

Introduction

Hello, my name is []. May I please speak with _____?

IF RESPONDENT COMES TO THE PHONE: I'm calling on behalf of [BEES program].

IF PHONE OR IN-PERSON: I work for Abt Associates, or Abt, which is an independent research company. Abt is helping the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) with its evaluation of the Building Evidence on Employment Strategies (BEES) study. We are conducting a survey with you because you agreed to be in a study about a program offered at [NAME OF ORGANIZATION] called [BEES program]. Thank you for taking the time to talk with me today.

This survey will include questions on your employment and education activities, your use of services, and your overall well-being. This survey will take about 30 minutes to complete. When we are done, we will send you a link to access a \$25 gift card, as a thank you. You agreed to be part of the study around [RAD] when you signed a consent form to let researchers collect information from you. We need to talk with people who got into the program and those who did not. Your participation in this study will help policymakers and program staff better understand how to help people get better jobs, earn more, and improve general well-being.

Before we begin the survey, I would like to assure you that all of your responses during this survey will be kept private; your name will not appear in any written reports we produce. Your responses to these questions are completely voluntary. That means you may choose not to answer any question, or you may stop the survey if you wish, but we hope you don't. Your responses to these questions will in no way affect your participation in any programs or your receipt of any kinds of public benefits or services. The information you provide will be kept private and only used for studies about the different types of employment services that are the focus of this study. By participating in this study, you will help the government learn if and how programs like [BEES program] make a difference in people's lives and how to improve programs in the future.

According to the Paperwork Reduction Act (PRA), this collection of information is voluntary and will be used to understand programs that aim to improve employment outcomes for low-income adults. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: XXXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Dan Bloom (MDRC); 200 Vesey Street, 23rd Floor, New York, NY 10281-2103.

Do you have any questions before we begin?

Let's begin now.

Screener/Verification:

First I just need to verify that I am speaking with the correct person.

Read the following text and ask Q1 of everyone.

1. What is your date of birth? _____ (MM/DD/YYYY)

Ask Q2 only if the DOB in Q1 does not match what is in our records.

2. What are the last 4 digits of your Social Security number?

DISCONTINUED TEXT: *I'm sorry. I was unable to pull up the correct questionnaire. I will need to check with my supervisor to look into the problem. I will re-contact you when the problem is resolved. Thank you for your time.*

SECTION A: SERVICE RECEIPT AND PARTICIPATION**A1.**

I would like you to tell me about assistance you may have received since random assignment (month, year) [RAMY] from organizations and programs in your community to help you find or keep a job, or to help you deal with problems that interfered in your ability to work.

INTERVIEWER, IF NECESSARY, SAY: That is the date you applied to get into the [BEES program]. Please tell me about both help you have received from [BEES program], and help you have received from other programs or organizations.

Did you receive help with ...

a. ...preparing a resume or filling out job applications?	1	YES
	2	NO
	7	DK
	8	REF
b. ...preparing for job interviews?	1	YES
	2	NO
	7	DK
	8	REF
c. ...looking for jobs, including subsidized jobs, or deciding what kinds of jobs to look for?	1	YES
	2	NO
	7	DK
	8	REF
d. ...getting referrals to available jobs or setting up interviews for specific job openings?	1	YES
	2	NO
	7	DK
	8	REF
e. ...planning your future career or educational goals, including a work or job assessment?	1	YES
	2	NO
	7	DK
	8	REF
f. ...paying for transportation for a job or paying for work tools or uniforms?	1	YES
	2	NO
	7	DK
	8	REF
g. ...training to learn a new job or skill?	1	YES
	2	NO
	7	DK
	8	REF
h. ...education to learn a new job or skill?	1	YES
	2	NO
	7	DK
	8	REF
i. ... supports, accommodations, or coaching while working, provided by someone other than your employer?	1	YES
	2	NO
	7	DK
	8	REF

Did you receive help with ...

j. ...on-the-job training?	1	YES
	2	NO
	7	DK
	8	REF

k. ... how to act when you are at work? This includes issues like being on time, managing your tasks, relating to your supervisor, and handling conflicts.	1	YES
	2	NO
	7	DK
	8	REF

l. ...some other employment service?	1	YES (SPECIFY: _____)
	2	NO
	7	DK
	8	REF

A2.

Are you currently receiving any of these services related to finding or keeping a job?

- 1 YES
 - 2 NO
 - 7 DK
 - 8 REF
-

A3.

You indicated that you received help related to finding or keeping a job since [RAMY].

IF NUMBER OF 1/YES RESPONSES IN A1 AND A2a SUMS TO 1, SHOW: Where did you receive this help most often? Was it...

IF NUMBER OF 1/YES RESPONSES IN A1 AND A2a SUMS TO MORE THAN 1, SHOW: Where did you receive most of these services? Was it...

INTERVIEWER: READ LIST, SELECT ONE.

- 1 [BEES program],
 - 2 A WELFARE OFFICE,
 - 3 A WORKFORCE CENTER, WIA OR ONE-STOP,
 - 4 AN UNEMPLOYMENT OFFICE,
 - 5 FOOD STAMP PROGRAM OR SNAP,
 - 6 A clubhouse or other organization that addresses mental health or substance use, or
 - 7 SOME OTHER SOURCE? (SPECIFY _____)
 - 97 DON'T KNOW
 - 98 REFUSED
-

A4.

