

TechHire and Strengthening Working Families Initiative Grant Programs Evaluation

18-Month Follow-Up Survey



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INTRODUCTION

The U.S. Department of Labor has funded two organizations, Westat and MDRC, to conduct a survey of people who applied for training through the [NAME OF PROGRAM] program at [NAME OF GRANTEE]. The survey covers several topics, including education and training, employment, earnings, barriers to employment, use of services, and overall well-being. Most of the questions we ask refer to a specific date. This is the date you applied to the [NAME OF PROGRAM] program. You may remember that you applied to the [NAME OF PROGRAM] program about one year and a half ago. You may have received a letter recently which explained the study to you.

The survey is short and should take around 30 minutes to complete. If you complete the survey before [DATE] we will send you a Visa gift card worth \$50. After [DATE], we will send you a \$40 Visa gift card if you complete the survey. The card can be used anywhere that a credit or debit card can be used.

Your opinions and experiences are extremely important, even if you were not selected to be in the program. Individual responses will be kept private. Responses to this data collection will be used only for the purposes of the study. The reports prepared from this survey will summarize findings across all study participants and individual responses will not be available to anyone outside the study team, except as required by law.

If you have any questions, please contact Westat at 1-855-210-4396 or TechHireSWFI@westat.com.

Frequency Asked Questions and Answers

What is the [TechHire/SWFI] Study?

The [TechHire/SWFI] study is a study to learn how and whether [TechHire/SWFI] helps people get the training and skills needed for well-paying jobs. The study will compare the experiences of people who receive the training and support services with those who do not. This will help us learn more about how to make these kinds of services more effective. The U.S. Department of Labor is paying for the study. The study is run by Westat and MDRC. You can learn more about Westat by visiting our website at www.westat.com.

What is my role in the study?

By participating in the study, you will provide important information that will help create better programs for other people like you. The study offers you the opportunity to share your experiences and opinions in two surveys over a two-year period. In each survey, we will ask questions about your job experiences, education and training activities, use of community services, and some questions about your household. All your personal information will be kept private and we will never use names in a public report.

Do I get anything for completing the survey?

You will receive a debit card worth \$50 or \$40 as a thank you for completing the survey.

What if I'm not participating in the program right now (or have never participated)?

Even if you aren't participating in the program now (or never did), you are still a very important part of the study. We want to know how you're doing so we can learn how to support better programs for people like you.

Will my answers be kept private?

Yes. All of the information we collect in the survey will be kept private to the extent permitted by federal law and will be used for research purposes only. Your answers will be combined with those of others and your name will never be used in reporting the results of the study. Your answers to questions will not affect your eligibility for any public program.

How do I contact you?

Our toll-free phone number is 1-855-210-4396 .There is no cost for calling this number. You can also send us an e-mail at TechHireSWFI@westat.com.

A. Education and Training

The first set of questions is about any school or training experiences you have had since [RAMY]. To help you remember this date, our records show that it was about then that you applied for the [NAME OF PROGRAM] program at [NAME OF GRANTEE].

A1. At any time since [RAMY], have you taken any of the following? Please include any classes you have taken, even if you only went for a short time.

	YES	NO
a. English as a Second Language (ESL) classes	<input type="radio"/>	<input type="radio"/>
b. Adult Basic Education or ABE classes for improving your reading and math skills	<input type="radio"/>	<input type="radio"/>
c. GED classes, or classes to prepare for a regular high school diploma	<input type="radio"/>	<input type="radio"/>
d. College courses for credit	<input type="radio"/>	<input type="radio"/>

A2. At any time since [RAMY] did you get vocational training for a specific job, trade, or occupation? By vocational training, we mean courses or programs where you are trained for a specific occupation, which usually leads to a certificate, license, or credential.

- Yes
- No

A3. **[If Respondent was assigned to treatment group, and A2 = missing or no]:** Our records indicate that approximately 18 months ago, you enrolled in the [NAME OF PROGRAM] program offered by [NAME OF GRANTEE]. Did you participate in that program?

- Yes
- No

[ASK IF A2=YES OR A2=NO; ELSE SKIP TO A14]

A4. Are you currently enrolled in vocational training?

