Appendix B. Question-by-question justification for baseline survey - revised

This document provides the sources and justifications for each question on the Baseline Survey (Instrument 1).

| Item | Question text | Source | Justification |
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| **SECTION B: DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS** | | | |
| B01 | Are you Hispanic, Latino/a, or Spanish origin?  1. No, not of Hispanic, Latino/a, or Spanish origin  2. Yes, Mexican, Mexican American, Chicano/a  3. Yes, Puerto Rican  4. Yes, Cuban  5. Yes, Another Hispanic, Latino/a, or Spanish origin | Adapted from Building Evidence on Employment Strategies (BEES)  (OMB No. 0970-0537) | These items measure demographic and socioeconomic characteristics. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, 3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| B02 | What is your race? 1. AMERICAN INDIAN OR ALASKA NATIVE 2. ASIAN 3. BLACK OR AFRICAN AMERICAN 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  5. WHITE 99. OTHER (SPECIFY) | BEES  (OMB No. 0970-0537) |
| B03 | What is the primary language spoken in your home? Is it… 1. English,  2. Spanish, or  99. Some other language? | BEES  (OMB No. 0970-0537) |
| B04 | Are you currently in high school? | New;  Developed by Mathematica |
| B05 | What is the highest degree or year of school that you have attained? 1. LESS THAN A HIGH SCHOOL DIPLOMA 2. GED or GENERAL EDUCATION DEVELOPMENT 3. REGULAR HIGH SCHOOL DIPLOMA (NOT A GED) 4. SOME COLLEGE  5. A TWO-YEAR DEGREE (ASSOCIATE’S DEGREE) 6. A FOUR-YEAR DEGREE (BACHELOR’S DEGREE)  7. A GRADUATE OR PROFESSIONAL DEGREE OR HIGHER | Adapted from BEES  (OMB No. 0970-0537) |
| B06 | What is your current marital status—are you now married, separated, divorced, widowed, or have you never been married? | Subsidized and Transitional Employment Demonstration (STED) (OMB No. 0970-0413) |
| B07 | Do you have a spouse or partner who lives in your household? | BEES  (OMB No. 0970-0537) |
| B07a | How many children under the age of 18 are in your household? | BEES  (OMB No. 0970-0537) |  |
| B07b | How many adults age 18 or older, including yourself, are in your household? | BEES  (OMB No. 0970-0537) |
| B08 | Do you currently care for someone in your household with a disability? | STED (OMB No. 0970-0413) |
| B09 | Which of the following best describes your [current] housing [during the past month]? 1. own your own home or apartment, 2. rent your home or apartment,  3. homeless or live in emergency or temporary housing, such as a shelter,  4. live in a halfway house, sober house, or other transitional housing,  5. live in a group home 6. live with friends or relatives and pay rent 7. live with friends or relatives and not pay rent, or  99. some other arrangement? (SPECIFY: \_\_\_\_\_\_\_\_\_\_) | Adapted from BEES  (OMB No. 0970-0537) |
| B09a | Which of the following best describes your housing during the past month? 1. live with a parent or guardian and pay rent,  2. live with a parent or guardian and do not pay rent,  3. rent your home or apartment,  4. homeless or live in emergency or temporary housing, such as a shelter,  5. live in a halfway house, sober house, or other transitional housing,  6. live in a group home 7. live with friends or relatives and pay rent 8. live with friends or relatives and not pay rent, or  99. some other arrangement? (SPECIFY: \_\_\_\_\_\_\_\_\_\_) | Adapted from BEES  (OMB No. 0970-0537) |
| B10 | Have you been homeless at any time in the last three months? | Adapted from Rural Welfare to Work (OMB No. 0970-0246) |
| B10a | If you add up all the days you have been homeless in the last three months, about how many days have you been homeless? Your best guess is fine. | Adapted from HUD's Point-In-Time Survey |
| B11 | Are you currently receiving child support? | STED (OMB No. 0970-0413) |  |
| B12 | Are you currently expected to pay child support? | STED (OMB No. 0970-0413) |
| B13 | During the past year, did you [or anyone in your household] receive income or assistance from any of the following sources? 1. Disability benefits from the Social Security Administration. These are also called Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) 2. Temporary Assistance for Needy Families (TANF) or [STATE SPECIFIC TANF NAME]  3. Unemployment Insurance 4. Worker’s Compensation 5. Short-term disability 6. Food Stamps/Supplemental Nutrition Assistance Program (SNAP)/ [STATE-SPECIFIC PROGRAM] 7. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)  8. Housing Choice Voucher, also known as Section 8 or Public Housing 9. Veterans Benefits  10. Medicaid or [STATE SPECIFIC MEDICAID] or Children’s Health Insurance Program (CHIP) 0. NONE OF THE ABOVE | BEES  (OMB No. 0970-0537) |
