

APPENDIX E
PARENT SURVEY INSTRUMENT



PROMISE 60-Month Follow-Up Survey: Parent/Guardian Questionnaire

DRAFT DATED: 05.30.18

Administrative Notes:

- **Field Period.** The PROMISE 60-month parent and youth surveys will be administered beginning 60 months after random assignment. The parent and youth surveys will be deployed independently and will be fielded concurrently. They may be completed in any order (parent then youth or youth then parent). We anticipate that for the majority of cases, the parent interview will be completed first, followed by the youth interview.
- **Consent** for participation in all interviews (parent 18-month and 60-month and youth 18-month and 60-month) was collected from parents at enrollment. All youth provided **assent** at enrollment.
- **Eligibility.** Parents are ineligible for the survey if (1) they are deceased, (2) the youth is deceased, or (3) they are the employee of an agency or service provider. Parents who withdrew from the PROMISE evaluation will be classified as eligible for weighting and response rate computations but will be removed from all survey outreach.
- The **target respondent** is the parent or guardian who enrolled in the PROMISE evaluation and provided consent to take part. If the enrolling parent (EP) is not willing or able to take part, we will attempt to speak with EP's spouse/partner or another adult household member to complete the interview as a proxy respondent for EP.
- **Mode and length.** This instrument is designed for an **interviewer administration** and will take approximately 25-35 minutes to complete. Interviews will be conducted in **English or Spanish**. Spanish language cases will be flagged in advance whenever possible.
- **Programming logic** is used to route respondents to the next applicable item or section based on the responses provided. The **target universe** for each item (based on skip logic or other criteria) is shown in the bar above the item number, along with fills denoted by text in brackets. Formatting is used to guide interviewing staff on question administration. Text shown in **ALL CAPS** is not read aloud. **Underlined** text is emphasized. Item sources are designated at the end of the question text in parentheses. Items repeated from the PROMISE 18-month survey are designated with (P18M-...). Items **newly added** to the 60-month instrument are highlighted in **blue**.

Sections of the parent questionnaire

Section	Description
I	Introduction
II	Educational credentials and employment experience
III	Individual and family well-being
IV	Parent's/guardian's expectations for youth
V	Contact information

TEXT FILLS FOR SPECIFIC SITES AND STATES

PRGM State	Health Insurance Marketplace Name	State-Specific Name for Medicaid	State-Specific Name for TANF	State-Specific Name for American Job Center	State-Specific Name for S-Chip	SNAP program name
AR	Federal Marketplace	Arkansas Medicaid	TANF	Workforce Center	ARKids	SNAP
CA	Covered California	Medi-Cal	CalWORKS	America's Job Center of California	Healthy Families	CalFresh
MD	Maryland Health Connection	Maryland Medicaid Program	Temporary Cash Assistance (TCA)	One Stop Career Centers	Maryland Children's Health Program (MCHP)	Food Supplement Program (FSP)
NY	NY State of Health	New York Medicaid	Family Assistance (FA)	Career Center	Child Health Plus	SNAP
WI	Federal Marketplace	ForwardHealth Medicaid	TANF	Job Center	BadgerCare Plus	FoodShare Wisconsin
ASPIRE AZ	Federal Marketplace	AHCCCS (pronounced 'access')	Cash Assistance (CA)	Arizona @ Work	KidsCare	Arizona Nutrition Assistance NA)
ASPIRE CO	Connect for Health Colorado	Health First Colorado	Colorado Works	Colorado Workforce Center	Child Health Plan Plus (CHP+)	Colorado Food Assistance Program
ASPIRE MT	federal marketplace	Montana Medicaid and HMK Plus: Passport to Health (Passport)	TANF	Job Service	Healthy Montana Kids	SNAP
ASPIRE ND	federal marketplace	North Dakota Medicaid	TANF	Job Service	Healthy Steps	SNAP
ASPIRE SD	federal marketplace	South Dakota Medicaid	TANF	South Dakota Department of Labor and Regulation	Children's Health Insurance Program (CHIP)	SNAP
UT	federal marketplace	Utah Medicaid	TANF	Utah Department of Workforce Services Employment Center	Children's Health Insurance Program (CHIP)	Food Stamp Program

PROGRAMMER: ACROSS THE SPECIFICATIONS, THE "ENROLLING PARENT," THE TARGET RESPONDENT FOR THE PARENT SURVEY, IS ABBREVIATED AS "EP." FILL THE FIRST NAME OF THE EP UNLESS OTHERWISE SPECIFIED.

Program	AR PROMISE	CaPROMISE	MD PROMISE	NY PROMISE	WI PROMISE	ASPIRE-ARIZONA	ASPIRE-COLORADO	ASPIRE-MONTANA	ASPIRE-NORTH DAKOTA	ASPIRE-SOUTH DAKOTA	ASPIRE-UTAH
Program State Fill:	Arkansas	California	Maryland	New York	Wisconsin	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah

Section I. Introduction and eligibility screening

ALL

I.MODE. PLEASE RECORD BELOW THE MODE IN WHICH WE ARE COMPLETING THIS INTERVIEW. THIS HELPS US FILL IN TEXT IN LATER ITEMS AND STATUS THE CASE. (P18M-fieldLoc)

- TELEPHONE INTERVIEW.....1 CONTINUE
- FIELD INTERVIEW: IN-PERSON.....2 CONTINUE
- FIELD INTERVIEW: BY PHONE.....3 CONTINUE

PROGRAMMER: MISSING NOT ALLOWED.

ALL

[INTERVIEWER FULL NAME], [EP] [YOUTH] CATI=PHONE MODE, CAWI= FIELD MODE

I. Hello. IF CATI: Hi! My name is [INTERVIEWER FULL NAME]. I'm calling from Mathematica Policy Research on behalf of the Social Security Administration, about an important national study. May I please speak to [EP]?

IF CAWI: Hi! My name is [INTERVIEWER FULL NAME]. I'm here from Mathematica Policy Research on behalf of the Social Security Administration, as part of an important national study. May I please speak to [EP]? (P18M-I.Hello)

- SPEAKING TO [EP].....1 GO TO I.ELIG
- SPEAKING TO **SPOUSE/PARTNER OF [EP]**.....2 GO TO I. PRXY-NM
- SPEAKING TO **OTHER ADULT IN HH WITH [EP]**.....3 GO TO I. PRXY-NM
- PARENT/GUARDIAN BUSY, UNAVAILABLE.....5 GO TO I. PRXY
- PARENT/GUARDIAN MOVED/LIVES ELSEWHERE.....6 GO TO I. PRXY
- PARENT/GUARDIAN DOES NOT SPEAK ENGLISH7 GO TO I. PRXY
- PARENT/GUARDIAN HAS HEALTH PROBLEM.....8 GO TO I. PRXY
- PARENT/GUARDIAN IN AN INSTITUTION.....9 GO TO I. PRXY
- YOUTH IS DECEASED.....10 SKIP TO **I.INELIG**
- PARENT/GUARDIAN IS DECEASED.....11 SKIP TO **I.INELIG**
- NEVER HEARD OF PARENT/GUARDIAN OR WRONG NUMBER.....12 BARRIER
- HUNG UP DURING INTRODUCTION.....13 BARRIER

PARENT PROXY NEEDED (I.HELLO=5, 6, 7, 8)

[EP]

I. PROXY. Is it possible to speak with [EP]'s spouse or partner, or another adult household member who is knowledgeable about the education, work experiences, and any benefits [EP] may receive? (P18M- NeedProxy_2, rev)

- EP'S SPOUSE/PARTNER WILL COMPLETE.....1
- OTHER ADULT IN HOUSEHOLD WILL COMPLETE2
- NO PROXY AVAILABLE.....3 GO TO V.B2
- DON'T KNOW.....d GO TO V.B2
- REFUSED.....r GO TO V.B2

PARENT PROXY IDENTIFIED (I.PROXY=1 OR 2) OR (I.HELLO=2 OR 3)

I. PRXY-NM. What is (your/his/her) name? (P18M-I.PROXYNAME3, rev)

_____ STRING (20)

FIRST NAME

_____ STRING (20)

LAST NAME

GO TO I.PRXYPHNE

DON'T KNOW.....d GO TO V.B2

REFUSED.....r GO TO V.B2

PARENT PROXY IDENTIFIED (I. PRXY-NM. NE . OR D OR R)

[I.PRXYPHNE]

I. PrxyPhne. May I please have [your/ (his/her)] telephone number? (P18M-ProxyPhone2)

|_|_|_| - |_|_|_| - |_|_|_|_|_|

200-999 0-999 0-9999

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF I.PRXYPHNE NE: I have recorded [I.PRXYPHNE] is that correct?

PARENT PROXY IDENTIFIED (I. PRXY-NM. NE . OR D OR R)

I. PrxyAdd. And (your/ (his/her)) address? (P18M-Add2)

IF NEEDED: If you don't know the exact address, the city and state are helpful too.

STREET_____ STRING (25)

CITY_____ STRING (25)

STATE_____ STRING (2)

|_|_|_|_|_|_| ZIP CODE

(00501-99950)

DON'T KNOW.....d

REFUSED.....r

PARENT PROXY IDENTIFIED (I. PRXY-NM. NE . OR D OR R)

[you/PROXY NAME]

I. Prxy_Avail. READ IF NEEDED. IF SPEAKING TO PROXY, SELECT "ABLE TO BEGIN" AND CONTINUE.

Would [you/PROXY NAME] be available to speak now? (P18M-Proxy2_available)

- YES – ABLE TO BEGIN INTERVIEW NOW.....1 GO TO I.ELIG
- NO – NOT ABLE TO BEGIN INTERVIEW NOW.....0 SET CALLBACK
- DON'T KNOW.....d SET CALLBACK
- REFUSED.....r TERMINATE

PROGRAMMER: IF I.HELLO=2 OR 3 OR IF I.PROXY=1 OR 2, PROCEED WITH INTERVIEW LOGIC TO POPULATE FILLS BASED ON PROXY REPORT.

POTENTIAL SURVEY RESPONDENT (I.PRXY_AVAIL=1 OR HELLO=1, 2, 3)

[PROMISE PROGRAM] [\$30/\$40/\$50]

PROGRAMMER: IF >12 DAYS FROM RELEASE, FILL \$30 FOR ALL.

IF <12 DAYS FROM RELEASE, FILL \$40 FOR GROUP A, \$50 FOR GROUP B

[YOUTH], [EP]

I. ELIG. **IF EP:** About five years ago, you enrolled in a study called [PROMISE PROGRAM NAME]. You may remember completing a consent form explaining that the study includes two interviews. This is the final interview. You'll receive [\$30/\$40/\$50] for completing this 25-35 minute interview. It asks about your education and employment experiences, benefits you may receive, and your expectations for [YOUTH] in the future.

IF PROXY: We are conducting a national study for the Social Security Administration. This study includes two interviews. This is second and final one. You'll receive [\$30/\$40/\$50] for completing this 25-35 minute interview. It asks about [EP's] educational and employment experiences, and about any benefits (his/her) household may receive. (P18M-I.ELIG)

IF NEEDED: All your answers will be held in strict confidence. Nothing you say will affect any benefits or services you may receive, now or in the future. We can start now and take a break whenever you need one.

IF NEEDED: We expect the parent interview will take most people about 26 minutes to complete, depending on your experiences. The youth interview can take from 20 to 35 minutes to complete.

CONTINUE.....1

REFUSED.....r TERMINATE - REFUSAL

PROGRAMMER: MISSING VALUE NOT ALLOWED.

