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MATHEMATICA
Policy Research

SELF-EMPLOYMENT TRAINING (SET) DEMONSTRATION

Follow-Up Survey

The SET Demonstration is being carried out under the legal authority of PL 105-220 (subtitle D [sections 171 and 172]). Completing this form, which seeks to help the U.S. Department of Labor understand the effects of SET services on customers' employment-related outcomes, is voluntary. The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC, 20210.

INTRODUCTION/SCREENER

Mathematica Policy Research is conducting a survey for the U.S. Department of Labor of people who applied to the Self-Employment Training (SET) Demonstration Program. This survey asks about your experiences with self-employment, self-employment services, wage and salary employment, and overall well-being since applying to that program. Most of the questions we ask refer to a specific date. This is the date you applied to the SET Program. You may have received a letter recently which explained the study to you. You may remember that you applied to the SET program about 18 months ago.

Your opinions and experiences are extremely important, even if you never participated or are no longer participating in the program. The information you and others provide will be used to improve services for people interested in self-employment. Under the public burden statement required by the Paperwork Reduction Act of 1995, our OMB control number for this information collection is 1205-0505 and permission to collect this data expires on January 1, 2016. Responding to this questionnaire is completely voluntary. The survey will take about 20 minutes for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. We will send you a check for [\$25/\$50] once you complete the survey. Please allow about three weeks for the check to arrive.

Your responses are private and will not be shared with the U.S. Department of Labor, staff at the SET project, or any other agency except as required by law.

A. CURRENT EMPLOYMENT STATUS

The first set of questions are about your current work-related activities. For this survey, self-employment can include business ventures that represent your main work activity or that you are pursuing on the side or in addition to other employment. You should consider yourself self-employed even if you did not make any money from the business venture. Also, please count any business ventures even if you are not the sole owner, that is, you are a co-owner.

A1. Are you currently self-employed in your own business, professional practice, farm, or some other business venture?

1 Yes

0 No

A2. Are you currently working for a company or someone else in a job where you are paid a salary, hourly wage, or commissions? Please include jobs in which you worked at a private for-profit company, a nonprofit organization, a government agency, or a family business that you did not own.

1 Yes

0 No

BOX A3

PROGRAMMER: IF A1=1 and A2=1, GO TO A3. IF A1=0 AND A2=0, GO TO A4.

OTHERWISE GO TO SECTION B.

A3. Since you are currently both self-employed and working for someone else, which do you consider to be your primary work activity?

MARK ONE ONLY

1 Self-employment

2 Working for someone else

3 Both are equal

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A4. Since you are not self-employed or working for someone else, which of the following best describes your current employment status? Are you...

MARK ONE ONLY

1 Retired

2 Unable to work because of a disability

3 In school or a training program

4 Unemployed on temporary layoff

5 Unemployed and looking for work

6 Unemployed and not looking for work

7 Caring for a family member

8 Doing something else? (*Specify*)

B. SELF-EMPLOYMENT ASSISTANCE SERVICES

Next, we would like to ask you some questions about any self-employment assistance services or programs that you may have participated in over the past 18 months to help you decide whether self-employment was right for you and to establish, or grow a business.

B1. Since you applied to the SET Program on [RANDOM ASSIGNMENT MO/YR], have you participated in any of the following self-employment services or programs? If yes, please mark if you made any payments to participate in any service or program.

	MARK "YES" OR "NO" FOR EACH ROW		IF "YES" MARK ALL ITEMS THAT YOU PAID TO PARTICIPATE IN
	YES	NO	PAYMENT
a. Worked with a self-employment advisor or counselor who met with you one-on-one to regularly track your self-employment needs and progress, and help link you to services or resources to start or expand your own business?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Participated in any <u>in-person</u> classes, workshops, or seminars on topics related to starting, operating, or growing a business? Please do not include online courses here.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Accessed any <u>online</u> courses on topics related to starting, operating, or growing a business? Please do not include in-person classes here....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Participated in any <u>in-person</u> peer advice or networking group meetings for self-employed persons or persons interested in becoming self-employed? Please do not include online groups here.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
e. Received any individualized support that was tailored to the needs or specific issues that you were encountering in starting or developing your business(es)..... <ul style="list-style-type: none"> • Please include support that you received that focused on specific issues, for example developing your business and marketing strategies, managing your finances, applying for loans or grants, hiring employees, or using information technology. • Do not include any time spent in periodic meetings with a self-employment advisor(s) or counselor(s) who met with you regularly to track your self-employment needs and progress, and/or helped link you to specific services or resources for your business. 	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
f. Since [RANDOM ASSIGNMENT DATE], have you received any other types of self-employment services that we haven't already asked about? (Please specify the other services).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>

No Self-Employment Services

BOX B2

PROGRAMMER: IF ANY B1a - B1f = 1, GO TO B3. OTHERWISE, CONTINUE.

