ATTACHMENT H

PARENT SURVEY INSTRUMENT

PROMISE 18-Month Follow-Up Surveys:
Parent / Guardian Questionnaire

Draft 3: December 15, 2014

Administrative Notes:

- The surveys will be administered beginning 19 months after random assignment anniversary date (to allow for a full 18 months of exposure to services). This instrument is designed in an interviewer-administered format. The parent and youth modules are each designed to take approximately 35 minutes to complete.

- Consent for participation in both interviews (parent, youth, 18-month and 5-year) was collected from parent during enrollment in PROMISE. All youth provided assent at the time of enrollment.

- The target respondent for the parent survey is the parent or guardian who completed the consent form at the time of enrollment. However, if this parent is not willing or able to take part in the interview, the youth's other parent or guardian who resides in the same household as youth could complete the interview.

- Parent modules will be completed first, followed by the youth modules. Youth may complete the youth modules him or herself, or with support from a parent / guardian or other trusted adult. If a youth is not able to complete his / her interview – these modules may be completed by a proxy. If a proxy interview is conducted, no items that are subjective in nature will be included in the interview.

- Interviews will be conducted in English or Spanish.

- Formatting is used to guide interviewing staff on question administration. Text shown in **ALL CAPS** is not read aloud. Text in **underline** format is emphasized.

- Programming logic will be used to route respondents to the next applicable item or section based on responses provided. The target universe for each item (based on skip logic or other criteria, such as age), is shown in the bar located above the item number.

- Logic for which set of respondents complete specific sections are shown in the section outline as well as in the programming specifications at the start of each section.

    o For cases where the youth lives apart from a parent or guardian (such as in a group home or institutional setting), we will interview the parent or guardian who is most knowledgeable about the youth's education and services received.

    o Youth identified as living in their own household, apart from parents or guardians, will respond to a subset of the parent modules during the youth interview. In these cases, the parent module will be completed by the parent who provided consent at enrollment.

- If a youth is found to be deceased, the case will be coded as ineligible and no further contact will be attempted.

Overview of the 18-Month Instruments

PARENT / GUARDIAN MODULES

		Asked of …		
		Parent or Guardian of Participating Youth (where youth resides with a parent / guardian)	Consenting Parent of Independent Youth	Independent Youth
I.	Introduction	X	X	X
II.	Parent: Service Receipt in Past 18 months	X	X	
III.	Parent Employment Experience and Credentials	X	X	
IV.	Parent: Individual and Family Well-Being	X		X
V.	Parent's Expectations for Youth	X	X	
VI.	Parent Demographics & Contact Information	X	X	

Variables from sample file used to populate logic within the instrument include:

Fill variable in questionnaire specifications	Sample file variable name
PROGRAM NAME	
STATE PROGRAM LOCATED IN	
PROMISE SERVICES (TREATMENT) OR USUAL SERVICES GROUP ASSIGNMENT	
FIRST AND LAST NAME OF CONSENTING PARENT / GUARDIAN	
RA DATE	
RA MONTH	
RA YEAR	
FIRST / LAST NAME OF YOUTH	
CONSENTING PARENT MAILING ADDRESS	
CONSENTING PARENT PHONE	
YOUTH MAILING ADDRESS	
YOUTH PHONE	

TEXT FILLS FOR SPECIFIC SITES AND STATES

Program State	Health Insurance Marketplace Name	State-Specific Name for Medicaid	State-Specific Name for TANF	Name for Case Manager
AR	Federal Marketplace	Arkansas Medicaid	TANF	Connector
CA	Covered California (http://www.coveredca.com/)	Medi-Cal	CalWORKs	Career Service Coordinator (CSC)
MD	Maryland Health Connection (http://www.marylandhealthconnection.gov/)	Medicaid or HealthChoice	Temporary Cash Assistance (TCA)	Case manager and Family Employment Specialist
NY	NY State of Health (https://nystateofhealth.ny.gov/)	Partnership for Long Term Care or Medicaid	Family Assistance (FA)	Research Demonstration Site (RDS) case manager
WI	Federal Marketplace	Medicaid HMO Program	TANF	Division of Vocational Rehabilitation (DVR) counselor
ASPIRE	AZ: Federal Marketplace CO: Connect for Health Colorado http://connectforhealthco.com/ MT=federal marketplace, ND=federal marketplace, SD=federal marketplace, Utah=federal marketplace (individual) and Avenue H http://www.avenueh.com/	AZ: AHCCCS (pronounced 'access') CO: Medical Assistance Program (CO) / Medicaid MT: Passport to Health / Medicaid or Passport ND: Medicaid (ND) SD: Medicaid (SD) UT: Medicaid (UT)	Arizona: Cash Assistance (CA) Colorado: Colorado Works Montana: TANF North Dakota: TANF South Dakota: TANF Utah: TANF	Case Manager

	Asked of …		
	Parent or Guardian of Participating Youth	**Consenting Parent of Independent Youth**	**Independent Youth**
Section I. Introduction	x	x	x

ALL
[INTERVIEWER'S FULL NAME], [PROMISE PROGRAM], [NAME OF CONSENTING PARENT] [YOUTH]

I. Hello.   **Hi! My name is [INTERVIEWER'S FULL NAME]. I'm calling from Mathematica Policy Research on behalf of the Social Security Administration, as part of an important national study. May I please speak to [NAME OF CONSENTING PARENT]?**

IF UNAVAILABLE, ASK FOR ANOTHER PARENT OR GUARDIAN.

INTERVIEWER: IF YOUTH ANSWERS, BRIEFLY EXPLAIN WE NEED TO BEGIN WITH THE PARENT QUESTIONS FIRST AND THEN WOULD THEN LIKE TO SPEAK WITH HIM / HER AFTERWARDS.

CODE ONE ONLY

SPEAKING TO [CONSENTING PARENT] 1   CONTINUE

SPEAKING TO OTHER PARENT / GUARDIAN 2   CONTINUE

WHAT IS CALL ABOUT 3   CONTINUE

PARENT / GUARDIAN BUSY, UNAVAILABLE 4   NOT AVAILABLE

PARENT / GUARDIAN MOVED / LIVES ELSEWHERE 5   NOT AVAILABLE

PARENT / GUARDIAN ONLY SPEAKS SPANISH [GET SPANISH-SPEAKING INTERVIEWER] 6   CONTINUE OR SET CB

PARENT / GUARDIAN DOES NOT SPEAK ENGLISH OR SPANISH 7   BARRIER

PARENT / GUARDIAN HAS HEALTH PROBLEM 8   BARRIER

PARENT / GUARDIAN IN AN INSTITUTION 9   BARRIER

YOUTH IS DECEASED 10   INELIGIBLE

PARENT / GUARDIAN IS DECEASED 11   BARRIER

NEVER HEAD OF PARENT / GUARDIAN 12   BARRIER

WRONG NUMBER 13   BARRIER

HUNG UP DURING INTRODUCTION 14   BARRIER

I.HELLO = 1, 2, OR 3
[YOUTH]

I. ELIG. **I'm calling to complete an interview with [YOUTH]' parent or legal guardian, as well as an interview with [YOUTH]. To confirm I am speaking with someone who can complete this interview, can you please tell me how you are related to [YOUTH]?**

<u>CODE ONE ONLY</u>

MOTHER (BIOLOGICAL OR ADOPTED) 1	GO TO I.ELIG_2
FATHER (BIOLOGICAL OR ADOPTED) 2	GO TO I.ELIG_2
LEGAL GUARDIAN 3	GO TO I.ELIG_2
STEP MOTHER.. 4	GO TO I.ELIG_2
STEP FATHER 5	GO TO I.ELIG_2
LEGAL GUARDIAN 6	GO TO I.ELIG_2
FOSTER PARENT: FOSTER MOTHER 7	GO TO I.ELIG_2
FOSTER PARENT: FOSTER FATHER 8	GO TO I.ELIG_2
OTHER FAMILY MEMBER (PROXY FOR PARENT OR GUARDIAN) 9	GO TO I.ELIG_2
SOMEONE FROM [YOUTH]'S SCHOOL, GROUP HOME, OR OTHER INSTITUTION 10	
SOMEONE FROM AN AGENCY/ SERVICE PROVIDER.................................... 11	
OTHER (SPECIFY) 99	
_____ (STRING 150)	
DON'T KNOW.. d	TERMINATE
REFUSED... r	TERMINATE

IF OTHER SPECIFY (99): **Other relationship is:**

I.ELIG = 10, 11, 99
[CONSENTING PARENT] [YOUTH]

I.ELIG_1.   **Thanks for this information. We'd like to ask the remaining questions with [CONSENTING PARENT], and then we'll reach out to [YOUTH] for (his / her) interview.**

<u>CODE ONE ONLY</u>

[CONSENTING PARENT NAME] COMES TO PHONE 1	CONTINUE
CONSENTING PARENT NOT AVAILABLE.. 2	SET CALLBACK
CONSENTING PARENT WILL NOT PARTICIPATE 3	BARRIER – REFUSAL

I.ELIG = 1-9 OR I.ELIG_1=1
[CONSENTING PARENT NAME] [YOUTH] [him/her]

I.ELIG_2. May I confirm that you are the person who is most knowledgeable about the day-to-day activities of [YOUTH], and that you are the legal guardian of [YOUTH] and can answer questions about [him/her]? This includes knowledge of services or supports that he / she may have received.

<u>CODE ONE ONLY</u>

YES – CONFIRMED AS KNOWLEDGEABLE AND LEGAL GUARDIAN............ 1   CONTINUE

NO – NOT THE MOST KNOWLEDGEABLE ADULT 2   SET CALLBACK

NO – NOT THE LEGAL GUARDIAN……………………………………………3   SUPERVISOR REVIEW

WILL NOT PARTICIPATE 3   BARRIER – REFUSAL

I.ELIG_2=1
[you / CONSENTING PARENT NAME] [PROMISE PROGRAM NAME] [you may remember completing] [FILL$30 IF DATE OF INTERVIEW IS > 10 DAYS FROM LAUNCH / FILL $40 IF DATE OF INTERVIEW IS < 10 DAYS FROM LAUNCH].

I.Consent. **IF SPEAKING TO CONSENTING PARENT: About a year and a half ago, [you / CONSENTING PARENT NAME] enrolled in a program called [PROMISE PROGRAM NAME]. In that application, [you may remember completing] a consent form which explained that the study included two interviews. This is the first interview.**

The questions will cover topics such as: your health and wellbeing, services received over the last year or so, and your educational and employment experiences. This interview takes about 35 minutes to complete.

You will receive [$30 / $40] for completing the interview.

I'd like to begin with some questions for you and then talk to (YOUTH). Do I have your permission to begin?

IF NEEDED: All your answers will be held in strict confidence. Nothing you say will affect your child's SSI benefits now or in the future. We can start now and take a break whenever you need one.

IF SPEAKING TO NON-CONSENTING PARENT: We are conducting a health study for SSA. This study includes two interviews, and this is the first one. The questions will cover topics such as: health and wellbeing, services received over the last year or so, and educational and employment experiences. This interview takes about 35 minutes to complete.

You will receive [$30 / $40] for completing the interview.

I'd like to begin with some questions for you and then talk to (YOUTH).

IF NEEDED: All your answers will be held in strict confidence. Nothing you say will affect your child's SSI benefits now or in the future. We can start now and take a break whenever you need one.

CODE ONE ONLY

YES.. 1

NOT A GOOD TIME 2   SET CALLBACK

REFUSED.. r   STATUS AS REFUSAL

I.CONSENT = 1

I. Consent_2. **Before we begin, I want to confirm that you read in the letter that we sent you. In it there was information about how SSA can use and share the information you provide. I can read it to you now if you didn't read it in the letter.**

Section 1110 of the Social Security Act, as amended, authorizes us to request this information. We will use this information to evaluate the impact of services provided to you (the minor participant or household member) during your participation in the Promoting Readiness of Minors in SSI (PROMISE) project. Providing us this information is voluntary. Failing to provide us with all or part of the information will not affect the SSI benefits that you, your child, or other household members receive now or in the future. We may use the information for the administration of our programs, including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and the Department of Veterans Affairs); and,

2. To facilitate audit, investigative, or statistical research activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice entitled, Supplemental Security Income Studies, Surveys, Records and Extracts (Statistics), 60-0203. Additional information about this and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

Do I have your permission to begin?

                                                                      CODE ONE ONLY

YES.. 1

NOT A GOOD TIME 2   SET CALLBACK

REFUSED.. r   STATUS AS REFUSAL

I.CONSENT_2 = 1
[YOUTH] [NAME OF CONSENTING PARENT]

I.R TYPE. **To help us know which questions to ask first, we need to know where [YOUTH] lives or stays most of the time.**

Does [YOUTH] live with you, with another parent or legal guardian, or somewhere else?

INTERVIEWER: IF YOUTH NO LONGER LIVES WITH PARENT OR GUARDIAN: CODE "4" BELOW. THIS DRIVES IMPORTANT SKIP LOGIC.

<u>CODE ONE ONLY</u>

YOUTH LIVES WITH ME / [NAME OF CONSENTING PARENT]...................... 1

YOUTH LIVES WITH OTHER PARENT OR GUARDIAN.................................. 2

OTHER SETTING (NOT WITH PARENT OR GUARDIAN), E.G. GROUP

HOME, INSTITUTION, OR BOARDING SCHOOL 3

YOUTH NO LONGER LIVES WITH PARENT/ GUARDIAN (INDEPENDENT)... 4

SOFT CHECK: IF I.RTYPE_4=1: May I confirm I have recorded correctly that [YOUTH] no longer lives with any parent, a foster parent, or any legal guardian?

