

Instrument 3. NextGen first follow-up survey – revised

# Next Generation of Enhanced Strategies Project

# Employment

## First Follow-up Survey

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to evaluate innovative programs serving individuals facing challenges to employment and economic independence to expand the evidence base. Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0545 and the expiration date is 04/30/2023. If you have any comments on this collection of information, please contact Mathematica at [NextGenProject@mathematica-mpr.com](mailto:NextGenProject@mathematica-mpr.com).

COMPUTER ASSISTED WEB INTERVIEW (CAWI) ALL  
COMPUTER ASSISTED TELEPHONE INTERVIEW (CATI) ALL

**Intro1.\***[IF CATI: My name is [fill Interviewer Name] and I'm calling on behalf of the U.S. Department of Health and Human Services.] Recently, you should have received a letter about a survey Mathematica is conducting for the U.S. Department of Health and Human Services. The [NEXTGEN PROGRAM] is participating in the Next Generation of Enhanced Employment Strategies Project and this survey is part of that study. To inform the study, we need to hear about your experiences including your use of employment services, your jobs, your health, and your receipt of assistance. Your participation in this study will help policymakers and program staff better understand how to improve programs like [NEXTGEN PROGRAM]. Mathematica will mail you a [\$50/\$55] gift card when the survey is completed.

You agreed to be part of the study around [RA MONTH/YEAR] when you talked with staff from [NEXTGEN PROGRAM].

All of your responses will be kept private; your name will not appear in any written reports we produce. Your responses to these questions are completely voluntary. That means you may choose not to answer any question, or you may stop the survey at any time.

According to the Paperwork Reduction Act (PRA), this collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. A government 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 #: 0970-0545, Exp: 04/30/2023. If you later have any questions about the study, you can email us at [NextGenProject@mathematica-mpr.com](mailto:NextGenProject@mathematica-mpr.com).

[IF CATI: Do you have any questions before we begin?]

## How to complete the survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- To answer a question, click the box that indicates your response or fill in your response.
- To continue to the next webpage, press the **"Next"** button.
- To go back to the previous webpage, click the **"Back"** button. Please note that this command is only available in some sections.
- Do not use the navigation arrows in your browser.
- If you need to stop before you have finished, you can close the survey and come back to it at any time. The responses you gave before leaving will be securely stored and available when you return to complete the survey.
- **Select "Next" to begin the survey.**

CATI/CAWI: ALL

CATI: First we are going to ask you some questions to check that we are speaking with the correct person.

CAWI: First we are going to ask you some questions to check that we are surveying the correct person.

IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: ASK  
MOMS: ASK  
PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

**Intro2. When you enrolled in [NEXTGEN PROGRAM] program in [RA MONTH/YEAR], what was your marital status?**

- MARRIED..... 1
- SEPARATED..... 2
- DIVORCED..... 3
- WIDOWED..... 4
- NEVER MARRIED..... 5
- DON'T KNOW..... d
- REFUSED..... r

**CATI/CAWI HARD CHECK: AN ANSWER MUST BE PROVIDED FOR THIS QUESTION, IF ASKED**

PROGRAMMER BOX

IF SSN EXISTS AT BASELINE, GO TO INTRO3.  
IF SSN DOES NOT EXIST AT BASELINE, GO TO INTRO4.

CATI/CAWI: ALL WITH SSN AT BASELINE  
IF CAWI DO NOT SHOW DK OR REF

**Intro3.\***      **And what are the last 4-digits of your Social Security number?**

|\_|\_|\_|\_| LAST FOUR

(0000-9999)

DON'T KNOW.....d      GO TO INTRO4

REFUSED.....r      GO TO INTRO4

CATI HARD CHECK:  
**AN ANSWER MUST BE PROVIDED FOR THIS QUESTION.**

CAWI HARD CHECK:  
**AN ANSWER MUST BE PROVIDED TO GO TO THE NEXT QUESTION. THIS IS TO PROTECT YOUR PRIVACY TO MAKE SURE NO ONE ACCESSES THE INFORMATION PROVIDED IN THE SURVEY.**

PROGRAMMER BOX

IF INTRO2 (MARITAL STATUS) MATCHES RECORDS AND INTRO3 (SSN) MATCHES, GO TO A1.  
OTHERWISE GO TO INTRO4

IF CAWI DO NOT SHOW DK OR REF

**INTRO4.\***      **What is your date of birth?**

|\_|\_|/|\_|\_|/|\_|\_|\_|\_|

MONTH    DAY        YEAR

(1-12)   (1-31)    (MIN-MAX)

DON'T KNOW.....d

REFUSED.....r

CATI HARD CHECK: **AN ANSWER MUST BE PROVIDED FOR THIS QUESTION.**

CAWI HARD CHECK: **AN ANSWER MUST BE PROVIDED TO GO TO THE NEXT QUESTION. THIS IS TO PROTECT YOUR PRIVACY TO MAKE SURE NO ONE ACCESSES THE INFORMATION PROVIDED IN THE SURVEY.**

PROGRAMMER BOX

**IF PROGRAM=**

**FAST**

**IPS**

**MOMS**

**PHILLYWINS:**

IF INTRO2 (MARITAL STATUS) MATCHES AND INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO2 (MARITAL STATUS) DOES NOT MATCH AND INTRO3 (SSN) DOES MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO2 (MARITAL STATUS) DOES NOT MATCH AND INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO2 (MARITAL STATUS) DOES NOT MATCH AND INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

GO TO A1.

**IF PROGRAM=BRIDGES**

IF INTRO3 (SSN) DOES MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

GO TO A1.

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**A. EMPLOYMENT AND EARNINGS**

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

CATI: First I would like to ask some questions about work.

CAWI: The first set of questions are about work.

