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

Mathematica Reference No.: 06503.151

Adult and Dislocated Worker Programs | Gold Standard Evaluation

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 ABOUT	2	WHAT ABOUT A2
NOT A GOOD TIME, SCHEDULE CALLBACK	3	CALLBACK
[FILL FIRSTNAME] HAS A HEALTH PROBLEM	4	HEALTHPROB Q3
[FILL FIRSTNAME] IS IN AN INSTITUTION	5	INSTITUTION Q10
[FILL FIRSTNAME] HAS MOVED	6	KNOW WHERE Q17
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH	7	LANG Q20
NEVER HEARD OF [FILL FULLNAME]/WRONG NUMBER	8	THANKS Q36 STATUS 530
HUNG UP DURING INTRODUCTION	9	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 PHONE	1	A3
NOT A GOOD TIME, SCHEDULE CALLBACK	2	CALLBACK
[FILL FIRSTNAME] HAS A HEALTH PROBLEM/IS DECEASED	3	HEALTHPROB Q3
[FILL FIRSTNAME] IS IN AN INSTITUTION	4	INSTITUTION Q10
[FILL FIRSTNAME] HAS MOVED	5	KNOW WHERE Q17
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH	6	LANG Q20
ASKS ABOUT LETTER	7	A13
NEVER HEARD OF [FILL SAMPLE MEMBER NAME]/WRONG NUMBER	8	Thanks Q36 Status 530
HUNG UP DURING INTRODUCTION	9	Status 640
SUPERVISOR REVIEW	10	STATUS 380
REFUSED	r	Status 220

Q3 HealthProb
ENTER TYPE OF HEALTH PROBLEM

HEARING PROBLEM	1	AMP TTY Q4
SPEECH PROBLEM	2	AMP TTY Q4
PHYSICAL PROBLEM	3	CallLater Q8
COGNITIVE PROBLEM	4	Thanks Q36 Status 410
TOO OLD/FRAIL	5	CallLater Q8
IN A COMA	6	Thanks Q36 Status 410
DECEASED	7	Deceased Q9
REFUSED	r	Status 220

Q4 AmpTTY

I can get on a phone that will amplify my voice or [fill FirstName]'s voice, or we could use a TTY service. Would either of these enable [fill FirstName] to complete the interview?

YES – USE AMPLIFIER PHONE	1	RESPAVAIL Q5
YES – USE TTY CAPABILITY	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)
NO	0	Callback

Q6 AmpPhone

Please hold while I get the amplifier phone.

INTERVIEWER: SET UP AMPLIFIER/WEAK SPEECH EQUIPMENT AND ASK GATEKEEPER TO CALL [fill FirstName] TO THE PHONE.

[FILL FIRSTNAME] COMES TO THE PHONE	1	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 OPERATOR	1	SampMemb Q31
IF UNSUCCESSFUL SET CALLBACK	2	Callback

Q8 CallLater

Will [fill FirstName] be able to talk on the telephone if I call back in the next few weeks?

YES/MAYBE – CALLBACK	1	Callback
NO	0	Thanks Q36 Status 419
DON'T KNOW	d	Callback
REFUSED	r	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 KNOW	d
REFUSED	r

STATUS 440

Q10 Institution
ENTER TYPE OF INSTITUTION.

HOSPITAL	1	HomeSoon Q11
NURSING HOME	2	
ASSISTED LIVING FACILITY	3	
GROUP HOME	4	
JAIL OR PRISON	5	Thanks Q36 Status 421

Q11 HomeSoon

So I know when to call back, do you expect [fill FirstName] to come home from the hospital within a month or so?

YES, ARRANGE CALLBACK	1	Callback
NO	0	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 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 where we might be able to reach [fill FirstName]?

|___|___|___|-|___|___|___|-|___|___|___|___|
(AREA CODE)

NO OTHER NUMBER.....0 New Addr Q19

DON'T KNOW .....d

REFUSED .....r 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

CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN.

ARABIC	1	Thanks Q36 Status 400
BOSNIAN	2	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
PORTUGUESE	12	Thanks Q36 Status 400
RUSSIAN	13	Thanks Q36 Status 400
SPANISH	14	Thanks Q36 Status 401
TAGALOG	15	Thanks Q36 Status 400
VIETNAMESE	16	Thanks Q36 Status 400
OTHER (SPECIFY)	99	OtherLang Q21

_____

DON'T KNOW ..... d

REFUSED ..... r

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 FAQ

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

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 that I am speaking with the correct person. Could you please tell me your date of birth?

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

IF NECESSARY: READ DOB ALOUD AND CONFIRM.

RECORD: |__|__| / |__|__| / |__|__|__|__| IF MATCHES SAMPLE INFO - Start Survey (B1),
MONTH DAY YEAR IF DOES NOT MATCH SAMPLE INFO, ASK (A5)

REFUSED .....r A5

BLAISE SCREEN: SHOW LAST 4-DIGITS OF SS# FROM SAMPLE.

A5. Again, for verification purposes, what are the last four digits of your Social Security Number?

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 KNOW .....d

REFUSED .....r

NO A6 IN THIS VERSION.

NO A7 IN THIS VERSION.

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 INTERVIEW	1	A4
NOT A GOOD TIME, SCHEDULE CALLBACK	2	Callback
HUNG UP DURING INTRODUCTION	3	Status 640
SUPERVISOR REVIEW	4	Status 380
REQUESTS ANOTHER LETTER	5	Send Letter
REFUSED	r	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 PHONE	2	
PERSON ASKS WHAT CALL IS ABOUT	3	WhatAbout Q102
NEED TO CALLBACK	4	Callback
NEVER HEARD OF [fill FullName]/WRONG NUMBER	5	PhoneCheck Q106
REFUSED	r	Status 200 if not sample member if sample member, then SKIP 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 PHONE	1	
NEED TO CALLBACK	2	Callback
SUPERVISOR REVIEW	3	Status 380
REFUSED	r	Status 200 if not sample member if sample member, then SKIP TO SampMemb (Q103)

Q103 SampMemb
[if Hello = 2 or WhatAbout = 1 then]

Hello, my name is [fill INTERVIEWER NAME].
[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 PERSON	1	WrongNumber Q10
WRONG CONNECTION/MISDIAL	2	Thanks Q108
SUPERVISOR REVIEW REQUIRED	3	Status 380
REFUSED TO CONFIRM NUMBER	4	Thanks Q108

Q107 WrongNumber

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

Q108 Thanks

Thank you for your time.

ENTER 1 TO CONTINUE ..... 1 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) 1

FIND OUT ABOUT TRAINING OPPORTUNITIES OR GET TRAINING FOR A JOB 2

REQUIRED TO GET UNEMPLOYMENT INSURANCE (UI) 3

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) 5

_____

DON'T KNOW ..... d

REFUSED ..... r

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.

YES 1

NO ..... 0 SKIP TO B8

DON'T KNOW ..... d SKIP TO B8

REFUSED ..... r 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 other 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.

YES 1

NO ..... 0 SKIP TO B14

DON'T KNOW ..... d SKIP TO B14

REFUSED ..... r SKIP TO B14

B9. 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, 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 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.

YES 1

NO ..... 0 SKIP TO B21

DON'T KNOW ..... d SKIP TO B21

REFUSED ..... r 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 INTENSIVE WORKSHOP NAME1] _____	1	0	d	r
b. [fill LWIA INTENSIVE WORKSHOP NAME2] _____	1	0	d	r
c. [fill LWIA INTENSIVE WORKSHOP NAME3] _____	1	0	d	r
d. [fill LWIA INTENSIVE 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)?

YES 1

NO ..... 0 SKIP TO B21

DON'T KNOW ..... d SKIP TO B21

REFUSED ..... r 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, ... 1

2 or 3, ... 2

4 or 5, or 3

More than 5 workshops? 4

DON'T KNOW ..... d

REFUSED ..... r

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 other 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.

YES 1

NO ..... 0 SKIP TO BOX BEFORE B27

DON'T KNOW ..... d SKIP TO BOX BEFORE B27

REFUSED ..... r SKIP TO BOX BEFORE B27

B22. Where were these workshops held?

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

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?..... **PROBE:** This does NOT include actually taking the test.	1	0	d	r
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].

YES 1

NO ..... 0 SKIP TO B32

DON'T KNOW ..... d SKIP TO B32

REFUSED ..... r 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 other 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.

YES 1

NO ..... 0 SKIP TO B36

DON'T KNOW ..... d SKIP TO B36

REFUSED ..... r 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

_____

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.

YES 1

NO ..... 0 SKIP TO B41

DON'T KNOW ..... d SKIP TO B41

REFUSED ..... r 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 other 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.

YES 1

NO ..... 0 SKIP TO B47a

DON'T KNOW ..... d SKIP TO B47a

REFUSED ..... r 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

REFUSED ..... r

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 . . .

YES 1

NO ..... 0 SKIP TO B59a

DON'T KNOW ..... d SKIP TO B59a

REFUSED ..... r 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? ..... **PROBE:** This includes creating a resume, developing a job search strategy, or discussing progress in pursuing job leads and completing job applications.	1	0	d	r
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?..... **PROBE:** This includes comparing different training programs, or developing specific plans for selecting and paying for training.	1	0	d	r
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)]?

YES 1

NO ..... 0 SKIP TO B53

DON'T KNOW ..... d SKIP TO B53

REFUSED ..... r SKIP TO B53

NO B49 IN THIS VERSION.

B50. About how many of these individual appointments, if any, did you have <u>in person</u>? 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 <u>over the phone</u>? Would you say . . .

CODE ONE ONLY

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

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 other 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 other 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.

YES 1

NO ..... 0 SKIP TO B59

DON'T KNOW ..... d SKIP TO B59

REFUSED ..... r 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 <u>in person</u>? Would you say . . .

CODE ONE ONLY

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

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 <u>over the phone</u>? 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?

YES 1

NO ..... 0 SKIP TO C1

DON'T KNOW ..... d SKIP TO C1

REFUSED ..... r 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 total 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 other 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.

YES 1

NO ..... 0 SKIP TO C1

DON'T KNOW ..... d SKIP TO C1

REFUSED ..... r 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..... 4

COMMUNITY COLLEGES..... 5

ONLINE..... 6

OTHER EDUCATIONAL OR TRAINING ENTITY..... 7

OTHER (SPECIFY)..... 8

_____

DON'T KNOW..... d

REFUSED..... r

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

$ |__|__|__|,|__|__|__| TOTAL ASSISTANCE

DON'T KNOW..... d

REFUSED..... r

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 IF C8_1=2) (C4_2 IF C8_2=2) (C4_3 IF C8_3=2) (C4_4 IF C8_4=2) (C4_5 IF C8_5=2)]. Is this correct?	CORRECT.....1 NOT CORRECT .....0 SKIP TO C1 DON'T KNOW .....d SKIP TO C1 REFUSED .....r SKIP TO C1	CORRECT .....1 NOT CORRECT..... 0 SKIP TO C1 DON'T KNOW..... d SKIP TO C1 REFUSED..... r SKIP TO C1
C8x. When did you <u>stop</u> attending that program?	|__|__| / |__|__|__|__| SKIP TO C25x MONTH YEAR STILL IN PROGRAM.....2 SKIP TO C25x DON'T KNOW .....d REFUSED .....r	|__|__| / |__|__|__|__| SKIP TO C25x MONTH YEAR STILL IN PROGRAM ..... 2 SKIP TO C25x DON'T KNOW..... d REFUSED..... r
IF C8x = d OR r C9x. Do you recall what year you stopped attending that program?	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__|__|__| YEAR DON'T KNOW.....d REFUSED.....r

	#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 complete the program? **PROBE:** Did you receive a certificate or degree?	YES .....1 SKIP TO C27x NO .....0 NO SPECIFIC COMPLETION .....3 SKIP TO C27x DON'T KNOW.....d SKIP TO C27x REFUSED .....r SKIP TO C27x	YES ..... 1 SKIP TO C27x NO ..... 0 NO SPECIFIC COMPLETION ..... 3 SKIP TO C27x DON'T KNOW ..... d SKIP TO C27x REFUSED..... r SKIP TO C27x
C26x. What was the main reason that you stopped attending that program?	CODE ONE ONLY FOUND JOB/REEMPLOYED..... 1 COULDN'T AFFORD TO CONTINUE..... 2 PERSONAL PROBLEMS..... 3 NOT INTERESTED/DIDN'T LIKE PROGRAM ..... 4 DIDN'T THINK IT WOULD HELP TO FIND JOB ..... 5 STARTED (OTHER) SCHOOL/ TRAINING ..... 6 DECIDED DIDN'T WANT JOB..... 7 ILLNESS/PREGNANCY..... 8 CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS..... 9 POOR GRADES ..... 10 COURSES OR PROGRAM POORLY TAUGHT..... 11 OTHER (SPECIFY)..... 99 _____ DON'T KNOW..... d REFUSED ..... r SKIP TO C37x	CODE ONE ONLY FOUND JOB/REEMPLOYED..... 1 COULDN'T AFFORD TO CONTINUE ..... 2 PERSONAL PROBLEMS..... 3 NOT INTERESTED/DIDN'T LIKE PROGRAM ..... 4 DIDN'T THINK IT WOULD HELP TO FIND JOB ..... 5 STARTED (OTHER) SCHOOL/ TRAINING..... 6 DECIDED DIDN'T WANT JOB ..... 7 ILLNESS/PREGNANCY..... 8 CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS ..... 9 POOR GRADES ..... 10 COURSES OR PROGRAM POORLY TAUGHT ..... 11 OTHER (SPECIFY)..... 99 _____ DON'T KNOW..... d REFUSED..... r SKIP TO C37x
C27x. (Is/Was) [fill PROGRAM NAME] designed to lead to a diploma or degree? **PROBE:** For example, a high school diploma or GED or a two- or four-year degree. **PROBE:** 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.	YES .....1 NO .....0 SKIP TO C30x DON'T KNOW.....d SKIP TO C30x REFUSED .....r SKIP TO C30x IF C8x=2, SKIP TO C30x FOR ALL	YES ..... 1 NO.....0 SKIP TO C30x DON'T KNOW .....d SKIP TO C30x REFUSED .....r SKIP TO C30x IF C8x=2, SKIP TO C30x FOR ALL
C28x. Did you receive educational diploma or degree for completing that program?	YES .....1 NO .....0 SKIP TO C30x DON'T KNOW.....d SKIP TO C30x REFUSED .....r SKIP TO C30x	YES ..... 1 NO ..... 0 SKIP TO C30x DON'T KNOW ..... d SKIP TO C30x REFUSED..... r SKIP TO C30x

