

A2. What are the last 4 digits of your Social Security Number?

RECORD LAST 4 DIGITS: __ __ __ __

REFUSED

₉₇

DON'T KNOW

₉₈

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

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

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

Note for OMB Review: Yellow text boxes indicate sources for questions. Interviewers will not see these boxes. They will only be visible to instrument reviewers.

The main item sources are:

- The follow-up survey for the Green Jobs and Health Care (GJ-HC) Impact Evaluation, conducted by Abt Associates for the Department of Labor (DOL) (OMB No. 1205-0506).
- The 36-month combined follow-up survey for the Pathways for Advancing Careers and Education (PACE) Evaluation and the Health Profession Opportunity Grants (HPOG) Evaluation, currently being conducted by Abt Associates for the Administration for Children and Families (ACF) at the Department of Health and Human Services (OMB No. 0970-0394).
- The 15-month follow-up survey for the PACE Evaluation, being conducted by Abt Associates for ACF (OMB No. 0970-0397).
- The Baseline Information Form (BIF) for the Ready to Work (RTW) Evaluation, conducted by Abt Associates for DOL (OMB No. 1205-0507).
- The 15-month follow-up survey for the Workforce Investment Act (WIA) Adult and Dislocated Worker Program Gold Standard Evaluation, developed by Mathematica Policy Research for DOL (OMB No. 1205-0504).
- New questions are identified as such.

Note for OMB Review: Grey text boxes provide explanations on question order and section structure. Interviewers will not see these boxes. They will only be visible to instrument reviewers.

2. Training and Education

Most of the questions in this interview refer back to the time when you applied to the [NAME OF RTW GRANT-FUNDED PROGRAM PROVIDER] for a program called [NAME OF RTW GRANT-FUNDED PROGRAM] on [Random Assignment Date (henceforth RAD)]. If I say that date as part of the questions, we will ask you to recall things that have happened since then. You may recall signing a consent form and completing a short survey at that time as part of this study.

To start, I would like to discuss the types of classes, courses, or training you have participated in since [RAD], either through [NAME OF RTW GRANT-FUNDED PROGRAM] or from schools and other training providers you found on your own.

Source: Unless otherwise noted, all questions in Section B (“Training and Education”) come from the GJ-HC Follow-Up Survey.

B1a. To begin, since [RAD], have you attended any adult basic education classes for improving reading and math skills, or GED classes?

- Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

B1b. What about courses for credit towards a college degree? This can include courses offered by a community college, a 2-year or a 4-year college on the campus, or offered online. Please do not include recreational courses or other kinds of courses that don't provide credit towards a college degree.

Since [RAD] have you attended any “for credit” college courses?

- Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

B1c. And what about vocational courses or training programs for a specific job, trade, or occupation? By vocational training, we mean courses or programs where you are trained for a specific occupation, which usually leads to a certificate, license, or credential. Please do not include courses for college credit, or on-the-job training programs.

Since [RAD] have you attended any vocational or job-specific training programs?

- Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

B1d. Since [RAD], have you attended any courses focusing on study skills, workplace skills, or general life skills? Here we mean courses like those on how to be a successful student, how to take tests, how to manage your time, how to work well within a team, how to manage your finances, how to be a good employee, and other skills of that nature. We're only talking about courses we have not yet discussed.

PROBE: These courses might be called workshops or group discussions. These courses and workshops may cover topics such as career planning, critical thinking, time management, staying motivated, and acting professional (for example, how to dress, show good attendance habits, or be respectful).

Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

B2. **[If Respondent was assigned to treatment group, and B1b/B1c/B1d all = 2, R, or D]:**
Our records indicate that approximately 18 months ago, you enrolled in the [NAME OF RTW GRANT-FUNDED PROGRAM] program offered by [NAME OF RTW GRANT-FUNDED PROGRAM PROVIDER]. Do you remember participating in that program?

Yes ₁
No ₂ **(SKIP TO B4)**
REFUSED ₉₇ **(SKIP TO B4)**
DON'T KNOW ₉₈ **(SKIP TO B4)**

B3. **[If B2 = 1]:** What types of classes did you take at [NAME OF RTW GRANT-FUNDED PROGRAM PROVIDER]? Were they...

SELECT ALL THAT APPLY:

Adult basic education or GED classes, ₁
Courses for credit towards a college degree, ₂
A vocational or training program for a specific job, trade, or occupation, or ₃
Courses focusing on study skills, workplace skills, or general life skills? ₄
REFUSED ₉₇
DON'T KNOW ₉₈

B4. **[If B1a = 1 or B3 = 1]:**

How many adult basic education courses or GED programs have you participated in since [RAD]? If the classes were held over multiple sessions, please count that as one course. Please include all courses that you started, even if you did not complete them.

PROBE: We are only asking for courses that started after [RAD].

| | NUMBER OF PROGRAMS

REFUSED

₉₇

DON'T KNOW

₉₈

B5. **[If B1b = 1 or B3 = 2]:**

Overall, how many for-credit college programs have you participated in since [RAD]? Please include those that you started, even if you did not complete them.

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 separate credential/degree programs.

| | NUMBER OF PROGRAMS

REFUSED

₉₇

DON'T KNOW

₉₈

B6. **[If B1c = 1 or B3 = 3]:**

Overall, how many vocational training or job-specific training programs have you participated in since [RAD]? Please include those that you started, even if you did not complete them.

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 program.
Only report the number of separate credential/degree programs.

| | NUMBER OF PROGRAMS

REFUSED

₉₇

DON'T KNOW

₉₈

B7. **[If B1d = 1 or B3 = 4]:**

Overall, how many courses focusing on study skills, workplace skills, or general life skills have you participated in since [RAD]? Please include all courses that you started, even if you did not complete them.

| | NUMBER OF PROGRAMS

REFUSED

₉₇

DON'T KNOW

₉₈

I am now going to ask you a few questions about the program/programs you mentioned above. If you don't know the exact information, your best guess is fine.

NOTE: Questions B8 through B18 will be asked for each of the following types of programs attended:

1. Adult basic education and GED classes,
2. For-credit college programs,
3. Vocational training programs, and
4. Study skills, workplace skills, or general life skills courses.

For the sake of brevity, in this document we do not repeat the questions for each type of program, but instances where questions vary by program type are noted. The set of questions will only be asked of those respondents who reported that they participated in at least one program of the given type in Questions B1a through B1d or B3.

B8a. For [GIVEN TYPE OF PROGRAM] please tell me who offered this program?

IF PROVIDER UNKNOWN, PROBE: Where did you attend this program?

ONE: _____

TWO: _____

THREE: _____

FOUR: _____

FIVE: _____

REFUSED

₉₇

DON'T KNOW

₉₈

NOTE: School/training provider names used to guide interview flow.