**A1.\* 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.**

|                 |   |     |
|-----------------|---|-----|
| YES.....        | 1 | A2A |
| NO.....         | 0 | A2  |
| DON'T KNOW..... | d | A2  |
| REFUSED.....    | r | A2  |

CATI/CAWI: A1 NE= 1  
IF CAWI DO NOT SHOW DK OR REF

**A2. Have you worked for pay at any time since [RA MONTH YEAR]?**

|                 |   |     |
|-----------------|---|-----|
| YES.....        | 1 | A2A |
| NO.....         | 0 | A11 |
| DON'T KNOW..... | d | A11 |
| REFUSED.....    | r | A11 |

CATI/CAWI: A1=1 OR A2=1  
IF CORONAVIRUS PANDEMIC CHALLENGES REMAIN ASK A2A. ELSE SKIP A2A.  
IF CAWI DO NOT SHOW DK OR REF



A2a. Since [RA MONTH YEAR], have any of the following changes happened to you at work because of COVID-19?

Select one per row

|   | NO  | YES | DK  | REF |
|---|-----|-----|-----|-----|
| a. Were your hours cut?.....  | o m | 1 m | d m | r m |
| b. Were you asked to work more hours than usual?.....                       | o m | 1 m | d m | r m |
| c. Were you temporarily laid off or furloughed?                             | o m | 1 m | d m | r m |
| d. Did you lose your job?.....  | o m | 1 m | d m | r m |
| e. Did you quit your job because of the risk of exposure to COVID-19? ..... | o m | 1 m | d m | r m |

PROGRAMMER BOX

IF A1=1 GO TO A3  
IF A2=1 GO TO A4A

PROGRAMMER: SET LIMIT OF 10 (CURRENT OR FORMER, TOTAL) JOBS

|  | JOB 1   | JOB 2                    |
|--|---|--------------------------|
| A1 =1  | JOB NAME (SPECIFY).....1  | JOB NAME (SPECIFY).....1 |
| IF CAWI DO NOT SHOW DK OR REF  | _____ (STRING 50)   | _____ (STRING 50)        |
| CATI   | SELF EMPLOYED.....2   | SELF EMPLOYED.....2      |
| FILL "FIRST I AM GOING TO ASK ABOUT YOUR CURRENT JOB OR JOBS" FOR JOB 1 ONLY.                        | DON'T KNOW.....d  | DON'T KNOW.....d         |
| CAWI   | REFUSED.....r   | REFUSED.....r            |
| FILL "THE NEXT QUESTIONS ARE ABOUT YOUR CURRENT JOB OR JOBS." FOR JOB 1 ONLY.                        | PROGRAMMER: IF A3 = d, r, make [JOB NAME] be "Job 1" for Job 1, "Job 2" for Job 2, etc.                                   |                          |
| A3. CATI: [First I am going to ask about your current job or jobs.] Please tell me who you work for. | INTERVIEWER: IF A3=d, r, THEN SAY: <b>That's okay, we'll just refer to this job as "Job 1" in the next few questions.</b> |                          |
| CAWI: [The next questions are about your current job or jobs.] Please tell us who you work for.      |   |                          |
| CATI/CAWI: This could include the names of regular paid jobs, odd jobs, temporary jobs, work done    |   |                          |

|  | JOB 1  | JOB 2  |
|--|--|--|
| <p><b>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 experiences, apprenticeships, or any other types of work you have done for pay. If you currently work at more than one job, please start with the job where you usually work the most hours.</b></p>   |  |  |
| <p>CATI/CAWI<br/>A1=1 (CURRENTLY EMPLOYED)<br/>IF CAWI DO NOT SHOW DK OR REF</p> <p><b>A4. Including all types of jobs, do you currently have any other paid jobs?</b><br/>Working for pay can include regular paid jobs, odd jobs, temporary jobs, work done in your own business, “under the table” work, “off the books” work, paid work experiences, apprenticeships, or any other types of work you have done for pay.</p>  | <p>YES.....1 GO TO A3, JOB 2<br/>NO.....0 GO TO A4b<br/>DON'T KNOW.....d GO TO A4b<br/>REFUSED.....r GO TO A4b</p> <p>IFA1=1 LOOP A4 JOBS UNTIL A4=(0,d, r).<br/>WHEN A4= 0,d,or r GO TO A4b JOB 1.</p>  | <p>YES.....1 GO TO A3, JOB 3<br/>NO.....0 GO TO A4b<br/>DON'T KNOW.....d GO TO A4b<br/>REFUSED.....r GO TO A4b</p> <p>IFA1=1 LOOP A4 JOBS UNTIL A4=(0,d, r).<br/>WHEN A4= 0,d,or r GO TO A4b JOB 1.</p>  |
| <p>A2=1 (NOT CURRENTLY EMPLOYED)<br/>IF CAWI DO NOT SHOW DK OR REF</p> <p><b>A4a. CATI: Since [RA MONTH YEAR], please tell me who you worked for.</b><br/><b>CAWI: Since [RA MONTH YEAR], please indicate who you worked for.</b><br/><b>CATI/CAWI: This could include the names of regular paid jobs, 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 experiences, apprenticeships, or any other types of work you have done for pay. If you had more than one job, please start with the job where you worked the most hours.</b></p> | <p>JOB NAME (SPECIFY).....1<br/>_____ (STRING 50)</p> <p>SELF EMPLOYED.....2<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>  | <p>JOB NAME (SPECIFY).....1<br/>_____ (STRING 50)</p> <p>SELF EMPLOYED.....2<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>  |
| <p>If TOLD INTERVIEWER THAT NO MORE CURRENT JOBS or NOT CURRENTLY EMPLOYED BUT EMPLOYED SINCE RA MONTH YEAR</p> <p>IF CAWI DO NOT SHOW DK OR REF</p> <p><b>A4b. CATI: Have you had any other paid jobs since [RA MONTH YEAR] that you</b></p>  | <p>YES.....1 GO TO A4a, JOB 2<br/>NO.....0 GO TO A5<br/>DON'T KNOW.....d GO TO A5<br/>REFUSED.....r GO TO A5</p> <p>IF A4b=1 LOOP A4a AND A4b UNTIL A4b=0,d, or r.<br/>WHEN A4b=0, d, or r GO TO A5.</p> | <p>YES.....1 GO TO A4a, JOB 3<br/>NO.....0 GO TO B5<br/>DON'T KNOW.....d GO TO B5<br/>REFUSED.....r GO TO B5</p> <p>IF A4b=1 LOOP A4a AND A4b UNTIL A4b=0,d, or r.<br/>WHEN A4b=0, d, or r GO TO A5.</p> |

