

OMB Control No.: 0960-0809
Expiration Date: 11/30/2020

MATHEMATICA
Policy Research

PROMOTING OPPORTUNITY DEMONSTRATION

12- and 24-Month Follow-up Survey Instrument

December 10, 2018

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

Declaración de la Ley de Reducción de Trámites - Esta recopilación de información cumple con los requisitos de 44 U.S.C. § 3507, según enmendado por la sección 2 de la Ley de Reducción de Trámites de 1995. Usted no necesita contestar estas preguntas a menos que exhibamos un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). Estimamos que tardará unos 30 minutos en leer las instrucciones, y responder a las preguntas de la encuesta. Usted puede enviar comentarios sobre nuestra estimación de tiempo a: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Envíe solamente comentarios relacionados con nuestra estimación de tiempo a esta dirección.**

CONTENTS

Section	Page
A. RESPONDENT SCREENER AND INTRODUCTION	36
B. EDUCATION AND TRAINING	42
C. EMPLOYMENT AND EARNINGS	47
D. EMPLOYMENT GOALS AND SSDI / POD UNDERSTANDING.....	62
E. INCOME	66
F. HEALTH AND FUNCTIONAL STATUS.....	74
G. HEALTH INSURANCE.....	83
H. RESPONDENT CONTACT INFORMATION	86

ADMINISTRATIVE NOTES:

The purpose of this template is to provide standard logic for all projects using computer-assisted telephone interviewing. Survey staff will customize the text fills in this template for each project. Customized text should be highlighted for programmers and translation staff to identify clearly.

All Spanish Text will be in red

INTERVIEWER INSTRUCTIONS IN CAPS

Interview text to read to the respondent will be in bold

Project Decision Points:

Variable	Description	Values
FedProject	Study is federally funded	Yes (1),
RecordProject	Project will record all calls	Yes (1),
UseLocating	Project will include a locating component	No (0)
UseField	Project includes an in-person field component	No (0)
Fieldcalls	Project allows field staff (either Mathematica or from a grantee site) to call in and complete survey with phone interviewer. Requires that project provides list of possible staff calling in for dropdown selection by phone interviewer.	No (0)
ProxyOkay	Project allows completion of survey with a proxy.	Yes (1)
InterpOkay	Project allows completion of survey with a household translator.	Yes (1)
InstLang	Languages the instrument has been programmed for	English, Spanish,
ExtraTrans	Project will use an external translation services for languages other than English, Spanish	No (0)
ExtraTransLang	Languages supported by external translation services	N/A
HandleDeceased	Project decision on how to handle cases where the sample member is reported as deceased	Terminate (0),
HandlePrison	Project decision on how to handle cases where the sample member is reported as incarcerated. If locating is selected and proxyok=1, we will attempt to contact the respondent through locating first before using a proxy.	Terminate (0),
AdvRemails	Project decision on whether advance letter remails are allowed	Yes (1),
AdvEmails	Project decision on whether advance emails are allowed	n/a
PaymentType	The type of payment triggered by a completed survey, or indication that there is no incentive.	, None (0)
AllowWeb	The project will allow respondents to complete on web	No (0)
SMUpdateName	Project wants to collect an updated name for sample member	Yes (1),
SMUpdatePhone	Project wants to collect updated contact phone information for sample member	Yes (1),
SMUpdateAddress	Project wants to collect updated contact address information for sample member	Yes (1),
SMUpdateEmail	Project wants to collect updated contact email address information for sample member	Yes (1),
SMAltContacts	Project wants to collect updated contact alternative contacts for sample member	Yes (1),
NumAltContacts	Number of alternative contacts collected	Numeric (0-10) 2

Frequently Used Fills

In the boxes below, please list fills that are repeated frequently in your questionnaire requirements. These must come from a single source (whether from a preload or a question). The fills specified here do not need to be specified in the fill condition box each time they appear in a question.

Fill	Source / Condition	First Used at Question #:
[FULLNAME]	Fill from Preload File: Respondent Name (prefix+first+middle+last+suffix)	Hello/MessageScript
[SampMembFULLNAME]	Fill from Preload File: Sample Member Name (prefix+first+middle+last+suffix)	NeedRep
[FIRST NAME]	Fill from Preload File: Respondent First Name	Verified/Hello
[INTERVIEWER NAME]	Fill based on interviewer logged into case	Hello
[him / her / him or her]	him IF SAMPMEMBSEX = MALE; her IF SAMPMEMBSEX = FEMALE; him or her IF SAMPMEMBSEX = UNKNOWN	AmpRelay
[él / ella / él o ella]	él IF SAMPMEMBSEX = MALE; ella IF SAMPMEMBSEX = FEMALE; él o ella IF SAMPMEMBSEX = UNKNOWN	AmpRelay
[his/her]	his IF SAMPMEMBSEX = MALE; her IF SAMPMEMBSEX = FEMALE;	SampMemb
[él/ella]	él IF SAMPMEMBSEX = MALE; ella IF SAMPMEMBSEX = FEMALE;	SampMemb
[you/[FIRST NAME]]	“you” if HELLO = 1 OR 2; Fill [FIRST NAME] if NeedRep=1 OR 3, OR proxy from sample load file	A1
[usted/[FIRST NAME]]	“usted” if HELLO = 1 OR 2; Fill [FIRST NAME] if NeedRep=1 OR 3, OR proxy from sample load file	A1
[Your/[FIRST NAME]'s]	“your” if HELLO = 1 OR 2; Fill [FIRST NAME] if NeedRep=1 OR 3, OR proxy from sample load file	A2
(He/She)	He IF SAMPMEMBSEX = MALE; Her IF SAMPMEMBSEX = FEMALE;	A2

(Él/Ella)	él IF SAMPMEMBSEX = MALE; ella IF SAMPMEMBSEX = FEMALE;	A2
[You/(He/She)]	“you” if HELLO = 1 OR 2; “He” if NeedRep=1 OR 3, OR proxy from sample load file	A2
[Usted/(Él/Ella)]	“Usted” if HELLO = 1 OR 2; “Él/Ella” if NeedRep=1 OR 3, OR proxy from sample load file	A2
[you/(him/her)]	“you” if HELLO = 1 OR 2; “him/her” if NeedRep=1 OR 3, OR proxy from sample load file	A2
[Are you /Is (he/she)]	“Are you” if HELLO = 1 OR 2; “Is (he/she)” if NeedRep=1 OR 3, OR proxy from sample load file	B1
[have you/has (he/she)] [usted/(él/ella)]	“have you” if HELLO = 1 OR 2; “has (he/she)” if NeedRep=1 OR 3, OR proxy from sample load file	B3
[your/(his/her)]	“your” if HELLO = 1 OR 2; “his/her” if NeedRep=1 OR 3, OR proxy from sample load file	B3
[suyas/de [FIRST NAME]]	“suyas” if HELLO = 1 OR 2; “de [FIRST NAME]” if NeedRep=1 OR 3, OR proxy from sample load file	C1
[have/has]	“have” if HELLO = 1 OR 2; “has” if NeedRep=1 OR 3, OR proxy from sample load file	C1
[suyo/de (él/ella)]	“suyo” if HELLO = 1 OR 2; “de (él/ella)” if NeedRep=1 OR 3, OR proxy from sample load file	C6
[is/was]	IF C5=1, FILL “is”; IF C5=0, FILL “was”	C6
[suyos/de (él/ella)]	“suyos” if HELLO = 1 OR 2; “de (él/ella)” if NeedRep=1 OR 3, OR proxy from sample load file	E1
[are/is]	IF SELF RESPONSE, FILL “are”; IF PROXY, FILL “is”	C13
[suya/de (él/ella)]	“suya” if HELLO = 1 OR 2; “de (él/ella)” if NeedRep=1 OR 3, OR proxy from sample load file	C14

Groups:

Treatment (T1 and T2)

Treatment withdrew from offset

Control

Y1=2019, Y2=2020

History Review

History.

PROGRAMMER:
PULL IN FIELDS FROM HISTORY FILE FOR INTERVIEWER REVIEW

Call Attempt:

HISTORY REVIEWED OR DAILRESULT = 6
FILL RESPONDENT PHONE NUMBER AND EXTENSION FROM PRELOAD
DISABLE CLICK TO DIAL (1) IF FEDPROJECT = 0 AND (CURPHNTYPE = CELL (C) OR UNKNOWN (U) OR EMPTY)
DISABLE FIELD STAFF CALLING IN IF FIELDCALLS = 0

DialNumber. **phone number details:**
 phone number= [phone number]
 extension= [extension]

CODE ONE ONLY

CLICK TO DIAL.....	1	DIALRESULT
MANUAL DIAL	2	MANUALDIAL
QUICK EXIT	3	EXIT, NO
		STATUSUPDATE
RESPONDENT CALLING IN	4	CALLIN
TRANSFER FROM ANOTHER INTERVIEWER	5	CALLIN

FIELDCALLS = 1 AND DIALNUMBER = 6

FieldInfo. **Hello, my name is [INTERVIEWER NAME]. May I have your name?**

INSTRUCTION: SELECT NAME OF FIELD INTERVIEWER/SITE STAFF MEMBER
DROPDOWN: FILL LIST OF FIELD INTERVIEWERS OR GRANTEE STAFF FROM PROJECT

PROGRAMMER: GO TO CALLIN

DIALNUMBER = 2

ManualDial.

PHONE NUMBER DETAILS:

PHONE NUMBER = [PHONE NUMBER]

EXTENSION = [EXTENSION]

INSTRUCTION: ENTER PHONE NUMBER ABOVE. NO DASHES.

HARD CHECK: IF ENTERED NUMBER DOES NOT MATCH LOADED NUMBER: THE PHONE NUMBERS DO NOT MATCH. PLEASE CORRECT.

DIALNUMBER = 1 OR MANUARDIAL = RESPONSE

DialResult.

INSTRUCTION: CODE RESULT OF DIALING

CODE ONE ONLY

SOMEONE ANSWERS.....	1	HELLO
NO ANSWER..... (DISP = 31)	2	FINISHED
BUSY..... (DISP = 2)	3	FINISHED
VOICEMAIL/ANSWERING DEVICE.....	4	SKIP BOX DIALRESULT
PHONE/LINE PROBLEMS (NOT IN SERVICE, DISCONNECTED)..... (DISP = 32)	5	FINISHED
NEED TO REDIAL THE NUMBER	6	DIALNUMBER

PROGRAMMER SKIP BOX DIALRESULT:
IF DIALRESULT = 4 AND VMFREQ = LEAVEMESSAGE, GO TO
MESSAGESCRIPT. ELSE, GO TO FINISHED AND SET DISP = 33.

DIALRESULT = 4 AND VMFREQ = LEAVE MESSAGE

FILL TEXT IF DIAL ATTEMPT =1, ELSE LEAVE BLANK

MessageScript.

[This message is for [FullName]. I am calling from Mathematica Policy Research about a study we are conducting for the Social Security Administration. We recently contacted you to complete a survey. Please call us at 1-833-832-0470 between 9 a.m. and 9 p.m. eastern standard time. After selecting your language preference, please select option X to complete the survey over the phone. Thanks very much!]

[Este mensaje es para [FullName]. Estoy llamando de Mathematica Policy Research acerca de un estudio que estamos llevando a cabo para la Administración del Seguro Social. Le contactamos recientemente para completar una encuesta. Por favor llámenos al 1-833-832-0470 entre las 9 de

la mañana y las 9 de la noche hora estándar del Este. Después de seleccionar su preferencia de idioma, por favor seleccione la opción X para completar la encuesta por teléfono. ¡Muchas gracias!

INSTRUCTION: DID YOU LEAVE THE MESSAGE?

CODE ONE ONLY

YES 1

NO 0

<p>PROGRAMMER SKIP BOX MESSAGE SCRIPT IF MESSAGESRIPT = 1, GO TO FINISHED AND SET DISP = 34. IF MESSAGESRIPT = 2, GO TO FINISHED AND SET DISP = 33.</p>

FirstContact:

DIALRESULT=1

Hello. Hello, I am calling on behalf of the Social Security Administration about a study. May I please speak to [FULLNAME]?

Hola, mi nombre es [INTERVIEWER NAME]. Estoy llamando de parte de la Administración del Seguro Social acerca de un estudio. ¿Puedo hablar con [FULLNAME], por favor?

CODE ONE ONLY

SPEAKING TO [FIRSTNAME].....	1	SAMPMEMB
[FIRSTNAME] COMES TO THE PHONE.....	2	SAMPMEMB
NEED TO CALLBACK (NO APPT).....	3	THANKS (DISP = 36)
NEED TO CALLBACK (SET APPT).....	4	SETAPPT
[FIRSTNAME] HAS A HEALTH PROBLEM.....	5	HEALTHPROB
[FIRSTNAME] IS IN AN INSTITUTION (HOSPITAL, GROUP HOME, JAIL).....	6	INSTITUTION
[FIRSTNAME] HAS MOVED/HAS NEW NUMBER.....	7	KNOWWHERE
[FIRSTNAME] DOES NOT SPEAK ENGLISH.....	8	LANG
NEVER HEARD OF [FULLNAME]/WRONG NUMBER.....	9	THANKS (DISP = 37)
HUNG UP DURING INTRODUCTION (HUDI).....	10	FINISHED (DISP=35)
[FIRSTNAME] IS DECEASED.....	11	DECEASED
INSTITUTION-CANNOT CONFIRM/DENY SAMPLE MEMBER.....	12	THANKS (DISP=43)

PROGRAMMER SMVERIFIED BOX HELLO
IF HELLO=1 OR 2 AND SMVERIFIED = 0, SET SMVERIFIED = 1.

DIALNUMBER = 4 OR 5

CallIn. Hello, my name is [INTERVIEWER NAME]. I'm an interviewer from Mathematica Policy Research. We are working on behalf of the Social Security Administration or SSA. May I ask your name?

Hola, mi nombre es [INTERVIEWER NAME]. Soy un entrevistador de Mathematica Policy Research. Estamos trabajando de parte de la Administración del Seguro Social o SSA por sus siglas en inglés. ¿Puedo preguntarle su nombre?

CODE ONE ONLY

SPEAKING TO [FIRSTNAME].....	1	SKIP BOX CALLIN
[FIRSTNAME] CALLED TO MAKE APPOINTMENT.....	2	SETAPPT
[FIRSTNAME] CALLED TO REFUSE.....	3	REFUSALREASON
SOMEONE ELSE CALLED TO REFUSE.....	4	REFUSALREASON
SOMEONE ELSE CALLED TO SAY [FIRSTNAME] DECEASED	5	DECEASED
[FIRSTNAME] HAS A HEALTH PROBLEM.....	6	HEALTHPROB
[FIRSTNAME] IS IN AN INSTITUTION (HOSPITAL, GROUP HOME, JAIL).....	7	INSTITUTION
[FIRSTNAME] HAS MOVED/HAS NEW NUMBER.....	8	KNOWWHERE
[FIRSTNAME] DOES NOT SPEAK ENGLISH.....	9	LANG

PROGRAMMER SMVERIFIED BOX CALLIN
IF CALLIN = 1 AND SMVERIFIED = 0, SET SMVERIFIED = 1

PROGRAMMER SKIP BOX CALLIN
IF CALLIN = 1 AND PHONE NUMBER LOADED, GO TO CALLINNUM.
IF CALLIN = 1 AND NO PHONE NUMBER LOADED, GO TO CALLINBESTNUM.

CALLIN = 1 AND PHONE NUMBER LOADED

FILL NUMBER FROM CURRENT LOADED NUMBER

CallInNum.

INTERVIEWER: DID THE RESPONDENT CALL IN FROM [FILL NUMBER]?

CODE ONE ONLY

YES	1	SAMPMEMB
NO, DIFFERENT NUMBER.....	2	CALLINBESTNUM
UNKNOWN OR RESTRICTED NUMBER.....	3	CALLINBESTNUM

PROGRAMMER CALLINNUM CALL HISTORY BOX
IF CALLINNUM = 1, SET CURRENT PHONE AS PHONE NUM IN CALL HISTORY RECORD.

(CALLNUM = 2 – 3) OR (CALLIN = 1 AND NO NUMBER LOADED)

CallInBestNum. In case we get disconnected, is the phone number you are calling from the best one to use to call you back?

Por si nos desconectamos, ¿es el número de teléfono del que llama el mejor para llamarle de vuelta?

CODE ONE ONLY

YES	1	CALLINNEWNUM
NO	0	CALLINNEWNUM
DON'T KNOW	d	BOX CALLIN SETPHONE
REFUSED	r	BOX CALLIN SETPHONE

CALLINBESTNUM = 0 OR 1

PROGRAMMER- EXTENSION MAY BE MISSING

CallInNewNum. IF CALLINBESTNUM = 1
Please tell me the number you are calling from, area code first.

Por favor dígame el número del que llama, empezando con el código de área.

IF CALLINBESTNUM = 0
Please give me the best telephone number to use, area code first.

Por favor dígame el mejor número de teléfono para llamarle, empezando con el código de área.

INSTRUCTION: CONFIRM PHONE WITH RESPONDENT BEFORE CONTINUING

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

Is there an extension number?

¿Hay un número de extensión?

_ _ _ _ _
(0-999999)

DON'T KNOW	d	BOX CALLIN SETPHONE
------------------	---	------------------------

REFUSED	r	BOX CALLIN SETPHONE
---------------	---	------------------------

SOFT CHECK: IF PHONE NE 10 DIGITS: PHONE NUMBER SHOULD BE 10 NUMERIC DIGITS, NO SPACES, DASHES, PARENTHESES OR OTHER PUNCTUATION (OR EMPTY)

SOFT CHECK: IF AREA CODE LE 200: AREA CODE SHOULD BE GREATER THAN 200

SOFT CHECK: IF EXCHANGE LE 199: EXCHANGE SHOULD BE GREATER THAN 199

CALLINNEWNUM = PHONE PROVIDED

CallInNewNumTZ. What time zone is that in?

¿En qué zona horaria está?

IF NEEDED: WHAT TIME IS IT THERE?

¿Qué hora es ahí?

INSTRUCTION: A TIME ZONE IS REQUIRED. USE ORIGINAL TIME ZONE OR STATE IF NEEDED.

CODE ONE ONLY

EASTERN TIME (US & CANADA) [(FILL CURRENT TIME)].....	62
INDIANA (EAST) [(FILL CURRENT TIME)].....	63
CENTRAL TIME (US & CANADA) [(FILL CURRENT TIME)].....	65
ARIZONA [(FILL CURRENT TIME)]	68
MOUNTAIN TIME (US & CANADA) [(FILL CURRENT TIME)]	70
PACIFIC TIME (US & CANADA) [(FILL CURRENT TIME)]	71
ALASKA [(FILL CURRENT TIME)]	72
HAWAII [(FILL CURRENT TIME)]	73
BAJA CALIFORNIA [(FILL CURRENT TIME)]	93

PROGRAMMER BOX CALLIN SETPHONE

IF (CALLINBESTNUM = D OR R) OR (CALLINNEWNUM = D OR R), CHECK IF A PHONE IS LOADED.