ALL POTENTIAL RESPONDENTS (I.ELIG=1)

[YOUTH] IF EP (I.HELLO=1) FILL [YOU] IF I.PROXY=1 OR 2 FILL [EP]

I.YTH-LIV. Does [YOUTH] live with [you/EP], with another parent or legal guardian, a group home or institution, or somewhere else? (P18M-I.RTYPE)

- YOUTH LIVES WITH [EP].....1 GO TO I.YOUTHREL
- YOUTH LIVES WITH OTHER PARENT OR GUARDIAN [NOT EP].....2 GO TO I.YOUTHREL
- OTHER SETTING (NOT WITH PARENT/GUARDIAN): GROUP HOME,
INSTITUTION, OR BOARDING SCHOOL.....3 GO TO I.YOUTHREL
- YOUTH INDEPENDENT: DOES NOT LIVE WITH PARENT/GUARDIAN.....4 GO TO I.YOUTHREL
- REFUSED.....r TERMINATE - REFUSAL

PROGRAMMER: MISSING VALUE NOT ALLOWED.

SOFT CHECK: IF I.YTH-LIV=3: May I confirm I have recorded correctly that [YOUTH] lives in a group home, institution, or boarding school?

SOFT CHECK: IF I.YTH-LIV =4: May I confirm I have recorded correctly that [YOUTH] no longer lives with any parent, a foster parent, or any legal guardian? And does not live in a group home or institution?

ALL CONSENTING (I. CONSENT=1)
[YOUTH]

I.YOUTH-REL. How are you related to [YOUTH]? (P18M-I.ELIG)

INTERVIEWER: IF R SAYS MOTHER OR FATHER, PROBE TO SEE IF THAT IS BIOLOGICAL, STEP, OR FOSTER. IF A NON-FAMILY MEMBER, NOT A FOSTER PARENT, PROBE TO SEE IF ENROLLING PARENT WAS A STAFF MEMBER FOR AN AGENCY WHERE YOUTH WAS RECEIVING SERVICES AT THE TIME OF ENROLLMENT. IF R IS NOT YOUTH'S PARENT OR GUARDIAN, PROBE TO CONFIRM (1) HE/SHE LIVES OR STAYS IN THE SAME HOUSEHOLD AS EP (2) WHETHER HE/SHE IS A FAMILY MEMBER.

- MOTHER (BIOLOGICAL OR ADOPTED).....1 GO TO I.Consent
 - FATHER (BIOLOGICAL OR ADOPTED).....2 GO TO I.Consent
 - STEP MOTHER.....3 GO TO I.Consent
 - STEP FATHER.....4 GO TO I.Consent
 - LEGAL GUARDIAN - FEMALE.....5 GO TO I.Consent
 - LEGAL GUARDIAN - MALE.....6 GO TO I.Consent
 - FOSTER PARENT: FOSTER MOTHER.....7 GO TO I.Consent
 - FOSTER PARENT: FOSTER FATHER.....8 GO TO I.Consent
 - FAMILY MEMBER LIVING IN HH (PROXY FOR EP).....9 GO TO I.Consent
 - NON-FAMILY MEMBER LIVING IN HH (PROXY FOR EP).....10 GO TO I.Consent
 - STAFF FROM AN AGENCY/SERVICE PROVIDER.....11 GO TO I.PAR-INELG**
 - DON'T KNOW.....d TERMINATE REFUSAL
 - REFUSED.....r TERMINATE REFUSAL
- PROGRAMMER: MISSING VALUE NOT ALLOWED

SOFT CHECK: IF I.YOUTH-REL I.Q4=D OR R; **This helps us document who completed each interview. Your name will be kept private and will not be linked to your answers in any reports we create. Are there any questions I can answer or any concerns you may have about answering this question that I could help address?**

PARENT CASE INELIGIBLE (I.YOUTH-REL=11)
[YOUTH]

I. Par-Inelig. Thanks for this information. Based on this, we will not need to complete an interview with you. However, we would still like to speak with [YOUTH] for (his/her) interview. (New)

INTERVIEWER: IF YOUTH IS DECEASED, PROBE FOR DATE OF DEATH AND LOG IN NOTES. UPDATE YOUTH CASE ACCORDINGLY. IF YOUTH IS INCARCERATED, SELECT CONTINUE BELOW TO COLLECT CONTACT FOR YOUTH AT FACILITY OR TO COLLECT PROXY CONTACT INFO.

- CONTINUE.....1 GO TO V.B2
- YOUTH DECEASED.....2 TERMINATE – INELIGIBLE

YOUTH INCARCERATED/IN PRISON/JUVENILE DETENTION.....3 GO TO V.B2
REFUSED.....r GO TO V.B2

PROGRAMMER: DO NOT ALLOW MISSING VALUES.

ALL POTENTIAL RESPONDENTS (I.YOUTH-REL=1-10)

[you/EP] FILL TEXT AS FOLLOWS: IF EP (I.HELLO=1), IF NOT EP: (I.PROXY=1 OR 2)

I.Consent. Before we begin, may I confirm that you read the letter that we sent [you/EP]?

On the back, there was information about how SSA can use and share the information you provide. Would you like me to read that to you now? Or would you prefer to begin the interview . . . (P18M-I.consent)

INTERVIEWER: READ TEXT BELOW IF REQUESTED

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

We may use the information for the administration of our programs, including sharing information: (1) To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and the Department of Veterans Affairs); and (2) To facilitate audit, investigative, or statistical research activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of Census and to private entities under contract with us). A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice entitled, Supplemental Security Income Studies, Surveys, Records and Extracts (Statistics), 60-0203. Additional information about this and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

IF NOT EP: Section 1110 of the Social Security Act, as amended, authorizes us to request this information. We will use it to evaluate the impact of any services provided to [EP] during (his/her) participation in a national study. Providing us this information is voluntary. Failing to provide us with all or part of the information will not affect the SSI benefits that [EP], (his/her) child, or other household members receive now or in the future.

We may use the information for the administration of our programs, including sharing information: (1) to comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and the Department of Veterans Affairs); and (2) to facilitate audit, investigative, or statistical research activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of Census and to private entities under contract with us). A complete list of when we may share this information with others, called routine uses, is available in our Privacy Act System of Records Notice entitled, Supplemental Security Income Studies, Surveys, Records and Extracts (Statistics), 60-0203. Additional information about this and other system of records notices and our programs are available from our website at www.socialsecurity.gov or at a local Social Security office.

OK TO BEGIN INTERVIEW NOW.....1

NOT A GOOD TIME.....2

REFUSED.....r

SET CALLBACK

TERMINATE REFUSAL

PROGRAMMER: DO NOT ALLOW MISSING VALUE OR DON'T KNOW.

ALL CONSENTING (I. CONSENT=1)

[EP] [Proxy] [\$30/\$40/\$50] PROGRAMMER: IF >12 DAYS FROM RELEASE, FILL \$30 FOR ALL.
IF <12 DAYS FROM RELEASE, FILL \$40 FOR GROUP A, \$50 FOR GROUP B

I.Q1. May I double check the spelling of your name? I have [EP/PROXY], is that correct?

IF NEEDED: This information tells us who answered the questions and will be used to send your [\$30/\$40/\$50] payment after completing the interview.

INTERVIEWER: CORRECT OR UPDATE IF NEEDED – ELSE CODE “1” BELOW.

CORRECT AS SHOWN.....1

INCORRECT – UPDATE NAME.....99

REFUSED.....r TERMINATE REFUSAL

PROGRAMMER: MISSING VALUE NOT ALLOWED.

SOFT CHECK: IF I.Q1=r; **This helps us document who completed each interview. Your name will be kept in confidence and will not be linked to your answers in any reports we create. Are there any questions I can answer or any concerns you may have about answering this question that I could help address?**

I.Q1=99

I.Q1A. RECORD RESPONDENT NAME BELOW:

_____ (STRING 30)

[FIRST NAME]

_____ (STRING 1)

[MIDDLE INITIAL]

_____ (STRING 30)

[LAST NAME]

REFUSED.....r TERMINATE REFUSAL

PROGRAMMER: MISSING VALUE NOT ALLOWED.

SOFT CHECK: IF I.Q1A=r; **This helps us document who completed each interview. Your name will be kept in confidence and will not be linked to your answers in any reports we create. Are there any questions I can answer or any concerns you may have about answering this question that I could help address?**

ALL CONSENTING (I. CONSENT=1)
 [your/EP's] [you/EP] [Are you/Is EP]

I.Q2. The first few questions ask about [your/EP's] household and living situation. Your answers will help make the interview go faster because I will know which questions apply to [you/EP].

[Are you/Is EP]... (P18M-I.Q2/NLTS2012, H1)

INTERVIEWER: PROBE, FOR CURRENT MARITAL STATUS. IF ONCE DIVORCED, BUT NOW REMARRIED, THE STATUS WOULD BE "MARRIED."

- Married,..... 1
- In a marriage-like relationship,..... 2
- Divorced,..... 3
- Separated,..... 4
- Widowed, or..... 5
- Single, never married?..... 6
- DON'T KNOW..... d
- REFUSED..... r

SOFT CHECK: IF I.Q2=d or r; This information helps us know which types of questions to ask about [your/EP's] household. Are there any questions I can answer or any concerns you may have about answering this question that I could help address?

PROGRAMMER: FOR ALL SUBSEQUENT ITEMS THAT FILL [SPOUSE/PARTNER] FILL SPOUSE IF I.Q2 = 1, FILL PARTNER IF I.Q2 = 2

EP IS MARRIED, MARRIAGE-LIKE RELATIONSHIP (I.Q2= 1 OR 2)
 [your/EP's] [spouse/partner] [you/EP]

I.Q3. Does [your/EP's] [spouse/partner] live in the same household with [you/EP]? (P18M-I.Q3)

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

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

ALL CONSENTING (I. CONSENT=1)

[yourself/EP] [your/(his/her)] [RESPONSE TO I.Q4]

I.Q4. Including [yourself/EP], how many people live or stay in [your/ (his/her)] household in total? (NEW)

|_|_| PEOPLE IN HOUSEHOLD (1-25)

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF I.Q4>10; **May I confirm I've recorded [I.Q4] people live or stay in this household at this time?**

SEX = . FROM SAMPLE LOAD FILE ONLY (SAMPLE LOAD FILL ON VARIABLE = ".")

[YOUTH]

I.Q5. So the computer can fill the right words in future questions about [YOUTH], is [YOUTH] male or female? (P18M-I.Q4)

IF NEEDED: This information helps the computer fill in "he" or "she" to describe [YOUTH], in the questions ahead.

YOUTH IS MALE.....1

YOUTH IS FEMALE.....2

DON'T KNOW.....d

REFUSED.....r

PROGRAMMER BOX 1

USE TO GUIDE FILL LOGIC IN REFERENCES TO YOUTH: IF LOAD FILE = 1 OR IF I.Q5 = 1 THEN: USE MALE FILLS (HIM, HIS, HE)/IF LOAD FILE= 2 OR IF I.Q5=2 THEN: USE FEMALE FILLS (HER, SHE)/IF LOAD FILE= . AND I.Q5 – D OR R THEN: PRESENT BOTH FILLS (HIM/HER), (HE/SHE), (HIS/HER).

ALL CONSENTING PROXIES (I.CONSENT=1) AND (I.PROXY=1 OR 2)

[EP]

I.Q6. Is [EP] male or female? (P18M-I.Q4)

IF NEEDED: This information helps the computer fill in "he" or "she" to describe [EP], in the questions ahead.

