

## Appendix D. Question-by-question justification for follow-up surveys

This document provides the source and justifications for each question on the First follow-up survey (Appendix F) and Second follow-up survey (Appendix H). The instruments are nearly the same in that the second follow-up survey uses the same question text as the first follow-up survey. However, reference dates for recall periods are different across the instruments. The second follow-up survey includes a recall period back to the random assignment date for those who did not complete the first follow-up survey and a recall period back to the first follow-up survey completion date for those who did complete it.

Item	Question text	Source	Justification
<b>INTRODUCTION</b>			
.Intro2	When you enrolled in the [NEXTGEN PROGRAM] in [RA MONTH/YEAR], what was your marital status?	Evaluation of Employment Coaching for TANF and Other Related Populations (Coaching) (OMB No. 0970-0506)	These items are used to verify that the interviewer is speaking to the sample member.
.Intro3	[IF SSN DOESN'T MATCH] What are the last 4 digits of your Social Security number?	Coaching (OMB No. 0970-0506)	
.Intro4	What is your date of birth?	Coaching (OMB No. 0970-0506)	
.Intro6	Street address at [RA MONTH/YEAR].	Coaching (OMB No. 0970-0506)	
.Intro7	Best time for callback to reconcile identification problem.	Coaching (OMB No. 0970-0506)	
.Intro8	Best phone number for callback to reconcile identification problem.	Coaching (OMB No. 0970-0506)	
<b>SECTION A: SERVICE RECEIPT</b>			
A01a	Since [RA MONTH/YEAR], did you receive one-on-one help with planning your future career, which could include an assessment of your interests and skills?	Adapted from Building Evidence on Employment Strategies (BEES) (OMB No. 0970-0537)	These items measure one-on-one and group service receipt. We will use these measures to: (1) describe the employment services that study participants received (either from the program being studied or other sources), (2) describe the employment services that control group members received, and (3) estimate the impact of the intervention on the receipt of employment services.
A01b, A02a	Since [RA MONTH/YEAR], did you receive one-on-one/group help with preparing a resume or filling out job applications?	Adapted from BEES (OMB No. 0970-0537)	
A01c, A02b	Since [RA MONTH/YEAR], did you receive one-on-one/group help with preparing for job interviews?	Adapted from BEES (OMB No. 0970-0537)	
A01d, A02c	Since [RA MONTH/YEAR], did you receive one-on-one/group help with looking for jobs or	Adapted from BEES	

Item	Question text	Source	Justification
	deciding what kinds of jobs to look for?	(OMB No. 0970-0537)	
A01e	Since [RA MONTH/YEAR], did you receive one-on-one help with getting referrals to available jobs or setting up interviews for specific job openings?	Adapted from BEES (OMB No. 0970-0537)	
A01f, A02d	Since [RA MONTH/YEAR], did you receive one-on-one/group help with how to act when you are at work? This includes being on time, managing your tasks, getting along with your supervisor, and handling conflicts.	Adapted from BEES (OMB No. 0970-0537)	
A01g	Since [RA MONTH/YEAR], did you receive one-on-one help with clearing or sealing criminal records or other legal help?	New; Developed by Mathematica	
A01h	Since [RA MONTH/YEAR], did you receive one-on-one help with finding or paying for child care or care for other dependents?	Adapted from Rural Welfare to Work (OMB No. 0970-0246)	
A01i	Since [RA MONTH/YEAR], did you receive one-on-one help with finding or paying for transportation?	Adapted from Rural Welfare to Work (OMB No. 0970-0246)	
A01j	Since [RA MONTH/YEAR], did you receive one-on-one help with paying for clothing, tools, or other supplies for work?	Adapted from Rural Welfare to Work (OMB No. 0970-0246)	
A01k, A02e	Since [RA MONTH/YEAR], did you receive one-on-one/group help with understanding how work may affect your eligibility for benefits you need such as Social Security, disability insurance, workers' compensation, or Medicaid	New; Developed by Mathematica	
A01l	Since [RA MONTH/YEAR], did you receive one-on-one help with any personal assistance services that help you work, for example a job coach, sign language interpreter, a reader or interpreter for the blind, or a personal care attendant?	Adapted from National Beneficiary Survey (NBS) (OMB No. 0960-0800)	
A01n, A02g	Since [RA MONTH/YEAR], did you receive any other one-on-one/group employment help?	Adapted from BEES (OMB No. 0970-0537)	
A02f	Since [RA MONTH/YEAR], did you receive group help with getting support from other job seekers?	New; Developed by Mathematica	