| B14 | For these next questions, please consider only yourself, [not anyone else in your household]. Have you received a check or electronic payment from the Social Security Administration because of a disability in the past year as an adult?cor | BEES  (OMB No. 0970-0537) | These items measure demographic and socioeconomic characteristics. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, 3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, (5) support analysis of the mediating factors driving program impacts, and (6) determine the target population of interest to the Social Security Administration (namely, individuals who are not currently receiving SSI or awaiting a pending claim). |
| B15 | Are you currently receiving checks or electronic payments from the Social Security Administration because of a disability? | BEES  (OMB No. 0970-0537) |
| B16 | As an adult, in the past five years, have you applied to the Social Security Administration to receive checks or electronic payments because of a disability? | BEES  (OMB No. 0970-0537) |
| B17 | Are you currently awaiting a decision by the Social Security Administration on a pending disability application? | BEES  (OMB No. 0970-0537) |
| B18 | If you had an emergency, about how many people would you be able to count on to help you? Would you say…  1. None  2. One to two  3. Three to five, or  4. More than five? | Adapted from Building Strong Families Evaluation (BSF) (OMB No. 0970-0304) | These items measure social supports for economic well-being and social trust, defined as the belief in the honesty, fairness, or benevolence of another party. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| B19 | About how many people could you turn to if you suddenly needed to borrow $100? Would you say…  1. None  2. One to two  3. Three to five, or  4. More than five? | Adapted from BSF (OMB No. 0970-0304) |
| B20 | About how many people could you talk to for help or advice?  1. None  2. One to two  3. Three to five, or  4. More than five? | New;  Developed by Mathematica |
| B21 | Generally speaking, would you say most people can be trusted? | Adapted from Pew Social Trends Reports social trust questions |
| B22 | Would you say you trust most people in your neighborhood? | Adapted from Pew Social Trends Reports social trust questions |
| **SECTION C: EMPLOYMENT STATUS AND CHALLENGES** | | | |
| C0 | Have you ever worked for pay? | New;  Developed by Mathematica | These items measure baseline employment status. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts.  For programs that serve many people who have been recently incarcerated, we ask about work before they were arrested. |
| C01 | Are you currently working for pay? | BEES  (OMB No. 0970-0537) |
| C01a | In the month before your last arrest, were you working for pay? | New;   Developed by Mathematica |
| C02 | In total, how many months did you work for pay [during the past year/in the year before you were last arrested] (including current job)? | Adapted from BEES  (OMB No. 0970-0537) |
| C03 | In what month and year did you last work for pay? | Adapted from Parents and Children Together Evaluation (PACT) (OMB No. 0970-0403) |
| C03a | How much [do/did] you get paid before taxes and deductions, at your [current/most recent/last] job [prior to your arrest]? | Adapted from Evaluation of Employment Coaching for TANF and Other Related Populations (Coaching)  (OMB No. 0970-0506) |
| C04-C04a | How many hours per week, including regular overtime hours, [do/did] you usually work at your [current/most recent/last] job [prior to your arrest]? Your best estimate is fine. | New;   Developed by Mathematica |
| C04b | Since early 2020, have any of the following changes happened to you at work because of the Coronavirus outbreak?  a. Were your hours cut?  b. Were you asked to work more hours than usual?  c. Were you temporarily laid off or furloughed?  d. Did you lose your job?  e. Did you quit your job because of the risk of exposure to Coronavirus? | National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (HPOG 2.0)  (OMB No. 0970-0462) | These items will collect information on the effects of COVID-19 on study participants’ employment patterns since the beginning of the outbreak in early 2020. This will provide important context on how COVID-19 may affect the key outcomes of interest to the impact evaluation. |
