Appendix D. Question-by-question
justification for follow-up surveys – revised

This document provides the source and justifications for each question on the First Follow-up Survey (Instrument 3) and Second Follow-up Survey (Instrument 4). The instruments are similar—the second follow-up survey uses the same question text as the first follow-up survey. However, reference dates for recall periods are different across the instruments. The second follow-up survey includes a recall period back to the random assignment date for those who did not complete the first follow-up survey and a recall period back to the first follow-up survey completion date for those who did complete it. The first follow-up survey includes a section on program satisfaction that is not included in the second follow-up survey.

| Item | Question text | Source | Justification |
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| **INTRODUCTION** |
| .Intro2 | When you enrolled in the [NEXTGEN PROGRAM] in [RA MONTH/YEAR], what was your marital status? | Evaluation of Employment Coaching for TANF and Other Related Populations (Coaching) (OMB No. 0970-0506) | These items are used to verify that the interviewer is speaking to the sample member. |
| .Intro3 | What are the last 4 digits of your Social Security number? | Coaching (OMB No. 0970-0506) |
| .Intro4 | What is your date of birth? | Coaching (OMB No. 0970-0506) |
| **SECTION A: EMPLOYMENT AND EARNINGS** |
| A01 | Are you currently working for pay?Working for pay can include regular paid jobs, odd jobs, temporary jobs, work done in your own business, jobs or tasks you find using a web or mobile app, “under the table” work, “off the books” work, paid work experience, apprenticeships, or any other types of work you have done for pay.  | Adapted from Building Evidence on Employment Strategies (BEES) (OMB No. 0970-0537) | Items A01-A12 collect information on each job the respondent has worked since randomization (first follow-up survey) or since responding to the last follow-up survey. It includes information to measure the impact of the Coronavirus pandemic on the respondent’s work. We will use this information to estimate impacts of the intervention on earnings and other employment outcomes. |
| A02 | Have you worked for pay at any time since [RA MONTH YEAR]? | Adapted from BEES (OMB No. 0970-0537) |
| A02a | Since [RA MONTH YEAR], have any of the following changes happened to you at work because of COVID-19?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 COVID-19? | National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (HPOG 2.0) (OMB No. 0970-0462 |
| A03 | First I am going to ask about your current job or jobs.] Please tell me who you work for.  | Adapted from BEES (OMB No. 0970-0537) |
| A04 | Including all types of jobs, do you currently have any other paid jobs? | Adapted from BEES (OMB No. 0970-0537) |
| A04a | Since [RA MONTH YEAR], please tell me who you worked for.  | Adapted from BEES (OMB No. 0970-0537) |
| A04b | Have you had any other paid jobs since [RA MONTH YEAR]? | Adapted from BEES (OMB No. 0970-0537) |
| A05 | When did you start working for [[JOB NAME 1]/yourself]? | Adapted from BEES (OMB No. 0970-0537) |
| A06 | Are you still working for [JOB NAME/yourself]? | Adapted from BEES (OMB No. 0970-0537) |
| A06a | When did you stop working at this job? | Adapted from BEES (OMB No. 0970-0537) |
| A07 | How many hours [do/did] you usually work in a week at this job? Your best estimate is fine. | Adapted from BEES (OMB No. 0970-0537) |
| A08 | Now thinking about [being self-employed/your job at [JOB NAME]], how much [do/did] you get paid before taxes and deductions, at this job? Please include tips, commissions, and regular overtime. | Adapted from BEES (OMB No. 0970-0537) |
| A09 | Did you always earn [WAGE] per [HOUR/UNIT]/your current wage] at this job? | Adapted from Coaching (OMB No. 0970-0506) |
| A10 | How much were you paid when you started working at this job before taxes and deductions?  | Adapted from Coaching (OMB No. 0970-0506) |
| A11 | Since [RA MONTH YEAR], was there anything [else] you did for pay, such as odd jobs, temporary jobs, work done in your own business, jobs or tasks you found using a web or mobile app, “under the table” work, “off the books” work, paid work experience, [or] apprenticeships, [or any other type of work], [that you haven’t reported/that we haven’t already talked about]? | Adapted from BEES (OMB No. 0970-0537) |
| A12 | What is your best guess of how much money you received from these activities in a typical month since [RA MONTH YEAR]? Please do not include money you made from jobs you reported earlier. Just make your best guess for how much money you’ve received from these activities. | Adapted from Coaching (OMB No. 0970-0506) |
