**11 - 6 Month Follow-up Survey for Sites Testing Employment Intervention**

Building Bridges and Bonds

6-Month Follow-up Survey

**Table of Contents**

**Introduction…………………………………………………………………………………………………………………………………4**

**Module A: Service Receipt and Participation……………………………………………………………………..…………7**

**Module B: Employment………………………………………………………………….…………….………..…………………..16**

**Module C: Criminal Justice…………….…………………………………………………..….….………………………………..35**

**Module D: Income and Well-being.………………..…………………………………….…….……..……………………….38**

**Module E: Cognitive and Behavioral.………………………………………….….………….………………………………..42**

**Module F: Child Support..….….….….….….….….….….….….……....……….…....…….………….……………………..53**

**Module G: Parenting.………………………………………………………………….….…..….…………………………………...57**

**Module H: Co-Parenting.…………………………………………………..………….………….………….……………………...66**

**Module I: Respondent Contact Information……………………………………….…….………………………………....68**

**[INTERVIEWER: DO NOT READ]**

**P1: HOW IS THE SURVEY BEING ADMINISTERED:**

1. **BY PHONE [SKIP TO INTRO]**
2. **IN-PERSON – NON-INCARCERATED [SKIP TO INTRO]**
3. **IN-PERSON – INCARCERATED**

**P2: IF INCARCERATED, HOW WAS THE DATA COLLECTED:**

1. **CELLPHONE CALL TO FIELD INTERVIEWER**
2. **CAPI SURVEY CONDUCTED ON LAPTOP**
3. **PAPER SURVEY**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_. I am here/calling from Abt SRBI on behalf of the Building Bridges and Bonds or B3 study. Could I please speak with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

**INTERVIEWER: IF NECESSARY, READ: “(RESPONDENT) has agreed to help with a study on fatherhood programs in (CAPI: INSERT SITE LOCATION).**

**INTERVIEWER: IF FIRST PERSON WAS NOT REPONDENT AND NOW TALKING TO RESPONDENT, READ:** Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_. I am here/calling from Abt SRBI. I’m contacting/calling you about the Building Bridges and Bonds or B3 study you joined about 6-9 months ago.

Thank you for taking the time to speak with me today.

I am conducting interviews with people who agreed to be in a study at [SITE PROGRAM NAME]. The study is called Building Bridges and Bonds or B3 for short. It is funded by the U.S. Department of Health and Human Services and my company, Abt SRBI, is conducting this survey. You may have received a letter recently about the B3 study.

You entered the study in [RA Month, RA Year]. Your participation in this study will help policy-makers better understand how to help people find and keep jobs. This interview will include questions about your employment, well-being, parenting and co-parenting relationships, involvement with the criminal justice system, and child support. I will also ask your thoughts and opinions about how to handle various situations.

This interview should only take about 40 minutes.  [IF P1=3: SKIP THIS SENTENCE] I will mail or e-mail [IF P1=2; give] you a $35 gift card [IF P1=2; gift card or money order] as a “thank you” for completing the interview.

Before we begin, I’d like to confirm that I am speaking with the correct person.

S1.

In order to do so, could you please give me your date of birth?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTH RANGE 1-12

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY RANGE 1-31

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR RANGE 1930-2005

PROGRAMMER: VALIDATE AGAINST DOB FROM SAMPLE. IF DOB CONFIRMED, SET DOBCONF = 1 AND SKIP TO INFORMED CONSENT, ELSE SET DOBCONF=2.

S2.

Again, to confirm that I am speaking with the correct person, could you please give me the last four digits of your social security number?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAMMER: VALIDATE LAST 4 SSN FROM SAMPLE. IF SSN4 CONFIRMED, SET SSNCONF = 1 AND SKIP TO INFORMED CONSENT, ELSE SET SSNCONF = 2.

FAIL\_SCREENER

IF DOBCONF=2 and SSNCONF =2, SAY:

Thank you for taking the time to answer these questions. The information you provided does not match our records. I will need to check with my supervisor to determine how to resolve this issue. If we are able to do so, I will give you a call back.”

INFORMED CONSENT

Thank you for confirming this information with me.

Before we begin the survey, I would like to assure you that all of your responses on this survey will be kept private to the extent permitted by the law; 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 the [PROGRAM NAME] program or affect your receipt of any kinds of public benefits or services.

According to the Paperwork Reduction Act, 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 0970-0485 and it expires 09/30/2019. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Erika Lundquist; 16 E 34th St, MDRC, 19th Floor, New York, NY 10016; (212) 340-8605; Attn: OMB-PRA (0970-0485).

And finally, this interview might be monitored or recorded for quality control purposes. Do I have your consent to continue?

1 YES [SKIP TO PRIVACY 1]

2 NO [

May I ask if you are declining to consent because you are concerned about the possibility of being recorded, or is it because you do not want to participate in the interview?

1. Don’t want to be recorded [CONTINUE TO RECORDING ISSUE]
2. Don’t want to do the interview [SKIP TO TERMINATION SCRIPT]

RECORDING ISSUE:  I understand your concern.  I can turn the recorder off and we can continue with the interview.  Would that be satisfactory?

1. Yes [DISABLE RECORDER & CONTINUTE TO PRIVACY 1]
2. No [SKIP TO TERMINATION SCRIPT]

**PRIVACY1**

[IF INTERVIEW IS WITH INCARCERATED RESPONDENT (P1=3), SKIP TO PRIVACY 3]

[IF INTERVIEW OVER THE PHONE (P1=1)]:

Thank you. Before we start with the main survey, I want to ask an additional question to ensure we properly keep you responses private.

Are you currently living in a work release center or half-way house?

1 YES – IN A WORK RELEASE CENTER OR HALFWAY HOUSE

2 NO [SKIP TO PRIVACY3]

7 DK [SKIP TO PRIVACY3]

8 REF [SKIP TO PRIVACY3]

[IF INTERVIEW IN PERSON AND RESPONDENT NOT INCARCERATED (P1=2)]:

INTERVIEWER: ARE YOU CURRENTLY SPEAKING TO RESPONDENT ON SITE IN A WORK RELEASE CENTER OR HALFWAY HOUSE?

1 YES – IN A WORK RELEASE CENTER OR HALFWAY HOUSE

2 NO [SKIP TO PRIVACY3]

7 DK [SKIP TO PRIVACY3]

8 REF [SKIP TO PRIVACY3]

PRIVACY2

We want to make sure that you are in a place where you can answer questions without concerns of risk and that no one with authority over you is influencing your decision to participate in this survey. We also want to make sure that your conversation is not being monitored by anybody with authority over you. If at any point you feel uncomfortable telling me information, just let me know and we will stop the interview.

INTERVIEWER: IF RESPONDENT IS HESITANT ABOUT PROCEEDING, TRY TO UNDERSTAND AND ADDRESS HIS/HER CONCERN.

STOP INTERVIEW AND SCHEDULE CALLBACK IF APPROPRIATE.

1 CONTINUE

2 STOP INTERVIEW [ASSIGN DISPOSTION TO RECONTACT]

PRIVACY3

Okay then.

[IF RESPONDENT IS INCARCERATED THEN ADD:] Before we begin, some of the questions in this survey may not be applicable given your current living situation. Please do your best to answer the questions.

[FOR ALL RESPONDENTS]: Let’s begin the survey.

1 [SKIP TO SECTION A]

TERMINATION SCRIPT

Thank you for taking the time to speak with me today. I’m sorry that you aren’t able to participate in our study. If you change your mind and decide you would like to participate, please call XXX-XXX-XXXX.

# Module A: Service Receipt and Participation

We would like to learn about services you received in your community. Please include services from [B3 program] or other service providers in your responses.

**A1.** Since [RA month, RA year] did you receive help from any program to develop or improve your parenting skills or improve your communication and relationship with a spouse, co-parent, or romantic partner?

1 YES

2 NO

7 DON’T KNOW

8 REFUSED

**A2.** Since [RA month, RA year], did you receive help to find a job from a case manager, counselor, or someone else from a service provider in your community?

IF NEEDED: this could include help preparing a resume, filling out a job application, preparing for a job interview, or deciding what jobs to look for.

1 YES

2 NO [SKIP TO A3]

7 DON’T KNOW [SKIP TO A3]

8 REFUSED [SKIP TO A3]

**A2a.** Was the help you received finding a job most often delivered in a workshop/group setting or one-on-one with a case manager or other staff?

1 Workshop/ group setting

2 One-on-one with a case manager or other staff

7 DON’T KNOW

8 REFUSED

**A2b.** How many weeks did you participate in these services since [RA month, RA year]?

IF NEEDED: This help could be from workshops or one-on-one conversations with program staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF WEEKS

97 DON’T KNOW

98 REFUSED

**A2c.** During those weeks, how many hours a week did you usually spend receiving these services?

INTERVIEWER IF NECESSARY: your best estimates are fine.

INTERVIEWER: ROUND UP IF NEEDED.