How much time since [RAMY] did you spend participating in these services related to finding or keeping a job? Please give your answer in either days, weeks, or months.

- 01 RESPONSE PROVIDED IN DAYS: SPECIFY: _____ (RANGE 1-90)
- 02 RESPONSE PROVIDED IN WEEKS: SPECIFY: _____ (RANGE 1-52)
- 03 RESPONSE PROVIDED IN MONTHS SPECIFY: _____ (RANGE 1-25)
- 97 DK
- 98 REF

A5.

In the month after you applied to [BEES program], that is, [RESTORE RAMY + 1 MONTH], how much time did you spend, receiving these services related to finding or keeping a job? Please consider services from any source. Please give your answer in either days or weeks.

- 01 RESPONSE PROVIDED IN DAYS: SPECIFY: _____ (RANGE 1-31)
- 02 RESPONSE PROVIDED IN WEEKS: SPECIFY: _____ (RANGE 1-4)
- 96 NONE IN THAT MONTH
- 97 DK
- 98 REF

A6.

Thinking of the people you have worked with at agencies or organizations since [RAMY], is there a person to whom you can turn for advice or support when you have problems or things that worry you?

- 1 YES
- 2 NO [SKIP TO A9]
- 7 DON'T KNOW [SKIP TO A9]
- 8 REFUSED [SKIP TO A9]

A7.

At which organization or program did this person work? Was it...

- 1 A career center program or other [local program name],
- 2 Family Resource Centers, [state specific program], or Welfare to Work,
- 3 Vocational rehabilitation counselor,
- 4 A clubhouse, community mental health center, or other organization that addresses mental health or substance use,
- 5 A community-based organization that provides workforce development services, or
- 6 Some other place? (Specify _____)
- 97 DK
- 98 REF

A8.

Are you still in touch with this person?

- 1 YES
- 2 NO
- 97 DON'T KNOW
- 98 REFUSED

A9.

Have you enrolled in any of the following types of education or vocational training classes since [RAMY]?

	1. YES	2. NO	7. DK	8. REF
1.) Vocational training program?				
2.) Technical or trade school?				
3.) ESL classes (English as Second Language)?				
3.) Adult basic education or GED courses?				
4.) 2-year or community college?				
5.) 4-year college or university?				
6.) Graduate school?				
7.) Somewhere else? (SPECIFY: _____)				

A.9A. (IF YES TO ANY A9)

Were any of these education or vocational training classes taken online?

- 1 YES
- 2 NO
- 97 DON'T KNOW
- 98 REFUSED

A10.

Now I'd like to ask you about professional certifications and licensures that you've obtained. Since [RAMY], have you earned or received a professional certification or state or industry license?

INTERVIEWER, IF NECESSARY: A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, a Project Management Profession or PMP certification, or an IT certification.

- 1 YES
- 2 NO [SKIP TO A12]
- 97 DON'T KNOW [SKIP TO A12]
- 98 REFUSED [SKIP TO A12]

A11.

What type of license or certification is it?

INTERVIEWER PROBE: What type of trade or work does it qualify you to do?

- VERBATIM
- 97 DON'T KNOW
- 98 REFUSED

A12.

Since [RAMY], have you received help for problems related to your emotions, nerves, anger management or mental health? This would include help dealing with depression, anxiety, or other conditions from a mental health center, a therapist, a psychologist or psychiatrist, social worker, counselor, doctor, or other provider.

- 1 YES
- 2 NO [GO TO SECTION B]
- 97 DON'T KNOW [GO TO SECTION B]
- 98 REFUSED [GO TO SECTION B]

A13.

Where did you receive help with problems related to your emotions, nerves, anger management or mental health? Was it at...

- 1 [state specific or local program],
- 2 Private Therapist,
- 3 Vocational rehabilitation counselor,
- 4 or some other place? (Specify_____)
- 97 DK
- 98 REF

A14.

During the time in which you were receiving this help, how often did you receive help? Was it...

- 1 Two or more times a week,
- 2 Once a week,
- 3 2-3 times a month,
- 4 Once a month, or
- 5 Less than once a month?
- 7 DK
- 8 REF

A15.

Since [RAMY], have you received help for problems related to substance use?

- 1 YES
- 2 NO [GO TO SECTION B]
- 7 DON'T KNOW [GO TO SECTION B]
- 8 REFUSED [GO TO SECTION B]

A16.

What type of treatment services did you receive for problems related to substance use? Was it ...

- 1 hospital inpatient,
- 2 inpatient in a residential drug treatment program,
- 3 intensive outpatient,
- 4 outpatient.
- 5 or some other type? (Specify_____)
- 97 DK
- 98 REF

A17.

During the time in which you were receiving help for problems related to substance use, how often did you receive help? Was it...

- 1 Two or more times a week,
- 2 Once a week,
- 3 2-3 times a month,
- 4 Once a month, or
- 5 Less than once a month?
- 7 DK
- 8 REF

A18.

Have you been taking any of the following while in the care of a medical professional during the past [30 days]?

- 1 methadone,
- 2 buprenorphine (including Subutex ®, Suboxone ®)
- 3 naltrexone (including Vivitrol ®)
- 97 DK
- 98 REF

SECTION B: PROGRAM SATISFACTION

PROGRAM GROUP ONLY

Now, I'm going to ask you some questions about your experiences with [BEES program].

