

**Choice Neighborhoods Outcomes Study  
Household Survey**

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## **X. Acknowledgement of COVID-19 Pandemic**

Most of the questions in this survey will focus on your experiences before the novel coronavirus (COVID-19) pandemic. Some of the questions will go back to when housing was being redeveloped and services were being delivered as part of the Choice Neighborhoods Initiative.

Your participation in this interview is **voluntary** and you are free to skip any questions you do not wish to answer. The questions in the interview have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. Public reporting burden for this information collection is estimated at up to 35 minutes, including preparation and follow-up. The OMB control number is XXXX-XXXX, expiring XX-XX-XXXX.

But before we ask questions about your life before the pandemic, we want to give you an opportunity to tell us about how the novel coronavirus (COVID-19) pandemic has affected your household. The next few questions will ask you how the COVID-19 pandemic has affected aspects of your life since March 13, 2020.

X1. Have you, or has anyone in your household experienced a loss of employment income since March 13, 2020?

1. Yes
2. No
8. DON'T KNOW
9. REFUSED

X2. In the last 7 days, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on? Select only one answer.

1. Not at all difficult
2. A little difficult
3. Somewhat difficult
4. Very difficult
8. DON'T KNOW
9. REFUSED

X3. How confident are you that your household will be able to pay your next rent or mortgage payment on time? Select only one answer.

1. Not at all confident
2. Slightly confident
3. Moderately confident
4. Highly confident
5. Payment is/will be deferred
8. DON'T KNOW

9. REFUSED

X4. Prior to March 2020, did you or anyone in your household receive food stamps (SNAP) or money for food on the EBT card (the Electronic Benefits Transfer card)? This is also known as a [state specific food access/EBT] Card. {adapted from F24 from baseline}

- 1. Yes
- 2. No
- 8. DON'T KNOW
- 9. REFUSED

X5. Do you or anyone in your household currently receive food stamps (SNAP) or money for food on the EBT card (the Electronic Benefits Transfer card)? This is also known as a [state specific food access/EBT] Card. {adapted from F24 from baseline}

- 1. Yes
- 2. No
- 8. DON'T KNOW
- 9. REFUSED

**A. Housing Type, Assistance, and Conditions**

*Next, we will ask some questions about your housing, any housing assistance you might receive, and the experiences you have living there.*

**FOR ALL HOUSEHOLDS**

**Housing Type**

*I'd like to start by asking you about your housing.*

A1. How many years have you lived at your current address? {A3 from baseline} [INTERVIEWER: IF NECESSARY, SAY: Current address refers to the specific house or unit you are living in.]

\_\_\_\_\_ Years [Range: 1-96]  
[IF = OR >2 SKIP TO A2, ELSE IF >=1, AND <2, SKIP TO A1a]

- 97. LESS THAN ONE YEAR
- 98. DON'T KNOW (SKIP TO A2)
- 99. REFUSED (SKIP TO A2)

A1a. RECORD THE NUMBER OF MONTHS. {A3a from baseline}

\_\_\_\_\_ Months [Range: 1-12]  
98. DON'T KNOW

## 99. REFUSED

A2. Do you own this [home], rent it, or what? {A6 from baseline}  
[INTERVIEWER: PLEASE READ LIST; PROMPT: RESIDENT IS "BUYING" IF THEY HAVE A MORTGAGE; OR THEY "OWN" IF THEY DO NOT HAVE A MORTGAGE]

1. Own (skip to A5)
2. Buying
3. Rent
4. Rent to own
5. Buying on contract
6. Live here for free
98. DON'T KNOW
99. REFUSED

### FOR ALL RENTERS

#### Housing Assistance Status

*Next, I am going to ask you about housing assistance. Some people get housing assistance that requires them to complete re-certifications by reporting income and who lives with them to determine the amount of rent they pay.*

A3. Does your household have a housing voucher? {A9 from baseline}  
[INTERVIEWER: PROMPT Section 8 or a Housing Choice Voucher]

1. Yes
2. No (SKIP TO A5)
8. DON'T KNOW (SKIP TO A5)
9. REFUSED (SKIP TO A5)

A4. Can your household use its housing voucher to move to another location? {not in baseline} [INTERVIEWER PROMPT: Can you move to another location and use your voucher or would you lose it if you moved?]

1. Yes
2. No
8. DON'T KNOW
9. REFUSED

### FOR ALL HOUSEHOLDS

#### Housing Quality

The next series of questions is about problems that some people have experienced with their homes. We are interested in knowing if you have experienced these types of problems in your current home.

A5. How satisfied are you with the following?

	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Does Not Apply</b>	<b>DK</b>	<b>REF</b>
a. Your unit/home?	1	2	3	4	5	8	9
b. Your property/building?	1	2	3	4	5	8	9
c. Your neighborhood?	1	2	3	4	5	8	9
d. Your property/building's management	1	2	3	4	5	8	9

A6. Over the last year, how many times have you called for maintenance or repairs?

1. Have never called
2. 1 to 2 times
3. 3 to 4 times
4. More than 4 times
8. DON'T KNOW
9. REFUSED

A7. If you called for NON-EMERGENCY maintenance or repairs (for example, leaky faucet, broken light, etc.), the work was usually completed in:

1. Have never called
2. Less than 1 week
3. 1 to 4 weeks
4. More than 4 weeks
5. Problem never corrected
8. DON'T KNOW
9. REFUSED

A8. If you called for EMERGENCY maintenance or repairs (for example, toilet plugged up, gas leak, etc.), the work was usually completed in:

1. Have never called
2. Less than 1 week
3. 1 to 4 weeks
4. More than 4 weeks
5. Problem never corrected

- 8. DON'T KNOW
- 9. REFUSED

A9. Over the past year, have you seen signs of mildew or mold inside your home?

- 1. Yes
- 2. No
- 8. DON'T KNOW
- 9. REFUSED

A10. If you had a problem with mildew or mold, how long did it take to fix?

- 1. Never had a problem
- 2. Less than 6 hours
- 3. 6 to 24 hours
- 4. More than 24 hours
- 5. Problem never corrected
- 8. DON'T KNOW
- 9. REFUSED

A11. Based on your experience, how satisfied are you with:

	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Does Not Apply</b>	<b>DK</b>	<b>REF</b>
a. How easy it was to request repairs?	1	2	3	4	5	8	9
b. How well the repairs were done?	1	2	3	4	5	8	9
c. How well you were treated by the person you contacted for repairs?	1	2	3	4	5	8	9
d. How well you were treated by the person doing the repairs?	1	2	3	4	5	8	9
e. The result of the repairs?	1	2	3	4	5	8	9

A12. Over the last year, how many problems, if any, have you had with electricity or heat?