|   | JOB 1   | JOB 2   |
|---|---|---|
| <p>haven't told me about?<br/>CAWI: <b>Have you had any other paid jobs since [RA MONTH YEAR]?</b></p>  |   |   |
| <p>CATI/CAWI<br/>A1=1 OR A2=1<br/>IF CAWI DO NOT SHOW DK OR REF</p> <p>IF A3 or A4a = 2, FILL "YOURSELF;" ELSE FILL "[JOB NAME 1]"</p> <p><b>A5. When did you <u>start</u> working for [[JOB NAME 1]/yourself]?</b></p> <p>INTERVIEWER: RECORD MONTH AND YEAR.<br/>NOTE: ALLOW SKIP ON MONTH.</p> | <p> _ _  /  _ _ _ _ <br/>MONTH YEAR<br/>(1-12) (1970-current year)<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>   | <p> _ _  /  _ _ _ _ <br/>MONTH YEAR<br/>(1-12) (1970-current year)<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>   |
| <p>CATI/CAWI<br/>A1=1 OR A2=1<br/>IF CAWI DO NOT SHOW DK OR REF</p> <p>If A3 = 2 or A4a = 2 FILL "YOURSELF," ELSE FILL JOB NAME</p> <p><b>A6. Are you still working for [JOB NAME/yourself]?</b></p>  | <p>YES.....1 GO TO A7<br/>NO.....0 GO TO A6a<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>   | <p>YES.....1 GO TO A7<br/>NO.....0 GO TO A6a<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>   |
| <p>CATI/CAWI<br/>A6 =0<br/>IF CAWI DO NOT SHOW DK OR REF</p> <p><b>A6a. When did you <u>stop</u> working at this job?</b></p> <p>INTERVIEWER: RECORD MONTH AND YEAR.</p>  | <p> _ _  /  _ _ _ _ <br/>MONTH YEAR<br/>(1-12) (1970-current year)<br/>STILL AT JOB.....98<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>                         | <p> _ _  /  _ _ _ _ <br/>MONTH YEAR<br/>(1-12) (1970-current year)<br/>STILL AT JOB.....98<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>                         |
| <p>CATI/CAWI<br/>A1=1 OR A2=1<br/>IF CAWI DO NOT SHOW DK OR REF</p> <p>IF A6=1 FILL "DO," ELSE FILL "DID"</p> <p><b>A7. How many hours [do/did] you usually work in a week at this job? Your best estimate is fine.</b></p>   | <p> _ _  HOURS PER WEEK<br/>(0-98)<br/>99 OR MORE HOURS PER WEEK.....99<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>  | <p> _ _  HOURS PER WEEK<br/>(0-98)<br/>99 OR MORE HOURS PER WEEK.....99<br/>DON'T KNOW.....d<br/>REFUSED.....r</p>  |
| <p>CATI/CAWI<br/>A1=1 OR A2=1<br/>IF CAWI DO NOT SHOW DK OR REF</p> <p>If A3 = 2 or A4a = 2 FILL "being self-employed" ELSE FILL "your job at [job name]"</p>   | <p>\$  _ _ _ , _ _ _ .  _ _ _  AVERAGE<br/>(0-999,999.99) AMOUNT<br/>PER HOUR.....1<br/>PER WEEK.....2<br/>PER MONTH.....3<br/>ONCE EVERY TWO WEEKS.....4</p> | <p>\$  _ _ _ , _ _ _ .  _ _ _  AVERAGE<br/>(0-999,999.99) AMOUNT<br/>PER HOUR.....1<br/>PER WEEK.....2<br/>PER MONTH.....3<br/>ONCE EVERY TWO WEEKS.....4</p> |

|  | JOB 1  | JOB 2  |
|--|--|--|
| <p>FILL "DO" IF A6=1, ELSE FILL "DID"<br/> FILL "VARIES" / "ARE" / "MAKE" IF A6=1.<br/> ELSE FILL "VARIED" / "WERE" / "MADE"</p> <p><b>A8. 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. Your best estimate is fine.</b></p> <p>CATI: PROBE: If your pay [varies/varied], please provide an average amount. If you [are/were] paid per job or for completing a particular task, please tell us the total amount you usually [make/made] while doing this type of work.</p> <p>CAWI: SOFTCHECK: If your pay [varies/varied], please provide an average amount. If you [are/were] paid per job or for completing a particular task, please tell us the total amount you usually [make/made] while doing this type of work.</p> <p>IF THE RESPONDENT DOES NOT PROVIDE A PAY PERIOD THEN PROBE: <b>And, is that per hour, per week, per month, once every two weeks, twice a month, per year, or something else?</b><br/> ACCEPT MOST CONVENIENT PAY PERIOD.<br/> SOFT CHECK: IF ANSWER IS GREATER THAN \$50 PER HOUR, \$2000 PER WEEK, \$4000 ONCE EVERY 2 WEEKS, \$4000 TWICE A MONTH, \$100,000 PER YEAR,, OR \$8000 MONTH, SAY: "I recorded [A8 and A8 amount answer]. Is that correct?"</p> | <p>TWICE A MONTH.....5<br/> PER YEAR.....6<br/> OTHER (SPECIFY).....99<br/> _____(STRING (100))<br/> DON'T KNOW.....d<br/> REFUSED.....r</p> | <p>TWICE A MONTH.....5<br/> PER YEAR.....6<br/> OTHER (SPECIFY).....99<br/> _____(STRING (100))<br/> DON'T KNOW.....d<br/> REFUSED.....r</p> |
| <p>CATI/CAWI<br/> IF CAWI DO NOT SHOW DK OR REF</p> <p>FILL WAGE AND HOUR/UNIT FROM B8.</p> <p>IF A8 = 99, D, R, or M, FILL "YOUR CURRENT WAGE"</p> <p><b>A9. Did you always earn [[A8 WAGE] per [HOUR/UNIT FROM A8]/your current wage] at this job?</b></p>   | <p>YES.....1<br/> NO.....0<br/> DON'T KNOW.....d<br/> REFUSED.....r</p>  | <p>YES.....1<br/> NO.....0<br/> DON'T KNOW.....d<br/> REFUSED.....r</p>  |