\_\_\_\_\_\_\_\_\_\_\_\_

NUMER OF HOURS/WEEK (RANGE: 1-99)

997 DON’T NOW

998 REFUSED

**A3.** Since [RA month, RA year], did you receive help with other employment services, such as improving job performance or getting assistance with transportation, or obtaining work clothes or supplies from a service provider in your community?

1 YES

2 NO [SKIP TO A4]

7 DON’T KNOW [SKIP TO A4]

8 REFUSED [SKIP TO A4]

**A3a.** Was the help you received with these services most often delivered in a workshop/group setting or one-on-one with a case manager or other staff?

1 WORKSHOP/GROUP SETTING

2 ONE-ON-ONE WITH CASE MANAGER OR OTHER STAFF

7 DON’T KNOW

8 REFUSED

**A3b.** How many times did you receive these types of services since [RA month, RA year]?

IF NEEDED: This help could be from workshops or one-on-one conversations with program staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF TIMES

97 DON’T KNOW

98 REFUSED

**A4.** Since [RA month, RA year], did you receive substance abuse services?

IF NEEDED: this could include detoxification, outpatient substance abuse treatment, medicinal treatment such as methadone, residential treatment, or self-help groups such as Alcoholics Anonymous or Narcotics Anonymous.

1 YES

2 NO [SKIP TO A5]

7 DON’T KNOW [SKIP TO A5]

8 REFUSED [SKIP TO A5]

**A4a.** Were the substance abuse services MOST OFTEN delivered in a workshop/group setting or one-on-one with a case manager or other staff member?

1 WORKSHOP/GROUP SETTING

2 ONE-ON-ONE WITH CASE MANAGER OR OTHER STAFF

7 DON’T KNOW

8 REFUSED

**A4b.** How many weeks did you participate in these services since [RA month, RA year]?

IF NEEDED: This help could be from workshops or one-on-one conversations with program staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF WEEKS

97 DON’T KNOW

98 REFUSED

**A4c.** During those weeks, how many hours a week did you usually spend receiving these services?

INTERVIEWER IF NECESSARY: your best estimates are fine.

INTERVIEWER: ROUND UP IF NEEDED.

\_\_\_\_\_\_\_\_\_\_\_\_

NUMER OF HOURS/WEEK (RANGE: 1-99)

997 DON’T NOW

998 REFUSED

**A5.** Since [RA month, RA year] did you participate in any program to learn how patterns of thinking can affect your behavior or the choices you make? Sometimes these services are called cognitive-behavioral services.

1 YES

2 NO [SKIP TO A6]

7 DON’T KNOW [SKIP TO A6]

8 REFUSED [SKIP TO A6]

**A5a.** Can you tell me the name of this program or programs? Mark all the apply. Was it…

1 Thinking for a Change

2 Reasoning and Rehabilitation

3 Moral Reconation Therapy

4 Aggression Replacement Training

5 Interpersonal Problem Solving

6 Cognitive Interventions Program

7 Courage to Change, or

8 Some other program (SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

97 DON’T KNOW

98 REFUSED

**A5b.** Were these services MOST OFTEN delivered in a workshop/group setting or one-on-one with a case manager or other staff member?

1 WORKSHOP/GROUP SETTING

2 ONE-ON-ONE WITH CASE MANAGER OR OTHER STAFF

7 DON’T KNOW

8 REFUSED

**A5c.** How many weeks did you participate in these services since [RA month, RA year]?

IF NEEDED: This help could be from workshops or one-on-one conversations with program staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF WEEKS

97 DON’T KNOW

98 REFUSED

**A5d.** During those weeks, how many hours a week did you usually spend receiving these services?

INTERVIEWER IF NECESSARY: your best estimates are fine.

INTERVIEWER: ROUND UP IF NEEDED.

\_\_\_\_\_\_\_\_\_\_\_\_

NUMER OF HOURS/WEEK (RANGE: 1-99)

997 DON’T NOW

998 REFUSED

**A5e.** Did you participate in these cognitive-behavioral services while in jail or prison?

1 YES

2 NO

3 I HAVE NEVER BEEN TO JAIL OR PRISON

7 DON’T KNOW

8 REFUSED

Now I want to ask you about your overall experience with the [B3 organization].

**A6.** Are you still receiving support from [B3 organization]?

1 YES [SKIP TO A6b]

2 NO

3 I NEVER RECEIVED SUPPORT FROM [B3 ORGANIZATION] [SKIP TO B1]

7 DON’T KNOW

8 REFUSED

**A6a.** What is the main reason you stopped going to [B3 organization]?Was it that,

1 I finished the program or service

2 I got what I needed

3 I did not like the program or service

4 I did not learn anything new

5 I had other commitments

6 I had transportation or coordination issues

7 I got a job, or

8 Some other reason (SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

97 DON’T KNOW

98 REFUSED

**A6b.** How often are you still in touch with staff at [B3 organization]?

INTERVIEWER: CODE BASED ON VERBATIM RESPONSE

1 Every day or almost every day

2 1 or 2 times per week

3 2 or 3 times in the past month

4 Once in the past month

5 Less than once a month

6 NOT AT ALL

97 DON’T KNOW

98 REFUSED

**A6c.** How often are you still in touch with other fathers from [B3 organization]?

INTERVIEWER: CODE BASED ON VERBATIM RESPONSE

1 almost every day

2 1 or 2 times per week

3 2 or 3 times in the past month

4 Once in the past month

5 Less than once a month

6 Not at all

97 DON’T KNOW

98 REFUSED

These next questions are about your overall experiences with [B3 organization].

**A7a.** Thinking back on all the support and services you have received from [B3 organization], how helpful have the services been to you on a scale from 1 – 5 where 1 is not very helpful and 5 is very helpful?

1 2 3 4 5

Not very helpful Very helpful

7 DON’T KNOW

8 REFUSED

**A7b.** Think back to all the times that the [B3 staff] contacted you – either by phone, email, text, or another way – how satisfied are you with the amount of contact from staff? Answer using a scale from 1 to 5, where 1 is you heard from them too much, 3 is you heard from them the right amount, and 5 is you did not hear from them enough.

1 Heard from them too much

2

3 heard from them the right amount

4

5 Did not hear from them enough

7 DON’T KNOW

8 REFUSED

**A7c.** How would you rate the instructors and staff at [B3 organization] at understanding who you are?

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

7 DON’T KNOW

8 REFUSED

**A8a**. If you participated in any workshops at [B3 ORGANIZATION], how often did you use the skills you were  learning while you were still participating in the workshop?

INTERVIEWER: CODE BASED ON VERBATIM RESPONSE

1 Every day or almost every day

2 At least once a week

3 At least once a month

4 Less than once a month

5 Never

6 [VOL.] DID NOT PARTICIPATE IN THAT PROGRAM [SKIP TO B1]

7 DON’T KNOW

8 REFUSED

**A8b.** Nowadays, how often do you use the skills or strategies you learned in your workshop sessions at [program name]?

INTERVIEWER: CODE BASED ON VERBATIM RESPONSE

1 Every day or almost every day

2 At least once a week

3 At least once a month

4 Less than once a month

5 Never

7 DON’T KNOW

8 REFUSED

**Module B: Employment**

Now we are going to ask you some questions about your employment history. Again, I would like to remind you that your answers will remain entirely confidential.

**B1**. Since [RA month, RA Year], have you done any work for pay? Please include any part-time, full-time, or temporary jobs, as well as self-employment or your own business. Please do not include any unpaid jobs.

1 YES [SKIP TO B3]

2 NO [SKIP TO B2]

7 DON’T KNOW [SKIP TO B2]

8 REFUSED [SKIP TO B2]

**B2.** A lot of people have irregular, odd, or side jobs, or do extra work to make ends meet. Have you done any work like that for pay since [RA month, RA Year]?

IF NECESSARY: This could be any work that was paid for in cash, or work done in exchange for meals, clothing, a place to live, or something else. It could be on-the-books or off-the-books work, self-employment, temporary work, work as a day laborer, or working side jobs.

1 YES

2 NO **[GO TO B25]**

7 DON’T KNOW **[GO TO B25]**

8 REFUSED **[GO TO B25]**

**B3.** Since [RA month, RA Year], how many jobs have you had? Self-employment or temporary work in the same field or for the same employer counts as one job.

INTERVIEWER: DAY LABORER WORK COUNTS AS ONE JOB.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF JOBS (RANGE: 1- 20)

96 MORE THAN 20

97 DON’T KNOW

98 REFUSED

**B4.** Do you currently have a job? This includes permanent full-time or part-time jobs, self-employment, temporary, transitional or seasonal jobs.

