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MATHEMATICA
Policy Research

PROMOTING OPPORTUNITY DEMONSTRATION

12- and 24-Month Follow-up Survey Instrument

June 6, 2017

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address.**

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SECTION A: RESPONDENT SCREENER AND INTRODUCTION

ALL

SampMem **A1. IF CONTROL GROUP: We are conducting a study for the Social Security Administration to find out more about the experiences of people receiving Social Security Disability Benefits.**

The purpose of this interview is to learn more about the experiences that people like you may have, including job experience, job training, school and other things.

The survey takes about 30 minutes to complete. At the end of the interview, we will mail you a check for \$[25] to thank you for your time. You should receive it within 2 weeks.

CODE ONE ONLY

BEGIN INTERVIEW	1	A2
DID NOT RECEIVE OR DOES NOT RECALL LETTER	2	NoLetter
NOT A GOOD TIME.....	3	Callback
HUNG UP DURING INTRODUCTION.....	4	HUDI
SUPERVISOR REVIEW	5	SUP REV
WILL CALL MPR BACK	6	RCB
REFUSED	r	REF

A1=1

A2. [Your/(His/Her)/Your] participation in this study is completely voluntary. It will in no way affect [your/(his/her)/BENEFICIARY's] current or future receipt of benefits. [You/(He/She)/You] can stop the interview at any time. If any question makes [you/(him/her)/you] feel uncomfortable, [you/(he/she)/you] can refuse to answer that question.

If you get tired or need a break at any time, please tell me and we can take a break or I will call back later to finish the interview.

Let's start the interview now.

CODE ONE ONLY

CONTINUE	1	
CALLBACK	2	Callback
SUPERVISOR REVIEW	3	sup rev
REFUSED	r	ref

SECTION B: EDUCATION AND TRAINING

The first few questions are about [your/BENEFICIARY’s] education and training experiences.

RETURN TO WORK ACTIVITIES—EDUCATION AND TRAINING

ALL

- B1. [Are you /Is he/she] currently enrolled in school or taking any classes?**
- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

B1=1

- B2. [Are you/is he/she] a full-time or part-time student?**
- CODE ONE ONLY**
- FULL-TIME 1
- PART-TIME 2
- DON'T KNOW d
- REFUSED r

ALL

Fill RADATE as Month Day, Year.

- B3. Now I would like to ask you about any [other] training [you/(BENEFICIARY)] may have had in the past 12 months. In the past 12 months, [have you/has he/she] participated in any training program that lasted at least two weeks and that was designed to help [you/him/her] find a job, improve [your/(his/her)] job skills, or learn a new job?**
- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

B3=1

B4. What kind of training was that?

CODE ONE ONLY

- VOCATIONAL **REHABILITATION** 1
- JOB SEARCH ASSISTANCE**, JOB FINDING, ORIENTATION TO THE
WORLD OF WORK..... 2
- VOCATIONAL EDUCATION** APART FROM COLLEGE (BUSINESS OR
TECHNICAL SCHOOLS, EMPLOYER OR UNION-PROVIDED TRAINING,
AND MILITARY TRAINING IN VOCATIONAL BUT NOT MILITARY SKILLS
OR JTPA)..... 3
- NON-VOCATIONAL **ADULT EDUCATION** NOT DIRECTED TOWARD A
DEGREE (BASIC EDUCATION, LITERACY TRAINING, ENGLISH AS A
SECOND LANGUAGE)..... 4
- OTHER (SPECIFY)..... 99
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): **What other kind of training was this?**

B3=1

B5. In the past 12 months, how many months [have you/has he/she] gone to [TRAINING PROGRAM IN B4]?

PROBE: Over the course of the year, during how many weeks did you attend at least some training?

PROBE: If you did not go for a full month, can you tell me how many weeks you went to a training?

INTERVIEWER: RECORD NUMBER ON THIS SCREEN, THEN WEEKS OR MONTHS ON NEXT SCREEN.

|_|_|.|_| NUMBER OF MONTHS
(0-99.9)

B5_per. IF NEEDED: Is that weeks or months?

- WEEKS 1
- MONTHS..... 2
- DON'T KNOW d
- REFUSED r

SECTION C: CURRENT EMPLOYMENT STATUS

ALL

The next questions are about [your/BENEFICIARY's] work activities.

