

ATTACHMENT O  
SECOND FOLLOW-UP SURVEY  
QUESTION BY QUESTION JUSTIFICATION

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This document provides the source and justifications for each question on the Second Follow-up Survey (Attachment C).

Question #	Question text	Included on First Follow-Up Survey?	Source	Justification
<b>i. INTRODUCTION</b>				
IN1-IN16	<i>Introduction questions – connecting to the respondent and reminding them about the follow-up survey</i>	Yes	PACT (OMB No. 0970-0403)	These items are used to verify that the interviewer is speaking with the correct respondent.
CV1-CV8	<i>Verifying the respondent is the same from Baseline</i>	Yes	Adapted from PACT (OMB No. 0970-0403)	
<b>SECTION A. ECONOMIC STABILITY</b>				
A1a-i	In the past month, have you or anyone in your household received any support... a. From Temporary Assistance for Needy Families, or TANF (this is also known as welfare)? b. From Supplemental Security Income, or SSI? c. From Social Security Disability Insurance, or SSDI? d. From Food stamps or SNAP? e. From Women, Infants, and Children, or WIC? f. From Unemployment Insurance? g. From Housing choice vouchers, Section 8, project-based rental assistance, public housing, housing where an agency helps you pay the rent, or other housing assistance? h. For heating and cooling your home? i. For free or reduced price meals?	A1a-f were included on the first follow-up survey. A1h-i were added as new items to the second follow-up survey.	A1a-f ACS (OMB No. <a href="#">0607-0810</a> )  A1h-i FSS (OMB No. 2528-0296)	These items measure follow-up public assistance benefit receipt. We will use them to assess the impact of the program on self-sufficiency.
A1j	How much money have you or anyone in your household received from TANF in the past month? If both you and someone else in your household received money from TANF, please add those amounts together.	Yes	RWTW 30 month (OMB No. 0970-0246)	
A2	Are you currently working for pay? Working for pay can include regular paid jobs, odd jobs, temporary jobs, work done in your own business, “under the table” work, or any other types of work you have done for pay.	Yes	CSPED (OMB No. 0970-0439)	
A2a	Have you worked for pay at any time since [RA MONTH YEAR/FUP COMP MONTH YEAR]?	Yes		These items measure follow-up employment by developing a list of all the jobs the respondent has worked in the past year.

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A3	According to my records you were working at [PL JOB NAME] in [1ST FUP MONTH YEAR], is that correct?	No		
A4	Are you still working at [PL JOB NAME]?	No		
A5	Including all types of jobs, do you currently have any other paid jobs?	Yes		
A5a	Now I am going to ask about your current job or jobs. Please tell me who you work for. This could be the name of a job, organization, person, or you could work for yourself or have your own business. If you currently work at more than one job, please start with the job where you usually work the most hours.	Yes		
A5b	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], please tell me who you worked for? This could be the name of a job, organization, person, or you could work for yourself or have your own business. If you had more than one job, please start with the job where you worked the most hours.	Yes		
A5c	Have you had any other paid jobs since [RA MONTH YEAR/FUP COMP MONTH YEAR] that you haven't told me about?	Yes		
A6	Did you receive assistance from an organization or an agency [to help get this job/become self-employed]? Please do not include temp agencies.	Yes	Adapted from RWtW 30 month (OMB No. 0970-0246)	These items measure service receipt.
A7	When did you <u>start</u> working for [2ND FUP JOB/yourself]?	Yes	CSPED (OMB No. 0970-0439)	These items measure follow-up employment by developing a list of all the jobs the respondent has worked in the past year.
A8	Are you still working for [[PL JOB NAME]/2ND FUP JOB/yourself]?	Yes		
A8a	When did you <u>stop</u> working at this job?	Yes		