|   | JOB 1   | JOB 2   |
|---|---|---|
| CATI/CAWI<br>If A9= no<br>IF CAWI DO NOT SHOW DK OR REF<br>FILL "VARIES" IF A6=1. ELSE FILL "VARIED".   | \$          ,          .           AVERAGE<br>(0-999,999.99) AMOUNT | \$          ,          .           AVERAGE<br>(0-999,999.99) AMOUNT |
| <b>A10. How much were you paid when you started working at this job before taxes and deductions? Your best estimate is fine. If your pay [varies/varied], please provide an average amount.</b>                             | PER HOUR.....1  | PER HOUR.....1  |
| ACCEPT MOST CONVENIENT PAY PERIOD.  | PER WEEK.....2  | PER WEEK.....2  |
|   | PER MONTH.....3   | PER MONTH.....3   |
|   | ONCE EVERY TWO WEEKS.....4  | ONCE EVERY TWO WEEKS.....4  |
|   | TWICE A MONTH.....5   | TWICE A MONTH.....5   |
|   | PER YEAR.....6  | PER YEAR.....6  |
|   | OTHER (SPECIFY).....99  | OTHER (SPECIFY).....99  |
|   | _____(STRING (100))   | _____(STRING (100))   |
|   | DON'T KNOW.....d  | DON'T KNOW.....d  |
|   | REFUSED.....r   | REFUSED.....r   |
| IF THE RESPONDENT DOES NOT PROVIDE A PAY PERIOD THEN PROBE: <b>And, is that per hour, per week, per month, once every two weeks, twice a month, per year, or something else?</b>  |   |   |
| SOFT CHECK: IF ANSWER IS GREATER THAN \$50 PER HOUR, \$2000 PER WEEK, \$4000 ONCE EVERY 2 WEEKS, \$4000 TWICE A MONTH, \$100,000 PER YEAR, OR \$8000 MONTH, SAY: "I recorded [A10 and A10 amount answer]. Is that correct?" |   |   |

CATI/CAWI: ALL

IF A1=0 AND A2=0 DO NOT DISPLAY "ELSE," DISPLAY "OR," AND DO NOT DISPLAY "OR ANY OTHER TYPE OF WORK]

IF A1=1 OR A2=1 DISPLAY "ELSE", DO NOT DISPLAY "OR", AND DISPLAY "OR ANY OTHER TYPE OF WORK]

IF CAWI DISPLAY "THAT YOU HAVEN'T REPORTED"

IF CATI DISPLAY "THAT WE HAVEN'T ALREADY TALKED ABOUT"

IF CAWI DO NOT SHOW DK OR REF

**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]?**

- YES..... 1 A12
- NO..... 0 A13
- DON'T KNOW..... d A13
- REFUSED..... r A13

CATI/CAWI: A11=1  
IF CAWI DO NOT SHOW DK OR REF

**A12. CATI: 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 we talked about earlier. We just need your best guess for how much money you've received from these activities.**

**CAWI: 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.**

\$|\_|\_|\_|, |\_|\_|\_|\_|  
(0-99,999)

DON'T KNOW..... d

REFUSED..... r

CATI/CAWI: ASK A13 ONLY IF # OF CURRENT JOBS >1 OR THERE ARE NO CURRENT JOBS BUT MULTIPLE PRIOR JOBS. ELSE SKIP TO A13A

(A1=1 AND (NUMBER OF CURRENT (A6=1) JOBS > 1) OR

(A2=1 AND (NUMBER OF NONCURRENT (A6=0/D/R) JOBS > 1) AND NUMBER OF CURRENT (A6=1) JOBS = 0

DISPLAY [JOBNAME/SELF-EMPLOYED] FROM A3 IF (A1=1 AND (NUMBER OF CURRENT (A6=1) JOBS > 1)

DISPLAY [JOBNAME/SELF-EMPLOYED] FROM A4A IF (A2=1 AND (NUMBER OF NONCURRENT (A6=0/D/R) JOBS > 1) AND NUMBER OF CURRENT (A6=1) JOBS = 0

IF CAWI DO NOT SHOW DK OR REF

**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? Is it...**

[A3JOBNAME1/A3SELF-EMPLOYED1] / [A4AJOBNAME1/A4ASELF-EMPLOYED1].....1

[A3JOBNAME2/A3SELF-EMPLOYED2] / [A4AJOBNAME1/A4ASELF-EMPLOYED2].....2

[A3JOBNAME3/A3SELF-EMPLOYED3] / [A4AJOBNAME1/A4ASELF-EMPLOYED3].....3

[A3JOBNAME4/A3SELF-EMPLOYED4] / [A4AJOBNAME4/A4ASELF-EMPLOYED4].....4

[A3JOBNAME5/A3SELF-EMPLOYED5] / [A4AJOBNAME5/A4ASELF-EMPLOYED5].....5

DON'T KNOW..... d

REFUSED..... r

PROGRAMMER BOX TO SET [JOBNAME]

IF A13 1 TO 5 SET [JOBNAME]=A13JOBNAME.

IF (A13=D OR R) AND (NUMBER OF CURRENT (A6=1) JOBS > 1) SET [JOBNAME]= "CURRENT MAIN"

IF (A13=D OR R) AND (A2=1) AND (NUMBER OF NONCURRENT (A6=0/D/R) JOBS > 1) AND NUMBER OF CURRENT (A6=1) JOBS = 0 SET [JOBNAME]="MOST RECENT MAIN"

IF A13 = LOGICAL SKIP AND NUMBER OF CURRENT JOBS (A6) = 1, SET [JOBNAME] = "CURRENT"

IF A13 = LOGICAL SKIP AND (NUMBER OF NONCURRENT (A6=0/D/R) JOBS > 1) AND NUMBER OF CURRENT (A6=1) JOBS = 0, SET [JOBNAME] = "MOST RECENT"