	#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 receive by completing that program?	CODE ONE ONLY HIGH SCHOOL DIPLOMA OR GED ..... 1 POST-SECONDARY DEGREE (E.G., AA, BA, ETC.) ..... 2 OTHER (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r	CODE ONE ONLY HIGH SCHOOL DIPLOMA OR GED ..... 1 POST-SECONDARY DEGREE (E.G., AA, BA, ETC.) ..... 2 OTHER (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r
C30x. (Is/Was) [fill PROGRAM NAME] designed to lead to a professional certification or a state or industry license? **PROBE:** A professional 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.	YES ..... 1 NO ..... 0 SKIP TO C37ax DON'T KNOW ..... d SKIP TO C37ax REFUSED ..... r SKIP TO C37ax IF C8x=2, SKIP TO C37ax FOR ALL	YES ..... 1 NO ..... 0 SKIP TO C37ax DON'T KNOW ..... d SKIP TO C37ax REFUSED ..... r SKIP TO C37ax IF C8x=2, SKIP TO C37ax FOR ALL
C31x. Did you receive a certification or license for completing that program?	YES ..... 1 NO ..... 0 SKIP TO C37ax DON'T KNOW ..... d SKIP TO C37ax REFUSED ..... r SKIP TO C37ax	YES ..... 1 NO ..... 0 SKIP TO C37ax DON'T KNOW ..... d SKIP TO C37ax REFUSED ..... r SKIP TO C37ax
C32x. Did you need to take any tests or exams to get this certification or license?	YES ..... 1 NO ..... 0 SKIP TO C37ax DON'T KNOW ..... d SKIP TO C37ax REFUSED ..... r SKIP TO C37ax	YES ..... 1 NO ..... 0 SKIP TO C37ax DON'T KNOW ..... d SKIP TO C37ax REFUSED ..... r SKIP TO C37ax
C33x. How much (does/did) (this/these) exams cost? PROBE: Your best estimate is fine.	$ |__|__|,|__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r
C34x. (Do/Did) you or your family . . .	CODE ONE ONLY pay for all, ... 1 SKIP TO C37ax some, or ..... 2 none of this exam cost ..... 3 SKIP TO C36s DON'T KNOW ..... d SKIP TO C36s REFUSED ..... r SKIP TO C36s	CODE ONE ONLY pay for all, ... 1 SKIP TO C37a x some, or ..... 2 none of this exam cost ..... 3 SKIP TO C36x DON'T KNOW ..... d SKIP TO C36x REFUSED ..... r SKIP TO C36x
C35x. How much (do/did) you or your family pay for (this/these) tests?	$ |__|__|,|__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r

	#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 (this/these) tests? This may include an organization or grant. **PROBE:** Any other person or organization?	CODE ALL THAT APPLY ITA VOUCHER ..... 1 [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 ..... 6 OTHER GOVERNMENT AGENCY OR ASSISTANCE..... 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) ..... 8 OTHER (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r	CODE ALL THAT APPLY ITA VOUCHER ..... 1 [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..... 6 OTHER GOVERNMENT AGENCY OR ASSISTANCE ..... 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC])..... 8 OTHER (SPECIFY)..... 99 _____ DON'T KNOW..... d REFUSED..... r
C37ax. Have you had at least one job since you started this program?	YES .....1 GO TO C37bx NO.....0 SKIP TO D0 DON'T KNOW .....d GO TO C37bx REFUSED .....r GO TO C37bx	YES ..... 1 GO TO C37bx NO ..... 0 SKIP TO D0 DON'T KNOW..... d GO TO C37bx REFUSED..... r GO TO C37bx
C37bx. Do you think you got a job because of the skills you learned in this program?	YES ..... 1 NO, DID NOT GET JOB BECAUSE OF SKILLS..... 2 NO, HAVE NOT BEEN EMPLOYED SINCE..... 3 STILL IN PROGRAM ..... 4 DON'T KNOW ..... d REFUSED ..... r	YES ..... 1 NO, DID NOT GET JOB BECAUSE OF SKILLS ..... 2 NO, HAVE NOT BEEN EMPLOYED SINCE ..... 3 STILL IN PROGRAM..... 4 DON'T KNOW..... d REFUSED..... r

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).

YES 1

NO ..... 0 SKIP TO D0

DON'T KNOW ..... d SKIP TO D0

REFUSED ..... r 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 KNOW ..... d

REFUSED ..... r

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? What's the next program you attended?	_____ (SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S))	_____ (SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S))
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 ..... 1 NOT CORRECT ..... 0 DON'T KNOW ..... d REFUSED ..... r	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 start attending [fill PROGRAM]?	|__|__| / |__|__|__|__| SKIP TO C8 MONTH YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__| / |__|__|__|__| SKIP TO C8 MONTH YEAR DON'T KNOW ..... d REFUSED ..... r
IF C6 = d OR r C7. Do you recall what year you started attending [fill PROGRAM/THE FIRST/SECOND] program?	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r
C8. And when did you stop attending that program?	|__|__| / |__|__|__|__| SKIP TO C10 MONTH YEAR STILL IN PROGRAM .....2 SKIP TO C10 DON'T KNOW .....d REFUSED .....r	|__|__| / |__|__|__|__| SKIP TO C10 MONTH YEAR STILL IN PROGRAM ..... 2 SKIP TO C10 DON'T KNOW ..... d REFUSED ..... r
IF C8 = d OR r C9. Do you recall what year you stopped attending that program?	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r
C10. How many hours per week (did/do) you attend that program? **PROBE:** Do not include time spent outside of class studying or doing homework. Only time spent attending class should be included. 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.	|__|__| HOURS PER WEEK SKIP TO C12 DON'T KNOW ..... d REFUSED ..... r	|__|__| HOURS PER WEEK SKIP TO C12 DON'T KNOW ..... d REFUSED ..... r
IF C10 = d OR r C11. Would you say you attend(ed) the program for . . .	CODE ONE ONLY less than 1 hour per week, ... 1 1 to 3 hours per week, ... 2 more than 3 but less than 5 hours per week, or ..... 3 5 hours or more per week? ..... 4 DON'T KNOW ..... d REFUSED ..... r	CODE ONE ONLY less than 1 hour per week, ... 1 1 to 3 hours per week, ... 2 more than 3 but less than 5 hours per week, or ..... 3 5 hours or more per week? ..... 4 DON'T KNOW ..... d REFUSED ..... r

	#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? **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)?	CODE ONE ONLY JOB SKILLS OR PREPARE FOR OCCUPATION..... 1 GENERAL EDUCATION..... 2 ENGLISH AS A SECOND LANGUAGE ..... 3 DON'T KNOW ..... d REFUSED ..... r	CODE ONE ONLY JOB SKILLS OR PREPARE FOR OCCUPATION ..... 1 GENERAL EDUCATION ..... 2 ENGLISH AS A SECOND LANGUAGE..... 3 DON'T KNOW..... d REFUSED..... r
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..... 1 NO..... 0 DON'T KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DON'T KNOW..... d REFUSED..... r
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 college,..... 4 a four-year program at a college or university, ... 5 a graduate or professional program, or ..... 6 something else? (SPECIFY) ..... 99 _____ ESL-English as a second language ..... 8 DON'T KNOW ..... d REFUSED ..... r	CODE ONE ONLY regular high school,.....1 GED classes, ...2 non-credit adult education, ...3 a two-year program at a community college, ...4 a four-year program at a college or university,.....5 a graduate or professional program, or.....6 something else? (SPECIFY).....99 _____ ESL-English as a second language.....8 DON'T KNOW.....d REFUSED.....r
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 to participate in that program? READ CHOICES IF NECESSARY.	CODE ONE ONLY COMMUNITY COLLEGE/2 YEAR COLLEGE ..... 1 4 YEAR COLLEGE OR UNIVERSITY ..... 2 PRIVATE PROVIDER OF TRAINING (SPECIFY) ..... 3 _____ COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY ..... 4 ONLINE ..... 5 VOCATIONAL INSTITUTE/ TRAINING CENTER ..... 6 ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL ..... 7 EMPLOYER ..... 8 GOVERNMENT AGENCY/MILITARY ..... 9 [fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] ..... 10 STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE ..... 11 SOME PLACE ELSE (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r	CODE ONE ONLY COMMUNITY COLLEGE/2 YEAR COLLEGE ..... 1 4 YEAR COLLEGE OR UNIVERSITY ..... 2 PRIVATE PROVIDER OF TRAINING (SPECIFY) ..... 3 _____ COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY ..... 4 ONLINE ..... 5 VOCATIONAL INSTITUTE/ TRAINING CENTER ..... 6 ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL ..... 7 EMPLOYER ..... 8 GOVERNMENT AGENCY/MILITARY ..... 9 [fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] ..... 10 STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE ..... 11 SOME PLACE ELSE (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r
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.	$ |__|__|,|__|__|__| COST OF PROGRAM SKIP TO C19 DON'T KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| COST OF PROGRAM SKIP TO C19 DON'T KNOW ..... d REFUSED ..... r
IF C17 = d OR r C18. Would you say the cost of the program (is/was) . . .	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, or ..... 5 $10,000 or more? 6	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, or ..... 5 $10,000 or more? 6
C19. Is this amount the total 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 ..... 1 SKIP TO C20 COST PER YEAR ..... 2 COST PER SEMESTER ..... 3 COST PER QUARTER ..... 4 COST PER MONTH ..... 5 COST FOR SOME OTHER PERIOD OF TIME (SPECIFY) ..... 99 _____	CODE ONE ONLY TOTAL COST OF THE PROGRAM ..... 1 SKIP TO C20 COST PER YEAR ..... 2 COST PER SEMESTER ..... 3 COST PER QUARTER ..... 4 COST PER MONTH ..... 5 COST FOR SOME OTHER PERIOD OF TIME (SPECIFY) ..... 99 _____

	#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?	|__|__| NUMBER YEARS ..... 1 SEMESTERS..... 2 QUARTERS..... 3 SOME OTHER PERIOD OF TIME (SPECIFY)..... 4 _____	|__|__| NUMBER YEARS..... 1 SEMESTERS..... 2 QUARTERS..... 3 SOME OTHER PERIOD OF TIME (SPECIFY)..... 4 _____
C20. (Do/Did) you or your family . . .	CODE ONE ONLY pay for all,.....1 SKIP TO C24 some, or.....2 none of this program?.....3 SKIP TO C23 DON'T KNOW.....d SKIP TO C23 REFUSED .....r SKIP TO C23	CODE ONE ONLY pay for all, ... 1 SKIP TO C24 some, or..... 2 none of this program? ..... 3 SKIP TO C23 DON'T KNOW..... d SKIP TO C23 REFUSED..... r SKIP TO C23
C21. How much (do/did) you or your family pay for this program?	$ |__|,|__|__|__| DON'T KNOW.....d REFUSED .....r	$ |__|,|__|__|__| DON'T KNOW.....d REFUSED.....r
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 COST PER SEMESTER..... 3 COST PER QUARTER..... 4 COST PER MONTH ..... 5 COST FOR SOME OTHER PERIOD OF TIME (SPECIFY) 99	CODE ONE ONLY TOTAL COST OF THE PROGRAM ..... 1 COST PER YEAR..... 2 COST PER SEMESTER..... 3 COST PER QUARTER ..... 4 COST PER MONTH..... 5 COST FOR SOME OTHER PERIOD OF TIME (SPECIFY)..... 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 ..... 1 [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 ..... 6 OTHER GOVERNMENT AGENCY OR ASSISTANCE..... 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) ..... 8 OTHER (SPECIFY)..... 99 _____ DON'T KNOW..... d REFUSED ..... r	CODE ALL THAT APPLY ITA VOUCHER ..... 1 [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..... 6 OTHER GOVERNMENT AGENCY OR ASSISTANCE ..... 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC])..... 8 OTHER (SPECIFY)..... 99 _____ DON'T KNOW..... d REFUSED..... r
C24. CATI: CHECK C8. DOES C8=2 (STILL IN PROGRAM)?	YES .....1 GO TO C4 FOR ANOTHER PROGRAM OR TO C27 NO 0	YES ..... 1 GO TO C4 FOR ANOTHER PROGRAM OR TO C27 NO 0