Item	Question text	Source	Justification
A03	<p>You said that you received help related to finding or keeping a job since [RA MONTH/YEAR]. Did you receive this help at any of the following places?</p> <ol style="list-style-type: none"> <li>1. [NAME OF LOCAL WELFARE PROGRAM]</li> <li>2. [NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office,</li> <li>3. Food Stamp Program or SNAP,</li> <li>4. [NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]</li> <li>5. [NEXTGEN PROGRAM]</li> <li>6. [NAME OF SITE-SPECIFIC PROVIDER 1]</li> <li>7. [NAME OF SITE-SPECIFIC PROVIDER 2]</li> <li>8. [NAME OF SITE-SPECIFIC PROVIDER 3]</li> <li>9. [NAME OF SITE-SPECIFIC PROVIDER 4]</li> <li>10. [NAME OF SITE-SPECIFIC PROVIDER 5]</li> <li>11. Any other place (SPECIFY: _____)</li> </ol>	Adapted from BEES (OMB No. 0970-0537)	
A04	When did you start receiving help from [A3 PROVIDER NAME]?	Adapted from BEES (OMB No. 0970-0537)	
A05	Are you still receiving help from [A3 PROVIDER NAME]?	Adapted from BEES (OMB No. 0970-0537)	
A06	When did you stop receiving help from [A3 PROVIDER NAME]?	Adapted from BEES (OMB No. 0970-0537)	
A07	<p>Since [RA MONTH/YEAR], when you were receiving help from [A3 PROVIDER NAME], about how often did you go to the program or talk with program staff? Please include time when staff may have met with you at your home or their office or spoken with you on the phone.</p> <ol style="list-style-type: none"> <li>1. Every day</li> <li>2. More than once a week</li> <li>3. Once a week</li> <li>4. A few times per month</li> <li>5. About once a month, or</li> </ol>	Adapted from BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	6. Less often than once a month		
A07a	On average, how long was each meeting or session with program staff at [A3 PROVIDER NAME]?	Adapted from BEES (OMB No. 0970-0537)	
A07b	On average, would you say each meeting or session with program staff at [A3 PROVIDER NAME] was... 1. Less than 15 minutes 2. 15 to 29 minutes 3. 30 to 44 minutes 4. 45 to 59 minutes 5. 1 to 2 hours 6. More than 2 hours, but less than 4 hours 7. About four hours or half a day, or was it 8. More than four hours per meeting or session?	Adapted from BEES (OMB No. 0970-0537)	
A08	Since [RA MONTH YEAR], did you participate in any education programs that were not provided by any employer?	Adapted from Coaching (OMB No. 0970-0506)	
A08a	What are the names of the education programs you attended since [RA MONTH YEAR], (starting with the first one you attended)?	Adapted from Workforce Investment Act Adult and Dislocated Worker Programs Gold Standard Evaluation (WIA) (OMB No. 1205-0504)	
A08b	When did you start attending [PROGRAM]?	Adapted from WIA (OMB No. 1205-0504)	
A08c	Are you still participating in [PROGRAM] now?	Adapted from Coaching (OMB No. 0970-0506)	
A08d	And when did you stop attending [PROGRAM]?	Adapted from WIA (OMB No. 1205-0504)	
A08e.1	What kind of education program (are/were) you attending? (Is/Was) it...regular high school?	Adapted from WIA (OMB No. 1205-0504)	
A08e.2	What kind of education program (are/were) you attending? (Is/Was) it...GED or General Education Development classes?	Adapted from WIA (OMB No. 1205-0504)	
A08e.3	What kind of education program (are/were) you	Adapted from WIA	

Item	Question text	Source	Justification
	attending? (Is/Was) it...ESL – English as a second language?	(OMB No. 1205-0504)	
A08e.4	What kind of education program (are/were) you attending? (Is/Was) it...Adult education classes for which you did not receive credits?	Adapted from WIA (OMB No. 1205-0504)	
A08e.5	What kind of education program (are/were) you attending? (Is/Was) it... A two-year program at a community college	Adapted from WIA (OMB No. 1205-0504)	
A08e.6	What kind of education program (are/were) you attending? (Is/Was) it... A four-year program at a college or university?	Adapted from WIA (OMB No. 1205-0504)	
A08e.7	What kind of education program (are/were) you attending? (Is/Was) it... A graduate or professional program?	Adapted from WIA (OMB No. 1205-0504)	
A08e.8	What kind of education program (are/were) you attending? (Is/Was) it... Something else?	Adapted from WIA (OMB No. 1205-0504)	
A08f	<p>At what type of place (do/did) you participate in [A8A PROGRAM NAME]?</p> <ol style="list-style-type: none"> <li>1. REGULAR HIGH SCHOOL</li> <li>2. COMMUNITY COLLEGE OR 2 YEAR COLLEGE</li> <li>3. 4 YEAR COLLEGE OR UNIVERSITY</li> <li>4. LOCAL SERVICE PROVIDER OR OTHER NON-PROFIT PRIVATE AGENCY</li> <li>5. ONLINE</li> <li>6. VOCATIONAL SCHOOL, TRADE SCHOOL, OR CAREER CENTER</li> <li>7. ADULT EDUCATION, COMMUNITY SCHOOL, ADULT HIGH SCHOOL, NIGHT SCHOOL</li> <li>[NAME OF AMERICAN JOB CENTERS IN STATE] OR AN UNEMPLOYMENT OFFICE</li> <li>9. [NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]</li> <li>10. GOVERNMENT AGENCY OR THE MILITARY</li> </ol>	Adapted from WIA (OMB No. 1205-0504)	