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A9	<p>Which of the following best describes your employment at that job? [Were/Are] you working...</p> <ul style="list-style-type: none"> <li>• as a regular full-time employee?</li> <li>• as a regular part-time employee?</li> <li>• for a temporary help agency?</li> <li>• for a company that contracts out you or your services?</li> <li>• as an independent contractor, independent consultant, or freelance worker?</li> <li>• as a day laborer?</li> <li>• as an on-call employee?</li> <li>• for friends, family, or other people doing part-time tasks or odd jobs?</li> <li>• or something else?</li> </ul>	Yes	WIA (OMB No. 1205-0504)	These items measure job quality and characteristics. We will use them to: (1) assess the impact of the program on job quality and (2) to inform analysis comparing survey-based and NDNH-based earnings measures.
A10	[Do/Did] you have taxes taken out of your paycheck for the work you [do/did] at this job?	Yes	CSPED (OMB No. 0970-0439)	
A11	How many hours [do/did] you usually work in a week at this job? Your best estimate is fine.	Yes		
A12	Now thinking about [being self-employed/your job at [JOB NAME]], how much do/did you get paid, before taxes and deductions, at this job? Please include tips, commissions, and regular overtime. If your pay varies/varied, please provide an average amount. If you are/were paid per job or for completing a particular task, please tell us the total amount you usually make/made per week or per month while doing this type of work.	Yes		
A13	Did you always earn [A12 WAGE] per [HOUR/UNIT FROM A12/your current wage] at this job?	Yes		
A13a	How much were you paid when you started working at this job before taxes and deductions? If your pay [varies/varied], please provide an average amount.	Yes	RWTW 30 month (OMB No. 0970-0246)	This item measures job progression. We will use it to assess the impact of the program on labor market outcomes.

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A14	Which of the following benefits [are/were] <i>available</i> to you at your job... a. Paid leave for holidays, vacation, or illness? b. Health insurance or membership in an HMO or PPO plan? c. Retirement benefits? d. None of the above	Yes	CSPED (OMB No. 0970-0439)	These items measure job quality and characteristics. We will use them to: (1) assess the impact of the program on job quality and (2) to inform analysis comparing survey-based and NDNH-based earnings measures.
A15	[Have/Had] you been promoted to a higher position with greater responsibility while working at this job?	Yes	Adapted from RWTW 30 month (OMB No. 0970-0246)	These items are measures of career progression used to assess the impact of the program on labor market outcomes.
A16	How likely do you think it is that you will be promoted by [JOB NAME] in the next 12 months?	Yes	RWTW 30 month (OMB No. 0970-0246)	
A17	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], was there anything else you did for pay, such as odd jobs, "under the table" jobs, or any other type of work, that we haven't already talked about?	Yes	PACT (OMB No. 0970-0403)	These items are measures of informal employment used to assess the impact of the program on labor market outcomes.
A18	What is your best guess of how much money you received from these activities in a typical month since [RA MONTH YEAR/FUP COMP MONTH YEAR]? Please do not include money you made from jobs we talked about earlier. We just need your best guess for how much money you've received from these activities.	Yes		

Question #	Question text	Included on First Follow-Up Survey?	Source	Justification
A19	How satisfied are you with your current [job/jobs]? Would you say very satisfied, somewhat satisfied, or not satisfied?	Yes	PACT (OMB No. 0970-0403)	This item is a measure of job satisfaction.
A20	Are you currently looking for a job?	Yes	Adapted from WIA (OMB No. 1205-0504)	These items measure whether the respondent is in the labor force and actively looking for a job.
A20a	How would you describe your current status? Are you... <ul style="list-style-type: none"> <li>• Temporarily laid off?</li> <li>• Retired?</li> <li>• In school or training?</li> <li>• Unable to work because of caring for another family member?</li> <li>• Unable to work because of pregnancy?</li> <li>• Sick or disabled?</li> <li>• Gave up looking for work?</li> <li>• Something else?</li> </ul>	Yes		
A21	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], have you... <ol style="list-style-type: none"> <li>a. Updated your resume?</li> <li>b. Looked into the requirements needed to get a job you wanted?</li> <li>c. Been able to get stable and reliable child care that would allow you to work, go to school, or go to job interviews?</li> <li>d. Looked into how to get new skills or credentials to get a job or advance your career?</li> <li>e. Figured out how to get transportation to school or a job you wanted?</li> </ol>	Yes	Evaluation of Employment Coaching (OMB No. 0970-0506)	These items measure follow-up job search behaviors that could be influenced by coaching programs. We will use them to: (1) assess the impact of the program on key intermediate outcomes and (2) support the analysis of the mediating factors driving program impacts.
A22	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], have you received a job offer?	Yes		
A22a	How many times did that happen?	Yes		
A23	Did you receive any of these job offers when you were working in another job?	Yes		
A23a	How many times did you receive a job offer when working?	Yes		
A24	Thinking about a typical month since [RA MONTH YEAR/FUP COMP MONTH YEAR] when you were not working, how often did you... <ol style="list-style-type: none"> <li>a. Look for job openings?</li> <li>b. Submit a job application?</li> <li>c. Attend an interview?</li> </ol>	Yes		
A24b	Thinking about a typical month since [RA MONTH YEAR/FUP COMP MONTH YEAR] when you were working, how often did you... <ol style="list-style-type: none"> <li>a. Look for job openings?</li> <li>b. Submit a job application?</li> <li>c. Attend an interview?</li> </ol>	Yes		