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
C25. Did you complete the program? **PROBE:** Did you receive a certificate or degree?	YES ....1 SKIP TO C27 NO ....0 NO SPECIFIC COMPLETION ....3 SKIP TO C27 DON'T KNOW ....d SKIP TO C27 REFUSED ....r SKIP TO C27	YES ....1 SKIP TO C27 NO ....0 NO SPECIFIC COMPLETION ....3 SKIP TO C27 DON'T KNOW ....d SKIP TO C27 REFUSED ....r SKIP TO C27
C26. What was the main reason that you stopped attending that program?	CODE ONE ONLY FOUND JOB/REEMPLOYED ....1 COULDN'T AFFORD TO CONTINUE ....2 PERSONAL PROBLEMS ....3 NOT INTERESTED/DIDN'T LIKE PROGRAM ....4 DIDN'T THINK IT WOULD HELP TO FIND JOB ....5 STARTED (OTHER) SCHOOL/ TRAINING ....6 DECIDED DIDN'T WANT JOB ....7 ILLNESS/PREGNANCY ....8 CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS ....9 POOR GRADES ....10 COURSES OR PROGRAM POORLY TAUGHT ....11 OTHER (SPECIFY) ....99 _____ DON'T KNOW ....d REFUSED ....r SKIP TO C37a	CODE ONE ONLY FOUND JOB/REEMPLOYED ....1 COULDN'T AFFORD TO CONTINUE ....2 PERSONAL PROBLEMS ....3 NOT INTERESTED/DIDN'T LIKE PROGRAM ....4 DIDN'T THINK IT WOULD HELP TO FIND JOB ....5 STARTED (OTHER) SCHOOL/ TRAINING ....6 DECIDED DIDN'T WANT JOB ....7 ILLNESS/PREGNANCY ....8 CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS ....9 POOR GRADES ....10 COURSES OR PROGRAM POORLY TAUGHT ....11 OTHER (SPECIFY) ....99 _____ DON'T KNOW ....d REFUSED ....r SKIP TO C37a
C27. (Is/Was) [fill PROGRAM NAME] designed to lead to educational diploma or degree?	YES ....1 NO ....0 SKIP TO C30 DON'T KNOW ....d SKIP TO C30 REFUSED ....r SKIP TO C30 IF C8=2, SKIP TO C30 FOR ALL	YES ....1 NO ....0 SKIP TO C30 DON'T KNOW ....d SKIP TO C30 REFUSED ....r SKIP TO C30 IF C8=2, SKIP TO C30 FOR ALL
C28. Did you receive educational diploma or degree for completing that program?	YES ....1 NO ....0 SKIP TO C30 DON'T KNOW ....d SKIP TO C30 REFUSED ....r SKIP TO C30	YES ....1 NO ....0 SKIP TO C30 DON'T KNOW ....d SKIP TO C30 REFUSED ....r SKIP TO C30

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER REFERENCE DATE)
C29. What specific educational degree did you receive by completing that program?	CODE ONE ONLY HIGH SCHOOL DIPLOMA OR GED ..... 1 POST-SECONDARY DEGREE (E.G., AA, BA, ETC.) ..... 2 OTHER (SPECIFY) ..... 3 _____ DON'T KNOW ..... d REFUSED ..... r	CODE ONE ONLY HIGH SCHOOL DIPLOMA OR GED ..... 1 POST-SECONDARY DEGREE (E.G., AA, BA, ETC.) ..... 2 OTHER (SPECIFY) ..... 3 _____ DON'T KNOW ..... d REFUSED ..... r
C30. (Is/Was) [fill PROGRAM NAME] designed to lead to a professional certification or a state or industry license? PROBE: A professional 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.	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a IF C8=2, SKIP TO C37a FOR ALL	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a IF C8=2, SKIP TO C37a FOR ALL
C31. Did you receive a certification or license for completing that program?	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a
C32. Did you need to take any tests or exams to get this certification or license?	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a
C33. How much (does/did) (this/these) exam(s) cost? PROBE: Your best estimate is fine.	$ |__|__|,|__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r
C34. (Do/Did) you or your family . . .	CODE ONE ONLY pay for all, ... 1 SKIP TO C37a some, or ..... 2 none of this exam cost? ..... 3 SKIP TO C36 DON'T KNOW ..... d SKIP TO C36 REFUSED ..... r SKIP TO C36	CODE ONE ONLY pay for all, ... 1 SKIP TO C37a some, or ..... 2 none of this exam cost? ..... 3 SKIP TO C36 DON'T KNOW ..... d SKIP TO C36 REFUSED ..... r SKIP TO C36
C35. How much (do/did) you or your family pay for (this/these) tests?	$ |__|__|,|__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r

	#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. **PROBE:** Any other person or organization?	CODE ALL THAT APPLY ITA VOUCHER ..... 1 [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 ..... 6 OTHER GOVERNMENT AGENCY OR ASSISTANCE..... 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) ..... 8 OTHER (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r	CODE ALL THAT APPLY ITA VOUCHER ..... 1 [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..... 6 OTHER GOVERNMENT AGENCY OR ASSISTANCE ..... 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC])..... 8 OTHER (SPECIFY)..... 99 _____ DON'T KNOW..... d REFUSED..... r
C37a. Have you had at least one job since you completed this program?	YES .....1 GO TO C37b NO .....0 SKIP TO D0 DON'T KNOW .....d GO TO C37b REFUSED .....r GO TO C37b	YES ..... 1 GO TO C37b NO ..... 0 SKIP TO D0 DON'T KNOW..... d GO TO C37b REFUSED..... r GO TO C37b
C37b. Do you think you got a job because of the skills you learned in this program?	YES ..... 1 NO, DID NOT GET JOB BECAUSE OF SKILLS..... 2 NO, HAVE NOT BEEN EMPLOYED SINCE..... 3 STILL IN PROGRAM ..... 4 DON'T KNOW ..... d REFUSED ..... r IF STILL IN PROGRAM, GO TO C4 FOR NEXT PROGRAM OR D0 IF NO OTHER PROGRAM	YES ..... 1 NO, DID NOT GET JOB BECAUSE OF SKILLS..... 2 NO, HAVE NOT BEEN EMPLOYED SINCE ..... 3 STILL IN PROGRAM..... 4 DON'T KNOW..... d REFUSED..... r 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]?

YES 1

NO ..... 0 SKIP TO D21a

DON'T KNOW ..... d SKIP TO D21a

REFUSED ..... r 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 TRAILER, STOCKING INVENTORY.

MAIN DUTIES (SPECIFY) 1

_____

DON'T KNOW ..... d

REFUSED ..... r

D4. As of [fill RA MO/YR DATE], what was your most recent rate of pay, before taxes or deductions, at that job?

PROBE: If your pay varied, provide an average amount.

ACCEPT MOST CONVENIENT PAY PERIOD.

$ |__|__|__| **,** |__|__|__| **.** |__|__| RATE OF PAY SKIP TO D8

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) ..... 99 SKIP TO D8

_____

DON'T KNOW ..... d SKIP TO D8

REFUSED ..... r SKIP TO D8

D5. Now, I'd like to ask you about the job you had just before you sought services from the [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE]. My computer screen indicates that you worked at [fill COMPANY NAME SRF20]. Is this correct?

YES 1

NO ..... 0 GO BACK TO D1

DON'T KNOW ..... d GO BACK TO D1

REFUSED ..... r 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 BUSINESS OR INDUSTRY (SPECIFY).....1

_____

DON'T KNOW .....d

REFUSED .....r

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?

YES 1

NO .....0 GO BACK TO D3

DON'T KNOW .....d GO BACK TO D3

REFUSED .....r GO BACK TO D3

ALL

D8. When did you <u>start</u> working for [fill COMPANY NAME]?

INTERVIEWER: RECORD MONTH AND YEAR.
ENTER DATE IN MM/YYYY FORMAT

|__|__| / |__|__|__|__| SKIP TO D10
MONTH YEAR

DON'T KNOW .....d

REFUSED .....r

IF D8 = d OR r

D9. Do you recall what year you started working there?

|__|__|__|__| YEAR

DON'T KNOW .....d

REFUSED .....r

D10. When did that job end?

INTERVIEWER: RECORD MONTH AND YEAR.
ENTER DATE IN MM/YYYY FORMAT.

|__|__| / |__|__|__|__| SKIP TO D12a
MONTH YEAR

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 TIME ..... 1 SKIP TO D13

SOME TIME NOT WORKING 0

DON'T KNOW ..... d

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

REFUSED ..... r

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 KNOW ..... d

REFUSED ..... r

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.

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

CODE ONE ONLY

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 ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Health insurance or membership in an HMO or PPO plan?.....	1	0	d	r
b. Paid vacation?	1	0	d	r
c. Paid holidays?	1	0	d	r
d. Paid sick leave?.....	1	0	d	r
e. Retirement or pension benefits?.....	1	0	d	r
f. Tuition 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 KNOW ..... d

REFUSED ..... r

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?	CORRECT.....1 NOT CORRECT .....0 SKIP TO D21 DON'T KNOW.....d SKIP TO D21 REFUSED .....r 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 JOB.....2 SKIP TO D21 DON'T KNOW.....d REFUSED .....r	|__|__| / |__|__|__|__| SKIP TO D21 MONTH YEAR STILL AT JOB..... 2 SKIP TO D21 DON'T KNOW..... d REFUSED..... r
IF D27x= d OR r D28x. Do you recall what year that job ended?	|__|__|__|__| YEAR DON'T KNOW.....d REFUSED .....r	|__|__|__|__| YEAR DON'T KNOW..... d REFUSED..... r

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 ONLY

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) 99

_____

ONLY TEMPORARILY LAID OFF, SICK, OR MATERNITY LEAVE 7

DISABLED, PERMANENTLY OR TEMPORARILY 8

DON'T KNOW ..... d

REFUSED ..... r

D21b. Are you currently looking for work?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

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].

|___|___| 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
D23. Please tell me the name of the companies, organizations, or people you've worked for. Start with your current job or jobs, then the most recent jobs that you had. PROBE: What was the job before that?	COMPANY NAME (SPECIFY) ..... 1 _____ SELF-EMPLOYED ..... 2 DON'T KNOW ..... d REFUSED ..... r	COMPANY NAME (SPECIFY) ..... 1 _____ SELF-EMPLOYED ..... 2 DON'T KNOW ..... d REFUSED ..... r
D24. It is important that we get information on every job you have had since [fill DATE]. Let me verify that since [fill DATE] you worked at [fill D23 NAMES]. Is this correct, or are there any other jobs you may have had, aside from your current job? 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.	CORRECT ..... 1 NOT CORRECT ..... 0 DON'T KNOW ..... d REFUSED ..... r	CORRECT ..... 1 NOT CORRECT ..... 0 DON'T KNOW ..... d REFUSED ..... r
D25. When did you start working for [fill D23_JOB_1 – D23_JOB_5]? INTERVIEWER: RECORD MONTH AND YEAR.	|__|__| / |__|__|__|__| SKIP TO D27 MONTH YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__| / |__|__|__|__| SKIP TO D27 MONTH YEAR DON'T KNOW ..... d REFUSED ..... r
IF D25= d OR r D26. Do you recall what year you started working there?	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r
D27. When did that job end? INTERVIEWER: RECORD MONTH AND YEAR.	|__|__| / |__|__|__|__| SKIP TO D29a MONTH YEAR STILL AT JOB ..... 2 SKIP TO D29a DON'T KNOW ..... d REFUSED ..... r	|__|__| / |__|__|__|__| SKIP TO D29a MONTH YEAR STILL AT JOB ..... 2 SKIP TO D29a DON'T KNOW ..... d REFUSED ..... r
IF D27= d OR r D28. Do you recall what year that job ended?	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r

	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 and (when that job ended/now) or was there some time that you were not working? **PROBE**: Between [fill (D25/D26 MO/YR)] and [fill D27/ D28 MO/YR)]/now.	CODE ONE ONLY WORKED ALL OR NEARLY ALL OF THE TIME.....1 SKIP TO D30 SOME TIME NOT WORKING.....2 DON'T KNOW.....d REFUSED .....r	CODE ONE ONLY WORKED ALL OR NEARLY ALL OF THE TIME ..... 1 SKIP TO D30 SOME TIME NOT WORKING .... 2 DON'T KNOW ..... d REFUSED..... r
D29b. About how many weeks would you say you worked during that time? **PROBE:** Between [fill (D25/D26 MO/YR)] and [fill D27/ D28 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 REFUSED r	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 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	|__|__| HOURS PER WEEK SKIP TO D32 DON'T KNOW .....d REFUSED.....r
IF D30 =d OR r D31. 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	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
D32. How many days per week (do/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	|__|__| DAYS PER WEEK DON'T KNOW .....d REFUSED.....r
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? **PROBE:** What kind of business or industry is this? INTERVIEWER: IF RESPONDENT RETURNED TO JOB, SAY: You may have told me this information about when you worked for [fill COMPANY NAME] before.	KIND OF BUSINESS OR INDUSTRY (SPECIFY)..... 1 _____ DON'T KNOW..... d REFUSED ..... r	KIND OF BUSINESS OR INDUSTRY (SPECIFY) .....1 _____ DON'T KNOW .....d REFUSED.....r