I.RTYPE_4=1 AND I.HELLO=2
[YOUTH]

I.R TYPE2. **Thanks for this information. Since [YOUTH] lives in (his / her) own household, apart from any parent or guardian, we'd like to ask the remaining questions with [CONSENTING PARENT NAME], and then we will reach out to [YOUTH] for (his / her) portion of the interview.**

<u>CODE ALL THAT APPLY</u>

[NAME OF CONSENTING PARENT] COMES TO PHONE 1   CONTINUE

YOUTH LIVES WITH OTHER PARENT OR GUARDIAN.................................. 2   SET CALLBACK

I.RTYPE_1= 1
[CONSENTING PARENT NAME]

I.Q1. **To begin, may I double check the spelling of your name? I have [CONSENTING PARENT NAME], is that correct?**

IF NEEDED: **This information tells us who answered the questions and will be used to send you the $30 payment after completing the interview.**

INTERVIEWER: CORRECT OR UPDATE, IF NEEDED

_____ (STRING 20)

[FIRST NAME]

_____ (STRING 50)   GO TO I.Q3

[LAST NAME]

CORRECT AS SHOWN - CONTINUE 1   GO TO I.Q3

REFUSED... r   GO TO I.Q3

I.RTYPE_2=1 OR I.RTYPE_3=1

[CONSENTING PARENT NAME] [YOUTH] [TEXT FILL IF I.ELIG=9]

I.Q2. **I see that [CONSENTING PARENT NAME] gave permission for [YOUTH] to enroll in PROMISE, however, either of [YOUTH]'s parent(s) or guardian(s) [IF I.ELIG=9, FILL: or someone who can respond on their behalf] that is knowledgeable about services [YOUTH] receives can answer these questions.**

May I have your first and last name please?

PROBE: **This information tells us who answered the questions and will be used to send you the $30 payment after completing the interview.**

_____ (STRING 30)
FIRST NAME

_____ (STRING 30)
MIDDLE INITIAL/NAME

_____ (STRING 60)
LAST NAME

DON'T KNOW.. d

REFUSED.. r

I.CONSENT_2 = 1

I.Q3. **The first few questions ask about your household and living situation. Your answers will help make the interview go faster because I will know which questions apply to you. Are you… (NLTS2012, H1)**

INTERVIEWER: PROBE, FOR <u>CURRENT</u> MARITAL STATUS. IF DIVORCED, NOW REMARRIED, THE STATUS WOULD BE "1" (MARRIED).

<u>CODE ONE ONLY</u>

Married... 1

In a marriage-like relationship.. 2

Divorced 3   GO TO I.Q5

Separated 4   GO TO I.Q5

Widowed, or 5   GO TO I.Q5

Single, never married? 6   GO TO I.Q5

DON'T KNOW.. d   GO TO I.Q5

REFUSED.. r   GO TO I.Q5

SOFT CHECK: IF I.Q3=D or R; **This information helps us know which types of questions to ask about your household. Are there any questions I can answer or any concerns you may have about answering this question that I could help address?**

PROGRAMMER: FOR ALL SUBSEQUENT ITEMS THAT FILL [SPOUSE/PARTNER] FILL SPOUSE IF I.Q3 = 1, FILL PARTNER IF I.Q3 = 2

I.Q3= 1 OR 2
[spouse / partner]

I.Q4. **Does your (spouse / partner) lives in the same household with you?**

PROBE: Your answer to this question helps me make sure you get asked only the questions that apply to you.

YES.. 1

NO 0   GO TO I.Q5

DON'T KNOW... d   GO TO I.Q5

REFUSED... r   GO TO I.Q5

I.CONSENT_2 = 1
[YOUTH]

I.Q5. **Some of our questions are only asked of males or females. May I confirm, is [YOUTH] male or female?**

PROBE: This information also helps us tailor the questions in specific ways – such as using "he" or "she" to describe [YOUTH], where needed.

MALE 1

FEMALE 2

DON'T KNOW... d

REFUSED... r

PROGRAMMER: APPLY THIS LOGIC FOR ALL SUBSEQUENT ITEMS REFERENCING THE YOUTH:

IF 1.Q5=1, THEN USE MALE FILLS (HIM, HIS, HE).

IF I.Q5=2, THEN USE FEMALE FILLS (HER, SHE)

IF I.Q5= D OR R, THEN PRESENT BOTH POSSIBLE FILLS (HIM / HER), (HE / SHE), (HIS / HER) AND INTERVIEWERS WILL APPLY APPROPRIATE TEXT, AS NEEDED.

I.CONSENT_2 = 1
[YOUTH]

I.Q6. **Are there any other youth ages 14-21 living or staying in the same household with [YOUTH]?**

PROBE: Your answer to this question helps me make sure you get asked only the questions that apply to you.

YES.. 1

NO 2

DON'T KNOW... d

REFUSED... r

		Asked of …		
		Parent or Guardian of Participating Youth	**Consenting Parent of Independent Youth**	**Independent Youth**
II.	**Parent: Service Receipt in Past 18 months**	**x**	**x**	

SECTION II PART A.   SPECIAL EDUCATION SERVICES AND SUPPORTS

I.CONSENT_2 = 1
[YOUTH] [and your (spouse / partner)]

II.A.INTRO.   **These next questions are about special education and other education services that [YOUTH] might have received.**

CONTINUE 1

I.CONSENT_2 = 1
[RA DATE] [YOUTH]

II.A1.   **Since [RA DATE], did [YOUTH] receive special education services or have an IEP (Individualized Education Program)? (NLTS2012, modified)**

IF NEEDED: "IEP" stands for an Individualized Education Program. An IEP is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with nondisabled students, and lists accommodations or modifications needed to measure what the student knows through tests.

IF NEEDED: After a student turns 16, the IEP must also include goals for what the student is interested in doing after high school and services needed to help the student reach those goals. This could include goals related to post-secondary education, training, or employment.

YES   1
NO   0
NOT APPLICABLE / NOT IN HIGH SCHOOL SINCE [RA DATE] 2   GO TO II.A4
DON'T KNOW .... d
REFUSED .... r

II.A1=1, 0, D OR R
[RA DATE] [RA YEAR] AND [YOUTH]

II.A2. **Since [RA DATE], has [YOUTH] had a Section 504 plan? (NLTS2012, modified)**

> **IF NEEDED: A Section 504 plan, which falls under civil-rights law, removes barriers so students with disabilities can participate in school as freely as possible.**
>
> **This may include students who do not need an IEP but may need extra help or assistance to participate fully in school. Such help may include more time on tests, or sitting in the front of the classroom. An IEP is more concerned with providing educational services.**

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

II.A1=1, 0, D OR R
[RA DATE], [YOUTH], [HE/SHE]

II.A3. **Since [RA DATE], have you or another adult in the household met with teachers to set goals for what [YOUTH] will do after high school and make a plan for how [HE/SHE] will achieve them? Sometimes this is called a <u>transition plan</u> or a <u>transition focused IEP</u>. (NLTS12 2012, modified)**

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

I.CONSENT_2 = 1
[RA DATE] [YOUTH]

II.A4. **Since [RA DATE], has [YOUTH] gotten <u>any help</u> with school expenses, obtaining a computer, getting accommodations at school, or help with any other school-related supports that we haven't already talked about? This help could have been provided by the school or by some other organization.**

> **IF NEEDED: This could include help with school expenses and support for any kid of school, including high school, post-secondary education, or vocational training.**

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

SECTION II PART B.   OTHER YOUTH SERVICES

I.CONSENT_2 = 1
[YOUTH] [RA DATE] [TEXT FILL IF PROMISE SERVICE GROUP] [PROMISE PROGRAM NAME]

II.B.INTRO.   **My next questions are about other services or training [YOUTH] might have received since [RA DATE]. Please only include services or training provided by someone outside of [YOUTH]'s family.**

[IF PROMISE SERVICES GROUP INSERT: I don't know which services [YOUTH] received through [PROMISE PROGRAM NAME], so in the next set of questions, please tell me about those, along with any other services [YOUTH] received].

After these questions about [YOUTH], I will ask some questions about services or training <u>you</u> may have received since [RA DATE].

CONTINUE   1

I.CONSENT_2 = 1

[RA DATE], [YOUTH], [HIS / HER], [HIM / HER], [PROMISE SERVICES GROUP FILL BASED ON SITE], [HE/SHE], [WI STATE-SPECIFIC TEXT FILL]

II.B1.-II.B11.   Since [RA DATE] has [YOUTH] … (Please only include services or training provided by someone outside of [YOUTH]'s family.)

IF NEEDED: This help could have come from one of the places you've already told me about.

CODE ONE PER ROW

	YES	NO	DK	REF
B1. Worked with anyone to <u>determine [his/her] needs</u> and <u>help connect [him/her] to services and supports</u> related to education, employment, health, housing or anything else? This person is sometimes called a case manager [IF PROMISE SERVICES GROUP: or a [SITE NAME - CASE MGR].	1	2	d	r
B2. Been taught <u>skills needed for life</u>? This includes skills such as telling time, interacting with people socially, or using public transportation.	1	2	d	r
B3. Had any training to teach [him/her] about <u>being a leader</u> or about how to <u>speak up for [HIM/HER] self</u> to get the things [HE/SHE] wants or needs? This is sometimes called self-advocacy or self-determination training.	1	2	d	r
B4. <u>Participated in activities</u> to help [HIM/HER] learn about what jobs match [HIS/HER] skills and interests?	1	2	d	r
B5. Had help with <u>learning about or getting into a school or training program</u>, including help with an application, entrance exam, or interview? For example, where someone told [HIM/HER] about training programs or schools that are available and how to apply for them? Or if someone helped [YOUTH] complete an application for college or vocational school.	1	2	d	r
B6. Had any <u>training</u> to help him <u>learn new job skills</u>? Please do not include any training [YOUTH] had on-the-job directly from [HIS/HER] employer.	1	2	d	r
B7. Had help in <u>finding</u> or <u>applying for a job</u>, such as help finding jobs available, filling out an application, writing a resume, or going for an interview?	1	2	d	r
B8. Received any help while <u>working at a job</u>, such as help with job accommodations, or learning job duties? This could include help from a job coach. Please don't include any help given by [YOUTH]'s employer.	1	2	d	r
B9. Received any help with <u>learning about, getting, or using assistive technology</u>? IF NEEDED: This could include help with special tools or equipment, software, or devices that help [YOUTH] perform school or work activities that are difficult to do because of [HIS/HER] disability.	1	2	d	r
B10. Had help in understanding Social Security, SSI, or other program benefits and rules? This is sometimes called benefits counseling or benefits planning. IF NEEDED: SSI stands for Supplemental Security Income.	1	2	d	r
B11. Since [RA DATE], has [YOUTH] had help learning about how to save and manage money, [IF WI: including help with an Individual Development Account or IDA]?	1	2	d	r

I.CONSENT_2 = 1
[RA DATE], [YOUTH] [him / her]

II.B12. **Since [RA DATE], has [YOUTH] had <u>any other services</u> to help prepare [him/her] for working, going to school, or living independently? Please only include services or training provided by someone outside of [YOUTH]'s family.**

IF NEEDED: This help could have come from one of the places you've already told me about.

YES 1

NO 2   GO TO Box 1

DON'T KNOW ....d   GO TO Box 1

REFUSED ....r   GO TO Box 1

II.B12=1
[YOUTH]

II.B12a. **What kind of services did [YOUTH] receive?**

_____ (STRING 100)

OTHER SERVICES

DON'T KNOW ....d

REFUSED ....r

PROGRAMMER SKIP BOX 1

IF NONE OF THE FOLLOWING SERVICES WERE RECEIVED (ALL ITEMS II.B1= 0, II.B4=0, II.B6=0, II.B7=0, II.B8=0, II.B10=0, AND 11.B11=0) GO TO II.B.13. ELSE GO TO II.B PROVIDER-INTRO.

IF ANY ITEM (II.B1, II.B4, II.B6, II.B7, II.B8, II.B10, OR II.B11=0)
[YOUTH]

II.B. PROVIDER-INTRO.

> **Thanks for this information. Now I'd like to ask about the places [YOUTH] received the services you have just told me about.**
>
> CONTINUE 1

II.B1=1
[YOUTH] [HIM / HER] [HIS/HER]

II.B1a. **Who did [YOUTH] work with to <u>determine (his/her) needs</u> and <u>help connect (him/her) to services</u>?**

> **IF NEEDED: Who provided those services? Please tell me the name of the agency or program.**
>
> **PROBE 1: IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**
>
> **PROBE 2: Anyone else?**

_____ (STRING 100)
 PROVIDER NAME -1
_____ (STRING 100)
 PROVIDER NAME -2
_____ (STRING 100)
 PROVIDER NAME -3

DON'T KNOW ....d

REFUSED ....r

II.B4=1

[YOUTH] [HIS/ HER]

II.B4a. **Who did [YOUTH] speak to about [HIS/HER] <u>career plans</u> or go to for <u>help learning about</u> [HIS/HER] <u>job interests</u>?**

    IF NEEDED: Who provided those services? Please tell me the name of the agency or program.

    PROBE 1: **IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

    PROBE 2: **Anyone else?**

_____ (STRING 100)
  PROVIDER NAME -1
_____ (STRING 100)
  PROVIDER NAME -2
_____ (STRING 100)
  PROVIDER NAME -3

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

II.B6=1

II.B6a. **Who provided the <u>job skills training</u>?**

    IF NEEDED: Who provided those services? Please tell me the name of the agency or program.

    PROBE 1: **IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

    PROBE 2: **Anyone else?**

_____ (STRING 100)
  PROVIDER NAME -1
_____ (STRING 100)
  PROVIDER NAME -2
_____ (STRING 100)
  PROVIDER NAME -3

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

II.B7=1
[YOUTH]

II.B7a. Who helped [YOUTH] in trying to <u>find or apply for a job</u>?