- Yes
- No

A5. For how much time since [RAMY] did you attend vocational training? You can answer in hours, days, weeks, or months.

Number

Hours/days/weeks/months

Don't know

A6. In which of the following fields did you receive vocational training since [RAMY]?

Select all that apply.

- Information technology
- Financial services
- Advanced manufacturing
- Health care
- Educational services
- Something else (please specify)

Specify

Text limit 100 characters

A7. Have you dropped out or left any vocational training program before the program ended since [RAMY]?

Yes(GO TO A9)

No

A8. What was the main reason that you stopped attending the training?

- Courses or program poorly taught
- Started other school/training
- Not enough money to continue
- Needed to work/not enough time with working
- Not interested/didn't like the program
- Didn't think it would help me find a job
- Program was too difficult
- Own illness or disability
- Pregnancy
- Child care issues
- Caring for family members with physical or mental health problems
- Problems with transportation
- Personal problems
- Found a job/re-employed
- Arrested/incarcerated
- Other (please specify)

A9. Have you completed any vocational training since [RAMY]?

- Yes
- No (GO TO A11)

A10. In which of the following fields did you complete vocational training since [RAMY]?

Select all that apply.

- Information technology
- Financial services
- Advanced manufacturing
- Health care
- Educational services,
- Other (please specify)

Specify

A11. The next questions are about professional certifications and licensures that you've obtained. Since [RAMY], have you earned or received a professional certification or state or industry license? A professional certification or license shows you are qualified to perform a specific job and includes things like Certified Nursing Assistant, Certified Production Technician, or an IT certification.

- Yes
- No (GO TO A16)

A12. How many professional certifications, or state or industry licenses have you received since [RAMY]?

A13. What is/are the name(s) of the professional, state, or industry certification(s), license(s), or credential(s) you received?

PROGRAMMER - # OF ROWS IN A13 SHOULD = # REPORTED IN A12

A14. The next questions are about training that you may have received through an employer. Since [RAMY] have you had a paid or unpaid internship, on-the-job training (OJT), or apprenticeship?

- Yes
- No (GO TO A16)

A15. Are you currently working in an internship, on-the-job training, or apprenticeship?

- Yes
- No

Ask A16-A17 of everyone.

A16. Have you earned any of the following academic degrees or credentials since [RAMY]?

Select all that apply.

- High school diploma
- GED or alternative high school credential
- A diploma/certificate requiring less than a full year's worth of credit
- A diploma/certificate requiring a full year or more's worth of credit (but less than an Associate's Degree)
- Associate's degree
- Bachelor's degree or higher
- None of the above

A17. Do you agree or disagree with the following statements about your career?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. I am making progress towards my long-range employment goals .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I see myself on a career path .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Services

Ask B1 and B2 if A2 = 1 or A3 = 1

B1. The next set of questions are about the types of services and assistance you may have received since [RAMY]. During your training experience since [RAMY], did any of the following funding sources help pay for some or all of the direct costs of training—that is, things like tuition and fees?

	Yes	No
a. Your own earnings	<input type="radio"/>	<input type="radio"/>
b. Earnings from a spouse, partner, or other family member	<input type="radio"/>	<input type="radio"/>
c. Loans	<input type="radio"/>	<input type="radio"/>
d. Pell grant or other government grant or scholarship—not counting loans that you have to pay back	<input type="radio"/>	<input type="radio"/>
e. Grant or scholarship from any non-government source—not counting loans that you do not have to pay back	<input type="radio"/>	<input type="radio"/>
f. Another funding source (please specify) Specify <input type="text"/>	<input type="radio"/>	<input type="radio"/>

B2. How difficult would you say it has been to pay for training since [RAMY]?

- Very difficult
- Somewhat difficult
- Not very difficult
- Not difficult at all

Ask B3 of everyone.

B3. The next set of questions are about the types of services other than financial assistance that you may have received since [RAMY]. Since [RAMY], have you received any of the following services from any source?

