

CATI Introduction

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

[IF NECESSARY: [INSERT RESPONDENT FIRST & LAST NAME] has agreed to help with a study about employment programs in [Franklin/Stark] county.]

IF RESPONDENT COMES TO THE PHONE: Hello, my name is []. I'm calling from Abt Associates concerning a study about an employment program in [COUNTY] that you joined about 6-9 months ago through the child support office.

IF PHONE OR IN-PERSON: Thank you for taking the time to talk with me today. 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 and the Social Security Administration with its evaluation of the Building Evidence on Employment Strategies - or BEES study. Today, we are contacting you for a survey. You agreed to be in a study about a program offered at [NAME OF ORGANIZATION] called [BEES program]. In this study, we are interested in learning about programs and services that help parents who have a child support obligation.

This survey will take about 15 minutes. We will be asking you questions about your use of different services that could help you find a job, education and training programs, parenting programs, substance use treatment, and child support office services. When we are done, you will receive a \$15 gift card, as a thank you.

You agreed to be part of the study around [RAD] 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 staff better understand how to help people get better jobs, earn more, and improve general well-being.

[SKIP TO SCREENER/VERIFICATION]

WEB Introduction

Thank you for accepting our invitation to participate in this survey!

Today, we are contacting you for a survey that is part of the Building Evidence on Employment Strategies - or BEES study. You agreed to be in a study about a program offered at [NAME OF ORGANIZATION] called [BEES program] around [RAD].

Some things that you should know about this survey:

- It will take about **15 minutes**.
- We are interested in learning about programs and services that help parents who have a child support obligation.
- We will be asking you questions about your use of different services that could help you find a job, education and training programs, parenting programs, substance use treatment, and child support office services.

- We need to talk with people who got into [BEES program] and those who did not. Your participation in this study will help policymakers and program staff better understand how to help people get better jobs, earn more, and improve general well-being
- When we are done, you will receive a **\$15 gift card**, as a thank you.

Thank you in advance for taking the time to complete this survey that Abt Associates, (an independent research company), is helping the Administration for Children and Families in the U.S. Department of Health and Human Services and the Social Security Administration (SSA) to conduct.

Screener/Verification:

CATI: Before we begin, I'd like to confirm that I am speaking with the correct person.

WEB: We need to first confirm that you are the correct person for this survey.

1. In order to do so, could you please provide your date of birth? _____ (MM/DD/YYYY)

PROGRAMMER: VALIDATE AGAINST DOB FROM SAMPLE. IF DOB CONFIRMED, SET DOBCONF = 1 AND SKIP TO INFORMED CONSENT, ELSE SET DOBCONF=2.

IF NOSSN4=0 AND DOBCONF=2, SKIP TO FAIL_SCREENERS. IF NOSSN4=1 AND DOBCONF=2, CONTINUE TO Q2

2. Again, to confirm that you are the correct person, could you please provide the last 4 digits of your Social Security number?

PROGRAMMER: VALIDATE LAST 4 SSN FROM SAMPLE. IF SSN4 CONFIRMED, SET SSNCONF = 1 AND SKIP TO INFORMED CONSENT, ELSE SET SSNCONF = 2.

FAIL_SCREENERS:

IF DOBCONF=2 AND (NOSSN4=1 AND SSNCONF=2) READ CLOSING BASED ON MODE:

CATI DISCONTINUED TEXT Thank you for taking the time to answer these questions. The information you provided does not match our records. I will need to check with my supervisor to determine how to resolve this issue. If we are able to do so, I will give you a call back. Have a nice a day – and thank you.

WEB DISCONTINUED TEXT: Thank you for taking the time to answer these questions. The information you provided does not match our records. We will investigate further to determine how to resolve this issue. If we are able to do so, we will contact you again. Have a nice a day – and thank you.

INFORMED CONSENT

Thank you for confirming this information.

Next, we would like to start with a few assurances:

- All of your responses will be kept private.
- Your name will not appear in any written reports.
- Your responses to these questions are voluntary.
- You may choose not to answer any question or to stop the survey.
- Your responses will in no way affect your participation in any programs or your receipt of any public benefits or services.

Furthermore, the information you provide will only be used for research about the different employment services related to this study. By participating, you will help the government learn if and how programs like [BEES program] make a difference in people's lives and how to improve them.

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 unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: XXXX-XXXX, Exp: XX/XX/XXXX.

WEB ONLY: Do we have your consent to continue?

- 1 YES [SKIP TO SECTION A]
- 2 NO [SKIP TO TERMINATION SCRIPT]

CATI ONLY: And finally, this interview will be recorded for quality control purposes. Do I have your consent to continue?

- 1 YES [SKIP TO SECTION A]
- 2 NO

CATI ONLY: May I ask if you are declining to consent to the interview because you are concerned about the possibility of being recorded?

- 1 DON'T WANT TO BE RECORDED [CONTINUE TO RECORDING ISSUE]
- 2 DON'T WANT TO DO INTERVIEW [SKIP TO TERMINATION SCRIPT]

CATI ONLY RECORDING ISSUE: I understand. I can turn the recorder off and we can continue with the interview. Would that be OK?

- 1 Yes [DISABLE RECORDER & CONTINUE TO SECTION A]
- 2 No [SKIP TO TERMINATION SCRIPT]

TERMINATION SCRIPT

Thank you for your time. We are sorry that you are not able to participate in our study. If you change your mind, please call 888-474-6121 or email us at beesresearch@abtassoc.com.