> **IF NEEDED: Who provided those services? Please tell me the name of the agency or program.**

> **PROBE 1: IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

> **PROBE 2: Anyone else?**

_____ (STRING 100)
  PROVIDER NAME -1

_____ (STRING 100)
  PROVIDER NAME -2

_____ (STRING 100)
  PROVIDER NAME -3

DON'T KNOW ....d

REFUSED ....r

II.B8=1
[YOUTH], [HE/SHE]

II.B8a. Who helped [YOUTH] while [HE/SHE] was <u>working at job</u>?

> **IF NEEDED: Who provided those services? Please tell me the name of the agency or program.**

> **PROBE 1: IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

> **PROBE 2: Anyone else?**

_____ (STRING 100)
  PROVIDER NAME -1

_____ (STRING 100)
  PROVIDER NAME -2

_____ (STRING 100)
  PROVIDER NAME -3

DON'T KNOW ....d

REFUSED ....r

II.B10=1
[YOUTH]

II.B10a. Who helped [YOUTH] to <u>understand</u> Social Security, SSI, or other <u>benefits</u>?

> **IF NEEDED: Who provided those services? Please tell me the name of the agency or program.**

> **PROBE 1: IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

> **PROBE 2: Anyone else?**

_____ (STRING 100)
 PROVIDER NAME -1
_____ (STRING 100)
 PROVIDER NAME -2
_____ (STRING 100)
 PROVIDER NAME -3

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

II.B11=1
[YOUTH]

II.B11a. Who helped [YOUTH] learn about <u>saving and managing money</u>?

> **IF NEEDED: Who provided those services? Please tell me the name of the agency or program.**

> **PROBE 1: IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

> **PROBE 2: Anyone else?**

_____ (STRING 100)
 PROVIDER NAME -1
_____ (STRING 100)
 PROVIDER NAME -2
_____ (STRING 100)
 PROVIDER NAME -3

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

I.CONSENT_2 = 1

[RA DATE], [YOUTH], (him / her), [HE/SHE]

II.B13. Since [RA DATE], has [YOUTH] needed <u>any</u> help or services to help (him / her) preparing for <u>school or work</u> that [he / she] <u>did not</u> receive?

YES 1

NO 2   GO TO BOX 2

DON'T KNOW ....d   GO TO BOX 2

REFUSED ....r   GO TO BOX 2

| II.B13=1 |
| [YOUTH] [HE/SHE] |

II.B13a. **What help or services did [YOUTH] <u>need</u> that [HE/SHE] did <u>not</u> get?**

PROBE: Anything else?

<u>CODE ALL THAT APPLY</u>

DISCOVERING JOB INTERESTS/SKILLS (INCLUDES ASSESSMENTS) 1

INDEPENDENT LIVING SKILLS TRAINING 2

CAREER COUNSELING 3

LEARNING HOW TO LOOK FOR A JOB...4

JOB SHADOWING...5

APPRENTICESHIP/INTERNSHIP 6

HELP FINDING A JOB...7

SUPPORT ON THE JOB (JOB COACHING) 8

HELP GETTING INTO SCHOOL/TRAINING...9

UNDERSTANDING SSA/OTHER BENEFITS 10

COMPUTER LITERACY CLASSES 11

PROBLEM SOLVING...12

SOCIAL SKILLS TRAINING 13

FINANCIAL LITERACY/MONEY MANAGEMENT TRAINING 14

SELF ADVOCACY/DETERMINATION TRAINING..15

REFERRAL TO ANOTHER AGENCY 16

TRANSPORTATION SERVICES..17

HEALTH-RELATED SERVICES...18

CASE MANAGEMENT..19

ACCOMMODATIONS 20

OTHER (SPECIFY)...99

_____ (STRING 50)

DON'T KNOW ....d

REFUSED ....r

| IF OTHER SPECIFY (99): **Other service, not listed above:** |

| **PROGRAMMER SKIP BOX 2** |
| IF NONE OF THE FOLLOWING SERVICES WERE RECEIVED [B1=0, II.B4=0, II.B6=0, II.B7=0, II.B8=0, II.B10=0, II.B11=0], SKIP TO II.D. INTRO. ELSE GO TO II.B14. |

IF ANY OF THE FOLLOWING SERVICES WERE RECEIVED [II.B1=1, II.B4=1, II.B6=1, II.B7=1, II.B8A=1, II.B10A=1, OR II.B11A=1] AND PROVIDER WAS SPECIFIED IN ANY OF THE FOLLOWING [B1a, B4a, B6a, B7a, B8a, B10a, OR B11a]

II.B14. PROGRAMMER: LIST PROVIDERS POPULATED AS APPLICABLE FROM RESPONSES TO: II.B1a, II.B4a, II.B6a, II.B7a, II.B8a, II.B10a, and II.B11a.

INTERVIEWER: DOES ANY PROVIDER APPEAR ON THE LIST BELOW MORE THAN ONCE? IF A PROVIDER APPEARS MORE THAN ONCE, DELETE ONE FROM THE LIST. DO NOT MARK BOTH PROVIDERS FOR DELETION. ONCE THE LIST IS REVIEWED, SELECT EITHER "NO OTHER DUPLICATES / DONE" OR "NO DUPLICATES SHOWN ABOVE."

<u>CODE ALL THAT APPLY</u>

RESPONSE(S) FROM II.B1a_1 (case management) 1
RESPONSE(S) FROM II.B1a_2 (case management) 2
RESPONSE(S) FROM II.B1a_3 (case management) 3
RESPONSE(S) FROM II.B4a_1 (career planning and job interests) 4
RESPONSE(S) FROM II.B4a_2 (career planning and job interests) 5
RESPONSE(S) FROM II.B4a_3 (career planning and job interests) 6
RESPONSE(S) FROM II.B6a_1 (job skills training)..7
RESPONSE(S) FROM II.B6a_2 (job skills training)..8
RESPONSE(S) FROM II.B6a_3 (job skills training)..9
RESPONSE(S) FROM II.B7a_1 (help finding or applying to jobs).....................................10
RESPONSE(S) FROM II.B7a_2 (help finding or applying to jobs).....................................11
RESPONSE(S) FROM II.B7a_3 (help finding or applying to jobs).....................................12
RESPONSE(S) FROM II.B8a_1 (help while working at a job) 13
RESPONSE(S) FROM II.B8a_2 (help while working at a job) 14
RESPONSE(S) FROM II.B8a_3 (help while working at a job) 15
RESPONSE(S) FROM II.B10a_1 (understanding SSI and other benefits).........................16
RESPONSE(S) FROM II.B10a_2 (understanding SSI and other benefits).........................17
RESPONSE(S) FROM II.B10a_3 (understanding SSI and other benefits).........................18
RESPONSE(S) FROM II.B11a_1 (skills for saving and managing money) 19
RESPONSE(S) FROM II.B11a_2 (skills for saving and managing money) 20
RESPONSE(S) FROM II.B11a_3 (skills for saving and managing money) 21
NO OTHER DUPLICATES / DONE 22
NO DUPLICATES SHOWN ABOVE 00

PROGRAMMER:

RESPONSE(S) TO II.B14 DETERMINE THE NUMBER OF LOOPS THROUGH THE NEXT SECTION, IN ITEMS II.C1-II.C6. IF NOT PROVIDERS WERE IDENTIFIED IN II.B14. SKIP TO II.D INTRO.

SECTION II PART C. INTENSITY OF SERVICE RECEIPT

IF ANY OF THESE SERVICES RECEIVED [B1=0, II.B4=0, II.B6=0, II.B7=0, II.B8=O, II.B10=0, II.B11=0] AND NAME OF PROVIDER(S) POPULATED IN [II.B1a, II.B4a, II.B6a, II.B7a, II.B8a, B10a, II.B11a].
[YOUTH] [PROVIDER NAME]

II.C1. **IF >1 PROVIDER, FILL: Now, I have some questions about these <u>providers</u>. Let's start with services [YOUTH] received from [PROVIDER NAME].**

IF ONLY 1 PROVIDER OR SUBSEQUENT PROVIDERS WHEN >1 PROVIDER, FILL: Next, I have some questions about <u>services</u> [YOUTH] received from [PROVIDER NAME].

CONTINUE 1

IF ANY OF THESE SERVICES RECEIVED [B1=0, II.B4=0, II.B6=0, II.B7=0, II.B8=O, II.B10=0, II.B11=0] AND NAME OF PROVIDER(S) POPULATED IN [II.B1a, II.B4a, II.B6a, II.B7a, II.B8a, B10a, II.B11a].
[YOUTH] [PROVIDER], [PROVIDER NAME], [STATE-SPECIFIC NAMES IF APPLICABLE], [PROMISE SERVICES GROUP MEMBER, DISPLAY: PROMISE/ASPIRE PROGRAM]

II.C2. **Thinking about the place [YOUTH] went to get services from [PROVIDER], what type of place is this?**

PROBE: Where did [YOUTH] go to get services from [PROVIDER NAME]?

<u>CODE ONE ONLY</u>

VOCATIONAL REHABILITATION AGENCY/VR 1

OTHER AGENCY SERVING PERSONS WITH DISABILITIES 2

AMERICAN JOB CENTER/WORK FORCE DEVELOPMENT CENTER [STATE-SPECIFIC NAMES IF APPLICABLE]...3

HIGH SCHOOL OR OTHER SECONDARY SCHOOL..4

POST-SECONDARY SCHOOL (COLLEGE, VOCATIONAL SCHOOL, UNIVERSITY) 5

(IF PROMISE SERVICES, DISPLAY: PROMISE/ASPIRE PROGRAM).............6

Other Specify Response option 99

_____ (STRING 200)

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **What type of place is this?**

IF ANY OF THESE SERVICES RECEIVED [B1=0, II.B4=0, II.B6=0, II.B7=0, II.B8=0, II.B10=0, II.B11=0] AND NAME OF PROVIDER(S) POPULATED IN [II.B1a, II.B4a, II.B6a, II.B7a, II.B8a, B10a, II.B11a].

[YOUTH], [PROVIDER]

II.C2a. When did [YOUTH] start going to [PROVIDER]?

> **PROBE:** In what month and year?
>
> PROGRAMMER: COLLECT DATE WITH SEPARATE FIELDS
>
> |___|___| / |___|___|___|___|
> MONTH YEAR
> (0-12)   (1997-2019)
>
> DON'T KNOW ....d
>
> REFUSED ....r

IF ANY OF THESE SERVICES RECEIVED [B1=0, II.B4=0, II.B6=0, II.B7=0, II.B8=O, II.B10=0, II.B11=0] AND NAME OF PROVIDER(S) POPULATED IN [II.B1a, II.B4a, II.B6a, II.B7a, II.B8a, B10a, II.B11a].

[YOUTH], [PROVIDER]

II.C2b. Is [YOUTH] <u>still going</u> to [PROVIDER]?

> YES…………………………………………………………….....1   GO TO II.C4
>
> NO 2
>
> DON'T KNOW ....d   GO TO II.C3
>
> REFUSED ....r   GO TO II.C3

II.C2b=0

[YOUTH], [PROVIDER], [RA DATE]

II.C2c. When did [YOUTH] <u>stop</u> going to [PROVIDER] or when did these services end?

> **PROBE:** In what month and year?
>
> PROGRAMMER: COLLECT DATE WITH SEPARATE FIELDS
>
> |___|___| / |___|___|___|___|
> MONTH   YEAR   GO TO II.C4
> (0-12)   (1997-2019)
>
> DON'T KNOW ....d   GO TO II.C3
>
> REFUSED ....r   GO TO II.C3

SOFT CHECK: IF MM/ YYYY is before [RA DATE]; **I recorded that [YOUTH] stopped receiving services prior to [RA date]. Is this correct?** IF YES, GO TO BOX 3.

START DATE UNKNOWN (II.C2a = d, r)
[RA DATE] [YOUTH] [PROVIDER]

II.C3. **Since [RA DATE] for how many months did [YOUTH] go to [PROVIDER]?**

PROBE: **Your best guess is fine.**

INTERVIEWER: IF LESS THAN ONE MONTH, ENTER 0

|___|___| MONTHS
(0-18)

DON'T KNOW ....d

REFUSED ....r

IF ANY OF THESE SERVICES RECEIVED [B1=0, II.B4=0, II.B6=0, II.B7=0, II.B8=O, II.B10=0, II.B11=0] AND NAME OF PROVIDER(S) POPULATED IN [II.B1a, II.B4a, II.B6a, II.B7a, II.B8a, B10a, II.B11a]. AND EITHER STILL RECEIVING (II.C2b=1) OR END DATE IN II.C2c IS AFTER [RA DATE].
[YOUTH], [PROVIDER], [HE/SHE]

II.C4. **Since [RA DATE], when [YOUTH] saw [PROVIDER], about <u>how often</u> did [he/she] go?**

Your best estimate is fine.

<u>CODE ONE ONLY</u>

Every day 1

More than once a week..2

Weekly..3

More than once a month..4

About once a month, or...5

Less often than once a month 6

DON'T KNOW ....d

REFUSED ....r

IF ANY OF THESE SERVICES RECEIVED [B1=0, II.B4=0, II.B6=0, II.B7=0, II.B8=O, II.B10=0, II.B11=0] AND NAME OF PROVIDER(S) POPULATED IN [II.B1a, II.B4a, II.B6a, II.B7a, II.B8a, B10a, II.B11a]. AND EITHER STILL RECEIVING (II.C2b=1) OR END DATE IN II.C2c IS AFTER [RA DATE].

II.C5. **On average, how long was each meeting or session? On average, was it...**

CODE ONE ONLY

Less than an hour, ...1

About one hour 2

About 2 hours,..3

About 3 hours 4

About 4 hours or half a day, or was it,..5

More than 4 hours per meeting? 6

DON'T KNOW ....d

REFUSED ....r

IF ANY OF THESE SERVICES RECEIVED [B1=0, II.B4=0, II.B6=0, II.B7=0, II.B8=O, II.B10=0, II.B11=0] AND NAME OF PROVIDER(S) POPULATED IN [II.B1a, II.B4a, II.B6a, II.B7a, II.B8a, B10a, II.B11a]. AND EITHER STILL RECEIVING (II.C2b=1) OR END DATE IN II.C2c IS AFTER [RA DATE].