EP IS MALE.....1

EP IS FEMALE.....2

DON'T KNOW.....d

REFUSED.....r

PROGRAMMER BOX 2

USE TO GUIDE FILL LOGIC IN REFERENCES TO EP FOR PROXY INTERVIEW: IF I.Q6 = 1 THEN: USE MALE FILLS (HIM, HIS, HE)/I.Q6=2 THEN: USE FEMALE FILLS (HER, SHE)/IF I.Q6= D OR R THEN: PRESENT BOTH FILLS (HIM/HER), (HE/SHE), (HIS/HER).

ALL CONSENTING (I. CONSENT=1)
 [YOUTH] [I.Q7]

I.Q7. For verification purposes, can you please tell me [YOUTH]'s date of birth? (P18M-I.Q5a, rev)

PROGRAMMER:

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

(1-12) (1 - 31) (1997- 2001)

DON'T KNOW.....d **GO TO I.Q7A**

REFUSED.....r **GO TO I.Q7A**

PROGRAMMER: MISSING NOT ALLOWED.

SOFT CHECK: IF I.Q6 NE BLANK; **May I confirm I have recorded [I.Q7]?**

I.Q7 RESPONSE IS VALID DATE AND ≠ YOUTH DOB ON FILE OR D, R
 [YOUTH]

I.Q7A. And one more time, just so I can confirm that I am speaking to the right person, what is [YOUTH]'s date of birth? (P18M-I.Q5b)

PROGRAMMER:

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

(1-12) (1 - 31) (1997- 2001)

DON'T KNOW.....d

REFUSED.....r

PROGRAMMER: MISSING NOT ALLOWED.

SOFT CHECK: IF I.7 DOES NOT MATCH YOUTH DOB; Thanks for this information. May I confirm I have recorded [I.Q7A]?

ALL CONSENTING (I.CONSENT=1)

I.Q8. INTERVIEWER CHECK POINT: IF RESPONDENT IS CONTINUING WITH INTERVIEW, SELECT 'RESPONDENT ABLE TO CONTINUE' BELOW.

IF NOT ABLE TO CONTINUE (BREAK OFF) AND YOUTH IS AVAILABLE, SET APPOINTMENT FOR PARENT CASE AND LAUNCH YOUTH INTERVIEW.

IF NEITHER RESPONDENT NOR [YOUTH] ARE ABLE TO CONTINUE NOW, SET APPOINTMENT OR STATUS AS REFUSAL, AS APPLICABLE.

RESPONDENT ABLE TO CONTINUE

.....
1 GO TO II.INTRO

RESPONDENT BREAK OFF – CONTINUE WITH YOUTH

.....
2 SET CALLBACK

RESPONDENT BREAK OFF AND YOUTH UNAVAILABLE

.....
3 SET CALLBACK

PROGRAMMER: ALL CALLBACKS SHOULD ROUTE THROUGH SECTION I BEFORE RESUMING THE INSTRUMENT TO CONFIRM WE ARE SPEAKING WITH THE SAME R AS BEFORE, OR TO UPDATE THE INFORMATION FOR THE NE R, AS APPLICABLE.

Section II. Educational credentials and employment experience

SECTION II. PART A. ENROLLING PARENT EDUCATIONAL CREDENTIALS

ALL CONSENTING (I. CONSENT=1)
[your /EP's]

II.A_INTRO. My first set of questions are about [your /EP's] education and employment.

CONTINUE..... 1

ALL CONSENTING (I. CONSENT=1)
[you have/EP has]

II.A1. What is the highest grade or year of school [you have/EP has] finished? (P18M-III.B1)

INTERVIEWER: READ CATEGORIES IF NECESSARY. IF R SAYS 'SOME COLLEGE' CODE AS 5. IF R NAMES A SPECIFIC LICENSE THEY RECEIVED (E.G., ENGINEERING LICENSE) PROBE FOR THE PLACE THAT PROVIDED THE LICENSE.

- 8TH GRADE OR LESS..... 1
- 9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE..... 2
- HIGH SCHOOL GRADUATE..... 3
- GED..... 4
- POST-HIGH SCHOOL EDUCATION, NO COLLEGE DEGREE..... 5
- VOCATIONAL TECHNICAL (VOC-TECH) DEGREE OR CERTIFICATE..... 6
- 2-YEAR OR 3 YEAR COLLEGE DEGREE/AA DEGREE..... 7
- 4-YEAR COLLEGE DEGREE/BACHELOR'S DEGREE 8
- MASTER'S DEGREE 9
- PHD, MD, JD, LLB OR OTHER PROFESSIONAL GRADUATE DEGREE..... 10
- NEVER ATTENDED SCHOOL..... 11
- OTHER..... 99
- DON'T KNOW..... d
- REFUSED..... r

SECTION II.B. ENROLLING PARENT EMPLOYMENT

ALL CONSENTING (I. CONSENT=1)

[you/EP]

II.B1. Did [you/EP] work for pay at any time in the past year?

PROBE: We are interested in both full-time and part-time work for pay or profit.

INTERVIEWER: CODE 'NO' FOR ANY REASONS PROVIDED NOT WORKING (EXAMPLE: UNABLE TO WORK, IN SCHOOL).

- YES.....1
- NO.....0 GO TO II.B8
- RETIRED.....2 GO TO Box 3
- DON'T KNOW.....d GO TO II.B8
- REFUSED.....r GO TO II.B8

EP WORKED FOR PAY IN PAST YEAR (II.B1=1)

[you/EP]

II.B2. Did any of the jobs [you/EP] worked in the past year offer. . . (YTD- 36-m II.C3, rev)

PROBE: It does not matter if you take this benefit or not. We just want to know if it is offered to [you/EP].

	YES	NO	DK	REF
a. Health insurance?	1	0	d	r
b. Paid vacation or sick leave?	1	0	d	r
c. Any kind of pension or retirement plan?	1	0	d	r

EP WORKED IN PAST YEAR (II.B1=1)

[you were/EP was] [you/EP] [you work/EP works] [you were/(he/she) was]

II.B3. When [you were/EP was] working in the past year, about how many hours per week did [you/EP] usually work?

Please include hours worked across all jobs if [you worked/EP worked] more than one job at that time. (YTD-36m, II.B6 rev)

INTERVIEWER: USE THE FOLLOWING PROBES TO CALCULATE HOURS WORKED: WHICH DAYS DO YOU WORK?/WHAT TIME DO YOU START WORK?/WHAT TIME DO YOU FINISH WORK? DO YOU TAKE A BREAK FOR LUNCH?

|_|_|_| HOURS PER WEEK USUALLY WORKED GO TO II.B4

(0-168 ALLOWABLE RANGE)

DON'T KNOW.....d GO TO II.B3A

REFUSED.....r GO TO II.B3A

SOFT CHECK: IF II.B3 >50; May I confirm I have correctly recorded [FILL] hours per week, on average, when [you were/ (he/she) was] working in the past year?

DOES NOT KNOW OR REFUSES USUAL HRS EP WORKED (II.B3= D OR R)

[you/EP]

II.B3A. Do you think [you/EP] worked . . . (YTD-36mo, II.B6 rev)

PROBE: Your best estimate is fine.

- Less than 10 hours per week?..... 1
- 10-20 hours per week?..... 2
- 21-30 hours per week?..... 3
- 31-35 hours per week?..... 4
- Or more than 35 hours per week?..... 5
- DON'T KNOW.....d
- REFUSED.....r

EP WORKED IN THE PAST YEAR (II.B1=1)
[do you/does (he/she)] [you are/(he/she) is] [you have/(he/she) has] [you expect/(he/she) expects]

II.B4. How many weeks per year [do you/does (he/she)] usually work, including paid vacation and holidays? (NBS, C9)

PROBE: There are 52 weeks in a year. Please include time off for vacation and holidays if [you are/ (he/she) is] paid for that time.

PROBE: If [you have/ (he/she) has] worked less than a year, please answer for the number of weeks [you expect/ (he/she) expects] to work.

|_|_| WEEKS PER YEAR (1-52)

DON'T KNOW.....d

REFUSED.....r

EP WORKED IN THE PAST YEAR (II.B1=1)
[you were/EP was] [you/(he/she)] [you/EP]

II.B5. When [you were/EP was] working in the past year, about how much did [you/ (he/she)] earn before taxes and other deductions? Please include wages, salary, commissions, bonuses and tips from all jobs.

Please tell me first how much [you/ (he/she)] earned and then how you are reporting [your/ (his/her)] earnings, such as by the hour, the day, week, month, or year.

(NEW)

INTERVIEWER: IF EARNINGS VARIED A LOT BY MONTH, ASK R TO REPORT ON A TYPICAL MONTH LAST YEAR.

PROBE: How much did you earn each week in a typical month?

INTERVIEWER: IF NO EARNINGS, RECORD "0."

\$ |_|_|, |_|_|_| DOLLARS (0-9999)

GO TO II.B5_UNIT

DON'T KNOW.....d GO TO II.B6

REFUSED.....r GO TO II.B6

II.B5_UNIT. RECORD UNIT BELOW:

--

PER THING.....1 GO TO II.B5_hrsthing

PER HOUR.....2 GO TO II.B7

PER DAY.....3 GO TO II.B7

PER WEEK.....4 GO TO II.B7

TWICE A MONTH.....5 GO TO II.B7

ONCE A MONTH.....6 GO TO II.B7

YEAR.....7 GO TO II.B7

DON'T KNOW.....d GO TO II.B6

REFUSED.....r GO TO II.B6

II. PARENT/GUARDIAN AND SPOUSE CREDENTIALS AND EMPLOYMENT EXPERIENCE

SOFT CHECK: IF II.B5 >2,000 and II.B5_unit=6; **May I confirm I have correctly recorded that you earned [II.B5] dollars in a typical month last year?**

II.B5_UNIT = 1
[your/EP's] [did you/did (he/she) (make/do/sell)]

II.B5_hrsthing When [you were/EP was] working in the past year, about how many things [did you/did (he/she) (make/do/sell)] in an hour? (NEW)

RECORD THINGS PER HOUR

|_|_|_|_| THINGS/HOUR (1-999) GO TO II.B7

- DON'T KNOW.....d GO TO II.B6
- REFUSED.....r GO TO II.B6

EP EARNINGS IN TYPICAL MONTH LAST YEAR IS DON'T KNOW OR REFUSED (II.B5= D OR R) OR (II.B5_UNIT = D OR R) OR (II.B5_HRSTHING = D OR R).

[your/EP's]

II.B6. Were [your/EP's] earnings in a typical month last year more or less than \$2,500? (NEW)

PROBE: Your best estimate is fine.

--

- MORE THAN \$2,500.....1 GO TO II.B6B
- \$2,500 OR LESS.....2
- DON'T KNOW.....d GO TO II.B7
- REFUSED.....r GO TO II.B7

EP EARNINGS IN PRIOR ITEM ≤2500 (II.B6=2)

[your/EP's]

II.B6A. Were [your/EP's] earnings in a typical month last year ... (NEW)

--

- Less than \$100.....1 GO TO II.B7
- Between \$100 and \$500.....2 GO TO II.B7
- \$501 to \$1,000.....3 GO TO II.B7
- \$1,001 to \$1,500.....4 GO TO II.B7
- \$1,501 to \$2,000, or was it.....5 GO TO II.B7
- \$2,001 to \$2,500?.....6 GO TO II.B7
- DON'T KNOW.....d GO TO II.B7
- REFUSED.....r GO TO II.B7

EP EARNINGS IN PRIOR ITEM REPORTED AS >2500 (II.B6=1)
[your/EP's]

II.B6B. Were [your/EP's] earnings in a typical month last year ... (NEW)

- \$2,501 to \$3,000.....1
- \$3,001 to \$3,500.....2
- \$3,501 to \$4,000.....3
- \$4,001 to \$4,500.....4
- \$4,501 to \$5,000, or was it.....5
- More than \$5,000?.....6
- DON'T KNOW.....d
- REFUSED.....r

EP WORKED IN PAST YEAR OR DK OR REF WORKED IN PAST YR (II.B1=1 OR D OR R)
[Are you/Is EP]

II.B7. [Are you/Is EP] currently working at a job for pay? (YTD Baseline-60P, rev)

PROBE: We are interested in both full-time and part-time work for pay or profit

INTERVIEWER: CODE 'NO' FOR ANY REASONS PROVIDED NOT WORKING (EXAMPLE: RETIRED, UNABLE TO WORK, IN SCHOOL).