PROGRAMMER BOX TO SET SELFEMPLOYEDFLAG

IF A13 = 1 TO 5 AND A13 PREFILL FOR SELECTED A13 = SELF-EMPLOYED, SET SELFEMPLOYEDFLAG=1

IF A13 = LOGICAL SKIP AND NUMBER OF CURRENT JOBS (A6) = 1 AND A3=2 (SELF-EMPLOYED), SET SELFEMPLOYEDFLAG=1

IF A13 = LOGICAL SKIP AND (NUMBER OF NONCURRENT (A6=0/D/R) JOBS > 1) AND NUMBER OF CURRENT (A6=1) JOBS = 0 AND A4A=2 (SELF-EMPLOYED), SET SELFEMPLOYEDFLAG=1

OTHERWISE SET SELFEMPLOYEDFLAG=0

CATI/CAWI: A1=1 OR A2=1  
 IF NO JOBS REPORTED SKIP TO A21  
 IF CAWI DO NOT SHOW DK OR REF

**A13a. For the next questions, please think about your [JOBNAME] job.**

**Which of the following best describes your employment at that job? [Were/Are] you working . . .**

CATI: PROBE: **A temporary help agency supplies workers to other companies on an as needed basis.**

PROBE: **Independent contractors, independent consultants, and freelance workers obtain customers on their own to provide a product or service and can have other employees working for them.**

PROBE: **Day laborers are people who work as needed. For example, day laborers may get work by waiting at a place where employers pick up people to work for a day or by posting paper or electronic job wanted ads and responding on a day-by-day basis.**

PROBE: **Some workers find short, in-person jobs or tasks through companies that connect them directly with customers using a website or mobile app. These companies also coordinate payment for the service through the app. Other workers select short, paid tasks through companies that maintain online lists of tasks.**

CODE ONE ONLY

- as a regular full-time or part-time employee,..... 1
  - for a temporary help agency,..... 2
  - 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) ..... 3
  - as an independent contractor, independent consultant, or freelance worker,..... 4
  - in your own business,..... 5
  - as a day laborer,..... 6
  - or something else (PLEASE SPECIFY)? ..... 99
- \_\_\_\_\_ (STRING (100))
- DON'T KNOW..... d
  - REFUSED..... r

CATI/CAWI: A1=1 OR A2=1  
 IF CAWI DO NOT SHOW DK OR REF

**A13b. (Is/Was) this job a seasonal or temporary job?**

PROBE: **(Is/Was) this a job that you knew from the beginning would only last a few weeks or months?**

YES..... 1



NO..... 0  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: A1=1 OR A2=1  
 IF CAWI DO NOT SHOW DK OR REF

**A14. (Do/did) you usually work a daytime schedule or some other schedule at your [JOBNAME] job?**  
**PROBE: By daytime schedule, (I/we) mean that you work anytime between 6 A.M. and 6 P.M.**

A DAYTIME SCHEDULE (ANYTIME BETWEEN 6 A.M. TO 6 P.M.)..... 1  
 SOME OTHER SCHEDULE..... 2  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: A14=2  
 IF CAWI DO NOT SHOW DK OR REF

**A15. Which of the following best describes the hours you usually work(ed) at your [JOB NAME] job?**

CODE ONE ONLY

An evening shift (anytime between 2 P.M. and midnight) ..... 1  
 A night shift (anytime between 9 P.M. and 8 A.M.)..... 2  
 A rotating shift (one that changes periodically from days to evenings or night)..... 3  
 A split shift (one consisting of two distinct periods each day)..... 4  
 An irregular schedule..... 5  
 Some other shift (specify)..... 99  
 \_\_\_\_\_(STRING (100))  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: A1=1 OR A2=1

IF PROGRAM=

BRIDGES: DO NOT ASK

FAST: ASK

IPS: ASK

MOMS: ASK

PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

**A16. Which of the following benefits [are/were] available to you at your [JOB NAME] job? (READ EACH ITEM) . . .**

CODE ALL THAT APPLY

- Health insurance or membership in a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) plan?..... 1**
- Paid leave for vacation, illness, or holidays?..... 2**
- None of the above..... 0**
- DON'T KNOW..... d**
- REFUSED..... r**

CATI/CAWI: (A1=1 OR A2=1) AND SELFEMPLOYEDFLAG=0

IF CAWI DO NOT SHOW DK OR REF

**A17. [Have/Had] you been promoted to a higher position with greater responsibility while working at this job?**

- YES..... 1**
- NO..... 0**
- DON'T KNOW..... d**
- REFUSED..... r**

CATI/CAWI: (A1=1) AND SELFEMPLOYEDFLAG=0

IF CAWI DO NOT SHOW DK OR REF

**A18. How likely do you think it is that you will be promoted at your [JOBNAME] job in the next 12 months?**

- Very likely,..... 1**
- somewhat likely,..... 2**
- not very likely, or..... 3**

not likely at all?.....4  
 DON'T KNOW.....d  
 REFUSED.....r

CATI/CAWI: (A1=1 OR A2=1) AND A13A = (1, 2, 99, D, OR R)  
 IF PROGRAM =  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: ASK, BUT DO NOT ASK A19A OR A19D  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK  
  
 IF CAWI DO NOT SHOW DK OR REF

**A19. Please tell me whether or not your [JOBNAME] employer has made any of the following changes because of a physical or mental health condition. Has your employer, because of any physical or mental health condition...**

CODE ONE RESPONSE PER ROW

|   | YES | NO | N/A | DK | REF |
|---|-----|----|-----|----|-----|
| <b>a. provided you with any <u>special equipment</u> or assistive technology? (PROBE: For example, special tools or equipment, software, or devices to accommodate your condition in the workplace.).....</b>   | 1   | 0  | n   | d  | r   |
| <b>b. made any changes in your <u>work schedule</u>? (PROBE: For example, working fewer hours, changing the time you arrive or leave, or taking more breaks to accommodate your condition in the workplace.).....</b>   | 1   | 0  | n   | d  | r   |
| <b>c. made any changes to the <u>tasks you were assigned</u> or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate your condition in the workplace.).....</b>   | 1   | 0  | n   | d  | r   |
| <b>d. made any changes to the <u>physical work environment</u> to make things easier for you? (PROBE: For example, modifying your work area, allowing tele-work, improving accessibility in the building, or providing assigned parking to accommodate your condition in the workplace.).....</b> | 1   | 0  | n   | d  | r   |
| <b>e. arranged for <u>co-workers</u> or others to assist you? (PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.).....</b>  | 1   | 0  | n   | d  | r   |