Item	Question text	Source	Justification
	11. [NEXTGEN PROGRAM] 12. SOMETHING ELSE (SPECIFY: _____)		
A08g	Did you complete the program?	Adapted from Coaching (OMB No. 0970-0506)	We will use these measures to estimate the impact of the intervention on completion of an education program and receipt of a degree or diploma.
A08h	Did you receive a diploma or degree from the program?	Adapted from Coaching (OMB No. 0970-0506)	
A08i	What specific diploma or degree did you receive for completing that program? 1. GED OR GENERAL EDUCATION DEVELOPMENT 2. REGULAR HIGH SCHOOL DIPLOMA (NOT A GED) 3. ASSOCIATE'S DEGREE 4. BACHELOR'S DEGREE 5. GRADUATE DEGREE OR PROFESSIONAL DEGREE 6. OTHER (SPECIFY: _____)	Adapted from WIA (OMB No. 1205-0504)	These items measure one-on-one and group service receipt. We will use these measures to: (1) describe the employment services that study participants received (either from the program being studied or other sources), (2) describe the employment services that control group members received, and (3) estimate the impact of the intervention on the receipt of employment services.
A09	Since [RA MONTH YEAR/FIRST FOLLOW UP MONTH YEAR], did you participate in any training programs to build skills for a particular job or occupation? Do not include training programs provided by any employer.	Adapted from BEES (OMB No. 0970-0537)	
A09a	What are the names of the training programs you attended since [RA MONTH YEAR], (starting with the first one you attended)?	Adapted from WIA (OMB No. 1205-0504)	
A09b	When did you start attending [PROGRAM]?	Adapted from WIA (OMB No. 1205-0504)	
A09c	Are you still participating in [PROGRAM] now?	Adapted from Coaching (OMB No. 0970-0506)	
A09d	And when did you stop attending [PROGRAM]?	Adapted from WIA (OMB No. 1205-0504)	
A09e	What kind of job (are/were) you being trained for or what (are/were) you learning to do in that program?	Adapted from WIA (OMB No. 1205-0504)	

Item	Question text	Source	Justification
A09f	<p>At what type of place (do/did) you participate in [A9A PROGRAM NAME]?</p> <ol style="list-style-type: none"> <li>1. COMMUNITY COLLEGE OR 2 YEAR COLLEGE</li> <li>2. 4 YEAR COLLEGE OR UNIVERSITY</li> <li>3. LOCAL SERVICE PROVIDER OR OTHER NON-PROFIT PRIVATE AGENCY</li> <li>4. ONLINE</li> <li>5. VOCATIONAL SCHOOL, TRADE SCHOOL, OR CAREER CENTER</li> <li>6. ADULT EDUCATION, COMMUNITY SCHOOL, ADULT HIGH SCHOOL, NIGHT SCHOOL</li> <li>7. [NAME OF AMERICAN JOB CENTERS IN STATE] OR AN UNEMPLOYMENT OFFICE</li> <li>8. [NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]</li> <li>9. GOVERNMENT AGENCY/MILITARY</li> <li>10. [NEXTGEN PROGRAM]</li> <li>11. SOMETHING ELSE (SPECIFY: _____)</li> </ol>	Adapted from WIA (OMB No. 1205-0504)	
A09g	Did you complete the program?	Adapted from Coaching (OMB No. 0970-0506)	We will use these items to estimate the impact of the intervention on completion of a training program and receipt of a degree or diploma.
A09h	Did you get a professional certificate or state or industry license?	Adapted from BEES (OMB No. 0970-0537)	
A10	Since [RA MONTH YEAR/], did you participate in any paid or unpaid training programs to develop skills for a particular job or occupation provided at or by any of your employers?	Adapted from WIA (OMB No. 1205-0504)	These items measure one-on-one and group service receipt. We will use these measures to: (1) describe the employment services that study participants received (either from the program being studied or other sources), (2) describe the employment services that control group members received, and (3) estimate the impact of the intervention on the receipt of employment services.
A10a	What type(s) of employer training program(s) did you participate in since [RA MONTH YEAR], (starting with the first one you attended)? We are looking for the name or type of training program, not the name of the employer.	Adapted from WIA (OMB No. 1205-0504)	
A10b	When did you start attending the [A10A PROGRAM NAME] employer training program?	Adapted from WIA (OMB No. 1205-0504)	
A10c	Are you still participating in the [A10A	Adapted from Coaching	



