APPENDIX C

30-MONTH FOLLOW-UP SURVEY INSTRUMENT, RESULTS OF SURVEY PRETESTS, AND FREQUENTLY ASKED QUESTIONS

APPENDIX C.1

30-MONTH FOLLOW-UP SURVEY INSTRUMENT

OMB Approval No.: 1205-0504 Expiration Date: xx/xx/xxxx



Adult and Dislocated Worker Programs Gold Standard Evaluation

Mathematica Reference No.: 06503.151

WIA Adult and Dislocated Worker Programs Evaluation

30-Month Follow-Up Survey

January 17, 2013

NOTE TO REVIEWERS: IN GENERAL, TEXT IN UPPERCASE IS NOT READ TO THE RESPONDENT.

SECTION A – INTRODUCTION AND SCREENING (INCLUDING CATI FRONT END QUESTIONS)

A1. Hello

May I speak with [fill SAMPLE MEMBER NAME]?

SPEAKING TO [FILL FIRSTNAME]1	A3
PERSON ASKS WHAT CALL IS ABOUT2	WHAT ABOUT A2
NOT A GOOD TIME, SCHEDULE CALLBACK	CALLBACK
[FILL FIRSTNAME] HAS A HEALTH PROBLEM4	HEALTHPROB Q3
[FILL FIRSTNAME] IS IN AN INSTITUTION5	INSTITUTION Q10
[FILL FIRSTNAME] HAS MOVED6	KNOW WHERE Q17
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH7	LANG Q20
NEVER HEARD OF [FILL FULLNAME]/WRONG NUMBER8	THANKS Q36 STATUS 530
HUNG UP DURING INTRODUCTION9	STATUS 640

A2. What about

I'm calling from Mathematica Policy Research about a survey we are conducting for the U.S. Department of Labor. [fill FirstName] should have received a letter from U.S. Department of Labor about the study. Is [fill FirstName] available?

[FILL FIRSTNAME] COMES TO THE PHONE1	A3
NOT A GOOD TIME, SCHEDULE CALLBACK	CALLBACK
[FILL FIRSTNAME] HAS A HEALTH PROBLEM/IS DECEASED	HEALTHPROB Q3
[FILL FIRSTNAME] IS IN AN INSTITUTION4	INSTITUTION Q10
[FILL FIRSTNAME] HAS MOVED5	KNOW WHERE Q17
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH6	LANG Q20
ASKS ABOUT LETTER7	A13
NEVER HEARD OF [FILL SAMPLE MEMBER NAME]/WRONG NUMBER8	Thanks Q36 Status 530
HUNG UP DURING INTRODUCTION9	Status 640
SUPERVISOR REVIEW10	STATUS 380
REFUSEDr	Status 220

Q3 HealthProb

ENTER TYPE OF HEALTH PROBLEM

HEARING PROBLEM1	AMP TTY Q4
SPEECH PROBLEM2	AMP TTY Q4
PHYSICAL PROBLEM	CallLater Q8
COGNITIVE PROBLEM4	Thanks Q36 Status 410
TOO OLD/FRAIL5	CallLater Q8
IN A COMA6	Thanks Q36 Status 410
DECEASED7	Deceased Q9
REFUSEDr	Status 220

Q4 AmpTTY

I can get on a phone that will amplify my voice or [fill FirstName]'s voice, or w Would either of these enable [fill FirstName] to complete the interview?	e could use a TTY service.
YES – USE AMPLIFIER PHONE1	RESPAVAIL Q5

YES – USE TTY CAPABILITY2	RESPAVAIL Q5
NO0	Thanks Q36 Status 410
DON'T KNOWd	Callback
REFUSEDr	Status 220

Q5 RespAvail

Is [fill FirstName] available now?	
YES1	if AmpTTY (Q4) = 1 then AmpPhone (Q6) else CallTTY (Q7)
NO0	Callback
Q6 AmpPhone Please hold while I get the amplifier phone.	

INTERVIEWER:	SET UP AMPLIFIER/WEAK SPEECH EQUIPMENT AND ASK [fill FirstName] TO THE PHONE.	GATEKEEPER TO CALL
[FILL FIRSTNAME] COMES TO THE PHONE1	SampMemb Q31
CALLBACK	2	Callback

Q7 CallTTY

I will call back in a few minutes after I have the help of the TTY operator.	
ARRANGE CALL WITH OPERATOR1	SampMemb Q31
IF UNSUCCESSFUL SET CALLBACK2	Callback

Q8 CallLater

Will [fill FirstName] be able to talk on the telephone if I call back in the next few weeks?		
YES/MAYBE – CALLBACK1	Callback	
NO0	Thanks Q36 Status 419	
DON'T KNOWd	Callback	
REFUSEDr	Status 220	

Q9 Deceased

I am very sorry to hear that. I am calling about a survey we are conducting for the U.S. Department of Labor. Just so I can update my records, when did [fill FirstName] pass away?

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

/ / MONTH DAY YEAR (01-12) (01-31) (2004-2012)
DON'T KNOWd
REFUSEDr
STATUS 440

Q10 Institution ENTER TYPE OF INSTITUTION.

HOSPITAL1	HomeSoon Q11
NURSING HOME2	
ASSISTED LIVING FACILITY	
GROUP HOME4	
JAIL OR PRISON	Thanks Q36 Status 421

Q11 HomeSoon

NO0	Thanks Q36 Status 421

Q17 KnowWhere

Do you or anyone there know how we can reach [fill FirstName]?		
YES	1	New Phone Q18
NO	0	
DON'T KNOW	d	
REFUSED	r	
SKIP TO Thanks (Q36) Status S30		

Q18 New Phone

May I please have [fill FirstName]'s telephone number, beginning with the area code?

- - - (AREA CODE)	
DON'T KNOWd	
REFUSEDr	
SKIP TO New Addr (Q19)	

Is this a home, cell, or work telephone number?

CODE ALL THAT APPLY

HOME	1
CELL	2
WORK	3
DON'T KNOW	d
REFUSED	r

Could you please tell me another telephone number where we might be able to reach [fill FirstName]?

- - - - (AREA CODE)	
NO OTHER NUMBER0	New Addr Q19
DON'T KNOWd	
REFUSEDr	New Addr Q19

Is this a home, cell, or work telephone number?

CODE ALL THAT APPLY

HOME	1
CELL	2
WORK	3
DON'T KNOW	d
REFUSED	r

Q19 New Addr

May I please have [fill FirstName]'s address?

HOUSE NUMBER / STREET NAME	APT. #		
CITY			
STATE			
ZIP			
DON'T KNOW		d	
REFUSED		r	SKIP TO A8

A8 TollFree#

Let me give you a toll-free number where [fill FirstName] can reach someone to complete the survey and receive [\$25] for participating. The toll-free number is XXX-XXX-XXXX. Thank you.

SKIP TO THANKS (Q36) IF NEW PHONE EQUALS DK/RF THEN STATUS 530, ELSE STATUS 899

Q20 Lang

ČODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN.

ARABIC1
BOSNIAN2
CAMBODIAN
CHINESE4
CREOLE5
ENGLISH6
HINDI7
HMONG8
ITALIAN9
LAOTIAN10
POLISH11
PORTUGUESE12
RUSSIAN
SPANISH14
TAGALOG
VIETNAMESE
OTHER (SPECIFY)

Thanks Q36 Status 400
Thanks Q36 Status 400
Thanks Q36 Status 401
Thanks Q36 Status 400
Thanks Q36 Status 400
OtherLang Q21

DON'T KNOWd
REFUSEDr
SKIP TO THANKS (Q36) STATUS 400

Q21 OtherLang

SPECIFY OTHER LANGUAGE.

LANGUAGE: _____

SAY: We will try and call back with someone who speaks your language.

SKIP TO ELSE THANKS (Q36) STATUS 400

A3. My name is [fill INTERVIEWER NAME] and I'm calling from Mathematica Policy Research. Recently, you should have received a letter about a survey we are conducting for the U.S. Department of Labor. We are calling people who participated in a study conducted at [fill LWIA ONE-STOP] and need to hear about your experiences. This survey is for research purposes only and will help to improve services for workers in the future. We will mail you a check for [\$25] when the survey is completed.

IF HAS QUESTIONS/DON'T KNOW WHAT WE'RE TALKING ABOUT – SEE FA	٩Q
BEGIN INTERVIEW1	1 A4
NOT A GOOD TIME, SCHEDULE CALLBACK	2 Callback
HUNG UP DURING INTRODUCTION	3 Status 640
DOESN'T REMEMBER STUDY4	4 Q32
ASKS ABOUT LETTER	5 A12
SUPERVISOR REVIEW	5 Status 380
REFUSEDr	Status 200

Doesn't Remember Study (Q32)

PROGRAMMER BOX

CATI: IF 15-MO NOT COMPLETED, CONTINUE TO Q32a

IF 15-MO COMPLETE, SKIP TO Q32b

Q32a. Just to refresh your memory, over two years ago in [fill RA MONTH/YEAR], you agreed to be part of a national study, called the Workforce Investment Act (WIA) Adult and Dislocated Worker Programs Gold Standard Evaluation. At that time, you filled out paperwork including a Consent Form, Registration Form, and Contact Form. We're now calling to follow-up and hear about any services you may have received and any jobs you may have had since that time. The questions may jog your memory so how about we get started?

YES, BEGIN INTERVIEW	1	A4
NO, SUPERVISOR REVIEW	2	Status 380
NOT A GOOD TIME, SCHEDULE CALLBACK	3	Callback
HUNG UP DURING INTRODUCTION	4	Status 640
REFUSED	r	Status 200

Q32b. As you may remember, over two years ago in [fill RA MONTH/YEAR], you agreed to be part of a national study, called the Workforce Investment Act (WIA) Adult and Dislocated Worker Programs Gold Standard Evaluation. Like we did back in [fill MO/YR OF LAST INTERVIEW], we're calling again to hear more about any services you may have received and any jobs you may have had since that time. The questions may job your memory so how about we get started?

YES, BEGIN INTERVIEW	1	A4
NO, SUPERVISOR REVIEW	2	Status 380
NOT A GOOD TIME, SCHEDULE CALLBACK	3	Callback
HUNG UP DURING INTRODUCTION	4	Status 640
REFUSED	.r	Status 200

A4. BLAISE SCREEN: SHOW DOB FROM SAMPLE.

To get started I need to verify the	t 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.

R	ECORD:	/ MONTH	_ / DAY	 	_ २				- Start Survey (B1), LE INFO, ASK (A5)
	REFUSED)					r		A5
	BLAISE S	CREEN: SH	OW LAST 4-	DIGITS	OF SS# F	ROM SAMPL	Ξ.		
A5.	Again, for	verification	n purposes,	what ar	e the last	four digits of	your Social	Sec	urity Number?
	IF NECES	SARY: REA	D LAST 4-DI	GITS AL		O CONFIRM.			
	_ _	<u> </u> LAST	FOUR SSN	DIGITS		CHES SAMPL DOES NOT M			SURVEY NFO, READ A9]
	DON'T KN	OW					C	ł	
	REFUSED						r		
NO A	6 IN THIS V	ERSION.]						
NO A	7 IN THIS V	ERSION.	7						

NO A8 IN THIS VERSION.

A9. I am sorry. Before I continue with the interview I will need to check with my supervisor. Thank you for your time.

SKIP TO END

Q36 Thanks

Thank you very much for your time.

ENTER 1 TO CONTINUE

NO A10 IN THIS VERSION.

NO A11 IN THIS VERSION.

SAMPLE MEMBER AND LETTER

A12. The letter was from ______, Federal Project Officer for the U.S. Department of Labor, and addressed to you. The letter explained that this study is sponsored by the U.S. Department of Labor. The purposes of the study are to help the government provide better services to people looking for jobs and be more responsive to the needs of those who are unemployed. It also mentioned that we would be mailing you a check for [\$25] when the survey is completed.

May we begin the interview?

IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.

BEGIN INTERVIEW1	A4
NOT A GOOD TIME, SCHEDULE CALLBACK	Callback
HUNG UP DURING INTRODUCTION	Status 640
SUPERVISOR REVIEW4	Status 380
REQUESTS ANOTHER LETTER	Send Letter
REFUSEDr	Status 200

[SendLetter (Q35)]

A12a. Okay, I can read you what the letter says, or I'll mail another letter and will call back in a few days. To what address should we mail the letter?

HOUSE NUMBER / STREET NAME APT. #	
CITY	
STATE	
ZIP	
DON'T KNOW	d
REFUSED	r THANKS (Q36) STATUS 831

GATEKEEPER AND LETTER

PROGRAMMER BOX

CATI: IF 15-MO NOT COMPLETED, CONTINUE TO A13a

IF 15-MO COMPLETE, SKIP TO A13b

A13a. The letter was from the U.S. Department of Labor, and addressed to [fill SAMPLE MEMBER NAME]. The letter explained that this study is sponsored by the U.S. Department of Labor. The purposes of the study are to help the government provide better services to people looking for jobs and be more responsive to the needs of those who are unemployed. It also mentioned that we would be mailing [fill SAMPLE MEMBER NAME] a check for [\$25] when the survey is completed.

May I speak to [fill SAMPLE MEMBER NAME]?

IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.

BEGIN INTERVIEW	.1	A4
NOT A GOOD TIME, SCHEDULE CALLBACK	.2	Callback
HUNG UP DURING INTRODUCTION	.3	Status 640
SUPERVISOR REVIEW	.4	Status 380
REFUSED	.r	Status 200

A13b. The letter was from the U.S. Department of Labor, and addressed to [fill SAMPLE MEMBER NAME]. The letter explained that this study is sponsored by the U.S. Department of Labor. The purposes of the study are to help the government provide better services to people looking for jobs and be more responsive to the needs of those who are unemployed. It also mentioned that we would be mailing [fill SAMPLE MEMBER NAME] a check for [\$25] when the survey is completed. [fill SAMPLE MEMBER NAME] participated in a similar survey for this same study in [fill MO/YR OF LAST INTERVIEW].

May I speak to [fill SAMPLE MEMBER NAME]?

IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.

BEGIN INTERVIEW	1	A4
NOT A GOOD TIME, SCHEDULE CALLBACK	2	Callback
HUNG UP DURING INTRODUCTION	3	Status 640
SUPERVISOR REVIEW	4	Status 380
REFUSED	r	Status 200

CALLBACK SCREENS

Q101 Hello

Hello, my name is [fill INTERVIEWER NAME]. I am calling from Mathematica on behalf of the U.S. Department of Labor. May I please speak to [fill SAMPLE MEMBER NAME]?

SPEAKING TO [fill FirstName]1	
[fill FirstName] COMES TO THE PHONE2	
PERSON ASKS WHAT CALL IS ABOUT3	WhatAbout Q102
NEED TO CALLBACK4	Callback
NEVER HEARD OF [fill FullName]/WRONG NUMBER5	PhoneCheck Q106
REFUSEDr	Status 200 if not sample member

if not sample member if sample member, then SKIP TO SampMemb (Q103)

TO SampMemb (Q103)

Q102 WhatAbout

[if SampleMember then]

I'm calling to finish the interview we are conducting with [fill SM FirstName].

When is a good time to reach [fill FirstName]?

[fill FirstName] COMES TO THE PHONE1	
NEED TO CALLBACK2	Callback
SUPERVISOR REVIEW	Status 380
REFUSEDr	Status 200 if not sample member if sample member, then SKIP

Q103 SampMemb

[if Hello = 2 or WhatAbout = 1 then]

5110	- 2 01	
	Hello,	my name is [fill INTERVIEWER NAME].
	[and:f]	

[endif]

I'm calling to finish the interview we are conducting of people who participated in a study conducted at [fill ONE-STOP NAME]. Is now a good time?

CONTINUE INTERVIEW	.1	A4
NOT A GOOD TIME	.2	Callback
SUPERVISOR REVIEW	.3	Status 380
REFUSED	.r	Status 200

Q106 PhoneCheck

I'm sorry, I thought I dialed [fill PHONE]. Can you tell me what number I've reached to see what kind of mistake I made?

RIGHT NUMBER, NO SUCH PERSON1	WrongNumber Q10
WRONG CONNECTION/MISDIAL2	Thanks Q108
SUPERVISOR REVIEW REQUIRED	Status 380
REFUSED TO CONFIRM NUMBER4	Thanks Q108

I'm [fill INTERVIEWER NAME] from Mathematica Policy Research. I thought we'd recently spoken to someone there and according to the information I have, we were supposed to call back to interview [fill SAMPLE MEMBER NAME]. There must have been some mistake. Thank you for your help. I'll turn this over to my supervisor.

ENTER 1 TO CONTINUE	1	Status 380
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Q108 Thanks

Thank you for your time.	
ENTER 1 TO CONTINUE1	Backup Q109

Q109 Backup BACKUP AND REDIAL PHONE NUMBER.

FREQUENTLY ASKED QUESTIONS (FAQs)

PROGRAMMER: ALLOW INTERVIEWER TO VIEW FAQS AT ANY TIME.

WHO/WHICH AGENCY IS SPONSORING THE STUDY?

This study is being sponsored by the U.S. Department of Labor.

WHO IS CONDUCTING THE STUDY?

The study is being conducted by a team of researchers at Mathematica Policy Research, Social Policy Research Associates and MDRC, under contract to the U.S. Department of Labor.

WHAT IS THE PURPOSE OF THE STUDY?

Our goal is to learn about how effectively some employment and training programs meet the needs of unemployed and underemployed workers. This study is very important for improving services to jobseekers in the future. It will allow us to understand what works well and what doesn't.

NO LONGER IN TRAINING/NEVER PARTICIPATED.

We are calling people who signed up to participate, even if they never did get any training, or are no longer participating. Your responses and views are important because they help us understand why some individuals never received services.

I'M DISSATISFIED WITH MY UNEMPLOYMENT BENEFITS/LOCAL AGENCIES.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor needs to hear from people who were satisfied and people who were dissatisfied with their experiences.

I'M DISSATISFIED WITH THE TRAINING PROGRAM.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor wants to have feedback from people who were satisfied and dissatisfied with their experiences.

HOW DID YOU GET MY NAME?

PROGRAMMER BOX CATI: IF 15-MO NOT COMPLETED, CONTINUE TO NAME1 IF 15-MO COMPLETE, SKIP TO NAME2

- **NAME1:** Your name was scientifically selected from among persons in your state who participated in the study registration process at a local One-Stop or [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]. The Consent Form that you signed mentioned we may be calling you to conduct an interview.
- **NAME2:** You participated in a similar survey for this same study in [fill MO/YR OF LAST INTERVIEW].

I GOT A JOB SOON AFTER I SIGNED UP.

That is wonderful, but we still need to talk to people who didn't participate in any of the services as well as those who did.

THERE WAS NO FUNDING/NO MONEY FOR ME TO GET TRAINING.

I am sorry to hear that and understand that federal funds run out quickly. We still need to talk to you about your experiences and what you're currently doing.

FAQs – continued

WILL THE INFORMATION FROM THE SURVEY BE KEPT PRIVATE?

All of the information we collect in the survey will be kept private to the extent allowed by federal law and will be used for research purposes only. Your answers will be combined with those of others and your name will never be used in reporting the results of the study. Your answers to questions will not affect your eligibility for any public program.

I DON'T HAVE THE TIME.

We can schedule a call to do the survey at your convenience. Our interviewers are available to speak with you seven days a week as follows: on Mondays through Thursdays from 9:00 A.M. to 12:00 midnight, on Fridays from 9:00 A.M. to 8:00 P.M., Saturdays from 9:00 A.M.-5:00 P.M. and Sundays from 1:00 P.M. to 9:00 P.M. Eastern Standard Time. We can also complete the survey in more than one call, if necessary.

WHAT HAPPENS IF I DON'T PARTICIPATE IN THE SURVEY?

Your participation is voluntary and will not affect your eligibility to receive any services or benefits. Your selection for the survey was done scientifically. You were chosen to represent other people who also consented to the study in your area. Your answers will help the U.S. Department of Labor improve services to people who become unemployed. There are no right or wrong answers. We're interested in your experiences and opinions.

I'M NOT INTERESTED.

Let me reassure you that we are not selling anything. The questions we ask are designed to help the U.S. Department of Labor improve services to people who are unemployed and seeking jobs. There are no right or wrong answers. We're interested in your experiences and opinions. Your answers will be combined with those of others and your name will never be included in any report. If you complete the survey we will pay you \$25 as a token of appreciation.

HOW LONG WILL THIS TAKE?

The length of the interview varies, but it usually takes about 30 minutes.

WHO GAVE YOU THE AUTHORITY TO CONDUCT THE STUDY?

As stated in the letter we mailed you, and can be remailed if you like, this study is being sponsored by the U.S. Department of Labor and has been approved by the U.S. Office of Management and Budget under OMB control number XXXX-XXXX. Without this approval we would not be able to conduct this survey. Questions regarding any aspect of this survey may be directed to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Avenue, NW, Frances Perkins Bldg., Room N-5641, Washington, DC 20210, telephone number (202) 693-3647 (this is not a toll-free number) or by email: pederson.eileen@dol.gov.

WILL I BE PAID?

Yes, we will mail you a check in the amount of \$25 within 2 weeks of completing the survey.

FAQs – continued

WILL THERE BE A REPORT ON THE FINDINGS THAT I CAN READ? WHERE/WHEN CAN I SEE A PUBLISHED REPORT ABOUT THE NATIONAL EVALUATION?

Survey results will be reported in several reports prepared by Mathematica for the U.S. Department of Labor. Once these reports are cleared by the U.S. Department of Labor for public release, they will be available on Mathematica's website—www.mathematica-mpr.com.

WHAT ARE YOU GOING TO DO FOR ME NOW? ARE YOU GOING TO HELP ME FIND A JOB? ARE YOU GOING TO SEND ME FOR MORE TRAINING?

Mathematica is a private, independent research firm. Our firm is conducting this evaluation for the U.S. Department of Labor, and this survey is part of this evaluation. We cannot provide assistance finding jobs or training. You will, however, receive \$25 for completing the survey.

I'M ON THE NATIONAL "DO NOT CALL LIST/REGISTRY." WHY ARE YOU CALLING ME?

The do not call list or registry applies to telemarketing calls, not to calls like this one that are approved by the government. Lawmakers recognize the need for the public to participate in studies like this to learn how government programs are working and how to improve them. We will not sell you anything, nor will we ask for money. Your privacy will be respected, and your cooperation is appreciated. For more information on who is included and excluded on the do not call list, you can visit the website at www.donotcall.gov.

DOES THE MONEY I RECEIVE FOR COMPLETING THIS SURVEY COUNT TOWARDS MY INCOME FOR THIS YEAR?

No, the money received for completing this survey is not considered employment income. Employment income is generated from an employment contract. This is a one-time payment for volunteering to take part in the survey.

WHO CAN I CONTACT FOR MORE INFORMATION?

For more information about the study, you can visit the U.S. Department of Labor (DOL) website at http://www.dol.gov/. You can also call the study's project officer, Eileen Pederson of DOL at (202) 693-3647 or Mathematica's Project Director, Dr. Sheena McConnell at 202-484-4518. For questions about the survey you can call Mathematica's Survey Director, Ms. Pat Nemeth at 609-275-2294.

WILL THERE BE ANOTHER FOLLOW-UP TO THIS STUDY?

No. This is the last time we will contact you about this particular study.

CAN SOMEONE ELSE RESPOND TO THIS QUESTIONNAIRE ON MY BEHALF?

Because of the types of questions we ask, it is important that we talk specifically to you. If, however, you need a family member or friend to translate our questions or your answers, that is okay.

WILL I BE ASKED THE SAME QUESTIONS I WAS ASKED BEFORE?

Last time, we talked about your experiences since [fill RA MO/YR]. This time, we will talk about your experiences since [fill MO/YR OF LAST INTERVIEW].

	PROGRAMMER BOX
IF 15-MO COMPLETE:	GO TO B3 [fill DATE] = MO/YR OF LAST INTERVIEW [fill SINCE] = SINCE THE LAST TIME WE INTERVIEWED YOU IN
IF 15-MO NOT COMPLETE:	GO TO B0 [fill DATE] = RA MO/YR [fill SINCE] = SINCE YOU SOUGHT SERVICES FROM [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] IN

SECTION B – SERVICE RECEIPT

B0. We will begin this survey be asking about things that may have happened a couple of years ago.

IF SRF25 MISSING

B1. Prior to when you sought services from [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] in [fill DATE], had you ever used services at [fill LWIA ONE-STOP NAME] or a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] like it?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

B2. Thinking back to [fill DATE], what was the main reason you went to [fill LWIA ONE-STOP)]?

CODE ONE ONLY

SEARCH FOR A NEW JOB (INCLUDING ANYTHING RELATED TO FINDING A NEW JOB—LEARNING NEW STRATEGIES FOR FINDING A JOB, LEARNING ABOUT A DIFFERENT CAREER, ACCESSING JOB MARKET INFORMATION)
FIND OUT ABOUT TRAINING OPPORTUNITIES OR GET TRAINING FOR A JOB
REQUIRED TO GET UNEMPLOYMENT INSURANCE (UI)
OBTAIN INFORMATION ON HOW AN EMPLOYER CAN PROVIDE ACCOMMODATIONS FOR MY DISABILITY (FOR EXAMPLE, WHEELCHAIR ACCESS, TECHNOLOGY THAT CAN READ THE PRINTED PAGE)4
OTHER (SPECIFY)
DON'T KNOWd

REFUSED	r
	1

RESOURCE ROOM

B3. (Now) I'm going to ask about services you may have received since. Each [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] usually has an area open to anyone, typically called a resource room. In these areas, you can use computers and the Internet to look for a job, and you can get information about specific jobs, different careers, and services available in the community.

Since [fill DATE], did you go to any [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)], including the [fill LWIA ONE-STOP NAME], to use a resource room?

PROBE: Do not include times you used a resource room as part of a workshop, job club, or meeting with a counselor.

YES1	
NO0	SKIP TO B8
DON'T KNOWd	SKIP TO B8
REFUSEDr	SKIP TO B8

NO B4 IN THIS VERSION.

B5. About how many different times did you go to a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to use a resource room? Would you say...

PROBE: Since [fill DATE].

PROBE: Include in-person visits only.

CODE ONE ONLY

Once or twice,	1
3 to 5 times,	2
6 to 10 times, or	3
More than 10 times?	4
DON'T KNOW	d
REFUSED	r

NO B6 IN THIS VERSION.

NO B7 IN THIS VERSION.

- B8. Since [fill DATE], did you go somewhere <u>other</u> than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to use a resource room? This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.
 - PROBE: By resource room, we mean a dedicated area used to look for a job. In these areas, you can use computers and the Internet to look for a job, and get information about specific jobs, different careers, and services available in the community.

PROBE: Do not include times you used a resource room as part of a workshop.

YES1	
NO0	SKIP TO B14
DON'T KNOWd	SKIP TO B14
REFUSEDr	SKIP TO B14

CODE ALL THAT APPLY

LIBRARIES	2
CHURCHES	3
COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL	4
COMMUNITY COLLEGES	5
ONLINE	6
OTHER EDUCATIONAL OR TRAINING ENTITY	7
OTHER (SPECIFY)	8

DON'T KNOW	d
REFUSED	r

NO B10 IN THIS VERSION.

B11. About how many different times did you go to (this/these) place(s) to use a resource room? Would you say...

PROBE: Since [RA MO/YR DATE].

PROBE: Include in-person visits only.

CODE ONE ONLY

Once or twice,	1
3 to 5 times,	2
6 to 10 times, or	3
More than 10 times?	4
DON'T KNOW	d
REFUSED	r

NO B12 IN THIS VERSION.

NO B13 IN THIS VERSION.

WORKSHOPS

B14. The next questions are about workshops you may have attended to support you in your job search or career planning. First, let's talk about workshops that took place at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)].

Since [fill DATE], have you attended any of those workshops?

- PROBE: Include workshops you have attended at the [fill LWIA ONE-STOP NAME].
- PROBE: A workshop involves a small group of people coming together with a leader or instructor to learn how to do something, like use a computer, write a resume, or conduct a job search.

YES1	
NO0	SKIP TO B21
DON'T KNOWd	SKIP TO B21
REFUSEDr	SKIP TO B21

PROGRAMMER BOX CATI: IF B15 DOES NOT HAVE ANY FILLS, GO TO B16.

B15. Did you go to any of the following workshops offered at [fill LWIA ONE-STOP NAME]?

		CODE ONE PER ROW			
		YES	NO	DON'T KNOW	REFUSED
a. [fill LWIA IN	TENSIVE WORKSHOP NAME1]	1	0	d	r
b. [fill LWIA IN	TENSIVE WORKSHOP NAME2]	1	0	d	r
c. [fill LWIA IN	TENSIVE WORKSHOP NAME3]	1	0	d	r
d. [fill LWIA IN	TENSIVE WORKSHOP NAME4]	1	0	d	r

B16. Did you go to any (other) [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] workshops (that I haven't mentioned)?

YES1	
NO0	SKIP TO B21
DON'T KNOWd	SKIP TO B21
REFUSEDr	SKIP TO B21

NO B17 IN THIS VERSION.

B18. About how many of these (other) workshops did you go to? Would you say. . . PROBE: Since [RA MO/YR DATE].

CODE ONE ONLY

1,	
2 or 3,	
4 or 5, or	
More than 5 workshops?4	
DON'T KNOWd	
REFUSEDr	

NO B19 IN THIS VERSION.

B20. And about how long was an average workshop? Would you say...

	CODE ONE ONLY
Less than 1 hour,	1
1 to 2 hours,	2
More than 2 but less than 4 hours,	3
4 to 6 hours, or	4
More than 6 hours?	5
DON'T KNOW	d
REFUSED	r

B21. Since [fill DATE], have you gone to any workshops held somewhere <u>other</u> than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.

YES1	
NO0	SKIP TO BOX BEFORE B27
DON'T KNOWd	SKIP TO BOX BEFORE B27
REFUSEDr	SKIP TO BOX BEFORE B27

CODE ALL THAT APPLY

LIBRARIES	2
CHURCHES	3
COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL	4
COMMUNITY COLLEGES	5
OTHER EDUCATIONAL OR TRAINING ENTITY	6
ONLINE	7
OTHER (SPECIFY)	8
DON'T KNOW	d
REFUSED	r

NO B23 IN THIS VERSION.

B24. About how many of these workshops did you go to? Would you say...

CODE ONE ONLY

1,	1
2 or 3,	2
4 or 5, or	3
More than 5 workshops?	4
DON'T KNOW	d
REFUSED	r

NO B25 IN THIS VERSION.

B26. And about how long did an average workshop last? Would you say...

	CODE ONE ONLY
Less than 1 hour,	1
1 to 2 hours,	2
More than 2 but less than 4 hours,	3
4 to 6 hours, or	4
More than 6 hours?	5
DON'T KNOW	d
REFUSED	r

PROGRAMMER BOX

CATI: IF B16 = 0, d OR r AND B21 = 0, d OR r, SKIP B27.

B27. Please think about (all of) the workshop(s) we've talked about, (regardless of where they were held). (Were any of these/Was this) workshop(s) meant to help you with . . .

		CODE ONE PER ROW			
		YES	NO	DON'T KNOW	REFUSED
a.	Job search-related activities such as resume writing, interviewing, and networking?	1	0	d	r
b.	Basic computer skills or the use of specific computer programs?	1	0	d	r
c.	Appropriate ways to act on the job like how to manage your time and communicate with your boss and co-workers?	1	0	d	r
d.	Preparing for or learning about tests or assessments, like WorkKeys or the TABE, that help you learn about your basic skills like math or reading?	1	0	d	r
	PROBE: This does NOT include actually taking the test.				
e.	Managing your own finances?	1	0	d	r
f.	Starting your own business?	1	0	d	r
g.	And were any of these workshops meant to help you with something else that I haven't mentioned? (SPECIFY)	1	0	d	r

TESTS OR ASSESSMENTS

B28. Now I'd like to ask you about tests or assessments you may have taken at <u>any</u> location to help you with your job search or training. You may have taken these tests on the computer or using paper and pencil. Since [fill DATE], have you taken . . .

	CODE ONE PER ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Tests, like WorkKeys or the TABE, that help you learn about your basic skills like math or reading?	1	0	d	r
b. Tests, like the ONET Profiler or CareerPath.com, that help you identify your occupational abilities or interests?	1	0	d	r
c. And have you taken any other tests that I haven't mentioned? (SPECIFY)	1	0	d	r

PROGRAMMER BOX

CATI: IF NO, DON'T KNOW, OR REFUSED TO ALL IN B28, SKIP TO B36.

B29. Did you take any of these tests at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]? PROBE: Including the [fill LWIA ONE-STOP NAME].

YES1	
NO0	SKIP TO B32
DON'T KNOWd	SKIP TO B32
REFUSEDr	SKIP TO B32

NO B30 IN THIS VERSION.

B31. About how many different tests did you take at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]? Would you say...

