

**Supporting Statement  
for OMB Clearance  
Request**

**Appendix H:  
15-Month Survey**

**Innovative Strategies for  
Increasing Self-Sufficiency  
(ISIS) – Follow-up Data  
Collection**

**OMB No. 0970-0397**

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Human Services**

## Appendix H: 15-Month Survey

**Note:** The burden estimate for the 15 month survey includes the instrument plus two potential additions:

The 15 month survey instrument is estimated to take 50 minutes to complete.

The 15 month survey child roster is estimated to take 3 minutes to complete.

The 15 month survey Health Profession Opportunity Grant (HPOG) program questions are estimated to take 5 minutes to complete.

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**Introduction**

Hello, My name is \_\_\_\_\_ from Abt SRBI.

Could I please speak with \_\_\_\_\_?

*Thank you for taking the time to speak with me today. We are conducting interviews with people who agreed to be in a study about a program offered at [Name of organization] called [program name]. The study is called Innovative Strategies for Increasing Self-Sufficiency or ISIS for short. It is funded by the U.S. Department of Health and Human Services Administration for Children and Families. Abt SRBI is conducting this survey.*

*We need to talk with people who got into the program and those who did not. Your participation in this study will help policymakers and program operators better understand how to help people attain educational credentials and find and keep jobs. This interview will include questions on your education activities, your use of services, and your overall well-being. It should take about 50 minutes including the time for reviewing instructions and gathering and maintaining the information needed.*

*Before we begin the survey, I would like to assure you that all of your responses on this survey will be kept private; the research staff has been trained in protecting private information and your name will not appear in any written reports we produce. All of the study results will be reported for groups of individuals; no results will be analyzed or reported for individuals. Your responses to these questions are also completely voluntary. That means you may choose not to answer any question, or you may stop the interview if you wish, but we hope you don't. Your responses to these questions will in no way affect your participation in any programs or your receipt of any kinds of public benefits or services. At the end of the interview you will receive \$30 in appreciation for your time.*

*According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0397 and it expires xx/xx/xxxx. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).*

*Do you have any questions before we begin?*

**Screener/Verification:**

*First I just need to verify that I am speaking with the correct person.*

What is your date of birth?

**INTERVIEWER:** ENTER DATE USING FORMAT BELOW.

ENTER DOB EVEN IF IT MATCHES THE SAMPLE INFO

**CATI NOTE: DISPLAY DOB**

Respondent's Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

REFUSED.....

.....-1

DON'T KNOW.....

.....-2

**CATI: COMPARE RESPONSE GIVEN TO THE BIRTH DATE ON SAMPLE FILE. IF IT AGREES WITH THE BIRTH DATE ON THE FILE, SKIP TO SECTION A. ELSE, CONTINUE.**

<R\_SSN>

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

RECORD LAST 4 DIGITS: \_ \_ \_ \_

REFUSED.....

.....-1

DON'T KNOW.....

.....-2

**CATI NOTE: DISPLAY LAST 4 DIGITS SSN**

INTERVIEWER – ENTER SSN EVEN IF IT MATCHES THE SAMPLE INFO

**CATI: COMPARE RESPONSE GIVEN TO LAST FOUR DIGITS OF SSN ON SAMPLE FILE. IF THE 4 DIGITS GIVEN BY RESPONDENT AGREE WITH THE NUMBER ON THE FILE, SKIP TO SECTION A.**

**IF SSN IS MISSING IN THE SAMPLE AND THERE IS A MISMATCH IN DOB, SKIP TO DISCONTINUED TEXT.**

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

**CATI NOTE: ANY CASES WITH MISMATCHES ON DOB AND SSN, SHOULD TERMINATE TO "UNABLE TO CONFIRM RESPONDENT." REPORT SHOULD BE**

**GENERATED WITH THE NEW INFO COLLECTED SO WE CAN VERIFY INFO WITH THE SITES.**

**A. EDUCATION AND TRAINING**

*My first set of questions is about any school or training experiences you have had since [RAD]. To help you remember this date, our records show that it was about then that you applied for the [ISIS] program [AT (NAME OF HOST INSITUTION, IF DIFFERENT FROM PROGRAM NAME)].*

A.1. Since [RAD], have you taken any classes or been in an instructional program of any kind anywhere, even for a short time? This may have included classes on basic skills, ESL, college classes, occupational training, or other skills such as how to succeed in school or career readiness. These classes may have been offered by a community organization, college, high school, employer, or somewhere else. . [FOR TREATMENT SAMPLE IN YEAR UP AND CARRERAS ONLY READ] Please include the [ISIS PROGRAM] if you actually attended it.

- YES (SKIP TO A2)
- NO
- REFUSED (SKIP TO A.54)
- DON'T KNOW (SKIP TO A.54)

A.1a. Just to confirm, between [RAD] and today, you have not participated in any classes or instructional program offered by a community organization, a college, a high school, an employer or somewhere else, not even for a short time, is that correct?

- YES (SKIP TO A.54)
- NO
- REFUSED (SKIP TO A.54)
- DON'T KNOW (SKIP TO A.54)

A.2 Did you go to one school or organization, or did you go to more than one place?

- ONE SCHOOL OR ORGANIZATION (SKIP TO A3)
- MORE THAN ONE SCHOOL OR ORGANIZATION
- REFUSED (SKIP TO A.54)
- DON'T KNOW (SKIP TO A.54)

A2a. IF MORE THAN ONE: How many places did you go?

\_\_\_\_\_

A.3 Are you currently enrolled in any classes, or enrolled but between terms, at some place that is providing education or training?

- YES
- NO
- REFUSED (SKIP TO A.54)
- DON'T KNOW (SKIP TO A.54)

**PLACE CURRENTLY ATTENDING**

**CATI: IF A3=YES THEN ASK A4-A10 IN PRESENT TENSE; IF A3=NO ASK A4-A10 IN PAST TENSE.**

A.4 What is the name of the place where you [are receiving/received] this training? (CHECK SPELLING)

---

**CATI NOTE: DESIGNATE THIS INSTITUTION AS PLACE1.**

A.5 What type of place is this?

- Adult education /adult high school/community school/night school
- Community based/non profit organization
- Private school/company that provides training
- Community or technical college (2 year college)
- 4 year college/university
- State unemployment/employment office
- One-stop career center
- Your place of employment
- Someplace else (specify)\_\_\_\_\_
- Refused
- Don't know

A.6 About when did you start going to [PLACE 1]? Please give me the month and year you started.

\_\_\_\_ / \_\_\_\_  
M M / Y Y Y Y

A.6.a [IF A.3=NO] About when did you stop going to [PLACE 1]? Please give me the month and year you last attended.

\_\_\_\_ / \_\_\_\_  
M M / Y Y Y Y

A.7 While enrolled at [PLACE 1], [have you been/were you] a student mainly full-time, mainly part-time, or an equal mix of full-time and part time?

- FULL-TIME
- PART-TIME
- EQUAL MIX
- REFUSED
- DON'T KNOW

A.8 In a typical week at [PLACE 1], about how many hours [do/did] you:

**CATI: ALLOW FOR ENTRY OF FRACTIONAL HOURS WITH DECIMALS.  
INTERVIEWER: IF R SAYS 37 ½ HOURS ENTER 37.5**

|    |   | HOURS |
|----|---|-------|
| a. | Work at a job?                                    |       |
| b. | Attend class?                                     |       |
| c. | Spend preparing for class (studying or homework)? |       |



A.9 Would you say that it [has been/was] very difficult, somewhat difficult, or not very difficult to find enough time to do well at [PLACE 1]?

- VERY DIFFICULT  
 SOMEWHAT DIFFICULT  
 NOT VERY DIFFICULT  
 REFUSED  
 DON'T KNOW

A.10 Now I'm going to mention some different types of classes. For each one, please tell me if it is a type that you are taking or have taken at [PLACE 1] since [RAD]. I'm interested in any classes you have taken, even if you only went for a short time.

|  | YES                      | NO                       | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Classes to learn English as a second language? Do not count any classes providing regular college credit or occupational training.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other classes to improve your basic reading, writing, or math skills or prepare for a high school equivalency or college placement test? Again, do not count any classes providing regular college credit or occupational training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Classes providing regular college credit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Classes providing occupational training, but not for college credit?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Classes in other skills, such as how to succeed at school, work, or other areas of life? (Please include any such classes, whether for college credit or not.)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**IF ESL (A.10a=YES) ASK A.11-A.13. IF NOT ESL (A.10a=NO, REF, DK) SKIP TO A.14 (BASIC SKILLS)**

*Now I have some questions about the ESL classes at [PLACE 1].*

A.11 [IF PLACE 1 AND A3-YES:Are you currently taking these classes, did you complete them, or did you stop without completing the classes? If you are in between terms, please consider that as currently taking these classes.]

