

ATTACHMENT O.1

12-MONTH FOLLOW-UP SURVEY

ENGLISH VERSION

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MATHEMATICA
Policy Research

SNAP E&T Pilots

12-MONTH FOLLOW-UP SURVEY

ENGLISH

August 7, 2015

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S. INTRODUCTION AND SCREENING

S1. My name is [fill INTERVIEWER NAME] from Mathematica Policy Research. I'm following up on a letter sent to you from the U.S. Department of Agriculture, Food and Nutrition Service. About a year ago in [fill RA MONTH/YEAR], while enrolling in [STATE SNAP NAME], you agreed to be part of a study about employment and training programs.

This study will help programs better meet the needs of people who are looking for jobs. Your participation is completely voluntary. You may skip any questions that you don't want to answer. We'll mail you a \$30 gift card when you complete the survey. This won't affect any benefits you may be receiving in any way.

For quality assurance purposes, this call may be monitored or recorded.

Let's begin now.

CODE ONE ONLY

BEGIN INTERVIEW	1	GO TO S2
NOT A GOOD TIME, SCHEDULE CALLBACK	2	Callback
HUNG UP DURING INTRODUCTION	3	Status 640
DOESN'T REMEMBER STUDY	4	GO TO S1a
SUPERVISOR REVIEW	5	Status 380
REFUSED	r	Status 200

S1a. [IF S1=4] In [fill RA MONTH/YEAR], while enrolling in SNAP employment and training services you filled out paperwork including a Consent Form to participate in some surveys. This survey asks questions about your work history, skills and training needs, and challenges you faced in getting the training you wanted to get and keep a job in your area. The questions may jog your memory so how about we get started?

CODE ONE ONLY

YES, BEGIN INTERVIEW	1	GO TO S2
NO, SUPERVISOR REVIEW	2	Status 380
NOT A GOOD TIME, SCHEDULE CALLBACK	3	Callback
REFUSED	r	Status 200

S2. BLAISE SCREEN: SHOW DOB FROM SAMPLE.

To get started I need to verify that I am speaking with the correct person. Could you please tell me your date of birth?

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

IF NECESSARY: READ DOB ALOUD AND CONFIRM.

RECORD: / /

MONTH DAY YEAR

IF MATCHES SAMPLE INFO -
Start Survey (A1), IF DOES NOT
MATCH SAMPLE INFO, ASK S3

REFUSED	r	GO TO S3
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BLAISE SCREEN: SHOW LAST 4-DIGITS OF SS# FROM SAMPLE.

S3. Again, for verification purposes, could you please tell me the last four digits of your social security number?

IF NECESSARY: Please remember that all of your responses on this survey will be kept private and will not affect any benefits you receive now or in the future.

IF NECESSARY: READ LAST 4-DIGITS ALOUD AND CONFIRM.

____|____|____|____| LAST FOUR SSN DIGITS IF MATCHES SAMPLE INFO - START SURVEY
(A1), IF DOES NOT MATCH
SAMPLE INFO, GO TO S4

DON'T KNOWd

REFUSEDr

S4. I am sorry. Before I continue with the interview I will need to check with my supervisor. Thank you for your time.

A. Household Characteristics

The first few questions are about you and the people you live with.

A1. Including yourself, how many people live with you? Please include babies, small children, people who are not related to you, and people who are temporarily away.

____ PEOPLE IN HOUSEHOLD

DON'T KNOWd

REFUSEDr

A2. IF A1>1: Do all the people who live with you share the food that is bought for the household?

YES1 GO TO A4

NO0

DON'T KNOWd

REFUSEDr

A3. IF A1>1: Including yourself, how many people in your household share the food that is bought for the household?

____ PEOPLE WITH SHARED FOOD

DON'T KNOWd

REFUSEDr

A4. IF A1>1 AND A3>1: How many of those (N) people are children age 18 or younger?

____ PEOPLE UNDER 18

DON'T KNOWd

REFUSEDr

B. Employment

Now I'd like to ask you about any jobs you may currently have, and jobs you may have had since [fill RA MONTH/YEAR].

B1. Are you currently working at a job for pay, or self-employed?

- YES 1 GO TO B3
- NO 0
- DON'T KNOW d GO TO B20
- REFUSED r GO TO B20

B2. IF NO: What is the main reason you are not currently working?

IF R MENTIONS HOW LAST JOB ENDED (I.E. FIRED, LAID OFF) PROBE: **What is the main reason you have not been able to get a new job?**

CODE ONE ONLY

- COULD NOT FIND WORK OR LACK OF JOBS AVAILABLE IN THE AREA..... 1
 - LACK NECESSARY SCHOOLING, TRAINING, SKILLS OR EXPERIENCE 2
 - COULD NOT GET ALONG WITH SUPERVISOR OR CO-WORKERS 3
 - PHYSICAL OR MENTAL HEALTH PROBLEMS 4
 - ALCOHOL OR SUBSTANCE ABUSE 5
 - FAMILY RESPONSIBILITIES; CARING FOR CHILDREN, SPOUSE, OR PARENTS; PREGNANCY 6
 - ATTENDING SCHOOL 7
 - TRANSPORTATION ISSUES OR PROBLEMS (NO CAR OR NO PUBLIC TRANSPORTATION AVAILABLE, TRANSPORTATION COSTS TOO MUCH) 8
 - LANGUAGE BARRIER/LIMITED ENGLISH PROFICIENCY 9
 - CHOSE NOT TO WORK..... 10
 - SOME OTHER REASON (SPECIFY) 99
-
- DON'T KNOW d
 - REFUSED r

B3. Including any current job(s), how many different places have you worked for pay on a regular basis since [FILL RA MO/YR]? Please exclude odd jobs, side jobs, and under-the-table jobs.

CODE ONE ONLY

- NONE 0 GO TO C1
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 OR MORE 6
- DON'T KNOW d GO TO C1
- REFUSED r GO TO C1

	JOB 1	JOB 2	JOB 3	JOB 4	JOB 5
B4. Please tell me the name of the companies, organizations, or people you've worked for. Start with your [current/most recent] job or jobs, [then the most recent jobs that you had.] PROBE: And what job did you have before that?	COMPANY NAME (SPECIFY) 1 _____ SELF-EMPLOYED 2 DON'T KNOW d REFUSED r	COMPANY NAME (SPECIFY) 1 _____ SELF-EMPLOYED 2 DON'T KNOW d REFUSED r	COMPANY NAME (SPECIFY) 1 _____ SELF-EMPLOYED 2 DON'T KNOW d REFUSED r	COMPANY NAME (SPECIFY) 1 _____ SELF-EMPLOYED 2 DON'T KNOW d REFUSED r	COMPANY NAME (SPECIFY) 1 _____ SELF-EMPLOYED 2 DON'T KNOW d REFUSED r
B4a. IF B4 NE 2: [Is/Was] the job at [FILL COMPANY NAME in [FILL STATE]]? IF B4=2: [Is/Was this job in [FILL STATE]]?	YES 1 NO 0 DON'T KNOW d REFUSED r	YES 1 NO 0 DON'T KNOW d REFUSED r	YES 1 NO 0 DON'T KNOW d REFUSED r	YES 1 NO 0 DON'T KNOW d REFUSED r	YES 1 NO 0 DON'T KNOW d REFUSED r
B4b. IF NO: In what state [is/was] this job?	[] [] STATE DON'T KNOW d REFUSED r	[] [] STATE DON'T KNOW d REFUSED r	[] [] STATE DON'T KNOW d REFUSED r	[] [] STATE DON'T KNOW d REFUSED r	[] [] STATE DON'T KNOW d REFUSED r
B5. When did you start working for [yourself/FILL COMPANY NAME]?	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r
B6. IF NO LONGER WORKING THERE (IF B1=NO): When did that job end?	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r	[] [] / [] [] [] [] MONTH YEAR DON'T KNOW d REFUSED r