[YOUTH], [PROVIDER]

II.C6. **How useful do you think [PROVIDER]'s help or services (have been / were)?**

Would you say …

CODE ONE ONLY

Very useful 1

Somewhat useful..2

Not very useful or..3

Not at all useful 4

DON'T KNOW ....d

REFUSED ....r

PROGRAMMER SKIP BOX3

CATI: LOOP THROUGH ITEMS **II.C1 THROUGH BOX 3** FOR EACH DE-DUPLICATED PROVIDER IN ITEM II.B14 (RESPONSE OPTIONS 01-21). ONCE LOOP(S) (UP TO 21) COMPLETED, PROCEED TO II.D.INTRO.

SECTION II. PART D. PARENT AND FAMILY SERVICES

PROGRAMMER: IN THIS SERIES, POPULATE:

- SPOUSE / PARTNER FILLS AND RESPONSE OPTIONS IF I.Q3=1 (SPOUSE) OR 2 (PARTNER).
- FILLS AND RESPONSE OPTIONS FOR "OTHER YOUTH IN THE HOUSEHOLD AGES 14-21" IF I.Q6=1.

I.CONSENT_2 = 1
[(and your (spouse/partner)) (, or other youth in the household ages 14-21, besides (YOUTH))] [RA DATE], [and your (spouse / partner) (or other youth in the household)] [PROMISE SERVICES GROUP TEXT FILL] [PROMISE PROGRAM NAME]

II.D.Intro. **Now that I've asked about [YOUTH], let's talk about services or training that you [(and your (spouse/partner)) (, or other youth in the household ages 14-21, besides (YOUTH))] might have received since [RA DATE].**

IF PROMISE SERVICES GROUP: I don't know which services you [and your (spouse / partner) (or other youth in the household)] received from [PROMISE PROGRAM NAME], so in this section, please tell me about [PROMISE PROGRAM NAME] services received.

CONTINUE 1

I.CONSENT_2 = 1

[RA DATE], [and (your (spouse/partner)) (, or other youth in the household ages 14-21)] [IF PROMISE SERVICES GROUP FILL: or a [SITE NAME FOR CASE MANAGER], [either of],

---

II.D1-II.D8. **Since [RA Date] have you [(and your (spouse/partner)) (, or other youth in the household ages 14-21)] …**

IF NEEDED: This help could have come from one of the places you've already told me about.

CODE ONE PER ROW

	YES	NO	DK	REF
D1. Worked with anyone to determine your needs and help get education, employment, health, housing or other services? **This person is sometimes called a case manager [IF PROMISE SERVICES GROUP FILL: or a [SITE NAME FOR CASE MANAGER].**	1	2	d	r
D2. Had help with <u>getting into a school or training program</u>, including help with an application, entrance exam, or interview? **This could include a place where someone told you [or (your (spouse/partner) (or other youth in the household ages 14-21)] about training programs or schools that are available and how to apply for them. Or if someone helped you complete an application for college or vocational school.**	1	2	d	r
D3. Had any <u>training</u> to help [either of] you <u>learn new job skills</u>? Please do not include any training provided on-the-job by an employer.	1	2	d	r
D4. Had help in <u>finding or applying for a job</u>, such as help finding jobs available, filling out an application, writing a resume, or going for an interview?	1	2	d	r
D5. Had help <u>learning about [YOUTH]'s disability</u> and how to <u>get the services or supports</u> [he/she] needs, or had training on how to <u>support [YOUTH]'s independence</u>?	1	2	d	r
D6. Had help in understanding Social Security, SSI, or other government program benefits and rules? This is sometimes called benefits counseling or benefits planning. **IF NEEDED: SSI stands for supplemental Security Income.**	1	2	d	r
D7. Had help learning about <u>how to save and manage money</u> [IN WI: , including help with an Individual Development Account or IDA]?	1	2	d	r
D8. Since [RA date], have you [or your (spouse/partner)] had help <u>getting to know other parents</u> in the community <u>who have children with disabilities</u>?	1	2	d	r

I.CONSENT_2 = 1
[RA DATE], **[(,your (spouse/partner) (or other youth in the household ages 14-21)]**

II.D9. **Since [RA DATE], have you [(, your (spouse/partner) (or other youth in the household ages 14-21)] had any <u>other services</u> to help you work, go to school, or help your family in other ways?**

Please do not include services you've already told me about.

IF NEEDED: These services could have been provided by a person or place you have already told me about.

YES 1

NO 2   GO TO BOX 4

DON'T KNOW ....d   GO TO BOX 4

REFUSED ....r   GO TO BOX 4

II.D9=1
[(,your (spouse/partner) (or other youth in the household ages 14-21)]

II.D9a. **What kind of <u>other services</u> did you [(, your (spouse/partner) (or other youth in the household ages 14-21)] receive?**

_____ (STRING 200)

 SERVICES

DON'T KNOW ....d

REFUSED ....r

PROGRAMMER SKIP BOX 4

IF NO SERVICES RECEIVED (II.D1-II.D9. ALL = 0), SKIP TO II.D10. ELSE CONTINUE TO II.D_PRVDR-INTRO.

IF ANY OF THE FOLLOWING SERVICES WERE RECEIVED – WHERE ANY ITEM: II.D1=1, II.D3=1, II.D4=1, II.D6=1, OR II.D7=1.
[YOUTH]

II.D_PRVDR-INTRO.

Thanks for this information. Now I'd like to ask about the places you [(, your (spouse/partner) (or other youth in the household ages 14-21)] received the services you have just told me about.

CONTINUE 1

II.D1=1
[(,your (spouse/partner)) (, or other youth in the household)]

II.D1a. **Who did you [(, your (spouse/partner)) (, or other youth over age 14 in the household)] work with to <u>determine your needs and get services</u>?**

      PROBE: **IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

      PROBE: Anyone else?

_____ (STRING 100)
  SERVICE PROVIDER -1
_____ (STRING 100)
  SERVICE PROVIDER -2
_____ (STRING 100)
  SERVICE PROVIDER -3

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

II.D3=1
[(,your (spouse/partner) (or other youth in the household ages 14-21)]

II.D3a. **Who provided or helped you [(, your (spouse/partner) (or other youth in the household ages 14-21)] get this training? This includes training to learn new job skills or to get a job.**

      PROBE 2: **IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

      PROBE 3: Anyone else?

_____ (STRING 100)
  SERVICE PROVIDER -1
_____ (STRING 100)
  SERVICE PROVIDER -2
_____ (STRING 100)
  SERVICE PROVIDER -3

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

II.D4=1

[(,your (spouse/partner) (or other youth in the household ages 14-21)]

II.D4a. **Who helped you [(, your (spouse/partner) (or other youth in the household ages 14-21)] find or apply for jobs?**

       PROBE 1: **IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

       PROBE 2: Anyone else?

_____ (STRING 100)
  SERVICE PROVIDER -1

_____ (STRING 100)
  SERVICE PROVIDER -2

_____ (STRING 100)
  SERVICE PROVIDER -3

DON'T KNOW ....d

REFUSED ....r

II.D6=1

II.D6a. **Who provided this help in <u>understanding government program benefits and rules</u>?**

       PROBE: **IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

       PROBE: Anyone else?

_____ (STRING 100)
  SERVICE PROVIDER-1

_____ (STRING 100)
  SERVICE PROVIDER -2

_____ (STRING 100)
  SERVICE PROVIDER -3

DON'T KNOW ....d

REFUSED ....r

II.D7=1

II.D7a. **Who provided the help in learning <u>how to save and manage money</u>?**

      PROBE: **IF UNABLE TO STATE NAME OF PROVIDER: I need to enter something that will help us identify the provider later. Do you know his or her first or last name? Was he/she a doctor, a therapist, a vocational rehabilitation counselor, or some other type of provider?**

      PROBE: **Anyone else?**

_____ (STRING 100)
 SERVICE PROVIDER -1
_____ (STRING 100)
 SERVICE PROVIDER -2
_____ (STRING 100)
 SERVICE PROVIDER -3

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

I.CONSENT_2 = 1

[RA DATE], [(,your (spouse/partner) (or other youth in the household ages 14-21)] [you/(he/she) / the other youth]

II.D10. **Since [RA DATE], have you [(, your (spouse/partner) (or other youth in the household ages 14-21)] <u>needed</u> any (other) help or services preparing for work, school, or help with family life that [you/ (he/ she) / the other youth] did <u>not</u> receive?**

      PROBE: **Please do not include services you've already told me about.**

YES 1
NO 2   GO TO BOX 5
DON'T KNOW ....d   GO TO BOX 5
REFUSED ....r   GO TO BOX 5

II.D10=1
[(your spouse/partner) (or other youth in the household)]

II.D10a. **What help or services did you [(your spouse/partner) (or other youth in the household)] <u>need</u> that you <u>did not</u> get?**

<u>CODE ALL THAT APPLY</u>

DISCOVERING JOB INTERESTS/SKILLS 1

CAREER COUNSELING 2

LEARNING HOW TO LOOK FOR A JOB..3

JOB SHADOWING..4

APPRENTICESHIP/INTERNSHIP..5

HELP FINDING A JOB...6

SUPPORT ON THE JOB (JOB COACHING) 7

HELP GETTING INTO SCHOOL/TRAINING..8

UNDERSTANDING SSA/OTHER BENEFITS 9

COMPUTER LITERACY CLASSES 10

PROBLEM SOLVING...11

FINANCIAL LITERACY/MONEY MGMT TRAINING 12

REFERRAL TO ANOTHER AGENCY 13

TRANSPORTATION SERVICES..14

HEALTH-RELATED SERVICES...15

CASE MANAGEMENT..16

OTHER (SPECIFY)..99

_____ (STRING 100)

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **Any other services?**

PROGRAMMER SKIP BOX 5
IF NONE OF THE FOLLOWING SERVICES WERE RECEIVED [II.D1=0, II.D3=0, II.D4=0, II.D6=0, OR II.D7=0] SKIP TO III.A.INTRO. ELSE PROCEED TO II.D11.

IF ANY OF THE FOLLOWING SERVICES WERE RECEIVED FOR PARENT / SPOUSE, OTHER YOUTH IN HOUSEHOLD AGES 14-21 [ANY ITEM: II.D1=1 , II.D3=1, II.D4=1, II.D6=1, II.D7=1] AND PROVIDER WAS SPECIFIED IN ANY OF THE FOLLOWING [II.D1a, II.D3a, II.D4a, II.D6a, II.D7a]

[SPOUSE/PARTNER]

II.D11. **INTERVIEWER:** DOES ANY PROVIDER APPEAR ON THE LIST BELOW MORE THAN ONCE?

IF A PROVIDER APPEARS MORE THAN ONCE, DELETE ONE FROM THE LIST. DO <u>NOT</u> MARK BOTH PROVIDERS FOR DELETION. ONCE THE LIST IS REVIEWED, SELECT EITHER "NO OTHER DUPLICATES / DONE" OR "NO DUPLICATES SHOWN ABOVE."

PROGRAMMER: POPULATE APPLICABLE RESPONSE OPTIONS WITH PROVIDERS SPECIFIED IN II.D1a, D3a, D4a, D6a, or D7a.

<u>CODE ALL THAT APPLY</u>

FILL RESPONSE II.D1a_1 (case management services) 1

FILL RESPONSE II.D1a_2 (case management services) 2

FILL RESPONSE II.D1a_3 (case management services) 3

FILL RESPONSE II.D3a_1 (training on job skills) 4

FILL RESPONSE II.D3a_2 (training on job skills) 5

FILL RESPONSE II.D3a_3 (training on job skills) 6

FILL RESPONSE II.D4a_1 (help finding or applying for jobs) 7

FILL RESPONSE II.D4a_2 (help finding or applying for jobs) 8

FILL RESPONSE II.D4a_3 (help finding or applying for jobs) 9

FILL RESPONSE II.D6a_1 (help in understanding SSI benefits / program rules) 10

FILL RESPONSE II.D6a_2 (help in understanding SSI benefits / program rules) 11

FILL RESPONSE II.D6a_3 (help in understanding SSI benefits / program rules) 12

FILL RESPONSE II.D7a_1 (help in learning how to save / manage money) 13

FILL RESPONSE II.D7a_2 (help in learning how to save / manage money) 14

FILL RESPONSE II.D7a_3 (help in learning how to save / manage money) 15

NO OTHER DUPLICATES / DONE 16

NO DUPLICATES SHOWN ABOVE 00

PROGRAMMER: RESPONSE OPTIONS FROM II.D11 DETERMINE THE NUMBER OF LOOPS THROUGH THE NEXT SECTION (II.E1 THROUGH II.E8). ONE LOOP FOR EACH UNIQUE PROVIDER.

SECTION II.E.   INTENSITY OF SERVICE PROVISION FOR PARENT AND OTHER FAMILY MEMBERS

PROGRAMMER: IN THIS SERIES, POPULATE:
- SPOUSE / PARTNER FILLS AND RESPONSE OPTIONS IF I.Q3=1 (SPOUSE) OR 2 (PARTNER).
- FILLS AND RESPONSE OPTIONS FOR "OTHER YOUTH IN THE HOUSEHOLD" IF I.Q6=6.

IF THE FOLLOWING SERVICES WERE RECEIVED FOR PARENT / SPOUSE, OTHER YOUTH IN HOUSEHOLD AGES 14-21 (BASED ON DE-DUPLICATED LIST GENERATED IN II.D11)

[PROVIDER NAME], [(or your spouse/partner) (or other youth in the household)] [TEXT FILL LOGIC BASED ON PROVIDERS >1]

II.E1.   IF ONLY 1 PROVIDER OR SUBSEQUENT PROVIDERS WHEN >1 PROVIDER: Now, I have some questions about the different service providers. Let's start with services you [(or your spouse/partner) (or other youth in the household)] received from [PROVIDER NAME]

IF >1 PROVIDER: Now, I have some questions about the different service providers. Let's start with services you [(or your spouse/partner) (or other youth in the household)] received from [PROVIDER NAME].