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

EP NOT WORKING NOW OR CURRENT WORK STATUS DK OR R (II.B1=0) OR (II.B7=0, D, OR R)
[Do you/Does EP]

II.B8. [Do you/Does EP] currently want a job, either full or part time? (P18M-III.A4./CPS D-ant, rev)

- YES.....1
- MAYBE, IT DEPENDS.....2
- NO.....0 GO TO II.B11
- DON'T KNOW.....d GO TO II.B11
- REFUSED.....r GO TO II.B11

EP NOT WORKING NOW, WANTS JOB (II.B8=1 OR 2)

[Have you/Has EP]

II.B9. [Have you/ Has EP] been looking for work during the last four weeks? (NBS-B28)

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

EP NOT WORKING NOW OR CURRENT WORK STATUS DK OR R (II.B1=0 OR II.B7=0 OR D OR R)

[you/EP] [you are/EP is] [Are you/Is EP] [you want/(he/she) wants]

II.B10. I'm going to read a list of reasons why some people do not work. For each, please tell me if it is a reason why [you are/EP is] not currently working.

[Are you/Is EP] not working because . . . (NBS-2017, B25, CPS)

IF NEEDED: I need to read the entire list even though some of the reasons may not apply to [you/EP]. If a reason does not apply, please just say so.

INTERVIEWER: IF RESPONDENTS SAYS 'DOES NOT APPLY' CODE AS 'NO'.

PROGRAMMER: RANDOMIZE SEQUENCE OF THE ROWS BELOW.

	YES	NO	DK	REF
a. [You/EP] cannot find a job [you want/ (he/she) wants].	1	0	d	r
b. [You do/EP does] not have reliable transportation to and from work.	1	0	d	r
c. [You are/EP is] caring for children or others.	1	0	d	r
d. [You do/EP does] not want to lose benefits [you need/(he/she) needs] like Social Security, disability insurance, workers' compensation, or Medicaid.	1	0	d	r
e. [You/EP] cannot find a job [you are/ (he/she) is] qualified for.	1	0	d	r

EP NOT WORKING NOW OR IN PAST YEAR (II.B1=0 OR II.B7=0)
[you are/EP is]

II.B11. Are there any other reasons why [you are/EP is] not working at this time that we have not yet mentioned?

- YES..... 1
- NO..... 0 GO TO BOX 3
- DON'T KNOW..... d GO TO BOX 3
- REFUSED..... r GO TO BOX 3

OTHER REASON WHY EP NOT WORKING NOW (II.B12=1)
[are you/is EP]

II.B11-SPEC. Why [are you/is EP] not working at this time? (NBS 2017, BP4a, rev, CPS)

INTERVIEWER: RECORD VERBATIM THEN CODE ALL THAT APPLY
 _____(STRING 750)

II.B11-SPEC-CODES (1-10).

- WAITING TO FINISH SCHOOL OR A TRAINING PROGRAM.....1
- ON LAYOFF (TEMPORARY OR INDEFINITE).....2
- SLACK WORK/BUSINESS CONDITIONS.....3
- LEAVE (MATERNITY/PATERNITY, PERSONAL) AND VACATION.....4
- PREVIOUS ATTEMPTS TO WORK HAVE BEEN DISCOURAGING.....5
- CANNOT GET HELP NEEDED WITH PERSONAL CARE. [INCLUDES HELP DRESSING AND BATHING TO GET READY FOR WORK, OR EATING LUNCH, OR USING THE RESTROOM AT WORK.....6
-
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.....7
- WORKPLACES ARE NOT ACCESSIBLE TO, OR LACK ACCOMMODATIONS FOR PEOPLE WITH A DISABILITY.....8
- RETIRED.....9
- OTHER REASON.....10
- DON'T KNOW..... d
- REFUSED..... r

PROGRAMMER BOX 3
 IF SPOUSE/PARTNER LIVES IN HOUSEHOLD (I.Q3=1), GO TO II.C1. ELSE GO TO II.D12.

PROGRAMMER BOX 3A

IF R IS EP (I.HELLO=1) USE FILLS FOR YOUR SPOUSE/PARTNER.
 IF R IS EP'S SPOUSE/PARTNER (I.PROXY=1), USE FILLS FOR 'YOU/YOUR'.
 IF R IS OTHER ADULT HH MEMBER (I.PROXY=2), USE FILLS FOR "EP'S SPOUSE/PARTNER." THESE FILLS WILL BE PRESENTED CONSISTENTLY IN THIS SEQUENCE FOR ALL APPLICABLE ITEMS.

SECTION II.C. EDUCATION CREDENTIALS OF ENROLLING PARENT'S SPOUSE/PARTNER

SPOUSE/PARTNER LIVES IN HOUSEHOLD (I.Q3=1)
 [your (spouse/partner) has/you have/(EP's (spouse/partner) has]

II.C1. What is the highest grade or year of school [your (spouse/partner) has/you have/ (EP's (spouse/partner) has] finished? (P18M-III.B1)

INTERVIEWER: READ CATEGORIES IF NECESSARY. IF R SAYS 'SOME COLLEGE' CODE AS 5. IF R NAMES A SPECIFIC LICENSE THEY RECEIVED (E.G., ENGINEERING LICENSE) PROBE FOR THE PLACE THAT PROVIDED THE LICENSE.

- 8TH GRADE OR LESS.....1
- 9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE.....2
- HIGH SCHOOL GRADUATE.....3
- GED.....4
- POST-HIGH SCHOOL EDUCATION, NO COLLEGE DEGREE.....5
- VOCATIONAL TECHNICAL (VOC-TECH) DEGREE OR CERTIFICATE.....6
- 2-YEAR OR 3 YEAR COLLEGE DEGREE/AA DEGREE.....7
- 4-YEAR COLLEGE DEGREE/BACHELOR'S DEGREE.....8
- MASTER'S DEGREE.....9
- PHD, MD, JD, LLB OR OTHER PROFESSIONAL GRADUATE DEGREE.....10
- NEVER ATTENDED SCHOOL.....11
- OTHER.....99
- DON'T KNOW.....d
- REFUSED.....r

SECTION II.D. EMPLOYMENT OF ENROLLING PARENT'S SPOUSE/PARTNER

SPOUSE/PARTNER LIVES IN HOUSEHOLD (I.Q3=1)
[your (spouse/partner)/you/EP's (spouse/partner)]

II.D1. Did [your (spouse/partner)/you/EP's (spouse/partner)] work for pay at any time in the past year? (New)

PROBE: We are interested in both full-time and part-time work for pay or profit

INTERVIEWER: CODE 'NO' FOR ANY REASONS PROVIDED NOT WORKING (EXAMPLE: UNABLE TO WORK, IN SCHOOL).

- YES..... 1
- NO..... 0 GO TO II.D8
- RETIRED..... 0 GO TO II.D13
- DON'T KNOW..... d GO TO II.D7
- REFUSED..... r GO TO II.D7

SPOUSE/PARTNER WORKED IN PAST YEAR (II.D1=1)
[your (spouse/partner)/you/EP's (spouse/partner)]

II.D2. Did any of the jobs [your (spouse/partner)/you/EP's (spouse/partner)] worked in the past year offer. . . (YTD 36m-II.C3, rev)

PROBE: It does not matter if your [spouse/partner] uses this benefit or takes the benefit or not. Our focus in this question is on whether or not it is offered.

	YES	NO	DK	REF
a. Health insurance?	1	0	d	r
b. Paid vacation or sick leave?	1	0	d	r
c. Any kind of pension or retirement plan?	1	0	d	r

SPOUSE/PARTNER WORKED IN PAST YEAR (II.D1=1)
 [your (spouse/partner) was/you were/EP's (spouse/partner) was]

II.D3. When [your (spouse/partner) was/you were/EP's (spouse/partner) was] working in the past year, about how many hours per week did (he/she) usually work? Please include hours worked across all jobs if (he/she) works more than one job. (YTD-36mo, II.B6, rev)

PROBE: Which days does (he/she) work?/ What time does (he/she) start work?/What time does (he/she) finish work? Does (he/she) take a break for lunch?

|_|_|_| HOURS PER WEEK USUALLY WORKED GO TO II.D5

(0-100)

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF II.D3 >50; May I confirm I have correctly recorded [FILL] hours per week, on average, when [your (spouse/partner) was/you were/EP's (spouse/partner) was] working in the past year?

SPOUSE/PARTNER USUAL HRS WORKED IN PAST YEAR IS DK OR REF (II.D3=D OR R)

II.D3A. Do you think (he/she) works ... (YTD-36mo, II.B6)

PROBE: Your best guess is fine.

Less than 10 hours per week?.....1

10-20 hours per week?.....2

21-30 hours per week?.....3

31-35 hours per week?.....4

Or more than 35 hours per week?.....5

DON'T KNOW.....d

REFUSED.....r

EP'S SPOUSE/PARTNER WORKED IN THE PAST YEAR (II.D1=1)

II.D4. How many weeks per year does (he/she) usually work, including paid vacation and holidays? (NBS, C9)

PROBE: There are 52 weeks in a year. Please include time off for vacation and holidays if (he/she) is paid for that time.

PROBE: If (he/she) worked less than a year, please answer for the number of weeks [you expect/ (he/she) expects] to work.

|_|_| WEEKS PER YEAR (1-52)

DON'T KNOW.....d

REFUSED.....r

II. PARENT/GUARDIAN AND SPOUSE CREDENTIALS AND EMPLOYMENT EXPERIENCE

EP'S SPOUSE/PARTNER WORKED IN THE PAST YEAR (II.D1=1)
[you were/EP was] [you/(he/she)] [you/EP]

II.D5. When [your (spouse/partner) was/you were/EP's (spouse/partner) was] working in the past year, about how much did [(he/she)/ you/ (he/she)] earn before taxes and other deductions? Please include wages, salary, commissions, bonuses and tips from all jobs.

Please tell me first how much [(he/she)/you/ (he/she)] earned, and then tell me how you are reporting the earnings, such as by the hour, the day, week, month, or year. (NEW)

INTERVIEWER: IF EARNINGS VARIED A LOT BY MONTH, ASK R TO REPORT ON A TYPICAL MONTH LAST YEAR.

PROBE: How much did you earn each week in a typical month?

INTERVIEWER: IF NO EARNINGS, RECORD "0."