SECTION A: SERVICE RECEIPT AND PARTICIPATION

BEES PROGRAM JOB SEARCH, TRAINING, EDUCATION FOCUS

INTROFRM: Throughout this survey we are going to ask you to think about things that have happened in your life since [RAMY] – this is the date you applied to the [BEES PROGRAM] at [NAME OF ORGANIZATION]. We are interested in what’s happened in the lives of the people who applied – even if you did not participate or were not accepted.

**//NEW SCREEN//
JOBHELP00 (A1.)**

First, we would like to learn about **all** of the assistance you may have received since [RAMY] from **any** organizations or programs in your community to help you find or keep a job, or to help you deal with problems that interfered in your ability to work.

[IF PROGRAM SHOW: When answering the following questions, keep in mind both help you may have received from [BEES PROGRAM], as well as help you have received from others.]

Did you receive help with ...

JOBHELP01 (a) preparing a resume, filling out job applications, or preparing for job interviews?	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
---------------------------------------------------------------------------------------------------------	--------------------------------------------

JOBHELP02 (b). ...getting referrals to jobs or looking for jobs, including subsidized jobs, or deciding what kinds of jobs to look for?	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------

JOBHELP03 (c). ...planning your future career or educational goals, including a work or job assessment?	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
----------------------------------------------------------------------------------------------------------------	--------------------------------------------

JOBHELP04 (d). ...paying for transportation for a job or paying for work tools or uniforms?	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
----------------------------------------------------------------------------------------------------	--------------------------------------------

JOBHELP05 (e). ... supports, accommodations, or coaching while working, provided by someone other than your employer?	1 YES 2 NO 7 DK 8 REF
------------------------------------------------------------------------------------------------------------------------------	--------------------------------

JOBHELP6 (f). ... On-the-Job Training (OJT) as part of a program that reimbursed your employer for some of your wages during a training period?	1 YES 2 NO 7 DK 8 REF
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JOBHELP7 (g). ... how to act when you are at work? This includes issues like being on time, managing your tasks, relating to your supervisor, and handling conflicts.	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------

Did you receive help with ...

-
- JOBHELP8** (h). ...some other employment service?
- 1 YES (Please specify: _____)
 - 2 NO
 - 7 DON'T KNOW
 - 8 REFUSED

IFJOBHELP1-JOBHELP8 (A1a-A1h) ALL EQ 2,7, OR 8, SKIP TO EDFILTR CURJOBHLP (A2)

Are you currently receiving any of these services related to finding or keeping a job?

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

[IF **JOBHELP01- JOBHELP8** (A1a-A1l) ALL EQ 2,7 OR 8 AND CURJOBHLP (A2)=2,7, OR 8, SKIP TO EDFILTR)]

TIMEJBHLP (A4)

[IF NUMBER OF 1/YES RESPONSES IN **JOBHELP01 TO JOBHELP8** (A1a-A1h) SUMS TO 1, SHOW] How much time since [RAMY] did you spend participating in this service related to finding or keeping a job? Please give your answer in either days, weeks, or months.

[IF NUMBER OF 1/YES RESPONSES IN **JOBHELP01 TO JOBHELP8** (A1a-A1h) SUMS TO MORE THAN 1, SHOW] How much time since [RAMY] did you spend participating in these services related to finding or keeping a job? Please give your answer in either days, weeks, or months.

-
- AMOUNT OF TIME [RANGE: 1-300]
- 996 MORE THAN 10 MONTHS
 - 997 DON'T KNOW
 - 998 REFUSED

TIMEJBHLPU (A4a)

[IF NEEDED, CONFIRM UNIT OF TIME] Was that days, weeks or months?

- 1 Days
- 2 Weeks
- 3 Months
- 7 DON'T KNOW
- 8 REFUSED

JBHLPPLE (A3).

Where did you receive this help related to finding or keeping a job since [RAMY]? Was it at...

[INTERVIEWER: READ LIST, SELECT ALL THAT APPLY]

[NOTE: RESPONSE OPTIONS MAY BE CUSTOMIZED BY SITES]

- 1 [BEES PROGRAM],
- 2 the Department of Job and Family Services, or the welfare office,
- 3 OhioMeansJobs
- 4 An unemployment office,
- 5 the Bureau of Vocational Rehabilitation or vocational rehabilitation agency,
- 6 the Food Assistance Program or SNAP,
- 7 An organization that addresses mental health or substance use, such as a clubhouse or community mental health center,
- 8 A community-based organization that provides employment services or other social services, or
- 96 from some other place? (Please specify: _____)
- 97 DON'T KNOW – [UNIQUE RESPONSE – SKIP TO JHLPCSWRK(A6)]
- 98 REFUSED – [UNIQUE RESPONSE – SKIP TO JHLPCSWRK(A6)]

[IF NUMBER RESPONSES IN JBHLPPLCE (A3) SUMS 1, SKIP TO, JBHLPTIME (A5)]

JBHLP MST (A3.1) .

[IF NUMBER RESPONSES IN JBHLPPLCE (A3) SUMS TO MORE THAN 1, SHOW] Where did you receive most of these services? Was it at...

[PROGRAMMER: RECALL & DISPLAY ANY RESPONSES FROM JBHLPPLCE, DO NOT RECALL 97 OR 98 - ALLOW ONLY SELECT ONE.]

- 1 [BEES PROGRAM],
- 2 the Department of Job and Family Services, or the welfare office,
- 3 OhioMeansJobs
- 4 An unemployment office,
- 5 the Bureau of Vocational Rehabilitation or vocational rehabilitation agency,
- 6 the Food Assistance Program or SNAP,
- 7 An organization that addresses mental health or substance use, such as a clubhouse or community mental health center,
- 8 A community-based organization that provides employment services or other social services, or
- 96 [RECALL JBHLPPLCE=96 TEXT]
- 97 DON'T KNOW
- 98 REFUSED

EDTRFILTR

Have you participated in any kind of education or training classes since [RAMY]? For example, GED preparation, classes at a training center or community college, or somewhere else? When answering, please include any classes that you started before [RAMY] if they continued after [RAMY.]