	JOB 1	JOB 2
D35. What (do/did) you do there—what (is/was) your job? **PROBE:** What were your most important duties at that job? INTERVIEWER: TRY TO GET A VERB	JOB DUTIES (SPECIFY) ..... 1 _____ DON'T KNOW..... d REFUSED ..... r	JOB DUTIES (SPECIFY)..... 1 _____ DON'T KNOW ..... d REFUSED ..... r
IF D23 = 2, SKIP D36 D36. Which of the following best describes your employment at [fill D23_JOB_1 – D23_JOB_5]? (Are/were) you working . . .	CODE ONE ONLY 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	CODE ONE ONLY 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
D37. What (is/was) your most recent rate of pay, before taxes at deductions, at that job? **PROBE:** If your pay (varies/varied), please provide an average amount. ACCEPT MOST CONVENIENT PAY PERIOD**.**	$ |__|__|__|,|__|__|__|.|__|__| AVERAGE AMOUNT PER HOUR..... 1 PER WEEK..... 2 ONCE EVERY TWO WEEKS ..... 3 TWICE A MONTH..... 4 PER YEAR ..... 5 OTHER (SPECIFY)..... 6 _____ DON'T KNOW..... d REFUSED ..... r	$ |__|__|__|,|__|__|__|.|__|__| AVERAGE AMOUNT PER HOUR ..... 1 PER WEEK ..... 2 ONCE EVERY TWO WEEKS..... 3 TWICE A MONTH ..... 4 PER YEAR..... 5 OTHER (SPECIFY) ..... 6 _____ DON'T KNOW ..... d REFUSED ..... r
IF D23 = 2, SKIP D38 D38. Which of the following benefits (are/were) available to you on your job, even if you (are/were) not receiving them (READ EACH ITEM) . . . SELECT IF AVAILABLE, BUT NOT USED.	CODE ALL THAT APPLY Health insurance or membership in an HMO or PPO plan?..... 1 Paid vacation? ..... 2 Paid holidays? ..... 3 Paid sick leave?..... 4 Retirement or pension benefits? ..... 5 Tuition assistance/reimbursement?..... 6 DON'T KNOW..... d REFUSED ..... r	CODE ALL THAT APPLY Health insurance or membership in an HMO or PPO plan? ..... 1 Paid vacation?..... 2 Paid holidays?..... 3 Paid sick leave? ..... 4 Retirement or pension benefits?..... 5 Tuition assistance/reimbursement? ..... 6 DON'T KNOW ..... d REFUSED ..... r
IF D23 = 2, SKIP D39. D39. (Do/Did) you belong to a union on this job?	YES ..... 1 NO ..... 0 DON'T KNOW..... d REFUSED ..... r	YES..... 1 NO ..... 0 DON'T KNOW ..... d REFUSED ..... r

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)]? PROBE: If you did not receive assistance in some months, please tell us for how many months you did receive assistance.	|__|__| MONTHS DON'T KNOW ..... d REFUSED ..... r	|__|__| MONTHS DON'T KNOW ..... d REFUSED ..... r
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, or ..... 1 SKIP TO E7

$30,000 or more? 2

DON'T KNOW ..... d SKIP TO E8

REFUSED ..... r 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 KNOW ..... d SKIP TO E8

REFUSED ..... r 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 KNOW ..... d

REFUSED ..... r

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 KNOW ..... d

REFUSED ..... r

SECTION F – HEALTH INSURANCE AND DEMOGRAPHICS

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

NO F1 IN THIS VERSION.

NO F2 IN THIS VERSION.

F3. Have you been covered 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

F4. Were you covered by health insurance for the entire period since [fill DATE]?

PROBE: If there were only very brief periods totaling less than one month that you did not have health insurance, please say "yes."

YES ..... 1 SKIP TO F6

NO 0

DON'T KNOW ..... d

REFUSED ..... r

F5. For approximately how many months were you covered by health insurance?

PROBE: Since [fill RA MO/YR DATE].

|___|___| NUMBER OF MONTHS

DON'T KNOW ..... d

REFUSED ..... r

F5x. And what was the main 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 KNOW ..... d

REFUSED ..... r

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 F8
IF 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 F10
IF 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 KNOW ..... d
REFUSED ..... r

F12a. Have you ever been arrested?

YES 1
NO ..... 0 SKIP TO G1
DON'T KNOW ..... d SKIP TO G1
REFUSED ..... r 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?

YES 1
NO ..... 0 SKIP TO G1
DON'T KNOW ..... d SKIP TO G1
REFUSED ..... r 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 ..... d
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?

_____
STREET 1

_____
STREET 2

_____
STREET 3

_____
CITY

_____
STATE

_____
ZIP

SAME AS SAMPLE MEMBER'S 1
DON'T KNOW ..... d
REFUSED ..... r

G6. 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) 99

_____

DON'T KNOW ..... d
REFUSED ..... r

SKIP TO G11

G7. Can you give me a different phone number where you can be reached, perhaps a cell phone number?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

Please give me the telephone number, area code first.

NEW TELEPHONE NUMBER:

|__|__|__|-|__|__|__|-|__|__|__|__|

NO TELEPHONE ..... 0 SKIP TO G11

DON'T KNOW ..... d SKIP TO G11

REFUSED ..... r SKIP TO G11

NEW SCREEN:

PHONE NUMBER

|__|__|__|-|__|__|__|-|__|__|__|__|

CONFIRM THE INFO ABOVE WITH RESPONDENT THEN PRESS ENTER.

G8. Whose telephone is that?

_____

NAME

SAMPLE MEMBER ..... 1 SKIP TO G11

DON'T KNOW ..... d SKIP TO G11

REFUSED ..... r SKIP TO G11

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?

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

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

G15. 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

_____
STREET 1

_____
STREET 2

_____
APT. #

_____
CITY

_____
STATE

_____
ZIP

DON'T KNOW ..... d

REFUSED ..... r

G17. I just have two final questions for you about your overall experience with [fill LWIA ONE-STOP NAME]. First, how satisfied or dissatisfied are you with your experience? Would you say you are . . .

CODE ONE ONLY

Very satisfied, ... 1

Somewhat satisfied, ... 2

Somewhat dissatisfied, or 3

Very dissatisfied, ... 4

DON'T KNOW ..... d

REFUSED ..... r

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.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

PROGRAMMER BOX
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

MATHEMATICA

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.

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
					Average 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

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

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" Added probe to distinguish diplomas and degrees from certifications and licenses	Cognitive respondent interpreted "educational degree" as degree in education 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

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

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WIA EVALUATION 15- MONTH FOLLOW-UP SURVEY¶
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WIA Adult and Dislocated Worker Programs Evaluation

15-Month Follow-Up Survey

August 23, 2012

Deleted: *February 6*

DRAFT

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 ABOUT	2	WHAT ABOUT A2
NOT A GOOD TIME, SCHEDULE CALLBACK	3	CALLBACK
[FILL FIRSTNAME] HAS A HEALTH PROBLEM	4	HEALTHPROB Q3
[FILL FIRSTNAME] IS IN AN INSTITUTION	5	INSTITUTION Q10
[FILL FIRSTNAME] HAS MOVED	6	KNOW WHERE Q17
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH	7	LANG Q20
NEVER HEARD OF [FILL FULLNAME]/WRONG NUMBER	8	THANKS Q36 STATUS 530
HUNG UP DURING INTRODUCTION	9	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 the U.S. Department of Labor about the study. Is [fill FirstName] available?

Deleted: When is a good time to reach

Deleted:]?

[FILL FIRSTNAME] COMES TO THE PHONE	1	A3
NOT A GOOD TIME, SCHEDULE CALLBACK	2	CALLBACK
[FILL FIRSTNAME] HAS A HEALTH PROBLEM/IS DECEASED	3	HEALTHPROB Q3
[FILL FIRSTNAME] IS IN AN INSTITUTION	4	INSTITUTION Q10
[FILL FIRSTNAME] HAS MOVED	5	KNOW WHERE Q17
[FILL FIRSTNAME] DOES NOT SPEAK ENGLISH	6	LANG Q20
ASKS ABOUT LETTER	7	A13
NEVER HEARD OF [FILL SAMPLE MEMBER NAME]/WRONG NUMBER	8	Thanks Q36 Status 530
HUNG UP DURING INTRODUCTION	9	Status 640
SUPERVISOR REVIEW	10	STATUS 380
REFUSED	r	Status 220

Deleted: FULLNAME

Q3 HealthProb

ENTER TYPE OF HEALTH PROBLEM.

HEARING PROBLEM	1	AMP TTY Q4
SPEECH PROBLEM	2	AMP TTY Q4
PHYSICAL PROBLEM	3	CALLLATER Q8
COGNITIVE PROBLEM	4	THANKS Q36 STATUS 410
TOO OLD/FRAIL	5	CALLLATER Q8
IN A COMA	6	THANKS Q36 STATUS 410
DECEASED	7	DECEASED Q9
REFUSED	r	Status 220

Q4 AmpTTY

I can get on a phone that will amplify my voice or [fill FirstName]'s voice, or we could use a TTY service. Would either of these enable [fill FirstName] to complete the interview?

Deleted: HimHer

CODE ONE ONLY

YES – USE AMPLIFIER PHONE	1	RESPAVAIL Q5
YES – USE TTY CAPABILITY	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)
NO	0	Callback

Q6 AmpPhone

Please hold while I get the amplifier phone.

INTERVIEWER: SET UP AMPLIFIER/WEAK SPEECH EQUIPMENT AND ASK GATEKEEPER TO CALL [fill FirstName] TO THE PHONE.

[FILL FIRSTNAME] COMES TO THE PHONE	1	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 OPERATOR ..... 1 SAMPMEMB Q31

IF UNSUCCESSFUL SET CALLBACK ..... 2 Callback

Q8 CallLater

Will [fill FirstName] be able to talk on the telephone if I call back in the next few weeks?

YES/MAYBE – CALLBACK ..... 1 CALLBACK

NO ..... 0 THANKS Q36 STATUS 419

DON'T KNOW ..... d CALLBACK

REFUSED ..... r 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?

Deleted: [fill HeShe] passed away

Deleted: HeShe

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

|__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR
(01-12) (01-31) (2004-2012)

DON'T KNOW ..... d

REFUSED ..... r

STATUS 440

Q10 Institution
ENTER TYPE OF INSTITUTION.

HOSPITAL ..... 1 HOMESOON Q11

NURSING HOME 2

ASSISTED LIVING FACILITY 3

GROUP HOME 4

JAIL OR PRISON ..... 5 Thanks Q36 Status 421

Q11 HomeSoon

So I know when to call back, do you expect [fill FirstName] to come home from the hospital within a month or so?

YES, ARRANGE CALLBACK ..... 1 CALLBACK

NO ..... 0 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?

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 where we might be able to reach [fill FirstName]?

Deleted: NAME

SECOND PHONE NUMBER:

|__|__|__|-|__|__|__|-|__|__|__|__|
(AREA CODE)

NO OTHER NUMBER.....0 New Addr Q19

DON'T KNOW .....d

REFUSED .....r 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?

Deleted: HisHer]

_____

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.

Deleted: SAMPLE MEMBER

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

Q20 Lang

CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN.

ARABIC	1	Thanks Q36 Status 400
BOSNIAN	2	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
PORTUGUESE	12	Thanks Q36 Status 400
RUSSIAN	13	Thanks Q36 Status 400
SPANISH	14	Thanks Q36 Status 401
TAGALOG	15	Thanks Q36 Status 400
VIETNAMESE	16	Thanks Q36 Status 400
OTHER (SPECIFY)	99	OtherLang Q21
_____		
DON'T KNOW	d	
REFUSED	r	

SKIP TO THANKS (Q36) STATUS 400

Deleted: 17

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 FAQ

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

Doesn't Remember Study (Q32)

Just to refresh your memory, Over a year 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

A4. **BLAISE SCREEN: SHOW DOB FROM SAMPLE.**

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

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

IF NECESSARY: READ DOB ALOUD AND CONFIRM.

RECORD: |__|__| / |__|__| / |__|__|__|__|

MONTH DAY YEAR

IF MATCHES SAMPLE INFO - Start Survey (B1), IF DOES NOT MATCH SAMPLE INFO, ASK (A5)

REFUSED	r	A5

Deleted: in Princeton, New Jersey.

Deleted: The interview takes about 30 minutes and

Deleted: A computer assigned you

Deleted: one of three groups. Let's

Deleted: .

BLAISE 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 security number?

Deleted: A5. 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 KNOW ..... d

REFUSED ..... r

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

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.

Deleted: and

Deleted: study's purpose is

Deleted: jobseekers in the future

Deleted: the

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 INTERVIEW	1	A4
NOT A GOOD TIME, SCHEDULE CALLBACK	2	Callback
HUNG UP DURING INTRODUCTION	3	Status 640
SUPERVISOR REVIEW	4	Status 380
REQUESTS ANOTHER LETTER	5	Send Letter
REFUSED	r	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. 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

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

CALLBACK SCREENS

Q101 Hello

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

Deleted: FullName

SPEAKING TO [FILL FIRSTNAME]	1	
[FILL FIRSTNAME] COMES TO THE PHONE	2	
PERSON ASKS WHAT CALL IS ABOUT	3	WHATABOUT Q102
NEED TO CALLBACK	4	CALLBACK
NEVER HEARD OF [FILL FULLNAME]/WRONG NUMBER	5	PHONECHECK Q106
REFUSED	r	STATUS 200 IF NOT SAMPLE MEMBER

IF SAMPLE MEMBER, THEN SKIP TO SAMPMEMB (Q103)

Q102 WhatAbout

[if SampleMember then]

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

Deleted: SM

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

[FILL FIRSTNAME] COMES TO THE PHONE	1	
NEED TO CALLBACK	2	CALLBACK
SUPERVISOR REVIEW	3	STATUS 380
REFUSED	r	STATUS 200 IF NOT SAMPLE MEMBER

IF SAMPLE MEMBER, THEN SKIP TO SAMPMEMB (Q103)

Q103 SampMemb

[if Hello = 2 or WhatAbout = 1 then]

Hello, my name is [fill InterviewerName].