IF A PHONE IS LOADED, USE CURRENT PHONE IN CALL HISTORY.

IF A PHONE IS NOT LOADED, DO NOT USE A PHONE IN CALL HISTORY.

IF PHONE NUMBER COLLECTED AT CALLINNEWNUM:

COMPARE CALLINNEWNUM WITH CURRENT PHONE LOADED.

IF CALLINNEWNUM = CURRENT PHONE, USE CURRENT PHONE IN CALL HISTORY, THEN COMPARE CALLINNEWNUMTZ WITH CURRENT TZ.

IF CURRENT PHONE TZ NE CALLINNEWNUMTZ, UPDATE CURENT PHONE TZ.

IF CALLINNEWNUM NE CURRENT PHONE, SET CALLINNEWNUM AS NEW CURRENT PHONE AND USE THIS PHONE IN CALL HISTORY.

ALL SCENARIOS FOR CALLIN GO TO SAMPMEMB.

Health Problem Questions:

HELLO = 5 OR CALLIN = 6

HealthProb. PROBE IF NEEDED: What kind of health problem is it? Is it short-term or long-term?

¿Qué tipo de problema de salud es? ¿Es a corto o largo plazo?

INSTRUCTION: CODE THE TYPE OF HEALTH PROBLEM

CODE ONE ONLY

SHORT-TERM HEALTH PROBLEM (BETTER DURING PROJECT)1 CALLLATER
 LONG-TERM HEALTH PROBLEM (NOT GETTING BETTER SOON)2 HEALTHPROBTYPE

HEALTHPROB = 2

HealthProbType. PROBE IF NEEDED: Can you describe if it's a sensory, vocal, physical, or cognitive impairment?

¿Puede describir si es un impedimento sensorial, vocal, físico o cognitivo?

INSTRUCTION: CODE THE TYPE OF HEALTH PROBLEM

CODE ONE ONLY

SENSORY IMPAIRMENT (DEAF/BLIND)1 AMPRELAY
 VOCAL/SPEECH IMPAIRMENT2 AMPRELAY
 PHYSICAL IMPAIRMENT3 CALLLATER
 COGNITIVE/INTELLECTUAL IMPAIRMENT4 SKIP BOX
 HEALTHPROBTYPE
 OTHER IMPAIRMENT5 SKIP BOX
 HEALTHPROBTYPE
 DECEASED6 DECEASED

PROGRAMMER SKIP BOX HEALTHPROBTYPE

IF (HEALTHPROBTYPE = 4 OR 5) AND PROXYOKAY = 1, GO TO NEEDREP.

IF (HEALTHPROBTYPE = 4 OR 5) AND PROXYOKAY = 0, GO TO THANKS AND
 SET DISP = 40.

HEALTHPROBTYPE = 1 OR 2
him IF SAMPMEMBSEX = MALE; her IF SAMPMEMBSEX = FEMALE; him or her IF SAMPMEMBSEX = UNKNOWN
él IF SAMPMEMBSEX = MALE; ella IF SAMPMEMBSEX = FEMALE; él o ella IF SAMPMEMBSEX = UNKNOWN

AmpRelay. I can increase the volume of my voice or [FIRSTNAME]'s voice, or we could use a relay service. Would either of these enable [him / her / him or her] to communicate with me?

Puedo aumentar el volumen de mi voz o la voz de [FIRSTNAME], o podríamos utilizar un servicio de retransmisión. ¿Permitiría alguno de éstos que [él / ella / él o ella] se comunicara conmigo?

CODE ONE ONLY

- YES – INCREASE VOLUME ON PHONE1 RESPAVAIL
- YES - USE RELAY SERVICE.....2 RELAYPHONE
- NO3 SKIP BOX AMPRELAY
- DON'T KNOWd SETAPPT

PROGRAMMER SKIP BOX AMPRELAY
 IF AMPRELAY = 3 AND PROXYOKAY = 1, GO TO NEEDREP.
 IF AMPRELAY = 3 AND PROXYOKAY = 0, GO TO THANKS AND SET DISP = 40.

AMPRELAY = 2

RelayPhone. May I have the telephone number of the relay service we should use to reach [FIRST NAME]?

¿Podría tener el número de teléfono del servicio de retransmisión que debemos utilizar para contactar a [FIRSTNAME]?

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

- DON'T KNOWd SETAPPT

SOFT CHECK: IF PHONE NE 10 DIGITS: PHONE NUMBER SHOULD BE 10 NUMERIC DIGITS, NO SPACES, DASHES, PARENTHESES OR OTHER PUNCTUATION (OR EMPTY)
SOFT CHECK: IF AREA CODE LE 200: AREA CODE SHOULD BE GREATER THAN 200
SOFT CHECK: IF EXCHANGE LE 199: EXCHANGE SHOULD BE GREATER THAN 199

AMPRELAY = 1 OR (AMPRELAY = 2 AND RELAYPHONE = RESPONSE)

RespAvail. Is [FIRST NAME] available now?

¿Está [FIRSTNAME] disponible ahora?

CODE ONE ONLY

YES 1 SKIP BOX RESPAVAIL
NO – NEEDS CALL BACK 0 SETAPPT
DON'T KNOW d SETAPPT

PROGRAMMER SKIP BOX RESPAVAIL
IF RESPAVAIL = 1 AND AMPRELAY = 1, GOTO AMPPHONE.
IF RESPAVAIL = 1 AND AMPRELAY = 2, GO TO CALLRELAY.

AMPRELAY = 1 AND RESPAVAIL = 1

AmpPhone.

INSTRUCTION: INCREASE VOLUME ON PHONE (USING JABBER) AND ASK
GATEKEEPER TO CALL [FIRSTNAME] TO THE PHONE.

CODE ONE ONLY

[FIRSTNAME] COMES TO THE PHONE 1 SAMPMEMB
NEED TO CALLBACK 2 SETAPPT

PROGRAMMER SMVERIFIED BOX AMPPHONE
IF AMPPHONE = 1 AND SMVERIFIED = 0, SET SMVERIFIED = 1

RESPAVAIL=1 AND AMPRELAY = 2

CallRelay.

INSTRUCTION: CALL RELAY SERVICE USING PHONE PROVIDED BY ANSWERING
PARTY. IF THE CONNECTION IS MADE, CODE 1 BELOW AND
CONTINUE. IF NOT, CODE 2.

CODE ONE ONLY

[FIRSTNAME] COMES TO THE PHONE 1 SAMPMEMB
NEED TO CALLBACK 2 SETAPPT

PROGRAMMER SMVERIFIED BOX CALLRELAY
IF AMPPHONE = 1 AND SMVERIFIED = 0, SET SMVERIFIED = 1

HEALTHPROB = 1 OR HEALTHPROBTYPE = 3

CallLater. Will [FIRST NAME] be able to talk on the telephone if I call back later?

¿Será [FIRSTNAME] capaz de hablar por teléfono si vuelvo a llamar más tarde?

CODE ONE ONLY

YES/MAYBE - CALLBACK1 SETAPPT
NO0 SKIP BOX
CALLLATER
DON'T KNOWd SETAPPT

PROGRAMMER SKIP BOX CALL LATER
IF CALLLATER = 0 AND PROXYOKAY = 1, GO TO NEEDREP.
IF CALLLATER = 0 AND PROXYOKAY = 0, GO TO THANKS AND SET DISP
= 40.

HELLO = 11 OR CALLIN = 5 OR HEALTHPROBTYPE = 6

Deceased. I am very sorry to hear that. Please accept my condolences. Goodbye.

Siento mucho oír eso. Por favor acepte mis condolencias. Adiós.

CONTINUE1 FINISHED (DISP = 41)

Institution Questions:

HELLO = 6 OR CALLIN = 7

Institution.

INSTRUCTION: CODE TYPE OF INSTITUTION.

CODE ONE ONLY

HOSPITAL	1	HOMESOOON
NURSING HOME	2	THANKS [DISP=43]
ASSISTED LIVING FACILITY	3	THANKS [DISP=43]
GROUP HOME	4	THANKS [DISP=43]
JAIL OR PRISON	5	HOMESOOON

INSTITUTION = 1 OR 5

the hospital IF INSTITUTION = 1, **jail or prison** IF INSTITUTION = 5

del hospital IF INSTITUTION = 1, **de la cárcel o prisión** IF INSTITUTION = 5

HomeSoon. Do you expect [First Name] to come home from [the hospital / jail or prison] within 2 to 4 weeks?

¿Espera que [First Name] vuelva a casa [del hospital /de la cárcel o prisión] en dos a cuatro semanas?

CODE ONE ONLY

YES	1	NEEDREP
NO – NOT HOME SOON	0	[DISP=43]
DON'T KNOW	d	[DISP=43]
REFUSED	r	[DISP=43]

PROGRAMMER SKIP BOX HOMESOOON

IF HOMESOOON = 0, D OR R, GO TO THANKS.

(INSTITUTION= 2 – 4) OR (INSTITUTION = 1 (HOSPITAL) AND HOMESOOON = 0)

him IF SAMPMEMBSEX = MALE; **her** IF SAMPMEMBSEX = FEMALE; **him or her** IF SAMPMEMBSEX = UNKNOWN

he IF SAMPMEMBSEX = MALE; **she** IF SAMPMEMBSEX = FEMALE; **he or she** IF SAMPMEMBSEX = UNKNOWN

his IF SAMPMEMBSEX = MALE; **her** IF SAMPMEMBSEX = FEMALE; **his or her** IF SAMPMEMBSEX = UNKNOWN

himself IF SAMPMEMBSEX = MALE; **herself** IF SAMPMEMBSEX = FEMALE; **himself or herself** IF SAMPMEMBSEX = UNKNOWN

él IF SAMPMEMBSEX = MALE; **ella** IF SAMPMEMBSEX = FEMALE; **él o ella** IF SAMPMEMBSEX = UNKNOWN

él mismo IF SAMPMEMBSEX = MALE; **ella misma** IF SAMPMEMBSEX = FEMALE; **él mismo o ella misma** IF SAMPMEMBSEX = UNKNOWN

(INSTITUTION= 2 – 4) OR (INSTITUTION = 1 (HOSPITAL) AND HOMESOON = 0)

him IF SAMPMEMBSEX = MALE; **her** IF SAMPMEMBSEX = FEMALE; **him or her** IF SAMPMEMBSEX = UNKNOWN

he IF SAMPMEMBSEX = MALE; **she** IF SAMPMEMBSEX = FEMALE; **he or she** IF SAMPMEMBSEX = UNKNOWN

his IF SAMPMEMBSEX = MALE; **her** IF SAMPMEMBSEX = FEMALE; **his or her** IF SAMPMEMBSEX = UNKNOWN

himself IF SAMPMEMBSEX = MALE; **herself** IF SAMPMEMBSEX = FEMALE; **himself or herself** IF SAMPMEMBSEX = UNKNOWN

él IF SAMPMEMBSEX = MALE; **ella** IF SAMPMEMBSEX = FEMALE; **él o ella** IF SAMPMEMBSEX = UNKNOWN

él mismo IF SAMPMEMBSEX = MALE; **ella misma** IF SAMPMEMBSEX = FEMALE; **él mismo o ella misma** IF SAMPMEMBSEX = UNKNOWN

Capable. I am calling about an interview we would like to conduct with [FirstName].

A letter explaining why we are calling was recently sent to [him / her / him or her].

Would [he / she / he or she] be able to answer questions [himself / herself / himself or herself] or would someone need to answer on [his / her / his or her] behalf?

Estoy llamando sobre una entrevista que nos gustaría llevar a cabo con [FirstName].

Recientemente se le envió una carta a [él / ella / él o ella] explicando por qué estamos llamando.

¿Sería [él/ella/ él o ella] capaz de responder preguntas [él mismo / ella misma / él mismo o ella misma] o alguien tendría que responder en su nombre?

CODE ONE ONLY

[FIRSTNAME] IS ABLE TO RESPOND.....	1	FACILITY
[FIRSTNAME] IS UNABLE TO RESPOND.....	2	SKIP BOX
CAPABLE		
DON'T KNOW	d	FACILITY
REFUSED	r	SKIP BOX
CAPABLE		

PROGRAMMER SKIP BOX CAPABLE

IF (CAPABLE = 2 OR R) AND PROXYOKAY= 1, GO TO NEEDREP.

IF (CAPABLE = 2 OR R) AND PROXYOKAY= 0, GO TO THANKS AND SET DISP = 43.

(CAPABLE=1 OR D) OR (HOMESOOON = 0 AND INSTITUTION = 5 (PRISON) AND PROXYOKAY = 0 AND HANDLEPRISON = 1 (LOCATING))

Facility. What is the name of the facility?

¿Cuál es el nombre de la instalación?

CODE ONE ONLY

_____ (STRING 60)
DON'T KNOWd
REFUSEDr

PROGRAMMER SKIP BOX FACILITY
IF INSTITUTION=5 AND HOMESOOON = 0 AND HANDLEPRISON = 1 (LOCATING), GO TO THANKS AND SET DISP = 42 AND LOCTYPE = 2.
IF INSTITUTION=5 AND HOMESOOON = 0 AND HANDLEPRISON = 0 (TERMINATE), GO TO THANKS AND SET DISP = 42.
IF INSTITUTION=1-4 AND (CAPABLE = 1 OR D) AND FACILITY = R, GO TO THANKS AND SET DISP = 43.
IF INSTITUTION=1-4 AND (CAPABLE = 1 OR D) AND (FACILITY = D OR ANSWERED), GO TO CONTACT.

(CAPABLE = 1 OR D) AND (FACILITY = D OR ANSWERED)

Contact. Do you have the name of the administrator or a contact person there?

¿Tiene el nombre del administrador o una persona de contacto allí?

CODE ONE ONLY

YES1
.....NEWNAMEFAC
NO0 FACADDR
DON'T KNOWd FACADDR
REFUSEDr THANKS (DISP
= 43)

CONTACT = 1

PROGRAMMER: REQUIRE THAT SOME AMOUNT OF TEXT BE ENTERED IN FIRST NAME OR LAST NAME

NewNameFac. Please give me the correct spelling of his or her full name.

Por favor dígame la manera correcta de escribir el nombre completo de él o ella..

INSTRUCTION: CONFIRM SPELLING OF NAME WITH RESPONDENT BEFORE CONTINUING

First name?

¿Primer nombre?

_____ (STRING 20)
FIRST NAME

Middle initial

¿Inicial de segundo nombre?

_____ (STRING 1)
MIDDLE INITIAL

Last name?

¿Apellido?

_____ (STRING 30)
LAST NAME

(CONTACT= 0 OR D) OR NEWNAMEFAC = ANSWERED

hospital IF INSTITUTION = 1; **nursing home** IF INSTITUTION = 2; **assisted living facility**
IF INSTITUTION = 3; **group home** IF INSTITUTION = 4

FacAddr. What is the address of the [hospital / nursing home / assisted living facility / group home]?

¿Cuál es la dirección del [hospital/ hogar de ancianos/ /centro de vivienda asistida/ hogar colectivo]?

INSTRUCTION: CONFIRM ADDRESS WITH RESPONDENT BEFORE CONTINUING

What is the first line of the address?

¿Cuál es la primera línea de la dirección?

(STRING (60))

Street Address Line 1

Is there an apartment or unit number for this address?

¿Hay un número de apartamento o unidad en esta dirección?

(STRING (60))

Street Address Line 2

And what is the zip code?

¿Cuál es el código postal?

(STRING (10))

ZIP Code

Town or city?

¿Pueblo o ciudad?

(STRING (20))

City

State?

¿Estado?

(STRING (2))

State

DON'T KNOWd

FACPHONE

REFUSEDr
= 43)

THANKS (DISP

FACADDR = ANSWERED OR D
PROGRAMMER- EXTENSION MAY BE MISSING
hospital IF INSTITUTION =1; nursing home IF INSTITUTION = 2; assisted living facility IF INSTITUTION = 3; group home IF INSTITUTION = 4

FacPhone. May I please have the telephone number of the [hospital/group home/assisted living facility]?

¿Puedo tener el número de teléfono del [hospital/hogar colectivo/centro de vivienda asistida]?

INSTRUCTION: CONFIRM PHONE WITH RESPONDENT BEFORE CONTINUING

Please give me the telephone number, area code first.

Por favor deme el número de teléfono, empezando con el código de área.

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

Is there an extension number?

¿Hay un número de extensión?

|_|_|_|_|_|_|_|
 (0-999999)

DON'T KNOWd THANKS (DISP = 43)

REFUSEDr THANKS (DISP = 43)

SOFT CHECK: IF PHONE NE 10 DIGITS: PHONE NUMBER SHOULD BE 10 NUMERIC DIGITS, NO SPACES, DASHES, PARENTHESES OR OTHER PUNCTUATION (OR EMPTY)
SOFT CHECK: IF AREA CODE LE 200: AREA CODE SHOULD BE GREATER THAN 200
SOFT CHECK: IF EXCHANGE LE 199: EXCHANGE SHOULD BE GREATER THAN 199

FACPHONE = PHONE PROVIDED

NewPhoneTZFac. What time zone is that in?

¿En qué zona horaria está?

IF NEEDED: **What time is it there?**

¿Qué hora es ahí?

INSTRUCTION: A TIME ZONE IS REQUIRED. USE ORIGINAL TIME ZONE OR STATE IF NEEDED.

CODE ONE ONLY

EASTERN TIME (US & CANADA) [(FILL CURRENT TIME)].....	62
INDIANA (EAST) [(FILL CURRENT TIME)].....	63
CENTRAL TIME (US & CANADA) [(FILL CURRENT TIME)].....	65
ARIZONA [(FILL CURRENT TIME)]	68
MOUNTAIN TIME (US & CANADA) [(FILL CURRENT TIME)]	70
PACIFIC TIME (US & CANADA) [(FILL CURRENT TIME)]	71
ALASKA [(FILL CURRENT TIME)]	72
HAWAII [(FILL CURRENT TIME)]	73
BAJA CALIFORNIA [(FILL CURRENT TIME)]	93

PROGRAMMER SKIP BOX FACPHONE

GO TO THANKS AND SET DISP = 36.

APPEND NEWNAMEFAC, NEWFACADDR, NEWFACPHONE AND NEWFACPHONETZ TO CALL HISTORY NOTE.

Know Where Questions:

HELLO = 7 OR CALLIN = 8

KnowWhere. Do you or does anyone there have a phone number for [First Name]?

¿Tiene usted o alguien ahí un número de teléfono para [FIRST NAME]?

CODE ONE ONLY

YES 1 KNOWWHEREPHONE
 NO 0 THANKS (DISP = 37)
 DON'T KNOW d THANKS (DISP = 37)
 REFUSED r THANKS (DISP = 37)

KNOWWHERE = 1

PROGRAMMER- EXTENSION MAY BE MISSING

KnowWherePhone. Please give me the telephone number, area code first.