	CODE ONE ONLY
1,	1
2 or 3,	2
4 or 5, or	3
More than 5 tests?	4
DON'T KNOW	d
REFUSED	r

B32. Did you take any of these tests somewhere <u>other</u> than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.

YES1	
NO0	SKIP TO B36
DON'T KNOWd	SKIP TO B36
REFUSEDr	SKIP TO B36

B33. Where else did you take these tests?

CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME]	
(FOR EXAMPLE, [fill STATE TANF NAME], SNAP, FOOD STAMPS, VA)	
(SPECIFY)	1

LIBRARIES	2
CHURCHES	3
COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL	4
COMMUNITY COLLEGES	5
ONLINE	6
OTHER EDUCATIONAL OR TRAINING ENTITY	7
OTHER (SPECIFY)	8
PONT MUON	

DON'T KNOW	d
REFUSED	r

NO B34 IN THIS VERSION.

B35. About how many different tests did you take at (this/these) place(s)? Would you say...

	CODE ONE ONLY
1,	1
2 or 3,	2
4 or 5, or	3
More than 5 tests?	4
DON'T KNOW	d
REFUSED	r

PEER SUPPORT

B36. The next questions are any job clubs or job groups that you may have participated in. These groups involve getting together with other job seekers for support and to talk about job leads and ways to find jobs. First, let's talk about group meetings that took place at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)].

Since [fill DATE], have you gone to a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to attend meetings for any of these groups?

PROBE: Include job clubs or job groups that took place at [fill LWIA ONE-STOP NAME].

PROBE: Include in-person participation only.

YES1	
NO0	SKIP TO B41
DON'T KNOWd	SKIP TO B41
REFUSEDr	SKIP TO B41

NO B37 IN THIS VERSION.

- B38. About how many different times did you go to a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to attend meetings for (this/these) group(s)? Would you say. . .
 - PROBE: Since [fill DATE].

PROBE: Include in-person participation only.

CODE ONE ONLY

Once,	1
2 or 3 times,	2
4 or 5 times, or	3
More than 5 times?	4
DON'T KNOW	d
REFUSED	r

NO B39 IN THIS VERSION.

NO B40 IN THIS VERSION.

- B41. Since [fill DATE], have you attended any job club or job group meetings somewhere <u>other</u> than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?
 - PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.
 - PROBE: Job clubs and job groups involve getting together with other job seekers for support and to talk about job leads and ways to find jobs.

PROBE:	Include in-person	participation only	
--------	-------------------	--------------------	--

YES1	
NO0	SKIP TO B47a
DON'T KNOWd	SKIP TO B47a
REFUSEDr	SKIP TO B47a

B42. Where did these job clubs or job groups meet?

CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME]	
(SPECIFY)	.1

LIBRARIES	2
CHURCHES	3
COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOOD WILL	4
COMMUNITY COLLEGES	5
OTHER EDUCATIONAL OR TRAINING ENTITY	6
OTHER (SPECIFY)	7
DON'T KNOW	d

REFUSEDr

NO B43 IN THIS VERSION.

B44. About how many different times did you go to (this/these) places(s) to attend meetings for (this/these) group(s)? Would you say...

CODE ONE ONLY

Once,	1
2 or 3 times,	2
4 or 5 times, or	3
More than 5 times?	4
DON'T KNOW	d
REFUSED	r

NO B45 IN THIS VERSION.

NO B46 IN THIS VERSION.

INDIVIDUAL COUNSELING

B47a. Now we are interested in learning about any counseling or one-on-one assistance you may have received support you in your job search or training from an employment professional at <u>any</u> location. We're interested in individual appointments you may have had in person or over the phone.

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

PROBE: Do not include assistance received during workshops or conversations with employment professionals as part of a visit to a resource room.

Since [fill DATE], did you have any individual appointments with an employment professional . . .

YES1	
NO0	SKIP TO B59a
DON'T KNOWd	SKIP TO B59a
REFUSEDr	SKIP TO B59a

B47b. At (this/these) appointment(s)...

		CODE ONE PER ROW			
		YES	NO	DON'T KNOW	REFUSED
a.	Did you talk about your job search?	1	0	d	r
	PROBE: This includes creating a resume, developing a job search strategy, or discussing progress in pursuing job leads and completing job applications.				
b.	Did you talk about your results on tests or assessments that measure skills, aptitudes, or career interests?	1	0	d	r
c.	Did you talk about training options or education plans?	1	0	d	r
	PROBE: This includes comparing different training programs, or developing specific plans for selecting and paying for training.				
d.	Did you get referrals for other services to support work or training?	1	0	d	r
e.	And did you get any other assistance at (this/these) appointment(s) that I haven't mentioned? (SPECIFY)	1	0	d	r

PROGRAMMER BOX CATI: IF NO, DON'T KNOW, OR REFUSED TO ALL IN B47b, SKIP TO B59.

B48. (Was this/Were any of these) appointment(s) with an employment professional from a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

YES1	
NO0	SKIP TO B53
DON'T KNOWd	SKIP TO B53
REFUSEDr	SKIP TO B53

NO B49 IN THIS VERSION.

B50. About how many of these individual appointments, if any, did you have in person? Would you say ...

	CODE ONE ONLY
0,	1
1,	2
2 or 3,	3
4 or 5, or	4
More than 5 individual appointments in person?	5
DON'T KNOW	d
REFUSED	r

NO B51 IN THIS VERSION.

B52. And would you say an average appointment lasted...

CODE ONE ONLY

15 minutes or less,	1
16 to 30 minutes,	2
31 to 45 minutes,	3
46 to 60 minutes,	4
61 to 90 minutes, or	5
More than 90 minutes?	6
DON'T KNOW	d
REFUSED	r

B52x. About how many individual appointments, if any, did you have over the phone? Would you say . . .

0,	1
1,	2
2 or 3,	3
4 or 5, or	4
More than 5 individual appointments over the phone?	5
DON'T KNOW	d
REFUSED	r

CODE ONE ONLY

B52xx. And would you say an average appointment lasted ...

CODE ONE ONLY

5 minutes or less,	1
6 to 10 minutes,	2
11 to 15 minutes,	3
16 to 20 minutes,	4
21 to 30 minutes, or	5
More than 30 minutes?	6
DON'T KNOW	d
REFUSED	r

B53. (We are also interested in learning about any counseling or one-on-one assistance to support you in your job search or training you may have received from somewhere <u>other</u> than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)].)

Since [fill DATE], did you receive any of this individual help from somewhere <u>other</u> than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.

PROBE: The counseling may have been provided in person or over the phone.

YES1	
NO0	SKIP TO B59
DON'T KNOWd	SKIP TO B59
REFUSEDr	SKIP TO B59

B54. Where else did you receive these counseling or one-on-one services?

CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE SPECIFIC TANF NAME], SNAP, FOOD STAMPS, VA) (SPECIFY)......1

LIBRARIES	2
CHURCHES	3
COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL	4
COMMUNITY COLLEGES	5
ONLINE	6
OTHER EDUCATIONAL OR TRAINING ENTITY	7
OTHER (SPECIFY)	8
DON'T KNOW	d
REFUSED	r

NO B55 IN THIS VERSION.

B56. About how many individual appointments, if any, did you have in person? Would you say ...

	CODE ONE	<u>ONLY</u>
0,	1	SKIP TO B58x
1,	2	
2 or 3,	3	
4 or 5, or	4	
More than 5 in-person individual appointments?	5	
DON'T KNOW	d	
REFUSED	r	
REFUSED	r	

NO B57 IN THIS VERSION.

B58. And would you say an average appointment lasted ...

CODE ONE ONLY

15 minutes or less,	1
16 to 30 minutes,	2
31 to 45 minutes,	3
46 to 60 minutes,	4
61 to 90 minutes, or	5
More than 90 minutes?	6
DON'T KNOW	d
REFUSED	r

B58x. About how many individual appointments, if any, did you have over the phone? Would you say ...

	CODE ONE ONLY	
0,	1	SKIP TO B59a
1,	2	
2 or 3,	3	
4 or 5, or	4	
More than 5 individual appointments over the phone?	5	
DON'T KNOW	d	
REFUSED	r	

B58xx. And would you say an average appointment lasted ...

CODE ONE ONLY

5 minutes or less,	.1
6 to 10 minutes,	.2
11 to 15 minutes,	.3
16 to 20 minutes,	.4
21 to 30 minutes, or	.5
More than 30 minutes?	.6
DON'T KNOW	.d
REFUSED	.r

SUPPORT SERVICES

B59a. Now, let's talk about financial assistance you may have received to help you with expenses, not including tuition and fees, to look for or attend work, training or school. Please do not include financial assistance you may have received from friends or family.

Since [fill DATE], have you received <u>any</u> assistance in the form of cash, vouchers, gift cards or reimbursement?

YES1	
NO0	SKIP TO C1
DON'T KNOWd	SKIP TO C1
REFUSEDr	SKIP TO C1

B59b. Was this assistance meant to help you pay for ...

	CODE ONE PER ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Books?	1	0	d	r
b. Tools or other supplies?	1	0	d	r
c. Clothes or other uniforms?	1	0	d	r
d. Transportation (such as gas cards or bus passes)?	1	0	d	r
e. Child care?	1	0	d	r
f. Something else that I haven't mentioned? (SPECIFY)	1	0	d	r

PROGRAMMER BOX

CATI: IF NO, DON'T KNOW, OR REFUSED TO ALL IN B59b, SKIP TO C1.

B60. Did you receive any of this financial assistance from a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

 PROBE:
 Include financial assistance you received from [fill LWIA ONE-STOP NAME].

 YES
 1

 NO
 0
 SKIP TO B62

 DON'T KNOW
 d
 SKIP TO B62

 REFUSED
 r
 SKIP TO B62

B61. Thinking about all of the financial assistance you received from a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] since [fill DATE], how much <u>total</u> assistance did you receive? Do not include assistance you received for tuition or fees.

\$, TOTAL ASSISTANCE	
DON'T KNOW	d
REFUSED	r

B62. Since [fill DATE], did you receive any of this financial assistance from somewhere <u>other</u> than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?

PROBE: This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.

PROBE: Please do not include financial assistance you may have received from friends or family.

YES1	
NO0	SKIP TO C1
DON'T KNOWd	SKIP TO C1
REFUSEDr	SKIP TO C1

B63. From what other places did you receive financial assistance?

CODE ALL THAT APPLY

A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE TANF NAME], SNAP, FOOD STAMPS, VA) (SPECIFY)	1
LIBRARIES	2
CHURCHES	3
COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL	1
COMMUNITY COLLEGES	5
ONLINE	3
OTHER EDUCATIONAL OR TRAINING ENTITY	7
OTHER (SPECIFY)	3
DON'T KNOW	

B64. Thinking about all of the financial assistance you received from (this/these) place(s) since [fill DATE], how much total assistance did you receive? Do not include assistance for tuition or fees.

\$, TOTAL ASSISTANCE
DON'T KNOWd
REFUSEDr

SECTION C – TRAINING AND EDUCATION PROGRAMS: LEVEL OF PARTICIPATION, PAYMENT, AND OUTCOMES

	PROGRAMMER BOX
IF 15-MO COMPLETE:	GO TO BOX BEFORE C0a [fill DATE] = MO/YR OF LAST INTERVIEW [fill SINCE] = SINCE THE LAST TIME WE INTERVIEWED YOU IN
IF 15-MO NOT COMPLETE:	GO TO C1 [fill DATE] = RA MO/YR [fill SINCE] = SINCE YOU SOUGHT SERVICES FROM [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] IN

PROGRAMMER BOX

IF ANY OF (15-MO) C8_1 THROUGH C8_5 = 2 (STILL IN PROGRAM), GO TO C0a

ELSE, GO TO C1

C0a. I'd like to start by asking you about education or training programs you have participated in that we haven't talked about yet.

PROGRAMMER SKIP BOX

CATI: ALLOW FOR 5 PROGRAMS. ASK C0b FIRST. THEN ASK C8x-C37x FOR EACH PROGRAM.

NOTE: SPACE FOR 3RD, 4TH, AND 5TH SCHOOL OR TRAINING WILL BE IN CATI PROGRAM.

		#1 (FIRST SCHOOL OR TRAINING PROGRAM IN AS OF MO/YR LAST INTERVIEW)	#2 (SECOND SCHOOL OR TRAINING PROGRAM IN AS OF MO/YR LAST INTERVIEW)
C0b. According to my computer, as of [fill MO/YR LAST INTERVIEW], you were (also) participating in [fill (C4_1	CORRECT1 NOT CORRECT0 SKIP TO C1	CORRECT 1 NOT CORRECT 0 SKIP TO C1	
	IF C8_1=2) (C4_2 IF C8_2=2)	DON'T KNOWd SKIP TO C1	DON'T KNOW d SKIP TO C1
(C4_3 IF C8_3=2) (C4_4 IF C8_4=2) (C4_5 IF C8_5=2)]. Is this correct?	REFUSEDr SKIP TO C1	REFUSEDr SKIP TO C1	
C8x.	When did you <u>stop</u> attending that program?	/ SKIP TO C25x MONTH YEAR	/ SKIP TO C25x MONTH YEAR
		STILL IN PROGRAM2 SKIP TO C25x	STILL IN PROGRAM 2 SKIP TO C25x
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
IF C8	x = d OR r		
C9x.	Do you recall what year you stopped attending that program?	YEAR	<u> </u> YEAR
		DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr

		#1 (FIRST SCHOOL OR TRAINING PROGRAM IN AS OF MO/YR LAST INTERVIEW)	#2 (SECOND SCHOOL OR TRAINING PROGRAM IN AS OF MO/YR LAST INTERVIEW)
C25x. Did you co	mplete the program?	YES1 SKIP TO C27x	YES1 SKIP TO C27x
	Did you receive a	NO0	NO 0
	certificate or degree?	NO SPECIFIC COMPLETION	NO SPECIFIC COMPLETION
		DON'T KNOWd SKIP TO C27x	DON'T KNOW d SKIP TO C27x
		REFUSEDr SKIP TO C27x	REFUSEDr SKIP TO C27x
	the main reason that you	CODE ONE ONLY	CODE ONE ONLY
stopped at	tending that program?	FOUND JOB/REEMPLOYED 1	FOUND JOB/REEMPLOYED1
		COULDN'T AFFORD TO CONTINUE	COULDN'T AFFORD TO CONTINUE
		PERSONAL PROBLEMS 3	PERSONAL PROBLEMS3
		NOT INTERESTED/DIDN'T LIKE PROGRAM4	NOT INTERESTED/DIDN'T LIKE PROGRAM
		DIDN'T THINK IT WOULD HELP TO FIND JOB5	DIDN'T THINK IT WOULD HELP TO FIND JOB
		STARTED (OTHER) SCHOOL/ TRAINING	STARTED (OTHER) SCHOOL/ TRAINING
		DECIDED DIDN'T WANT JOB7	DECIDED DIDN'T WANT JOB7
		ILLNESS/PREGNANCY 8	ILLNESS/PREGNANCY8
		CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL	CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL
		PROBLEMS	PROBLEMS
		COURSES OR PROGRAM POORLY TAUGHT	COURSES OR PROGRAM POORLY TAUGHT
		OTHER (SPECIFY)	OTHER (SPECIFY)
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr SKIP TO C37x	REFUSEDr
	III PROGRAM NAME]		
	o lead to a diploma or	YES1	YES 1
degree?		NO0 SKIP TO C30x	NO0 SKIP TO C30
PROBE	For example, a high	DON'T KNOWd SKIP TO C30x	DON'T KNOWd SKIP TO C30
	school diploma or GED or	REFUSEDr SKIP TO C30x	REFUSEDr SKIP TO C30
	a two- or four-year degree.	IF C8x=2, SKIP TO C30x FOR ALL	IF C8x=2, SKIP TO C30x FOR ALL
	A professional certification or state or industry license is not considered to be a diploma or degree. We will talk about certifications and licenses next.		
	ceive educational diploma	YES1	YES 1
program?	for completing that	NO0 SKIP TO C30x	NO 0 SKIP TO C30
program		DON'T KNOWd SKIP TO C30x	DON'T KNOWd SKIP TO C30
		REFUSEDr SKIP TO C30x	REFUSEDr SKIP TO C30

	#1 (FIRST SCHOOL OR TRAINING PROGRAM IN AS OF MO/YR LAST INTERVIEW)	#2 (SECOND SCHOOL OR TRAINING PROGRAM IN AS OF MO/YR LAST INTERVIEW)	
C29x. What specific degree did you	CODE ONE ONLY	CODE ONE ONLY	
receive by completing that program?	HIGH SCHOOL DIPLOMA OR GED	HIGH SCHOOL DIPLOMA OR GED	
	POST-SECONDARY DEGREE	POST-SECONDARY DEGREE	
	(E.G., AA, BA, ETC.) 2	(E.G., AA, BA, ETC.)2	
	OTHER (SPECIFY)	OTHER (SPECIFY)	
	d	DON'T KNOWd	
	REFUSEDr	REFUSEDr	
C30x. (Is/Was) [fill PROGRAM NAME]	YES1	YES 1	
designed to lead to a professional	NO0 SKIP TO C37ax	NO	
certification or a state or industry license?			
	DON'T KNOWd SKIP TO C37ax	DON'T KNOW d SKIP TO C37ax	
PROBE: A professional	REFUSEDr SKIP TO C37ax	REFUSEDr SKIP TO C37ax	
certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, a Project Management Professional or PMP certification, or an IT certification.	IF C8x=2, SKIP TO C37ax FOR ALL	IF C8x=2, SKIP TO C37ax FOR ALL	
C31x. Did you receive a certification or license for completing that program?	YES1	YES 1	
	NO0 SKIP TO C37ax	NO 0 SKIP TO C37ax	
	DON'T KNOWd SKIP TO C37ax	DON'T KNOW d SKIP TO C37ax	
	REFUSEDr SKIP TO C37ax	REFUSEDr SKIP TO C37ax	
C32x. Did you need to take any tests or	YES1	YES 1	
exams to get this certification or license?	NO0 SKIP TO C37ax	NO0 SKIP TO C37ax	
	DON'T KNOWd SKIP TO C37ax	DON'T KNOW d SKIP TO C37ax	
	REFUSEDr SKIP TO C37ax	REFUSEDr SKIP TO C37ax	
C33x. How much (does/did) (this/these) exams cost?	\$, EXAM COST	\$, EXAM COST	
PROBE: Your best estimate is fine.	DON'T KNOW d	DON'T KNOW d	
	REFUSEDr	REFUSEDr	
C34x. (Do/Did) you or your family	CODE ONE ONLY	CODE ONE ONLY	
	pay for all,1 SKIP TO C37ax	pay for all, 1 SKIP TO C37a x	
	some, or2	some, or2	
	none of this exam cost3 SKIP TO C36s	none of this exam cost 3 SKIP TO C36x	
	DON'T KNOWd SKIP TO C36s	DON'T KNOWd SKIP TO C36x	
	REFUSEDr SKIP TO C36s	REFUSEDr SKIP TO C36x	
C35x. How much (do/did) you or your family pay for (this/these) tests?	\$, EXAM COST	\$, EXAM COST	
	DON'T KNOW d	DON'T KNOW d	
	REFUSEDr	REFUSEDr	

	#1 (FIRST SCHOOL OR TRAINING PROGRAM IN AS OF MO/YR LAST INTERVIEW)	#2 (SECOND SCHOOL OR TRAINING PROGRAM IN AS OF MO/YR LAST INTERVIEW)
C36x. Who (else) (pays/paid) for	CODE ALL THAT APPLY	CODE ALL THAT APPLY
(this/these) tests? This may include an organization or grant.	ITA VOUCHER 1	ITA VOUCHER1
PROBE: Any other person or organization?	[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]	[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]2
	STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE	STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE
	TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA) 4	TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA)4
	VETERANS AFFAIRS (VA) 5	VETERANS AFFAIRS (VA)5
	PELL GRANT 6	PELL GRANT6
	OTHER GOVERNMENT AGENCY OR ASSISTANCE7	OTHER GOVERNMENT AGENCY OR ASSISTANCE7
	OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC])	OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC])
	OTHER (SPECIFY)	OTHER (SPECIFY)
	 DON'T KNOW d	DON'T KNOWd
	REFUSEDr	REFUSEDr
C37ax. Have you had at least one job since you started this program?	YES1 GO TO C37bx	YES 1 GO TO C37bx
since you started this program?	NO0 SKIP TO D0	NO0 SKIP TO D0
	DON'T KNOWd GO TO C37bx	DON'T KNOWd GO TO C37bx
	REFUSEDr GO TO C37bx	REFUSEDr GO TO C37bx
C37bx. Do you think you got a job because of the skills you learned in	YES 1	YES1
this program?	NO, DID NOT GET JOB BECAUSE OF SKILLS 2	NO, DID NOT GET JOB BECAUSE OF SKILLS2
	NO, HAVE NOT BEEN EMPLOYED SINCE	NO, HAVE NOT BEEN EMPLOYED SINCE
	STILL IN PROGRAM 4	STILL IN PROGRAM4
	DON'T KNOW d	DON'T KNOWd
	REFUSEDr	REFUSEDr

ALL

C1. Now I'd like to ask you about education or training programs you may have participated in [fill SINCE] [fill DATE]. Please include training programs that helped you learn job skills or prepare for an occupation. Also include general educational programs, such as adult basic education or GED courses, college, or other types of school.

Since [fill DATE], 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).

YES1	
NO0	SKIP TO D0
DON'T KNOWd	SKIP TO D0
REFUSEDr	SKIP TO D0

C2. How many different education and training programs have you participated in since [fill DATE]?

IF MORE THAN ONE, PROBE: Were these separate programs or different courses for the same program?

INTERVIEWER: DO NOT REPORT MULTIPLE COURSES THAT ARE PART OF ONE DEGREE PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PROGRAMS.

NUMBER OF PROGRAMS	SKIP TO C4
DON'T KNOWd	
REFUSEDr	

IF C2= d or r

C3. Would you say you participated in ...

CODE ONE ONLY

1 education or training program,	1
2 or 3,	2
4 or 5, or	3
More than 5 programs?	4
DON'T KNOW	d
REFUSED	r

PROGRAMMER SKIP BOX CATI: ALLOW FOR 5 PROGRAMS. ASK C4 ACROSS FIRST, FOLLOWED BY C5. THEN ASK C6-C37 FOR EACH PROGRAM.

NOTE: SPACE FOR 3RD, 4TH, AND 5TH SCHOOL OR TRAINING WILL BE IN CATI PROGRAM.

		#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
C4.	What (is/are) the name(s) of the program(s) you attended since [fill DATE], starting with the first one you attended?	(SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S))	(SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S))
	What's the next program you attended?		
C5.	Let me verify that since [fill DATE] you attended [fill C4 NAMES]. Is this correct, or are there any other education or training programs you may have attended? IF CORRECT, ENTER "1" AND CONTINUE. IF THIS IS NOT CORRECT, GO BACK TO C4 AND C5 TO ENTER CORRECT NUMBER AND NAMES OF PROGRAMS ATTENDED.	CORRECT	CORRECT 1 NOT CORRECT 0 DON'T KNOW d REFUSED r

		#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
C6.	When did you <u>start</u> attending [fill PROGRAM]?	/ SKIP TO C8 MONTH YEAR DON'T KNOWd	/ SKIP TO C8 MONTH YEAR DON'T KNOWd
		REFUSEDr	REFUSEDr
IF C6	s = d OR r		
C7.	Do you recall what year you started attending [fill PROGRAM/THE FIRST/SECOND] program?	_ _ _ YEAR DON'T KNOWd REFUSEDr	_ _ _ YEAR DON'T KNOWd REFUSEDr
C8.	And when did you <u>stop</u> attending that program?	_ / _ _ SKIP TO C10 MONTH YEAR STILL IN PROGRAM2 SKIP TO C10 DON'T KNOWd REFUSEDr	_ / _ _ SKIP TO C10 MONTH YEAR STILL IN PROGRAM2 SKIP TO C10 DON'T KNOWd REFUSEDr
IF C8	B = d OR r		
C9.	Do you recall what year you stopped attending that program?	YEAR DON'T KNOW d REFUSED r	_ _ YEAR DON'T KNOWd REFUSEDr
C10.	How many hours per week (did/do) you attend that program?	I HOURS PER WEEK SKIP TO C12	I HOURS PER WEEK SKIP TO C12
	PROBE: Do not include time spent outside of class studying or doing homework. Only time spent attending class should be included.	DON'T KNOW d REFUSED r	DON'T KNOWd REFUSEDr
	IF RESPONDENT SAYS THEY TOOK ONLINE CLASSES, PROBE: Only include the time you spent online actually taking classes. Do not include time spent studying or doing homework.		
	IF RESPONDENT SAYS THIS WAS PART OF ON-THE-JOB TRAINING, PROBE: We are interested in how many hours you spent working during your on- the-job training placement.		
-	0 = d OR r	CODE ONE ONLY	CODE ONE ONLY
C11.	Would you say you attend(ed) the program for	less than 1 hour per week, 1	less than 1 hour per week,1
	program for	1 to 3 hours per week, 2	1 to 3 hours per week,2
		more than 3 but less than 5 hours per week, or	more than 3 but less than 5 hours per week, or3
		5 hours or more per week?	5 hours or more per week?
		DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
C12. Now I am interested in what kind of program this (is/was). (Is/Was) this program meant to help you learn job skills or prepare for an occupation, or to provide general education?	CODE ONE ONLY JOB SKILLS OR PREPARE FOR OCCUPATION	CODE ONE ONLY JOB SKILLS OR PREPARE FOR OCCUPATION
 PROBE: General education programs include adult basic education or GED courses, college, and other types of school. PROBE: (Is/Was) this program meant to help you learn English as a second language (ESL)? 	ENGLISH AS A SECOND LANGUAGE 3 DON'T KNOW d REFUSED r	ENGLISH AS A SECOND LANGUAGE 3 DON'T KNOWd REFUSEDr
 IF C12 = 1 (JOB SKILLS OR PREPARE FOR AN OCCUPATION) C13. (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	YES
IF C12 = 2 (GENERAL EDUCATION) C14. What kind of general education (are/were) you taking? (Is/Was) it INTERVIEWER: READ CATEGORIES.	CODE ONE ONLY regular high school, 1 GED classes, 2 non-credit adult education, 3 a two-year program at a community 3 college, 4 a four-year program at a college or 4 university, 5 a graduate or professional program, or 6 something else? (SPECIFY) 99	CODE ONE ONLY regular high school,
C15. What kind of job (are/were) you being trained for or what (are/were) you learning to do in that program?		
PROBE FOR SPECIFICS.	(SPECIFY JOB TRAINING)	(SPECIFY JOB TRAINING)

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
SKIP C16 IF C13 = 1 (OJT) C16. At what type of place (do/did) you go	CODE ONE ONLY COMMUNITY COLLEGE/2 YEAR	CODE ONE ONLY COMMUNITY COLLEGE/2 YEAR
to participate in that program?	COLLEGE	COLLEGE
READ CHOICES IF NECESSARY.	PRIVATE PROVIDER OF TRAINING (SPECIFY)	PRIVATE PROVIDER OF TRAINING (SPECIFY)
	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY4
	ONLINE	ONLINE
	VOCATIONAL INSTITUTE/ TRAINING CENTER6	VOCATIONAL INSTITUTE/ TRAINING CENTER6
	ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL7	ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL7
	EMPLOYER	EMPLOYER
	GOVERNMENT AGENCY/MILITARY	GOVERNMENT AGENCY/MILITARY9 [fill LWIA ONE-STOP NAME] or other
	[fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]	[fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]
	STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE11	STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE11
	SOME PLACE ELSE (SPECIFY) 99	SOME PLACE ELSE (SPECIFY)99
	DON'T KNOWd	DON'T KNOWd
	REFUSEDr	REFUSEDr
C17. How much (does/did) the program cost? Please do not include the cost of books, uniforms, travel, tools, or tests or assessments.	\$, COST OF PROGRAM SKIP TO C19	\$, COST OF PROGRAM SKIP TO C19
PROBE: Please provide the cost of program participation, regardless of who paid for it.	DON'T KNOWd REFUSEDr	DON'T KNOWd REFUSEDr
PROBE: Your best estimate is fine.		
IF C17 = d OR r	CODE ONE ONLY	CODE ONE ONLY
C18. Would you say the cost of the program (is/was)	less than \$2,000,1	less than \$2,000,1
	\$2,000 to \$3,999,2	\$2,000 to \$3,999,2
	\$4,000 to \$5,999,	\$4,000 to \$5,999,
	\$8,000 to \$9,999, or	\$8,000 to \$9,999, or
	\$10,000 or more? 6	\$10,000 or more?6
C19. Is this amount the <u>total</u> cost of the program or the cost for some other period of time? PROBE: Is this amount the cost per year, per semester, per quarter, or for some other period of time?	CODE ONE ONLY TOTAL COST OF THE PROGRAM	CODE ONE ONLY TOTAL COST OF THE PROGRAM
		<u> </u>

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
C19a. How (many [fill UNIT OF TIME FROM C19]s/long) is it supposed to take to complete this program?	Image:	Image:
C20. (Do/Did) you or your family	CODE ONE ONLY pay for all, 1 SKIP TO C24 some, or2 2 none of this program? 3 SKIP TO C23 DON'T KNOW	CODE ONE ONLY pay for all, 1 SKIP TO C24 some, or
C21. How much (do/did) you or your family pay for this program?	\$ • DON'T KNOWd REFUSEDr	\$]_ DON'T KNOWd REFUSEDr
C22. Did this payment cover the cost per year, per semester, per quarter, or for some other period of time?	CODE ONE ONLY TOTAL COST OF THE PROGRAM 1 COST PER YEAR 2 2 COST PER SEMESTER 3 3 COST PER QUARTER 4 4 COST PER MONTH 5 5 COST FOR SOME OTHER PERIOD OF 99 99	CODE ONE ONLY TOTAL COST OF THE PROGRAM 1 COST PER YEAR 2 2 COST PER SEMESTER 3 3 COST PER QUARTER 4 4 COST PER MONTH 5 5 COST FOR SOME OTHER PERIOD OF 99 99
C23. Who (else) (pays/paid) for this program? This may include an organization or grant. PROBE: Any other person or organization?	CODE ALL THAT APPLY ITA VOUCHER ITA VOUCHER 1 [fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] 2 STATE UNEMPLOYMENT/ EMPLOYMENT/ EMPLOYMENT/ EMPLOYMENT OFFICE 3 TRADE ADJUSTMENT ASSISTANCE (TAA or TRA) 4 VETERANS AFFAIRS (VA) 5 PELL GRANT GOTHER GOVERNMENT AGENCY OR ASSISTANCE 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) 8 ON'T KNOW d DON'T KNOW d	CODE ALL THAT APPLY ITA VOUCHER ITA ONE-STOP NAME] or other [fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] 2 STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE 3 TRADE ADJUSTMENT ASSISTANCE (TAA or TRA) 4 VETERANS AFFAIRS (VA) 5 PELL GRANT GOTHER GOVERNMENT AGENCY OR ASSISTANCE 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) 8 ODN'T KNOW d DON'T KNOW d REFUSED r
C24. CATI: CHECK C8. DOES C8=2 (STILL IN PROGRAM)?	YES1 GO TO C4 FOR ANOTHER PROGRAM OR TO C27	YES

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
C25. Did you complete the program?	YES1 SKIP TO C27	YES 1 SKIP TO C2
PROBE: Did you receive a	NO0	NO 0
certificate or degree?	NO SPECIFIC COMPLETION	NO SPECIFIC COMPLETION
	DON'T KNOWd SKIP TO C27	DON'T KNOW d SKIP TO C2
	REFUSEDr SKIP TO C27	REFUSEDr SKIP TO C2
C26. What was the main reason that you	CODE ONE ONLY	CODE ONE ONL
stopped attending that program?	FOUND JOB/REEMPLOYED 1	FOUND JOB/REEMPLOYED 1
	COULDN'T AFFORD TO CONTINUE	COULDN'T AFFORD TO CONTINUE
	PERSONAL PROBLEMS 3	PERSONAL PROBLEMS
	NOT INTERESTED/DIDN'T LIKE PROGRAM	NOT INTERESTED/DIDN'T LIKE PROGRAM4
	DIDN'T THINK IT WOULD HELP TO FIND JOB5	DIDN'T THINK IT WOULD HELP TO FIND JOB5
	STARTED (OTHER) SCHOOL/ TRAINING	STARTED (OTHER) SCHOOL/ TRAINING6
	DECIDED DIDN'T WANT JOB7	DECIDED DIDN'T WANT JOB7
	ILLNESS/PREGNANCY 8	ILLNESS/PREGNANCY8
	CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS	CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS9
	POOR GRADES 10	POOR GRADES1
	COURSES OR PROGRAM POORLY TAUGHT 11	COURSES OR PROGRAM POORLY TAUGHT1
	OTHER (SPECIFY)	OTHER (SPECIFY)9
	DON'T KNOWd	 DON'T KNOWd
	REFUSED r	REFUSEDr
	SKIP TO C37a	SKIP TO C37a
C27. (Is/Was) [fill PROGRAM NAME]	YES1	YES 1
designed to lead to educational diploma or degree?	NO0 SKIP TO C30	NO0 SKIP TO C
	DON'T KNOWd SKIP TO C30	DON'T KNOWd SKIP TO C
	REFUSEDr SKIP TO C30	REFUSEDr SKIP TO C
	IF C8=2, SKIP TO C30 FOR ALL	IF C8=2, SKIP TO C30 FOR ALL
C28. Did you receive educational diploma	YES1	YES 1
or degree for completing that program?	NO0 SKIP TO C30	NO0 SKIP TO C
· -	DON'T KNOWd SKIP TO C30	DON'T KNOW d SKIP TO C
	REFUSEDr SKIP TO C30	REFUSEDr SKIP TO C