Item	Question text	Source	Justification
	PROGRAM NAME] employer training program now?	(OMB No. 0970-0506)	
A10d	And when did you stop attending the [A10A PROGRAM NAME] employer training program?	Adapted from WIA (OMB No. 1205-0504)	
A10e	What kind of job or tasks (are/were) you being trained for or what (are/were) you learning to do in that program?	Adapted from WIA (OMB No. 1205-0504)	
A10f	(Do/did) you participate in the [A10A PROGRAM NAME] employer training program in a classroom, online, on-the-job or in some other way? 1. CLASSROOM 2. ONLINE 3. ON-THE-JOB 4. SOME OTHER WAY (SPECIFY: _____)	Adapted from WIA (OMB No. 1205-0504)	
A10g	Did you complete the program?	Adapted from Coaching (OMB No. 0970-0506)	We will use these measures to estimate the impact of the intervention on completion of an employer-provided training program and receipt of a certificate or license.
A10h	Did you get a professional certificate or state or industry license?	Adapted from BEES (OMB No. 0970-0537)	
A11a	Since [RA], have you participated in any of the following work-based experiences: Informational interviews or job site tours	New; Developed by Mathematica	These items measure one-on-one and group service receipt. We will use these measures to: (1) describe the employment services that study participants received (either from the program being studied or other sources), (2) describe the employment services that control group members received, and (3) estimate the impact of the intervention on the receipt of employment services.
A11b	Since [RA], have you participated in any of the following work-based experiences: Job shadowing	New; Developed by Mathematica	
A11c	Since [RA], have you participated in any of the following work-based experiences: Community service or volunteering	New; Developed by Mathematica	
A12	Since RA, 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	BEES (OMB No. 0970-0537)	These items will be used to (1) describe the mental health services that study participants received (either from the program being

Item	Question text	Source	Justification
	other conditions from a mental health center, a therapist, a psychologist or psychiatrist, social worker, counselor, doctor, or other provider.		studied or other sources), (2) describe the mental health services that control group members received; and (3) estimate the impact of the intervention on the receipt of mental health services.
A12a	Where did you receive help with problems related to your emotions, nerves, anger management or mental health? Was it... 1. A mental health agency 2. A clinic or doctor's office 3. A hospital 4. Some other type of place (please specify) 5. [NEXTGEN PROGRAM]	Adapted from BEES (OMB No. 0970-0537)	
A13	Since [RA MONTH YEAR], have you received help for problems related to drug or alcohol use?	Adapted from BEES (OMB No. 0970-0537)	These items will be used to (1) describe the substance use services that study participants received (either from the program being studied or other sources), (2) describe the substance use services that control group members received; and (3) estimate the impact of the intervention on the receipt of substance use services.
A13a	At what type of place did you receive help for problems related to drug or alcohol use? Was it ... 1. A hospital or clinic with overnight stays, 2. A hospital or clinic without overnight stays, 3. A residential substance treatment program with overnight stays, 4. A non-residential substance treatment program without overnight stays, 5. A support group, such as Alcoholics Anonymous or Narcotics Anonymous 6. [NEXTGEN PROGRAM] facilities, or 7. Some other type place SPECIFY (_____)	Adapted from BEES (OMB No. 0970-0537)	
<b>SECTION B: EMPLOYMENT AND EARNINGS</b>			
B01	Are you currently working for pay? Working for pay can include regular paid jobs, odd jobs, temporary jobs, work done in your own business, jobs or tasks you find using a web or mobile app, "under the table" work, "off the books" work, paid work experience, apprenticeships, or any other types of work you	Adapted from BEES (OMB No. 0970-0537)	Items B01-B12 collect information on each job the respondent has worked since randomization (first follow-up survey) or since responding to the last follow-up survey. We will use this information to estimate impacts of the intervention on earnings and other

Item	Question text	Source	Justification
	have done for pay.		employment outcomes.
B02	Have you worked for pay at any time since [RA MONTH YEAR]?	Adapted from Coaching (OMB No. 0970-0506)	
B03	First I am going to ask about your current job or jobs.] Please tell me who you work for.	Adapted from BEES (OMB No. 0970-0537)	
B04	Including all types of jobs, do you currently have any other paid jobs?	Adapted from Coaching (OMB No. 0970-0506)	
B04a	Since [RA MONTH YEAR], please tell me who you worked for.	Adapted from BEES (OMB No. 0970-0537)	
B04b	Have you had any other paid jobs since [RA MONTH YEAR]?	Adapted from Coaching (OMB No. 0970-0506)	
B05	When did you start working for [[JOB NAME 1]/yourself]?	Adapted from BEES (OMB No. 0970-0537)	
B06	Are you still working for [JOB NAME/yourself]?	Adapted from Coaching (OMB No. 0970-0506)	
B06a	When did you stop working at this job?	Adapted from BEES (OMB No. 0970-0537)	
B07	How many hours [do/did] you usually work in a week at this job? Your best estimate is fine.	Adapted from BEES (OMB No. 0970-0537)	
B08	Now thinking about [being self-employed/your job at [JOB NAME]], how much [do/did] you get paid before taxes and deductions, at this job? Please include tips, commissions, and regular overtime.	Adapted from BEES (OMB No. 0970-0537)	
B09	Did you always earn [WAGE] per [HOUR/UNIT]/your current wage] at this job?	Adapted from Coaching (OMB No. 0970-0506)	
B10	How much were you paid when you started working at this job before taxes and deductions?	Adapted from Coaching (OMB No. 0970-0506)	
B11	Since [RA MONTH YEAR], was there anything else you did for pay, such as odd jobs, temporary jobs, work done in your own business, jobs or tasks you found using a web or mobile app, "under the table" work, "off the books" work, paid work experience, apprenticeships, or any other type of work, that we haven't already talked about?	Adapted from BEES (OMB No. 0970-0537)	
B12	What is your best guess of how much money	Adapted from Coaching	