ATTACHMENT O.1: 12 MONTH FOLLOW-UP SURVEY (ENGLISH)

	JOB 1	JOB 2	JOB 3	JOB 4	JOB 5
B7. IF B1=NO: What was your main reason for leaving [FILL COMPANY NAME]?	<u>CODE ONE ONLY</u> LAYOFF, COMPANY DOWNSIZED, OR PLANT CLOSED1 FIRED2 QUIT3 BECAME DISABLED.....4 MOVED AWAY FROM THAT AREA5 JOB WAS TEMPORARY AND ENDED6 OTHER (SPECIFY)99 _____ DON'T KNOW.....d REFUSED.....r	<u>CODE ONE ONLY</u> LAYOFF, COMPANY DOWNSIZED, OR PLANT CLOSED1 FIRED2 QUIT3 BECAME DISABLED.....4 MOVED AWAY FROM THAT AREA5 JOB WAS TEMPORARY AND ENDED6 OTHER (SPECIFY)99 _____ DON'T KNOW.....d REFUSED.....r	<u>CODE ONE ONLY</u> LAYOFF, COMPANY DOWNSIZED, OR PLANT CLOSED1 FIRED2 QUIT3 BECAME DISABLED.....4 MOVED AWAY FROM THAT AREA5 JOB WAS TEMPORARY AND ENDED6 OTHER (SPECIFY)99 _____ DON'T KNOW.....d REFUSED.....r	<u>CODE ONE ONLY</u> LAYOFF, COMPANY DOWNSIZED, OR PLANT CLOSED1 FIRED2 QUIT3 BECAME DISABLED.....4 MOVED AWAY FROM THAT AREA5 JOB WAS TEMPORARY AND ENDED6 OTHER (SPECIFY)99 _____ DON'T KNOW.....d REFUSED.....r	<u>CODE ONE ONLY</u> LAYOFF, COMPANY DOWNSIZED, OR PLANT CLOSED1 FIRED2 QUIT3 BECAME DISABLED.....4 MOVED AWAY FROM THAT AREA5 JOB WAS TEMPORARY AND ENDED6 OTHER (SPECIFY)99 _____ DON'T KNOW.....d REFUSED.....r
B9. How many hours per week, including overtime hours, (do/did) you usually work at [FILL COMPANY NAME]?	<input type="checkbox"/> TOTAL HOURS WORKED IN A TYPICAL WEEK HOURS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL HOURS WORKED IN A TYPICAL WEEK HOURS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL HOURS WORKED IN A TYPICAL WEEK HOURS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL HOURS WORKED IN A TYPICAL WEEK HOURS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL HOURS WORKED IN A TYPICAL WEEK HOURS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r
B9a. IF B9=n: How many hours did you work during the last week you worked?	<input type="checkbox"/> TOTAL HOURS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL HOURS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL HOURS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL HOURS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL HOURS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r
B10. How many days per week (do/did) you usually work?	<input type="checkbox"/> TOTAL DAYS WORKED IN A TYPICAL WEEK DAYS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL DAYS WORKED IN A TYPICAL WEEK DAYS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL DAYS WORKED IN A TYPICAL WEEK DAYS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL DAYS WORKED IN A TYPICAL WEEK DAYS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL DAYS WORKED IN A TYPICAL WEEK DAYS (VARY/VARIED) EACH WEEK n DON'T REMEMBER..... d REFUSED..... r
B10a. IF B10=n: How many days did you work during the last week you worked?	<input type="checkbox"/> TOTAL DAYS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL DAYS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL DAYS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL DAYS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r	<input type="checkbox"/> TOTAL DAYS WORKED DURING LAST WEEK WORKED DON'T REMEMBER..... d REFUSED..... r

ATTACHMENT O.1: 12 MONTH FOLLOW-UP SURVEY (ENGLISH)

	JOB 1	JOB 2	JOB 3	JOB 4	JOB 5
B11. Which of the following best describes your employment at [FILL COMPANY NAME]? (Are/Were) you working...	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>
	As a regular full-time or part-time employee,..... 1	As a regular full-time or part-time employee,..... 1	As a regular full-time or part-time employee,..... 1	As a regular full-time or part-time employee,..... 1	As a regular full-time or part-time employee,..... 1
	For a temporary help agency, a company that contracts out you or your services, or as an on-call employee,..... 2	For a temporary help agency, a company that contracts out you or your services, or as an on-call employee,..... 2	For a temporary help agency, a company that contracts out you or your services, or as an on-call employee,..... 2	For a temporary help agency, a company that contracts out you or your services, or as an on-call employee,..... 2	For a temporary help agency, a company that contracts out you or your services, or as an on-call employee,..... 2
	As an independent contractor, independent consultant, free-lance worker, or self-employed, or..... 3	As an independent contractor, independent consultant, free-lance worker, or self-employed, or..... 3	As an independent contractor, independent consultant, free-lance worker, or self-employed, or..... 3	As an independent contractor, independent consultant, free-lance worker, or self-employed, or..... 3	As an independent contractor, independent consultant, free-lance worker, or self-employed, or..... 3
	As a day laborer?..... 4	As a day laborer?..... 4	As a day laborer?..... 4	As a day laborer?..... 4	As a day laborer?..... 4
	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d
	REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r
B12. What kind of company is [FILL COMPANY NAME]- what do they make, do, or sell?	KIND OF BUSINESS OR INDUSTRY (SPECIFY)..... 1	KIND OF BUSINESS OR INDUSTRY (SPECIFY)..... 1	KIND OF BUSINESS OR INDUSTRY (SPECIFY)..... 1	KIND OF BUSINESS OR INDUSTRY (SPECIFY)..... 1	KIND OF BUSINESS OR INDUSTRY (SPECIFY)..... 1
	_____	_____	_____	_____	_____
	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d
	REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r
B12a. What (is/was) your job title?	JOB TITLE (SPECIFY)..... 1	JOB TITLE (SPECIFY)..... 1	JOB TITLE (SPECIFY)..... 1	JOB TITLE (SPECIFY)..... 1	JOB TITLE (SPECIFY)..... 1
	_____	_____	_____	_____	_____
	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d
	REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r
B13. What (do/did) you do there - what (is/was) your job?	JOB DUTIES (SPECIFY)..... 1	JOB DUTIES (SPECIFY)..... 1	JOB DUTIES (SPECIFY)..... 1	JOB DUTIES (SPECIFY)..... 1	JOB DUTIES (SPECIFY)..... 1
	_____	_____	_____	_____	_____
	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d
	REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r

ATTACHMENT O.1: 12 MONTH FOLLOW-UP SURVEY (ENGLISH)