		#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
C29.	What specific educational degree	CODE ONE ONLY	CODE ONE ONLY
	did you receive by completing that program?	HIGH SCHOOL DIPLOMA OR GED 1	HIGH SCHOOL DIPLOMA OR GED1
		POST-SECONDARY DEGREE (E.G., AA, BA, ETC.)2	POST-SECONDARY DEGREE (E.G., AA, BA, ETC.)2
		OTHER (SPECIFY) 3	OTHER (SPECIFY)
		 DON'T KNOW d	 DON'T KNOWd
		REFUSEDr	REFUSEDr
C30.	(Is/Was) [fill PROGRAM NAME] designed to lead to a professional certification or a state or industry license?	YES1 NO0 SKIP TO C37a DON'T KNOWd SKIP TO C37a	YES 1 NO0 SKIP TO C37a DON'T KNOWd SKIP TO C37a
	PROBE: A professional certification	REFUSEDr SKIP TO C37a	REFUSEDr SKIP TO C37a
	or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, a Project Management Professional or PMP	IF C8=2, SKIP TO C37a FOR ALL	IF C8=2, SKIP TO C37a FOR ALL
024	certification, or an IT certification.		
C31.	Did you receive a certification or license for completing that program?	YES1 NO0 SKIP TO C37a	YES 1 NO0 SKIP TO <u>C37a</u>
		DON'T KNOWd SKIP TO C37a	DON'T KNOWd SKIP TO C37a
		REFUSEDr SKIP TO C37a	REFUSEDr SKIP TO C37a
C32.	Did you need to take any tests or exams to get this certification or license?	YES1 NO0 SKIP TO C37a DON'T KNOWd SKIP TO C37a REFUSEDr SKIP TO C37a	YES
C33.	How much (does/did) (this/these) exam(s) cost?	\$, EXAM COST	\$ _ , EXAM COST
	PROBE: Your best estimate is fine.	DON'T KNOW d	DON'T KNOW d
		REFUSEDr	REFUSEDr
C34.	(Do/Did) you or your family	CODE ONE ONLY	CODE ONE ONLY
		pay for all,1 SKIP TO C37a	pay for all, 1 SKIP TO C37a
		some, or2 none of this exam cost?3 SKIP TO C36	some, or2 none of this exam cost?3 SKIP TO C36
		DON'T KNOWd SKIP TO C36	DON'T KNOWd SKIP TO C36
		REFUSEDr SKIP TO C36	REFUSEDr SKIP TO C36
C35.	How much (do/did) you or your family pay for (this/these) tests?	\$, EXAM COST	\$, _ EXAM COST
		DON'T KNOW d	DON'T KNOW d
		REFUSEDr	REFUSEDr

		#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
C36. Who (else) (pays/paid) for (this/these) tests? This may include an organization or grant.		CODE ALL THAT APPLY	CODE ALL THAT APPLY
		ITA VOUCHER 1	ITA VOUCHER1
	PROBE: Any other person or organization?	[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]	[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]2
		STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE	STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE
		TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA) 4	TRADE ADJUSTMENT ASSISTANCE (TAA OR TRA)4
		VETERANS AFFAIRS (VA) 5	VETERANS AFFAIRS (VA)5
		PELL GRANT 6	PELL GRANT6
		OTHER GOVERNMENT AGENCY OR ASSISTANCE7	OTHER GOVERNMENT AGENCY OR ASSISTANCE7
		OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC])	OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC])
		OTHER (SPECIFY) 99	OTHER (SPECIFY)99
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
C37a	. Have you had at least one job since	YES1 GO TO C37b	YES 1 GO TO C37
	you completed this program?	NO0 SKIP TO D0	NO 0 SKIP TO D0
		DON'T KNOWd GO TO C37b	DON'T KNOW d GO TO C37
		REFUSEDr GO TO C37b	REFUSEDr GO TO C37
C37b	Do you think you got a job because	YES 1	YES1
	of the skills you learned in this program?	NO, DID NOT GET JOB BECAUSE OF SKILLS 2	NO, DID NOT GET JOB BECAUSE OF SKILLS2
		NO, HAVE NOT BEEN EMPLOYED SINCE	NO, HAVE NOT BEEN EMPLOYED SINCE
		STILL IN PROGRAM 4	STILL IN PROGRAM4
		DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr
		IF STILL IN PROGRAM, GO TO C4 FOR NEXT PROGRAM OR D0 IF NO OTHER PROGRAM	IF STILL IN PROGRAM, GO TO C4 FOR NEXT PROGRAM OR D0 IF NO OTHER PROGRAM

SECTION D - EMPLOYMENT PATTERNS, JOB CHARACTERISTICS, AND EARNINGS

PROGRAMMER BOX

CATI: IF 15-MO NOT COMPLETED, CONTINUE TO D0

IF 15-MO COMPLETE, SKIP TO BOX BEFORE D20a

MOST RECENT JOB BEFORE RECEIVING ONE-STOP SERVICES

PROGRAMMER BOX

CATI: IF SRF17 = 1, GO TO D5, ELSE GO TO D0.

D0. Now I'd like to ask you about your employment status before you sought services from the [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE]. Did you have at least one job between [fill (RA MO/YR DATE – 5 years)] and [fill RA MO/YR DATE]?

YES1	
NO0	SKIP TO D21a
DON'T KNOWd	SKIP TO D21a
REFUSEDr	SKIP TO D21a

D1. I am interested in the job you had just prior to [fill RA MO/YR DATE]. If you had more than one job just before you sought services, please give answers about your job with the most hours.

What was the name of this company? Who was your employer?

COMPANY NAME (SPECIFY).....1

SELF EMPLOYED	2
DON'T KNOW	d
REFUSED	r

D2. What kind of company is [fill COMPANY NAME]—what do they make, do, or sell? PROBE: What kind of business or industry is this?

KIND OF BUSINESS OR INDUSTRY (SPECIFY).....1

DON'T KNOW	 d
REFUSED	 r

D3.	What were your main duties at this company? Please be specific.			
	PROBE: What did you do?			
	FOR EXAMPLE: TRY TO GET A VERB. TEACHING, DRIVING A TRACTOR TRA INVENTORY.	ILER, STOCKING		
	MAIN DUTIES (SPECIFY)1			
	DON'T KNOWd			
	REFUSEDr			
D4.	As of [fill RA MO/YR DATE], what was your most recent rate of pay, before tax job?	tes or deductions, at that		
	PROBE: If your pay varied, provide an average amount.			
	ACCEPT MOST CONVENIENT PAY PERIOD.			
	\$, , , RATE OF PAY	SKIP TO D8		
	PER HOUR1	SKIP TO D8		
	PER WEEK2	SKIP TO D8		
	ONCE EVERY TWO WEEKS	SKIP TO D8		
	TWICE A MONTH4	SKIP TO D8		
	PER YEAR5	SKIP TO D8		
	OTHER (SPECIFY)	SKIP TO D8		
	DON'T KNOWd	SKIP TO D8		
	REFUSEDr	SKIP TO D8		
D5.	Now, I'd like to ask you about the job you had just before you sought services STOP NAME] in [fill RA MO/YR DATE]. My computer screen indicates that you NAME SRF20]. Is this correct?			
	YES1			
	NO0	GO BACK TO D1		

NO0	GO BACK TO D1
DON'T KNOWd	GO BACK TO D1
REFUSEDr	GO BACK TO D1

D6.	What kind	of company is [fill COMPANY NAME]—what do they make, do, or sell?
	PROBE:	What kind of business or industry is this?
	KIND OF B	USINESS OR INDUSTRY (SPECIFY)1

DON'T KNOWd
REFUSEDr

IF SRF21 valid

D7. At the time you sought services from [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE] your main duties at [fill COMPANY NAME SRF20] were [fill SRF21]. Is this correct?

YES1	
NO0	GO BACK TO D3
DON'T KNOWd	GO BACK TO D3
REFUSEDr	GO BACK TO D3

ALL

D8.	When did you <u>start</u>	working for [fill COMPANY NAME]?	
	INTERVIEWER:	RECORD MONTH AND YEAR.	
	E	ENTER DATE IN MM/YYYY FORMAT	
	/ MONTH YEAR	<u> </u>	SKIP TO D10
	DON'T KNOW	d	
	REFUSED	r	
IF D8 =	d OR r		
D9.	Do you recall what y	year you started working there?	
	_ YEA	R	
	DON'T KNOW	d	
	REFUSED	r	
D10.	When did that job e	nd?	
	INTERVIEWER:	RECORD MONTH AND YEAR.	
	E	ENTER DATE IN MM/YYYY FORMAT.	
	/ MONTH YEAR	<u> </u>	SKIP TO D12a
	STILL AT JOB	2	SKIP TO D12a
	DON'T KNOW	d	
	REFUSED	r	

IF D10 = d OR r

D11. Do you recall what year that job ended?

YEAR	
DON'T KNOW	d
REFUSED	r

D12a. Apart from vacations, holidays, or sick leave, would you say you worked for all or nearly all of the time between when that job started and (when that job ended/now) or was there some time that you were not working?

PROBE:	Between [fill (D8/D9 MO/YR)] and ([fill (D10/D11 MO/YR)]/now)	
WORKED	ALL OR NEARLY ALL OF THE TIME1	SKIP TO D13
SOME TIN	IE NOT WORKING0	
DON'T KN	OWd	
REFUSED)r	

D12b. About how many weeks would you say you worked during that time? Would you say...

PROBE: Between [fill (D8/D9 MO/YR)] and ([fill (D10/D11 MO/YR)]/now)

CODE ONE ONLY

Most but not all,	.1
About half,	.2
Less than half but more than a few, or	.3
Almost none?	.4
DON'T KNOW	.d

D13. How many hours per week, including regular overtime hours, did you usually work on that job?

HOURS PER WEEK	SKIP TO D15
DON'T KNOWd	
REFUSEDr	

IF D13 = d OR r

D14. Would you say you work(ed) . . .

CODE ONE ONLY

Less than 20 hours per week,	.1
Between 20 and 29 hours per week,	.2
Between 30 and 39 hours per week,	.3
Between 40 and 49 hours per week, or	.4
50 or more hours per week?	.5
DON'T KNOW	.d
REFUSED	.r

D15. How many days per week did you usually work?

PROBE: How many days in an average week?

PROBE: Just before you left.

|___| DAYS PER WEEK

DON'T KNOW	d
REFUSED	r

NO D16 IN THIS VERSION.

PROGRAMMER BOX CATI: IF D1 = 2 (SELF-EMPLOYED), SKIP TO D20.

CODE ONE ONLY

D17. Which of the following best describes your employment at that company? Were you working ...

As a regular full-time or part-time employee,	1
For a temporary help agency,	2
For a company that contracts out you or your services,	3
As an independent contractor, independent consultant, free-lance worker, or self-employed,	4
As a day laborer, or	5
As an on-call employee?	6
DON'T KNOW	d
REFUSED	r

- **PROBE:** A temporary help agency supplies workers to other companies on an as needed basis.
- PROBE: Some companies provide employees or their services to others under contract. A few examples of services that can be contracted out include security, landscaping, or computer programming.
- PROBE: Independent contractors, independent consultants, and free-lance workers obtain customers on their own to provide a product or service and can have other employees working for them.
- PROBE: Day laborers are people who get work by waiting at a place where employers pick up people to work for a day or by posting paper or electronic job wanted ads and responding on a day-by-day basis.
- PROBE: On-call workers are in a pool of workers who are ONLY called to work as needed, although they can be scheduled to work for several days or weeks in a row, for example, substitute teachers, and construction workers supplied by a union hiring hall.

D18. Which of the following benefits were available to you on your job, even if you were not receiving them (READ EACH ITEM) . . .

INTERVIEWER: CODE "YES" IF AVAILABLE, BUT NOT USED.

			CODE ON	E PER ROW	<u>/</u>
		YES	NO	DON'T KNOW	REFUSED
a. He	ealth insurance or membership in an HMO or PPO plan?	1	0	d	r
b. Pa	aid vacation?	1	0	d	r
c. Pa	aid holidays?	1	0	d	r
d. Pa	aid sick leave?	1	0	d	r
e. Re	etirement or pension benefits?	1	0	d	r
f. Tu	uition assistance/reimbursement?	1	0	d	r

D19. Did you belong to a union on this job?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

PROGRAMMER BOX

CATI: IF D10 = 2 (STILL AT JOB), d, OR r, SKIP TO D21b.

D20. Why did you stop working at that job?

PROBE: Were you laid off, did you quit, did you retire, were you fired, or was there some other reason?

CODE ONE ONLY

LAID OFF (INCLUDE JOB COMPLETED/TEMP. WORK/SEASONAL WORK/WORK PERIOD ENDED/REORGANIZATION/DOWNSIZING/ COMPANY SOLD/COMPANY MOVED/COMPANY WENT OUT OF	
BUSINESS/END OF TERM IN SERVICE/ENLISTMENT UP)	1
QUIT	2
RETIRED	3
FIRED	4
ILLNESS/PREGNANCY/LEAVE OF ABSENCE	5
STRIKE	6
INJURED ON JOB	7
OTHER (SPECIFY)	99

DON'T KNOWd	
REFUSEDr	

SKIP TO D21

IF CURRENT JOB AT 15-MO FOR 15-MO COMPLETERS

PROGRAMMER BOX IF ANY OF (15-MO) D27_1 THROUGH D27_5 = 2 (STILL AT JOB), GO TO D20a ELSE, GO TO D21

D20a. Now I'd like to ask you about jobs you have had.

PROGRAMMER SKIP BOX

CATI: ALLOW FOR 5 JOBS. ASK D4 ACROSS FIRST. THEN ASK D27x-D28x FOR EACH JOB.

NOTE: SPACE FOR 3RD, 4TH, AND 5TH JOB WILL BE IN CATI PROGRAM.

	#1 (FIRST JOB WORKING AT AS OF MO/YR LAST INTERVIEW)	#2 (SECOND JOB WORKING AT AS OF MO/YR LAST INTERVIEW)
D20b. According to my computer, as of [fill MO/YR LAST INTERVIEW], you were (also) working at [fill (D23_1 IF D27_1=2) (D23_2 IF D27_2=2) (D23_3 IF D27_3=2) (D23_4 IF D27_4=2) (D23_5 IF D27_5=2)]. Is this correct?	CORRECT1 NOT CORRECT0 SKIP TO D21 DON'T KNOWd SKIP TO D21 REFUSEDr SKIP TO D21	CORRECT 1 NOT CORRECT 0 SKIP TO D21 DON'T KNOW d SKIP TO D21 REFUSED r SKIP TO D21
D27x. When did that job end? INTERVIEWER: RECORD MONTH AND YEAR.	/ _ / SKIP TO D21 MONTH YEAR STILL AT JOB2 SKIP TO D21 DON'T KNOWd REFUSEDr	_ / SKIP TO D21 MONTH YEAR STILL AT JOB
IF D27x= d OR r D28x. Do you recall what year that job ended?	_ _ YEAR DON'T KNOWd REFUSEDr	_ _ YEAR DON'T KNOWd REFUSEDr

CURRENT JOB AND UP TO 5 MOST RECENT JOBS

[BETWEEN NOW AND RA MO/YR (FOR 15-MO NON-COMPLETERS) OR MO/YR OF LAST INTERVIEW (FOR 15-MO COMPLETERS)]

	PROGRAMMER BOX
IF 15-MO COMPLETE:	[fill DATE] = MO/YR OF LAST INTERVIEW
	[fill SINCE] = SINCE THE LAST TIME WE INTERVIEWED YOU IN
IF 15-MO NOT COMPLETE:	[fill DATE] = RA MO/YR
	[fill SINCE] = SINCE YOU SOUGHT SERVICES FROM
	[fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] IN

PROGRAMMER BOX CATI: IF D10 = 2 (SELF-EMPLOYED), SKIP TO D21b.

D21a. (We are finished talking about the job you had at the time or just before you sought services from the [fill LWIA ONE-STOP NAME].) Now I'd like to ask you about your current employment status. Are you . . .

	CODE ONE C
Currently employed for someone other than yourself,	1
Self-employed,	2
Not employed,	3
Not employed outside the home,	4
Retired,	5
A student, or	6
Something else? (SPECIFY)	
ONLY TEMPORARILY LAID OFF. SICK. OR MATERNITY LEAV	′E7
ONLY TEMPORARILY LAID OFF, SICK, OR MATERNITY LEAV	
ONLY TEMPORARILY LAID OFF, SICK, OR MATERNITY LEAV	8

D22. Including any current job(s), how many different paid jobs have you had since [fill DATE]? PROBE: How many different full-time or part-time jobs have you had [fill SINCE] [fill DATE]? INTERVIEWER: TREAT A JOB INTERRUPTED BY TWO OR MORE UNPAID WEEKS AS SEPARATE JOBS, EVEN IF IT IS WITH THE SAME EMPLOYER. IF SEPARATION IS LESS THAN

TWO WEEKS, TREAT AS ONE JOB.

PROGRAMMER BOX CATI: IF ANY OF (15-MO) D27_1 THROUGH D27_5 = 2 (STILL AT JOB) ADD ADDITIONAL INTERVIEWER INSTRUCTION BELOW: INTERVIEWER: INCLUDE ANY JOBS YOU HAVE HAD [fill SINCE] [fill DATE] INCLUDING ANY YOU WERE WORKING AT AS OF [fill DATE].

II NUMBER OF JOBS		
ZERO	00	SKIP TO E1
DON'T KNOW	d	
REFUSED	r	

PROGRAMMER BOX

CATI: ALLOW FOR 5 JOBS. ASK D23 ACROSS FIRST, FOLLOWED BY D24. THEN ASK D25-D39 FOR EACH JOB.

NOTE: SPACE FOR 3RD, 4TH, AND 5TH JOB WILL BE IN CATI PROGRAM.

		JOB 1	JOB 2
	Please tell me the name of the companies, organizations, or people you've worked for. Start with your	COMPANY NAME (SPECIFY) 1	COMPANY NAME (SPECIFY)1
	current job or jobs, then the most	SELF-EMPLOYED2	SELF-EMPLOYED2
	recent jobs that you had.	DON'T KNOW d	DON'T KNOWd
	PROBE: What was the job before that?	REFUSEDr	REFUSEDr
D24.	It is important that we get	CORRECT1	CORRECT1
	information on every job you have had since [fill DATE]. Let me verify	NOT CORRECT 0	NOT CORRECT0
	that since [fill DATE] you worked at	DON'T KNOW d	DON'T KNOWd
	[fill D23 NAMES]. Is this correct, or are there any other jobs you may have had, aside from your current job?	REFUSEDr	REFUSEDr
	INTERVIEWER: IF CORRECT, ENTER "1" AND CONTINUE.		
	IF IT IS NOT CORRECT, ENTER "0"; GO BACK TO D23 AND D24 TO ENTER CORRECT NAMES AND NUMBER OF JOBS HELD.		
D25.	When did you <u>start</u> working for [fill D23_JOB_1 – D23_JOB_5]?	_ / _ SKIP TO D27	_ / _ _ SKIP TO D27
	INTERVIEWER: RECORD MONTH	DON'T KNOWd	DON'T KNOWd
	AND YEAR.	REFUSEDr	REFUSEDr
IF D2	5= d OR r		
	Do you recall what year you started	DON'T KNOWd	DON'T KNOW
	working there?	REFUSEDr	REFUSEDr
D27.	When did that job end?		
	INTERVIEWER: RECORD MONTH	/ _ _ SKIP TO D29a MONTH YEAR	/ _ _ SKIP TO D29a MONTH YEAR
	AND TEAR.	STILL AT JOB2 SKIP TO D29a	STILL AT JOB 2 SKIP TO D29a
		DON'T KNOWd	DON'T KNOW d
		REFUSEDr	REFUSEDr
	7= d OR r	 YEAR	 YEAR
D28.	Do you recall what year that job ended?	DON'T KNOW	DON'T KNOW

	JOB 1	JOB 2
D29a. Apart from vacations, holidays, or sick leave, would you say you worked for all or nearly all of the	CODE ONE ONLY WORKED ALL OR NEARLY ALL OF THE TIME1 SKIP TO D30	CODE ONE ONLY WORKED ALL OR NEARLY ALL OF THE TIME1 SKIP TO D30
time between when that job started	SOME TIME NOT WORKING2	SOME TIME NOT WORKING 2
and (when that job ended/now) or was there some time that you were	DON'T KNOWd	DON'T KNOWd
not working? PROBE : Between [fill (D25/D26 MO/YR)] and [fill D27/ D28 MO/YR)]/now.	REFUSEDr	REFUSEDr
D29b. About how many weeks would you	CODE ONE ONLY	CODE ONE ONLY
say you worked during that time?	Most but not all,1	Most but not all,1
PROBE: Between [fill (D25/D26	About half,2	About half,2
MO/YR)] and [fill D27/	Less than half but more than a few, or	Less than half but more than a few, or3
D28 MO/YR)]/now.	Almost none?4	Almost none?4
	DON'T KNOW d	DON'T KNOWd
	REFUSED r	REFUSED r
IF D29a =1 D30. How many hours per week, including regular overtime hours (do/did) you usually work at [fill D23_JOB_1 – D23_JOB_5]?	HOURS PER WEEK SKIP TO D32 DON'T KNOW d REFUSED r	II HOURS PER WEEK SKIP TO D32 DON'T KNOWd REFUSEDr
IF D30 =d OR r	CODE ONE ONLY	CODE ONE ONLY
D31. Would you say you work(ed)	Less than 20 hours per week, 1	Less than 20 hours per week,1
	Between 20 and 29 hours per week, 2	Between 20 and 29 hours per week,2
	Between 30 and 39 hours per week,	Between 30 and 39 hours per week,
	Between 40 and 49 hours per week, or 4	Between 40 and 49 hours per week, or4
	50 or more hours per week?	50 or more hours per week?
	DON'T KNOW d	DON'T KNOWd
	REFUSEDr	REFUSEDr
D32. How many days per week (do/did) you usually work?	DAYS PER WEEK	DAYS PER WEEK
PROBE: How many days in an	DON'T KNOWd	DON'T KNOWd
average week?	REFUSEDr	REFUSEDr
PROBE: Just before you left. NO D33 IN THIS VERSION.		
D34. What kind of company is [fill D23_JOB_1 – D23_JOB_5]— what do they make, do, or sell?	KIND OF BUSINESS OR INDUSTRY (SPECIFY) 1	KIND OF BUSINESS OR INDUSTRY (SPECIFY)1
PROBE: What kind of business or industry is this?	DON'T KNOW d	DON'T KNOWd
INTERVIEWER: IF RESPONDENT RETURNED TO JOB, SAY: You may have told me this information about when you worked for [fill COMPANY NAME] before.	REFUSEDr	REFUSEDr

		JOB 1	JOB 2
D35.	What (do/did) you do there—what (is/was) your job?	JOB DUTIES (SPECIFY) 1	JOB DUTIES (SPECIFY)1
	PROBE: What were your most important duties at that	DON'T KNOW d	DON'T KNOWd
	job?	REFUSEDr	REFUSEDr
	INTERVIEWER: TRY TO GET A VERB		
IF D2	23 = 2, SKIP D36	CODE ONE ONLY	CODE ONE ONLY
D36.	Which of the following best describes your employment at	as a regular full-time or part-time employee,1	as a regular full-time or part-time employee,1
	[fill D23_JOB_1 – D23_JOB_5]? (Are/were) you working	for a temporary help agency,	for a temporary help agency,2
	(Ale/were) you working	for a company that contracts out you or your services,	for a company that contracts out you or your services,
		as an independent contractor,	as an independent contractor,
		independent consultant, free-lance worker, or self-employed,	independent consultant, free-lance worker, or self-employed,4
		as a day laborer, or5	as a day laborer, or5
		as an on-call employee?6	as an on-call employee?6
		DON'T KNOWd	DON'T KNOW
		REFUSEDr	REFUSEDr
D37.	What (is/was) your most recent rate of pay, before taxes at deductions, at that job?	\$, . _ . AVERAGE AMOUNT	\$, . . AVERAGE AMOUNT
	PROBE: If your pay (varies/varied),	PER HOUR 1	PER HOUR1
	please provide an	PER WEEK2	PER WEEK2
	average amount.	ONCE EVERY TWO WEEKS	ONCE EVERY TWO WEEKS
	ACCEPT MOST CONVENIENT	TWICE A MONTH 4	TWICE A MONTH
	PAY PERIOD.	PER YEAR 5 OTHER (SPECIFY)	PER YEAR5 OTHER (SPECIFY)6
		DON'T KNOW d REFUSED	DON'T KNOWd REFUSEDr
	23 = 2, SKIP D38 Which of the following benefits	CODE ALL THAT APPLY	CODE ALL THAT APPLY
550.	(are/were) available to you on your	Health insurance or membership in an HMO or PPO plan?1	Health insurance or membership in an HMO or PPO plan?1
	job, even if you (are/were) not	Paid vacation?2	Paid vacation?2
	receiving them (READ EACH	Paid holidays?3	Paid holidays?3
		Paid sick leave?4	Paid sick leave?4
	SELECT IF AVAILABLE, BUT NOT USED.	Retirement or pension benefits?5	Retirement or pension benefits?5
	USED.	Tuition assistance/reimbursement?6	Tuition assistance/reimbursement?6
		DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr
F D2	23 = 2, SKIP D39.	YES 1	YES1
D39.	(Do/Did) you belong to a union on	NO0	NO0
	this job?	DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr

SECTION E - INCOME SOURCES AND HOUSEHOLD CHARACTERISTICS

The next questions are about sources of income and support other than unemployment benefits that you may have received during the most recent calendar year, that is, between [fill January 1, MOST RECENT CALENDAR YEAR (CY) and December 31, CY]. These questions will go very quickly.

E1. Did you or anyone in your household receive assistance from any of the following programs during [fill CY]?

		CODE ONE PER ROW			
		YES	NO	DON'T KNOW	REFUSED
a.	SNAP/food stamps	1	0	d	r
b.	WIC	1	0	d	r
c.	Cash assistance from [fill LWIA TANF NAME] or welfare, Supplemental Security Income (SSI), Social Security Retirement, Disability, or Survivors Benefits (SSA) or General Assistance (GA)	1	0	d	r
d.	Any other assistance that I haven't mentioned? (SPECIFY)	1	0	d	r

PROGRAMMER BOX

IF E1a - E1b = NO, GO TO E4.

CATI: ASK E2 AND E3 FOR EACH YES IN E1 (WITH THE EXCEPTION OF E1b (WIC)).

		SNAP (FOOD STAMPS)	CASH ASSISTANCE
E2. For approximately how many months did you or anyone else in your household receive [fill (food stamps) (cash assistance) (other assistance)]?		MONTHS DON'T KNOW d REFUSED r	MONTHS DON'T KNOW d REFUSED r
	PROBE: If you did not receive assistance in some months, please tell us for how many months you did receive assistance.		
E3.	And approximately how much assistance was received each month?	\$ _ ,	\$, _
	IF VARIED, PROBE: Please tell me the average amount received.	DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r

- E4. What was the total income for you and all the members of your household, before taxes and other deductions in [fill CY]? Please include all of the sources of income we've talked about, plus any others you may have had.
 - PROBE, IF NEEDED: Include sources such as self-employment, regular jobs, and earnings from odd side jobs, under-the-table jobs, and other activities, social security, pensions, rent, interest and dividends, unemployment compensation, welfare, other public assistance, food stamps, child support, and money from any other sources. Your best estimate is fine.

INTERVIEWER: ACCEPT A "DON'T KNOW" ANSWER WITHOUT PRESSING RESPONDENT FOR AN ANSWER. GO TO RANGES IN E5 TO GET INCOME AMOUNT.

\$,	SKIP TO E8
PER MONTH	1
PER YEAR	2
DON'T KNOW	d SKIP TO E8
REFUSED	r SKIP TO E8

E5. Would you say your household income in [fill CY] was...

PROBE: Your best estimate is fine.

INTERVIEWER: IF RESPONDENT STILL SAYS "DON'T KNOW," RECORD DON'T KNOW AS THEIR ANSWER AND MOVE ON WITHOUT PRESSING RESPONDENT FURTHER.

CODE ONE ONLY

Less than \$30,000, or1	SKIP TO E7
\$30,000 or more?2	
DON'T KNOWd	SKIP TO E8
REFUSEDr	SKIP TO E8

E6. Would you say it was . . .

CODE ONE ONLY

\$30,000 to under \$45,000,1	
\$45,000 to under \$60,000,2	
\$60,000 to under \$75,000,3	
\$75,000 to under \$90,000,4	
\$90,000 to under \$105,000, or 5	
\$105,000 or more?6	
DON'T KNOWd	SKIP TO E8
REFUSEDr	SKIP TO E8

SKIP TO E8

E7. Would you say it was . . .

CODE ONE ONLY

Less than \$5,000,	.1
\$5,000 to under \$10,000,	.2
\$10,000 to under \$15,000,	.3
\$15,000 to under \$20,000,	.4
\$20,000 to under \$25,000, or	.5
\$25,000 to under \$30,000?	.6
DON'T KNOW	.d
REFUSED	. r

E8. Including yourself, how many people currently live with you? Please include babies, small children, people who are not related to you, and people who are temporarily away.

NUMBER OF PEOPLE LIVING WITH, INCLUDING RESPONDENT	
DON'T KNOWd	
REFUSEDr	

PROGRAMMER BOX

IF E8 = 1, SKIP TO F3.

E9. How many of these people are children under 18 who are financially dependent on you?

	NUMBER CHILDREN UNDER 18 LIVING WITH AND WHO ARE FINANCIALLY DEPENDENT UPON RESPONDENT	
DON'T K	NOW	.d
REFUSE	D	.r

SECTION F – HEALTH INSURANCE AND DEMOGRAPHICS

		PROGRAMMER BOX	
IF 15-M	O COMPLETE:	[fill DATE] = MO/YR OF LAST INTERVIEW [fill SINCE] = SINCE THE LAST TIME WE INTERVIEWED	YOU IN
IF 15-M	O NOT COMPLETE:	[fill DATE] = RA MO/YR	
		[fill SINCE] = SINCE YOU SOUGHT SERVICES FROM	
		[fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB	CENTER)JIN
NO F1	IN THIS VERSION.		
NO F2	IN THIS VERSION.		
F3.	Have you been cove	red by health insurance at any time since [fill DATE]?	
	YES	1	
	NO	0	SKIP TO F6
	DON'T KNOW	d	SKIP TO F6
	REFUSED	r	SKIP TO F6
-			、
	•	y health insurance for the entire period since [fill DATE]' vere only very brief periods totaling less than one month	
		health insurance, please say "yes."	mai you ala
	YES	1	SKIP TO F6
	NO	0	
	DON'T KNOW	d	
	REFUSED	r	
F5.	For approximately h	ow many months were you covered by health insurance	?
	PROBE: Since [fil	I RA MO/YR DATE].	
	I NUMBER OF	MONTHS	
	DON'T KNOW	d	
	REFUSED	r	

- F5x. And what was the <u>main</u> type of health insurance or health coverage that you had during that time?
 - PROBE: For example, a plan from your current employer, a plan you bought on your own, or a play from the government, like Medicare or Medicaid. We are not looking for the name of your insurance carrier.
 - PROBE: Since [fill RA MO/YR DATE].

INTERVIEWER: READ IF NECESSARY.

IF SAMPLE MEMBER GIVES MORE THAN ONE, PROBE: "Out of those, what was the primary coverage you had?"

IF SAMPLE MEMBER TELLS YOU THE NAME OF THEIR HEALTH INSURANCE PLAN, READ ANSWER CHOICES AND STRESS THAT THE QUESTION IS ASKING WHAT TYPE OF HEALTH INSURANCE THEY HAD, NOT THE NAME OF THEIR INSURANCE CARRIER.