IF PLACE 2 OR HIGHER]/ Did you complete these classes while you were at (PLACE N) or did you stop without completing them

- CURRENTLY TAKING THESE CLASSES (OR BETWEEN TERMS) (SKIP TO A12  
[CATI: DO NOT PRESENT THIS RESPONSE OPTION IF PLACE 2 OR HIGHER OR A.3=NO])  
 COMPLETED THEM (SKIP TO A12)  
 STOPPED WITHOUT COMPLETING THEM  
 REFUSED (SKIP TO A12)  
 DON'T KNOW (SKIP TO A12)

## IF STOPPED WITHOUT COMPLETING:

A.11a What was the main reason that you stopped taking these classes?

- POOR GRADES
- TOO HARD/WASN'T GETTING IT
- CLASSES OR PROGRAM POORLY TAUGHT
- STARTED OTHER SCHOOL/TRAINING
- NOT ENOUGH MONEY TO CONTINUE
- NOT ENOUGH TIME TO CONTINUE
- DIDN'T LIKE PROGRAM
- LOST MOTIVATION
- NOT INTERESTED IN PROGRAM
- DIDN'T THINK IT WOULD HELP ME FIND A JOB
- ILLNESS
- PREGNANCY
- CHILD CARE ISSUES
- OTHER FAMILY REASONS
- TRANSPORTATION/COORDINATION PROBLEMS
- FOUND JOB/RE-EMPLOYED
- OTHER (SPECIFY)\_\_\_\_\_
- REFUSED
- DON'T KNOW

A.12 How long [have you been attending / did you attend] these classes?

\_\_\_\_\_ DAYS

OR

\_\_\_\_\_ WEEKS

- REFUSED
- DON'T KNOW

A.13 And about how many hours [have you been attending / did you attend] these classes each [day/week]?

\_\_\_\_\_ HOURS

- REFUSED
- DON'T KNOW

**IF BASIC SKILLS (A.10b=YES) ASK A.14-A.16. IF NOT BASIC SKILLS (A10b=NO, REFUSED OR DON'T KNOW) SKIP TO A.17.(REGULAR COLLEGE)**

*I have a few questions about the basic skills classes at [PLACE 1].*

A.14 [IF PLACE 1 AND A3=YES:Are you currently taking these classes (or between terms), did you complete them, or did you stop without completing the classes?

IF PLACE 2 OR HIGHER: Did you complete these classes while you were at (PLACE N) or did you stop without completing them?]

- CURRENTLY TAKING THESE CLASSES (OR BETWEEN TERMS) (SKIP TO A15)  
[CATI: IF PLACE 2 OR ABOVE OR A3=NO, REF, DK, DO NOT PRESENT THIS OPTION ]
- COMPLETED THEM (SKIP TO A15)
- STOPPED WITHOUT COMPLETING THEM
- REFUSED (SKIP TO A15)
- DON'T KNOW (SKIP TO A15)

A.14a What was the main reason that you stopped taking these classes?

- POOR GRADES
- TOO HARD/WASN'T GETTING IT
- CLASSES OR PROGRAM POORLY TAUGHT
- STARTED OTHER SCHOOL/TRAINING
- NOT ENOUGH MONEY TO CONTINUE
- NOT ENOUGH TIME TO CONTINUE
- DIDN'T LIKE PROGRAM
- LOST MOTIVATION
- NOT INTERESTED IN PROGRAM
- DIDN'T THINK IT WOULD HELP ME FIND A JOB
- ILLNESS
- PREGNANCY
- CHILD CARE ISSUES
- OTHER FAMILY REASONS
- TRANSPORTATION/COORDINATION PROBLEMS
- FOUND JOB/RE-EMPLOYED
- OTHER (SPECIFY) \_\_\_\_\_
- REFUSED
- DON'T KNOW

A.15 How long [have you been attending / did you attend] these classes?

\_\_\_\_\_ DAYS

OR

\_\_\_\_\_ WEEKS

- REFUSED
- DON'T KNOW

A.16 And about how many hours [have you been attending / did you attend] these classes each [day/week]?

\_\_\_\_\_ HOURS

- REFUSED
- DON'T KNOW

**IF REGULAR COLLEGE (A.10c=YES) ASK A.17-A.25B. IF NOT REGULAR COLLEGE (A.10c=NO, REF, DK) SKIP TO A.26:**

*Now I have some questions about classes you have taken for regular college credit at [PLACE 1].*

[SKIP QUESTION A.17 IF NOT PLACE 1 OR IF A.3=NO.]

A.17 Are you currently taking classes for college credit? (Answer "yes" if you are on a spring, summer, or holiday break.)

- YES
- NO
- REFUSED
- DON'T KNOW

A.18 What [is/was] your major subject or field of study at [PLACE 1]?

---

**IF ON CATI LOOP FOR PLACE J>1 AND A.21.a NONBLANK FOR PLACE K<J, THEN USE SECOND WORDING OF A.21. FOR SUBSTITUTION TEXT USE HIGHEST RECORDED TARGET OCCUPATION AS DEFINED AFTER A.21a.**

A.19 [IF PLACE 1:[Are/were] you taking these classes to prepare for work in a particular occupation?/

[IF PLACE 2 OR HIGHER: Did you take these classes in preparation for work in a different occupation than (TARGET OCCUPATION ALREADY NAMED IN A19a OR A27a FOR REPETITION AT MORE RECENT PLACE)?]

- YES
- NO (SKIP TO A.22)
- REFUSED (SKIP TO A.22)
- DON'T KNOW (SKIP TO A.22)

A.19a What [is/was] this occupation? \_\_\_\_\_

**CATI NOTE: STORE FIRST NONNULL RESPONSE TO A.19a AS TARGOCC1. NUMBER ADDITIONAL TARGET OCCUPATION NAMES FROM A.19a AND A.27a SEQUENTIALLY ACROSS PLACES AND TYPES OF CLASSES.**

A.19b Do you already work in this occupation?

- YES
- NO (SKIP TO A21)
- REFUSED (SKIP TO A.22)
- DON'T KNOW (SKIP TO A.22)

**CATI NOTE: IF YES, THEN USE WORDING IN A.20. IF NO, THEN USE WORDING IN A.21.**

A.20 What are your usual activities or duties in this occupation? (For example, typing, keeping account books, filing, selling cars, operating printing press, taking blood samples)

---

A.21 What do you think your usual activities or duties might be once you start work in this occupation? (For example, typing, keeping account books, filing, selling cars, operating printing press, taking blood samples)

---

A.22 What [is/was] your main goal in taking college classes at [PLACE 1]? Would you say it [is/was](CATI ALLOW ONE RESPONSE ONLY):

- To complete specific classes needed for a job (not to get a certificate/degree)
- To earn a diploma/certificate requiring less than a full year's worth of credit
- To earn a diploma/certificate requiring a full year or more's worth of credit (but less than an Associate's Degree)
- To earn an Associate's Degree
- To earn a Bachelor's degree or higher
- Other reason (specify) \_\_\_\_\_
- REFUSED
- DON'T KNOW

[SKIP TO A.24 IF PLACE 1 AND IF A.3=YES.]

A.23 Did you complete the classes needed to reach the goal you just mentioned while at [PLACE 1]?

- YES (SKIP TO A.24)
- NO
- REFUSED (SKIP TO A.24a)
- DON'T KNOW (SKIP TO A.24a)

A.23a What was the main reason that you stopped attending the classes?

- POOR GRADES
- TOO HARD/WASN'T GETTING IT
- CLASSES OR PROGRAM POORLY TAUGHT
- STARTED OTHER SCHOOL/TRAINING
- NOT ENOUGH MONEY TO CONTINUE
- NOT ENOUGH TIME TO CONTINUE
- DIDN'T LIKE PROGRAM
- LOST MOTIVATION
- NOT INTERESTED IN PROGRAM
- DIDN'T THINK IT WOULD HELP ME FIND A JOB
- ILLNESS
- PREGNANCY
- CHILD CARE ISSUES
- OTHER FAMILY REASONS
- TRANSPORTATION/COORDINATION PROBLEMS
- FOUND JOB/RE-EMPLOYED
- OTHER (SPECIFY)\_\_\_\_\_
- REFUSED
- DON'T KNOW

A.24 [IF DIPLOMA/CERTIFICATE OR HIGHER] What is the name of the diploma/certificate or degree you [earned/ were working on]?

\_\_\_\_\_

**CATI NOTE: IF DATE STARTED ATTENDING PLACE1 (A.6) PRECEDES [RAD] THEN ADD WORDS IN BRACES TO A.24a AND A.25.**

A.24a Regardless of whether you finished them, about how many regular college classes have you ever enrolled in at [PLACE 1] {since [RAD]}?

\_\_\_\_\_ Classes

A.24b And about how many regular college credits would these classes be worth all together, if completed? (Regular credits are credits that can count towards a degree.)

\_\_\_\_\_ Credits

A.25 Have you earned any regular college credits so far at [PLACE 1] {since [RAD]}?