Por favor deme el número de teléfono, empezando con el código de área.

INSTRUCTION: CONFIRM PHONE WITH RESPONDENT BEFORE CONTINUING

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

Is there an extension number?

¿Hay un número de extensión?

|_|_|_|_|_|
 (0-999999)

DON'T KNOW d THANKS (DISP = 37)
 REFUSED r THANKS (DISP = 37)

SOFT CHECK: IF PHONE NE 10 DIGITS: PHONE NUMBER SHOULD BE 10 NUMERIC DIGITS, NO SPACES, DASHES, PARENTHESES OR OTHER PUNCTUATION (OR EMPTY)

SOFT CHECK: IF AREA CODE LE 200: AREA CODE SHOULD BE GREATER THAN 200

SOFT CHECK: IF EXCHANGE LE 199: EXCHANGE SHOULD BE GREATER THAN 199

KNOWWHEREPHONE = PHONE PROVIDED

KnowWherePhoneTZ. What time zone is that in?

¿En qué zona horaria está?

IF NEEDED: **What time is it there?**

¿Qué hora es ahí?

INSTRUCTION: A TIME ZONE IS REQUIRED. USE ORIGINAL TIME ZONE OR STATE IF NEEDED.

CODE ONE ONLY

EASTERN TIME (US & CANADA) [(FILL CURRENT TIME)].....	62
INDIANA (EAST) [(FILL CURRENT TIME)].....	63
CENTRAL TIME (US & CANADA) [(FILL CURRENT TIME)].....	65
ARIZONA [(FILL CURRENT TIME)]	68
MOUNTAIN TIME (US & CANADA) [(FILL CURRENT TIME)]	70
PACIFIC TIME (US & CANADA) [(FILL CURRENT TIME)]	71
ALASKA [(FILL CURRENT TIME)]	72
HAWAII [(FILL CURRENT TIME)]	73
BAJA CALIFORNIA [(FILL CURRENT TIME)]	93

PROGRAMMER SKIP BOX KNOWWHEREPHONETZ
GO TO THANKS AND SET DISP = 38 (NEW NUMBER).

Language Questions:

HELLO = 8 OR CALLIN = 9

Lang.

INSTRUCTION: CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN:
CODE ONE ONLY

SPANISH 10
FRENCH 12
CHINESE 4
RUSSIAN 25
GERMAN 7
OTHER LANGUAGE..... 99 OTHERLANG
DON'T KNOW d

PROGRAMMER SKIP BOX LANG

IF LANG = INSTLANG (ONE OF THE PROGRAMMED LANGUAGES, GO TO DIFFLANG.
IF (LANG NE INSTLANG OR LANG = D) AND PROXYOKAY = 1, GO TO NEEDREP.
IF (LANG NE INSTLANG OR LANG = D) AND PROXYOKAY = 0 AND INTERPOKAY = 1, GO TO
NEEDREP.
IF LANG NE INSTLANG AND PROXYOKAY = 0 AND INTERPOKAY = 0 AND EXTRATRANS = 1
AND LANG = EXTRATRANSLANG (EXTERNAL TRANSLATION IN THIS LANGUAGE), GO TO
SETAPPT.
IF LANG NE INSTLANG AND PROXYOKAY = 0 AND INTERPOKAY = 0 AND EXTRATRANS = 1
AND LANG NE EXTRATRANSLANG, GO TO THANKS AND SET DISP = 44.
IF LANG NE INSTLANG AND PROXYOKAY = 0 AND INTERPOKAY = 0 AND EXTRATRANS = 0, GO
TO THANKS AND SET DISP = 44.

LANG = 99

OtherLang. SPECIFY OTHER LANGUAGE

_____ (STRING 15)

PROGRAMMER SKIPBOX OTHERLANG.

IF LANG = 99 AND PROXYOKAY = 1, GO TO NEEDREP.
IF LANG = 99 AND PROXYOKAY = 0 AND INTERPOKAY = 1, GO TO NEEDREP.
ELSE, GO TO THANKS AND SET DISP = 44.

LANG = INSTLANG
FILL LANG FROM LIST

DiffLang. Please allow me a moment to locate a [LANG] speaking interviewer.

Por favor deme un momento para localizar a un encuestador que hable [LANG].

INSTRUCTION: PLACE SAMPLE MEMBER ON HOLD AND ALERT A SUPERVISOR TO TRY AND LOCATE A [LANG] SPEAKING INTERVIEWER.
 IF AN INTERVIEWER IS NOT AVAILABLE, SCHEDULE AN APPOINTMENT WITH RESPONDENT.
 IF AN INTERVIEWER IS AVAILABLE, TRANSFER CALL AND SCHEDULE A CALLBACK FOR TOMORROW.

TRANSFER TO A [LANG] INTERVIEWER 1
 NO INTERVIEWER AVAILABLE 2

<p>PROGRAMMER SKIPBOX DIFFLANG IF DIFFLANG = 1, LAUNCH APPOINTMENT BOX, SET LANGUAGE = LANG, GO TO THANKS AND SET DISP = 1. IF DIFFLANG = 2, SET LANGUAGE = LANG, GO TO SETAPPT AND SET (DISP = 1).</p>

Proxy/Interp Questions:

IF (PROXYOKAY=1 AND (AMPRELAY=3 OR CALLLATER=0 OR (HEALTHPROBTYPE=4 OR 5) OR HOMESOON=1 OR (CAPABLE = 2 OR R) OR (LANG NE INSTLANG) OR (LANG = D OR 99))) OR (PROXYOKAY=0 AND INTERPOKAY=1 AND ((LANG NE INSTLANG) OR (LANG = D OR 99)))
FILL PROXY IF PROXYOKAY = 1, INTERPRETER IF (PROXYOKAY = 0 AND INTERPOKAY = 1)
DISABLE RESEPNES OPTION PROXY LIVES ELSEWHERE (4) ONLY IF PROXYOKAY = 0

NeedRep. ALL

[SampMembFULLNAME] should have received a letter in the mail recently from SSA about completing a survey.

[SampMembFULLNAME] debería haber recibido una carta de SSA por correo recientemente acerca de completar una encuesta.

IF PROXYOKAY = 1

Perhaps there is someone who could answer the questions on behalf of [SampMembFIRSTNAME].

Quizá haya alguien que puede contestar las preguntas en nombre de [SampMembFIRST NAME].

Is there a family member or friend who is knowledgeable about [INSERTPROJECTTEXT]?

¿Hay algún familiar o amigo con conocimiento acerca de [INSERTPROJECTTEXT]?

IF PROXYOKAY = 0 AND INTERPOKAY = 1

We are looking for someone who is 18 years or older who [lives with [SampMembFULLNAME] to help (him/her) by interpreting the interview for us. Are you 18 years of age or older and live with [SampMembFULLNAME]?

Estamos buscando a alguien que tenga 18 años o más que [vive con [SampMembFULLNAME] para ayudarlo a (él/ella) interpretando la entrevista para nosotros. ¿Tiene usted 18 años o más y vive con [SampMembFULLNAME]?

ALL

Is now a good time?

¿Es buen momento ahora?

CODE ONE ONLY

YES, SPEAKING TO FAMILY MEMBER/FRIEND WHO WILL ACT AS [PROXY/INTERPRETER].....	1	SAMPMEMB
YES, SPEAKING TO [PROXY/INTERPRETER], BUT IT IS NOT A GOOD TIME	2	SAMPMEMB
[PROXY/INTERPRETER] COMES TO PHONE	3	SAMPMEMB
[PROXY/INTERPRETER] LIVES HERE AND NOT CURRENTLY AVAILABLE..	4	CALLBACK
PROXY LIVES ELSEWHERE.....	5	THANKS [DISP=45]
NO [PROXY/INTERPRETER] AVAILABLE	6	SKIP BOX NEEDREP
DON'T KNOW	d	SKIP BOX NEEDREP

PROGRAMMER SMVERIFIED BOX NEEDREP
IF NEEDREP = 1 – 4 AND SMVERIFIED = 0, SET SMVERIFIED = 1

NEEDREP = 1 – 5
your *su nombre completo* IF NEEDREP = 1 – 3; **his or her *el nombre completo de él o ella*** IF
NEEDREP = 4 – 5
PROGRAMMER: ONLY MIDDLE INITIAL IS ALLOWED TO BE MISSING

NewNameRep. Please give me the correct spelling of [your / his or her] full name.
Por favor dígame la manera correcta de escribir [su nombre completo / el nombre completo de él o ella].

INSTRUCTION: CONFIRM SPELLING OF NAME WITH RESPONDENT BEFORE CONTINUING

SPECIFY NAME

First name?

¿Primer nombre?

_____ (STRING 20)
FIRST NAME

Middle initial

¿Inicial del segundo nombre?

_____ (STRING 1)
MIDDLE INITIAL

Last name?

¿Apellido?

_____ (STRING 30)
LAST NAME

DON'T KNOWd

REFUSEDr

PROGRAMMER SKIP BOX NEWNAMEREP.
IF NEWNAMEREP HAS NAME PROVIDED, SET REPTYPE AND GO TO REPREL.
IF NEWNAMEREP = D OR R, GO TO THANKS AND SET DISP = 36 (CALLBACK).

PROGRAMMER SET REPTYPE
IF (NEEDREP = 1 – 4 AND PROXYOKAY = 0 AND INTERPOKAY = 1, SET REPTYPE = 1 (INTERPRETER).
IF (NEEDREP = 1 – 5 AND PROXYOKAY = 1, SET REPTYPE = 2 (PROXY) AND UPDATE RESPONDENT TO PROXY.

NEEDREP = 1 – 5 AND NEWNAMEREP = ANSWERED (NOT D OR R)

They *están ellos relacionados* IF NEEDREP = 4 – 5, ELSE, *you está usted*

RepRel. And how are [they / you] related to [FIRSTNAME]?

¿Y cómo [están ellos relacionados / está usted] relacionado(a) con [FIRSTNAME]?

CODE ONE ONLY

SPOUSE	1	
CHILD	2	
SIBLING	3	
PARENT	4	
NIECE/NEPHEW	5	
FRIEND/NEIGHBOR/OTHER RELATIVE	6	
GROUP/FOSTER HOME/ASSISTED LIVING FACILITY ADMINISTRATOR/CARER.....	7	
OTHER (SPECIFY)	8	OTHERRE
L		
DON'T KNOW	d	
REFUSED	r	

PROGRAMMER SKIP BOX REPREL
IF REPREL = 8, GO TO OTHERREL.
ELSE, GO TO SKIP BOX NEEDREP.

REPREL= 8

OtherRel.

INSTRUCTION: SPECIFY OTHER RELATIONSHIP.

_____ (STRING 20) SKIP BOX
NEEDREP
OTHER RELATIONSHIP

PROGRAMMER SKIP BOX NEEDREP

IF NEEDREP = 1 OR 3 (SPEAKING TO PROXY/INTERPRETER), GO TO SAMPMEMBOX.
 IF NEEDREP = 2 (SPEAKIN TO BUT NOT GOOD TIME), GO TO SETAPPT.
 IF NEEDREP = 4 AND REPTYPE = 1 (INTERP NOT AVAILABLE),GO TO SETAPPT.
 IF NEEDREP = 4 AND REPTYPE = 2 (PROXY NOT AVAILABLE), GO TO NEEDREPBESTBUM.
 IF NEEDREP = 5 (PROXY LIVES ELSEWHERE), GO TO NEEDREPPHONE.
 IF (NEEDREP = 6 OR D) AND PROXYOKAY = 1, GO TO THANKS AND SET DISP = 45.
 IF (NEEDREP = 6 OR D) AND PROXYOKAY = 0 AND INTERPOKAY = 1, GO TO THANKS AND SET DISP = 44).

NEEDREP = 4 AND REPTYPE = 2 (PROXY) AND AND NEWNAMEREP = ANSWERED (NOT D OR R)

[FIRST NAME] FROM NEWNAMEREP

NeedRepBestNum. Is this telephone number I reached you on the best number to use to call [PROXY FIRST NAME]?

¿Es este número de teléfono donde le contacté a usted el mejor número para llamar a [PROXI FIRST NAME]?

CODE ONE ONLY

YES	1	SETAPPT
NO	0	NEEDREPPHONE
DON'T KNOW	d	THANKS (DISP = 36)
REFUSED	r	THANKS (DISP = 36)

NEEDREP = 5 OR NEEDREPBESTNUM = 0
[FIRST NAME] FROM NEWNAMEREP
PROGRAMMER- EXTENSION MAY BE MISSING

NeedRepPhone. **Please give me [PROXY FIRST NAME]'s telephone number, area code first.**
*Por favor deme el número de teléfono de [PROXY FIRST NAME],
empezando con el código de área.*

INSTRUCTION: CONFIRM PHONE WITH RESPONDENT BEFORE CONTINUING

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

Is there an extension number?

¿Hay un número de extensión?

|_|_|_|_|_|_|_|_|_|_|
(0-999999)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF PHONE NE 10 DIGITS: PHONE NUMBER SHOULD BE 10 NUMERIC DIGITS, NO SPACES, DASHES, PARENTHESES OR OTHER PUNCTUATION (OR EMPTY)
SOFT CHECK: IF AREA CODE LE 200: AREA CODE SHOULD BE GREATER THAN 200
SOFT CHECK: IF EXCHANGE LE 199: EXCHANGE SHOULD BE GREATER THAN 199

PROGRAMMER SKIP BOX NEEDREPPHONE
IF (NEEDREPPHONE = D OR R) AND NEEDREP = 5, GO TO THANKS (DISP = 45).
IF (NEEDREPPHONE = D OR R) NEEDREPBESTNUM = 0, GO TO THANKS (DISP = 36).

NEEDREPPHONE = PHONE PROVIDED

NeedRepPhoneTZ. What time zone is that in?

¿En qué zona horaria está?

IF NEEDED: **What time is it there?**

¿Qué hora es ahí?

INSTRUCTION: A TIME ZONE IS REQUIRED. USE ORIGINAL TIME ZONE OR STATE IF NEEDED.

CODE ONE ONLY

EASTERN TIME (US & CANADA) [(FILL CURRENT TIME)].....	62
INDIANA (EAST) [(FILL CURRENT TIME)].....	63
CENTRAL TIME (US & CANADA) [(FILL CURRENT TIME)].....	65
ARIZONA [(FILL CURRENT TIME)]	68
MOUNTAIN TIME (US & CANADA) [(FILL CURRENT TIME)]	70
PACIFIC TIME (US & CANADA) [(FILL CURRENT TIME)]	71
ALASKA [(FILL CURRENT TIME)]	72
HAWAII [(FILL CURRENT TIME)]	73
BAJA CALIFORNIA [(FILL CURRENT TIME)]	93

PROGRAMMER SKIP BOX NEEDREPPHONETZ
GO TO THANKS AND SET DISP = 38 (NEW NUMBER).

SampMemb Questions:

(HELLO = 1 OR 2) OR CALLINNUM = 1 OR AMPPHONE = 1 OR CALLRELAY = 1
IF QUALIFIED LEVEL LT 2 (INT NOT STARTED), DISPLAY RESPONSE CHOICE (2), ELSE HIDE.
FILL [FIRSTNAME] IF PROXY; You/Usted IF SELF RESPONSE

SampMemb.

IF HELLO = 2 (COMES TO PHONE) AND REPTYPE = 0 – 2 (ALL)
I am calling from Mathematica Policy Research on behalf of the Social Security Administration or SSA. We recently mailed you a letter about completing an survey for the Promoting Opportunity Demonstration or POD. Is this a good time to begin?

Estoy llamando de Mathematica Policy Research de parte de la Administración del Seguro Social o SSA por sus siglas en inglés. Recientemente le enviamos una carta acerca de completar una encuesta para la Demostración Promoviendo Oportunidades o POD por sus siglas en inglés. ¿Es este un buen momento para comenzar?

IF QL LT 2 (INTERVIEW NOT STARTED) AND REPTYPE = 0 – 1
You should have received a letter from the Social Security Administration or SSA about completing an interview for Promoting Opportunity Demonstration or POD.
Each person's participation is voluntary, but very important and all answers will be held in strict confidence. Is this a good time to begin?

Debería haber recibido una carta de la Administración del Seguro Social o SSA por sus siglas en inglés acerca de completar una entrevista para la Demostración Promoviendo Oportunidades o POD por sus siglas en inglés. La participación de cada persona es voluntaria, pero muy importante y todas las respuestas se mantendrán de manera estrictamente confidencial. ¿Es este un buen momento para comenzar?

IF QL GE 2 (INTERVIEW STARTED) AND REPTYPE = 0 – 2 (ALL)
I'm calling to finish the interview we are conducting about Promoting Opportunity Demonstration or POD study. Is now a good time?

Estoy llamando para terminar la entrevista que estamos llevando a cabo sobre la Demostración Promoviendo Oportunidades o estudio POD por sus siglas en inglés. ¿Es buen momento ahora?

IF QL LT 2 (INTERVIEW NOT STARTED) AND REPTYPE = 2 (PROXY)
We are conducting interviews about a study for the Social Security Administration or SSA called Promoting Opportunity Demonstration or POD study and wanted to interview [SampMembFULLNAME]. But I understand that [SampMembFULLNAME] in unable to be interviewed and [you volunteered/your name was given] as someone who could answer on [his/her] behalf. Is this a good time to begin?

Estamos haciendo entrevistas acerca de un estudio para la Administración del Seguro Social o SSA por sus siglas en inglés, llamado la Demostración Promoviendo Oportunidades o estudio POD, y queríamos entrevistar a [SampMembFULLNAME]. Pero entiendo que [SampMembFULLNAME] no puede ser entrevistado(a) y [usted se ofreció/nos dieron su nombre] como alguien que podría responder por [él/ella]. ¿Es este un buen momento para comenzar?

CODE ONE ONLY

BEGIN INTERVIEW	1	SAMPMEMBBOX
DID NOT RECEIVE OR DOES NOT RECALL THE LETTER	2	NOLETTER
NOT A GOOD TIME.....	3	SETAPPT
HUNG UP DURING INTRODUCTION.....	4	VERSMCONTACT

PROGRAMMER SMVERIFIED BOX SAMPMEMB
 IF SAMPMEMB = 1 AND SMVERIFIED = 0, SET SMVERIFIED = 1.

PROGRAMMER SKIP BOX SAMPMEMB

IF (CURPHNTYPE = CELL (C) OR UNKNOWN (U) OR EMPTY) AND (DIALNUMBER = 1, 2 4, OR 5), GO TO SAFETY.

IF (CURPHNTYPE = CELL (C) OR UNKNOWN (U) OR EMPTY) AND DIALNUMBER = 6 (FIELD CALL IN), GO TO CONFIRMREC BOX.