C1. In the past 12 months, [have you /has (NAME)] worked at a job, organization, or business for pay or profit? This includes work you may do for a business that you own.

IF NEEDED READ: By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.

[INTERVIEWER: IF R IS SELF-EMPLOYED, CODE RESPONSE AS YES]

- YES 1
NO 0
DON'T KNOW d
REFUSED r

C1=0, D, R

C2. In the past 12 months, [have you/has he/she] done any volunteer work for an organization?

- YES 1
NO 0
DON'T KNOW d
REFUSED r

C1=0

C3. In the past 12 months, [have you/has BENEFICIARY] been looking for work?

IF NEEDED READ: By looking for work, I mean looking for a job, either full-time or part-time, for which [you/(s)/he] will be paid.

- YES 1
NO 0
DON'T KNOW d
REFUSED r

IF C1=0, D, R (NOT EMPLOYED), SKIP TO SECTION D

C1=1

NBS Modified

C4. Now please think about all the jobs [[you/he/she] [have/has] had in the past 12 months. When answering these questions, please include both part-time and full-time jobs, but only include jobs [you/he/she] worked at for pay or profit. This could be work [you do/he/she does] for a business that [you own/he/she owns].

How many jobs for pay or profit [have you/has he/she] had in the past 12 months?

PROBE: Please include any job that you worked at in the past 12 months for a week or more. Count a job that you started, stopped and started again as separate jobs.

____ NUMBER OF JOBS
(1-99)

DON'T KNOWd

REFUSEDr

C1=1

C5. [Are you/Is (s)he] currently working at a job for pay or profit?

YES1

NO0

DON'T KNOWd

REFUSEDr

C1=1

IF C5=1, FILL "CURRENT." IF C5=1 AND C4>1, FILL "MAIN" AND "Your main job is the job where you work the most hours". IF C5=0, FILL LAST

CPS/MTO Modified

C6. Now I have a few questions about [your/his/her] [current/main/last] job. [IF MORE THAN ONE JOB [C4>1] READ: [[Your/His/Her] main job is the job where [you work/(s)/he works] the most hours]. What kind of business or industry is/was this? That is, what do/did they make or do where [you work/worked /he/she works/worked]?

RECORD VERBATIM

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

C1=1

C7. What kind of work [do/did you/does/did he/she] do? That is, what is/was [your/his/her] occupation? For example, programmer, typist, cashier.

*CPS/MTO
Modified*

RECORD VERBATIM

PROBE: Different kinds of work can include duties such as: typing, keeping account books, filing, selling cars, operating printing press, or laying brick.

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

C1=1

C8. [Are/Were you/ Is/Was he/she] self-employed at this job?

NBS

PROBE: Self-employed means that [you work/worked /he/she works/worked] for [yourself/himself/herself] or [own/owned your/ owns/owned his/her] own business.

YES1

NO0

DON'T KNOWd

REFUSEDr

C1=1

C9. Is/Was this job a temporary or seasonal job?

New

PROBE: A *Temporary job* is one in which a person is hired to meet the short-term and/or project needs of an employer. Temporary help has come to be used across a broad range of skills and occupations to substitute for employees on leave, on vacation, or in emergencies, or to provide supplemental support where there are temporary skills shortages or specific projects or peak load needs.

PROBE: A *seasonal job* is one in which a person is hired to support existing staff during a busy season—such as holiday help or summer work.

YES1

NO0

DON'T KNOWd

REFUSEDr

C1=1

C10. How many hours per week [do/did you/does/did he/she] typically work at this job?

____ HOURS PER WEEK
(0-99)

DON'T KNOWd

REFUSEDr

C1=1

C11. How much [do/did you/does/did he/she] typically earn, before taxes or other deductions, on this job? Please include tips and bonuses.

PROBE: Your best estimate is fine.

\$ _____, _____ . _____
(\$0-999,999.99)

DON'T KNOWd

REFUSEDr

C1=1

C12. How [are/were you is/was he/she] typically paid? Is/Was it hourly, daily, weekly, bi-weekly, twice a month, monthly, or annually?

CODE ONE ONLY

HOURLY1

DAILY2

WEEKLY3

BI-WEEKLY4

TWICE A MONTH5

MONTHLY6

ANNUALLY7

OTHER (SPECIFY)8

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

C1=1

C13. I am going to read a list of benefits that some employers offer their employees. Please tell me whether or not [your/his/her] [main/current/last] employer [offers/offered] [you/him/her] any of these benefits.