1 YES

2 NO **[GO TO B8]**

7 DON’T KNOW **[GO TO B8]**

8 REFUSED **[GO TO B8]**

**B5.** How many jobs do you currently have?

INTERVIEWER IF NEEDED: SELF-EMPLOYMENT OR TEMPORARY OR “TEMP” WORK IN THE SAME FIELD COUNTS AS ONE JOB. DAY LABORER WORK COUNTS AS ONE JOB.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF JOBS (RANGE: 1- 10)

96 MORE THAN 10

97 DON’T KNOW

98 REFUSED

**B6.** IF NUMBER OF JOBS IN B5 = 1, SKIP TO B8

Thinking of all your current jobs, how many hours did you usually work per week in the last month? Please consider all hours, including any extra hours, overtime, work you did at home, and so forth.

INTERVIEWER: IF SCHEDULE IS IRREGULAR OR VARIES: How many hours did you work in the last week you worked at these jobs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF HOURS (RANGE: 1 to 80)

96 OVER 80 HOURS PER WEEK

97 DON’T KNOW

98 REFUSED

**B7.**

For whom do you usually work the most hours? PROBE: What is your employer’s name?

INTERVIEWER INSTRUCTION:

IF HOURS ARE THE SAME: Who have you worked for the longest?

IF NECESSARY: This is simply to help make later questions more clear. We will not contact your employer. If you would like, you can tell me your job title instead.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER’S NAME

96 SELF-EMPLOYED

97 DON’T KNOW

98 REFUSED

IF “96” (SELF-EMPLOYED), CREATE TEXT BOX FOR INTERVIEWER TO INSERT JOB   
 NAME FOR USE AS B7/B8 TEXT FILL IN SUBSEQUENT QUESTIONS.

IF B5 > 1, GO TO B9

FOR TEXT FILLS IN REMAINDER OF THIS SECTION, USE FIRST CHOICE (PRESENT TENSE) IF R IS STILL EMPLOYED (B4=1). USE SECOND CHOICE (PAST TENSE) IF R IS NOT CURRENTLY EMPLOYED (B4=2,7,8).

**B8.** I'd like to ask you some questions about your (current/most recent) job. Please tell me where you work(ed). PROBE: What (is/was) your employer's name?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER’S NAME

96 SELF-EMPLOYED

97 DON’T KNOW

98 REFUSED

IF “96” (SELF-EMPLOYED), CREATE TEXT BOX FOR INTERVIEWER TO INSERT JOB NAME FOR USE AS B7/B8 TEXT FILL IN SUBSEQUENT QUESTIONS.

**B9.** Which of the following best describes this work? Is it…

1 a permanent job

2 a paid training program, contract work, or seasonal job that is not permanent

3 a series of day labor or odd jobs (work where you have to find new jobs on a regular basis in order to get paid), or

4 something else (SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

7 DON’T KNOW

8 REFUSED

**PROGRAMMER: IF B9=3 SKIP TO B11.**

**B10.** (is/Was) this job an on-the-job training position, that is a job in which, for a specific period of time, all or part of your wages were paid for by a welfare or employment program? Sometimes these programs are called subsidized employment, supported work, or transitional employment.

1 YES

2 NO

7DON’T KNOW

8 REFUSED

**B11.** What kind of work (do/did) you do?

INTERVIEWER PROBE: What are your job duties or typical tasks?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF JOB

97 DON’T KNOW

98 REFUSED

**CATI: IF B9=3 SKIP TO B15.**

**B12.** What month and year did you start (**CATI**: IF B4 = 2, 7, OR 8, INSERT “and end”) this job?

START: \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_

MONTH YEAR

END: \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_

MONTH YEAR

97 DON’T KNOW MONTH 9997 DON’T KNOW YEAR

98 REFUSED MONTH 9998 REFUSED YEAR

IF B4=1, INSERT END DATE OF “77 / 7777” TO DESIGNATE STILL WORKING.

**B13.** (Are/were) taxes deducted from your pay for this job?

1 YES

2 NO

7 DON’T KNOW

8 REFUSED

**B14.** (Is/was) this job…

1 full-time work (which means 35 hours or more per week)

2 part-time work (which means less than 35 hours per week)

3 WORK WHERE THE HOURS VARY SUBSTANTIALLY FROM WEEK TO WEEK

7 DON’T KNOW

8 REFUSED

**B15.** (Now/Just before you left), including overtime, how many hours per week (do/did) you usually work on this job at ( EMPLOYER NAME]? Please consider all hours, including any extra hours, overtime, work you did at home, and so forth.

INTERVIEWER: IF SCHEDULE IS IRREGULAR OR VARIES: How many hours do you work in a typical week?

INTERVIEWER: IF MORE THAN 60 HOURS, VERIFY ANSWER AS HOURS PER WEEK.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF HOURS (RANGE: 1 to 80)

96 OVER 80 HOURS PER WEEK

97 DON’T KNOW

98 REFUSED

**B16.** How (are/were) you paid for this work? Is it…

INTERVIEWER: IF R HAS A SERIES OF ODD JOBS (B9=3), select the most common method of payment mentioned.

1 by check or direct deposit

2 in cash

3 done in exchange for meals, or clothing, or a place to live, or

4 in some other way (SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_)

7 DON’T KNOW

8 REFUSED

**B17.** Which of the following best (describes/described) your employer? Your employer is the company, program or individual who hired you to do this work and who pays you for this work. Please mark all that apply. Is your employer…

1 a staffing or temp agency

2 an employment or fatherhood program

3 the company or individual the work is being done for, or

4 someone else (SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

7 DON’T KNOW

8 REFUSED

**B18**. **IF B16=3 SKIP TO INSTRUCTIONS PRIOR TO B23**

What (is/was) your wage (now/just before you left) before taxes? Please include regular pay, tips, commissions, and overtime pay.

INTERVIEWER: IF R’S JOB IS ON AN IRREGULAR SCHEDULE OR A COMMISSION BASIS, PROBE FOR HOW MUCH R MAKES IN A TYPICAL WEEK

$ \_\_\_ \_\_\_ , \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_

AMOUNT (RANGE: .01-to 99,999.94) [SKIP TO B20]

99999.97 DON’T KNOW

99999.98 REFUSED

**PROGRAMMER: IF B18=99999.97 OR 99999.98, SKIP TO INSTRUCTIONS BEFORE B21.**

**B19.** Is/Was) that:

01 per hour,

02 per week,

03 every 2 weeks,

04 twice a month,

05 once a month, or

95 some other way (SPECIFY)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

97 DON’T KNOW

98 REFUSED

**B20.**

Was that…

1 before taxes, or

2 after taxes

7 DON’T KNOW

8 REFUSED

**IF B4=2,7,8, GO TO B21**

**IF B4=1 GO TO INSTRUCTIONS PRIOR TO B23**

**B21.** Why did this job end?

1 You were laid off

2 You were fired

3 Voluntarily left job

4 It was a temporary job that ended [SKIP TO INSTRUCTIONS PRIOR TO B23]

7 DON’T KNOW

8 REFUSED

**B22.** Why did that happen?

INTERVIEWER: DON’T READ RESPONSES. MARK ALL THAT APPLY.

1 COMPANY RELOCATED/WENT OUT OF BUSINESS

2 COMPANY DOWNSIZED

3 CONFLICTS WITH BOSS OR COWORKERS

4 POOR PERFORMANCE

5 MISSING WORK/SHOWING UP LATE

6 MISCONDUCT AT WORK SUCH AS STEALING

7 DRUG OR ALCOHOL USE

8 INCARCERATED/TROUBLES WITH THE LAW (CRIMINAL)

9 LEGAL ISSUES (HAVING PROPER DOCUMENTS, ETC.)

10 INJURY, ILLNESS OR DISABILITY

11 FAMILY REPONSIBILITIES

12 LACK OF TRANSPORTATION

13 GOT A NEW/DIFFERENT JOB

14 WORKPLACE CONDITIONS (SCHEDULE, PAY, ETC)

15 DID NOT LIKE THE JOB

16 GOING TO SCHOOL

17 WASN’T INTERESTED IN WORKING

18 SOME OTHER REASON (SPECIFY\_\_\_\_\_\_\_\_\_\_)

97 DON’T KNOW

98 REFUSED

IF B3=1 SKIP TO B25

B23. I'd like to ask you questions about other jobs you’ve had before your (current/most recent) job. Please tell me the names of the employers you’ve worked for before your (current/most recent) job, since [RAD].

**CATI:**  AFTER NAME OF SECOND MOST RECENT JOB ENTERED, ASK “What else since [RAD]?” RECORD THE NAME(S) OF UP TO FIVE JOBS IN B24. USE ‘96’ TO INDICATE NO OTHER JOBS. WHEN NO MORE JOBS, GO TO B25 FOR FIRST JOB IN B24. LOOP THROUGH B24A – B24H FOR EACH JOB IN B24 SEPARATELY. DISPLAY B24 JOB NAME FOR EACH B24A THROUGH B24H JOB LOOP.

**CATI:**  FOR B24 AND B24C, DON’T KNOW = ’97 AND REFUSED = ‘98’. FOR B24B, DON’T KNOW MONTH = ‘97’, DON’T KNOW YEAR = ‘9997’. REFUSED MONTH = ‘98’ AND REFUSED YEAR = ‘9998’. FOR B24A and B24E THROUGH B24H, DON’T KNOW = ‘7’ AND REFUSED = ‘8’.