B1.

Since [RAMY], have you received any services from [BEES program] or participated in any [BEES program] activities?

- 1 YES
 - 2 NO [SKIP TO B3]
 - 7 DON'T KNOW
 - 8 REFUSED
-

B2.

Which of the following best describes your current situation with [BEES program]?

- 1 Currently working with an [employment specialist], but haven't found a job yet,
 - 2 Found a job and currently working with an employment specialist,
 - 3 Started the program but stopped before you found a job, [SKIP TO B4]
 - 4 Started the program and stopped after you found a job, or
 - 5 Never worked with [BEES program] staff on employment-related activities? [SKIP TO B3]
 - 7 DON'T KNOW
 - 8 REFUSED
-

B3.

What was the primary reason you did not participate in [BEES program]?

- 1 You didn't have transportation/had issues with transportation
 - 2 You were incarcerated
 - 3 You didn't have the time
 - 4 You got a job
 - 5 You moved
 - 6 You were expecting a child
 - 7 You had child care problems
 - 8 You had health problems or an injury
 - 9 A family member became ill
 - 10 You had pressure from your family
 - 11 You did not like the program
 - 12 You did not like or get along with the program staff
 - 13 You no longer wanted to find employment
 - 14 Some other reason (*SPECIFY*: _____)
 - 97 DK
 - 98 REF
-

B4.

What was the primary reason you stopped going to [BEES program]?

- 1 You didn't have transportation/had issues with transportation
- 2 You were incarcerated
- 3 You didn't have the time
- 4 You got a job
- 5 You moved
- 6 You were expecting a child
- 7 You had child care problems
- 8 You had health problems or an injury

Attachment K – 12-Month Follow-Up Participant Survey

- 9 A family member became ill
 - 10 You had pressure from your family
 - 11 You did not like the program
 - 12 You did not like or get along with the program staff
 - 13 You no longer wanted to find employment
 - 14 Some other reason (*SPECIFY*: _____)
 - 97 DK
 - 98 REF
-

B5.

Did [BEES program] staff help you find a job?

- 1 YES
 - 2 NO
 - 7 DK
 - 8 REF
-

B6.

How satisfied were you with the job you found? Were you...

- 1 Very satisfied,
- 2 Somewhat satisfied,
- 3 Not very satisfied, or
- 4 Not at all satisfied?
- 7 DK
- 8 REF

SECTION C: EMPLOYMENT

Now, I'm going to ask you some questions about any jobs you may have had since [RAMY], which is when you applied to [BEES program].

Type of Job	Information collected about this job (highlighted are asked of all job 'types')
Current job (if the participant has multiple current jobs, we ask about the one where the person works the most hours)	<p>Employer name</p> <p>Start date of job</p> <p>Type of company/organization (self, temp, gov't, private, etc.)</p> <p>Type of employment (permanent, seasonal, etc.)</p> <p>Type of shift</p> <p>Hours worked per week</p> <p>Wage before taxes</p> <p>Health insurance and other benefits for this job</p> <p>Received a promotion at this job/likelihood of future promotion</p> <p>Agency/program that helped get participant the job (if any)</p> <p>Most important resource used to find job</p>
Other current jobs (up to 3)	<p>Employer name</p> <p>Start date of job</p> <p>Hours worked per week</p> <p>Wage before taxes</p> <p>Most important resource used to find job</p>
Other (not current) jobs since random assignment (up to 7)	<p>Employer name</p> <p>End date of job</p> <p>Start date of job</p> <p>Hour worked per week</p> <p>Wage before taxes</p> <p>Reasons stopped working at job</p>

C1.

Are you currently working for pay? This includes any work where you get paid including self-employment, temporary work, work as a day laborer, work "off the books," and paid work at an employment program.

- 1 YES [SKIP TO C2]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

C1A.

A lot of people have irregular, odd, or side jobs, or do extra work to make ends meet. Do you currently have any work like that?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

C2 . (c2_1 – C2_20)

These next questions are about any full-time or part-time regular jobs, self-employment, paid work at an employment program, odd jobs such as occasional babysitting, hairdressing, painting or repair work, temporary jobs or any other jobs at which you worked since [RAMY]. Let's make a list.

PROBE FOR JOBS 2-20: What other companies have you worked for or what self-employment have you had since [RAMY]?

EMPLOYER (1-20)

- 0 NO EMPLOYMENT SINCE [RAMY] [SKIP TO C19]
- 97 DON'T KNOW
- 98 REFUSED

C2_CURR. (C2_CURR_1 THROUGH C2_CURR_20)

Is this a current job?

- 1 YES
- 2 NO
- 7 DK
- 8 REF

C3. (C3_1-20)

When did your job at [FILL EMPLOYER 1] end?

Probe: Could you give me your best estimate? This helps us understand how long you were working. Please remember all information you provide is private and will not be shared.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2016-CURRENT YEAR, 9997, 9998)

- 77/7777 STILL WORKING
- 97/9997 DON'T KNOW
- 98/9998 REFUSED

C4. (C4_1-20)

When did your job with [FILL EMPLOYER 1] start?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2015 - CURRENT YEAR, 9997, 9998)

- 97/9997 DON'T KNOW

98/9998 REFUSED

C5. (C5_1-20)

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

- NUMBER OF HOURS (RANGE: 1 to 80)
 96 OVER 80 HOURS PER WEEK
 97 DON'T KNOW
 98 REFUSED

C6A. (C6A_1-20)

What (is/was) your wage at [FILL EMPLOYER 1] (just before you left), before taxes? Please include tips, commissions, and regular overtime pay.