IF CURPHNTYPE = LANDLINE (L) AND REPREL= 1 – 7, GO TO CONFIRMREC BOX.

IF CURPHNTYPE = LANDLINE (L) AND SAMPMEMB = 1, GO TO CONFIRMREC BOX.

No Letter Questions:

SAMPMEMB = 2

NoLetter. The letter explained we are conducting a study for the Social Security Administration to find out more about the experiences of people receiving Social Security Disability Benefits.

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

Can we begin now?

La carta explicaba que estamos llevando a cabo un estudio para la Administración del Seguro Social para conocer más acerca de las experiencias de las personas que están recibiendo Beneficios del Seguro Social por Incapacidad.

El propósito de esta encuesta es aprender más sobre las experiencias que las personas como usted pueden tener, incluyendo experiencias de trabajo, capacitación en el trabajo, educación y otras cosas.

¿Podemos empezar ahora?

CODE ONE ONLY

BEGIN INTERVIEW.....	1	SKIP BOX SAMPMEMB
WANTS ANOTHER LETTER.....	2	READLETTER
NOT A GOOD TIME.....	3	SETAPPT

NOLETTER = 2

ReadLetter. May I read the letter to you and then we can begin?

¿Puedo leerle la carta y luego podemos empezar?

INSTRUCTION: READ LETTER TO RESPONDENT AND CONTINUE.

[INSERTPROJECTTEXT]

[INSERTPROJECTTEXT]

CODE ONE ONLY

YES, READ THE LETTER.....	1	SKIP BOX SAMPMEMB
NO, WANTS ANOTHER LETTER FIRST.....	0	SKIP BOX READLETTER

PROGRAMMER SKIP BOX READLETTER

IF ADVEMAILS = 1, GO TO EMAILEXIT.

IF ADVEMAILS = 0 AND ADVREMAILS = 1, GO TO SENDLETTEREXIT.

IF ADVEMAILS = 0 AND ADVREMAILS = 0, GO TO THANKS AND SET DISP = 5.

Standard Questions:

(DIALNUMBER = 1, 2 4, OR 5) AND (CURPHNTYPE = CELL (C) OR UNKNOWN (U) OR EMPTY)
AND ((SAMPMEMB = 1 – 2) OR (REPREL= 1 – 8))

Safety. Are you in a place where you can safely talk on the phone and answer my questions?

¿Está en un lugar donde puede hablar por teléfono y responder a mis preguntas de forma segura?

PROBE IF NEEDED: For example, are you driving?
Por ejemplo, ¿está conduciendo?

CODE ONE ONLY

YES, BEGIN INTERVIEW.....	1	SKIP BOX CONFIRMREC
NOT A GOOD TIME.....	2	SETAPPT
DON'T KNOW	d	SETAPPT
REFUSED	r	SETAPPT

PROGRAMMER SKIP BOX CONFIRMREC

IF RECORDPROJECT = 0 (NO), SKIP TO NEXT QUESTION TO BEGIN INTERVIEW.
IF RECORDPROJECT = 1 (YES), CONTINUE TO CONFIRMREC.

RECORDPROJECT = 1 (YES)

ConfirmRec. This call may be monitored or recorded for quality assurance purposes.

Esta llamada puede ser monitoreada o grabada para control de calidad.

INSTRUCTION: CODE 0 ONLY IF RESPONDENT OBJECTS TO BEING RECORDED.

CODE ONE ONLY

BEGIN INTERVIEW	1	A1
BEGIN INTERVIEW – PERMANENTLY STOP RECORDING THIS CALL	0	A1

SOFT CHECK: IF CONFIRMREC = 0, INTERVIEWER PLEASE CONFIRM THE RESPONDENT SAYS HE/SHE DOES NOT WANT TO BE RECORDED.

APPOINTMENTS & BREAKOFFS:

HELLO = 4 OR CALLIN = 2 OR AMPRELAY = D OR RELAYPHONE = D OR (RESPAVAIL = 0 OR D) OR AMPPHONE = 2 OR CALLRELAY = 2 OR (CALLLATER = 1 OR D) OR (HOMESOOON = 1, D OR R) OR (LANG NE INSTLANG AND PROXYOKAY = 0 AND INTERPOKAY = 0 AND EXTRATRANS = 1 AND LANG = EXTRATRANSLANG) OR DIFFLANG = 2 OR ((NEEDREP = 2 OR (NEEDREP = 4 AND REPTYPE = 1)) AND ((REPREL = 1 – 7, D, OR R) OR OTHERREL = ANSWERED)) OR SAMPMEMB = 3 OR NOLETTER = 3 OR (SAFETY = 2, D, OR R)

SetAppt. When would be a good time to callback?

¿Cuándo sería una hora conveniente para volver a llamar?

INSTRUCTION: MAKE AN APPOINTMENT USING THE 'APPOINTMENT' ICON OR PRESS <CTRL-A> TO INVOKE THE APPOINTMENT MAKING DIALOG.

PROGRAMMER: NO FORWARD OPTION

PROGRAMMER SKIP BOX SETAPPT
IS PHONE LOADED FOR CURRENT RESPONDENT, GO TO
CONFPHONEEXIT.
IF NO PHONE LOADED FOR CURRENT RESPONDENT, GO TO
NEWPHONEEXIT.

IF TERMINATE BUTTON SELECTED
DISABLE WEBFINISH (5) IF ALLOWWEB = 0
If you prefer... IF ALLOWWEB = 1
Si prefiere... IF ALLOWWEB = 1

KindOfExit.

INSTRUCTION: RECORD THE KIND OF EXIT.

[If you prefer, you can complete the survey on the web.]

[Si prefiere, puede completar la encuesta por Internet.]

CODE ONE ONLY

REFUSES TO CONTINUE	1	REFUSALREASON
RESPONDENT WILL CALL US BACK.....	2	THANKS (DISP = 47)
RESPONDENT REQUESTED LETTER.....	3	NOLETTEREXIT
CALL DROPPED/BREAK-OFF.....	4	SKIP BOX THANKS (DISP = 49)
WEBFINISH	5	EMAILEXIT
CALL BACK ON NEW PHONE NUMBER.....	6	NEWPHONEEXIT
DO NOT TERMINATE AND GO BACK TO LAST QUESTION	7	LAST QUESTION

KINDOFEXIT=1 OR (CALLIN = 3 OR 4)

RefusalReason.

INSTRUCTION: INDICATE REASON FOR REFUSAL.

CODE ONE ONLY

- CONFIDENTIALITY 1
- NOT INTERESTED 2
- INTERVIEW TOO LONG 3
- DOESN'T BELIEVE STUDY WILL MAKE A DIFFERENCE 4
- DOESN'T LIKE TOPIC OR ORGANIZATION 5
- DID NOT SPECIFY/NO REASON GIVEN 6
- OTHER REASON (SPECIFY)..... 7

REFUSALREASON = 7

OtherRefusalReason.

INSTRUCTION: SPECIFY THE OTHER REASON.

(STRING 200)

PROGRAMMER REFUSALREASON CALL HISTORY BOX
 APPEND REFUSAL REASON TO THE END OF THE CALL HISTORY
 NOTE. IF REFUSAL REASON = 7, APPEND
 OTHERREFUSALREASON TEXT.

REFUSALREASON = 1 – 6 OR OTHERREFUSALREASON = ANSWERED

RefusalSeverity.

INSTRUCTION: SELECT SEVERITY OF REFUSAL.

CODE ADAMANT (2) IF RESPONDENT:

MENTIONED CALLING POLICE

THREATENED LEGAL ACTION (LAWYER OR ATTORNEY GENERAL) OR VIOLENCE

STATED DO NOT CALL ME AGAIN

ELSE, CODE SOFT REFUSAL (1)

CODE ONE ONLY

- SOFT 1 THANKS (DISP = 5)
- ADAMANT 2 THANKS (DISP = 39)

KINDOFEXIT = 3

NoLetterExit. The letter explained we are conducting a study for the Social Security Administration to find out more about the experiences of people receiving Social Security Disability Benefits.

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

La carta explicaba que estamos llevando a cabo un estudio para la Administración del Seguro Social para conocer más acerca de las experiencias de las personas que están recibiendo Beneficios del Seguro Social por Incapacidad.

El propósito de esta encuesta es aprender más sobre las experiencias que las personas como usted pueden tener, incluyendo experiencias de trabajo, capacitación en el trabajo, educación y otras cosas.

CODE ONE ONLY

CONTINUE INTERVIEW 1 LAST QUESTION
WANTS ANOTHER LETTER..... 2 READLETTEREXIT

NOLETTEREXIT = 2

ReadLetterExit. May I read the letter to you?

¿Puedo leerle la carta?

[INSERTPROJECTTEXT]

CODE ONE ONLY

YES, READ THE LETTER..... 1 LAST QUESTION
NO, WANTS ANOTHER LETTER FIRST 0 SKIP BOX
READLETTEREXIT

PROGRAMMER SKIP BOX READLETTEREXIT
IF ADVEMAILS = 1, GO TO EMAILEXIT.
IF ADVEMAILS = 0 AND ADVREMAILS = 1, GO TO SENDLETTEREXIT.
IF ADVEMAILS = 0 AND ADVREMAILS = 0, GO TO THANKS AND SET DISP = 5.

KINDOFEXIT = 5 OR ((READLETTEREXIT = 0 OR READLETTER = 0) AND ADVEMAILS = 1)

EmailExit. IF (READLETTEREXIT = 0 OR READLETTER = 0) AND ADVEMAILS = 1
If you provide me with your email address, I can email you the letter right now and will call back in a couple of days. What is the best email address for you?

Si me da su correo electrónico, puedo enviarle una carta ahora mismo y le llamaré en un par de días. ¿Cuál es la mejor dirección de correo electrónico para usted?

IF KINDOFEXIT = 5

We'd be happy to provide you with another email which will include your web survey login information.

Nos complacería enviarle otro correo electrónico que incluirá su información para entrar en la encuesta en Internet.

CODE ONE ONLY

ENTER 1 TO CONTINUE	1	NEWEXITMAIL
DOESN'T HAVE EMAIL/KNOW EMAIL.....	2	SKIP BOX EMAILEXIT
NOT INTERESTED IN NEW EMAIL OPTION.....	3	SKIP BOX EMAILEXIT

PROGRAMMER SKIP BOX EMAILEXIT

IF EMAILEXIT = 1, GO TO NEWEXITMAIL.

IF KINDOFEXIT = 5 AND (EMAILEXIT = 2 – 3), GO TO THANKS AND SET DISP = 48.

IF (READLETTER = 0 OR READLETTEREXIT = 0) AND ADVEMAILS = 1 AND (EMAILEXIT = 2 – 3) AND ADVREMAILS = 1, GO TO SENDLETTEREXIT.

IF (READLETTER = 0 OR READLETTEREXIT = 0) AND ADVEMAILS = 1 AND (EMAILEXIT = 2 – 3) AND ADVREMAILS = 0, GO TO THANKS AND SET DISP = 5.

KINDOFEXIT = 5 OR EMAILEXIT = 1

NewExitEmail. Please provide me the email address.

Por favor deme la dirección de correo electrónico.

INSTRUCTION: CONFIRM EMAIL ADDRESS WITH RESPONDENT BEFORE CONTINUING
SPECIFY EMAIL

_____ (STRING (50))
EMAIL

PROGRAMMER SKIP BOX EXITMAIL

IF KINDOFEXIT = 5 AND EMAILEXIT = 1, GO TO THANKS, SET DISP = 48 AND SEND WEBLOGIN EMAIL.

IF (READLETTER = 0 OR READLETTEREXIT = 0) AND ADVEMAILS = 1 AND EMAILEXIT = 1, GO TO THANKS, SET DISP = 51 AND SEND ADVANCE EMAIL.

((READLETTER = 0 OR READLETTEREXIT = 0) AND ADVEMAILS = 0 AND ADVREMAILS = 1) OR
 ((READLETTER = 0 OR READLETTEREXIT = 0) AND ADVEMAILS = 1 AND (EMAILEXIT= 2 – 3) AND
 ADVREMAILS = 1)

SendLetterExit. **Okay, I'll send another letter and will call back in a few days.**

Muy bien, le enviaré otra carta y le llamaré de nuevo en unos días.

CODE ONE ONLY

ENTER 1 TO COLLECT/CONFIRM ADDRESS 1 SKIP BOX
 SENDLETTEREXIT

PROGRAMMER SKIP BOX SENDLETTEREXIT
 IF ADDRESS LOADED, GO TO CONFLETTERADDRESS.
 IF NO ADDRESS LOADED, GO TO NEWLETTERADDRESS.

SENDLETTEREXIT = 1 AND ADDRESS LOADED

FILL ADDRESS WITH RESPONDENTS ADDRESS FROM PRELOAD

ConfLetterAddress. **Please confirm the address we have on file.**

Por favor confirme la dirección que tenemos en archivo.

The address we have is:

La dirección que tenemos es:

ADDRESS: [ADDRESS]

Is that correct?

¿Es correcta?

CODE ONE ONLY

YES, CORRECT 1 THANKS (DISP = 46)
 NO, EDIT ADDRESS 2 NEWLETTERADDRESS
 NO, SEND TO NEW ADDRESS 3 NEWLETTERADDRESS

(CONFLETTERADDRESS = 2 OR 3) OR (SENDLETTEREXIT = 1 AND ADDRESS = BLANK)

IF CONFLETTERADDRESS = 2, FILL ADDRESS WITH ADDRESS

NewLetterAddress. Please tell me the best address to send the letter.

Por favor dígame la mejor dirección para enviar la carta.

INSTRUCTION: CONFIRM ADDRESS WITH RESPONDENT BEFORE CONTINUING

What is the first line of the address?

¿Cuál es la primera línea de la dirección?

_____ (STRING (60))

Street Address Line 1

Is there an apartment or unit number for this address?

¿Hay un número de apartamento o unidad en esta dirección?

_____ (STRING (60))

Street Address Line 2

_____ (STRING (60))

Street Address Line 3

_____ (STRING (60))

Street Address Line 4

And what is the zip code?

¿Cuál es el código postal?

_____ (STRING (10))

ZIP Code

Town or city?

¿Pueblo o ciudad?

_____ (STRING (20))

City

State?

¿Estado?

_____ (STRING (2))

State

REFUSED

PROGRAMMER SKIP BOX NEWLETTERADDRESS
IF NEWLETTERADDRESSADDRESSHAS ADDRESS, GO TO THANKS AND
SET DISP = 46.
IF NEWLETTERADDRESS = R, GO TO THANKS AND SET DISP = 5.

SETAPPT = APPT

FILL PHONE WITH SAMPLE MEMBERS PHONE FROM PRELOAD

ConfPhoneExit. Please confirm the phone number we have on file.

Por favor confirme el número de teléfono que tenemos en archivo.

The phone number we have is:

El número de teléfono que tenemos es:

PHONE:

[PHONE]

Is that correct?

¿Es correcto?

CODE ONE ONLY

YES, CORRECT	1	SKIPBOX PHONEEXIT
NO, EDIT PHONE	2	NEWPHONEEXIT
NO, NEW PHONE	3	NEWPHONEEXIT
CALL ENDED BEFORE ASKING	4	SKIPBOX PHONEEXIT
REFUSED	r	SKIPBOX PHONE EXIT

PROGRAMMER SKIP BOX CONFPHONEEXIT

IF (CONFPHONEEXIT = 1 OR R), GO TO THANKS AND SET DISP = 1. KEEP CURRENT PHONE.

IF CONFPHONEEXIT = 4, GO TO FINISHED AND SET DISP = 1. KEEP CURRENT PHONE.

IF CONFPHONEEXIT = 2 – 3, GO TO NEWPHONEEXIT.

(SETAPPT = APPT AND (CONFPHONEEXIT = 2 OR 3 OR NO PHONE LOADED)) OR KINDOFEXIT = 6
IF CONFPHONE = 2, FILL LOADED PHONE PROGRAMMER- EXTENSION MAY BE MISSING
FILL SECOND INTERVIEWER INSTRUCTION ONLY IF KINDOFEXIT = 6

NewPhoneExit. Starting with the area code, please give me the best telephone number to use to call you back.

Comenzando con el código de área, por favor deme el mejor número de teléfono para llamarle de vuelta.

INSTRUCTION: CONFIRM PHONE WITH RESPONDENT BEFORE CONTINUING
 IF KINDOFEXIT = 6 DISPLAY THE FOLLOWING INSTRUCTION:
 INSTRUCTION: MAKE NOTE OF MPRID SO YOU CAN CALL RESPONDENT BACK AFTER COLLECTING NUMBER.

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

Is there an extension number?

¿Hay un número de extensión?

|_|_|_|_|_|_|_|
 (0-999999)

- CALL ENDED BEFORE ASKING1 SKIP BOX NEWPHONEEXIT
- DON'T KNOWd SKIP BOX NEWPHONEEXIT
- REFUSEDr SKIP BOX NEWPHONEEXIT

SOFT CHECK: IF PHONE NE 10 DIGITS: PHONE NUMBER SHOULD BE 10 NUMERIC DIGITS, NO SPACES, DASHES, PARENTHESES OR OTHER PUNCTUATION (OR EMPTY)
SOFT CHECK: IF AREA CODE LE 200: AREA CODE SHOULD BE GREATER THAN 200
SOFT CHECK: IF EXCHANGE LE 199: EXCHANGE SHOULD BE GREATER THAN 199

PROGRAMMER SKIP BOX NEWPHONEEXIT

IF (NEWPHONEEXIT = D OR R) AND (SETAPPT = APPT AND (CONFPHONEEXIT = 2 OR 3 OR NO PHONE LOADED)), GO TO THANKS AND SET DISP = 1. KEEP CURRENT PHONE.
 IF NEWPHONEEXIT = 1 AND (SETAPPT = APPT AND (CONFPHONEEXIT = 2 OR 3 OR NO PHONE LOADED)), GO TO FINISHED AND SET DISP = 1. KEEP CURRENT PHONE.
 IF (NEWPHONEEXIT = D OR R) AND KINDOFEXIT = 6, GO TO THANKS AND SET DISP = 36. KEEP CURRENT PHONE.
 IF NEWPHONEEXIT = 1 AND KINDOFEXIT = 6, GO TO FINISHED AND SET DISP = 36. KEEP CURRENT PHONE.
 IF PHONE COLLECTED AT NEWPHONEEXIT, CONTINUE TO NEWPHONETZEXIT.

NEWPHONEEXIT HAS PHONE PROVIDED

NewPhoneTZExit. What time zone is that in?

¿En qué zona horaria está?

IF NEEDED: **What time is it there?**

¿Qué hora es ahí?

INSTRUCTION: A TIME ZONE IS REQUIRED. USE ORIGINAL TIME ZONE OR STATE IF NEEDED.