B2. Why didn't you participate in any self-employment services or programs since [RANDOM ASSIGNMENT DATE]?

MARK ALL THAT APPLY

- 1 Didn't think services would be helpful
- 2 Services were located too far away
- 3 Service times were inconvenient
- 4 Didn't want to wait for classes to begin
- 5 Decided to postpone self-employment
- 6 Decided not to pursue self-employment at all
- 7 Too busy
- 8 Services were too expensive/Didn't want to pay for services
- 9 Had child care problems
- 10 Had transportation problems
- 11 Didn't know of any of available services
- 12 Other reasons (*Specify*)

GO TO B8

Self-Employment Services Intensity

BOX B3

PROGRAMMER: IF B1b=1, GO TO B3. OTHERWISE, GO TO B4.

B3. About how many in-person classes, workshops, or seminars have you participated in since [RANDOM ASSIGNMENT DATE]?

|_|_|_| NUMBER OF SESSIONS

B3a. On average, about how long did each of these in-person classes, workshops, or seminars last? Your best estimate is fine.

- 1 Less than 30 minutes
- 2 30-60 minutes
- 3 1-2 hours
- 4 2-4 hours
- 5 4-8 hours
- 6 Between 1 and 2 full days
- 7 Between 3 full days and 1 week
- 8 More than 1 week

BOX B4
PROGRAMMER: IF B1a=1 OR B1e=1, GO TO B4. OTHERWISE, GO TO B5.

B4. About how many one-on-one meetings with self-employment advisors and/or individualized support sessions have you participated in since [RANDOM ASSIGNMENT DATE]?

|_|_|_| NUMBER OF SESSIONS

B4a. On average, about how long did each of these meetings or sessions last? Your best estimate is fine.

- 1 0-15 minutes
- 2 15-30 minutes
- 3 30-60 minutes
- 4 1-2 hours
- 5 2-4 hours
- 6 4-8 hours
- 7 More than 8 hours

Topics Addressed by Self-Employment Services

Below is a list of topics commonly addressed by the self-employment services that we just discussed. Please indicate whether any of the services that you received since [RANDOM ASSIGNMENT DATE] addressed each of the following topics.

B5. Did any of the self-employment assistance services that you received cover...

MARK ONE RESPONSE
PER ROW

	YES	NO
a. Refining your business plan(s)?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Developing your business marketing strategy?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Understanding the laws, regulations, and taxes that apply to your business?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Improving your credit?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Bookkeeping?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Obtaining financing for your business?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B6. Thinking about all the services that we just discussed, since [RANDOM ASSIGNMENT DATE], which organization(s) provided you with the most services?

SELECT UP TO FIVE

BOX B6

PROGRAMMER: POPULATE SELECTION WITH ORGANIZATIONS
BASED ON SITE AND SUB-SITE

1

2

3

4

5

0 None

B6a. Are there any other organization(s) (beyond those listed above) that provided self-employment services to you since [RANDOM ASSIGNMENT DATE]?

B7. Thinking about all of the self-employment services that you have received, how would you rate your overall satisfaction with the services that you received?

MARK ONE ONLY

- 1 Extremely satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Extremely dissatisfied

Business Development Activities

B8. Since [RANDOM ASSIGNMENT DATE], did you complete a business plan (or finish a plan that you already had) for one or more business ventures?

- 1 Yes
- 0 No

B9. Since [RANDOM ASSIGNMENT DATE] have you borrowed money from any source to help you start or grow a business?

- 1 Yes
- 0 No → GO TO B10

B9a. From what source(s) did you borrow money for a business?

MARK ONE RESPONSE
PER ROW

	YES	NO
a. Personal or family home equity loan.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Personal or business credit card(s).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Business loan from a government agency.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Business loan from a bank or financial institution.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Loan from family or friend(s).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B10. Did you receive any grants or other non-loan sources of capital to help you start or grow a business since [RANDOM ASSIGNMENT DATE]?

