



**Supporting Statement
for OMB Clearance
Request**

**Instrument 18a:
HPOG 2.0 National
Evaluation
Intermediate
Follow-up Survey
Critical Items Only**

**National and
Tribal Evaluation
of the 2nd
Generation of the
Health Profession
Opportunity
Grants (HPOG)**

0970-0462

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Submitted by:
Office of Planning,
Research &
Evaluation
Administration for
Children & Families
U.S. Department of
Health and
Human Services

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Reviewer Notes:

Questionnaire overview:

This survey is a subset of the full Intermediate Follow-up Survey. The full instrument has eight sections. The items retained in each section of the Critical Items Instrument are summarized below:

Section A: training experiences and employment history from the point of random assignment through the interview date (JUST A4).

Section B: school experiences (OMITTED).

Section C: credentials (JUST C2-C4 and all sub-questions).

Section D: current (or most recent) employment (JUST D6, D10a).

Section E: household composition (OMITTED).

Section F: income and financial well-being (JUST F1a, b, e and F10).

Section G: 21st century and cognitive skills (OMITTED).

Section H: parent report on child outcomes (OMITTED).

Section I: respondent and secondary contact information (Respondent and one secondary contact only).

Section J: 21st century literacy and numeracy skills assessment (OMITTED).

Defining text substitutions

Throughout the instrument, there are places where the CAPI software will insert text to customize the question for the respondent. A couple of key text inserts are defined here:

[15MONTH_RESPONDER]: Indicates whether the respondent completed a 15-month interview or not.

[C2READALOUDCOUNT]: Indicates the number of academic degrees or diplomas reported in the 15-month survey.

[C2REALOUDN1,...C2READALOUDN7]: Indicates the list of academic degrees or diplomas the respondent reported in the 15-month survey.

[C3READALOUDCOUNT]: Indicates the number of vocational certificates reported in the 15-month survey.

[C3REALOUDN1,...C3READALOUDN7]: Indicates the list of vocational certificates the respondent reported in the 15-month survey.

[C4READALOUDCOUNT]: Indicates the number of industry licenses or professional certifications reported in the 15-month survey.

[C4REALOUDN1,...C4READALOUDN7]: Indicates the list of industry licenses or professional certifications the respondent reported in the 15-month survey.

[MYLI]: For those who responded to the 15-month follow-up survey, the reference point is month and year of their 15-month interview date. If the participant did not respond to the 15-month follow-up, the reference point is the month and year of random assignment.

[EMPLOYER]: Section D refers to the current or most recent employer identified in the spell scaffolding. Throughout Section D, [EMPLOYER] is either the name of the employer or 'for yourself' if the respondent is self-employed. If the

respondent is currently employed, Section D CAPI will present questions about the current job in present tense, if the respondent is not currently employed, CAPI will present questions about the most recent job in Section Din past tense.

General notes

CAPI notes, which begin with **CAPI:** are instructions for the programmers. They are noted in bold font and the skip logic for CAPI is noted with numeric values, for example: **CAPI: IF B2≠6 SKIP TO B7.**

Refused and Don't Know responses are valued at -2 and -1 if the field is numeric; otherwise the values are 7 and 8 or 97 and 98 depending on how many other precoded responses there are. For example, in a yes, no, refused, don't know response set, refused and don't know have values of 7 and 8. If the question asks for total hours worked, refused and don't know values would be -2 and -1 respectively. If the question asked about highest grade obtained, there would be more than 6 responses—thus, the refused and don't know values would become two-digit values of 97 and 98 respectively.

Plain text descriptions of who is asked each question are noted in bold font in orange text boxes. Sample skip logic for plain text descriptions is: **Ask B6 if they were self-employed (B2=Self-employed).**

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DRAFT

Introduction

Hello, my name is []. May I please speak with _____?