[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?

Deleted: I must have misdialed.

RIGHT NUMBER, NO SUCH PERSON	1	WRONGNUMBER Q107
WRONG CONNECTION/MISDIAL	2	THANKS Q108
SUPERVISOR REVIEW REQUIRED	3	STATUS 380
REFUSED TO CONFIRM NUMBER	4	Thanks Q108

Deleted: Q10

Q107 WrongNumber

I'm [fill InterviewerName] 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

Q108 Thanks

Thank you for your time.

ENTER 1 TO CONTINUE .....1 Backup Q109

Q109 Backup
BACKUP AND REDIAL PHONE NUMBER.

Deleted: in Princeton, New Jersey

Deleted: FullName].

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.

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.

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)].¶

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.

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.

SECTION B – SERVICE RECEIPT

IF SRF25 MISSING

B1. Prior to [fill RA MO/YR 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 RA MO/YR DATE], what was the main reason you went to [fill LWIA ONE-STOP NAME]?

INTERVIEWER: IF NECESSARY, READ ALL OPTIONS.

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) 1

FIND OUT ABOUT TRAINING OPPORTUNITIES OR GET TRAINING FOR A JOB 2

REQUIRED TO GET UNEMPLOYMENT INSURANCE (UI) 3

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) 99

_____

DON'T KNOW ..... d

REFUSED ..... r

RESOURCE 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 community.

Since [fill RA MO/YR 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.

YES 1

NO ..... 0 SKIP TO B8

DON'T KNOW ..... d SKIP TO B8

REFUSED ..... r SKIP TO B8

Deleted: have

Deleted: sought services from a

Deleted: SPECIFIC

Deleted: (E.G., CAREER CENTER, JOB CENTER)]?

Deleted: 5

Deleted: , where

Deleted: resources such as

Deleted: where

Deleted: [fill LWIA ONE-STOP NAME] or a

Deleted:)] like it

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 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 B6 IN THIS VERSION.

NO B7 IN THIS VERSION.

B8. **Since [fill RA MO/YR DATE], did you go somewhere other 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.

YES 1

NO ..... 0 SKIP TO B14

DON'T KNOW ..... d SKIP TO B14

REFUSED ..... r SKIP TO B14

Deleted: B4. Since [fill RA MO/YR DATE],

Deleted: |__|__| NUMBER OF TIMES SKIP TO B6¶

Deleted: ¶
¶
IF B4 = d OR r¶
B5. Would you say you used a resource room only once or twice, 3 to 5 times, 6 to 10 times, or more than 10 times?¶
CODE ONE ONLY¶
ONCE OR TWICE 1¶
3 TO 5 TIMES 2¶
6 TO 10 TIMES 3¶
MORE THAN 10 TIMES 4¶
DON'T KNOW d¶
REFUSED r¶
¶
¶
B6. About how long did you spend using a resource room during an average visit?¶
PROBE: Do not include time waiting in line or attending workshops.¶
|__|__| NUMBER SKIP TO B8¶
MINUTES 1¶
HOURS 2¶
DON'T KNOW d¶
REFUSED r¶
¶
¶
IF B6 = d OR r¶
B7. Would you say you spent . . .¶
CODE ONE ONLY

Deleted: ¶
15 minutes or less, 1¶
More than 15 minutes but less than 1 hour, 2¶
1 to 2 hours, 3¶
More than 2 but less than 4 hours, 4¶
4 to 6 hours, or 5¶
More than 6 hours? 6¶
DON'T KNOW d¶
REFUSED r¶
- - - - - - - - - - Page Break - - - - - - - - - -

Deleted: to a location

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted: like it

Deleted: ¶
PROBE: 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¶
¶
¶
B9. Where else did you use a resource room?

Deleted: other

B9. 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, OR THE 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) 99

_____

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.

Deleted: OTHER

Deleted: 8

Deleted: ¶
¶
B10. Since [fill RA MO/YR DATE],

Deleted: any location other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]

Deleted: |___|___| NUMBER OF TIMES SKIP TO B12¶
DON'T KNOW d¶
REFUSED r¶
Page Break
¶
IF B10 = d OR r¶
B11. Would you say you went to a resource room only

Deleted: 3 to 5 times, 6 to 10 times, or more than 10 times?¶
CODE ONE ONLY¶
ONCE OR TWICE

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 RA MO/YR 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.

YES 1

NO ..... 0 SKIP TO B21

DON'T KNOW ..... d SKIP TO B21

REFUSED ..... r 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 INTENSIVE WORKSHOP NAME1]	1	0	d	r
b. [fill LWIA INTENSIVE WORKSHOP NAME2]	1	0	d	r
c. [fill LWIA INTENSIVE WORKSHOP NAME3]	1	0	d	r
d. [fill LWIA INTENSIVE 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)?

YES 1

NO ..... 0 SKIP TO B21

DON'T KNOW ..... d SKIP TO B21

REFUSED ..... r SKIP TO B21

NO B17 IN THIS VERSION.

Deleted: ¶
¶
B12. About how long did you spend using a resource room during an average visit?¶
PROBE: Do not include time waiting in line or attending workshops.¶
|___|___| NUMBER SKIP TO

Deleted: ¶
MINUTES 1¶
HOURS 2¶
DON'T KNOW d¶
REFUSED r¶
¶
¶
IF B12 = d OR r¶
B13. Would you say you spent . . .¶
CODE ONE ONLY¶
15 minutes or less, 1¶
More than 15 minutes but less than 1 hour, 2¶
1 to 2 hours, 3¶
More than 2 but less than 4 hours, 4¶
4 to 6 hours, or 5¶
More than 6 hours? 6¶
DON'T KNOW d¶
REFUSED r¶
Page Break
¶
B14. Now we

Deleted: interested in learning

Deleted: any

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted:)] like it. Since [fill RA MO/YR DATE], have you attended any of those workshops?

Deleted: facilitator

Deleted: I'm going

Deleted: read a list of some

Deleted: and I would like you to tell me if you did or did not go to each of these workshops.

Deleted: workshops at a

Deleted:
¶
B17. Since [fill RA MO/YR DATE],

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, ... 1

2 or 3, ... 2

4 or 5, or 3

More than 5 workshops? 4

DON'T KNOW ..... d

REFUSED ..... r

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 RA MO/YR DATE], have you gone to any workshops held somewhere other 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.

YES 1

NO ..... 0 SKIP TO BOX BEFORE B27

DON'T KNOW ..... d SKIP TO BOX BEFORE B27

REFUSED ..... r SKIP TO BOX BEFORE B27

Deleted: different

Deleted: attend at a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?¶
|___|___| NUMBER OF WORKSHOPS . . SKIP TO B19¶
DON'T KNOW . d¶
REFUSED . r¶
¶
¶
IF B17 = d OR r¶
B18. .

Deleted: you attended only 1, 2 or 3, 4 or 5, or more than 5?

Deleted: . 1

Deleted: OR

Deleted: . 2

Deleted: 4 OR

Deleted: . 3¶
MORE THAN 5

Deleted: ¶
¶
B19. .

Deleted: much time did you spend at

Deleted: ¶
|___|___| NUMBER . . SKIP TO B21¶
HOURS . 1¶
DAYS . 2¶
DON'T KNOW . d¶
REFUSED . r¶
¶
¶
IF B19 = d OR r¶
B20. .

Deleted: you spent

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted:)] like it?

Deleted: other

B22. Where were these workshops held?

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

OTHER EDUCATIONAL OR TRAINING ENTITY 6

ONLINE 7

OTHER (SPECIFY) 99

_____

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

Deleted: ONE ONLY

Deleted: OTHER

Deleted: 8

Deleted: ¶
¶
B23

Deleted: different

Deleted: attend that were held somewhere other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]?¶
|__|__| NUMBER OF WORKSHOPS . . SKIP TO B25¶
DON'T KNOW . d¶
REFUSED . r¶
Page Break
¶
IF B23 = d OR r¶
B24. .

Deleted: you attended only 1, 2 or 3, 4 or 5, or more than 5?

Deleted: . 1

Deleted: OR

Deleted: . 2

Deleted: 4 OR

Deleted: . 3¶
MORE THAN 5

Deleted: ¶
¶
B25. .

Deleted: much time

Deleted: you spend at

Deleted: ?¶
|__|__| NUMBER . . SKIP TO B27¶
HOURS . 1¶
DAYS . 2¶
DON'T KNOW . d¶
REFUSED . r¶
¶
¶
IF B25 = d OR r¶
B26. .

Deleted: you spent

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 . . .

Deleted: Thinking

Deleted: workshops

Deleted: ,

Deleted: workshops

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? PROBE: This does NOT include actually taking the test.	1	0	d	r
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 any 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 RA MO/YR 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].

YES 1

NO ..... 0 SKIP TO B32

DON'T KNOW ..... d SKIP TO B32

REFUSED ..... r SKIP TO B32

NO B30 IN THIS VERSION.

Deleted: on the computer or using paper-and-pencil

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted:)] like it?

Deleted: ¶
¶
B30. Since [fill RA MO/YR DATE],

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

PROBE: Since [fill RA MO/YR DATE].

PROBE: Please count tests on different subjects that you completed in a single sitting as one test.

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 other 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.

YES 1

NO ..... 0 SKIP TO B36

DON'T KNOW ..... d SKIP TO B36

REFUSED ..... r 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) 99

_____

DON'T KNOW ..... d

REFUSED ..... r

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted:)] like it?¶
PROBE: Include in-person visits only.¶
|___|___| NUMBER OF TESTS SKIP TO B32¶
DON'T KNOW d¶
REFUSED r¶
¶
¶
IF B30 = d OR r¶
B31.

Deleted: you took only 1, 2 or 3, 4 or 5, or more than 5?

Deleted: 1

Deleted: OR

Deleted: 2

Deleted: 4 OR

Deleted: 3¶
MORE THAN 5

Deleted: at a place

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted:)] like it?

Deleted: other

Deleted: go to

Deleted: OTHER

Deleted: 8

NO B34 IN THIS VERSION.

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

PROBE: Since [RA MO/YR DATE].

PROBE: Include in-person visits only.

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 about 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 RA MO/YR], 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.

YES 1

NO ..... 0 SKIP TO B41

DON'T KNOW ..... d SKIP TO B41

REFUSED ..... r 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 RA MO/YR 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

Deleted: ¶
¶
B34. Since [fill RA MO/YR DATE],

Deleted: any

Deleted: other than [fill LWIA ONE-STOP NAME] or a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] like it?

Deleted: |__|__| NUMBER OF TESTS SKIP TO B36¶

Deleted: ¶
IF B34 = d OR r¶
B35. Would you say you took only 1, 2 or 3, 4 or 5, or more than 5?¶
CODE ONE ONLY

Deleted: ¶
1 1¶
2 OR 3 2¶
4 OR 5 3¶
MORE THAN 5 4¶
DON'T KNOW d¶
REFUSED r¶
Page Break
¶

Deleted: Now we

Deleted: interested in learning

Deleted: search support

Deleted: peer networking

Deleted: such as job clubs

Deleted: First, let's talk about meetings that took place at [fill LWIA ONE-STOP NAME] or a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] like it. Since [fill RA MO/YR], have you attended meetings for any of these groups?¶
PROBE: Job search support and peer-networking groups

Deleted: to provide

Deleted: ¶
¶
B37. Since [fill RA MO/YR DATE],

Deleted: any of these groups?

Deleted: |__|__| # TIMES SKIP TO B39¶

Deleted: ¶
¶
IF B37 = d OR r¶
B38. Would you say you attended only 1 group meeting, 2 or 3, 4 or 5, or more than 5 group meetings?¶
CODE ONE ONLY¶
1 1¶
2 OR 3 2¶
4 OR 5 3¶
MORE THAN 5 4¶
DON'T KNOW d¶
REFUSED r¶
¶
¶
...

NO B39 IN THIS VERSION.

NO B40 IN THIS VERSION.

B41. Since [fill RA MO/YR DATE], have you attended any job club or job group meetings somewhere other than or 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.

YES 1

NO ..... 0 SKIP TO B47a

DON'T KNOW ..... d SKIP TO B47a

REFUSED ..... r 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) 99

_____

DON'T KNOW ..... d

REFUSED ..... r

Deleted: ¶
30 minutes or less, - 1¶
More than 30 but less than 60 minutes, or - 2¶
1 hour or more? - 3¶
DON'T KNOW - d¶
REFUSED - r¶
¶

Deleted: search peer-networking

Deleted: support

Deleted: at a place

Deleted: [fill LWIA ONE-STOP NAME]

Deleted:)] like it?

Deleted: other

Deleted: search support

Deleted: peer-networking

Deleted: to provide

Deleted: B47

Deleted: B47

Deleted: B47

Deleted: search support

Deleted: peer-networking

Deleted: OTHER

Deleted: 7

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 . . .