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

- \$ _____ , _____ . _____
 AMOUNT (RANGE: .01 -to 50,000.00)
 99999.96 MORE THAN \$50,000
 99999.97 DON'T KNOW [SKIP TO INSTRUCTION BEFORE C8]
 99999.98 REFUSED [SKIP TO INSTRUCTION BEFORE C8]

C6B. (C6B_1-20)

Was that:

INTERVIEWER: READ CATEGORIES UNTIL RESPONENT INDICATES THE CORRECT SELECTION.

- 1 ...per hour?
 2 ...per week?
 3 ...per day?
 4 ...every 2 weeks?
 5 ...twice monthly?
 6 ...monthly
 7 ...annually?
 8 ...or per task?
 9 OTHER (SPECIFY: _____)
 97 DON'T KNOW
 98 REFUSED

C7. (C7_1-20)

Is that ...

- 1 before taxes, or
 2 after taxes?
 7 DON'T KNOW

8 REFUSED

C8. (C8_1-20)

What was the most important resource you used to find this job at [FILL EMPLOYER 1]? Was it...

- 1 a friend, relative, or acquaintance,
- 2 a job posting or help-wanted ad found in the newspaper, on the computer, or somewhere else,
- 3 an employment placement service at school or training provider,
- 4 a church or community center,
- 5 an employer that decided to retain you permanently after you were placed there in a temporary, transitional, or subsidized job,
- 6 an employment program ,
- 7 or something else? (*SPECIFY: _____*)
- 97 DON'T KNOW
- 98 REFUSED

C9. (C9_1-20)

Why did you stop working at [FILL EMPLOYER 1]? [*ALLOW ONLY ONE RESPONSE*]

INTERVIEWER, IF MORE THAN ONE RESPONSE GIVEN, SAY: Which of your answers was the primary reason you stopped working at this job?

- 1 GOT A NEW/DIFFERENT JOB
- 2 LAID OFF
- 3 NOT INTERESTED IN WORKING
- 4 UNABLE TO WORK BECAUSE OF INJURY
- 5 UNABLE TO WORK BECAUSE OF ILLNESS
- 6 UNABLE TO WORK BECAUSE OF PHYSICAL DISABILITY
- 7 UNABLE TO WORK BECAUSE OF MENTAL DISABILITY
- 8 INCARCERATED
- 9 PREGNANCY/CHILDBIRTH
- 10 FAMILY RESPONSIBILITIES
- 11 GOING TO SCHOOL
- 12 OTHER (*SPECIFY: _____*)
- 97 DON'T KNOW
- 98 REFUSED

So, it sounds like you have [FILL TOTAL NUMBER OF CURRENT JOBS] current jobs.

For whom do you usually work the most hours?

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

IF NECESSARY: This is simply to help make later questions more clear. We will not contact your employer.

- <1> FILL CURR JOB1
- <2> FILL CURR JOB2
- <3> FILL CURR JOB3
- <4> FILL CURR JOB4
- <7> DON'T KNOW, CONTINUE GO USE FIRST JOB LISTED
- <8> REFUSED, CONTINUE GO USE FIRST JOB LISTED

C10.

This next set of questions is about your current job at [fill current main employer].

What type of work are you currently doing in this job at [fill current main employer]?

- 1 General labor or construction,
- 2 Food service,
- 3 Administrative,
- 4 Customer Service,
- 5 Caregiver,
- 6 Warehouse,
- 7 Retail, or
- 8 Another type of job? (SPECIFY: _____)
- 97 DK
- 98 REF

C11.

What type of company or organization is [fill current main employer]? Is it...

PROBE: Who did the paycheck come from?

- 1 self-employment,
- 2 a company, that is a private employer,
- 3 a temporary agency,
- 4 an employment program
- 5 a transitional job program,
- 6 a government employer, or
- 7 something else? (SPECIFY: _____)
- 97 DON'T KNOW
- 98 REFUSED

C12.

Is this job...

- 1 permanent employment, including part-time work,
- 2 seasonal work, temporary work through a temp agency, day labor, an odd job, or
- 3 something else? (SPECIFY: _____)
- 97 DON'T KNOW
- 98 REFUSED

C13.

Which of the following best describes your usual weekly work schedule at your job during the last month?
Do/did you work a...

- 1 daytime shift,
- 2 an evening shift,
- 3 a night shift,
- 4 a rotating shift, that is one that changes regularly from days to evenings to nights,
- 5 a split shift, that is one consisting of two distinct periods each day,
- 6 an irregular schedule, that is one that changes from day to day or week to week, or
- 7 something else? (SPECIFY: _____)
- 97 DON'T KNOW
- 98 REFUSED

C14.

Which of the following other benefits are available to you on your job, even if you do not participate or use them?

	YES	NO	DON'T KNOW	REFUSED
a.) Health insurance?				
b.) Sick days with full pay?	1	2	7	8
c.) Paid vacation?	1	2	7	8
d.) Paid holidays?	1	2	7	8
e.) Dental benefits, including any offered at a cost to you?	1	2	7	8
f.) A retirement or 401K plan?	1	2	7	8
g.) Tuition reimbursement?	1	2	7	8

C15.

