHES THE SAMPLE INFO

CATI/CAPI: IF THE 4 DIGITS GIVEN BY RESPONDENT AGREE WITH THE NUMBER ON THE FILE, SKIP TO B1.

IF SSN IS MISSING IN THE SAMPLE OR IS A MISMATCH WITH WHAT IS ENTERED AND THERE IS A MISMATCH IN DOB, DISPLAY DISCONTINUED TEXT.

CATI: IF INTERVIEW DISCONTINUED: *I'm sorry. I was unable to pull up the correct questionnaire. I will need to check with my supervisor to look into the problem. I will re-contact you when the problem is resolved. Thank you for your time.*

B. Employment and training history

I'd first like to get a general idea of some of the things you may have done since [MONTH AND YEAR OF RAD]. At that time you applied to be part of program offered at [NAME OF ORGANIZATION] called [PROGRAM NAME]. I'm interested in whether you were employed, taking part in a training program, or involved in other activities during this time. In answering the questions, please include any full or part-time jobs or classes which have lasted at least one month.

Let's begin with what you were doing in [MONTH AND YEAR OF RAD], when you applied to be part of [PROGRAM NAME] at [NAME OF ORGANIZATION].

B1. In [MONTH AND YEAR OF RAD], were you working at a job for pay, or going to school, both working for pay and going to school, or neither working nor going to school?

- WORKING AT A JOB FOR PAY
- GOING TO SCHOOL
- BOTH WORKING AT A JOB FOR PAY AND GOING TO SCHOOL
- NEITHER WORKING AT A JOB FOR PAY OR GOING TO SCHOOL
-
-

IF **B1 = JOB ONLY OR BOTH JOB AND SCHOOL**: Okay, we are going to start with some questions about your job at that time. If you had more than one job, please talk about your main job. **GO TO SECTION F, JOB SPELL**

IF **B1 = SCHOOL ONLY**: Alright, let's first talk about the classes you were taking in [MONTH AND YEAR OF RAD]. **GO TO SECTION C, SCHOOL SPELL**

IF **B1 = NEITHER JOB NOR SCHOOL**, CONTINUE.

B2. What were you doing at that time, were you...(Choose all that apply)

- Enrolled in classes and waiting for classes to start or in between terms
- Waiting for a job that you were offered to start
- Looking for a job
- Caring for your children or other family members
- Dealing with health issues such as illness, injury, or pregnancy
- Other
- Don't know
- Refused

B3. Since [MONTH AND YEAR OF RAD], have you taken any classes, worked at a job for pay, or both taken classes and worked for pay?

- WORKED AT A JOB FOR PAY [**GO TO SECTION F, JOB SPELL**]
- TAKEN CLASSES [**GO TO SECTION C, SCHOOL SPELL**]
- BOTH WORKED FOR PAY AND TAKEN CLASSES
- NO, NEITHER WORKED FOR PAY NOR TOOK CLASSES [**GO TO B9**]
- REFUSED [**GO TO QUESTION 14 IN SECTION I**]
- DON'T KNOW [**GO TO QUESTION 14 IN SECTION I,**]

B4. Which did you do first?

- Started a job for pay [**GO TO SECTION F, JOB SPELL**]
- Went to school or started classes [**GO TO SECTION C, SCHOOL SPELL**]
- Don't know
- Refused

CATI/CAPI: IF NO REMAINING FULLY EMBEDDED SPELLS AND NO PERIODS OF NO ACTIVITY, GO TO SECTION I, EDUCATION AND CAREER GOALS.

- B5. IF ANY FULLY EMBEDDED SCHOOL SPELLS WERE DISCOVERED, RECOVER INFORMATION FOR OLDEST SUCH SPELL:** *I would like now to return to the time between [SPELL START DATE] and [SPELL END DATE] when you were attending [SCHOOL NAME] while working at [EMPLOYER NAME].* **GO TO SCHOOL SPELL.**

IF MULTIPLE FULLY EMBEDDED SCHOOL SPELLS WERE DISCOVERED, REPEAT B5 FOR EACH.

- B6. IF ANY FULLY EMBEDDED WORK SPELLS WERE DISCOVERED DURING SCHOOL SPELLS, RECOVER INFORMATION FOR OLDEST SUCH SPELL:** *I would like now to return to the time between [SPELL START DATE] and [SPELL END DATE] when you were working at [EMPLOYER NAME] while going to school at [SCHOOL NAME].* **GO TO JOB SPELL.**

IF MULTIPLE FULLY EMBEDDED WORK WHILE AT SCHOOL SPELLS WERE DISCOVERED, REPEAT B6 FOR EACH.

- B7. IF ANY FULLY EMBEDDED WORK SPELLS WERE DISCOVERED DURING OTHER WORK SPELLS, RECOVER INFORMATION FOR OLDEST SUCH SPELL:** *I would like now to return to the time between [SPELL START DATE] and [SPELL END DATE] when you were working at [EMPLOYER NAME] while also working at [EMPLOYER NAME].* **GO TO JOB SPELL.**

IF MULTIPLE FULLY EMBEDDED WORK WITHIN WORK SPELLS WERE DISCOVERED, REPEAT B7 FOR EACH.

CATI/CAPI: REVIEW START AND END DATES OF EACH SPELL. IF ANY SPELL HAS A PERIOD OF MISSING ACTIVITY OF FOUR MONTHS OR LONGER, CONTINUE. IF NO MISSING PERIODS OF FOUR MONTHS OR LONGER, GO TO QUESTION I4 IN SECTION I, EDUCATION AND CAREER GOALS

- B8.** We are almost done talking about your employment and training history. Before we go on to other topics, according to my notes between [GAP START DATE] and [GAP END DATE], you were neither working nor going to school. Is that correct?

INTERVIEWER: IF NO, PROBE TO DETERMINE IF R WAS WORKING OR WAS IN SCHOOL.

- YES
- NO, R WAS WORKING [GO TO SECTION F, JOB SPELL]
- NO, R HAD SCHOOL SPELL [GO TO SECTION C, SCHOOL SPELL]

- NO, R WAS WORKING AND HAD A SCHOOL SPELL [GO TO SECTION F, JOB SPELL]

B9. What was the main reason you did not have a job during that time?

- DID NOT WANT TO WORK
 COULD NOT FIND A JOB
 UNABLE TO WORK BECAUSE OF INJURY, ILLNESS, OR DISABILITY
 INCARCERATED
 PREGNANCY/CHILDBIRTH
 FAMILY RESPONSIBILITIES
 TRANSPORTATION
 OTHER, SPECIFY: _____
 DON'T KNOW
 REFUSED

B10. What was the main reason you could not go to school during that time?

- DID NOT WANT TO GO TO SCHOOL
 COULD NOT GET INTO ANY SCHOOLS I WANTED
 COULD NOT AFFORD IT
 NOT ENOUGH TIME
 UNABLE TO GO TO SCHOOL BECAUSE OF INJURY, ILLNESS, OR DISABILITY
 INCARCERATED
 PREGNANCY/CHILDBIRTH
 FAMILY RESPONSIBILITIES
 TRANSPORTATION
 OTHER, SPECIFY: _____
 DON'T KNOW
 REFUSED

GO TO QUESTION I4 IN SECTION I, EDUCATION AND CAREER GOALS

C. School Spell

IF OVERLAPPING/EMBEDDED SCHOOL SPELL: *You already mentioned that in [START DATE] you started taking classes at [SCHOOL NAME], [GO TO C4]. OTHERWISE, CONTINUE.*

C1. [IF B1=SCHOOL AT RAD:] What is the name of the place where you were taking classes at in [MONTH AND YEAR OF RAD]?

[IF B3=SCHOOL OR B3=BOTH AND B4=SCHOOL:] What is the name of the place where you were taking classes?

[IF NEW SCHOOL:] What is the name of the next place where you were taking classes?

_____ (CHECK SPELLING)

C2. About when did you start taking classes at [SCHOOL NAME]? Please give me the month and year you started.

____ / ____
M M / Y Y Y Y

C3. Are you still taking classes at [SCHOOL NAME]? If you are in between terms, please consider that as currently taking these classes.

- YES
- NO [SKIP TO C6]
- REFUSED [SKIP TO C6]
- DON'T KNOW [SKIP TO C6]

CATI NOTE: CURRENTLY ENROLLED [C3=YES OR E4C=STILL ATTENDING], USE WORDING1; IF NOT CURRENTLY ENROLLED [C3=NO OR E4C=NOT STILL ATTENDING], USE WORDING2.

C4. While taking classes at [SCHOOL NAME], [have you been/were you] a student mainly full-time, mainly part-time, or an equal mix of full-time and part time?

- FULL-TIME
- PART-TIME
- EQUAL MIX
- REFUSED
- DON'T KNOW

C5. [Have you earned/did you earn] any regular college credits in these regular college classes at [SCHOOL NAME]?

- YES
- NO [SKIP TO C6]
- REFUSED [SKIP TO C6]
- DON'T KNOW [SKIP TO C6]

- a. [IF YES]: How many credits [have you earned/did you earn]? _____
- € REFUSED
 - € DON'T KNOW

IF CURRENTLY ENROLLED [C3=YES], SKIP TO C8. IF FOCAL SCHOOL SPELL IS FULLY EMBEDDED SCHOOL SPELL, SKIP TO C7. OTHERWISE, CONTINUE.

C6. About when did you stop taking classes at [SCHOOL NAME]? Please give me the month and year you last attended.