CONTINUE   1

IF THE FOLLOWING SERVICES WERE RECEIVED FOR PARENT / SPOUSE, OTHER YOUTH IN HOUSEHOLD AGES 14-21 (BASED ON DE-DUPLICATED LIST GENERATED IN II.D11)

[PROVIDER], [(or your spouse/partner) (or other youth in the household)] [STATE-SPECIFIC NAMES FOR JOB CENTER / WORKFORCE DEVELOPMENT CENTERS], [IF TREATMENT, DISPLAY: PROMISE/ASPIRE PROGRAM]

II.E2.   Thinking about the place you [(or your spouse/partner) (or other youth in the household)] went to get services from [PROVIDER], what type of place is this?

PROBE: Where did you [or your spouse/partner] go to get services from [PROVIDER]?

<u>CODE ONE ONLY</u>

VOCATIONAL REHABILITATION AGENCY (VR) 1

OTHER AGENCY SERVING PERSONS WITH DISABILITIES 2

AMERICAN JOB CENTER/WORK FORCE DEVELOPMENT CENTER [STATE-SPECIFIC NAMES]...3

(IF PROMISE SERVICES GROUP: [PROMISE PROGRAM NAME].................4

POST-SECONDARY SCHOOL (COLLEGE, VOCATIONAL SCHOOL, UNIVERSITY) 5

Other 99

_____ (STRING 100)

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): What type of place is this?

IF THE FOLLOWING SERVICES WERE RECEIVED FOR PARENT / SPOUSE, OTHER YOUTH IN HOUSEHOLD AGES 14-21 (BASED ON DE-DUPLICATED LIST GENERATED IN II.D11)

[(or your spouse/partner) (or other youth in the household)] [PROVIDER]

II.E3. **When did you [(or your spouse/partner) (or other youth in the household)] start going to [PROVIDER]?**

PROBE: **In what month and year?**

PROGRAMMER: COLLECT DATE WITH SEPARATE FIELDS

|__|__| / |__|__|__|__|
 MONTH   YEAR
 (0-12)   (RANGE)

DON'T KNOW ....d

REFUSED ....r

IF THE FOLLOWING SERVICES WERE RECEIVED FOR PARENT / SPOUSE, OTHER YOUTH IN HOUSEHOLD AGES 14-21 (BASED ON DE-DUPLICATED LIST GENERATED IN II.D11)

[(or your spouse/partner) (or other youth in the household)] [PROVIDER]

II.E4. **Are you [(or your spouse/partner) (or other youth in the household)] still going to [PROVIDER]?**

YES 1   GO TO II.E6

NO 2

DON'T KNOW ....d   GO TO II.E6

REFUSED ....r   GO TO II.E6

II.E4=0

[(or your spouse/partner) (or other youth in the household)] [PROVIDER]

II.E4a. **When did you [(or your spouse/partner) (or other youth in the household)] stop going to [PROVIDER]?**

PROBE: **In what month and year?**

PROGRAMMER: COLLECT DATE WITH SEPARATE FIELDS

|__|__| / |__|__|__|__| GO TO II.E6
 MONTH   YEAR
 (0-12)   (RANGE)

DON'T KNOW ....d

REFUSED ....r

SOFT CHECK: IF II.E4a MM/YYYY before [RA DATE]; **I recorded that you [(or your spouse/partner) (or other youth in the household] stopped receiving services prior to [RA DATE]. Is this correct?** IF YES, GO TO BOX 6.

II.E4a=d or r
[RA DATE], [SPOUSE/PARTNER], [PROVIDER]

II.E5. **Since [RA DATE] for how many months did you [(or your spouse/partner) (or other youth in the household)] go to [PROVIDER]? Your best guess is fine.**

INTERVIEWER: IF LESS THAN ONE MONTH, ENTER 0.

|___|___| MONTHS
(0-18)

DON'T KNOW ....d

REFUSED ....r

IF THE FOLLOWING SERVICES WERE RECEIVED FOR PARENT / SPOUSE, OTHER YOUTH IN HOUSEHOLD AGES 14-21 (BASED ON DE-DUPLICATED LIST GENERATED IN II.D11) AND EITHER STILL RECEIVING (II.E4=1) OR END DATE AFTER RA DATE [II.E4A]
[(or your spouse/partner) (or other youth in the household)] [PROVIDER]

II.E6. **Since [RA DATE], when you [(or your spouse/partner) (or other youth in the household)] saw [PROVIDER], about how often did you go? Your best estimate is fine. Was it …**

<u>CODE ONE ONLY</u>

Every day 1

More than once a week...2

Weekly..3

More than once a month..4

About once a month, or...5

Less often than once a month 6

DON'T KNOW ....d

REFUSED ....r

IF THE FOLLOWING SERVICES WERE RECEIVED FOR PARENT / SPOUSE, OTHER YOUTH IN HOUSEHOLD AGES 14-21 (BASED ON DE-DUPLICATED LIST GENERATED IN II.D11)

II.E7. **On average, how long was each meeting or session? Was it ...**

       PROBE: **How much time per day?**

<u>CODE ONE ONLY</u>

Less than an hour, ...1

About one hour 2

About 2 hours, ...3

About 3 hours 4

About 4 hours or half a day, or was it, ...5

More than 4 hours per meeting? 6

DON'T KNOW ....d

REFUSED ....r

IF THE FOLLOWING SERVICES WERE RECEIVED FOR PARENT / SPOUSE, OTHER YOUTH IN HOUSEHOLD AGES 14-21 (BASED ON DE-DUPLICATED LIST GENERATED IN II.D11)

[PROVIDER] [(or your spouse/partner) (or other youth in the household)]

II.E8. **How useful do you think the help or services that you [(or your spouse/partner) (or other youth in the household)] got from (PROVIDER) have been? Would you say . . .**

<u>CODE ONE ONLY</u>

Very useful, ...1

Somewhat useful, ...2

Not very useful, or 3

Not at all useful? 4

DON'T KNOW ....d

REFUSED ....R

PROGRAMMER BOX 6

CATI: REPEAT LOOP FOR ITEMS II.E1 TO II.E8 FOR EACH RESPONSE OPTION SELECTED (01-16) IN ITEM II.D11.

ONCE LOOPS (UP TO 15) ARE COMPLETED, PROCEED TO II.E9.

I.CONSENT_2 = 1

II.E9. **PROGRAMMER: INSERT DATE THIS SECTION (II.E – PARENT / GUARDIAN AND OTHER FAMILY MEMBERS' SERVICE RECEIPT) WAS COMPLETED HERE OR POPULATE THIS AS A VERIFICATION OF DATE COMPLETED FOR INTERVIEWER TO INPUT. THEN CONTINUE.**

    CONTINUE 1   GO TO III.A.INTRO

		Asked of …		
		Parent or Guardian of Participating Youth	**Consenting Parent of Independent Youth**	**Independent Youth**
III.	**Parent Employment Experience and Credentials**	**x**	**x**	

SECTION III. PART A. PARENT/GUARDIAN EMPLOYMENT

PROGRAMMER: IF PARENT/LEGAL GUARDIAN HAS A SPOUSE OR COHABITING PARTNER WHO LIVES IN THE SAME HOUSEHOLD (I.Q4=1) POPULATE SPOUSE / PARTNER FILLS IN THIS SECTION.

I.CONSENT_2 = 1

[or your (spouse/ partner)], [RA DATE], [MONTH AND YEAR OF RA], [IF MARRIED / PARTNERSHIP, FILL: I will ask about your (spouse / partner) next.]

III.A.Intro. **Next, I'll ask questions about jobs that you [or your (spouse/ partner)] have had since [RA DATE].**

CONTINUE 1

I.CONSENT_2 = 1

[RA DATE], [or your (spouse/ partner)],

III.A1. **Have you [or your (spouse/ partner)] worked at a job or a business <u>at any time</u> since [RA DATE]? Please include all jobs since [RA DATE], even if you only worked for a short time. Please include jobs that you <u>currently have</u>, as well as jobs that ended within <u>the past year a half</u>. Also, please include jobs at which you [or your (spouse/ partner)] are or were <u>self-employed</u>. (YTD-36 II.A1, modified)**

> **INTERVIEWER: IF RESPONDENT IS MARRIED, AND AT LEAST 1 PERSON WORKED, RECORD "YES" (1) BELOW.**
> **PROBE:** **A job could be working for a business or organization or work that you do on your own. Jobs include internships, apprenticeships and volunteer work even if you didn't get paid. A job is work either paid or unpaid other than work around the house.**

YES 1

NO 2   GO TO III.A4

DON'T KNOW ....d   GO TO III.A4

REFUSED ....r   GO TO III.A4

III.A1=1

[or your (spouse/ partner)]

III.A2. **Were you [or your (spouse/ partner)] paid or self-employed in any of these jobs? By self-employed, we mean you work for yourself or own your own business. (NEW)**

INTERVIEWER: IF RESPONDENT IS MARRIED, AND AT LEAST 1 PERSON WAS PAID OR WAS SELF EMPLOYED, RECORD "YES" (1) BELOW.

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

III.A1=1

[or your (spouse/ partner)]

III.A3. **Now, I will ask questions about jobs you [or your (spouse/ partner)] may have had more recently. Did you [or your (spouse/ partner)] work for pay last month? (NBS, K2A modified)**

<u>CODE ONE ONLY</u>

YES 1

NO 0   GO TO III.A4

RETIRED 2   GO TO III.A5

UNABLE TO WORK..3   GO TO III.A5

DON'T KNOW ....d   GO TO III.A4

REFUSED ....r   GO TO III.A4

RESPONDENT OR SPOUSE WORKED IN LAST MONTH (III.A3=1)
[and / or your (spouse/ partner)] [and / or your (spouse/ partner)]

III.A3a. How much did <u>you</u> [and / or your (spouse/ partner)] earn from <u>all</u> jobs and businesses in the last month before taxes and deductions? Your best estimate is fine. (NBS K3 modified)

[IF MARRIED / HAS SPOUSE OR PARTNER, FILL: If both of you worked last month, please combine your earnings with your (spouse / partner's) earnings for that time period.

INTERVIEWER: IF UNABLE TO PROVIDE EARNINGS BEFORE TAXES, RECORD AFTER TAX INCOME AND TYPE OF INCOME RECORDED IN THE NEXT ITEM.

$ |___|___|___|___|___|___| AMOUNT
  (0.01-99999)

MONTHLY INCOME BEFORE TAXES AND DEDUCTIONS (GROSS INCOME)..1

MONTHLY INCOME AFTER TAXES (NET INCOME) 2

DON'T KNOW ....d

REFUSED ....r

SOFT CHECK IF III.A4 IS >0: May I confirm I have recorded this correctly, that you [and / or your (spouse/ partner)] earned [FILL VALUE FROM III.A4.] from all jobs and businesses last monthly – and that amount is [(BEFORE / AFTER)] taxes and other deductions?

RESPONDENT OR SPOUSE WORKED IN LAST MONTH (III.A3=1)
[or your (spouse/ partner)]

III.A3b. Did you [or your (spouse/ partner)] have access to health insurance through your job or work last month?

You don't need to have taken the insurance; we just wanted to see if this employer offered it you as an employment benefit. (NEW)

INTERVIEWER: IF > 1 EMPLOYER IN THE PAST MONTH, PROBE IF ANY OF THESE EMPLOYERS OFFERED HEALTH INSURANCE.

IF RESPONDENT HAS A SPOUSE / PARTNER AND RESPONSE TO THIS ITEM IS YES FOR EITHER ONE, MARK "YES" BELOW.

YES 1   GO TO III.A5

NO 2   GO TO III.A5

DON'T KNOW ....d   GO TO III.A5

REFUSED ....r   GO TO III.A5

PARENT / GUARDIAN DID NOT HAVE A JOB LAST MONTH (III.A3=0, D, R)
[or your (spouse/ partner)]

III.A4. **Do you [or your (spouse/ partner)] currently <u>want</u> a job, either full or part time? (CPS Dwant, modified response category)**

INTERVIEWER: IF RESPONDENT IS MARRIED, AND EITHER SPOUSE OR PARTNER DID NOT HAVE A JOB LAST MONTH AND WANTS A JOB, RECORD "YES" (1) BELOW.

YES 1

MAYBE, IT DEPENDS 2

NO 0

DON'T KNOW ....d

REFUSED ....r

I.CONSENT_2 = 1

III.A5. **PROGRAMMER: INSERT DATE THIS SECTION (III.A – PARENT / GUARDIAN AND SPOUSE / PARTNER EMPLOYMENT) WAS COMPLETED HERE. OR POPULATE THIS AS A VERIFICATION OF DATE COMPLETED FOR INTERVIEWER TO INPUT. THEN CONTINUE.**

CONTINUE .... 1 GO TO III.B1

SECTION III. PART B. PARENT AND SPOUSE PARTNER'S EDUCATIONAL CREDENTIALS

> **PROGRAMMER:** IF PARENT/LEGAL GUARDIAN HAS A SPOUSE OR COHABITING PARTNER WHO LIVES IN THE SAME HOUSEHOLD (I.Q4=1) POPULATE SPOUSE / PARTNER FILLS IN THIS SECTION.

I.CONSENT_2 = 1
[and your (spouse/ partner)]

III.B1. **What is the highest grade or year of school you [and your (spouse/ partner)] have finished? (NEW)**

INTERVIEWER: READ CATEGORIES IF NECESSARY.

PROGRAMMER: CREATE COLUMN (II.B1B) FOR SPOUSE PARTNER ONLY IF (I.Q4=1).