	JOB 1	JOB 2	JOB 3	JOB 4	JOB 5
B14. What (is/was) your recent rate of pay before taxes and deductions at [FILL COMPANY NAME]? PROBE: If your pay (varies/varied), please provide an average amount.	\$ _ _ _ , _ _ _ . _ _ DON'T KNOW d REFUSED r	\$ _ _ _ , _ _ _ . _ _ DON'T KNOW d REFUSED r	\$ _ _ _ , _ _ _ . _ _ DON'T KNOW d REFUSED r	\$ _ _ _ , _ _ _ . _ _ DON'T KNOW d REFUSED r	\$ _ _ _ , _ _ _ . _ _ DON'T KNOW d REFUSED r
B14a. ACCEPT MOST CONVENIENT PAY PERIOD. PROBE: I am not asking how often you get paid, but how much you make, for example, an hour, per week, per year.	<u>CODE ONE ONLY</u> PER HOUR 1 PER WEEK 2 ONCE EVERY TWO WEEKS 3 TWICE A MONTH 4 PER YEAR 5 DAY/DAILY 6 PER MONTH 7 PER EVENT/ACTIVITY/ UNIT/ JOB/ COURSE/ ASSIGNMENT 8 PER MINUTE 9 PER MILE 10 OTHER (SPECIFY) 99 _____ DON'T KNOW d REFUSED r	<u>CODE ONE ONLY</u> PER HOUR 1 PER WEEK 2 ONCE EVERY TWO WEEKS 3 TWICE A MONTH 4 PER YEAR 5 DAY/DAILY 6 PER MONTH 7 PER EVENT/ACTIVITY/ UNIT/ JOB/ COURSE/ ASSIGNMENT 8 PER MINUTE 9 PER MILE 10 OTHER (SPECIFY) 99 _____ DON'T KNOW d REFUSED r	<u>CODE ONE ONLY</u> PER HOUR 1 PER WEEK 2 ONCE EVERY TWO WEEKS 3 TWICE A MONTH 4 PER YEAR 5 DAY/DAILY 6 PER MONTH 7 PER EVENT/ACTIVITY/ UNIT/ JOB/ COURSE/ ASSIGNMENT 8 PER MINUTE 9 PER MILE 10 OTHER (SPECIFY) 99 _____ DON'T KNOW d REFUSED r	<u>CODE ONE ONLY</u> PER HOUR 1 PER WEEK 2 ONCE EVERY TWO WEEKS 3 TWICE A MONTH 4 PER YEAR 5 DAY/DAILY 6 PER MONTH 7 PER EVENT/ACTIVITY/ UNIT/ JOB/ COURSE/ ASSIGNMENT 8 PER MINUTE 9 PER MILE 10 OTHER (SPECIFY) 99 _____ DON'T KNOW d REFUSED r	<u>CODE ONE ONLY</u> PER HOUR 1 PER WEEK 2 ONCE EVERY TWO WEEKS 3 TWICE A MONTH 4 PER YEAR 5 DAY/DAILY 6 PER MONTH 7 PER EVENT/ACTIVITY/ UNIT/ JOB/ COURSE/ ASSIGNMENT 8 PER MINUTE 9 PER MILE 10 OTHER (SPECIFY) 99 _____ DON'T KNOW d REFUSED r

ATTACHMENT O.1: 12 MONTH FOLLOW-UP SURVEY (ENGLISH)

	JOB 1	JOB 2	JOB 3	JOB 4	JOB 5
B15. Which of the following benefits (are/were) available to you on your job, even if you (are/were) not receiving them....	<u>CODE ALL THAT APPLY</u>	<u>CODE ALL THAT APPLY</u>	<u>CODE ALL THAT APPLY</u>	<u>CODE ALL THAT APPLY</u>	<u>CODE ALL THAT APPLY</u>
	Health insurance or membership in an HMO or PPO plan?..... 1	Health insurance or membership in an HMO or PPO plan?..... 1	Health insurance or membership in an HMO or PPO plan?..... 1	Health insurance or membership in an HMO or PPO plan?..... 1	Health insurance or membership in an HMO or PPO plan?..... 1
	Dental insurance?..... 2	Dental insurance?..... 2	Dental insurance?..... 2	Dental insurance?..... 2	Dental insurance?..... 2
	Paid vacation?..... 3	Paid vacation?..... 3	Paid vacation?..... 3	Paid vacation?..... 3	Paid vacation?..... 3
	Paid holidays?..... 4	Paid holidays?..... 4	Paid holidays?..... 4	Paid holidays?..... 4	Paid holidays?..... 4
	Paid sick leave?..... 5	Paid sick leave?..... 5	Paid sick leave?..... 5	Paid sick leave?..... 5	Paid sick leave?..... 5
	Retirement, 401(k), or pension benefits?..... 6	Retirement, 401(k), or pension benefits?..... 6	Retirement, 401(k), or pension benefits?..... 6	Retirement, 401(k), or pension benefits?..... 6	Retirement, 401(k), or pension benefits?..... 6
	Tuition assistance or reimbursement?..... 7	Tuition assistance or reimbursement?..... 7	Tuition assistance or reimbursement?..... 7	Tuition assistance or reimbursement?..... 7	Tuition assistance or reimbursement?..... 7
	NONE..... 8	NONE..... 8	NONE..... 8	NONE..... 8	NONE..... 8
	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d
REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r	REFUSED..... r	
CATI PROGRAM: IS THERE ANOTHER JOB TO ASK ABOUT?	YES...GO TO NEXT JOB – B4a NO.....GO TO C1	YES...GO TO NEXT JOB – B4a NO.....GO TO C1	YES...GO TO NEXT JOB – B4a NO.....GO TO C1	YES...GO TO NEXT JOB – B4a NO.....GO TO C1	GO TO C1

C. Participation in E&T Programs and Services

Now we are going to ask you about employment training, job search, and other services you may have received.

C1. First, we are interested in learning about any career counseling or one-on-one assistance you may have received from an employment professional at any location to help you find a job. Since [FILL RA MONTH/YEAR], have you had any contact, in-person or by phone, with an employment professional or case manager from an employment, welfare or other agency or organization?

PROBE: "Employment professional" is a general name and may include counselors or case managers.

- YES 1
- NO 0 GO TO C4
- DON'T KNOW d
- REFUSED r GO TO C4

C2. Since [FILL RA MONTH/YEAR], about how many times did you meet with an employment professional or case manager in person or by phone?

- NUMBER OF TIMES MET W/ EMPLOYMENT PROF/CASE MANAGER GO TO C3
- DON'T KNOW d
- REFUSED r GO TO C4

C2a. Would you say . . .

- None, 0
- 1, 1
- 2 or 3, 2
- 4 or 5, or 4
- More than 5 meetings in person or by phone? 6
- DON'T KNOW d
- REFUSED r

C3. Were these meetings mostly in person or mostly by phone?

- MOSTLY IN PERSON 0
- MOSTLY BY PHONE 1
- EQUALLY IN PERSON AND BY PHONE 2
- DON'T KNOW d
- REFUSED r

C4. Since [FILL RA MONTH/YEAR], did you complete any career assessment tests to find out what type of job you would be best suited for?

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

NO C5-C8 THIS VERSION.

C9. Since [FILL RA MONTH/YEAR], have you participated in job search training or assistance activities to help with things such as resume writing, interviewing, and networking?

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

Now I'm going to ask you about education or training programs you may have participated in, including any training programs that helped you learn job skills or prepare for an occupation, general educational programs, such as adult basic education or GED courses, ESL classes, college, or other types of school, and any paid or unpaid internships and apprenticeships.