____ / ____
M M / Y Y Y Y

C7. Did you complete your classes at [SCHOOL NAME], or did you stop without completing them?
 COMPLETED THE PROGRAM (SKIP TO NOTE ABOVE C8)

- STOPPED WITHOUT COMPLETING THE PROGRAM
- REFUSED (SKIP TO Q16)
- DON'T KNOW (SKIP TO Q16)
- a. [IF STOPPED]: What was the main reason that you stopped taking classes at [SCHOOL NAME]?
- POOR GRADES
- TOO HARD/WASN'T GETTING IT
- CLASSES OR PROGRAM POORLY TAUGHT
- STARTED OTHER SCHOOL/TRAINING
- NOT ENOUGH MONEY TO CONTINUE
- NOT ENOUGH TIME TO CONTINUE
- DIDN'T LIKE PROGRAM
- LOST MOTIVATION
- NOT INTERESTED IN PROGRAM
- DIDN'T THINK IT WOULD HELP ME FIND A JOB
- ILLNESS
- PREGNANCY
- CHILD CARE ISSUES
- OTHER FAMILY REASONS
- TRANSPORTATION/COORDINATION PROBLEMS
- FOUND JOB/RE-EMPLOYED
- OTHER (SPECIFY)_____
- REFUSED
- DON'T KNOW

IF FOCAL SCHOOL SPELL IS CLASSIFIED AS A FULLY EMBEDDED SPELL, THEN RETURN TO INSTRUCTIONS AFTER B4 IN SECTION B.

C8. While taking classes at [SCHOOL NAME], were there any periods of a month or more when you were not attending classes? Please do not include time when you were on school planned breaks such as spring, summer, or holiday breaks.

- YES (GO TO SECTION D, GAP)
- NO
- REFUSED
- DON'T KNOW

C9. While you were taking classes at [SCHOOL NAME], were you also working for pay at a job for at least 4 weeks [IF WORKED DURING SCHOOL GAP [BOTH C8=YES AND D2=YES]:

[different from the job you already told me about]?

- Yes (GO TO QUESTION E1 IN SECTION E)
- No
- REFUSED
- DON'T KNOW

IF THE RESPONDENT IS STILL ATTENDING THE SCHOOL THAT IS THE FOCUS OF THIS SPELL [C3=YES], THEN RETURN TO INSTRUCTIONS AFTER B4 IN SECTION B. OTHERWISE CONTINUE WITH C10.

C10. After you stopped taking classes at [SCHOOL NAME] in [STOP DATE], what did you do next?

Did you go to a new school, work at a job for pay or do other activities?

- I WENT TO A NEW SCHOOL (REPEAT C1-C10 FOR THE NEXT SCHOOL)
- I WORKED AT A JOB FOR PAY (GO TO SECTION F, JOB SPELL)
- I DID OTHER ACTIVITIES (GO TO SECTION H, OTHER ACTIVITIES SPELL)
- REFUSED
- DON'T KNOW

D. Gap

D1. Please tell me a little more about that time you were not taking classes for a month or more while enrolled in [SCHOOL NAME].

a. When did you stop taking classes?

____ / ____
M M / Y Y Y Y

€ REFUSED

€ DON'T KNOW

b. When did you return to classes at [SCHOOL NAME]?

____ / ____
M M / Y Y Y Y

€ REFUSED

€ DON'T KNOW

D2. Did you have a job during that period?

€ YES

€ NO [RETURN TO C9 IN SECTION C, SCHOOL SPELL TO COMPLETE QUESTIONS REGARDING FOCAL SCHOOL SPELL]

€ REFUSED

€ DON'T KNOW

D3. What was the name of the employer? **INTERVIEWER** PROBE: Where did you work?

_____ EMPLOYER NAME [THIS SPELL WILL BE TREATED AS A FULLY EMBEDDED WORK WITHIN SCHOOL SPELL]

IF VOLUNTEERED: Self-employed

Refused

Don't know

a. When did you start working for [EMPLOYER]? Please tell me the month and year that you started.

_____ MONTH _____ YEAR

Refused

Don't know

b. When did you stop working for [EMPLOYER]? Please give the month and year.

_____ MONTH _____ YEAR

Still employed

Refused

Don't know

[RETURN TO C9 IN SECTION C, SCHOOL SPELL TO COMPLETE QUESTIONS REGARDING FOCAL SCHOOL SPELL]

E. Overlap Spell**Job during School Spell**

- E1. I'd like to learn just a little bit about that job before we finish talking about your time at [SCHOOL].
- a. What was the name of your employer? INTERVIEWER PROBE: Where did you work?
 _____ OVERLAPPING EMPLOYER NAME
 IF VOLUNTEERED: Self-employed
 Refused
 Don't know
 - b. When did you start working for [OVERLAPPING EMPLOYER]? Please tell me the month and year that you started.
 _____ MONTH _____ YEAR
 Refused
 Don't know
 - c. When did you stop working for [OVERLAPPING EMPLOYER]? Please give the month and year.
 _____ MONTH _____ YEAR
 Still employed
 Refused
 Don't know

IF JOB END DATE IS BEFORE SCHOOL END DATE AT SCHOOL [E1C=BEFORE C6] = FULLY EMBEDDED SPELL, CONTINUE ELSE

OR STILL EMPLOYED [E1C=STILL EMPLOYED], CONTINUE.

IF JOB END DATE IS AFTER SCHOOL END DATE AT SCHOOL, GO TO SECTION F, JOB SPELL

- E2. Was that the only job you had while going to [school] or did you have other jobs while attending there? Please include only other paid jobs where you worked at least 6 hours per week.
 I did not have any other jobs for pay [GO TO SECTION F, JOB SPELL QF.14]
 I had more jobs for pay
 Refused [GO TO SECTION F, JOB SPELL QF.14]
 Don't know [GO TO SECTION F, JOB SPELL QF.14]

- E3. What was the name of your other employer? INTERVIEWER PROBE: Where else did you work?

_____ EMPLOYER3 NAME
 IF VOLUNTEERED: Self-employed
 Refused
 Don't know

- a. When did you start working for [EMPLOYER3]? Please tell me the month and year that you started.
 _____ MONTH _____ YEAR
 Refused

Don't know

b. When did you stop working for [EMPLOYER3]? Please give the month and year.

_____ MONTH _____ YEAR

Still employed

Refused

Don't know

IF JOB END DATE IS BEFORE SCHOOL END DATE AT EMPLOYER1, REPEAT E2 AND E3.
IF JOB END DATE IS AFTER SCHOOL END DATE AT SCHOOL1, GO TO SECTION F, JOB SPELL

School During Job Spell

E4. [IF SCHOOL SPELL REPORTED WITHIN WORK SPELL] I'd like to learn just a little bit about the classes you were taking while working for [EMPLOYER1].

a. What is the name of the place where you were taking classes at that time? (CHECK SPELLING)

_____ SCHOOL

Refused

Don't know

b. About when did you start taking classes at [SCHOOL]? Please give me the month and year you started.

_____/_____/_____
M M / Y Y Y Y

Refused

Don't know

c. About when did you stop taking classes at [SCHOOL]? Please give me the month and year you last attended.

_____/_____/_____
M M / Y Y Y Y

Still attending

Refused

Don't know

IF SCHOOL END DATE IS BEFORE JOB END DATE AT EMPLOYER1, CONTINUE.
IF SCHOOL END DATE IS AFTER JOB END DATE AT EMPLOYER1, GO TO SECTION C, SCHOOL SPELL

E5. Was that the only school you attended while working at [EMPLOYER1] or did you also attend classes at other places while working there?

ONLY SCHOOL ATTENDED WHILE AT [EMPLOYER1] [RETURN TO INSTRUCTIONS AFTER F14 IN SECTION F, JOB SPELL FOR FOCAL JOB]

TOOK CLASSES AT ANOTHER PLACE AS WELL

REFUSED

DON'T KNOW

E6. What is the name of the other place where you were taking classes at that time? (CHECK SPELLING)?

_____ SCHOOL2

- a. About when did you start taking classes at [SCHOOL2]? Please give me the month and year you started.

_____/_____
M M/ Y Y Y Y

Refused

Don't know

- b. About when did you stop taking classes at [SCHOOL2]? Please give me the month and year you last attended.

_____/_____
M M/ Y Y Y Y

€ Still attending

€ Refused

€ Don't know

IF SCHOOL2 END DATE IS BEFORE JOB END DATE AT EMPLOYER1, REPEAT E5 AND E6.
IF SCHOOL2 END DATE IS AFTER JOB END DATE AT EMPLOYER1, GO TO SECTION C,
SCHOOL SPELL

Job Spell During Job Spell

E7. [IF WORK SPELL REPORTED WITHIN WORK SPELL:] I'd like to learn just a little bit about that second job before we finish talking about your time at [EMPLOYER].

- a. What was the name of your other employer? INTERVIEWER PROBE: Where else did you work?

_____ EMPLOYER2 NAME

Self-employed

€ Refused

€ Don't know

- b. When did you start working for [EMPLOYER2]? Please tell me the month and year that you started.

_____ MONTH _____ YEAR

Refused

Don't know

- c. When did you stop working for [EMPLOYER2]? Please give the month and year.

_____ MONTH _____ YEAR

Still employed

Refused

Don't know

IF EMPLOYER2 END DATE IS BEFORE JOB END DATE AT EMPLOYER1, CONTINUE.
IF EMPLOYER2 END DATE IS AFTER JOB END DATE AT EMPLOYER1, GO TO SECTION F,
JOB SPELL AND START TO GET ADDITIONAL INFORMATION ON EMPLOYER2

E8. Was that the only other job you had while working at [EMPLOYER1] or did you have other jobs while working there as well? Please include only other paid jobs where you worked at least 6 hours per week.

I did not have any other jobs for pay [GO TO SECTION F, JOB SPELL QF.14]

I had more jobs for pay

€ Refused

€ Don't know

E9. What was the name of your other employer? INTERVIEWER PROBE: Where else did you work?

_____ EMPLOYER3 NAME

Self-employed

Refused

Don't know

a. When did you start working for [EMPLOYER3]? Please tell me the month and year that you started.

_____ MONTH _____ YEAR

Refused

Don't know

b. When did you stop working for [EMPLOYER3]? Please give the month and year.