- 1 YES
- 2 NO [SKIP TO CRTLICRVD (A10)]
- 7 DON'T KNOW [SKIP TO CRTLICRVD (A10)]
- 8 REFUSED [SKIP TO CRTLICRVD (A10)]

EDTRAIN00 (A9).

Have you enrolled in **any** of the following types of education or training classes since [RAMY]?

6-Month Follow-Up Participant Survey- POST PRETEST

EDTRAIN01. (1)...Vocational or technical training? For example training for careers in areas like auto repair, commercial driving, HVAC technician, medical coding and billing, etc.	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
EDTRAIN02 (2).English as a Second Language, ESL classes?	1. YES 2. NO 7 DON'T KNOW 8 REFUSED
EDTRAIN03 (3) Adult Basic Education or GED courses? (INTERVIEWER: IF R SAYS "I am taking ABE", MARK AS YES)	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
EDTRAIN04 (4) Associate degree program?	1 YES (SKIP TO EDTRAIN07 (7)) 2 NO 7 DON'T KNOW 8 REFUSED
EDTRAIN5 (5) Bachelors degree program?	1 YES (SKIP TO EDTRAIN07 (7)) 2 NO 7 DON'T KNOW 8 REFUSED
EDTRAIN06 (6) Graduate school	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
EDTRAIN07 (7) Some other type of education or training?	1 YES (Please specify: _____) 2 NO 7 DON'T KNOW 8 REFUSED

[IF ALL EDTRAIN01 (A9_1) TO EDTRAIN07 (A9_7,) ARE 2,7, AND/OR 8 SKIP TO **OTHSERV1 (A0)**]

[IF EDTRAIN01 (A9.1)=1 ASK EDTRAIN1A (A9B_1) ELSE SKIP TO EDTRAIN2B (A9B.2)]

EDTRAIN1A (A.9B_1) What was the name of the program or school that offered the vocational or training classes? If you attended more than one program or school, please list them all.

LIST EACH PROGRAM SEPARATELY

PROGLOC01 _____

PROGLOC02 _____

PROGLOC03 _____

PROGLOC04 _____

PROGLOC05 _____

- 7 DON'T KNOW [UNIQUE RESPONSE]
- 8 REFUSED [UNIQUE RESPONSE]

EDTRAIN1B (A.9C_1)

Are you currently enrolled in these vocational or training classes?

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

[IF EDTRAIN1B (A.9C_1)=1 (currently enrolled in classes) THEN DO NOT ASK EDTRAIN1C (A9D.1),
CODE AS 77/7777, SKIP TO EDTRAIN1D (A9.E.1)]

EDTRAIN1C (A.9D_1)

When did you stop taking these vocational and training classes? That is, when was your last class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY-CURRENT YEAR, 9997, 9998)

- 77/7777 STILL TAKING CLASSES
- 97/9997 DON'T KNOW
- 98/9998 REFUSED

EDTRAIN1D (A.9E_1)

When did you start these vocational and training classes? That is when was your first class?
Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

- 97/9997 DON'T KNOW
- 98/9998 REFUSED

[IF EDTRAIN02 (A9.2)=1 ASK EDTRAIN2A (A9B.2) ELSE SKIP TO EDTRAIN3B (A9B.3)]

EDTRAIN2A (A.9B_2)

What was the name of the program or school that offered the English as a Second Language, or ESL classes?

SPECIFY: _____

- 7 DON'T KNOW
- 8 REFUSED

EDTRAIN2B (A.9C_2)

Are you currently enrolled in these ESL classes?

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

[IF EDTRAIN2B (A.9C_2)=1 (currently enrolled in classes) THEN DO NOT ASK EDTRAIN2C (A9D.2), CODE AS 77/7777, SKIP TO EDTRAIN2D (A9.E.2),].

EDTRAIN2C (A.9D_2)

When did you stop taking these ESL classes? That is, when was your last class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY-CURRENT YEAR, 9997, 9998)

- 77/7777 STILL TAKING CLASSES
 - 97/9997 DON'T KNOW
 - 98/9998 REFUSED
-

EDTRAIN2D (A.9E_2)

When did you start these ESL classes? That is, when was your first class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

- 97/9997 DON'T KNOW
 - 98/9998 REFUSED
-

[IF EDTRAIN03 (A9.3=1) ASK EDTRAIN3A (A9B.3), ELSE SKIP TO EDTRAIN04 (A9B.4)]

EDTRAIN3A (A.9B_3)

What was the name of the program or school that offered the Adult Basic Education or GED classes?

SPECIFY: _____

- 7 DON'T KNOW
 - 8 REFUSED
-

EDTRAIN3B (A.9C_3)

Are you currently enrolled in these Adult Basic Education or GED classes?

- 1 YES
- 2 NO
- 7 DK
- 8 REF

[IF EDTRAIN3B (A.9C_3) =1 (currently enrolled in classes) THEN DO NOT ASK EDTRAIN3C (A9D.3), CODE AS 77/7777, SKIP TO EDTRAIN3D (A9.E.3).]

EDTRAIN3C (A.9D_3)

When did you stop taking these Adult Basic Education or GED classes? That is, when was your last class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY-CURRENT YEAR, 9997, 9998)

77/7777 STILL TAKING CLASSES
97/9997 DON'T KNOW
98/9998 REFUSED

EDTRAIN3D (A.9E_3)

When did you start these Adult Basic Education or GED classes? That is, when was your first class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

97/9997 DON'T KNOW
98/9998 REFUSED

[IF EDTRAIN04I (A9.4)=1 ASK EDTRAIN4A (A9B.4) ELSE SKIP TO EDTRAIN5A(A9B.5).]