CODE ONE ONLY

Eastern Time (US & Canada) [(FILL CURRENT TIME)]	62
Indiana (East) [(FILL CURRENT TIME)].....	63
Central Time (US & Canada) [(FILL CURRENT TIME)]	65
ARIZONA [(FILL CURRENT TIME)]	68
MOUNTAIN TIME (US & CANADA) [(FILL CURRENT TIME)]	70
PACIFIC TIME (US & CANADA) [(FILL CURRENT TIME)]	71
ALASKA [(FILL CURRENT TIME)]	72
HAWAII [(FILL CURRENT TIME)]	73
BAJA CALIFORNIA [(FILL CURRENT TIME)]	93

PROGRAMMER SKIPBOX NEWPHONETZEXIT

IF (SETAPPT = APPT AND (CONFPHONEEXIT = 2 OR 3 OR NO PHONE LOADED)), GO TO THANKS AND SET DISP = 1. SET NEWPHONE AS NEW PHONE.

IF KINDOFEXIT = 6, GO TO THANKS AND SET DISP = 36. SET NEWPHONE AS NEW PHONE.

DISP = ANY (1, 5, 13, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 48, 50, 51)

Thanks. Thank you very much for your time.

Muchísimas gracias por su tiempo.

CODE ONE ONLY

ENTER 1 TO CONTINUE 1 SKIP BOX THANKS

PROGRAMMER SKIP BOX THANKS

IF SMVERIFIED = 0 AND (SETAPPT = APPT OR (KINDOFEXIT=1 – 6) OR READLETTEREXIT = 0 OR (REFUSALSEVERITY = 1 OR 2) OR HELLO = 8 OR CALLIN = 9 OR SAMPMEMB = 4), GO TO VERSMCONTACT.

ELSE, GO TO FINISHED.

SMVERIFIED = 0 AND (SETAPPT = APPT OR (KINDOFEXIT=1 – 6) OR READLETTEREXIT = 0 OR (REFUSALSEVERITY = 1 OR 2) OR HELLO = 8 OR CALLIN = 9 OR SAMPMEMB = 4)

[SAMPLE MEMBER NAME] IF REPTYPE = 0 – 1
[SAMPLE MEMBER NAME] OR HIS/HER PROXY IF REPTYPE = 2 (PROXY)

[SAMPLE MEMBER NAME] IF REPTYPE = 0 – 1
[SAMPLE MEMBER NAME] OR PROXY IF REPTYPE = 2 (PROXY)

FILL SAMPLE MEMBER NAME FROM PRELOAD

VerSMContact.

INSTRUCTION: INDICATE IF [SAMPLE MEMBER NAME] HAS BEEN VERIFIED AT THIS NUMBER.

INSTRUCTION: VERIFIED MEANS YOU SPOKE TO [[SAMPLE MEMBER NAME] / [SAMPLE MEMBER NAME] OR VIA AN INTERPRETER / [SAMPLE MEMBER NAME] OR HIS/HER PROXY].

CODE ONE ONLY

VERIFIED. SPOKE WITH [[SAMPLE MEMBER NAME] / [SAMPLE MEMBER NAME] OR PROXY] AT THIS NUMBER.....1 FINISHED
NOT VERIFIED. DID NOT SPEAK WITH [[SAMPLE MEMBER NAME] / [SAMPLE MEMBER NAME] OR PROXY] AT THIS NUMBER.....2 FINISHED
UNSURE WHO YOU WERE SPEAKING TO3 FINISHED

PROGRAMMER SMVERIFIED BOX VERSMVERIFIED
IF VERSMCONTACT = 1, SET SMVERIFIED FLAG = 1.

ALL

Finished.

THE STATUS OF CASE [MPRID] IS:
[LOGICAL STATUS] [STATUS DESCRIPTION]
ONLY LEAVE A NOTE IF NECESSARY. OTHERWISE, CLICK CONTINUE.
SEE A SUPERVISOR IF THE STATUS DOES NOT MATCH THE OUTCOME OF THE CALL ATTEMPT.

INSTRUCTION: ENTER CASE NOTES.

_____ (STRING 200)

SECTION A: RESPONDENT SCREENER AND INTRODUCTION

ALL CATI
FILL "20" IF Y1; FILL "25" IF Y2

A1. We are conducting a study for the Social Security Administration to find out more about the experiences of people receiving Social Security Disability Benefits.

The purpose of this interview is to learn more about [your/[FIRST NAME's] experiences over the past year, including job experience, job training, school and other things.

The survey takes about 30 minutes to complete. At the end of the interview, we will mail you a check for \$[20/25] to thank you for your time.

SampMemb

Estamos llevando a cabo un estudio para la Administración del Seguro Social para aprender más acerca de las experiencias de las personas que están recibiendo Beneficios del Seguro Social por Incapacidad.

El propósito de esta entrevista es aprender más acerca de las experiencias que pueden tener personas como [usted/[FIRST NAME]], incluyendo experiencia laboral, capacitación en el trabajo, educación y otras cosas.

Completar la encuesta lleva unos 30 minutos. Al final de la entrevista, le enviaremos un cheque por \$[20/25] por correo para agradecerle por su tiempo.

CODE ONE ONLY

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

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

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

Let's start the interview now.

[Su participación/La participación de [FIRST NAME]] en este estudio es completamente voluntaria. No afectará en ninguna forma los beneficios actuales o futuros que reciba [usted/[FIRST NAME]]. [Usted/(Él/Ella)] puede parar la entrevista en cualquier momento. Si alguna pregunta le hace sentir incómodo(a), [usted/(él/ella)] puede negarse a contestar esa pregunta.

Si se cansa o necesita un descanso en algún momento, por favor dígame y podemos parar o le llamaré más tarde para terminar la entrevista.

Empecemos la entrevista ahora.

CODE ONE ONLY

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



PROMOTING OPPORTUNITY DEMONSTRATION

Follow-up Survey

Login ID:

Password:

Log In (Button)

How to Complete the Survey *Cómo completar la encuesta*

Thank you for your cooperation in completing the survey. *Gracias por su cooperación al completar la encuesta.*

- There are no right or wrong answers. *No hay respuestas correctas ni incorrectas.*
- To answer a question, click the box to choose your response. *Para contestar una pregunta, haga clic en la casilla para elegir su respuesta.*
- For most questions in the survey, you may answer by simply clicking a box or entering a number in the appropriate box. *La mayoría de las preguntas en la encuesta pueden ser contestadas simplemente haciendo clic en una casilla o entrando un número en la casilla apropiada.*
- For some questions, you will be asked to type a number or a brief text response. *Para algunas preguntas, se le pedirá que escriba un número o una breve respuesta de texto.*
- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. *Si no está seguro(a) de cómo responder una pregunta, por favor dé la mejor respuesta que pueda en lugar de dejarla en blanco.*
- To continue to the next page, press the "Next" button. *Para continuar a la página siguiente, presione el botón "Adelante".*
- To go back to the previous page, click the "Back" link at the bottom of each page. *Para volver a la página anterior, haga clic en el enlace "Back/Volver" en la parte inferior de cada página.*
- Use the buttons and links on each page to move through the survey. Clicking "Enter" or your browser's "Back" function may cause errors. *Use los botones y enlaces en cada página para avanzar en la encuesta. Hacer clic en "Enter" o la función "Back/Volver" de su navegador puede causar errores.*
- If you need to stop before you have finished, you may exit the survey by simply closing the tab or your internet browser. The data you provide prior to exiting the survey will be securely stored. *Si necesita detenerse antes de terminar, puede salir de la encuesta simplemente cerrando la pestaña o su navegador de Internet. Los datos que proporcione antes de salir de la encuesta se almacenarán de forma segura.*
- To continue the survey, log in again by clicking the link in the email you received, or using your login ID and password found in your study packet. You will return to the point where you left off.
- If you have any questions regarding this survey, please call our study team at 1-833-832-0470. *Para continuar la encuesta, inicie sesión de nuevo haciendo clic en el enlace del correo electrónico que recibió, o use su nombre de usuario y contraseña que se encuentran en su paquete de estudio. Volverás al punto donde dejó.*
Si tiene alguna pregunta acerca de esta encuesta, por favor llame a nuestro equipo de estudio al 1-833-832-0470.

Please click "Next" below to continue. *Haga clic en "Adelante" abajo para continuar.*

ALL WEB

AA1. Who is completing this survey?

¿Quién está completando esta encuesta?

[FULL BENEFICIARY NAME].....1

Someone else on behalf of [FULL BENEFICIARY NAME]/ *Alguien más en nombre de [FULL BENEFICIARY NAME]*2

HARD CHECK IF AA1 = MISSING; Please provide a response in order to proceed. If you do not wish to complete the survey, please exit your Internet browser now.

<i>Por favor provea una respuesta para continuar. Si no desea completar la encuesta, por favor salga de su navegador de Internet ahora.</i>

PROGRAMMER: USE AA1 TO DETERMINE FIRST PERSON/THIRD PERSON FILLS

WEB AND IF AA1 = 2

AA2. Please enter your full name and your relationship to [FULL BENEFICIARY NAME].

Por favor escriba su nombre completo y su relación con [FULL BENEFICIARY NAME].

FIRST NAME **NOMBRE**

MIDDLE INITIAL/NAME **INICIAL DEL SEGUNDO NOMBRE**

LAST NAME **APELLIDO**

RELATIONSHIP TO RESPONDENT **RELACIÓN/PARENTESCO CON ENCUESTADO**

SOFT CHECK: IF AA2=d, r, missing; Please try to provide an answer to this question, or proceed to the next question.
--

<i>Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.</i>
--

ALL WEB

“30” IF Y1; “35” IF Y2

A1. We are conducting a study for the Social Security Administration to find out more about the experiences of people receiving Social Security Disability Benefits.

The purpose of this survey is to learn more about [your/[FIRST NAME's] experiences over the past year, including job experience, job training, school and other things.

The survey takes about 30 minutes to complete. At the end of the survey, we will mail you a check for \$[30/35] to thank you for your time.

Estamos llevando a cabo un estudio para la Administración del Seguro Social para aprender más acerca de las experiencias de las personas que están recibiendo Beneficios del Seguro Social por Incapacidad.

El propósito de esta encuesta es aprender más acerca de las experiencias que pueden tener personas como [usted/[FIRSTNAME]], incluyendo experiencia laboral, capacitación en el trabajo, educación y otras cosas.

Completar la encuesta lleva unos 30 minutos. Al final de la encuesta, le enviaremos un cheque por \$[30/35] por correo para agradecerle por su tiempo.

Please click “Next” button to continue.

Por favor haga clic en el botón “Adelante” para continuar.

(NEXT button)

WEB A1=1

PROGRAMMER
CHECK BOX TO PROCEDE TEXT

- A2. [Your/[FIRST NAME]’s] participation in this study is completely voluntary. It will in no way affect [your/[FIRST NAME]’s] current or future receipt of benefits. [You/(He/She)] can quit the survey at any time. If any question makes [you/(him/her)] feel uncomfortable, [you/(he/she)] can refuse to answer that question.

[Su participación/La participación de [FIRST NAME]] en este estudio es completamente voluntaria. No afectará en ninguna forma los beneficios actuales o futuros que reciba [usted/[FIRST NAME]]. [Usted/(Él/Ella)] puede abandonar la encuesta en cualquier momento. Si alguna pregunta le hace sentir incómodo(a), [usted/(él/ella)] puede negarse a contestar esa pregunta.

Please click “Next” button to continue.

Por favor haga clic en el botón “Adelante” para continuar.

CONTINUE.....1

SECTION B: EDUCATION AND TRAINING**RETURN TO WORK ACTIVITIES—EDUCATION AND TRAINING**

ALL

- B1.** The first few questions are about [your/[FIRST NAME]'s] education and training experiences. [Are you /Is (he/she)] *currently* enrolled in school or taking any classes?

Las primeras preguntas son acerca de las experiencias de educación y capacitación de [usted/FIRST NAME]. ¿Está [usted/(él/ella)] actualmente matriculado(a) en la escuela o tomando alguna clase?

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

B1=1

- B2.** [Are you/Is (he/she)] a full-time or part-time student?

¿Es [usted/(él/ella)] estudiante a tiempo completo o parcial?

CODE ONE ONLY

FULL-TIME *TIEMPO COMPLETO* 1
 PART-TIME *TIEMPO PARCIAL* 2
 DON'T KNOW d
 REFUSED r

ALL

- B3.** The next questions are about any training [you/[FIRST NAME]] may have had in the past 12 months.

In the past 12 months, [have you/has (he/she)] participated in any training program that lasted at least two weeks and that was designed to help [you/him/her] find a job, improve [your/(his/her)] job skills, or learn a new job?

Las siguientes preguntas son acerca de cualquier capacitación que [usted/[FIRST NAME]] pueda haber recibido en los últimos 12 meses.

En los últimos 12 meses, ¿ha participado [usted/(él/ella)] en algún programa de capacitación que durara por lo menos dos semanas y fuera designado a ayudarle a [usted/(él/ella)] a encontrar un trabajo, mejorar sus habilidades laborales, o aprender un nuevo trabajo?

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

B3=1

B4. What kind of training was that? Please include all kinds of training programs [you/[FIRST NAME]] participated in the past 12 months.

[IF WEB: Please select all that apply.]

¿Qué tipo de capacitación fue esa? Por favor incluya todos los tipos de programas de capacitación en el que [usted/[FIRST NAME]] participó en los últimos 12 meses.

[IF WEB: Por favor marque todas las que aplican.]

CODE ALL THAT APPLY

Vocational rehabilitation *Rehabilitación vocacional*..... 1

Job search assistance, job finding, orientation to the world of work *Ayuda en búsqueda de trabajo, en encontrar empleo, orientación al mundo del trabajo* 2

Vocational education apart from college (business or technical schools, employer or union-provided training, and military training in vocational but not military skills). *Educación vocacional no universitaria (escuelas de negocios o técnicas, capacitación proporcionada por empleador o por gremio, y capacitación militar vocacional, no en habilidades militares)*..... 3

Non-vocational adult education not directed toward a degree (basic education, literacy training, english as a second language). *Educación para adultos no vocacional no enfocada en un título (educación básica, alfabetización, inglés como segundo idioma)* 4

Other (specify) *Otra (especifique)*..... 99

(STRING 200)

DON'T KNOW D

REFUSED r

IF OTHER SPECIFY (99): What other kind of training was this? *¿Qué otro tipo de capacitación fue esa?*

B3=1

[TRAINING PROGRAM IN B4] FILL FULL ANSWER CHOICE FROM B4

PROGRAMMER: REPEAT QUESTION FOR EACH TYPE OF TRAINING RECEIVED IN B4.

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

[PROBE:] Please include any time that [you/he/she] attended the training program during the past 12 months.

En los últimos 12 meses, ¿por cuántas semanas o meses ha ido [usted/(él/ella)] a capacitaciones de [TRAINING PROGRAM IN B4]?

[PROBE:] *Por favor incluya cualquier ocasión en que [usted/él/ella] asistió al programa de capacitación en los últimos 12 meses.*

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

____.____ NUMBER
(0-99.9)

WEB: DISPLAY ON SAME PAGE AFTER B5 IS ANSWERED

B5_per. Is that weeks or months?

¿Es eso semanas o meses?

WEEKS SEMANAS 1
MONTHS MESES 2
DON'T KNOW d
REFUSED r

SOFT CHECK: B5>52 and B5_per=1; You indicated that you have received this training for more than 52 weeks. You can change your answer or proceed to the next question.

Usted indicó que ha recibido esta capacitación por más de 52 semanas. Puede cambiar su respuesta o continuar a la siguiente pregunta.

SOFT CHECK: B5 >12 and B5_per=2; You indicated that you have received this training for more than 12 months. You can change your answer or proceed to the next question.

Usted indicó que ha recibido esta capacitación por más de 12 meses. Puede cambiar su respuesta o continuar a la siguiente pregunta.

SECTION C: CURRENT EMPLOYMENT STATUS

ALL

FILL "IF NEEDED READ:" IF CATI

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

Las siguientes preguntas son acerca de actividades laborales [suyas/de [FIRST NAME]].

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

[IF NEEDED READ:] By 'working at a job for pay or profit' we mean at a job where [you get/(he/she) gets] paid money for the work [you do/(he/she) does].

En los últimos 12 meses, ¿ha trabajado [usted/[FIRST NAME]] en un empleo, organización, o negocio por pago o por ganancias? Esto incluye trabajo que [usted/(él/ella)] pueda hacer para un negocio del cual [usted/(él/ella)] es dueño(a).

[IF NEEDED READ:] *Quando decimos 'trabajando en un empleo por pago o por ganancias' queremos decir en un empleo donde le pagan dinero a [usted/(él/ella)] por el trabajo que [usted/(él/ella)] hace.*

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

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

SOFT CHECK: IF C1=d, r, missing; **Please try to provide an answer to this question, or proceed to the next question.**

Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

C1=0, D, R, MISSING

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

En los últimos 12 meses, ¿ha hecho [usted/(él/ella)] algún trabajo voluntario para una organización?

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

ALL

C3. In the past 12 months, [have/has] [you/[FIRST NAME]] been looking for paid work, either full-time or part-time work?

En los últimos 12 meses, ¿ha estado [usted/[FIRST NAME]] buscando trabajo pago, ya sea a tiempo completo o parcial?

YES *sí*.....1

NO.....0

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C3=d, r, missing; Please try to provide an answer to this question, or proceed to the next question.

Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

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

C1=1
FILL "do" IF SELF-RESPONSE; FILL "does" IF PROXY
FILL "own" IF SELF-RESPONSE; FILL "owns" IF PROXY

NBS
Modified

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

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

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

Ahora por favor piense en todos los trabajos que [usted/[FIRST NAME]] ha tenido en los últimos 12 meses. Al contestar estas preguntas, por favor incluya trabajos a tiempo parcial y tiempo completo, pero sólo incluya empleos en los que [usted/(él/ella)] trabajó por pago o ganancias. Esto podría ser trabajo que [usted/(él/ella)] hace para un negocio del que [usted/(él/ella)] es dueño(o/a).

¿Cuántos trabajos por pago o ganancias ha tenido [usted/(él/ella)] en los últimos 12 meses?

[PROBE:] Por favor incluya cualquier empleo en el que [usted/(él/ella)] trabajó por una semana o más en los últimos 12 meses. Cuente trabajos que [usted/(él/ella)] empezó, dejó y volvió a empezar como distintos trabajos.

____ NUMBER OF JOBS

(1-99)

DON'T KNOWd

REFUSEDr

FILL NUMBER OF JOBS FROM C4
SOFT CHECK: IF C4>20; You indicated that you have had [fill number of jobs from C4] in the past 12 months. You can change your answer or proceed to the next question. <i>Usted indicó que ha tenido [fill number of jobs from C4] en los últimos 12 meses. Puede cambiar su respuesta o continuar a la siguiente pregunta.</i>

C1=1

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

¿Está [usted/(él/ella)] trabajando actualmente en un empleo por pago o por ganancias?