- 1. Never had a problem (skip to A14)

2. 1 to 2 problems
3. 3 to 4 problems
4. More than 4 problems
8. DON'T KNOW
9. REFUSED

A13. If you had a problem with electricity or heat, how long did it take to fix?

1. Never had a problem
2. Less than 6 hours
3. 6 to 24 hours
4. More than 24 hours
5. Problem never corrected
8. DON'T KNOW
9. REFUSED

A14. Over the last year, how many problems, if any, have you had with kitchen appliances (for example, stove, refrigerator, etc.)?

1. Never had a problem (skip to A16)
2. 1 to 2 problems
3. 3 to 4 problems
4. More than 4 problems
8. DON'T KNOW
9. REFUSED

A15. If you had a problem with kitchen appliances, how long did it take to fix?

1. Never had a problem
2. Less than 6 hours
3. 6 to 24 hours
4. More than 24 hours
5. Problem never corrected
8. DON'T KNOW
9. REFUSED

A16. Over the last year, how many problems, if any, have you had with water or plumbing (for example, toilets, hot water, etc.)?

1. Never had a problem (skip to A18)
2. 1 to 2 problems
3. 3 to 4 problems
4. More than 4 problems
8. DON'T KNOW
9. REFUSED

A17. If you had a problem with water or plumbing, how long did it take to fix?

1. Never had a problem
2. Less than 6 hours



3. 6 to 24 hours
4. More than 24 hours
5. Problem never corrected
8. DON'T KNOW
9. REFUSED

A18. Over the last year, how many problems, if any, have you had with smoke detectors?

1. Never had a problem (skip to A20)
2. 1 to 2 problems
3. 3 to 4 problems
4. More than 4 problems
8. DON'T KNOW
9. REFUSED

A19. If you had a problem with smoke detectors, how long did it take to fix?

1. Never had a problem
2. Less than 6 hours
3. 6 to 24 hours
4. More than 24 hours
5. Problem never corrected
8. DON'T KNOW
9. REFUSED

### **Overall Rating of Housing**

*The next question is about your home, and how you feel about it, taking into consideration everything that we have talked about during this interview.*

A20. On a scale of 1 to 10, how would you rate your home as a place to live? 10 is best, 1 is worst. {A37 from baseline} [PROBE: *We would like your opinion please.*]

\_\_\_\_\_ Rating [Range: 1-10]

98. DON'T KNOW

99. REFUSED

### **B. Neighborhood Conditions and Safety**

#### **FOR ALL HOUSEHOLDS**

*The next set of questions asks about living in your current neighborhood.*

B1. How many years have you lived in your current neighborhood? {not in baseline} [INTERVIEWER: IF NECESSARY, SAY: Current neighborhood refers to [name of Choice Neighborhood]]

\_\_\_\_\_ Years [Range: 1-96] [IF = OR >2 SKIP TO B2, ELSE IF >=1, AND <2, SKIP TO B1a]

- 97. LESS THAN ONE YEAR
- 98. DON'T KNOW (SKIP TO B2)
- 99. REFUSED (SKIP TO B2)

B1a. RECORD THE NUMBER OF MONTHS. *{not in baseline}*

- \_\_\_\_\_ Months [Range: 1-12]
- 98. DON'T KNOW
  - 99. REFUSED

### Neighborhood Conditions

B2. Now we would like to ask you about several features of the neighborhood you are currently living in and how they compare to what you were hoping for in a neighborhood.

	<b>Better than I hoped for</b>	<b>Not as good as I hoped for</b>	<b>Did not matter to me</b>	<b>DK</b>	<b>REF</b>
a. How about the amenities like restaurants, grocery stores, theaters, shopping, and doctor's offices in your current neighborhood? Would you say these are...	1	2	3	8	9
b. What about your current neighborhood's convenience to public transportation?	1	2	3	8	9
c. What about your current neighborhood's quality of public services like libraries, playgrounds, and community centers?	1	2	3	8	9

B3. Many people walk or bicycle to various services and amenities. You may or may not walk or bicycle for these purposes, but we are interested in finding out if you could access these services and amenities by walking or bicycling, if you choose to do so. Are there any reasons why you or anyone in your household do not walk or bicycle in your neighborhood?

- 1. Yes
- 2. No
- 8. DON'T KNOW
- 9. REFUSED

B4. What are these reasons? Please mark all that apply.

1. No sidewalks
2. Inadequate sidewalks or crosswalks, i.e., they are not wide enough or need to be repaired
3. No bicycle lanes
4. Do not have a bicycle
5. Too much traffic
6. Traffic is too fast
7. Not enough lighting
8. Crime or other safety concerns
9. No destinations close enough to walk or bicycle to
10. Health does not permit walking or bicycling
11. Do not have time to walk or bicycle
12. Other (specify) \_\_\_\_\_

B5. Do you think that this neighborhood is a good place to raise children?

{B8 from baseline}

1. Yes
2. No
8. DON'T KNOW
9. REFUSED

B6. In your neighborhood, how much of a problem.... {B1 from baseline}

	<b>Big proble m</b>	<b>Somew hat of a proble m</b>	<b>No proble m at all</b>	<b>DK</b>	<b>REF</b>
a. Are vacant lots or abandoned homes? Would you say...	1	2	3	8	9
b. Is vandalism and graffiti—that is, writing or painting on the walls of the buildings?	1	2	3	8	9
c. Are poorly lit streets and walkways?	1	2	3	8	9
d. Are poorly maintained sidewalks?	1	2	3	8	9
e. Is traffic safety?	1	2	3	8	9
f. Are people being attacked or robbed or shootings and violence?	1	2	3	8	9
g. Are people arguing, fighting, or acting in a threatening manner?	1	2	3	8	9

## Safety

Now I would like to ask you about safety.