*NBS
Modified*

Does [your/his/her] employer offer [you/him/her] ...

IF NECESSARY READ: Please answer 'yes' if [you are/(s)/he is] eligible for the benefit even if [you haven't/(s)/he hasn't] started to receive it yet.

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Health care insurance? (IF NECESSARY: medical and/or hospital)	1	0	d	r
b. Dental benefits?	1	0	d	r
c. Sick days with pay?	1	0	d	r
d. Paid vacation?.....	1	0	d	r
e. Free or low-cost childcare?	1	0	d	r
f. Transportation, a transportation allowance, or transportation discounts?	1	0	d	r
g. Long-term disability benefits?	1	0	d	r
h. Pension or retirement benefits?	1	0	d	r
i. Short-term disability benefits?.....	1	0	d	r
j. Flexible health or dependent care spending accounts?.....	1	0	d	r

C1=1

C14. Has [your/BENEFICIARY's] [main/current/last] employer made any accommodations because of [your/his/her] physical or mental condition. For example, provided [you/him/her] with any special equipment or assistive technology or kept [your/his/her] job available to [you/him/her], even though [you have /(s)he has] to go out on disability from time to time.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

C1=1

C15. Taking all things into account, how satisfied (are/were) you with your [main/current/last] job? Would you say you [are/were]:

CODE ONE ONLY

- Very satisfied,..... 1**
- Somewhat satisfied,..... 2**
- Not very satisfied, or..... 3**
- Not at all satisfied? 4**
- DON'T KNOW d
- REFUSED r

SECTION D: UNDERSTANDING AND ATTITUDES TOWARDS WORK AND WORK INCENTIVES

ALL
IF C1=0, FILL "GETTING A JOB," ELSE DO NOT FILL

- D1. Do your personal goals include [getting a job,] moving up in a job or learning new job skills?**
- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL
IF C1=0, FILL "SOMEDAY WORKING AND" ELSE DO NOT FILL

- D2. Do your personal goals include [someday working and] earning enough to stop receiving Social Security disability benefits?**
- YES 1
- NO 0
- NOT CURRENTLY RECEIVING SSDI BENEFITS 2
- DON'T KNOW d
- REFUSED r

AWARENESS OF FEATURES OF POD PROGRAM

T1 AND T2 – TREATMENT CASES ONLY

- D3. Before today, had you ever heard of the Promoting Opportunity Demonstration, or the POD program?**
- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

D4. The next questions are about your understanding of the rules SSA uses to calculate your benefit check.

[For Ts: This refers to the rules SSA uses for those enrolled in POD.]

[For Cs: This refers to the current Social Security Disability Insurance (SSDI) rules.]

Under [Ts: POD/ Cs: Current SSDI rules], do you have a Trial Work Period where your benefits remain unchanged regardless of your earnings?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

CONTROL SUBJECTS ONLY

D5. Under current SSDI rules, are your benefits reduced at any time if your earnings are above SSA's definition of substantial gainful activity?

PROBE: In 2017, the SGA amount is \$1,170 a month for a person who is not blind or \$1,950 a month for a person who is blind.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

T1 AND T2 – TREATMENT SUBJECTS ONLY

D6. Under POD, how do earnings affect your benefits?

PROBE: In 2017, the SGA amount is \$1,170 a month for a person who is not blind or \$1,950 a month for a person who is blind.

- BENEFITS REDUCED BY \$1 FOR EVERY \$2 IN EARNINGS ABOVE A CERTAIN AMT 1
- REDUCED TO ZERO FOR EARNINGS ABOVE A CERTAIN AMOUNT 2
- NEVER REDUCED FOR ANY EARNINGS AMOUNT 3
- DON'T KNOW d
- REFUSED r

ALL

- D7. Under [Ts: the POD rules that apply to you/ Cs: current SSDI rules], do your benefits ever terminate if your earnings are too high?**
- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

T1 AND T2 TREATMENT SUBJECTS ONLY

- D8. How satisfied are you with the POD offset and rules? Are you...**
- Very satisfied,** 1
- Somewhat satisfied,** 2
- Not very satisfied, or** 3
- Not at all satisfied?** 4
- DON'T KNOW d
- REFUSED r