_____ MONTH _____ YEAR

Still employed

Refused

Don't know

IF EMPLOYER3 END DATE IS BEFORE JOB END DATE AT EMPLOYER1, REPEAT E8 AND E9.
IF EMPLOYER3 END DATE IS AFTER JOB END DATE AT EMPLOYER1, GO TO SECTION F,
JOB SPELL AND START TO GET ADDITIONAL INFORMATION ON EMPLOYER2

F. Job Spell

IF B1=JOB AT RAD OR NEW JOB: GO TO F1

IF B3=JOB OR B3=BOTH AND B4=JOB FIRST ACTIVITY AFTER RAD: GO TO F1E; ELSE;

IF OVERLAPPING JOB: *You already mentioned that in [START DATE] you started working for [EMPLOYER].* GO TO F3

F1. [IF B1=YES JOB AT RAD:] What was the name of your employer in [MONTH AND YEAR OF RAD]?

[IF NEW JOB:] What was the name of your next employer?

INTERVIEWER PROBE: Where did you work?

_____ EMPLOYER1 NAME (GO TO F2)

- € Self-employed
- € Don't know(GO TO F2)
- € Refused(GO TO F2)

a. When did you start working for yourself? Please tell me the month and year that you started.

_____ MONTH _____ YEAR

- € Don't know
- € Refused

b. How much did you earn per week working for yourself?

\$ _____ PER WEEK SKIP TO F1C

- € Don't know
- € Refused SKIP TO F1C
- €

i. [IF F1B=DON'T KNOW] Can you tell me how much you earned for some other time period besides weekly, such as per hour, per day, every two weeks, or month?

\$ _____ PER HOUR

\$ _____ PER DAY

\$ _____ EVERY 2 WEEKS/TWICE A MONTH

\$ _____ EVERY MONTH

\$ _____ PER JOB/PER PIECE

\$ _____ PER COMMISSION

\$ _____ ANNUALLY

c. Were you self-employed within the healthcare field?

- € Yes
- € No
- € Don't know
- € Refused

d. When did you stop working for yourself? Please tell me the month and year that you stopped.

_____ MONTH _____ YEAR (GO TO F13)

- IF VOLUNTEERED: Still self-employed (GO TO SECTION G, JOB CONDITIONS)
- € Don't know (GO TO F13)
- € Refused (GO TO F13)
- e. [IF FIRST JOB AFTER RA:] What was the name of your employer?
_____ EMPLOYER1 NAME (GO TO F2)
- € Self-employed (GO TO F1F)
- € Don't know(GO TO F2)
- € Refused(GO TO F2)
- f. When did you start working for yourself? Please tell me the month and year that you started.
_____ MONTH _____ YEAR
- € Don't know
- € Refused
- g. How much did you earn per week working for yourself?
\$ _____ PER WEEK (SKIP TO F1h)
- € Don't know
- € Refused (SKIP TO F1h)
- i. [IF F1g-DON'T KNOW] Can you tell me how much you earned for some other time period besides weekly, such as per hour, per day, every two weeks, or month?
- \$ _____ PER HOUR
- \$ _____ PER DAY
- \$ _____ EVERY 2 WEEKS/TWICE A MONTH
- \$ _____ EVERY MONTH
- \$ _____ PER JOB/PER PIECE
- \$ _____ PER COMMISSION
- \$ _____ ANNUALLY
- h. Were you self-employed within the healthcare field?
- € Yes
- € No
- € Don't know
- € Refused
- i. When did you stop working for yourself? Please tell me the month and year that you stopped.
_____ MONTH _____ YEAR (GO TO F13)
- € IF VOLUNTEERED: STILL SELF-EMPLOYED (GO TO SECTION G)
- € Don't know (GO TO F13)
- € Refused (GO TO F13)
- F2. When did you start working for [EMPLOYER]? Please tell me the month and year that you started.
_____ MONTH _____ YEAR
- € Don't know
- € Refused

F3. When you started working for [EMPLOYER], about how much did you typically earn per hour before taxes?

\$ ____ . ____ PER HOUR

SKIP TO F4

€ Don't know

€ Refused

SKIP TO F4

a. [IF F3=DON'T KNOW] Can you tell me how much you earned for some other time period besides hourly, such as per day, per week, every two weeks, or month?

\$ ____ PER DAY

\$ ____ PER WEEK

\$ ____ EVERY 2 WEEKS/TWICE A MONTH

\$ ____ EVERY MONTH

\$ ____ PER JOB/PER PIECE

\$ ____ PER COMMISSION

\$ ____ ANNUALLY

F4. When you started working for [EMPLOYER], about how many hours a week did you work in a typical week?

____ HOURS PER WEEK

€ Don't know

€ Refused

F5. [SKIP FOR FULLY EMBEDDED WORK SPELLS WITHIN WORK/SCHOOL SPELLS] Are you still working for [EMPLOYER]?

€ Yes

€ No

[SKIP TO F6]

€ Don't know

[SKIP TO F6]

€ Refused

[SKIP TO F6]

a. About how much do you typically earn per hour before taxes in your current job at [EMPLOYER] *now*?

\$ ____ . ____ PER HOUR

SKIP TO F5B

€ Don't know

€ Refused

SKIP TO F5B

i. [IF F5A=DON'T KNOW] Can you tell me how much you earned for some other time period besides hourly, such as per day, per week, every two weeks, or month?

\$ ____ PER DAY

\$ ____ PER WEEK

\$ ____ EVERY 2 WEEKS/TWICE A MONTH

\$ ____ EVERY MONTH

\$ ____ PER JOB/PER PIECE

\$ ____ PER COMMISSION

\$ ____ ANNUALLY

b. How many hours per week on average are you currently working at [EMPLOYER]?

____ hours/week

Refused

Don't know

GO TO SECTION G, JOB CONDITIONS

F6. [SKIP FOR FULLY EMBEDDED WORK SPELLS WITHIN WORK/SCHOOL SPELLS] Was [EMPLOYER] your last employer? INTERVIEWER PROBE: Is [EMPLOYER] the only employer you have worked for since [MONTH AND YEAR OF RAD]?

- Yes (GO TO SECTION G, JOB CONDITIONS)
- No
- Don't know
- Refused

F7. Is [EMPLOYER] a healthcare employer?

- Yes
- No
- Don't know
- Refused

F8. Were you employed in a healthcare job?

- Yes
- No
- Don't know
- Refused

F9. Towards the end of your job with [EMPLOYER], about how much did you typically earn per hour before taxes?

- \$ ____ . ____ PER HOUR SKIP TO F10
- Don't know
 - Refused SKIP TO F10

a. [IF F9A=DON'T KNOW] Can you tell me how much you earned for some other time period besides hourly, such as per day, per week, every two weeks, or month?

- \$ ____ PER DAY
- \$ ____ PER WEEK
- \$ ____ EVERY 2 WEEKS/TWICE A MONTH
- \$ ____ EVERY MONTH
- \$ ____ PER JOB/PER PIECE
- \$ ____ PER COMMISSION
- \$ ____ ANNUALLY

F10. Towards the end of your job with [EMPLOYER], about how many hours a week did you work in a typical week?

- ____ HOURS PER WEEK
- Don't know
 - Refused

F11. [SKIP FOR FULLY EMBEDDED WORK SPELLS WITHIN JOB/SCHOOL SPELLS]

When did you stop working for [EMPLOYER]? Please give the month and year.

____ MONTH ____ YEAR

- Don't know
 Refused
- F12. Why did you stop working for [EMPLOYER]? Did you lose or quit that job, or was it a temporary job that ended?
- LOST JOB [SKIP TO F13]
 QUIT JOB [SKIP TO F13]
 TEMPORARY JOB ENDED [SKIP TO F13]
 DON'T KNOW [SKIP TO F13]
 REFUSED [SKIP TO F13]
- a. What was the main reason you quit working for [EMPLOYER]?
- GOT A NEW/DIFFERENT JOB
 WENT BACK TO SCHOOL
 UNABLE TO WORK BECAUSE OF INJURY, ILLNESS, OR DISABILITY
 INCARCERATED
 PREGNANCY/CHILDBIRTH
 FAMILY RESPONSIBILITIES
 NOT INTERESTED IN WORKING
 DIDN'T LIKE THE TYPE OF WORK I WAS DOING
 DIDN'T LIKE OR GET ALONG WITH THE PEOPLE I WORKED WITH
 OTHER. (SPECIFY: _____)
 DON'T KNOW
 REFUSED
- F13. [SKIP FOR FULLY EMBEDDED WORK SPELLS WITHIN JOB/SCHOOL SPELLS]
While you were working for [EMPLOYER], were you working at any other jobs for pay for at least 6 hours a week?
- Yes (GO TO E7 IN SECTION E, OVERLAP SPELL)
 No
 Don't know
 Refused
- F14. [SKIP FOR FULLY EMBEDDED WORK SPELLS WITHIN JOB/SCHOOL SPELLS]
While you were working for [EMPLOYER], were you also going to school or taking classes?
- Yes (GO TO E4 IN SECTION E, OVERLAP SPELL)
 No
 Don't know
 Refused

IF QUESTION F12A = GOT A NEW/DIFFERENT JOB, REPEAT SECTION F, JOB SPELL
 IF QUESTION F12A = WENT BACK TO SCHOOL, GO TO SECTION C, SCHOOL SPELL

IF OPEN-ENDED SPELL COVERING THE CURRENT DAY HAS BEEN COMPLETED, RETURN SECTION B, EMPLOYMENT AND TRAINING HISTORY, TO INSTRUCTIONS FOLLOWING QUESTION B4

IF ALL FULLY EMBEDDED WORK SPELLS WITHIN JOB/SCHOOL SPELLS COMPLETED,
RETURN TO INSTRUCTIONS BEFORE B8 IN SECTION B, EMPLOYMENT AND TRAINING
HISTORY

OTHERWISE, GO TO SECTION H, OTHER SPELL

G. JOB CONDITIONS

CATI NOTE: IF THIS IS ABOUT THE RESPONDENTS' CURRENT JOB [F5=YES], USE WORDING1; IF THIS IS ABOUT THE RESPONDENTS' MOST RECENT JOB [F6=YES], USE WORDING2.