	Yes	No
a. Academic advising, such as help choosing courses	<input type="radio"/>	<input type="radio"/>
b. Financial aid advising, for example, help completing a financial aid	<input type="radio"/>	<input type="radio"/>

application or information on accessing available financial aid

- | | | |
|--|-----------------------|-----------------------|
| c. Tutoring in subjects where you needed extra help | <input type="radio"/> | <input type="radio"/> |
| d. Assessments or tests to learn about your skills sets, such as TABE | <input type="radio"/> | <input type="radio"/> |
| e. Career counseling, for example information about education or job training programs, information on how to change careers, or information about what jobs are available in your local area. | <input type="radio"/> | <input type="radio"/> |
| f. Job search or placement assistance, for example assistance in searching for work, referrals to jobs or employers, or providing labor market information | <input type="radio"/> | <input type="radio"/> |
| g. Job readiness training, for example help with your resume, interviewing skills, and networking skills | <input type="radio"/> | <input type="radio"/> |
| h. Job retention assistance, including contacting you to find out whether you are working or discuss issues at work | <input type="radio"/> | <input type="radio"/> |
| i. Supports to help you manage school or work, for example child care, transportation, housing, or counseling/treatment for personal/family problems) | <input type="radio"/> | <input type="radio"/> |
| j. Financial counseling or advisement | <input type="radio"/> | <input type="radio"/> |
| k. Help identifying public benefits for which you may be eligible | <input type="radio"/> | <input type="radio"/> |
| l. Emergency assistance, or funds to cover the costs of unexpected personal crisis, such as utility shut off or car repair | <input type="radio"/> | <input type="radio"/> |
| m. Other (please specify) | <input type="radio"/> | <input type="radio"/> |
| <input style="width: 200px; height: 20px;" type="text"/> | | |

B4. [If Respondent assigned to treatment group]: Overall, how useful was the [NAME OF PROGRAM] in helping you do each of the following? Would you say it was very useful, somewhat useful, or not at all useful?

	Very Useful	Somewhat Useful	Not At All Useful
a. Train for work in a particular occupation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Find a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Get a job which offers opportunities for advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. EMPLOYMENT

The next questions are about your employment experiences.

C1. [Required] Have you ever worked for pay since [RAMY]? Please include any full- or part-time jobs, self-employment, temporary positions, odd jobs, side jobs such as babysitting, gardening, or housekeeping, under-the-table jobs, business ventures, or other types of paid jobs that you have had.

- Yes
- No → [SKIP TO D1]

C2. [Required] Are you currently working at a job for pay?

- Yes
- No → [SKIP TO C4]

C3. How many paid jobs do you currently have?

C4. Who is your current employer?/At which of your jobs do you work the most hours?/Where did you work most recently since [RAMY]? Please enter the name of the company or employer.

IF C2 = YES AND C3 = 1 THEN "Who is your current employer?"

IF C2 = YES AND C3 > 1 THEN "At which of your jobs do you work the most hours?"

IF C2 = NO THEN "Where did you work most recently since [RAMY]?"

C5. When did you start working at [JOB NAME]?

Month

4 Digit Year

[DROP DOWN 19xx – 2021]

- Don't know

Ask if C2 = 0 (no)

C6. When did you stop working at [JOB NAME]?

Month

4 Digit Year

DROP DOWN: 19xx - 2021

- Don't know

C7. What was your reason for leaving [JOB NAME]?

- Laid off, the company downsized, or the plant closed
- Fired
- Quit
- Became disabled
- Moved away from that area
- Job was temporary and ended
- Other (Please specify):

C8. [IF C7 = FIRED OR QUIT] Why did you (quit/get fired from) your last job? Was it because you...

Select all that apply:

- Didn't like supervisor or co-workers
- Didn't like job duties
- Didn't like job earnings
- Had difficulty getting to work on time (late or missed days)
- Didn't have or like opportunities for advancement
- Didn't like location
- Transportation issues or problems (no car or public transportation available, transportation cost too much)
- Decided to go to school
- Had child care responsibilities (including being pregnant)
- Had other family or personal reasons
- Had physical or mental health issues or problems
- Something else (please specify)

C9. How many hours per week, including regular overtime hours [do/did] you usually work on [this/that] job?