Item	Question text	Source	Justification
	you received from these activities in a typical month since [RA MONTH YEAR]? Please do not include money you made from jobs you reported earlier. Just make your best guess for how much money you've received from these activities.	(OMB No. 0970-0506)	
B13	For the next questions, please think about the job at which you [currently / most recently] work[ed] the most hours. What is the name of that job?	New; Developed by Mathematica	Items B13-B21f ask about the characteristics of one recent or current job held by the respondent. The purpose is to examine any differences in the quality or types of job held by members of the treatment and control groups.
B13a	Which of the following best describes your employment at that job? [Were/Are] you working . . . 1. as a regular full-time or part-time employee, 2. for a temporary help agency, 3. for an occasional job or task service that relies on a website or mobile app that connects you to customers (such as Uber or Lyft) 4. as an independent contractor, independent consultant, or freelance worker, 5. in your own business, 6. as a day laborer, 99. or something else (PLEASE specify)?	Adapted from BEES (OMB No. 0970-0537)	
B13b	(Is/Was) this job a seasonal or temporary job?	Adapted from BEES (OMB No. 0970-0537)	
B14	(Do/did) you usually work a daytime schedule or some other schedule at your [JOBNAME] job?	Adapted from BEES (OMB No. 0970-0537)	
B15	Which of the following best describes the hours you usually work(ed) at your [JOB NAME] job? 1. An evening shift (anytime between 2 P.M. and midnight) 2. A night shift (anytime between 9 P.M. and 8 A.M.) 3. A rotating shift (one that changes periodically from days to evenings or night) 4. A split shift (one consisting of two distinct period each day)	Adapted from BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	5. An irregular schedule 99. Some other shift (specify)		
B16	Which of the following benefits [are/were] available to you at your [JOB NAME] job? 1. Health insurance or membership in a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) plan? 2. Paid leave for sick days? 3. Paid leave for vacation? 4. Paid leave for holidays? 5. Dental benefits, including any offered at a cost to you? 6. Retirement benefits or a 401k plan? 7. Tuition reimbursement? 0. None of the above	Adapted from BEES (OMB No. 0970-0537)	
B17	What kind of company is your employer for your [JOBNAME] job – what do they make, do, or sell? / What kind of work did you do – what do you make, do, or sell?	Adapted from WIA (OMB No. 1205-0504)	
B18	What were/are your main duties at your [JOBNAME] job? Please be specific.	Adapted from BEES (OMB No. 0970-0537)	
B19	[Have/Had] you been promoted to a higher position with greater responsibility while working at this job?	Adapted from BEES (OMB No. 0970-0537)	
B20	How likely do you think it is that you will be promoted at your [JOBNAME] job in the next 12 months? 1. Very likely 2. Somewhat likely 3. Not very likely 4. Not likely at all	Adapted from BEES (OMB No. 0970-0537)	
B21a	Has your employer because of your physical or mental health condition... Provided you with any special equipment or assistive technology (PROBE: For example special tools or equipment, software, or devices to	Adapted from NBS (OMB No. 0960-0800)	