This next set of questions is about your [current job/most recent job].

G1. [Do/did] you work for a healthcare employer?

- € YES
- € NO
- € REFUSED
- € DON'T KNOW

G2. [Are/were] you employed in a healthcare job?

- € YES
- € NO
- € REFUSED
- € DON'T KNOW

G3. What [are/were] your usual activities or duties at this job? (For example, typing, keeping account books, filing, selling cars, operating printing press, taking blood samples)

-
- € Refused
 - € Don't know

G4. What [is/was] your job title?

-
- € Refused
 - € Don't know

G5. [Do/Did] you usually work a regular daytime schedule or some other schedule at [EMPLOYER]?

- € A REGULAR DAYTIME SCHEDULE (ANYTIME BETWEEN 6AM TO 6PM) SKIP TO G6
- € SOME OTHER SCHEDULE
- € REFUSED SKIP TO G6
- € DON'T KNOW SKIP TO G6

a. Which of the following best describes the hours you usually (work/worked) at [EMPLOYER]?

- € A regular evening shift (Anytime between 2 pm to Midnight),
- € A regular night shift (Anytime around 9pm to 8am),
- € A rotating shift - one that changes periodically from day to evenings or night,
- € A split shift - one consisting of two distinct periods each day,
- € An irregular schedule arranged by employer, or

- € Some other schedule? (SPECIFY)
- € REFUSED
- € DON'T KNOW

G6. How much do you agree or disagree with the following statements about your job at [EMPLOYER]:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Refused	Don't Know
a. I am able to balance work and family responsibilities	€	€	€	€	€	€
b. I have some choice in setting my regular work hours to meet my needs	€	€	€	€	€	€
c. If I have a family emergency like a sick child, my employer will allow me to take the time off or change my schedule	€	€	€	€	€	€

G7. [Are/Were] any of the following benefits available to you at [EMPLOYER]? That is, if you [had] wanted it, [can you receive/could you have received]:

	Yes	No	Refused	Don't Know
a. Health insurance	€	€	€	€
b. Paid vacation	€	€	€	€
c. Paid holidays	€	€	€	€
d. Paid sick days	€	€	€	€
e. Retirement or pension benefits	€	€	€	€

G8. For each of the following statements, I want you to tell me how much it [applies/applied] to your job at [EMPLOYER].

	Always	Most of the time	Sometimes	Rarely	Never	Refused	Don't Know
a. Your co-workers help[s/ed] and support[s/ed] you.	€	€	€	€	€	€	€
b. Your supervisor help[s/ed] and support[s/ed] you.	€	€	€	€	€	€	€
c. You [can/could] take a break when you wish[ed].	€	€	€	€	€	€	€
d. You [have/had] enough time to get your work tasks completed.	€	€	€	€	€	€	€
e. Your job [gives/gave] you a feeling of work well done.	€	€	€	€	€	€	€
f. You [have/had] the feeling of doing useful work.	€	€	€	€	€	€	€
g. You [know/knew] what was expected of you.	€	€	€	€	€	€	€

G9. How much do you agree or disagree with the following statement: There [are/were] many opportunities for career advancement for me with my [current/last] employer. Would you say you...

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Refused
- Don't know

G10. How closely related [is/was] your job at [EMPLOYER] to the education and training you had when you were last in school or training? Would you say...

- Closely related
- Somewhat related
- Not related
- REFUSED
- DON'T KNOW

IF JOB IS NOT IN HEALTHCARE [G1 OR G2 = NO], SKIP TO INTRODUCTION ABOVE
G12

G11. How much do you agree or disagree with the following statement: The education or training you had when you were last in school or training prepared you well for work in the healthcare field? Would you say you...

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- REFUSED
- DON'T KNOW

Now we would like to ask you about any formal job training you have received from your [current/last] employer.

G12. Think about the skills that [are/were] needed for doing your job as a(n) [job name]. [Have you participated/Did you participate] in a formal training program offered by your employer or a union that helped you learn or improve the skills needed to do your job?

- Yes
- No
- REFUSED
- DON'T KNOW

IF CURRENT JOB, RETURN TO SECTION F, JOB SPELL, AT QUESTION F.13

IF MOST RECENT JOB (CURRENTLY NOT EMPLOYED), RETURN TO SECTION F, JOB SPELL,
AT QUESTION F. 11

H. Other Spell

So [your job ended on *****/you left/finished [SCHOOL] on ****] and you did not immediately get a [new] job or switch to a [new] school.

H1. After [your job ended/your left school] what was your main activity at that time were you...?

- € Enrolled in classes and waiting for classes to start or in between terms
- € Waiting to start a new job
- € Looking for a job
- € Caring for your children or other family members
- € Dealing with health issues such as illness, injury, or pregnancy
- € Other
- € Refused
- € Don't know

H2. Did you ever work for pay, take classes, or do both after [DATE LAST JOB OR SCHOOL SPELL ENDED]

- € YES, WORKED FOR PAY [GO TO SECTION F, JOB SPELL; MODIFY WORDING TO REFLECT DELAY]
- € YES, WENT TO SCHOOL/TOOK CLASSES [GO TO SECTION C, SCHOOL SPELL; MODIFY WORDING TO REFLECT DELAY]
- € YES, BOTH
- € NO [GO TO SECTION I, EDUCATION AND CAREER GOALS]
- € REFUSED [GO TO SECTION I, EDUCATION AND CAREER GOALS]
- € DON'T KNOW [GO TO SECTION I, EDUCATION AND CAREER GOALS]

H3. Which did you do first?

- € WORKED FOR PAY [GO TO SECTION F, JOB SPELL; MODIFY WORDING TO REFLECT DELAY]
- € WENT TO SCHOOL/TOOK CLASSES [GO TO SECTION C, SCHOOL SPELL; MODIFY WORDING TO REFLECT DELAY]

I. Education and Career Goals

CATI//CAPI, IF NO "SCHOOL SPELLS" CAPTURED SKIP TO I4. OTHERWISE, CONTINUE.

Now I'm going to ask you questions about your overall training experience since [RA MONTH and YEAR].

I1. Since [RA MONTH AND YEAR], have you taken classes to prepare for work in a particular occupation?

YES

NO

(SKIP TO I2)

REFUSED

DON'T KNOW

(SKIP TO I2)

(SKIP TO I2)

a. Have you taken classes to prepare for work in a particular healthcare occupation?

YES

NO (SKIP TO I1c)

REFUSED (SKIP TO I1c)
DON'T KNOW (SKIP TO I1c)

- b. Did you start any healthcare occupational training that you did not complete?
YES
NO
REFUSED
DON'T KNOW

SKIP TO I2

- c. Did you start any occupational training that you did not complete?
YES
NO
REFUSED
DON'T KNOW

I2. Since [RA MONTH AND YEAR], have you received a diploma/certificate or academic degree for completing any regular college classes?

- YES
NO (SKIP TO I3)
REFUSED (SKIP TO I3)
DON'T KNOW (SKIP TO I3)

- a. How many diploma/certificate or academic degrees have you received since [RA MONTH and YEAR]?

IF MORE THAN ONE DIPLOMA/CERTIFICATE OR DEGREE, REPEAT a, b and c FOR EACH ONE

- a. What kind of diploma/certificate or degree have you received? (
- a diploma/certificate requiring less than a full year's worth of credit
 - a diploma/certificate requiring a full year or more's worth of credit (but less than an Associate's Degree)
 - an Associate's Degree
 - Bachelor's degree or higher
 - Other (specify) _____
 - REFUSED
 - DON'T KNOW

- b. Is this [DIPLOMA/CERTIFICATE/DEGREE] related to working in the field of healthcare?

- YES
- NO

- REFUSED
- DON'T KNOW

- c. When did you receive the [DIPLOMA/CERTIFICATE/DEGREE]? Please give me the month and year.

_____/_____
M M / Y Y Y Y

- REFUSED
- DON'T KNOW

- I3. Since [RA MONTH AND YEAR], have you received any diplomas or certificates for completing any vocational training?

- YES
- NO (SKIP TO I3d)
- REFUSED (SKIP TO I3d)
- DON'T KNOW (SKIP TO I3d)

- i. How many diplomas or certificates have you received for completing any vocational training since [RA MONTH and YEAR]?

- € REFUSED

€ DON'T KNOW

IF MORE THAN ONE VOCATIONAL DIPLOMA OR CERTIFICATE, REPEAT a-c FOR EACH ONE

a. What is the name of the diploma or certificate you received?

€ Refused

€ Don't know

b. Is this diploma or certificate related to working in the field of healthcare?

YES

NO

REFUSED

DON'T KNOW

c. When did you receive the [DIPLOMA/CERTIFICATE]? Please give me the month and year.

____ / ____
M M / Y Y Y Y

REFUSED

DON'T KNOW

d. Since [RA MONTH AND YEAR], have you received a professional, state, or industry certification, license, or credential? PROBE: A professional certification or license shows you are qualified to perform a specific job like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.

YES

NO

(SKIP TO I4)

REFUSED

(SKIP TO I4)

DON'T KNOW

(SKIP TO I4)

IF MORE THAN ONE CERTIFICATION, LICENSE, OR CREDENTIAL, REPEAT e-h FOR EACH ONE

e. What is the name of the professional, state, or industry certification, license, or credential you received?

- € Refused
- € Don't know

f. Is this certification, license, or credential related to working in the field of healthcare?

- YES
- NO

- REFUSED
- DON'T KNOW

g. When did you receive the [CERTIFICATION/LICENSE/CREDENTIAL]? Please give me the month and year.