C10. Since [fill RA MO/YR], did you participate in any education or training programs?

PROBE: Include classes you may have attended to learn English (ESL classes) or improve your reading skills.

PROBE: Include training provided by an employer, for self-employment, or on-the-job training (OJT).

YES 1
 NO 0 GO TO C12
 DON'T KNOW d GO TO C27a
 REFUSED r GO TO C27a

C11. How many different education and training programs have you participated in since [fill RA MO/YR]?

____| NUMBER OF PROGRAMS - GO TO C13

DON'T KNOW d GO TO C27a
 REFUSED r GO TO C27a

C12. Why have you not participated in any education or training programs since [fil RA M/YR]?

CODE ALL THAT APPLY

- NOTHING OFFERED/DID NOT KNOW OF ANY 1
 - LOCATION NOT ON PUBLIC TRANSPORTATION ROUTES 2
 - INCONVENIENT OR UNSAFE LOCATION 3
 - TRANSPORTATION ISSUES OR PROBLEMS (NO CAR OR PUBLIC
TRANSPORTATION, TRANSPORTATION COSTS TOO MUCH) 4
 - COST OF PROGRAM TOO HIGH..... 5
 - TOO EXPENSIVE TO GET THERE 6
 - NEED TO CARE FOR CHILD OR OTHERS; PREGNANCY 7
 - PROGRAM AT A BAD TIME 8
 - DIDN'T SOUND USEFUL 9
 - THEIR PROGRAM WASN'T ABOUT SOMETHING I WANTED TO LEARN..... 10
 - WAS IN A PROGRAM BEFORE AND DIDN'T LIKE IT 11
 - LIMITED ENGLISH PROFICIENCY/NOT OFFERED IN MY LANGUAGE 12
 - OTHER (SPECIFY)..... 99
-
- DON'T KNOWd
 - REFUSEDr

GO TO C27a

	PROGRAM 1	PROGRAM 2	PROGRAM 3	PROGRAM 4	PROGRAM 5
C13. What (is/are) the name(s) of the program(s) you attended since [fill RA]?	PROGRAM NAME DON'T KNOW.....d REFUSED.....r	PROGRAM NAME DON'T KNOW.....d REFUSED.....r	PROGRAM NAME DON'T KNOW.....d REFUSED.....r	PROGRAM NAME DON'T KNOW.....d REFUSED.....r	PROGRAM NAME DON'T KNOW.....d REFUSED.....r
C14. When did you start attending [PROGRAM]?	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r
C15. Are you still in that program?	YES.....1 GO TO C17 NO.....0 DON'T KNOW.....d GO TO C17 REFUSED.....r GO TO C17	YES.....1 GO TO C17 NO.....0 DON'T KNOW.....d GO TO C17 REFUSED.....r GO TO C17	YES.....1 GO TO C17 NO.....0 DON'T KNOW.....d GO TO C17 REFUSED.....r GO TO C17	YES.....1 GO TO C17 NO.....0 DON'T KNOW.....d GO TO C17 REFUSED.....r GO TO C17	YES.....1 GO TO C17 NO.....0 DON'T KNOW.....d GO TO C17 REFUSED.....r GO TO C17
C16. When did you stop attending?	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r	____/____/____ MONTH YEAR (1-12) (2014-2016) DON'T KNOW.....d REFUSED.....r
C17. How many hours per week (did/do) you attend that program?	____ HOURS PER WEEK DON'T REMEMBER.....d REFUSED.....r	____ HOURS PER WEEK DON'T REMEMBER.....d REFUSED.....r	____ HOURS PER WEEK DON'T REMEMBER.....d REFUSED.....r	____ HOURS PER WEEK DON'T REMEMBER.....d REFUSED.....r	____ HOURS PER WEEK DON'T REMEMBER.....d REFUSED.....r

	PROGRAM 1	PROGRAM 2	PROGRAM 3	PROGRAM 4	PROGRAM 5
C18. (Is/Was) this program meant to help you learn job skills or prepare for an occupation, or to provide general education? PROBE: General education programs include adult basic education or GED courses, college, and other types of school.	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>
	JOB SKILLS OR PREPARE FOR AN OCCUPATION 1	JOB SKILLS OR PREPARE FOR AN OCCUPATION 1	JOB SKILLS OR PREPARE FOR AN OCCUPATION 1	JOB SKILLS OR PREPARE FOR AN OCCUPATION 1	JOB SKILLS OR PREPARE FOR AN OCCUPATION 1
	GENERAL EDUCATION 2	GENERAL EDUCATION 2	GENERAL EDUCATION 2	GENERAL EDUCATION 2	GENERAL EDUCATION 2
	ENGLISH AS A SECOND LANGUAGE 3	ENGLISH AS A SECOND LANGUAGE 3	ENGLISH AS A SECOND LANGUAGE 3	ENGLISH AS A SECOND LANGUAGE 3	ENGLISH AS A SECOND LANGUAGE 3
	INTERNSHIP/APPRENTICESHIP 4	INTERNSHIP/APPRENTICESHIP 4	INTERNSHIP/APPRENTICESHIP 4	INTERNSHIP/APPRENTICESHIP 4	INTERNSHIP/APPRENTICESHIP 4
ADULT BASIC ED/GED 5	ADULT BASIC ED/GED 5	ADULT BASIC ED/GED 5	ADULT BASIC ED/GED 5	ADULT BASIC ED/GED 5	
DON'T REMEMBER d	DON'T REMEMBER d	DON'T REMEMBER d	DON'T REMEMBER d	DON'T REMEMBER d	
REFUSED r	REFUSED r	REFUSED r	REFUSED r	REFUSED r	
C19. IF C18=1 OR 4: (Is/Was) this program considered to be "on-the-job" training? PROBE: On-the-job training, also called "OJT," involves getting on-the-job-experience from a particular employer.	YES 1	YES 1	YES 1	YES 1	YES 1
	NO 0	NO 0	NO 0	NO 0	NO 0
	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
	REFUSED r	REFUSED r	REFUSED r	REFUSED r	REFUSED r

	PROGRAM 1	PROGRAM 2	PROGRAM 3	PROGRAM 4	PROGRAM 5
C20. IF C18=2: What kind of general education (are/were) you attending?	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>
	Regular high school,..... 1	Regular high school, 1	Regular high school, 1	Regular high school, 1	Regular high school, 1
	GED classes,.....2	GED classes,2	GED classes, 2	GED classes, 2	GED classes,2
	Non-credit adult education,.....3	Non-credit adult education, 3	Non-credit adult education, 3	Non-credit adult education, 3	Non-credit adult education,3
	A certification or licensing program,..... 4	A certification or licensing program, 4	A certification or licensing program, 4	A certification or licensing program, 4	A certification or licensing program,4
	A two-year program at a community college,.....5	A two-year program at a community college,..... 5	A two-year program at a community college, 5	A two-year program at a community college, 5	A two-year program at a community college,5
	A four or five-year program at a college or university,6	A four or five-year program at a college or university,6	A four or five-year program at a college or university, 6	A four or five-year program at a college or university, 6	A four or five-year program at a college or university,6
	A graduate or professional program, or7	A graduate or professional program, or 7	A graduate or professional program, or 7	A graduate or professional program, or 7	A graduate or professional program, or7
	Something else? (SPECIFY)....99	Something else? (SPECIFY) ... 99	Something else? (SPECIFY) ... 99	Something else? (SPECIFY)....99	Something else? (SPECIFY)....99
	_____	_____	_____	_____	_____
ESL-English as a second language.....8	ESL-English as a second language.....8	ESL-English as a second language 8	ESL-English as a second language 8	ESL-English as a second language8	
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	
REFUSED r	REFUSED r	REFUSED r	REFUSED r	REFUSED r	
C21. What kind of job (are/were) you being trained for or what (are/were) you learning to do in that program?	<u>TYPE OF TRAINING/LEARNING</u>	<u>TYPE OF TRAINING/LEARNING</u>	<u>TYPE OF TRAINING/LEARNING</u>	<u>TYPE OF TRAINING/LEARNING</u>	<u>TYPE OF TRAINING/LEARNING</u>
	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
	REFUSED r	REFUSED r	REFUSED r	REFUSED r	REFUSED r
	_____	_____	_____	_____	_____