B8b. Please tell me the names of each program you took at [FILL NAME OF PROVIDER IN B8a ONE/TWO/THREE/FOUR/FIVE].

ONE: _____

TWO: _____

THREE: _____

FOUR: _____

FIVE: _____

REFUSED

₉₇

DON'T KNOW

₉₈

NOTE: Program names used to guide interview flow.

B9. **[Repeat for each provider listed in B8a]:**

And what type of place is [FILL NAME OF PROVIDER IN B8a]?

SELECT ONE FOR EACH OF (ONE/TWO/THREE/FOUR/FIVE):

Company where respondent works,

₁

Community college/2-year college,

₂

4-year college or university,

₃

State unemployment or employment office,

₄

American Job Center/Workforce Center,

₅

Adult education/adult high school/community school/night school,

₆

Private company that provides training,

₇

Community-based organization/non-profit organization, or

₈

Someplace else? (SPECIFY) _____

₉₉

REFUSED

₉₇

DON'T KNOW

₉₈

NOTE: For each provider listed in Question B8a, Questions B10 through B22 will be asked for each program listed in Question B8b.

B10. When did you start taking [PROGRAM NAME] offered by [PROVIDER NAME]?

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

REFUSED

₉₇

DON'T KNOW

₉₈

B11. Did you complete the [PROGRAM NAME] offered by [PROVIDER NAME] by finishing all of the coursework or program requirements, or are you still taking the training, or did you stop taking the training?

- Completed the (course/training program), ₁
- Still taking the (course/training program), ₂
- Stopped taking the (course/training program)/dropped out, ₃ **(SKIP TO B13)**
- REFUSED ₉₇
- DON'T KNOW ₉₈

B12. When (did/will) [PROGRAM NAME] at [PROVIDER NAME] end?

|_|_| / |_|_| / |_|_|_|_|

MONTH DAY YEAR

(SKIP TO B14)

- REFUSED ₉₇
- DON'T KNOW ₉₈

B13. **[If B11 = 3]:** When did you stop taking [PROGRAM NAME] at [PROVIDER NAME]?

|_|_| / |_|_| / |_|_|_|_|

MONTH DAY YEAR

- REFUSED ₉₇
- DON'T KNOW ₉₈

Source: New question

B14. If you took multiple courses for this program, spread over multiple months or semesters, for how many total weeks were you attending class, combined, across all of these courses? If you were taking two or more courses at the same time, only count those weeks once. Your best guess is fine.

_____ WEEKS

(SKIP TO B16)

- Did not take multiple courses ₁
- Took multiple courses, but took them at the same time ₂
- REFUSED ₉₇
- DON'T KNOW ₉₈

Source: New question

B15. Do you think the number of weeks you were attending class was roughly between...

- | | | |
|---------------------|--------------------------|----|
| 1 to 8 weeks, | <input type="checkbox"/> | 1 |
| 9 to 16 weeks, | <input type="checkbox"/> | 2 |
| 17 to 24 weeks, | <input type="checkbox"/> | 3 |
| 25 to 40 weeks, | <input type="checkbox"/> | 4 |
| 41 to 80 weeks, or | <input type="checkbox"/> | 5 |
| More than 80 weeks? | <input type="checkbox"/> | 6 |
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

Source: WIA Gold Standard 15-Month Survey

B16. How many hours per week (did/do) you attend [PROGRAM NAME] in a typical week?

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.

_____ (HOURS)

(SKIP TO B18)

- | | | |
|------------|--------------------------|----|
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

Source: WIA Gold Standard 15-Month Survey

B17. Would you say you attend(ed) class for [PROGRAM NAME]...?

- | | | |
|---|--------------------------|----|
| Less than 1 hour per week, | <input type="checkbox"/> | 1 |
| 1 or more but less than 5 hours per week, | <input type="checkbox"/> | 2 |
| 5 or more but less than 10 hours per week, | <input type="checkbox"/> | 3 |
| 10 or more but less than 20 hours per week, | <input type="checkbox"/> | 4 |
| 20 or more but less than 30 hours per week, | <input type="checkbox"/> | 5 |
| 30 or more but less than 40 hours per week, | <input type="checkbox"/> | 6 |
| 40 or more hours per week? | <input type="checkbox"/> | 7 |
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

B18. **[If B11 = 3]:** What was the main reason that you stopped taking [PROGRAM NAME]?

- | | | |
|--|--------------------------|----|
| Poor grades | <input type="checkbox"/> | 1 |
| Courses or program poorly taught | <input type="checkbox"/> | 2 |
| Started other school/training | <input type="checkbox"/> | 3 |
| Not enough money to continue | <input type="checkbox"/> | 4 |
| Not enough time to continue | <input type="checkbox"/> | 5 |
| Not interested/didn't like the program | <input type="checkbox"/> | 6 |
| Didn't think it would help me find a job | <input type="checkbox"/> | 7 |
| Illness | <input type="checkbox"/> | 8 |
| Pregnancy | <input type="checkbox"/> | 9 |
| Child care issues | <input type="checkbox"/> | 10 |
| Other family reasons | <input type="checkbox"/> | 11 |
| Transportation/logistical issues | <input type="checkbox"/> | 12 |
| Personal problems | <input type="checkbox"/> | 13 |
| Found job/re-employed | <input type="checkbox"/> | 14 |
| Other (SPECIFY) _____ | <input type="checkbox"/> | 99 |
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

Source: Modified GJ-HC Follow-Up Survey

B19. **[For adult basic education and GED courses only]:**

[If B11 = 1]: Did you take and pass a test for the GED or receive another type of certificate?

PROBE: If response is "yes" or "no," probe for which answer category.

- | | | |
|---|--------------------------|----|
| Yes – GED | <input type="checkbox"/> | 1 |
| Yes – Other | <input type="checkbox"/> | 2 |
| No – additional classes required | <input type="checkbox"/> | 3 |
| No – took GED but did not pass it | <input type="checkbox"/> | 4 |
| No – finished but did not pass the coursework or required exam(s) | <input type="checkbox"/> | 5 |
| No – did not take a test | <input type="checkbox"/> | 6 |
| No – no certificate offered | <input type="checkbox"/> | 7 |
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

Source: Modified PACE 15-Month Survey

B20a. **[Questions 20a – 20i for for-credit college programs only]:**

In what major field of study or type of work (was/is) [PROGRAM NAME]?

- | | | |
|------------|--------------------------|----|
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

B20b. **[If B11 = 1 or 2]:** How many credits (did you/will you) earn for completing this program?

PROBE: Only count credits that count toward a college degree such as an Associate or Bachelor's degree.