CODE ONE ONLY

A HEALTH INSURANCE PLAN FROM YOUR CURRENT OR FORMER EMPLOYER, UNION, OR SCHOOL,	1
A HEALTH INSURANCE PLAN FROM YOUR SPOUSE'S CURRENT OR FORMER EMPLOYER, UNION, OR SCHOOL,	2
A HEALTH INSURANCE PLAN BOUGHT ON YOUR OWN, INCLUDING THOSE FROM PROFESSIONAL ASSOCIATIONS,	3
A HEALTH INSURANCE PLAN PROVIDED BY SOMEONE WHO DOES NOT LIVE IN YOUR HOUSEHOLD,	4
MEDICARE, THE HEALTH INSURANCE PLAN FOR PEOPLE65 YEARS OLD AND OLDER OR PERSONS WITH CERTAIN DISABILITIES,	5
MEDICAID, THE GOVERNMENT ASSISTANCE PROGRAM THAT PAYS FOR HEALTH CARE,	6
ANOTHER STATE SPECIFIC PLAN,	7
VA, CHAMPUS, CHAMP-VA, TRICARE, OR SOME OTHER MILITARY CARE, OR	8
INDIAN HEALTH SERVICE?	9
OTHER (SPECIFY)	99

DON'T KNOWd
REFUSEDr

Now I have some general questions.

PROGRAMMER BOX

IF 15-MO COMPLETE: RECORD F6 IF 15-MO F6 = d OR r ELSE SKIP F6 IF 15-MO NOT COMPLETE: RECORD F6 IF SRF6 MISSING ELSE SKIP F6

F6. CODE WITHOUT ASKING IF KNOWN: What is your gender?

CODE ONE ONLY

MALE	.1
FEMALE	.2
OTHER (SPECIFY)	.99

DON'T KNOW	d
REFUSED	r

	PROGRAMMER BOX
IF 15-MO COMPLETE:	ASK F7 IF 15-MO F7 = d OR r ELSE SKIP F7
IF 15-MO NOT COMPLETE:	ASK F7 IF SRF10 MISSING ELSE SKIP F7

F7. Are you of Hispanic, Latino, or Spanish origin?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

PROGRAMMER BOX

IF 15-MO COMPLETE:ASK F8 IF 15-MO F8 = d OR r ELSE SKIP F8IF 15-MO NOT COMPLETE:ASK F8 IF SRF11 MISSING ELSE SKIP F8

F8. What is your race? You may choose more than one.

CODE ALL THAT APPLY

White,	1
Black or African American,	2
American Indian or Alaska Native,	3
Asian, or	4
Native Hawaiian or other Pacific Islander?	5
DON'T KNOW	d
REFUSED	r

	PROGRAMMER BOX
IF 15-MO COMPLETE:	ASK F9 IF 15-MO F9 = d OR r ELSE SKIP F9
IF 15-MO NOT COMPLETE:	ASK F9 IF SRF13 MISSING ELSE SKIP F9

F9. At the time you sought services from [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE], what was your marital status? Were you...

CODE ONE ONLY

Married,	1
Separated,	2
Divorced,	3
Widowed, or	4
Never married?	5
DON'T KNOW	d
REFUSED	r

PROGRAMMER BOX

IF 15-MO COMPLETE:ASK F10 IF 15-MO F10 = d OR r ELSE SKIP F10IF 15-MO NOT COMPLETE:ASK F10 IF SRF15 MISSING ELSE SKIP F10

F10. At the time you sought services from [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE], what was the highest diploma or degree you had received?

CODE ONE ONLY

NONE	1
ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA	2
HIGH SCHOOL GRADUATE	3
ADULT BASIC EDUCATION (ABE) CERTIFICATE	4
GENERAL EDUCATIONAL DEVELOPMENT (GED)	5
VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE	6
ASSOCIATE'S DEGREE (AA; 2 YEARS)	7
BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS)	8
MASTER'S DEGREE OR EQUIVALENT (MA/MS)	9
DOCTORATE/Ph.D. (MD, PHD)	10
OTHER PROFESSIONAL DEGREE/CERTIFICATE	11
OTHER (SPECIFY)	12
DON'T KNOW	d
REFUSED	r

ALL

F11. What is the highest diploma or degree you <u>currently</u> have?

CODE ONE ONLY

NONE	.1
ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA	.2
HIGH SCHOOL GRADUATE	.3
ADULT BASIC EDUCATION (ABE) CERTIFICATE	.4
GENERAL EDUCATIONAL DEVELOPMENT (GED)	.5
VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE	.6
ASSOCIATE'S DEGREE (AA; 2 YEARS)	.7
BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS)	.8
MASTER'S DEGREE OR EQUIVALENT (MA/MS)	.9
DOCTORATE/Ph.D. (MD, PHD)	.10
OTHER PROFESSIONAL DEGREE/CERTIFICATE	.11
OTHER (SPECIFY)	.12

DON'T KNOWd
REFUSEDr

F12a. Have you ever been arrested?

YES1	
NO0	SKIP TO G1
DON'T KNOWd	SKIP TO G1
REFUSEDr	SKIP TO G1

PROGRAMMER BOX [fill DATE] = MO/YR OF LAST INTERVIEW

F12b. Was this before [fill DATE], after [fill DATE] or both before and after?

BEFORE	1
AFTER	2
BOTH BEFORE AND AFTER	3
DON'T KNOW	d
REFUSED	r

F13a. Have you ever been convicted of a felony?

YES1	
NO0	SKIP TO G1
DON'T KNOWd	SKIP TO G1
REFUSEDr	SKIP TO G1

F13b. Was this before [fill DATE], after [fill DATE] or both before and after?

BEFORE	1
AFTER	2
BOTH BEFORE AND AFTER	3
DON'T KNOW	
REFUSED	r

SECTION G – FOLLOW-UP INFORMATION

G1. Thank you for participating in the survey. We may contact you again in the future and I need to know how to get in touch with you.

G2.	(What is/Is [fill TELEPHONE NUMBER]) your telephone number?		
	TELEPHONE NUMBER SAME AS SAMPLE INFORMATION	1	
	NEW TELEPHONE NUMBER	2	
	NO TELEPHONE	0	SKIP TO G7
	DON'T KNOW	d	SKIP TO G7
	REFUSED	r	SKIP TO G7
G3.	Is that number listed in your name or is it in someone else's?		
	SAMPLE MEMBER	1	SKIP TO G7
	OTHER	2	
	DON'T KNOW	d	SKIP TO G7
	REFUSED	r	SKIP TO G7
G4.	Could you spell their first name for me please?		
	Could you spell their last name for me please?		
	CONFIRM NAME WITH RESPONDENT THEN PRESS ENTER.		
	FIRST NAME		
	LAST NAME		
	DON'T KNOW	d	
	REFUSED	r	

G5. What is (his/her/their) address?

G6.

STREET 1		_
STREET 2		_
STREET 3		_
CITY		_
STATE		_
ZIP		_
SAME AS SAMPLE MEMBER'S		1
DON'T KNOW		d
REFUSED		r
What is (his/her/their) relations		
SPOUSE/PARTNER		1
MOTHER		2
FATHER		3
SISTER		4
BROTHER		5
GRANDMOTHER		
GRANDFATHER		7
AUNT		_
UNCLE		-
FRIEND		10
DAUGHTER		11
SON		
OTHER (SPECIFY)		
DON'T KNOW		d
REFUSED		r
	SKIP TO G11	

G7.	Can you give me a different phone number where you can be reached, perhap phone number?	os a cell
	YES1	
	NO0	
	DON'T KNOWd	
	REFUSEDr	
	Please give me the telephone number, area code first.	
	NEW TELEPHONE NUMBER:	
	NO TELEPHONE0	SKIP TO G11
	DON'T KNOWd	SKIP TO G11
	REFUSEDr	SKIP TO G11
	NEW SCREEN:	
	PHONE NUMBER	
	CONFIRM THE INFO ABOVE WITH RESPONDENT THEN PRESS ENTER.	
G8.	Whose telephone is that?	
	NAME	
	SAMPLE MEMBER1	SKIP TO G11

SAMPLE MEMBER1	SKIP TO G11
DON'T KNOWd	SKIP TO G11
REFUSEDr	SKIP TO G11

G9. What is (his/her/their) address?

G10.

STREET 1	
STREET 2	
APT. #	
CITY	
STATE	
ZIP	
DON'T KNOW	d
REFUSED	r
What is (his/her/their) relationship to you?	
SPOUSE/PARTNER	1
MOTHER	2
FATHER	3
SISTER	4
BROTHER	5
GRANDMOTHER	6
GRANDFATHER	7
AUNT	8
UNCLE	9
FRIEND	10
DAUGHTER	11
SON	12
OTHER (SPECIFY)	
DON'T KNOW	d
REFUSED	r

G11. As part of our study, we may be contacting you in a few years to see how things are going for you. In case you move, we would like to have the name, address, and phone number of one person who does not live with you who will know how to reach you. We would only contact this person if we have trouble getting in touch with you directly.

PROGRAMMER SKIP BOXG11

CATI INSTRUCTION: FOR ALL CONTACT INFORMATION, A "DON'T KNOW" RESPONSE CAN BE ACCEPTED IN ANY ADDRESS FIELD TO ALLOW FOR PARTIAL ADDRESSES, I.E. THE RESPONDENT KNOWS IN WHICH CITY THE CONTACT LIVES, BUT NOT THE EXACT STREET ADDRESS. IF A "DON'T KNOW" RESPONSE IS ENTERED IN ANY "NAME" FIELD, IN THE CONTACT SECTION, THE INTERVIEWER SHOULD BE TAKEN DIRECTLY TO THE CLOSING "THANK YOU."

OTHER RELATIVE'S NAME, ADDRESS, AND TELEPHONE NUMBER

G12. What is the name of the person who would always know how to get in touch with you?

PROBE FOR FULL NAMES, INCLUDING MIDDLE INITIALS.

PROBE FOR CORRECT SPELLING.

Could you spell their first and last name for me please?

CONFIRM THE NAME ABOVE WITH RESPONDENT THEN PRESS ENTER.

FIRST NAME (OTHER RELATIVE'S FULL NAME)

	LAST NAME		
	DON'T KNOW	d	SKIP TO G11
	REFUSED	r	SKIP TO G11
G13.	What is their relationship to you?		
	SPOUSE/PARTNER	1	
	MOTHER	2	
	FATHER	3	
	SISTER	4	
	BROTHER	5	
	GRANDMOTHER	6	
	GRANDFATHER	7	
	AUNT	8	
	UNCLE	9	
	FRIEND	10	
	DAUGHTER	11	
	SON	12	
	OTHER (SPECIFY)	99	
	DON'T KNOW	d	
	REFUSED	r	

G14. What is their full address and home telephone number? PROBE: Can you spell the street name for me please? Is there an apartment number? Besides the PO Box do you have a street address? CONFIRM INFO.

	STREET 1	
	STREET 2	-
	APT. #	-
	CITY	-
	STATE	-
	ZIP	-
	NUMBER	
	DON'T KNOW	d
	REFUSED	r
15.	In whose name is that phone listed?	

NAME	
SAMPLE MEMBER	1
DON'T KNOW	d
REFUSED	r

G16. We will be mailing you a check in a couple of weeks and I would like to confirm the name and address where we should send the payment. Is it . . .

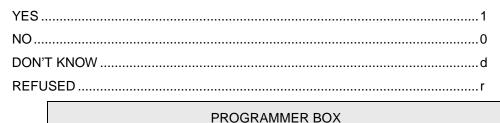
INTERVIEWER: VERIFY SPELLING OF NAME.

	PROGRAMMER BOX	
	CATI: ALLOW FOR NAME CHANGES	
STR	EET 1	
STR	EET 2	
APT	. #	
CITY	(
STA	TE	
ZIP		
DON'	T KNOW	d
REFL	JSED	r
STOP	have two final questions for you about your overall exp P NAME]. First, how satisfied or dissatisfied are you wit you are	
Very	satisfied,	1
Some	ewhat satisfied,	2
Some	ewhat dissatisfied, or	3
Very	dissatisfied,	4
DON'	T KNOW	d

75

REFUSEDr

G18. And do you have any further comments about your experience with the [fill LWIA ONE-STOP NAME]? If yes, I can write them down now.



IF G18 = 1, TAKE TO SCREEN FOR INTERVIEWER TO TYPE COMMENTS. IF G18 = 0, d, OR r, TAKE TO THANK YOU SCREEN.

Thank you for your cooperation. This completes the survey! Thank you again.

APPENDIX C.2

RESULTS OF SURVEY PRETESTS



MEMORANDUM

TO:	Sheena McConnell	
FROM:	Julita Milliner-Waddell and Jamie Marincic	DATE: 8/23/2012 WIA-233
SUBJECT:	WIA Gold Standard Evaluation 15-Month Follow-Up Survey Pre-Test	

A. INTRODUCTION

In preparation for conducting follow-up surveys with participants in the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation, Mathematica conducted a comprehensive pretest of the 15-month follow-up survey questionnaire.

The goals of the pretest were to test respondents' ability to provide the requested information, identify and eliminate problems with specific questionnaire items, including question clarity and skip errors, obtain an accurate estimate of average interview length and respondent burden, and make corrections to the instrument prior to requesting clearance from the Office of Management and Budget (OMB) and before beginning computer-assisted telephone interviewing (CATI) programming.

A total of six pretests were completed. For the first three pretests, Mathematica utilized cognitive interviewing techniques in which respondents were encouraged to think aloud as they provided their responses. Survey researchers encouraged respondents to identify any words and phrases that were confusing as the questions were asked rather than waiting for an end of interview debriefing. These techniques were applied to the survey introduction, answers provided to frequently asked questions, as well as to questionnaire items. The survey researchers used non-leading probes in the interviews to minimize bias and asked follow up questions to strengthen the language in some questions (for example, "Would you have referred to that by a different name?").

Mathematica employed an iterative pretesting approach; that is, the survey team administered the first cognitive pretest and refined and updated the questionnaire before proceeding with each of the next two. After the first three pretests were completed as cognitive interviews, the final three pretest interviews provided more accurate timing estimates. Project staff debriefed respondents to determine if any words or questions were difficult to understand and answer. All six pretest interviews were recorded to facilitate review and revision. The first three cognitive interviews were conducted by the deputy survey director and survey researcher who developed the questionnaire. The final three pretests were conducted by a trained interviewer at Mathematica's Survey Operations Center.

MEMO TO:Sheena McConnellFROM:Julita Milliner-Waddell and Jamie MarincicDATE:8/23/2012PAGE:2

B. PRETEST SAMPLE

In an effort to match pretest respondents as closely as possible to the ultimate study participants, Mathematica obtained referrals of customers who would be interested in completing the pretest interview from a local New Jersey American Jobs Center. These names were supplemented by confidential referrals by Mathematica staff of family members and associates who met the study criteria. Using these referrals, we aimed to interview a mix of respondents that represented diversity in terms of participation in WIA sponsored training and employment experiences following their initial registration for services.

Key employment and training related characteristics of the six pretest respondents are provided below.

Pretest #	UI Filing Date	WIA Services Accessed	# of Training Programs Since Filing	# of Jobs Since Initial Filing	Current Employment Status	Survey Length (minutes)
1	October 2010	Workshops Individual Counseling	1	0	Unemployed	35
2	August 2010	Workshops Individual Counseling	2	1	Self-employed	45
3	April 2010	Workshop Tests/Assessments Individual Counseling	1	1	Employed	45
4	May 2008	Individual Counseling	0	2	Employed	34
5	March 2010	Workshops Tests/Assessments Individual Counseling	4	0	Self-employed	54
6	June 2009	Resource Room Workshops Tests/Assessments Peer Support Individual Counseling	2	2	Employed	52
			Av	verage Length	of Pretest Surveys	44.16

As the table shows, our pretest respondents utilized a range of WIA services—one participated in only a single mandatory workshop, another in individual counseling only; while others took advantage of multiple workshops, tests and assessments, training programs, and support groups. Five of our respondents were female. Five accessed services in New Jersey and a

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sixth respondent accessed services in New York. Five are currently employed, including two who are self-employed on a part-time basis and another who is employed through a temporary placement agency. This diversity of experiences allowed us to test every section of our questionnaire.

C. PRETEST ADMINISTRATION

Although the WIA follow-up surveys will be administered using CATI, the pretest was conducted using hard copy questionnaires, reserving programming until the questionnaire is thoroughly tested and considered closer to final. One experienced interviewer was trained to administer the pretest questionnaire in a two-hour session during which a summary of the project was provided and each questionnaire item was reviewed.

To facilitate the administration of the survey on hard copy, the CATI instrument was modified to provide more assistance for the interviewer and reduce the inefficiencies of hard copy over CATI. For example, a "cheat sheet" was developed on which to record critical and repetitive item fills such as UI Claim date (used as the proxy for random assignment date in the main study), and the name of the American Job Center at which services were received. In addition, the cheat sheet provided spaces to record start and end dates for training program participation and jobs the first time this information was collected to facilitate future references to those dates. Page numbers for the next question were included with skip instructions for questions that were several pages away; and skip instructions were written out more fully, for example, instead of saying, "Does C8=2" (which works for programming), the pretest version was more explicit, adding, "Does C8=2—still in program)".

Administration times ranged from 34 minutes for a respondent who had not participated in any training programs, to 54 minutes for a respondent who had participated in four training programs (in fact, this turned out to be four courses for a single program, but the interviewer did not administer the training grid correctly). Given this interviewer error and the fact that paper and pencil administration requires more time than CATI, we estimate that the average interview length would be decreased by approximately five minutes when CATI is used. This suggests an average administration time of 40 minutes, which is consistent with our goal and respondent burden estimates.

The pretest was very valuable in improving the questionnaire. Overall, pretest respondents were able to provide valid answers to questions and did not report any major problems comprehending the questions or recalling the requested information.

D. QUESTIONNAIRE REVISIONS

Based on these pretests, we have revised the 15- and 30-month questionnaires. Major substantive revisions are summarized in the table below. Note that the specific survey items

MEMO TO:	Sheena McConnell
FROM:	Julita Milliner-Waddell and Jamie Marincic
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referenced below align with the 15-month questionnaire. Equivalent changes have been made to the 30-month version. Appendix A shows the 15-month instrument with the specific changes marked.

Survey Item	Revision	Rationale
FAQ: Is the Survey Confidential?	Clarified and simplified wording	To improve clarity
B2	Modified third response option	Cognitive respondents commonly said "required"
B4, B10, B17, B19, B24, B26, B30, B34, B37, B43, B49, B51, B55, B57	Deleted open-end numeric response and merged with subsequent pre-coded numeric response	To reduce respondent burden associated with free recall and decrease length of interview
B6, B7, B12, B13, B39, B40, B45, B46	Deleted	Duration information no longer necessary for cost analysis
B8	Added additional probe clarifying definition of resource room	Cognitive respondents reported using library computers not explicitly in a dedicated area used to look for a job
B31	Added probe about tests on different subjects completed in a single setting	Cognitive respondents expressed some confusion about how to count these tests
B47	Split into B47a and B47b to screen out respondents based on whether service received	To decrease length of interview
B50, B52, B52a, B52b	Modified or added to ask about in- person appointments and appointments over the phone separately	Cognitive respondents reported that in- person and appointments over the phone were of different durations so it was necessary to separate
B59	Split into B59a and B59b to screen out respondents based on whether service received	To decrease length of interview
C27	Changed "an educational degree" to "a diploma or degree"	Cognitive respondent interpreted "educational degree" as degree in education
	Added probe to distinguish diplomas and degrees from certifications and licenses	Cognitive respondent misreported certification as diploma or degree
C32, C33, C34, C35, C36	Modified wording to allow for possibility of multiple tests or exams	Cognitive respondent reported having to take more than one test
C37	Split into C37a and C37b to screen out respondents based on whether have had job since program completion	Original question awkward to administer to respondents who had not had job since program completion
D12, D29	Split into D12a and D12b to screen out respondents based on whether worked all or nearly all of the time vs. some time not working	To simplify administration of question in response to cognitive respondent confusion
D16, D33	Deleted	Information is calculable from other responses

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FROM:	Julita Milliner-Waddell and Jamie Marincic
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Survey Item	Revision	Rationale
D20	Modified response options so interviewer only reads them if necessary	To decrease interview length; cognitive respondents often interrupted when their response was read and were able to perform this free recall task
D21	Split into D21a and D21b to separately assess employment status and whether looking for work	To capture underemployment reported by cognitive respondents
F5a	Added examples to probe	To clarify meaning of question; cognitive respondents often reported insurance carrier

In addition, other non-substantive changes were made to the questionnaires as characterized below:

- 1. To decrease interview time and simplify question wording, we now only include the respondent's specific LWIA One-Stop as an example of a career center or job center the first time a series of questions is asked (see B3). The specific name is included as an interviewer probe in subsequent questions (see B5).
- 2. Numerous other wording tweaks are documented in the appended version containing electronically-tracked revisions.

cc: Linda Rosenberg, Pat Nemeth

Appendix A Tracked Changes to 15-Month Survey OMB Approval No.: xxxx-xxxx Expiration Date: xx/xx/xxxx

Mathematica Reference No.: 06503.151

WIA Adult and Dislocated Worker Programs Gold Standard Evaluation

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1 WIA EVALUATION 15- MONTH FOLLOW-UP SURVEY1

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WIA Adult and Dislocated Worker **Programs Evaluation**

15-Month Follow-Up Survey

<u>August 23</u>, 2012

Deleted: February 6

NOTE TO REVIEWERS: IN GENERAL, TEXT IN UPPERCASE IS NOT READ TO THE RESPONDENT.

SECTION A – INTRODUCTION AND SCREENING (INCLUDING CATI FRONT END QUESTIONS)

A1. Hello

May I speak with [fill SAMPLE MEMBER NAME]?	
SPEAKING TO [FILL FIRSTNAME]1	A3
PERSON ASKS WHAT CALL IS ABOUT2	WHAT ABOUT A2
NOT A GOOD TIME, SCHEDULE CALLBACK	CALLBACK
[FILL FIRSTNAME] HAS A HEALTH PROBLEM4	HEALTHPROB Q3
[FILL FIRSTNAME] IS IN AN INSTITUTION5	INSTITUTION Q10
[FILL FIRSTNAME] HAS MOVED6	KNOW WHERE Q17
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH7	LANG Q20
NEVER HEARD OF [FILL FULLNAME]/WRONG NUMBER8	THANKS Q36 STATUS 530
HUNG UP DURING INTRODUCTION9	STATUS 640

A2. What about

I'm calling from Mathematica Policy Research about a survey we are conductir U.S. Department of Labor. [fill FirstName] should have received a letter from <u>th</u> of Labor about the study. <mark>.Is</mark> [fill FirstName <mark>] available?</mark>	Deleted: When is a good time to reach	
[FILL FIRSTNAME] COMES TO THE PHONE1	A3	Deleted:]?
NOT A GOOD TIME, SCHEDULE CALLBACK2	CALLBACK	
[FILL FIRSTNAME] HAS A HEALTH PROBLEM/IS DECEASED	HEALTHPROB Q3	
[FILL FIRSTNAME] IS IN AN INSTITUTION4	INSTITUTION Q10	
[FILL FIRSTNAME] HAS MOVED5	KNOW WHERE Q17	
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH6	LANG Q20	
ASKS ABOUT LETTER7	A13	
NEVER HEARD OF [FILL SAMPLE MEMBER NAME]/WRONG NUMBER8	Thanks Q36 Status 530	Deleted: FULLNAME
HUNG UP DURING INTRODUCTION9	Status 640	
SUPERVISOR REVIEW10	STATUS 380	
REFUSEDr	Status 220	

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Q3 HealthProb

ENTER TYPE OF HEALTH PROBLEM. HEARING PROBLEM1 AMP TTY Q4 AMP TTY Q4 CALLLATER Q8 THANKS Q36 STATUS 410 CALLLATER Q8 THANKS Q36 STATUS 410 DECEASED7 DECEASED Q9 REFUSEDr Status 220

Q4 AmpTTY

	ne that will amplify my voice or [fill Finher the second sec			Deleted: HimHer
		CODE ONE		
YES – USE AMPLI	FIER PHONE	1	RESPAVAIL Q5	
YES – USE TTY C	APABILITY	2	RESPAVAIL Q5	
NO		0	THANKS Q36 STATUS 410	
DON'T KNOW		d	CALLBACK	
REFUSED		r	Status 220	
Q5 RespAvail				
Is [fill FirstName]	available now?			
YES		1	IF AMPTTY (Q4) = 1 THEN AMPPHONE (Q6 ELSE CALLTTY (Q7)	3)
NO		0	Callback	
Q6 AmpPhone				
Please hold while	I get the amplifier phone.			
INTERVIEWER:	SET UP AMPLIFIER/WEAK SPEECH E CALL [fill FirstName] TO THE PHONE.	EQUIPMENT AND ASK	GATEKEEPER TO	
[FILL FIRSTNAME]	COMES TO THE PHONE	1	SAMPMEMB Q31	
CALLBACK		2	Callback	

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2Cumulative changes made to WIA 15-Mo Follow-Up Survey $between \ 3\mathchar`21\mathchar`-12 \ and$

Q7	Cal	IT	т	Y
	oui			

Q7 CalITTY		
I will call back in a few minutes after I have the help of the TTY operator.		
ARRANGE CALL WITH OPERATOR1	SAMPMEMB Q31	
IF UNSUCCESSFUL SET CALLBACK2	Callback	
Q8 CallLater		
Will [fill FirstName] be able to talk on the telephone if I call back in the next fer	w weeks?	
YES/MAYBE – CALLBACK1	CALLBACK	
NO0	THANKS Q36 STATUS 419	
DON'T KNOWd	CALLBACK	
REFUSEDr	Status 220	
Q9 Deceased		
I am very sorry to hear that, I am calling about a survey we are conducting for		
of Labor. Just so I can update my records, when did [fill FirstName] pass awa	y? Deleted: HeShe	
Thank you. Please accept my condolences. Good-bye.		
_ / _ _ / _ _ _ _ MONTH DAY YEAR (01-12) (01-31) (2004-2012)		
DON'T KNOWd		
REFUSEDr		
STATUS 440		
Q10 Institution ENTER TYPE OF INSTITUTION.		
HOSPITAL1	HOMESOON Q11	
NURSING HOME2		
ASSISTED LIVING FACILITY3		
GROUP HOME4		
JAIL OR PRISON5	Thanks Q36 Status 421	
Q11 HomeSoon		
So I know when to call back, do you expect [fill FirstName] to come home from a month or so?	m the hospital within	
YES. ARRANGE CALLBACK	CALLBACK	
NO	Thanks Q36 Status 421	
NOU		

I

Q17 KnowWhere		
Do you or anyone there know how we can reach [fill Fir	stName]?	
YES	1 NEW PHONE Q18	
NO	0	
DON'T KNOW	d	
REFUSED	r	
SKIP TO THANKS (Q36) STATUS S30		
Q18 New Phone		
May I please have [fill FirstName]'s telephone number, I	beginning with the area code?	Deleted: HisHer]
 (AREA CODE)		
DON'T KNOW	d	
REFUSED	r	
SKIP TO NEW ADDR (Q19)		
Is this a home, cell, or work telephone number?		
	CODE ALL THAT APPLY	
HOME	1	
CELL	2	
WORK	3	
DON'T KNOW	d	
REFUSED	r	
Could you please tell me another telephone number wh FirstName]?	ere we might be able to reach [fill	Deleted: NAME
SECOND PHONE NUMBER:		
- - - (AREA CODE)		
NO OTHER NUMBER	0 New Addr Q19	
DON'T KNOW	d	
REFUSED	r New Addr Q19	

4Cumulative changes made to WIA 15-Mo Follow-Up Survey $between \ 3\mbox{-}21\mbox{-}12 \ and$

	Is this a home, cell, or work telephone number?		
		CODE ALL THAT APPLY	
	HOME	1	
	CELL	2	
	WORK	3	
	DON'T KNOW	d	
	REFUSED	r	
Q19 N	ew Addr		
	May I please have [fill <mark>FirstName]'s</mark> address?		Deleted: HisHer]
	HOUSE NUMBER / STREET NAME APT. #		
	CITY		
	STATE		
	ZIP		
	DON'T KNOW	d	
	REFUSED	r	
	SKIP TO A8		
A8 Tol	Free#		
	Let me give you a toll-free number where [fill FirstName]		Deleted: SAMPLE MEMBER
	survey and receive [\$25] for participating. The toll-free n		
	SKIP TO THANKS (Q36) IF NEW PHONE EQUALS DK/RF	THEN STATUS 530, ELSE STATUS 899	

5Cumulative changes made to WIA 15-Mo Follow-Up Survey $between \ 3\mathchar`21\mathchar`-12 \ and$

	CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW ARABIC	-	Thanks Q36 Status 400
	BOSNIAN		Thanks Q36 Status 400
	CAMBODIAN	3	Thanks Q36 Status 400
	CHINESE	4	Thanks Q36 Status 400
	CREOLE	5	Thanks Q36 Status 400
	ENGLISH	6	Thanks Q36 Status 400
	HINDI	7	Thanks Q36 Status 400
	HMONG	8	Thanks Q36 Status 400
	ITALIAN	9	Thanks Q36 Status 400
	LAOTIAN	10	Thanks Q36 Status 400
	POLISH	11	Thanks Q36 Status 400
1	PORTUGUESE	12	Thanks Q36 Status 400
	RUSSIAN	13_	Thanks Q36 Status 400
	SPANISH	14	Thanks Q36 Status 401
	TAGALOG	15	Thanks Q36 Status 400
1	VIETNAMESE	16	Thanks Q36 Status 400
	OTHER (SPECIFY)	<mark>99</mark>	OtherLang Q21

DON'T KNOWd
REFUSEDr
SKIP TO THANKS (Q36) STATUS 400

Q21 OtherLang SPECIFY OTHER LANGUAGE.

LANGUAGE: _

SAY: We will try and call back with someone who speaks your language. SKIP TO ELSE THANKS (Q36) STATUS 400

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A3.	My name is [fill Interviewer Name] and I'm calling	from Mathematica Policy Res	search, Recently,	Deleted: in Princeton, New Jersey.
-	you should have received a letter about a survey	we are conducting for the U.S	S. Department of	
	Labor. We are calling people who participated in need to hear about your experiences. This survey			
	improve services for workers in the future. We we completed.			Deleted: The interview takes about 30 minutes and
	IF HAS QUESTIONS/DON'T KNOW WHAT WE'RE	TALKING ABOUT – SEE FAQ	1	
	BEGIN INTERVIEW	1	A4	
	NOT A GOOD TIME, SCHEDULE CALLBACK	2	Callback	
	HUNG UP DURING INTRODUCTION	3	Status 640	
	DOESN'T REMEMBER STUDY	4	Q32	
	ASKS ABOUT LETTER	5	A12	
	SUPERVISOR REVIEW	6	Status 380	
	REFUSED	r	Status 200	
D				
Doesr	n't Remember Study (Q32)		ward to be went of a	
	Just to refresh your memory, Over a year ago in national study, called the Workforce Investment A			
	Gold Standard Evaluation. At that time, you filled	out paperwork including a Co	onsent Form,	
	Registration Form, and Contact Form. We're now you may have received and any jobs you may ha			Deleted: A computer assigned you
	your memory so how about we get started?			Deleted: one of three groups. Let's
	YES, BEGIN INTERVIEW	1	A4	Deleted: .
	NO, SUPERVISOR REVIEW	2	Status 380	
	NOT A GOOD TIME, SCHEDULE CALLBACK	3	Callback	
	HUNG UP DURING INTRODUCTION	4	Status 640	
	REFUSED	r	Status 200	
A4.	BLAISE SCREEN: SHOW DOB FROM SAMPLE.			
	To get started I need to verify that I am speaking your date of birth?	with the correct person. Coul	d you please tell me	
	PROBE IF RESPONDENT RESISTS: I have your me the month and day?	year of birth as [fill YEAR], w	vould you please tell	
	IF NECESSARY: READ DOB ALOUD AND CONFI	RM.		
	RECORD: /////	IF MATCHES SAMPLE INFO) -	
	MONTH DAY YEAR	Start Survey (B1), IF DOES MATCH SAMPLE INFO, ASK		
	REFUSED	r	A5	
	REFUSED	, -	(-)	

7Cumulative changes made to WIA 15-Mo Follow-Up Survey $between \ 3\mbox{-}21\mbox{-}12 \ and$

	E SCREEN: SHOW LAST 4-DIGITS OF SS# FROM SAMPLE.	
A5.	Again, for verification purposes, could you please tell me the last four digits of your social	Deleted: A5., What are
	security number?	Deleted. As. What are
	IF NECESSARY: READ LAST 4-DIGITS ALOUD AND CONFIRM.	
	LAST FOUR SSN DIGITS [IF MATCHES SAMPLE INFO - START SURVEY (B1), IF DOES NOT MATCH SAMPLE INFO, READ A9]	
	DON'T KNOWd	
	REFUSEDr	
A9.	I am sorry. Before I continue with the interview I will need to check with my supervisor. Thank you for your time.	
	SKIP TO END	
Q36 TI	anks	
Thank	you very much for your time.	
	ENTER 1 TO CONTINUE	
SAMP	E MEMBER AND LETTER	
A12.	The letter was from, Federal Project Officer for the U.S. Department of Labor, and	
l –	addressed to you. The letter explained that this study is sponsored by the U.S. Department of Labor, The purposes of the study are to help the government provide better services to people	Deleted: and
	looking for jobs and be more responsive to the needs of those who are unemployed. It also	Deleted: study's purpose is
	mentioned that we would be mailing you a check for [\$25] when the survey is completed.	Deleted: jobseekers in the future
	May we begin the interview?	Deleted: the
	IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.	
	BEGIN INTERVIEW 1 A4	
	NOT A GOOD TIME, SCHEDULE CALLBACK2 Callback	
	HUNG UP DURING INTRODUCTION	
	SUPERVISOR REVIEW	
	REQUESTS ANOTHER LETTER	
	REFUSEDr Status 200	

[SendLetter (Q35)]

A12a. Okay, I can read you what the letter says, or I'll mail another letter and will call back in a few days. To what address should we mail the letter?