Hours per week

- Don't know

C10. [IF C9 = DK] About how many hours (do/did) you work at [JOB NAME] in a typical week?

- 1 – 19 hours
- 20 – 29 hours
- 30 – 34 hours

- 35 – 40 hours
- More than 40 hours
- Don't remember

C11. How much [are / were] you making, before taxes and deductions, [at / when you left] [JOB NAME]? Please include tips, commissions, bonuses, and regular overtime.

Round to the nearest dollar and enter numbers only

Amount

Dollar amount: \$ _____ .00 **Numeric characters only between 1 and 300,000**

- Hourly
- Weekly
- Every two weeks
- Monthly
- Yearly
- Don't know → [SKIP TO C11b]

[IF MISSING SKIP TO C11b]

C11a. Is that amount before, or after, taxes are deducted?

- Before taxes
- After taxes
- Don't remember

C11b. [ONLY ASL IF C11 = DK or MISSING] Which of the following ranges best describes your annual pay at [JOB NAME]?

- Less than \$5,000
- \$5,000 or more, but less than \$10,000
- \$10,000 or more, but less than \$20,000
- \$20,000 or more, but less than \$30,000
- \$30,000 or more, but less than \$40,000
- \$40,000 or more, but less than \$50,000
- \$50,000 or more
- Don't remember

C12. Which of the following best describes the hours you usually (work / worked) at [JOB NAME]?

- Regular daytime shift (working any time between 6am and 6pm with the same or similar schedule week to week)
- Regular evening shift (working any time between 6pm and 6am with the same or similar schedule week to week)
- Rotating shift (one that changes regularly from days to evenings to nights)
- Split shift (one consisting of two distinct periods each day)
- An irregular schedule (one that changes from day to day or week to week)

C13. How would you describe your work at [JOB NAME]?

YES	NO
-----	----

a. Seasonal work, meaning you were hired for only a few weeks or months?	1 <input type="radio"/>	0 <input type="radio"/>
a. Work for a "temp" agency?	1 <input type="radio"/>	0 <input type="radio"/>
c. Work for a staffing agency?	1 <input type="radio"/>	0 <input type="radio"/>
d. An occasional odd job, meaning you were hired for only a few hours or days and you did not expect it to turn into anything more than that?	1 <input type="radio"/>	0 <input type="radio"/>
e. Work you do for a friend or family member?	1 <input type="radio"/>	0 <input type="radio"/>
f. A regular permanent job?	1 <input type="radio"/>	0 <input type="radio"/>
g. Something else? (please specify)	1 <input type="radio"/>	0 <input type="radio"/>

C14.(Are / Were) any of the following benefits available to you at [JOB NAME]?

	YES	NO
a. Sick days with full pay?	1 <input type="radio"/>	0 <input type="radio"/>
b. Paid vacation?	1 <input type="radio"/>	0 <input type="radio"/>
c. Paid holidays, such as Christmas and New Year's Day?	1 <input type="radio"/>	0 <input type="radio"/>
d. Dental benefits?	1 <input type="radio"/>	0 <input type="radio"/>
e. A health plan or medical insurance?	1 <input type="radio"/>	0 <input type="radio"/>
f. A retirement or 401K plan?	1 <input type="radio"/>	0 <input type="radio"/>
g. Tuition reimbursement?	1 <input type="radio"/>	0 <input type="radio"/>

C15. [if C14e = YES] [Are/Were] you enrolled in the health insurance plan?

- Yes
- No

C16. Do you agree with the following statement about your job at [JOB NAME]? There [are/were] many opportunities for career advancement for me.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

C17. How closely related [is/was] your job at [JOB NAME] to the education and training you had when you were last in school or training?

- Closely related

- Somewhat related
- Not related
- Never received education or training specific to any job

C18. Taking everything into consideration, how [do / did] you feel about your job at [JOB NAME] as a whole?

- Extremely dissatisfied
- Slightly dissatisfied
- Neither dissatisfied nor satisfied
- Slightly satisfied
- Extremely satisfied

D. Barriers to Employment

The next few questions are about things that affect your ability to go to school or work, search for jobs, and manage family responsibilities.