_____ (CREDITS)

REFUSED ₉₇
DON'T KNOW ₉₈

Source: Modified GJ-HC Follow-Up Survey

B20c. **[If B11 = 1]:** Were you awarded a diploma, certificate or academic degree?

PROBE: If response is "no," probe for which answer category.

Yes ₁
No – additional classes required ₂ **(SKIP TO B20h)**
No – finished but did not pass the coursework or required exam(s) ₃ **(SKIP TO B20h)**
REFUSED ₉₇ **(SKIP TO B20h)**
DON'T KNOW ₉₈ **(SKIP TO B20h)**

Source: Modified GJ-HC Follow-Up Survey
(Additional answer choices from HPOG/PACE 36-Month Survey)

B20d. **[If B11 = 1 and B20c = 1]:** What type of diploma, certificate, or degree were you awarded?

A diploma or certificate requiring less than a full year's worth of credit ₁
A diploma or certificate requiring a full year or more's worth of credit
(but less than an Associates Degree) ₂
Associates Degree ₃
Bachelor's Degree ₄
Master's Degree ₅
Doctorate/PhD ₆
Professional degree (MD, JD, etc.) ₇
Other (SPECIFY) _____ ₉₉
REFUSED ₉₇
DON'T KNOW ₉₈

Source: HPOG/PACE 36-Month Survey

B20e. **[If B11 = 1]:** When did you receive this diploma, certificate or degree?
Please give me the month and year.

|_|_|/|_|_|_|_|
MONTH YEAR

REFUSED

₉₇

DON'T KNOW

₉₈

B20f. **[If B11 = 1 and B20d = 1 or 2]:** Were you awarded this diploma or certificate from...?

PROBE: Some certificates or diplomas are awarded by the state, or by an industry or professional association. These tend to be professional certifications or a license showing that you are qualified to perform a specific job, like Certified Medical Assistant, Licensed Realtor, or an IT certification.

The school/college/university?

₁ (SKIP TO B20h)

A federal, state, or local government,

₂

A professional or trade association,

₃

A business or company,

₄

Another group or organization (SPECIFY) _____

₉₉

REFUSED

₉₇

DON'T KNOW

₉₈

B20g. **[If B11 = 1 and B20f = 2, 3, 4, or 99]:** What is the name of the professional, state, or industry certification, license, or credential you received?

REFUSED

₉₇

DON'T KNOW

₉₈

B20h. Have you obtained a job in this field since taking [PROGRAM NAME]?

Yes

₁

No

₂ (SKIP TO B21a)

REFUSED

₉₇

DON'T KNOW

₉₈

B20i. **[If B20h = 1]:** In your opinion, how useful (is/was) the knowledge from this program to that job?
(Is/Was) it...

- | | | |
|-------------------|--------------------------|----|
| Useful, | <input type="checkbox"/> | 1 |
| Somewhat useful, | <input type="checkbox"/> | 2 |
| Not useful, or | <input type="checkbox"/> | 3 |
| Too soon to know? | <input type="checkbox"/> | 4 |
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

B21a. **[Questions 21a through 21l for vocational training programs only]:**
What is the primary job, trade, or work that you are being prepared to perform?

- _____
- | | | |
|------------|--------------------------|----|
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

Source: New question

B21b. (Does/Did) [PROGRAM NAME] include realistic settings to practice your skills?

PROBE: For example, opportunities to draw blood, change adult diapers, weld parts together, or hook up local computer networks?

- | | | |
|------------|--------------------------|----|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

Source: New question

B21c. (Does/Did) [PROGRAM NAME] include trips to visit potential employers?

PROBE: For example, to observe the work being done, to talk to current workers in the field, or to listen to employers talk about the skills they value in their future employees?

- | | | |
|------------|--------------------------|----|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| REFUSED | <input type="checkbox"/> | 97 |
| DON'T KNOW | <input type="checkbox"/> | 98 |

Source: Modified GJ-HC Follow-Up Survey

B21d. **[If B11 = 1]:** Were you awarded a training certificate, license, or credential?

PROBE: If response is “no,” probe for which answer category.

- | | |
|---|---|
| Yes | <input type="checkbox"/> ₁ |
| No – program did not offer one | <input type="checkbox"/> ₂ (SKIP TO B21i) |
| No – additional classes required | <input type="checkbox"/> ₃ (SKIP TO B21i) |
| No – finished but did not pass the coursework or required exam(s) | <input type="checkbox"/> ₄ (SKIP TO B21i) |
| REFUSED | <input type="checkbox"/> ₉₇ |
| DON'T KNOW | <input type="checkbox"/> ₉₈ |

B21e. **[If B11 = 1 and B21d= 1]:** When did you receive this training certificate, license, or credential?

____/____
MONTH YEAR

- | | |
|------------|--|
| REFUSED | <input type="checkbox"/> ₉₇ |
| DON'T KNOW | <input type="checkbox"/> ₉₈ |

Source: HPOG/PACE 36-Month Survey

B21f. **[If B11 = 1]:** Who issued the certificate, license, or credential?

PROBE: Some certificates or diplomas are awarded by the state, or by an industry or professional association. These tend to be professional certifications or a license showing that you are qualified to perform a specific job, like Certified Medical Assistant, Licensed Realtor, or an IT certification.

- | | |
|---|---|
| The training program/school, | <input type="checkbox"/> ₁ (SKIP TO B21h) |
| A federal, state, or local government, | <input type="checkbox"/> ₂ |
| A professional or trade association, | <input type="checkbox"/> ₃ |
| A business or company, | <input type="checkbox"/> ₄ |
| Another group or organization (SPECIFY) _____ | <input type="checkbox"/> ₉₉ |
| REFUSED | <input type="checkbox"/> ₉₇ |
| DON'T KNOW | <input type="checkbox"/> ₉₈ |

B21g. **[If B11 = 1 and B21f = 2, 3, 4, or 99]:** What is the name of the professional, state, or industry certification, license, or credential you received?

- | | |
|------------|--|
| REFUSED | <input type="checkbox"/> ₉₇ |
| DON'T KNOW | <input type="checkbox"/> ₉₈ |

B21h. **[If B11 = 1]:** What kind of work is this certification or license for? For example: teaching, vocational nursing, computer network administration, auditing, or truck driving.

REFUSED ₉₇
DON'T KNOW ₉₈

B21i. Did you get a new job as a result of taking [PROGRAM NAME]?

Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

B21j. **[If B21i = 1]:** In your opinion, how useful (is/was) the knowledge from this program to that job? (Is/Was) it...

Useful, ₁
Somewhat useful, ₂
Not useful, or ₃
Too soon to know? ₄
REFUSED ₉₇
DON'T KNOW ₉₈

B21k. Did you receive a promotion at a job as a result of taking [PROGRAM NAME]?

Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

B21l. **[If B21k = 1]:** In your opinion, how useful (is/was) the knowledge from this program to your new position after your promotion? (Is/Was) it...

Useful, ₁
Somewhat useful, ₂
Not useful, or ₃
Too soon to know? ₄
REFUSED ₉₇
DON'T KNOW ₉₈

B22. **[For study skills, workplace skills, or general life-skills programs only]:**
[If B11 = 1]: Did you receive a training certificate, license, or credential?

PROBE: If response is “no,” probe for which answer category.

- Yes ₁
- No – additional classes required ₂
- No – finished but did not pass the coursework or required exam(s) ₃
- No – no certificate offered ₄
- REFUSED ₉₇
- DON'T KNOW ₉₈

B23. **[All]:** In addition to any certificates, licenses, or credentials that we have already discussed, did you receive any additional certificates, licenses, or credentials since [RAD]?

- Yes ₁
- No ₂ **(SKIP TO B31a)**
- REFUSED ₉₇
- DON'T KNOW ₉₈

B24. How many additional certificates, licenses, or credentials did you receive since [RAD]?

| | | NUMBER

- REFUSED ₉₇
- DON'T KNOW ₉₈

NOTE: Questions B25 through B30 are asked of every certificate, license, or credential reported in B24.

B25. When did you receive this training certificate, license, or credential?

|_|_|/|_|_|_|_|_|
MONTH YEAR

- REFUSED ₉₇
- DON'T KNOW ₉₈

Source: HPOG/PACE 36-Month Survey

B26. Who issued the certificate, license, or credential?

- A federal, state, or local government, ₁
A professional or trade association, ₂
A business or company, ₃
Another group or organization (SPECIFY) _____ ₉₉
REFUSED ₉₇
DON'T KNOW ₉₈

B27. What is the name of the professional, state, or industry certification, license, or credential you received?

- _____
REFUSED ₉₇
DON'T KNOW ₉₈

B28. What kind of work is this certification or license for? For example: teaching, vocational nursing, computer network administration, auditing, or truck driving.

- _____
REFUSED ₉₇
DON'T KNOW ₉₈

B29. Did you get a new job as a result of receiving this certificate, license, or credential?

- Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

B30. In your opinion, how useful (is/was) this certificate, license, or credential to that job? (Is/Was) it...

- Useful, ₁
Somewhat useful, ₂
Not useful, or ₃
Too soon to know? ₄
REFUSED ₉₇
DON'T KNOW ₉₈

Source: Modified GJ-HC Follow-Up Survey

B31a. Since [RAD], have worked in an unpaid internship?

An internship is a temporary position with an organization, public agency, or company. An unpaid internship is an internship for which you were not paid a wage or salary.

- Yes 1
No 2
REFUSED 97
DON'T KNOW 98

B31b. Since [RAD], have you worked in a paid internship?

An internship is a temporary position with an organization, public agency, or company. A paid internship is one for which you were paid a wage or salary.

- Yes 1
No 2
REFUSED 97
DON'T KNOW 98

B31c. Since [RAD], have you worked in an on-the-job training position, where you were paid and the employer received a subsidy for your wage?

- Yes 1
No 2
REFUSED 97
DON'T KNOW 98

NOTE: Questions B32 through B43 will be asked for each of the unpaid or paid internships, or on-the-job training positions. As above, for the sake of brevity, in this document we do not repeat the questions for each type of training. The set of questions will only be asked of those respondents who reported that they participated in at least one training of the given type in Question B31a through B31c.

B32. For each (paid internship, unpaid internship, period of on-the-job training), please tell me where you received this training.

IF PROVIDER UNKNOWN, PROBE: For instance, this could be the organization or company where you trained or did your internship.

ONE: _____

TWO: _____

THREE: _____

FOUR: _____

FIVE: _____

REFUSED

₉₇

DON'T KNOW

₉₈

NOTE: Training location names only used to guide interview flow.

NOTE: Questions B33 through B43 are asked of every internship/on-the-job training listed in B32.

Source: Modified GJ-HC Follow-Up Survey

B33. And what type of place is [FILL NAME LISTED IN B32]?

SELECT ONE FOR EACH OF (ONE/TWO/THREE/FOUR/FIVE):

Company where respondent is a regular full- or part-time employee,

₁

Another private for-profit company where respondent is not otherwise employed,

₂

A public-sector employer other than a training center,

₃

A not-for-profit organization (including an educational institution), other than one that focuses on employment training,

₄

A public-sector training center,

₅

A not-for-profit organization (including an educational institution) that focuses on employment training, or

₆

Someplace else? (SPECIFY) _____

₉₉

REFUSED

₉₇

DON'T KNOW

₉₈

B34. When did you start this (internship/on-the-job training)?

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
MONTH DAY YEAR

REFUSED

97

DON'T KNOW

98

B35. When (did/will) the (internship/on-the-job training) end?

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
MONTH DAY YEAR

REFUSED

97

DON'T KNOW

98

B36. On average, how many hours per week (do/did) you spend in this (internship/on-the-job training)?

_____ (HOURS)

(SKIP TO B38)

REFUSED

97

DON'T KNOW

98

B37. Would you say...?

Less than 5 hours per week,

1

5 or more, but less than 10 hours per week,

2

10 or more, but less than 20 hours per week,

3

20 or more, but less than 30 hours per week,

4

30 or more, but less than 40 hours per week,

5

40 or more hours per week?

6

REFUSED

97

DON'T KNOW

98

B38. What kind of work were you learning in this (internship/on-the-job training)?

PROBE: What type of job was this training for?

REFUSED

97

DON'T KNOW

98

- B39. Did this (internship/on-the-job training) turn into a permanent position?
- Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈
- B40. Did you get a new job as a result of this (internship/on-the-job training)?
- Yes ₁
No ₂ (SKIP TO B42)
REFUSED ₉₇
DON'T KNOW ₉₈
- B41. In your opinion, how useful (is/was) the training and experience you received in the (internship/on-the-job training) to that job? (Is/was) it...
- Useful, ₁
Somewhat useful, ₂
Not useful, or ₃
Too soon to know? ₄
REFUSED ₉₇
DON'T KNOW ₉₈
- B42. Did you receive a promotion at a job as a result of this (internship/on-the-job training)?
- Yes ₁
No ₂ (SKIP TO B44)
REFUSED ₉₇
DON'T KNOW ₉₈
- B43. In your opinion, how useful (is/was) the training and experience you received in the (internship/on-the-job training) to your new position after your promotion? (Is/was) it...
- Useful, ₁
Somewhat useful, ₂
Not useful, or ₃
Too soon to know? ₄
REFUSED ₉₇
DON'T KNOW ₉₈

Source: Modified PACE 15-Month Survey

B44. **[All]**: Now consider all the types of courses and training programs you have received since [RAD]. I'm going to read a list of "general skills" topics that are sometimes covered. Across all of these courses and training programs combined, for each skill listed below, please tell me whether it received a great deal of attention, some attention, or no attention at all.