CATI/CAWI: A1=1  
IF CAWI DO NOT SHOW DK OR REF

**A20. How satisfied are you with your [JOBNAME] job? Would you say very satisfied, somewhat satisfied, or not satisfied?**

- VERY SATISFIED..... 1
- SOMEWHAT SATISFIED..... 2
- NOT SATISFIED..... 3
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
IF CAWI DO NOT SHOW DK OR REF

**A21.\* Are you currently looking for a job?**

**PROBE: Some people look for work even when they have a job.**

- YES..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: A1=0,D,R AND A2= 0,D,R  
IF PROGRAM=BRIDGES DO NOT DISPLAY RETIRED=2  
IF CAWI DO NOT SHOW DK OR REF

**A21a. How would you describe your current employment status? Are you . . .**

CODE ALL THAT APPLY

- Temporarily laid off,..... 1
- Retired,..... 2
- In school or training,..... 3
- Unable to work because of caring for another family member,..... 4
- Unable to work because of pregnancy..... 5
- Unable to work due to illness, disability, or ongoing mental health or substance use issues or treatment,..... 6
- Gave up looking for work..... 7

Incarcerated, or.....8  
 Something else? (SPECIFY).....99  
 \_\_\_\_\_ (STRING (NUM))  
 DON'T KNOW.....d  
 REFUSED.....r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**A22.\* The next questions are about things that some people find challenging when they try to work. First, does a physical, mental, or emotional condition limit the kind or amount of work you can do?**

*Select one only*

- YES.....1 A22A
- NO.....0 A23
- DON'T KNOW.....d A23
- REFUSED.....r A23

CATI/CAWI: A22=1  
 IF CAWI DO NOT SHOW DK OR REF

**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?**

*Select one only*

- m YES.....1
- m NO.....0
- m DON'T KNOW.....d
- m REFUSED.....r

CATI/CAWI: ALL

IF CORONAVIRUS PANDEMIC CHALLENGES REMAIN ASK A23. OTHERWISE DO NOT ASK A23.

IF CAWI DO NOT SHOW DK OR REF

**A23.\***

Now, 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 three months. CATI: If something I say does not apply to you, you can say “does not apply.”

Would you say that [FILL a-r] made it not at all hard, slightly hard, moderately hard, or very hard for you to work in the last three months?

*Select one per row*

|  | NOT AT ALL<br>HARD         | SLIGHTLY<br>HARD           | MODERATELY<br>HARD         | VERY<br>HARD               | DOES<br>NOT<br>APPLY       | DK                         | REF                        |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. <b>Not having good enough care for a child or someone else in your household who needs care due to COVID-19 or its effects...</b> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| b. <b>Not having good enough care for a child who is learning at home due to COVID-19....</b>  | 0 m                        | 1 m                        | 2 m                        | 3 m                        | n m                        | d m                        | r m                        |
| c. <b>The risk that you will get sick from COVID-19.....</b>   | 0 m                        | 1 m                        | 2 m                        | 3 m                        | n m                        | d m                        | r m                        |
| d. <b>The risk that someone in your household or family will get sick from COVID-19.....</b>   | 0 m                        | 1 m                        | 2 m                        | 3 m                        | n m                        | d m                        | r m                        |

CATI/CAWI: ALL  
 IF CURRENTLY EMPLOYED (A1=1) THEN DO NOT ASK A24D.  
 IF PROGRAM =  
 BRIDGES: ASK ALL  
 FAST: ASK ALL  
 IPS: DO NOT ASK  
 MOMS: ASK ALL  
 PHILLYWINS: DO NOT ASK  
 IF CAWI DO NOT SHOW DK OR REF

**A24. The next questions are about work goals and looking for jobs.**

Please indicate if you strongly disagree, disagree, agree, or strongly agree with the following statements.

Select one per row

|  | STRONGLY DISAGREE          | DISAGREE                   | AGREE                      | STRONGLY AGREE             | DK                         | REF                        |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I set <i>long-term</i> 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| b. I set specific <i>short-term</i> goals that will allow me to achieve my long-term employment goals.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| c. I think I should work on finding a job or a better job <sup>1</sup> .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| d. I think there is nothing I can do about being out of work right now <sup>2</sup> .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |

<sup>1,2</sup> A24a, A24b: Noonan, P.M., & Gaumer Erickson, A.S. (2017). The skills that matter: Teaching intrapersonal and interpersonal competencies in any classroom. Thousand Oaks, CA: Corwin.

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: ASK  
 FAST: DO NOT ASK  
 IPS: DO NOT ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**A25. Now please indicate how confident you are that you can do each of the following activities.**

**Would you say that you are confident, somewhat confident, or not confident in your ability to [FILL a-h] by yourself?**

*Select one per row*

|  | CONFIDENT                  | SOMEWHAT CONFIDENT         | NOT CONFIDENT              | DK                         | REF                        |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>a. look for jobs.....</b>   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>b. fill out job applications.....</b>   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>c. create or update a resume.....</b>   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>d. do a job interview.....</b>  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>e. fill out forms that are needed to start work....</b>   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>f. get along with coworkers or customers.....</b>   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>g. ask a manager or supervisor for changes to your schedule, time off, or other necessary changes.<br/>.....</b>                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>h. offer advice to family or friends about things like searching for jobs, doing job interviews, or getting along with coworkers.....</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |



## B. SERVICE RECEIPT

CATI: Next, we are going to ask you about services you may have received to help you find or keep a job.

CAWI: The next set of questions are about services you may have received to help you find or keep a job.