Since [RAMY] have you received a promotion while working at this job, meaning that you moved to a higher position or job title? This does not include raises or changes in your wage or salary.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

C16.

Do you think you are likely to move up or be promoted in the future?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

C17.

Did staff from any agency or organization help you get this job?

- 1 YES
- 2 NO [SKIP TO SECTION D]
- 7 DON'T KNOW [SKIP TO SECTION D]
- 8 REFUSED [SKIP TO SECTION D]

C18 .

What agency or program was it? Was it...

- 1 A career center program or [local employment program]office,
- 2 Family Resource Centers, [state specific program], or Welfare to Work,
- 3 Vocational rehab counselor,
- 4 A clubhouse, behavioral or mental health organization,
- 5 A community-based organization that provides workforce development services, or
- 6 Some other program? (Specify_____)
- 97 DK
- 98 REF

C19 .

What is the main reason you did not work at a job since [RAMY]? [ALLOW ONLY ONE RESPONSE]

Probe: Which of your answers was the primary reason you did not work at a job since [RAMY]?

- 1 UNABLE TO WORK BECAUSE OF INJURY
 - 2 UNABLE TO WORK BECAUSE OF ILLNESS
 - 3 UNABLE TO WORK BECAUSE OF PHYSICAL DISABILITY
 - 4 UNABLE TO WORK BECAUSE OF MENTAL DISABILITY
 - 5 INCARCERATED
 - 6 PREGNANCY/CHILDBIRTH
 - 7 FAMILY RESPONSIBILITIES
 - 8 GOING TO SCHOOL
 - 9 UNABLE TO FIND WORK
 - 10 NOT INTERESTED IN WORKING
 - 11 OTHER. (SPECIFY: _____)
 - 97 DON'T KNOW
 - 98 REFUSED
-

C20.

Have you done anything to find work during the past four weeks?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

SECTION D: PHYSICAL AND MENTAL HEALTH

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

D1.

In general, would you say your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor?
- 7 DK
- 8 REF

D2.

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all	DK	RE F
a. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Would you say..	1	2	3	7	8
b. Climbing <u>several</u> flights of stairs. Would you say...	1	2	3	7	8

D3.

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	DK	REF
a. <u>Accomplished less</u> than you would like. Would you say...	1	2	3	4	5	7	8
b. Were limited in the <u>kind</u> of work or other activities. Would you say...	1	2	3	4	5	7	8

D4.

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	DK	REF

a. Accomplished less than you would like. Would you say...	1	2	3	4	5	7	8
b. Did work or other activities less carefully than usual. Would you say...	1	2	3	4	5	7	8

D5.

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Would you say it was...

- 1 Not at all,
- 2 A little bit,
- 3 Moderately,
- 4 Quite a bit, or
- 5 Extremely?
- 7 DK
- 8 REF

D6.

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

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	DK	REF
a. Have you felt calm and peaceful? Would you say...	1	2	3	4	5	7	8
b. Did you have a lot of energy? Would you say...	1	2	3	4	5	7	8
c. Have you felt downhearted and depressed?	1	2	3	4	5	7	8

D7.

During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say it was...

- 1 All of the time,
- 2 Most of the time,
- 3 Some of the time,
- 4 A little of the time, or
- 5 None of the time?
- 7 DK
- 8 REF

D8. (Kessler-6 scale) response options: During the last 30 days, about how often did

- a) ...you feel so depressed that nothing could cheer you up?
- b) ...you feel hopeless?
- c) ...you feel restless or fidgety?
- d) ...you feel that everything was an effort?
- e) ...you feel worthless?
- f) ...you feel nervous?

Was it: All of the time, Most of the time, Some of the time, A little of the time, or None of the time?

DRAFT

SECTION E: Substance Use

Substance Use					
Are you currently taking opioid medications for pain that have been prescribed by a physician or dentist?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, ...what is the name of that medication?				_____	
...how long have you been taking it?				_____	
Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? (This would include using it without a prescription of your own; or using it in greater amounts, more often, or longer than you were told to take it; or using it in any other way a doctor did not direct you to use it.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many days in the past 30 have you used....? How many years in your life have you regularly used....?					
		Past 30 days (years)	Lifetime		Past 30 days (years)
Alcohol – Any use at all	_____	_____		Cocaine	_____
Alcohol – To Intoxication	_____	_____		Amphetamines	_____
Heroin	_____	_____		Cannabis	_____
Fentanyl	_____	_____		Hallucinogens	_____
Methadone (outside of methadone maintenance treatment)	_____	_____		Inhalants	_____
Other opioids/opiates/painkillers	_____	_____		More than one substance per day (including alcohol)	_____
Barbiturates	_____	_____		Other	_____
Other sedatives, hypnotics, or tranquilizers	_____	_____			_____
Which substance is the main problem? _____					
How long was your last period of voluntary abstinence from this substance?			_____ months		
How many months ago did this abstinence end?			_____ months		
How many times have you:			a. Had alcohol DT's _____ b. Overdosed on drugs _____		
How many times in your life have you been treated for:			a. Alcohol abuse _____ b. Drug abuse _____		
How many of these were detox only?			a. Alcohol _____ b. Drugs _____		