SELECT ONE RESPONSE PER ROW

	Great Deal of Attention	Some Attention	No Attentio n	REF	DK
a. Career planning.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Study skills, such as locating information, taking notes, and preparing for classes and exams.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Finding a job or moving to a different job.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. Critical thinking and problem-solving skills.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. Finding help with problems at school, work, or home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. Finding and applying for financial aid for school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
g. Managing time effectively.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. Working in groups.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
i. Communicating well (for example, good listening and speaking skills).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
j. Managing stress, anger, and frustration.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
k. Staying motivated.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
l. Acting professionally (for example, how to dress, show good attendance habits, be respectful).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
m. Managing money and personal finances.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
n. Handling parenting and other family responsibilities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

3. Training-Related Supports

In the next set of questions we are interested in the types of assistance and services you may have received from the places you took the courses or training programs that we have just discussed.

Source: Unless otherwise noted, all questions in Section C (“Training-Related Supports”) come from the GJ-HC Follow-Up Survey.

NOTE: Questions C1 and C2 will be asked for each of the types of training discussed in Section B:

1. Adult basic education and GED classes,
2. For-credit college programs,
3. Vocational courses or training programs, and
4. Study skills, workplace skills, or general life skills courses.

As above, for the sake of brevity, in this document we do not repeat the questions for each type of program. The set of questions will only be asked of those respondents who reported that they participated in at least one program of the given type in Questions B1a through B1d or B3, and will be asked of each provider listed in Question B8a.

C1. I am interested in help you may have received paying for tuition for the course(s)/training program(s) you took at [PROVIDER NAME]. I’m going to read a list of funding sources that you might have used to pay for tuition. For each item, please tell me if the funding source helped pay for these expenses since [RAD].

SELECT ONE RESPONSE PER ROW

	Yes	No	REF	DK
a. Program was free of charge.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Financial support from [PROVIDER NAME].	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Your own earnings.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. Earnings from a spouse or partner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. Savings – either your own, or a spouse or partner’s savings.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. Financial help from a parent or other family member.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
g. Loans in your name.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. Loans in your parents’ name.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
i. Pell grant or other government grant or scholarship – not counting loans that you have to pay back.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
j. Grants or scholarships from any non-government source, such as a community-based or non-profit organizations – not counting loans that you have to pay back.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
k. Financial support from your employer.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
l. Funds from a one-stop career center or state unemployment/employment office.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
m. Another funding source	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

(Specify: _____).

Source: Modified GJ-HC Follow-Up Survey
(additions from HPOG/PACE 36-Month Survey)

- C2. Now I want to ask about any additional support services you may have received from [PROVIDER NAME]. For each type of assistance, please tell me if you received this type of assistance at any time since [RAD].

NOTE: See grid on following page for list of types of assistance, and response options.

- C2a. **[If C2 = 1]:** How many times did you receive this type of support service since [RAD] from [PROVIDER NAME]?
- C2b. **[If C2a = R, D]:** If you don't remember a specific number of times, can you provide a range?

	C2				C2a			C2b					
	Yes	No	REF	DK	How many times?	REF	DK	1-2 times?	3-4 times?	5-6 times?	7+ times?	REF	DK
a. Academic advising, for example one-on-one meetings with a counselor to discuss course selection and progress toward meeting academic goals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Financial aid advising, for example one-on-one meetings with a counselor to help you determine if you had the financial resources to attend training, and support yourself or your family while in training.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Tutoring.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. Career counseling, for example tests to see what jobs you were suited for, information about education or job training programs, information on how to change careers, or information about what jobs are available in your local area.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. Job placement assistance, for example assistance in searching for work, referrals to jobs or employers, or providing labor market information.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. Job readiness training, for example help with your resume, interviewing skills, and networking skills.			97 <input type="checkbox"/>	98 <input type="checkbox"/>		97 <input type="checkbox"/>	98 <input type="checkbox"/>						
g. Assistance with mental health issues, either on site or through referral to services elsewhere.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. Assistance with other services, such as housing, or substance abuse, either on site or through referral.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
i. Clothes or uniforms.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

	C2				C2a			C2b					
	Yes	No	REF	DK	How many times?	REF	DK	1-2 times?	3-4 times?	5-6 times?	7+ times?	REF	DK
j. Child care assistance?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
k. Assistance with transportation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
l. Tools?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
m. Books or other supplies?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
n. Other type of assistance? (SPECIFY)_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

C3. Now we want to ask about assistance that you may have received from other types of organizations. Since [RAD], did you receive any of the following types of assistance from any organization, including, but not limited to, the education or training providers we already talked about:

SELECT ALL THAT APPLY:

- Career counseling? ₁
- Job placement assistance? ₂
- Job readiness training? ₃
- Assistance with mental health issues? ₄
- Assistance with other issues, such as housing, or substance abuse? ₅
- Clothes or uniforms? ₆
- Child care assistance? ₇
- Assistance with transportation? ₈
- Tools? ₉
- Books or supplies? ₁₀
- Any other type of assistance? (SPECIFY) _____ ₉₉
- REFUSED ₉₇
- DON'T KNOW ₉₈

Source: Modified PACE 15-Month Survey

C4. **[If Respondent assigned to treatment group]:**
 Overall, how useful was the [NAME OF RTW GRANT-FUNDED PROGRAM] in helping you do each of the following?
 Would you say it was very useful, somewhat useful, or not at all useful?

SELECT ONE RESPONSE PER ROW

	Very Useful	Somewhat Useful	Not at All Useful	REF	DK
a. Did the services you received help you train for work in a particular occupation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Did the services provided help you continue your education in the long term?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Did the services provided help you find a job?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. Did the services provided help you get a job which offers opportunities for advancement?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

4. Factors Affecting Ability to Work

The next set of questions cover a wide range of beliefs and attitudes about yourself and about work.

Source: PACE 15-Month Survey

Core Self Evaluation

- D1. I'm going to read a series of statements about your feelings about different aspects of life. For each one, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement:

SELECT ONE RESPONSE PER ROW

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	REF	DK
a. I am confident I get the success I deserve in life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Sometimes I feel depressed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. When I try, I generally succeed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. Sometimes when I fail I feel worthless.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. I complete tasks successfully.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. Sometimes, I do not feel in control of my work.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
g. Overall, I am satisfied with myself.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. I am filled with doubts about my competence.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
i. I determine what will happen in my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
j. I do not feel in control of my success in my career.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
k. I am capable of coping with most of my problems.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
l. There are times when things look pretty bleak and hopeless to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Source: PACE 15-Month Survey

“Grit” Scale

D2. Next, I’m going to read some statements about how people approach various tasks in life. For each, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that the statement applies to you. Be honest—there are no right or wrong answers!