I work for Abt Associates, or Abt, which is an independent research company. Abt is helping the Administration for Children and Families in the U.S. Department of Health and Human Services with its evaluation of the Health Profession Opportunity Grants (HPOG) Program. We are conducting interviews with people like you who agreed to be in a study about a program offered at [NAME OF ORGANIZATION] called [PROGRAM NAME]. Thank you for taking the time to talk with me today.

You agreed to be part of the study around [MYLI] when you signed a consent form to let researchers collect information from you. We need to talk with people who got into the program and those who did not. Your participation in this study will help policymakers and program operators better understand how to help people earn educational credentials and find and keep jobs. Your opinion and experiences are very important to the success of the study.

We understand that you chose not to participate in the full 60 minute interview. Because your input is so important to us, we would like to invite you to participate in a special shorter interview. This shorter interview will take just 20 minutes rather than 60 minutes. It captures critical information for the study from a small group of participants. I will ask you some questions about your employment and education activities, and your receipt of benefits. After that, I will update your contact information. When we are done, we will send you a link to access a \$45 gift certificate to a store of your choice.

Before we begin the survey, I would like to assure you that all of your responses on this survey will be kept private; your name will not appear in any written reports we produce. Your responses to these questions are completely voluntary. That means you may choose not to answer any question, or you may stop the interview if you wish, but we hope you don't. Your responses to these questions will in no way affect your participation in any programs or your receipt of any kinds of public benefits or services. The information you provide will be kept private and only used for studies about the different types of education and employment trainings and services that are the focus of this study. By participating in this study, you will help the government learn if and how programs like [PROGRAM NAME] make a difference in people's lives and how to improve programs in the future.

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information without approval from the Office of Management and Budget or OMB. This approval is called an OMB control number. The OMB control number for this collection is 0970-0462 and it expires xx/xx/xxxx. If you have comments regarding estimated survey length or any other aspect of this collection of information, including suggestions for reducing the length of the survey, please send them to Gretchen Locke, Abt Associates, Inc., 10 Fawcett St Cambridge, MA 02138; Attn: OMB-PRA 0970-0462. Do you have any questions before we begin?

Let's begin now.

Screener/Verification:

First I just need to verify that I am speaking with the correct person.

Read the following text and ask Q1 of everyone.

1. What is your date of birth? _____ (MM/DD/YYYY)

INTERVIEWER: ENTER DATE USING FORMAT BELOW.

CATI/CAPI NOTE: DISPLAY DOB

Respondent's Birthday: _____ / _____ / _____
<SC1_MM>, <SC1_DD>, <SC1_YY> MM DD YYYY

<SC1_REF> REFUSED..... 7

<SC1_DK> DON'T KNOW..... 8

Ask Q2 only if the DOB in Q1 does not match what is in our records.

CATI/CAPI: IF DOB AGREES WITH THE BIRTH DATE ON THE FILE, SKIP TO B1. ELSE, CONTINUE.

2. What are the last 4 digits of your Social Security Number?

INTERVIEWER – ENTER LAST 4 DIGITS OF SSN CATI/CAPI NOTE: DISPLAY LAST 4 DIGITS SSN

<SC2_4SSN> RECORD LAST 4 DIGITS: _ _ _ _

<SC2_REF> REFUSED..... 7

<SC2_DK> DON'T KNOW..... 8

CATI/CAPI: IF THE 4 DIGITS GIVEN BY RESPONDENT AGREE WITH THE NUMBER ON THE FILE, SKIP TO A1.

IF SSN IS MISSING IN THE SAMPLE OR IS A MISMATCH WITH WHAT IS ENTERED AND THERE IS A MISMATCH IN DOB, DISPLAY DISCONTINUED TEXT:

DISCONTINUED TEXT: *I'm sorry. I was unable to pull up the correct questionnaire. I will need to check with my supervisor to look into the problem. I will re-contact you when the problem is resolved. Thank you for your time.*

DRAFT

A. Training and employment history

I'd like to get a general idea of some of the things you may have done between [MYLI] and today. Perhaps you recall speaking with me or another interviewer from my company back on [MYLI].