T1 AND T2 TREATMENT SUBJECTS ONLY

- D9. How satisfied are you with the POD services you have received? Are you...**
- Very satisfied,** 1
- Somewhat satisfied,** 2
- Not very satisfied, or** 3
- Not at all satisfied?** 4
- HAVEN'T RECEIVED ANY POD SERVICES 0
- DON'T KNOW d
- REFUSED r

T1 AND T2 AND WITHDREW FROM OFFSET

D10. I understand that [you/BENEFICIARY] no longer use(s) the POD benefit offset. Why did [you/BENEFICIARY] choose to withdraw from POD?

- BENEFITS WENT DOWN WITH POD 1
- NEW POD RULES WERE CONFUSING 2
- BENEFIT PAYMENT ISSUE..... 3
- DIDN'T LIKE BENEFIT COUNSELING SERVICES 4
- REPORTING EARNINGS TOO OFTEN..... 5
- OTHER (SPECIFY)..... 99
- _____ (STRING 500)
- DIDN'T WITHDRAW FROM POD 0
- DON'T KNOW d
- REFUSED r

SECTION E: INCOME

I'm going to ask you about the income [you/BENEFICIARY] personally received last month, that is, in [INSERT LAST MONTH, THIS YEAR]. This includes income and benefits from different programs. When answering these questions, please think only about [your/his/her] own earnings and benefits, and don't include earnings or benefits that other family members may have received.

ALL

E1. Last month did [you/(s)/he] receive any income from...

INTERVIEWER: READ EACH SOURCE. IF BENEFICIARY VOLUNTEERS 'I ONLY GET SSDI OR SOCIAL SECURITY,' CONFIRM A "NO" RESPONSE FOR A-I, THEN ENTER "1" FOR E2J.

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Veterans' benefits?.....	1	0	d	r
b. Public assistance or welfare payments?	1	0	d	r
c. Workers' compensation?.....	1	0	d	r
d. Private disability insurance?.....	1	0	d	r
e. Unemployment benefits?.....	1	0	d	r
f. Private pensions or government employee pensions?	1	0	d	r
g. Disability insurance for a disabled adult child?	1	0	d	r
h. Other sources on a regular basis but not from jobs or Social Security?.....	1	0	d	r
i. Other sources <u>not</u> on a regular basis? (SPECIFY) _____ (STRING 100)	1	0	d	r
j. IF VOLUNTEERED BY RESPONDENT: SSDI ONLY.....	1	0	d	r

INTERVIEWER: IF NOT VOLUNTEERED, ENTER "0".

IF OTHER SPECIFY (99): **What other sources of income were received?**

E1A, E1B, E1C, E1D, E1E, E1F, E1G, E1H, **OR** E1I=1. IF E1J=1, SKIP.
 FILL WITH INCOME SOURCE FROM E1 (FOR E1I, FILL VERBATIM RESPONSE)
 E2[1] SHOULD CORRELATE TO E1A; E2[2] SHOULD CORRELATE TO E1B , ETC.

E2. How much income did [you/(s)/he] receive last month from [SOURCE FROM E1]?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ | | , | | | | . | | | AMOUNT

SKIP TO E4

(0-9,999.99)

DON'T KNOWd

REFUSEDr

GO TO E2 FOR NEXT INCOME SOURCE OR E4 IF NO OTHER SOURCES OF INCOME

IF CANNOT PROVIDE AN AMOUNT AT E2, ASK FOR EACH

E3. Was it...

Less than \$150,1

\$150 to less than \$300,2

\$300 to less than \$500, or3

\$500 or more?4

DON'T KNOWd

REFUSEDr

ALL

E4. Did [you/(s)/he] or any member of [your/(his/her)] household receive SNAP benefits or food stamps last month?

IF NECESSARY: SNAP stands for the Supplemental Nutrition Assistance Program.

YES1

NO0

DON'T KNOWd

REFUSEDr

E4=1

E5. What was the dollar value of the SNAP benefit (Supplemental Nutrition Assistance Program) or food stamps [you/(s)/he] received last month?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ |__| , |__|__|__| . |__|__| AMOUNT
(0-9,999.99)

DON'T KNOWd

REFUSEDr

ALL

E6. Did [you/(s)/he] or any member of [your/his/her] household receive assistance from any other government source? For example: energy assistance or child care assistance.