YES *Sí*.....1

NO.....0

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C5=d, r, missing; Please try to provide an answer to this question, or proceed to the next question.

Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

C1=1
IF C5=1 and C4=1, FILL "current"; IF C5=1 AND C4>1, FILL "main"; IF C5=0, FILL "last"
IF C5=1 AND C4>1, FILL "[[Your/(His/Her)] main job is the job where [you/(he/she)] [work/works] the most hours."
IF C5=1, FILL "is"; IF C5=0, FILL "was"
IF C5=1, FILL "do"; IF C5=0, FILL "did"
IF C5=1, FILL "work"; IF C5=0, FILL "worked"
IF C5=1, FILL "actual." IF C5=1 AND C4>1, FILL "principal" AND ", IF C5=0, FILL "último"
IF C4>1, FILL "Su trabajo principal es el empleo en donde trabaja más horas."
IF C5=1, FILL "es". IF C5=0, FILL "era"
IF C5=1, FILL "hacen". IF C5=0, FILL "hicieron"
IF C5=1, FILL "trabaja". IF C5=0, FILL "trabajó"

C6. The next questions are about [your/(his/her)] [current/main/last] job. [[Your/(His/Her)] main job is the job where [you/(he/she)] [work/works] the most hours.] What kind of business or industry [is/was] this? That is, what [do/did] they make or do where [you/(he/she)] [work/worked]?

*CPS/MTO
Modified*

Las siguientes preguntas son acerca del trabajo [actual/principal/último] [suyo/de (él/ella)]. [Su trabajo principal es el empleo en donde [usted/(él/ella)] trabaja más horas.] ¿Qué tipo de negocio o industria [es/era] esta? Es decir, ¿qué [hacen/hicieron] donde [usted/(él/ella)] [trabaja/trabajó]?

RECORD VERBATIM

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C6=d, r, missing; Please try to provide an answer to this question, or proceed to the next question.

Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

C1=1
IF C5=1 AND SELF RESPONSE, FILL “do”; IF C5=1 AND PROXY, FILL “does”; IF C5=0, FILL “did”
IF C5=1, FILL “ hace ”. IF C5=0, FILL “ hizo ” IF C5=1, FILL “es”. IF C5=0, FILL “era”
FILL “PROBE:” IF CATI Language in probe is conditional on gender or respondent. Males should have “programador, mecanógrafo, cajero. Females should have programadora, mecanógrafa, cajera

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

CPS/MTO
Modified

RECORD VERBATIM

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

¿Qué tipo de trabajo [hace/hizo] [usted/(él/ella)]? Es decir, ¿cuál [es/era] su ocupación? Por ejemplo, programador(a), mecanograf(o/a), cajer(o/a).

RECORD VERBATIM

[PROBE:] Diferentes tipos de trabajo pueden incluir tareas como mecanografía, llevar libros contables, archivar, vender autos, operar una impresora, o colocar ladrillos.

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C7=d, r, missing; **Please try to provide an answer to this question, or proceed to the next question.**
Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

C1=1
FILL “ Were ” IF SELF RESPONSE AND C5=0; FILL “ Are ” IF SELF RESPONSE AND C5=1; FILL “ Was ” IF PROXY AND C5=0; FILL “ Is ” IF PROXY AND C5=1.
FILL “ work ” IF SELF RESPONSE AND C5=1; FILL “ works ” IF PROXY AND C5=1; FILL “ worked ” IF C5=0
FILL “ own ” IF SELF RESPONSE AND C5=1; FILL “ owns ” IF PROXY AND C5=1; FILL “ owned ” IF C5=0
FILL “ fue ” IF C5=0; FILL “ es ” IF C5=1 TRABAJADOR(A) IS GENDER SPECIFIC. IF MALE RESPONDENT THEN SAY TRABAJADOR. IF FEMALE THEN SAY TRABAJADORA.
IF C5=1, FILL “ trabaja ”. IF C5=0, FILL “ trabajó ”
FILL “ si ” IF PROXY; FILL “ uste ” IF SELF RESPONSE
FILL “ misma ” IF PROXY; FILL “ mismo ” IF SELF RESPONSE
FILL “PROBE:” IF CATI

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

NBS

[PROBE:] Self-employed means that [you/(he/she)] [work/worked/works] for [you/(him/her)]self or [own/owned/owns] [your(his/her)] own business.

¿[Es/fue] [usted/(él/ella)] trabajador(a) por cuenta propia en este trabajo?

[PROBE:] *Trabajador por cuenta propia quiere decir que [usted/(él/ella)] [trabaja/trabajó] para [usted/si] [mismo/misma] o [es/fue] dueño(a) de su propio negocio.*

YES Sí..... 1

NO 0

DON'T KNOW d

REFUSED r

SOFT CHECK: IF C8=d, r, missing; **Please try to provide an answer to this question, or proceed to the next question.**

Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

C1=1

FILL [PROBE:] IF CATI

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

New

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

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

¿[Es/fue] este un trabajo temporal o estacional?

[PROBE:] *Un trabajo temporal es uno en el que una persona es contratada para satisfacer las necesidades a corto plazo y/o de proyecto de un empleador. La ayuda temporal ha llegado a ser utilizada en una amplia gama de habilidades y ocupaciones para sustituir a empleados con licencias, de vacaciones, o durante emergencias, o para proporcionar apoyo suplementario cuando hay escasez temporal de habilidades o proyectos específicos o necesidades de carga máxima.*

[PROBE:] *Un trabajo estacional es uno en el que una persona es contratada para apoyar personal existente durante una época ocupada – como ayuda durante las fiestas o trabajo de verano.*

YES Sí..... 1

NO 0

DON'T KNOW d

REFUSED r

C1=1
IF C5=1 AND SELF RESPONSE, FILL “do”; IF C5=1 AND PROXY, FILL “does”; IF C5=0, FILL “did”
IF C5=1, FILL “ trabaja ”. IF C5=0, FILL “ trabajó ”

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

¿Cuántas horas por semana [trabaja/trabajó] [usted/(él/ella)] típicamente en este trabajo?

|_|_| HOURS PER WEEK/ HORAS POR SEMANA
(0-99)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C10>40; **You indicated that you worked more than 40 hours a week at this job. You can change your answer or proceed to the next question. *Usted indicó que trabajó más de 40 horas por semana en este trabajo. Puede cambiar su respuesta o continuar a la siguiente pregunta.***

C1=1
IF C5=1 AND SELF RESPONSE, FILL “do”; IF C5=1 AND PROXY, FILL “does”; IF C5=0, FILL “did”
IF C5=1, FILL “ gana ”. IF C5=0, FILL “ ganó ”
FILL “PROBE:” IF CATI

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

[PROBE:] Your best estimate is fine.

¿Cuánto [gana/ganó] [usted/(él/ella)] típicamente antes de impuestos u otras deducciones, en este trabajo? Por favor incluya propinas y bonos.

[PROBE:] *Su mejor estimación está bien.*

\$ |_|_|_|_| , |_|_|_|_| . |_|_|_|
(\$0-999,999.99)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C11=d, r, missing; **Please try to provide an answer to this question, or proceed to the next question.**
Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

C1=1
FILL “were” IF SELF RESPONSE AND C5=0; FILL “are” IF SELF RESPONSE AND C5=1; FILL “was” IF PROXY AND C5=0; FILL “is” IF PROXY AND C5=1.
IF C5=1, FILL “pagan”. IF C5=0, FILL “pagaron”
FILL “fue” IF C5=0; FILL “es” IF C5=1
FILL RESPONSE FROM C11

C12. [Is/Was] that hourly, daily, weekly, bi-weekly, twice a month, monthly, or annually?

¿[Es/fue] eso por hora, día, semana, quincenal, dos veces por mes, mensualmente, o anualmente?

[PROBE:] Your response from the previous question is [FILL C11].

Su respuesta a la pregunta anterior es [FILL C11].

CODE ONE ONLY

- HOURLY HORA 1
- DAILY DIA 2
- WEEKLY SEMANA 3
- BI-WEEKLY QUINCENAL 4
- TWICE A MONTH DOS VECES POR MES 5
- MONTHLY MENSUALMENT 6
- ANNUALLY ANUALMENT 7
- OTHER (SPECIFY) 8
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

FILL C11 RESPONSE. IF C12=1, FILL “HOURLY”, IF C12=2, FILL “DAILY”.
SOFT CHECK: IF C11>\$1000 and C12=1 or 2; You answered [FILL C11 RESPONSE] [hourly/daily]. You can change your answer or proceed to the next question. <i>Usted contestó [FILL C11 RESPONSE] por [hora/día]. Puede cambiar su respuesta o continuar a la siguiente pregunta.</i>

C1=1
IF C5=1, FILL “current”; IF C5=1 AND C4>1, FILL “main”; IF C5=0, FILL “last”
IF C5=1, FILL “offers”; IF C5=0 FILL “offered”
IF C5=1, FILL “Does”; IF C5=0 FILL “Did”
IF SELF RESPONSE, FILL “are”; IF PROXY, FILL “is”
IF IF SELF RESPONSE AND C5=1, FILL “are”; IF PROXY AND C5=1, FILL “is”; IF SELF RESPONSE AND C5=0, FILL “were”; IF PROXY AND C5=0, FILL “was”
IF C5=1, FILL “actual.” IF C5=1 AND C4>1, FILL “principal” AND “, IF C5=0, FILL “último”
IF C5=1, FILL ofrece , if C5=0, FILL ofrecía

C13. Here are benefits some employers offer their employees. Please indicate if [your/(his/her)] [current/main/last] employer [offers/offered] [you(him/her)] any of these benefits.

NBS
Modified

Please answer ‘yes’ if [you/(he/she)] [were/was] eligible for the benefit even if [you/(he/she)] did not receive it.

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

Los siguientes son beneficios que algunos empleadores ofrecen a sus empleados. Por favor dígame si el empleador [principal/actual/último] [suyo/de (él/ella)] le [ofrece/ofrecía] a [usted/(él/ella)] alguno de estos beneficios.

Por favor responda ‘sí’ si [usted/(él/ella)] [es/era] elegible para el beneficio incluso si [usted/(él/ella)] aún no lo recibió.

¿Le [ofrece/ofrecía] su empleador a [usted/(él/ella)]...

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Health care insurance? (Such as medical and/or hospital) <i>Seguro de cuidado de salud? (como médico y/o de hospital)</i>	1	0	d	r
b. Dental benefits? <i>Beneficios dentales?</i>	1	0	d	r
c. Sick days with pay? <i>Días libres por enfermedad pagos?</i>	1	0	d	r
d. Paid vacation? <i>Vacaciones pagas?</i>	1	0	d	r
e. Free or low-cost childcare? <i>Cuidado de niños gratis o de bajo costo?</i>	1	0	d	r
f. Transportation, a transportation allowance, or transportation discounts? <i>Transporte, un subsidio de transporte, o descuentos para transporte?</i>	1	0	d	r
g. Long-term disability benefits? <i>Beneficios por incapacidad a largo plazo?</i>	1	0	d	r
h. Pension or retirement benefits? <i>Beneficios de pensión o jubilación?</i>	1	0	d	r

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
i. Short-term disability benefits? <i>Beneficios por incapacidad a corto plazo?</i>	1	0	d	r
j. Flexible health or dependent care spending accounts? <i>Cuentas flexibles para gastos de salud o dependientes?</i>	1	0	d	r

C1=1
IF C5=1, FILL "current"; IF C5=1 AND C4>1, FILL "main"; IF C5=0, FILL "last"
IF C5=1, FILL "Has"; IF C5=0, FILL "Did"
IF C5=1, FILL "made"; IF C5=0, FILL "make"
IF SELF RESPONSE AND C5=1, FILL "have"; IF PROXY AND C5=1, FILL "has"; IF C5=0, FILL "had"
IF C5=1, FILL " Ha hecho " IF C5=0, FILL " Hizo "
IF C5=1, FILL " actual. " IF C5=1 AND C4>1, FILL " principal " AND "; IF C5=0, FILL " último "
IF C5=1, FILL " debe " IF C5=0, FILL " debía "

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

¿[Ha hecho/Hizo] algún arreglo el [principal/actual/último] empleador [suyo/de [FIRST NAME]] debido a alguna condición física o mental [suya/ de (él/ella)]? Por ejemplo, proporcionarle a [usted/(él/ella)] algún equipo especial o tecnología asistida o mantener el trabajo disponible para [usted/ (él/ella)], a pesar de que [usted/ (él/ella)] [debe/debía/debió] salir por incapacidad de vez en cuando.

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

C1=1
were IF SELF RESPONSE and IF C5=0; are IF SELF RESPONSE and IF C5=1; was IF SELF RESPONSE and IF C5=0
IF C5=1, FILL “current”; IF C5=1 AND C4>1, FILL “main”; IF C5=0, FILL “last”
IF SELF RESPONSE, FILL “have”; IF PROXY, FILL “has”
IF C5=1, FILL “ actual. ” IF C5=1 AND C4>1, FILL “ principal ” AND “; IF C5=0, FILL “ último ”
IF SELF RESPONSE, FILL “ su [principal/actual/último] trabajo ”; IF PROXY, FILL “ el [principal/actual/último trabajo] de (él/ella) ”
FILL está IF SELF RESPONSE and IF C5=0; FILL estaba IF SELF RESPONSE and IF C5=1

C15. Taking all things into account, how satisfied [are/is/were/was] [you/[FIRST NAME]] with [your/(his/her)] [main/current/last] job? (CATI ONLY: Would you say [you/(he/she)] [are/is/were/was]:)

Tomando todo en consideración, ¿qué tan satisfecho(a) [está/estaba] [usted/[FIRST NAME]] con [su [principal/actual/último] trabajo/el [principal/actual/último trabajo] de (él/ella)]? (CATI ONLY: ¿Diría que [usted/(él/ella)] [está/estaba]:)

CODE ONE ONLY

- Very satisfied *Muy satisfecho(a)* 1
- Somewhat satisfied *Algo satisfecho(a)* 2
- Not very satisfied *No muy satisfecho(a)* 3
- Not at all satisfied *Para nada satisfecho(a)* 4
- DON'T KNOW d
- REFUSED r

C5=1 (CURRENTLY WORKING)
CATI: DISPLAY ONE ROW PER SCREEN
WEB: DISPLAY GRID

C16. The next questions are about any expenses [you/[FIRST NAME]] may have had for services or other support related to [your/(his/her)] condition that [you need/(he/she) needs] in order to work.

In the past month, did [you/[FIRST NAME]] have any of the following expenses related to [your/(his/her)] condition that help [you/(him/her)] to work?

[PROBE:] Please think about any expenses [you/[FIRST NAME]] paid out of pocket.

Las siguientes preguntas son sobre cualquier gasto que [usted / [FIRST NAME]] haya tenido para servicios u otro apoyo relacionado con su condición que [usted / (él / ella)] necesita para poder trabajar.

En el último mes, ¿tuvo [usted / [FIRST NAME]] alguno de los siguientes gastos relacionados con su condición que le ayuda a [usted/(él / ella)] a trabajar?

[PROBE:] *Por favor piense en cualquier gasto que [usted / [FIRST NAME]] haya pagado de su bolsillo.*

	CODE ONE PER ROW			
	YES	NO	DK	R
a. Transportation costs, such as vehicle modifications or paratransit <i>Costos de transporte, como modificaciones de vehículos o paratransito</i>	1	0	d	r
b. Attendant care costs, such as services performed to help prepare for work <i>Costos de cuidado de asistente, como servicios realizados para ayudar a prepararse para el trabajo</i>	1	0	d	r
c. Medical exam or prescription drug costs <i>Costos de exámenes médicos o medicamentos recetados</i>	1	0	d	r
d. Physical device costs, such as wheelchairs, dialysis equipment, or pacemakers <i>Costos de dispositivo físico, como sillas de ruedas, equipos de diálisis o marcapasos</i>	1	0	d	r
e. Residential modification costs, such as exterior ramps, railings, pathways, or enlarging a doorway doorway <i>Costos de modificación residencial, como rampas exteriores, barandas, senderos o ampliación de una puerta</i>	1	0	d	r
f. Other costs <i>Otros costos</i>	1	0	d	r

IF C16A, C16B, C16C, C16D, C16E, OR C16F = 1 REPEAT FOR EACH YES AT C16
--

C17. In the past month, how much did [you/[FIRST NAME]] spend on expenses for [FILL SERVICE FROM C16]?

En el ultimo mes, ¿cuánto gastó [usted/[FIRST NAME]] en gastos para [FILL SERVICE FROM C16]?

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

DON'T KNOWd

REFUSEDr

GO TO C17 FOR NEXT EXPENSE OR D1 IF NO OTHER EXPENSES

IF CANNOT PROVIDE AN AMOUNT AT C17, ASK FOR EACH

C18. Was it ...¿Fue ...

Less than \$100? *Menos de \$100?*1

Between \$100 and \$199? *Entre \$100 y \$199?*2

Between \$200 and \$299? *Entre \$200 y \$299?*3

\$300 or more? *\$300 o más?*4

Don't know *No sabe*d

REFUSED.....r

SECTION D: UNDERSTANDING AND ATTITUDES TOWARDS WORK AND WORK INCENTIVES

ALL
IF C1=0, FILL "GETTING A JOB," "obtener un trabajo," ELSE DO NOT FILL
IF SELF RESPONSE, FILL "sus objetivos personales"; IF PROXY, FILL "los objetivos personales de (él/ella)"

D1. Do [your/(his/her)] personal goals include [getting a job,] moving up in a job or learning new job skills?

¿Incluyen [sus objetivos personales/los objetivos personales de (él/ella)] [obtener un trabajo,] avanzar en un trabajo o aprender nuevas habilidades laborales?

YES *SÍ*.....1

NO.....0

DON'T KNOWd

REFUSED.....r

ALL
IF C1=0, FILL "SOMEDAY WORKING AND" "trabajar algún día y" ELSE DO NOT FILL
IF SELF RESPONSE, FILL "sus objetivos personales"; IF PROXY, FILL "los objetivos personales de (él/ella)"

D2. Do [your/(his/her)] personal goals include [someday working and] earning enough to stop receiving Social Security disability benefits?

¿Incluyen [sus objetivos personales/los objetivos personales de (él/ella)] [trabajar algún día y] ganar lo suficiente para dejar de recibir beneficios del Seguro Social por Incapacidad?

YES *SÍ*.....1

NO.....0

NOT CURRENTLY RECEIVING SSDI BENEFITS **NO RECIBE BENEFICIOS SSDI EN ESTE MOMENTO**.....2

DON'T KNOWd

REFUSED.....r

AWARENESS OF FEATURES OF POD PROGRAM

RANDOM ASSIGNMENT = 1 OR 2 (OR SAMPGROUP = T)

D3. Before today, had [you/(he/she)] ever heard of the Promoting Opportunity Demonstration, or the POD program?