- ___ ___ / ___ ___ ___ ___
M M / Y Y Y Y
- REFUSED
 - DON'T KNOW

h. What entity issued the [CERTIFICATION/LICENSE/CREDENTIAL]?

- YES
- NO

- REFUSED
- DON'T KNOW

I4. In the next set of questions we are interested the highest level of education you eventually expect to complete. I will first ask about the highest academic degree and then I will ask about the highest level of occupational training.

a. What is the highest level of regular academic education that you eventually expect to complete?

- € Grades 1-12 (no high school degree/GED)
- € High school diploma
- € GED or alternative credential
- € Some college credit but less than one year of college credit
- € One or more years of college credit, but no degree
- € Associate's degree (SKIP TO I5)
- € Bachelor's degree (SKIP TO I5)
- € Graduate degree (SKIP TO I5)
- € REFUSED
- € DON'T KNOW

IF I4=ASSOCIATES, BACHELORS OR GRADUATE DEGREE, SKIP TO I5

b. Do you expect to receive: [MARK ALL THAT APPLY]

- € A vocational certificate or diploma issued by a technical college or institute?

- € A professional, state, or industry certification, license, or credential. PROBE: A professional certification or license shows you are qualified to perform a specific job like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.
- € REFUSED
- € DON'T KNOW

15. How much do you agree or disagree with the following statement: I am making progress towards my long-range educational goals? Would you say you...

- € Strongly agree
- € Somewhat agree
- € Somewhat disagree
- € Strongly disagree
- € REFUSED
- € DON'T KNOW

16. I am going to read you two statements. Please tell me whether you would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Refused	Don't know
a. I am making progress towards my long-range employment goals.	€	€	€	€	€	€
b. I see myself on a career path.	€	€	€	€	€	€

J. SERVICES AND ASSISTANCE**IF NO SCHOOL SPELLS DISCOVERED IN SECTION B, SKIP THIS SECTION AND GO TO SECTION K.**

In the next set of questions we are interested in the types of financial assistance you may have received to support the training that we just discussed.

- J1. We are interested in help you may have received paying for school-related expenses—such as tuition, books, and lab, certification or exam fees—or living expenses—such as rent, food, child care, and transportation—while you studied. I’m going to read a list of funding sources that you might have used to pay for these school or living expenses. For each item, please tell me if the funding source helped pay for these expenses since [MONTH AND YEAR OF RAD]. Please include and services or assistance you received from [PROGRAM NAME] in your response.

	Yes	No	REFUSED	DON'T KNOW
a. Your own earnings	€	€	€	€
b. Earnings from a spouse or partner	€	€	€	€
c. Savings—either your own or a spouse/partner’s savings	€	€	€	€
d. Financial help from a parent or other family member	€	€	€	€
e. Loans in your name	€	€	€	€
f. Loans in your parents’ name	€	€	€	€
g. Pell grant or other government grant or scholarship—not counting loans that you have to pay back	€	€	€	€
h. Grant or scholarship from any non-government source, such as a community based or nonprofit organization--not counting loans that you do not have to pay back	€	€	€	€
i. Financial support from your employer	€	€	€	€
j. Funds from a one-stop career center or state unemployment/employment office	€	€	€	€
k. Financial support from a school, such as a technical, community, or four-year college	€	€	€	€
l. Another funding source (specify: _____)	€	€	€	€

K. 21st Century Skills

The next set of questions cover a wide range of beliefs and attitudes about yourself and life in general.

K1. I'm going to read some statements about how people approach various tasks in life. For each, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that the statement applies to you. Be honest—there are no right or wrong answers!

		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	REF	DK
a.	New ideas and projects sometimes distract me from previous ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Setbacks don't discourage me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I have been obsessed with a certain idea or project for a short time but later lost interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I am a hard worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I often set a goal but later choose to pursue a different one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I often have difficulty maintaining my focus on projects that take more than a few months to complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I finish whatever I begin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I am diligent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K2. Now I'm going to read a series of statements about your feelings about different aspects of life. For each one, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement:

		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	REF	DK
a.	I am confident I get the success I deserve in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Sometimes I feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	When I try, I generally succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Sometimes when I fail I feel worthless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I complete tasks successfully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Sometimes, I do not feel in control of my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Overall, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I am filled with doubts about my competence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	I determine what will happen in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	I do not feel in control of my success in my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	I am capable of coping with most of my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	There are times when things look pretty bleak and hopeless to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K3. 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 indicate for each item whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that it reflects your career situation:

		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	REF	DK
a.	I'm not sure how to accurately assess my abilities and challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I know how to make a plan that will help me achieve my goals for the next 5 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I know how to get help from staff and teachers with any issues that might arise when I am at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I'm not sure what type of job is best for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I know the type of employer I want to work for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I know the occupation I want to be in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I'm not sure what kind of education and training program is best for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K4. In the past 12 months, please note how often each of the following situations interfered with your school, work, job search, or family responsibilities: very often, fairly often, sometimes, almost never, or never.

		Very often	Fairly often	Sometimes	Almost never	Never	REF	DK
a.	Child care arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	An illness or health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Another situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K5. In the past month, how often have you felt:

		Very often	Fairly often	Sometimes	Almost never	Never	REF	DK
a.	That you were unable to control the important things in life? Would you say very often, fairly often, sometimes, almost never, or never?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	That things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	That difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L. HOUSEHOLD COMPOSITION

Now I'd like to talk to you about your family and current household.

L1. Besides you, who among the following live in your household at least half the time?

a. Your spouse

€ Yes

€ No

€ Refused

€ Don't know

(SKIP TO L1C)

b. Your unmarried partner

€ Yes

€ No

€ Refused

€ Don't know

c. Your [IF L1A=YES: or your spouse's/IF L1B=YES: or your partner's] biological, adopted, or step children aged 17 or younger

€ Yes

€ No

€ Refused

€ Don't know

d. Your [IF L1A=YES: or your spouse's/IF L1B=YES: or your partner's] other relatives aged 17 or younger such as younger siblings, nephews and nieces

€ Yes

€ No

€ Refused

€ Don't know

e. Your [IF L1A=YES: or your spouse's/IF L1B=YES: or your partner's] mother or father

€ Yes

€ No

€ Refused

€ Don't know

- f. Your [IF L1A=YES: or your spouse's/IF L1B=YES: or your partner's] adult children or other relatives aged 18 or older
- Yes
 - No
 - Refused
 - Don't know
- g. Anyone else aged 17 or younger such as children of friends or housemates
- Yes
 - No
 - Refused
 - Don't know
- h. Anyone else aged 18 or older such as friends or housemates
- Yes
 - No
 - Refused
 - Don't know

CATI/CAPI: ASK L2 ONLY IF L1C OR L1D OR L1G =YES; ELSE SKIP TO NOTE BEFORE L4.

L2. How many persons aged 17 or younger live with you at least half the time? Include biological, adopted, foster, step, and any other children, as well as younger siblings.

___ ___ number of persons aged 17 or younger

- Refused
- Don't know

L3. For how many of these children are you [IF L1A=YES: or your spouse/IF L1B=YES: or your partner] the legal guardian?

___ ___ number of children

- Refused
- Don't know

CATI/CAPI: IF GENDER= MALE AND (L1A AND L1B=NO) SKIP TO SECTION M

L4. [GENDER= FEMALE: Are you currently pregnant?
[GENDER=MALE AND IF L1A=YES: Is your spouse/ GENDER=MALE AND IF L1B=YES:
Is your partner] currently pregnant?

- YES
 NO
 REFUSED
 DON'T KNOW

L5. [IF RESPONDENT IS FEMALE: Have you/IF L1A=YES: Has your spouse/IF L1B=YES: Has
your partner] had a baby since [MONTH AND YEAR OF RAD]?

- YES
 NO
 REFUSED
 DON'T KNOW

M. Income and MATERIAL WELL-BEING

Now, I am going to ask you some questions about your personal and household income in [PRIOR MONTH]. Again, I want to assure you that none of your answers will be discussed with anyone. [IF RESPONDENT HAS OTHER HOUSEHOLD MEMBERS [ANY L1A-H = YES]:] I will ask you first about your personal income then I will ask about the income of other members of your household.

M1. Did you personally have income or benefits from any of the following sources in [PRIOR MONTH]?

	Yes	No	Don't know	Refused
a. Temporary Assistance for Needy Families (TANF)	€	€	€	€
b. Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	€	€	€	€
c. Women, Infants and Children Program (WIC)	€	€	€	€
d. Unemployment Insurance (UI) or Worker's Compensation	€	€	€	€
e. Medicaid	€	€	€	€
f. Subsidized Child Care	€	€	€	€
g. Section 8 / Public Housing	€	€	€	€
h. Low Income Home Energy Assistance Program (LIHEAP)	€	€	€	€
i. Free or reduced lunch program	€	€	€	€
j. Child Support (official or unofficial)	€	€	€	€
k. Family and friends (who did not live with you at least half of the time last month)	€	€	€	€
l. Other source of income. Please specify.	€	€	€	€

M2. Thinking of all of the income you received last month, what was your total personal income in [PRIOR MONTH]? Please include your job earnings, benefits, and any other types of income except for tax refunds in your answer. (If needed: Please do not include any refunds of federal, state, or local income taxes you paid in past years.)

\$ _____ (GO TO INSTRUCTIONS BELOW M2A)
 Refused
 Don't know

a. Would you say your total personal income in [PRIOR MONTH] was...

- None (\$0)
 \$500 or less
 \$501-\$1,000
 \$1,001-\$1,500
 \$1,501-\$2,000
 \$2,001-\$2,500
 \$2,501 or more

**CATI/CAPI: IF NO OTHER HOUSEHOLD MEMBERS L1A-H = NO, SKIP TO M5.
 IF OTHER HOUSEHOLD MEMBERS [L1A-H = YES CONTINUE.**

M3. Now, let's go through the same list of income sources for other household members who lived with you at least half the time last month. In [PRIOR MONTH] did anyone else in your household have income or benefits from any of the following sources?