B7. How safe do you feel or would you feel being out alone in the parking lots, the lawns, the street, or sidewalks right outside your [building/house]

**during the day?** Do you feel... {B9 from baseline}

1. Very Safe
2. Somewhat safe
3. Somewhat unsafe, or
4. Very unsafe
8. DON'T KNOW
9. REFUSED

B8. How safe do you feel or would you feel being out alone in the parking lots, the lawns, the street, or sidewalks right outside your

[building/house] **at night?** Do you feel... {B10 from baseline}

1. Very Safe
2. Somewhat safe
3. Somewhat unsafe, or
4. Very unsafe
8. DON'T KNOW
9. REFUSED

### Neighborhood Cohesion

B9. Thinking about the area that you consider your neighborhood, tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree with the following statements. {B13 from baseline}

	<b>Strongly agree</b>	<b>Some what agree,</b>	<b>Neith er Agree nor Disagree</b>	<b>Some what disagree, or</b>	<b>Strongly disagree?</b>	<b>D K</b>	<b>R E F</b>
a. People around here are willing to help their neighbors. Would you say...	1	2	3	4	5	8	9
b. People in this neighborhood share the same values	1	2	3	4	5	8	9
c. This is a close-knit neighborhood	1	2	3	4	5	8	9
d. People in this	1	2	3	4	5	8	9

neighborhood can be trusted							
e. People in this neighborhood generally get along with each other	1	2	3	4	5	8	9

B10. How likely is it that your neighbors would do something if they saw the following? Please tell me whether it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that they would do something if they saw: {B14 from baseline}

	Very likely,	Likely,	Neither Likely nor Unlikely	Unlikely, or	Very unlikely?	D K	RE F
a. Children skipping school and hanging out on a street corner? Would you say....	1	2	3	4	5	8	9
b. Children spray-painting graffiti on a local building?	1	2	3	4	5	8	9
c. Children showing disrespect to an adult?	1	2	3	4	5	8	9
d. A fight breaks out in front of their home? Would you say...	1	2	3	4	5	8	9
e. The fire station closest to your home was going to be closed down by the city?	1	2	3	4	5	8	9

### Overall Rating of Neighborhood

The next questions are about your neighborhood, and how you feel about it, considering everything that we have talked about during this interview.

B11. How would you rate your neighborhood on a scale of 1 - 10? 10 is best, 1 is worst

PROBE: We would like your opinion please. Enter 0 "No Neighborhood" if respondent volunteers this answer {B27 from baseline}

\_\_\_\_\_ Rating [Range: 0-10]

98. DON'T KNOW

99. REFUSED

B12. How does the future look for this neighborhood? Is this neighborhood likely to: {B26 from baseline}

1. Get better
2. Stay the same
3. Get worse
8. DON'T KNOW
9. REFUSED

## C. Relocation and Services for Residents

### Housing Relocation

*The next questions are about your housing and experience just prior to moving here.*

#### FOR ALL HOUSEHOLDS

C1. Where was your household living immediately prior to moving here? *{not in baseline}* [INTERVIEWER: PLEASE READ LIST. CHECK ONLY ONE. IF RESPONDENT LIVED AT TARGET DEVELOPMENT IMMEDIATELY PRIOR, SELECT OPTION 1]

1. Within 1 mile of [name of the redevelopment site]
2. Within 5 miles of [name of the redevelopment site]
3. Within 10 miles of [name of the redevelopment site]
4. Beyond 11 miles of [name of the redevelopment site]
5. Other, specify \_\_\_\_\_
98. DON'T KNOW
99. REFUSED

C2. What kind of housing did you live in immediately prior to moving here? *{not in baseline}*

[INTERVIEWER: PLEASE READ LIST. CHECK ONLY ONE]

1. Rented from a landlord or management company in market-rate housing
2. Rented at a public housing or other affordable housing (using Housing Choice Voucher or other housing subsidy)
3. Rented at a mixed-income development (for example a HOPE VI property)
4. Owned a home
5. Lived in a shelter, motel, camp, car, or another temporary location
6. Lived with family and friends
97. Some other location, SPECIFY \_\_\_\_\_
98. DON'T KNOW
99. REFUSED

C3. How would you compare your current housing to your housing prior to moving here? Would you say your current housing is:

1. Much better than my prior housing
2. Somewhat better
3. About the same
4. Somewhat worse
5. Much worse
98. DON'T KNOW

99. REFUSED

C4. What was the main reason you chose to move to your current home and neighborhood? *{not in baseline}* [INTERVIEWER: PLEASE READ LIST. CHECK ONLY ONE]

1. Financial reasons
2. Housing, building and/or development amenities
3. Neighborhood location and access to jobs, transit, schools, and/or childcare
4. Desire to live in a mixed-income community
5. Neighborhood safety
6. Personal and household reasons
7. No other choice
97. Some other reason, SPECIFY \_\_\_\_\_
98. DON'T KNOW
99. REFUSED

C5. Which statement most closely describes how you felt upon moving into your current home? *{not in baseline}* [INTERVIEWER: PLEASE READ LIST. CHECK ONLY ONE]

1. I was excited and hopeful.
2. I was comfortable.
3. I was concerned about whether I made the right choice.
4. I was disappointed since it was not what I expected.
5. I wanted to move out.
97. Some other response, SPECIFY \_\_\_\_\_
98. DON'T KNOW
99. REFUSED

**FOR GROUP 1 AND GROUP 3 HOUSEHOLDS WHO LIVED IN THE DEVELOPMENT IN DECEMBER 2010. USE MOVE IN DATE FROM PIC/TRAC TO DETERMINE WHO SHOULD GET THESE QUESTIONS**

*The following survey questions will focus on the timeframe of the Choice Neighborhoods program, when housing was being redeveloped and services were being delivered as part of the Choice Neighborhoods Initiative.*

*The Choice Neighborhood program required many residents of [FOCALDEV] to be temporarily or permanently relocated. The next section asks questions about different information that you might have received about relocation and about your satisfaction with the experience.*

C6. How many times have you moved since you first relocated out of [target development]? *{not in baseline}* [INTERVIEWER: PROMPT for the number of different units lived in since they first move out. Do not include the unit they lived in at the original target development]



\_\_\_\_\_ Number of Moves  
 98. DON'T KNOW  
 99. REFUSED

C7. In the past 12 months, have you been threatened with eviction or told you were at risk for eviction from your home for any reason? *{A41 from baseline}*

1. Yes
2. No (SKIP TO A23)
8. DON'T KNOW (SKIP TO A23)
9. REFUSED (SKIP TO A23)

C8. A relocation counselor is a person who helps you make decisions about moving. Prior to or when you were temporarily or permanently relocated between 2010-2017, did you talk to or meet with a relocation counselor? *{not in baseline but similar to C11}*

1. Yes
2. No
98. DON'T KNOW
99. REFUSED

C9. Did you receive any of the following supports during your relocation experience out of [Name of original target development]? *{similar to C12 and C15 from baseline}*

	<b>Ye s</b>	<b>No</b>	<b>D K</b>	<b>RE F</b>
a. Workshops, counseling, or coaching on housing and neighborhood choices	1	2	8	9
b. Workshops, counseling, or coaching on school choices and assessing school quality	1	2	8	9
c. Workshops or counseling on tenants' rights and responsibilities	1	2	8	9
d. Workshops or counseling on housekeeping	1	2	8	9
e. Transportation to look at available units	1	2	8	9
f. Help paying a security deposit or down payment	1	2	8	9
g. Help paying for utility hook-up (such as electric and gas)	1	2	8	9