Question #	Question text	Included on First Follow-Up Survey?	Source	Justification
A25	<p>Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did you do any of the following because there wasn't enough money?</p> <ol style="list-style-type: none"> <li>Cut the size of your meals or skip meals because you couldn't afford enough food?</li> <li>Move in with other people, even for a little while, because of financial problems?</li> <li>Ask to borrow money from friends or family?</li> <li>Go without a phone because you could not afford to pay the bill or buy extra cell phone minutes?</li> <li>Took a payday loan or auto-title loan, or sold or pawned your belongings?</li> <li>Thought about going to the doctor, dentist or hospital, but decided not to because of the cost?</li> <li>Go without prescription medicine?</li> <li>Go without paying utility bills?</li> </ol>	A25a-f were included on the first follow-up survey. A25g-h were added as new items to the second follow-up survey.	<p>A25a-f SHARP</p> <p>A25g-h FSS (OMB No. 2528-0296)</p>	These items measure follow-up economic well-being that could be influenced directly or indirectly by coaching programs. We will use them to assess the program's impact.
A26	Do you currently own your home or apartment or have a mortgage, rent it, pay some amount toward rent, live rent free with a friend or relative, or do you have some other arrangement?	Yes	WFNJ	
A26a	What is your other living arrangement?	Yes		
A27	Do you currently use a spending plan or budget to help you meet or keep track of your monthly expenses?	No	FC (OMB No. 3170-0030)	
A28	Do you currently have a checking or savings account of any kind at a bank or a credit union?	No	FSS (OMB No. 2528-0296)	
A29	<p>Suppose [you/your household] had an emergency expense that costs \$400. Based on your current situation, how would you pay for this expense?</p> <ol style="list-style-type: none"> <li>Put it on your credit card</li> <li>Use money in your checking or savings account or use cash on hand</li> <li>Borrow from a friend or family member</li> <li>Use a payday loan, deposit advance, or overdraft</li> <li>Sell something</li> <li>Use a payment plan where you pay "little by little"</li> </ol>	No	FSS (OMB No. 2528-0296)	
A30	How much do you have in savings? Savings includes but is not limited to savings accounts, and covers any money you set aside for the future. Your best	No	FSS (OMB No. 2528-0296)	



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	estimate is fine.			
A31	How often does your household pay its bills on time?	No	FC (OMB No. 3170-0030)	
A32	Since [RA MONTH YEAR/FUP COMP MONTH YEAR] have you seen your credit report from a credit-reporting agency?	No	FC (OMB No. 3170-0030)	
<b>SECTION B. EMPLOYMENT CHALLENGES AND SKILLS</b>				
B1a-g	<p>Now I am going to read you a list of things that some people find challenging in finding and keeping a good job.</p> <p>Please tell me if the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to find or keep a good job since [RA MONTH YEAR].</p> <ul style="list-style-type: none"> <li>a. Not having reliable transportation</li> <li>b. Not having good enough child care or family help</li> <li>c. Not having the right clothes or tools for work</li> <li>d. Not having the right skills or education</li> <li>e. Having a criminal record</li> <li>f. A lack of good jobs available in your area</li> <li>g. Not being able to do certain kinds or amounts of work, training, or school work because of your health</li> </ul>	Yes	Adapted from ACS (OMB No. <a href="#">0607-0810</a> )	These items measure follow-up challenges to employment that are targeted by coaching programs. We will use them to: (1) assess the impact of the program on key intermediate outcomes and (2) support the analysis of the mediating factors driving program impacts.
B2a	Do you have a regular child care arrangement you can use so that you can go to a job, a job interview, school, or other appointment?	Yes	Evaluation of Employment Coaching (OMB No. 0970-0506)	
B2b	Now I would like to talk about backup child care arrangements. If your child care falls through, would you say that you always, very often, sometimes, rarely, or never have a backup child care arrangement?	Yes		
B2c	How many backup child care arrangements do you have?	Yes		
B3	<p>Are you unable to do certain kinds or amounts of work, training, or school work because ...</p> <ul style="list-style-type: none"> <li>a. Of a physical disability or illness?</li> <li>b. Of an emotional or mental health problem?</li> <li>c. Of a learning disability?</li> <li>d. A child in your family experienced a physical disability or illness; emotional, mental health, or behavioral problem; or learning disability</li> </ul>	<p>B3a-c were included on the first follow-up survey.</p> <p>B3d-e were added as new items to the second follow-up survey.</p>	Adapted from RWtW 30 month (OMB No. 0970-0246)	