- YES
- NO (SKIP TO A.26)
- REFUSED (SKIP TO A.26)
- DON'T KNOW (SKIP TO A.26)

IF YES:

A.25a How many credits have you earned? \_\_\_\_\_

A.25b. What grades did you usually get in the classes for which you earned these credits?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- REFUSED
- DON'T KNOW

**IF NON-CREDIT OCCUPATIONAL TRAINING RECEIVED AT PLACE1 (A.10d=YES)  
ASK A.26-A.29. IF NON-CREDIT OCCUPATIONAL TRAINING NOT RECEIVED AT  
PLACE1 (A.10d=NO, REF, DK) SKIP TO A.30:**

*Now I'd like to ask about the occupational training classes you said you [have taken/ took] at [PLACE 1]. These were the job training classes you [have taken/took] that were not for college credit but covered more than basic English and math skills.*

A.26 [Are you currently receiving this occupational training, did you complete the training, or did you stop the training without completing it?/ Did you complete these classes while you were at (PLACE N) or did you stop without completing them?] [USE FIRST WORDING IF PLACE 1 AND A.3=YES AND SECOND WORDING OTHERWISE]

- CURRENTLY RECEIVING THIS TRAINING (SKIP TO A.27) [CATI: IF PLACE 2 OR HIGHER OR A3=NO, REF, DK THEN DO NOT PRESENT THIS OPTION]  
COMPLETED THE TRAINING (SKIP TO A.27)
- STOPPED WITHOUT COMPLETING
- REFUSED (SKIP TO A.27)
- DON'T KNOW (SKIP TO A.27)

A.26a What was the main reason that you stopped attending these occupational training classes?

- POOR GRADES
- TOO HARD/WASN'T GETTING IT
- CLASSES OR PROGRAM POORLY TAUGHT
- STARTED OTHER SCHOOL/TRAINING
- NOT ENOUGH MONEY TO CONTINUE
- NOT ENOUGH TIME TO CONTINUE
- DIDN'T LIKE PROGRAM
- LOST MOTIVATION
- NOT INTERESTED IN PROGRAM
- DIDN'T THINK IT WOULD HELP ME FIND A JOB
- ILLNESS
- PREGNANCY
- CHILD CARE ISSUES
- OTHER FAMILY REASONS
- TRANSPORTATION/COORDINATION PROBLEMS
- FOUND JOB/RE-EMPLOYED
- OTHER (SPECIFY)\_\_\_\_\_
- REFUSED
- DON'T KNOW

A.27 [CATI NOTE: ASK A27 IF TARGOCC1 IS NONBLANK. ELSE SKIP TO A27A. FOR PLACE J NAME, SUBSTITUTE NAME OF PLACE WITH LAST NONNULL TARGET OCCUPATION NAME RESPONSE. FOR TARGET OCCUPATION K, USE LAST REPORTED TARGET OCCUPATION NAME FROM EITHER A.21a OR A.27a. FOR CREDIT-STATUS OF CLASSES, USE FIRST WORDING IF TARGET OCCUPATION NAME COMES FROM A.21a AND SECOND WORDING IF TARGET OCCUPATION NAME COMES FOR A.27a.] Earlier, you mentioned that you were taking [college credit / non-credit] classes at [PLACE J] to prepare for [TARGET OCCUPATION K]. Was this occupational training at [CURRENT PLACE NAME] also part of your preparation for [TARGET OCCUPATION K]?

- YES(SKIP TO A.28)
- NO
- REFUSED (SKIP TO A.28)
- DON'T KNOW (SKIP TO A.28)

A.27a What [is/was] this occupation? \_\_\_\_\_

**[CATI NOTE: STORE OCCUPATION NAME IN VARIABLE SERIES DEFINED AFTER A.21a].**

- REFUSED (SKIP TO A.28)
- DON'T KNOW (SKIP TO A.28)

A.27B Do you already work in this occupation?



- YES
- NO (SKIP TO A27D)
- REFUSED (SKIP TO A.28)
- DON'T KNOW (SKIP TO A.28)

**CATI NOTE: IF YES, THEN USE WORDING IN A.27c. IF NO, THEN USE WORDING IN A.27d.**

A.27c What are your usual activities or duties in this occupation? (For example, typing, keeping account books, filing, selling cars, operating printing press, taking blood samples)

---

SKIP TO A27e

A.27d What do you think your usual activities or duties might be once you start work in this occupation? (For example, typing, keeping account books, filing, selling cars, operating printing press, taking blood samples)

---

A.27e. Did you receive/do you expect to receive a diploma or certificate when you complete this training?

- YES
- NO (SKIP TO A28)
- REFUSED (SKIP TO A.28)
- DON'T KNOW (SKIP TO A.28)

A.27f. [What is the name of the diploma/or certificate you [earned/will earn]?

---

A.27g. How long did/will it take you to earn this certificate?

- Less than 10 weeks (2 ½ months)
- 10 weeks (2 ½ months or more, but less than one year)
- One year or more
- Don't know

A.28 How long [have you been attending / did you attend] these classes?

\_\_\_\_\_ DAYS

OR

\_\_\_\_\_ WEEKS

- REFUSED  
 DON'T KNOW

A.29 And about how many hours [have you been attending / did you attend] these classes each [day/week]?

\_\_\_\_\_ HOURS

- REFUSED  
 DON'T KNOW

### SERVICES AT [PLACE 1]

*In the next set of questions we are interested in financial assistance and other types of services and assistance you may have received at [PLACE 1].*

*We will start with financial assistance. We are interested in help you may have received paying for school-related expenses—such as tuition, books, and lab, certification or exam fees—or living expenses—such as rent, food, child care, and transportation while you studied.*

A.30 I am going to read you a list of funding sources that you might have used to pay these school or living expenses. For each of them, please tell me if the source helped pay for any of these expenses:

|   | YES                      | NO                       | REF                      | DK                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your own earnings?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Earnings from a spouse or partner? [MARK NO IF NOT APPLICABLE]   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Savings—either your own or a spouse/partner's savings?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Financial help from a parent or other family member?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Financial support from (PLACE1) – including providing instruction or services you didn't have to pay for?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A Pell grant or other government grant or scholarship—not counting loans you have to pay back?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. A grant or scholarship from a non-government source (such as a community based or non-profit organization)—not counting loans that you have to pay back? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Financial support from your employer? [MARK NO IF NOT APPLICABLE]  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Loans in your name?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Loans in your parents' names?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Another funding source? _____ [SPECIFY]  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CATI NOTE: IF PLACE3 OR HIGHER, SKIP TO A.32. ELSE:**

For each source you named, please now tell me which types of expenses were paid by the source.

**REPEAT A.31 FOR EVERY YES RESPONSE ON A.30. USE FOLLOWING SHORT CUES:**

**YOUR EARNINGS**  
**SPOUSE OR PARTNER EARNINGS**  
**SAVINGS**  
**FAMILY HELP**  
**SUPPORT FROM [PLACE1]**  
**GOVERNMENT GRANTS**  
**OTHER GRANTS**  
**YOUR EMPLOYER**  
**LOANS IN YOUR NAME**  
**LOANS IN YOUR PARENTS' NAMES**  
**[VERBATIM FROM ITEM K.]**

A.31 Did [A30SOURCE1...A30SOURCE11] help pay for... [CHECK ALL THAT APPLY]

|  | YES                      | NO                       | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Tuition and/or other school-related expenses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Living expenses?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CATI NOTE: IF A.30i=YES, ASK A.32. ELSE SKIP TO A.33**

A.32 About how much have you personally borrowed overall to go to [PLACE 1] [CATI NOTE: IF START DATE AT PLACE1 PRECEDES RANDOMIZATION DATE, ADD: "since [RAD]"]?

\$\_\_\_\_\_ [SKIP TO A.45f]

- REFUSED [SKIP TO A.45f]  
 DON'T KNOW

A.32a. Would you say that the total amount of money you had to borrow was under \$1000, between \$1000 and \$4999, between \$5000 and \$9999, or \$10000 or more?

- UNDER \$1,000  
 \$1,000 AND \$4,999  
 \$5,000 AND \$9,999  
 \$10,000 OR MORE  
 REFUSED  
 DON'T KNOW

**CATI NOTE: IF A.30j=YES, ASK A.33. ELSE SKIP TO A.34**

A.33 About how much have your parents borrowed overall to support you at [PLACE 1] [CATI NOTE: IF START DATE AT PLACE1 PRECEDES RANDOMIZATION DATE, ADD: "since [RAD]"]?

\$\_\_\_\_\_ [SKIP TO A.46]

- REFUSED [SKIP TO A.46]  
 DON'T KNOW

A.33a. Would you say that the total amount of money your parents borrowed was under \$1000, between \$1000 and \$4999, between \$5000 and \$9999, or \$10000 or more?

- UNDER \$1,000  
 \$1,000 AND \$4,999  
 \$5,000 AND \$9,999  
 \$10,000 OR MORE  
 REFUSED  
 DON'T KNOW

**CATI NOTE: IF PLACE1 OR PLACE2 AND A.30.e=YES, ASK A.34. ELSE SKIP TO A.35.:**

A.34 We would like more detail about the types of expenses that [PLACE 1] helped you with. I am going to read you a more detailed list of expenses. Please let me know for each if [PLACE1] helped you with this type of expense. Did [PLACE1] help you with:

|    |  | YES                      | NO                       | REF                      | DK                       |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. | Child care costs                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Transportation-related costs                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | School supplies or fees                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Training-related clothes or tools                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Any other important needs (Please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A.35 How difficult would you say it [has been/was] to obtain enough financial support to attend [PLACE1]? Would you say that it [has been/ was] very difficult, somewhat difficult, or not very difficult to obtain enough financial support to attend [PLACE1]?