- A1. OMITTED
 A2. OMITTED
 A3. OMITTED
 A4. Since [MYLI], have you worked at a job for pay, OR taken any classes, OR both worked at a job for pay *and* taken classes, OR neither worked at a job for pay *nor* taken any classes? (DO NOT READ RESPONSES)
1. WORKED AT A JOB FOR PAY [GO TO C2]
 2. TAKEN CLASSES [GO TO C2]
 3. BOTH WORKED AT A JOB FOR PAY AND TAKEN CLASSES [GO TO C2]
 4. NO, NEITHER WORKED AT A JOB FOR PAY NOR TOOK CLASSES [GO TO SECTION C3]
 7. REFUSED [GO TO SECTION F1a]
 8. DON'T KNOW [GO TO SECTION F1a]
- A5. OMITTED
 A6. OMITTED
 A7. OMITTED
 A8. OMITTED
 A9. OMITTED
 A10. OMITTED
 A11. OMITTED
 A12. OMITTED
 A13. OMITTED
 A14. OMITTED
 A15. OMITTED
 A16. OMITTED
 A17. OMITTED
 A18. OMITTED
 A19. OMITTED
 A20. OMITTED
 A21. OMITTED
 A22. OMITTED
 A23. OMITTED
 A24. OMITTED
 A25. OMITTED
 A26. OMITTED

B. School Experiences-OMITTED

B1. – B17. OMITTED

C.

C. Credentials

Now I'm going to ask you questions about the results of your overall training experience since [MYLI].

C1. OMITTED

Read the following text and ask C2 of everyone with any training experience since MYLI.

Now I'm going to ask you questions about any diplomas or academic degrees you may have received since [MYLI]. I will also ask you about any certificate programs, professional certifications, and state or industry licenses you may have received later in this survey.

[IF 15-MONTH RESPONDER: When we last talked in [MYLI], you told us you received [C2ReadAloudCount] [IF C2ReadAloudCount=1: "diploma or academic degree", ELSE "diplomas or academic degrees"]. These included [C2RealoudN1,...,C2ReadAloudN7]. Now I'd like to know if you have received any other diplomas or academic degrees since [MYLI].

INTERVIEWER SELECT APPROPRIATE RESPONSE:

1. RESPONDENT DID NOT QUESTION THE LIST [CONTINUE TO C2]
2. RESPONDENT VOLUNTEERED THAT AT LEAST ONE CREDENTIAL WAS WRONG
[READ SCRIPT BELOW THEN PROCEED TO C2]

Thank you for clarifying that for me. I have made a note in your file to correct this. Let's continue now.

College diplomas or academic degrees

C2. Since [MYLI], have you received a diploma or academic degree for completing *any regular college classes*?

1. YES
2. NO [SKIP TO C3]
7. REFUSED [SKIP TO C3]
8. DON'T KNOW [SKIP TO C3]

Ask C2a if they have received a diploma or academic degree from college classes since MYLI (C2=YES).

C2a. How many diplomas or academic degrees have you received since [MYLI]?

_____ (MAX=4)

-2 REFUSED

[SKIP TO C3]

-1 DON'T KNOW

[SKIP TO C3]

Ask C2b if they have received at least 1 diploma or academic degree from college classes since MYLI (C2a≥1).

C2b. [CAPI: IF C2a=1] What kind of diploma or academic degree have you received?

[CAPI: IF C2a>11 FOR FIRST LOOP ASK] What kind of diploma or degree did you receive first?
[CAPI: IF C2a>=2 FOR SUBSEQUENT DIPLOMAS:] What kind of diploma or degree did you receive after that?