MARK ONE RESPONSE
PER ROW

	YES	NO
a. Received one or more grants.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Received other type(s) of non-loan business capital.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Gifts from family or friends.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

BOX B11
PROGRAMMER: IF (B10A = 1 OR B10B=1) AND RESPONDENT IS PART OF TREATMENT GROUP GO TO B11. OTHERWISE GO TO SECTION C.

B11. From what source(s) did you receive grants or non-loan sources of business capital?

MARK ALL THAT APPLY

- 1 Seed capital grant funding through the Self-Employment Training program
- 2 Other (*Specify*) _____

C. SELF-EMPLOYMENT EXPERIENCES

The next questions are about the business venture(s) you have undertaken or been pursuing since [RANDOM ASSIGNMENT DATE].

Remember, self-employment can include business ventures that represent your main work activity or that you are pursuing on the side or in addition to wage or salary employment. You should consider yourself self-employed even if you did not make any or much money from the business venture, and if you were not the sole owner (that is, you were a co-owner).

Please note: When asked to enter a dollar amount, please round to the nearest dollar. For example, for \$279.82, enter \$280. For \$4,725.44, enter \$4,725.

BOX C1

PROGRAMMER: GO TO C2 IF A1=1. OTHERWISE, ASK C1.

C1. At any time since [RANDOM ASSIGNMENT DATE] have you owned your own business or been self-employed in your own business, professional practice, farm, or some other business venture?

1 Yes

0 No

BOX C2

PROGRAMMER: GO TO BOX C10 if C1=0 AND A1=0

C2. How many distinct business ventures have you undertaken since [RANDOM ASSIGNMENT DATE]? Please include any businesses that you have co-owned.

|_|_|_| NUMBER OF VENTURES

C3. In the last 12 months, how much did you earn in total (that is, pay yourself) from your business(es) or self-employment ventures? Please include any salary, wages, bonuses, and profit distributions you paid yourself. Your best estimate is fine.

\$ |_|_|_|_| , |_|_|_|_| TOTAL AMOUNT

C4. In the last 12 months, how many weeks did you work in this/these business(es) or self-employment venture(s)? Please include any time that you spent working from home, whether or not you compensated yourself for this time.

|_|_|_| NUMBER OF WEEKS

BOX C5

PROGRAMMER: IF C4=0 GO TO BOX C6

C5. In the last 12 months, how many hours did you usually work in an average week at your business(es) or self-employment venture(s)? Please include any time that you spent working from home, whether or not you compensated yourself for this time.

|_|_|_| AVERAGE NUMBER OF HOURS PER WEEK

Now, we would like to ask you some detailed questions about your main business venture since [RANDOM ASSIGNMENT DATE].

BOX C6
 PROGRAMMER: IF C2>1 DISPLAY:
 IF YOU CURRENTLY HAVE OR MOST RECENTLY HAD MORE THAN ONE BUSINESS, PLEASE ANSWER THESE QUESTIONS REFERRING TO THE BUSINESS THAT YOU CONSIDER TO BE YOUR MAIN BUSINESS SINCE [RANDOM ASSIGNMENT DATE].

C6. What kind of business is/was this? What do/did you make, sell, or do?

Specify _____

C7. Is this business...

MARK ONE RESPONSE PER ROW

	YES	NO
a. registered with your state, county, and/or municipality?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. incorporated? Please include C-Corps, S. Corps, and LLCs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. registered with an employer identification number (EIN) or other tax identification number for the business?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

C8. Are you operating this business currently?

- 1 Yes
- 0 No

C9. What [is/was] the total number of paid employees that [currently/most recently] work[ed] in this business? Please do not include yourself but include any other paid employees (including family members and business partners).

|_|_| NUMBER OF PAID EMPLOYEES OTHER THAN YOURSELF

- 0 None

BOX C9
 PROGRAMMER: IF C8=1 GO TO C11

BOX C10
 PROGRAMMER: ASK C10 ONLY IF A1 = 0 AND C1 = 0. OTHERWISE GO TO C11.

C10. At any time since [RANDOM ASSIGNMENT DATE] have you tried to be self-employed or start your own business?

- 1 Yes
- 0 No → GO TO D1

C11. What have been the three most difficult challenges that you have faced in trying to be self-employed or start your own business?