| A13 | For the next questions, please think about the job at which you [currently / most recently] work[ed] the most hours. What is the name of that job?  | New; Developed by Mathematica | Items A13-A19e ask about the characteristics of one recent or current job held by the respondent. The purpose is to examine any differences in the quality or types of job held by members of the treatment and control groups. |
| A13a | Which of the following best describes your employment at that job? [Were/Are] you working . . .1. as a regular full-time or part-time employee,2. for a temporary help agency, 3. for an occasional job or task service that relies on a website or mobile app that connects you to customers (such as Uber or Lyft) 4. as an independent contractor, independent consultant, or freelance worker, 5. in your own business, 6. as a day laborer, 99. or something else (PLEASE specify)?  | Adapted from BEES (OMB No. 0970-0537) |
| A13b | (Is/Was) this job a seasonal or temporary job? | Adapted from BEES (OMB No. 0970-0537) |
| A14 | (Do/did) you usually work a daytime schedule or some other schedule at your [JOBNAME] job? | Adapted from BEES (OMB No. 0970-0537) |
| A15 | Which of the following best describes the hours you usually work(ed) at your [JOB NAME] job?1. An evening shift (anytime between 2 P.M. and midnight) 2. A night shift (anytime between 9 P.M. and 8 A.M.) 3. A rotating shift (one that changes periodically from days to evenings or night) 4. A split shift (one consisting of two distinct period each day) 5. An irregular schedule 99. Some other shift (specify)  | Adapted from BEES (OMB No. 0970-0537) |
| A16 | Which of the following benefits [are/were] available to you at your [JOB NAME] job?1. Health insurance or membership in a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) plan? 2. Paid leave for vacation, illness, or holidays?0. None of the above  | Adapted from BEES (OMB No. 0970-0537) |
| A17 | [Have/Had] you been promoted to a higher position with greater responsibility while working at this job? | Adapted from BEES (OMB No. 0970-0537) |
| A18 | How likely do you think it is that you will be promoted at your [JOBNAME] job in the next 12 months?1. Very likely 2. Somewhat likely 3. Not very likely 4. Not likely at all  | Adapted from BEES (OMB No. 0970-0537) |
| A19a | Has your employer because of your physical or mental health condition… Provided you with any special equipment or assistive technology (PROBE: For example special tools or equipment, software, or devices to accommodate your condition in the workplace.) | Adapted from the National Beneficiary Survey (NBS) (OMB No. 0960-0800)  |
| A19b | Has your employer because of your physical or mental health condition… Made any changes in your work schedule? (PROBE: For example, working fewer hours, changing the time you arrive or leave, or taking more breaks to accommodate your condition in the workplace.) | Adapted from NBS (OMB No. 0960-0800)  |
| A19c | Has your employer because of your physical or mental health condition… Made any changes to the tasks you were assigned or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate your condition in the workplace.) | Adapted from NBS (OMB No. 0960-0800)  |
| A19d | Has your employer because of your physical or mental health condition… Made any changes to the physical work environment to make things easier for you? (PROBE: For example, modifying your work area, improving accessibility in the building, or providing assigned parking to accommodate your condition in the workplace.) | Adapted from NBS (OMB No. 0960-0800)  |
| A19e | Has your employer because of your physical or mental health condition… Arranged for co-workers or others to assist you? (PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.) | Adapted from NBS (OMB No. 0960-0800)  |
| A20 | How satisfied are you with your [jobname]? Would you say very satisfied, somewhat satisfied, or not satisfied?1. VERY SATISFIED 2. SOMEWHAT SATISFIED 3. NOT SATISFIED  | Adapted from BEES (OMB No. 0970-0537) | This item is a measure of job satisfaction. We will use it to estimate impacts of the intervention on job satisfaction. |
| A21 | Are you currently looking for a job? | Adapted from BEES (OMB No. 0970-0537) | These items measure current employment status. We will use it to estimate impacts of the intervention on employment status. |
| A21a | How would you describe your current employment status? Are you…1. Temporarily laid off, 2. Retired,3. In school or training, 4. Unable to work because of caring for another family member, 5. Unable to work because of pregnancy 6. Unable to work due to illness, disability, or ongoing mental health or substance use issues or treatment, 7. Gave up looking for work 8. Incarcerated, or 99. Something else? (SPECIFY)  | Adapted from BEES (OMB No. 0970-0537)  |
| A22 | Does a physical, mental, or emotional condition limit the kind or amount of work you can do?  | Adapted from NBS (OMB No. 0960-0800)  | Items A22, A22a, A23a-A23d measure challenges to employment. We will use them to estimate impacts of the intervention on each employment challenge. |