	PROGRAM 1	PROGRAM 2	PROGRAM 3	PROGRAM 4	PROGRAM 5
	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>	<u>CODE ONE ONLY</u>
C22. At what type of place (do/did) you go to participate in that program?	COMMUNITY COLLEGE/2 YEAR COLLEGE..... 1	COMMUNITY COLLEGE/2 YEAR COLLEGE 1	COMMUNITY COLLEGE/2 YEAR COLLEGE 1	COMMUNITY COLLEGE/2 YEAR COLLEGE 1	COMMUNITY COLLEGE/2 YEAR COLLEGE..... 1
	4 YEAR COLLEGE OR UNIVERSITY 2	4 YEAR COLLEGE OR UNIVERSITY 2	4 YEAR COLLEGE OR UNIVERSITY 2	4 YEAR COLLEGE OR UNIVERSITY 2	4 YEAR COLLEGE OR UNIVERSITY 2
INTERVIEWER: READ CHOICES IF NECESSARY	PRIVATE PROVIDER OF TRAINING (SPECIFY) 3	PRIVATE PROVIDER OF TRAINING (SPECIFY) 3	PRIVATE PROVIDER OF TRAINING (SPECIFY) 3	PRIVATE PROVIDER OF TRAINING (SPECIFY) 3	PRIVATE PROVIDER OF TRAINING (SPECIFY) 3
	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 4	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 4	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 4	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 4	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY 4
	ONLINE 5	ONLINE 5	ONLINE 5	ONLINE 5	ONLINE 5
	VOCATIONAL OR TECHNICAL INSTITUTE/TRAINING CENTER..... 6	VOCATIONAL OR TECHNICAL INSTITUTE/TRAINING CENTER 6	VOCATIONAL OR TECHNICAL INSTITUTE/TRAINING CENTER 6	VOCATIONAL OR TECHNICAL INSTITUTE/TRAINING CENTER 6	VOCATIONAL OR TECHNICAL INSTITUTE/TRAINING CENTER 6
	ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 7	ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 7	ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 7	ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 7	ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL 7
	EMPLOYER 8	EMPLOYER 8	EMPLOYER 8	EMPLOYER 8	EMPLOYER 8
	GOVERNMENT AGENCY/MILITARY 9	GOVERNMENT AGENCY/MILITARY 9	GOVERNMENT AGENCY/MILITARY 9	GOVERNMENT AGENCY/MILITARY 9	GOVERNMENT AGENCY/MILITARY 9
	CAREER CENTER/JOB CENTER..... 10	CAREER CENTER/JOB CENTER 10	CAREER CENTER/JOB CENTER 10	CAREER CENTER/JOB CENTER 10	CAREER CENTER/JOB CENTER 10
	STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE 11	STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE 11	STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE 11	STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE 11	STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE 11
	SENIOR CENTER 12	SENIOR CENTER 12	SENIOR CENTER 12	SENIOR CENTER 12	SENIOR CENTER 12
	HOTEL OR CONFERENCE CENTER..... 13	HOTEL OR CONFERENCE CENTER 13	HOTEL OR CONFERENCE CENTER 13	HOTEL OR CONFERENCE CENTER 13	HOTEL OR CONFERENCE CENTER 13
	HOSPITAL OR MEDICAL INSTITUTE 14	HOSPITAL OR MEDICAL INSTITUTE 14	HOSPITAL OR MEDICAL INSTITUTE 14	HOSPITAL OR MEDICAL INSTITUTE 14	HOSPITAL OR MEDICAL INSTITUTE 14
	SOME PLACE ELSE (SPECIFY)..... 99	SOME PLACE ELSE (SPECIFY)..... 99	SOME PLACE ELSE (SPECIFY)..... 99	SOME PLACE ELSE (SPECIFY)..... 99	SOME PLACE ELSE (SPECIFY)..... 99
	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
	REFUSED r	REFUSED r	REFUSED r	REFUSED r	REFUSED r

	PROGRAM 1	PROGRAM 2	PROGRAM 3	PROGRAM 4	PROGRAM 5
C23. How much of your own money did you or your family pay for the program?	\$, PROGRAM COST OUT OF POCKET DON'T KNOWd REFUSEDr	\$, PROGRAM COST OUT OF POCKET DON'T KNOWd REFUSEDr	\$, PROGRAM COST OUT OF POCKET DON'T KNOWd REFUSEDr	\$, PROGRAM COST OUT OF POCKET DON'T KNOWd REFUSEDr	\$, PROGRAM COST OUT OF POCKET DON'T KNOWd REFUSEDr
C23a. IF C23>0. (Does/Did) this cover the total cost of the program?	YES1 NO0 DON'T KNOWd REFUSEDr	YES1 NO0 DON'T KNOWd REFUSEDr	YES1 NO0 DON'T KNOWd REFUSEDr	YES1 NO0 DON'T KNOWd REFUSEDr	YES1 NO0 DON'T KNOWd REFUSEDr
C23b. IF NO: Who (else) (pays/paid) for this program? This may include an organization or grant. PROBE: Any other person or organization? PROBE: Do not include student loans or personal bank loans here	CAREER CENTER OR JOB CENTER.....1 STATE UNEMPLOYMENT/EMPLOYMENT OFFICE.....2 TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA) ...3 VETERANS AFFAIRS (VA)4 PELL GRANT5 OTHER GOVERNMENT AGENCY OR ASSISTANCE6 OTHER GRANT OR SCHOLARSHIP FUND7 OTHER (SPECIFY).....99 _____ DON'T KNOWd REFUSEDr	CAREER CENTER OR JOB CENTER.....1 STATE UNEMPLOYMENT/EMPLOYMENT OFFICE.....2 TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA) ...3 VETERANS AFFAIRS (VA)4 PELL GRANT5 OTHER GOVERNMENT AGENCY OR ASSISTANCE6 OTHER GRANT OR SCHOLARSHIP FUND7 OTHER (SPECIFY).....99 _____ DON'T KNOWd REFUSEDr	CAREER CENTER OR JOB CENTER1 STATE UNEMPLOYMENT/EMPLOYMENT OFFICE2 TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA)...3 VETERANS AFFAIRS (VA).....4 PELL GRANT5 OTHER GOVERNMENT AGENCY OR ASSISTANCE.....6 OTHER GRANT OR SCHOLARSHIP FUND7 OTHER (SPECIFY)99 _____ DON'T KNOWd REFUSEDr	CAREER CENTER OR JOB CENTER1 STATE UNEMPLOYMENT/EMPLOYMENT OFFICE2 TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA)...3 VETERANS AFFAIRS (VA).....4 PELL GRANT5 OTHER GOVERNMENT AGENCY OR ASSISTANCE.....6 OTHER GRANT OR SCHOLARSHIP FUND7 OTHER (SPECIFY)99 _____ DON'T KNOWd REFUSEDr	CAREER CENTER OR JOB CENTER.....1 STATE UNEMPLOYMENT/EMPLOYMENT OFFICE2 TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA) ...3 VETERANS AFFAIRS (VA).....4 PELL GRANT5 OTHER GOVERNMENT AGENCY OR ASSISTANCE6 OTHER GRANT OR SCHOLARSHIP FUND7 OTHER (SPECIFY).....99 _____ DON'T KNOWd REFUSEDr
C24. IF C15 NE YES: Did you complete the program?	YES1 NO0 DON'T KNOWd REFUSEDr	YES1 NO0 DON'T KNOWd REFUSEDr	YES1 NO0 DON'T KNOWd REFUSEDr	YES1 NO0 DON'T KNOWd REFUSEDr	YES1 NO0 DON'T KNOWd REFUSEDr