- VERY DIFFICULT  
 SOMEWHAT DIFFICULT  
 NOT VERY DIFFICULT  
 REFUSED  
 DON'T KNOW

**CATI NOTE: ASK A.36 ONLY FOR PLACES 1 AND 2 IF MORE THAN TWO PLACES ATTENDED**

A.36 We are also interested in the different types of services you have received at [PLACE1] other than financial assistance. While going to [PLACE 1] have you received [SERVICE] from any source? [WHERE YES: About how many times did you receive [SERVICE]?

| SERVICE  | RECEIVED?                |                          |                          |                          | IF RECEIVED, # OF TIMES: |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | YE                       | N                        | RE                       | D                        |                          |                          |                          |                          |                          | RE                       |                          |                          |
|  | S                        | O                        | F                        | K                        | 1-2                      | 3-4                      | 5-6                      | 7-8                      | 9+                       | F                        | DK                       |                          |
| a. Academic advising (such as help choosing classes)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Financial aid advising (for example, help completing a financial aid application or information on accessing available financial aid)                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tutoring in subjects where you needed extra help  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Career counseling   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Job search or placement assistance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Help arranging for supports to help you manage school or work (for example, child care, transportation, housing, counseling/treatment for personal/family problems) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A.37 At [PLACE 1], how much emphasis has there been on being part of a community with other students, instructors, and staff? Would you say a great deal, some, or none?

- A GREAT DEAL
- SOME
- NONE
- REFUSED
- DON'T KNOW

A.38 While at [PLACE 1], have you been offered any of the following opportunities for direct experiences with occupations related to your studies or career goals?

|   | YES                      | NO                       | REF                      | DK                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Work study job   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Clinical experience or practicum   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arranged visits from or to learn about individual employers                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Class taught by instructors from local employer or class offered on-site at local employer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. An apprenticeship  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other work experience (Please describe: _____)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CATI NOTE: IF A2=1, SKIP TO A.44. ALSO SKIP TO A.44 IF CURRENT LAP IS FOR PLACE\_J AND A2a=J OR IF J=5. IF A.44 HAS ALREADY BEEN ASKED AND ADDITIONAL PLACES WERE REPORTED IN A.45, AND ALL NEW PLACES HAVE BEEN DISCUSSED (OR A TOTAL OF 5 PLACES HAVE BEEN DISCUSSED), SKIP TO NOTE AFTER A.45e. ELSE CONTINUE WITH A.39.**

A.39 What is the name of the most recent place you received training before [PLACE 1]?  
INTERVIEWER: CONFIRM SPELLING OF PLACE NAME

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A.40 What type of place is this?

- Adult education /adult high school/community school/night school
- Community based/non profit organization
- Private school/company that provides training
- Community or technical college (2 year college)
- 4 year college/university
- State unemployment/employment office
- One-stop career center
- Your place of employment
- Somewhere else (specify) \_\_\_\_\_
- Refused
- Don't know

A.41 About when did you start going to [PLACE 2]?                    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

M M / Y Y Y Y

A.42 And when did you last attend [PLACE 2]?                    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

M M / Y Y Y Y

**[REPEAT A.7-A.38 FOR PLACE 2].**

A.43 You said that you went to [A2a=N] places for education or training. Where did you go before going to [PLACE 2]?

**[CONTINUE THROUGH QUESTIONS FOR PLACE 3]**

**[CONTINUE THROUGH LAST PROVIDER, THEN]:**

A.44 [CATI NOTE: IF HPOG SITE=NO, SKIP TO A.45. IF TARGOCC1 NONNULL, SKIP TO A.44b.] Now I'm going to ask you questions about your overall training experience since [RAD]. [Are/were] you taking classes to prepare for work in a particular occupation?

- YES
- NO (SKIP TO A.45)
- REFUSED (SKIP TO A.45)

- DON'T KNOW (SKIP TO A.45)

A44a. Is this occupation in the field of healthcare?

- YES (SKIP TO A.44c)  
 NO (SKIP TO A.45)  
 REFUSED (SKIP TO A.45)  
 DON'T KNOW (SKIP TO A.45)

A44B. Earlier, you reported taking classes to prepare for work in [TARGOCC1  
(,TARGOCC2...)]. I am sorry if this obvious, but would you say that [CATI: USE  
SECOND WORDING IF MORE THAN ONE TARGET OCCUPATION LISTED:  
this occupation is || overall you are preparing for work] in the field of healthcare?

- YES  
 NO (SKIP TO A.45)  
 REFUSED (SKIP TO A.45)  
 DON'T KNOW (SKIP TO A.45)

A44C. I am going to read you a list of types of healthcare occupations. Please tell me which  
types you have prepared for when taking those classes: (Choose all that apply):

- Administrative (such as Medical Records and Health Information Technicians)  
 Technical (such as Medical and Clinical Laboratory Technicians)  
 Direct personal care (such as Home Health Aids or Certified Nursing Assistants)  
 Other

Please specify \_\_\_\_\_

A.45 Earlier you told me you received education and training at [N] places since [RAD]. Was  
there any place else you went for education and training that we haven't talked about already?

- YES  
 NO (SKIP TO NOTE BEFORE A.46)  
 REFUSED (SKIP TO NOTE BEFORE A.46)  
 DON'T KNOW (SKIP TO NOTE BEFORE A.46)

A45a. How many other places did you go to for education and training that we did not talk  
about already?

NUMBER OF PLACES \_\_\_\_\_

A.45b [CATI: IF NAME OF PLACE 5 IS FULL THEN SKIP TO NOTE BEFORE A.46 ]  
What is the name of the most recent of these other place(s) that we did not talk about already?  
INTERVIEWER: CONFIRM SPELLING OF PLACE NAME

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**CATI NOTE: CONTINUE NUMBERING OF PLACES FROM THOSE ORIGINALLY  
REPORTED.**

A.45c What type of place is this?

- Adult education /adult high school/community school/night school  
 Community based/non profit organization  
 Private school/company that provides training

- Community or technical college (2 year college)
- 4 year college/university
- State unemployment/employment office
- One-stop career center
- Your place of employment
- Someplace else (specify)\_\_\_\_\_
- Refused
- Don't know

A.45d About when did you start going to [ADDITIONAL PLACE1]?

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
M M / Y Y Y Y

A.45e And when did you last attend [ADDITIONAL PLACE1]?

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
M M / Y Y Y Y

**CATI: LOOP THROUGH A7-A38 FOR ADDITIONAL PLACES**

**CATI: LET FIRSTPLACE BE THE NAME OF THE PLACE WITH THE EARLIEST FIRST ATTENDANCE DATE, OR IF SOME DATES ARE MISSING LET IT BE THE LAST NAME MENTIONED.**

*I am going to ask you now to think about the very first class or classes you took at (FIRSTPLACE). We are interested in your impressions of these classes and your activities in them. [CLARIFY IF NEEDED: IF STARTED OUT TAKING JUST ONE CLASS, PLEASE TELL ME ABOUT IT. IF YOU STARTED OUT TAKING SEVERAL CLASSES AT THE SAME TIME, PLEASE THINK ABOUT YOUR EXPERIENCES PARTICIPATING IN ALL OF THOSE CLASSES AS YOU ANSWER THESE QUESTIONS.]*

A.46 First, please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements:

|  | Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. These classes usually were boring   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. These classes provided extra help in basic English or math skills for those who needed them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. These classes were relevant to my career interests  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. These classes did not relate to much of anything else in my life                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A.47 In these first classes at (FIRSTPLACE), how much time would you say was spent in the following activities? For each activity, please tell me whether it usually was the way the class was spent all the time, most of the time, some of the time, or none of the time:



|  | All the time             | Most of the time         | Some of the time         | None of the time         | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Listening to lectures                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Discussing topics as a class or in groups       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Preparing and presenting group projects         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Preparing and presenting individual projects    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Studying on your own                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Working individually with tutors or instructors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A.48 Now I'll read a list of possible classroom activities you might have done in those first classes at (FIRSTPLACE). For each activity, please tell me if you did it very often, often, sometimes, or never:

|  | Very often               | Often                    | Sometime                 | Never                    | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Asked questions in class or contributed to class discussions?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Made a class presentation?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Worked with other students on projects during class?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Worked with classmates outside of class to prepare class assignments?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Tutored or taught other students (paid or voluntary)?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Participated in a community-based project as part of a regular course?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Discussed ideas from your readings or classes with others outside of class? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**IF OTHER (SCHOOL/WORK/LIFE) SKILLS (A.10e=YES) FOR ANY PLACE, ASK A.49-A.53. IF NOT (OTHER SCHOOL/WORK/LIFE) SKILLS (A.10e=NO, REF, DK) SKIP TO A.54.**

*You mentioned earlier that you took classes in other skills, such as how to succeed at school, work, or other areas of life at (LIST PLACES WHERE OTHER CLASSES REPORTED). Here I'm interested in any classes you took of this type at any of the places you attended, whether or not the classes were for college credit.*

A.49 How many other skills classes have you taken (including those you may not have completed) since [RAD]?