Item	Question text	Source	Justification
	accommodate your condition in the workplace.)		
B21b	Has your employer because of your physical or mental health condition... Made any changes in your work schedule? (PROBE: For example, working fewer hours, changing the time you arrive or leave, or taking more breaks to accommodate your condition in the workplace.)	Adapted from NBS (OMB No. 0960-0800)	
B21c	Has your employer because of your physical or mental health condition... Made any changes to the tasks you were assigned or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate your condition in the workplace.)	Adapted from NBS (OMB No. 0960-0800)	
B21d	Has your employer because of your physical or mental health condition... Made any changes to the physical work environment to make things easier for you? (PROBE: For example, modifying your work area, improving accessibility in the building, or providing assigned parking to accommodate your condition in the workplace.)	Adapted from NBS (OMB No. 0960-0800)	
B21e	Has your employer because of your physical or mental health condition... Arranged for co-workers or others to assist you? (PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.)	Adapted from NBS (OMB No. 0960-0800)	
B21f	Has your employer because of your physical or mental health condition... Made any other changes that I didn't mention to accommodate your condition in the workplace? (SPECIFY)	Adapted from NBS (OMB No. 0960-0800)	
B22	How satisfied are you with your current or most recent [job/jobs]? Would you say very satisfied, somewhat satisfied, or not satisfied? 1. VERY SATISFIED 2. SOMEWHAT SATISFIED 3. NOT SATISFIED	Adapted from Coaching (OMB No. 0970-0506)	This item is a measure of job satisfaction. We will use it to estimate impacts of the intervention on job satisfaction.
B23	Are you currently looking for a job?	Adapted from BEES	These items measure current

Item	Question text	Source	Justification
		(OMB No. 0970-0537)	employment status. We will use it to estimate impacts of the intervention on employment status.
B23a	<p>How would you describe your current employment status? Are you...</p> <ol style="list-style-type: none"> <li>1. Temporarily laid off,</li> <li>2. Retired,</li> <li>3. In school or training,</li> <li>4. Unable to work because of caring for another family member,</li> <li>5. Unable to work because of pregnancy</li> <li>6. Unable to work due to illness, disability, or ongoing mental health or substance use issues or treatment,</li> <li>7. Gave up looking for work</li> <li>8. Incarcerated, or</li> <li>99. Something else? (SPECIFY)</li> </ol>	Adapted from BEES (OMB No. 0970-0537)	
B24	Does a physical, mental, or emotional condition limit the kind or amount of work you can do?	Adapted from NBS (OMB No. 0960-0800)	Items B24, B25a-B25r measure challenges to employment. We will use them to estimate impacts of the intervention on each employment challenge.
B25a	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having reliable transportation	Adapted from Child Support Noncustodial Parent Employment Demonstration (CSPED) (OMB No. 0970-0439)	
B25b	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having a driver's license or a valid driver's license	CSPED (OMB No. 0970-0439)	
B25c	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having stable housing	CSPED (OMB No. 0970-0439)	
B25d	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last	CSPED (OMB No. 0970-0439)	

Item	Question text	Source	Justification
	three months. A pregnancy or recent childbirth		
B25e	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having good enough care for a child or someone else in your household who needs care	CSPED (OMB No. 0970-0439)	
B25f	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having the right clothes or tools for work	CSPED (OMB No. 0970-0439)	
B25g	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having the right skills or education	CSPED (OMB No. 0970-0439)	
B25h	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Having difficulty speaking or reading English	CSPED (OMB No. 0970-0439)	
B25i	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Having difficulty completing job applications on my own	CSPED (OMB No. 0970-0439)	
B25j	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Having a criminal record	CSPED (OMB No. 0970-0439)	
B25k	Please indicate if each of the following has made it not at all hard, a little hard, somewhat	CSPED (OMB No. 0970-0439)	



Item	Question text	Source	Justification
	hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Having problems with alcohol or drugs		
B25l	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Having a gap in employment	CSPED (OMB No. 0970-0439)	
B25m	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Lack of support or resistance from friends or relatives related to finding a job or working	CSPED (OMB No. 0970-0439)	
B25n	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Experiencing abuse by a spouse or partner	CSPED (OMB No. 0970-0439)	
B25o	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. A learning disability	CSPED (OMB No. 0970-0439)	
B25p	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not finding the right kind of disability-related supports or accommodations	CSPED (OMB No. 0970-0439)	
B25q	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Losing benefits you need such as Social Security, disability insurance, workers' compensation, or Medicaid if you took a job or	New Developed by Mathematica	

Item	Question text	Source	Justification
	worked more hours		
B25r	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Other problems that made work, school, or training difficult (SPECIFY)	CSPED (OMB No. 0970-0439)	
B26a	I set long-term employment goals that I hope to achieve within a year, such as finding a job, finding a better job, getting promoted, or enrolling in further education. 1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE	Goal Setting Questionnaire, adapted from Coaching (OMB No. 0970-0506)	These items will be used to estimate the impact of the intervention on the extent to which the sample member is setting employment goals and is motivated to find a job. We will use them to (1) estimate impacts of the intervention on outcomes of interest and (2) support the analysis of the mediating factors driving program impacts.
B26b	I set specific short-term goals that will allow me to achieve my long-term employment goals. 1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE	Goal Setting Questionnaire, adapted from Coaching (OMB No. 0970-0506)	
B26c	I think I should work on finding a job or a better job. 1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE	LASER Questionnaire, adapted from Coaching (OMB No. 0970-0506)	
B26d	I think there is nothing I can do about being out of work right now. 1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE	LASER Questionnaire, adapted from Coaching (OMB No. 0970-0506)	
<b>SECTION C: ECONOMIC INDEPENDENCE AND WELL-BEING</b>			