**CATI:** IF B24D IS 999999.97 (DON’T KNOW) OR 999999.98 (REFUSED), GO TO B24E.

|  | SECOND MOST RECENT  JOB | THIRD MOST RECENT  JOB |
| --- | --- | --- |
| B24. What other jobs?  **CATI:** RECORD ALL JOBS, THEN CONTINUE WITH C28. |  |  |
| **CATI:**  LOOP THROUGH B24A-B24H FOR EACH JOB SEPARATELY. | | |
| B24A. Which of the following best describes this work? Is it…  CATI: IF B24A =3 THEN SKIP TO B24C | 1 a permanent job  2 a paid training program, contract work, or seasonal job that is not permanent  3 a series of day labor or odd jobs (work where you have to find new jobs on a regular basis in order to get paid), or  4 something else (SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 1 a permanent job  2 a paid training program, contract work, or seasonal job that is not permanent  3 a series of day labor or odd jobs (work where you have to find new jobs on a regular basis in order to get paid), or  4 something else (SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| B24B. When did you start and end this job?  **INTERVIEWER**: PROBE FOR SEASON IF DON’T KNOW MONTH. IF R CAN ONLY PROVIDE SEASON, SPRING = 05, SUMMER = 08, FALL = 11, WINTER = 02. | START: \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_  MONTH YEAR  END: \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_  MONTH YEAR  (STILL WORKING = 77/7777) | START: \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_  MONTH YEAR  END: \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_  MONTH YEAR  (STILL WORKING = 77/7777) |
| B24C. Including overtime, how many hours per week (do/did) you work on this job (currently/when you left)?  **INTERVIEWER**: IF MORE THAN 60 HOURS, VERIFY ANSWER AS HOURS PER WEEK.  INTERVIEWER: IF SCHEDULE IS IRREGULAR OR VARIES: How many hours do you work in a typical week? | \_\_\_\_\_\_ \_\_\_\_\_  HOURS/WEEK  97 DON’T KNOW  98 REFUSED | \_\_\_\_\_ \_\_\_\_  HOURS/WEEK  97 DON’T KNOW  98 REFUSED |
| B24D. What (is/was) your wage (now/just before you left), before taxes? Please include tips, commissions, and regular overtime pay.  **INTERVIEWER**: IF R’S JOB IS ON AN IRREGULAR SCHEDULE OR A COMMISSION BASIS, PROBE FOR HOW MUCH R MAKES IN A TYPICAL WEEK. | $\_\_\_ \_\_\_ , \_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_  AMOUNT  999999.96 MINIMUM WAGE  999999.97 DON’T KNOW  999999.98 REFUSED | $\_\_\_ \_\_\_ , \_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_  AMOUNT  999999.96 MINIMUM WAGE  999999.97 DON’T KNOW  999999.98 REFUSED |
| B24E. (Is/Was) that: | per hour, 01  ***per week, 02***  every 2 weeks, 03  twice a month, 04  once a month, or 05  ***something else?***  (SPECIFY) 95  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | per hour, 01  ***per week, 02***  every 2 weeks, 03  twice a month, 04  once a month, or 05  ***something else?***  (SPECIFY) 95  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CATI**: IF B24A =3 THEN SKIP TO B24G  B24F. (Is/Was) that before or after taxes? | BEFORE 1  AFTER 2 | BEFORE 1  AFTER 2 |
| B24G. (is/Was) this job an on-the-job training position, that is a job in which, for a specific period of time, all or part of your wages were paid for by a welfare or employment program? Sometimes these programs are called subsidized employment, supported work, or transitional employment | 1 Yes  2 No | 1 Yes  2 No |
| B24H. How (are/were) you paid for this work? Is it… | 1 by check or direct deposit  2 in cash  3 done in exchange for meals, or clothing, or a place to live, or  4 in some other way (SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_) | 1 by check or direct deposit  2 in cash  3 done in exchange for meals, or clothing, or a place to live, or  4 in some other way (SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**CATI:** IF NO ADDITIONAL JOBS, CONTINUE TO B25.

**B25.** Are you currently looking for a job?

1 YES

2 NO [SKIP TO B27]

7 DON’T KNOW [SKIP TO B27]

8 REFUSED [SKIP TO B27]

**B26**. How long have you been looking for a job? Would you say:

1 Less than a week [SKIP TO B28]

2 More than a week, but less than a month [SKIP TO B28]

3 Between a month and six months [SKIP TO B28]

4 Longer than six months [SKIP TO B28]

7 DON’T KNOW [SKIP TO B28]

8 REFUSED [SKIP TO B28]

**B27**. Why aren’t you looking for a job?

INTERVIEWER: DON’T READ RESPONSES. MARK ALL THAT APPLY.

1 You own a business

2 You already have a job

3 Due to illness

4 You’re in school or a training program

5 You’re disabled

6 You don’t want to or need to work

7 You believe no work is available

8 You have transportation problems

9 You are incarcerated

10 You have legal issues

11 It doesn’t pay to work

12 You just found a job

13 Some other reason (SPECIFY\_\_\_\_\_\_\_\_)

97 DON’T KNOW

98 REFUSED

# B28. Some people experience challenges that make it hard to find or keep a good job.

Please let me know how often you think each of the following statements happened to you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Often | Sometimes | Never | DON’T KNOW | REFUSED |
| a. Not having reliable transportation made it very hard for me to find or keep a job | 1 | 2 | 3 | 7 | 8 |
| b. Having a criminal record made it very hard for me to find or keep a job | 1 | 2 | 3 | 7 | 8 |
| c. Not having the right skills or education for good jobs made it very hard for me to find or keep a job | 1 | 2 | 3 | 7 | 8 |
| d. Having substance abuse problems made it very hard for me to find or keep a job | 1 | 2 | 3 | 7 | 8 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| e. Having mental health problems made it very hard for me to find or keep a job | 1 | 2 | 3 | 7 | 8 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| f. Having a disability or health problems made it very hard for me to find or keep a job | 1 | 2 | 3 | 7 | 8 |

# Module C: Criminal justice

The next few questions ask about your involvement with the criminal justice system.

**C1**. At any time since [RA month, RA Year], have you been on parole or probation?

1 YES

2 NO [SKIP TO C5]

7 DON’T KNOW [SKIP TO C5]

8 REFUSED [SKIP TO C5]

**C2.** Since [RA month, RA Year], have you been sanctioned or have you violated the conditions of your supervision? By sanction or violation, we mean that your parole or probation officer determined that you broke the rules of your parole/probation.

1 YES

2 NO [SKIP TO C4]

7 DON’T KNOW [SKIP TO C4]

8 REFUSED [SKIP TO C4]

**C3**. When was the LAST TIME your parole/probation officer issued a sanction or technical violation?

INTERVIEWER PROBE FOR SEASON IF DON’T KNOW MONTH.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MM (RANGE: 1-12) /YYYY (RANGE: RA YEAR--current year)

13 Winter

14 Spring

15 Summer

16 Fall

01/2000 before RA YEAR

97/9997 DON’T KNOW

98/9998 REFUSED

**C4**. Was your parole or probation ever revoked since [RA month, RA Year]?

1 YES

2 NO

7 DON’T KNOW

8 REFUSED

**C5**. At any time since [RA month, RA Year], have you been arrested?

1 YES

2 NO [SKIP TO C8]

7 DON’T KNOW [SKIP TO C8]

8 REFUSED [SKIP TO C8]

**C6.** Since [RA month, RA Year], how many times have you been arrested?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF TIMES

97 DON’T KNOW

98 REFUSED

**C7:** When was your last arrest?

INTERVIEWER PROBE FOR MONTH IF DON’T KNOW EXACT DATE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MM (RANGE: 1-12)/ YYYY (RANGE: RA YEAR current year)

01/2000 BEFORE RA YEAR

97/9997 DON’T KNOW

98/9998 REFUSED

**C8.** SKIP IF INCARCERATED. At any point since [RA month, RA Year], have you spent time in prison or jail? Don’t include time spent in halfway houses or work release centers.

1 Yes, local or county jail

2 Yes, state or federal prison

3 Yes, both jail and prison

4 No [SKIP TO D1]

7 DON’T KNOW [SKIP TO D1]

8 REFUSED [SKIP TO D1]

**C9.**What was the total amount of time that you spent incarcerated in prison and jail since [RA month, RA Year]? Don’t include time spent in halfway houses or work release centers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT OF TIME (RANGE: 1- [Current Date-RADATE])

996 MORE THAN [Current Date-RADATE]

997 DON’T KNOW [SKIP TO C11]

998 REFUSED [SKIP TO C11]

C10. CONFIRM UNIT OF TIME: Was that days, week, months, or years?

IF NEEDED: Total time in both prison and jail for all charges and sentences.