	Yes	No	Don't know	Refused
a. Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Women, Infants and Children Program (WIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unemployment Insurance (UI) or Worker's Compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Subsidized Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Section 8 / Public Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Low Income Home Energy Assistance Program (LIHEAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Free or reduced lunch program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Child Support (official or unofficial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Family and friends (who did not live with you at least half of the time last month)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other source of income. Please specify.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M4. Thinking of all of the income received by you and the people in your household last month, what was your total income for everyone living together in your household in [PRIOR MONTH]?

Please consider anyone who lived in your household for at least half of [PRIOR MONTH] when you answer this question. (If necessary: Please do not include any refunds of federal, state or local income taxes paid in past years.)

\$ _____ (SKIP TO M5)
 € Refused
 € Don't know

a. Which of the following categories best describes your total household income? Please consider income received by anyone who lived in your household for at least half of [PRIOR MONTH] when you answer this question. Would you say your total household income in [PRIOR MONTH] was...

- € None (\$0)
- € \$1 to \$500
- € \$501-\$1,000
- € \$1,001-\$1,500
- € \$1,501-\$2,000
- € \$2,001-\$2,500
- € \$2,501 or more
- € Don't know
- € Refused

M5. Did you or will you claim the Earned Income Tax Credit for [PRIOR YEAR]?

- YES
- NO
- REFUSED
- DON'T KNOW

CATI/CAPI: IF NO SCHOOL SPELLS DISCOVERED IN SECTION B, SKIP TO M8. OTHERWISE, CONTINUE.

The next few questions are about loans and other debt you may have.

M6. About how much have you personally borrowed overall to go to school since [MONTH AND YEAR OF RAD]?

\$ _____ [SKIP TO M7]

- REFUSED [SKIP TO M7]
- DON'T KNOW

a. Would you say that the total amount of money you had to borrow was under \$1000, between \$1,000 and \$4,999, between \$5,000 and \$9,999, or \$10,000 or more?

- € UNDER \$1,000
- € \$1,000 AND \$4,999
- € \$5,000 AND \$9,999

- € \$10,000 OR MORE
- € REFUSED
- € DON'T KNOW

M7. About how much have your parents borrowed overall to support you going to school since [MONTH AND YEAR OF RAD]?

\$ _____ [SKIP TO M8]

- REFUSED [SKIP TO M8]
- DON'T KNOW [CONTINUE]

a. Would you say that the total amount of money your parents borrowed was under \$1000, between \$1,000 and \$4,999, between \$5,000 and \$9,999, or \$10,000 or more?

- € UNDER \$1,000
- € \$1,000 AND \$4,999
- € \$5,000 AND \$9,999
- € \$10,000 OR MORE
- € REFUSED
- € DON'T KNOW

Now I'd like to ask some questions about your expenses.

M8. Was there any time in the past 12 months when:

	YES	NO	Refused	Don't Know
a. You did not pay the full amount of the rent or mortgage because you could not afford it?	€	€	€	€
b. You were not able to pay the full amount of the gas, oil, or electricity bills?	€	€	€	€
c. The gas or electric company turned off service, or the oil company could not deliver oil?	€	€	€	€
d. The telephone company disconnected service because payments were not made?	€	€	€	€
e. You or someone else in your household needed to see a doctor or go to the hospital but did not go because you could not afford it?	€	€	€	€
f. You or someone else in your household needed to see a dentist but did not go because you could not afford it?	€	€	€	€
g. You or someone else in your household could not fill or postponed filling a prescription for drugs when they were needed because you could not afford it?	€	€	€	€

M9. Getting enough food can be a problem for some people. Which of these statements best describes the food eaten in your household in the past 6 months? Would you say there is . . .

- Enough of the kinds of food you want
- Enough but not always the kinds of food you want
- Sometimes not enough to eat
- Often not enough to eat
- REFUSED
- DON'T KNOW

M10. Think again over the past 12 months. Generally, at the end of the month do you end up with: more than enough money left over, some money left over, just enough to make ends meet, or not enough to make ends meet?

- ENOUGH MONEY LEFT
- SOME MONEY LEFT
- JUST ENOUGH MONEY LEFT
- NOT ENOUGH MONEY LEFT
- REFUSED
- DON'T KNOW

IF CURRENTLY EMPLOYED [F5=YES OR E7C==YES] AND JOB PROVIDES HEALTH INSURANCE [I7A=YES], SKIP TO INTRODUCTION FOLLOWING M11. OTHERWISE, CONTINUE.

M11. Do you have health insurance through some non-job related source such as Medicaid?

- YES
- NO
- REFUSED
- DON'T KNOW

Now I'd like to start by asking you some questions about your current housing situation.

M12. Thinking about the place where you are currently living, do you:

- Rent your home or apartment
- Own your own home
- Live with family or friends and pay part of the rent or mortgage
- Live with family or friends and do not pay rent
- Live in a group shelter or
- Live in some other housing arrangement
- REFUSED
- DON'T KNOW

M13. Which of the following statements best describes how satisfied you are with your neighborhood?

Would you say you are...

- Very satisfied
- Somewhat satisfied
- In the middle
- Somewhat dissatisfied
- Very dissatisfied
- REFUSED
- DON'T KNOW

IF L3>0 SKIP TO SECTION N TO SELECT FOCAL CHILD. IF L3=0 SKIP TO SECTION R.

N. CHILD INTRODUCTION/SCREENER

*In the next set of questions, we are interested in collecting more information on your family, particularly your children. Although we are interested in all of **the children** that you [IF L1a/L1b=YES: your spouse/partner] are the legal guardian for, the study can only collect data on one.*

CATI/CAPI:

IF CHILD NAME AND DOB ARE IN SAMPLE FILE: We would like to ask about [CHILD NAME], who was born on [CHILD DOB].

IF CHILD NAME IS MISSING: We would like to ask about your child who was born on [CHILD DOB]. What is that child's name_____.

IF CHILD DOB IS MISSING: We would like to ask about [CHILD NAME], could you please tell me when [CHILD NAME] was born? ____/____/____.

.

These questions will cover topics such as your family activities and your relationship to your child's school. Everything you tell me is completely private. This information will be extremely valuable in understanding how programs like [LOCAL PROGRAM NAME] affect your family life.

N1. Over the last 12 months, has {CHILD, born on CHILD DOB} lived with you at least half the time?

- Yes
- No [GO TO SECTION R,]
- Refused [GO TO SECTION R,]
- IF VOLUNTEERED: R DOES NOT HAVE A CHILD MATCHING THAT NAME OR DATE OF BIRTH GO TO SECTION R
- Don't know [GO TO SECTION R,]

N2. [IF INTERVIEW TAKES PLACE DURING THE SCHOOL YEAR:] What grade is {CHILD} currently in?

[IF R VOLUNTEERS CHILD IS ON SUMMER BREAK] What grade was {CHILD} in the last school year?

- PRE-KINDERGARTEN [SKIP TO O1]
- KINDERGARTEN [SKIP TO INTRO BEFORE O3]
- 1ST GRADE [SKIP TO INTRO BEFORE O3]
- 2ND GRADE [SKIP TO INTRO BEFORE O3]
- 3RD GRADE [SKIP TO INTRO BEFORE O3]
- 4TH GRADE [SKIP TO INTRO BEFORE O3]
- 5TH GRADE [SKIP TO INTRO BEFORE O3]
- 6TH GRADE [SKIP TO INTRO BEFORE O3]
- 7TH GRADE [SKIP TO INTRO BEFORE O3]
- 8TH GRADE [SKIP TO INTRO BEFORE O3]
- 9TH GRADE [SKIP TO INTRO BEFORE O3]
- 10TH GRADE [SKIP TO INTRO BEFORE O3]
- 11TH GRADE [SKIP TO INTRO BEFORE O3]
- 12TH GRADE [SKIP TO INTRO BEFORE O3]
- NOT APPLICABLE, CHILD NOT IN SCHOOL [CONTINUE]
- REFUSED [SKIP TO INTRO BEFORE O3]
- DON'T KNOW [SKIP TO INTRO BEFORE O3]

a. When was {CHILD} last enrolled in school (month and year)?

- | _____ | _____ | |
|--------------------------|--------------------------------|--------------------------|
| Month | Year | |
| <input type="checkbox"/> | IF VOLUNTEERED: NEVER ENROLLED | (SKIP TO NOTE AFTER N2b) |
| <input type="checkbox"/> | REFUSED | (SKIP TO NOTE AFTER N2b) |
| <input type="checkbox"/> | DON'T KNOW | (SKIP TO NOTE AFTER N2b) |

b. [ASK IF N2a DOES NOT EQUAL 'NEVER ENROLLED':] What was the main reason {CHILD} left school at that time?

- € Expelled/suspended
- € Poor grades
- € Got married/pregnant/became a parent
- € School was dangerous
- € Didn't get along with other students
- € Entered military
- € Became employed
- € Financial difficulties—couldn't afford to go
- € Child care or other home responsibilities
- € Drugs or alcohol/other health problem
- € Refused
- € Don't know

CATI/CAPI: IF N2A DATE IS >ONE YEAR FROM INTERVIEW DATE, , SKIP TO SECTION R, CONTACT INFORMATION

O. TIME OUT OF THE HOME/CHILD SUPERVISION

IF CHILD IS IN KINDERGARTEN THROUGH 12TH GRADE, GO TO INTRODUCTION BEFORE O3.

IF CHILD HAS NOT STARTED KINDERGARTEN, CONTINUE.

Preschool-Age Children

First I'd like to ask you some questions about child care arrangements you may have had for {CHILD}. For these questions, please think about a typical week in the last year.

O1. During a typical week, does {CHILD} receive care from someone other than you [IF L1A=YES, MARRIED: or your spouse/IF L1B=YES, LIVES WITH UNMARRIED PARTNER: or your partner] on a regular basis? This could be from a relative, a babysitter, a child care center, or a preschool.