- \$ |__|, |__|__|__| DOLLARS (0-9999) GO TO II.D5_UNIT
- DON'T KNOW.....d GO TO II.D6
- REFUSED.....r GO TO II.D6

II.D5_UNIT. RECORD UNIT BELOW:

- PER THING.....1 GO TO II.D5_hrsthing
- PER HOUR.....2 GO TO II.D7
- PER DAY.....3 GO TO II.D7
- PER WEEK.....4 GO TO II.D7
- TWICE A MONTH.....5 GO TO II.D7
- ONCE A MONTH.....6 GO TO II.D7
- YEAR.....7 GO TO II.D7
- DON'T KNOW.....d GO TO II.D6
- REFUSED.....r GO TO II.D6

SOFT CHECK: IF II.B5 >2,000 and II.B5_unit=6; May I confirm I have correctly recorded that you earned [II.B5] dollars in a typical month last year?
--

II.D5_UNIT = 1
[your/EP's] [did you/did (he/she) (make/do/sell)]

II.D5_hrsthing When [you were/your (spouse/partner) was] working in the past year, about how many things [did you/did (he/she) (make/do/sell)] in an hour? (NEW)

RECORD THINGS PER HOUR

|__|__|__| THINGS/HOUR (1-999) GO TO II.B7

II. PARENT/GUARDIAN AND SPOUSE CREDENTIALS AND EMPLOYMENT EXPERIENCE

DON'T KNOW.....d GO TO II.D6
 REFUSED.....r GO TO II.D6

EP'S SPOUSE/PARTNER INCOME TYPICAL MONTH PAST YEAR IS DK OR REF (II.D5= D OR R) OR (II.D5_UNIT = D OR R) OR (II.D5_HRSTHING= D OR R)

II.D6A. Were (his/her) earnings in a typical month last year more or less than \$2500? (NEW)

PROBE: Your best estimate is fine.

MORE THAN \$2,500.....1 GO TO II.D6
 \$2,500 OR LESS.....2
 DON'T KNOW.....d GO TO II.D7
 REFUSED.....r GO TO II.D7

SPOUSE/PARTNER'S INCOME IN TYPICAL MONTH IN PAST YEAR ≤ \$2,500 (II.D6=2)

[your/EP's]

II.D6B. Were [your/EP's] earnings in a typical month last year ... (NEW)

Less than \$100.....1 GO TO II.D7
 Between \$100 and \$500.....2 GO TO II.D7
 \$501 to \$1,000.....3 GO TO II.D7
 \$1,001 to \$1,500.....4 GO TO II.D7
 \$1,501 to \$2,000, or was it.....5 GO TO II.D7
 \$2,001 to \$2,500?.....6 GO TO II.D7
 DON'T KNOW.....d GO TO II.D7
 REFUSED.....r GO TO II.D7

SPOUSE/PARTNER'S INCOME IN TYPICAL MONTH IN PAST YEAR > \$2,500 (II.D6=1)

II.D6B. Were (his/her) earnings in a typical month last year ... (NEW)

\$2,501 to \$3,000.....1
 \$3,001 to \$3,500.....2
 \$3,501 to \$4,000.....3
 \$4,001 to \$4,500.....4
 \$4,501 to \$5,000, or was it.....5
 More than \$5,000?.....6

II. PARENT/GUARDIAN AND SPOUSE CREDENTIALS AND EMPLOYMENT EXPERIENCE

DON'T KNOW.....d

REFUSED.....r

SPOUSE/PARTNER LIVES IN HOUSEHOLD, WORKED IN PAST YEAR OR PAST YEAR WORK DK OR R (II.D1=1 OR D OR R)

[Is your (spouse/partner)/Are you/Is EP's (spouse/partner)]

II.D7. [Is your (spouse/partner)/Are you/Is EP's (spouse/partner)] currently working at a job for pay? (YTD Baseline 62P, rev)

PROBE: We are interested in both full-time and part-time work for pay or profit.

INTERVIEWER: CODE 'NO' FOR ANY REASONS PROVIDED NOT WORKING (EXAMPLE: RETIRED, UNABLE TO WORK, IN SCHOOL).

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

PROGRAMMER BOX 4
 IF EP'S SPOUSE/PARTNER NOT WORKING NOW OR CURRENT WORK STATUS D OR R (II.D1=0) OR (II.D7=0 OR D OR R) GO TO II.D8. ELSE GO TO II.D12.

EP'S SPOUSE/PARTNER NOT WORKING NOW OR CURRENT WORK STATUS D OR R (II.D1=0) OR (II.D7=0 OR D OR R)

[Does your (spouse/partner)/Do you/Does EP's (spouse/partner)]

II.D8. [Does your (spouse/partner)/Do you/Does EP's (spouse/partner)] currently want a job, either full or part time? (P18M-III.A4/CPS, D-ant, rev)

- YES..... 1
- MAYBE, IT DEPENDS..... 2
- NO..... 0 GO TO II.D11
- DON'T KNOW..... d GO TO II.D11
- REFUSED..... r GO TO II.D11

SPOUSE/PARTNER NOT WORKING NOW, WANTS JOB (II.D8=1 OR 2)
 [Has your (spouse/partner)/Have you/Has EP's (spouse/partner)]

II.D9. [Has your (spouse/partner)/Have you/Has EP's (spouse/partner)] been looking for work during the last four weeks? (NBS-B28)

- YES..... 1
- NO..... 0 GO TO II.D11
- DON'T KNOW..... d GO TO II.D11
- REFUSED..... r GO TO II.D11

EP'S SPOUSE/PARTNER NOT WORKING NOW OR CURRENT WORK STATUS D OR R (II.D1=0) OR (II.D7=0 OR D OR R)

[your (spouse/partner) is/you are/EP's (spouse/partner) is]

II.D10. I'm going to read you a list of these reasons some people do not work. For each, please tell me if it is a reason [your (spouse/partner) is/you are/EP's (spouse/partner) is] not currently working. Is (he/she) not working because ... (NBS-2016-2017, B25)

PROBE: I need to read the entire list even though some of the reasons may not apply. If a reason does not apply, please just say so.

INTERVIEWER: IF RESPONDENTS SAYS 'DOES NOT APPLY' CODE AS 'NO'.

PROGRAMMER: RANDOMIZE SEQUENCE OF THE ROWS BELOW.

	YES	NO	DK	REF
a. (He/She) cannot find a job (he/she) wants.	1	0	d	r
b. (He/She) does not have reliable transportation to and from work.	1	0	d	r
c. (He/She) is caring for children or others.	1	0	d	r
d. (He/she) does not want to lose benefits (he/she) needs like Social Security, disability insurance, workers' compensation, or Medicaid.	1	0	d	r
e. (He/she) cannot find a job (he/she) is qualified for.	1	0	d	r

EP'S SPOUSE/PARTNER NOT WORKING NOW OR IN PAST YEAR (II.D1=0 OR II.D7=0)
 [your (spouse/partner) is/you are/EP's (spouse/partner) is]

II.D11. Are there any other reasons why [your (spouse/partner) is/you are/EP's (spouse/partner) is] not working at this time that I have not already mentioned? (NBS 2016-2017, BP4a, rev)

- YES..... 1
- NO..... 0 GO TO II.D12
- DON'T KNOW..... d GO TO II.D12
- REFUSED..... r GO TO II.D12

OTHER REASON WHY SPOUSE/PARTNER NOT WORKING (II.D12=1)
 [your (spouse/partner) is/you are/EP's (spouse/partner) is]

II.D11_SPEC: What are the other reasons [your (spouse/partner) is/you are/EP's (spouse/partner) is] not working at this time? (NBS 2017, BP4a, rev)

PROBE: Any other reason?

INTERVIEWER: RECORD VERBATIM THEN CODE ALL THAT APPLY
 _____(STRING 750)

II.D11_CODES 1-10: ASSIGN CODES TO VERBATIM RESPONSE PROVIDED:

- WAITING TO FINISH SCHOOL OR A TRAINING PROGRAM.....1
- ON LAYOFF (TEMPORARY OR INDEFINITE).....2
- SLACK WORK/BUSINESS CONDITIONS.....3
- LEAVE (MATERNITY/PATERNITY, PERSONAL) AND VACATION.....4
- PREVIOUS ATTEMPTS TO WORK HAVE BEEN DISCOURAGING.....5
- CANNOT GET HELP NEEDED WITH PERSONAL CARE. [INCLUDES HELP DRESSING AND BATHING TO GET READY FOR WORK, OR EATING LUNCH, OR USING THE RESTROOM AT WORK.....6
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.....7
- WORKPLACES ARE NOT ACCESSIBLE TO, OR LACK ACCOMMODATIONS FOR PEOPLE WITH A DISABILITY.....8
- RETIRED.....9
- OTHER REASON.....10

ALL CONSENTING (I.CONSENT=1)

II.D12. PROGRAMMER: INSERT DATE THIS SECTION "EMPLOYMENT" WAS COMPLETED (MM/DD/YYYY). INTERVIEWER: SELECT "CONTINUE." (P18M-III.A5)

CONTINUE.....1

ALL CONSENTING (I.CONSENT=1)

II.D13. INTERVIEWER CHECK POINT (P18M-III.B6): IF RESPONDENT IS CONTINUING WITH INTERVIEW, SELECT 'RESPONDENT ABLE TO CONTINUE' BELOW. IF NOT ABLE TO CONTINUE (BREAK OFF) AND YOUTH IS AVAILABLE, SET APPOINTMENT FOR PARENT CASE AND LAUNCH YOUTH INTERVIEW.

IF NEITHER RESPONDENT NOR [YOUTH] ARE ABLE TO CONTINUE NOW, SET APPOINTMENT OR STATUS AS REFUSAL, AS APPLICABLE.

- RESPONDENT ABLE TO CONTINUE.....1 GO TO III.A.INTRO
- RESPONDENT BREAK OFF – CONTINUE WITH YOUTH2 SET CALLBACK

II. PARENT/GUARDIAN AND SPOUSE CREDENTIALS AND EMPLOYMENT EXPERIENCE

RESPONDENT BREAK OFF AND YOUTH UNAVAILABLE.....3 SET CALLBACK

Section III.	Individual and family well-being
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PROGRAMMER BOX 5

IF R IS EP (I.HELLO = 1) USE FILLS FOR YOUR SPOUSE/PARTNER.
 IF R IS EP'S SPOUSE/PARTNER (I.PROXY = 1), USE FILLS FOR 'YOU/YOUR'.
 IF R IS OTHER ADULT HH MEMBER (I.PROXY=2), USE FILLS FOR "EP'S SPOUSE/PARTNER." These fills will be presented consistently in this sequence for all applicable items.

III.A. Household Health and Current Health Insurance Coverage

ALL CONSENTING (I.CONSENT=1)
[you/EP] [your (spouse/partner)/you/ EP's (spouse/partner)] [youth]

III.A.Intro. **The next questions are about health insurance, including health insurance obtained through employment or purchased directly, as well as government programs like Medicaid and Medicare. (P18M.III-INTRO)**

CONTINUE..... 1

ALL CONSENTING (I.CONSENT=1)
[Are you, EP FIRST NAME/Is EP FIRST NAME] [you/(he/she)/(he/she)] [you are/ EP FIRST NAME is]

III.A1. **[Are you, EP FIRST NAME/Is EP FIRST NAME], covered by any kind of health insurance or some other kind of health care plan? (P18M IV.A1/NHIS, rev)**

PROBE: **This includes private insurance, as well as other types of health insurance [you/ (he/she)] may receive or have purchased through government programs.**

- YES..... 1
- NO..... 0 GO TO BOX 6
- DON'T KNOW..... d GO TO BOX 6
- REFUSED..... r GO TO BOX 6

SOFT CHECK IF III.A1=0: May I confirm that I have recorded your answer correctly – that is that [you are/ EP FIRST NAME is] not covered by any kind of health insurance at this time?

EP COVERED BY INSURANCE (III.A1=1)
[Are you, EP/Is EP], [STATE MEDICAID NAME] [PROGRAM STATE]

III.A2. What kind of health insurance or health care plan are [are you/ is EP/], now covered by? If [you have/ EP has] more than one kind of insurance, please let me know. (P18M- IV.A3, 4, 5, 6 - rev/NHIS, rev)

PROBE: Anything else?