	PROGRAM 1	PROGRAM 2	PROGRAM 3	PROGRAM 4	PROGRAM 5
C25. IF NO: What was the main reason that you stopped attending that program?	FOUND JOB/REEMPLOYED 1	FOUND JOB/REEMPLOYED 1	FOUND JOB/REEMPLOYED 1	FOUND JOB/REEMPLOYED 1	FOUND JOB/REEMPLOYED 1
	COULDN'T AFFORD TO CONTINUE..... 2	COULDN'T AFFORD TO CONTINUE..... 2	COULDN'T AFFORD TO CONTINUE 2	COULDN'T AFFORD TO CONTINUE 2	COULDN'T AFFORD TO CONTINUE 2
	PERSONAL PROBLEMS..... 3	PERSONAL PROBLEMS 3	PERSONAL PROBLEMS 3	PERSONAL PROBLEMS 3	PERSONAL PROBLEMS..... 3
	NOT INTERESTED/DIDN'T LIKE PROGRAM 4	NOT INTERESTED/DIDN'T LIKE PROGRAM 4	NOT INTERESTED/DIDN'T LIKE PROGRAM 4	NOT INTERESTED/DIDN'T LIKE PROGRAM 4	NOT INTERESTED/DIDN'T LIKE PROGRAM 4
	DIDN'T THINK IT WOULD HELP TO FIND A JOB..... 5	DIDN'T THINK IT WOULD HELP TO FIND A JOB 5	DIDN'T THINK IT WOULD HELP TO FIND A JOB 5	DIDN'T THINK IT WOULD HELP TO FIND A JOB 5	DIDN'T THINK IT WOULD HELP TO FIND A JOB..... 5
	STARTED (OTHER) SCHOOL/TRAINING 6	STARTED (OTHER) SCHOOL/TRAINING 6	STARTED (OTHER) SCHOOL/TRAINING 6	STARTED (OTHER) SCHOOL/TRAINING 6	STARTED (OTHER) SCHOOL/TRAINING 6
	DECIDED DIDN'T WANT JOB.. 7	DECIDED DIDN'T WANT JOB .. 7	DECIDED DIDN'T WANT JOB .. 7	DECIDED DIDN'T WANT JOB .. 7	DECIDED DIDN'T WANT JOB.. 7
	ILLNESS/PREGNANCY..... 8	ILLNESS/PREGNANCY 8	ILLNESS/PREGNANCY 8	ILLNESS/PREGNANCY 8	ILLNESS/PREGNANCY 8
	CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS 9	CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS 9	CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS 9	CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS 9	CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS..... 9
	POOR GRADES..... 10	POOR GRADES 10	POOR GRADES 10	POOR GRADES 10	POOR GRADES..... 10
	COURSES OR PROGRAM POORLY TAUGHT..... 11	COURSES OR PROGRAM POORLY TAUGHT 11	COURSES OR PROGRAM POORLY TAUGHT 11	COURSES OR PROGRAM POORLY TAUGHT 11	COURSES OR PROGRAM POORLY TAUGHT 11
	OTHER (SPECIFY) 99	OTHER (SPECIFY)..... 99	OTHER (SPECIFY) 99	OTHER (SPECIFY) 99	OTHER (SPECIFY) 99
	_____	_____	_____	_____	_____
	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
	REFUSED r	REFUSED r	REFUSED r	REFUSED r	REFUSED r
C26. Did you receive a diploma/ degree/ certification/ license for completing that program?	YES 1	YES 1	YES 1	YES 1	YES..... 1
	NO 0	NO 0	NO 0	NO 0	NO 0
	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
	REFUSED r	REFUSED r	REFUSED r	REFUSED r	REFUSED r

	PROGRAM 1	PROGRAM 2	PROGRAM 3	PROGRAM 4	PROGRAM 5
C27. IF C26=1: What kind of certificate or degree/diploma did you receive?	PARTICIPATION/ATTENDANCE ..1	PARTICIPATION/ATTENDANCE.. 1	PARTICIPATION/ATTENDANCE.. 1	PARTICIPATION/ATTENDANCE . 1	PARTICIPATION/ATTENDANCE ..1
	GED.....2	GED.....2	GED 2	GED 2	GED.....2
	HIGH SCHOOL DIPLOMA.....3	HIGH SCHOOL DIPLOMA.....3	HIGH SCHOOL DIPLOMA 3	HIGH SCHOOL DIPLOMA 3	HIGH SCHOOL DIPLOMA3
	ASSOCIATE'S DEGREE4	ASSOCIATE'S DEGREE4	ASSOCIATE'S DEGREE..... 4	ASSOCIATE'S DEGREE..... 4	ASSOCIATE'S DEGREE4
	BACHELOR'S DEGREE5	BACHELOR'S DEGREE5	BACHELOR'S DEGREE..... 5	BACHELOR'S DEGREE 5	BACHELOR'S DEGREE5
	ENGLISH PROFICIENCY CERTIFICATION/ TOEFL6	ENGLISH PROFICIENCY CERTIFICATION/ TOEFL.....6	ENGLISH PROFICIENCY CERTIFICATION/ TOEFL..... 6	ENGLISH PROFICIENCY CERTIFICATION/ TOEFL 6	ENGLISH PROFICIENCY CERTIFICATION/ TOEFL6
	CERTIFICATE OR LICENSE (E.G. - FOOD HANDLER, FORKLIFT OPERATOR, HAIRDRESSING, PLUMBING, CDL)7	CERTIFICATE OR LICENSE (E.G. - FOOD HANDLER, FORKLIFT OPERATOR, HAIRDRESSING, PLUMBING, CDL).....7	CERTIFICATE OR LICENSE (E.G. - FOOD HANDLER, FORKLIFT OPERATOR, HAIRDRESSING, PLUMBING, CDL)..... 7	CERTIFICATE OR LICENSE (E.G. - FOOD HANDLER, FORKLIFT OPERATOR, HAIRDRESSING, PLUMBING, CDL)..... 7	CERTIFICATE OR LICENSE (E.G. - FOOD HANDLER, FORKLIFT OPERATOR, HAIRDRESSING, PLUMBING, CDL)7
	OTHER (SPECIFY)99	OTHER (SPECIFY).....99	OTHER (SPECIFY) 99	OTHER (SPECIFY)99	OTHER (SPECIFY)99
	_____	_____	_____	_____	_____
	DON'T KNOWd	DON'T KNOW.....d	DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSED..... r	REFUSED..... r	REFUSEDr	
CATI PROGRAM: IS THERE ANOTHER PROGRAM TO ASK ABOUT?	YES.....GO TO NEXT PROGRAM – C14	YES.....GO TO NEXT PROGRAM – C14	YES.....GO TO NEXT PROGRAM – C14	YES.....GO TO NEXT PROGRAM – C14	GO TO C27a
	NO.....GO TO C27a	NO.....GO TO C27a	NO.....GO TO C27a	NO.....GO TO C27a	

C27a. What is the highest grade or degree you have completed?