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	e. A family member other than a child experienced a physical disability or illness, emotional or mental health problem, or learning disability			
B4	Do you currently have a valid driver's license? By valid we mean that it has not expired, and has not been suspended or taken away.	Yes	Adapted from ACS (OMB No. <a href="#">0607-0810</a> )	
B4a	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], have you ever not been able to apply to a job because you didn't have a valid driver's license?	Yes	Evaluation of Employment Coaching (OMB No. 0970-0506)	
B5a-i	Please tell me if you strongly disagree, disagree, agree, or strongly agree with the following statements. a. I know I need to get a job or a better job and really think I should work on finding one. b. I guess being out of work is not good, but there is <i>nothing</i> I can do about it right now. c. I set employment goals based on what is important to me or my family. d. I set long-term employment goals that I hope to achieve (such as finding a job, finding a better job, getting promoted, or enrolling in further education). e. I set specific short-term goals that will allow me to achieve my long-term employment goals. f. Based on everything I know about myself, I believe I can achieve my employment goals. g. When I set employment goals, I think about barriers that might get in my way and make specific plans for overcoming those barriers. h. Even when I face challenges, I continue to pursue my employment goals. i. I keep track of my overall progress toward my long-term employment goals and adjust my plans if needed.	Yes	a-b. LASER Questionnaire c-g. Goal Setting Questionnaire h. New Developed by Mathematica i. GSAB	These items measure goal setting and goal pursuit in the context of employment, two key domains that are targeted by coaching programs. We will use them to: (1) assess the impact of the program on goal setting and goal pursuit (2) support the analysis of the mediating factors driving program impacts.
B6.1a-l	During the past month, how often has each of the following behaviors been a problem? Would you say that the following behaviors have been a problem never, sometimes, or often?	Yes	BRIEF-A Questionnaire (These Items Are Copyright Protected)	These items measure five sub-domains of executive functioning that coaching programs could influence: (1) emotional control, (2)