C10. What types of relocation options were provided to you during the Choice redevelopment? *{not in baseline}* [INTERVIEWER: PLEASE READ LIST. CHECK ALL THAT APPLY]

1. Move to a public housing development

2. Move to a unit with a Housing Choice Voucher
3. Move to a unit owned by [Name of Choice Housing Lead/developer]
4. Move to a unit in the new mixed-income development
97. Some other reason, SPECIFY \_\_\_\_\_
98. DON'T KNOW
99. REFUSED

### **Case Management and Supportive Services**

**FOR GROUP 1 HOUSEHOLDS THAT LIVED IN THE DEVELOPMENT BETWEEN 2010 AND 2017, WHEN CHOICE SERVICES AND SUPPORTS WERE OFFERED [use move-in date from PIC/TRAC to determine who should get these questions]**

*The next section asks questions about services that you might have received between [2010 and 2017, or during the period of relocation and redevelopment].*

C11. When you were living at [target development], Do you remember hearing about or being offered case management or supportive services from [CHOICEORG] or a social service provider connected to [CHOICEORG]?  
{not in baseline}

1. I don't know or don't remember (SKIP TO D1)
2. NO, I did not hear about and was not offered these services (SKIP TO D1)
3. Yes, heard about it and was offered it once
4. Yes, I heard about it and was offered it multiple times
9. REFUSED (SKIP TO D1)

C12. IF YES to C11: How did you hear about these case management and supportive services? (check all that apply)

1. I received something in the mail or at my door
2. I was contacted or approached directly by someone who worked there
3. I heard about it from residents in the community
97. Some other way. Please specify \_\_\_\_\_

C13. Did you receive case management or supportive services from [CHOICEORG] or a social service agency connected to [CHOICEORG]? These services might have included connection to community services, support for employment, support for your family, connection to educational programs, assistance with housing stability and/or eviction prevention, rent and/or utility assistance, food assistance, neighbor support, or leadership opportunities, etc.

1. YES (SKIP TO C15)

- 2. NO
- 8. DON'T KNOW (SKIP TO D1)
- 9. REFUSED (SKIP TO D1)

C14. IF NO to C13: What were the reasons you did not receive case management or supportive services from [CHOICEORG] or a social service agency connected to [CHOICEORG]? Please mark all that apply.

- 1. Language barrier
- 2. Transportation barrier
- 3. Not enough time
- 4. Did not feel comfortable
- 5. Did not want to be bothered
- 6. Did not need the services
- 7. Did not trust staff
- 97. Some other reason. Please specify \_\_\_\_\_
- 98. DON'T KNOW
- 99. REFUSED

C15. IF YES to C13: How satisfied were you with these services?

- 1. Very Satisfied
- 2. Satisfied
- 3. Neither satisfied nor dissatisfied
- 4. Dissatisfied
- 5. Very dissatisfied
- 98. DON'T KNOW
- 99. REFUSED

## **D. Physical and Mental Health**

### **FOR ALL HOUSEHOLDS**

*The next few questions ask about your health and healthcare.*

#### **Overall Rating of Health**

D1. In general, would you say your health is... {D1 from baseline}

- 1. Excellent
- 2. Very Good
- 3. Good
- 4. Fair, or
- 5. Poor
- 8. DON'T KNOW
- 9. REFUSED

D1a. Thinking back to before the COVID pandemic (before March 2020), would you say your health had been better, worse, or about the same?

- 1. Better

- 2. Same
- 3. Worse
- 98. Don't know
- 99. Refused

D2. In general, would you say your emotional well-being is...

- 1. Excellent
- 2. Very Good
- 3. Good
- 4. Fair, or
- 5. Poor
- 8. DON'T KNOW
- 9. REFUSED

D2a. Thinking back to before the COVID pandemic (before March 2020), would you say your emotional well-being had been better, worse, or about the same?

- 1. Better
- 2. Same
- 3. Worse
- 98. Don't know
- 99. Refused

### **Health Care and Services**

D3. Is there a place that you usually go to when you are sick or need advice about your health? *{D2 from baseline}*

- 1. Yes
- 2. There is no place (SKIP TO D4)
- 3. There is more than one place
- 8. DON'T KNOW
- 9. REFUSED

D4. What kind of place is it—a clinic, a doctor's office, an emergency room, or some other place? *{D3 from baseline}* [INTERVIEWER: PROBE FOR FACILITY TYPE]

- 1. Doctor's office or private clinic (including HMOs)
- 2. Hospital outpatient clinic
- 3. Hospital emergency room
- 4. Public health department
- 5. Community health center
- 6. Other \_\_\_\_\_
- 7. Doesn't go to one place most often
- 8. DON'T KNOW
- 9. REFUSED

D5. Are you covered by health insurance or some other kind of health care plan? Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills. {D5 from baseline}

- 1. Yes
- 2. No
- 8. DON'T KNOW
- 9. REFUSED

**FOR GROUP 1 HOUSEHOLDS THAT LIVED IN THE DEVELOPMENT BETWEEN 2010 AND 2017, WHEN CHOICE SERVICES AND SUPPORTS WERE OFFERED. OTHERS SKIP TO SECTION E.**

D6. Did you receive any support through case management or supportive services through [CHOICEORG] in connecting to health services? For example, did they help you enroll in health insurance, connect to a medical home, mental health counseling, or a primary care doctor?

- 1. YES
- 2. NO (SKIP TO C11b)
- 8. DON'T KNOW (SKIP TO C)
- 9. REFUSED (SKIP TO C)

D7. IF YES to D6: How satisfied were you with these services?

- 1. Very Satisfied
- 2. Satisfied
- 3. Neither satisfied nor dissatisfied
- 4. Dissatisfied
- 5. Very dissatisfied
- 98. DON'T KNOW
- 99. REFUSED

D8. Did the services lead to improvements in any of the following for you?