RECORD BOTH TIME THEN TIME UNITS

1 Days

2 Weeks

3 Months

4 Years

7 DON’T KNOW

8 REFUSED

**C11.** [IF P1=3: Prior to this incarceration,] when were you last released from prison or jail?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MM (RANGE: 1-12) /YYYY (IF P1=1 OR 3: RANGE: RA YEAR--current year; IF P1=3: RANGE =1950-CURRENT YEAR)

13 Winter

14 Spring

15 Summer

16 Fall

01/1950 before RA YEAR

97/9997 DON’T KNOW

98/9998 REFUSED

[CREATE VARIABLE THAT CALCULATES DAYS SINCE RELEASE CALLED #DAYS\_SINCE\_RELEASE. ASSUME THE RELEASE WAS ON THE LAST DAY OF THE MONTH. IF 97/9997 OR 98/9998 SELECTED, #DAYS\_SINCE\_RELEASE SHOULD BE BLANK (MISSING). IF NO YEAR GIVEN, ASSUME THE MOST RECENT OCCURANCE OF THE GIVEN MONTH. IF A SEASON IS GIVEN RATHER THAN A MONTH, USE THE LAST DAY OF THE FOLLOWING MONTHS FOR CALCULATION: WINTER=JANUARY (01), SPRING=APRIL (04), SUMMER=JULY (07) AND FALL=OCTOBER (10).]

**C12.** How much time did you spend living in halfway houses or work release centers since [RA month, RA Year]?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT OF TIME (RANGE: 0-[Current Date-RADATE])

996 MORE THAN [Current Date-RADATE]

997 DON’T KNOW [SKIP TO D1]

998 REFUSED [SKIP TO D1]

C13. IF C12=0, SKIP TO MODULE D.

CONFIRM UNIT OF TIME: Was that days, week, months, or years?

IF NEEDED: Total time in both halfway houses and work release centers for all charges and sentences.

RECORD BOTH TIME THEN TIME UNITS

1 Days

2 Weeks

3 Months

4 Years

7 DON’T KNOW

8 REFUSED

# Module D: Income and Well-being

Now I would like to ask you some questions about your income.

**D1.** In [PRIOR MONTH], did you receive income or assistance from any of the following sources?

|  | YES | NO | DON’T KNOW | REFUSED |
| --- | --- | --- | --- | --- |
| 1. A job? | 1 | 2 | 7 | 8 |
| b. SSI or Supplemental Security Income | 1 | 2 | 7 | 8 |
| c. SSDI or Social Security Disability Insurance | 1 | 2 | 7 | 8 |
| d. Unemployment insurance | 1 | 2 | 7 | 8 |
| e. Worker’s compensation or disability | 1 | 2 | 7 | 8 |
| f. Cash from family and friends who live outside of your household | 1 | 2 | 7 | 8 |
| g. Housing choice voucher, also known as Section 8 | 1 | 2 | 7 | 8 |
| h. Public assistance or welfare, not including WIC or food stamps | 1 | 2 | 7 | 8 |
| i. Food stamps - also known as Supplemental Nutrition Assistance Program or SNAP | 1 | 2 | 7 | 8 |
| j. Retirement or Social Security | 1 | 2 | 7 | 8 |
| k. Energy assistance subsidies or vouchers | 1 | 2 | 7 | 8 |
| l. WIC benefits | 1 | 2 | 7 | 8 |
| m. Other (Please Specify) | 1 | 2 | 7 | 8 |

**D2.** Was there any other source of income you, yourself, received in [PRIOR MONTH] that we haven’t talked about?

1 YES

2 NO [SKIP TO D4]

7 DON’T KNOW [SKIP TO D4]

8 REFUSED [SKIP TO D4]

**D3.** What was that other income?

IF NEEDED: Was it from a government program we haven’t talked about, a loan, or something else?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOURCE

97 DON’T KNOW

98 REFUSED

**D4.** Thinking of all of the income received by you in [PRIOR MONTH], including all the sources we just talked about, what was the total income for you in [PRIOR MONTH]? Please don’t include tax refunds in your answer.

ROUND TO NEAREST WHOLE DOLLAR.

IF NECESSARY: Your best estimate is fine.

IF DON’T KNOW OR REFUSED: All information you provide is confidential and will in no way affect your eligibility or access to benefits or programs. Also, some individuals or families may not have income during certain periods so an answer of “zero” is OK.

$ \_\_\_, \_\_\_ \_\_\_ \_\_\_

AMOUNT (RANGE 0-9995) [SKIP TO D6]

9996 GREATER THAN $9995 [SKIP TO D6]

9997 DON’T KNOW

9998 REFUSED

**D5.** Would you say it was…

1 None

2 $500 or less

3 Over $500 to $1,000

4 Over $1,000 to $1,500

5 Over $1,500 to $2,000

6 Over $2,000 to $2,500

7 Over $2,500?

97 DON’T KNOW [SKIP TO D7]

98 REFUSED [SKIP TO D7]

**D6.** IF D4=0, SKIP TO D7.

Just to confirm, is that …

1 before taxes, or

2 after taxes?

7 DON’T KNOW

8 REFUSED

**D7.** Would you say that your income…

1 stays the same each month

2 varies a little month by month

3 varies a lot month by month

7 DON’T KNOW

8 REFUSED

**D8.** Since [RA month, RA Year], for about how many months did you have no income?

1 Zero months

2 One or two months

3 Three months or more

7 DON’T KNOW

8 REFUSED

**D9.** Since [RA month, RA Year], about how many months did you run out of money between paychecks, or before the end of the month?

1 Zero months [SKIP TO MODULE E]

2 One or two months

3 Three months or more

7 DON’T KNOW

8 REFUSED

**D10**. What was the main reason why you ran out of money? Please tell me which of the following best describes the reason.

1 You were unemployed

2 You couldn’t get enough hours of work from your employer

3 You had a reduction or termination of benefits (like Unemployment Insurance or disability)

4 You had a large bill or other expense to pay

5 You helped a family member or friend

6 You were incarcerated, or

7 Some other reason (SPECIFY\_\_\_\_\_\_\_\_\_\_\_)

97 DON’T KNOW

98 REFUSED

# Module E: Cognitive and Behavioral

Now I'd like to talk about how you deal with stressful events or situations such as loss of a job, problems at work, problems with the law, conflicts with your child or co-parent, conflicts with your landlord or people you live with, or something else. Please think about a recent stressful situation.

**E1.** What type of situation are you thinking of?

1 Problems at work/with supervisor

2 Problems with the law

3 Conflicts with co-parent

4 Conflicts/issues with child

5 Conflicts with landlord or people you live with

6 Something else (Specify \_\_\_\_\_\_\_)

7 DON’T KNOW

8 REFUSED

Please think of this situation when answering the next set of questions.

**E2.** Did you think about a plan for what you could do to change the situation?

1 I didn’t do this at all

2 I did this a little bit

3 I did this a lot

7 DON’T KNOW

8 REFUSED

**E3**. Did you get help or advice from other people about what to do?

1 I didn’t do this at all

2 I did this a little bit

3 I did this a lot

7 DON’T KNOW

8 REFUSED

**E4.** Did you try to see the situation in a different way, to make it seem more positive?

1 I didn’t do this at all

2 I did this a little bit

3 I did this a lot

7 DON’T KNOW

8 REFUSED

**E5**. Did you think about a strategy or steps to take about the situation?

1 I didn’t do this at all

2 I did this a little bit

3 I did this a lot

7 DON’T KNOW

8 REFUSED

**E6**. Did you get comfort and understanding from someone about the situation?

1 I didn’t do this at all

2 I did this a little bit

3 I did this a lot

7 DON’T KNOW

8 REFUSED

**E7**. Did you blame others for what happened?

1 I didn’t do this at all

2 I did this a little bit

3 I did this a lot

7 DON’T KNOW

8 REFUSED

**E8**. Did you take action to make the situation better?

1 I didn’t do this at all

2 I did this a little bit

3 I did this a lot

7 DON’T KNOW

8 REFUSED

**E9.** Overall, how well did you maintain self-control in this situation, on a scale from 1 to 5 with 1 being not at all well and 5 being very well:

1 2 3 4 5

Not at all well Very Well

7 DON’T KNOW

8 REFUSED

I am going to read a number of statements that describe ways in which people might act and think in stressful situations. For each one, try to think about how often the statement is true for you.