SELECT ONE RESPONSE PER ROW

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	REF	DK
a. New ideas and projects sometimes distract me from previous ones.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Setbacks don’t discourage me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. I have been obsessed with a certain idea or project for a short time, but later lost interest.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. I am a hard worker.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. I often set a goal, but later choose to pursue a different one.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. I often have difficulty maintaining my focus on projects that take more than a few months to complete.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
g. I finish whatever I begin.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. I am diligent.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Source: PACE 15-Month Survey, HPOG/PACE 36-Month Survey

Perceived Stress Scale

D3. In the past month, how often have you felt:

SELECT ONE RESPONSE PER ROW

	Very Often	Fairly Often	Sometimes	Almost Never	Never	REF	DK
a. That you were unable to control the important things in life?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Confident about your ability to handle your personal problems?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. That things were going your way?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. That difficulties were piling up so high that you could not overcome	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

them?

Source: HPOG/PACE 36-Month Survey

Level of Personal Support

D4. The following statements are about help from other people. Please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each item.

SELECT ONE RESPONSE PER ROW

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	REF	DK
a. There are people I can depend on to help me if I really need it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. I feel that I do not have close personal relationships with other people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. There is no one I can turn to for guidance in times of stress.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. There are people who enjoy the same social activities that I do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. I do not think other people respect my skills and abilities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. If something went wrong, no one would come to my assistance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
g. I have close relationships that provide me with a sense of emotional security and well-being.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. I have relationships where my competence and skills are recognized.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
i. There is no one who shares my interests and concerns.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
j. There is a trustworthy person I could turn to for advice if I were having problems.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Confidence in Career Knowledge

D5. When it comes to careers, some people are more certain than others that they know where they are headed and how to get there. Please indicate for each item whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that it reflects your career situation:

SELECT ONE RESPONSE PER ROW

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	REF	DK
a. I'm not sure how to accurately assess my abilities and challenges.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. I know how to make a plan that will help me achieve my goals for the next 5 years.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. I know how to get help from staff and teachers with any issues that might arise when I am at school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. I'm not sure what type of job is best for me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. I know the type of employer I want to work for.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. I know the occupation I want to be in.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
g. I'm not sure what kind of education and training program is best for me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Source: All remaining questions in this section are from the GJ-HC Follow-Up Survey and the RTW Baseline Information Form.

Barriers to Work

D6a. Would you say finding quality child care you can afford has limited your ability to work during the past month?

- Very much, ₁
- A little, or ₂
- Not at all? ₃
- Not applicable ₄
- REFUSED ₉₇
- DON'T KNOW ₉₈

D6b. Would you say finding quality child care you can afford has limited your ability to work between [RAD] and before the past month?

- | | |
|----------------|------------------------------|
| Very much, | <input type="checkbox"/> _1 |
| A little, or | <input type="checkbox"/> _2 |
| Not at all? | <input type="checkbox"/> _3 |
| Not applicable | <input type="checkbox"/> _4 |
| REFUSED | <input type="checkbox"/> _97 |
| DON'T KNOW | <input type="checkbox"/> _98 |

D7a. Would you say problems with transportation have limited your ability to work during the past month?

- | | |
|--------------|------------------------------|
| Very much, | <input type="checkbox"/> _1 |
| A little, or | <input type="checkbox"/> _2 |
| Not at all? | <input type="checkbox"/> _3 |
| REFUSED | <input type="checkbox"/> _97 |
| DON'T KNOW | <input type="checkbox"/> _98 |

D7b. Would you say problems with transportation have limited your ability to work between [RAD] and before the past month?

- | | |
|--------------|------------------------------|
| Very much, | <input type="checkbox"/> _1 |
| A little, or | <input type="checkbox"/> _2 |
| Not at all? | <input type="checkbox"/> _3 |
| REFUSED | <input type="checkbox"/> _97 |
| DON'T KNOW | <input type="checkbox"/> _98 |

D8a. Do you have a physical, emotional, or other health condition that has limited the kind or amount of work you could do during the past month?

- | | |
|------------|------------------------------|
| Yes | <input type="checkbox"/> _1 |
| No | <input type="checkbox"/> _2 |
| REFUSED | <input type="checkbox"/> _97 |
| DON'T KNOW | <input type="checkbox"/> _98 |

D8b. Do you have a physical, emotional, or other health condition that has limited the kind or amount of work you could do between [RAD] and before the past month?

- | | |
|------------|------------------------------|
| Yes | <input type="checkbox"/> _1 |
| No | <input type="checkbox"/> _2 |
| REFUSED | <input type="checkbox"/> _97 |
| DON'T KNOW | <input type="checkbox"/> _98 |

Reservation Wage

D9. How much must a job pay per hour for it to make sense for you to take it?

IF NECESSARY, PROBE: What is the lowest hourly wage you are willing to accept?
Think about the costs of taking a job, which might include child care and transportation.

AMOUNT \$|_|_|_|_|.|_|_| PER HOUR

REFUSED

₉₇

DON'T KNOW

₉₈

5. Employment

This next set of questions are about your employment experiences.

Source: Unless otherwise noted, all questions in Section E (“Employment”) come from the GJ-HC Follow-Up Survey.

- E1. Are you currently working at a job for pay?
Please include any full- or part-time jobs, self-employment, temporary positions, odd jobs, side jobs such as babysitting, gardening, or housekeeping, under-the-table jobs, business ventures, or other types of paid jobs that you have had.

PROBE: Please remember to include any type of job that you have for pay.

- Yes **1 (SKIP TO E3)**
No **2**
REFUSED **97**
DON'T KNOW **98**

- E2. Which of the following best describes your work-related activities last week? Were you...

- Retired, **1**
Unable to work because of a disability, **2**
Attending school or a long-term training program, **3**
On active military duty, **4**
On temporary layoff (waiting for callback), **5**
Without a job, looking for work, **6**
Without a job, not looking for work, **7**
Sick or on maternity leave, or **8**
Doing something else? (SPECIFY) _____ **99**
REFUSED **97**
DON'T KNOW **98**

- E3. [Including your current job(s)] how / How) many different jobs have you had since [RAD]?