	<b>Ye s</b>	<b>No</b>	<b>D K</b>	<b>RE F</b>
a. Becoming insured when you previously did not have health insurance	1	2	8	9
b. Becoming connected to a primary care doctor or medical home	1	2	8	9
c. Other _____	1	2	8	9

## E. Household Composition

### FOR ALL HOUSEHOLDS

*Next, we would like to ask some questions about your household. Please remember that the information you give me will not affect your housing status. In order to understand a little about your household, I would like to ask you about each of the people who are currently living in this household including people who are not on the lease. We are asking for name, initials, or nicknames just to help us keep track during our survey. As we said earlier, we will never connect your name with your answers.*

E1. What is your marital status? Are you: *{E1 from baseline}*

1. Now married
2. Not married, living with partner
3. Not married, not living with partner
4. WIDOWED
5. DIVORCED
6. SEPARATED
98. DON'T KNOW
99. REFUSED

E2. What is your ethnicity? *{not in baseline but similar to roster item E2e; for head of household only}*

1. Hispanic or Latino
2. Not Hispanic or Latino
98. DON'T KNOW
99. REFUSED

E3. What is your race? (SELECT ONE OR MORE) *{not in baseline but similar to roster item E2f; for head of household only}*

1. Black or African-American
2. White
3. American Indian or
4. Alaskan Native
5. Asian
6. Native Hawaiian or Pacific Islander
7. Other
98. DON'T KNOW
99. REFUSED

E4. Please tell me just the first name, initials, or nickname of each person in your household, starting with yourself. {similar to E2 from baseline}

**INTERVIEWER:** IF R REFUSES SELECT REFUSED BELOW THE TABLE. FOR EACH PERSON IN THE HOUSEHOLD. IF THE ANSWER IS DON'T KNOW, CODE "DK" OR REFUSED, CODE "RF". CODE "DK" OR REFUSED, CODE "RF".

	<b>E4-A.</b> What is his/her/their: First Name, initials, or nickname?          <b>INSERT NAME</b>	<b>E4-B.</b> What is his/her/their Relationship to you?  1. Self 2. Spouse/Partner 3. Child 4. Grandchild 5. Sibling 6. Parent 7. Other Relative 8. Other Non- Relative 98. DON'T KNOW 99. REFUSED	<b>E4-C.</b> What is his/her/their Birthday?  INTERVIEWER ENTER:  97/97/9997 for DK 98/98/9998 for REF  <b>MM/DD/YYYY</b>  <b>IF DK OR REF, LEAVE BLANK</b>	<b>E4-C_1.</b> Just to confirm, what is his/her/t heir age?     <b>ASK EVEN IF DOB IS GIVEN</b>	<b>E4-D.</b> What is his/her/th eir Sex/Gend er?  1. Male 2. Female 3. Other (non- binary) 8. DON'T KNOW 9. REFUSED
1 . . . . 2 0					

99. REFUSED

**FOR GROUP 1 RESPONDENTS WITH FOCAL CHILDREN AT BASELINE. CONFIRM THE FOCAL CHILD HERE. BE PREPARED TO SHARE THE CHILD'S NAME OR FIRST INITIAL AND THE BIRTHDATE.**

*During the last survey you completed about 7 years ago, we asked questions about a child in your household who was between the ages of 6 and 14 at that time. We asked for the child's birthdate and their first name or the initial of their first name. Shortly, we will ask some questions about this specific child. During that last survey, you answered the questions about [CHILD NAME OR FIRST INITIAL] whose birthdate is [CHILD BIRTHDATE]. {not in baseline}*

E5e. Can you confirm their name or first initial?

E5f. Can you confirm their birthday?

E5g. What is their current age?



## F. Education, Employment, and Public Assistance

### FOR ALL HOUSEHOLDS

Now I have some questions about your education and employment.

#### Education

F1. What is the highest grade or level of regular school you have ever completed? {F6 from baseline} [PROBE IF ANSWER IS H.S. DIPLOMA: “Do you have a high school diploma or a GED?”]

1. 8<sup>th</sup> GRADE OR LESS
2. 9<sup>th</sup> TO 11<sup>th</sup> GRADE
3. 12<sup>th</sup> GRADE
4. GED
5. HIGH SCHOOL DIPLOMA
6. SOME VOC/TECH/BUSINESS COURSES
7. VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA
8. SOME COLLEGE COURSES
9. ASSOCIATE’S DEGREE (AA, AS)
10. BACHELOR’S DEGREE (BA, BS)
11. SOME GRADUATE/PROFESSIONAL SCHOOL COURSES
12. GRADUATE/PROFESSIONAL DEGREE (MA, MS, PHD, EDD, MEDICINE/MD, DENTISTRY/DDS, LAW/JJ/LLB, ETC.)
98. DON’T KNOW
99. REFUSED

#### Employment

Next, I have a few questions about work.

F2. Were you working for pay before March 2020 (before COVID)?

1. Yes
2. No (SKIP TO F4)
8. DON’T KNOW (SKIP TO F4)
9. REFUSED (SKIP TO F4)

F3. IF F2 is YES. How long had you been working at your main job at that time (March 2020)—the job at which you work the most hours? {F15 from baseline}

\_\_\_\_\_ years \_\_\_\_\_ months

98. DON’T KNOW
99. REFUSED

F4. IF F2 is not YES. Have you ever worked for pay? {F20 from baseline}

1. Yes

- 2. No (SKIP TO F11)
- 98. DON'T KNOW (SKIP TO F11)
- 99. REFUSED (SKIP TO F11)

F5. How many years has it been since you were last employed either full or part time? {F21 from baseline}

- \_\_\_\_\_ years
- 97. Less than one year
  - 98. DON'T KNOW
  - 99. REFUSED

F6. What is the main reason you are not working? {adapted from F22 from baseline} [DO NOT READ. MARK ONE RESPONSE]

- 1. COVID-19 RELATED (health related, caring for someone with the virus, caring for children at home from school or childcare closures, laid off, business shut down, fear of the virus or spreading the virus)
- 2. I HAVE A TEMPORARY DISABILITY AND AM UNABLE TO WORK
- 3. I HAVE A PERMANENT DISABILITY AND AM UNABLE TO WORK
- 4. OTHER HEALTH PROBLEM
- 5. RETIRED OR AGE
- 6. TAKING CARE OF HOME OR FAMILY
- 7. GOING TO SCHOOL
- 8. CANNOT FIND WORK
- 9. CHANGING JOBS
- 10. NO NEED/NO DESIRE
- 11. BUSINESS CLOSED/DOWNSIZED/LAID OFF
- 12. MOVED
- 13. COULDN'T AFFORD/FIND CHILDCARE
- 14. TRANSPORTATION/DISTANCE
- 15. FIRED
- 16. TEMP WORK/FINISHED JOB/SEASONAL
- 17. QUIT
- 18. EX-OFFENDER
- 19. NOT ENOUGH SKILLS
- 97. OTHER, SPECIFY: \_\_\_\_\_
- 98. DON'T KNOW
- 99. REFUSED

**FOR GROUP 1 HOUSEHOLDS THAT LIVED IN THE DEVELOPMENT BETWEEN 2010 AND 2017, WHEN CHOICE SERVICES AND SUPPORTS WERE OFFERED. OTHER RESPONDENTS SKIP TO SECTION G.**

F7. Did you receive any support through case management or supportive services through [CHOICEORG] that helped you connect to employment

services or financial-related assistance? For example, they may have helped you with employment, such as job training or education, job placement, job security, career advancement; or credit repair or financial planning?