| A22a | Is the physical, mental, or emotional condition that limits the kind or amount of work you can do related to COVID-19 or its effects? | New; Developed by Mathematica |
| A23a  | Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having good enough care for a child or someone else in your household who needs care due to COVID-19 or its effects | Adapted from Child Support Noncustodial Parent Employment Demonstration (CSPED)(OMB No. 0970-0439) |
| A23b | Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having good enough care for a child who is learning at home due to COVID-19 | Adapted from CSPED(OMB No. 0970-0439) |
| A23c | Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. The risk that you will get sick from COVID-19 | Adapted from CSPED(OMB No. 0970-0439) |
| A23d | Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. The risk that someone in your household or family will get sick from COVID-19 | Adapted from CSPED(OMB No. 0970-0439) |
| A24a | I set long-term employment goals that I hope to achieve within a year, such as finding a job, finding a better job, getting promoted, or enrolling in further education.1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE | Goal Setting Questionnaire, adapted from Coaching (OMB No. 0970-0506) | These items will be used to estimate the impact of the intervention on the extent to which the sample member is setting employment goals and is motivated to find a job. We will use them to (1) estimate impacts of the intervention on outcomes of interest and (2) support the analysis of the mediating factors driving program impacts. |
| A24b | 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) |
| A24c | 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) |
| A24d | I think there is nothing I can do about being out of work right now. 1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE | LASER Questionnaire, adapted from Coaching (OMB No. 0970-0506) |
| A25a | Would you say that you are confident, somewhat confident, or not confident in your ability to look for jobs by yourself?  | New; Developed by Mathematica | These items measure confidence in the ability to seek employment. They will be used to measure the impact of one NextGen Project program that targets these items as part of its intervention.  |
| A25b | Would you say that you are confident, somewhat confident, or not confident in your ability to fill out job applications by yourself? | New; Developed by Mathematica |
| A25c | Would you say that you are confident, somewhat confident, or not confident in your ability to create or update a resume by yourself? | New; Developed by Mathematica |
| A25d | Would you say that you are confident, somewhat confident, or not confident in your ability to do a job interview by yourself? | New; Developed by Mathematica |
| A25e | Would you say that you are confident, somewhat confident, or not confident in your ability to fill out forms that are needed to start work by yourself? | New; Developed by Mathematica |
| A25f | Would you say that you are confident, somewhat confident, or not confident in your ability to get along with coworkers or customers by yourself? | New; Developed by Mathematica |
| A25g | Would you say that you are confident, somewhat confident, or not confident in your ability to ask a manager or supervisor for changes to your schedule, time off, or other necessary changes by yourself? | New; Developed by Mathematica |
| A25h | Would you say that you are confident, somewhat confident, or not confident in your ability to offer advice to family or friends about things like searching for jobs, doing job interviews, or getting along with coworkers by yourself? | New; Developed by Mathematica |
| **SECTION B: SERVICE RECEIPT** |
| B01a | Since [RA MONTH/YEAR], did you receive help with planning your future career, which could include an assessment of your interests and skills?  | Adapted from BEES (OMB No. 0970-0537) | These items measure one-on-one and group service receipt. We will use these measures to: (1) describe the employment services that study participants received (either from the program being studied or other sources), (2) describe the employment services that control group members received, and (3) estimate the impact of the intervention on the receipt of employment services.  |
| B01b | Since [RA MONTH/YEAR], did you receive help with preparing a resume or filling out job applications?  | Adapted from BEES (OMB No. 0970-0537) |
| B01c | Since [RA MONTH/YEAR], did you receive help with preparing for job interviews? | Adapted from BEES (OMB No. 0970-0537) |
| B01d | Since [RA MONTH/YEAR], did you receive help with getting referrals to available jobs or setting up interviews for specific job openings? | Adapted from BEES (OMB No. 0970-0537) |