Select one per column

	II.B1A. PARENT / GUARDIAN	II.B1B. SPOUSE / PARTNER
8TH GRADE OR LESS	1	1
9TH GRADE OR ABOVE NOT A HIGH SCHOOL GRADUATE	2	2
HIGH GRADUATE	3	3
GED	4	4
POST-HIGH SCHOOL EDUCATION, NO COLLEGE DEGREE	5	5
VOCATIONAL TECHNICAL (VOC-TECH) DEGREE OR CERTIFICATE	6	6
2-YEAR OR 3 YEAR COLLEGE DEGREE/AA DEGREE	7	7
4-YEAR COLLEGE DEGREE/ BACHELOR'S DEGREE	8	8
MASTER'S DEGREE	9	9
PHD, MD, JD, LLB OR OTHER PROFESSIONAL GRADUATE DEGREE	10	10
NEVER ATTENDED SCHOOL	11	11
OTHER – SPECIFY	99	99

IF OTHER SPECIFY (99): **Please specify highest grade or year or school finished** (150 CHAR)

I.CONSENT_2 = 1
[RA DATE] [or your (spouse/ partner)]

III.B2. **Since [RA DATE], have you [or your (spouse/ partner)] received <u>any</u> diploma, GED, certificate, or professional license? (NEW)**

INTERVIEWER: MARRIED AND EITHER RESPONDENT OR SPOUSE / PARTNER RECEIVED ANY OF THESE, SELECT YES BELOW.

<u>CODE ONE ONLY</u>

YES 1

NO 2   GO TO III.B3

DON'T KNOW ....d   GO TO III.B3

REFUSED ....r   GO TO III.B3

III.CB=1
[RA DATE],

III.B2a. **What kind of diploma(s), GED, certificate(s), or professional license(s) did you [or your (spouse/ partner)] receive since [RA DATE]? (NEW)**

INTERVIEWER: IF RESPONDENT HAS SPOUSE / PARTNER – RECORD ALL APPLICABLE RESPONSES FOR BOTH IN THE CATEGORIES BELOW.

<u>CODE ALL THAT APPLY</u>

GED...1

DIPLOMA FROM VOCATIONAL, TECHNICAL BUSINESS OR TRADE SCHOOL 2

DIPLOMA FROM 2-YEAR OR 3-YEAR COLLEGE / COMMUNITY COLLEGE 3

DIPLOMA FROM A 4-YEAR COLLEGE 4

CERTIFICATE FROM A JOB SKILLS TRAINING PROGRAM 5

OTHER - SPECIFY 99

_____ (STRING 100)

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **What did you [or your (spouse/ partner)] receive since [RA DATE]?**

I.CONSENT_2 = 1
(RA DATE) [or your (spouse/ partner)]

III.B3. **Have you [or your (spouse/ partner)] gone to school at any time since (RA DATE)? Please include adult basic education or GED courses, vocational or trade school, college and university. (NEW)**

INTERVIEWER: IF EITHER RESPONDENT OR SPOUSE / PARTNER WENT TO SCHOOL SINCE [RATE DATE], SELECT YES BELOW.

IF SUMMER: Are you off school for the summer. Will you [or your (spouse/ partner)] be going back to school in the fall?

INTERVIEWER: CODE "YES" IF ON SUMMER BREAK.

YES 1

NO 2   GO TO III.B4

DON'T KNOW ....d   GO TO III.B4

REFUSED ....r   GO TO III.B4

III.B3=1
[RA DATE] **[or your (spouse/ partner)]**

III.B3a. **Are you [or your (spouse/ partner)] <u>currently</u> attending or enrolled in school? Please include adult basic education or GED courses, vocational or trade school, college and university. (NEW)**

INTERVIEWER: IF EITHER RESPONDENT OR SPOUSE / PARTNER IS CURRENTLY ATTENDING OR ENROLLED IN SCHOOL, SELECT YES BELOW.

PROBE: Do you [or your (spouse/ partner)] go to school now?

IF DON'T KNOW: When was the last time you [or your (spouse/ partner)] went to school?

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

I.CONSENT_2 = 1
[RA DATE], [or your (spouse/ partner)]

III.B4. **Since [RA DATE], have you [or your (spouse/ partner)] attended a training program or taken <u>any</u> classes to improve <u>job skills</u>? Please include classes to learn English or improve reading skills. (NEW)**

INTERVIEWER: IF RESPONSE IS "YES" FOR EITHER RESPONDENT OR SPOUSE / PARTNER, SELECT YES BELOW.

IF DON'T KNOW: When was the last time [you/ (he/she)] went to training?

YES 1

NO 2   GO TO III.B5

DON'T KNOW ....d   GO TO III.B5

REFUSED ....r   GO TO III.B5

III.B4=1
[or your (spouse/ partner)]

III.B4a. **Are you [or your (spouse/ partner)] <u>currently</u> in a training program or taking classes to improve <u>job skills</u>? Please include classes to learn English or improve reading skills. (NEW)**

INTERVIEWER: IF RESPONSE IS "YES" FOR EITHER RESPONDENT OR SPOUSE / PARTNER, SELECT YES BELOW.

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

CURRENTLY OR EVER IN SCHOOL, CLASSES, OR TRAINING PROGRAM (III.B3=1 OR III.B4=1)

[RA DATE] [IS THIS / WAS IT] [PROMISE PROGRAM NAME] [or your (spouse/ partner)]

III.B5. **Thinking about the school, training program or classes that you [or your (spouse/ partner)] are <u>currently attending</u> or you <u>have attended</u> since [RA DATE], what type of school, training program (is this / was it)? (NEW)**

INTERVIEWER: MARRIED AND RESPONSE IS DIFFERENT FOR EACH, PLEASE SELECT ALL PROGRAMS THAT APPLY (FOR BOTH).

PROGRAMMER: ONLY POPULATE RESPONSE 5 (PROMISE PROGRAM NAME). IF PROMISE SERVICES GROUP.

<u>CODE ALL THAT APPLY</u>

VOCATIONAL, TECHNICAL BUSINESS OR TRADE SCHOOL 1

2-YEAR OR 3-YEAR COLLEGE / COMMUNITY COLLEGE 2

4-YEAR COLLEGE 3

JOB SKILLS TRAINING...4

[PROMISE PROGRAM NAME] 5

OTHER...99

_____ (STRING 100)

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **What kind of school or training program was it?**

	Asked of …		
	Parent or Guardian of Participating Youth	Consenting Parent of Independent Youth	Independent Youth
IV. **Parent: Individual and Family Well-Being**	**x**		**x**

SECTION IV. PART A. HOUSEHOLD HEALTH AND CURRENT HEALTH INSURANCE COVERAGE

I.CONSENT_2 = 1

IV.A.Intro.   **The next questions are about health insurance, including health insurance obtained through employment or purchased directly, as well as government programs like Medicaid and Medicare.**

CONTINUE   1

I.CONSENT_2 = 1
[, your (spouse / partner),] [YOUTH] [(you) / your (spouse / partner) / (youth)] [is / are]

IV.A1.   **Are you [, your (spouse / partner),] or [YOUTH] covered by <u>any</u> kind of health insurance or some other kind of health care plan? (Source: NHIS, modified)**

       IF NEEDED: Who is covered?

PROGRAMMER: POPULATE RESPONSE OPTION FOR SPOUSE / PARTNER ONLY IF I.Q3=1 OR 2.

<div align="center">CODE ONE PER ROW</div>

	YES	NO	DK	REF
a. PARENT / GUARDIAN IS COVERED	1	2	d	r
b. SPOUSE / PARTNER IS COVERED	1	2	d	r
c. YOUTH IS COVERED	1	2	d	r

SOFT CHECK: IF ANY HOUSEHOLD MEMBER SHOWS AS NOT COVERED (IV.A1a, A1b, or A1c = 0) **May I confirm that I have recorded your answer correctly – that is that [(you / your (spouse/ partner) / (youth)] [is / are] <u>not</u> covered by any kind of health insurance of any kind at this time. This includes private insurance, as well as other types of health insurance you may receive or have purchased through government programs?**

I.CONSENT_2 = 1

IV.A2. **Are there any other members of this household who are <u>not</u> covered by any kind of health insurance? This includes any kind of private insurance, as well as coverage people may get through the government. (NEW)**

<div align="right">CODE ONE ONLY</div>

YES 1

NO 2   GO TO IV.A3

NO OTHER MEMBERS IN OUR HOUSEHOLD 3   GO TO IV.A3

DON'T KNOW .... d   GO TO IV.A3

REFUSED .... r   GO TO IV.A3

IV.A2=1

[VALUE FROM A2a_specify] [YOUTH] [or your spouse / partner)]

IV.A2a. How many other household members are not covered by any kind of health insurance?

|___|___| NUMBER OF OTHER HOUSEHOLD MEMBERS NOT COVERED
(1-99)

DON'T KNOW .... d   SKIP TO IV.A3

REFUSED .... r   SKIP TO IV.A3

SOFT CHECK: IF A2a>1; **May I confirm I have correctly recorded that [VALUE FROM A2a_specify] members of your household are not covered by any kind of health insurance – and that number does not include you, or [YOUTH] [,or your spouse / partner)]?**

IV.A2a>0

(IF IVA2a=1 fill "is" and if >1, fill are), [YOUTH]

IV.A2b. How (is / are) these household members related to [YOUTH]?

<u>CODE ALL THAT APPLY</u>

SISTER 1

BROTHER...2

MOTHER...3

FATHER 4

AUNT..5

UNCLE 6

COUSIN 7

FRIEND...8

OTHER RELATIVE 9

OTHER – NO RELATIVE...10

DON'T KNOW ....d

REFUSED ....r

ANY (RESPONDENT, SPOUSE, YOUTH) WITH HEALTH INSURANCE COVERAGE (IV.A1A=1 OR IV.A1B=1 OR IV.A1C=1)
[, your (spouse / partner)] [YOUTH] [STATE MEDICAID NAME]

IV.A3-IV.A6. **Are you [, your (spouse / partner),] or (YOUTH) now covered by any of the follow types of health insurance?**

INTERVIEWER: **CODE ALL THAT APPLY FOR EACH ROW. IF NO ONE HAS A PARTICULAR TYPE OF COVERAGE, SELECT "NONE OF THESE" FOR THAT ROW.**

IF NEEDED: WHO IS COVERED?

PROGRAMMER: POPULATE COLUMN ONLY IF RESPONSE TO IV.A1A=1 OR IV.A1B=1 OR IV.A1C=1.

	CODE ALL THAT APPLY FOR EACH ROW			
	SELF (PARENT / GUARDIAN)	YOUTH	SPOUSE / PARTNER	NONE OF THESE
IV.A3. <u>Private health insurance</u>? This includes any health insurance other than [STATE MEDICAID NAME] or Medicare. (Source: NHIS, modified)	1	2	3	4
IV.A4. Are you [, your (spouse / partner),] or [YOUTH] covered by Medicaid, or [STATE MEDICAID PROGRAM NAME]? (Source: NHIS, modified)	1	2	3	4
IV.A5. Are you [, is your (spouse / partner),] or is (YOUTH) covered by Medicare? (NHIS, modified)	1	2	3	4
IV.A6. Are you [, is your (spouse / partner),] or is (YOUTH) covered by <u>any other kind</u> of health insurance I have not already asked about?	1	2	3	4

YOUTH IDENTIFIED AS NOT HAVING MEDICAID: (IV.A4_2=0)
[YOUTH], [FILL STATE-SPECIFIC NAME]

IV.A7. **Is [YOUTH] covered by the Children's Health Insurance Program, also called S-CHIP or [FILL STATE-SPECIFIC NAME]?**

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

SOFT CHECK-1: (IF <u>RESPONDENT</u> IS REPORTED TO HAVE INSURANCE (IV.A1a=1), BUT NO TYPE OF INSURANCE IS REPORTED (IV.A3_1=0, IV.A4_1=0, IV.A5_1=0, IV.A6_1=0): **May I confirm I have correctly you have health insurance coverage?**

If no, (not covered), return to IV.A1a to correct the response, as needed. If yes (covered), return to IV.A2-IV.A5 to update type of coverage.

SOFT CHECK-2: (IF <u>YOUTH</u> IS REPORTED TO HAVE INSURANCE (IV.A1b=1), BUT NO TYPE OF INSURANCE IS REPORTED (IV.A3_2=0, IV.A4_2=0, IV.A5_2=0, IV.A6_2=0, OR IV.A7=0): **May I confirm I have correctly [YOUTH] has health insurance coverage?**

If no, (not covered) return to IV.A1b to correct the response, as needed. If yes (covered), return to IV.A3-IV.A6 to update type of coverage.

SOFT CHECK-3: (IF <u>SPOUSE</u> / PARTNER) IS REPORTED TO HAVE INSURANCE (IV.A1c=1), BUT NO TYPE OF INSURANCE IS REPORTED (IV.A3_3=0, IV.A4_2=0, IV.A5_3=0, OR IV.A6_3=0): **May I confirm I have correctly your (SPOUSE / PARTNER) has health insurance coverage?**

If no, (not covered) return to IV.A1c to correct the response, as needed. If yes (covered), return to IV.A2- IV.A6 to update type of coverage.

COVERED BY PRIVATE HEALTH INSURANCE (IV.A2_1=1, IV.A2_2=1, OR IV.A2_3=1)

[, your (spouse / partner),] [YOUTH] [, or your (spouse / partner)'s,]

IV.A8. **Is that <u>private insurance</u> through an employer, a union, a family member, or do you purchase it on your own? (Source: NHIS, modified)**

INTERVIEWER: IF COVERED BY MORE THAN ONE PRIVATE INSURANCE COVERAGE, ASK ABOUT THE PRIMARY OR MAIN COVERAGE.