EDTRAIN4A (A.9B_4)

What was the name of the program or school that offered the Associate degree program?

SPECIFY: _____

7 DON'T KNOW
8 REFUSED

EDTRAIN4B (A.9C_4)

Are you currently enrolled in these Associate degree classes?

1 YES
2 NO
7 DK
8 REF

[IF EDTRAIN4B (A.9C_4) =1 (currently enrolled in classes) THEN DO NOT ASK EDTRAIN4C (A9D.4), CODE AS 77/7777, SKIP TO EDTRAIN4D (A9.E.4).]

EDTRAIN4C (A.9D_4)

When did you stop taking these Associate degree classes? That is, when did you take your last class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY-CURRENT YEAR, 9997, 9998)

77/7777 STILL TAKING CLASSES
97/9997 DON'T KNOW
98/9998 REFUSED

EDTRAIN4D (A.9E_4)

When did you start these Associate degree classes? That is, when did you take your first class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

[IF EDTRAIN05 (A9.5) =1 ASK EDTRAIN5A (A9B.5) ELSE SKIP TO EDTRAIN6A (A9B.6)]

EDTRAIN5A (A.9B_5)

What was the name of the program or school that offered the Bachelor's degree program?

SPECIFY: _____

7 DON'T KNOW
8 REFUSED

EDTRAIN5B (A.9C_5)

Are you currently enrolled in these Bachelor's degree classes?

1 YES
2 NO
7 DK
8 REF

[IF EDTRAIN05 (A.9C_5)=1 (currently enrolled in classes) THEN DO NOT ASK EDTRAIN5C (A9D.5), CODE AS 77/7777, SKIP TO EDTRAIN5D (A9.5.3).]

EDTRAIN5C (A.9D_50)

When did you stop taking these Bachelor's degree classes? That is, when did you take your last class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY-CURRENT YEAR, 9997, 9998)

77/7777 STILL TAKING CLASSES
97/9997 DON'T KNOW
98/9998 REFUSED

EDTRAIN5D (A.9E_5)

When did you start these Bachelor's degree classes? That is, when did you take your first class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

[IF EDTRAIN06 (A9.6)=1 ASK EDTRAIN6A (A9B.6) ELSE SKIP TO EDTRAIN7A (A9E.7).]

EDTRAIN6A (A.9B_6)

What was the name of the program or school that offered the Graduate school classes?

SPECIFY: _____

7 DON'T KNOW
8 REFUSED

EDTRAIN6B (A.9C_6)

Are you currently enrolled in these Graduate school classes?

1 YES
2 NO
7 DK
8 REF

[IF EDTRAIN6B (A.9C_6) =1 (currently enrolled in classes) THEN DO NOT ASK EDTRAIN6C (A9D.6), CODE AS 777777, SKIP TO EDTRAIN6D (A9.E.6)]

EDTRAIN6C (A.9D_6)

When did you stop taking these Graduate school classes? That is, when did you take your last class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY-CURRENT YEAR, 9997, 9998)
777777 STILL TAKING CLASSES
97/9997 DON'T KNOW
98/9998 REFUSED

EDTRAIN6D (A.9E_6)

When did you start these Graduate school classes? That is, when did you take your first class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

97/9997 DON'T KNOW
 98/9998 REFUSED

[IF EDTRAIN07 (A9.7)=1 ASK EDTRAIN7B (AC.7) ELSE SKIP TO CRTLICRVD]

EDTRAIN7B (A.9C_7)

Are you currently enrolled in [RECALL **EDTRAIN07 (A9.7)** =1 SPECIFY TEXT, IF BLANK SHOW "this other education or training program you mentioned"]?

1 YES
 2 NO
 7 DK
 8 REF

[EDTRAIN7B (currently enrolled in classes)=1 THEN DO NOT ASK EDTRAIN7C (A9D.7), CODE AS 77/7777, SKIP TO EDTRAIN7D (A9.E.7).]

EDTRAIN7C (A.9D_7)

When did you stop taking these classes? That is, when did you take your last class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY-CURRENT YEAR, 9997, 9998)

77/7777 STILL TAKING CLASSES
 97/9997 DON'T KNOW
 98/9998 REFUSED

EDTRAIN7D (A.9E_7)

When did you start these classes? That is, when did you take your first class? Your best guess is fine.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

97/9997 DON'T KNOW
 98/9998 REFUSED

CRTLICRVD (A10)

Since [RAMY], have you earned or received **any** technical, vocational, or professional certifications or licenses, perhaps through a community college, or training program?

For our purposes:

- A **technical/ vocational certification or license** may show that you are qualified to perform specific jobs like auto repair, commercial driving, HVAC technician, or medical coding and billing, for example.
- A **professional certification or license** shows you are qualified to perform specific jobs like, Certified Medical Assistant, Certified Construction Manager, or an IT certification.

1 YES

- 2 NO [SKIP TO OTHSERV1]
- 7 DON'T KNOW [SKIP TO OTHSERV1]
- 8 REFUSED [SKIP TO OTHSERV1]

CERTLIC00.

What type of licenses or certifications did you receive? What type of trade or work do they qualify you to do?

LIST EACH LICENSE/CERTIFICATE SEPARATELY

CERTLIC01 _____

CERTLIC02 _____

CERTLIC03 _____

CERTLIC004 _____

CERTLIC05 _____

CERTLIC06 _____

- 97 DON'T KNOW [UNIQUE RESPONSE]
- 98 REFUSED [UNIQUE RESPONSE]

BEES PROGRAM – SECOND/OTHER FOCUS -

OTHSERV1 (A0)

Since [RAMY], have you participated in a parenting course or program?