PROBE: Please include any full- or part-time jobs, self-employment, temporary positions, odd jobs, side jobs such as babysitting, gardening, or housekeeping, under-the-table jobs, business ventures, or other types of paid jobs that you have had.

| | | NUMBER OF JOBS

- None **1 (SKIP TO F1)**
REFUSED **97 (SKIP TO F1)**
DON'T KNOW **98 (SKIP TO F1)**

Source: Modified GJ-HC Follow-Up Survey

E4. Where are you currently working?/Where did you work most recently since [RAD]?

If you currently have more than one job, answer this for your “main” job. This would be the job where you work the most hours, or if you work the same number of hours at more than one job, the one where you’ve worked the longest.

PROBE: What is the name of the company or employer you work(ed) for?

COMPANY/EMPLOYER: _____

REFUSED

₉₇

DON’T KNOW

₉₈

NOTE: Company name used to guide interview flow.

E5. What month, day, and year did you start working at [JOB NAME]?

PROBE: If you cannot remember the exact day, can you remember if it was in the beginning, middle, or end of the month?

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

REFUSED

₉₇

DON’T KNOW

₉₈

E6. **[IF E1=2]** What month, day, and year did you stop working at [JOB NAME]?

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

REFUSED

₉₇

DON’T KNOW

₉₈

Source: WIA Gold Standard 15-Month Survey

E7. Which of the following best describes your employment at [JOB NAME]?
(Are/were) you working:

- As a regular full-time or part-time employee, 1
- For a temporary help agency, 2
- For a company that contracts out you or your services, 3
- As an on-call employee, 4
- As an independent contractor or independent consultant, 5
- As a free-lance worker, 6
- As a day laborer, 7
- As self-employed, or 8
- As something else? (SPECIFY) _____ 99
- REFUSED 97
- DON'T KNOW 98

Source: HPOG/PACE 36-Month Survey

E8. What kind of work [do you do in your current job/did you do in your most recent job],
that is, what [is/was] your occupation at [JOB NAME]?

OCCUPATION: _____

- REFUSED 97
- DON'T KNOW 98

E9. What kind of company is [JOB NAME]? What do they make, do, or sell?

PROBE, if necessary: What was the major product or service of [JOB NAME]?

- REFUSED 97
- DON'T KNOW 98

E10. How many hours (do/did) you work in a typical week at [JOB NAME] (now/just before you
left)? Please include any regular overtime hours.

|_|_| HOURS PER WEEK

(SKIP TO E12)

- REFUSED 97
- DON'T KNOW 98

E11. Would you say you worked...?

- Up to 5 hours per week, ₁
- 5 or more but less than 10 hours per week, ₂
- 10 or more but less than 15 hours per week, ₃
- 15 or more but less than 25 hours per week, ₄
- 25 or more but less than 35 hours per week, ₅
- 35 or more but less than 40 hours per week, ₆
- 40 or more but less than 50 hours per week, ₇
- More than 50 hours per week? ₈
- REFUSED ₉₇
- DON'T KNOW ₉₈

E12. (Do/Did) you usually work a regular daytime schedule, or some other schedule at [JOB NAME]?

- A regular daytime schedule (anytime between 6am to 6pm) ₁ **(SKIP TO E14)**
- Some other schedule ₂
- REFUSED ₉₇
- DON'T KNOW ₉₈

E13. Which of the following best describes the hours you usually (work/worked) at [JOB NAME]?

- A regular evening shift (anytime between 2pm to midnight), ₁
- A regular night shift (anytime around 9pm to 8am), ₂
- A rotating shift—one that changes periodically from day to evening or night, ₃
- A split shift—one consisting of two distinct periods each day, ₄
- An irregular schedule arranged by your employer, or ₅
- Some other schedule? (SPECIFY)_____ ₉₉
- REFUSED ₉₇
- DON'T KNOW ₉₈

Source: GJ-HC Follow-Up Survey, HPOG/PACE 36-Month Survey

E14. (Are/Were) any of the following benefits available to you at [JOB NAME]?
If you (had) wanted it, (could you receive/could you have received) ...

SELECT ONE RESPONSE PER ROW

	Yes	No	REF	DK
a. Health insurance?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Paid vacation days?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Paid holidays?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. Paid sick days?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. Retirement or pension benefits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

E15. [Are/Were] you covered or represented by a union at your job with [JOB NAME]?

- Yes 1
- No 2
- REFUSED 97
- DON'T KNOW 98

Source: HPOG/PACE 36-Month Survey

E16. How much do you agree or disagree with the following statement: "There [are/were] many opportunities for career advancement for me with [JOB NAME]." Would you say you...

- Strongly agree 1
- Agree 2
- Disagree 3
- Strongly disagree 4
- REFUSED 97
- DON'T KNOW 98

E17. How much (do/did) you earn, before taxes and other deductions, at [JOB NAME] (now/just before you left)? Please include tips, commissions, bonuses, and regular overtime.

AMOUNT \$ |_|_|_|_|, |_|_|_|_|. |_|_|_|_| (SKIP TO F1)

- Per hour 1
- Per week 2
- Per year 3
- Once every two weeks 4
- Twice a month 5
- Per month 6
- In-kind only 7
- Not yet paid 8
- Per day 9
- Per job 10
- Commission 11
- Commission plus (per hour) 12
- Commission plus (per week) 13
- Commission plus (per month) 14
- Commission plus (per year) 15
- Some other pay period _____ 99
- REFUSED 97
- DON'T KNOW 98

E18. I'll read some ranges. Please try to estimate your annual pay at [JOB NAME] [now/just before you left]. Would you say your annual earnings [are/were]...

- | | |
|--|-----------------------------|
| Less than \$10,000, | <input type="checkbox"/> 1 |
| \$10,000 or more, but less than \$20,000, | <input type="checkbox"/> 2 |
| \$20,000 or more, but less than \$30,000, | <input type="checkbox"/> 3 |
| \$30,000 or more, but less than \$40,000, | <input type="checkbox"/> 4 |
| \$40,000 or more, but less than \$50,000, | <input type="checkbox"/> 5 |
| \$50,000 or more, but less than \$75,000, | <input type="checkbox"/> 6 |
| \$75,000 or more, but less than \$100,000, | <input type="checkbox"/> 7 |
| Or more than \$100,000? | <input type="checkbox"/> 8 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

6. Household Composition

In this next set of questions, we are interested in learning more about your household.

Source: All questions in Section F (“Household Composition”) come from the GJ-HC Follow-Up Survey.

- F1. How many people, including yourself, currently make up your household?
By household, we mean people who live together and share finances, including dependents.

|_|_| # PEOPLE IN HOUSEHOLD

REFUSED
DON'T KNOW

₉₇
₉₈

- F2. How many members of your household are children under 12?

|_|_| # CHILDREN UNDER 12

REFUSED
DON'T KNOW

₉₇
₉₈

7. Income and Public Benefits

Now, I am going to ask you some questions about your personal and household income in the last month. I want to assure you that none of your answers will be discussed with anyone. [IF RESPONDENT HAS OTHER HOUSEHOLD MEMBERS:] I will ask you first about your personal income, then I will ask about the income of other members of your household.