CODE ONE ONLY

LESS THAN 8TH GRADE.....	1
8TH TO 12TH GRADE, NO DIPLOMA	2
HIGH SCHOOL DIPLOMA OR GED	3
ADULT BASIC EDUCATION (ABE) CERTIFICATE	4
SOME COLLEGE BUT NO DEGREE	4
VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE	5
BUSINESS DEGREE OR CERTIFICATE.....	4
ASSOCIATE DEGREE (AA)	6
BACHELORS DEGREE (BA/BS).....	7
MASTERS DEGREE (MA/MS) OR HIGHER (MD, Ph.D).....	8
OTHER (SPECIFY).....	99
<hr/>	
DON'T KNOW	d
REFUSED	r

C28. The next questions are about support services you may have received from an agency or organization to support you in your job search or training. Please indicate whether you receive or have received the following support services since [FILL RA MONTH/YEAR]. Since [FILL RA MONTH/YEAR], have you received...

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Childcare assistance including vouchers or funds.....	1	0	d	r
b. Transportation assistance (such as gas cards or bus passes)	1	0	d	r
c. Housing assistance	1	0	d	r
d. Mental health or substance abuse counseling	1	0	d	r
e. Clothes, uniforms, tools or other supplies and equipment.....	1	0	d	r
f. Something else that I haven't mentioned? (SPECIFY).....	1	0	d	r

D. Public Assistance

The next questions are about different types of assistance you may be receiving or have received since (FILL RA MONTH/YEAR). Please remember that all of your responses on this survey will be kept private and will not affect any benefits you receive now or in the future.

D1. Since [FILL RA MONTH/YEAR], did you receive any of the following types of assistance...

	CODE ONE PER ROW			
	YES	NO	DON'T KNOW	REFUSED
a. SNAP or Food Stamp benefits also known as [STATE SNAP NAME]?	1	0	d	r
b. TANF or Temporary Assistance to Needy Families (also known as [STATE WELFARE NAME])?	1	0	d	r
c. Other welfare such as General Assistance?	1	0	d	r
d. Unemployment Insurance or Unemployment Benefits?	1	0	d	r
e. SSI or Supplemental Security Income from the federal, state, or local government?	1	0	d	r
f. Section 8 or Public Housing Assistance?	1	0	d	r
g. Medicaid also known as [MEDICAID STATE NAME]?	1	0	d	r
h. WIC, the Women, Infants, and Children food program?	1	0	d	r
i. Any other assistance? (SPECIFY)	1	0	d	r

D2a. IF D1a=YES: For approximately how many months since [FILL RA MONTH/YEAR] did you receive SNAP or Food Stamp benefits also known as [STATE SNAP NAME]?

____ NUMBER OF MONTHS

DON'T KNOWd

REFUSEDr

D2b. And approximately how much SNAP or Food Stamp benefits did you receive each month?

PROBE: Your best estimate is fine.

IF MONTHLY AMOUNT VARIED, PROBE: How much was the most recent amount?

\$ ____ AMOUNT OF SNAP BENEFITS

DON'T KNOWd

REFUSEDr

D3a. IF D1b=YES: For approximately how many months since [FILL RA MONTH/YEAR], did you receive TANF or Temporary Assistance to Needy Families (also known as [STATE WELFARE NAME])?

|_|_| NUMBER OF MONTHS

DON'T KNOWd

REFUSEDr

D3b. And approximately how much TANF or Temporary Assistance to Needy Families did you receive each month?

\$ |_|_|_| AMOUNT OF TANF BENEFITS

DON'T KNOWd

REFUSEDr

D4a. IF D1c=YES: For approximately how many months since [FILL RA MONTH/YEAR], did you receive other welfare such as General Assistance?

|_|_| NUMBER OF MONTHS

DON'T KNOWd

REFUSEDr

D4b. And approximately how much other welfare such as General Assistance did you receive each month?

\$ |_|_|_| AMOUNT OF OTHER WELFARE/GA

DON'T KNOWd

REFUSEDr

D5a. IF D1d=YES: For approximately how many months since [FILL RA MONTH/YEAR], did you receive Unemployment Insurance?

|_|_| NUMBER OF MONTHS

DON'T KNOWd

REFUSEDr

D5b. And approximately, how much did you receive in Unemployment Insurance each month?

\$ |_|_|_| AMOUNT OF UNEMPLOYMENT INSURANCE

DON'T KNOWd

REFUSEDr

D6a. IF D1e=YES: For approximately how many months since [FILL RA MONTH/YEAR], did you receive SSI or Supplemental Security Income from the federal, state, or local government?

|_|_| NUMBER OF MONTHS

DON'T KNOWd

REFUSEDr

D6b. And approximately how much did you receive in SSI or Supplemental Security Income from the federal, state, or local government each month?

\$ |_|_|_| AMOUNT OF SSI

DON'T KNOWd

REFUSEDr

D7. Did you claim the Earned Income Tax Credit for your earnings last year in [FILL PREVIOUS YEAR]?

PROBE: The federal government has a special rule that allows working people who make less than about \$49,000 a year to take advantage of something called the Earned Income Tax Credit, or EITC. They can claim the Earned Income Tax Credit by filling out a special form called Schedule EIC when they fill out their income taxes, or they can fill out a special form with their employer.

YES1

NO0 GO TO E1

DON'T KNOWd GO TO E1

REFUSEDr GO TO E1

E. Food Security

Now, I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 30 days.

E1. The first statement is, "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 30 days?

CODE ONE ONLY

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

E2. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 30 days?

CODE ONE ONLY

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

E3. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 30 days?

CODE ONE ONLY

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

IF AFFIRMATIVE RESPONSE (i.e., OFTEN TRUE OR SOMETIMES TRUE) TO ONE OR MORE OF QUESTIONS E1-E3, THEN CONTINUE, ELSE SKIP TO F1.

E4. In the last 30 days, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- YES 1
- NO 0 GO TO E5
- DON'T KNOW d GO TO E5
- REFUSED r GO TO E5

E4a. How many days did this happen in the last 30 days?

|_|_| NUMBER OF DAYS
(1 – 30)

DON'T KNOWd
REFUSEDr

E5. In the last 30 days, did (you/you or other adults in your household) ever eat less than you felt you should because there wasn't enough money for food?

YES1
NO0
DON'T KNOWd
REFUSEDr

E6. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

YES1
NO0
DON'T KNOWd
REFUSEDr

E7. In the last 30 days, did you lose weight because there wasn't enough money for food?

YES1
NO0
DON'T KNOWd
REFUSEDr

E8. In the last 30 days, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES1
NO0 GO TO F1
DON'T KNOWd GO TO F1
REFUSEDr GO TO F1

E8a. In the last 30 days, how many days did this happen?

|_|_| NUMBER OF DAYS
(1 – 30)

DON'T KNOWd
REFUSEDr

F. Health and Well-Being

My next questions are about your health and well-being.