Item	Question text	Source	Justification
C01	<p>During the past year, did you or anyone in your household receive income or assistance from any of the following sources?</p> <ol style="list-style-type: none"> <li>1. Disability benefits from the Social Security Administration. These are also called Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)</li> <li>2. Temporary Assistance for Needy Families (TANF) or [STATE SPECIFIC TANF NAME]</li> <li>3. Unemployment Insurance</li> <li>4. Worker's Compensation</li> <li>5. Short-term disability</li> <li>6. Food Stamps/Supplemental Nutrition Assistance Program (SNAP)/ [STATE-SPECIFIC PROGRAM]</li> <li>7. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</li> <li>8. Housing Choice Voucher, also known as Section 8 or Public Housing</li> <li>9. Veterans Benefits</li> <li>10. Medicaid or [STATE SPECIFIC MEDICAID] or Children's Health Insurance Program (CHIP)</li> <li>0. NONE OF THE ABOVE</li> </ol>	Adapted from BEES (OMB No. 0970-0537)	This item measures public assistance benefit receipt. We will use it to estimate impacts of the intervention on outcomes of interest.
C02.a	In the last six months, has there been a time when you did not pay the full amount of the rent of mortgage because you could not afford it?	BEES (OMB No. 0970-0537)	We will use these items to estimate impacts of the intervention on economic well-being.
C02.b	In the last six months, has there been a time when you were evicted from your home or apartment for not paying the rent or mortgage?	BEES (OMB No. 0970-0537)	
C02.c	In the last six months, has there been a time when you filed in court for bankruptcy?	BEES (OMB No. 0970-0537)	
C02.d	In the last six months, has there been a time when you did not pay the full amount of the gas, oil, or electricity bills?	BEES (OMB No. 0970-0537)	
C02.e	In the last six months, has there been a time when you had service turned off by the gas or electric company, or the oil company would not	BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	deliver oil?		
C02.f	In the last six months, has there been a time when you had cellular or land telephone service disconnected because payments were not made?	BEES (OMB No. 0970-0537)	
C02.g	In the last six months, has there been a time when you could not fill or postponed filling a prescription for drugs when they were needed because you could not afford it?	BEES (OMB No. 0970-0537)	
C02.h	In the last six months, has there been a time when you did not pay the full amount of child support payments because you could not afford it?	BEES (OMB No. 0970-0537)	
C02.i	In the last six months, has there been a time when you did not pay the full amount of other bills?	BEES (OMB No. 0970-0537)	
C02a	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 kinds of food 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?	BEES (OMB No. 0970-0537)	
C03	If you had an emergency, would you be able to count on someone to help you?	Adapted from Building Strong Families Evaluation (BSF) (OMB No. 0970-0304)	We will use these items to estimate the impact of the intervention on social supports.
C04	Is there someone you could turn to if you suddenly needed to borrow \$100?	Adapted from BSF (OMB No. 0970-0304)	
C05	Which of the following best describes your housing arrangement in [PRIOR MONTH]? Did you... 1. own your own home or apartment, 2. rent your home or apartment, 3. homeless or live in emergency or temporary	Adapted from BEES (OMB No. 0970-0537)	We will use these items to estimate the impact of the intervention on housing stability.

Item	Question text	Source	Justification
	housing, such as a shelter, 4. live in a halfway house, sober house, or other transitional 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 99. some other arrangement? (SPECIFY: _____)		
C05a	Which of the following best describes your housing arrangement in [PRIOR MONTH]? Did you... 1. live with a parent or guardian, 2. rent your home or apartment, 3. homeless or live in emergency or temporary housing, such as a shelter, 4. live in a halfway house, sober house, or other transitional 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 99. some other arrangement? (SPECIFY: _____)	Adapted from BEES (OMB No. 0970-0537)	
C05b	[Type of rental housing] 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, or 3. private housing that you pay for without any help from the government	BEES (OMB No. 0970-0537)	
C06	Have you been homeless at any time in the last	Adapted from Rural Welfare	

Item	Question text	Source	Justification
	three months?	to Work (OMB No. 0970-0246)	
C06a	If you add up all the days you have been homeless in the last three months, about how many days have you been homeless? Your best guess is fine.	Adapted from HUD's Point-In-Time Survey	
C07 to C18	SF-12v2 Questionnaire	SF-12 Instrument  Also used on BEES (OMB No. 0970-0537)	We will use these items to estimate the impact of the intervention on functional health status.
C19a	During the last 30 days about how often did you feel so depressed that nothing could cheer you up? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale  Also used on BEES (OMB No. 0970-0537)	We will use these items to estimate the impact of the intervention on mental health status.
C19b	During the last 30 days about how often did you feel hopeless? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale  Also used on BEES (OMB No. 0970-0537)	
C19c	During the last 30 days about how often did you feel restless or fidgety? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale  Also used on BEES (OMB No. 0970-0537)	
C19d	During the last 30 days about how often did you feel that everything was an effort?	K-6 Distress Scale	