- \_\_\_\_\_
- REFUSED  
 DON'T KNOW

A.50 For about how many days or weeks did you attend these other skills classes [across all the places you have taken these classes | IF CLASS TAKING OF OTHER SKILLS REPORTED AT MULTIPLE PLACES]?

\_\_\_\_\_ DAYS

OR

\_\_\_\_\_ WEEKS

- REFUSED
- DON'T KNOW

A.51 And about how many hours did you attend these other skills classes each [day/week]?

\_\_\_\_\_ HOURS

- REFUSED
- DON'T KNOW

A.52 Were these other skills classes offered for college credit?

- YES
- NO
- SOME BUT NOT ALL
- REFUSED
- DON'T KNOW

A.53 I'm going to read a list of subjects that other skills classes sometimes covers. For each one, please tell me whether it received a great deal of attention, some attention, or no attention in the other skills classes you have taken. Did [SUBJECT] receive a....:

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

**ASK A.54-A.54b OF TREATMENT GROUP ONLY. IF NOT TREATMENT GROUP SKIP TO A.55.**

A.54 Our records indicate that around [RAD] you were accepted into the [PROGRAM NAME] program offered by [PROVIDER]. Do you remember being accepted?

- YES
- NO (SKIP TO A.55)
- REFUSED (SKIP TO A.55)
- DON'T KNOW (SKIP TO A.55)

A.54a IF YES: Did you actually participate in the program for at least some time?

- YES
- NO (SKIP TO A.55)
- REFUSED (SKIP TO A.55)
- DON'T KNOW (SKIP TO A.55)

A.54b IF YES: How useful was this program in helping you to do each of the following?  
Would you say it was very useful, somewhat useful, or not at all useful?

|   | Very useful              | Somewhat useful          | Not at all useful        | REF                      | DK                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Train for work in a particular occupation?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Continue your education in the long term?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Get to know people you could go to for advice or help in furthering your career goals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### EDUCATION AND TRAINING OVERALL [AFTER PROVIDER-SPECIFIC QUESTIONS]

*In the next set of questions we are interested the highest level of education you have completed as of right now. I will first ask about the highest academic degree and then I will ask about the highest occupational training.*

A.55 What is the highest degree or level of regular academic education that you have completed?

- Grade 1 through 12 (no high school degree/GED)
- High school diploma
- GED or alternative credential
- Some college credit but less than one year of college credit
- One or more years of college credit, but no degree
- Associate's degree
- Bachelor's degree or above
- REFUSED
- DON'T KNOW

A.56 What is the highest level of occupational training that you have completed?

- No formal training (SKIP TO A57)
- Some non-degree coursework or training but no formal certificate (SKIP TO A57)
- A professional, state or industry certification, license or credential PROBE: A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.
- REFUSED (SKIP TO A57)
- DON'T KNOW (SKIP TO A57)

A.56a In what year were you first issued your MOST RECENT work-related certification or license?

\_\_\_\_\_  
Y Y Y Y

A.56b Who issued this certification or license?

- Federal, state, or local government

- Professional or trade association
- Business or company
- Other group or organization SPECIFY: \_\_\_\_\_

A.56c What is the name of your MOST RECENT certification or license? Please do not use abbreviations.

---

A.56d What kind of work is this certification or license for? (For example: teaching, vocational nursing, computer network administration, auditing, truck driving.)

---

A.57 Since [RAD] have you taken a placement test for college English classes you are or will be enrolled in?

- YES
- NO
- REFUSED
- DON'T KNOW

A.57a IF YES: Did the test show that you were ready for college-level English?

- YES
- NO
- REFUSED
- DON'T KNOW

A.58 Since [RAD] have you taken a placement test for college math course you are or will be enrolled in?

- YES  
 NO (SKIP TO NOTE BEFORE A.59)  
 REFUSED (SKIP TO NOTE BEFORE A.59)  
 DON'T KNOW (SKIP TO NOTE BEFORE A.59)

A.58a IF YES: Did the test show that you were ready for college-level math?

- YES  
 NO  
 REFUSED  
 DON'T KNOW

**IF NOT CURRENTLY ENROLLED (A.3=NO) BUT SOME E&T SINCE [RAD] (A.1=YES)  
 ASK A.59 ELSE SKIP TO NOTE BEFORE A.60:**

A.59 I'm going to read a list of possible reasons why people currently may not be going to school. For each one, please tell me whether it is a very important, somewhat important, or unimportant reason in your case. First,

|  | Very important           | Somewhat important       | Unimportant              | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You don't feel you need more education right now?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You are waiting to apply for a particular program?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You aren't sure what would be the best program for you?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You don't think you have strong enough academic skills/credentials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. You don't have enough time due to work?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. You don't have enough time due to family responsibilities?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. You don't think you could get enough financial aid to afford to go? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. You haven't been able to get into the kind of program you wanted?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Some other reason?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**IF NO E&T SINCE [RAD] (A.1=NO), ASK A.60 ELSE SKIP TO NOTE BEFORE A.61:**

A.60 I'm going to read a list of possible reasons why people may not have enrolled in school. For each one, please tell me whether it is a very important, somewhat important, or unimportant reason in your case. First,

|  | Very important           | Somewhat important       | Unimportant              | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You haven't felt you needed more education. Would you say it is a very important, somewhat important, or unimportant reason you haven't enrolled in school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You have been waiting to apply for a particular program. Would you say...?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You were unsure what would be the best program for you...?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You didn't think you had strong enough academic skills/credentials...?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. You didn't have enough time due to work...?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. You didn't have enough time due to family responsibilities...?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. You didn't think you could get enough financial aid to afford to go...?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. You haven't been able to get into the kind of program you wanted...?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Some other reason...?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SKIP TO SECTION B**

---

**ALL RESPONDENTS NOT CURRENTLY IN SCHOOL (A.1= NO, REF, OR DK, OR A.3=NO, REF, OR DK) ASK A.61-A.61a; ELSE SKIP TO A.62:**

A.61 Are you planning to go back to school at some point?

- YES
- NO
- REFUSED
- DON'T KNOW

A.61a IF YES: When do you expect to go back to school or get additional training?

- Within the next 1-6 months
- Within the next 7-12 months
- Within 1 or 2 years
- After two years
- REFUSED
- DON'TKNOW

A.62 Thinking now about various types of assistance, since [RAD], did you receive any of the following types of assistance from any organization, including but not limited to the ones we already talked about?

- Career counseling
- Job search or placement assistance
- Help arranging for supports to help you manage school, work or family responsibilities (for example, child care, transportation, housing, counseling/treatment for personal/family problem)



**B. ATTITUDES ABOUT ONESELF**

The next set of questions cover a wide range of beliefs and attitudes about yourself and life in general.

First, people have different views of things that can and can't be changed about people. There is no right or wrong answer to these questions. We are interested in your ideas.

B.1 First, here are a couple of views about intelligence. For each statement I read, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement:

|    |  | Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        | REF                      | DK                       |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. | You start with a certain amount of intelligence, but it is possible to change. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | You can learn new things, but you can't really change your basic intelligence. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B.2 Now, here are a couple of views about other characteristics people may have. Again, for each statement I read, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement:

|    |   | Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        | REF                      | DK                       |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. | People can change their personality if they try hard enough.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | The kind of person you are is something very basic about you and it can't be changed very much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B.3 Next, I'm going to read some statements about how people approach various tasks in life. For each, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that the statement applies to you. Be honest—there are no right or wrong answers!

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

B.4 [INTRODUCE B4 AND B5 VIA:] The following contains a series of statements you might use to describe your behavior, opinions, interests, and feelings. Some are quite general while others ask about your feelings at work or school. If you are not currently working or going to school, please think about how you would respond if you were.

After I read each statement please decide how it describes you using the following scale: Strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, strongly agree. Please don't spend too much time deciding on any one answer. Although some items are similar, answer each without considering your other answers.

**Reviewer Note:** scales below from copyrighted ACT Inc. instruments, only allowed to show illustrative items.

B.4 *Academic self-confidence scale* (12 items) measures a student's commitment to staying in school and getting a credential. Illustrative items:

I am a fast learner

I am less talented than other students (reverse-coded)

**CATI NOTE: IF NOT YEAR UP SITE SKIP TO B6**

B.5 *Savvy scale* (13 items) measures the tendency to read other people's motives, understand office politics, and anticipate the needs and intentions of others. Illustrative item:

I notice how people feel and adjust my behavior accordingly

It is easy for me to pick up on the politics at work

B.6 Now I'm going to read a series of statements about your feelings about different aspects of life. For each one, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement:

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

B.7 Please think about [what it is like/what it was like the last time you were] at school or getting education and training someplace. Try to visualize what it would be like if you were there right now. Now, for each of the following items, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that this school or place is like that for you.

|   | Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        | REF                      | DK                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. People accept me.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I feel like an outsider.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Other people understand more than I do about what is going on.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I think in the same way as people who are doing well in their studies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. It is a mystery to me how this place works.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C. EDUCATION AND CAREER GOALS**

Now I'd like to talk to you a bit about your education and career goals.