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK B1I, B1J, B1N, B1O  
 FAST: DO NOT ASK B1E, B1I  
 IPS: DO NOT ASK B1E, B1J  
 MOMS: DO NOT ASK B1E, B1I, B1O  
 PHILLYWINS: DO NOT ASK B1E, B1I, B1J, B1N  
  
 IF CAWI DO NOT SHOW DK OR REF

**B1. CATI: I would like you to tell me about help you may have received since [RA MONTH/YEAR] from organizations in your community to help you find or keep a job or to help you deal with problems that made it hard for you to find or keep a job.**

**CAWI: We would like to ask you about help you may have received since [RA MONTH/YEAR] from organizations in your community to help you find or keep a job or to help you deal with problems that made it hard for you to find or keep a job.**

**PROBE: [RA MONTH/YEAR] is the date you applied to get into the [NEXTGEN PROGRAM].**

**[IF TREATMENT GROUP] Please include both help you may have received from [NEXTGEN PROGRAM] and help you may have received from other programs or organizations in the community.**

**[IF CONTROL] Please include help you may have received from any programs or organizations in the community.**

Since [RA MONTH/YEAR], did you receive help with...

CODE ONE PER ROW

| YES | NO | DK | REF |
|-----|----|----|-----|
|-----|----|----|-----|

|  |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. ...planning your future career, which could include an assessment of your interests and skills? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
|--|----------------------------|----------------------------|----------------------------|----------------------------|

|   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| b. ...preparing a resume or filling out job applications? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
|---|----------------------------|----------------------------|----------------------------|----------------------------|

|                                     |                            |                            |                            |                            |
|-------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| c. ...preparing for job interviews? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
|-------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

|   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| d. ...getting referrals to available jobs or setting up interviews for specific job openings? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
|---|----------------------------|----------------------------|----------------------------|----------------------------|

|   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| e. ...obtaining a valid drivers' license? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
|---|----------------------------|----------------------------|----------------------------|----------------------------|

|    |  |                            |                            |                            |                            |
|----|--|----------------------------|----------------------------|----------------------------|----------------------------|
| f. | <b>...obtaining documents you need to work, such as a social security card or photo identification?</b>  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| g. | <b>...how to talk with an employer about a disability and any changes they need to make to accommodate it?</b>   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| h. | <b>...how to act when you are at work? This includes being on time, managing your tasks, getting along with your supervisor, and handling conflicts.</b> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| i. | <b>...communicating your legal history to an employer, clearing or sealing criminal records, or other legal help?</b>                                    | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| j. | <b>... finding or paying for child care or care for other dependents?</b>  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| k. | <b>... finding, using, or paying for transportation?</b>   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| l. | <b>...paying for clothing, tools, or other supplies for work?</b>  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| m. | <b>...meeting your employer's COVID-19-related requirements such as the need to wear masks or be vaccinated?</b>   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| n. | <b>...finding or paying for temporary, transitional, or permanent housing?</b>   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| o. | <b>...understanding how work may affect your eligibility for benefits such as Social Security, disability insurance, TANF, or Medicaid?</b>              | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| p. | <b>...any other employment help?.....</b><br>(Please specify: _____)   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: DO NOT ASK  
 IPS: DO NOT ASK  
 MOMS: ASK  
 PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B2. Since [RA MONTH/YEAR] did you participate or attend any organizations or activities where people provided advice or support in a group setting?**

PROBE: [RA MONTH/YEAR] is the date you applied for the [NEXTGEN PROGRAM].

[IF TREATMENT GROUP] Please include both help you may have received in a group from [NEXTGEN PROGRAM] and help you may have received in a group from other programs or organizations.

YES..... 1  
 NO..... 0  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: IF B1 OR B2 HAS AT LEAST ONE YES RESPONSE  
 IF CAWI DO NOT SHOW DK OR REF

**B3. You said that you received help related to finding or keeping a job since [RA MONTH/YEAR]. Where did you receive most of this help from? Would you say you received the most help from the...**

*Select one only*

[NAME OF LOCAL WELFARE PROGRAM]..... 1  
 [NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office,..... 2  
 Food Stamp Program or SNAP,..... 3  
 [NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]..... 4  
 [NEXTGEN PROGRAM]..... 5  
 [NAME OF SITE-SPECIFIC PROVIDER 1]..... 6  
 [NAME OF SITE-SPECIFIC PROVIDER 2]..... 7  
 [NAME OF SITE-SPECIFIC PROVIDER 3]..... 8  
 [NAME OF SITE-SPECIFIC PROVIDER 4]..... 9  
 [NAME OF SITE-SPECIFIC PROVIDER 5]..... 10  
 Or some other place (SPECIFY: \_\_\_\_\_)..... 11  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: ASK  
MOMS: ASK  
PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

The next questions ask you about your participation in education and training programs. First [we/I] will ask about education programs.

**B4.** Since [RA MONTH YEAR], did you attend any school or education program? This includes high school, adult basic education or GED courses, English as a Second Language classes, online courses, and college or other types of schools. Do not include training programs to develop skills for a particular job or occupation. [We/I] will ask you about those later.

YES..... 1 B4A  
NO..... 0 B5  
DON'T KNOW..... d B5  
REFUSED..... r B5

CATI/CAWI: B4=1  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: ASK  
MOMS: ASK  
PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

**B4a.** Are you attending any of these education programs now?

YES..... 1  
NO..... 0  
DON'T KNOW..... d  
REFUSED..... r

CATI/CAWI: B4=1

IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: ASK  
 MOMS: ASK  
 PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

**B4b. Since [RA MONTH YEAR], did you receive any diploma or degree?**

YES..... 1 B4c  
 NO..... 0 B5  
 DON'T KNOW..... d B5  
 REFUSED..... r B5

CATI/CAWI: B4B=1  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: ASK  
 MOMS: ASK  
 PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

**B4c. 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].**

SELECT ALL THAT APPLY

GED OR GENERAL EDUCATION DEVELOPMENT..... 1  
 REGULAR HIGH SCHOOL DIPLOMA (NOT A GED)..... 2  
 ASSOCIATE'S DEGREE..... 3  
 BACHELOR'S DEGREE..... 4  
 GRADUATE DEGREE OR PROFESSIONAL DEGREE..... 5  
 OTHER (SPECIFY: \_\_\_\_\_)..... 6  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: ASK  
MOMS: ASK  
PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

The next questions ask you about your participation in training programs. Do not include any programs [we already discussed / you already reported] or any training program you received from your employer.