[THE ITEMS BELOW ARE DRAWN FROM A VARIETY OF SCALES AND SHOULD BE PRESENTED TO RESPONDENTS IN A RANDOMIZED ORDER.]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **DON’T KNOW** | **REFUSED** |
| **E10.** | My thinking is usually careful and purposeful. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E11.** | I like to stop and think things over before I do them. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E12.** | I tend to value and follow a rational, "sensible", approach to things. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E13.** | I usually think carefully before doing anything. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E14.** | I consider how my actions will affect others. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E15.** | I plan ahead. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E16.** | I think about what may happen as a result of my actions. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E17.** | It is hard for me to make decisions. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E18.** | I think of several different ways to solve a problem. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E19.** | I analyze problems by looking at all the choices. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E20.** | I make decisions without thinking about consequences. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E21.** | I make good decisions. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| **E22.** | I think about what causes my current problems. | 1 | 2 | 3 | 4 | 5 | 7 | 8 |

**E23.** How would you rate the amount of control you have over your work or your ability to find work these days?

1 No control at all

2 Very little control

3 Some control

4 A lot of control

7 DON’T KNOW

8 REFUSED

**E24.** How would you rate the amount of control you have over your financial situation these days?

1 No control at all

2 Very little control

3 Some control

4 A lot of control

7 DON’T KNOW

8 REFUSED

[IF R HAS NOT WORKED SINCE RA, **IF (B1=2,7,8 AND B2=2,7,8 )** SKIP TO E26]

**E25.** Since [RA month, RA year], how often did you do something that could or did get you into trouble at work?

1 Never

2 Rarely

3 Sometimes

4 Often

7 DON’T KNOW

8 REFUSED

**E26**. In the last month, how often did you have problems getting a job, showing up to work, or keeping a job because of your alcohol or drug use?

1 Often

2 Sometimes

3 Rarely

4 Never

7 DON’T KNOW

8 REFUSED

**E27**. In the last month, how often did you have problems getting along with family or friends because of your alcohol or drug use?

1 Often

2 Sometimes

3 Rarely

4 Never

7 DON’T KNOW

8 REFUSED

[IF R HAS NOT WORKED SINCE RAD, SKIP TO F1]

**E28.** Since [RA month, RA year], how often did you do something that could or did get you fired from a job?

1 Never

2 Rarely

3 Sometimes

4 Often

7 DON’T KNOW

8 REFUSED

**E29.** Since [RA month, RA year], how often did you become frustrated and walk off the job?

1 Never

2 Rarely

3 Sometimes

4 Often

7 DON’T KNOW

8 REFUSED

**Module F: Child Support**

The next few questions are about support you may provide for your children. As a reminder, none of your responses from this survey will be shared with program staff or government agencies.

**F1**. Are you required by a court or state agency to pay child support for any children?

1 YES

2 NO [SKIP TO F10]

7 DON’T KNOW [SKIP TO F10]

8 REFUSED [SKIP TO F10]

**F2**. How many children are you required to pay child support for? Include any children for whom you are required to pay arrears or make back payments.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF CHILDREN (RANGE = 1-20)

96 MORE THAN 20

97 DON’T KNOW

98 REFUSED

**F3.** What is the amount of your regularly scheduled required payment through the child support system?

IF NEEDED: This is the total for all of your children.

INTERVIEWER: ROUND TO NEAREST DOLLAR

$\_\_\_\_\_ , \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

AMOUNT PAID (RANGE 1 to 9995)

9996 $9,996 or more

9997 DON’T KNOW [SKIP TO F5]

9998 REFUSED [SKIP TO F5]

**F4**. Is that…

1 per week,

2 every other week,

3 per month, or

4 some other time period (SPECIFY\_\_\_\_\_\_\_\_)

7 DON’T KNOW

8 REFUSED

**F5.** Last month, did you pay the full amount of the payment ordered by the court or state agency?

1 YES [SKIP TO F7]

2 NO

7 DON’T KNOW

8 REFUSED

**F6.** How much child support did you actually pay through the child support system last month?

INTERVIEWER: ROUND TO NEAREST DOLLAR

$\_\_\_\_\_ , \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

AMOUNT PAID (RANGE 0 to 9995)

0000 $0 or None

9996 $9,996 or more

9997 DON’T KNOW

9998 REFUSED

**F7**. How much back child support do you owe?

1 None

2 less than $1,000

3 $1,000 to $4,999

4 $5,000 to $9,999

5 $10,000 to $14,999

6 $15,000 or more

7 DON’T KNOW

8 REFUSED

**F8.** Since [RA month, RA Year] has the state decreased the amount of back child support that you owe?

1 YES

2 NO

3 I DID NOT OWE ANY BACK CHILD SUPPOT SINCE [RA MONTH, RA YEAR].

7 DON’T KNOW

8 REFUSED

**F9.** In the past 6 months, did your regularly scheduled child support payment amount go up, stay the same, or go down?

1 Amount went up

2 Amount stayed the same

3 Amount went down

7 DON’T KNOW

8 REFUSED

**F10.** Do you have any children, of any age, who don’t live with you all of the time?

1 YES

2 NO [SKIP TO G1]

7 DON’T KNOW [SKIP TO G1]

8 REFUSED [SKIP TO G1]

**F11.** Not counting any child support required by a court, in the past 30 days did you provide cash for any of your children that do not live with you all the time?

1 YES

2 NO [SKIP TO F14]

7 DON’T KNOW [SKIP TO F14]

8 REFUSED [SKIP TO F14]

**F12.** Not counting any child support required by a court, in the past 30 days, approximately how much cash did you provide?

INTERVIEWER: ROUND TO NEAREST DOLLAR

$ \_\_\_\_ , \_\_\_\_ \_\_\_\_ \_\_\_\_

AMOUNT (1 to 9995)

0000 $0 or None,

9996 $9,996 or more

9997 DON’T KNOW

9998 REFUSED

**F13.** How many children did this cover?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF CHILDREN (RANGE =1-20)

96 More than 20

97 DON’T KNOW

98 REFUSED

**F14.** Excluding any cash that you have already reported providing, during the past month did you provide help with any of the following for any of your children?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. Buying food | 1 | 2 | 7 | 8 |
| b. Purchasing clothing or diapers | 1 | 2 | 7 | 8 |
| c. Paying for or providing child care or babysitting | 1 | 2 | 7 | 8 |
| d. Paying for medicine or health care | 1 | 2 | 7 | 8 |
| e. Helping with bills or payments | 1 | 2 | 7 | 8 |
| f. Buying toys, books, or school supplies | 1 | 2 | 7 | 8 |
| g. Paying for or providing transportation to daycare, school, appointments, or other activities | 1 | 2 | 7 | 8 |

# Module G: Parenting

[IF NO FOCAL CHILD WAS IDENTIFIED AT BASELINE, SKIP TO MODULE I.]

IF FOCAL CHILD WAS IDENTIFIED BY NAME AT BASELINE, READ: On [RA month, RA year], you indicated that you had a child [AGE] years old named [NAME OF CHILD]. We would like to ask you some questions about your relationship with [NAME OF CHILD].

IF FOCAL CHILD WAS IDENTIFIED AT BASELINE, BUT A NAME WAS NOT GIVEN, READ: On [RA month, RA year], you indicated that you had a child [AGE] years old and you answered several questions about this child. We would again like to ask you some questions about your relationship with this child.

[IF CHILD IS DECEASED, INTERVIEWER SAYS: “I am so sorry for your loss.” THEN SKIP TO MODULE I]

1 CHILD IS DECEASED [SKIP TO MODULE I]

2 CONTINUE

**G1.** [IF FOCAL CHILD WAS IDENTIFIED BY NAME AT BASELINE, SKIP TO G2.]

To make it easier to discuss your relationship with your child, please tell me the name of this child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD [SKIP TO G2]

7 DON’T KNOW

8 REFUSED

**G1a**. Okay, I understand. Would you be willing to share the initials of your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INITIALS OF CHILD

7 DON’T KNOW

8 REFUSED

[IF THE RESPONDENT REFUSED TO GIVE THE NAME OF HIS CHILD ((G1 = 7 OR 8 AND G1a = 7 OR 8) THEN READ: “In the next set of questions, your child will be referred to as Jessie.”]

[IF FOCAL CHILD WAS NOT IDENTIFIED BY NAME AT BASELINE, THE RESPONSE to G1, OR G1a WILL BE ENTERED INTO THE “[NAME OF CHILD]” FIELD AND FILLED IN WHENEVER THE SURVEY REFERENCES “[NAME OF CHILD]”. IF THE RESPONDENT REFUSED TO GIVE THE NAME OF HIS CHILD ((G1 = 7 OR 8 AND G1a = 7 OR 8) THEN “Jessie” WILL BE ENTERED INTO THE “[NAME OF CHILD]” FIELD AND FILLED IN WHENEVER THE SURVEY REFERENCES “[NAME OF CHILD]”. ]

**G2.** Do you live with [NAME OF CHILD]’s mother?

1 YES

2 NO

7 DON’T KNOW

8 REFUSED

**G3.** Does [NAME OF CHILD] live with you all or most of the time?

1 YES

2 NO [SKIP TO G4]

7 DON’T KNOW [SKIP TO G4]

8 REFUSED [SKIP TO G4]

**G3a.** What is the name of [NAME OF CHILD]’s mother?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD’S MOTHER [SKIP TO G9]

7 DON’T KNOW

8 REFUSED

**G3a1.** What are the initials of [NAME OF CHILD]’s mother?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INITIALS OF CHILD’S MOTHER [SKIP TO G9]

7 DON’T KNOW [SKIP TO G9]

8 REFUSED [SKIP TO G9]

[IF (G3a = 7 OR 8) AND (G3a1 = 7 OR 8) THEN READ: “In this interview, [NAME OF CHILD]’s mother will be referred to as Alex.”]