- 1 YES
- 2 NO [SKIP TO A12]
- 7 DON'T KNOW [SKIP TO A12]
- 8 REFUSED [SKIP TO A12]

OTHSERV2 (A0.a)

What was the name of the provider that offered the course or program?

SPECIFY _____

- 7 DON'T KNOW
- 8 REFUSED

BEES PROGRAM – SUBSTANCE ABUSE/TREATMENT

SUBUSEHLP(A12)

The next few questions ask about your experiences with receiving help for problems related to substance use. As a reminder, none of your responses from this survey will be shared with program staff or government agencies.

Since [RAMY], have you received help for problems related to substance use?

- 1 YES
- 2 NO [SKIP TO CSUPCWRK (A25)]
- 7 DON'T KNOW [SKIP TO CSUPCWRK (A25)]
- 8 REFUSED [SKIP TO CSUPCWRK (A25)]

SUBUSTRMT(A13).

What type of services did you receive for problems related to substance use? Did you receive ...

[SELECT ALL THAT APPLY]

- 1 hospital inpatient,
- 2 inpatient in a residential drug treatment facility,
- 3 intensive outpatient,
- 4 outpatient.
- 5 or some other type? (Please specify:_____)
- 7 DON'T KNOW [UNIQUE RESPONSE – SKIP TO CSUPCWRK (A25)]
- 8 REFUSED [UNIQUE RESPONSE SKIP TO CSUPCWRK (A25)]

[IFSUBUSTRMT=1 ASK SUBTRMT1A, ELSE SKIP TO SUBTRMT2A (A14.2)]

SUBTRMT1a (A14.1)

When did you start receiving help as a hospital inpatient?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

SUBTRMT1B A(15.1)

Are you still receiving this help as a hospital inpatient?

- 1 YES [SKIP TO **SUBTRMT2A (A14.2)**]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

SUBTRMT1C (A16.1)

When was the last time you received help as a hospital inpatient?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

[IFSUBUSTRMT (A13)=2 ASK, ELSE SKIP TO SUBTRMT3A(A14.3)]

SUBTRMT2A (A14.2)

When did you start receiving help at an inpatient residential drug treatment program?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

SUBTRMT2B (A15.2)

Are you still receiving this help at the residential drug treatment program?

1 YES [SKIP TO SUBTRMT3A(A14.3)]
2 NO
7 DON'T KNOW
8 REFUSED

SUBTRMT2C (A16.2)

When was the last time you received help at the residential drug treatment program?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

[IFSUBSTRMT(A13)=3 ASK, ELSE SKIP TO SUBTRMT4A (A14.3)]

SUBTRMT3A (A14.3)

When did you start receiving intensive outpatient services?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

SUBTRMT3B (A15.3)

Are you still receiving this intensive outpatient services?

1 YES [SKIP TO SUBTRMAT3D (A17.3)]
2 NO
7 DON'T KNOW
8 REFUSED

STRMT3C (A16.3)

When was the last time you received intensive outpatient services?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

SUBTRMT3D (A17. 3)

During the time in which you were receiving help for problems related to substance use, how often did you receive intensive outpatient services? Was it...

- 1 Four or more times a week,
- 2 Two or three times a week,
- 3 Once a week,
- 4 2-3 times a month
- 5 Once a month, or
- 6 Less than once a month
- 7 DON'T KNOW
- 8 REFUSED

[IF SUBUSTRMT (A13)=4 ASK, ELSE SKIP TO SUBTRMT5A]

SUBTRMT4A (A14.4)

When did you start receiving outpatient services?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

SUBTRMT4B (A15.4)

Are you still receiving this help as an outpatient?

- 1 YES [SKIP TO SUBTRMT4D]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

SUBTRMT4C (A16.4)

When was the last time you received help as an outpatient?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

SUBTRMT4D (A17. 4)

During the time in which you were receiving help for problems related to substance use, how often did you receive help as an outpatient? Was it...

- 1 Four or more times a week,
- 2 Two or three times a week,
- 3 Once a week,
- 4 2-3 times a month
- 5 Once a month, or
- 6 Less than once a month

- 7 DON'T KNOW
- 8 REFUSED

[IF SUBSUTRMT (A13)=5 " OTHER" ASK, ELSE SKIP TO MATUSE30D]

SUBTRMT5A (A14.5)

When did you start receiving [RECALL SUBUSTRMT (A13)=5 SPECIFY OR Display "this other type of help related to substance abuse"]?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

SUBTRMT5B (A15.5)

Are you still receiving this help?

- 1 YES [SKIP TO SUBTRMT5D]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

SUBTRMT5C (A16.5)

When was the last time you received help?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

SUBTRMT5D (A17. 5)

During the time in which you were receiving help for problems related to substance use, how often did you receive this help? Was it...

- 1 Four or more times a week,
- 2 Two or three times a week,
- 3 Once a week,
- 4 2-3 times a month
- 5 Once a month, or
- 6 Less than once a month
- 7 DON'T KNOW
- 8 REFUSED

MATUSE30D (A18)

Have you been taking any of the following while in the care of a medical professional during the past 30 days?

[SELECT ALL THAT APPLY]

- 1 methadone,
- 2 buprenorphine (including Subutex ®, Suboxone ®)
- 3 naltrexone (including Vivitrol ®)
- 4 Or none of these
- 7 DON'T KNOW
- 8 REFUSED

CHILD SUPPORT

CSUPCWRK (A25.0)

Now we would like to learn about your experiences with the child support program.