| B01e | Since [RA MONTH/YEAR], did you receive help with obtaining a valid drivers’ license? | New; Developed by Mathematica |
| B01f | Since [RA MONTH/YEAR], did you receive help with obtaining documents you need to work, such as a social security card or photo identification? | New; Developed by Mathematica |
| B01g | Since [RA MONTH/YEAR], did you receive help with how to talk with an employer about a disability and any changes they need to make to accommodate it? | New; Developed by Mathematica |
| B01h | Since [RA MONTH/YEAR], did you receive help with how to act when you are at work?  | Adapted from BEES (OMB No. 0970-0537) |
| B01i | Since [RA MONTH/YEAR], did you receive help with communicating your legal history to an employer, clearing or sealing criminal records, or other legal help? | New; Developed by Mathematica |
| B01j | Since [RA MONTH/YEAR], did you receive help with finding or paying for child care or care for other dependents? | Adapted from Rural Welfare to Work (OMB No. 0970-0246)  |
| B01k | Since [RA MONTH/YEAR], did you receive help with finding, using, or paying for transportation? | Adapted from Rural Welfare to Work (OMB No. 0970-0246)  |
| B01l | Since [RA MONTH/YEAR], did you receive help with paying for clothing, tools, or other supplies for work? | Adapted from Rural Welfare to Work (OMB No. 0970-0246)  |
| B01m | Since [RA MONTH/YEAR], did you receive help with meeting your employer’s COVID-19-related requirements such as the need to wear masks or be vaccinated? | New; Developed by Mathematica |
| B01n | Since [RA MONTH/YEAR], did you receive help with finding or paying for temporary, transitional, or permanent housing? | New; Developed by Mathematica |
| B01o | Since [RA MONTH/YEAR], did you receive help with understanding how work may affect your eligibility for benefits such as Social Security, disability insurance, TANF, or Medicaid? | New; Developed by Mathematica |
| B01p | Since [RA MONTH/YEAR], did you receive help with any other employment help? | Adapted from BEES (OMB No. 0970-0537) |
| B02 | Since [RA MONTH/YEAR] did you participate or attend any organizations or activities where people provided advice or support in a group setting? | New; Developed by Mathematica |
| B03 | You said that you received help related to finding or keeping a job since [RA MONTH/YEAR]. Would you say you received the most help from the 1. [NAME OF LOCAL WELFARE PROGRAM]2. [NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office, 3. Food Stamp Program or SNAP,4. [NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]5. [NEXTGEN PROGRAM] 6. [NAME OF SITE-SPECIFIC PROVIDER 1] 7. [NAME OF SITE-SPECIFIC PROVIDER 2] 8. [NAME OF SITE-SPECIFIC PROVIDER 3] 9. [NAME OF SITE-SPECIFIC PROVIDER 4] 10. [NAME OF SITE-SPECIFIC PROVIDER 5] 11. Or some other place (SPECIFY: \_\_\_\_\_\_\_\_\_\_)  | Adapted from BEES (OMB No. 0970-0537) |
| B04, B07 | Since [RA MONTH YEAR], did you attend any school or education program?  | Adapted from BEES (OMB No. 0970-0537) | We will use these measures to estimate the impact of the intervention on completion of an education program and receipt of a degree or diploma. |
| B04a, B07a | Are you attending any of these education programs now? | Adapted from Coaching (OMB No. 0970-0506) |
| B04b, B07c | [Since RA MONTH YEAR], did you receive any diploma or degree? | Adapted from Coaching (OMB No. 0970-0506) |
| B04c, B07d | What specific diploma or degree did you receive? If you received more than one, please [select all that apply/let me know about all of them].  | Adapted from Workforce Investment Act Gold Standard Evaluation (OMB No. 1205-0504) |
| B05, B08 | Since [RA MONTH YEAR], did you participate in any training programs to build skills for a particular job or occupation?  | Adapted from BEES (OMB No. 0970-0537) | We will use these items to estimate the impact of the intervention on completion of a training program and receipt of a professional certification. |
| B05a, B08a | Are you attending any of these training programs now?  | Adapted from BEES (OMB No. 0970-0537) |
| B05b. B08b | Since [RA MONTH YEAR] did you receive any professional certificate or state or industry license? | Adapted from BEES (OMB No. 0970-0537) |
| B06 | Are you currently in high school? | New; Developed by Mathematica | We will use these measures to estimate the impact of the intervention on completion of an education program and receipt of a degree or diploma. |
| B06a | Do you have a high school diploma? Do not count a GED or General Education Development credential.  | New; Developed by Mathematica |
| B06b | Since [RA MONTH YEAR], did you attend any program to earn a GED or General Education Development credential? | Adapted from BEES (OMB No. 0970-0537) |
| B06c | Are you attending any GED program now? | Adapted from BEES (OMB No. 0970-0537) |