**G4.** [IF MOTHER/GUARDIAN WAS NOT IDENTIFIED BY NAME AT BASELINE, SKIP TO G4a.]

A few months ago, you indicated that [NAME OF MOTHER/GUARDIAN] was the primary guardian for [NAME OF CHILD]. Is this still true?

1 YES [SKIP TO G5]

2 NO

7 DON’T KNOW

8 REFUSED

**G4a.** Who does [NAME OF CHILD] usually live with?

1 Biological mother

2 Grandparent(s) [GO TO G4b1]

3 Other relative(s) [GO TO G4b1]

4 Friend [GO TO G4b1]

5 Foster care [GO TO G4b1]

6 Adoptive parent [GO TO G4b1]

7 DON’T KNOW [GO TO G4b1]

8 REFUSED [GO TO G4b1]

**G4a1.** What is the name of [NAME OF CHILD]’s mother?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD’S MOTHER [SKIP TO G5]

7 DON’T KNOW

8 REFUSED

**G4a2.** What are the initials of [NAME OF CHILD]’s mother?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INITIALS OF CHILD’S MOTHER [SKIP TO G5]

7 DON’T KNOW [SKIP TO G5]

8 REFUSED [SKIP TO G5]

[IF (G4a1 = 7 OR 8) AND (G4a2 = 7 OR 8) THEN READ: “In this interview, [NAME OF CHILD]’s mother will be referred to as Alex.”]

**G4b1.** What is the name of [NAME OF CHILD]’s legal guardian? [IF CLARIFICATION IS NEEDED, INTERVIEWER MAY SAY, “By legal guardian I mean the person who is usually responsible for taking care of [NAME OF CHILD].”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD’S GUARDIAN [SKIP TO G5]

7 DON’T KNOW

8 REFUSED

**G4b2.** What are the initials of [NAME OF CHILD]’s legal guardian?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INITIALS OF CHILD’S GUARDIAN

7 DON’T KNOW

8 REFUSED

[IF (G4b1 = 7 OR 8) AND (G4b2 = 7 OR 8) THEN READ: “In this interview, [NAME OF CHILD]’s guardian will be referred to as Alex.”]

[IF G4 IS NOT EQUAL TO 1, THE RESPONSE to G3a, G3a1, G4a1, G4a2, G4b1, OR G4b2 WILL BE ENTERED INTO THE “[NAME OF MOTHER/GUARDIAN]” FIELD AND FILLED IN WHENEVER THE SURVEY REFERENCES “[NAME OF MOTHER/GUARDIAN]”. IF THE RESPONDENT REFUSED TO GIVE THE NAME OF THE MOTHER OR GUARDIAN (((G3a = 7 OR 8) AND (G3a1 = 7 OR 8)) OR ((G4a1 = 7 OR 8) AND (G4a2 = 7 OR 8)) OR ((G4b1 = 7 OR 8) AND (G4b2 = 7 OR 8))) THEN “Alex” WILL BE ENTERED INTO THE “[NAME OF MOTHER/GUARDIAN]” FIELD AND FILLED IN WHENEVER THE SURVEY REFERENCES “[NAME OF MOTHER/GUARDIAN]”.]

**G5.** In the past 30 days, how often did you talk on the phone; send letters, cards or texts, use FaceTime, Facebook, or other social media with [NAME OF CHILD]?

1 Every day or almost every day

2 3 or 4 times per week

3 1 or 2 times per week

4 2 or 3 times in the past month

5 Once in the past month

6 Not at all

7 [NAME OF CHILD] IS TOO YOUNG FOR THIS

97 DON’T NKOW

98 REFUSED

**G6**. When did you last see [NAME OF CHILD] in person?

1 Within the last week

2 Between 7 – 14 days ago

3 Between 15 – 29 days ago

4 1 – 2 months ago [SKIP TO G10]

5 3 – 6 months ago [SKIP TO G10]

6 More than 6 months ago [SKIP TO G10]

97 DON’T KNOW

98 REFUSED

**G7**. In the past 30 days, how often did you see [NAME OF CHILD] in person?

1 Every day or almost every day

2 3 or 4 times per week

3 1 or 2 times per week

4 2 or 3 times in the past month

5 Once in the past month

6 Not at all

7 DON’T KNOW

8 REFUSED

**G8.** In the past 30 days, how many times did [NAME OF CHILD] spend the night with you?

1 Every day or almost every day

2 3 or 4 times per week

3 1 or 2 times per week

4 2 or 3 times in the past month

5 Once in the past month

6 Not at all

7 DON’T KNOW

8 REFUSED

**G9.** In general, how satisfied are you with the amount of time you spend with [NAME OF CHILD]?

1 Very satisfied

2 Somewhat satisfied

3 Not satisfied

7 DON’T KNOW

8 REFUSED

In this next section, I am going to ask you some more questions about your current relationship with [NAME OF CHILD].

**G10.** Do you feel that your relationship with [NAME OF CHILD] is…

1 Excellent

2 Very good

3 Fair

4 Poor

7 DON’T KNOW

8 REFUSED

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Always or almost always | Often | Sometimes | Rarely | Never | DON’T KNOW | REFUSED |
| G11. | How often do you feel disappointed with [NAME OF CHILD]? | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| G12. | How often do you wish that [NAME OF CHILD] was different? | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| G13. | How often do you feel proud of [NAME OF CHILD]? | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| G14. | How often do you feel angry or irritated with [NAME OF CHILD]? | 1 | 2 | 3 | 4 | 5 | 7 | 8 |
| G15. | How often does being a father to [NAME OF CHILD] bring you joy? | 1 | 2 | 3 | 4 | 5 | 7 | 8 |

**G16.** Sometimes things come up that get in the way of plans to spend time with children. How often do you have to cancel plans with [NAME OF CHILD]?

1 Often

2 Sometimes

3 Rarely

4 Never

7 DON’T KNOW

8 REFUSED

**Module H: Co-parenting**

You have reached the last section of the survey. Thank you for your time and patience. The next questions are about your relationship with [NAME OF MOTHER/GUARDIAN]. Please think about [NAME OF MOTHER/GUARDIAN] when answering these questions and let us know if you strongly agree, agree, disagree, or strongly disagree with each of the following statements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly Agree | Agree | Disagree | Strongly Disagree | DON’T KNOW | REFUSED |
| H1. | [NAME OF MOTHER/GUARDIAN] tells me I am doing a good job or otherwise lets me know I am being a good father. | 1 | 2 | 3 | 4 | 7 | 8 |
| H2. | [NAME OF MOTHER/GUARDIAN] makes negative comments, jokes, or sarcastic comments about the way I am as a parent. | 1 | 2 | 3 | 4 | 7 | 8 |
| H3. | [NAME OF MOTHER/GUARDIAN] contradicts the decisions I make about [NAME OF CHILD]. | 1 | 2 | 3 | 4 | 7 | 8 |
| H4. | [NAME OF MOTHER/GUARDIAN] turns to other people to parent [NAME OF CHILD] even though I am an engaged father. | 1 | 2 | 3 | 4 | 7 | 8 |
| H5. | [NAME OF MOTHER/GUARDIAN] undermines me as a father. | 1 | 2 | 3 | 4 | 7 | 8 |
| H6. | [NAME OF MOTHER/GUARDIAN] makes it hard for me to spend time with [NAME OF CHILD]. | 1 | 2 | 3 | 4 | 7 | 8 |
| H7. | [NAME OF MOTHER/GUARDIAN] makes it hard for me to talk with [NAME OF CHILD]. | 1 | 2 | 3 | 4 | 7 | 8 |
| H8. | [NAME OF MOTHER/GUARDIAN] and I have conflicts about scheduling time or activities with [NAME OF CHILD]. | 1 | 2 | 3 | 4 | 7 | 8 |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **DON’T KNOW** | **REFUSED** |
| H9. | [NAME OF MOTHER/GUARDIAN] and I are a good parenting team. | 1 | 2 | 3 | 4 | 7 | 8 |
| H10. | [NAME OF MOTHER/GUARDIAN] and I discuss the best way to meet [NAME OF CHILD]’S needs. | 1 | 2 | 3 | 4 | 7 | 8 |
| H11. | [NAME OF MOTHER/GUARDIAN] and I share information about [NAME OF CHILD] with each other. | 1 | 2 | 3 | 4 | 7 | 8 |
| H12. | [NAME OF MOTHER/GUARDIAN] asks about my opinions on issues related to parenting. | 1 | 2 | 3 | 4 | 7 | 8 |
| H13. | [NAME OF MOTHER/GUARDIAN] and I have conflicts about scheduling. | 1 | 2 | 3 | 4 | 7 | 8 |
| H14. | [NAME OF MOTHER/GUARDIAN] and I argue about who should make decisions about [NAME OF CHILD]. | 1 | 2 | 3 | 4 | 7 | 8 |
| H15. | [NAME OF MOTHER/GUARDIAN] and I try to manage the amount of conflict we have about [NAME OF CHILD]. | 1 | 2 | 3 | 4 | 7 | 8 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly Agree | Agree | Disagree | Strongly Disagree | DON’T KNOW | REFUSED |
| H16. | [NAME OF MOTHER/GUARDIAN] and I make threats to each other when we can't get along in our roles as parents. | 1 | 2 | 3 | 4 | 7 | 8 |
| H17. | [NAME OF MOTHER/GUARDIAN] and I are able to resolve conflicts or arguments over [NAME OF CHILD]. | 1 | 2 | 3 | 4 | 7 | 8 |

# Module I: Respondent Contact Information

I1.