HOUSE NUMBER / STREET NAME	APT. #	_
CITY		_
STATE		_
ZIP		_
DON'T KNOW		d
REFUSED		r

THANKS (Q36) STATUS 831

GATEKEEPER AND LETTER

A13. The letter was from the U.S. Department of Labor, and addressed to [fill SAMPLE MEMBER NAME]. The letter explained that this study is sponsored by the U.S. Department of Labor, <u>The purposes of</u> the <u>study are</u> to help the government provide better services to people looking for jobs and be more responsive to the needs of <u>those who are unemployed</u>. It also mentioned that we would be mailing [fill <u>SAMPLE MEMBER NAME</u>] a check for [\$25] when the survey is completed.
May I speak to [fill SAMPLE MEMBER NAME]?

IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.				
BEGIN INTERVIEW		1	A4	
NOT A GOOD TIME	, SCHEDULE CALLBACK	2	CALLBACK	
HUNG UP DURING	INTRODUCTION	3	STATUS 640	
SUPERVISOR REV	EW	4	STATUS 380	
REFUSED		r	Status 200	

Deleted: and Deleted: study's purpose is Deleted: at [fill ONE-STOP CENTER NAME] to jobseekers in the future Deleted: the Deleted: SM FirstName LastName

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9Cumulative changes made to WIA 15-Mo Follow-Up Survey $between \ 3\mathchar`21\mathchar`-12 \ and$

Q101 Hello Hello, my name is [fill InterviewerName]. I am calling U.S. Department of Labor. May I please speak to [fill		ed: FullName
SPEAKING TO [FILL FIRSTNAME]	1	
[FILL FIRSTNAME] COMES TO THE PHONE	2	
PERSON ASKS WHAT CALL IS ABOUT		
NEED TO CALLBACK	4 CALLBACK	
NEVER HEARD OF [FILL FULLNAME]/WRONG NUMB REFUSED		
IF SAMPLE MEMBER, THEN SKIP TO SAMPMEMB (G		
Q102 WhatAbout if SampleMember then] I'm calling to finish the interview we are conducting	vith [fill FirstName].	red: SM
When is a good time to reach [fill FirstName]?		
[FILL FIRSTNAME] COMES TO THE PHONE	1	
NEED TO CALLBACK	2 CALLBACK	
SUPERVISOR REVIEW		
REFUSED		
IF SAMPLE MEMBER, THEN SKIP TO SAMPMEMB (C	IF NOT SAMPLE MEMBER 03)	
if Hello = 2 or WhatAbout = 1 then] Hello, my name is [fill InterviewerName]. [endif] I'm calling to finish the interview we are conducting	me?	
if Hello = 2 or WhatAbout = 1 then] Hello, my name is [fill InterviewerName]. [endif] I'm calling to finish the interview we are conducting conducted at [fill ONE-STOP NAME]. Is now a good	me? 1 A4	
if Hello = 2 or WhatAbout = 1 then] Hello, my name is [fill InterviewerName]. [endif] I'm calling to finish the interview we are conducting conducted at [fill ONE-STOP NAME]. Is now a good CONTINUE INTERVIEW	me? 1 A4 2 CALLBACK	
if Hello = 2 or WhatAbout = 1 then] Hello, my name is [fill InterviewerName]. [endif] I'm calling to finish the interview we are conducting conducted at [fill ONE-STOP NAME]. Is now a good CONTINUE INTERVIEW NOT A GOOD TIME	me? 1 A4 2 CALLBACK 3 STATUS 380	
if Hello = 2 or WhatAbout = 1 then] Hello, my name is [fill InterviewerName]. [endif] I'm calling to finish the interview we are conducting conducted at [fill ONE-STOP NAME]. Is now a good CONTINUE INTERVIEW NOT A GOOD TIME. SUPERVISOR REVIEW	me? 1 A4 2 CALLBACK 3 STATUS 380	
if Hello = 2 or WhatAbout = 1 then] Hello, my name is [fill InterviewerName]. [endif] I'm calling to finish the interview we are conducting conducted at [fill ONE-STOP NAME]. Is now a good CONTINUE INTERVIEW NOT A GOOD TIME SUPERVISOR REVIEW REFUSED	me?	ed: I must have misdialed.
if Hello = 2 or WhatAbout = 1 then] Hello, my name is [fill InterviewerName]. [endif] I'm calling to finish the interview we are conducting conducted at [fill ONE-STOP NAME]. Is now a good CONTINUE INTERVIEW NOT A GOOD TIME SUPERVISOR REVIEW REFUSED 2106 PhoneCheck I'm sorry _* I thought I dialed [fill PHONE]. Can you tel	me?	ted: I must have misdialed.
if Hello = 2 or WhatAbout = 1 then] Hello, my name is [fill InterviewerName]. [endif] I'm calling to finish the interview we are conducting conducted at [fill ONE-STOP NAME]. Is now a good of CONTINUE INTERVIEW NOT A GOOD TIME SUPERVISOR REVIEW REFUSED Q106 PhoneCheck I'm sorryI thought I dialed [fill PHONE]. Can you tell kind of mistake I made?	me? 1 A4	
if Hello = 2 or WhatAbout = 1 then] Hello, my name is [fill InterviewerName]. [endif] I'm calling to finish the interview we are conducting conducted at [fill ONE-STOP NAME]. Is now a good for CONTINUE INTERVIEW NOT A GOOD TIME. SUPERVISOR REVIEW REFUSED Q106 PhoneCheck I'm sorry, I thought I dialed [fill PHONE]. Can you tell kind of mistake I made? RIGHT NUMBER, NO SUCH PERSON	me? 1 A4	

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Q107 \	VrongNumber		
	I'm [fill InterviewerName] from Mathematica Policy Research, I thought we'd re someone there and according to the information I have, we were supposed to	call back to	Deleted: in Princeton, New Jersey
	interview [fill <u>SAMPLE MEMBER NAME].</u> There must have been some mistake. help. I'll turn this over to my supervisor.	Thank you for your	Deleted: FullName].
	ENTER 1 TO CONTINUE1	Status 380	
Q108 ⁻	Thanks		
	Thank you for your time.		
	ENTER 1 TO CONTINUE1	Backup Q109	
0109	Backun		

BACKUP AND REDIAL PHONE NUMBER.

I

FREQUENTLY ASKED QUESTIONS (FAQs)

PROGRAMMER: ALLOW INTERVIEWER TO VIEW FAQS AT ANY TIME.

WHO/WHICH AGENCY IS SPONSORING THE STUDY?

This study is being sponsored by the U.S. Department of Labor.

WHO IS CONDUCTING THE STUDY?

The study is being conducted by a team of researchers at Mathematica Policy Research, Social Policy Research Associates and MDRC, under contract to the U.S. Department of Labor.

WHAT IS THE PURPOSE OF THE STUDY?

Our goal is to learn about how effectively some employment and training programs meet the needs of unemployed and underemployed workers. This study is very important for improving services to jobseekers in the future. It will allow us to understand what works well and what doesn't.

NO LONGER IN TRAINING/NEVER PARTICIPATED.

We are calling people who signed up to participate, even if they never did get any training, or are no longer participating. Your responses and views are important because they help us understand why some individuals never received services.

I'M DISSATISFIED WITH MY UNEMPLOYMENT BENEFITS/LOCAL AGENCIES.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor needs to hear from people who were satisfied and people who were dissatisfied with their experiences.

I'M DISSATISFIED WITH THE TRAINING PROGRAM.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor wants to have feedback from people who were satisfied and dissatisfied with their experiences.

HOW DID YOU GET MY NAME?

Your name was scientifically selected from among persons in your state who participated in the study registration process at a local One-Stop or [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]. The Consent Form that you signed mentioned we may be calling you to conduct an interview.

I GOT A JOB SOON AFTER I SIGNED UP.

That is wonderful, but we still need to talk to people who didn't participate in any of the services as well as those who did.

THERE WAS NO FUNDING/NO MONEY FOR ME TO GET TRAINING.

I am sorry to hear that and understand that federal funds run out quickly. We still need to talk to you about your experiences and what you're currently doing.

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FAQs - continued

WILL THE INFORMATION FROM THE SURVEY BE KEPT PRIVATE?

All of the information we collect in the survey will be kept private to the extent allowed by federal law and will be used for research purposes only. Your answers will be combined with those of others and your name will never be used in reporting the results of the study. Your answers to questions will not affect your eligibility for any public program.

I DON'T HAVE THE TIME.

We can schedule a call to do the survey at your convenience. Our interviewers are available to speak with you seven days a week as follows: on Mondays through Thursdays from 9:00 A.M. to 12:00 midnight, on Fridays from 9:00 A.M. to 8:00 P.M., Saturdays from 9:00 A.M.-5:00 P.M. and Sundays from 1:00 P.M. to 9:00 P.M. Eastern Standard Time. We can also complete the survey in more than one call, if necessary.

WHAT HAPPENS IF I DON'T PARTICIPATE IN THE SURVEY?

Your participation is voluntary and will not affect your eligibility to receive any services or benefits. Your selection for the survey was done scientifically. You were chosen to represent other people who also consented to the study in your area. Your answers will help the U.S. Department of Labor improve services to people who become unemployed. There are no right or wrong answers. We're interested in your experiences and opinions.

I'M NOT INTERESTED.

Let me reassure you that we are not selling anything. The questions we ask are designed to help the U.S. Department of Labor improve services to people who are unemployed and seeking jobs. There are no right or wrong answers. We're interested in your experiences and opinions. Your answers will be combined with those of others and your name will never be included in any report. If you complete the survey we will pay you \$25 as a token of appreciation.

HOW LONG WILL THIS TAKE?

The length of the interview varies, but it usually takes about 40 minutes.

WHO GAVE YOU THE AUTHORITY TO CONDUCT THE STUDY?

As stated in the letter we mailed you, and can be remailed if you like, this study is being sponsored by the U.S. Department of Labor and has been approved by the U.S. Office of Management and Budget under OMB control number XXXX-XXXX. Without this approval we would not be able to conduct this survey. Questions regarding any aspect of this survey may be directed to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Avenue, NW, Frances Perkins Bldg., Room N-5641, Washington, DC 20210, telephone number (202) 693-3647 (this is not a toll-free number) or by email: pederson.eileen@dol.gov.

WILL I BE PAID?

Yes, we will mail you a check in the amount of \$25 within 2 weeks of completing the survey.

Deleted: IS Deleted: CONFIDENTIAL

Deleted: Yes. Your responses are protected from disclosure by federal statue [P.L. 107-347, Title V Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA)].¶

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FAQs - continued

WILL THERE BE A REPORT ON THE FINDINGS THAT I CAN READ? WHERE/WHEN CAN I SEE A PUBLISHED REPORT ABOUT THE NATIONAL EVALUATION?

Survey results will be reported in several reports prepared by Mathematica for the U.S. Department of Labor. Once these reports are cleared by the U.S. Department of Labor for public release, they will be available on Mathematica's website—www.mathematica-mpr.com.

WHAT ARE YOU GOING TO DO FOR ME NOW? ARE YOU GOING TO HELP ME FIND A JOB? ARE YOU GOING TO SEND ME FOR MORE TRAINING?

Mathematica is a private, independent research firm. Our firm is conducting this evaluation for the U.S. Department of Labor, and this survey is part of this evaluation. We cannot provide assistance finding jobs or training. You will, however, receive \$25 for completing the survey.

I'M ON THE NATIONAL "DO NOT CALL LIST/REGISTRY." WHY ARE YOU CALLING ME?

The do not call list or registry applies to telemarketing calls, not to calls like this one that are approved by the government. Lawmakers recognize the need for the public to participate in studies like this to learn how government programs are working and how to improve them. We will not sell you anything, nor will we ask for money. Your privacy will be respected, and your cooperation is appreciated. For more information on who is included and excluded on the do not call list, you can visit the website at www.donotcall.gov.

DOES THE MONEY I RECEIVE FOR COMPLETING THIS SURVEY COUNT TOWARDS MY INCOME FOR THIS YEAR?

No, the money received for completing this survey is not considered employment income. Employment income is generated from an employment contract. This is a one-time payment for volunteering to take part in the survey.

WHO CAN I CONTACT FOR MORE INFORMATION?

For more information about the study, you can visit the U.S. Department of Labor (DOL) website at http://www.dol.gov/. You can also call the study's project officer, Eileen Pederson of DOL at (202) 693-3647 or Mathematica's Project Director, Dr. Sheena McConnell at 202-484-4518. For questions about the survey you can call Mathematica's Survey Director, Ms. Pat Nemeth at 609-275-2294.

WILL THERE BE ANOTHER FOLLOW-UP TO THIS STUDY?

Yes. In another 15 months, we will contact you again to learn more about your experiences.

CAN SOMEONE ELSE RESPOND TO THIS QUESTIONNAIRE ON MY BEHALF?

Because of the types of questions we ask, it is important that we talk specifically to you. If, however, you need a family member or friend to translate our questions or your answers, that is okay.

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SECTION B - SERVICE RECEIPT

IF SRF25 MISSING

IF SKI	-23 MI33ING		
B1.	Prior to [fill RA MO/YR DATE], had you ever used services at [fill LWIA ONE-STOP NAME] or a	(Deleted: have
	[fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] like it?		
	YES1		
	NO0		
	DON'T KNOWd		
	REFUSEDr		
B2.	Thinking back to [fill RA MO/YR DATE], what was the main reason you went to [fill LWIA ONE-	(Deleted: sought services from a
	STOP NAME <u>1?</u>		Deleted: SPECIFIC
	INTERVIEWER: IF NECESSARY, READ ALL OPTIONS.	\neg	Deleted: (E.G., CAREER CENTER, JOB
	CODE ONE ONLY	l	CENTER)]?
	SEARCH FOR A NEW JOB (INCLUDING ANYTHING RELATED TO		
	FINDING A NEW JOB—LEARNING NEW STRATEGIES FOR FINDING A JOB, LEARNING ABOUT A DIFFERENT CAREER, ACCESSING JOB		
	MARKET INFORMATION)		
	FIND OUT ABOUT TRAINING OPPORTUNITIES OR GET TRAINING		
	FOR A JOB2		
	REQUIRED TO GET UNEMPLOYMENT INSURANCE (UI)		
	OBTAIN INFORMATION ON HOW AN EMPLOYER CAN PROVIDE		
	ACCOMMODATIONS FOR MY DISABILITY (FOR EXAMPLE, WHEELCHAIR ACCESS, TECHNOLOGY THAT CAN READ THE		
	PRINTED PAGE)		
	OTHER (SPECIFY)	\square	Deleted: 5
	DON'T KNOWd		
	REFUSEDr		
RESO	URCE ROOM		
B3.	Now I'm going to ask about services you may have received. Each [fill LWIA SPECIFIC NAME		
	(E.G., CAREER CENTER, JOB CENTER)] usually has an area open to anyone, typically called a		
	resource room, In these areas, you can use computers and the Internet to look for a job, and you can get information about specific jobs, different careers, and services available in the	\sim	Deleted: , where
	community.	\angle	Deleted: resources such as
I	Since [fill RA MO/YR DATE], did you go to any [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER,	Z	Deleted: where
	JOB CENTER)], including the [fill LWIA ONE-STOP NAME], to use a resource room?		Deleted: [fill LWIA ONE-STOP NAME] or a
I	PROBE: Do not include times you used a resource room as part of a workshop, job club, or		Deleted:)] like it
	meeting with a counselor.		
	YES1		
	NO0 SKIP TO B8		
	DON'T KNOWd SKIP TO B8		
	REFUSEDr SKIP TO B8		
_			

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NO B4	N THIS VERSION.		
			Deleted: B4 Since [fill RA MO/YR DATE],
	About how many different times did you go to a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to use a resource room? <u>Would you say</u>	Í,	Deleted: NUMBER OF TIMESSKIP TO B6¶
	PROBE: Since [fill RA MO/YR DATE].		Deleted: ¶
	PROBE: Include in-person visits only.	11	¶ IF B4 = d OR r¶
*	CODE ONE ONLY	/	B5. Would you say you used a resource room only once or twice, 3 to 5 times, 6 to
	Once or twice,1		10 times, or more than 10 times?¶ CODE ONE ONLY¶
	<u>3 to 5 times,2</u>		ONCE OR TWICE 1
	<u>6 to 10 times, or3</u>		3 TO 5 TIMES 2¶ 6 TO 10 TIMES 3¶
	More than 10 times?4	1	MORE THAN 10 TIMES - 4¶ DON'T KNOW - d¶
	DON'T KNOWd	1	REFUSED - r¶ ¶
	REFUSEDr		¶ B6 About how long did you spend using
			a resource room during an average visit?¶ PROBE: Do not include time waiting
NO B6	IN THIS VERSION.		in line or attending workshops.
			NUMBER SKIP TO B8¶ MINUTES - 1¶
NO B7	IN THIS VERSION.		HOURS - 2¶ DON'T KNOW - d¶
		<hr/>	REFUSED r¶
	Since [fill RA MO/YR DATE], did you go <u>somewhere other</u> than a [fill LWIA SPECIFIC NAME (E.G.,	\mathbf{N}	¶ IF B6 = d OR r¶
	CAREER CENTER, JOB CENTER)] to use a resource room? This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, community-based organizations	$ \rangle$	B7. Would you say you spent ¶
	such as United Way or Goodwill, and community colleges, among other places.	/	
	PROBE: By resource room, we mean a dedicated area used to look for a job. In these areas,		Deleted: ¶ 15 minutes or less, _ 1¶
	you can use computers and the Internet to look for a job, and get information about	11	More than 15 minutes but less than 1 hour, $_2$
	specific jobs, different careers, and services available in the community.	11	1 to 2 hours, ₋3¶ More than 2 but less than 4
	PROBE: Do not include times you used a resource room as part of a workshop.	11	hours, - 4¶ 4 to 6 hours, or - 5¶
	<u>YES1</u>	11	More than 6 hours? . 6¶
	NO0 SKIP TO B14	1 11	DON'T KNOW ₋d¶ REFUSED ₋r¶
	DON'T KNOWd SKIP TO B14		Page Break
	REFUSEDr SKIP TO B14		Deleted: to a location
		- 1 1	Deleted: [fill LWIA ONE-STOP NAME] or Deleted: like it
			Deleted: ¶
			PROBË: - Do not include times you used a resource room as part of a workshop.¶
			YES 1¶ NO.0.SKIP TO B14¶ DON'T KNOW.d.SKIP TO B14¶ REFUSED.r.SKIP TO B14¶

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¶ ¶

Deleted: other

B9. . Where else did you use a resource room?

	Where else did you use a resource room?		
	CODE ALL THAT APPLY		
	A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE TANF NAME], SNAP, FOOD STAMPS, <u>OR THE</u> VA) (SPECIFY)1		
	CHURCHES		
	COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR		Deleted: OTHER
	GOODWILL4		
	COMMUNITY COLLEGES5		
	ONLINE6		
	OTHER EDUCATIONAL OR TRAINING ENTITY7		
	OTHER (SPECIFY)		Deleted: 8
	DON'T KNOWd		
	REFUSED		
	B10 IN THIS VERSION. About how many different times did you go to <u>(this/these) place(s)</u> to use a resource room <u>you say</u>	? <u>Would</u>	Deleted: ¶ ¶ B10 Since [fill RA MO/YR DATE],
	About how many different times did you go to <u>(this/these) place(s)</u> to use a resource room	? Would	¶ B10 Since [fill RA MO/YR DATE], Deleted: any location other than a [fil
) E	About how many different times did you go to <u>(this/these) place(s)</u> to use a resource room you say PROBE: Since [RA MO/YR DATE]. PROBE: Include in-person visits only.	? Would	B10 Since [fill RA MO/YR DATE], Deleted: any location other than a [fil LWIA SPECIFIC NAME (E.G., CAREEF
	About how many different times did you go to <u>(this/these) place(s)</u> to use a resource room <u>you say</u> <u>PROBE: Since [RA MO/YR DATE].</u> PROBE: Include in-person visits only. <u>CODE ONE ONLY</u>	? Would	B10Since (fill RA MO/YR DATE), Deleted: any location other than a (fil LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] Deleted: NUMBER OF
	About how many different times did you go to <u>(this/these) place(s)</u> to use a resource room <u>YOU SAY</u> <u>PROBE: Since [RA MO/YR DATE].</u> PROBE: Include in-person visits only. <u>CODE ONE ONLY</u> Onc	? Would	Image: Since [fill RA MO/YR DATE], Deleted: any location other than a [fill LWIA SPECIFIC NAME (E.G., CAREEF, CENTER, JOB CENTER)] Deleted: NUMBER OF TIMES NUMBER OF TIMES NUMBER OF DON'T KNOW .dfl
	About how many different times did you go to <u>(this/these) place(s)</u> to use a resource room <u>you say</u> PROBE: Since [RA MO/YR DATE]. PROBE: Include in-person visits only. CODE ONE ONLY Onc e or twice	? Would	Image: State Stat
	About how many different times did you go to <u>(this/these) place(s)</u> to use a resource room <u>you say</u> PROBE: Since [RA MO/YR DATE]. PROBE: Include in-person visits only. CODE ONE ONLY e or twice 1 3 to 5 times. 2	? Would	Image: State Stat
	About how many different times did you go to (this/these) place(s) to use a resource room vou sav PROBE: Since [RA MO/YR DATE]. PROBE: Include in-person visits only. CODE ONE ONLY e or twice	? Would	Image: Second State Sta
	About how many different times did you go to <u>(this/these) place(s)</u> to use a resource room <u>you say</u> PROBE: Since [RA MO/YR DATE]. PROBE: Include in-person visits only. CODE ONE ONLY e or twice 1 3 to 5 times. 2	? Would	Image: State Stat

NO B13 IN THIS VERSION.

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WORK	SHOPS							
B14	search or	guestions are about workshops you may i career planning. First, let's talk about wo NAME (E.G., CAREER CENTER, JOB CEN	rkshops t					eleted: ¶ B12 About how long did you spend using a resource room during an average
		RA MO/YR DATE], have you attended any		visit?¶ PROBE: _ Do not include time waiting				
	PROBE:			in line or attending workshops.¶				
	PROBE:	A workshop involves a small group of p instructor to learn how to do something conduct a job search.	eople cor	ning togethe	er with a <mark>lead</mark>	<u>er or</u>		Deleted: ¶ MINUTES . 1¶ HOURS . 2¶ DON'T KNOW . d¶
	YES				1			REFUSED r¶
	NO				0 SKIP	TO B21		F B12 = d OR r¶
	DON'T KN	IOW			d SKIP	TO B21		B13. Would you say you spent ¶
	REFUSED)			r SKIP	TO B21		15 minutes or less, . 1¶ More than 15 minutes but less than 1 hour2¶
		PROGRAMMER	BOX					1 to 2 hours, 3¶ More than 2 but less than 4
		CATI: IF B15 DOES NOT HAVE AN	NY FILLS,	GO TO B16.				hours, - 4¶ 4 to 6 hours, or - 5¶
B15.	,Did you g	o to any of the <u>following</u> workshops offer	ed at [fill	LWIA ONE-S	TOP NAME]	?		More than 6 hours?6¶ DON'T KNOWd¶ REFUSEDr¶
				CODE O	NE PER ROV	V	1 10 1	
					DON'T			B14. Now we Deleted: interested in learning
			YES	NO	KNOW	REFUSED		Deleted: any
a. [fill	LWIA INTE	NSIVE WORKSHOP NAME1]	1	0	d	r		Deleted: [fill LWIA ONE-STOP NAME] or
b. [fill	LWIA INTE	ENSIVE WORKSHOP NAME2]	1	0	d	r		Deleted:)] like it. Since [fill RA MO/YR
c. [fill	LWIA INTE	ENSIVE WORKSHOP NAME3]	1	0	d	r		DATE], have you attended any of those workshops?
d. [fill	LWIA INTE	ENSIVE WORKSHOP NAME4]	1	0	d	r		Deleted: facilitator
B16.	Did you a	o to any (other) [fill LWIA SPECIFIC NAME	E G C	AREER CEN				Deleted: I'm going
2.0.		os (that I haven't mentioned)?	(,		,		$ \downarrow $	Deleted: read a list of some
	-					TO B21		Deleted: and I would like you to tell me if you did or did not go to each of these workshops.
		IOW				TO B21 TO B21	Y	Deleted: workshops at a
						-		
	REFUSEL)			r SKIP	TO B21		
NO B1	7 IN THIS V	/ERSION.						
•								Deleted:
							¶ E	817 Since [fill RA MO/YR DATE],

18.	About how many of these (other) workshops did you go to? Would you say	/	Deleted: different
	PROBE: Since [RA MO/YR DATE]. CODE ONE ONLY 1.	$\langle \rangle$	Deleted: attend at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?[] NUMBER OF WORKSHOPS SKIP TO B19[]
	2 or 3	$\left(\right)$	DON'T KNOWd¶ REFUSEDr¶
		M	1
	<u>4 or 5, or3,</u>	11/	ו IF B17 = d OR r¶
	<u>More than 5 workshops?</u> 4	///	B18
	DON'T KNOWd	[]]]	Deleted: you attended only 1, 2 or 3, 4 or 5, or more than 5?
	REFUSEDr		Deleted: - 1
0 04	9 IN THIS VERSION.		Deleted: OR
υы	9 IN THIS VERSION.	//	Deleted: _2
20	And about how Jong was an average workshop? Would you say	()	Deleted: 4 OR
20.		\backslash	Deleted: - 3¶ MORE THAN 5
	Less than 1 hour	\mathbb{N}	Deleted: ¶
	1 to 2 hours		¶ B19
	More than 2 but less than 4 hours,		Deleted: much time did you spend at
			Deleted: ¶
	4 to 6 hours, or		NUMBER SKIP TO B21¶ HOURS - 1¶
	More than 6 hours?		DAYS _ 2¶ DON'T KNOW _ d¶
	DON'T KNOWd		REFUSED . r¶
	REFUSEDr		¶
21.	Since [fill RA MO/YR DATE], have you gone to any workshops held somewhere other than a [fill		IF B19 = d OR r¶ B20. _
	LWIA SPECIFIC NAME (E.G., CARÉER CENTER, JOB CENTER)		Deleted: you spent
	PROBE:This would include other government agencies such as [fill STATE TANF NAME],	\searrow	Deleted: [fill LWIA ONE-STOP NAME] or
	libraries, churches, community-based organizations such as United Way or Goodwill, and community colleges, among other places.	\sim	Deleted:)] like it?
			Deleted: other
	YES1		
	NO0 SKIP TO <u>BOX BEFORE</u> B2	7	
	DON'T KNOWd SKIP TO <u>BOX BEFORE</u> B2	7	
	REFUSEDr SKIP TO BOX BEFORE B2	7	

B22. Where were these workshops held? CODE ALL THAT APPLY Deleted: ONE ONLY A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE TANF NAME], SNAP, FOOD STAMPS, VA) (SPECIFY)1 LIBRARIES2 Deleted: OTHER COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR Deleted: 8 Deleted: ¶ B23 Deleted: different DON'T KNOWd Deleted: attend that were held somewhere other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, REFUSEDr JOB CENTER)]?¶ |____ NUMBER OF WORKSHOPS ___ SKIP TO B25¶ DON'T KNOW _ d¶ NO B23 IN THIS VERSION. REFUSED .r¶ B24. About how many of these workshops did you go to? Would you say -Page Break- - - - - - - - -CODE ONE ONLY IF B23 = d OR r¶ B24. Deleted: you attended only 1, 2 or 3, 4 or 5, or more than 5? 2 or 3,.... 2 <u>4 or 5, or</u> .3 Deleted: 1 Deleted: OR Deleted: 2 DON'T KNOWd Deleted: 4 OR REFUSEDr Deleted: 3¶ MORE THAN 5 NO B25 IN THIS VERSION. Deleted: ¶ B25. And about how Jong did an average workshop last? Would you say . . . **B26** Deleted: much time CODE ONE ONLY Deleted: you spend at Less than 1 hour,1 Deleted: ?¶ |____NUMBER . . . SKIP TO B27¶ HOURS . 1¶ 1 to 2 hours,.....2 DAYS 2¶ DON'T KNOW _ d¶ REFUSED - r¶ More than 6 hours?.....5 . IF B25 = d OR r¶ DON'T KNOWd B26. REFUSEDr Deleted: you spent

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22Cumulative changes made to WIA 15-Mo Follow-Up Survey between 3-21-12 and

PROGRAMMER BOX CATI: IF B16 = 0, d OR r AND B21 = 0, d OR r, SKIP B27.

Please think about (all of) the workshop(s) we've talked about, (regardless of where they were held). (Were any of these/Was this) workshop(s) meant to help you with . . . B27. CODE ONE PER ROW DON'T YES NO KNOW REFUSED Job search-related activities such as resume writing, a. interviewing, and networking? 1 0 d r Basic computer skills or the use of specific computer b. programs?..... 1 0 d r c. Appropriate ways to act on the job like how to manage your time and communicate with your boss and co-workers? 1 0 d d. Preparing for or learning about tests or assessments, like WorkKeys or the TABE, that help you learn about your basic skills like math or reading?..... 0 d 1 r PROBE: This does NOT include actually taking the test. e. Managing your own finances?..... 1 0 d r f. Starting your own business? 1 0 d r And were any of these workshops meant to help you g. with something else that I haven't mentioned?