| B06d | Since [RA MONTH YEAR], did you receive a GED or General Education Development credential? | New; Developed by Mathematica |
| B07b | Are you attending any college or university now? | Adapted from BEES (OMB No. 0970-0537) |
| B09 | Since [RA MONTH YEAR], have you received help for problems related to drug or alcohol use? | Adapted from BEES (OMB No. 0970-0537) | These items will be used to (1) describe the substance use services that study participants received (either from the program being studied or other sources), (2) describe the substance use services that control group members received; and (3) estimate the impact of the intervention on the receipt of substance use services. |
| B09a | At what type of place did you receive help for problems related to drug or alcohol use? Was it …1. A hospital or clinic with overnight stays, 2. A hospital or clinic without overnight stays,3. A residential substance treatment program with overnight stays, 4. A non-residential substance treatment program without overnight stays, 5. A support group, such as Alcoholics Anonymous or Narcotics Anonymous 6. [NEXTGEN PROGRAM] facilities, or7. Some other type place SPECIFY (\_\_\_\_\_\_\_\_\_\_)  | Adapted from BEES (OMB No. 0970-0537) |
| B10 | In the last six months, have you received help for problems related to your emotions, nerves, anger management or mental health? This would include help dealing with depression, anxiety, or other conditions from a mental health center, a therapist, a psychologist or psychiatrist, social worker, counselor, doctor, or other provider. | BEES (OMB No. 0970-0537) | These items will be used to (1) describe the mental health services that study participants received (either from the program being studied or other sources), (2) describe the mental health services that control group members received; and (3) estimate the impact of the intervention on the receipt of mental health services. |
| B10a | Where did you receive help with problems related to your emotions, nerves, anger management or mental health? Was it…1. A mental health agency 2. A clinic or doctor’s office 3. A hospital with overnight stays4. A hospital without overnight stays5. Some other type of place (please specify)6. [NEXTGEN PROGRAM]  | Adapted from BEES (OMB No. 0970-0537) |
| B10b | In the last six months, how many times did you visit a mental health agency, clinic, doctor’s office, hospital, or other type of place for treatment for problems related to emotions, nerves, anger management or mental health? Do not include visits for physical medical conditions or substance use. | New; Developed by Mathematica |
| B11 | In the last six months, have you received any treatment for any physical medical condition at a hospital, clinic, or doctor’s office? Do not include visits for mental health or substance use. | New; Developed by Mathematica | These items will be used to (1) describe the physical medical health services that study participants received (either from the program being studied or other sources), (2) describe the physical medical health services that control group members received; and (3) estimate the impact of the intervention on the receipt of physical medical health services. |
| B11a | In the last six months, how many times did you visit a hospital, clinic, or doctor’s office for treatment for any physical medical condition? Your best estimate is fine. Do not include visits for mental health or substance use. | New; Developed by Mathematica |
| B12 | In the last six months, have any of your children under the age of 18 received help for problems related to their emotions, nerves, anger management or mental health? This would include help dealing with their depression, anxiety, or other conditions from a mental health center, a therapist, a psychologist or psychiatrist, social worker, counselor, doctor, or other provider. | New; Developed by Mathematica | These items will be used to (1) describe the mental health services that study participants children received (either from the program being studied or other sources), (2) describe the mental health services that control group members received for their children; and (3) estimate the impact of the intervention on the receipt of mental health services for respondents’ children. |
| B12a | Where did your child (or children) receive help with their problems related to emotions, nerves, anger management or mental health? Was it…1. A mental health agency 2. A clinic or doctor’s office 3. A hospital with overnight stays4. A hospital without overnight stays5. Some other type of place (please specify)6. [NEXTGEN PROGRAM] | Adapted from BEES (OMB No. 0970-0537) |
| **SECTION C: ECONOMIC INDEPENDENCE AND WELL-BEING** |