Question #	Question text	Included on First Follow-Up Survey?	Source	Justification
	<ul style="list-style-type: none"> <li>a. Item 25</li> <li>b. Item 49</li> <li>c. Item 52</li> <li>d. Item 6</li> <li>e. Item 71</li> <li>f. Item 75</li> <li>g. Item 24</li> <li>h. Item 53</li> <li>i. Item 9</li> <li>j. Item 15 - edited</li> <li>k. Item 63 - edited</li> <li>l. Item 2</li> </ul>		<p style="color: red;">so they cannot be included in the OMB submission. Further reproduction is prohibited without permission by Psychological Assessment Resources, Inc.)</p>	<p>initiation, (3) planning and organizing, (4) task monitoring, and (5) self-monitoring. We will use them to: (1) assess the impact of the program on self-regulation skills and (2) support the analysis of the mediating factors driving program impacts.</p>
B6.2a-h	<p>During the past month, how often has each of the following behaviors been a problem? Would you say that the following behaviors have been a problem never, sometimes, or often?</p> <ul style="list-style-type: none"> <li>a. Item 28</li> <li>b. Item 69</li> <li>c. Item 1</li> <li>d. Item 72</li> <li>e. Item 23</li> <li>f. Item 50</li> <li>g. Item 64</li> <li>h. Item 70- edited</li> </ul>	Yes	<p style="color: red;">BRIEF-A Questionnaire (These Items Are Copyright Protected so they cannot be included in the OMB submission. Further reproduction is prohibited without permission by Psychological Assessment Resources, Inc.)</p>	<p>These items measure five sub-domains of executive functioning that coaching programs could influence: (1) emotional control, (2) initiation, (3) planning and organizing, (4) task monitoring, and (5) self-monitoring. We will use them to: (1) assess the impact of the program on self-regulation skills and (2) support the analysis of the mediating factors driving program impacts.</p>
B7	<p>Since [RA MONTH YEAR], how often have you...</p> <ul style="list-style-type: none"> <li>a. Lost your temper with someone other than friends or family?</li> <li>b. Said something that you later regretted to someone other than friends or family?</li> <li>c. Decided not to apply for a job because you didn't think you would get an interview?</li> <li>d. Overcame a barrier that could have prevented you from finding or keeping a job?</li> <li>e. Been late for a job, interview, program meeting, class, or training session?</li> <li>f. Missed an appointment related to work, looking for a job, a program, school, or training, for a reason other than you were sick or ill?</li> </ul>	Yes	<p>Evaluation of Employment Coaching (OMB No. 0970-0506)</p>	<p>These items measure manifest behaviors that reflect self-regulation skills and could be influenced by coaching programs. We will use them to: (1) assess the impact of the program on self-regulation skills and (2) support the analysis of the mediating factors driving program impacts.</p>

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B8	<p>Next, I'm going to read a list of opinions people have about themselves. After I read each one, I want you to tell me whether you strongly disagree, disagree, agree, or strongly agree.</p> <p>a. I am able to do things as well as most people.</p> <p>b. I certainly feel useless at times.</p> <p>c. All in all, I tend to feel that I am a failure.</p>	Yes	Rosenberg Self-Esteem Scale	These items measure self-esteem. Coaching programs could affect self-esteem, which in turn could affect employment and self-sufficiency outcomes. We will use these items to: (1) assess the impact of the program on self-esteem and (2) support the analysis of the mediating factors driving program impacts.
<b>SECTION C. SERVICE RECEIPT</b>				
C1a	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], have you attended any workshops or classes that provided instruction on how to find a job? These may have provided help with things such as resume writing, interviewing, and networking.	Yes	Adapted from SNAP ET (OMB No. 0584-0604)	These items measure receipt of employment services. We will use these measures to: (1) describe the employment services that participants received, (2) characterize the employment services that participants would have received in the absence of participation in the program, and (3) support the analysis of the mediating factors driving program impacts.
C1b	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], about how many times did you attend workshops or classes that focused on finding a job? Did you attend a workshop or class once, twice, 3 to 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times? Your best estimate is fine.	Yes	Evaluation of Employment Coaching (OMB No. 0970-0506)	
C2	<p>We are interested in learning if you met one-on-one with someone to receive assistance in finding a job or advancing your career. By one-on-one assistance, we mean meeting with someone whose job it is to help you find a job. This assistance may have been provided by a coach, case manager, counselor, or some other type of worker. It could have been in-person or by phone.</p> <p>Since [RA MONTH YEAR/FUP COMP MONTH YEAR] have you met one-on-one with someone to receive job assistance?</p>	Yes	Adapted from SNAP ET (OMB No. 0584-0604)	These items measure receipt of one-on-one services in the vein of coaching. We will use these measures to: (1) describe the one-on-one services that participants received, (2) characterize the one-on-one services that participants would have received in the absence of participation in the program, and (3) support the analysis of the mediating factors driving program impacts.
C3a	When did you start receiving one-on-one job assistance? Your best guess is fine.	Yes	Evaluation of Employment Coaching (OMB No. 0970-0506)	
C3b	When did you stop receiving the one-on-one job assistance? Your best guess is fine.	Yes		
C3c	How regularly [did/do] you receive one-on-one job assistance since [RA MONTH	Yes		