- 1. YES
- 2. NO (SKIP TO C11b)
- 8. DON'T KNOW (SKIP TO C)
- 9. REFUSED (SKIP TO C)

F8. IF F7=YES: How satisfied were you with these services?

- 1. Very Satisfied
- 2. Satisfied
- 3. Neither satisfied nor dissatisfied
- 4. Dissatisfied
- 5. Very dissatisfied
- 98. DON'T KNOW
- 99. REFUSED

F9. Did the services lead to improvements in any of the following for you?

	<b>Ye s</b>	<b>No</b>	<b>D K</b>	<b>RE F</b>
a. Getting a job	1	2	8	9
b. Getting a new job				
c. Getting a better job				
d. Receiving a GED or equivalent				
e. Completing a degree or receiving a technical certification				
f. Completing job training				
g. Improved credit				
h. More skills for financial planning				
i. Greater financial security				
j. Other _____				

## **G. Child Well-Being**

**THIS SECTION IS FOR GROUP 1 & 3 HOUSEHOLDS THAT LIVED IN THE DEVELOPMENT BETWEEN 2010 AND 2017, WHEN CHOICE SERVICES AND SUPPORTS WERE OFFERED**

**FOR HOUSEHOLDS IN GROUP 1 AND GROUP 3 WHO COMPLETED THE BASELINE SURVEY, FOCUS ON THE CHILD WHO THEY SELECTED AT THE TIME OF THE BASELINE SURVEY (AKA FOCAL CHILD 1). WHEN THE BASELINE SURVEY WAS FIELDDED IN 2013/2014, FOCAL CHILD 1 WAS AGE 6-14 SO FOCAL CHILD 1 WILL BE 13-21 IN 2021. FOCAL CHILD 1 INFORMATION SHOULD BE CONFIRMED IN SECTION E: HOUSEHOLD ROSTER.**

**IF FOCAL CHILD 1 IS AGE 13-16 IN 2021, START WITH G1.**

**IF FOCAL CHILD 1 IS AGE 17-21 IN 2021, USE DIRECTIONS BELOW TO RANDOMLY SELECT A CHILD WHO IS AGE 4-16 IN 2021 FOR EARLY LEARNING QUESTIONS.**

**IF BASELINE RESPONDENT DID NOT HAVE A CHILD AGE 6-14 AT BASELINE, USE DIRECTIONS BELOW TO RANDOMLY SELECT A CHILD WHO IS AGE 4-16 IN 2021.**

**USING THE HOUSEHOLD ROSTER (SECTION E), IDENTIFY ALL CHILDREN BETWEEN AGE 4 AND 16.**

**IF ONLY ONE CHILD BETWEEN 4 AND 16, SELECT THIS CHILD.**

**IF MORE THAN ONE CHILD BETWEEN 4 AND 16, RANDOMLY SELECT ONE CHILD BY CHOOSING THE CHILD WHOSE FIRST NAME STARTS WITH A LETTER CLOSEST TO THE LETTER "M." IF ALL THE CHILDREN HAVE NAMES THAT BEGIN WITH THE SAME LETTER, USE THE FIRST TWO LETTERS.**

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

**START WITH G1.**

**IF NO CHILD BETWEEN 4 AND 16, SKIP TO END OF EARLY LEARNING SECTION (G6).**

**Age 4-16 in 2021**

## Early Learning Experiences (2010-2017)

Next, we have questions about early learning followed by school-aged programs and activities for families who had younger children age 0-5 between the years of 2010-2017. We would like to confirm that you had a child in the home that was 0-5 between 2010-2017.

First, I have some basic questions about early learning programs; and then I will ask about [CHOICEORG] case management and supportive services related to early learning.

Early Learning programs include programs and services for infants to toddlers 0-2 such as home visits by a nurse or other professional, or educational playgroups and childcare centers; and programs for 3-5 year olds include childcare centers, licensed home-based centers, preschools, and Pre-K programs.

G1. Was your child, [CHILD], enrolled in an early learning program between 2010-2017? *{not in baseline}*

1. Yes
2. No (SKIP TO G3)
98. DON'T KNOW (SKIP TO G4)
99. REFUSED (SKIP TO G4)

G2. How would you rate the quality of your [CHILD's] preschool or early learning program on a scale of 1 - 10? Where 10 is the best quality and 1 is the worst quality *{not in baseline}*

- \_\_\_\_\_ Rating [Range: 0-10]
98. DON'T KNOW
  99. REFUSED

G3. Why was [CHILD] not attending childcare or preschool or an early learning program at that time - between 2010 - 2017? *{not in baseline}* [DO NOT READ LIST. RECORD UP TO 3 MENTIONS.]

1. Sickness
2. Chronic illness, such as asthma
3. Wellness appointments, such as medical check-up, therapy, or dentist
4. Transportation barriers, such as lack of car or limited access or cost of public transit
5. Hours did not align with parent work schedule
6. Too expensive
7. Too far away or not available in neighborhood
8. Did not want to send child to preschool or nonfamily childcare provider

- 9. Could not find one that I liked
- 97. OTHER, SPECIFY \_\_\_\_\_
- 98. DON'T KNOW
- 99. REFUSED

G4. Did you receive support through case management or supportive services through [CHOICEORG] that helped connect you to early learning programs or services? For example, did the [CHOICEORG] help you enroll in a childcare center, help you enroll in a higher quality childcare center, preschool, or Head Start; get a voucher or subsidy for an early learning program; or find parent education classes or support groups around early childhood education?

- 1. YES
- 2. NO (SKIP TO G7)
- 8. DON'T KNOW (SKIP TO G7)
- 9. REFUSED (SKIP TO G7)

G5. IF YES: How satisfied were you with the [CHOICEORG] case management services?

- 1. Very Satisfied
- 2. Satisfied
- 3. Neither satisfied nor dissatisfied
- 4. Dissatisfied
- 5. Very dissatisfied
- 98. DON'T KNOW
- 99. REFUSED

G6. Did the services lead to improvements in any of the following for you?