Do you have a child support caseworker?

- 1 YES
- 2 NO [SKIPTO RELWCHILD]
- 7 DON'T KNOW [SKIPTO RELWCHILD]
- 8 REFUSED [SKIPTO RELWCHILD]

CWRKSAT

How satisfied are you with the help and support you have received from your child support case worker? Would you say...

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not very satisfied, or
- 4 Not at all satisfied
- 7 DON'T KNOW
- 8 REFUSED

CWRKINT00

Thinking about your recent interactions with your child support caseworker, please indicate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	DK/NA	REF
CSWRKINT1 Your caseworker was polite and friendly.	1	2	3	4	5	7	8
CSWRKINT2 Your	1	2	3	4	5	7	8

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caseworker treated you with courtesy and respect.							
CSWRKINT3 Your caseworker was impartial and non-judgmental.	1	2	3	4	5	7	8
CSWRKINT4 Your caseworker understood the details of your case.	1	2	3	4	5	7	8
CSWRKINT5 Your caseworker kept you informed of what was happening on your case.	1	2	3	4	5	7	8

CHLDSUP

Now, we would now like to talk about your experiences with the child support office. Please indicate how much you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	DK	REF
CHLDSUPP1 You are satisfied with the experience you have had with the child support office.	1	2	3	4	5	7	8
CHLDSUPP2 If you have a question about your child support agreement, you know who to contact.	1	2	3	4	5	7	8
CHLDSUPP3 The child support office has treated you fairly when setting your child support order.	1	2	3	4	5	7	8

RELWCHILD (A26).

In general, would you say your relationship with your child or children is excellent, very good, good, fair, or poor?

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

RELWPROV

Most people discuss things that are important to them with others. For example, you might talk to someone about the good or bad things that happen to you, problems you are having, or important concerns you have about relationships or work.

Is there someone you have met through the services you have received related to employment, education, training, [IF SUBUSEHLP=1 "substance use"], parenting or the child support office that you could turn to for help?

- 1 YES
- 2 NO [SKIP TO SECTION B]
- 7 DON'T KNOW [SKIP TO SECTION B]
- 8 REFUSED [SKIP TO SECTION B]

B]

A7. JPHLPPER2 (A7).

At which organization or program did this person work? Was it at...

INTERVIEWER: READ LIST, SELECT ONE.

- 1 OhioMeansJobs,
- 2 The child support office,
- 3 An Employment services provider, like [EMPLOYMENT SERVICE PROVIDERS],
- 4 A Parenting or fatherhood program, like [PARENTING SERVICES PROVIDER],
- 5 The welfare office, Ohio Works First, or
- 6 Some other place? (Where was that?: _____)
- 97 DON'T KNOW
- 98 REFUSED

A8. JPHLPPER3 (A8).

Are you still in touch with this person?

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

SECTION B: PROGRAM SATISFACTION

[PROGRAM GROUP ONLY – ALL ELSE SKIP TO SECTION C – CONTACT INFORMATION]

PRGMINTRO:

The next set of questions are about your experiences with services that are offered as part of [BEES PROGRAM] – employment services at [EMPLOYMENT SERVICE PROVIDERS]), the parenting program at [PARENTING SERVICES PROVIDER]. [IF JBHLPPLCE=1 DISPLAY “While you may have shared some of your experiences already, we have just a few more program specific questions to ask.”]

Just as a reminder -[IF COUNTY=FRANKLIN, DISPLAY “ The Journey is a program with Franklin County Child support that you agreed to participate in as part of a research study.”] [IF COUNTY= STARK DISPLAY “The Right Path is a program with Stark County Child support that you agreed to participate in as part of a research study.”]

CURRWORK1

Are you currently working for pay?

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

CURRBEES

Are you currently receiving any employment services from [BEES PROGRAM] or participating in **any** [BEES PROGRAM] activities provided by [EMPLOYMENT SERVICES PROVIDER] to help with finding, getting, or keeping a job?

- 1 YES [SKIP TO CHECKPOINT1]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

3. BEMPSEV1 (B1)

Since [RAMY], have you received **any** services from [BEES PROGRAM] or participated in **any** [BEES PROGRAM] activities provided by [EMPLOYMENT SERVICES PROVIDER] to help with finding, getting, or keeping a job?

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

[CHECKPOINT1

NO JOB, CURR WORK WITH BEES : CURRWORK=2,7,8 AND CURRBEESE=1 SKIP TO BPRTSERV1 (B8)

NO JOB NO CURR BEES, YES PAST BEES: CURRWORK=2,7,8 AND CURRBEEES=2,7,8 AND BEMPSEV1=1 SKIP TO BEMPSEV5 (B4)

NO JOB, NO CURR BEES, NO PAST BEES: CURRWORK=2,7,8 AND CURRBEESE=2,7,8 AND BEMPSEV1=2,7,8 SKIP TO BEMPSEV3(B3)

CURR WORK, NO CURR BEES, NO PAST BEES: CURRWORK=1 AND CURRBEES=2,7,8 AND BEMPSEV1=2,7,8 SKIP TO BEMPSEV4 (B3)

CURR WORK, CURR WORK WITH BEES: CURRWORK=1, CURRBEES=1 SKIP TO BEMPSEV7 (B5))

CURR WORK, NOT CURR BEES, PAST BEES YES: CURRWORK=1, CURRBEES=2,7,8, BEMPSEV1=1 SKIP TO BEMPSEV5 (B4)]

BEMPSEV3 (B3)

What was the reason, or reasons, you did not participate in [BEES PROGRAM] employment services? Was it because...