- € YES
- € NO [SKIP TO O7]
- € REFUSED [SKIP TO O7]
- € DON'T KNOW [SKIP TO O7]

O2. Who provides this care? [READ LIST AND CHECK ALL THAT APPLY]

- € Head Start program
- € Day care center, child care center, nursery school or preschool (NOT public)
- € A public pre-kindergarten program
- € Babysitter or nanny (not a relative)
- € Family daycare (more than one child, not in child's home)
- € Sibling

- Adult relative in your home or their home
- Other, Specify _____
- REFUSED
- DON'T KNOW

- a. How many total hours each week does {CHILD} attend these arrangements?
_____hours
- REFUSED
 - DON'T KNOW

GO TO QUESTION 07.

Children in Kindergarten through Twelfth Grade

First I'd like to ask you some questions about the people who care for {CHILD}. Different children need different amounts of supervision. For these questions, please think about a typical week in the last year.

- O3. Are you or another adult in the family usually present at home before {CHILD} leaves for school?
- Yes [CONTINUE]
 - No [SKIP TO O4]
 - Refused [SKIP TO O4]
 - Don't know [SKIP TO O4]
- a. Who is usually present? (READ LIST AND MARK ALL THAT APPLY)
- You
 - Another adult
 - Both you and another adult
 - Refused
 - Don't know

- O4. Are you or another adult in the family usually present at home after {CHILD} comes home from school?
- Yes [CONTINUE]
 - No [SKIP TO O5]
 - Refused [SKIP TO O5]
 - Don't know [SKIP TO O5]

- a. Who is usually present? (READ LIST AND MARK ALL THAT APPLY)
- You
 - Another adult
 - Both you and another adult
 - Refused
 - Don't know

O5. Are you or another adult in the family usually present after dinner during the week?

- Yes [CONTINUE]
 No [SKIP TO O6]
 Refused [SKIP TO O6]
 Don't know [SKIP TO O6]

a. Who is usually present? (READ LIST AND MARK ALL THAT APPLY)

- You
 Another adult
 Both you and another adult
 Refused
 Don't know

O6. Are you or another adult in the family usually present with {CHILD} during the weekend?

- Yes [CONTINUE]
 No [SKIP TO O7]
 Refused [SKIP TO O7]
 Don't know [SKIP TO O7]

a. Who is usually present? (READ LIST AND MARK ALL THAT APPLY)

- You
 Another adult
 Both you and another adult
 Refused
 Don't know

All Ages

O7. Next I'd like to ask you some questions about family routines.

a. In a typical full 7-day week, including the weekend, how many times do you get to eat breakfast with {CHILD}?

____times/week

- Refused
 Don't know

b. In a typical full 7-day week, including the weekend, how many times do you get to eat dinner with {CHILD}?

____times/week

- Refused
 Don't know

c. Who usually puts {CHILD} to bed? [SELECT ALL THAT APPLY]

- € RESPONDENT
- € RESPONDENT SPOUSE/PARTNER
- € OTHER CHILD IN HOUSEHOLD
- € OTHER RELATIVE
- € ANOTHER ADULT IN THE HOUSEHOLD
- € OTHER ADULTS WHO DON'T LIVE IN HOUSEHOLD, (PLEASE SPECIFY:)
- € NO ONE, CHILD PUTS SELF TO BED
- € REFUSED
- € DON'T KNOW

CATI/CAPI: IF N2=CHILD IN 5TH GRADE OR BELOW, SKIP TO SECTION P,

Children in Sixth through Twelfth Grade

I'm going to read you a list of things a child might do during a typical week. For each of these, tell me how many hours does [CHILD] do each one. If [CHILD] doesn't do the activity, let me know. Again, please think about a typical week in the last year.

O8. How much time does {CHILD} usually spend during a typical week in each of these activities:

Activity	# of Hours	DOES NOT DO ACTIVITY	Don't Know	Refused
a. Participating on a school team or in a school club/activity		€	€	€
b. Participating in an academic class outside of school		€	€	€
c. Participating in a club/organization outside of school		€	€	€
d. Doing homework at home or at school		€	€	€
e. Working in a job		€	€	€
f. Taking care of a sibling at home		€	€	€
g. Hanging out with friends/talking to friends on phone or computer		€	€	€

*IF O8a-g=DOES NOT DO ACTIVITY, CODE 0 HOURS.

O9. What is the main activity that {CHILD} usually does in the hour after dinner during a typical week?

- € At home doing homework
- € Is at home listening to music
- € Is at home watching television, doing computer games
- € Is at home talking to friends on the phone or computer
- € Hangs out with friends
- € Takes care of a sibling at home
- € Attends an organized sports or other activity
- € Working in a job

P. EDUCATION-RELATED GOALS AND SUPPORT

Next are questions about your hopes and aspirations for {CHILD}.

P1. Knowing {CHILD} as you do, how far do you think [he/she] will actually go in school? Do you think [he/she]

- Some high school
- Finish high school
- Attend technical school after high school
- Finish technical school after high school
- Some college
- Finish college
- Advanced degree after college (e.g. MA, MD, PhD, Law...)
- REFUSED
- DON'T KNOW

P2. How far does {CHILD} say [he/she] would like to go in school?

- Some high school
- Finish high school
- Technical school after high school
- Some college
- Finish college
- Advanced degree after college (e.g. MA, MD, PhD, Law...)
- REFUSED
- DON'T KNOW

Now I'd like to talk about {CHILD}'s activities with family members. For these questions, please think about a typical week in the last year.

IF N2=CHILD IN KINDERGARTEN THROUGH 12TH GRADE, SKIP TO QUESTION P6

Preschool-Age Children

P3. In a typical week, how often do you or any other family member read books to or look at picture books with {CHILD}? Would you say ...

- Not at all
- Once or twice a week
- Three to six times a week
- Every day
- Refused
- Don't know

P4. Have you or another family member helped {CHILD} to learn numbers or the alphabet?

- Yes
- No
- Refused
- Don't know

P5. Have you or another family member helped {CHILD} to learn colors or shapes and sizes?

- Yes
- No
- Refused
- Don't know

SKIP TO P9.

Children in Kindergarten through Twelfth Grade

P6. In a typical week, how often do you talk to {CHILD} about [his/her] homework assignments or what [he/she] is learning in school?

- € Never
- € Once or twice a week
- € 3 – 4 times a week
- € 5 or more times a week
- € Refused
- € Don't know

P7. In a typical week, how often do you or someone in your family help {CHILD} with homework?

- € Never
- € Once or twice
- € 3 – 4 times
- € 5 or more times
- € Refused
- € Don't know

P8. In a typical week, how often do you or someone in your family discuss {CHILD}'s report card or grades with [him/her]?

- € NEVER
- € RARELY
- € SOMETIMES
- € ALWAYS
- € REFUSED
- € DON'T KNOW

All Ages

P9. The next few questions are statements parents make about themselves. Please tell me how much you agree or disagree with each of the following statements: disagree very strongly, disagree, disagree just a little, agree just a little, agree, or agree very strongly.

	Disagree very strongly	Disagree	Disagree just a little	Agree just a little	Agree	Agree very strongly	Refused	DK
a. I know how to help my child do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't know if I'm getting through to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I don't know how to help my child make good grades in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel successful about my efforts to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other children have more influence on my child's grades than I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I don't know how to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I make a significant difference in my child's school performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q. CHILD OUTCOMES

My last set of questions are about how {CHILD} is doing in school.

IF N2=KINDERGARTEN THROUGH FIFTH GRADE, SKIP TO Q7.
IF N2=SIXTH THROUGH TWELFTH GRADE, SKIP TO Q10.

Preschool-Age Children

Q1. How would you rate {CHILD}'s ability to express [him/herself] verbally, compared to other children at the same age?

- € Far below average
- € Below average
- € About average

- € Above average
- € Far above average
- € Refused
- € Don't know

Q2. How would you rate {CHILD}'s early reading skills, compared to other children at the same age?

- € Far below average
- € Below average
- € About average
- € Above average
- € Far above average
- € Refused
- € Don't know

Q3. How would you rate {CHILD}'s skills with math or numbers, compared to other children at the same age?

- € Far below average
- € Below average
- € About average
- € Above average
- € Far above average
- € Refused
- € Don't know

Q4. How would you rate {CHILD}'s social skills in the following areas, compared to other children at the same age: far below average, below average, average, above average, or far above average?

	Far below average	Below average	Average	Above average	Far above average	Refused	DK
a. Ability to follow direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ability to make new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to wait his/her turn in games or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Acting his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ability to concentrate or pay attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability to control his/her temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5. In the past year, how often has another adult (teacher, child care provider, relative) told you that {CHILD} has behavior problems?

- 3 or more times
- 1-2 times
- Never
- Refused
- Don't know

Q6. Has {CHILD} been asked to leave any preschool programs?

- Yes
- No
- Refused
- Don't know

SKIP TO SECTION R, CONTACT INFORMATION

Children in Kindergarten through Fifth Grade

[IF INTERVIEW TAKES PLACE DURING THE SUMMER OR CHILD NOT CURRENTLY ENROLLED IN SCHOOL:] Please think of the how {CHILD} was doing in school last year.

Q7. How would you rate {CHILD}'s social skills in the following areas, compared to other children at the same age: far below average, below average, average, above average, or far above average?

	Far below average	Below average	Average	Above average	Far above average	Refused	DK
a. Ability to follow direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ability to make new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to wait his/her turn in games or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Acting his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ability to concentrate or pay attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability to control his/her temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8. Based on school and teacher reports, how well would you say {CHILD} is doing in reading:

- € Not well at all
- € Below average
- € About average
- € Well
- € Very well
- € Refused
- € Don't know

Q9. Based on school and teacher reports, how well would you say {CHILD} is doing in math:

- € Not well at all
- € Below average
- € About average
- € Well
- € Very well
- € Refused
- € Don't know

Children in Kindergarten through Twelfth Grade

Q10. Has {CHILD} repeated any grades in school?