	<b>Ye s</b>	<b>No</b>	<b>D K</b>	<b>RE F</b>
a. Enrollment at an early education center (childcare, pre-school)	1	2	8	9
b. Enrollment at a better early education center (childcare, pre-school) than before				
c. You or your child completed an early learning program such as home visiting or educational playgroups				
d. The program supported you as a parent				
e. Having your child enrolled in childcare or early learning program allowed you to work or something else				
f. Other _____				



**THIS SECTION IS FOR GROUP 1 & 3 HOUSEHOLDS THAT LIVED IN THE DEVELOPMENT BETWEEN 2010 AND 2017, WHEN CHOICE SERVICES AND SUPPORTS WERE OFFERED**

**Age 13-21 in 2021**

**IF FOCAL CHILD 1 IS AGE 13-16 IN 2021, CONTINUE WITH G7.  
IF FOCAL CHILD 1 IS AGE 17-21 IN 2021, CONTINUE WITH G7.**

**IF BASELINE RESPONDENT DID NOT HAVE A CHILD AGE 6-14 AT BASELINE, AND IF A 6-16-YEAR-OLD CHILD IN 2021 WAS SELECTED FOR G1-G6 ABOVE, CONTINUE WITH G7. THE CHILD MUST BE AGE 13 FOR NEXT SET OF QUESTIONS. IF A 4-12-YEAR-OLD WAS SELECTED FOR G1-G6 ABOVE, SKIP TO THE END OF SURVEY.**

**IF BASELINE RESPONDENT DID NOT HAVE A CHILD AGE 6-14 AT BASELINE, AND DID NOT HAVE A 13-16 YEAR OLD FOR G1-G6 ABOVE, BUT HAS A 17-21 YEAR OLD IN 2021, USE DIRECTIONS BELOW TO RANDOMLY SELECT A CHILD AGE 17-21 IN 2021 AND SKIP TO G12.**

**USING THE HOUSEHOLD ROSTER (SECTION E), IDENTIFY ALL CHILDREN BETWEEN AGE 17 AND 21.**

**IF ONLY ONE CHILD BETWEEN 17 AND 21, SELECT THIS CHILD.**

**IF MORE THAN ONE CHILD BETWEEN 17 AND 21, RANDOMLY SELECT ONE CHILD BY CHOOSING THE CHILD WHOSE FIRST NAME STARTS WITH A LETTER CLOSEST TO THE LETTER "M." IF ALL THE CHILDREN HAVE NAMES THAT BEGIN WITH THE SAME LETTER, USE THE FIRST TWO LETTERS.**

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

**IF NO CHILD BETWEEN 17 AND 21, SKIP TO END OF SURVEY.**

**Housing**

First, I have some questions about [CHILD's] housing.

- G7. Does [CHILD] live in your home? {G1 from baseline}
1. Yes (SKIP TO G9)
  2. No
  3. Deceased (End the survey)
  8. DON'T KNOW (SKIP TO G9)
  9. REFUSED (SKIP TO G9)



G8. Where is [CHILD] living now? *{not in baseline}*

1. Living with other relatives, such as grandparents or another parent
2. Living in own household
3. Living in own household with friends or partner
4. Living in institutional setting, such as jail or foster home
5. College dorm or apartment at college
6. In the military
7. Homeless
8. Other: \_\_\_\_\_

98. DON'T KNOW

99. REFUSED

**Education**

*Now, I have some basic questions about school-aged programs; and then I will ask about [CHOICEORG] case management and supportive services related to school-aged programs.*

G9. Was [CHILD] enrolled in school in 2018-2019?

1. YES
2. NO (SKIP TO G11)
8. DON'T KNOW (SKIP TO G11)
9. REFUSED (SKIP TO G11)

G10. Where was your [CHILD]'s school located in 2018-2019?

1. Within the Choice neighborhood
2. Within a short walking distance from our home
3. Within a 20 minute bus/public transportation/car ride from our home
4. Within a 45 minute bus/public transportation/car ride from our home
5. Other, SPECIFY: \_\_\_\_\_
8. DON'T KNOW
9. REFUSED

G11. What is the highest grade or level of school [CHILD] has ever completed? *{not in baseline}*

1. 8<sup>th</sup> GRADE OR LESS
2. 9<sup>th</sup> TO 11<sup>th</sup> GRADE
3. 12<sup>th</sup> GRADE
4. GED
5. HIGH SCHOOL DIPLOMA
6. SOME VOC/TECH/BUSINESS COURSES
7. VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA
8. SOME COLLEGE COURSES
9. ASSOCIATE'S DEGREE (AA, AS)
10. BACHELOR'S DEGREE (BA, BS)
11. SOME GRADUATE/PROFESSIONAL SCHOOL COURSES

12. GRADUATE/PROFESSIONAL DEGREE (MA, MS, PHD, EDD, MEDICINE/MD, DENTISTRY/DDS, LAW/JJ/LLB, ETC.)

98. DON'T KNOW

99. REFUSED

G12. Thinking back to 2010 when you lived at [TARGET DEVELOPMENT] when the redevelopment just began, how many times has [CHILD] changed schools since that time? *{not in baseline}*

\_\_\_\_\_ [number of times school changed]

98. DON'T KNOW

99. REFUSED

G13. How many of these school changes were related to...

1. Relocation \_\_\_\_\_

2. Graduation or transitions from elementary to middle school or middle to high school \_\_\_\_\_

98. DON'T KNOW

99. REFUSED

G14. I'd like you to think about how the *relocation* has affected [CHILD], specifically in terms of their education or access to educational opportunities. *{not in baseline}* (Prompt: Remember Choice was from 2010-2017 and included the redevelopment of [TARGET DEVELOPMENT] into [NEW DEVELOPMENT]; the relocation, case management and supportive services, and neighborhood improvements)

Overall, do you think your relocation influenced [CHILD]'s education or access to educational opportunities?

1. Yes

2. No (SKIP TO G16)

8. DON'T KNOW (SKIP TO G16)

9. REFUSED (SKIP TO G16)

G15. [IF YES TO G14] Would you say the overall influence *relocation* has had on [CHILD]'s education or access to educational opportunities is: *{not in baseline}*

1. Very positive

2. Somewhat positive

3. A mix of positive and negative

4. Somewhat negative

5. Very negative

98. DON'T KNOW

99. REFUSED

**Activities and Supports**

G16. Raising children can be difficult these days. In the past 5 years—that is, since [MONTH, YEAR] —have there ever been any of the following problems with [CHILD]? **{G23 from baseline}**

In the past 5 years...	<b>Ye s</b>	<b>N o</b>	<b>N A</b>	<b>D K</b>	<b>RE F</b>
a. Did [CHILD] get suspended, excluded, or expelled from school?	1	2	7	8	9
b. Did [CHILD] get into trouble with the police?	1	2	7	8	9
c. Did [CHILD] do something illegal to get money?	1	2	7	8	9

*Next, let's move on to the questions specifically about the CHOICEORG case management and supportive services.*

G17. Did you receive any support from case management or supportive services through [CHOICEORG] that helped you with education-related services for your school-age children? For example, you may have received support making a decision about where to send your child to school, connection to out-of-school-time activities like tutoring and other positive youth development programming, or you may have received parenting support; Your child may have received support to improve their grades, maintain grade level, prepare for testing, or improve reading and math scores,.