Item	Question text	Source	Justification
	0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	Also used on BEES (OMB No. 0970-0537)	
C19e	During the last 30 days about how often did you feel worthless? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale  Also used on BEES (OMB No. 0970-0537)	
C19f	During the last 30 days about how often did you feel nervous? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale  Also used on BEES (OMB No. 0970-0537)	
C20	Taken all together, how would you say things are going these days? Would you say that you are... 1. Very happy 2. Pretty happy, or 3. Not too happy?	General Social Survey	
C21 to C23	AUDIT-C questionnaire	AUDIT-C Questionnaire	We will use these items to estimate the impact of the intervention on alcohol dependency.
C24-C33	DAST-10 questionnaire	DAST-10 Questionnaire	We will use these items to estimate the impact of the intervention on drug dependency.
C34	The next question asks about using prescription pain relievers in any way a doctor did not direct you to use them. When you answer this question, please think only about your use of the drug in any way a doctor did not direct you to use it, including:	Adapted from BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	<ul style="list-style-type: none"> <li>• Using it without a prescription of your own</li> <li>• Using it in greater amounts, more often, or longer than you were told to take it</li> <li>• Using it in any other way a doctor did not direct you to use it</li> </ul> Are you currently taking a prescription painkiller (such as OxyContin, Percocet, or Vicodin) without a prescription or in any way not directed by a doctor?		
C35	Since [RA MONTH YEAR], have you been arrested?	New; Developed by Mathematica	We will use these items to estimate the impact of the intervention on criminal justice system involvement.
C36	Since [RA MONTH YEAR], how many times have you been arrested?	Adapted from Reentry Employment Opportunities (REO) (OMB No. 1290-0026)	
C37	How many of these arrests since [RA MONTH YEAR] resulted in at least one conviction?	Adapted from Reentry Employment Opportunities (REO) (OMB No. 1290-0026)	
C38	Since [RA MONTH YEAR], have you been incarcerated in a juvenile or adult facility, such as a detention center, jail, or prison?	Adapted from Reentry Employment Opportunities (REO) (OMB No. 1290-0026)	
C39	What is the total time you have spent in incarceration since [RA MONTH YEAR]? If less than 1 month, please record 1 month.	Adapted from Reentry Employment Opportunities (REO) (OMB No. 1290-0026)	
C40	Are you currently on parole or probation?	BEES (OMB No. 0970-0537)	
<b>SECTION D: PROGRAM SATISFACTION</b>			
D01	Since [RA], have you received any services from [BEES PROGRAM] or participating in any [BEES PROGRAM] activities?	BEES (OMB No. 0970-0537)	We will use these items to describe treatment group members' satisfaction with the intervention.
D02a	Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with getting work-related skills and knowledge? 1. VERY MUCH	Adapted from the Pathways to Careers Evaluation	



Item	Question text	Source	Justification
	2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL		
D02b	Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with working with others? 1. VERY MUCH 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	Adapted from the Pathways to Careers Evaluation	
D02c	Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with setting career goals? 1. VERY MUCH 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	Adapted from the Pathways to Careers Evaluation	
D02d	Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with getting information about job opportunities? 1. VERY MUCH 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	Adapted from the Pathways to Careers Evaluation	
D02e	Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with getting a job? 1. VERY MUCH 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	Adapted from the Pathways to Careers Evaluation	
D03	Overall, how would you rate your experience at [NEXTGEN PROGRAM]? Would you say it was very good, good, fair, or poor?	Adapted from the Pathways to Careers Evaluation	

Item	Question text	Source	Justification
	1. VERY GOOD 2. GOOD 3. FAIR 4. POOR		
D04	Are you still receiving any services from [NEXTGEN PROGRAM] or participating in any [NEXTGEN PROGRAM] activities?	New Developed by Mathematica	We will use these items to describe the reasons why treatment group members may have stopped engaging in the intervention.
D05	What was the primary reason you (did not participate / stopped going) to [NEXTGEN PROGRAM]? Was it... 1. You didn't have transportation or 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. You completed the [NEXTGEN PROGRAM] program, or 99. Some other reason? (SPECIFY: _____)	Adapted from BEES (OMB No. 0970-0537)	
<b>SECTION E: UPDATED CONTACT INFORMATION</b>			
E01 to E07	Respondent's contact information	Adapted from BEES (OMB No. 0970-0537) and Coaching	These items collect contact information for the respondent and for additional contacts who might be able to reach the respondent. We will use

Item	Question text	Source	Justification
E08 to E10	Contact information for up to three additional contacts	(OMB No. 0970-0506) Adapted from BEES (OMB No. 0970-0537) and Coaching (OMB No. 0970-0506)	these items to locate respondents for follow-up surveys.