| C01 | Which of the following best describes your 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 home6. live with friends or relatives and pay rent7. live with friends or relatives and do not pay rent , or 99. some other arrangement? (SPECIFY: \_\_\_\_\_\_\_\_\_\_)  | Adapted from BEES (OMB No. 0970-0537) | We will use these items to estimate the impact of the intervention on housing stability. |
| C01a | 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 home7. live with friends or relatives and pay rent 8. live with friends or relatives and do not pay rent, or 99. some other arrangement? (SPECIFY: \_\_\_\_\_\_\_\_\_\_)  | Adapted from BEES (OMB No. 0970-0537) |
| C02 | Have you been homeless at any time in the last three months? | Adapted from Rural Welfare to Work (OMB No. 0970-0246)  |
| C03 | 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 Insurance4. Food Stamps/Supplemental Nutrition Assistance Program (SNAP)/ [STATE-SPECIFIC PROGRAM]5. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 6. Medicaid or [STATE SPECIFIC MEDICAID] or Children’s Health Insurance Program (CHIP)0. NONE OF THE ABOVE  | Adapted from BEES (OMB No. 0970-0537) | This item measures public assistance benefit receipt. We will use it to estimate impacts of the intervention on outcomes of interest. |
| C04.a | In the last six months, has there been a time when you did not pay the full amount of the rent of mortgage because you could not afford it? | BEES (OMB No. 0970-0537) | We will use these items to estimate impacts of the intervention on economic well-being.  |
| C04.b | In the last six months, has there been a time when you were evicted from your home or apartment for not paying the rent or mortgage? | BEES (OMB No. 0970-0537) |
| C04.c | In the last six months, has there been a time when you filed in court for bankruptcy? | BEES (OMB No. 0970-0537)  |
| C04.d | In the last six months, has there been a time when you did not pay the full amount of the gas, oil, or electricity bills? | BEES (OMB No. 0970-0537) |
| C04.e | In the last six months, has there been a time when you had service turned off by the gas or electric company, or the oil company would not deliver oil? | BEES (OMB No. 0970-0537) |
| C04.f | In the last six months, has there been a time when you had cellular or land telephone service disconnected because payments were not made? | BEES (OMB No. 0970-0537) |
| C04.g | In the last six months, has there been a time when you could not fill or postponed filling a prescription for drugs when they were needed because you could not afford it? | BEES (OMB No. 0970-0537)  |
| C04.h | In the last six months, has there been a time when you did not pay the full amount of child support payments because you could not afford it? | BEES (OMB No. 0970-0537) |
| C04.i | In the last six months, has there been a time when you did not pay the full amount of other bills? | BEES (OMB No. 0970-0537) |
| C04a | Getting enough food can be a problem for some people. Which of these statements best describes the food eaten in your household in [PRIOR MONTH]? Would you say there was…1. enough of the kinds of food you want, 2. enough, but not always the kinds of food you want, 3. sometimes not enough to eat, or 4. often not enough to eat?  | BEES (OMB No. 0970-0537) |
| C04b | Do you currently receive any financial help from your parents, relatives, friends, or neighbors in paying for transportation or rides to places you need to be? | New Developed by Mathematica |
| C04b1 | About how much financial help do you currently receive from your parents, relatives, friends, or neighbors in paying for transportation or for rides to places you need to be? Would you say they pay for…1. all,2. most, 3. or a little of your transportation or rides | New Developed by Mathematica |
| C04c | Do you currently receive any financial help from your parents, relatives, friends, or neighbors in paying for food, meals, or groceries?  | New Developed by Mathematica |
| C04c1 | About how much financial help do you currently receive from your parents, relatives, friends, or neighbors in paying for food, meals, or groceries? Would you say they pay for…1. all,2. most, 3. or a little of your food, meals, or groceries | New Developed by Mathematica |
| C04d | Do you currently receive any financial help from your parents, relatives, friends, or neighbors in paying for some or all of your cellular phone service? | New Developed by Mathematica |
| C04d1 | About how much financial help do you currently receive from your parents, relatives, friends, or neighbors in paying for your cellular phone service? Would you say they pay for…1. all,2. most, 3. or a little of your cellular phone service | New Developed by Mathematica |
| C04e | Do you currently receive any cash gifts or money from your parents, relatives, friends, or neighbors on a regular basis? | New Developed by Mathematica |
| C04e1 | About how much do your parents, relatives, friends, or neighbors provide in the form of money or cash gifts on a regular basis? | New Developed by Mathematica |