1. YES
2. NO (SKIP TO G20)
8. DON'T KNOW (SKIP TO G20)
9. REFUSED (SKIP TO G20)

G18. IF YES: How satisfied were you with these services?

1. Very Satisfied
2. Satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Very dissatisfied
98. DON'T KNOW
99. REFUSED

G19. Did the services lead to improvements in any of the following for you or your child?

	<b>Ye s</b>	<b>No</b>	<b>D K</b>	<b>RE F</b>
a. Child's grades	1	2	8	9

b. Child's test scores				
c. Participation in out of school activities like tutoring, testing help, or other positive youth development programming				
d. Your parenting				
e. Your confidence in choice of school				
f. Other _____				

**Health**

G20. Now, I'd like to ask about [CHILD]'s health status. In general, would you say [CHILD]'s health is... **{G24 from baseline}**

1. Excellent
2. Very good
3. Good
4. Fair, or
5. Poor
8. DON'T KNOW
9. REFUSED

G21. Is there a place that your child usually goes to when they are sick or need advice about their health?

1. Yes
2. There is no place (SKIP TO G23)
3. There is more than one place
8. DON'T KNOW
9. REFUSED

G22. What kind of place does your child go, is it—a clinic, a doctor's office, an emergency room, or some other place? [INTERVIEWER: PROBE FOR FACILITY TYPE]

1. Doctor's office or private clinic (including HMOs)
2. Hospital outpatient clinic
3. Hospital emergency room
4. Public health department
5. Community health center
6. Other \_\_\_\_\_
7. Doesn't go to one place most often
8. DON'T KNOW
9. REFUSED

G23. Is your child covered by health insurance or some other kind of health care plan? Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and

Medicaid that provide medical care or help pay medical bills. {D5 from baseline}

- 1. Yes
- 2. No
- 8. DON'T KNOW
- 9. REFUSED

G24. Did you receive any support through case management or supportive services through [CHOICEORG] in connecting to health services for your child(ren)? For example, did they help you enroll in health insurance for your child, help you find a medical home, mental health counseling, or a primary care doctor for your child?

- 1. YES
- 2. NO (SKIP TO END OF SURVEY)
- 8. DON'T KNOW (SKIP TO END OF SURVEY)
- 9. REFUSED (SKIP TO END OF SURVEY)

G25. IF YES: How satisfied were you with these services?

- 1. Very Satisfied
- 2. Satisfied
- 3. Neither satisfied nor dissatisfied
- 4. Dissatisfied
- 5. Very dissatisfied
- 98. DON'T KNOW
- 99. REFUSED

G26. Did the services lead to improvements in any of the following for your child?

	<b>Ye s</b>	<b>No</b>	<b>D K</b>	<b>RE F</b>
a. Your child became insured	1	2	8	9
b. Found a medical home or primary care doctor for your child				
c. Found mental health counseling for your child				
d. Other _____				

**H. Contact Information**

*Those are all the questions I have to ask you today. Thank you for the time you've spent talking with me and for your participation in this study. To send your \$50 gift card, I need to confirm your name and address.*

N1. I have your full name listed as [FLNAME] and spelled as (INTERVIEWER: SPELL NAME). Is that correct? INTERVIEWER, IF R REFUSES, SAY:

Please understand that there may be a delay in sending your gift card if we are unable to confirm the correct spelling of your full name.

1. YES (SKIP TO N2)
2. NO (SKIP TO N1a)
8. REFUSED (SKIP TO N1\_1)

N1\_1. To send your \$50 gift card, I am required to verify the spelling of your full name. I have your full name listed as [FLNAME] and spelled as  
as  
(INTERVIEWER: SPELL NAME). Is that correct?

1. YES (SKIP TO N2)
2. NO (SKIP TO N1a)
8. REFUSED (SKIP TO N2)

CATI: PROVIDE TEXT BOX FOR ENTRY OF CORRECTED NAME WHILE ORIGINAL NAME IS DISPLAYED FOR COMPARISON PURPOSES

N1a. INTERVIEWER: ENTER CORRECTED NAME.  
[FLNAME]

N2. Is this your current address? [FULLADD, RCITY, RSTATE, RZIP]

INTERVIEWER: READ ADDRESS TO R, SPELLING EACH WORD.

1. YES (SKIP TO N2b)
2. NO (SKIP TO N2a)
8. REFUSED (SKIP TO N2b)

CATI: PROVIDE TEXT BOX FOR ENTRY OF CORRECTED ADDRESS WHILE ORIGINAL ADDRESS IS DISPLAYED FOR COMPARISON PURPOSES

CATI: CREATE CDMO USING DATA ENTERED AT N2a TO REPLACE:  
FULLADD - FULL ADDRESS  
RCITY - CITY  
RSTATE - STATE  
RZIP - ZIP

N2a. INTERVIEWER: ENTER CORRECTED ADDRESS. READ BACK THE ADDRESS INFORMATION TO R, SPELLING THE WORDS.

N2b. INTERVIEWER: Is there another address you would like me to use to send  
send  
your \$50 gift card?

1. YES
2. NO
8. REFUSED

THANK. {THANK} Thank you very much for your time and assistance.

If you have any questions about the study or your gift card, you can contact XX at DIR, the company in charge of conducting this survey. Please send an email to XX or call the toll-free number 1- XXX-XXX-XXXX, extension xxx.

INTERVIEWER: PRESS NEXT TO END SURVEY.

YTY1. Thank you for your time. I am sorry that you do not want to complete this interview. If you change your mind, or have any questions, please email XX or call 1-XXX-XXX-XXXX. Have a nice day/evening.

YTY2. Thank you for your time and your patience. Someone at DIR will contact you in the near future and resolve this problem. Your information is important to us and to the success of this study. Have a nice day/evening.

TERM1. Thank you for your time.

CATI: RECORD END DATE (SECTNEDDT) AND TIME (SECNEDTM)

CATI: CALCULATE SECTION TIMES