- 1. A diploma requiring less than a full year’s worth of credit,
- 2. A diploma requiring a full year or more worth of credit (but less than an Associate’s Degree),
- 3. An Associate’s Degree, or [SKIP TO C2d]
- 4. A Bachelor’s degree or higher? [SKIP TO C2d]
- 5. VOL: OTHER (SPECIFY: _____) [SKIP TO C2d]
- 7. REFUSED [SKIP TO C2d]
- 8. DON’T KNOW [SKIP TO C2d]

Ask C2c if they have received at least one diploma from college classes requiring less than an Associate’s Degree since MYLI (C2b=a diploma requiring less than a full year’s worth of credit or a diploma that requires a year or more of credit, but less than an Associate’s Degree).

C2c. What is the name of the diploma you received?

Ask C2d if they have received at least one diploma or academic degree from college classes (C2a>0) since MYLI.

C2d. Where did you go to receive this diploma or academic degree?

_____ **SELECT FROM DROPDOWN MENU OF SCHOOLS**

- 91. VOL: ON THE JOB TRAINING
- 95. VOL: OTHER (SPECIFY: _____)
- 97. REFUSED
- 98. DON’T KNOW

C2e. Is this diploma or degree related to working in the field of healthcare?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON’T KNOW

C2f. When did you receive this diploma or degree? Please give me the month and year.

_____(01-12) / ____ / ____
M M / Y Y Y Y

- 5. IF VOLUNTEERED: DIPLOMA EARNED BUT NOT YET RECEIVED
- 6. IF VOLUNTEERED: CERTIFICATE NOT YET RECEIVED DUE TO COVID-19
- 7. REFUSED
- 8. DON’T KNOW

Ask C3 of everyone.**Certificates**

The next set of questions asks about any certificates you may have earned. People sometimes earn certificates from an education or training program. An educational certificate is one that can be awarded by a training provider or an educational institution. An educational certificate is awarded based on completion of all course requirements. Educational certificates are different from professional certifications or state or industry licenses. Some people get both a certificate from a school or other training institute and a related license from the state.

As we go through this next set of questions, please answer only about school- and institute-based educational certificates you may have received since [MYLI]. Please do not include school issued diplomas or academic degrees you already told me about. Also, please do not include any professional certifications or state or industry licenses yet. We will talk about those in the next section.

IF 15-MONTH RESPONDER: When we last spoke in [MYLI], you told us that you had received [C3ReadAloudCount] educational [IF C3ReadAloudCount = 1, “certificate”, ELSE “certificates”]. These included [C3RealoudN1,... C3ReadAloudN7]. Now I’d like to know if you have received any other certificates since [MYLI].

INTERVIEWER SELECT APPROPRIATE RESPONSE:

1. RESPONDENT DID NOT QUESTION THE LIST [CONTINUE TO C3]
2. RESPONDENT VOLUNTEERED THAT AT LEAST ONE CREDENTIAL WAS WRONG [READ SCRIPT BELOW THEN PROCEED TO C3]

Thank you for clarifying that for me. I have made a note in your file to correct this. Let’s continue now.

C3. Since [MYLI], have you received any of the following types of vocational certificates:

C3a. A certificate for completing a training program from an employer, employment agency, union, software or equipment manufacturer, or other training provider?

1. YES
2. NO
7. REFUSED
8. DON’T KNOW

C3b. A certificate for completing a vocational training program at a high school?

1. YES
2. NO
7. REFUSED
8. DON’T KNOW

C3c. A certificate—not a degree—for completing a program at a community or technical college, or other school after high school? Do not include teaching certificates or college degrees.

1. YES
2. NO
7. REFUSED
8. DON’T KNOW

CAPI: IF NO CERTIFICATES (C3a, C3b, AND C3c ARE ALL NO) SKIP TO C4

Ask C3d if they have received any certificate since MYLI (C3a, b or c=Yes).

C3d How many certificates have you received since [MYLI]?

_____ (MAX=4)

-2. REFUSED

[SKIP TO C4]

-1. DON'T KNOW

[SKIP TO C4]

Ask C3e if they have received at least 1 certificate since MYLI (C3d_1≥1).

CAPI: IF C3d>1 CERTIFICATE, REPEAT C3e-i FOR UP TO 4

C3e. [CAPI: IF C3d=1] What is the name of certificate you received?