YES1

NO0

DON'T KNOWd

REFUSEDr

E6=1

E7. What type of other assistance did [you/(s)/he] receive?

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

E6 NE D OR R

E8. How much income did [you/(s)/he] receive last month from this other assistance? (INCLUDE INCOME FROM ALL OTHER SOURCES LISTED IN E6)

PROBE: Other assistance received: [FILL VERBATIM FROM E6]

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ |__|__| , |__|__|__| . |__|__| AMOUNT
(0-99,999.99)

DON'T KNOWd

REFUSEDr

ALL

- E9.** [Do you/Does (s)/he] currently receive any governmental housing assistance in paying rent, such as through public housing or Section 8 or a Housing Choice Voucher?
- HOPE VI, MTO*
- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

Now I'd like you to think about the income of all members in [your/BENEFICIARY'S] household.

- E10.** What was the total combined income of all members of this household during [LAST CALENDAR YEAR]? Please include money from jobs, work on the side, welfare, SSI, help from [your/his/her] family and friends, and any other money income received by [you/him/her] or any other household member.
- Effects of Housing Choice Vouchers on Welfare Families*
- Your best estimate is fine.

\$ | | | | , | | | | AMOUNT
(\$0-999,999)

DON'T KNOW d

E10=D

- E11.** Would you say the total combined income of all members of [your/BENEFICIARY'S] household during [CALENDAR YEAR] was...

CODE ONE ONLY

- Less than \$10,000, 1
- \$10,000 to less than \$20,000, 2
- \$20,000 to less than \$30,000, 3
- \$30,000 to less than \$40,000, 4
- \$40,000 to less than \$50,000, or 5
- \$50,000 or more? 6
- DON'T KNOW d
- REFUSED r

SECTION F: HEALTH AND FUNCTIONAL STATUS

The next few questions ask about [your/BENEFICIARY's] health and how well [you are/(s)/he is] able to do [your/his/her] usual activities.

ALL

F1. In general, would you say [your/(his/her)] health is . . .

CODE ONE ONLY

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
DON'T KNOW	d
REFUSED	r

ALL

F2. Does [your/his/her] health now limit [you/him/her] in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Does it limit [you/him/her]...

CODE ONE ONLY

A lot,	1
A little, or	2
Not at all?	3
DON'T KNOW	d
REFUSED	r

ALL

F3. Does [your/his/her] health now limit [you/him/her] in climbing several flights of stairs? Does it limit [you/him/her]...

CODE ONE ONLY

A lot,	1
A little, or	2
Not at all?	3
DON'T KNOW	d
REFUSED	r

ALL

F4. The next two questions ask about your physical health and your daily activities. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of your physical health? Would you say...

CODE ONE ONLY

- All of the time, 1
- Most of the time,..... 2
- Some of the time, 3
- A little of the time, or 4
- None of the time?..... 5
- DON'T KNOW d
- REFUSED r

ALL

F5. During the past 4 weeks, how much of the time [were you/was (s)/he] limited in the kind of work or other regular daily activities [you do/(s)/he does] as a result of [your/his/her] physical health? Would you say...

CODE ONE ONLY

- All of the time, 1
- Most of the time,..... 2
- Some of the time, 3
- A little of the time, or 4
- None of the time?..... 5
- DON'T KNOW d
- REFUSED r

ALL

F6. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

CODE ONE ONLY

- All of the time, 1
- Most of the time,..... 2
- Some of the time, 3
- A little of the time, or 4
- None of the time?..... 5
- DON'T KNOW d
- REFUSED r

ALL

F7. During the past 4 weeks, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

CODE ONE ONLY

- All of the time, 1
- Most of the time,.....2
- Some of the time,3
- A little of the time, or4
- None of the time?.....5
- DON'T KNOWd
- REFUSEDr

ALL

F8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...

CODE ONE ONLY

- Not at all, 1
- A little bit,.....2
- Moderately,3
- Quite a bit, or4
- Extremely?5
- DON'T KNOWd
- REFUSEDr

ALL

F9. These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give me the one answer that comes closest to the way you have been feeling.

During the past 4 weeks, how much of the time have you felt calm and peaceful? Would you say...