[NOTE: RESPONSE OPTIONS MAY BE CUSTOMIZED BY SITES]]

[SELECT ALL THAT APPLY]

1. you got a job
2. of transportation issues
3. of childcare problems
4. you or a family member had health problems
5. you did not have the time
6. you did not like the program or get along with the staff
7. you no longer wanted a job, or
8. was there some other reason (*SPECIFY: _____*)
97. DON'T KNOW [UNIQUE RESPONSE – SKIP TO BPRTSEV1 (B8)]
98. REFUSED [UNIQUE RESPONSE – SKIP TO BPRTSEV1 (B8)]

[IF BEMPSEV3 (B3) ONLY 1 RESPONSE IS SELECTED SKIP TO BPRTSEV1 (B8), OR IF BEMPSEV3 EQUAL TO 97 OR 98, SKIP TO BPRTSEV1 (B8)]

BEMPSEV4 (B3.1)

Of the reasons you mentioned, which would you say is the **primary** reason you did not participate in [BEES PROGRAM] employment services? Was it because

[RECALL AND DISPLAY ONLY RESPONSES SELECTED IN BEMPSEV3 (B3) – SELECT 1]

1. you got a job
2. of transportation issues
3. of childcare problems
4. you or a family member had health problems
5. you did not have the time
6. you did not like the program or get along with the staff
7. you no longer wanted a job, or
8. [RECALL BEMPSEV3=8 TEXT]
97. DON'T KNOW
98. REFUSED

[ALL BEMPSEV4 (B3.1) RESPONSES GO TO BPRTSERV1 (B8)]

BEMPSEV5 (B4)

What was the reason, or reasons, you stopped going to [BEES PROGRAM] for employment services? Was it because...

[NOTE: RESPONSE OPTIONS MAY BE CUSTOMIZED BY SITES]

[SELECT ALL THAT APPLY]

1. you got a job
 2. of transportation issues
 3. of childcare problems
 4. you or a family member had health problems
 5. you did not have the time
 6. you did not like the program or get along with the staff
 7. you no longer wanted a job, or
 8. was there some other reason (*SPECIFY: _____*)
 97. DON'T KNOW [UNIQUE RESPONSE – SKIP TO BPRTSERV1 (B8)]
 98. REFUSED [UNIQUE RESPONSE – SKIP TO BPRTSERV1 (B8)]
-

[IF BEMPSEV5 (B4)=1 RESPONSE SKIP TO BEMPSEV7 (B5),
IF BEMPSEV5 (B4) ONLY 1 RESPONSE EQUAL TO (2,3,4,5,6,7,8, IS SELECTED SKIP TO
EMPRGSAT (B7)]

BEMPSEV6 (B4.1)

What was the **primary** reason you stopped going to [BEES PROGRAM] for employment services? Was it because...

[NOTE: RESPONSE OPTIONS MAY BE CUSTOMIZED BY SITES]

[RECALL RESPONSES FROM BEMPSEV5 (B4) – SELECT 1]

1. you got a job
 2. of transportation issues
 3. of childcare problems
 4. you or a family member had health problems
 5. you did not have the time
 6. you did not like the program or get along with the staff
 7. you no longer wanted a job, or
-
8. [RECALL BEMPSEV5 (B4)=8 TEXT]
 97. DON'T KNOW
 98. REFUSED

[IF BEMPSEV6 (B4.1)=4, ASK BEMPSEV7 (B5), ELSE SKIP TO BPRTSERV1 (B8)]

BEMPSERV7 (B5)

Did the {BEES PROGRAM} employment services staff at [EMPLOYMENT SERVICE PROVIDERS] help you find a job?

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

JOBSAT (B6)

How satisfied were you with the job you found? Were you...

- 1 Very satisfied,
 - 2 Somewhat satisfied,
 - 3 Not very satisfied, or
 - 4 Not at all satisfied?
 - 7 DON'T KNOW
 - 8 REFUSED
-

EMPRGSAT (B7)

Thinking of your whole experience with [BEES PROGRAM] and its partners, how satisfied are you with the employment services you've received? Are you...

- 1. Very satisfied.
 - 2. Somewhat Satisfied.
 - 3. Not very satisfied, or.
 - 4. Not at all satisfied?
-

- 7 DON'T KNOW
 - 8 REFUSED
-

BPRTSERV1 (B8)

Changing topics, are you participating currently in [BEES PROGRAM] parenting program provided by [PARENTING SERVICE PROVIDER]?

- 1 YES [SKIP TO BPRTSERV6 (B11)]
 - 2 NO
 - 7 DON'T KNOW
 - 8 REFUSED
-

BPRTSRV1A (B8) Since [RAMY], have you ever participated in [BEES PROGRAM] parenting program at [PARENTING SERVICE PROVIDERS]?

- 1 YES- [SKIP TO BPRTSERV4 (B10)]
- 2 NO
- 7 DON'T KNOW [SKIP TO BEEGENSAT (B13)]
- 8 REFUSED [SKIP TO BEEGENSAT (B13)]

BPRTSERV2 (B9)

What was the reason, or reasons, you did not participate in [BEES PROGRAM] parenting program? Was it because..

[Response options may be customized by site]

[SELECT ALL THAT APPLY]

1. you got a job
2. of transportation issues
3. of childcare problems
4. you or a family member had health problems
5. you did not have the time
6. you did not like the program or get along with the staff, or
8. was there some other reason (*SPECIFY: _____*)
97. DON'T KNOW [UNIQUE RESPONSE – SKIP TO BEEGENSAT (B13)]
98. REFUSED[UNIQUE RESPONSE – SKIP TO BEEGENSAT (B13)]

[IFBPRTSERV1 (B9) ONLY 1 RESPONSE IS SELECTED AND NOT EQUAL TO 97 OR 98, SKIP TO BEEGENSAT (B13)

BPRTSERV3 (B9.1)

Of the reasons you mentioned, which would you say is the primary reason you did not participate in [BEES PROGRAM] parenting program at [PARENTING SERVICE PROVIDERS]? Was it because...