[CAPI: IF C3d1>=2 FOR FIRST LOOP ASK] What is the name of the certificate you received first?

[CAPI: IF C3d>=2 FOR SUBSEQUENT DIPLOMAS:] What is the name of the certificate you received after that?

CERTIFICATE NAME: _____

7. REFUSED

8. DON'T KNOW

C3f. How long does it typically take to earn this certificate?

1. Less than one month
2. One to six months
3. Seven to eleven months
4. One to two years
5. More than 2 years
7. REFUSED
8. DON'T KNOW

C3g. Where did you go to receive this certificate?

SELECT FROM OMITTEDDOWN MENU OF SCHOOLS

91. VOL: ON THE JOB TRAINING

95. VOL: OTHER (SPECIFY: _____)

97. REFUSED

98. DON'T KNOW

C3h. Is this certificate related to working in the field of healthcare?

1. YES

2. NO

7. REFUSED
8. DON'T KNOW

C3i. When did you receive this certificate? Please give me the month and year; your best estimate is fine.

_____(1-12) / _____
M M / Y Y Y Y

5. IF VOLUNTEERED: CERTIFICATE EARNED BUT NOT YET RECEIVED
6. IF VOLUNTEERED: CERTIFICATE NOT YET RECEIVED DUE TO COVID-19
7. REFUSED
8. DON'T KNOW

Ask C4 of everyone.

Certifications and Licenses

This next set of questions asks about any professional certifications or state or industry licenses you may have received since [MYLI].

A professional certification or license shows you are qualified to perform a specific job like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification. A certification is awarded by an organization; a state or industry license is awarded by a licensing agency. Both professional certifications and state or industry licenses need to be renewed periodically.

[IF 15-MONTH RESPONDER: When we last spoke in [MYLI], you told us that you had received [C4ReadAloudCount] professional [IF C4ReadAloudCount=1 “certification”, ELSE “certifications”] or state, or industry [IF D6ReadAloudCount=1 “license”, ELSE “licenses”]. These included [C4RealoudN1,...,C4ReadAloudN7]. Now I’d like to ask about any other professional certifications, or state or industry licenses you received since [MYLI].]

INTERVIEWER SELECT APPROPRIATE RESPONSE:

1. RESPONDENT DID NOT QUESTION THE LIST [CONTINUE TO C4]
2. RESPONDENT VOLUNTEERED THAT AT LEAST ONE CREDENTIAL WAS WRONG [READ SCRIPT BELOW THEN PROCEED TO C4]

Thank you for clarifying that for me. I have made a note in your file to correct this. Let’s continue now.

C4. Since [MYLI], have you received any professional certifications, or state or industry licenses? Please do not include any commercial licenses such as a liquor license or vending license.

1. YES
2. NO [SKIP TO C5]
7. REFUSED [SKIP TO C5]
8. DON'T KNOW [SKIP TO C5]

Ask C4a if they have received a professional certification, or state or industry license since MYLI (C4=Yes).

C4a. How many professional certifications or state or industry licenses have you received since [MYLI]?

_____ (MAX=4)

-2. REFUSED

[SKIP TO C5]

-1. DON'T KNOW

[SKIP TO C5]

Ask C4b-f if they have received at least 1 professional certification, or state or industry license since MYLI (C4a≥1).

CAPI: IF C4a>1 REPEAT b-g for up to 4

C4b. [CAPI: IF C4a=1] What is the name of the professional certification or state or industry license you received?

[CAPI: IF C4a>=1] What is the name of the professional certification or state or industry license you received first?

[CAPI: IF E4a>=2]: What is the name of the professional certification or state or industry license you received next?

7. REFUSED

8. DON'T KNOW

C4c. How long does it typically take to earn this type of certificate?

1. Less than one month
2. One to six months
3. Seven to eleven months
4. One to two years
5. More than 2 years
7. REFUSED
8. DON'T KNOW

C4dc. Is this professional certification, or state or industry license related to working in the field of healthcare?