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	YEAR/FUP COMP MONTH YEAR]? Was it weekly, every two weeks, twice a month, monthly, quarterly, annually, or something else?			
C3d	How many times did you receive the one-on-one job assistance since [RA MONTH YEAR/FUP COMP MONTH YEAR]? Your best guess is fine.	Yes		
C3e	On average, how long [are/were] each of these one-on-one meetings? Your best estimate is fine.	Yes		
C3f	Now thinking about the [FILL FROM C3d] times when you received one-on-one job assistance, how many different coaches, case managers, counselors, or other types of workers did you work with?	Yes		
C3g	How many different organizations provided this one-on-one job assistance to you?	Yes		
C4	What type of one-on-one job assistance did you receive? Did someone help you... a. Set a short-term goal? b. Set a long-term goal? c. Make a plan to achieve your goal? d. Be on time for appointments? e. Be more organized? f. Be calmer in stressful situations? g. Get along with others?	Yes		
C4_8	Did you receive any other type of one-on-one assistance? (specify)	Yes		
C5	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did any coach, case manager, counselor, or other type of worker provide you with names of employers who were interviewing, or set up interviews with employers for you?	Yes	PACT (OMB No. 0970-0403)	These items measure receipt of employment services. We will use these measures to: (1) describe the employment services that participants received, (2) characterize the employment services that participants would have received in the absence of participation in the program, and (3) support the analysis of the mediating factors driving program impacts.
C6	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did you complete any career assessments to find out what types of jobs would be good for you? A career assessment may be used to help identify a career that is right for you based on your interests and skills.	Yes	Adapted from SNAP ET (OMB No. 0584-0604)	
C7	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did you participate in any education programs? This includes adult basic education or GED courses, English	Yes	PACT (OMB No. 0970-0403)	

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	as a Second Language classes, online courses, and college or other types of school. Do not include training programs to develop skills for a particular job or occupation or any other work experience in which all or part of your wages were paid for by a program.			
C7a	Are you participating in the program now?	Yes		
C7b	Did you complete the program?	Yes		
C7c	Did you receive a diploma or degree from the program?		Evaluation of Employment Coaching (OMB No. 0970-0506)	
C8	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did you participate in any training programs to develop skills for a particular job or occupation? These are sometimes called vocational training programs. Do not include training programs provided by your employer.	Yes	Adapted from PACT (OMB No. 0970-0403)	
C8a	Are you participating in the program now?	Yes	PACT (OMB No. 0970-0403)	
C8b	Did you complete the program?	Yes		
C8c	Did you receive a certificate, license, or diploma from the program?	Yes	Evaluation of Employment Coaching (OMB No. 0970-0506)	
C9	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did you participate in a work experience program in which all or part of your wages were paid for by a program like TANF or [other local program]? This type of work experience program is usually temporary. Its goal is to help the workers develop skills so that they can obtain a job in which the employer pays all the wages. Sometimes this work experience is called subsidized employment, supported work, or transitional employment.	Yes	Adapted from PACT (OMB No. 0970-0403)	
C9a	Are you currently participating in this work experience program?	Yes	Evaluation of Employment Coaching (OMB No. 0970-0506)	
C9b	How many weeks [did you participate/have you participated] in this work experience program?	Yes		
C10	The next questions are about other	Yes	Adapted	These items measure

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	services you may have received. Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did you receive... a. Child care assistance including vouchers or funds? b. Transportation assistance (such as gas cards or bus passes)? c. Clothes, uniforms, tools or other supplies and equipment? d. Tuition assistance? e. Assistance finding stable housing? f. Assistance with budgeting, credit, banking, or other financial matters? g. Assistance expunging a criminal record or other legal assistance? h. Help related to domestic violence? i. Help with marital and/or other family relationships? j. Help with child behavioral issues? k. Cash or a gift card?		from SNAP ET (OMB No. 0584-0604)	receipt of support services. We will use these measures to: (1) describe the support services that participants received, (2) characterize the support services that participants would have received in the absence of participation in the program, and (3) support the analysis of the mediating factors driving program impacts.		
C11	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did you receive alcohol, drug, or other substance abuse counseling?	Yes	Adapted from PACT (OMB No. 0970-0403)			
C12	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did you receive mental health treatment?	Yes				
C13	Since [RA MONTH YEAR/FUP COMP MONTH YEAR], did you receive any services to help with stress reduction or other approaches to improve your emotional well-being?	Yes				
<b>SECTION D. DEMOGRAPHICS</b>						
D1	Have you ever been convicted of a crime?	Yes	Adapted from BSF (OMB No. 0970-0304)	These items measure baseline and follow-up conviction history. We will use baseline conviction history to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of		
D2a	Were you ever convicted of a crime before [RA MONTH YEAR]?	Yes				
D2b	Were you convicted of a felony before [RA MONTH YEAR]?	Yes	Evaluation of Employment Coaching (OMB No. 0970-0506)			
D3a	Were you ever convicted of a crime after [RA MONTH YEAR/FUP COMP MONTH YEAR]?	Yes				
D3b	Were you convicted of a felony after [RA MONTH YEAR/FUP COMP MONTH YEAR]?	Yes				



