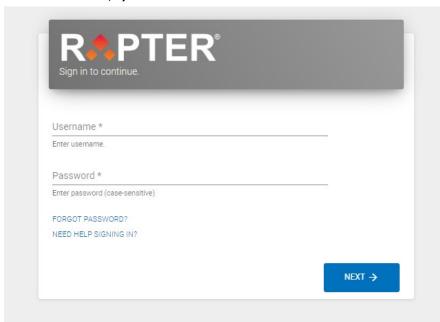
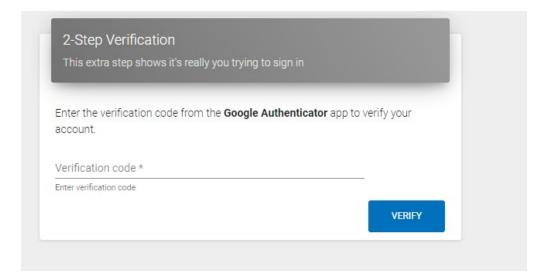
Instrument 2. Identifying and contact information - revised

The purpose of this information collection is to evaluate innovative programs serving individuals facing challenges to employment and economic independence to expand the evidence base. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0545 and the expiration date is 04/30/2023. If you have any comments on this collection of information, please contact Mathematica at NextGenProject@mathematica-mpr.com.

Identifying and Contact Information Data Collection - Screens in the Random Assignment, Participant Tracking Enrollment, and Reporting, or RAPTER®, system

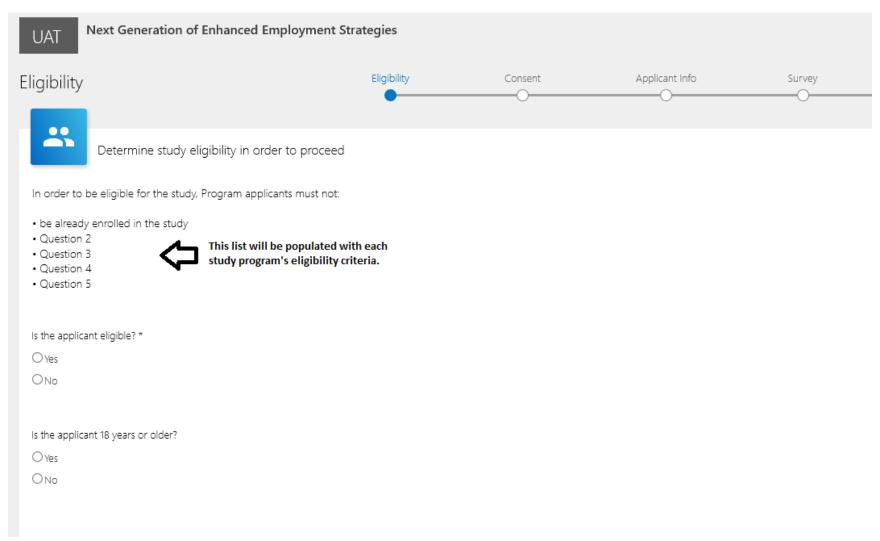


A1. Login screens



Intake Screens

B1. Study Eligibility



Center for Epidemiologic Studies Depression Scale Revised (CESD-R) Eligibility (only for programs that use the CESD-R as part of grammatic eligibility screening)	:

UAT

Next Generation of Enhanced Employment Strategies



The CESD-R questionnaire will only display for study programs that require it as part of their eligibility screening. For other programs, this screen will be skipped and staff will be routed to the consent screen.