1. YES
2. NO

7. REFUSED

8. DON'T KNOW

C4e. What kind of work is this professional certification or state or industry license for? For example: teaching, vocational nursing, computer network administration, auditing, or truck driving.

7. REFUSED

8. DON'T KNOW

C4f. OMITTED

C4g. OMITTED

C4h. How many months of supervised work in the field are required to earn this type of professional certification or state or industry license? This type of supervised work could be in an internship, a clinical rotation, or a co-op job.

1. One month
2. Two to three months
3. Four to six months
4. More than six months
5. None required
7. REFUSED
8. DON'T KNOW

C4i. When did you receive this professional certification, or state or industry license? Please give me the month and year.

____ (1-12) / ____ ____ ____ (2011-2020)
M M / Y Y Y Y

5. IF VOLUNTEERED: CERTIFICATION/LICENSEA EARNED BUT NOT YET RECEIVED
6. IF VOLUNTEERED: CERTIFICATION/LICENSE NOT YET RECEIVED DUE TO COVID-19
7. REFUSED
8. DON'T KNOW

C4j. Who issued the professional certification, or state or industry license?

1. A federal, state, or local government,
2. A professional or trade association,
3. A business or company,
4. Another group or organization (SPECIFY: _____)
7. REFUSED
8. DON'T KNOW

IF A4=1 (WORKED AT A JOB FOR PAY) OR 3 (BOTH WORKED AT A JOB FOR PAY AND TOOK CLASSES) ASK D3; ELSE SKIP TO F1A.

Work-Based Training

- C5. OMITTED
- C6. OMITTED
- C7. OMITTED
- C8. OMITTED
- C9. OMITTED
- C10. OMITTED

D. Current/Most Recent Job

Read the following text and ask D3, D6 and D10a of any respondent who has worked since MYLI (that is JOBCOUNT>0).

This next set of questions is about your [most recent job].

Industry and Occupation

- D1. OMITTED
- D2. OMITTED
- D3. OMITTED
- D4. OMITTED
- D5. OMITTED
- D6. Is/was this occupation in the field of healthcare?
 - 1. YES
 - 2. NO
 - 7. REFUSED
 - 8. DON'T KNOW
- D7. OMITTED
- D8. OMITTED
- D9. OMITTED

Job Benefits

D10. [Are/Were] any of the following benefits available to you at [EMPLOYER]? That is, if you [had] wanted it, [can you receive/could you have received]:

| | YES | NO | REFUSED | DON'T KNOW |
|----------------------|-----|----|---------|------------|
| a. Health insurance? | 1 | 2 | 7 | 8 |
| b. OMITTED | | | | |
| c. OMITTED | | | | |
| d. OMITTED | | | | |
| e. OMITTED | | | | |
| f. OMITTED | | | | |

- D11. OMITTED
- D12. OMITTED
- D13. OMITTED
- D14. OMITTED
- D15. OMITTED
- D16. OMITTED

E. Household Composition—OMITTED

F. Income and Adult Well-Being

Income and Receipt of Public Assistance

Read the following text and ask F1a, b and e of everyone.

Now, I am going to ask you some questions about your household income in [PRIOR MONTH]. Again, I want to assure you that none of your answers will be discussed with anyone.

F1. Did you or other members of the household have income or benefits from any of the following sources in [PRIOR MONTH]?

| | YES | NO | REFUSED | DON'T KNOW |
|---|-----|----|---------|------------|
| a. Temporary Assistance for Needy Families or TANF ("tan-eff") or [STATE-SPECIFIC NAME] | 1 | 2 | 7 | 8 |
| b. Supplemental Nutrition Assistance Program also known as SNAP ("snap") or Food Stamps | 1 | 2 | 7 | 8 |
| c. OMITTED | | | | |
| d. OMITTED | | | | |
| e. Medicaid | 1 | 2 | 7 | 8 |
| f. OMITTED | | | | |
| g. OMITTED | | | | |
| h. OMITTED | | | | |
| i. OMITTED | | | | |
| j. OMITTED | | | | |
| k. OMITTED | | | | |
| l. OMITTED | | | | |