F1. In general would you say your health is excellent, very good, good, fair or poor?

CODE ONE ONLY

- EXCELLENT 1
- VERY GOOD 2
- GOOD 3
- FAIR 4
- POOR 5
- DON'T KNOW d
- REFUSED r

F2. Now I am going to ask you some questions about feelings you may have experienced over the last 2 weeks.

Over the last 2 weeks, how often have you been bothered by any of the following problems. . .(FILL ITEM)

Would you say - not at all, several days, more than half the days, or nearly every day?

CODE ONE PER ROW

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY	DON'T KNOW	REF
a. Little interest or pleasure in doing things.....	0	1	2	3	d	r
b. Feeling down, depressed, or hopeless.....	0	1	2	3	d	r
c. Trouble falling or staying asleep, or sleeping too much	0	1	2	3	d	r
d. Feeling tired or having little energy	0	1	2	3	d	r
e. Poor appetite or overeating.....	0	1	2	3	d	r
f. Feeling bad about yourself, or that you are a failure or have let yourself or your family down.	0	1	2	3	d	r
e. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	d	r
f. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless than you have been moving around a lot more than usual	0	1	2	3	d	r

F2a. IF ANY F2 RESPONSE IS EQUAL TO 1, 2 OR 3: How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Would you say...

- Not difficult at all, 1
- Somewhat difficult, 2
- Very difficult, or 3
- Extremely difficult? 4
- DON'T KNOW d
- REFUSED r

F3. Please indicate the extent to which you agree with this statement ...

“I have high self-esteem.”

Would you say that is very untrue of you, somewhat untrue of you, neither true nor untrue of you, somewhat true of you, or very true of you?

- VERY UNTRUE OF YOU..... 1
- SOMEWHAT UNTRUE OF YOU 2
- NEITHER TRUE NOR UNTRUE OF YOU..... 3
- SOMEWHAT TRUE OF YOU 4
- VERY TRUE OF YOU 5
- DON'T KNOW d
- REFUSED r

F4. The following statements describe the way some people may feel about themselves. Please tell me if you strongly disagree, somewhat disagree, somewhat agree, or strongly agree with each of the following statements...

CODE ONE PER ROW

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	DON'T KNOW	REF
a. I can do just about anything I really set my mind to.....	1	2	3	4	d	r
b. When I really want to do something, I usually find a way to succeed at it.....	1	2	3	4	d	r
c. Whether or not I am able to get what I want is in my own hands.....	1	2	3	4	d	r
d. What happens to me in the future mostly depends on me.....	1	2	3	4	d	r
e. I can do the things that I want to do.....	1	2	3	4	d	r

G. Housing Status and Stability

G1. Now I'd like to talk about your living arrangements. Where are you living right now?

PROBE: What kind of place do you live in?

PROBE: IF R STAYS IN MORE THAN ONE PLACE: Where do you stay most often?

CODE ONE ONLY

- HOUSE, TOWNHOUSE, CONDO 1
 - MOBILE HOME/TRAILER.....2
 - APARTMENT3
 - ROOM4
 - GROUP QUARTERS (DORMITORY, GROUP HOME, SHELTER,
HOSPITAL, RESIDENTIAL FACILITY, TRANSITIONAL HOUSING,
HALFWAY HOUSE, ETC.).....5
 - HOMELESS (NO REGULAR PLACE TO STAY)6 GO TO G4
 - INCARCERATED7 GO TO H1
 - OTHER (SPECIFY).....8 GO TO G5
-
- DON'T KNOWd GO TO G5
 - REFUSEDr GO TO G5

G3. (Thinking of the place you live right now, how/How) long have you lived there? Would you say...

CODE ONE ONLY

- Less than one year, or1 GO TO G5
- One year or longer?2 GO TO G5
- DON'T KNOWd GO TO G5
- REFUSEDr GO TO G5

G4. How long have you been without a regular place to stay? Would you say...

CODE ONE ONLY

- Less than one year, or1 GO TO H1
- One year or longer?2 GO TO H1
- DON'T KNOWd GO TO H1
- REFUSEDr GO TO H1

G5. What is the zip code of where you currently live?

|_|_|_|_|_| ZIP CODE

- DON'T KNOWd
- REFUSEDr

H. Respondent Follow-Up and Contact Information

H1. We are almost done. Please provide an address where we can send your \$30 gift card.

COLLECT/CONFIRM CURRENT CONTACT INFO FOR RESPONDENT

FIRST NAME

MIDDLE INITIAL/NAME

LAST NAME

ADDRESS 1

ADDRESS 2

CITY

STATE/TERRITORY

|_|_|_|_| - |_|_|_|_|_|
ZIP CODE (+ 4 IF NEEDED)

H2. Thank you for participating in the survey. We would like to interview you again in about 24 months and I would like to know how to get in touch with you. There will be a gift card for completing that survey as well. Please provide your (home/cell/email).

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_| PHONE NUMBER - HOME
(200-999) (100-999) (0000-9999)

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_| PHONE NUMBER – CELLULAR
(200-999) (100-999) (0000-9999)

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_| PHONE NUMBER - OTHER
(200-999) (100-999) (0000-9999)

EMAIL

DON'T KNOWd

REFUSEDr

H3. I would like to ask you for the name, address, and telephone number of 2 close relatives or friends we can contact in case you move and we cannot easily locate you for your next interview. All information collected will be kept private, and will only be used if we cannot contact you.

CONTACT 1:

FIRST NAME

MIDDLE INITIAL/NAME

LAST NAME

RELATIONSHIP TO RESPONDENT

ADDRESS 1

ADDRESS 2

CITY

STATE/TERRITORY

_____|_____|_____|_____| - ____|____|____|____|
ZIP CODE (+ 4 IF NEEDED)

_____|_____|____| - ____|_____|____| - ____|_____|_____|____| PHONE NUMBER - HOME
(200-999) (100-999) (0000-9999)

_____|_____|____| - ____|_____|____| - ____|_____|_____|____| PHONE NUMBER - CELLULAR
(200-999) (100-999) (0000-9999)

_____|_____|____| - ____|_____|____| - ____|_____|_____|____| PHONE NUMBER - OTHER
(200-999) (100-999) (0000-9999)

EMAIL

DON'T KNOWd GO TO END

REFUSEDf

CONTACT 2:

FIRST NAME

MIDDLE INITIAL/NAME

LAST NAME

RELATIONSHIP TO RESPONDENT

ADDRESS 1

ADDRESS 2

CITY

STATE/TERRITORY

_____|_____|_____|_____| - ____|____|____|____|
ZIP CODE (+ 4 IF NEEDED)

____|____|____| - ____|____|____| - ____|____|____|____| PHONE NUMBER - HOME
(200-999) (100-999) (0000-9999)

____|____|____| - ____|____|____| - ____|____|____|____| PHONE NUMBER - CELLULAR
(200-999) (100-999) (0000-9999)

____|____|____| - ____|____|____| - ____|____|____|____| PHONE NUMBER - OTHER
(200-999) (100-999) (0000-9999)

EMAIL

DON'T KNOWd

REFUSEDr

END. Thank you for your cooperation. This completes the survey! You should receive your gift card in about 4 weeks. Thank you again.