- € Yes
- € No
- € Refused
- € Don't know

Q11. How many days in the last month was {CHILD} absent from school for any reason? [IF R STATES CHILD WAS ON SUMMER VACATION OR NOT ENROLLED:] In the last month that {CHILD} was enrolled in school, how many days was {CHILD} absent from school, for any reason?

- € 5 or more days
- € 3 or 4 days
- € 1 or 2 days
- € 0 days
- € Refused
- € Don't know

Q12. How many days in the last month was your child late for school? [IF ON SUMMER VACATION OR NOT ENROLLED:] In the last month that {CHILD} was enrolled in school, how many days was {CHILD} late for school?

- € 5 or more days
- € 3 or 4 days
- € 1 or 2 days
- € 0 days
- € Refused
- € Don't know

Q13. Since the beginning of this school year, how many times have any of {CHILD}'s teachers or [his/her] school contacted you or any adult in your household about any behavior problems [he/she] is having in school? [IF ON SUMMER VACATION OR NOT ENROLLED:] In the school year {CHILD} was last in school, how many times did any of {CHILD}'s teachers or [his/her] school contacted you or any adult in your household about any behavior problems [he/she] was having in school?

- € Never
- € Once or twice
- € Three or more times
- € Refused
- € Don't know

Q14. Since the beginning of this school year, how many times have any of {CHILD}'s teachers or [his/her] school contacted you or any adult in your household about any problems [he/she] is having with school work? [IF ON SUMMER VACATION OR NOT ENROLLED:] In the school year {CHILD} was last in school, how many times did any of {CHILD}'s teachers or [his/her] school contact you or any adult in your household about any behavior problems [he/she] was having with school work?

- € Never
- € Once or twice
- € Three or more times
- € Refused
- € Don't know

Q15. In the current school year, has [CHILD] been suspended or expelled from school? [IF ON SUMMER VACATION OR NOT ENROLLED:] In the school year {CHILD} was last in school, was your child suspended or expelled from school?

- € Yes
- € No
- € Refused
- € Don't know

IF N2=5TH GRADE OR BELOW, SKIP TO SECTION R

Children in Sixth through Twelfth Grade

Q16. Overall, what grades did {CHILD} receive in the last full year of school completed?

- € Mostly A's (SKIP TO Q17)
- € Mostly A's and B's (SKIP TO Q17)
- € Mostly B's (SKIP TO Q17)
- € B's and C's (SKIP TO Q17)
- € Mostly C's (SKIP TO Q17)
- € C's and D's (SKIP TO Q17)
- € Mostly D's (SKIP TO Q17)
- € Mostly below D (SKIP TO Q17)
- € Refused (SKIP TO Q17)
- € Don't know (SKIP TO Q17)
- € Not applicable, school does not give out letter grades[CONTINUE]

- a. [IF DOES NOT HAVE GRADES:] Is {CHILD}...
- € One of the best students in his/her class
 - € Above the middle in his/her class
 - € In the middle of his/her class
 - € Below the middle of his/her class
 - € Near the bottom of the class
 - € Does not attend school at all.
 - € REFUSED

IF N2= 8TH GRADE OR BELOW, SKIP TO SECTION R,

Q17. Has {CHILD} taken any of the following tests as part of college preparation:

a. Advanced Placement (AP) tests as part of an AP course?

- € Yes
- € No
- € REFUSED
- € DON'T KNOW

b. PSAT test?

- € Yes
- € No
- € REFUSED
- € DON'T KNOW

c. SAT or ACT test?

- € Yes
- € No
- € Refused
- € Don't know

R. CONTACT INFORMATION

RESPONDENT INFORMATION

Before we complete this portion of the interview, I would also like to make sure I have your contact information recorded correctly.

R1. I have your name recorded as [FIRST MI LAST]. Is this still correct or have you changed your name?

YES, STILL CORRECT (SKIP TO R2)

NO, NAME CHANGED

- a. What is your first name now? _____
- b. What is your middle initial now? _____
- c. What is your last name now? _____

R2. I have your address recorded as [STREET, APT, CITY, STATE, ZIP]. Is this still correct or have you moved?

YES, STILL CORRECT (SKIP TO R3)

NO, MOVED

- a. What your new street address or PO box number? _____
- b. Is there a complex or building name? _____
- c. Is there an apartment number? _____
- d. In what city? _____
- e. In what state? _____
- f. What is the zip code? _____

R3. I have your primary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new primary phone number?

YES, STILL CORRECT (SKIP TO R4)

NO, CHANGED

- a. What is the new number, starting with the area code?

____ - ____ - _____

- b. Is that a home, cell, shelter, work, or other number?

- Home
- Cell
- Shelter
- Work
- Other

- c. IF CELL PHONE: Do we have your permission to contact you on that number via text message?

- € YES,
- € NO (SKIP TO R4)
- € Refused
- € Don't know

- d. Do we have your permission to contact you on that number via automated text message? An automated text message is a prewritten message that is sent at a later date. Examples of an automated text message may be one that reminds you to complete a form or call to set up an appointment.

- € YES,
- € NO
- € Refused
- € Don't know

R4. I have your secondary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new secondary phone number?

YES, STILL CORRECT (SKIP TO R5)

NO, CHANGED

- a. What is the new number, starting with the area code?

____ - ____ - _____

- b. Is that a home, cell, shelter, work, or other number?

- Home
- Cell
- Shelter
- Work
- Other

- c. IF CELL PHONE: Do we have your permission to contact you on that number via text message?

- € YES,
- € NO (SKIP TO R4)
- € Refused
- € Don't know

- d. Do we have your permission to contact you on that number via automated text message?
An automated text message is a prewritten message that is sent at a later date. Examples of an automated text message may be one that reminds you to complete a form or call to set up an appointment.

- € YES,
- € NO
- € Refused
- € Don't know

R5. Do you have another phone number where we can reach you?

YES, ADDITIONAL PHONE NUMBERS AVAILABLE

NO (SKIP TO R6)

- a. What is the new number, starting with the area code?

____ - ____ - _____

b. Is that a home, cell, shelter, work, or other number?

- Home
- Cell
- Shelter
- Work
- Other

c. IF CELL PHONE: Do we have your permission to contact you on that number via text message?

- € YES,
- € NO (SKIP TO R4)
- € Refused
- € Don't know

d. Do we have your permission to contact you on that number via automated text message? An automated text message is a prewritten message that is sent at a later date. Examples of an automated text message may be one that reminds you to complete a form or call to set up an appointment.

- € YES,
- € NO
- € Refused
- € Don't know

[REPEAT R5 UNTIL ALL PHONE NUMBERS ARE RECORDED]

R6. I have your email address recorded as [abc@abc.abc]. Is this still correct or do you have a new email address?

YES, STILL CORRECT (SKIP TO R7)
NO, CHANGED

a. What is your new email address? _____

R7. Do you have any other email addresses?

YES, ADDITIONAL EMAIL ADDRESSES ARE AVAILABLE
NO (SKIP TO INSTRUCTIONS ABOVE R8)

b. What is additional email address? _____

[REPEAT R7 UNTIL ALL EMAIL ADDRESSES ARE LISTED]

To help us be able to get back in touch with you in the future, we would like to review the names, telephone numbers and addresses of two people we talked about last time we spoke who will always know

how to reach you. This information will be kept strictly private and will only be used if we are unable to contact you.

R8. When we last spoke on [RA MMYYY or Last Intvw MMYYYY] you said that [CONTACT #1] was a person who would always know where you are and how to reach you. Is [CONTACT#1] still a person who does not live with you and will always know how to contact you?

YES (VERIFY CONTACT INFORMATION)
NO
REFUSED
DON'T KNOW

IF NO: Could you please tell me the name of a person who does not live with you and will always know how to contact you?

YES
NO
REFUSED
DON'T KNOW

IF YES:

- a. What is his/her first name? _____
- b. What is his/her middle name? _____
- c. What is his/her last name? _____
- d. Does his/her name have a suffix? _____
- e. What is the street address or PO box number? _____
- f. Is there a complex or building name? _____
- g. Is there an apartment number? _____
- h. In what city? _____

- i. In what state? _____

- j. What is the zip code? _____
- k. What is [his/her] home phone number, starting with the area code?
____ - ____ - _____
- l. What is [his/her] cell phone number, starting with the area code?
____ - ____ - _____

m. What is [his/her] email address? _____

n. What is [his/her] relationship to you?

- Friend
- Relative
- Other (Specify:)
- REFUSED
- DON'T KNOW

R9. When we last spoke on [RA MMYYY or Last Intvw MMYYYY] you said that [CONTACT #2] was a person who would always know where you are and how to reach you. Is [CONTACT#2] still a person who does not live with you and will always know how to contact you?

- YES (VERIFY CONTACT INFORMATION)
- NO
- REFUSED
- DON'T KNOW

IF YES, GO TO CLOSING; ELSE:

R10. IF NO: Could you please tell me the name of a second person who does not live with you and will always know how to contact you?

- YES
- NO
- REFUSED
- DON'T KNOW

IF YES:

a. What is his/her first name? _____

b. What is his/her middle name? _____

c. What is his/her last name? _____

d. Does his/her name have a suffix? _____

e. What is the street address or PO box number? _____

f. Is there a complex or building name? _____

g. Is there an apartment number? _____

h. In what city? _____

i. In what state? _____

- j. What is the zip code? _____
- k. What is [his/her] home phone number, starting with the area code?
____ - ____ - _____
- l. What is [his/her] cell phone number, starting with the area code?
____ - ____ - _____
- m. What is [his/her] email address? _____
- n. What is [his/her] relationship to you?
 - Friend
 - Relative
 - Other (Specify:)
 - REFUSED
 - DON'T KNOW

Thank you very much for your time today.