IF NEEDED:

Private health insurance includes any health insurance other than [STATE MEDICAID NAME], Medicare, or TRICARE.

[STATE MEDICAID NAME] is the name for the Medicaid program in [PROGRAM STATE]. Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities.

INTERVIEWER: IF THE EP NO LONGER LIVED IN [PROGRAM STATE], BUT IS ENROLLED IN (HIS/HER) CURRENT STATE, RECORD AS 'YES' BELOW.

Medicare is the federal health insurance program for certain people with disabilities.

TRICARE is a health insurance program for military service members and their families.

- PRIVATE HEALTH INSURANCE.....1
- MEDICAID [OR STATE MEDICAID NAME].....2
- MEDICARE.....3
- TRICARE.....4
- OTHER KIND OF INSURANCE NOT LISTED ABOVE.....5
- DON'T KNOW.....d
- REFUSED.....f

<p>SOFT CHECK-1: (IF <u>RESPONDENT</u> IS REPORTED TO HAVE INSURANCE (III.A1=1), BUT INSURANCE CATEGORY IS REPORTED (III.A2_1 through III.A2_5 all = 0): May I confirm I have correctly recorded that you have health insurance coverage?</p> <p>IF NOT COVERED, RETURN TO III.A1 TO CORRECT THE RESPONSE, AS NEEDED.</p> <p>IF COVERED, RETURN TO APPLICABLE ITEM(S) TO UPDATE TYPE OF COVERAGE.</p>

EP COVERED BY PRIVATE INSURANCE (III.A2_1=1)

[STATE MARKETPLACE NAME]

III.A2A. Was this private insurance purchased through the Affordable Care Act or a health insurance exchange, sometimes called [state marketplace name] or Healthcare.gov, or ObamaCare? (P18M-IV.A9/NHIS, rev)

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

ALL CONSENTING (I. CONSENT=1)

[Do you/Does EP] [you/EP]

III.A3. [Do you/Does EP] have a physical or mental condition, health problem, or a disability which prevents work or which limits the kind or amount of work [you/EP] can do? (P18M-III.B4 rev)

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

PROGRAMMER BOX 6

IF SPOUSE/PARTNER LIVES IN HOUSEHOLD (I.Q3=1), GO TO III.A4. ELSE GO TO BOX 7.

EP'S SPOUSE OR PARTNER IN HOUSEHOLD (I.Q3=1)

[Is your (spouse/partner)/Are you/Is EP's (spouse/partner)] [your (spouse/partner) is/you are/EP's (spouse/partner) is]

III.A4. The next set of questions are about health insurance for your [spouse/partner]. [Is your (spouse/partner)/Are you/ Is EP's (spouse/partner)] covered by any kind of health insurance or some other kind of health care plan? (P18M, IV.A1/NHIS, rev)

PROBE: This includes private insurance, as well as other types of health insurance you may receive or have purchased through government programs.

- YES..... 1
- NO..... 0 GO TO BOX 7
- DON'T KNOW..... d GO TO BOX 7
- REFUSED..... r GO TO BOX 7

SOFT CHECK IF III.A4 = 0: **May I confirm that I have recorded your answer correctly – that is that [your (spouse/partner) is/you are/EP's (spouse/partner) is] not covered by any kind of health insurance of any kind at this time?**

SPOUSE/PARTNER COVERED BY INSURANCE (III.A4=1)

[Is your (spouse/partner)/Are you/Is EP's (spouse/partner)] [STATE MEDICAID NAME] [PROGRAM STATE].

III.A5. What kind of health insurance or health care plan [is your (spouse/partner)/are you/Is EP's (spouse/partner)] covered by? If [(he/she) has/ you have/ (he/she) has]] more than one kind of insurance, please let me know. (P18M- IV.A3, 4, 5, 6 - rev/NHIS, rev)

PROBE: Anything else?

IF NEEDED:

Private health insurance includes any health insurance other than [STATE MEDICAID NAME], Medicare, or TRICARE.

[STATE MEDICAID NAME] is the name for the **Medicaid program** in [PROGRAM STATE]. Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities.

INTERVIEWER: IF THE EP NO LONGER LIVED IN [PROGRAM STATE], BUT IS ENROLLED IN (HIS/HER) CURRENT STATE, RECORD AS 'YES' BELOW.

Medicare is the federal health insurance program for certain people with disabilities.

TRICARE is a health insurance program for military service members and their families.

- PRIVATE HEALTH INSURANCE.....1
- MEDICAID [OR STATE MEDICAID NAME].....2
- MEDICARE.....3
- TRICARE.....4
- OTHER KIND OF INSURANCE NOT LISTED ABOVE.....5
- DON'T KNOW.....d
- REFUSED.....f

SOFT CHECK: (IF EP'S SPOUSE/PARTNER) IS REPORTED TO HAVE INSURANCE (III.A4=1) BUT NO INSURANCE TYPE IS REPORTED (III.A5_1 THROUGH III.A5_5 ALL = 0): May I confirm I have correctly recorded that [your (spouse/partner) has/you have/EP's (spouse/partner) has] health insurance coverage?

IF NOT COVERED RETURN TO III.A4 TO CORRECT THE RESPONSE, AS NEEDED.

IF COVERED, RETURN TO APPLICABLE ITEM TO UPDATE TYPE OF COVERAGE.

SPOUSE/PARTNER HAS PRIVATE INSURANCE (III.A5_1=1)
[STATE MARKETPLACE NAME]

III.A6. Was this private insurance purchased through the Affordable Care Act or a health insurance exchange, sometimes called [STATE MARKETPLACE NAME OR] Healthcare.gov, or ObamaCare? (P18M-IV.A9/NHIS, modified)

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

EP'S SPOUSE/PARTNER LIVES IN HOUSEHOLD (I.Q3=1)
[Does your (spouse/partner)/Do you/Does (EP's (spouse/partner))]

III.A7. [Does your (spouse/partner)/Do you/Does (EP's (spouse/partner))] have a physical or mental condition, health problem, or a disability which prevents work or which limits the kind or amount of work [you/ (he/she)] can do? (P18M-III.B4 rev)

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

PROGRAMMER BOX 7
 IF YOUTH LIVES IN EP'S HOUSEHOLD (I.YTH-LIV=1) GO TO III.A8. ELSE GO TO III.B.INTRO

YOUTH LIVES IN EP'S HOUSEHOLD (I.YTH-LIV=1)
[YOUTH]

III.A8. Next I will ask about [YOUTH]. Is [YOUTH] covered by any kind of health insurance or some other kind of health care plan? (P18M, IV.A1/NHIS, rev)

PROBE: This includes private insurance, as well as other types of health insurance you may receive or have purchased through government programs.

- YES..... 1
- NO..... 0 GO TO III.B.INTRO.
- DON'T KNOW..... d GO TO III.B.INTRO.
- REFUSED..... r GO TO III.B.INTRO.

SOFT CHECK IF III.A8 = 0: **May I confirm that I have recorded your answer correctly – that [YOUTH] is not covered by any kind of health insurance at this time?**

YOUTH COVERED BY INSURANCE (III.A8=1)
[YOUTH] [STATE MEDICAID NAME] [PROGRAM STATE] [STATE-SPECIFIC NAME FOR S-CHIP]

III.A9. What kind of health insurance or health care plan is [YOUTH] now covered by? If [he/she] has more than one kind of insurance or plan, please let me know. (P18M- IV.A3, 4, 5, 6, 7- rev/ NHIS, rev]

PROBE: Anything else?

IF NEEDED: Private health insurance includes any health insurance other than [STATE MEDICAID NAME], Medicare, or TRICARE.

[STATE MEDICAID NAME] is the name for the Medicaid program in [PROGRAM STATE]. Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities.

INTERVIEWER: IF THE EP NO LONGER LIVED IN [PROGRAM STATE], BUT IS ENROLLED IN (HIS/HER) CURRENT STATE, RECORD AS 'YES' BELOW.

Medicare is the federal health insurance program for certain people with disabilities.

TRICARE is a health insurance program for military service members and their families.

CHILDREN'S HEALTH INSURANCE PROGRAM OR S-CHIP is free or low-cost health insurance for uninsured children under age 19. This program helps reach uninsured children whose families earn too much to qualify for Medicaid, but not enough to get private coverage.

- PRIVATE HEALTH INSURANCE.....1
- MEDICAID [OR STATE MEDICAID NAME].....2
- MEDICARE.....3
- TRICARE.....4
- CHILDREN'S HEALTH INSURANCE PROGRAM (S-CHIP) OR [STATE NAME] 5
- OTHER KIND OF INSURANCE NOT LISTED ABOVE.....6
- DON'T KNOW.....d
- REFUSED.....r

SOFT CHECK: IF YOUTH IS REPORTED TO HAVE INSURANCE III.A8=1 BUT INSURANCE TYPE IS NOT REPORTED (III.A9_1 THROUGH III.A9_5 ALL = 0) May I confirm I have correctly recorded that [YOUTH] has health insurance coverage?

IF NO COVERAGE RETURN TO III.A6 TO CORRECT.

IF COVERED, RETURN TO APPLICABLE ITEMS TO UPDATE TYPE OF COVERAGE.

YOUTH COVERED BY PRIVATE INSURANCE (III.A9_1=1)
[STATE MARKETPLACE NAME]

III.A10. Was this private insurance purchased through the Affordable Care Act or a health insurance exchange, sometimes called [state marketplace name or] Healthcare.gov, or ObamaCare? (P18M-IV.A9/NHIS, modified)

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

SECTION III.B. HOUSEHOLD INCOME AND BENEFIT RECEIPT

ALL CONSENTING (I.CONSENT=1)
[your/EP's] [your/(his/her)]

III.B.INTRO. The next set of questions ask about benefits [your/EP's] household may receive, as well as [your/ (his/her)] household income. This information helps researchers better understand how family finances affect students' ability to go to college or pursue other goals after high school. Your answers to these questions are important to the success of this study and will be kept completely confidential.

- CONTINUE..... 1

ALL CONSENTING (I.CONSENT=1)
[Do you/Does EP] [STATE NAME FOR TANF]

III.B1. [Do you/Does EP] or does anyone in your household receive assistance from temporary assistance for needy families or [STATE NAME FOR TANF]? (P18M IV.B1a)

IF NEEDED: The Temporary Assistance for Needy Families (TANF) program provides families with financial assistance and related support services. These programs may include childcare assistance, job preparation, and work assistance.

- YES..... 1
- NO..... 0 GO TO III.B2
- DON'T KNOW..... d GO TO III.B2
- REFUSED..... r GO TO III.B2

R HOUSEHOLD RECEIVES BENEFITS FROM TANF (III.B1=1)
[your/EP's] [STATE NAME FOR TANF]

III.B1a How much money did [your/EP's] household get from TANF, or [STATE NAME FOR TANF] last month? (YTD 36M XI.B1a, rev)

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS.

|_|_|_|_| DOLLARS

(0-9,000)

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF III.B1a > \$500: May I confirm I have correctly recorded last month's TANF benefit as [III.B1a]?

ALL CONSENTING (I.CONSENT=1)
[Do you/Does EP] [or STATE NAME FOR SNAP] [your/EP's]

III.B2. [Do you/Does EP] or does anyone in [your/EP's] household receive assistance from SNAP, the Supplemental Nutrition Assistance Program [or STATE NAME FOR SNAP]? (P18M IV.B1b)

IF NEEDED: SNAP provides a monthly supplement for purchasing nutritious food. Benefits are provided on an electronic card, called an EBT card that is used like an ATM card and accepted at most grocery stores. This program was formerly known as "food stamps."