- F2. OMITTED
- F3. OMITTED
- F4. OMITTED
- F5. OMITTED
- F6. OMITTED
- F7. OMITTED
- F8. OMITTED
- F9. OMITTED

Financial Resilience

- F10. Think again over the past 12 months. Generally, at the end of the month do you end up with: more than enough money left over, some money left over, just enough to make ends meet, or not enough to make ends meet? (DO NOT READ RESPONSES)
- 1. MORE THAN ENOUGH MONEY LEFT OVER
 - 2. SOME MONEY LEFT OVER
 - 3. JUST ENOUGH TO MAKE ENDS MEET
 - 4. NOT ENOUGH TO MAKE ENDS MEET
 - 7. REFUSED
 - 8. DON'T KNOW

- F11. OMITTED
- F12. OMITTED
- F13. OMITTED
- F14. OMITTED
- F15. OMITTED
- F16. OMITTED

G. 21st Century Skills/Cognitive Skills—OMITTED

H. COVID-19 Module—OMITTED

I. Contact Information

Respondent Information

Before we complete this portion of the interview, I would also like to make sure I have your contact information recorded correctly. This information will help us to reach you for future survey efforts, and to ensure that we send your link to access your \$45 gift certificate to the correct email address. We may also use this information to call and ask how your interview experience was.

I1. I have your name recorded as [FIRST MI LAST]. Is this still correct or have you changed your name?

1. YES, STILL CORRECT (SKIP TO H2)
2. NO, NAME CHANGED

- a. What is your first name now? [IF POSSIBLE, PREFILL FROM FIRST]
- b. What is your middle initial now? [IF POSSIBLE, PREFILL FROM MIDDLE]
- c. What is your last name now? [IF POSSIBLE, PREFILL FROM LAST]

I2. I have your address recorded as [STREET, APT, CITY, STATE, ZIP]. Is this still correct or have you moved?

1. YES, STILL CORRECT (SKIP TO H3)
2. NO, MOVED

- a. What is your new street address or PO Box number? _____
- b. Is there a complex or building name? _____
- c. Is there an apartment number? _____
- d. In what city? _____
- e. In what state? _____
- f. What is the zip code? _____

- I3. I have your primary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new primary phone number?
1. YES, STILL CORRECT (SKIP TO I4)
 2. NO, CHANGED
 - a. What is the new number, starting with the area code?
____ - ____ - _____
 - b. Is that a home, cell, shelter, work, or other number?
 1. Home
 2. Cell
 3. Shelter
 4. Work
 5. Other
 - c. IF CELL PHONE NUMBER AND PERMISSION TO TEXT=MISSING: Do we have your permission to contact you via text message to your cell phone? This could be regular text or automated text?
 1. YES
 2. NO
 7. REFUSED
 8. DON'T KNOW
- I4. IF MISSING, SKIP TO I5. IF ≠ MISSING: I have your secondary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new secondary phone number?
1. YES, STILL CORRECT (SKIP TO I5)
 2. NO, CHANGED
 - a. What is the new number, starting with the area code?
____ - ____ - _____
 - b. Is that a home, cell, shelter, work, or other number?
 1. Home
 2. Cell
 3. Shelter
 4. Work
 5. Other
 - c. IF CELL PHONE NUMBER AND PERMISSION TO TEXT=MISSING: Do we have your permission to contact you via text message to your cell phone? This could be regular text or automated text?
 1. YES
 2. NO
 7. REFUSED
 8. DON'T KNOW

I5. Do you have another phone number where we can reach you?

