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 |
| --- | --- | --- | --- |
| **INTRODUCTION** | | | |
| .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) |
| **SECTION A: SERVICE RECEIPT** | | | |
| 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 deciding what kinds of jobs to look for? | Adapted from BEES  (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 |
| A03 | 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?  1. [NAME OF LOCAL WELFARE PROGRAM]  2. [NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office,  3. Food Stamp Program or SNAP,  4. [NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]  5. [NEXTGEN PROGRAM]  6. [NAME OF SITE-SPECIFIC PROVIDER 1]  7. [NAME OF SITE-SPECIFIC PROVIDER 2]  8. [NAME OF SITE-SPECIFIC PROVIDER 3]  9. [NAME OF SITE-SPECIFIC PROVIDER 4]  10. [NAME OF SITE-SPECIFIC PROVIDER 5]  11. Any other place (SPECIFY: \_\_\_\_\_\_\_\_\_\_) | 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 | 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.  1. Every day  2. More than once a week  3. Once a week  4. A few times per month  5. About once a month, or  6. Less often than once a month | Adapted from BEES  (OMB No. 0970-0537) |
| 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 attending? (Is/Was) it…ESL – English as a second language? | Adapted from WIA (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 | At what type of place (do/did) you participate in [A8A PROGRAM NAME]?  1. REGULAR HIGH SCHOOL  2. COMMUNITY COLLEGE OR 2 YEAR COLLEGE  3. 4 YEAR COLLEGE OR UNIVERSITY  4. LOCAL SERVICE PROVIDER OR OTHER NON-PROFIT PRIVATE AGENCY  5. ONLINE  6. VOCATIONAL SCHOOL, TRADE SCHOOL, OR CAREER CENTER  7. ADULT EDUCATION, COMMUNITY SCHOOL, ADULT HIGH SCHOOL, NIGHT SCHOOL  [NAME OF AMERICAN JOB CENTERS IN STATE] OR AN UNEMPLOYMENT OFFICE  9. [NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]  10. GOVERNMENT AGENCY OR THE MILITARY  11. [NEXTGEN PROGRAM]  12. SOMETHING ELSE (SPECIFY:\_\_\_\_\_\_\_\_\_\_) | Adapted from WIA (OMB No. 1205-0504) |
| 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) |
| A09f | At what type of place (do/did) you participate in [A9A PROGRAM NAME]?  1. COMMUNITY COLLEGE OR 2 YEAR COLLEGE  2. 4 YEAR COLLEGE OR UNIVERSITY  3. LOCAL SERVICE PROVIDER OR OTHER NON-PROFIT PRIVATE AGENCY  4. ONLINE  5. VOCATIONAL SCHOOL, TRADE SCHOOL, OR CAREER CENTER  6. ADULT EDUCATION, COMMUNITY SCHOOL, ADULT HIGH SCHOOL, NIGHT SCHOOL  7. [NAME OF AMERICAN JOB CENTERS IN STATE] OR AN UNEMPLOYMENT OFFICE  8. [NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]  9. GOVERNMENT AGENCY/MILITARY  10. [NEXTGEN PROGRAM]  11. SOMETHING ELSE (SPECIFY: \_\_\_\_\_\_\_\_) | 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 PROGRAM NAME] employer training program now? | Adapted from Coaching  (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 other conditions from a mental health center, a therapist, a psychologist or psychiatrist, social worker, counselor, doctor, or other provider. | 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 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) |
| **SECTION B: EMPLOYMENT AND EARNINGS** | | | |
| 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 have done for pay. | 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 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 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. | Adapted from Coaching  (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)  5. An irregular schedule  99. Some other shift (specify) | Adapted from BEES  (OMB No. 0970-0537) |
| 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 accommodate your condition in the workplace.) | Adapted from NBS  (OMB No. 0960-0800) |
| 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  (OMB No. 0970-0537) | These items measure current employment status. We will use it to estimate impacts of the intervention on employment status. |
| B23a | How would you describe your current employment status? Are you…  1. Temporarily laid off,  2. Retired,  3. In school or training,  4. Unable to work because of caring for another family member,  5. Unable to work because of pregnancy  6. Unable to work due to illness, disability, or ongoing mental health or substance use issues or treatment,  7. Gave up looking for work  8. Incarcerated, or  99. Something else? (SPECIFY) | 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 three months. A pregnancy or recent childbirth | CSPED (OMB No. 0970-0439) |
| 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 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 | CSPED (OMB No. 0970-0439) |
| 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 worked more hours | New  Developed by Mathematica |
| 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) |
| **SECTION C: ECONOMIC INDEPENDENCE AND WELL-BEING** | | | |
| C01 | During the past year, did you or anyone in your household receive income or assistance from any of the following sources?  1. Disability benefits from the Social Security Administration. These are also called Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)  2. Temporary Assistance for Needy Families (TANF) or [STATE SPECIFIC TANF NAME]  3. Unemployment Insurance  4. Worker’s Compensation  5. Short-term disability  6. Food Stamps/Supplemental Nutrition Assistance Program (SNAP)/ [STATE-SPECIFIC PROGRAM]  7. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)  8. Housing Choice Voucher, also known as Section 8 or Public Housing  9. Veterans Benefits  10. Medicaid or [STATE SPECIFIC MEDICAID] or Children’s Health Insurance Program (CHIP)  0. NONE OF THE ABOVE | 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 deliver oil? | BEES  (OMB No. 0970-0537) |
| 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 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) | We will use these items to estimate the impact of the intervention on housing stability. |
| 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 three months? | Adapted from Rural Welfare 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?  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) |
| 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: • Using it without a prescription of your own • Using it in greater amounts, more often, or longer than you were told to take it • Using it in any other way a doctor did not direct you to use it 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? | Adapted from BEES  (OMB No. 0970-0537) |
| 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) |
| **SECTION D: PROGRAM SATISFACTION** | | | |
| 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  2. SOMEWHAT  3. A LITTLE  4. NOT AT ALL | Adapted from the Pathways to Careers Evaluation |
| 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?  1. VERY GOOD  2. GOOD  3. FAIR  4. POOR | Adapted from the Pathways to Careers Evaluation |
| 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) |
| **SECTION E: UPDATED CONTACT INFORMATION** | | | |
| E01 to E07 | Respondent's contact information | Adapted from BEES  (OMB No. 0970-0537) and  Coaching  (OMB No. 0970-0506) | These items collect contact information for the respondent and for additional contacts who might be able to reach the respondent. We will use these items to locate respondents for follow-up surveys. |
| E08 to E10 | Contact information for up to three additional contacts | Adapted from BEES  (OMB No. 0970-0537) and  Coaching  (OMB No. 0970-0506) |