PROGRAMMER: POPULATE APPLICABLE ROWS WHERE IV.A2_1=1, IV.A2_2=1, OR IV.A2_3=1.

<u>CODE ONE PER ROW</u>

	THROUGH EMPLOYER	THROUGH UNION	THROUGH FAMILY MEMBER	PURCHASED ON OWN	DK	REF
a. PARENT / GUARDIAN	1	2	3	4	d	r
b. YOUTH	1	2	3	4	d	r
c. SPOUSE / PARTNER	1	2	3	4	d	r

IF INSURANCE PURCHASED ON OWN (IV.A8a_4=1, IV.A8b_4=1, OR IV.A8c_4=1)

[STATE MARKETPLACE NAME]

IV.A9. **For each person covered by private insurance, purchased on his / her own, please tell me whether the private insurance was purchased through the <u>Affordable Care Act</u> or a <u>health insurance exchange</u>, sometimes called [*state marketplace name* or] <u>Healthcare.gov</u>, or <u>ObamaCare</u>? (Source: NHIS, modified)**

PROGRAMMER: POPULATE APPLICABLE ROWS WHERE: IV.A8a_4=1, IV.A8b_4=1, OR IV.A8c_4=1.

CODE ALL THAT APPLY

PARENT/ GUARDIAN..1

YOUTH...2

SPOUSE/ PARTNER 3

NONE PURCHASED THROUGH THE AFFORDABLE CARE ACT 4

DON'T KNOW ....d

REFUSED ....r

IF PURCHASED THROUGH THE AFFORDABLE CARE ACT: (IV.A9_1=1, IV.A9_2=1, OR IV.A9_3=1)
[, does your (spouse / partner),] [YOUTH]

IV.A10. Do you [, does your (spouse / partner),] or [YOUTH] receive a tax credit to help pay for the private insurance premium? (Source: NHIS, modified)

PROGRAMMER: POPULATE RESPONSE OPTIONS FOR ALL THOSE IDENTIFIED AS PURCHASING INSURANCE THROUGH THE AFFORDABLE CARE ACT IN IV.A8.

CODE ALL THAT APPLY

PARENT/ GUARDIAN RECEIVES TAX CREDIT 1

[YOUTH] RECEIVES TAX CREDIT 2

(SPOUSE/ PARTNER) RECEIVES TAX CREDIT 3

NO ONE RECEIVES TAX CREDIT 4

DON'T KNOW ....d

REFUSED ....r

SECTION IV. PART B. HOUSEHOLD BENEFITS AND INCOME

I.CONSENT_2 = 1
[CALCULATE PRIOR CALENDAR YEAR FROM CURRENT CAL YEAR]

IV.B1. These questions will ask about benefits your household may receive, as well as your household income. Do you or does anyone in your household receive …

<div align="center">CODE ONE PER ROW</div>

	YES	NO	DK	REF
a. Assistance from temporary assistance to needy families or [FILL STATE-SPECIFIC NAME FOR TANF]?	1	2	r	d
b. Assistance from food stamps, or SNAP (the Supplemental Nutrition Assistance Program)?	1	2	r	d
c. Any government housing assistance in paying rent, such as through public housing or Section 8?	1	2	r	d
d. Does anyone in your household besides [YOUTH] receive any income from SSI or SSDI because of a disability?	1	2	r	d
e. Does anyone in your household receive retirement income from social security?	1	2	r	d
f. Does anyone in your household receive social security survivor's benefits?	1	2	r	d
g. Do you or does anyone in your household receive any other benefits that we have not already accounted for in this list?	1	2	r	d

IV.B1_g=1

IV.B1f. What other benefit(s) do you, or does anyone else in this household, receive?

_____ (STRING 300)

 BENEFITS(S)

DON'T KNOW ....d

REFUSED ....r

I.CONSENT_2 = 1

[FILL PRIOR CALENDAR YEAR]

IV.B2. Please tell me which group best describes the <u>total income</u> of all persons in your household last year, including salaries or other earnings, money from public assistance, child support, or retirement, and so on, for <u>all</u> household members, before taxes.

Was your household income <u>last year</u>, that is, in [FILL PRIOR CALENDAR YEAR]. . .

<u>CODE ONE ONLY</u>

LESS THAN $10,000, ...1

$10,000 OR MORE, BUT LESS THAN $20,000, ...2

$20,000 OR MORE, BUT LESS THAN TO $30,000, ...3

$30,000 OR MORE, BUT LESS THAN TO $40,000, ...4

$40,000 OR MORE, BUT LESS THAN TO $50,000 5

$50,000 OR MORE, BUT LESS THAN $75,000, ...5

$75,000 OR MORE 5

DON'T KNOW ....d

REFUSED ....r

	Asked of …		
	Parent or Guardian of Participating Youth	**Consenting Parent of Independent Youth**	**Independent Youth**
V. **Parent's Expectations for Youth**	**X**	**X**	

SECTION V. PART A. PARENT EXPECTATIONS FOR YOUTH

I.CONSENT_2 = 1
[YOUTH] [HIS / HER]

V.A.Intro. **These questions will ask about expectations you have for [YOUTH] and (his / her) future.**

CONTINUE 1

I.CONSENT_2 = 1
[HIS/HER], [youth] [HE/SHE]

V.A1. **When the following chores need doing, about how often, on [HIS/HER] own, is [YOUTH] expected to …(NLTS2)**

CODE ONE PER ROW

	Never	**Sometimes**	**Usually**	**Always**
a. Fix [HIS/HER] own breakfast or lunch?	1	2	3	4
b. Do [HIS/HER] own laundry?	1	2	3	4
c. Straighten up [HIS/HER] own room or living area?	1	2	3	4
d. Buy a few things at the store [HE/SHE] needs?	1	2	3	4

I.CONSENT_2 = 1
[HIS/HER], [youth] [HE/SHE]

V.A2. **When the following chores need doing, about how often, on [HIS/HER] own, does [YOUTH] … (NLTS2)**

CODE ONE PER ROW

	Never	**Sometimes**	**Usually**	**Always**
a. Fix [HIS/HER] own breakfast or lunch?	1	2	3	4
b. Do [HIS/HER] own laundry?	1	2	3	4
c. Straighten up [HIS/HER] own room or living area?	1	2	3	4
d. Buy a few things at the store [HE/SHE] needs?	1	2	3	4

I.CONSENT_2 = 1
[YOUTH], [HE/SHE], [HIS/HER]

V.A3. **After [YOUTH] is finished with <u>all</u> of [his/her] schooling, how important to you is it that [HE/SHE]….**

Would you say very important, somewhat important, not very important, or not at all important? (Erik Carter survey)

IF NEEDED: By "finished with (his / her) schooling, we are talking about the time when [YOUTH] will have completed all of (his / her) education), not completed school for the day.

<div align="center">CODE ONE PER ROW</div>

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT	DK	REF
a. Work at a paid job?	1	2	3	4	d	r
b. Live somewhere away from home?	1	2	3	4	d	r
c. Is able to support [HIM/HER] self without help from family or government benefit programs?	1	2	3	4	d	r

I.CONSENT_2 = 1
[YOUTH]

V.A4. **How far do you think [YOUTH] will get in school? Will (he / she): (NLTS2012, modified)**

PROBE: What is highest level of schooling you think [YOUTH] will complete?

<div align="right">CODE ONE ONLY</div>

Not complete high school, ...1   GO TO V.A5

Complete high school with a diploma or a certificate of completion, ...2

Get a GED, or 3

Continue beyond high school (vocational training, 2-year or community college, 4 year college, graduate degree)? 4   GO TO V.A5

DON'T KNOW ....d   GO TO V.A5

REFUSED ....r   GO TO V.A5

I.CONSENT_2 = 1

[YOUTH], [HE/SHE]

V.A5. **When [YOUTH] is age 25, do you think [HE/SHE] will be living ... (NLTS2012, modified)**

PROBE: IF RESPONDS "LIVES WITH FRIENDS" CODE AS 3.

<u>CODE ONE ONLY</u>

With parents or guardians..1

With a sibling or other relative, ...2

On (his/her) own or with a spouse or partner, ...3

In a group home or institution, or in an 4

Other living situation? 5

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **At Age 25. [YOUTH] will be living …**

I.CONSENT_2 = 1

[YOUTH], [HE/SHE]

V.A6. **When [YOUTH] is age 25, how likely do you think it is that [he/she] will be working at a paid job? Do you think [he/ she]… (NLTS2012)**

<u>SELECT CODING TYPE</u>

Definitely will, ...1

Probably will, ...2

Probably won't, or..3

Definitely won't? 4

DON'T KNOW ....d

REFUSED ....r

I.CONSENT_2 = 1

[YOUTH], [HE/SHE], [HIM/HER]

V.A7. **When [YOUTH] is age 25, how likely do you think it is that [HE/SHE] will earn enough to support [HIM/HER] self without financial help from family or government benefit programs? Do you think [HE/SHE] … (NLTS2012, modified)**

<u>CODE ONE ONLY</u>

Definitely will 1

Probably will 2

Probably won't, or..3

Definitely won't..4

DON'T KNOW ....d

REFUSED ....r

		Asked of …		
		Parent or Guardian of Participating Youth	**Consenting Parent of Independent Youth**	**Independent Youth**
VI.	**Parent Demographics & Contact Information**	X	X	

SECTION VI PART A. PARENT / GUARDIAN DEMOGRAPHIC INFORMATION.

I.CONSENT_2 = 1

VI.A.Intro. **The next set of questions help us understand the experiences of different groups of people who take part in the survey.**

CONTINUE 1

I.CONSENT_2 = 1

VI.A1. **Do you consider yourself to be of Hispanic or Latino origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background? (YTD Baseline, 53)**

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

SPOUSE OR PARTNER LIVES WITH RESPONDENT: (I.Q4=1)

[SPOUSE / PARTNER]

VI.A1a. Is your [spouse / partner] of Hispanic or Latino origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background? (YTD Baseline, 53)

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

I.CONSENT_2 = 1

VI.A2. **I'm going to read a list of race categories, please choose one or more races that best describes your race? Are you . . . (YTD Baseline 54)**

> **PROBE:**   **Are you white Hispanic or black Hispanic?**

CODE ALL THAT APPLY

American Indian or Alaska Native 1

Asian...2

Black or African American 3

Native Hawaiian or Other Pacific Islander 4

White..5

Other race 99

_____ (STRING 100)

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **Please specify race(s) …**

SPOUSE OR PARTNER LIVES WITH RESPONDENT: (I.Q4=1)

[SPOUSE / PARTNER]

VI.A3. **I'm going to read a list of race categories, please choose one or more races that best describes your [SPOUSE / PARTNER]'s race? Is your [SPOUSE / PARTNER] . . . (YTD Baseline 54)**

> **PROBE:**   **Are you white Hispanic or black Hispanic?**

CODE ALL THAT APPLY

American Indian or Alaska Native 1

Asian...2

Black or African American 3

Native Hawaiian or Other Pacific Islander 4

White..5

Other race 99

_____ (STRING 100)

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **Please specify race(s) …**

I.CONSENT_2 = 1

IF I.Q3=1 OR 2 THEN FILL [or does your (spouse / partner)]

VI.A4. **Do you [or does your (spouse / partner)] have a health problem or a disability which prevents work or which limits the kind or amount of work you can do?**

INTERVIEWER: IF RESPONSE IS YES FOR EITHER RESPONDENT OR SPOUSE / PARTNER (IF APPLICABLE), RECORD YES BELOW.

YES 1

NO 2

DON'T KNOW ....d

REFUSED ....r

SECTION VI PART B. PARENT / GUARDIAN CONTACT INFORMATION

I. CONSENT_2 = 1

VI.B.Intro. **The last set of questions will help us reach you when we complete the next survey about three years from now.**

CONTINUE   1

I.CONSENT_2 = 1

[FILL HOME ADDRESS FROM CONSENTING PARENT]

VI.B1. **What is your mailing address? (NLTS2012, A9a)**

CONSENTING PARENT'S HOME ADDRESS PROVIDED FROM ENROLLMENT WAS:

[FILL HOME ADDRESS FROM CONSENTING PARENT]

INTERVIEWER: DO NOT PROVIDE ADDRESS FOR CONFIRMATION IF SPEAKING TO NON-CONSENTING PARENT

PROBE: **PROBE FOR AND RECORD BOTH P.O. BOX AND STREET ADDRESS**

PROBE: **Where do you stay most often?**

CONFIRMED ABOVE ADDRESS AS CORRECT...1

ADDRESS ABOVE NOT CORRECT – UPDATE AS FOLLOWS: 99

_____
 ADDRESS 1
_____
 ADDRESS 2
_____
 CITY
_____
 STATE/ TERRITORY
_____
 ZIP

DON'T KNOW ....d

REFUSED ....r

I.CONSENT_2 = 1

VI.B2. What is the <u>best</u> telephone number at which to reach you: (NTLS2012, A10)

|___|___|___| - |___|___|___| - |___|___|___|___|
 (0-999)   (0-999)   (0-9999)

DOES NOT HAVE A TELEPHONE NUMBER 1   GO TO VI.B5

DON'T KNOW ....d   GO TO VI.B5

REFUSED ....r   GO TO V1.B5

VI.B2>1

VI.B2a. Is that a landline or cell phone? (NLTS2012, A10a)

CODE ONE ONLY

LANDLINE...1

CELL PHONE 2

DON'T KNOW ....d

REFUSED ....r

VI.B2>1

[FILL PHONE PROVIDED]

VI.B3. Is there <u>another</u> telephone number where we can reach you, besides [FILL PHONE PROVIDED in VI.B2]? (NLTS2012, I1)

YES 1

NO 2   GO TO VI.B4

DON'T KNOW ....d   GO TO VI.B4

REFUSED ....r   GO TO VI.B4

VI.B3=1

VI.B3a. What is that number? (NLTS2012, I1a)

|___|___|___| - |___|___|___| - |___|___|___|___|
 (0-999)   (0-999)   (0-9999)

DON'T KNOW ....d

REFUSED ....r

VI.B3A>1

VI.B3b. Is that a landline or cell phone? (NLTS2012, I1b)

                                                                    CODE ONE ONLY

        LANDLINE...1

        CELL PHONE 2

        DON'T KNOW ....d

        REFUSED ....r

ANY CELL (V1.B2A=2 OR VIB3B=2)

VI.B4. **When we contact you for the next survey, may we send you a <u>text </u>message on your cell phone? Please note that standard text message rates will apply. (NLTS2012, A10b REV)**

        YES 1

        NO 2

        PHONE DOES NOT USE TEXT MESSAGE 2

        DON'T KNOW ....d

        REFUSED ....r

I.CONSENT_2 = 1

VI.B5. **Do you have an <u>e-mail address</u> where we may send you study-related information?**

This may include an email to verify your contact information, an invitation to complete the survey, or a reminder about the survey.