Question #	Question text	Included on First Follow-Up Survey?	Source	Justification
				the mediating factors driving program impacts. We will use follow-up conviction history to: (1) assess the impact of the program on interactions with the criminal justice system and (2) support the analysis of the mediating factors driving program impacts.
D4	What is the highest level of education you have completed?	Yes	Adapted from COBRA (OMB No. 1291-0001)	These items provide demographic characteristics at follow-up. We will use them to (1) describe demographic characteristics at follow-up, (2) assess changes in demographic characteristics from baseline, and (3) support the analysis of the mediating factors driving program impacts.
D5	What is your current marital status – are you now married, separated, divorced, widowed, or have you never been married?	Yes	Adapted from CPS	
D6	How many adults age 18 or older <i>currently</i> live in <i>your</i> household at least half the time? Please include yourself.	Yes	JSA (OMB No. 0970-0400)	
D7	How many children under age 18 live with you at least half the time? This includes biological, adopted, foster, step, and any other children.	Yes		
D8	Were you born in the United States or some other country?	Yes	Evaluation of Employment Coaching (OMB No. 0970-0506)	This item measures a baseline demographic characteristic. We will use it to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts.
<b>SECTION E. CONTACT INFORMATION 2</b>				
E1-E7	<i>Verifying respondent's contact information</i>	Yes	PACT (OMB No. 0970-0403), YouthBuild	Contact information for the respondent and for additional contacts who might be able to reach



Question #	Question text	Included on First Follow-Up Survey?	Source	Justification
			(OMB No. 1205-0503)	the respondent is necessary to locate the respondent for any future follow-up survey.
E8a-E9i	<i>Collecting information for up to two additional contacts</i>	Yes	PACT (OMB No. 0970-0403)	
END1-END2	<i>Thanking participant</i>	Yes	PACT (OMB No. 0970-0403)	

SOURCES: ACS (AMERICAN COMMUNITY SURVEY), BRIEF-A QUESTIONNAIRE (BEHAVIOR RATING INVENTORY OF EXECUTIVE FUNCTION – ADULT VERSION), BSF (BUILDING STRONG FAMILIES), FC (EVALUATION OF FINANCIAL COACHING), CPS (CURRENT POPULATION SURVEY), CSPED (CHILD SUPPORT NONCUSTODIAL PARENT EMPLOYMENT DEMONSTRATION), FSS (FAMILY SELF-SUFFICIENCY PROGRAM), GSAB (GOAL SYSTEMS ASSESSMENT BATTERY), GOAL SETTING QUESTIONNAIRE, JSA (JOB SEARCH ASSISTANCE), LASER QUESTIONNAIRE (LAM ASSESSMENT ON STAGES OF EMPLOYMENT READINESS), PACT (PARENTS AND CHILDREN TOGETHER), ROSENBERG SELF-ESTEEM SCALE, SHARP (STUDENT HEALTH AND RISK PREVENTION), SNAP ET (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING), WIA (WORKFORCE INVESTMENT ACT), COBRA (IMPACT OF THE ARRA SUBSIDY ON COBRA TAKE-UP) AND WFNJ (WORK FIRST NEW JERSEY).

B6c-g (Goal Setting Questionnaire) Noonan, P.M., & Gaumer Erickson, A.S. (2017). The skills that matter: Teaching intrapersonal and interpersonal competencies in any classroom. Thousand Oaks, CA: Corwin.

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