1

Deleted: Thinking Deleted: workshops Deleted: , Deleted: workshops

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(SPECIFY)

24Cumulative changes made to WIA 15-Mo Follow-Up Survey between 3-21-12 and

0

d

r

	OR ASSESSMENTS							
28.	you with your job searce paper and pencil.	about tests or assessments y ch or training. <u>You may have t</u> ATE], have you taken						Deleted: on the computer or using paper and-pencil
		,,		CODE	ONE PER R	OW		
			YES	NO	DON'T KNOW	REFUSED		
		TABE, that help you learn about reading?	1	0	d	r		
		or CareerPath.com, that help al abilities or interests?	1	0	d	r		
An me	d have you taken any othe entioned? (SPECIFY)	er tests that I haven't	1	0	d	r		
		PROGRAMMER B N'T KNOW, OR REFUSED TO A		28, SKIP	TO B36.			
							ار ا	Deleted, WILL WILL ONE STOP NAMEL or
29.		ese tests at a [fill LWIA SPECIF	IC NAM	E (E.G., C	AREER CE	NTER, JOB		Deleted: [fill LWIA ONE-STOP NAME] or Deleted:)] like it?
29.	Did you take any of the CENTER <u>12</u> PROBE: Including th		ŀ			NTER, JOB		Deleted: [fill LWIA ONE-STOP NAME] or Deleted:)] like it?
29.	Did you take any of the CENTER <u>112</u> PROBE: Including the YES NO	ese tests at a [fill LWIA SPECIF	ŀ		1 0 S	KIP TO B32		· · ·
29.	Did you take any of the CENTER]]? PROBE: Including the YES NO DON'T KNOW	ese tests at a [fill LWIA SPECIF	ŀ		1 0 S	KIP TO B32 KIP TO B32		· · ·
_	Did you take any of the CENTER]]? PROBE: Including the YES NO DON'T KNOW	ese tests at a [fill LWIA SPECIF	ŀ		1 0 S	KIP TO B32		· · · ·

31.	About how many different tests did you tak CENTER, JOB CENTER	e at a [fill LWIA SPECIFIC NAME (E.G., CAREER		Deleted: [fill LWIA ONE-STOP NAME] or Deleted:)] like it?¶
	PROBE: Since [fill RA MO/YR DATE].			PROBE: Include in-person visits only
		- ent subjects that you completed in a single sitting		TESTS SKIP TO B32¶ DON'T KNOW d¶
	as one test.	en subjects that you completed in a single sitting		
		CODE ONE ONLY		າ ¶
	1,	1,		IF B30 = d OR r¶ B31.
	<u>2 or 3,</u>	2		Deleted: you took only 1, 2 or 3, 4 or 5, or
	<u>4 or 5, or</u>	3,		more than 5? Deleted: 1
	More than 5 tests?	4		Deleted: OR
	DON'T KNOW	d		Deleted: 2
	REFUSED	r		Deleted: 4 OR
~~				
32.	CENTER, JOB CENTER]?	other than a [fill LWIA SPECIFIC NAME (E.G., CAR	EER	MORE THAN 5 Deleted: at a place
	,	nment agencies such as [fill STATE TANF NAME],		Deleted: [fill LWIA ONE-STOP NAME] or
	libraries, churches, community-	-based organizations such as United Way or Goodw	/ill,	Deleted:)] like it?
	and community colleges, amon	5		Deleted: other
	YES			
	NO	0 SKIP TO B36		
	DON'T KNOW	d SKIP TO B36		
	REFUSED	r SKIP TO B36		
33.	Where else did you take these tests?			Deleted: go to
		CODE ALL THAT APPLY		
	A GOVERNMENT AGENCY OTHER THAN [fi EXAMPLE, [fill STATE TANF NAME], SNAP, I			
	LIBRARIES	2		
	CHURCHES			
	COMMUNITY-BASED ORGANIZATIONS SU			Deleted: OTHER
	COMMUNITY COLLEGES			
	ONLINE			
	OTHER EDUCATIONAL OR TRAINING ENTI			
	OTHER (SPECIFY)			Deleted: 8
	DON'T KNOW	d		

NO B34 IN THIS VERSION.	
B35. About how many different tests did you take at (this/these) place(s)? Would you say	B34. Since [fill RA MO/YR DATE], Deleted: any
PROBE: Since [RA MO/YR DATE].	Deleted: any Deleted: other than [fill LWIA ONE-ST
PROBE: Include in-person visits only.	NAME] or a [fill LWIA SPECIFIC NAME
CODE ONE ONLY	(E.G., CAREER CENTER, JOB CENTER like it?
<u>11</u>	Deleted: NUMBER OF TESTSSKIP TO B36¶
<u>2 or 3,2</u>	Deleted: ¶
<u>4 or 5, or3</u>	IF B34 = d OR r¶ B35. Would you say you took only 1, 2
More than 5 tests?4	3, 4 or 5, or more than 5?¶
DON'T KNOWd	Deleted: ¶
REFUSEDr	/ / 1.1¶ "
	2 OR 3 2¶ 4 OR 5 3¶
PEER SUPPORT	MORE THAN 5 - 4¶ DON'T KNOW - d¶
B36. <u>The next questions</u> are about any job <u>clubs</u> or <u>job</u> groups that you <u>may</u> have participated in.	REFUSED Inf
These groups involve getting together with other job seekers <mark>for</mark> support and to talk about job leads a	
ways to find jobs. First, let's talk about group meetings that took place at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)].	
	Deleted: interested in learning
Since [fill RA MO/YR], have you gone to a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, CENTER)] to attend meetings for any of these groups?	
PROBE: Include job clubs or job groups that took place at [fill LWIA ONE-STOP NAME].	Deleted: peer networking Deleted: such as job clubs
PROBE: Include in-person participation only.	Deleted: First, let's talk about meetings
YES	that took place at [fill LWIA ONE-STOP NAME] or a [fill LWIA SPECIFIC NAME
NO0 SKIP TO B41	(E.G., CAREER CENTER, JOB CENTER like it. Since [fill RA MOYR], have you
DON'T KNOWd SKIP TO B41	attended meetings for any of these
REFUSEDr SKIP TO B41	groups?¶ PROBE: Job search support and peer-
	networking groups
NO B37 IN THIS VERSION.	Deleted: to provide
	Deleted: ¶ ¶
338. About how many different times did you go to a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] to attend meetings for (this/these) group(s)? Would you say	B37. Since [fill RA MO/YR DATE], Deleted: any of these groups?
PROBE: Since [fill RA MO/YR DATE].	Deleted: any of these groups?
PROBE: Include in-person participation only.	Deleted: ¶
CODE ONE ONLY	¶ IF B37 = d OR r¶
Once,	B38. Would you say you attended only group meeting, 2 or 3, 4 or 5, or more th
2 or 3 times,	5 group meetings?¶ - <u>CODE ONE ONLY</u> ¶
4 or 5 times, or	1 - 1¶
More than 5 times?	2 OR 3 2¶ 4 OR 5 3¶
DON'T KNOWd	MORE THAN 5 4¶ DON'T KNOW d¶
REFUSEDr	REFUSED n
	/ I

NO B39 IN THIS VERSION.

NO B	40 IN THIS VERSION.		
• B41.	Since [fill RA MO/YR DATE], have you attended any job <u>club</u> or <u>job</u> group meetings <u>somewhere</u> other than or a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER]]? <u>PROBE:</u> This would include other government agencies such as [fill STATE TANF NAME], libraries, churches, <u>community-based organizations such as United Way or Goodwill</u> ,		Deleted: ¶ 30 minutes or less, . 1¶ More than 30 but less than 60 minutes, or .2¶ 1 hour or more? .3¶ DON'T KNOW .0¶ REFUSED .r¶ ¶
I	and community colleges, among other places.	111	Deleted: search peer-networking
l	PROBE: Job <u>clubs</u> and <u>job</u> groups involve getting together with other job seekers <u>for</u> support and to talk about job leads and ways to find jobs.	$\lambda $	Deleted: support
	PROBE: Include in-person participation only.		Deleted: at a place
	YES	\mathbb{N}	Deleted: [fill LWIA ONE-STOP NAME]
1		///	Deleted:)] like it?
	NO0 SKIP TO <u>B47a</u>	ת ∥	Deleted: other
	DON'T KNOWd SKIP TO <mark>B47a</mark>	-/ ľ	Deleted: search support
	REFUSEDr SKIP TO <u>B47a</u>	-///	Deleted: peer-networking
B42.	Where did these job clubs or job groups meet?	///	Deleted: to provide
D42.		<u> </u>	Deleted: B47
	CODE ALL THAT APPLY		Deleted: B47
	A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (SPECIFY)1		Deleted: B47
			Deleted: search support
			Deleted: peer-networking
	LIBRARIES2		
1	CHURCHES		
	COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOOD WILL4	/	Deleted: OTHER
	COMMUNITY COLLEGES5		
1	OTHER EDUCATIONAL OR TRAINING ENTITY6		
	OTHER (SPECIFY)	/	Deleted: 7
	DON'T KNOWd		
	REFUSEDr		

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 ${\tt 28} \mbox{Cumulative changes made to WIA 15-Mo Follow-Up Survey } between 3-21-12 and$

O B43 IN THIS VERSION.		
44. About how many different times did you go to (this/these) places(s) to attend meetings for	_	Deleted: B43. Since [fill RA MO/YR DATE],
(this/these) group(s)? Would you say PROBE: Since [RA MO/YR DATE].	$\overline{}$	Deleted: a place other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]
PROBE: Include in-person participation only.		Deleted: any of these groups?
CODE ONE ONLY		Deleted: # TIMES SKIP TO B4
<u>Once,1</u>		
<u>2 or 3 times,2</u>		
<u>4 or 5 times, or3</u>		
More than 5 times?4		
DON'T KNOWd		
REFUSEDr		
O B46 IN THIS VERSION. IDIVIDUAL COUNSELING 47a. Now we are interested in learning about any counseling or one-on-one assistance you may have received to support you in your job search or training from an employment professional at any location. We're interested in individual appointments you may have had in person or over the phone. PROBE: "Employment professional" is a generic name and may include counselors or case managers. PROBE: Do not include assistance received during workshops or conversations with employment professionals as part of a visit to a resource room. Since [fill RA MO/YR DATE], did you have any individual appointments with an employment professional? YES 1 NO 0 SKIP TO B59a DON'T KNOW d SKIP TO B59a		IF B43 = d OR r¶ B44. Would you say you attended only ' group meeting, 2 or 3, 4 or 5, or more tha 5 group meetings?¶ <u>CODE ONE ONLY</u> ¶ 11¶ 2 OR 3. 2¶ 4 OR 5 .3¶ MORE THAN 5 .4¶ DON'T KNOW .d¶ REFUSED .¶ ¶ B45. About how long did an average group meeting last?¶ I HOURTSSKIP TO B47¶ I HINUTESSKIP TO B47¶ DON'T KNOW .d¶ REFUSED .¶ ¶ IF B45 = d OR r¶ B46. Would you say these meetings lasted¶ . <u>CODE ONLY</u> Deleted: ¶ 30 minutes or less, .1¶ More than 30 but less than 60 minutes, or .2¶ 1 hour or more? .3¶

29 Cumulative changes made to WIA 15-Mo Follow-Up Survey $between \ 3\mathchar`21\mathchar`-12 \ and$

Deleted: . . .

B47b. At (this/these) appointment(s). . .

			CODE ONE	PER ROW	
		YES	NO	DON'T KNOW	REFUSED
a.	Did you talk about your job search?	1	0	d	r
	PROBE: This includes creating a resume, developing a job search strategy, or discussing progress in pursuing job leads and completing job applications.				
b.	Did you talk about your results on tests or assessments that measure basic skills, aptitudes, or career interests?	1	0	d	r
c.	Did you talk about training options or education plans?	1	0	d	r
	PROBE: This includes comparing different training programs, or developing specific plans for selecting and paying for training.				
d.	Did you get referrals for other services to support work or training?	1	0	d	r
e.	And did you get any other assistance at (this/these) appointment(s) that I haven't mentioned? (SPECIFY)	1	0	d	r

PROGRAMMER BOX
CATI: IF NO. DON'T KNOW. OR REFUSED TO ALL IN B47b. SKIP TO B59.

	CATE IN NO, DON'T NNOW, ON NET OSED TO ALL IN DATE, ONIT TO D33.					
B48.						
	SPECI	FIC NAME (E.G., CAREER CENTER, JOB CENTER)]?				
	PROBE	E: Include appointments at the [fill LWIA ONE-STOP NAME].				
I	YES	1				
	NO	0	SKIP TO B53			
	DON'T	KNOWd	SKIP TO B53			
	REFUS	EDr	SKIP TO B53			

Deleted: Did you receive Deleted: this individual help at [fill LWIA ONE-STOP NAME] or Deleted:)] like it?

Deleted: ______ ¶ B49. - Since [fill RA MO/YR DATE],

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NO B49 IN THIS VERSION.

<u>50.</u>		any, did you <u>have in person?</u> Would you	<	Deleted: times
	say <u>"</u>	CODE ONE ONLY		Deleted: talk one-on-one with any employment professionals at [fill LWIA ONE-STOP NAME] or a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER JOB CENTER)] like it
	1,	3		Deleted: or by phone?¶ _ # TIMES SKIP TO B51¶ DON'T KNOW .d¶ REFUSED .r¶ ¶
	More than 5 individual appointments in person? DON'T KNOW	*		¶ IF B49 = d OR r¶ B50. .
	REFUSED	r		Deleted: you received this help only once, 2 or 3 times, 4 or 5 times, or more than 5 times?
O B5	1 IN THIS VERSION.		- ////	Deleted: ONCE
52.	And would you say an average appointment lasted		-///	Deleted: TIMES_2
		CODE ONE ONLY	$V \mid l$	Deleted: OR
	15 minutes or less,		1/1	Deleted: TIMES_3
	16 to 30 minutes.		$ \rangle$	Deleted: MORE THAN 5 TIMES - 4¶
	31 to 45 minutes.			Deleted: ¶ B51. About how much time did you
	46 to 60 minutes, or			spend working one-on-one with an employment professional during an
	More than <u>60 minutes?</u>			average visit or phone call?¶
	DON'T KNOW		$1 \downarrow$	HOURS SKIP TO B53¶ MINUTES SKIP TO B53¶
	REFUSED			DON'T KNOW d¶ REFUSED r¶
				1
52x.	About how many individual appointments, if any, did	you have over the phone? Would you say		∥ IF B51 = d OR r¶
		CODE ONE ONLY	//	Deleted: you spent
	<u>0,</u>	<u>1</u>	1	Deleted: 61 to 90 minutes, or . 5¶
	<u>1,</u>	2		Deleted: 90
	<u>2 or 3,</u>	<u>3</u>		
	4 or 5, or	4		
	More than 5 individual appointments over the phone?	• <u>5</u>		
	DON'T KNOW			
	REFUSED			

B52xx. And would you say an average appointment lasted . . . CODE ONE ONLY Deleted: ? 6 10 minutes or less, 1 11 to 20 minutes, 2 21 to 30 minutes, or3 DON'T KNOWd REFUSEDr (We are also interested in learning about any counseling or one-on-one assistance to support you B53. Deleted: you have received in your job search or training you may have received from somewhere other than a [fill LWIA Deleted: an employment professional at a SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)].) place Since [fill RA MO/YR DATE], did you receive any of this individual help from somewhere other Deleted: [fill LWIA ONE-STOP NAME] or than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]? Deleted:)] like it. This would include other government agencies such as [fill STATE TANF NAME], PROBE Deleted: a place libraries, churches, community-based organizations such as United Way or Goodwill, Deleted: [fill LWIA ONE-STOP NAME] or and community colleges, among other places. Deleted: other PROBE: The counseling may have been provided in person or over the phone. YES.....1 NO.....0 SKIP TO B59 DON'T KNOWd SKIP TO B59 REFUSEDr SKIP TO B59 B54. Where else did you receive these counseling or one-on-one services? CODE ALL THAT APPLY A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE SPECIFIC TANF NAME], SNAP, FOOD STAMPS, VA) (SPECIFY).....1 LIBRARIES2 Deleted: OTHER COMMUNITY-BASED ORGANIZATIONS SUCH AS UNITED WAY OR GOODWILL......4 OTHER EDUCATIONAL OR TRAINING ENTITY7 Deleted: 8 DON'T KNOWd REFUSEDr

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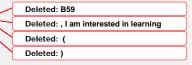
DEC				Deleted: ¶ ¶
856.	<u>About</u> how many <u>individual appointments, if an</u>	ny, did you <u>have in person?</u> Would you say,		B55 Since [fill RA MO/YR DATE],
		CODE ONE ONLY	\mathbb{N}	Deleted: times Deleted: talk one-on-one with any
	<u>.</u>	1 SKIP TO B58x	$ \setminus $	employment professionals at (this/these place(s)
	2 or 3	<u>3</u>	11 Y	Deleted: or by phone?¶ # TIMES SKIP TO B57¶
	4 or 5 <mark>. or</mark>	4		DON'T KNOW _d¶ REFUSED _r¶
	More than 5 in-person individual appointments	s? <u>5</u>	$\ \ \ $	Page Break
	DON'T KNOW	d		1) IF B55 = d OR r¶
	REFUSED	r	1111	B56 Deleted: you received this help only
O B5	7 IN THIS VERSION.			once, 2 or 3 times, 4 or 5 times, or more than 5 times?
358.	And would you say an average appointment la	stad		Deleted: ONCE
550.	And would you say an average appointment la		N III	Deleted: TIMES 2
	. <u>.</u>	CODE ONE ONLY		Deleted: TIMES 3
	15 minutes or less,		$ \rangle$	Deleted: TIMES . 4
	16 to 30 minutes,	2	$\left(\right)$	Deleted: ¶ ¶
	31 to 45 minutes,	3		B57. About how much time did you spend working one-on-one with an
	46 to 60 minutes <u>, or</u>	4		employment professional at (this/these) place(s) during an average visit or phor
	More than <u>60 minutes?</u>	<u>5</u>		call?¶ HOURS SKIP TO B59¶
	DON'T KNOW	<u>d</u>	\mathbf{V}	MINUTES SKIP TO B59
	REFUSED	<u>r</u>	\mathbf{V}	DON'T KNOW d¶ REFUSED r¶
358x.	About how many individual appointments, if a	ny, did you have over the phone? Would you		¶ ¶
	<u>say</u>			IF B57 = d OR r¶
		CODE ONE ONLY		Deleted: you spent
	<u>0,</u>	1 SKIP TO B59a	l l	Deleted: 61 to 90 minutes, or - 5¶ Deleted: 90
	<u>1,</u>	2	U	Deleteu: 30
	<u>2 or 3,</u>	<u>3</u>		
	<u>4 or 5, or</u>	4		
	More than 5 individual appointments over the	phone?5		
	DON'T KNOW	<u>d</u>		
	REFUSED	r		

B58xx. And would you say an average appointment lasted ...

	CODE ONE ONLY
<u>10</u> minutes <mark>, or less,</mark>	<u>1</u>
11 to 20 minutes,	2
21 to 30 minutes, or	<u>3</u>
More than 30 minutes?	4
DON'T KNOW	d
REFUSED	r

SUPPORT SERVICES

B59a. Now let's talk about financial assistance you may have received to help you with expenses, not including tuition and fees, to look for or attend work, training or school. Please do not include financial assistance you may have received from friends or family.



Deleted: ? . 6

Since [fill RA MO/YR DATE], have you received any assistance in the form of cash, vouchers, gift cards or reimbursement?

<u>YES1</u>	
<u>NO0</u>	SKIP TO C1
DON'T KNOWd	SKIP TO C1
REFUSEDr	SKIP TO C1

B59b. Was this assistance meant to help you pay for ...

			CODE C	NE PER RC	<u>W</u>
		YES	NO	DON'T KNOW	REFUSED
a.	Books?	1	0	d	r
b.	Tools or other supplies?	1	0	d	r
c.	Clothes or other uniforms?	1	0	d	r
d.	Transportation (such as gas cards or bus passes)?	1	0	d	r
e.	Child care?	1	0	d	r
f.	Something else that I haven't mentioned? (SPECIFY	1	0	d	r

PROGRAMMER BOX CATI: IF NO, DON'T KNOW, OR REFUSED TO ALL IN B59b, SKIP TO C1

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B60.	Did you receive any of this financial assistance from a [fill LWIA SPECIFIC NAME (E.G., CAREER	_	Deleted: [fill LWIA ONE-STOP NAME] or
	CENTER, JOB CENTER	{	Deleted:)] like it?
	PROBE: Include financial assistance you received from [fill LWIA ONE-STOP NAME].		
	YES1		
	NO0 SKIP TO B62		
	DON'T KNOWd SKIP TO B62		
	REFUSEDr SKIP TO B62		
B61.	Thinking about all of the financial assistance you received from a [fill LWIA SPECIFIC NAME (E.G.,		Deleted: [fill LWIA ONE-STOP NAME] or
	CAREER CENTER, JOB CENTER)] since [fill RA MO/YR], how much total assistance, in dollars,		Deleted: like it
	did you receive? <u>Do not include assistance you received for tuition or fees.</u>	(
	\$ _ _ _ _ TOTAL ASSISTANCE	(Deleted: ,
	DON'T KNOWd		
	REFUSEDr		
B62.	Since [fill RA MO/YR DATE], did you receive any of this financial assistance from somewhere		Deleted: We are also interested in
	other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?		learning about financial assistance you may have received to help you with
	PROBE: This would include other government agencies such as [fill STATE TANF NAME].		expenses (not including tuition and fees)
	libraries, churches, community-based organizations such as United Way or Goodwill,	Λ	to look for or attend work, training or school at a place other than [fill LWIA
	and community colleges, among other places.		ONE-STOP NAME] or a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER,
	PROBE:Do not include financial assistance you may have received from friends or family.	\mathbb{N}	JOB CENTER)] like it.¶
	YES1	1111	•
	NO0 SKIP TO C1		Deleted: any place
	DON'T KNOWd SKIP TO C1		Deleted: than a
	REFUSEDr SKIP TO C1		Deleted: LWIA SPECIFIC
		ľ	Deleted: (E.G., CAREER CENTER, JOB CENTER)12 Please

 $\ensuremath{\texttt{35Cumulative changes made to WIA 15-Mo}$ Follow-Up Survey $between \ensuremath{\texttt{3-21-12}}$ and

B63.	From what other places did you receive financial assistance? <u>CODE ALL THAT APPLY</u> A GOVERNMENT AGENCY OTHER THAN [fill LWIA ONE-STOP NAME] (FOR EXAMPLE, [fill STATE TANF NAME], SNAP, FOOD STAMPS, VA) (SPECIFY)1	
	LIBRARIES	Deleted: OTHER
	COMMUNITY COLLEGES	Deleted: 8
B64.	DON'T KNOWd REFUSEDr Thinking about all of the financial assistance you received from <u>(this/these) place(s) since [fill RA</u>	Deleted: any
	MO/YR_DATE], how much <u>total</u> assistance, did you receive? <u>Do not include assistance for tuition</u> or fees. \$	Deleted: other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] Deleted: , in dollars, Deleted: ,

SECTION C – TRAINING AND EDUCATION PROGRAMS: LEVEL OF PARTICIPATION, PAYMENT, AND OUTCOMES

C1.	Now I'd li	ke to ask you about education, <u>or</u> training programs you may have p D/YR DATE] that we haven 't <mark>talked</mark> about yet. Please include trainin	participated in since	Deleted: , school, and job
		by learn job skills or prepare for an occupation. Also include genera		Deleted: and courses
		, such as adult basic education or GED courses, ESL classes, colle		Deleted: spoken
	school.			
	Since [fill	RA MO/YR DATE], did you participate in any education or training p	programs?	Deleted: and
	PROBE:	Include classes you may have attended to learn English (ESL clas	sses) or improve your	Deleted: and courses
		reading skills.		Deleted: Also
	PROBE:	Include training provided by an employer, for self-employment, or	r on-the-job training	Deleted: Also
		(OJT).		
I		1		Deleted: D4
	NO	0	SKIP TO <u>D0</u>	Deleted: D1
	DON'T KN	IOWd	SKIP TO <u>D0</u>	Deleted: D1
	REFUSED)r	SKIP TO DO	Deleted: D1
C2.	DATE]?	y different education and training programs have you participated in THAN ONE, PROBE: Were these separate programs or different co		
		program?		
	INTERVIE			- Deleted:
	·	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR	OGRAMS.	Deleted:
		PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR IUMBER OF PROGRAMS		Deleted:
	DON'T KN	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR JUMBER OF PROGRAMS IOWd	OGRAMS.	- Deleted:
	DON'T KN	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR IUMBER OF PROGRAMS	OGRAMS.	Deleted:
IF C2	DON'T KN	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR JUMBER OF PROGRAMS IOWd	OGRAMS.	Deleted:
	DON'T KN REFUSED	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR JUMBER OF PROGRAMS IOWd	OGRAMS.	
IF C2 C3.	DON'T KN REFUSED	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR UMBER OF PROGRAMS IOW	COGRAMS. SKIP TO C4	- Deleted:
	DON'T KN REFUSED = d or r Would yo	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR JUMBER OF PROGRAMS IOW	COGRAMS. SKIP TO C4	
	DON'T KN REFUSED = d or r Would yo 1 educatio	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR JUMBER OF PROGRAMS IOW	COGRAMS. SKIP TO C4	
	DON'T KN REFUSED = d or r Would yo 1 education 2 or 3,	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR JUMBER OF PROGRAMS IOW	COGRAMS. SKIP TO C4	
	DON'T KN REFUSED = d or r Would yo 1 educatio 2 or 3, 4 or 5, or	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR UMBER OF PROGRAMS IOWd Usay you participated in CODE ONE CODE ONE CODE ONE 2 3	COGRAMS. SKIP TO C4	- Deleted: only
	DON'T KN REFUSED = d or r Would yo 1 educatio 2 or 3, 4 or 5, or	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR JUMBER OF PROGRAMS IOW	COGRAMS. SKIP TO C4	Deleted: conly Deleted: CODE ONE ONLY¶ 1.1¶
	DON'T KN REFUSED = d or r Would yo 1 education 2 or 3, 4 or 5, or More thar	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR UMBER OF PROGRAMS IOWd Usay you participated in CODE ONE CODE ONE CODE ONE 2 3	COGRAMS. SKIP TO C4	Deleted: conly Deleted: CODE ONE ONLY¶ 1.1¶ 2 OR 3.2¶
	DON'T KN REFUSED = d or r Would yo 1 education 2 or 3, 4 or 5, or More than DON'T KN	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR UMBER OF PROGRAMS IOW	COGRAMS. SKIP TO C4	Deleted: conly Deleted: CODE ONE ONLY¶ 1.1¶
	DON'T KN REFUSED = d or r Would yo 1 education 2 or 3, 4 or 5, or More than DON'T KN	PROGRAM. ONLY REPORT THE NUMBER OF DEGREE PR UMBER OF PROGRAMS IOW	COGRAMS. SKIP TO C4	Deleted: CODE ONE ONLY¶ 1.1¶ 2 OR 3.2¶ 4 OR 5.3¶

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PROGRAMMER SKIP BOX CATI: ALLOW FOR 5 PROGRAMS. ASK C4 ACROSS FIRST, FOLLOWED BY C5. THEN ASK C6-C37 FOR EACH PROGRAM.

NOTE: SPACE FOR 3RD, 4TH, AND 5TH SCHOOL OR TRAINING WILL BE IN CATI PROGRAM.

		#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)
C4.	What (is/are) the name(s) of the program(s) you attended since [fill RA MO/YR DATE], starting with the first one you attended?	(SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S))	(SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S))
	What's the next program you attended?		
C5.	Let me verify that since [fill RA MO/YR DATE] you attended [fill C4 NAMES].	CORRECT 1 NOT CORRECT 0	CORRECT
	Is this correct, or are there any other education or training programs you may have attended?	DON'T KNOW d REFUSED r	DON'T KNOWd REFUSEDr
	IF CORRECT, ENTER "1" AND CONTINUE.		
	IF THIS IS NOT CORRECT, GO BACK TO C4 AND C5 TO ENTER CORRECT NUMBER AND NAMES OF PROGRAMS ATTENDED.		
C6.	When did you <u>start</u> attending [fill PROGRAM]?	/ SKIP TO C8 MONTH YEAR	/ SKIP TO C8 MONTH YEAR
		DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr
IF C6	s = d OR r		
C7.	Do you recall what year you started attending [fill PROGRAM/		VEAR
	THE FIRST/SECOND] program?	DON'T KNOW d	DON'T KNOWd
	11.3	REFUSEDr	REFUSEDr
C8.	And when did you <u>stop</u> attending that program?	/ _ _ SKIP TO C10 MONTH YEAR	_ / _ _ SKIP TO C10 MONTH YEAR
		STILL IN PROGRAM2 SKIP TO C10	STILL IN PROGRAM2 SKIP TO C10
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
IF C8	B = d OR r		
C9.	Do you recall what year you stopped		
	attending that program?	DON'T KNOW d	DON'T KNOWd
_		REFUSEDr	REFUSEDr

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		#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)
C10.	How many hours per week (did/do) you attend that program?	I HOURS PER WEEK SKIP TO C12	HOURS PER WEEK SKIP TO C12
	PROBE: Do not include time spent outside of class studying or doing homework. Only time spent attending class should be included.	DON'T KNOW d REFUSED r	DOON'T KNOW REFFUSED
	IF RESPONDENT SAYS THEY TOOK ONLINE CLASSES, PROBE: Only include the time you spent online actually taking classes. Do not include time spent studying or doing homework.		
	IF RESPONDENT SAYS THIS WAS PART OF ON-THE-JOB TRAINING, PROBE: We are interested in how much time you actually spent, not only the contractual time you spent.		
IF C1	0 = d OR r	CODE ONE ONLY	CODE ONE ONL
C11.	Would you say you attend(ed) the	less than 1 hour per week,	less than 1 hour per week,
	program for	1 to 3 hours per week, 2	1 to 3 hours per week,2
		more than 3 but less than 5 hours per week, or	more than 3 but less than 5 hours per week, or
		5 hours or more per week? 4	5 hours or more per week? 4
		DON'T KNOW d	DON'T KNOW d
		REFUSEDr	REFUSEDr
C12.	Now I am interested in what kind of	CODE ONE ONLY	CODE ONE ON
	program this (is/was). (Is/Was) this program meant to help you learn	JOB SKILLS OR PREPARE FOR	JOB SKILLS OR PREPARE FOR
	job skills or prepare for an occupation, or to provide general	OCCUPATION 1 GENERAL EDUCATION	OCCUPATION1 GENERAL EDUCATION
	education?	ENGLISH AS A SECOND LANGUAGE 3	ENGLISH AS A SECOND LANGUAGE 3
	PROBE: General education	DON'T KNOW d	DON'T KNOWd
	programs include adult basic education or GED courses, college, and other types of school.	REFUSEDr	REFUSEDr
	PROBE: (Is/Was) this program meant to help you learn English as a second language (ESL)?		

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)
IF C12 = 1 (JOB SKILLS OR PREPARE FOR AN OCCUPATION) C13. (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	YES	YES 1 NO 0 DON'T KNOW d REFUSED r
particular employer. IF C12 = 2 (GENERAL EDUCATION)		
C14. What kind of general education	<u>CODE ONE ONLY</u>	CODE ONE ONLY
(are/were) you attending? (Is/Was)	regular high school,1	regular high school,1
it	GED classes,2	GED classes,2
INTERVIEWER: READ CATEGORIES.	non-credit adult education,3	non-credit adult education,3
CATEGORIES.	a two-year program at a community college,	a two-year program at a community college,4
	a four-year program at a college or university,5	a four-year program at a college or university,5
	a graduate or professional program, or 6	a graduate or professional program, or6
	something else? (SPECIFY)	something else? (SPECIFY)99
	ESL-English as a second language	ESL-English as a second language
	DON'T KNOWd	DON'T KNOWd
	REFUSEDr	REFUSEDr
C15. What kind of job (are/were) you being trained for or what (are/were) you learning to do in that program?		
PROBE FOR SPECIFICS.	(SPECIFY JOB TRAINING)	(SPECIFY JOB TRAINING)

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)
SKIP C16 IF C13 = 1 (OJT)	CODE ONE ONLY	CODE ONE ONLY
SKIP C16 IF C13 = 1 (OJT) C16. At what type of place (do/did) you go to participate in that program? READ CHOICES IF NECESSARY.	CODE ONE ONLY COMMUNITY COLLEGE/2 YEAR COLLEGE COLLEGE 1 4 YEAR COLLEGE OR UNIVERSITY PRIVATE PROVIDER OF TRAINING (SPECIFY) 3 COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY.4 ONLINE VOCATIONAL INSTITUTE/ TRAINING CENTER ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL ADULT HS/NIGHT SCHOOL GOVERNMENT AGENCY/MILITARY 9 [fiil LWIA ONE-STOP NAME] or other [fiil LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER) 10 STATE UNEMPLOYMENT OF EMPLOYMENT OFFICE 11 SOME PLACE ELSE (SPECIFY)	CODE ONE ONLY COMMUNITY COLLEGE/2 YEAR COLLEGE 4 YEAR COLLEGE OR UNIVERSITY
	DON'T KNOWd REFUSEDr	DON'T KNOWd REFUSEDr
C17. How much (does/did) the program cost? Please do not include the cost of books, uniforms, travel, tools, or tests or assessments. PROBE: Please provide the cost of program participation, regardless of who paid for it. PROBE: Your best estimate is fine.	\$, SKIP TO C19 DON'T KNOW d REFUSEDr	\$, SKIP TO C19 DON'T KNOWd REFUSEDr
IF C17 = d OR r C18. Would you say the cost of the program (is/was)	CODE ONE ONLY Less than \$2,000,	CODE ONE ONLY Less than_\$2,000,1 \$2,000 to \$3,999,2 \$4,000 to \$5,999,3 \$6,000 to \$7,999,4 \$8,000 to \$9,999, or5 \$10,000 or more?