Source: GJ-HC Follow-Up Survey

G1. Last month, did you receive any (INSERT ITEM FROM CHART BELOW)... ?

G1a. How much did you receive from (INSERT ITEM) last month?

PROBE (as needed):

The **Unemployment Insurance** program, also known as **UI**, provides workers, who lose their jobs through no fault of their own, with weekly unemployment insurance payments.

Temporary Assistance to Needy Families (TANF), also known as [STATE WELFARE NAME] and formerly known as Aid to Families with Dependent Children (AFDC), provides financial help for children and their parents or relatives who are living with them. Monthly cash payments help pay for food, clothing, housing, utilities, furniture, transportation, telephone, laundry, household equipment, medical supplies not paid for by Medicaid, and other basic needs.

The **Supplemental Nutrition and Assistance Program (SNAP)** is the new name for the USDA program formerly known as Food Stamps. It puts money on a EBT card that is used to buy food.

The **Special Supplemental Nutrition Program for Women, Infant and Children**, popularly known as **WIC**, is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. WIC provides nutrition education and counseling, nutritious foods, and help accessing health care to low-income women, infants, and children.

Supplemental Security Income (SSI) is a federal government benefit program providing cash to meet basic needs for food, clothing, and shelter to persons who are blind or otherwise disabled, have little or no other income, and who meet the living arrangement requirements.

Social Security Disability Insurance (SSDI) benefits are payable to disabled workers, disabled widow(er)s or adults disabled since childhood, who are otherwise eligible. The monthly disability payment is based on the social security earnings record of the insured worker under whose social security number the disability claim is filed.

Workers Compensation is a form of insurance that provides wage replacement and medical benefits for employees who are injured in the course of employment.

General Assistance (GA) is a term used to denote welfare programs that benefit adults without dependents (single persons, or less commonly, childless married couples). **Trade Adjustment Assistance (TAA)** and **Alternative Trade Adjustment Assistance (ATAA)** help trade-affected workers who have lost their jobs as a result of increased imports or shifts in production out of the United States. Certified individuals may be eligible to receive one or more program benefits and services, depending on what is needed to return them to employment.

	G1				G1a		
	Yes	No	REF	DK	Amount	REF	DK
a. Unemployment Insurance benefits (UI)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Temporary Assistance for Needy Families (TANF)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. WIC benefits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. SSI, SSDI, or other disability insurance?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. Worker's Compensation?							
g. Other benefits such as General Assistance, Trade Adjustment Assistance (TAA) or Alternative Trade Adjustment Assistance (ATAA) benefits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. Section 8 or Public Housing?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
i. Social Security checks from the government for retirement, or survivor's benefits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
j. Other retirement benefits such as a government or private pension or annuity?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
k. Interest or dividends?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
l. Alimony, child support, or rent payments or financial support from friends or relatives?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
m. Another source of income? Please specify (_____).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Source: HPOG/PACE 36-Month Survey
Expanded probe from GJ-HC

G2. Thinking of all of the income you received last month, what was your total personal income in [PRIOR MONTH]?

PROBE: Please include income from all possible sources such as job earnings, benefits, self-employment, regular jobs, and earnings from odd jobs, 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. (Please do not include any refunds of federal, state, or local income taxes you paid in past years.) Your best estimate is fine.

PROBE, IF TOTAL INCOME IS REFUSED: Your answers to these questions will help the researchers better understand the problems people face when they are trying to work and make ends meet. Neither your name nor any other information that would identify you is kept with your answers. Could you provide your best estimate?

\$ _____ (SKIP TO G3) _____

REFUSED ₉₇
DON'T KNOW ₉₈

Source: HPOG/PACE 36-Month Survey

G2a. Would you say your total personal income in [PRIOR MONTH] was...

None (\$0) ₁
\$500 or less ₂
\$501 to \$1,000 ₃
\$1,001 to \$1,500 ₄
\$1,501 to \$2,000 ₅
\$2,001 to \$2,500 ₆
\$2,501 to \$3,000 ₇
\$3,000 to \$3,501 ₈
\$3,501 to \$4,000 ₉
\$4,001 or more ₁₀
REFUSED ₉₇
DON'T KNOW ₉₈

Source: Modified GJ-HC Follow-Up Survey

G3. Last month, did anyone else in your household receive any (INSERT FROM CHART)... ?
By household, we mean people who live together and share finances. Please consider anyone who lived in your household for at least half of [PRIOR MONTH] when answering.

G3a. **[If G3 = 1]:** How much did other people in your household receive from (INSERT ITEM) last month, altogether?

	G3				G3a		
	Yes	No	REF	DK	Amount	REF	DK
a. Unemployment Insurance benefits (UI)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Temporary Assistance for Needy Families (TANF)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. WIC benefits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. SSI, SSDI, or other disability insurance?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. Worker's Compensation?							
g. Other benefits such as General Assistance, Trade Adjustment Assistance (TAA) or Alternative Trade Adjustment Assistance (ATAA) benefits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. Section 8 or Public Housing?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
i. Social Security checks from the government for retirement, or survivor's benefits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
j. Other retirement benefits such as a government or private pension or annuity?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
k. Interest or dividends?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
l. Alimony, child support, or rent payments or financial support from friends or relatives?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>
m. Another source of income? Please specify (_____).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	\$ _ _ _ _ _ _ _ _ ENTER AMOUNT	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Source: HPOG/PACE 36-Month Survey

G4. Thinking of all of the income received by you and the people in your household last month, what was the total income for everyone living together in your household in [PRIOR MONTH]?

PROBE: By household, we mean people who live together and share finances. Please consider anyone who lived in your household for at least half of [PRIOR MONTH] when you answer this question, including yourself.

\$ _____ (SKIP TO END)___

REFUSED
DON'T KNOW

₉₇
₉₈

Source: HPOG/PACE 36-Month Survey

G4a. Which of the following categories best describes the combined income of you and other members of your household? Would you say that the combined income in [PRIOR MONTH] was...

None (\$0)
\$1000 or less
\$1,001 to \$2,000
\$2,001 to \$3,000
\$3,001 to \$4,000
\$4,001 to \$5,000
\$5,001 to \$6,000
\$6,001 to \$7,000
\$7,001 to \$8,000
\$8,001 or more
REFUSED
DON'T KNOW

₁
₂
₃
₄
₅
₆
₇
₈
₉
₁₀
₉₇
₉₈