D1. In the past 12 months, how often did each of the following situations interfere with your school, work, job search, or family responsibilities?

	Never	Sometimes	Very Often
a. Child care arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Alcohol or drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. An illness or health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify

D2. How difficult do you think it is for you to get a job in your chosen field or occupation?

- Not difficult (GO TO E1)
- Somewhat difficult
- Very difficult

[IF MISSING GO TO E1]

D2a. Which of the following situations make it difficult for you?

Select all that apply.

- Child care arrangements
- Transportation
- Alcohol or drug use
- An illness or health condition
- Lack of required education
- Lack of experience
- Lack of job openings
- Other (please specify)

Specify

E. Household

The next set of questions are about your household.

E1. What is your current marital status?

- Single, never married
- Married and living with spouse **(SKIP TO E3)**
- Married but living apart from spouse
- Legally separated
- Divorced
- Widowed

E2. Are you currently living with a partner?

- Yes
- No

E3. Thinking about the place where you are currently living, do you:

- Rent your home or apartment
- Own your own home
- Live with family or friends and pay part of the rent or mortgage
- Live with family or friends and do not pay rent
- Live in a group shelter
- Live in some other housing arrangement

E4. How many people, including yourself, currently make up your household? By household, we mean people who live together and share finances, including dependents.

E5. Have you been homeless and living on the street or in a shelter at any time since [RAMY]?

- Yes
- No

E6. Are you the parent or guardian of any children age 13 or younger who are living in your household?

- Yes
- No

E7. Are you the parent or guardian of any children ages 14 to 18 who are living in your household?

- Yes
- No (GO TO F1)

E8. Do any of your children between 14 and 18 have a disability?

- Yes
- No

Section F: Childcare Arrangements

Ask if E6 = 1 or E8 = 1

The next questions are about childcare arrangements.

F1. Since [RAMY], have you received help with the following from programs or organizations in your community?

	YES	NO
a. Finding child care?	<input type="radio"/>	<input type="radio"/>
b. Finding child care in a location convenient to you?	<input type="radio"/>	<input type="radio"/>
c. Finding or paying for transportation to child care?	<input type="radio"/>	<input type="radio"/>
d. Finding child care that offers hours which fit with your work, school, or training schedule?	<input type="radio"/>	<input type="radio"/>
e. Paying for child care?	<input type="radio"/>	<input type="radio"/>
f. Finding emergency alternatives for when your regular child care arrangements fall through?	<input type="radio"/>	<input type="radio"/>

The next questions are about your youngest child.

F1. Since [RAMY], has your youngest child who lives with you received care from anyone other than your or your spouse/partner while you were working or in school or job training?

- Yes
- No (GO TO G1)

F2. Since [RAMY], who cared for your youngest child while you were working or in school or job training? (SIPP)

Select all that apply

- Head Start or Early Head Start
- Preschool, nursery school, or child care center
- A non-relative such as a friend, neighbor, sitter, nanny, or au pair
- A family day care home
- Before or after school program
- A sibling, grandparent, or other relative

Child cared for him or herself

Other

Specify

F3. Since [RAMY], have you or anyone in your household paid anything for child care for your youngest child? Include payments that were later paid back or reimbursed.

Yes

No

F4. Since [RAMY], has anyone else paid or reimbursed part or all of the costs of child care for your youngest child?

Yes

No

F5. Since [RAMY], have you had a child care arrangement where the amount you paid depended on how much your income was?

Yes

No

F6. Since [RAMY], did any of the following happen for you, your spouse, or partner? This does not include your child being sick.

	YES	NO
a. Missed an entire day of work because of problems with child care arrangements?	<input type="radio"/>	<input type="radio"/>
b. Late or left work early because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>
c. Quality of work suffered because of worrying about your child because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>
d. Could not work overtime because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>
e. Changed shifts or schedule because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>
f. Worked fewer hours because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>
g. Did not get a raise or promotion because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>
h. Quit job or was fired because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>
i. Refused a job offer because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>
j. Quit school or a training activity because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>
k. Decided not to enroll in school or a training activity because of a problem with child care arrangements?	<input type="radio"/>	<input type="radio"/>

G. Income and Financial Well-Being

These next questions are about your personal and household income in the past month.