- C.1 Say you needed advice or help in taking a next step on a career pathway of interest to you. Please tell me if there is anyone you'd be comfortable turning to:

|   | YES                      | NO                       | REF                      | DK                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Who has a college degree?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Who is currently going to college?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Who works at a local college, either as a teacher or staff member providing help to applicants or students?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Who works for a local community organization helping people find education and training, work, and related supports? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Who works in an occupation of interest to you?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Who has a management job in a work setting matching to your career interests?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- C.2 The following statements are about help from other people. Please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each item.

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

C.3 When it comes to careers, some people are more certain than others that they know where they are headed and how to get there. Please indicate for each item whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that it reflects your career situation:

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

C.4 What is the highest level of education that you eventually expect to complete?

- Grades 1-12 (no high school degree/GED)
- High school diploma
- GED
- Some college credit but less than one year of college credit
- One or more years of college credit, but no degree
- Associate's degree
- Bachelor's degree
- Graduate degree
- REFUSED
- DON'T KNOW

C.5 Have you achieved this educational goal yet?

- YES (SKIP TO C6)
- NO
- REFUSED (SKIP TO C6)
- DON'T KNOW (SKIP TO C6)

C.5a IF NO: How much do you agree or disagree with the following statement: I am making progress towards my long-range educational goals? Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree?

- STRONGLY AGREE
- SOMEWHAT AGREE
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

DON'T KNOW

C.6 I am going to read you two statements. Please tell me whether you would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements:

|   | Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        | REF                      | DK                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I am making progress towards my long-range employment goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I see myself on a career path.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D. OTHER LIFE CIRCUMSTANCES**

The next few questions are about things in life that can make it hard to go to school.

D.1 In the past 12 months has there been a time when you could not pay the full amount of the rent or mortgage that you were supposed to pay?

- YES  
 NO  
 REFUSED  
 DON'T KNOW

D.2 Think again over the past 12 months. Generally, at the end of the month do you end up with: more than enough money left over, some money left over, just enough to make ends meet, or not enough to make ends meet?

- ENOUGH MONEY LEFT  
 SOME MONEY LEFT  
 JUST ENOUGH MONEY LEFT  
 NOT ENOUGH MONEY LEFT  
 REFUSED  
 DON'T KNOW

D.3 In the past 12 months, please note how often each of the following situations interfered with your school, work, job search, or family responsibilities:

|  | Very often               | Fairly often             | Sometimes                | Almost never             | Never                    | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Child care arrangements?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Transportation?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Alcohol or drug use?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An illness or health condition?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Spending time with friends?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Argument with a family member?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Physical threats/violence from a family member? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D.4 In the past month, how often have you felt:

|   | Very often               | Fairly often             | Sometimes                | Almost never             | Never                    | REF                      | DK                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. That you were unable to control the important things in life?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Confident about your ability to handle your personal problems?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. That things were going your way?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. That difficulties were piling up so high that you could not overcome them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D.5 With regard to the English language, how well do you:

|  | Very Well                | Well                     | Not Well                 | Not At All               | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Understand it when it is spoken to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Speak it?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Read it?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Write it?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CATI NOTE:IF NOT YEAR UP SITE, SKIP TO E.1**

D.6 Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement: I stay away from people who might get me in trouble.

- STRONGLY AGREE
- SOMEWHAT AGREE
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED
- DON'T KNOW

D.7 [IF AGE < 30:] Is there an older adult in your life who really cares about you and who you look up to as a role model, with whom you can talk about personal problems?

- YES
- NO
- REFUSED
- DON'T KNOW

D.8 During the past 30 days, on how many days did you smoke cigarettes?

- 0 DAYS
- 1-2 DAYS
- 3-5 DAYS
- 6-9 DAYS
- 10-19 DAYS
- 20-29 DAYS
- All 30 DAYS
- REFUSED
- DON'T KNOW

*The next couple of questions are about your romantic relationships. Please remember that this study is voluntary and we will keep all of your responses private.*

D.9 Within the past three months, have you had sexual intercourse?

- YES
- NO (SKIP TO E.1)
- REFUSED (SKIP TO E.1)
- DON'T KNOW (SKIP TO E.1)



D9a. IF YES: The last time you had sexual intercourse, did you or your partner use any of the following methods of birth control: condoms, birth control pills, the shot (Depo Provera), the patch, the ring (NuvaRing), an IUD (Mirena or Paragard), or an implant (Implanon)?

- YES
- NO (SKIP TO E.1)
- REFUSED
- DON'T KNOW

D.9b Did you or your partner use a condom?

- YES
- NO
- REFUSED
- DON'T KNOW

**E. EMPLOYMENT**

*This next set of questions is about your current employment and income.*

E.1 Are you currently working at a job for pay?

- YES
- NO (SKIP TO E1b)
- REFUSED (SKIP TO E.8)
- DON'T KNOW (SKIP TO E.8)

E.1a. IF YES: How many hours per week on average are you currently working? (include all jobs)

\_\_\_ \_\_\_ hours/week (SKIP TO E.2)

E.1b. Did you work at all since [RAD]?

- YES
- NO (SKIP TO E.8)
- REFUSED (SKIP TO E.8)
- DON'T KNOW (SKIP TO E.8)

E.1c. IF E1b=YES: When did you last work for pay?

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
(MONTH) (YEAR)

CATI: IF E1=YES USE PRESENT TENSE IN E2-E7 IF E1B=YES USE PAST TENSE IN E2-E7

E.2 IF ANSWERED "YES" TO E1 OR "YES" TO E1b: About how much do/did you typically earn per hour before taxes in your current or most recent job? (Answer for your main job if more than one)

\$ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ PER HOUR IN CURRENT/MOST RECENT JOB (SKIP TO E.3)

- REFUSED (SKIP TO E.3)
- DON'T KNOW

E.2a [IF R DOESN'T KNOW HOURLY RATE] Can you tell me how much you earned for some other time period besides hourly, such as per day, per week, every two weeks, or month?

\$ \_\_\_ \_\_\_ \_\_\_ PER DAY

\$ \_\_\_ \_\_\_ \_\_\_ PER WEEK

\$ \_\_\_ \_\_\_ \_\_\_ EVERY 2 WEEKS/TWICE A MONTH

\$ \_\_\_ \_\_\_ \_\_\_ EVERY MONTH

\$ \_\_\_ \_\_\_ \_\_\_ PER JOB/PER PIECE

\$ \_\_\_ \_\_\_ \_\_\_ PER COMMISSION

\$ \_\_\_ \_\_\_ \_\_\_ ANNUALLY

- E3. What kind of work [do you do/did you do in your last job], that is, what [is/was] your occupation?
- 

**CATI NOTE: IF A19b=YES OR A.27b=YES, THEN SKIP TO E.5**

- E4. What [are/were] your usual activities or duties at this job? (For example, typing, keeping account books, filing, selling cars, operating printing press, taking blood samples)
- 

- E.5 What [is/was] your [current/most recent] job title?
- 

- E.6. [IF HPOG SITE=NO, SKIP TO E.7]. ASK IF NOT OBVIOUS FROM E3: Is this occupation in the field of healthcare?

- YES
- NO (SKIP TO E.7)
- REFUSED (SKIP TO E.7)
- DON'T KNOW (SKIP TO E.7)

E.6a. I am going to read you a list of types of healthcare occupations. Please tell me which type best describes the healthcare jobs you have had since [RAD]. (Choose all that apply if you have had more than one healthcare job since [RAD].)

:

- Administrative (such as Medical Records and Health Information Technicians)
- Technical (such as Medical and Clinical Laboratory Technicians)
- Direct personal care (such as Home Health Aids or Certified Nursing Assistants)
- Other
  - Please specify: \_\_\_\_\_

**INCOME**

E.7 The government has a number of programs available to help people in times of need. I am going to read you a list of some of these programs. For each item that I read, please tell me whether you or anyone else anyone in your household received income or other benefits from the program during [PRIOR MONTH].

Please consider anyone who lived in your household for at least half of [PRIOR MONTH] when you answer this question.

|  | Did you or anyone else in your household receive income or benefits from the program during [prior month]? |    |    |     |
|--|--|----|----|-----|
|  | YES  | NO | DK | REF |
| e. Temporary Assistance for Needy Families (TANF)?                 | 1  | 2  | 7  | 8   |
| f. [LOCAL NAME FOR STATE GENERAL ASSISTANCE PROGRAM] (GA),?        | 1  | 2  | 7  | 8   |
| g. Supplemental Nutrition Assistance Program (SNAP) / Food Stamps? | 1  | 2  | 7  | 8   |
| h. Women, Infants and Children Program (WIC)?                      | 1  | 2  | 7  | 8   |
| i. Supplemental Security Income (SSI)?                             | 1  | 2  | 7  | 8   |
| k. Unemployment Insurance (UI)?                                    | 1  | 2  | 7  | 8   |
| m. Medicaid?   | 1  | 2  | 7  | 8   |
| n. Subsidized Child Care?  | 1  | 2  | 7  | 8   |
| o. Section 8 / Public Housing                                      | 1  | 2  | 7  | 8   |
| p. Low Income Home Energy Assistance Program (LIHEAP)?             | 1  | 2  | 7  | 8   |
| q. Free or reduced lunch program?                                  | 1  | 2  | 7  | 8   |

E.7.a Did you personally apply for any of these programs since [RAD]?