| C05 | If you had an emergency about how many people would you be able to count on to help you? Would you say…1. None2. One to two3. Three to five4. More than five | Adapted from Building Strong Families Evaluation (BSF)(OMB No. 0970-0304) | We will use these items to estimate the impact of the intervention on social supports for economic well-being and social trust defined as the belief in the honesty, fairness, or benevolence of another party. |
| C06 | About how many people could you turn to if you suddenly needed to borrow $100? Would you say…1. None2. One to two3. Three to five4. More than five | Adapted from BSF(OMB No. 0970-0304) |
| C07a | About how many people could you talk to for help or advice?1. None2. One to two3. Three to five4. More than five | Adapted from BEES (OMB No. 0970-0537) |
| C07b | Generally speaking, would you say most people can be trusted? | Adapted from Pew Social Trends Reports social trust questions |
| C07c | Would you say you trust most people in your neighborhood? | Adapted from Pew Social Trends Reports social trust questions |
| C08 | Healthy Families Parenting Inventory (HFPI), Parenting Efficacy questions | Copyright LeCroy & Milligan Associates, Inc. 2004 | We will use this item to estimate the impact of the intervention on parenting skills and efficacy for one NextGen Project program. |
| C09a | Now [I/we] have some questions about your future financial situation. Would you say that you are confident, somewhat confident, or not confident that in five years’ time you will earn enough to support yourself without financial help from your parents, relatives, friends, or neighbors?1. Confident2. Somewhat confident3. Not confident | New Developed by Mathematica | We will use this item to estimate the impact of one NextGen program on confidence about financial independence in the future. |
| C09b | Would you say that you are confident, somewhat confident, or not confident that in five years’ time you will be working at a paid job?1. Confident2. Somewhat confident3. Not confident | New Developed by Mathematica |
| C10, C11 to C21 | SF-12v2 Questionnaire | SF-12 Instrument Also used on BEES (OMB No. 0970-0537) | We will use these items to estimate the impact of the intervention on functional health status. |
| C10a | Are you fully vaccinated against COVID-19? Fully vaccinated means you got all the required shots. | New; Developed by Mathematica  | This item will collect information on the effects of the Coronavirus 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.  |
| C10b | Are you currently covered by any type of health insurance plan, either private or government, including Medicare or Medicaid? | Adapted from the 1996 Content Test, U.S. Census Bureau and BEES(OMB No. 0970-0537) | This item measures health insurance coverage. Some NextGen programs may affect whether someone obtains health insurance coverage.  |
| C22.a | During the last 30 days about how often did you feel so depressed that nothing could cheer you up?0. NONE OF THE TIME1. A LITTLE OF THE TIME2. SOME OF THE TIME3. MOST OF THE TIME4. ALL THE TIME | K-6 Distress ScaleAlso used on BEES (OMB No. 0970-0537) | We will use these items to estimate the impact of the intervention on mental health status. |
| C22.b | During the last 30 days about how often did you feel hopeless?0. NONE OF THE TIME1. A LITTLE OF THE TIME2. SOME OF THE TIME3. MOST OF THE TIME4. ALL THE TIME | K-6 Distress ScaleAlso used on BEES (OMB No. 0970-0537) |
| C22.c | During the last 30 days about how often did you feel restless or fidgety?0. NONE OF THE TIME1. A LITTLE OF THE TIME2. SOME OF THE TIME3. MOST OF THE TIME4. ALL THE TIME | K-6 Distress ScaleAlso used on BEES (OMB No. 0970-0537) |
| C22.d | During the last 30 days about how often did you feel that everything was an effort?0. NONE OF THE TIME1. A LITTLE OF THE TIME2. SOME OF THE TIME3. MOST OF THE TIME4. ALL THE TIME | K-6 Distress ScaleAlso used on BEES (OMB No. 0970-0537) |
| C22.e | During the last 30 days about how often did you feel worthless?0. NONE OF THE TIME1. A LITTLE OF THE TIME2. SOME OF THE TIME3. MOST OF THE TIME4. ALL THE TIME | K-6 Distress ScaleAlso used on BEES (OMB No. 0970-0537)  |
| C22.f | During the last 30 days about how often did you feel nervous?0. NONE OF THE TIME1. A LITTLE OF THE TIME2. SOME OF THE TIME3. MOST OF THE TIME4. ALL THE TIME | K-6 Distress ScaleAlso used on BEES (OMB No. 0970-0537) |
| C22a | Center for Epidemiologic Studies Depression Scale Revised (CESD-R) | Center for Epidemiologic Studies | One NextGen Project program currently uses the Center for Epidemiologic Studies Depression Scale Revised as a screening tool to determine program eligibility. Administering this screener at follow-up will measure program impacts using this scale. Other programs in the NextGen Project will not use this scale. |