PROBE: Since [RA MO/YR 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 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 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

REFUSED ..... r SKIP TO B59a

Deleted: B43. Since [fill RA MO/YR DATE],

Deleted: a place other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]

Deleted: any of these groups?

Deleted: |___|___| # TIMES SKIP TO B45¶

Deleted: ¶
¶
IF B43 = d OR r¶
B44. Would you say you attended only 1 group meeting, 2 or 3, 4 or 5, or more than 5 group meetings?¶
CODE ONE ONLY¶
1 1¶
2 OR 3 2¶
4 OR 5 3¶
MORE THAN 5 4¶
DON'T KNOW d¶
REFUSED r¶
¶
¶
B45. About how long did an average group meeting last?¶
|___|___| HOURS SKIP TO B47¶
|___|___| MINUTES SKIP TO B47¶
DON'T KNOW d¶
REFUSED r¶
¶
¶
IF B45 = d OR r¶
B46. Would you say these meetings lasted . . .¶
CODE ONE ONLY

Deleted: ¶
30 minutes or less, 1¶
More than 30 but less than 60 minutes, or 2¶
1 hour or more? 3¶
DON'T KNOW d¶
REFUSED r¶
Page Break
¶
B47

Deleted: from an employment professional

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? ..... **PROBE:** This includes creating a resume, developing a job search strategy, or discussing progress in pursuing job leads and completing job applications.	1	0	d	r
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?..... **PROBE:** This includes comparing different training programs, or developing specific plans for selecting and paying for training.	1	0	d	r
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)]?

PROBE: Include appointments at the [fill LWIA ONE-STOP NAME].

YES 1

NO .....0 SKIP TO B53

DON'T KNOW .....d SKIP TO B53

REFUSED .....r SKIP TO B53

NO B49 IN THIS VERSION.

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],

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, or 4
More than 60 minutes? 5
DON'T KNOW ..... d
REFUSED ..... r

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

CODE ONE ONLY

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

Deleted: times

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

Deleted: or by phone?¶
|__|__| # TIMES . . SKIP TO B51¶
DON'T KNOW . d¶
REFUSED . r¶
¶
¶
IF B49 = d OR r¶
B50. .

Deleted: you received this help only once, 2 or 3 times, 4 or 5 times, or more than 5 times?

Deleted: ONCE

Deleted: TIMES . 2

Deleted: OR

Deleted: TIMES . 3

Deleted: MORE THAN 5 TIMES . 4¶

Deleted: ¶
B51. . About how much time did you spend working one-on-one with an employment professional during an average visit or phone call?¶
|__|__| HOURS . . SKIP TO B53¶
|__|__| MINUTES . . SKIP TO B53¶
DON'T KNOW . d¶
REFUSED . r¶
¶
¶
IF B51 = d OR r¶

Deleted: you spent

Deleted: 61 to 90 minutes, or . 5¶

Deleted: 90

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

CODE ONE ONLY

10 minutes or less, ... 1

11 to 20 minutes, ... 2

21 to 30 minutes, or 3

More than 30 minutes? 4

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 other than a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)].)

Since [fill RA MO/YR DATE], did you receive any of this individual help from somewhere other 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.

YES 1

NO ..... 0 SKIP TO B59

DON'T KNOW ..... d SKIP TO B59

REFUSED ..... r 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) 99

_____

DON'T KNOW ..... d

REFUSED ..... r

Deleted: ? . 6

Deleted: you have received

Deleted: an employment professional at a place

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted:)] like it.

Deleted: a place

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted: other

Deleted: OTHER

Deleted: 8

NO B55 IN THIS VERSION.

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

CODE ONE ONLY

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

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, or 4

More than 60 minutes? 5

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

Deleted: ¶
¶
B55. Since [fill RA MO/YR DATE],

Deleted: times

Deleted: talk one-on-one with any employment professionals at (this/these) place(s)

Deleted: or by phone?¶
|___|___| # TIMES SKIP TO B57¶
DON'T KNOW d¶
REFUSED r¶
Page Break
¶
IF B55 = d OR r¶
B56.

Deleted: you received this help only once, 2 or 3 times, 4 or 5 times, or more than 5 times?

Deleted: ONCE

Deleted: TIMES 2

Deleted: TIMES 3

Deleted: TIMES 4

Deleted: ¶
¶
B57. About how much time did you spend working one-on-one with an employment professional at (this/these) place(s) during an average visit or phone call?¶
|___|___| HOURS SKIP TO B59¶
|___|___| MINUTES SKIP TO B59¶
DON'T KNOW d¶
REFUSED r¶
¶
¶
IF B57 = d OR r¶

Deleted: you spent

Deleted: 61 to 90 minutes, or 5¶

Deleted: 90

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

CODE ONE ONLY

10 minutes or less, ... 1

11 to 20 minutes, ... 2

21 to 30 minutes, or 3

More than 30 minutes? 4

DON'T KNOW ..... d

REFUSED ..... r

Deleted: ? . 6

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

YES 1

NO ..... 0 SKIP TO C1

DON'T KNOW ..... d SKIP TO C1

REFUSED ..... r SKIP TO C1

Deleted: B59

Deleted: , I am interested in learning

Deleted: (

Deleted:)

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 RA MO/YR], how much total assistance, in dollars, did you receive? Do not include assistance you received for tuition or fees.

$ |__|__|__|__|__|__|__|__| TOTAL ASSISTANCE

DON'T KNOW ..... d

REFUSED ..... r

B62. Since [fill RA MO/YR DATE], did you receive any of this financial assistance from somewhere other 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: Do not include financial assistance you may have received from friends or family.

YES 1

NO ..... 0 SKIP TO C1

DON'T KNOW ..... d SKIP TO C1

REFUSED ..... r SKIP TO C1

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted:)] like it?

Deleted: [fill LWIA ONE-STOP NAME] or

Deleted: like it

Deleted: |,|

Deleted: We are also interested in learning 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 at a place other than [fill LWIA ONE-STOP NAME] or a [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] like it.¶

Deleted: any place

Deleted: than a

Deleted: LWIA SPECIFIC

Deleted: (E.G., CAREER CENTER, JOB CENTER)]? Please

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.....4

COMMUNITY COLLEGES.....5

ONLINE.....6

OTHER EDUCATIONAL OR TRAINING ENTITY 7

OTHER (SPECIFY).....99

_____

DON'T KNOW .....d

REFUSED .....r

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

$ |__|__|__|__|__|__|__|__|__|__|__| TOTAL ASSISTANCE

DON'T KNOW .....d

REFUSED .....r

Deleted: OTHER

Deleted: 8

Deleted: any

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 like to ask you about education or training programs you may have participated in since [fill RA MO/YR DATE] that we haven't talked about yet. 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, ESL classes, college, or other types of school.

Since [fill RA MO/YR 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).

YES 1

NO ..... 0 SKIP TO D0

DON'T KNOW ..... d SKIP TO D0

REFUSED ..... r SKIP TO D0

C2. How many different education and training programs have you participated in since [fill RA MO/YR 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 KNOW ..... d

REFUSED ..... r

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

Deleted: , school, and job

Deleted: and courses

Deleted: spoken

Deleted: and

Deleted: and courses

Deleted: Also

Deleted: Also

Deleted: D1

Deleted: D1

Deleted: D1

Deleted: |__|__|

Deleted: only

Deleted: CODE ONE ONLY¶
1 . 1¶
2 OR 3 . 2¶
4 OR 5 . 3¶
MORE THAN 5

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? What's the next program you attended?	_____ (SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S))	_____ (SPECIFY NAME OF THE TRAINING AND EDUCATION PROGRAM(S))
C5. Let me verify that since [fill RA MO/YR 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 ..... 1 NOT CORRECT ..... 0 DON'T KNOW ..... d REFUSED ..... r	CORRECT ..... 1 NOT CORRECT ..... 0 DON'T KNOW ..... d REFUSED ..... r
C6. When did you start attending [fill PROGRAM]?	|__|__| / |__|__|__|__| SKIP TO C8 MONTH YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__| / |__|__|__|__| SKIP TO C8 MONTH YEAR DON'T KNOW ..... d REFUSED ..... r
IF C6 = d OR r C7. Do you recall what year you started attending [fill PROGRAM/ THE FIRST/SECOND] program?	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r
C8. And when did you stop attending that program?	|__|__| / |__|__|__|__| SKIP TO C10 MONTH YEAR STILL IN PROGRAM ..... 2 SKIP TO C10 DON'T KNOW ..... d REFUSED ..... r	|__|__| / |__|__|__|__| SKIP TO C10 MONTH YEAR STILL IN PROGRAM ..... 2 SKIP TO C10 DON'T KNOW ..... d REFUSED ..... r
IF C8 = d OR r C9. Do you recall what year you stopped attending that program?	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r	|__|__|__|__| YEAR DON'T KNOW ..... d REFUSED ..... r

	#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? **PROBE:** Do not include time spent outside of class studying or doing homework. Only time spent attending class should be included. 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.	|__|__| HOURS PER WEEK SKIP TO C12 DON'T KNOW..... d REFUSED ..... r	|__|__| HOURS PER WEEK SKIP TO C12 DOON'T KNOW ..... d REFFUSED ..... r
IF C10 = d OR r C11. Would you say you attend(ed) the program for . . .	CODE ONE ONLY less than 1 hour per week, ... 1 1 to 3 hours per week, ... 2 more than 3 but less than 5 hours per week, or ..... 3 5 hours or more per week? ..... 4 DON'T KNOW..... d REFUSED ..... r	CODE ONE ONLY less than 1 hour per week, ... 1 1 to 3 hours per week, ... 2 more than 3 but less than 5 hours per week, or ..... 3 5 hours or more per week? ..... 4 DON'T KNOW..... d REFUSED ..... r
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? **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)?	CODE ONE ONLY JOB SKILLS OR PREPARE FOR OCCUPATION..... 1 GENERAL EDUCATION..... 2 ENGLISH AS A SECOND LANGUAGE ..... 3 DON'T KNOW..... d REFUSED ..... r	CODE ONE ONLY JOB SKILLS OR PREPARE FOR OCCUPATION..... 1 GENERAL EDUCATION..... 2 ENGLISH AS A SECOND LANGUAGE ..... 3 DON'T KNOW..... d REFUSED ..... r

	#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 particular employer.	YES ..... 1 NO ..... 0 DON'T KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DON'T KNOW ..... d REFUSED ..... r
IF C12 = 2 (GENERAL EDUCATION) C14. What kind of general education (are/were) you attending? (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 college, ... 4 a four-year program at a college or university, ... 5 a graduate or professional program, or ..... 6 something else? (SPECIFY) ..... 99 _____ ESL-English as a second language ..... 8 DON'T KNOW ..... d REFUSED ..... r	CODE ONE ONLY regular high school, ... 1 GED classes, ... 2 non-credit adult education, ... 3 a two-year program at a community college, ... 4 a four-year program at a college or university, ... 5 a graduate or professional program, or ..... 6 something else? (SPECIFY) ..... 99 _____ ESL-English as a second language ..... 8 DON'T KNOW ..... d REFUSED ..... r
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) 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 ..... 1 4 YEAR COLLEGE OR UNIVERSITY ..... 2 PRIVATE PROVIDER OF TRAINING (SPECIFY) ..... 3 _____ COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY.. 4 ONLINE ..... 5 VOCATIONAL INSTITUTE/ TRAINING CENTER ..... 6 ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL ..... 7 EMPLOYER ..... 8 GOVERNMENT AGENCY/MILITARY ..... 9 [fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)]..... 10 STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE ..... 11 SOME PLACE ELSE (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED..... r	CODE ONE ONLY COMMUNITY COLLEGE/2 YEAR COLLEGE .... 1 4 YEAR COLLEGE OR UNIVERSITY ..... 2 PRIVATE PROVIDER OF TRAINING (SPECIFY) ..... 3 _____ COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT PRIVATE AGENCY..... 4 ONLINE..... 5 VOCATIONAL INSTITUTE/ TRAINING CENTER ..... 6 ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL..... 7 EMPLOYER ..... 8 GOVERNMENT AGENCY/MILITARY..... 9 [fill LWIA ONE-STOP NAME] or other [fill LWIA SPECIFIC NAME (E.G., CAREER CENTER, JOB CENTER)] ..... 10 STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE ..... 11 SOME PLACE ELSE (SPECIFY)..... 99 _____ DON'T KNOW ..... d REFUSED ..... r
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 REFUSED..... r	$ |__|__| , |__|__|__| SKIP TO C19 DON'T KNOW ..... d REFUSED ..... r
IF C17 = d OR r C18. Would you say the cost of the program (is/was) . . .	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, or ..... 5 $10,000 or more?..... 6	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, or ..... 5 $10,000 or more?..... 6