YES.....1

NO.....0 GO TO III.B3

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

REFUSED.....r GO TO III.B3

RECEIVES SNAP BENEFITS (III.B2=1)
[your/EP's] [or STATE NAME FOR SNAP]

III.B2a How much did [your/EP's] household get from the SNAP program [or STATE NAME FOR SNAP] last month? (YTD 36-m, XI.B2a, rev)

PROBE: This program was formerly known as "food stamps."/Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

|_|_|_|_| DOLLARS

(0-1,500)

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF III.B2a > \$500: **May I confirm I have correctly recorded last month's SNAP benefit as [III.B2a]?**

ALL CONSENTING (I.CONSENT=1)

[Do you/Does EP] [your/EP's]

III.B3. [Do you/Does EP] or does anyone in [your/EP's] household receive any government housing assistance in paying rent, such as through public housing or Section 8? (P18M IV.B1c)

IF NEEDED: This is also known as the Housing Choice Voucher Program. Section 8 provides funding to help people pay their rent.

- YES..... 1
- NO..... 0 GO TO III.B4
- DON'T KNOW..... d GO TO III.B4
- REFUSED..... r GO TO III.B4

EP HOUSEHOLD RECEIVES INCOME FROM PUBLIC-HOUSING OR SECTION 8 (III.B3=1)

[your/EP's]

III.B3A. How much did [your/EP's] household receive from housing assistance in paying rent (such as through public housing or Section 8) last month? (YTD 36M XI.B3a rev)

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS.

|_|_|_|_| DOLLARS

(0-5,000)

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

SOFT CHECK: IF III.B3a > \$1500: **May I confirm I have correctly recorded last month's housing benefit as [III.B3a]?**

ALL CONSENTING (I.CONSENT=1)

[your/EP's] [YOUTH]

III.B4. Does anyone in [your/EP's] household receive any income from SSI or SSDI because of a disability? (P18M IV.B1d)

IF NEEDED: SSI and SSDI provides payments to aged, blind, and disabled persons (including children).

- YES..... 1
- NO..... 0 GO TO III.B5

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

REPORTS HOUSEHOLD INCOME SSI OR SSDI (III.B4=1)

[your/EP's]

III.B4a How much did [your/EP's] household receive from SSI or SSDI last month? (New)

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

|_|_|,|_|_|_|_| RETIREMENT EARNINGS FOR HOUSEHOLD

(0-9,999)

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF III.B4a > \$1,000: **May I confirm I have correctly recorded last month's SSI/SSDI benefit as [III.B4a]?**

ALL CONSENTING (I.CONSENT=1)

[Do you/Does EP] [your/EP's]

III.B5. [Do you/Does EP] or does anyone in [your/EP's] household receive retirement income from social security, a retirement plan, pension, 401k, or any other source of retirement income? (NEW)

IF NEEDED:

When you work and pay Social Security taxes, you earn "credits" toward Social Security benefits. Once you retire, and so long as you accumulated enough credits (at least 10 years of work), you are eligible to receive a Social Security benefit payment each month. This payment is based on how much you earned during your working career, and the age at which you decide to retire.

Survivors' benefits are an extension of the Social Security program that pays out a portion, or all of the benefits, of a deceased individual to their surviving spouse or dependent children.

Under a retirement plan, such as a 401(k) or 403(b), the employee or employer (or both) contribute percent of employee's earnings annually. These contributions are then invested, and the employee ultimately receives the balance following retirement.

A pension plan promises a specified monthly benefit at retirement. It may state this benefit as an exact dollar amount or may calculate through a formula using salary and years of service.

YES..... 1

NO.....0 GO TO III.B6

DON'T KNOW.....d GO TO III.B6

REFUSED.....r GO TO III.B6

REPORTS RETIREMENT INCOME FROM SOCIAL SECURITY (III.B5=1)

[your/EP's]

III.B5a. How much did [your/EP's] household receive in retirement income from all sources last month? (New)

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

|_|_|,|_|_|_|_| RETIREMENT EARNINGS FOR HOUSEHOLD

(0-9,999)

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF III.B5a > \$1,500: **May I confirm I have correctly recorded last month's retirement income as [III.B5a]?**

ALL CONSENTING (I.CONSENT=1)

[PRIOR CALENDAR MONTH] [IF III.B5=1 FILL: retirement earnings, or] [your/EP's]

III.B6. What were the total earnings of all persons in your household last month, that is, in [PRIOR CALENDAR month]? Please include wages, salary, commissions, bonuses and tips from all jobs that all household members worked before taxes. Do not include [Fill: retirement earnings,] public benefits or other sources of income [your/EP's] household may have received. (PROMISE 18M-IV.B2, rev)

INTERVIEWER: IF NO INCOME THAT MONTH, RECORD "0."

|_|_|_|_|,|_|_|_|_| DOLLARS (ALLOWABLE RANGE: 0-99,999) GO TO III.B7

DON'T KNOW.....d GO TO III.B6a

REFUSED.....r GO TO III.B6a

REFUSED OR DON'T KNOW HOUSEHOLD INCOME FOR LAST YEAR (III.B6=D OR R)

[PRIOR CALENDAR MONTH] [your/EP's]

III.B6a. I understand you may not be able to provide an exact number for [your/EP's] household's earnings from salaries and other work last month. However, it would be extremely helpful if you could tell us which of the following ranges best describes your total household earnings from salaries and other work before taxes [PRIOR CALENDAR MONTH].

Was your total household earnings last month... (PROMISE 18-mo, IV.B2-rev)

PROBE: Do not include earnings from [retirement earnings or,] public benefits, or other sources of income outside of jobs or wages that [your/EP's] household may have received.

- Less than \$500..... 1
- \$500 to less than \$1,500..... 2
- \$1,500 to less than \$2,500..... 3
- \$2,500 to less than \$3,500..... 4
- \$3,500 to less than \$4,500..... 5
- \$4,500 to less than \$5,500, 6
- \$5,500 to less than \$6,500 or..... 7
- \$6,500 or more?..... 8
- DON'T KNOW..... d
- REFUSED..... r

ALL CONSENTING (I.CONSENT=1)

[your/EP's]

III.B7. Does anyone in [your/EP's] household receive money from any source you have not already told me about - such as other kinds of public assistance, money from child support or alimony, interest, dividends, or money from friends and family? Please do not include wages, salary, commissions, bonuses and tips from all jobs that all household members worked. (YTD36M, XI.F1-rev)

- YES..... 1
- NO..... 0 GO TO III.B8
- DON'T KNOW..... d GO TO III.B8
- REFUSED..... r GO TO III.B8

REPORTS INCOME FROM OTHER SOURCES (III.B6=1)
[your/EP's]

III.B7a. How much money did [your/EP's] household receive from these other sources last month? Please do not include wages, salary, commissions, bonuses and tips from all jobs that all household members worked. (YTD-36M, XI.F2-rev)

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

|_|_|, |_|_|_| DOLLARS (0-99,999)

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF III.B7a > \$1500: May I confirm I have correctly recorded [III.B7a]?
--

ALL CONSENTING (I.CONSENT=1)

III.B8. INTERVIEWER CHECK: IF RESPONDENT IS CONTINUING WITH THE INTERVIEW, SELECT 'RESPONDENT ABLE TO CONTINUE' BELOW.

IF RESPONDENT IS NOT ABLE TO CONTINUE (BREAK OFF) AND YOUTH IS AVAILABLE, SELECT 'RESPONDENT BREAK OFF – CONTINUE WITH YOUTH' BELOW.

IF NEITHER RESPONDENT NOR [YOUTH] ARE ABLE TO CONTINUE NOW, SET APPOINTMENT OR STATUS AS REFUSAL, AS APPLICABLE.

- ABLE TO CONTINUE.....1 GO TO BOX 8
- BREAK OFF – CONTINUE WITH YOUTH2 SET PARENT CALLBACK
- BREAK OFF AND YOUTH UNAVAILABLE.....3 SET BOTH TO CALLBACK

Section IV.	Parent's/guardian's expectations for youth
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PROGRAMMER BOX 8

SECTION IV. IS ASKED ONLY OF EP OR SPOUSE/PARTNER (I.HELLO=1 OR I.PROXY=1). NO PROXY FILLS ARE USED AS THESE ARE OPINION ITEMS. IF R IS ANOTHER ADULT HH MEMBER (I.PROXY=2), SKIP TO V.INTRO.

ALL EP OR EP SPOUSE/PARTNER (I.HELLO=1 OR I.PROXY=1)

[YOUTH] [his/her]

IV.A.Intro. **The next set of questions ask about [YOUTH] and expectations you have for [his/her] future. (P18M-V-INTRO)**

CONTINUE.....1

ALL EP OR EP SPOUSE/PARTNER (I.HELLO=1 OR I.PROXY=1)

[YOUTH] [his/her] [he/she]

IV.A1. After [YOUTH] is finished with all of [his/her] schooling, how important to you is it that [he/she] work at a paid job? Would you say very important, somewhat important, not very important, or not at all important? (P18M-VA3a/E. Carter)

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

- VERY IMPORTANT.....1
- SOMEWHAT IMPORTANT.....2
- NOT VERY IMPORTANT.....3
- NOT AT ALL IMPORTANT.....4
- DON'T KNOW.....d
- REFUSED.....r

ALL EP OR EP SPOUSE/PARTNER (I.HELLO=1 OR I.PROXY=1)

[YOUTH], [he/she]

IV.A2. How far do you think [YOUTH] will get in school? Will [he/she]: (NLTS2012, modified)

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

- Not complete high school,.....1
- Complete high school with a diploma or a certificate of completion,.....2
- Get a GED, or.....3
- Continue beyond high school to a vocational, technical, or trade school,.....4
- A 2-year or community college, or.....5
- A 4-year college or university, or.....6
- A Master's, PhD, or other advanced degree?.....7
- DON'T KNOW.....d
- REFUSED.....r

ALL EP OR EP SPOUSE/PARTNER (I.HELLO=1 OR I.PROXY=1)

[YOUTH], [he/she]

IV.A3. When [YOUTH] is age 25, do you think [he/she] will be living ... (P18M V.A5/NLTS2012, rev)

- With parents or guardians, sibling(s) or other relative(s),.....1
- On (his/her) own, with friends, or with a spouse or partner,.....2
- In a group home or institution, or in an.....3
- Other living situation?.....4
- DON'T KNOW.....d
- REFUSED.....r

ALL EP OR EP SPOUSE/PARTNER (I.HELLO=1 OR I.PROXY=1)

[YOUTH], [he/she]

IV.A4. When [YOUTH] is age 25, how likely do you think it is that [he/she] will be working at a paid job? Do you think (he/she)... (P18M V.A6/NLTS2012)

- Definitely will,.....1
- Probably will,.....2
- Probably won't, or.....3

- Definitely won't? 4
- DON'T KNOW..... d
- REFUSED..... r

ALL EP OR EP SPOUSE/PARTNER (I.HELLO=1 OR I.PROXY=1)

[YOUTH], [he/she], [HIM/HER]

IV.A5. When [YOUTH] is age 25, how likely do you think it is that [he/she] will earn enough to support [him/her]self without financial help from family? Do you think [he/she]... (P18M V.A7/NLTS2012, rev)

- Definitely will,..... 1
- Probably will,..... 2
- Probably won't, or..... 3
- Definitely won't?..... 4
- DON'T KNOW..... d
- REFUSED..... r

ALL EP OR EP SPOUSE/PARTNER (I.HELLO=1 OR I.PROXY=1)

[YOUTH], [he/she], [HIM/HER]

IV.A6. When [YOUTH] is age 25, how likely do you think it is that [he/she] will earn enough to support [him/her]self without financial help from government benefit programs? Do you think [he/she] ... (P18M V.A7/NLTS2012, rev)

- Definitely will,..... 1
- Probably will,..... 2
- Probably won't, or..... 3
- Definitely won't?..... 4
- DON'T KNOW..... d
- REFUSED..... r

Section V. Contact Information

ALL CONSENTING (I.CONSENT=1)
 IF CATI AND NOT FIELD CALL IN, fill: [We'll be sending your payment in the next two weeks and need to make sure we have your correct address.]