MARK UP TO THREE

- 1 Lack of knowledge about operating or growing the business
- 2 Difficulties accessing credit or loans to start or operate the business
- 3 Lack of funds, grants, and/or investments for business start-up capital
- 4 Lack of personal funds for living expenses
- 5 Insufficient sales, revenues, or cash flow
- 6 Difficulties finding customers/clients
- 7 High taxes, insurance fees, or licensing costs
- 8 Problems with suppliers or getting source materials for your product/service
- 9 Excessive regulations, paperwork, or documentation requirements
- 10 Unexpected personal or family barriers
- 11 Finding a location
- 12 High rental or lease rates
- 13 Other (*Specify*)

D. WAGE AND SALARY EMPLOYMENT

The next questions are about all wage, salary, or commission jobs (where you were worked for someone else) that you have held since [RANDOM ASSIGNMENT DATE].

D1. At any time since [RANDOM ASSIGNMENT DATE] have you had a job in which you worked for a company or someone else and got paid a wage, salary, or commission? Please include odd jobs and off-the-books employment.

₁ Yes

₀ No

BOX D2

PROGRAMMER: GO TO E1 IF D1=0 AND A2=0.

D2. Over the last 12 months, how much did you earn in wages, salary, commissions, bonuses, or tips from all jobs in which you worked for a company or someone else? Please give the amount before taxes and deductions were taken out.

\$ |__|__|__| , |__|__|__| AMOUNT

D3. In the last 12 months, how long did you work at an hourly-wage, salaried, or commission-based job for a company or someone else?

₁ All 12 months

|__|__| WEEKS

BOX D4

PROGRAMMER: IF D3=0 GO TO BOX E1

D4. In the last 12 months, how many hours did you usually work in an average week at any wage, salary, or commission-based employer? Your best estimate is fine.

|__|__| HOURS PER WEEK

E. JOB SATISFACTION AND UNEMPLOYMENT COMPENSATION

BOX E1
PROGRAMMER: ASK E1 IF (A1=1 OR A2=1 OR C8=1). OTHERWISE, GO TO E2.

E1. Overall, how satisfied are you with your current employment situation? Please include any self-employment business ventures or working for a company or for someone else.

MARK ONE ONLY

- 1 Extremely satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Extremely dissatisfied

E2. Have you received unemployment benefits during the last 12 months?



- 1 Yes
- 0 No →

GO TO E3

E2a. As part of your unemployment benefits, did you receive any work search waivers? You are usually required to show that you are actively seeking employment while collecting unemployment benefits. A work search waiver will exempt you from these requirements.



- 1 Yes
- 0 No →

GO TO E3

E2b. Did you receive a work search waiver because of your self-employment activities?

- 1 Yes
- 0 No

E3. Since [RANDOM ASSIGNMENT DATE], have you received any of the following from a government program or agency?

MARK ONE RESPONSE
PER ROW

	YES	NO
a. Trade Readjustment Allowances (TRA) or Trade Adjustment Assistance (TAA).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Job placement services or career counseling from an American Job Center or One-Stop Career Center or state labor exchange.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Occupational skills training.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Adult basic education.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Child care, transportation, or other supportive services.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

F4. Is there [a/another] number where you usually can be reached?

1 Yes

Phone Number: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
AREA CODE NUMBER

0 No **GO TO F5**

F4a. In whose name is that phone listed?

Name: _____

F4b. And where is that (e.g., neighbor, work)?

Specify: _____

F4c. Is this a cell phone?

1 Yes

0 No → **GO TO F5**

F4d. Does this cell phone plan have unlimited texting?

1 Yes

0 No

F4e. May we send this cell phone text messages?

1 Yes

0 No

F5. Do you expect to change your name in the next year or so?

1 Yes

0 No → **GO TO F6**

F5a. What do you expect your name to be?

Name: _____

F6. Do you expect to move at any time in the next year?

1 Yes

0 No → **GO TO F7**

F6a. Approximately when do you think that will be?

Specify: _____

F8. SECOND CONTACT

First Name: _____

Middle Initial: _____

Last Name: _____

What is (his/her) relationship to you?

Relationship: _____

What is (his/her) address?

Street Address 1: _____

Street Address 2: _____

City, State, Zip Code: _____

Email Address: _____ @ _____ . _____

What is (his/her) phone number?

Phone Number: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
 AREA CODE NUMBER

Is this a cell phone number?

- 1 Yes
- 0 No

This completes the survey. Thank you very much for your time and your help. Your answers, together with the answers of other participants, will be used to help improve the types of programs that aim to help people start or grow their own businesses.