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	#2 (SECOND SCHOOL ORR TRAINING PROGRAM AFTER RA DATE)
C19. Is this amount the total 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.....1 SKIP TO C20 COST PER YEAR.....2 COST PER SEMESTER.....3 COST PER QUARTER.....4 COST PER MONTH.....5 COST FOR SOME OTHER PERIOD OF TIME (SPECIFY).....99 _____	CODE ONE ONLY TOTAL COST OF THE PROGRAM.....1 SKIIP TO C20 COST PER YEAR.....2 COST PER SEMESTER.....3 COST PER QUARTER.....4 COST PER MONTH.....5 COST FOR SOME OTHER PERIOD OF TIME (SPECIFY).....99
C19a. How (many [fill UNIT OF TIME FROM C19]s/long) is it supposed to take to complete this program?	|__|__| NUMBER YEARS.....1 SEMESTERS.....2 QUARTERS.....3 MONTHS.....4 SOME OTHER PERIOD OF TIME (SPECIFY).....99 _____	|__|__| NUMBER YEARS.....1 SEMESTERS.....2 QUARTERS.....3 MONTHS.....4 SOME OTHER PERIOD OF TIME (SPECIFY).....99 _____
C20. (Do/Did) you or your family . . .	CODE ONE ONLY pay for all,.....1 SKIP TO C24 some, or.....2 none of this program?.....3 SKIP TO C23 DON'T KNOW.....d SKIP TO C23 REFUSED.....r SKIP TO C23	CODE ONE ONLY pay for all,.....1 SKIP TO C24 some, or.....2 none of this program?.....3 SKIP TO C23 DON'T KNOW.....d SKIP TO C23 REFUSED.....r SKIP TO C23
C21. How much, (do/did) you or your family pay for this program?	$ |__| , |__|__|__| DON'T KNOW.....d REFUSED.....r	$ |__| , |__|__|__| DON'T KNOW.....d REFUSED.....r
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 COST PER SEMESTER.....3 COST PER QUARTER.....4 COST PER MONTH.....5 COST FOR SOME OTHER PERIOD OF TIME (SPECIFY).....99 _____	CODE ONE ONLY TOTAL COST OF THE PROGRAM.....1 COST PER YEAR.....2 COST PER SEMESTER.....3 COST PER QUARTER.....4 COST PER MONTH.....5 COST FOR SOME OTHER PERIOD OF TIME (SPECIFY).....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.....1 [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.....6 OTHER GOVERNMENT AGENCY OR ASSISTANCE.....7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]).....8 OTHER (SPECIFY).....99 _____ DON'T KNOW.....d REFUSED.....r	CODE ALL THAT APPLY ITA VOUCHER.....1 [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.....6 OTHER GOVERNMENT AGENCY OR ASSISTANCE.....7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]).....8 OTHER (SPECIFY).....99 _____ DON'T KNOW.....d REFUSED.....r
C24. CATI: CHECK C8. DOES C8=2 (STILL IN PROGRAM)?	YES.....1 GO TO C4 FOR ANOTHER PROGRAM OR TO C27 NO.....0	YES.....1 GO TO C4 FOR ANOTHER PROGRAM OR TO C27 NO.....0

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)
C25. Did you complete the program? **PROBE:** Did you receive a certificate or degree?	YES ....1 SKIP TO C27 NO ....0 NO SPECIFIC COMPLETION ....3 SKIP TO C27 DON'T KNOW ....d SKIP TO C27 REFUSED ....r SKIP TO C27	YES ....1 SKIP TO C27 NO ....0 NO SPECIFIC COMPLETION ....3 SKIP TO C27 DON'T KNOW ....d SKIP TO C27 REFUSED ....r SKIP TO C27
C26. What was the main reason that you stopped attending that program?	CODE ONE ONLY FOUND JOB/REEMPLOYED ....1 COULDN'T AFFORD TO CONTINUE ....2 PERSONAL PROBLEMS ....3 NOT INTERESTED/DIDN'T LIKE PROGRAM ....4 DIDN'T THINK IT WOULD HELP TO FIND JOB ....5 STARTED (OTHER) SCHOOL/ TRAINING ....6 DECIDED DIDN'T WANT JOB ....7 ILLNESS/PREGNANCY ....8 CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS ....9 POOR GRADES ....10 COURSES OR PROGRAM POORLY TAUGHT ....11 OTHER (SPECIFY) ....99 _____ DON'T KNOW ....d REFUSED ....r SKIP TO C37a	CODE ONE ONLY FOUND JOB/REEMPLOYED ....1 COULDN'T AFFORD TO CONTINUE ....2 PERSONAL PROBLEMS ....3 NOT INTERESTED/DIDN'T LIKE PROGRAM ....4 DIDN'T THINK IT WOULD HELP TO FIND JOB ....5 STARTED (OTHER) SCHOOL/ TRAINING ....6 DECIDED DIDN'T WANT JOB ....7 ILLNESS/PREGNANCY ....8 CHILD CARE/FAMILY TRANSPORTATION/LOGISTICAL PROBLEMS ....9 POOR GRADES ....10 COURSES OR PROGRAM POORLY TAUGHT ....11 OTHER (SPECIFY) ....99 _____ DON'T KNOW ....d REFUSED ....r SKIP TO C37a
C27. (Is/Was) [fill PROGRAM NAME] designedd to lead to a diploma or degree? **PROBE:** For example, a high school diploma or GED or a two- or four-year degree. **PROBE:** A professionall certification or state or industry license is not considered to be a diploma or degree. We will talk about certifications and licenses next.	YES ....1 NO ....0 SKIP TO C30 DON'T KNOW ....d SKIP TO C30 REFUSED ....r SKIP TO C30 IF C8=2 (STILL IN PROGRAM), SKIP TO C30 FOR ALL	YES ....1 NO ....0 SKIP TO C30 DON'T KNOW ....d SKIP TO C30 REFUSED ....r SKIP TO C30 IF C8=2 (STILL IN PROGRAM), SKIP TO C30 FOR ALL
C28. Did you receive a diploma or degree for completing that program?	YES ....1 NO ....0 SKIP TO C30 DON'T KNOW ....d SKIP TO C30 REFUSED ....r SKIP TO C30	YES ....1 NO ....0 SKIP TO C30 DON'T KNOW ....d SKIP TO C30 REFUSED ....r 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 program?	CODE ONE ONLY HIGH SCHOOL DIPLOMA OR GED ..... 1 POST-SECONDARY DEGREE (E.G., AA, BA, ETC.) ..... 2 OTHER (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r	CODE ONE ONLY HIGH SCHOOL DIPLOMA OR GED ..... 1 POST-SECONDARY DEGREE (E.G., AA, BA, ETC.) ..... 2 OTHER (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r
C30. (Is/Was) [fill PROGRAM NAME] designed to lead to a professional certification or a state or industry license? **PROBE:** A professional 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.	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C36x IF C8=2 (STILL IN PROGRAM), SKIP TO C37a FOR ALL	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a IF C8=2 (STILL IN PROGRAM), SKIP TO C37a FOR ALL
C31. Did you receive a certification or license for completing that program?	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a
C32. Did you need to take any tests or exams to get this certification or license?	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a	YES ..... 1 NO ..... 0 SKIP TO C37a DON'T KNOW ..... d SKIP TO C37a REFUSED ..... r SKIP TO C37a
C33. How much (does/did) (this/these) test(s) cost? **PROBE:** Your best estimate is fine.	$ |__|__| , |__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r	$ |__|__| , |__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r
C34. (Do/Did) you or your family . . .	CODE ONE ONLY pay for all, ... 1 SKIP TO C37a some, or ..... 2 none of (this/these) tests?... 3 SKIP TO C36 DON'T KNOW ..... d SKIP TO C36 REFUSED ..... r SKIP TO C36	CODE ONE ONLY pay for all, ... 1 SKIP TO C37a some, or ..... 2 none of (this/these) tests?.. 3 SKIP TO C36 DON'T KNOW ..... d SKIP TO C36 REFUSED ..... r SKIP TO C36
C35. How much, (do/did) you or your family pay for ((this/these) test(s)??	$ |__|__| , |__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r	$ |__|__| , |__|__|__| EXAM COST DON'T KNOW ..... d REFUSED ..... r

	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER RA DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER RA DATE)
C36. Who (else) (pays/paid) for (this/these) tests? This may include an organization or grant. **PROBE:** Any other person or organization?	CODE ALL THAT APPLY ITA VOUCHER ..... 1 [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 ..... 6 OTHER GOVERNMENT AGENCY OR ASSISTANCE ..... 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) ..... 8 OTHER (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r	CODE ALL THAT APPLY ITA VOUCHER ..... 1 [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 ..... 6 OTHER GOVERNMENT AGENCY OR ASSISTANCE ..... 7 OTHER GRANT OR SCHOLARSHIP FUND (LIKE [fill SITE SPECIFIC]) ..... 8 OTHER (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r
C37a. Have you had at least one job since you started this program?	YES ..... 1 GO TO C37b NO ..... 0 SKIP TO D0 DON'T KNOW ..... d GO TO C37b REFUSED ..... r GO TO C37	YES ..... 1 GO TO C37b NO ..... 0 SKIP TO D0 DON'T KNOW ..... d GO TO C37b REFUSED ..... r GO TO C37
C37b. Do you think you got a job because of the skills you learned in this program?	YES ..... 1 NO, DID NOT GET JOB BECAUSE OF SKILLS ..... 2 NO, HAVE NOT BEEN EMPLOYED SINCE COMPLETED PROGRAM ..... 3 STILL IN PROGRAM ..... 4 DON'T KNOW ..... d REFUSED ..... r IF STILL IN PROGRAM, GO TO C4 FOR NEXT PROGRAM OR D0 IF NO OTHER PROGRAM	YES ..... 1 NO, DID NOT GET JOB BECAUSE OF SKILLS ..... 2 NO, HAVE NOT BEEN EMPLOYED SINCE COMPLETED PROGRAM ..... 3 STILL IN PROGRAM ..... 4 DON'T KNOW ..... d REFUSED ..... r 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 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]?

YES 1

NO ..... 0 SKIP TO D21a

DON'T KNOW ..... d SKIP TO D21a

REFUSED ..... r 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

Deleted: at the time or

Deleted: on

Deleted: in the five

Deleted: prior to

Deleted: D21

Deleted: D21

Deleted: D21

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 TRAILER, STOCKING INVENTORY.

MAIN DUTIES (SPECIFY) 1

_____

DON'T KNOW ..... d

REFUSED ..... r

Deleted: ELECTRICAL ENGINEER, STOCK CLERK, CASHIER,

Deleted: DRIVER, WAITRESS, AND TEACHER

D4. As of [fill RA MO/YR DATE], what was your most recent rate of pay, before taxes or deductions, at that job?

PROBE: If your pay varied, provide an average amount.

ACCEPT MOST CONVENIENT PAY PERIOD.

$ |__|__|__|,|__|__|__|.|__|__| RATE OF PAY SKIP TO D8

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) ..... 99 SKIP TO D8

_____

DON'T KNOW ..... d SKIP TO D8

REFUSED ..... r SKIP TO D8

Deleted: |,|__|__|__|.|

Deleted: 6

D5. Now, I'd like to ask you about the job you had just before you sought services from the [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE]. My computer screen indicates that you worked at [fill COMPANY NAME SRF20]. Is this correct?

YES 1

NO ..... 0 GO BACK TO D1

DON'T KNOW ..... d GO BACK TO D1

REFUSED ..... r GO BACK TO D1

Deleted: at the time or

Deleted: on

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 BUSINESS OR INDUSTRY (SPECIFY) 1

_____

DON'T KNOW ..... d

REFUSED ..... r

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?

YES 1

NO ..... 0 GO BACK TO D3

DON'T KNOW ..... d GO BACK TO D3

REFUSED ..... r GO BACK TO D3

ALL

D8. When did you start working for [fill COMPANY NAME]?

INTERVIEWER: RECORD MONTH AND YEAR.
ENTER DATE IN MM/YYYY FORMAT

|__|__| / |__|__|__|__| SKIP TO D10
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 job end?

INTERVIEWER: RECORD MONTH AND YEAR.
ENTER DATE IN MM/YYYY FORMAT.

|__|__| / |__|__|__|__| SKIP TO D12a
MONTH YEAR

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 ..... 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 TIME ..... 1 SKIP TO D13

SOME TIME NOT WORKING 0

DON'T KNOW ..... d

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

REFUSED ..... r

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 KNOW ..... d

REFUSED ..... r

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

Deleted: D12

Deleted: between (fill [D8/D9 MO/YR]) and (fill [D10/D11 MO/YR])/now?

Deleted: All or nearly all, . 1¶

Deleted: 2 . SKIP TO D15

Deleted: 3 . SKIP TO D15

Deleted: 4 . SKIP TO D15

Deleted: 5 . SKIP TO D15

Deleted: . SKIP TO D15

Deleted: . SKIP TO D15

Deleted: D17

Deleted: CODE ONE ONLY¶
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¶

Deleted: . SKIP TO D17

Deleted: . SKIP TO D17

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.

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

CODE ONE ONLY

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.**

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D16. And how many hours per day did you usually work? Please include regular overtime hours.

PROBE: How many hours in an average day?

PROBE: Just before you left.

|__|__| HOURS PER DAY

DON'T KNOW d

REFUSED r

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 ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Health insurance or membership in an HMO or PPO plan?	1	0	d	r
b. Paid vacation?	1	0	d	r
c. Paid holidays?	1	0	d	r
d. Paid sick leave?	1	0	d	r
e. Retirement or pension benefits?	1	0	d	r
f. Tuition 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 KNOW ..... d

REFUSED ..... r

Deleted: —

Deleted: INJURY

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CURRENT JOB AND UP TO 5 JOBS BETWEEN NOW AND RA

PROGRAMMER BOX

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

D21a. (We are finished talking about the job you had at [IF SRF17 ~=1, fill D2 COMPANY NAME; ELSE IF SRF17 = 1, fill COMPANY NAME SRF20].) Now I'd like to ask you about your current employment status. Are you . . .