CODE ONE ONLY

- All of the time, 1
- Most of the time,.....2
- Some of the time,3
- A little of the time, or4
- None of the time?.....5
- DON'T KNOWd
- REFUSEDr

ALL

F10. During the past 4 weeks, how much of the time did you have a lot of energy? Would you say...

CODE ONE ONLY

- All of the time, 1
- Most of the time,..... 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- DON'T KNOW d
- REFUSED r

ALL

F11. During the past 4 weeks, how much of the time have you felt downhearted and depressed? Would you say...

CODE ONE ONLY

- All of the time, 1
- Most of the time,..... 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- DON'T KNOW d
- REFUSED r

ALL

F12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives? Would you say...

CODE ONE ONLY

- All of the time, 1
- Most of the time,..... 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- DON'T KNOW d
- REFUSED r

ALL
FILL INTERVIEW MONTH AND LAST YEAR (MONTH, YEAR).

Now I'd like you to think about the past 12 months, that is since [INTERVIEW DATE LAST YEAR].

F13. During the past 12 months, [have you/has BENEFICIARY] stayed overnight in a hospital?

- HCC* YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

SECTION G: HEALTH INSURANCE

The next question is about different types of health insurance coverage [you/BENEFICIARY] might have.

ALL

G1. What kinds of health coverage [do you/does (s)/he] have?

PROBE: Any other kind?

PROBE: Medicare is health insurance coverage provided nationally to certain disabled people under age 65, including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.

INTERVIEWER: IF RESPONDENT SAYS “OBAMACARE” OR “AFFORDABLE CARE ACT”
PROBE:

PROBE: “Is this a plan [you pay/(s)he pays] for on [your/his/her] own? (IF YES, CODE AS PRIVATE INSURANCE PAID BY SELF/FAMILY). (IF NO), “Is this provided through Medicaid?” (IF YES, CODE AS MEDICAID)

PROBE: Medicaid is state medical assistance program that serves low-income people and Social Security Income recipients with disabilities.

PROBE: TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors. CHAMPUS is a health care program for dependents of active or retired military personnel. CHAMP-VA is health insurance for dependents or survivors of disabled veterans

CODE ALL THAT APPLY

- MEDICARE 1
- MEDICAID/[STATE MEDICAID NAME]..... 2
- CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY 3
- INDIAN HEALTH SERVICE 4

- STATE PROGRAM 6
- PRIVATE INSURANCE THROUGH OWN EMPLOYER 7
- PRIVATE INSURANCE THROUGH SPOUSE/ PARTNER/ PARENT 8
- PRIVATE INSURANCE PAID BY SELF/FAMILY 9
- PRIVATE DISABILITY INSURANCE PAID BY SELF/FAMILY..... 10
- OTHER PLAN (SPECIFY) 99
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): What other kind of health coverage is that?

SECTION H: RESPONDENT CONTACT INFORMATION

We are almost done. I'd like to confirm some information about [you/BENEFICIARY]. This information will ensure that [your/his/her] incentive payment is sent to the correct address.

ALL
Fill [VARIABLES FOR NAME?]

H1. I have [your/his/her] name listed as [READ AND CONFIRM SPELLING OF NAME, FIRST MIDDLE LAST SUFFIX]. Is that correct?

- YES, ALL CORRECT 1
- NO, NAME NOT CORRECT 0
- REFUSED r

H1=0

H2. Could you please tell me how to spell [your/his/her] name?

- _____ (STRING 50)
FIRST NAME
- _____ (STRING 50)
MIDDLE INITIAL/NAME
- _____ (STRING 50)
LAST NAME
- _____ (STRING 25)
SUFFIX
- DON'T KNOW d
- REFUSED r

ALL

H3. Our records show that [your/his/her] current address is (FILL FROM PRELOADS). Is this correct?

- YES, ADDRESS IS CORRECT 1
- NO, ADDRESS NOT CORRECT 0
- REFUSED r

H3=0

H4. What is [your/his/her] current address?

STREET 1

STREET 2

STREET 3

CITY

STATE

ZIP

DON'T KNOWd

REFUSEDr

ALL

H5. I called [you/him/her] at [AREA CODE/PHONE NUMBER]. Is this [your/his/her] home telephone number?