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way in the past week or s				
My appetite was poor. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
I could not shake off the blues. Select response: O Not at all or less than 1 day.	O 1-2 days	O 3-4 days	O 5-7 days	Nearly every day for 2 weeks
3. I had trouble keeping my mind on what I was o	doing.		,	
Select response: Not at all or less than 1 day 4. I felt depressed.	○ 1-2 days	○ 3-4 days	○ 5-7 days	O Nearly every day for 2 weeks
Select response: O Not at all or less than 1 day 5. My sleep was restless.	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
6. I felt sad. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
7. I could not get going. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
8. Nothing made me happy. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
9. I felt like a bad person. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
10. I lost interest in my usual activities. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks

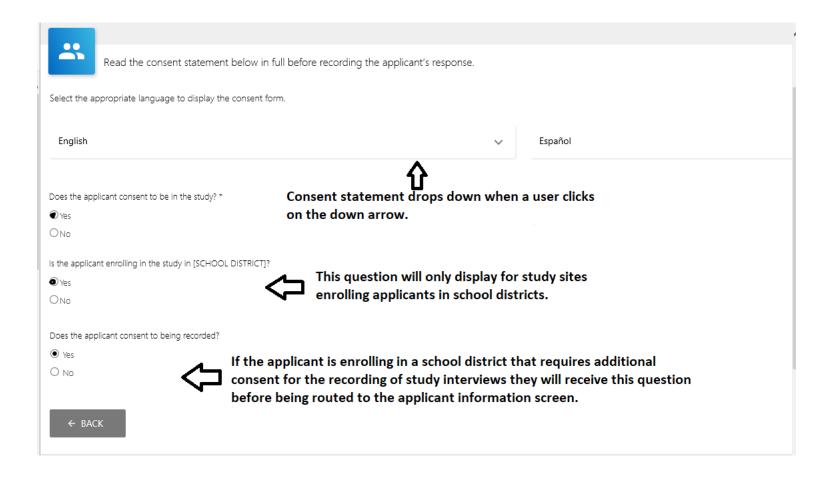
11. I slept much more than usual. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
12. I felt like I was moving too slowly. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
13. I felt fidgety. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
14. I wished I were dead. Select response: O Not at all or less than 1 day	○ 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
15. I wanted to hurt myself. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
16. I was tired all the time. Select response: O Not at all or less than 1 day	○ 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
17. I did not like myself. Select response: O Not at all or less than 1 day	○ 1-2 days	○ 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
18. I lost a lot of weight without trying to. Select response: O Not at all or less than 1 day	○ 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
19. I had a lot of trouble getting to sleep. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
20. I could not focus on the important things. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks

CESD-R Score: 16

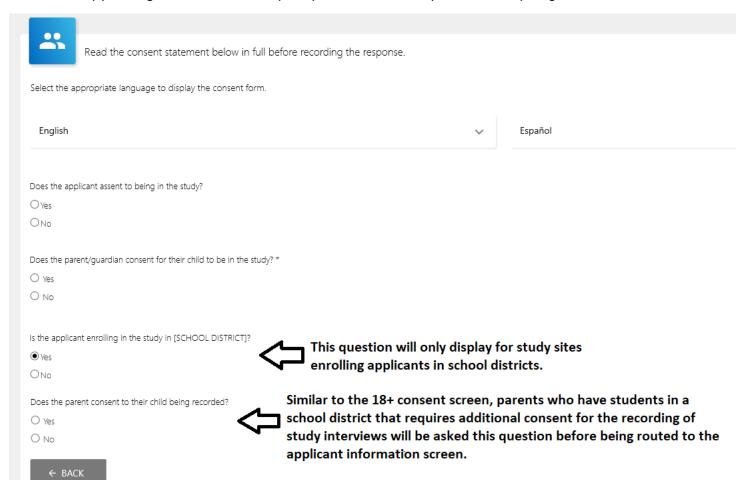
← BACI

NEXT →

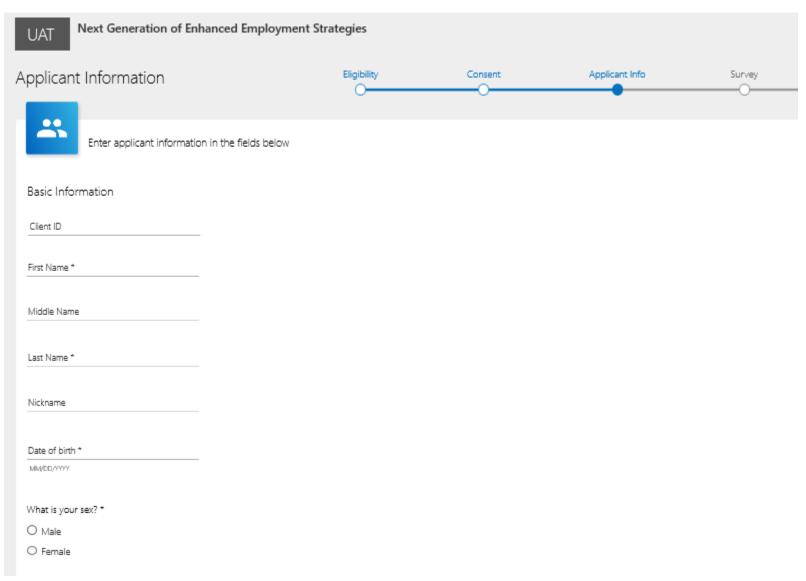
B3. Consent by Sample Member- if sample member is 18 and older



B4. Consent by parent/guardian and assent by sample member - if sample member is younger than 18



B5. Applicant information



Social Security number *
1001-101-10001
☐ This participant does not have a Social Security number
Contact Information
Address Line 1 *
Address Line 2
City *
State *
Zip*
30000C-3000K
ADD ADDRESS REMOVE ADDRESS

Can we contact you through Facebook? *
OYes
ONo
Name used on Facebook
Facebook URL
Can we contact you through Instagram? *
Oyes
Ono
Username on Instagram
Can we contact you through LinkedIn? *
Oyes
ONo
Name used on LinkedIn
5-1
Random assignment stratification characteristic

This is to collect information to stratify random assignment. Examples could include referral source, staff, etc. The variables will be populated for each program as needed.