V.INTRO. The last set of questions will be about how to contact you and [YOUTH]. (NEW)
IF CATI: [We will be sending your payment in the next two weeks and need to make sure we have your correct address.]

ENTER 1 TO CONTINUE.....1

SECTION V.A PARENT SURVEY RESPONDENT CONTACT INFO

IF EP (I.HELLO=1)
 [BEST ADDRESS FROM EP]

V.A1. Our records show your mailing address is [BEST ADDRESS]. (P18M-VI.B1, rev)

INTERVIEWER: PROBE FOR AND RECORD BOTH P.O. BOX AND STREET ADDRESS.
 IF HOMELESS, PROBE FOR MAILING ADDRESS OF AGENCY OR CASEWORKER WHERE WE COULD MAIL CHECK/POTENTIALLY REACH YOUTH (IF PHONE COMPLETE).

PROBE: Where do you stay most often?

CONFIRMED ABOVE ADDRESS AS CORRECT.....1 GO TO V.A3
 UPDATE ADDRESS.....99 GO TO V.A2
 DON'T KNOW.....d GO TO V.A3
 REFUSED.....r GO TO V.A3

NOT EP OR EP ADDRESS NOT CORRECT (I.PROXY=1 OR 2) OR (V.A1=99)
 [FILL HOME ADDRESS FROM EP]

V.A2. What is your mailing address? (P18M-VI.B1/NLTS2012, A9a)

IF HOMELESS, PROBE FOR MAILING ADDRESS OF AGENCY OR CASEWORKER WHERE WE COULD MAIL CHECK/POTENTIALLY REACH YOUTH (IF PHONE COMPLETE).

 ADDRESS 1

 ADDRESS 2

CITY

STATE/TERRITORY

ZIP

DON'T KNOW.....d

REFUSED.....r

ALL CONSENTING (I.CONSENT=1)

V.A3. What is the best telephone number at which to reach you: (P18M-VI.B2/NTLS2012, A10)

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
 (0-999) (0-999) (0-9999)

DOES NOT HAVE A TELEPHONE NUMBER.....0
 DON'T KNOW.....d
 REFUSED.....r

SECTION V.B. CONTACT INFORMATION FOR YOUTH

YOUTH LIVES WITH RESPONDENT (I.YTH_LIV=1)

[YOUTH], [HIS/HER] [HE/SHE] [PARENT MAILING ADDRESS FROM VI.B1]

V.B1. We'd appreciate your help in making sure we have the best way to get in touch with [YOUTH], to complete [his/her] interview. What is [YOUTH]'s mailing address? Is it the same as yours or does [he/she] have a different address? (P18M-VI.D1/NLTS2012, A9a modified)

PROGRAMMER: DISPLAY [MAILING ADDRESS FROM V.A2]

PROBE: Where does [YOUTH] stay most often?

SAME AS MINE.....1
 DIFFERENT.....99
 DON'T KNOW.....d GO TO V.B3
 REFUSED.....r GO TO V.B3

YOUTH DOES NOT LIVE WITH R (I.YTH-LIV= 2, 3 OR 4) OR YOUTH HAS NEW ADDRESS (V.B1=99)

[YOUTH]

V.B2. IF I.YTH-LIV= 2, 3 OR 4, FILL: We'd appreciate your help in making sure we have the best way to get in touch with [YOUTH], to complete [his/her] interview.

ALL: What is [youth's] mailing address? (P18M-VI.B1/NLTS2012, A9a)

PROBE: Where Does [YOUTH] stay most often?

ADDRESS 1

ADDRESS 2

CITY

STATE/TERRITORY

ZIP

DON'T KNOW.....d

REFUSED.....r

ALL
[YOUTH], [FILL R PHONE FROM V.A3]

V.B3. What's the best telephone number at which to reach [YOUTH]? (P18M-VI.D2/NTLS2012, A10)

IF I.CONSENT=1 FILL: SAME AS [FILL PHONE FROM V.A3], OR IS IT DIFFERENT?

SAME AS MINE.....1 GO TO V.B5

DIFFERENT NUMBER.....99

DOES NOT HAVE A TELEPHONE NUMBER.....0 GO TO V.B5

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

REFUSED.....r GO TO V.B5

V.B3=99
[YOUTH]

V.B4. What's the best telephone number at which to reach [YOUTH]? (P18M-VI.B1/NTLS2012, A10)

|_|_|_| - |_|_|_| - |_|_|_|_|_|

(200-999) (0-999) (0-9999)

DON'T KNOW.....d

REFUSED.....r

ALL
[YOUTH]

V.B5. What's the email [YOUTH] checks most often? (P18M-VI.D4)

INTERVIEWER: EMAIL ADDRESS SHOULD INCLUDES TEXT, THE @ SYMBOL, TEXT, A PERIOD, AND A VALID DOMAIN, SUCH AS ABCD@EFGH.COM

IF YOUTH DOES NOT HAVE AN EMAIL ADDRESS, SELECT "NONE"

SPECIFY _____

NONE.....0

DON'T KNOW.....d

REFUSED.....r

ALL
[YOUTH] [his/her], [his/her]

V.B6. Before we speak with [YOUTH] for [his/her] interview, can you tell me whether [YOUTH] will be able to complete it on [his/her] own, or will [he/she] need help from you, another adult, or special technology? (P18M-VI.G1, rev)

IF NEEDED: Special technologies can help youth with disabilities complete the interview by telephone. These could include: voice amplification for youth with hearing impairments or relay services for youth who use sign language. Others may benefit from help from a person, where a trusted adult joins the youth for (his/her) interview, providing support, if needed.

- SUPPORT NEEDED (FROM PERSON OR TECHNOLOGY).....1
- NO SUPPORT NEEDED.....0 GO TO V.B10
- DON'T KNOW.....d GO TO V.B10
- REFUSED.....r GO TO V.B10

V.B6=1

V.B6A. What technologies or supports, if any, should we have available? (P18M-VI.G1, rev)

PROBE: Anything else?

INTERVIEWER: PLEASE MAKE NOTE OF ANY ASSISTIVE TECHNOLOGIES REQUESTED IN THE YOUTH CASE NOTES.

--

- R WILL ASSIST WITH YOUTH INTERVIEW.....1 GO TO V.B10
- R WILL PROXY FOR YOUTH.....2 GO TO V.B11
- OTHER ADULT WILL PROXY FOR YOUTH.....3
- VIDEO RELAY.....4 GO TO V.B10
- VOICE AMPLIFICATION.....5 GO TO V.B10
- IN-PERSON INTERVIEW.....6 GO TO V.B10
- OTHER TECHNOLOGY.....99 GO TO V.B10
- DON'T KNOW.....d GO TO V.B10
- REFUSED.....r GO TO V.B10

SOFT CHECK: IF V.B6A_2=1 OR IF V.B6A_3=1; May I confirm that [YOUTH] would not be able to answer <u>any</u> of the questions on [his/her] own, even with support from you or another trusted adult?
--

OTHER ADULT PROXY REQUESTED FOR YOUTH (V.B6A_3=1)
[YOUTH]

V.B7. Thanks for letting us know that someone else will complete the survey on [YOUTH]'s behalf. Would you please tell me (his/her) first and last name? (P18M-VI.G2, rev)

IF NEEDED: This helps us reach out to that person for [YOUTH]'s interview.

_____ (STRING 30)

FIRST NAME

_____ (STRING 60)

LAST NAME

DON'T KNOW.....d GO TO V.B9

REFUSED.....r GO TO V.B9

OTHER ADULT PROXY REQUESTED FOR YOUTH (V.B6A_3=1)
[NAME POPULATED FROM V.B7]

V.B8. What is [NAME FROM V.B7]'s telephone number? (YTD Baseline, 85)

|_|_|_| - |_|_|_| - |_|_|_|_|

(200-999) (0-999) (0-9999)

DON'T KNOW.....d

REFUSED.....r

OTHER ADULT PROXY REQUESTED FOR YOUTH (V.B6A_3=1)
[YOUTH] [PROXY NAME FROM V.B7]

V.B9. How is [NAME FROM V.B7] related to [YOUTH]? (P18M-VI.G3/NLTS2012, J1d)

INTERVIEWER: WHAT IS THE RELATIONSHIP OF THE PROXY TO THE YOUTH?

PARENT OR GUARDIAN.....1

SIBLING.....2

OTHER FAMILY MEMBER.....3

STAFF FROM [YOUTH]'S SCHOOL.....4

STAFF FROM AN AGENCY/SERVICE PROVIDER.....5

OTHER PERSON.....99

DON'T KNOW.....d

REFUSED.....r

ALL
[V.B6A_2=1: you/IF V.B6=0: YOUTH/IF V.B6A_2=1: [YOUTH PROXY (V.B7)]]

V.B10. In general, what's the best time to reach [you/YOUTH/[YOUTH PROXY] by telephone? (P18M-VIG6, rev/NEW)

PROBE: Are weekdays or weekends better? Are mornings, afternoons, or evenings best?

- WEEKDAY MORNINGS.....1
- WEEKDAY AFTERNOONS.....2
- WEEKDAY EVENINGS.....3
- WEEKEND DAY.....4
- WEEKEND EVENING.....5
- DON'T KNOW.....d
- REFUSED.....r

ALL CONSENTING (I.CONSENT=1)
[send/give] [you/EP] FILL PHONE IF I.MODE=1 OR 3/FILL FIELD IF I.MODE = 2.

V.B11. Thanks for answering these questions. We'll [send/give] [you/EP] a gift card for completing this interview. Would [you/EP] like a Walmart, Target, or a VISA gift card?

IF MODE = PHONE: The gift card will be mailed with a thank you letter. It should arrive in the next 2-3 weeks.

IF MODE = FIELD: I will need you to sign your name on this tablet to show that you received it.

- WALMART.....1
- TARGET.....2
- VISA CARD.....3

ALL CONSENTING (I.CONSENT=1) WHERE YOUTH SURVEY <u>COMPLETE</u>

V.B12. Thanks for your time today, we appreciate it! Have a great day.

PARENT INTERVIEW IS COMPLETE.....1 TERMINATE

ALL CONSENTING (I.CONSENT=1) WHERE YOUTH SURVEY IS <u>NOT</u> COMPLETE
[YOUTH/YOU ABOUT YOUTH/YOUTH'S PROXY] [(HE/SHE)/YOU/YOUTH PROXY] [YOUTH'S]

V.B13. Now I'd like to begin the next interview with [YOUTH/ you about YOUTH/ YOUTH's PROXY about YOUTH]. Would [(he/she)/you/YOUTH PROXY] be available to (continue/speak) now?

IF NEEDED: The next interview should take 20-35 minutes to complete, depending on [YOUTH's] experiences.

CLOSING: Thanks for your time today, we appreciate it! Have a great day.

- YES –BEGIN YOUTH INTERVIEW NOW.....1 GO TO YOUTH SURVEY
- NO – SET APPT FOR YOUTH INTERVIEW.....2 SET CALLBACK