CODE ALL THAT APPLY

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) 99

ONLY TEMPORARILY LAID OFF, SICK, OR MATERNITY LEAVE 7

DISABLED, PERMANENTLY OR TEMPORARILY 8

DON'T KNOW ..... d

REFUSED ..... r

D21b. Are you currently looking for work?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

Deleted: ¶
D21

Deleted: the time or just before you sought services from the [

Deleted: LWIA ONE-STOP NAME

Deleted: working now, looking for work, retired, keeping house,

Deleted: . . CODE ONE ONLY¶
WORKING NOW . 1¶
LOOKING FOR WORK, UNEMPLOYED . 2¶
RETIRED . 3¶
KEEPING HOUSE . 4¶
STUDENT . 5¶

Deleted: 6

Deleted: 7

Deleted: SOMETHING ELSE (SPECIFY) . 8¶
_¶

D22. Including any current job(s), how many different paid jobs have you had since [fill RA MO/YR DATE]?

PROBE: How many different full-time or part-time 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, EVEN IF IT IS WITH THE SAME EMPLOYER. IF SEPARATION IS LESS THAN TWO WEEKS, TREAT AS ONE JOB.

|__|__| NUMBER OF JOBS

Deleted: #

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

	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 and (when that job ended/now) orr was there somme time that you were not working? **PROBE:** Between [fill (D25/D26 MO/YR)] and [fill D27/ D28 MO/YR)]/now.	CODE ONE ONLY WORKED ALL OR NEARRLY ALL OF THE TIME.....1 SKIP TO D30 SOME TIME NOT WORKING.....2 DON'T KNOW.....d REFUSED .....r	CODE ONE ONLY WORKED ALL OR NEARLY ALL OF THE TIME .....1 SKIP TO D30 SOME TIME NOT WORKING .... 2 DON'T KNOW .....d REFUSED.....r
D29b. About how many weeks would you say you worked during that time? **PROBE:** Between [fill (D25/D26 MO/YR)] and [fill D27/ D28 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 REFUSED ..... r	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 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	|__|__| HOURS PER WEEK SKIP TO D32 DON'T KNOW .....d REFUSED.....r
IF D30 =d OR r D31. 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	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
D32. How many days per week (do/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	|__|__| DAYS PER WEEK DON'T KNOW .....d REFUSED.....r
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? **PROBE:** What kind of business or industry is this? **INTERVIEWER: IF RESPONDENT RETURNED TO JOB, SAY:** You may have told me this information about when you worked for [fill COMPANY NAME] before.	KIND OF BUSINESS OR INDUSTRY (SPECIFY)..... 1 _____ DON'T KNOW..... d REFUSED ..... r	KIND OF BUSINESS OR INDUSTRY (SPECIFY) .....1 _____ DON'T KNOW .....d REFUSED.....r

	JOB 1	JOB 2
D35. What (do/did) you do there—what (is/was) your job? **PROBE:** What were your most important duties at that job? INTERVIEWER: TRY TO GET A VERB.	JOB DUTIES (SPECIFY) ..... 1 _____ DON'T KNOW..... d REFUSED ..... r	JOB DUTIES (SPECIFY)..... 1 _____ DON'T KNOW ..... d REFUSED ..... r
IF D23 = 2, SKIP D36 D36. Which of the following best describes your employment at [fill D23_JJOB_1 – D23_JOBB_5]? (Are/Were) you working . . .	CODE ONE ONLY 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 aa day laborer, or ..... 5 as an on-call employee? ..... 6 DON'T KNOW..... d REFUSED ..... r	CODE ONE ONLY 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
D37. What (was/is) your (most recent/ current) rate of pay, before taxes at deductions, at that job? **PROBE:** If your pay (varies/varied), please provide an average amount. ACCEPT MOST CONVENIENT PAY PERIOD.	$ |__|__|__|,|__|__|__|.|__|__| AVERAGE AMOUNT PER HOUR..... 1 PER WEEK..... 2 ONCE EVERY TWO WEEKS ..... 3 TWICE A MONTH..... 4 PER YEAR ..... 5 OTHER (SPECIFY)..... 99 _____ DON'T KNOW..... d REFUSED ..... r	$ |__|__|__|,|__|__|__|.|__|__| AVERAGE AMOUNT PER HOUR ..... 1 PER WEEK ..... 2 ONCE EVERY TWO WEEKS..... 3 TWICE A MONTH ..... 4 PER YEAR..... 5 OTHER (SPECIFY) ..... 99 _____ DON'T KNOW ..... d REFUSED ..... r
IF D23 = 2, SKIP D38 D38. Which of the following benefits (are/were) available to you on your job, even if you (are/were) not receiving them (READ EACH ITEM) . . . SELECT IF AVAILABLE, BUT NOT USED.	CODE ALL THAT APPLY Health insurance or membership in an HMO or PPO plan?..... 1 Paid vacation? ..... 2 Paid holidays? ..... 3 Paid sick leave?..... 4 Retirement or pension benefits? ..... 5 Tuition assistance/reimbursement?..... 6 DON'T KNOW..... d REFUSED ..... r	CODE ALL THAT APPLY Health insurance or membership in an HMO or PPO plan? ..... 1 Paid vacation?..... 2 Paid holidays?..... 3 Paid sick leave? ..... 4 Retirement or pension benefits?..... 5 Tuition assistance/reimbursement? ..... 6 DON'T KNOW ..... d REFUSED..... r
IF D23 = 2, SKIP D39. D39. (Do/Did) you belong to a union on this job?	YES ..... 1 NO ..... 0 DON'T KNOW..... d REFUSED ..... r	YES..... 1 NO ..... 0 DON'T KNOW ..... d REFUSED..... r

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.

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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

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)]? **PROBE:** If you did not receive assistance in some months, please tell us for how many months you did receive assistance.	|__|__| MONTHS DON'T KNOW ..... d REFUSED ..... r	|__|__| MONTHS DON'T KNOW ..... d REFUSED ..... r
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, or ..... 1 SKIP TO E7

$30,000 or more? 2

DON'T KNOW ..... d SKIP TO E8

REFUSED ..... r 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 KNOW ..... d SKIP TO E8

REFUSED ..... r SKIP TO E8

SKIP TO E8

Deleted: |,|

Deleted: E5

Deleted: SKIP TO E5

Deleted: less than $30,000 or $30,000 or more?

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

Deleted: #

DON'T KNOW ..... d

REFUSED ..... r

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

Deleted: #

DON'T KNOW ..... d

REFUSED ..... r

SECTION F – HEALTH INSURANCE AND DEMOGRAPHICS

PROGRAMMER BOX

CATI: IF SRF16 MISSING, START WITH F1, ELSE START WITH F2.

F1. We're almost done. Thank you for your patience.

At the time you sought services from [fill LWIA ONE-STOP NAME] in [fill RA MO/YR DATE], did you have any health problems—mental, physical, or emotional—or substance abuse problems that limited the kind or amount of work or training that you could do?

INTERVIEWER: COVERS DISABILITY.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

F2. Were you covered by health insurance during the year leading up to the time you sought services at [fill LWIA ONE-STOP NAME], that is from [fill (RA MO/YR DATE – 1 year)] to [fill RA MO/YR DATE]?

INTERVIEWER: IF RESPONDENT STATES THAT THEIR COVERAGE WAS INTERRUPTED DURING THIS YEAR AND THEY HAD COVERAGE FOR PART OF THE YEAR, BUT NOT THE ENTIRE YEAR, ASK: "**Did you have coverage for the majority of the year, that is, 6 months or more?"** IF SO, CODE THE RESPONSE AS "YES," IF NOT CODE AS "NO."

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

F3. Have you been covered by health insurance at any time since [fill RA MO/YR DATE]?

YES 1

NO ..... 0 SKIP TO F6

DON'T KNOW ..... d SKIP TO F6

REFUSED ..... r SKIP TO F6

F4. Were you covered by health insurance for the entire period since [fill RA MO/YR DATE]?

PROBE: If there were only very brief periods totaling less than one month that you did not have health insurance, please say "yes."

YES ..... 1 SKIP TO F5a

NO 0

DON'T KNOW ..... d

REFUSED ..... r

Deleted: around

Deleted: PROBE

Deleted:] around [fill

Deleted: you

Deleted: F6

F5. **For approximately how many months were you covered by health insurance?**

PROBE: Since [fill RA MO/YR DATE].

|__|__|__| NUMBER OF MONTHS

DON'T KNOW ..... d

REFUSED ..... r

F5x. And what was the main 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 PEOPLE 65 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 8

INDIAN HEALTH SERVICE 9

OTHER (SPECIFY) 99

_____

DON'T KNOW ..... d

REFUSED ..... r

Deleted: Since [fill RA MO/YR DATE],

Deleted: |__|__|__|__|

Deleted: ¶
F5a. Since [fill RA MO/YR],

Deleted: ?

Deleted: ,

Deleted: ,

Deleted: ,

Deleted: ,

Deleted: ,

Deleted: ,

Deleted: ,

Deleted: , OR

Deleted: ?

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Now I have some general questions.

IF SRF6 MISSING

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

Deleted: F6. . RECORD SEX OF RESPONDENT.¶

IF SRF10 MISSING

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

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

IF SRF11 MISSING

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

IF SRF13 MISSING

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 . . .

Deleted: around

CODE ONE ONLY

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

IF SRF15 MISSING

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?

Deleted: around

CODE ONE ONLY

NONE 1
ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA 2
HIGH SCHOOL DIPLOMA 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) 99

Deleted: GRADUATE

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_____

DON'T KNOW ..... d
REFUSED ..... r

ALL

F11. What is the highest diploma or degree you currently have?

CODE ONE ONLY

NONE 1
ELEMENTARY, MIDDLE, OR JUNIOR HIGH DIPLOMA 2
HIGH SCHOOL DIPLOMA 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) 99

Deleted: GRADUATE

Deleted: 12

_____

DON'T KNOW ..... d
REFUSED ..... r

F12a. Have you ever been arrested?

YES 1
NO ..... 0 SKIP TO G1
DON'T KNOW ..... d SKIP TO G1
REFUSED ..... r SKIP TO G1

F12b. Was this before [fill RA MO/YR DATE], after [fill RA MO/YR DATE] or both before and after?

CODE ONE ONLY

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

F13a. Have you ever been convicted of a felony?

YES 1
NO ..... 0 SKIP TO G1
DON'T KNOW ..... d SKIP TO G1
REFUSED ..... r SKIP TO G1

F13b. Was this before [fill RA MO/YR DATE], after [fill RA MO/YR DATE] or both before and after?

CODE ONE ONLY

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

Deleted: F12. At the time you sought services from [fill LWIA ONE-STOP NAME] around [fill RA MO/YR DATE], had

Deleted: ¶
¶
F13. Since

Deleted: have you been convicted of a felony

Deleted: YES

Deleted: NO 0¶

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 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 KNOW .....d

REFUSED .....r

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

_____
STREET 1

_____
STREET 2

_____
STREET 3

_____
CITY

_____
STATE

_____
ZIP

SAME AS SAMPLE MEMBER'S 1
DON'T KNOW ..... d
REFUSED ..... r

G6. 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) 99

_____

DON'T KNOW ..... d
REFUSED ..... r

SKIP TO G11

Deleted: 13

G7. Can you give me a different phone number where you can be reached, perhaps a cell phone number?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

Please give me the telephone number, area code first.

NEW TELEPHONE

NUMBER: |__|__|__|-|__|__|__|-|__|__|__|__|

NO TELEPHONE ..... 0 SKIP TO G11

DON'T KNOW ..... d SKIP TO G11

REFUSED ..... r SKIP TO G11

NEW SCREEN:

PHONE

NUMBER: |__|__|__|-|__|__|__|-|__|__|__|__|

CONFIRM THE INFO ABOVE WITH RESPONDENT THEN PRESS ENTER.

G8. Whose telephone is that?

_____

NAME

SAMPLE MEMBER ..... 1 SKIP TO G11

DON'T KNOW ..... d SKIP TO G11

REFUSED ..... r SKIP TO G11

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) 99

_____

DON'T KNOW ..... d
REFUSED ..... r

Deleted: 13

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?

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) 99

_____

DON'T KNOW ..... d
REFUSED ..... r

Deleted: 13

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

G15. In whose name is that phone listed?

_____
NAME

CODE ONE ONLY

SAMPLE MEMBER 1

DON'T KNOW ..... d

REFUSED ..... r

Deleted: DOES NOT HAVE OTHER RELATIVES . 0¶
SAME AS

Deleted: MEMBER'S . s

Deleted: NO OTHER CONTACTS . n¶

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 . . .

Deleted: G13

INTERVIEWER: VERIFY SPELLING OF NAME.

PROGRAMMER BOX
CATI: ALLOW FOR NAME CHANGES

STREET 1

STREET 2

APT. #

CITY

STATE

ZIP

DON'T KNOW ..... d

REFUSED ..... r

G17. I just have two final questions for you about your overall experience with [fill LWIA ONE-STOP NAME]. First, how satisfied or dissatisfied are you with your experience? Would you say you are . . .

CODE ONE ONLY

Very satisfied, ... 1

Somewhat satisfied, ... 2

Somewhat dissatisfied, or 3

Very dissatisfied, ... 4

DON'T KNOW ..... d

REFUSED ..... r

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.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

PROGRAMMER BOX

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.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: pederson.eileen@dol.gov.

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 www.donotcall.gov.

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.