G1. Did you or anyone in your household have income from any of the following sources in [PRIOR MONTH]?

	Yes	No	Don't Know
Job earnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC or the Special Supplemental Food Program for Women, Infants, and Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food stamps or the Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public assistance or welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing assistance such as public or low-income subsidized housing or the Housing choice voucher program (Section 8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care subsidy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement or social security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's compensation or disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G2. Thinking of all of the income you received last month, what was your total personal income in [PRIOR MONTH]? Please include your job earnings, benefits, and any other types of income except for tax refunds in your answer. Please do not include any refunds of federal, state, or local income taxes you paid in past years.

Don't know

[If G2=DK, ask G2a. Otherwise, skip to G3]

G2a. Approximately what was your total personal income in [PRIOR MONTH]?

None (\$0)

- \$1 - \$500
- \$501-\$1000
- \$1001-\$1500
- \$1501-\$2000
- \$2001-\$2500
- \$2501 or more
- Don't know

G3. How much do you agree or disagree with the following statement? My financial situation is better than it was in [RAMY].

- Strongly disagree
- Disagree
- Agree
- Strongly agree

G4. In the past 12 months, did any of the following happen because you did not have enough money?

	YES	NO
a. You did not pay the full amount of the rent or mortgage because you could not afford it?	<input type="radio"/>	<input type="radio"/>
b. You were not able to pay the full amount of the gas, oil, or electricity bills?	<input type="radio"/>	<input type="radio"/>
c. The gas or electric company turned off service, or the oil company could not deliver oil?	<input type="radio"/>	<input type="radio"/>
d. The telephone company disconnected service because payments were not made?	<input type="radio"/>	<input type="radio"/>
e. You or someone else in your household needed to see a doctor or go to the hospital but did not go because you could not afford it?	<input type="radio"/>	<input type="radio"/>
f. You or someone else in your household needed to see a dentist but did not go because you could not afford it?	<input type="radio"/>	<input type="radio"/>
g. You or someone else in your household could not fill or postponed filling a prescription for drugs when they were needed because you could not afford it?	<input type="radio"/>	<input type="radio"/>

G5. Think again over the past 12 months. Generally, at the end of the month do you end up with: more than enough money left over, some money left over, just enough to make ends meet, or not enough to make ends meet?

- Enough money left
- Some money left
- Just enough money left
- Not enough money left

G6. Getting enough food can be a problem for some people. Which of these statements best describes the food eaten in your household in the past 6 months? Would you say there is . . .

- Enough of the kinds of food you want
- Enough but not always the kinds of food you want
- Sometimes not enough to eat
- Often not enough to eat

IF CURRENTLY EMPLOYED AND ENROLLED IN JOB HEALTH INSURANCE, SKIP TO G8. OTHERWISE, CONTINUE.

G7. Are you currently covered by any type of health insurance, including private insurance or Medicaid?

- Yes
- No

G8. Taken all together, how would you say things are these days? Would you say that you are...

- Very happy
- Pretty happy
- Not too happy

H. Criminal Justice Involvement

These next questions are about experiences you may have had with the police or courts. All of your answers will be kept private to the fullest extent of the law.

H1. Have you been arrested since [RAMY]?

- Yes
- No → [SKIP TO H4]

H2. How many times have you been arrested since [RAMY]?

(SKIP TO H4)

- Don't remember

H3. [IF H2 = DON'T REMEMBER] About how many times were you arrested since [RAMY]?

- 1 – 2 times
- 3 – 5 times
- 6 or more times
- Don't remember

H4. Have you been convicted of a felony since [RAMY]?

- Yes
- No

I. Address and Contact Information

I1. The next questions are about how to contact you. We will be sending your payment in the next week few weeks and need to make sure we have your correct address.

Street Address 1

Street Address 2 or Apt

City

State

Zip

Home Phone

Cell Phone

E-Mail

Thank you for your participation in this important study.

You will be receiving a gift card within the next few weeks to thank you for completing the survey!