| C05 | Does a physical, mental, or emotional condition limit the kind or amount of work you can do? | BEES  (OMB No. 0970-0537) | These items measure baseline barriers to employment. Some items are also focused specifically on potential employment barriers that are related to the COVID-19 pandemic. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| C05a | Is the physical, mental, or emotional condition that limits the kind or amount of work you can do related to the Coronavirus or its effects? | New;  Developed by Mathematica |
| C06a | Please indicate if each of the following has made it not at all hard, slightly hard, moderately hard, or very hard for you to work in the past 3 months. Not having good enough care for a child or someone else in your household who needs care due to coronavirus or its effects | Adapted from Child Support Noncustodial Parent Employment Demonstration (CSPED)  (OMB No. 0970-0439) |
| C06b | Please indicate if each of the following has made it not at all hard, slightly hard, moderately hard, or very hard for you to work in the past 3 months. Not having good enough care for a child who is learning at home due to the coronavirus | Adapted from CSPED  (OMB No. 0970-0439) |
| C06c | Please indicate if each of the following has made it not at all hard, slightly hard, moderately hard, or very hard for you to work in the past 3 months. THE RISK THAT YOU WILL GET SICK FROM CORONAVIRUS | Adapted from CSPED  (OMB No. 0970-0439) |
| C06d | Please indicate if each of the following has made it not at all hard, slightly hard, moderately hard, or very hard for you to work in the past 3 months. THE RISK THAT SOMEONE IN YOUR HOUSEHOLD OR FAMILY WILL GET SICK FROM CORONAVIRUS | Adapted from CSPED  (OMB No. 0970-0439) |
| C07a | I set long-term employment goals that I hope to achieve within a year, such as finding a job, finding a better job, getting promoted, or enrolling in further education. 1. STRONGLY DISAGREE  2. DISAGREE  3. AGREE  4. STRONGLY AGREE | Goal Setting Questionnaire, adapted from Coaching  (OMB No. 0970-0506) | These items measure goal setting and goal pursuit in the context of employment. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| C07b | I set specific short-term goals that will allow me to achieve my long-term employment goals. 1. STRONGLY DISAGREE  2. DISAGREE  3. AGREE  4. STRONGLY AGREE | Goal Setting Questionnaire, adapted from Coaching  (OMB No. 0970-0506) |
| C07c | I think I should work on finding a job or a better job.  1. STRONGLY DISAGREE  2. DISAGREE  3. AGREE  4. STRONGLY AGREE | LASER Questionnaire, adapted from Coaching  (OMB No. 0970-0506) |
| C07d | I think there is nothing I can do being out of work right now.  1. STRONGLY DISAGREE  2. DISAGREE  3. AGREE  4. STRONGLY AGREE | LASER Questionnaire, adapted from Coaching  (OMB No. 0970-0506) |
| C08 | Have you ever been arrested? | Adapted from BEES  (OMB No. 0970-0537) | These items measure past involvement with the criminal justice system. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts.  For programs that serve many people who have been recently incarcerated, we ask about their recent experience with the criminal justice system. |
| C09 | How many times have you been convicted of a crime? | Adapted from BEES  (OMB No. 0970-0537) |
| C09a | How many times have you been convicted of a felony? | New;  Developed by Mathematica |
| C10 | Are you currently under some form of court-ordered supervision?  1. Yes, parole  2. Yes, probation  3. Yes, diversion or alternative sentencing to avoid incarceration  99. Yes, something else, or (SPECIFY)  0. No, not under some form of supervision | Adapted from BEES  (OMB No. 0970-0537) |
| C10a | Thinking back to the last time you were arrested, were you charged with a crime involving the following?  1. Violence  2. Drugs  3. Theft  4. Sex offense  5. Crime involving minors  6. Property damage  7. Trespassing  99. Something else (SPECIFY) | New;  Developed by Mathematica |
| C11 | Have you ever been incarcerated in a juvenile or adult facility, such as a detention center, jail, or prison? | Adapted from BEES  (OMB No. 0970-0537) |
| C12 | What is the total amount of time you have spent in incarceration? | New;  Developed by Mathematica |
| C12a | What amount of time did you spend in your last incarceration? | New;  Developed by Mathematica |
| **SECTION D: PHYSICAL AND MENTAL HEALTH** | | | |