                                                                    <u>CODE ONE ONLY</u>

        YES (SPECIFY EMAIL) 1

        _____ (STRING 50)

        NO 2

        DON'T KNOW ....d

        REFUSED ....r

IF OTHER SPECIFY (99): **What is the email you check most often?**

SECTION VI PART C. CONTACT INFORMATION FOR SPOUSE OR PARTNER

RESPONDENT MARRIED OR IN MARRIED-LIKE RELATIONSHIP (1.Q3=1 OR 2)
[SPOUSE / PARTNER]

VI.C1. **In case we have trouble reaching you for the next survey, it'd be helpful to be able to reach out to your [spouse / partner]. May I have your [spouse / partner]'s first and last name?**

_____ (STRING 20)
FIRST NAME

_____ (STRING 30)
LAST NAME

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

REFUSED ....r   GO TO VI.D1

SPOUSE / PARTNER DOES NOT LIVE IN SAME HOUSEHOLD AS RESPONDENT (1.Q4=0, D OR R) AND VI.C1 = POPULATED

[SPOUSE / PARTNER NAME IN VI.C1]

VI.C2. **What's [SPOUSE / PARTNER NAME]'s mailing address? (NLTS2012, A9a)**

> **PROBE:** **PROBE FOR AND RECORD BOTH P.O. BOX AND STREET ADDRESS**
>
> **PROBE:** **Where does [SPOUSE / PARTNER NAME] stay most often?**

SAME AS MINE 1

DIFFERENT (SPECIFY) 99

_____

ADDRESS 1

_____

ADDRESS 2

_____

CITY

_____

STATE/ TERRITORY

_____

ZIP

DON'T KNOW ....d

REFUSED ....r

VI.C1=POPULATED

[NAME IN VI.C1] [FILL VI.B2]

VI.C3. **What's the <u>best</u> telephone number at which to reach [NAME IN VI.C1]? (NTLS2012, A10)**

SAME AS MINE [FILL VI.B2] 1

DIFFERENT (SPECIFY) 99

|__|__|__| - |__|__|__| - |__|__|__|__|
 (0-999)   (0-999)   (0-9999)

DOES NOT HAVE A TELEPHONE NUMBER 0   GO TO VI.C6

DON'T KNOW ....d   GO TO VI.C6

REFUSED ....r   GO TO V1.C6

VI.C3>1

VI.C3a. Is that a landline or cell phone? (NLTS2012, A10a)

CODE ONE ONLY

LANDLINE...1

CELL PHONE 2

DON'T KNOW ....d

REFUSED ....r

VI.C3>1

[FILL PHONE PROVIDED IN VI.B2], [NAME IN VI.C1]

VI.C4. Is there _another_ telephone number where we can reach [NAME IN VI.C1], besides [PHONE IN VI.C3]? (NLTS2012, I1)

YES 1

NO..2   GO TO VI.C5

DON'T KNOW ....d   GO TO VI.C5

REFUSED ....r   GO TO VI.C5

VI.C3=1

VI.C4a. What is that number? (NLTS2012, I1a)

|___|___|___| - |___|___|___| - |___|___|___|___|
 (0-999)   (0-999)   (0-9999)

DON'T KNOW ....d

REFUSED ....r

VI.C4A>1

VI.C4b. Is that a landline or cell phone? (NLTS2012, I1b)

CODE ONE ONLY

LANDLINE...1

CELL PHONE 2

DON'T KNOW ....d

REFUSED ....r

VI.C1=POPULATED
[NAME IN VI.C1]

VI.C6. **Does [NAME IN VI.C1] have an <u>e-mail address</u> where we may send study-related information?**

<div align="right"><u>CODE ONE ONLY</u></div>

YES (SPECIFY EMAIL) 1

_____ (STRING 50)

NO   2

DON'T KNOW .... d

REFUSED .... r

IF OTHER SPECIFY (99): **What is the email [NAME IN VI.C1] check most often?**

SECTION VI PART D. CONTACT INFORMATION FOR YOUTH

YOUTH DOES NOT LIVE WITH PARENT RESPONDENT (I.RTYPE = 2, 3, OR 4)
[YOUTH] [PARENT MAILING ADDRESS FROM VI.B1]

VI.D1. **Thanks so much for the information you've provided. We'd appreciate your help in making sure we have the best way to get in touch with [YOUTH], to complete [his / her] interview.**

What is [YOUTH]'s mailing address? Is it the same as yours or does (he/she) have a different address? (NLTS2012, A9a modified)

PARENT / GUARDIAN ADDRESS: [FILL PARENT MAILING ADDRESS FROM VI.B1]

PROBE: **PROBE FOR AND RECORD BOTH P.O. BOX AND STREET ADDRESS**

PROBE: **Where does [SPOUSE / PARTNER NAME] stay most often?**

SAME AS MINE 1

DIFFERENT (SPECIFY) 99

_____
ADDRESS 1
_____
ADDRESS 2
_____
CITY
_____
STATE/ TERRITORY
_____
ZIP

DON'T KNOW ....d

REFUSED ....r

I.CONSENT_2 = 1
[YOUTH], [FILL PARENT PRIMARY PHONE FROM VI.B2]

VI.D2. **What's the best telephone number at which to reach [YOUTH]? (NTLS2012, A10)**

PARENT / GUARDIAN'S PHONE: [FILL PARENT PRIMARY PHONE FROM VI.B2]

SAME AS MINE 0

DIFFERENT (SPECIFY) 99

|___|___|___| - |___|___|___| - |___|___|___|___|
  (0-999)   (0-999)   (0-9999)

DOES NOT HAVE A TELEPHONE NUMBER 1   GO TO VI.D5

DON'T KNOW ....d   GO TO VI.D5

REFUSED ....r   GO TO V1.D5

VI.D2>1

VI.D2a. Is that a landline or cell phone? (NLTS2012, A10a)

CODE ONE ONLY

LANDLINE..1

CELL PHONE 2

DON'T KNOW ....d

REFUSED ....r

VI.D2>1

[YOUTH] [FILL PHONE PROVIDED IN VI.D2]

VI.D3.   Is there another telephone number where we can reach [YOUTH], besides [PHONE IN VI.D2]? (NLTS2012, I1)

YES 1

NO 2   GO TO VI.D4

DON'T KNOW ....d   GO TO VI.D4

REFUSED ....r   GO TO VI.D4

VI.D3=1

VI.D3a. What's that number? (NLTS2012, I1a)

|___|___|___| - |___|___|___| - |___|___|___|___|
  (0-999)   (0-999)   (0-9999)

DON'T KNOW ....d

REFUSED ....r

VI.D3A>1

VI.D3b. Is that a landline or cell phone? (NLTS2012, I1b)

CODE ONE ONLY

LANDLINE..1

CELL PHONE 2

DON'T KNOW ....d

REFUSED ....r

I.CONSENT_2 = 1

[YOUTH]

VI.D4. Does [YOUTH] have an <u>e-mail address</u> where we may send study-related information?

<u>CODE ONE ONLY</u>

YES (SPECIFY EMAIL) 1

_____ (STRING 50)

NO 2

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **What's the email [YOUTH] check most often?**

SECTION VI PART E. PARENT / GUARDIAN – ADDITIONAL CONTACT 1

I.CONSENT_2 = 1

VI.E1. **To help us reach you for the next survey, it can be helpful to have contact information for someone who does not live with you, but that we could contact should we have trouble reaching you.**

Can you please tell me the name of a <u>friend</u> or <u>relative</u> who would know how to reach you if you move or change your telephone number?

What is his or her name? (YTD Baseline, 79)

_____ (STRING 20)
  FIRST NAME

_____ (STRING 30)
  LAST NAME

DON'T KNOW ....d   GO TO BOX 7

REFUSED ....r   GO TO BOX 7

VI.E1= POPULATED

[FIRST NAME CONTACT 1]

VI.E2. **How is [FIRST NAME CONTACT 1] related to you? (YTD Baseline, 82)**

                                                          CODE ONE ONLY

SISTER 1

BROTHER...2

MOTHER...3

FATHER..4

AUNT..5

UNCLE 6

COUSIN 7

FRIEND...8

OTHER RELATIVE 9

CASE MANAGER / SOCIAL WORKER...10

DON'T KNOW ....d

REFUSED ....r

VI.E1= POPULATED
[FIRST NAME CONTACT 1]

VI.E3. What is the name of the city and state where [FIRST NAME CONTACT 1]'s lives or stays? (YTD Baseline, 80 modified)

PROBE: If you don't know the full address, that's OK. Please share as much as you can remember.

_____

CITY
_____

STATE

DON'T KNOW ....d

REFUSED ....r

VI.E1= POPULATED
[FIRST NAME CONTACT 1]

VI.E4.What's the best telephone number to reach [FIRST NAME CONTACT 1] at? (YTD Baseline, 81 rev)

|__|__|__| - |__|__|__| - |__|__|__|__|
 (0-999)   (0-999)   (0-9999)

DON'T KNOW ....d

REFUSED ....r

SECTION VI PART F. PARENT / GUARDIAN - ADDITIONAL CONTACT 2

PROGRAMMER SKIP BOX 7
IF CONTACT PROVIDED IN VI.E1 (POPULATED), CONTINUE TO VI.F1, ELSE GO TO VI.G1.

CONTACT 1 PROVIDED (VI.E1 NAME POPULATED)
[FIRST NAME CONTACT 1]

VI.F1. **Thank you for that information about [FIRST NAME CONTACT 1]. Can you please tell me the name of <u>another</u> friend or relative who does not live with you and would know how to reach you if you move or change your telephone number? (YTD Baseline, 83)**

What is his or her name?

_____ (STRING 20)
  FIRST NAME

_____ (STRING 10)
  MIDDLE INITIAL/NAME

_____ (STRING 30)
  LAST NAME

DON'T KNOW ....d   GO TO VI.G1

REFUSED ....r   GO TO VI.G1

VI.F1=POPULATED
[FIRST NAME CONTACT 2]

VI.F2. **How is [FIRST NAME CONTACT 2] related to you? (YTD Baseline, 86)**

<u>CODE ONE ONLY</u>

SISTER 1
BROTHER..2
MOTHER..3
FATHER 4
AUNT..5
UNCLE 6
COUSIN 7
FRIEND 8
OTHER RELATIVE 9
CASE MANAGER / SOCIAL WORKER...10
DON'T KNOW ....d
REFUSED ....r

VI.F1=POPULATED
[FIRST NAME CONTACT 2]

VI.F3. **What is the name of the city and state where [FIRST NAME CONTACT 2]'s lives or stays? (YTD Baseline, 84 modified)**

PROBE: If you don't know the full address, that's OK. Please share as much as you can remember.

_____
 CITY

_____
 STATE

DON'T KNOW ....d

REFUSED ....r

VI.F1=POPULATED
[FIRST NAME CONTACT 2]

VI.F4. **What is [FIRST NAME CONTACT 2]'s telephone number? (YTD Baseline, 85)**

|__|__|__| - |__|__|__| - |__|__|__|__|
 (0-999)   (0-999)   (0-9999)

DON'T KNOW ....d

REFUSED ....r

SECTION VI PART G. TRANSITION TO YOUTH INTERVIEW

I.CONSENT_2 = 1
[YOUTH], [HIS/HER]

VI.G1. **Before we speak with [YOUTH] for [HIS/HER] interview, what assistive technologies or supports, if any, should we have available? (NLTS2012, I14)**

IF PARENT REQUESTS PROXY INTERVIEW FOR YOUTH: May I confirm that [YOUTH] would not be able to answer any of the questions on (his / her) own, or with support from you or another trusted adult?

CODE ALL THAT APPLY

NONE: NO ASSISTIVE TECHNOLOGY 0

PARENT REQUESTS PROXY INTERVIEW FOR YOUTH.................................1

PARENT WILL ASSIST WITH STUDENT INTERVIEW 2

VIDEO RELAY 3

VOICE AMPLIFICATION 4

OTHER TECHNOLOGY 99

_____ (STRING 50)

DON'T KNOW ....D

REFUSED ....R

IF OTHER SPECIFY (99): **Other technology needed:**

I.CONSENT_2 = 1
ADJUST FILLS FOR YOUTH INTERVIEW BY PROXY (VI.G1_1=1)
[YOU / YOUTH], [YOU ABOUT YOUTH/ YOUTH], [YOU / (HE / SHE)], [continue with the next interview / speak]

VI.G2. **We've reached the end of your portion of the survey. Now we need to complete the next set of questions with [YOU ABOUT YOUTH / YOUTH].**

Would [you / (he/she)] be available to [continue with the next interview / speak] now?

YES – ABLE TO BEGIN YOUTH INTERVIEW NOW...1   GO TO PARENT CLOSE-1

NO – NOT ABLE TO BEGIN YOUTH INTERVIEW NOW 2

DON'T KNOW ....d

REFUSED ....r   GO TO PARENT CLOSE-1