Attachment L – 12-Month Follow-Up Participant Survey

How much money would you say you spent during the past 30 days on:	a. Alcohol \$ _____ b. Drugs \$ _____
How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?	_____ days
How many days in the past 30 have you experienced difficulty with alcohol?	_____ days
How many days in the past 30 have you experienced difficulty with drugs?	_____ days
How troubled or bothered have you been in the past 30 days by these alcohol problems?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Considerably <input type="checkbox"/> Extremely
How troubled or bothered have you been in the past 30 days by these drug problems?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Considerably <input type="checkbox"/> Extremely
How important to you now is treatment for these alcohol problems?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Considerably <input type="checkbox"/> Extremely
How important to you now is treatment for these drug problems?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Considerably <input type="checkbox"/> Extremely
Have you smoked any cigarettes in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many cigarettes or packs do you currently smoke on an average day (a pack has 20 cigarettes)?	_____ cigarettes / packs (circle one)

SECTION F: HOUSEHOLD INFORMATION, INCOME, AND MATERIAL HARDSHIP

Now, I'd like to ask you some questions about your living conditions.

F1.

Which of the following best describes your current housing arrangement in [PRIOR MONTH]? Did you:

Probe: Tell me about the one you spent the most time at in the last month.

- 1 own your own home or apartment,
 - 2 rent your home or apartment,
 - 3 live in emergency or temporary housing, that is in a shelter or were homeless,
 - 4 live in transitional housing or sober housing
 - 5 live in a group home
 - 6 live with friends or relatives and pay rent to them,
 - 7 live with friends or relatives and not pay rent to them, or
 - 8 have some other housing arrangement? (*SPECIFY:* _____)
 - 97 DON'T KNOW
 - 98 REFUSED
-

F1A.

[asked if intro question response is they rent]

Do you live in:

- 1 Public housing—that is, housing owned by a federal, state or local government agency, such as [state specific program]
 - 2 Private housing for which part of your rent bill is paid by the government, such as Section 8 or vouchers,
 - 3 Do you live in private housing paid for by you with no help from the government (i.e., entire rent bill paid without any help from the government to pay the rent)
 - 7 DON'T KNOW
 - 8 REFUSED
-

F1B.

Do you live in a building where you had to apply based on your income?

- 1 YES
 - 2 NO
 - 7 DON'T KNOW
 - 8 REFUSED
-

F2.

What is your marital status? Are you...

- 1 Married,
- 2 Divorced,
- 3 Separated,
- 5 Widowed,
- 6 Or never married?
- 7 DK
- 8 REF

F3.

[IF F2=1] Does your spouse currently live with you?

[ELSE] Do you have a partner who currently lives with you?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

F4.

Including yourself, how many adults, aged 18 and older, currently live with you? Include everyone aged 18 and older who usually lives there, meaning stays with you at least two nights a week, by usually lives with you I mean anyone age 18 or older who usually stays with you at least two nights per week, even if they are away from home right now.

Confirm: Does that count include you?

_____ PEOPLE (RANGE 1-20)

- 97 DK
- 98 REF

F5.

How many children, under the age of 18, live with you? Please include your biological, adoptive, foster, step, or other children that you are responsible for.

IF NEEDED: By living with you, we mean spends at least two nights a week with you?

_____ CHILDREN (RANGE 00-20)

- 97 DK
- 98 REF

F6.

Now I have some questions about your current financial situation. Sometimes due to circumstances beyond your control, it can be difficult to meet all of your financial obligations. As I read each question, please let me know if you have faced any of the following situations.

Since [RAMY], has there been a time when...

	YES	NO	DON'T KNOW	REF
a. ...you did not pay the full amount of the rent or mortgage because you could not afford it?	1	2	7	8
b. ...you were evicted from your home or apartment for not paying the rent or mortgage?	1	2	7	8
c. ...you filed in court for bankruptcy?	1	2	7	8
d. ...you did not pay the full amount of the gas, oil, or electricity bills?	1	2	7	8
e. ...you had service turned off by the gas or electric company, or the oil company would not deliver oil?	1	2	7	8

f. ...you had cellular or land telephone service disconnected because payments were not made?	1	2	7	8
g. ...you could not fill or postponed filling a prescription for drugs when they were needed because you could not afford it?	1	2	7	8
h. ... you did not pay the full amount of child support payments because you could not afford it?	1	2	7	8
i. ...you did not pay the full amount of other bills?	1	2	7	8

F7.

Getting enough food can be a problem for some people. Which of these statements best describes the food eaten in your household in [PRIOR MONTH]? Would you say there was...

- 1 enough of the kind of foods you want,
- 2 enough, but not always the kinds of food you want,
- 3 sometimes not enough to eat, or
- 4 often not enough to eat?
- 7 DON'T KNOW
- 8 REFUSED

F8.

If one adult in household, then ask:

Now, I am going to ask you some questions about the income, that is money and assistance that you may have received since [RAMY]. Again, I want to assure you that none of your answers will be discussed with anyone.

Since [RAMY] did you receive income or assistance from any of the following sources?

NOTE: If multiple people in household, then ask:

Now, I am going to ask you some questions about the income, that is money and assistance that came into your household for everyone who lived with you since [RAMY]. Please include all income from all the people who lived together in your household at least two nights a week. Again, I want to assure you that none of your answers will be discussed with anyone.