		#1	#2
		(FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	(SECOND SCHOOL ORR TRAINING PROGRAM AFTER RA DATE)
C19.	Is this amount the total cost of	CODE ONE ONLY TOTAL COST OF THE	CODE ONE ONLY TOTAL COST OF THE
	the program or the cost for some other period of time?	PROGRAM1 SKIP TO C20	PROGRAM1 SKIIP TO C20
		COST PER YEAR2	COST PER YEAR2
	PROBE: Is this amount the	COST PER SEMESTER3	COST PER SEMESTER3
	cost per year, per	COST PER QUARTER4	COST PER QUARTER4
	semester, per	COST PER MONTH5	COST PER MONTH5
	quarter, or for	COST FOR SOME OTHER	COST FOR SOME
	some other period	PERIOD OF TIME	OTHER PERIOD OF
	of time?	(SPECIFY)	TIME (SPECIFY)99
C19a	. How (many [fill UNIT OF		
0.00	TIME FROM C19]s/long) is it	YEARS1	YEARS1
	supposed to take to complete	SEMESTERS2	SEMESTERS2
	this program?	QUARTERS	QUARTERS
		MONTHS4	MONTHS4
		SOME OTHER PERIOD	SOME OTHER PERIOD
		OF TIME (SPECIFY)99	OF TIME (SPECIFY)99
C20.	(Do/Did) you or your family	CODE ONE ONLY	CODE ONE ONLY
		pay for all,1 SKIP TO C24	pay for all,1 SKIP TO C24
		some, or	some, or2
		none of this program?	none of this program?3 SKIP TO C23
		DON'T KNOWd SKIP TO C23 REFUSEDr SKIP TO C23	DON'T KNOWd SKIP TO C23 REFUSEDr SKIP TO C23
C21	How much, (do/did) you or		
021.	your family pay for this		
	program?	DON'T KNOW d	DON'T KNOWd
	program	REFUSEDr	REFUSEDr
C22.	Did this payment cover the	CODE ONE ONLY	CODE ONE ONLY
	cost per year, per semester,	TOTAL COST OF THE PROGRAM1	TOTAL COST OF THE PROGRAM1
	per quarter, or for some other	COST PER YEAR	COST PER YEAR2
	period of time?	COST PER SEMESTER	COST PER SEMESTER
	period of time:	COST PER QUARTER4	COST PER QUARTER4 COST PER MONTH5
		COST PER MONTH	
		COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
000		COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)99	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	Who (else) (pays/paid) for	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)99 	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)99
C23.	this program? This may	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)99 CODE ALL THAT APPLY ITA VOUCHER	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)99 CODE ALL THAT APPLY ITA VOUCHER	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant.	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant. PROBE: Any other person	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant. PROBE: Any other person	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant. PROBE: Any other person	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant. PROBE: Any other person	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant. PROBE: Any other person	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant. PROBE: Any other person	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant. PROBE: Any other person	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant. PROBE: Any other person	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
C23.	this program? This may include an organization or grant. PROBE: Any other person	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
	this program? This may include an organization or grant. PROBE: Any other person or organization?	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
	this program? This may include an organization or grant. PROBE: Any other person or organization? CATI: CHECK C8. DOES	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
	this program? This may include an organization or grant. PROBE: Any other person or organization?	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)
	this program? This may include an organization or grant. PROBE: Any other person or organization? CATI: CHECK C8. DOES	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)	COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)

		#1 (FIRST SCHOOL OR TRA PROGRAM AFTER RA I		#2 (SECOND SCHOOL OR T PROGRAM AFTER RA			
C25. Did you complete th	e program?	YES1	SKIP TO C27	YES 1	SKIP TO C27		
PROBE: Did you r	eceive a e or degree?	NO0		NO 0			
Certificate	or degree :	NO SPECIFIC COMPLETION3	SKIP TO C27	NO SPECIFIC COMPLETION	SKIP TO C27		
		DON'T KNOWd	SKIP TO C27	DON'T KNOWd	SKIP TO C27		
		REFUSEDr	SKIP TO C27	REFUSEDr	SKIP TO C27		
C26. What was the main stopped attending the		COD	E ONE ONLY	<u>COI</u>	DE ONE ONLY		
stopped attending ti	lat program?	FOUND JOB/REEMPLOYED	1	FOUND JOB/REEMPLOYED	1		
		COULDN'T AFFORD TO CONTIN	IUE 2	COULDN'T AFFORD TO CONTI	NUE 2		
		PERSONAL PROBLEMS		PERSONAL PROBLEMS	3		
		NOT INTERESTED/DIDN'T LIKE PROGRAM	4	NOT INTERESTED/DIDN'T LIKE PROGRAM			
		DIDN'T THINK IT WOULD HELP FIND JOB	то	DIDN'T THINK IT WOULD HELP FIND JOB	то		
		STARTED (OTHER) SCHOOL/ TRAINING	6	STARTED (OTHER) SCHOOL/ TRAINING	6		
		DECIDED DIDN'T WANT JOB	7	DECIDED DIDN'T WANT JOB	7		
		ILLNESS/PREGNANCY	8	ILLNESS/PREGNANCY	8		
		CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAI PROBLEMS		CHILD CARE/FAMILY TRANSPORTATION/LOGISTIC/ PROBLEMS			
		POOR GRADES		POOR GRADES			
		COURSES OR PROGRAM POOF		COURSES OR PROGRAM POC			
		TAUGHT		TAUGHT			
		OTHER (SPECIFY)		OTHER (SPECIFY)	99		
		DON'T KNOW	d	DON'T KNOW	d		
		REFUSED	r	REFUSED	r		
		SKIP TO C37a		SKIP TO C37a			
C27. (Is/Was) [fill PROG		YES1		YES 1			
designedd to lead to degree?	o a diploma or	NO0	SKIP TO C30	NO 0	SKIP TO C30		
PROBE: For exam	nle a high	DON'T KNOWd	SKIP TO C30	DON'T KNOWd	SKIP TO C30		
	ploma or GED or	REFUSEDr	SKIP TO C30	REFUSEDr	SKIP TO C30		
a two- or degree.	four-year	IF C8=2 (STILL IN PROG		IF C8=2 (STILL IN PRO	GRAM),		
industry li considere diploma c will talk a	on or state or icense is not ed to be a or degree. We	SKIP TO C30 FOR A		SKIP TO C30 FOR	ALL		
C28. Did you receive a di for completing that		YES1		YES 1			
ior completing that	orogram:	NO0	SKIP TO C30	NO 0	SKIP TO C30		
		DON'T KNOWd	SKIP TO C30	DON'T KNOW d	SKIP TO C30		
		REFUSEDr	SKIP TO C30	REFUSEDr	SKIP TO C30		

		#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)
C29.	What specific degree did you receive for completing that	CODE ONE ONLY	CODE ONE ONLY
	program?	HIGH SCHOOL DIPLOMA OR GED 1	HIGH SCHOOL DIPLOMA OR GED 1
		POST-SECONDARY DEGREE (E.G., AA, BA, ETC.)	POST-SECONDARY DEGREE (E.G., AA, BA, ETC.)2
		OTHER (SPECIFY) 99	OTHER (SPECIFY)
		DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr
C30.	(Is/Was) [fill PROGRAM NAME] designed to lead to a professional	YES1	YES 1
	certification or a state or industry	NO0 SKIP TO C37a	NO 0 SKIP TO C37a
	license?	DON'T KNOWd SKIP TO C37a	DON'T KNOW d SKIP TO C37a
	PROBE: A professional	REFUSEDr SKIP TO C36x	REFUSEDr SKIP TO C37a
	certification or license shows you are gualified to		
	perform a specific job and	IF C8=2 (STILL IN PROGRAM),	IF C8=2 (STILL IN PROGRAM),
	includes things like	SKIP TO C37a FOR ALL	SKIP TO C37a FOR ALL
	Licensed Realtor, Certified Medical		
	Assistant, Certified		
	Construction Manager, a Project Management		
	Professional or PMP		
	certification, or an IT		
C21	certification. Did you receive a certification or		
631.	license for completing that program?	YES1	YES 1
		NO0 SKIP TO C37a	NO 0 SKIP TO C37a
		DON'T KNOWd SKIP TO C37a	DON'T KNOW d SKIP TO C37a
		REFUSEDr SKIP TO C37a	REFUSEDr SKIP TO C37a
C32.	Did you need to take any tests or exams to get this certification or	YES1	YES 1
	license?	NO0 SKIP TO C37a	NO 0 SKIP TO C37a
		DON'T KNOWd SKIP TO C37a	DON'T KNOW d SKIP TO C37a
		REFUSEDr SKIP TO C37a	REFUSEDr SKIP TO C37a
C33.	How much (does/did) (this/these) test(s) cost?	\$, EXAM COST	\$, EXAM COST
	PROBE: Your best estimate is fine.	DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr
C34.	(Do/Did) you or your family	CODE ONE ONLY	CODE ONE ONLY
		pay for all,1 SKIP TO C37a	pay for all, 1 SKIP TO C37a
		some, or2	some, or2
		none of (this/these) tests?3 SKIP TO C36	none of (this/these) tests? 3 SKIP TO C36
		DON'T KNOWd SKIP TO C36	DON'T KNOW d SKIP TO C36
		REFUSEDr SKIP TO C36	REFUSEDr SKIP TO C36
C35.	How much, (do/did) you or your family pay for ((this/these) test(s)??	\$, EXAM COST	\$, EXAM COST
		DON'T KNOWd	DON'T KNOW d
		REFUSEDr	REFUSEDr

		#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)
C36.	Who (else) (pays/paid) for	CODE ALL THAT APPLY	CODE ALL THAT APPLY
	(this/these) tests? This may include an organization or grant.	ITA VOUCHER 1	ITA VOUCHER1
	PROBE: Any other person or organization?	[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]	[fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]2
		STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE	STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE3
		TRADE ADJUSTMENT ASSISTANCE (TAA or TRA) 4	TRADE ADJUSTMENT ASSISTANCE (TAA or TRA)4
		VETERANS AFFAIRS (VA)5	VETERANS AFFAIRS (VA)5
		PELL GRANT 6	PELL GRANT6
		OTHER GOVERNMENT AGENCY OR ASSISTANCE7	OTHER GOVERNMENT AGENCY OR ASSISTANCE
		OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC])	OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC])8
		OTHER (SPECIFY) 99	OTHER (SPECIFY)
		DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr
C37a.	. Have you had at least one job since you started this program?	YES1 GO TO C37b	YES 1 GO TO C37b
	you started this program:	NO0 SKIP TO D0	NO 0 SKIP TO D0
		DON'T KNOWd GO TO C37b	DON'T KNOW d GO TO C37b
		REFUSEDr GO TO C37	REFUSEDr GO TO C37
C37b.	Do you think you got a job because	YES 1	YES 1
	of the skills you learned in this program?	NO, DID NOT GET JOB BECAUSE OF SKILLS2	NO, DID NOT GET JOB BECAUSE OF SKILLS2
		NO, HAVE NOT BEEN EMPLOYED SINCE COMPLETED PROGRAM	NO, HAVE NOT BEEN EMPLOYED SINCE COMPLETED PROGRAM
		STILL IN PROGRAM 4	STILL IN PROGRAM 4
		DON'T KNOW d	DON'T KNOW d
		REFUSEDr	REFUSEDr
		IF STILL IN PROGRAM, GO TO C4 FOR NEXT PROGRAM OR D0 IF NO OTHER PROGRAM	IF STILL IN PROGRAM, GO TO C4 FOR NEXT PROGRAM OR D0 IF NO OTHER PROGRAM

SECTION D - EMPLOYMENT PATTERNS, JOB CHARACTERISTICS, AND EARNINGS

MOST RECENT JOB BEFORE RECEIVING ONE-STOP SERVICES

PROGRAMMER BOX CATI: IF SRF17 = 1, GO TO D5, ELSE GO TO D0.

D0.	Now I'd like to ask you about your employment status before you sought service	ces from the	Deleted: at the time or
- ••	[fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE]. Did you have at least one		Deleted: on
	between [fill (RA MO/YR DATE – 5 years)] and [fill RA MO/YR DATE]?	(Deleted: in the five
	YES1		Deleted: prior to
	NO0	SKIP TO D21a	Deleted: D21
	DON'T KNOWd	SKIP TO D21a	Deleted: D21
	REFUSEDr	SKIP TO D21a	Deleted: D21

D1. I am interested in the job you had just prior to [fill RA MO/YR DATE]. If you had more than one job just before you sought services, please give answers about your job with the most hours.

What was the name of this company? Who was your employer?

COMPANY NAME (SPECIFY)	1

	-
SELF EMPLOYED	2
DON'T KNOW	d
REFUSED	r

DON'T KNOW	d
REFUSED	r

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What wore your main duties at this company? Please he specific				
What were your main duties at this company? Please be specific. PROBE: What did you do?				
FOR EXAMPLE: TRY TO GET A VERB. <u>TEACHING, DRIVING A</u> TRACT	OR TRA	ILER	{	Deleted: ELECTRICAL ENGINEER
STOCKING INVENTORY				STOCK CLERK, CASHIER, Deleted: DRIVER, WAITRESS, AI
MAIN DUTIES (SPECIFY)	1		l	TEACHER
DON'T KNOW	d			
REFUSED	r			
As of [fill RA MO/YR DATE], what was your most recent rate of pay, be deductions, at that job?	efore tax	tes or		
PROBE: If your pay varied, provide an average amount.				
ACCEPT MOST CONVENIENT PAY PERIOD.				
\$] , RATE OF PAY SKIP TO D8			(Deleted: , .
PER HOUR	1	SKIP TO D8		
PER WEEK	2	SKIP TO D8		
ONCE EVERY TWO WEEKS	3	SKIP TO D8		
TWICE A MONTH	4	SKIP TO D8		
PER YEAR	5	SKIP TO D8		
OTHER (SPECIFY)	<mark>99</mark>	SKIP TO D8	_	Deleted: 6
 DON'T KNOW	d	SKIP TO D8		
REFUSED	r	SKIP TO D8		
Now, I'd like to ask you about the job you had just before you sought			(Deleted: at the time or
LWIA ONE-STOP NAME] in [fill RA MO/YR DATE]. My computer screet worked at [fill COMPANY NAME SRF20]. Is this correct?	1 indicat	tes that you	(Deleted: on
YES	1			
NO	0	GO BACK TO	D1	
DON'T KNOW	d	GO BACK TO	D1	
REFUSED	r	GO BACK TO	D1	
What kind of company is [fill COMPANY NAME]—what do they make,	do orse	ell?		
PROBE: What kind of business or industry is this?	,			
KIND OF BUSINESS OR INDUSTRY (SPECIFY)	1			
DON'T KNOW	d			
REFUSED				

IF SR	F21 valid			
D7.	At the time you sought services from [fill LWIA ONE-STOP NAME] your main duties at [fill COMPANY NAME SRF20] were [fill SRF21]	in [fill RA . Is this co	MO/YR DATE] prrect?	
	YES	1		
	NO	0	GO BACK TO D	3
	DON'T KNOW	d	GO BACK TO D	3
	REFUSED	r	GO BACK TO D	3
ALL				
D8.	When did you start working for [fill COMPANY NAME]?			
20.	INTERVIEWER: RECORD MONTH AND YEAR.			
	ENTER DATE IN MM/YYYY FORMAT			
			SKIP TO D10	
	I/ / IIII MONTH YEAR			
	DON'T KNOW	d		
	REFUSED	r		
IF D8	= d OR r			
D9.	Do you recall what year you started working there?			Deleted: for [fill COMPANY NAME]?
	YEAR			
	DON'T KNOW	d		
	REFUSED	r		
D10.	When did that ich and?			
D10.	When did that job end? INTERVIEWER: RECORD MONTH AND YEAR.			
	INTERVIEWER: RECORD MONTH AND YEAR. ENTER DATE IN MM/YYYY FORMAT.			
			SKIP TO <u>D12a</u>	
	_ / _ _ _ _ _ MONTH YEAR		SKIF TO DIZa	Deleted: D12
	STILL AT JOB	2_	SKIP TO D12a	
	DON'T KNOW	d		
	REFUSED	r		
IF D10) = d OR r			
D11.	Do you recall what year that job ended?			
	YEAR			
	DON'T KNOW	d		
	REFUSED			

<u>,D12a</u> .	Apart from vacations, holidays, or sick leave, woul	d you say you worked for all or nearly	Deleted: D12
	all of the time between when that job started and (v some time that you were not working?		
	PROBE: Between [fill (D8/D9 MO/YR)] and ([f		
	WORKED ALL OR NEARLY ALL OF THE TIME	<u>1 SKIP TO D13</u>	
	SOME TIME NOT WORKING	0	
	DON'T KNOW	d	
	REFUSED	<u></u>	
<u>D12b.</u>	_About how many weeks would you say you worked	during that time? Would you say	Deleted: between (fill [D8/D9 MO/YR]) and (fill [D10/D11 MO/YR])/now?
	PROBE: Between [fill (D8/D9 MO/YR)] and ([f	ill (D10/D11 MO/YR)]/now)	
		CODE ONE ONLY	
	Most but not all,	<u>1</u>	Deleted: All or nearly all, - 1¶
	About half,	<u>2</u>	Deleted: 2 SKIP TO D15
	Less than half but more than a few, or		Deleted: 3 SKIP TO D15
	Almost none?	4	Deleted: 4 - SKIP TO D15
	DON'T KNOW		Deleted: 5 . SKIP TO D15 Deleted: . SKIP TO D15
	REFUSED		Deleted: _SKIP TO D15
	REFUSED	······································	Deleted. Skir TO Dis
D13.	How many <u>hours per week</u> , including regular overt job?	ime hours, did you usually work on that	
	HOURS PER WEEK	SKIP TO D15	Deleted: D17
	DON'T KNOW	d	
	REFUSED	r	
IF D1:	B = d OR r		
	Would you say you work(ed)		
D14.	······································		
D14.	·······	CODE ONE ONLY	
D14.			
D14.		<u>1</u>	
D14.	Less than 20 hours per week,	<u>1</u> <u>2</u>	
D14.	Less than 20 hours per week, Between 20 and 29 hours per week,	<u>1</u> <u>2</u> <u>3</u>	
D14.	Less than 20 hours per week, Between 20 and 29 hours per week, Between 30 and 39 hours per week, Between 40 and 49 hours per week, or	<u>1</u> <u>2</u> <u>3</u> <u>4</u>	
D14.	Less than 20 hours per week, Between 20 and 29 hours per week, Between 30 and 39 hours per week, Between 40 and 49 hours per week, or 50 or more hours per week?	1 2 3 4 5	
D14.	Less than 20 hours per week, Between 20 and 29 hours per week, Between 30 and 39 hours per week, Between 40 and 49 hours per week, or 50 or more hours per week? DON'T KNOW	1 2 3 4 5 d	LESS THAN 20 HOURS PËR WEEK 1 SKIP TO D17¶
D14.	Less than 20 hours per week, Between 20 and 29 hours per week, Between 30 and 39 hours per week, Between 40 and 49 hours per week, or 50 or more hours per week?	1 2 3 4 5 d	LESS THAN 20 HOURS PER
D14.	Less than 20 hours per week, Between 20 and 29 hours per week, Between 30 and 39 hours per week, Between 40 and 49 hours per week, or 50 or more hours per week? DON'T KNOW	1 2 3 4 5 d	LESS THAN 20 HOURS PER WEEK. 1. SKIP TO D17¶ BETWEEN 20 AND 29 HOURS PER WEEK. 2. SKIP TO D17¶ BETWEEN 30 AND 39 HOURS PER
D14.	Less than 20 hours per week, Between 20 and 29 hours per week, Between 30 and 39 hours per week, Between 40 and 49 hours per week, or 50 or more hours per week? DON'T KNOW	1 2 3 4 5 d	LESS THAN 20 HOURS PÈR WEEK. 1. SKIP TO D17¶ BETWEEN 20 AND 29 HOURS PER WEEK. 2. SKIP TO D17¶ BETWEEN 30 AND 39 HOURS PER WEEK. 3. SKIP TO D17¶ BETWEEN 40 AND 49 HOURS PER
D14.	Less than 20 hours per week, Between 20 and 29 hours per week, Between 30 and 39 hours per week, Between 40 and 49 hours per week, or 50 or more hours per week? DON'T KNOW	1 2 3 4 5 d	LESS THAN 20 HOURS PER WEEK. 1. SKIP TO D17¶ BETWEEN 20 AND 29 HOURS PER WEEK. 2. SKIP TO D17¶ BETWEEN 30 AND 39 HOURS PER WEEK. 3. SKIP TO D17¶ BETWEEN 40 AND 49 HOURS PER WEEK. 4. SKIP TO D17¶ 50 OR MORE HOURS PER
D14.	Less than 20 hours per week, Between 20 and 29 hours per week, Between 30 and 39 hours per week, Between 40 and 49 hours per week, or 50 or more hours per week? DON'T KNOW	1 2 3 4 5 d	LESS THAN 20 HOURS PER WEEK. 1. SKIP TO D17¶ BETWEEN 20 AND 29 HOURS PER WEEK. 2. SKIP TO D17¶ BETWEEN 30 AND 39 HOURS PER WEEK. 3. SKIP TO D17¶ BETWEEN 40 AND 49 HOURS PER WEEK. 4. SKIP TO D17¶ 50 OR MORE HOURS PER WEEK. 5. SKIP TO D17¶
D14.	Less than 20 hours per week, Between 20 and 29 hours per week, Between 30 and 39 hours per week, Between 40 and 49 hours per week, or 50 or more hours per week? DON'T KNOW	1 2 3 4 5 d	LESS THAN 20 HOURS PER WEEK . 1 . SKIP TO D17¶ BETWEEN 20 AND 29 HOURS PER WEEK . 2 . SKIP TO D17¶ BETWEEN 30 AND 39 HOURS PER WEEK . 3 . SKIP TO D17¶ BETWEEN 40 AND 49 HOURS PER WEEK . 4 . SKIP TO D17¶ 50 OR MORE HOURS PER

D15. How many days per week did you usually work? PROBE: How many days in an average week? PROBE: Just before you left. Deleted: DAYS PER WEEK DON'T KNOWd REFUSEDr NO D16 IN THIS VERSION. PROGRAMMER BOX CATI: IF D1 = 2 (SELF-EMPLOYED), SKIP TO D20. Deleted: ~ --Page Break-D17. Which of the following best describes your employment at that company? Were you working . . . D16. And how many hours per day did you usually work? Please include regular CODE ONE ONLY overtime hours.¶ PROBE: . How many hours in an As a regular full-time or part-time employee,1 average day?¶ PROBE: Just before you left.¶ For a temporary help agency,.....2 |____| HOURS PER DAY¶ DON'T KNOW _ d¶ REFUSED . r¶ As an independent contractor, independent consultant, free-lance ¶ ¶ worker, or self-employed,4 DON'T KNOWd REFUSEDr A temporary help agency supplies workers to other companies on an as PROBE: needed basis. PROBE: Some companies provide employees or their services to others under contract. A few examples of services that can be contracted out include security, landscaping, or computer programming. PROBE: Independent contractors, independent consultants, and free-lance workers obtain customers on their own to provide a product or service and can have other employees working for them. PROBE: Day laborers are people who get work by waiting at a place where employers pick up people to work for a day or by posting paper or electronic job wanted ads and responding on a day-by-day basis. PROBE: On-call workers are in a pool of workers who are ONLY called to work as needed, although they can be scheduled to work for several days or weeks in a row, for example, substitute teachers, and construction workers supplied by a union hiring hall.

D18. Which of the following benefits were available to you on your job, even if you were not receiving them (READ EACH ITEM) . . .

INTERVIEWER: CODE "YES" IF AVAILABLE. BUT NOT USED.

		,		NE PER ROV	<u>/</u>	
		YES	NO	DON'T KNOW	REFUSED	
	ealth insurance or membership in an HMO or PO plan?	1	0	d	r	
b. Pa	aid vacation?	1	0	d	r	
c. Pa	aid holidays?	1	0	d	r	
d. Pa	aid sick leave?	1	0	d	r	
e. R	etirement or pension benefits?	1	0	d	r	
f. Tu	uition assistance/reimbursement?	1	0	d	r	
D19.	Did you belong to a union on this job? YES NO DON'T KNOW REFUSED			0 d		
D20.	PROGRAMM CATI: IF D10 = 2 (STILL AT JO Why did you stop working at that job?		SKIP TO D	21b.		Deleted: —
520.	PROBE: Were you laid off, did you quit, <u>d</u> some other reason?	l <mark>id you</mark> reti	re, were yo	u fired, or wa	s there	
				CODE ONE C	ONI Y	
	LAID OFF (INCLUDE JOB COMPLETED/TEM WORK/WORK PERIOD ENDED/REORGANIZ COMPANY SOLD/COMPANY MOVED/COMP BUSINESS/END OF TERM IN SERVICE/ENLI	ATION/DO\ ANY WENT	EASONAL //NSIZING/ OUT OF			
	QUIT			2		
	RETIRED			3		
	FIRED			4		
	ILLNESS/PREGNANCY/LEAVE OF ABSENCE			5		
	STRIKE			6		
	JNJURED ON JOB			7		Deleted: INJURY
	OTHER (SPECIFY)			<mark>99</mark>		Deleted: 8
	DON'T KNOW			d		
	REFUSED			r		
Prepar	ed by Mathematica Policy Research 49	Cumulative change	s made to WIA 15-M	Io Follow-Up Survey ${f b}{f c}$	etween 3-21-12	2 and 8-23-12

CURRENT JOB AND UP TO 5 JOBS BETWEEN NOW AND RA

PROGRAMMER BOX CATI: IF D10 = 2 (STILL AT JOB), SKIP TO D21b.

<u>,D21a</u> .	(We are finished talking about the job you had at <u>IIF SRF17 ~=1</u> , fill <u>D2 COMPANY NAME</u> ; <u>ELSE IF SRF17 = 1, fill COMPANY NAME SRF20</u>].) Now I'd like to ask you about your current employment status. Are you <u></u> <u>CODE ALL THAT APPLY</u>		Deleted: ¶ D21 Deleted: the time or just before you sought services from the [Deleted: LWIA ONE-STOP NAME
	Currently employed for someone other than yourself,1 Self-employed,		Deleted: working now, looking for work, retired, keeping house,
	Not employed,3		
	Not employed outside the home,4		
	Retired,5		
	A student, or <u>6</u>		
	Something else? (SPECIFY)		
	ONLY TEMPORARILY LAID OFF, SICK, OR MATERNITY LEAVE		Deleted: <u>CODE ONE ONLY</u> ¶ WORKING NOW1¶
	DISABLED, PERMANENTLY OR TEMPORARILY		
	DON'T KNOWd	$\langle \rangle$	RETIRED 3
	REFUSEDr	$\langle \rangle \rangle$	KEEPING HOUSE 4¶ STUDENT 5¶
			Deleted: 6
<u>D21b.</u>	Are you currently looking for work?	- //	Deleted: 7
	<u>YES1</u>	Ì	Deleted: SOMETHING ELSE
	<u>NO0</u>		(SPECIFY) - 8¶ ¶
	DON'T KNOWd		
	REFUSEDr		

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D22.	Including any current job(s), how many different <mark>paid</mark> jobs have you had since [fill RA MO/YR DATE]?		
	PROBE: How many different <u>full-time or part-time</u> jobs have you had since you sought services from [fill LWIA ONE-STOP NAME]?		
	INTERVIEWER: TREAT A JOB INTERRUPTED BY TWO OR MORE UNPAID WEEKS AS SEPARATE JOBS, <u>EVEN IF IT IS WITH THE SAME EMPLOYER</u> . IF SEPARATION IS LESS THAN TWO WEEKS, TREAT AS ONE JOB.		
	I I I NUMBER OF JOBS	 Deleted: #	
	ZERO		
	DON'T KNOWd		
	REFUSEDr		

PROGRAMMER BOX CATI: ALLOW FOR 5 JOBS. ASK D23 ACROSS FIRST, FOLLOWED BY D24. THEN ASK D25-D39 FOR EACH JOB.

NOTE: SPACE FOR 3RD, 4TH, AND 5TH JOB WILL BE IN CATI PROGRAM.

		JOB 1	JOB 2
D23.	Please tell me the name of the companies, organizations, or people you've worked for. Start with your	COMPANY NAME (SPECIFY) 1	COMPANY NAME (SPECIFY)1
	current job or jobs, then the most recent jobs that you had.	SELF-EMPLOYED 2	SELF-EMPLOYED2
	PROBE: What was the job before	DON'T KNOW d	DON'T KNOWd
	that?	REFUSEDr	REFUSEDr
D24.	It is important that we get information on every job you have	CORRECT1	CORRECT1
	had since [fill RA MO/YR DATE]. Let	NOT CORRECT0	NOT CORRECT0
	me verify that since [fill RA MO/YR DATE] you worked at [fill D23	DON'T KNOW d	DON'T KNOWd
	NAMES]. Is this correct, or are there any other jobs you may have had, including your current job?	REFUSEDr	REFUSEDr
	INTERVIEWER: IF CORRECT, ENTER "1" AND CONTINUE.		
	IF IT IS NOT CORRECT, ENTER "0"; GO BACK TO D23 AND D24 TO ENTER CORRECT NAMES AND NUMBER OF JOBS HELD.		
D25.	When did you <u>start</u> working for [fill D23_JOB_1 – D23_JOB_5]?	_ / _ _ _ SKIP TO D27 MONTH YEAR	_ / _ _ SKIP TO D27 MONTH YEAR
	INTERVIEWER: RECORD MONTH	DON'T KNOWd	DON'T KNOWd
	AND YEAR.	REFUSEDr	REFUSEDr
IF D2	5= d OR r		
D26.	Do you recall what year you started	DON'T KNOWd	DON'T KNOWd
	working there?	REFUSEDr	REFUSEDr
D27.	When did that job end?		
	INTERVIEWER: RECORD MONTH	/ SKIP TO D29a MONTH YEAR	_ / _ _ _ _ SKIP TO D29a MONTH YEAR
	AND YEAR.	STILL AT JOB2 SKIP TO D29a	STILL AT JOB2 SKIP TO D29a
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
	7= d OR r		
D28.	Do you recall what year that job ended?	DON'T KNOWd	DON'T KNOW
		REFUSED	REFUSEDr

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	JOB 1	JOB 2
D29a. Apart from vacations, holidays, or sick leave, would you say you worked for all or nearly all of the time between when that job started	CODE ONE ONLY WORKED ALL OR NEARRLY ALL OF THE TIME1 SKIP TO D30	CODE ONE ONLY WORKED ALL OR NEARLY ALL OF THE TIME
and (when that job ended/now) orr	SOME TIME NOT WORKING2	SOME TIME NOT WORKING 2
was there somme time that you	DON'T KNOWd	DON'T KNOWd
were not working?	REFUSEDr	REFUSEDr
PROBE: Between [fill (D25/D26 MO/YR)] and [fill D27/ D28 MO/YR)]/now.		
D29b. About how many weeks would you say you worked during that time?	CODE ONE ONLY	CODE ONE ONLY
,,	Most but not all, 1	Most but not all,1
PROBE: Between [fill (D25/D26 MO/YR)] and [fill D27/	About half,2	About half,2
D28 MO/YR)]/now.	Less than half but more than a few, or	Less than half but more than a few, or3
	Almost none?4	Almost none?4
	DON'T KNOW d	DON'T KNOWd
	REFUSEDr	REFUSEDr
F D29a =1 D30. How many hours per week,	I HOURS PER WEEK SKIP TO D32	II HOURS PER WEEK SKIP TO D32
including regular overtime hours (do/did) you usually work at	DON'T KNOWd	DON'T KNOWd
[fill D23_JOB_1 – D23_JOB_5]?	REFUSEDr	REFUSEDr
F D30 =d OR r	CODE ONE ONLY	CODE ONE ONLY
D31. Would you say you work(ed)	Less than 20 hours per week, 1	Less than 20 hours per week,1
	Between 20 and 29 hours per week,2	Between 20 and 29 hours per week,2
	Between 30 and 39 hours per week, 3	Between 30 and 39 hours per week,3
	Between 40 and 49 hours per week, or 4	Between 40 and 49 hours per week, or4
	50 or more hours per week? 5	50 or more hours per week?5
	DON'T KNOW d	DON'T KNOWd
	REFUSEDr	REFUSEDr
D32. How many days per week (do/did) you usually work?	I DAYS PER WEEK	DAYS PER WEEK
PROBE: How many days in an	DON'T KNOWd	DON'T KNOWd
average week?	REFUSEDr	REFUSEDr
PROBE: Just before you left.		
NO D33 IN THIS VERSION.		
D34. What kind of company is [fill D23_JOB_1 – D23_JOB_5]— what do they make, do, or sell?	KIND OF BUSINESS OR INDUSTRY (SPECIFY)1	KIND OF BUSINESS OR INDUSTRY (SPECIFY)1
PROBE: What kind of business or industry is this?	DON'T KNOWd	DON'T KNOWd
INTERVIEWER: IF RESPONDENT RETURNED TO JOB, SAY: You may have told me this information about when you worked for [fill COMPANY NAME] before.	REFUSEDr	REFUSEDr

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 ${\tt 53Cumulative changes made to WIA 15-Mo Follow-Up Survey between 3-21-12 and 8-23-12}$

		JOB 1	JOB 2
D35.	What (do/did) you do there—what (is/was) your job?	JOB DUTIES (SPECIFY) 1	JOB DUTIES (SPECIFY)1
	PROBE: What were your most	 DON'T KNOW d	 DON'T KNOWd
	important duties at that job?	REFUSEDr	REFUSEDr
	INTERVIEWER: TRY TO GET A VERB.		
IF D2	3 = 2, SKIP D36	CODE ONE ONLY	CODE ONE ONLY
D36.	Which of the following best describes your employment at	as a regular full-time or part-time employee,1	as a regular full-time or part-time employee,1
	[fill D23_JJOB_1 – D23_JOBB_5]? (Are/Were) you working	for a temporary help agency,	for a temporary help agency,2
	(,	for a company that contracts out you or your services,	for a company that contracts out you or your services,
		as an independent contractor, independent consultant, free-lance worker, or self-employed,	as an independent contractor, independent consultant, free-lance worker, or self-employed,4
		as aa day laborer, or5	as a day laborer, or5
		as an on-call employee?6	as an on-call employee?6
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
D37.	What (was/is) your (most recent/ current) rate of pay, before taxes at deductions, at that job?	\$i,i,i,i AVERAGE AMOUNT	\$, AVERAGE AMOUNT
	PROBE: If your pay (varies/varied),	PER HOUR 1	PER HOUR1
	please provide an average amount.	PER WEEK2	PER WEEK2
	0	ONCE EVERY TWO WEEKS 3	ONCE EVERY TWO WEEKS
	ACCEPT MOST CONVENIENT PAY PERIOD.	TWICE A MONTH 4	TWICE A MONTH4
		PER YEAR5	PER YEAR5
		OTHER (SPECIFY)	OTHER (SPECIFY)
		 DON'T KNOW d	d
		REFUSEDr	REFUSEDr
IF D2	3 = 2, SKIP D38	CODE ALL THAT APPLY	CODE ALL THAT APPLY
	Which of the following benefits (are/were) available to you on your	Health insurance or membership in an HMO or PPO plan?	Health insurance or membership in an HMO or PPO plan?
	job, even if you (are/were) not	Paid vacation?2	Paid vacation?2
	receiving them (READ EACH	Paid holidays?3	Paid holidays?3
	,	Paid sick leave?4	Paid sick leave?4
	SELECT IF AVAILABLE, BUT NOT USED.	Retirement or pension benefits? 5	Retirement or pension benefits?5
		Tuition assistance/reimbursement?6	Tuition assistance/reimbursement?6
		DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr
IE DO	3 = 2, SKIP D39.	YES1	YES1
	(De/Did) was heles a to o water		
	(Do/Did) you belong to a union on this job?	NO0 DON'T KNOWd	NO0 DON'T KNOWd

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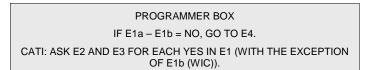
54Cumulative changes made to WIA 15-Mo Follow-Up Survey $between \ 3\mathcharges and \ 8\mathcharges 23\mathcharges 12$

SECTION E - INCOME SOURCES AND HOUSEHOLD CHARACTERISTICS

The next questions are about sources of income and support other than unemployment benefits that you may have received during the <u>most recent calendar year, that is, between [fill January 1, MOST RECENT CALENDAR YEAR (CY) and December 31, CY].</u> These questions will go very quickly.