At this time we’d like to just confirm some information about you. The information we confirm now will help us be able to get back in touch with you if we need to in the future.  [IF INTERVIEW OVER THE PHONE READ: It will also ensure that your incentive payment is sent to the correct address.]

I have your name listed as [READ AND CONFIRM SPELLING OF [RESPONDENT NAME]. Is that correct?

YES, ALL CORRECT [SKIP TO I3] 1

NO, CORRECT FIRST NAME 2

NO, CORRECT MIDDLE NAME 3

NO, CORRECT LAST NAME 4

NO, CORRECT SUFFIX 5

DON’T KNOW 7

REFUSED 8

I2.

Could you please tell me how to spell your name?

I2a.

FIRST: What is your first name?

I2b.

MIDDLE: What is your middle name?

I2c.

LAST: What is your last name?

I2d.

SUFFIX: Is there anything after your last name, like Jr. or Sr.?

I3.

Our records show that your current address is [RESPONDENT ADDRESS]. Is this correct?

YES, ALL OF THAT IS CORRECT [SKIP TO I4] 1

NO–UPDATE STREET 2

NO–UPDATE APARTMENT/UNIT 3

NO–UPDATE CITY 4

NO–UPDATE STATE 5

NO–UPDATE ZIP 6

DON’T KNOW 7

REFUSED 8

I3a.

STREET: What is your current street address?

I3b.

APT: What is the apartment number?

I3c.

CITY: In what city do you live?

I3d.

STATE: In what state do you live?

I3e.

ZIP: What is your zip code?

**I4.** Would you prefer that the $35 gift card be sent to your current address or is there another address I should send it to?

YES, SEND TO CURRENT ADDRESS [SKIP TO I5] 1

NO, SEND TO DIFFERENT ADDRESS [ASK I4a through I4d] 2

I4a. What is the street address and apartment number you would like use to send the check to?

STREET ADDRESS APT OR UNIT #

I4b. In what city?

CITY

I4c. In what state?

STATE

I4d. What is the zip code?

ZIP

[IF INTERVIEW IS IN PERSON SKIP TO I6]

I5.

I called you at [RESPONDENT PHONE NUMBER]. Is this the best number to reach you at?

YES 1 [SKIP TO I7]

NO 2

DON’T KNOW 7 [SKIP TO I7]

REFUSED 8 [SKIP TO I7]

I6.

What is your home phone number, starting with area code?

(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

DON’T KNOW 7

REFUSED 8

I7.

Do you have a cell phone number?

YES 1

NO 2 [SKIP TO I8A]

DON’T KNOW 7 [SKIP TO I8A]

REFUSED 8 [SKIP TO I8A]

I7a.

What is your cell phone number, starting with area code?

(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

DON’T KNOW 7 [SKIP TO I8A]

REFUSED 8 [SKIP TO I8A]

I7b.

Do we have your permission to contact you on your cell phone via text message?

YES 1

[IF YES, INFORM THE R THAT STANDARD TEXT MESSAGING RATES APPLY AND “WE HOPE THE $35 GIFT CARD WE’RE GIVING YOU WILL HELP PAY BACK ANY COSTS FOR RECEIVING TEXT MESSAGES.”]

NO 2 [SKIP TO I8A]

DON’T KNOW 7 [SKIP TO I8A]

REFUSED 8 [SKIP TO I8A]

I7c.

Do we have your permission to contact you on that number via automated text message?

YES 1

NO 2

DON’T KNOW 7

REFUSED 8

I8A.

Are there any other additional numbers we could use to reach you?

YES 1

NO 2 [SKIP TO I9]

DON’T KNOW 7 [SKIP TO I9]

REFUSED 8 [SKIP TO I9]

I8Aa.

What is that phone number, starting with area code?

(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

DON’T KNOW 7

REFUSED 8

I8Ab.

What type of number is that?

Work 1

School 2

Friend 3

Relative 4

Clergy 5

Something else (SPECIFY \_\_\_) 6

DON’T KNOW 7

REFUSED 8

I8Ac.

Please tell me the name of the person who is likely to pick up if we call that number.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW 7

REFUSED 8

I8B.

Are there any other additional numbers we could use to reach you?

YES 1

NO 2 [SKIP TO I9]

DON’T KNOW 7 [SKIP TO I9]

REFUSED 8 [SKIP TO I9]

I8Ba.

What is that phone number, starting with area code?

(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

DON’T KNOW 7

REFUSED 8

I8Bb.

What type of number is that?

Work 1

School 2

Friend 3

Relative 4

Clergy 5

Something else (SPECIFY \_\_\_) 6

DON’T KNOW 7

REFUSED 8

I8Bc.

Please tell me the name of the person who is likely to pick up if we call that number.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW 7

REFUSED 8

I8C.

Are there any other additional numbers we could use to reach you?

YES 1

NO 2 [SKIP TO I9]

DON’T KNOW 7 [SKIP TO I9]

REFUSED 8 [SKIP TO I9]

I8Ca.

What is that phone number, starting with area code?

(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

DON’T KNOW 7

REFUSED 8

I8Cb.

What type of number is that?

Work 1

School 2

Friend 3

Relative 4

Clergy 5

Something else (SPECIFY \_\_\_) 6

DON’T KNOW 7

REFUSED 8

I8Cc.

Please tell me the name of the person who is likely to pick up if we call that number.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW 7

REFUSED 8

I9.

Do you have an email address?

YES 1

NO 2 [SKIP TO I10]

DON’T KNOW 7 [SKIP TO I10]

REFUSED 8 [SKIP TO I10]

I9a.

What is your email address?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_ . \_\_\_\_\_\_\_\_\_

DON’T KNOW 7

REFUSED 8

I10.

Do you have a Facebook Account?

YES 1

NO 2 [SKIP TO I11]

DON’T KNOW 7 [SKIP TO I11]

REFUSED 8 [SKIP TO I11]

**I10A.**

May we contact you at your Facebook account in the future?

YES 1

NO 2 [SKIP TO I11]

DON’T KNOW 7 [SKIP TO I11]

REFUSED 8 [SKIP TO I11]

**I10B.**

What is your Facebook account name?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I11.**

What is the best way for me to reach you in the future? Would you prefer that I call you on the phone, send you a letter in the mail, send you an email, or should I call someone else?

PHONE 1

LETTER 2

EMAIL 3

SOMEONE ELSE (SPECIFY \_\_\_) 4

FACEBOOK ACCOUNT 5

DON’T KNOW 7

REFUSED 8

[ASK I11A IF I11=1 and I6<>7, 8 and I7<>2,7,8 and I8A<>2,7,8]

**I11A.**

What is the best phone number to call you at? Is it your home phone or your cell phone number, or [IF I8Ab=1,2,3,4,5,6: [INSERT I8Ab RESPONSE] number or [IF I8Bb=1,2,3,4,5,6: [INSERT I8Bb RESPONSE] number or [IF I8Cb=1,2,3,4,5,6 [INSERT I8Cb RESPONSE] number; IF I8Ab=6: LEAVE BLANK]?

HOME PHONE 1

CELL PHONE 2

WORK 3

SCHOOL 4

FRIEND 5

RELATIVE 6

CLERGY 7

SOMETHING ELSE (SPECIFY \_\_\_) 8

DON’T KNOW 97

REFUSED 98

END

CAPI VERSION:

IF RESPONDENT IS BEING INTERVIEWED IN PERSON AND HE IS NOT INCARCERATED (P1=2), SKIP TO CAPI IN-PERSON ENDING

IF RESPONDENT IS BEING INTERVIEWED IN PERSON AND HE IS INCARCERATED (P1=3), SKIP TO CAPI INCARCERATED ENDING

Exit

Thank you very much for participating in this survey you will receive your $35 gift card in about one to two weeks. Thank you again and have a good day/evening.

CAPI IN-PERSON ENDING:

Thank you very much for participating in this survey. Here is your $35 money order as a “Thank you” for completing the interview. Have a good day/evening.

CAPI INCARCERATED ENDING:

Thank you very much for participating in this survey. [DESCRIBE THE PROTOCOL FOR HANDLING THE INCENTIVE BASED ON THE AGREED UPON METHOD OF COMPENSATION]