| C23 | Taken all together, how would you say things are going these days? Would you say that you are…1. Very happy2. Pretty happy, or 3. Not too happy?  | General Social Survey  | We will use this item to estimate the impact of the intervention on mental health status. |
| C24 to C26 | AUDIT-C questionnaire | AUDIT-C Questionnaire | We will use these items to estimate the impact of the intervention on alcohol dependency. |
| C27 to C36 | DAST-10 questionnaire | DAST-10 Questionnaire | We will use these items to estimate the impact of the intervention on drug dependency. |
| C37 | 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 itAre 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) |
| C38 | Are you currently under some form of court-ordered supervision? | New; Developed by Mathematica | We will use these items to estimate the impact of the intervention on criminal justice system involvement. |
| C39 | Since [RA MONTH YEAR], have you been arrested? [Do not include any arrests for violating the terms of court-ordered supervision.] | New; Developed by Mathematica |
| C40 | Since [RA MONTH YEAR], how many times have you been arrested? [Do not include any arrests for violating the terms of court-ordered supervision.] | Adapted from Reentry Employment Opportunities (REO)(OMB No. 1290-0026) |
| C41 | How many of these arrests since [RA MONTH YEAR] resulted in at least one conviction? | Adapted from REO(OMB No. 1290-0026) |
| C42 | How many of these convictions since [RA MONTH YEAR] were felony convictions? | Adapted from REO(OMB No. 1290-0026) |
| C43 | Since [RA MONTH YEAR], have you been incarcerated in a detention center, jail, or prison? Do not include any incarcerations for violating the terms of court-ordered supervision. | Adapted from REO(OMB No. 1290-0026) |
| C44 | Since [RA MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision? | Adapted from REO(OMB No. 1290-0026) |
| C45 | What is the total time you have spent in incarceration since [RA MONTH YEAR]? If less than 1 month, please record 1 month. Include any incarceration for any reason. | New; Developed by Mathematica |
| **SECTION D: PROGRAM SATISFACTION** |
| D01 | Since [RA], have you received any services from [NEXTGEN PROGRAM] or participating in any [NEXTGEN PROGRAM] activities? | BEES (OMB No. 0970-0537) | We will use these items to describe treatment group members’ satisfaction with the intervention.  |
| D02a | Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with setting career goals?1. VERY MUCH 2. SOMEWHAT 3. A LITTLE4. NOT AT ALL | Adapted from the Pathways to Careers Evaluation |
| D02b | Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with getting information about job opportunities?1. VERY MUCH 2. SOMEWHAT 3. A LITTLE4. NOT AT ALL | Adapted from the Pathways to Careers Evaluation |
| D02c | Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with getting a job?1. VERY MUCH 2. SOMEWHAT 3. A LITTLE4. NOT AT ALL | Adapted from BEES (OMB No. 0970-0537) |
| D02d | Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with having a trusted person to turn to for job-related advice? 1. VERY MUCH 2. SOMEWHAT 3. A LITTLE4. NOT AT ALL | New; Developed by Mathematica |
| D03 | Overall, how would you rate your experience at [NEXTGEN PROGRAM]? Would you say it was very good, good, fair, or poor?1. VERY GOOD 2. GOOD 3. FAIR 4. POOR  | Adapted from BEES (OMB No. 0970-0537) |
| D04 | Are you still receiving any services from [NEXTGEN PROGRAM] or participating in any [NEXTGEN PROGRAM] activities? | New Developed by Mathematica | We will use these items to describe the reasons why treatment group members may have stopped engaging in the intervention. |
| D05 | What was the primary reason you (did not participate / stopped going) to [NEXTGEN PROGRAM]? Was it…1. You didn’t have transportation or had issues with transportation2. You were incarcerated3. You didn’t have the time4. You got a job5. You moved6. You were expecting a child7. You had child care problems8. You had health problems or an injury9. A family member became ill10. You had pressure from your family11. You did not like the program12. You did not like or get along with the program staff13. You no longer wanted to find employment14. You completed the [NEXTGEN PROGRAM] program, or99. Some other reason? (SPECIFY: \_\_\_\_\_\_\_\_\_\_) | Adapted from BEES (OMB No. 0970-0537) |
| **SECTION E: UPDATED CONTACT INFORMATION** |
| E01 to E07  | Respondent's contact information | Adapted from BEES (OMB No. 0970-0537)and Coaching (OMB No. 0970-0506) | These items collect contact information for the respondent and for additional contacts who might be able to reach the respondent. We will use these items to locate respondents for follow-up surveys. |
| E08 to E10 | Contact information for up to three additional contacts | Adapted from BEES (OMB No. 0970-0537)and Coaching (OMB No. 0970-0506) |