School

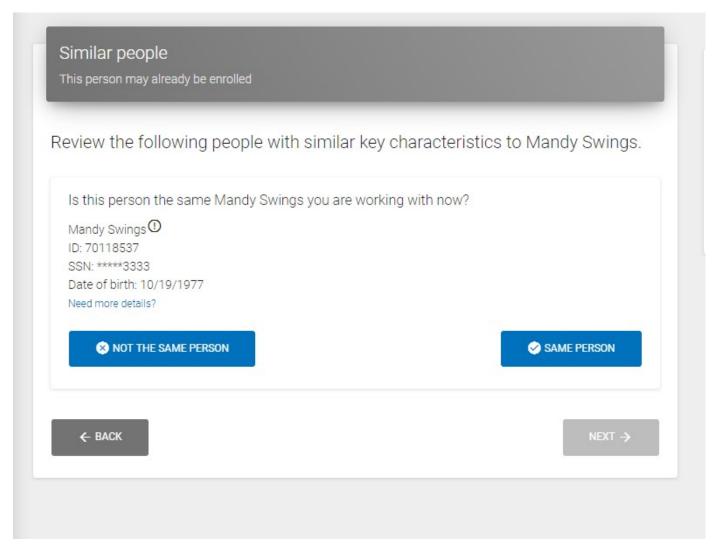
Response

School Name

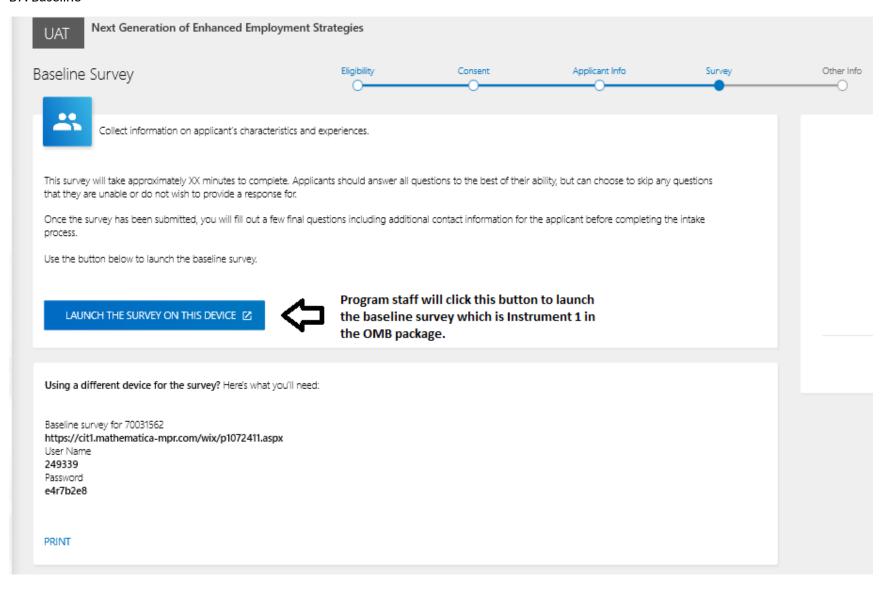


This will only be used for programs that enroll participants in schools.

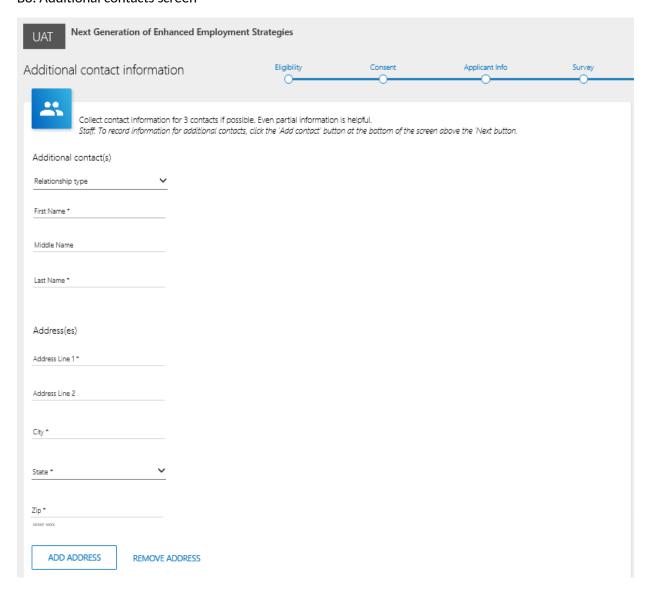
B6. Duplicate check



B7. Baseline



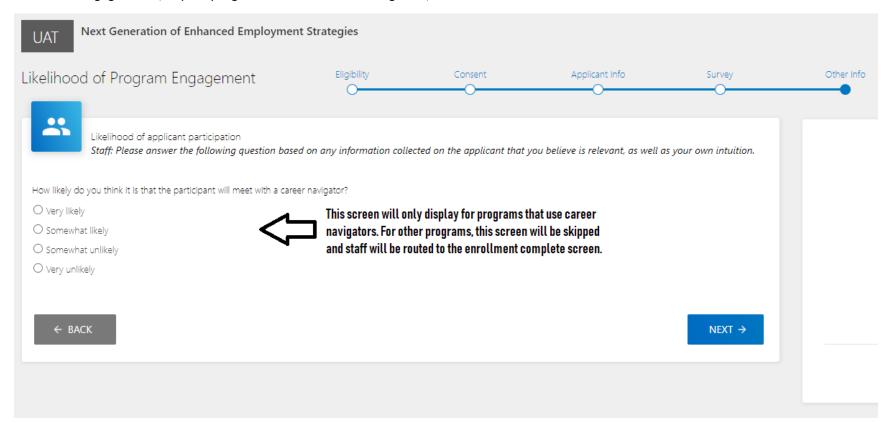
B8. Additional contacts screen



Email(s)				
Email address *				
☐ This person does not	have an email.			
ADD E-MAIL	REMOVE E-MAIL			
	ı			
5.				
Phone number(s)				
Phone *				
(xnor) xnor - xnorx				
☐This person does not have a phone.				
Personal or work? *				
O Personal				
O Work				

Cell or landline? *	
● Cell	
O Landline	
OK to text? (Message and data rates may apply.) *	
○ Yes	
O No	
ADD PHONE REMOVE PHONE	
Applicant does not have any contacts	
ADD CONTACT	
← BACK	NEXT →

B9. Future Engagement (only for programs that use career navigators)



B10. Enrollment complete