| D01-D09 | SF-12v2 Questionnaire | SF-12 Instrument  Also used on BEES  (OMB No. 0970-0537) | This questionnaire measures functional health status. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| D01a | Are you fully vaccinated against Coronavirus? Fully vaccinated means you got all the required shots. | New;  Developed by Mathematica | This item will collect information on the effects of COVID-19 on study participants. Vaccination is expected to be associated with employment outcomes because being vaccinated may affect the types of jobs participants would be willing to take. Employers may also require vaccination for some employment. |
| D10 | Are you deaf or do you have serious difficulty hearing? | American Community Survey (ACS) disability questions  Also used on BEES  (OMB No. 0970-0537) | These items measure disability. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| D11 | Are you blind or do you have serious difficulty seeing even when wearing glasses? | ACS disability questions  Also used on BEES  (OMB No. 0970-0537) |
| D12 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | ACS disability questions  Also used on BEES  (OMB No. 0970-0537) |
| D13 | Do you have serious difficulty walking or climbing stairs? | ACS disability questions  Also used on BEES  (OMB No. 0970-0537) |
| D14 | Do you have difficulty dressing or bathing? | ACS disability questions  Also used on BEES  (OMB No. 0970-0537) |
| D15 | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? | ACS disability questions  Also used on BEES  (OMB No. 0970-0537) |
| D16 | Have you ever been treated for any mental health condition? | New  Developed by Mathematica | These items measure physical and mental health status. We will use them to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| D17 | What physical, mental, or emotional condition is the main reason you are limited? | Adapted from National Beneficiary Survey (NBS) (OMB No. 0960-0800) |
| D18a | During the last 30 days about how often did you feel so depressed that nothing could cheer you up? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME | K-6 Distress Scale  Also used on BEES  (OMB No. 0970-0537) | This questionnaire assesses mental health and distress. We will use these items to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| D18b | During the last 30 days about how often did you feel hopeless? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME | K-6 Distress Scale  Also used on BEES  (OMB No. 0970-0537) |
| D18c | During the last 30 days about how often did you feel restless or fidgety? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME | K-6 Distress Scale  Also used on BEES  (OMB No. 0970-0537) |
| D18d | During the last 30 days about how often did you feel that everything was an effort? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME | K-6 Distress Scale  Also used on BEES  (OMB No. 0970-0537) |
| D18e | During the last 30 days about how often did you feel worthless? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME | K-6 Distress Scale  Also used on BEES  (OMB No. 0970-0537) |
| D18f | During the last 30 days about how often did you feel nervous? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME | K-6 Distress Scale  Also used on BEES  (OMB No. 0970-0537) |
| D19-D21 | AUDIT-C questionnaire | AUDIT-C Questionnaire | This questionnaire measures alcohol dependency. We will use the items to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| D22-D31 | DAST-10 questionnaire | DAST-10 Questionnaire | This questionnaire measures drug dependency. We will use the items to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |
| D32 | The next question asks about using prescription pain relievers in any way a doctor did not direct you to use them. When you answer this question, please think only about your use of the drug in any way a doctor did not direct you to use it, including: • Using it without a prescription of your own • Using it in greater amounts, more often, or longer than you were told to take it • Using it in any other way a doctor did not direct you to use it Are you currently taking a prescription painkiller (such as OxyContin, Percocet, or Vicodin) without a prescription or in any way not directed by a doctor? | Adapted from BEES  (OMB No. 0970-0537) | This item measures opioid use. We will use it to (1) describe the characteristics of study participants and check that random assignment has created treatment and control groups with similar characteristics, (2) define subgroups, (3) provide control variables for regression models that will increase statistical precision, (4) construct weights to adjust for survey nonresponse, and (5) support analysis of the mediating factors driving program impacts. |