- YES  
 NO [SKIP TO E.8]  
 REFUSED [SKIP TO E.8]  
 DON'T KNOW [SKIP TO E8]

**CATI NOTE: IFA1 OR A1a =YES, THEN LET PLACELIST BE A COMMA-SEPARATED LIST OF PLACES NAMED IN A.4, A.39, AND A.45b WITH AN "or" CONJUNCTION BEFORE THE LAST NAME. ELSE SKIP TO E.8.**

E.7.b Did staff from (*PLACELIST*) help you complete your application for any of these programs?

- YES
- NO
- REFUSED
- DON'T KNOW

E.8 Do you have health insurance, either through a job or some other source such as Medicaid?

- YES
- NO
- REFUSED
- DON'T KNOW

*Now, I am going to ask you about your personal and household income in (PRIOR MONTH). I will ask you about your personal income first. Again, I want to assure you that none of your answers will be discussed with anyone.*

E.9 Thinking of all of the income you received last month, what was your total personal income in (PRIOR MONTH)? Please include your job earnings, benefits, and any other types of cash income except for tax refunds in your answer. [EXPLAIN IF NECESSARY: PLEASE DO NOT INCLUDE ANY REFUNDS OF FEDERAL, STATE OR LOCAL INCOME TAXES PAID IN PAST YEARS].

\_\_\_\_\_ [IF ANSWERED, SKIP TO E.11]

- REFUSED (SKIP TO E.11)
- DON'T KNOW

E.10 Which of the following categories best describes your personal income? Would you say your total personal income in [PRIOR MONTH] was...

- None (\$0)
- \$500 or less
- \$501-\$1,000
- \$1,001-\$1,500
- \$1,501-\$2,000
- \$2,001-\$2,500
- \$2,501 or more
- REFUSED
- DON'T KNOW

E.11 Thinking of all of the income received by you and the people in your household last month, what was the total income for everyone living together in your household in (PRIOR MONTH)?

Please consider anyone who lived in your household for at least half of [PRIOR MONTH] when you answer this question. Please don't include tax returns in your answer [EXPLAIN IF NECESSARY: PLEASE DO NOT INCLUDE ANY REFUNDS OF FEDERAL, STATE OR LOCAL INCOME TAXES PAID IN PAST YEARS].

\$ \_\_\_\_\_ [IF ANSWERED, SKIP TO E.13]

- REFUSED (SKIP TO E.13)
- DON'T KNOW

E.12 Which of the following categories best describes your total household income.

Please consider income received by anyone who lived in your household for at least half of [PRIOR MONTH] when you answer this question. Would you say your total household income in [PRIOR MONTH] was...

- None (\$0) [SKIP TO E.13]
- \$500 or less
- \$501-\$1,000
- \$1,001-\$1,500
- \$1,501-\$2,000
- \$2,001-\$2,500
- \$2,501 or more
- REFUSED
- DON'T KNOW

E.13 The federal government has a special rule that allows working parents who make less than about \$49,000 a year to take advantage of something called the Earned Income Tax Credit, or EITC. They can claim the Earned Income Tax Credit by filling out a special form called Schedule EIC when they fill out their income taxes, or they can fill out a special form with their employer.

Did you or will you claim the Earned Income Tax Credit for [PRIOR YEAR]?

- YES
- NO
- REFUSED
- DON'T KNOW

E.14 How much do you agree or disagree with each of the following statement? My financial situation is better than it was last year at this time. Would you say you...

- strongly disagree
- disagree somewhat
- agree somewhat
- strongly agree
- REFUSED
- DON'T KNOW

E.15 Earlier, you reported that you and your spouse/partner [if applicable] have currently borrowed approximately [\$ VALUE EDUCATIONAL DEBT] to pay for school. Now we want to ask about other debt. We are not interested in mortgage debt or car loan debt, but we are interested in the total amount you [and your spouse/partner IF APPLICABLE] owe for other reasons. Please include outstanding balances on all other loans, credit cards and medical bills. Please also include any overdue child support payments. We don't need an exact amount. Which of the following categories best describes the amount you [and your spouse/partner IF APPLICABLE] currently owe IN TOTAL for things other than school, cars, and home?

Would you say your total other debt was...

- \$0
- \$1-\$2,500
- \$2,501-\$5,000
- \$5,001-\$7,500
- \$7,501-\$10,000
- \$10,001-\$25,000
- \$25,001-\$50,000
- Over \$50,000

**F. FAMILY AND HOUSEHOLD**

Now I'd like to talk to you about your family and your current household.

F.1 Do you live at least half the time with:

|  | YES                      | NO                       | REF                      | DK                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your spouse   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. [IF F1a=NO] Your unmarried partner  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Your [CATI: IF F1a or F1b=YES, INSERT: or your partner's] biological, adopted or step children aged 19 or younger                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other relatives aged 19 or younger (such as younger siblings, nephews and nieces) [CATI: IF LIVES WITH PARTNER, INSERT: of yours or your partner's]   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Your mother or father [CATI: IF LIVES WITH SPOUSE, INSERT: or your in-laws] [CATI: IF LIVES WITH PARTNER, INSERT: or your partner's mother or father] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Your adult children or other relatives aged 20 or older [CATI: IF LIVES WITH PARTNER, INSERT: or those of your partner]                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Anyone else aged 19 or younger (such as children of friends or housemates)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Anyone else aged 20 or older (such as friends or housemates)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CATI NOTE: IF ISIS STUDY MEMBER IS FEMALE, USE WORDING1 FOR F.2 AND F.3; OTHERWISE IF HAS SPOUSE OR UNMARRIED PARTNER, USE WORDING2. IF NEITHER, SKIP TO NOTE BEFORE F.4.**

F.2 [Are you /is your [partner/spouse]] currently pregnant?

- YES
- NO
- REFUSED
- DON'T KNOW

F.3 [Have you /has your [partner/spouse]] had a baby since [RAD]?

- YES
- NO
- REFUSED
- DON'T KNOW

**CATI NOTE: IF F.1 SHOWS ANY YOUTH IN THE HOUSEHOLD, ASK F.4. ELSE SKIP TO NOTE BEFORE F.12.**

F.4 How many persons aged 19 or younger live with you at least half the time? (Include biological, adopted, foster, step, and any other children, as well as younger siblings.)

Number of Persons \_\_\_\_\_

- REFUSED [SKIP TO NOTE BEFORE F.12]
- DON'T KNOW [SKIP TO NOTE BEFORE F.12]



F.5 For how many of these children are you [or your spouse/partner] the legal guardian?

Number of Persons \_\_\_\_\_

- REFUSED [SKIP TO NOTE BEFORE F.12]
- DON'T KNOW [SKIP TO NOTE BEFORE F.12]

OBTAIN F.6-F.8 ONLY FOR RESIDENTS 19 AND YOUNGER FOR WHOM THIS INFO WAS NOT COLLECTED VIA BIF. IF INFORMATION ALREADY CAPTURED VIA BIF, SKIP TO F.9.

F.6 Now I have a few basic questions about each of the [# above] children you just told me were living with you at least half of the time for whom you [or your spouse/partner] were the guardian. Let's start with the first child. What is his/her:

F.6a. First name? \_\_\_\_\_

F.6b. Last name? \_\_\_\_\_

F.6c. What is the child's date of birth?              /         /          
  M M / D D Y Y

[IF DK] How old is this child? \_\_\_\_\_

F.6d. Is the child a male/female? \_\_\_\_\_

- MALE
- FEMALE
- REFUSED
- DON'T KNOW

F.6f. How is this child related to you?

- BIOLOGICAL CHILD
- ADOPTIVE CHILD
- STEPCHILD/PARTNER'S CHILD
- FOSTER CHILD
- OTHER DEPENDENT
- REFUSED
- DON'T KNOW

F.6g. [IF SPOUSE/PARTNER] How is this child related to your [spouse/partner]?

- BIOLOGICAL CHILD
- ADOPTIVE CHILD
- STEPCHILD/PARTNER'S CHILD
- FOSTER CHILD
- OTHER DEPENDENT
- REFUSED
- DON'T KNOW

F.7 Thinking back to [RAD], was this child living with you at least half of the time then?

- YES
- NO
- REFUSED
- DON'T KNOW

F.8 Now, tell me about the second child you told me was living with you...

**[CATI: REPEAT F.6-F.8 FOR ALL CHILDREN]**

F.9 Do you or your [spouse/partner] have any children under age 19 who do not live with you at least half the time?