YES1

NO0

DON'T KNOWd

REFUSEDr

H5=0

H6. What is [your/(his/her)] home phone number, starting with area code?

|_|_|_| - |_|_|_|_| - |_|_|_|_|
 201-989) (200-999) (0000-9999)

NO HOME NUMBER0

DON'T KNOWd

REFUSEDr

ALL

H7. [Do you/Does (s)/he] have a cell phone number?

YES1

NO0

DON'T KNOWd

REFUSEDr

H7=1

H8. What is [your/his/her] cell phone number, starting with area code?

|_|_|_| - |_|_|_|_| - |_|_|_|_|
 (201-989) (200-999) (0000-9999)

DON'T KNOW d

REFUSED r

HARD CHECK: IF OUTSIDE RANGE; I'm sorry, it looks like I entered an invalid phone number. Can you please repeat the number for me?

H8≠NULL

H9. When we contact [you/him/her] for the next survey in about a year, may we send [you/him/her] a text message on [your/his/her] cell phone? Depending on [your/his/her] service plan, standard text message rates may apply.

YES 1

NO 0

DON'T KNOW d

REFUSED r

IF HAVE EMAIL ADDRESS ON FILE

H10. We have [your/BENEFICIARY's] email address as [EMAIL ADDRESS]. Is this still the best email address to reach [you/her/him] at?

YES 1

NO 0

DON'T KNOW d

REFUSED r

IF DO NOT HAVE EMAIL ADDRESS ON FILE OR H10=0 OR D

H11. What is [your/his/her] email address?

_____ (STRING 100)

DON'T KNOW d

REFUSED r

THIS SECTION FOR 12-MONTH FOLLOW UP SURVEY RESPONDENTS ONLY. 24-MONTH SURVEY RESPONDENTS, SKIP TO "END"
ALL 12 MONTH SURVEY RESPONDENTS

H12. I would like to ask you for the name, address, and telephone number of 2 persons who will always know how to reach [you/BENEFICIARY]. This will be used when it is time to contact [you/him/her] for the next interview. All information collected will be kept private, and will only be used if we cannot reach [you/him/her].

Please provide the name of someone who lives with [you/BENEFICIARY] and will always know how to contact [you/him/her].

PERSON 1:

FIRST NAME

MIDDLE INITIAL/NAME

LAST NAME

RELATIONSHIP TO RESPONDENT

ADDRESS 1

ADDRESS 2

CITY

STATE/TERRITORY

_____|_____|_____|_____| - ____|____|____|____|
ZIP CODE (+ 4 IF NEEDED)

____|____|____| - ____|____|____| - ____|____|____|____| PHONE NUMBER - HOME
(200-999) (100-999) (0000-9999)

____|____|____| - ____|____|____| - ____|____|____|____| PHONE NUMBER - CELLULAR
(200-999) (100-999) (0000-9999)

____|____|____| - ____|____|____| - ____|____|____|____| PHONE NUMBER - OTHER
(200-999) (100-999) (0000-9999)

EMAIL

DON'T KNOWd

REFUSEDr

ALL

H13. Please provide the name of someone who does not live with [you/BENEFICIARY] and will always know how to contact [you/him/her].

What is the full name of the second person?

FIRST NAME

MIDDLE INITIAL/NAME

LAST NAME

RELATIONSHIP TO RESPONDENT

ADDRESS 1

ADDRESS 2

CITY

STATE/TERRITORY

_____|_____|_____|_____|_____|_____| - |_____|_____|_____|_____|_____|_____|
ZIP CODE (+ 4 IF NEEDED)

_____|_____|_____| - |_____|_____|_____| - |_____|_____|_____|_____|_____|_____| PHONE NUMBER - HOME
(200-999) (100-999) (0000-9999)

_____|_____|_____| - |_____|_____|_____| - |_____|_____|_____|_____|_____|_____| PHONE NUMBER - CELLULAR
(200-999) (100-999) (0000-9999)

_____|_____|_____| - |_____|_____|_____| - |_____|_____|_____|_____|_____|_____| PHONE NUMBER - OTHER
(200-999) (100-999) (0000-9999)

EMAIL

DON'T KNOWd

REFUSEDr

ALL

END. Thank you very much for your time today. [You/BENEFICIARY] can expect to receive [your/his/her] \$[25] check within 2 weeks.