Antes de hoy, ¿alguna vez había oído hablar [usted/(él/ella)] de la Demostración Promoviendo Oportunidades, o del programa POD?

YES *SÍ*.....1

NO.....0

DON'T KNOWd

REFUSED.....r

ALL
IF TREATMENT, FILL “This refers to the rules SSA uses for those enrolled in POD.” IF CONTROL, FILL “This refers to the current Social Security Disability Insurance (SSDI) rules.”
IF TREATMENT, FILL “POD”. IF CONTROL FILL, “CURRENT SSDI RULES” <i>“reglas actuales de SSDI”</i>
IF TREATMENT, FILL <i>“Esto se refiere a las reglas que usa SSA para aquellos registrados en POD.”</i> IF CONTROL, FILL <i>“Esto se refiere a las reglas actuales del Seguro Social por Incapacidad (SSDI, por sus siglas en inglés).”</i>
IF SELF RESPONSE, FILL <i>“sus beneficios”</i> ; IF PROXY, FILL <i>“los beneficios de (él/ella)”</i>
IF SELF RESPONSE, FILL <i>“sus ingresos”</i> ; IF PROXY, FILL <i>“los ingresos de (él/ella)”</i>
WEB: DISPLAY “DON’T KNOW” ANSWER

D4. The next questions are about [your/(his/her)] understanding of the rules SSA uses to calculate [your/(his/her)] benefit check.

[This refers to the rules SSA uses for those enrolled in POD./This refers to the current Social Security Disability Insurance (SSDI) rules.]

Under [POD/Current SSDI rules], [do/does] [you/(he/she)] have a Trial Work Period where [your/(his/her)] benefits remain unchanged regardless of [your/(his/her)] earnings?

Las siguientes preguntas son acerca de [su comprensión/la comprensión de (él/ella)] de las reglas que usa SSA para calcular su cheque de beneficios.

[Esto se refiere a las reglas que usa SSA para aquellos registrados en POD. Esto se refiere a las reglas actuales del Seguro Social por Incapacidad (SSDI, por sus siglas en inglés).]

Bajo [POD/reglas actuales de SSDI], ¿tiene [usted/(él/ella)] un Período de Prueba Laboral cuando [sus beneficios/los beneficios de (él/ella)] permanecen sin cambios sin importar [sus ingresos/los ingresos de (él/ella)]?

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

RANDOM ASSIGNMENT = 3 (OR SAMPGROUP = C)
IF CATI FILL "PROBE:"
IF SELF RESPONSE, FILL " sus beneficios "; IF PROXY, FILL " los beneficios de (él/ella) "
WEB: DISPLAY "DON'T KNOW" ANSWER

D5. Under current SSDI rules, are [your/(his/her)] benefits reduced at any time if [your/(his/her)] earnings are above SSA's definition of substantial gainful activity (SGA)?

[PROBE:] The SGA amount is about \$1,200 a month for a person who is not blind or \$2,000 a month for a person who is blind.

Bajo las reglas actuales de SSDI, ¿disminuyen en algún momento [sus beneficios/ los beneficios de (él/ella)] si [sus ingresos/los ingresos de (él/ella)] están por encima de la definición de SSA de actividad lucrativa sustancial (SGA, por sus siglas en inglés)?

[PROBE:] El monto mensual de SGA para una persona que no es ciega es unos \$1,200, o \$2,000 al mes para una persona ciega.

YES **SÍ** 1
 NO 0
 DON'T KNOW **NO SABE** d
 REFUSED r

RANDOM ASSIGNMENT = 1 OR 2 (OR SAMPGROUP = T)
IF SELF RESPONSE, FILL " sus beneficios "; IF PROXY, FILL " los beneficios de (él/ella) "

D6. Under POD, are [your/(his/her)] benefits reduced at any time if [your/(his/her)] monthly earnings are above a level that SSA set for POD??

[PROBE:] The monthly earnings level that SSA set for POD is the higher of the following: (1) \$850 in 2018 called the POD earnings threshold, or (2) your total monthly itemized Impairment-Related Work Expenses (IRWEs) if that amount is greater than \$850.

Bajo las reglas de POD, ¿disminuyen en algún momento [sus beneficios/ los beneficios de (él/ella)] si [sus ingresos/los ingresos de (él/ella)] están por encima del nivel que hace SSA por POD?

YES **SÍ** 1
 NO 0
 Don't know **No sabe** d
 REFUSED r

ALL
IF TREATMENT, FILL “the POD rules that apply to you”; IF CONTROL FILL, “current SSDI rules”
IF TREATMENT, FILL “las reglas de POD que aplican a usted” IF CONTROL, FILL “las reglas actuales de SSDI”
IF SELF RESPONSE, FILL “sus beneficios”; IF PROXY, FILL “los beneficios de (él/ella)”
IF SELF RESPONSE, FILL “sus ingresos”; IF PROXY, FILL “los ingresos de (él/ella)”

D7. Under [the POD rules / current SSDI rules], do [your/(his/her)] benefits ever terminate if [your/(his/her)] earnings are too high?

Bajo [las reglas de POD /las reglas actuales de SSDI], ¿alguna vez terminan [sus beneficios/los beneficios de (él/ella)] si [sus ingresos/los ingresos de (él/ella)] son muy altos?

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

RANDOM ASSIGNMENT = 1 OR 2 (OR SAMPGROUP = T)

D8. How satisfied [are/is] [you/(he/she)] with the POD offset and rules? (CATI ONLY: Are you...)

¿Qué tan satisfecho(a) está [usted/(él/ella)] con las compensaciones y reglas de POD? (CATI ONLY: ¿Está usted...)

- Very satisfied **Muy satisfecho(a)**..... 1
- Somewhat satisfied **Algo satisfecho(a)** 2
- Not very satisfied **No muy satisfecho(a)**..... 3
- Not at all satisfied **Para nada satisfecho(a)**..... 4
- DON'T KNOW d
- REFUSED r

RANDOM ASSIGNMENT = 1 OR 2 (OR SAMPGROUP = T)

D9. How satisfied [are/is] [you/(he/she)] with the POD services [you have/(he/she) has] received? For example, benefits counseling. (CATI ONLY: [Are/Is] [you/(he/she)]...)

¿Qué tan satisfecho(a) está [usted/(él/ella)] con los servicios que ha recibido de POD? Por ejemplo, el asesoramiento de beneficios. (CATI ONLY: ¿Está [usted/(él/ella)]...)

- Very satisfied **Muy satisfecho(a)** 1
- Somewhat satisfied **Algo satisfecho(a)** 2
- Not very satisfied **No muy satisfecho(a)**..... 3
- Not at all satisfied **Para nada satisfecho(a)**..... 4
- Haven't received any POD services **No ha recibido ningún servicio POD**..... 0
- DON'T KNOW d
- REFUSED r

T1 OR T2 AND WITHDREW FROM OFFSET

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

Entiendo que [usted/[FIRST NAME]] ya no usa el beneficio de compensación POD. ¿Por qué eligió [usted/[FIRST NAME]] salir de POD?

- Benefits went down with POD *Los beneficios disminuyeron con POD* 1
 New POD rules were confusing *Las nuevas reglas POD eran confusas* 2
 Benefit payment issue *Problemas con pago de beneficios* 3
 Didn't like benefit counseling services *No le gustaron los servicios de consejería* 4
 Reporting earnings too often *Reporte de ganancias muy seguido* 5
 Other (specify) *Otro (especifique)* 99
 _____ (string 500)
 Didn't withdraw from POD *No salió de POD* 0
 DON'T KNOW d
 REFUSED r

SECTION E: INCOME

ALL

FILL PREVIOUS MONTH, CURRENT YEAR

E_intro.

The following questions are about income that [you/[FIRST NAME]] personally received last month, that is, in [INSERT LAST MONTH, THIS YEAR]. This includes income and benefits from different programs. When answering these questions, please include only [your/(his/her)] own earnings and benefits, and don't include earnings or benefits that other family members may have received.

Las siguientes preguntas son acerca de ingreso que [usted/[FIRST NAME]] recibió personalmente el mes pasado, es decir en [INSERT LAST MONTH, THIS YEAR]. Esto incluye ingreso y beneficios de diferentes programas. Al contestar estas preguntas, por favor incluya solamente los ingresos y beneficios [suyos/de (él/ella)], y no incluya ingresos ni beneficios que puedan haber recibido otros miembros de la familia.

[IF WEB: Please click "Next" button to continue.

Por favor haga clic en el botón "Adelante" para continuar.]

ALL

CATI: DISPLAY ONE ROW PER SCREEN

WEB: DISPLAY GRID

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

El mes pasado, ¿recibió [usted/(él/ella)] algún ingreso de...

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Veterans' benefits? <i>Beneficios para Veteranos?</i>	1	0	d	r
b. Public assistance or welfare payments? <i>Asistencia pública o pagos de asistencia social?</i>	1	0	d	r
c. Workers' compensation? <i>Compensación de trabajadores?</i>	1	0	d	r
d. Employer-provided or other private disability insurance for [you/(him/her)]? <i>Seguro proporcionado por empleador u otro seguro privado por incapacidad para [usted/(él/ella)]?</i>	1	0	d	r
e. Unemployment benefits? <i>Beneficios por desempleo?</i>	1	0	d	r
f. Private pensions or government employee pensions? <i>Pensiones privadas o de empleados públicos?</i>	1	0	d	r
g. Disability insurance for a disabled adult child? <i>Seguro por incapacidad para un niño adulto discapacitado?</i>	1	0	d	r
h. Other sources on a regular basis but not from jobs or Social Security? <i>Otras fuentes de forma regular, pero no de trabajos o del Seguro Social?</i> _____ (STRING 100)	1	0	d	r
i. Other sources <u>not</u> on a regular basis? (SPECIFY) <i>Otras fuentes pero <u>no</u> de forma regular?</i> (ESPECIFIQUE) _____ (STRING 100)	1	0	d	r

IF OTHER SPECIFY: What other sources of income were received? *¿Qué otras fuentes de ingreso fueron recibidas?*

_____ (STRING 100)

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

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

¿Cuánto ingreso recibió [usted/(él/ella)] el mes pasado de [SOURCE FROM E1]?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ |__| , |__|__|__| . |__|__| AMOUNT MONTO SKIP TO E4
(0-9,999.99)

DON'T KNOWd

REFUSEDr

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

IF CANNOT PROVIDE AN AMOUNT AT E2, ASK FOR EACH
 WEB: DISPLAY IF E2=d, r, missing

- E3. About how much was it...**
- ¿Fue aproximadamente ...**
- Less than \$150 Menos de \$150** 1
 - \$150 to less than \$300 A menos de \$300** 2
 - \$300 to less than \$500 A menos de \$500** 3
 - \$500 or more \$500 o más** 4
 - Don't know No sabe** d
 - REFUSED** r

ALL
 IF PROXY: **del hogar de él** IF SAMPMEMBSEX = MALE; **del hogar de ella** IF SAMPMEMBSEX = FEMALE; **del hogar de él o ella** IF SAMPMEMBSEX = UNKNOW;
su hogar IF SELF RESPONSE
 FILL "IF NECESSARY:" IF CATI

- E4. Did [you/(she/he)] or any member of [your/(his/her)] household receive SNAP benefits or food stamps last month?**
- [IF NECESSARY:] SNAP stands for the Supplemental Nutrition Assistance Program.**
- ¿Recibió [usted/(él/ella)] u cualquier otro miembro de [su hogar/del hogar de (él/ella)] beneficios SNAP o estampillas para alimentos el mes pasado?**
- [IF NECESSARY:] SNAP quiere decir Programa de Asistencia Nutricional Suplementaria.**
- YES **Sí** 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r

E4=1

- E5. What was the dollar value of the SNAP benefit (Supplemental Nutrition Assistance Program) or food stamps [you/(she/he)] received last month?**
- ¿Cuál fue el valor en dólares del beneficio SNAP (Programa de Asistencia Nutricional Suplementaria) o de estampillas de alimentos que recibió [usted/(él/ella)] el mes pasado?**
- INTERVIEWER: ROUND TO NEAREST DOLLAR
- \$ | | , | | | | . | | | AMOUNT
 (0-9,999.99)
- DON'T KNOW d
 - REFUSED r

ALL
IF SELF RESPONSE, FILL "Do"; IF PROXY, FILL "Does"

HOPE VI,
MTO

E6.1. [Do/Does] [you/(she/he)] currently receive any governmental housing assistance in paying rent, such as through public housing or Section 8 or a Housing Choice Voucher?

¿Recibe [usted/(él/ella)] actualmente algún tipo de asistencia gubernamental para la vivienda en pagos de alquiler, como por medio de vivienda pública o Sección 8 o un Cupón de Opción de Vivienda?

YES *SÍ*.....1
 NO.....0
 DON'T KNOWd
 REFUSEDr

ALL

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

¿Recibió [usted/(él/ella)] o cualquier miembro de su hogar asistencia de alguna otra fuente gubernamental? Por ejemplo: asistencia con energía o para el cuidado de niños.

YES *SÍ*.....1
 NO.....0
 DON'T KNOWd
 REFUSEDr

E6=1

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

¿Qué otro tipo de asistencia recibió [usted/(él/ella)]?

_____ (STRING 100)
 DON'T KNOWd
 REFUSEDr

E6=1
FILL "PROBE:" IF CATI
FILL RESPONSE FROM E7

E8. How much income did [you/(she/he)] receive last month from this other assistance?

INTERVIEWER: INCLUDE INCOME FROM ALL OTHER SOURCES LISTED IN E7

[PROBE:] Other assistance received: [FILL VERBATIM FROM E7]

¿Cuánto ingreso recibió [usted/(él/ella)] el mes pasado de esta otra asistencia?

INTERVIEWER: INCLUDE INCOME FROM ALL OTHER SOURCES LISTED IN E7

[PROBE:] Otra asistencia recibida: [FILL VERBATIM FROM E7]

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

DON'T KNOWd

REFUSEDr

ALL
FILL "del hogar de [FIRST NAME]" IF PROXY; "de su hogar" , IF SELF RESPONSE
Fill [LAST CALENDAR YEAR]

The next question is about the income of all members in [your/[FIRST NAME]'s] household.

E10. What was the total combined income of all members of this household during [LAST CALENDAR YEAR]? Please include money from jobs, work on the side, welfare, SSDI, help from [your/(his/her)] family and friends, and any other money income received by [you/(him/her)] or any other household member.

Effects of
Housing
Choice
Vouchers on
Welfare
Families

Your best estimate is fine.

La siguiente pregunta es acerca del ingreso de todos los miembros [de su hogar/del hogar de [FIRST NAME]].

¿Cuál fue el ingreso total combinado de todos los miembros del hogar durante [LAST CALENDAR YEAR]? Por favor incluya dinero de trabajos, trabajo extra, asistencia social, SSDI, ayuda de su familia y amigos, y cualquier otro ingreso monetario recibido por [usted/(él/ella)] o cualquier otro miembro del hogar.

Su mejor estimación está bien.

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

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF E10=d, r, missing; Please try to provide an answer to this question, or proceed to the next question.

Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

E10=D
FILL “del hogar de [FIRSTNAME]” IF PROXY; “de su hogar” , IF SELF RESPONSE
FILL [LAST CALENDAR YEAR]

E11. What was the total combined income of all members of [your/[FIRST NAME]'S] household during [LAST CALENDAR YEAR]?

¿Cuál fue el ingreso total combinado de todos los miembros [de su hogar/del hogar de [FIRST NAME]] durante [LAST CALENDAR YEAR]?

CODE ONE ONLY

- Less than \$10,000 **Menos de \$10,000** 1
- \$10,000 to less than \$20,000 **\$10,000 a menos de \$20,000** 2
- \$20,000 to less than \$30,000 **\$20,000 a menos de \$30,000** 3
- \$30,000 to less than \$40,000 **\$30,000 a menos de \$40,000** 4
- \$40,000 to less than \$50,000 **\$40,000 a menos de \$50,000** 5
- \$50,000 or more **\$50,000 o más** 6
- DON'T KNOW d
- REFUSED r

SECTION F: HEALTH AND FUNCTIONAL STATUS

ALL

FILL “de [FIRSTNAME]” IF PROXY; “suya” IF SELF RESPONSE

F_intro.

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

Las siguientes preguntas son acerca de la salud [suya/ de [FIRST NAME]] y qué tan bien puede [usted/(él/ella)] hacer sus actividades usuales.

[IF WEB: Please click “Next” button to continue.

Por favor haga clic en el botón “Adelante” para continuar.]

ALL

F1. In general, how would you rate [your/(his/her)] health?

En general, ¿cómo diría que es [su salud / la salud de (él/ella)]?

CODE ONE ONLY

Excellent **Excelente** 1
 Very good **Muy buena** 2
 Good **Buena** 3
 Fair **Regular** 4
 Poor **Mala** 5
 DON'T KNOW d
 REFUSED r

ALL

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

¿Le limita a [usted/(él/ella)] su salud ahora en actividades moderadas como mover una mesa, empujar una aspiradora, jugar a los bolos, o jugar al golf?

CODE ONE ONLY

A lot **Mucho** 1
 A little **Un poco** 2
 Not at all **Para nada** 3
 DON'T KNOW d
 REFUSED r

ALL

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

¿Le limita a [usted/(él/ ella)] su salud ahora al subir varios pisos por escaleras?

CODE ONE ONLY

A lot **Mucho** 1

A little **Un poco** 2

Not at all **Para nada** 3

DON'T KNOW d

REFUSED r

ALL

IF PROXY: **la salud física de él** IF SAMPMEMBSEX = MALE; **la salud física de ella** IF SAMPMEMBSEX = FEMALE;

su salud física IF SELF RESPONSE

F4. The next two questions ask about [your/[FIRST NAME]'S] physical health and [your/(his/her)] daily activities. During the past 4 weeks, how much of the time [have/has] [you/(he/she)] accomplished less than [you/(he/she)] would have liked to as a result of [your/(his/her)] physical health?

Las siguientes dos preguntas son acerca [su salud física / la salud física de [FIRST NAME]] y sus actividades diarias. Durante las últimas 4 semanas, ¿por cuánto tiempo ha [usted/(él/ella)] logrado menos de lo que le hubiera gustado como resultado de [su salud física/ la salud física de (él/ella)]?

CODE ONE ONLY

All of the time **Todo el tiempo** 1

Most of the time **La mayor parte del tiempo** 2

Some of the time **Parte del tiempo** 3

A little of the time **Poco tiempo** 4

None of the time **Nunca** 5

DON'T KNOW d

REFUSED r

ALL
IF PROXY, FILL “was”; IF SELF RESPONSE, FILL “were”
IF PROXY, FILL “does”; IF SELF RESPONSE, FILL “do”

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

Durante las últimas 4 semanas, ¿por cuánto tiempo estuvo [usted/(él/ella)] limitado(a) en el tipo de trabajo u otras actividades diarias que hace [usted/(él/ella)] como resultado de su salud física?