1. YES, ADDITIONAL PHONE NUMBERS AVAILABLE
2. NO (SKIP TO I6)
 - a. What is the new number, starting with the area code?
 _____ - _____ - _____
 - b. Is that a home, cell, shelter, work, or other number?
 1. Home
 2. Cell
 3. Shelter
 4. Work
 5. Other
 - c. IF CELL PHONE NUMBER AND PERMISSION TO TEXT=MISSING: Do we have your permission to contact you via text message to your cell phone? This could be regular text or automated text?
 1. YES
 2. NO
 7. REFUSED
 8. DON'T KNOW

[REPEAT I5 UNTIL ALL PHONE NUMBERS ARE RECORDED]

I6. IF MISSING, SKIP TO I7. IF ≠ MISSING: I have your email address recorded as [abc@abc.abc]. Is this still correct or do you have a new email address?

1. YES, STILL CORRECT (SKIP TO I7)
2. NO, CHANGED
3. NO LONGER HAVE ANY WORKING EMAIL ADDRESSES (SKIP TO INSTRUCTION ABOVE I8)
 - a. What is your new email address? _____

I7. Do you have [IF I6=MISSING: an email address / IF I6≠MISSING: any other email addresses]?

1. YES, ADDITIONAL EMAIL ADDRESSES ARE AVAILABLE
2. NO (SKIP TO INSTRUCTIONS ABOVE H8)

a. What is the additional email address? _____

[REPEAT I7 UNTIL ALL EMAIL ADDRESSES ARE LISTED]

To help us be able to get back in touch with you in the future, we would like to review the names, telephone numbers and addresses of three people we talked about last time we spoke who will always know how to reach you. This information will be kept strictly private and will only be used if we are unable to contact you.

I8. When we last spoke in [MONTH AND YEAR OF MYLI] you said that [CONTACT #1] was a person who would always know where you are and how to reach you. Is [CONTACT#1] still a person who does not live with you and will always know how to contact you?

1. YES (VERIFY CONTACT #1 INFORMATION THEN GO TO I9)
2. NO
7. REFUSED
8. DON'T KNOW

IF NO: Could you please tell me the name of a person who does not live with you and will always know how to contact you?

1. YES
2. NO
7. REFUSED
8. DON'T KNOW

IF YES:

| | CONFIRM INFO BELOW | Check if correct | ENTER/CHANGE INFO |
|---|--------------------------|--------------------------|---|
| a. first name | [DISPLAY FIRST NAME] | <input type="checkbox"/> | |
| b. middle name | [DISPLAY MIDDLE NAME] | <input type="checkbox"/> | |
| c. Last name | [DISPLAY LAST NAME] | <input type="checkbox"/> | |
| d. Suffix | [DISPLAY SUFFIX] | <input type="checkbox"/> | |
| e. Street Address/PO Box | [DISPLAY STREET ADDRESS] | <input type="checkbox"/> | |
| f. Complex or Building Name | [DISPLAY COMPLEX NAME] | <input type="checkbox"/> | |
| g. Apartment Number | [DISPLAY APT NUMBER] | <input type="checkbox"/> | |
| h. City | [DISPLAY CITY] | <input type="checkbox"/> | |
| i. State | [DISPLAY STATE] | <input type="checkbox"/> | |
| j. Zip | [DISPLAY ZIP] | <input type="checkbox"/> | |
| k. Home Phone | [DISPLAY HOME PHONE] | <input type="checkbox"/> | |
| l. Cell Phone | [DISPLAY CELL PHONE] | <input type="checkbox"/> | |
| m. Email (enter NA if no working email address) | [DISPLAY EMAIL] | <input type="checkbox"/> | |
| n. Relationship | [DISPLAY RELATIONSHIP] | <input type="checkbox"/> | 1. Friend 2. Relative 3. Other Specify 7. REFUSED 8. DON'T KNOW |

J. 21st Century Literacy and Numeracy Skills Assessment—OMITTED

That is the last of the questions I have for you today. Thank you again for your time. As I mentioned earlier, you will receive an email with instructions to access the website where you can access your \$45 gift certificate, to the store of your choice.