Since [RAMY], did you or anyone in your household receive income or assistance from any of the following sources?

	YES	NO	DON'T KNOW	REFUSE D
a. A job?	1	2	7	8
b. Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?	1	2	7	8
c. Public assistance or welfare, such as [state specific program] or general relief, not including WIC or food stamps?	1	2	7	8
d. Unemployment Insurance?	1	2	7	8
e. Worker's compensation?	1	2	7	8
f. Disability?	1	2	7	8
g. Food stamps/SNAP/[state specific program]?	1	2	7	8

Attachment L – 12-Month Follow-Up Participant Survey

	YES	NO	DON'T KNOW	REFUSED
h. WIC?	1	2	7	8
i. Energy assistance?	1	2	7	8
j. Housing choice voucher, also known as Section 8, or public housing?	1	2	7	8
k. Veterans benefits	1	2	7	8
l. Other government source?	1	2	7	8

F9.

If one adult in household, then ask:

For each type of income you said you received, please tell me for how many months you received this income. Again, I want to assure you that none of your answers will be discussed with anyone. Since [RAMY], for how many months did you receive income or assistance from...

NOTE: If multiple people in household, then ask:

For each type of income you said your household received, please tell me for how many months your household received this income. Again, I want to assure you that none of your answers will be discussed with anyone. Since [RAMY], for how many months did your household receive income or assistance from...

	NUMBER OF MONTHS [RANGE: 1-25]	DON'T KNOW	REFUSED
a. ITEM EXCLUDED IN F9			
b. Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?	___ MONTHS	97	98
c. Public assistance or welfare, such as [state specific program] or general relief, not including WIC or food stamps?	___ MONTHS	97	98
d. Unemployment Insurance?	___ MONTHS	97	98
e. Worker's compensation?	___ MONTHS	97	98
f. Disability?	___ MONTHS	97	98
g. Food stamps/SNAP/[state specific program]?	___ MONTHS	97	98
h. WIC?	___ MONTHS	97	98
i. Energy assistance?	___ MONTHS	97	98
j. Housing choice voucher, also known as Section 8?	___ MONTHS	97	98
k. Veterans benefits	___ MONTHS	97	98
l. Other government source?	___ MONTHS	97	98

H. Contact Information

Respondent Information

Before we complete this portion of the survey, I would also like to make sure I have your contact information recorded correctly. This information will help us to reach you for future surveying efforts, and to ensure that we send your link to access your gift card to the correct email address. We may also use this information to call you and ask how your survey experience was.

H1. I have your name recorded as [FIRST MI LAST]. Is this still correct or have you changed your name?

1. YES, STILL CORRECT (SKIP TO H2)
 2. NO, NAME CHANGED
- a. What is your first name now? [IF POSSIBLE, PREFILL FROM FIRST]
 - b. What is your middle initial now? [IF POSSIBLE, PREFILL FROM MIDDLE]
 - c. What is your last name now? [IF POSSIBLE, PREFILL FROM LAST]

H2. I have your address recorded as [STREET, APT, CITY, STATE, ZIP]. Is this still correct or have you moved?

1. YES, STILL CORRECT (SKIP TO H3)
 2. NO, MOVED
- a. What is your new street address or PO box number? _____
 - b. Is there a complex or building name? _____
 - c. Is there an apartment number? _____
 - d. In what city? _____
 - e. In what state? _____
 - f. What is the zip code? _____

H3. I have your primary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new primary phone number?

1. YES, STILL CORRECT (SKIP TO H4)
2. NO, CHANGED
 - a. What is the new number, starting with the area code?

____ - ____ - _____

- b. Is that a home, cell, shelter, work, or other number?
 1. Home
 2. Cell
 3. Shelter
 4. Work
 5. Other

H4. IF MISSING, SKIP TO H5. IF ≠ MISSING: I have your secondary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new secondary phone number?

1. YES, STILL CORRECT (SKIP TO H5)
2. NO, CHANGED
 - a. What is the new number, starting with the area code?

____ - ____ - _____

- b. Is that a home, cell, shelter, work, or other number?
 1. Home
 2. Cell
 3. Shelter
 4. Work
 5. Other

H5. Do you have another phone number where we can reach you?

1. YES, ADDITIONAL PHONE NUMBERS AVAILABLE
2. NO (SKIP TO H6)
 - a. What is the new number, starting with the area code?

____ - ____ - _____

- b. Is that a home, cell, shelter, work, or other number?
 1. Home
 2. Cell
 3. Shelter
 4. Work
 5. Other

[REPEAT H5 UNTIL ALL PHONE NUMBERS ARE RECORDED]

H6. IF MISSING, SKIP TO H7. IF ≠ MISSING: I have your email address recorded as [abc@abc.abc]. Is this still correct or do you have a new email address?

1. YES, STILL CORRECT (SKIP TO H7)
2. NO, CHANGED
3. NO LONGER HAVE ANY WORKING EMAIL ADDRESSES (SKIP TO INSTRUCTION ABOVE I8)

a. What is your new email address? _____

H7. Do you have [IF H6=MISSING: an email address / IF H6≠MISSING: any other email addresses]?