[RECALL ONLY RESPONSES SELECTED IN BPRTSERV2 (B9) – SELECT 1]

1. you got a job
2. of transportation issues
3. of childcare problems
4. you or a family member had health problems
5. you did not have the time
6. you did not like the program or get along with the staff, or
8. [RECALL RESPONSE BPRTSERV2]
97. DON'T KNOW]
98. REFUSED

[ALL BPRTSERV3 (B9.1) RESPONSES GO TO SECTION C]

BPRTSERV4 (B10)

What was the reason, or reasons, you stopped going to [BEES PROGRAM] parenting program at [PARENTING SERVICE PROVIDERS]? Was it because...

[Response options may be customized by site]

[SELECT ALL THAT APPLY]

1. you got a job
2. of transportation issues
3. of childcare problems

- 4 you or a family member had health problems
- 5 you did not have the time
- 6 you did not like the program or get along with the staff
- 8 was there some other reason (*SPECIFY*:_____)
- 97 DON'T KNOW [UNIQUE RESPONSE – SKIP TO BPRTSERV6 (B11)]
- 98 REFUSED [UNIQUE RESPONSE SKIP TO BPRTSERV6 (B11)]

IF BPRTSERV4 (B10)= ONLY 1 RESPONSE OR EQUAL TO 97 OR 98, SKIP TO BPRTSERV6 (B11)

BPRTSERV5 (B10.1)

What was the primary reasons you stopped going to [BEES PROGRAM] parenting program with [PARENTING SERVICE PROVIDERS]? Was it because...

[Response options may be customized by site]

[RECALL RESPONSES FROMBPRTSERV4 (B10) – SELECT 1]

- 1. you got a job
- 2 of transportation issues
- 3 of childcare problems
- 4 you or a family member had health problems
- 5 you did not have the time
- 6 you did not like the program or get along with the staff
- 8 [RECALL BPRTSERV4=14 TEXT]
- 97 DON'T KNOW
- 98 REFUSED

BPRTSERV6 (B11)

[Did the [BEES PROGRAM] [PARENTING SERVICE PROVIDERS] help you with your parenting?

- 1 YES
- 2 NO
- 7 DK
- 8 REF

BEEPRTSAT (B12)

How satisfied were you with the [BEES PROGRAM] parenting program [PARENTING SERVICE PROVIDER]? Were you...

- 1 Very satisfied,
 - 2 Somewhat satisfied,
 - 3 Not very satisfied, or
 - 4 Not at all satisfied?
-
- 7 DON'T KNOW
 - 8 REFUSED

DRAFT

C. Contact Information

Respondent Information

At this time, we'd like to confirm some information about you. The information we confirm now will help us be able to get back in touch with you if we need to in the future. [IF MODE=PHONE, DISPLAY: It will also ensure that your incentive payment is sent to the correct address.]

C1. 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 C2)
 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]

C2. 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 C3)
 2. NO, MOVED
- a. What is your new street address or PO box number? _____
 - b. Is there a complex
 - c. or building name?
 - d. Is there an apartment number?
 - e. In what city?
 - f. In what state?
 - g. What is the zip code?

C2a. Would you prefer that the \$15 gift card be sent to your current address or is there another address I should send it to?

- | | |
|-----------------------------------------------------|---|
| YES, SEND TO CURRENT ADDRESS [SKIP TO C3] | 1 |
| NO, SEND TO DIFFERENT ADDRESS [ASK C2b through C2e] | 2 |
| DON'T SEND ME ANY INCENTIVE [SKIP TO C3] | 9 |

C2b. What is the street address and apartment number you would like use to send the gift card to?

STREET ADDRESS _____
 APT OR UNIT # _____

C2c. In what city?

CITY _____

C2d. In what state?

STATE _____

C2e. What is the zip code?

ZIP _____

C3. 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 C4)
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 [SPECIFY: _____]

C4. IF MISSING, SKIP TO C5. 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 C5)
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 [SPECIFY: _____]

C5. Do you have another phone number where we can reach you?

1. YES, ADDITIONAL PHONE NUMBERS AVAILABLE
2. NO (SKIP TO C6)

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 [SPECIFY:_____]

[REPEAT C5 UNTIL ALL PHONE NUMBERS ARE RECORDED]

C6. IF MISSING, SKIP TO C7. 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 C7)
2. NO, CHANGED
3. NO LONGER HAVE ANY WORKING EMAIL ADDRESSES (SKIP TO MODE SPECIFIC CLOSING)

a. What is your new email address? _____

C7. Do you have [IF C6=MISSING: an email address / IF C6≠MISSING: any other email addresses]?

1. YES, ADDITIONAL EMAIL ADDRESSES ARE AVAILABLE
2. NO (SKIP TO MODE SPECIFIC CLOSING)

a. What is the additional email address? _____

[REPEAT C7 UNTIL ALL EMAIL ADDRESSES ARE LISTED]

CATI CLOSING: Thank you very much for participating in this survey. We appreciate the time you have taken to share your experiences with us. You will receive your \$15 gift card in the mail in about two to three weeks. Thank you again and have a good day/evening.

WEB INCENTIVE DIRECT FULFILLMENT INSTRUCTIONS AND PROCESS (TO BE INSERTED)

WEB CLOSING: Thank you very much for participating in this survey. We very much appreciate the time you have taken to share your experiences with us. Thank you again and have a good day.