E1. Did you or anyone in your household receive assistance from any of the following programs during [fill CY]?

		CODE ONE PER ROW			
		YES	NO	DON'T KNOW	REFUSED
a.	SNAP/food stamps	1	0	d	r
b.	WIC	1	0	d	r
C.	Cash assistance from [fill STATE TANF NAME] or welfare, Supplemental Security Income (SSI), Social Security Retirement, Disability, or Survivors Benefits (SSA) or General Assistance (GA)	1	0	d	r
d.	Any other assistance that I haven't mentioned? (SPECIFY)	1	0	d	r



		SNAP (FOOD STAMPS)	CASH ASSISTANCE
E2.	For approximately how many months did you or anyone else in your household receive [fill (food stamps) (cash assistance) (other assistance)]?	MONTHS DON'T KNOW d REFUSED r	MONTHS DON'T KNOW d REFUSED r
	PROBE: If you did not receive assistance in some months, please tell us for how many months you did receive assistance.		
E3.	And approximately how much assistance was received each month?	\$,	\$,
	IF VARIED, PROBE: Please tell me the average amount received.	REFUSED r	REFUSED r

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55Cumulative changes made to WIA 15-Mo Follow-Up Survey between 3-21-

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 ${\tt 56}{\tt Cumulative changes made to WIA 15-Mo Follow-Up Survey } between 3-21-$

					_			
E4.	and other deduct	al income for you and ions in [fill CY]? Plea thers you may have	se include all of the					
	PROBE, IF NEED	activities, social unemployment	such as self-emplo dd side jobs, under- security, pensions, compensation, welfa upport, and money fu	the-table jobs, and o rent, interest and d are, other public ass	other vidends, istance, food			
	INTERVIEWER:		KNOW" ANSWER W R AN ANSWER. GO T UNT.		D			
	\$ <u> </u>	<u> </u>			SKIP TO E8	(Deleted:	,,
	PER MONTH			1				
	PER YEAR			2				
	DON'T KNOW			d	SKIP TO E8	\square	Deleted:	E5
	REFUSED			r.	SKIP TO E8		Deleted:	- SKIP TO E5
	W/					C		
E5.		our household incom	ie in [ini Ci] was				Deleted: more?	less than \$30,000 or \$30,000 or
		best estimate is fine.						
	INTERVIEWER:		STILL SAYS "DON'T K R AND MOVE ON WI RTHER.		IN T KNOW			
				CODE ONE	ONLY			
	Less than \$30,00	0 <u>, or</u>		1	SKIP TO E7			
	\$30,000 or more <mark>?</mark>			2				
	DON'T KNOW			d	SKIP TO E8			
	REFUSED			r	SKIP TO E8			
E6.	Would you say it	was						
	,			CODE ONE	ONLY			
1	\$30,000 to under	\$45,000,						
	\$45,000 to under	\$60,000,		2				
	\$60,000 to under	\$75,000,		3				
	\$75,000 to under	\$90,000,		4				
	\$90,000 to under	\$105,000, or		5				
	\$105,000 or more	?		6				
	DON'T KNOW			d	SKIP TO E8			
	REFUSED			r	SKIP TO E8			
1		S	KIP TO E8					

 ${\tt 57}{\tt Cumulative changes made to WIA 15-Mo}$ Follow-Up Survey $between \ {\tt 3-21-}$

E7. Would you say it was . . .

CODE	ONE	ONLY

Deleted: #

Less than \$5,000,	1
\$5,000 to under \$10,000,	2
\$10,000 to under \$15,000,	3
\$15,000 to under \$20,000,	4
\$20,000 to under \$25,000, or	5
\$25,000 to under \$30,000?	6
DON'T KNOW	d
REFUSED	r

E8. INCLUDING YOURSELF, how many people currently live with you? Please include babies, small children, people who are not related to you, and people who are temporarily away.

	NUMBER OF PEOPLE LIVING WITH, INCLUDING RESPONDENT	(Deleted: #
DON	l'T KNOWd		
REF	USEDr		
	PROGRAMMER BOX		

IF E8 = 1, SKIP TO F1.

E9. How many of these people are children under 18 who are financially dependent on you?

NUMBER CHILDREN UNDER 18 LIVING WITH AND WHO
ARE FINANCIALLY DEPENDENT UPON RESPONDENT
DON'T KNOWd
REFUSEDr

	PROGRAMMER BOX		
CATI	IF SRF16 MISSING, START WITH F1, ELSE START WITH F2.		
We're almost o	lone. Thank you for your patience.		
did you have a	J sought services from [fill LWIA ONE-STOP NAME] <u>in</u> [fill RA M ny health problems—mental, physical, or emotional—or substar limited the kind or amount of work or training that you could do	nce abuse	Deleted: around
INTERVIEWER	COVERS DISABILITY.		Deleted: PROBE
YES	1		
NO	0		
DON'T KNOW	d		
REFUSED	r		
Were you cove	ered by health insurance during the year leading up to the time y	ou sought	
	LWIA ONE-STOP NAME], that is from [fill (RA MO/YR DATE – 1		Deleted:] around [fill
INTERVIEWER	IF RESPONDENT STATES THAT THEIR COVERAGE WAS INTERRUPTED DURING THIS YEAR AND THEY HAD COVER PART OF THE YEAR, BUT NOT THE ENTIRE YEAR, ASK: "Di coverage for the majority of the year, that is, 6 months or m IF SO, CODE THE RESPONSE AS "YES," IF NOT CODE AS "I	d you have ore?"	
YES	1		
NO	0		
DON'T KNOW	d		
REFUSED	r		
Have you beer	covered by health insurance at any time since [fill RA MO/YR D	ATE]?	
YES	1		
NO	0	SKIP TO F6	
DON'T KNOW	d	SKIP TO F6	
REFUSED	r	SKIP TO F6	
Were you cove	ered by health insurance for the entire period since [fill RA MO/Y	R DATE]?	Deleted: you
	nere were only very brief periods totaling less than one month th	at you did	
	have health insurance, please say "ves."	SKIP TO F5a	Deleted: F6
	1	SKIP TO F3a	Deleted. Fo
	0		
	d		

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For approximate	ly how many months were you covered by health insur	ance?	Deleted: Since [fill RA MO/YR DA]
PROBE: Since	<u>e [fill RA MO/YR DATE].</u>		Deleted:
NUMBE	R OF MONTHS		
DON'T KNOW		d	
REFUSED		r	
	e <u>main</u> type of health insurance or health coverage tha	t you had during	Deleted: ¶
that time?			F5a. Since [fill RA MO/YR],
	xample, a plan from your current employer, a plan you or a play from the government, like Medicare or Medica		Deleted: ?
	ng for the name of your insurance carrier.	ald. We are not	
PROBE: Since	[fill RA MO/YR DATE].		
INTERVIEWER:	READ IF NECESSARY.		
	IF SAMPLE MEMBER GIVES MORE THAN ONE, PRO what was the primary coverage you had?"	BE: "Out of those,	
	IF SAMPLE MEMBER TELLS YOU THE NAME OF THE INSURANCE PLAN, READ ANSWER CHOICES AND S QUESTION IS ASKING WHAT TYPE OF HEALTH INSU HAD, NOT THE NAME OF THEIR INSURANCE CARRI	TRESS THAT THE JRANCE THEY	
	CODE	ONE ONLY	
	RANCE PLAN FROM YOUR CURRENT OR FORMER ON, OR SCHOOL	1	Deleted: ,
	RANCE PLAN FROM YOUR SPOUSE'S CURRENT OR YER, UNION, OR SCHOOL	2	Deleted:
A HEALTH INSU	RANCE PLAN BOUGHT ON YOUR OWN, INCLUDING		
	ROFESSIONAL ASSOCIATIONS	3	Deleted: ,
	RANCE PLAN PROVIDED BY SOMEONE WHO DOES JR HOUSEHOLD	4	Deleted: ,
,	HEALTH INSURANCE PLAN FOR PEOPLE 65 YEARS	5	Deleted: ,
,	GOVERNMENT ASSISTANCE PROGRAM THAT PAYS	6	Deleted:
	E SPECIFIC PLAN		Deleted: ,
VA, CHAMPUS, (CHAMP-VA, TRICARE, OR SOME OTHER MILITARY		
•			Deleted: , OR Deleted: ?
	SERVICE		Deleted: 10
UTHER (SPECIF	Y)	<u>99</u>	Deleted. 10

DON'T KNOWd	
REFUSEDr	

 $60\mbox{Cumulative changes made to WIA 15-Mo Follow-Up Survey <math display="inline">between \ 3-21-$

Now I have some general questions.

IF SR	F6 MISSING		
,F6 .	CODE WITHOUT ASKING IF KNOWN: What is your gender?		Deleted: F6 RECORD SEX OF RESPONDENT.¶
	CODE ONE ONLY	C	
	MALE1		
	FEMALE		
	OTHER (SPECIFY)		
	DON'T KNOWd		
	REFUSEDr		
IF SR	F10 MISSING		
F7.	Are you of Hispanic, Latino, or Spanish origin?		
	YES1		
	NO0		
	DON'T KNOWd		
	REFUSEDr		
IF SR	F11 MISSING		
F8.	What is your race? You may choose more than one.		
	<u>CODE ALL THAT APPLY</u>		
	White,		
	Black or African American,2		
	American Indian or Alaska Native,		
	Asian, or		
	Native Hawaiian or other Pacific Islander?		
	DON'T KNOW		
	REFUSEDr		
-		1	Deleted: around
F9.	At the time you sought services from [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE], what was your marital status? Were you		
	CODE ONE ONLY		
	Married,		
	Separated,		
	Divorced,		
	Widowed, or4		
	Never married?5		
	DON'T KNOWd		
	REFUSEDr		

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At the time you sought services from [fill LWIA ONE-STOP NA	MELIN Ifill RA MO/YR DATE	Deleted: around
what was the highest diploma or degree you had received?		
	CODE ONE ONLY	
NONE	1	
ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA	2	
HIGH SCHOOL DIPLOMA	3	Deleted: GRADUATE
ADULT BASIC EDUCATION (ABE) CERTIFICATE	4	
GENERAL EDUCATIONAL DEVELOPMENT (GED)	5	
VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE	6	
ASSOCIATE'S DEGREE (AA; 2 YEARS)	7	
BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS)	8	
MASTER'S DEGREE OR EQUIVALENT (MA/MS)		
DOCTORATE/Ph.D. (MD, PHD)	10	
OTHER PROFESSIONAL DEGREE/CERTIFICATE	11	
OTHER (SPECIFY)	<u>99</u>	Deleted: 12
	d	
REFUSED	r	
DON'T KNOW REFUSED What is the highest diploma or degree you <u>currently</u> have?	r CODE ONE ONLY	
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE	r <u>CODE ONE ONLY</u> 1	
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA	r <u>CODE ONE ONLY</u> 1 2	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u>	r <u>CODE ONE ONLY</u> 1 2 	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE	r <u>CODE ONE ONLY</u> 1 2 3 	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED)	r <u>CODE ONE ONLY</u> 1 2 3 	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE	r <u>CODE ONE ONLY</u> 1 2 2 	Deleted: GRADUATE
REFUSED	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 7	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE ASSOCIATE'S DEGREE (AA; 2 YEARS) BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS)	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 7 8	Deleted: GRADUATE
REFUSED	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 7 8	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE ASSOCIATE'S DEGREE (AA; 2 YEARS) BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS)	r <u>CODE ONE ONLY</u> 1 2 2 3 4 5 6 7 8 9	Deleted: GRADUATE
REFUSED	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 6 7 8 9 10	
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE ASSOCIATE'S DEGREE (AA; 2 YEARS) BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS) MASTER'S DEGREE OR EQUIVALENT (MA/MS) DOCTORATE/Ph.D. (MD, PHD)	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 	Deleted: GRADUATE
REFUSED	r <u>CODE ONE ONLY</u> 1 2 2 3 4 5 6 	
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED)	r <u>CODE ONE ONLY</u> 1 2 3 	Deleted: GRADUATE
REFUSED	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 7	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 7	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE	r <u>CODE ONE ONLY</u> 1 2 2 	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE ASSOCIATE'S DEGREE (AA; 2 YEARS)	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 7	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE ASSOCIATE'S DEGREE (AA; 2 YEARS) BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS)	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 7 8	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE ASSOCIATE'S DEGREE (AA; 2 YEARS) BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS)	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 7 8	Deleted: GRADUATE
REFUSED	r <u>CODE ONE ONLY</u> 1 2 2 3 4 5 6 7 8 9	Deleted: GRADUATE
REFUSED	r <u>CODE ONE ONLY</u> 1 2 2 3 4 5 6 7 8 9	Deleted: GRADUATE
REFUSED	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 6 7 8 9 10	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE ASSOCIATE'S DEGREE (AA; 2 YEARS) BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS) MASTER'S DEGREE OR EQUIVALENT (MA/MS) DOCTORATE/Ph.D. (MD, PHD)	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 6 7 8 9 10	Deleted: GRADUATE
REFUSED What is the highest diploma or degree you <u>currently</u> have? NONE ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA HIGH SCHOOL <u>DIPLOMA</u> ADULT BASIC EDUCATION (ABE) CERTIFICATE GENERAL EDUCATIONAL DEVELOPMENT (GED) VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE ASSOCIATE'S DEGREE (AA; 2 YEARS) BACHELOR'S DEGREE OR EQUIVALENT (BA/BS; 4 YEARS) MASTER'S DEGREE OR EQUIVALENT (MA/MS) DOCTORATE/Ph.D. (MD, PHD) OTHER PROFESSIONAL DEGREE/CERTIFICATE	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 	
REFUSED	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 	
REFUSED	r <u>CODE ONE ONLY</u> 1 2 3 4 5 6 6 7 8 9 9 10 11 	

F12a.	Have you ever been arrested?			
	<u>YES1</u>			
	<u>NO0</u>	SKIP TO G1		
	DON'T KNOWd	SKIP TO G1		
	REFUSEDr	SKIP TO G1		
F12b.	Was this before [fill RA MO/YR DATE], after [fill RA MO/YR DATE] or both before	ore and after?		
	CODE ONE	<u>ONLY</u>		
	BEFORE1			
	<u>AFTER2</u>			
	BOTH BEFORE AND AFTER			
	DON'T KNOWd			
	REFUSEDr			
F13a.	Have you ever been convicted of a felony?			Deleted: F12 At the time you sought
	YES1			services from [fill LWIA ONE-STOP NAME around [fill RA MO/YR DATE], had
	NO0_	SKIP TO G1		
	DON'T KNOWd_	SKIP TO G1		
	REFUSEDr_	SKIP TO G1		
<u>F13b.</u>	Was this before [fill RA MO/YR DATE], after [fill RA MO/YR DATE] or both before	ore and after?		Deleted: ¶
-	CODE ONE	<u>ONLY</u>		¶ F13 Since
	<u>BEFORE</u> 1		\backslash	Deleted: have you been convicted of a felony
	<u>AFTER2</u>			Deleted: YES
	BOTH BEFORE AND AFTER			Deleted: NO _ 0¶
	DON'T KNOWd			~
	REFUSEDr			

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SECTION G - FOLLOW-UP INFORMATION

G1.	 Thank you for participating in the survey. We may contact you again in the future and I need to know how to get in touch with you. 				
G2.	(What is/Is [fill TELEPHONE NUMBER]) your telephone number?				
	TELEPHONE NUMBER SAME AS SAMPLE INFORMATION1				
	NEW TELEPHONE NUMBER2				
	NO TELEPHONE0	SKIP TO G7			
	DON'T KNOWd	SKIP TO G7			
	REFUSEDr	SKIP TO G7			
G3.	Is that number listed in your name or is it in someone else's?				
	SAMPLE MEMBER1	SKIP TO G7			
	OTHER2				
	DON'T KNOWd_	SKIP TO G7			
	REFUSEDr_	SKIP TO G7			
G4.	Could you spell the first name for me please?				
	Could you spell their last name for me please?				
	CONFIRM NAME WITH RESPONDENT THEN PRESS ENTER.				
	FIRST NAME				
	LAST NAME				
	DON'T KNOWd				

REFUSEDr

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G5. What is (his/her/their) address?

STREET 1	•
STREET 2	
STREET 3	-
CITY	-
	-
STATE	
ZIP	
SAME AS SAMPLE MEMBER'S	
DON'T KNOW	
REFUSED	

G6. What is (his/her/their) relationship to you?

I

CODE ONE ONLY SISTER4 GRANDFATHER......7 FRIEND......10 SON......12 Deleted: 13 DON'T KNOWd REFUSEDr SKIP TO G11

1 d r

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G7.	Can you give me a different phone number where you can be reached, perha phone number?	ps a cell
	YES1	
	NO0	
	DON'T KNOWd	
	REFUSEDr	
	Please give me the telephone number, area code first.	
	NEW TELEPHONE	
	NUMBER: - _ -	
	NO TELEPHONE0	SKIP TO G11
	DON'T KNOWd_	SKIP TO G11
	REFUSEDr	SKIP TO G11
	NEW SCREEN:	
	PHONE	
	NUMBER: - - - _	
	CONFIRM THE INFO ABOVE WITH RESPONDENT THEN PRESS ENTER.	
G8.	Whose telephone is that?	
	NAME	
	SAMPLE MEMBER1	SKIP TO G11
	DON'T KNOWd_	SKIP TO G11
	REFUSEDr_	SKIP TO G11

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I

G9. What is (his/her/their) address?

STREET 1	
STREET 2	
APT. #	
CITY	
STATE	
ZIP	
DON'T KNOW	d
REFUSED	r

G10. What is (his/her/their) relationship to you?

(, , , , , , , , , , , , , , , , , , ,	
	CODE ONE ONLY
SPOUSE/PARTNER	1
MOTHER	2
FATHER	3
SISTER	4
BROTHER	5
GRANDMOTHER	6
GRANDFATHER	7
AUNT	8
UNCLE	9
FRIEND	10
DAUGHTER	11
SON	12
OTHER (SPECIFY)	<u>99</u>
DON'T KNOW	d

REFUSEDr

Deleted: 13

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G11. As part of our study, we may be contacting you in a few years to see how things are going for you. In case you move, we would like to have the name, address, and phone number of one person who does not live with you who will know how to reach you. We would only contact this person if we have trouble getting in touch with you directly.

PROGRAMMER SKIP BOXG11

CATI INSTRUCTION: FOR ALL CONTACT INFORMATION, A "DON'T KNOW" RESPONSE CAN BE ACCEPTED IN ANY ADDRESS FIELD TO ALLOW FOR PARTIAL ADDRESSES, I.E. THE RESPONDENT KNOWS IN WHICH CITY THE CONTACT LIVES, BUT NOT THE EXACT STREET ADDRESS. IF A "DON'T KNOW" RESPONSE IS ENTERED IN ANY "NAME" FIELD, IN THE CONTACT SECTION, THE INTERVIEWER SHOULD BE TAKEN DIRECTLY TO THE CLOSING "THANK YOU."

OTHER RELATIVE'S NAME, ADDRESS, AND TELEPHONE NUMBER

G12. What is the name of the person who would always know how to get in touch with you?

PROBE FOR FULL NAMES, INCLUDING MIDDLE INITIALS.

PROBE FOR CORRECT SPELLING.

Could you spell their first and last name for me please?

CONFIRM THE NAME ABOVE WITH RESPONDENT THEN PRESS ENTER.

FIRST NAME (OTHER RELATIVE'S FULL NAME)

LAST NAME DON'T KNOW REFUSED r SKIP TO G11

G13. What is their relationship to you?

	CODE ONE ONLY
SPOUSE/PARTNER	1
MOTHER	2
FATHER	3
SISTER	4
BROTHER	5
GRANDMOTHER	6
GRANDFATHER	7
AUNT	8
UNCLE	9
FRIEND	
DAUGHTER	
SON	
OTHER (SPECIFY)	

DN'T KNOW	ł
FUSEDr	,

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. What	is their full address and home telephone number?		
PROE	BE: Can you spell the street name for me please?		
Is the	re an apartment number?		
Besid	es the PO Box do you have a street address?		
CONF	FIRM INFO.		
STR	EET 1		
STR	EET 2		
APT.	#		
CITY			
STA	те		
ZIP			
NUME	BER: _ _ - - -		
DON"	T KNOW	d	
REFU	ISED	r	
. In wh	ose name is that phone listed?		
NAM	E		
		CODE ONE ONLY	Deleted: DOES NOT HAVE OTHER
SAMF	PLE MEMBER	<u>1</u>	RELATIVES - 0¶ SAME AS
DON"	T KNOW	d	Deleted: MEMBER'S .s
REFU	ISED	r	Deleted: NO OTHER CONTACTS _ n

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<u>,G16</u> .	We will be mailing you a check in a couple of weeks and I would like to confirm the name
	and address where we should send the payment. Is it

Deleted: G13

INTERVIEWER: VERIFY SPELLING OF NAME.

-

	PROGRAMMER BOX		
	CATI: ALLOW FOR NAME CHANG	ES	
			,
	STREET 1		
	STREET 2		
	APT. #		
	CITY		
	STATE		
	ZIP		
	DON'T KNOW	d	
	REFUSED	r	
<u>G17.</u>	I just have two final questions for you about your overall STOP NAME]. First, how satisfied or dissatisfied are you	experience with [fill] with your experience	<u>_WIA ONE-</u> ? Would you
	say you are		
		CODE ONE (<u>ONLY</u>
	Very satisfied,	1	
	Somewhat satisfied,	2	
	Somewhat dissatisfied, or	3	
	Very dissatisfied,	4	
	DON'T KNOW	d	
	REFUSED	<u>r</u>	

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<u>G18.</u>	And do you have any further comments about your experience with the [fill LWIA ONE-STOP NAME]? If yes, I can write them down now.
	<u>YES</u> 1
	<u>NO0</u>
	DON'T KNOWd
	REFUSEDr

PROGRAMMER BOX

IF	F G18 = 1, TAKE TO SCREEN FOR INTERVIEWER TO TYPE COMMENTS.
	IF G18 = 0, d, OR r, TAKE TO THANK YOU SCREEN.

Thank you for your cooperation. This completes the survey! Thank you again.

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APPENDIX C.3

FREQUENTLY ASKED QUESTIONS

WIA Adult and Dislocated Worker Programs Gold Standard Evaluation FREQUENTLY ASKED QUESTIONS

WHO/WHICH AGENCY IS SPONSORING THE STUDY?

This study is being sponsored by the U.S. Department of Labor.

WHO IS CONDUCTING THE STUDY?

The study is being conducted by a team of researchers at Mathematica Policy Research, Social Policy Research Associates and MDRC, under contract to the U.S. Department of Labor.

WHAT IS THE PURPOSE OF THE STUDY?

Our goal is to learn about how effectively some employment and training programs meet the needs of unemployed and underemployed workers. This study is very important for improving services to jobseekers in the future. It will allow us to understand what works well and what doesn't.

NO LONGER IN TRAINING/NEVER PARTICIPATED.

We are calling people who signed up to participate, even if they never received any training, or are no longer participating. Your responses and views are important because they help us understand why some individuals never received services.

I'M DISSATISFIED WITH MY UNEMPLOYMENT BENEFITS/LOCAL AGENCIES.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor needs to hear from people who were satisfied and people who were dissatisfied with their experiences.

I'M DISSATISFIED WITH THE TRAINING PROGRAM.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor wants to have feedback from people who were satisfied and dissatisfied with their experiences.

HOW DID YOU GET MY NAME?

[IF 15 MO IS COMPLETE]: You participated in a similar survey for this same study a little over a year ago.

[IF 15 MO IS NOT COMPLETE]: Your name was scientifically selected from among persons in your state who participated in the study registration process at a local One-Stop Career Center/American Job Center. The consent form that you signed mentioned we may be calling you to conduct an interview.

I GOT A JOB SOON AFTER I SIGNED UP.

That is wonderful, but we still need to talk to people who didn't participate in any of the services as well as those who did.

THERE WAS NO FUNDING/NO MONEY FOR ME TO GET TRAINING.

I am sorry to hear that and understand that federal funds run out quickly. We still need to talk to you about your experiences and what you're currently doing.

WILL THE INFORMATION FROM THE SURVEY BE KEPT PRIVATE?

All of the information we collect in the survey will be kept private to the extent allowed by federal law and will be used for research purposes only. Your answers will be combined with those of others and your name will never be used in reporting the results of the study. Your answers to questions will not affect your eligibility for any public program.

I DON'T HAVE THE TIME.

We can schedule a call to do the survey at your convenience. Our interviewers are available to speak with you seven days a week as follows: on Mondays through Thursdays from 9:00 a.m. to 12:00 midnight, on Fridays from 9:00 a.m. to 10:00 p.m., Saturdays from 9:00 a.m.-8:00 p.m. and Sundays from 11:00 A.m. to 9:00 p.m. Eastern Standard Time. We can also complete the survey in more than one call, if necessary.

WHAT HAPPENS IF I DON'T PARTICIPATE IN THE SURVEY?

Your participation is voluntary and will not affect your eligibility to receive any services or benefits. Your selection for the survey was done scientifically. You were chosen to represent other people who also consented to the study in your area. Your answers will help the U.S. Department of Labor improve services to people who become unemployed. There are no right or wrong answers. We're interested in your experiences and opinions.

I'M NOT INTERESTED.

BLAISE; FILL \$25 IF CASE HAS BEEN WORKED FOR four MONTHS OR LESS. FILL \$40 IF CASE HAS BEEN WORKED FOR MORE THAN four MONTHS.

Let me reassure you that we are not selling anything. The questions we ask are designed to help the U.S. Department of Labor improve services to people who are unemployed and seeking jobs. There are no right or wrong answers. We're interested in your experiences and opinions. Your answers will be combined with those of others and your name will never be included in any report. If you complete the survey we will pay you (\$25/\$40) as a token of appreciation.

HOW LONG WILL THIS TAKE?

The length of the interview varies, but it usually takes about 30 minutes.

WHO GAVE YOU THE AUTHORITY TO CONDUCT THE STUDY?

As stated in the letter we mailed you, and can be remailed if you like, this study is being sponsored by the U.S. Department of Labor and has been approved by the U.S. Office of Management and Budget under OMB control number 1205-0504. Without this approval we would not be able to conduct this survey. Questions regarding any aspect of this survey may be directed to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Avenue, NW, Frances Perkins Bldg., Room N-5641, Washington, DC 20210, telephone number (202) 693-3647 (this is not a toll-free number) or by email: <u>pederson.eileen@dol.gov</u>.

WILL I BE PAID?

BLAISE; FILL \$25 IF CASE HAS BEEN WORKED FOR four MONTHS OR LESS. FILL \$40 IF CASE HAS BEEN WORKED FOR MORE THAN four MONTHS.

Yes, we will mail you a check in the amount of (\$25/\$40) within 2 weeks of completing the survey.

WILL THERE BE A REPORT ON THE FINDINGS THAT I CAN READ? WHERE/WHEN CAN I SEE A PUBLISHED REPORT ABOUT THE NATIONAL EVALUATION?

Survey results will be reported in several reports prepared by Mathematica for the U.S. Department of Labor. Once these reports are cleared by the U.S. Department of Labor for public release, they will be available on Mathematica's website—www.mathematica-mpr.com.

WHAT ARE YOU GOING TO DO FOR ME NOW? ARE YOU GOING TO HELP ME FIND A JOB? ARE YOU GOING TO SEND ME FOR MORE TRAINING?

BLAISE; FILL \$25 IF CASE HAS BEEN WORKED FOR THREE MONTHS OR LESS. FILL \$40 IF CASE HAS BEEN WORKED FOR MORE THAN THREE MONTHS.

Mathematica is a private, independent research firm. Our firm is conducting this evaluation for the U.S. Department of Labor, and this survey is part of this evaluation. We cannot provide assistance finding jobs or training. You will, however, receive (\$25/\$40) for completing the survey.

I'M ON THE NATIONAL "DO NOT CALL LIST/REGISTRY." WHY ARE YOU CALLING ME?

The do not call list or registry applies to telemarketing calls, not to calls like this one that are approved by the government. Lawmakers recognize the need for the public to participate in studies like this to learn how government programs are working and how to improve them. We will not sell you anything, nor will we ask for money. Your privacy will be respected, and your cooperation is appreciated. For more information on who is included and excluded on the do not call list, you can visit the website at <u>www.donotcall.gov</u>.

DOES THE MONEY I RECEIVE FOR COMPLETING THIS SURVEY COUNT TOWARDS MY INCOME FOR THIS YEAR?

I'm sorry but Mathematica cannot give tax advice.

WHO CAN I CONTACT FOR MORE INFORMATION?

For more information about the study, you can visit the U.S. Department of Labor (DOL) website at http://www.dol.gov/. You can also call the study's project officer, Eileen Pederson of DOL at (202) 693-3647 or Mathematica's Project Director, Dr. Sheena McConnell at 202-484-4518. For questions about the survey you can call Mathematica's Survey Director, Ms. Pat Nemeth at 609-275-2294.

WILL THERE BE ANOTHER FOLLOW-UP TO THIS STUDY?

No, this is the last time we plan to follow up with you.

CAN SOMEONE ELSE RESPOND TO THIS QUESTIONNAIRE ON MY BEHALF?

Because of the types of questions we ask, it is important that we talk specifically to you. If, however, you need a family member or friend to translate our questions or your answers, that is okay.

WILL I BE ASKED THE SAME QUESTIONS I WAS ASKED BEFORE?

Last time, we talked about your experiences since you first sought services at your local One-Stop Career Center/American Job Center. This time, we will talk about your experiences since the last time you participated in an interview with us which was a little over a year ago.

CAN I WITHDRAW MY CONSENT FOR THIS EVALUATION?

The decision to participate in the study is up to you. You may terminate your participation in the study at any time by writing to the WIA Evaluation, Mathematica Policy Research, P.O. Box 2393, Princeton, New Jersey 08543-2393 or to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Ave., NW, Room N-5641, Washington, DC 20210. Any information we collect about you prior to your termination request will be used for research purposes.

I GOT \$40 LAST TIME I COMPLETED THE SURVEY, WHY AM I ONLY GETTING \$25 THIS TIME?

For this final round of the survey we're only authorized to give \$25. [IF THE RESPONDENT ARGUES/INSISTS]: Let me go and speak to my supervisor.

WILL SOMEONE VISIT MY HOUSE TO HELP ME TAKE THE SURVEY THIS TIME?

No, if you answer the survey over the phone with me right now we will not need to send anyone to your house. After completing the survey today you won't get any more correspondence, calls, or visits from us.