1. YES, ADDITIONAL EMAIL ADDRESSES ARE AVAILABLE
2. NO (SKIP TO INSTRUCTIONS ABOVE H8)

a. What is the additional email address? _____

[REPEAT H7 UNTIL ALL EMAIL ADDRESSES ARE LISTED]

To help us be able to get back in touch with you in the future, we would like to review the names, telephone numbers and addresses of three people we talked about last time we spoke who will always know how to reach you. This information will be kept strictly private and will only be used if we are unable to contact you.

H8. When we last spoke in [MONTH AND YEAR OF RAD] you said that [CONTACT #1] was a person who would always know where you are and how to reach you. Is [CONTACT#1] still a person who does not live with you and will always know how to contact you?

1. YES (VERIFY CONTACT #1 INFORMATION THEN GO TO H9)
2. NO
1. REFUSED
2. DON'T KNOW

IF NO: Could you please tell me the name of a person who does not live with you and will always know how to contact you?

1. YES
2. NO
1. REFUSED
2. DON'T KNOW

IF YES:

	CONFIRM INFO BELOW	Check if correct	ENTER/CHANGE INFO
a. first name	[DISPLAY FIRST NAME]	<input type="checkbox"/>	
b. middle name	[DISPLAY MIDDLE NAME]	<input type="checkbox"/>	
c. Last name	[DISPLAY LAST NAME]	<input type="checkbox"/>	
d. Suffix	[DISPLAY SUFFIX]	<input type="checkbox"/>	
e. Street Address/PO Box	[DISPLAY STREET ADDRESS]	<input type="checkbox"/>	
f. Complex or Building Name	[DISPLAY COMPLEX NAME]	<input type="checkbox"/>	
g. Apartment Number	[DISPLAY APT NUMBER]	<input type="checkbox"/>	
h. City	[DISPLAY CITY]	<input type="checkbox"/>	
i. State	[DISPLAY STATE]	<input type="checkbox"/>	
j. Zip	[DISPLAY ZIP]	<input type="checkbox"/>	
k. Home Phone	[DISPLAY HOME PHONE]	<input type="checkbox"/>	
l. Cell Phone	[DISPLAY CELL PHONE]	<input type="checkbox"/>	
m. Email (enter NA if no working email address)	[DISPLAY EMAIL]	<input type="checkbox"/>	
n. Relationship	[DISPLAY RELATIONSHIP]	<input type="checkbox"/>	1. Friend 2. Relative 3. Other Specify 7. REFUSED 8. DON'T KNOW

H9. When we last spoke in [MONTH AND YEAR OF RAD] you said that [CONTACT #2] was a person who would always know where you are and how to reach you. Is [CONTACT#2] still a person who does not live with you and will always know how to contact you?

1. YES (VERIFY CONTACT #2 INFORMATION)
2. NO
1. REFUSED
2. DON'T KNOW

IF YES, GO TO I11; ELSE:

H10. IF NO: Could you please tell me the name of a second person who does not live with you and will always know how to contact you?

1. YES
2. NO
1. REFUSED
2. DON'T KNOW

IF YES:

- a. What is his/her first name? _____
- b. What is his/her middle name? _____
- c. What is his/her last name? _____
- d. Does his/her name have a suffix? _____
- e. What is the street address or PO box number? _____

- f. Is there a complex or building name? _____
- g. Is there an apartment number? _____
- h. In what city? _____
- i. In what state? _____
- j. What is the zip code? _____
- k. What is [his/her] home phone number, starting with the area code?
_____ - _____ - _____
- l. What is [his/her] cell phone number, starting with the area code?
_____ - _____ - _____
- m. What is [his/her] email address? _____
- n. What is [his/her] relationship to you?
 - 1. Friend
 - 2. Relative
 - 3. Other (Specify:)
 - 1. REFUSED
 - 2. DON'T KNOW

H11. When we last spoke in [MONTH AND YEAR OF RAD] you said that [CONTACT #3] was a person who would always know where you are and how to reach you. Is [CONTACT#3] still a person who does not live with you and will always know how to contact you?

- 1. YES (VERIFY CONTACT #3 INFORMATION)
- 2. NO
- 1. REFUSED
- 2. DON'T KNOW

IF YES, GO TO CLOSING; ELSE:

H12. IF NO: Could you please tell me the name of a second person who does not live with you and will always know how to contact you?

- 1. YES
- 2. NO
- 1. REFUSED
- 2. DON'T KNOW

IF YES:

- a. What is his/her first name? _____
- b. What is his/her middle name? _____
- c. What is his/her last name? _____
- d. Does his/her name have a suffix? _____

Attachment L – 12-Month Follow-Up Participant Survey

- e. What is the street address or PO Box number? _____
- f. Is there a complex or building name? _____
- g. Is there an apartment number? _____
- h. In what city? _____

- i. In what state? _____

- j. What is the zip code? _____
- k. What is [his/her] home phone number, starting with the area code?
____ - ____ - _____
- l. What is [his/her] cell phone number, starting with the area code?
____ - ____ - _____
- m. What is [his/her] email address? _____
- n. What is [his/her] relationship to you?
1. Friend
 2. Relative
 3. Other (Specify:)
1. REFUSED
 2. DON'T KNOW

Thank you very much for your time today.

We want to make sure we know where to send your gift card. How would you like us to send your gift card?

- Email: Please provide your email.
- Text it to your cell phone: Please provide your cell phone number.
- Mail it to you: Please provide your address we can mail it to.