CODE ONE ONLY

- All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

- F6. During the past 4 weeks, how much of the time [have/has] [you/(he/she)] accomplished less than [you/(he/she)] would have liked to as a result of any emotional problems, such as feeling depressed or anxious?

Durante las últimas 4 semanas, ¿por cuánto tiempo ha logrado [usted/(él/ella)] menos de lo que le hubiera gustado como resultado de algún problema emocional, como sentirse deprimido(a) o ansioso(a)?

CODE ONE ONLY

- All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

- F7. During the past 4 weeks, how much of the time did [you/(he/she)] not do work or other activities as carefully as usual as a result of any *emotional problems*, such as feeling depressed or anxious?

Durante las últimas 4 semanas, ¿por cuánto tiempo [usted/(él/ella)] no trabajó ni hizo otras actividades tan cuidadosamente como de costumbre como resultado de algún problema emocional, como sentirse deprimido(a) o ansioso(a)?

CODE ONE ONLY

All of the time Todo el tiempo	1
Most of the time La mayor parte del tiempo	2
Some of the time Parte del tiempo	3
A little of the time Poco tiempo	4
None of the time Nunca	5
DON'T KNOW.....	d
REFUSED.....	r

ALL

IF SELF RESPONSE, FILL “**su trabajo normal**”; IF PROXY, FILL “**el trabajo normal de (él/ella)**”

- F8. During the past 4 weeks, how much did pain interfere with [your/(his/her)] normal work, including both work outside the home and housework?

Durante las últimas 4 semanas, ¿cuánto ha interferido el dolor con [su trabajo normal/el trabajo normal de (él/ella)], incluyendo trabajo fuera de casa y trabajo doméstico?

CODE ONE ONLY

All of the time Todo el tiempo	1
Most of the time La mayor parte del tiempo	2
Some of the time Parte del tiempo	3
A little of the time Poco tiempo	4
None of the time Nunca	5
DON'T KNOW.....	d
REFUSED.....	r

ALL

IF SELF RESPONSE FILL "feel"; IF PROXY FILL "feels"

- F9. These next questions are about how [you/(he/she)] [feel/feels] and how things have been with [you/(him/her)] during the past 4 weeks. For each question, please provide an answer that comes closest to the way [you/(he/she)] [have/has] been feeling.

During the past 4 weeks, how much of the time [have/has] [you/(he/she)] felt calm and peaceful?

Las siguientes preguntas son acerca de cómo se siente [usted/(él/ella)] y cómo han estado las cosas durante las últimas 4 semanas. Para cada pregunta, por favor provea la respuesta que más se acerca a cómo se ha estado sintiendo [usted/(él/ella)].

Durante las últimas 4 semanas, ¿por cuánto tiempo se ha sentido [usted/(él/ella)] calmado(a) y en paz?

CODE ONE ONLY

All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

- F10. During the past 4 weeks, how much of the time did [you/(he/she)] have a lot of energy?

Durante las últimas 4 semanas, ¿por cuánto tiempo ha tenido [usted/(él/ella)] mucha energía?

CODE ONE ONLY

All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

- F11. During the past 4 weeks, how much of the time [have/has] [you/(he/she)] felt downhearted and depressed?

Durante las últimas 4 semanas, ¿cuánto tiempo se ha sentido [usted/(él/ella)] desanimado(a) y deprimido(a)?

CODE ONE ONLY

All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

IF SELF RESPONSE, FILL “**su salud física o problemas emocionales con sus actividades sociales**”; IF PROXY, FILL “**la salud física o problemas emocionales con las actividades sociales de (él/ella)**”

- F12. During the past 4 weeks, how much of the time has [your/(his/her)] physical health or emotional problems interfered with [your/(his/her)] social activities, like visiting with friends or relatives?

Durante las últimas 4 semanas, ¿por cuánto tiempo han interferido [su salud física o problemas emocionales con sus actividades sociales/la salud física o problemas emocionales con las actividades sociales de (él/ella)], como visitar a amigos o parientes?

CODE ONE ONLY

All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

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

Now think about the past 12 months, that is since [CURRENT MONTH; LAST YEAR].

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

Ahora piense en los últimos 12 meses, es decir desde [CURRENT MONTH; LAST YEAR].

Durante los últimos 12 meses, ¿ha [usted/[FIRST NAME]] pasado la noche en un hospital?

HCC

YES **SÍ**.....1

NO.....0

DON'T KNOWd

REFUSEDr

SECTION G: HEALTH INSURANCE

ALL

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

La siguiente pregunta es acerca de los diferentes tipos de cobertura de seguro de salud que [usted/[FIRST NAME]] podría tener.

[IF WEB: Please click “Next” button to continue.

Por favor haga clic en el botón “Next/Siguiente” para continuar.]

ALL
FILL “do” IF SELF-RESPONSE; FILL “does” IF PROXY
FILL “pay” IF SELF-RESPONSE; FILL “pays” IF PROXY
FILL “PROBE” CATI ONLY
FILL “PROBE: “Is this a plan...” CATI ONLY
FILL MEDICAID NAME BY SAMPMEMB STATE: POD STATE STATE MEDICAID NAME(S) Alabama Alabama Medicaid California Medi-Cal Connecticut Connecticut Medicaid, CT Medicaid, or HUSKY Health Maryland Maryland Medicaid or Maryland Medical Assistance Program Michigan Michigan Medicaid or Michigan Department of Health and Human Service Nebraska Nebraska Medicaid Texas Texas Medicaid or State of Texas Access Reform (STAR+PLUS) Vermont Vermont Medicaid or Vermont Health Access Plan (DVHA)
SPANISH: Alabama Alabama Medicaid California Medi-Cal Connecticut Connecticut Medicaid, CT Medicaid, o HUSKY Health Maryland Maryland Medicaid o Maryland Medical Assistance Program Michigan Michigan Medicaid o Departamento de Salud y Servicios Humanos de Michigan Nebraska Nebraska Medicaid Texas Texas Medicaid o State of Texas Access Reform (STAR+PLUS por sus siglas en inglés) Vermont Vermont Medicaid o Vermont Health Access Plan (DVHA por sus siglas en inglés)

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

[IF WEB: Please select all that apply.]

[PROBE: Any other kind?]

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

INTERVIEWER: IF RESPONDENT SAYS "OBAMACARE" "AFFORDABLE CARE ACT" OR HEALTH INSURANCE NAME LIKE "BLUE CROSS" OR AETNA PROBE:

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

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

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

¿Qué tipos de cobertura de salud tiene [usted/(él/ella)]?

[IF WEB: *Por favor marque todas las que aplican.*]

[PROBE:] **¿Algún otro tipo?**

[PROBE:] **Medicare** es una cobertura de seguro de salud provista a nivel nacional a cierto tipo de personas incapacitadas menores de 65, incluyendo a beneficiarios del Seguro Social por Incapacidad que han estado recibiendo beneficios por más de 24 meses.

INTERVIEWER: IF RESPONDENT SAYS "OBAMACARE" "AFFORDABLE CARE ACT" OR HEALTH INSURANCE NAME LIKE "BLUE CROSS" OR AETNA PROBE:

[PROBE:] **¿Es este un plan que [usted/(él/ella)] paga por [usted/(él/ella)] mismo(a)? (IF YES, CODE AS PRIVATE INSURANCE PAID BY SELF/FAMILY). (IF NO), ¿Es provisto por Medicaid? (IF YES, CODE AS MEDICAID)**

[PROBE:] **Medicaid** es un programa de asistencia médica estatal para personas de bajos ingresos y beneficiarios del Seguro Social con incapacidades.

[PROBE:] **TRICARE** es un programa administrado de atención médica para miembros activos y retirados de los servicios uniformados, sus familias y sobrevivientes. **CHAMPUS** es un programa de cuidado de salud para dependientes de personal militar activo o retirado. **CHAMP-VA** es un seguro de salud para dependientes o sobrevivientes de veteranos incapacitados.

CODE ALL THAT APPLY

Medicare	1
Medicaid/[State Medicaid Name]	2
Champus/Champ-Va, Tricare, VA, Other Military Champus/Champ-Va, Tricare, VA, Otro programa militar	3
Indian Health Service Servicio de Salud Indígena	4
State Program Programa estatal	6
Private Insurance Through Own Employer Seguro privado del empleador	7
Private Insurance Through Spouse/ Partner/ Parent Seguro privado del esposo/pareja/padres	8
Private Insurance Paid By Self/Family Seguro privado pago por sí mismo/familia	9

Private Disability Insurance Paid By Self/Family Seguro privado por incapacidad pago por sí mismo/familia	10
Other Plan (Specify) Otro plan	99
_____ (STRING 100)	
DON'T KNOW	d
REFUSED	r

IF OTHER SPECIFY (99): **What other kind of health coverage is that? :¿Qué otro tipo de
cobertura de salud es esa?**

SECTION H:RESPONDENT CONTACT INFORMATION

H_intro.

This section will confirm some information about [you/[FIRST NAME]]. This information will ensure that [your/(his/her)] incentive payment is sent to the correct address.

Esta sección confirmará alguna información acerca de [usted/[FIRST NAME]]. Esta información asegurará que el pago incentivo [suyo/de (él/ella)] es enviado a la dirección correcta.

[IF WEB: Please click “Next” button to continue.

Por favor haga clic en el botón “Adelante” para continuar.]

ALL

H1. Is [your/(his/her)] full name [FULLNAME]?

¿Es [su nombre/ el nombre de (él/ella)] [FULLNAME]?

YES, ALL CORRECT **SÍ, TODO CORRECTO**1

NO, NAME NOT CORRECT **NO, EL NOMBRE NO ES CORRECTO**0

REFUSEDr

H1=0

H2. Could you please spell [your/(his/her)] name?

¿Podría deletrearme [su nombre/el nombre de (él/ella)]?

_____ (STRING 50)
FIRST NAME **NOMBRE**

_____ (STRING 50)
MIDDLE INITIAL/NAME **INICIAL DEL SEGUNDO NOMBRE**

_____ (STRING 50)
LAST NAME **APELLIDO**

_____ (STRING 25)
SUFFIX **SUFIJO**

DON'T KNOWd

REFUSEDr

ALL
FILL STREET ADDRESS, CITY, STATE, ZIP

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

Nuestros registros muestran que la dirección [suya/de (él/ella)] es (FILL FROM PRELOADS). ¿Es correcta?

YES, ADDRESS IS CORRECT **SÍ, LA DIRECCIÓN ES CORRECTA**.....1

NO, ADDRESS NOT CORRECT **NO, LA DIRECCIÓN NO ES CORRECTA**.....0

REFUSEDf

H3=0

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

¿Cuál es la dirección actual [suya/de (él/ella)]?

_____ (STRING 100)
STREET 1 **CALLE 1**

_____ (STRING 100)
STREET 2 **CALLE 2**

_____ (STRING 100)
STREET 3 **CALLE 3**

_____ (STRING 100)
CITY **CIUDAD**

_____ (STRING 50)
STATE **ESTADO**

_____ (STRING 50)
ZIP **CÓDIGO**

DON'T KNOWd

REFUSEDf

ALL
FILL PHONE NUMBER

H5. Is this [your/(his/her)] home telephone number?

¿Es este el número de teléfono [suyo/de (él/ella)] en casa?

[AREA CODE/PHONE NUMBER]

YES **SÍ**.....1
 NO.....0
 DON'T KNOWd
 REFUSED.....r

H5=0

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

[IF WEB: The phone number should be 10 numeric digits, no spaces, dashes, parentheses or other punctuation.]

¿Cuál es el número de teléfono [suyo/de (él/ella)] en casa, empezando con el código de área?

[IF WEB: El número de teléfono debe tener 10 dígitos, sin espacios, guiones, paréntesis u otros signos de puntuación.]

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

NO HOME NUMBER **NO TIENE**0
 DON'T KNOWd
 REFUSED.....r

SOFT CHECK: IF OUTSIDE RANGE; This looks like an invalid phone number. Can you provide the phone number again? Este parece un número de teléfono inválido. ¿Puede darme el número de nuevo?
--

ALL
FILL "do" IF SELF-RESPONSE; FILL "does" IF PROXY

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

¿Tiene [usted/(él/ella)] un número de teléfono celular?

YES **SÍ**.....1
 NO.....0
 DON'T KNOWd
 REFUSED.....r

H7=1

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

[IF WEB: The phone number should be 10 numeric digits, no spaces, dashes, parentheses or other punctuation.]

¿Cuál es el número de teléfono celular [suyo/de (él/ella)], empezando con el código de área?

[IF WEB: El número de teléfono debe tener 10 dígitos, sin espacios, guiones, paréntesis u otros signos de puntuación.]

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

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF OUTSIDE RANGE; This looks like an invalid phone number. Can you provide the phone number again? Este parece un número de teléfono inválido. ¿Puede darme el número de nuevo?

Y1 SURVEY AND H8≠NULL

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

Quando le contactemos a [usted/(él/ella)] para la próxima encuesta en aproximadamente un año, ¿podemos enviarle a [usted/(él/ella)] un mensaje de texto a su teléfono celular? Puede que apliquen cargos por mensaje de texto dependiendo del plan de servicio,

YES Sí1

NO0

DON'T KNOWd

REFUSEDr

IF HAVE EMAIL ADDRESS ON FILE
 FILL EMAIL ADDRESS FROM PRELOAD

H10. [Your/[FIRST NAME]'s] email address is [EMAIL ADDRESS]. Is this still the best email address to reach [you/(her/him)] at?

Tenemos la dirección de correo electrónico [suya/ de [FIRST NAME]] es [EMAIL ADDRESS]. ¿Sigue siendo ésta la mejor dirección de correo electrónico para contactarle a [usted/(él/ella)]?

YES Sí1

NO0

DON'T KNOWd

REFUSEDr

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

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

¿Cuál es la dirección de correo electrónico [suya/de (él/ella)]?

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

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

ALL 12 MONTH SURVEY RESPONDENTS

H12. Please think about the name, address, and telephone number of 2 persons who will always know how to reach [you/[FIRST NAME]]. This will be used when it is time to contact [you/(him/her)] for the next survey. All information collected will be kept private, and will only be used if we cannot reach [you/(him/her)].

Please provide the name of someone who *lives with* [you/[FIRST NAME]] and will always know how to contact [you/(him/her)].

[IF WEB: The phone number should be 10 numeric digits, no spaces, dashes, parentheses or other punctuation.]

Por favor piense en el nombre, dirección, y número de teléfono de 2 personas que siempre sabrán como contactarle a [usted/[FIRST NAME]]. Esto se usará cuando sea el momento de contactarle a [usted/(él/ella)] para la siguiente encuesta. Toda la información recogida se mantendrá privada, y solamente será usada si no podemos contactarle a [usted/(él/ella)].

Por favor provea el nombre de alguien que vive con [usted/[FIRST NAME]] y siempre sabrá como contactarle a [usted/(él/ella)].

[IF WEB: El número de teléfono debe tener 10 dígitos, sin espacios, guiones, paréntesis u otros signos de puntuación.]

PERSON 1:
PERSONA 1:

FIRST NAME **NOMBRE**

MIDDLE INITIAL/NAME **INICIAL DEL SEGUNDO NOMBRE**

LAST NAME **APELLIDO**

RELATIONSHIP TO RESPONDENT **RELACIÓN/PARENTESCO CON ENCUESTADO**

ADDRESS 1 **DIRECCIÓN 1**

ADDRESS 2 **DIRECCIÓN 2**

CITY **CIUDAD**

STATE/TERRITORY **ESTADO/TERRITORIO**

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_|
ZIP CODE (+ 4 IF NEEDED) **CÓDIGO POSTAL (+4 DE SER NECESARIO)**

|_|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|_|_|_| PHONE NUMBER - HOME **NÚMERO DE TELÉFONO - CASA**
(200-999) (100-999) (0000-9999)

|_|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|_|_|_| PHONE NUMBER – CELLULAR **NÚMERO DE TELÉFONO - CELULAR**
(200-999) (100-999) (0000-9999)

|_|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|_|_|_| PHONE NUMBER – OTHER **NÚMERO DE TELÉFONO - OTRO**
(200-999) (100-999) (0000-9999)

EMAIL **CORREO ELECTRÓNICO**

LIVES ALONE.....1

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF OUTSIDE RANGE; **This looks like an invalid phone number. Can you provide the phone number again? Este parece un número de teléfono inválido. ¿Puede darme el número de nuevo?**

ALL

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

What is the full name of the second person?

[IF WEB: The phone number should be 10 numeric digits, no spaces, dashes, parentheses or other punctuation.]

Por favor provea el nombre de alguien que no vive con [usted/[FIRST NAME]] y siempre sabrá como contactarle a [usted/(él/ella)].

¿Cuál es el nombre completo de la segunda persona?

[IF WEB: El número de teléfono debe tener 10 dígitos, sin espacios, guiones, paréntesis u otros signos de puntuación.]

FIRST NAME **NOMBRE**

MIDDLE INITIAL/NAME **INICIAL DEL SEGUNDO NOMBRE**

LAST NAME **APELLIDO**

RELATIONSHIP TO RESPONDENT **RELACIÓN/PARENTESCO CON ENCUESTADO**

ADDRESS 1 **DIRECCIÓN 1**

ADDRESS 2 **DIRECCIÓN 2**

CITY **CIUDAD**

STATE/TERRITORY **ESTADO/TERRITORIO**

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_|
ZIP CODE (+ 4 IF NEEDED) **CÓDIGO POSTAL (+4 DE SER NECESARIO)**

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_| PHONE NUMBER - HOME **NÚMERO DE TELÉFONO - CASA**
(200-999) (100-999) (0000-9999)

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_| PHONE NUMBER – CELLULAR **NÚMERO DE TELÉFONO - CELULAR**
(200-999) (100-999) (0000-9999)

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_| PHONE NUMBER – OTHER **NÚMERO DE TELÉFONO - OTRO**
(200-999) (100-999) (0000-9999)

EMAIL **CORREO ELECTRÓNICO**

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF OUTSIDE RANGE; **This looks like an invalid phone number. Can you provide the phone number again? Este parece un número de teléfono inválido. ¿Puede darme el número de nuevo?**

ALL

IF CATI, FILL "20" IF Y1; FILL "25" IF Y2; IF WEB, FILL "30" IF Y1; FILL "35" IF Y2

END. Thank you very much for your time today. [You/[FIRST NAME]] can expect to receive [your/his/her] \$[20/25/30/35] check within 4 weeks.

IF WEB: Your answers have been submitted. You can safely close your browser.

Muchas gracias por su tiempo hoy. [Usted/[FIRST NAME]] puede esperar recibir su cheque por \$[20/25/30/35] dentro de las próximas 4 semanas.

IF WEB: Sus respuestas han sido enviadas. Puede cerrar su navegador de forma segura.