- YES
- NO (SKIP TO NOTE BEFORE F.12)
- REFUSED (SKIP TO NOTE BEFORE F.12)
- DON'T KNOW (SKIP TO NOTE BEFORE F.12)

F.9a [IF YES] How many children? \_\_\_\_\_ CHILDREN

- REFUSED
- DON'T KNOW

OBTAIN ONLY FOR NONRESIDENTIAL OFFSPRING FOR WHOM THIS INFO WAS NOT COLLECTED VIA BIF. IF INFORMATION COLLECTED VIA BIF SKIP TO G.1.

F.10 Now I have a few basic questions about each of the [# above] children you just told me about who are not living with you at least half of the time. Let's start with the first child. What is his/her:

F.10a. First name? \_\_\_\_\_

F.10b. Last name? \_\_\_\_\_

F.10c. What is the child's date of birth?     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
   M M / D D / Y Y

[IF DK] How old is this child? \_\_\_\_\_

F.10d Is the child a male/female? \_\_\_\_\_

- MALE
- FEMALE
- REFUSED
- DON'T KNOW

F.10e. How is this child related to you?

- BIOLOGICAL CHILD
- ADOPTIVE CHILD
- STEPCHILD/PARTNER'S CHILD
- FOSTER CHILD

- OTHER DEPENDENT
- REFUSED
- DON'T KNOW

F.10f. [IF SPOUSE/PARTNER] How is this child related to your [spouse/partner]?

- BIOLOGICAL CHILD
- ADOPTIVE CHILD
- STEPCHILD/PARTNER'S CHILD
- FOSTER CHILD
- OTHER DEPENDENT
- REFUSED
- DON'T KNOW

F.10g. Thinking back to RAD, was this child living with you then?

- YES
- NO
- REFUSED
- DON'T KNOW

F.11 Now, tell me about the second child you told me about who is not currently living with you...  
[CATI: REPEAT FOR ALL CHILDREN]

**CATI NOTE: IF F.1 SHOWS ANY ADULTS 20 AND OLDER IN THE HOUSEHOLD, ASK F.12. ELSE SKIP TO G.1.**

F.12 How many adults aged 20 and older [other than your [spouse/partner]] live with you at least half the time?

**G. CONTACT INFORMATION****RESPONDENT INFORMATION**

Before we complete this portion of the interview, I would also like to make sure I have your contact information recorded correctly.

G.1. I have your name recorded as [FIRST MI LAST]. Is this still correct or have you changed your name?

- YES, STILL CORRECT (SKIP TO G.2)  
 NO, NAME CHANGED

G.1.a What is your first name now? \_\_\_\_\_

G.1.b What is your middle initial now? \_\_\_\_\_

G.1.c What is your last name now? \_\_\_\_\_

G.2. I have your address recorded as [STREET, APT, CITY, STATE, ZIP]. Is this still correct or have you moved?

- YES, STILL CORRECT (SKIP TO G.4)  
 NO, MOVED

G.2.a What your new street address or PO box number? \_\_\_\_\_

G.2.b Is there a complex or building name? \_\_\_\_\_

G.2.c Is there an apartment number? \_\_\_\_\_

G.2.d In what city? \_\_\_\_\_

G.2.e In what state? \_\_\_\_\_

G.2.f What is the zip code? \_\_\_\_\_

G.3. I have your primary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new primary phone number?

- YES, STILL CORRECT (SKIP TO G.3b)  
 NO, CHANGED

G.3.a What is the new number, starting with the area code?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

G.3.b Is that a home, cell, shelter, work, or other number?

- Home  
 Cell  
 Shelter  
 Work  
 Other

G.3.c. IF CELL PHONE: Do we have your permission to contact you on that number via text message?

- YES,
- NO (SKIP TO G4)
- Refused
- Don't know

G.3.d. Do we have your permission to contact you on that number via automated text message? An automated text message is a prewritten message that is sent at a later date. Examples of an automated text message may be one that reminds you to complete a form or call to set up an appointment.

- YES,
- NO
- Refused
- Don't know

G.4. I have your secondary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new secondary phone number?

- YES, STILL CORRECT (SKIP TO G.4b)
- NO, CHANGED

G.4.a What is the new number, starting with the area code?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

G.4.b Is that a home, cell, shelter, work, or other number?

- Home
- Cell
- Shelter
- Work
- Other

G.4.c. IF CELL PHONE: Do we have your permission to contact you on that number via text message?

- YES,
- NO (SKIP TO G5)
- Refused
- Don't know

G.4.d. Do we have your permission to contact you on that number via automated text message? An automated message is a prewritten message that is sent at a later date. Examples of an automated text message may be one that reminds you to complete a form or call to set up an appointment.

- YES,
- NO

- Refused
- Don't know

G.5. Do you have another phone number where we can reach you?

- YES, ADDITIONAL PHONE NUMBERS AVAILABLE  
 NO (SKIP TO G.7)

G.5.a What is the new number, starting with the area code?

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

G.5.b Is that a home, cell, shelter, work, or other number?

- Home  
 Cell  
 Shelter  
 Work  
 Other

G.5.c. IF CELL PHONE: Do we have your permission to contact you on that number via text message?

- € YES,  
 € NO (SKIP TO QG6)  
 € Refused  
 € Don't know

G.5.d. Do we have your permission to contact you on that number via automated text message? An automated message is a prewritten message that is sent at a later date. Examples of an automated text message may be one that reminds you to complete a form or call to set up an appointment.

- YES,
- NO
- Refused
- Don't know

[REPEAT G.5 UNTIL ALL PHONE NUMBERS ARE RECORDED]

G.7. I have your email address recorded as [abc@abc.abc]. Is this still correct or do you have a new email address?

- YES, STILL CORRECT (SKIP TO G.8)  
 NO, CHANGED

G.7a What is your new email address? \_\_\_\_\_

G.8. Do you have any other email addresses?

- YES, ADDITIONAL EMAIL ADDRESSES ARE AVAILABLE  
 NO (SKIP TO G.13)

G.8a What is additional email address? \_\_\_\_\_

[REPEAT G.8 UNTIL ALL EMAIL ADDRESSES ARE LISTED]

*To help us be able to get back in touch with you in the future, we would like to review the names, telephone numbers and addresses of two people we talked about last time we spoke who will always know how to reach you. This information will be kept strictly private and will only be used if we are unable to contact you.*

G.13. When we last spoke on [RA MMYYY or Last Intvw MMYYYY] you said that [CONTACT #1] was a person who would always know where you are and how to reach you. Is [CONTACT#1] still a person who does not live with you and will always know how to contact you?

- YES (VERIFY CONTACT INFORMATION)  
 NO  
 REFUSED  
 DON'T KNOW

G.14 IF NO: Could you please tell me the name of a person who does not live with you and will always know how to contact you?

- YES  
 NO  
 REFUSED  
 DON'T KNOW

IF YES:

G.14a What is his/her first name? \_\_\_\_\_

G.14b What is his/her middle name? \_\_\_\_\_

G.14c What is his/her last name? \_\_\_\_\_

G.14d. Does his/her name have a suffix? \_\_\_\_\_

G.14e. What is the street address or PO box number? \_\_\_\_\_

G.14f. Is there a complex or building name? \_\_\_\_\_

G.14g. Is there an apartment number? \_\_\_\_\_

G.14h In what city? \_\_\_\_\_

G.14i In what state? \_\_\_\_\_

G.14j What is the zip code? \_\_\_\_\_

G.14k. What is [his/her] home phone number, starting with the area code?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

G.14l. What is [his/her] cell phone number, starting with the area code?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

G.14m What is [his/her] email address? \_\_\_\_\_

G.14n What is [his/her] relationship to you?

- Friend
- Relative
- Other (Specify:)
- REFUSED
- DON'T KNOW

G.15. When we last spoke on [RA MMYYY or Last Intvw MMYYYYY] you said that [CONTACT #2] was a person who would always know where you are and how to reach you. Is [CONTACT#2] still a person who does not live with you and will always know how to contact you?

- YES (VERIFY CONTACT INFORMATION)
- NO
- REFUSED
- DON'T KNOW

IF YES, GO TO CLOSING; ELSE:

G.16 IF NO: Could you please tell me the name of a second person who does not live with you and will always know how to contact you?

- YES
- NO
- REFUSED
- DON'T KNOW

IF YES:

G.16a What is his/her first name? \_\_\_\_\_

G.16b What is his/her middle name? \_\_\_\_\_

G.16c What is his/her last name? \_\_\_\_\_

G.16d. Does his/her name have a suffix? \_\_\_\_\_

G.16e. What is the street address or PO box number? \_\_\_\_\_

G.16f. Is there a complex or building name? \_\_\_\_\_

G.16g. Is there an apartment number? \_\_\_\_\_

G.16h In what city? \_\_\_\_\_

G.16i In what state? \_\_\_\_\_



G.16j What is the zip code? \_\_\_\_\_

G.16k. What is [his/her] home phone number, starting with the area code?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

G.16l. What is [his/her] cell phone number, starting with the area code?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

G.16m What is [his/her] email address? \_\_\_\_\_

G.16n What is [his/her] relationship to you?

- Friend
- Relative
- Other (Specify:)
- REFUSED
- DON'T KNOW

Thank you very much for your time today.