**B5. Since [RA MONTH YEAR], did you participate in any training program to build skills for a particular job or occupation?**

YES..... 1 B5A  
NO..... 0 B9  
DON'T KNOW..... d B9  
REFUSED..... r B9

CATI/CAWI: B5=1  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: ASK  
MOMS: ASK  
PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

**B5a. Are you attending any of these training programs now?**

YES..... 1  
NO..... 0  
DON'T KNOW..... d  
REFUSED..... r

CATI/CAWI: B5=1  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: ASK  
 MOMS: ASK  
 PHILLYWINS: ASK  
  
 IF CAWI DO NOT SHOW DK OR REF

**B5b. Since [RA MONTH YEAR], did you receive any professional certificate or state or industry license?**

**PROBE: A professional certificate or license shows you are qualified to perform a specific job and includes things like Certified Medical Assistant, Certified Construction Manager, a Project Management Professional certification, or an IT certification.**

YES..... 1 B9  
 NO..... 0 B9  
 DON'T KNOW..... d B9  
 REFUSED..... r B9

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: ASK  
 FAST: DO NOT ASK  
 IPS: DO NOT ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK  
  
 IF CAWI DO NOT SHOW DK OR REF

**The next questions ask you about your participation in education and training programs.**

**B6. Are you currently in high school?**

YES..... 1 B7  
 NO..... 0 B6a  
 DON'T KNOW..... d B6a  
 REFUSED..... r B6a

CATI/CAWI: B6=0,D,R  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B6a. Do you have a high school diploma? Do not count a GED or General Education Development credential.**

YES..... 1 B7  
NO..... 0 B6b  
DON'T KNOW..... d B6b  
REFUSED..... r B6b

CATI/CAWI: B6=0,D,R AND B6A=0,D,R  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B6b. Since [RA MONTH YEAR], did you attend any program to earn a GED or General Education Development credential?**

YES..... 1 B6c  
NO..... 0 B7  
DON'T KNOW..... d B7  
REFUSED..... r B7



CATI/CAWI: B6=0,D,R AND B6A=0,D,R AND B6B=1

IF PROGRAM=

BRIDGES: ASK

FAST: DO NOT ASK

IPS: DO NOT ASK

MOMS: DO NOT ASK

PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B6c. Are you attending any GED program now?**

|                 |   |     |
|-----------------|---|-----|
| YES.....        | 1 | B7  |
| NO.....         | 0 | B6d |
| DON'T KNOW..... | d | B6d |
| REFUSED.....    | r | B6d |

CATI/CAWI: B6=0,D,R AND B6A=0,D,R AND B6B=1 AND B6C=0,D,R

IF PROGRAM=

BRIDGES: ASK

FAST: DO NOT ASK

IPS: DO NOT ASK

MOMS: DO NOT ASK

PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B6d. Since [RA MONTH YEAR], did you receive a GED or General Education Development credential?**

|                 |   |
|-----------------|---|
| YES.....        | 1 |
| NO.....         | 0 |
| DON'T KNOW..... | d |
| REFUSED.....    | r |

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: ASK  
 FAST: DO NOT ASK  
 IPS: DO NOT ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK  
  
 IF CAWI DO NOT SHOW DK OR REF

**B7. Since [RA MONTH YEAR], did you attend any [other] school or education program? This includes adult basic education, English as a Second Language classes, online courses, and college. Do not include high school or GED programs. Do not include any training programs to build skills for a particular job or occupation. [We/I] will ask you about those later.**

YES..... 1 B7a  
 NO..... 0 B8  
 DON'T KNOW..... d B8  
 REFUSED..... r B8

CATI/CAWI: B7=1  
 IF PROGRAM=  
 BRIDGES: ASK  
 FAST: DO NOT ASK  
 IPS: DO NOT ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK  
  
 IF CAWI DO NOT SHOW DK OR REF

**B7a. Are you attending any of these education programs now?**

YES..... 1 B7b  
 NO..... 0 B7c  
 DON'T KNOW..... d B7c  
 REFUSED..... r B7c

CATI/CAWI: B7A=1  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B7b. Are you attending any college or university now?**

YES..... 1  
NO..... 0  
DON'T KNOW..... d  
REFUSED..... r

CATI/CAWI: B7=1  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B7c. Since [RA MONTH YEAR], did you receive a diploma or degree? Do not include high school diplomas or GEDs.**

YES..... 1 B7d  
NO..... 0 B8  
DON'T KNOW..... d B8  
REFUSED..... r B8

CATI/CAWI: B7=1 AND B7C=1  
IF CAWI DO NOT SHOW DK OR REF

**B7d. 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].**

SELECT ALL THAT APPLY

- ASSOCIATE'S DEGREE..... 1
- BACHELOR'S DEGREE..... 2
- GRADUATE DEGREE OR PROFESSIONAL DEGREE..... 3
- OTHER (SPECIFY: \_\_\_\_\_)..... 4
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK OR REF

**The next questions ask you about your participation in training programs. Do not include any programs [we already discussed / you already reported] or any training program you received from your employer.**

**B8. Since [RA MONTH YEAR], did you participate in any training program to build skills for a particular job or occupation?**

- YES..... 1 B8A
- NO..... 0 B9
- DON'T KNOW..... d B9
- REFUSED..... r B9

CATI/CAWI: B8=1  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B8a. Are you attending any of these training programs now?**

YES..... 1  
NO..... 0  
DON'T KNOW..... d  
REFUSED..... r

CATI/CAWI: B8=1  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B8b. Since [RA MONTH YEAR], did you receive a professional certificate or state or industry license?**

**PROBE: A professional certificate or license shows you are qualified to perform a specific job and includes things like Certified Medical Assistant, Certified Construction Manager, a Project Management Professional certification, or an IT certification.**

YES..... 1  
NO..... 0  
DON'T KNOW..... d  
REFUSED..... r

CATI/CAWI: ALL  
 IF PROGRAM =  
 BRIDGES: DO NOT ASK  
 FAST: DO NOT ASK  
 IPS: ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B9. The next question is about services you may have received related to drug or alcohol use. Since [RA MONTH YEAR], have you received help for problems related to drug or alcohol use?**

YES..... 1 B9A  
 NO..... 0 B10  
 DON'T KNOW..... d B10  
 REFUSED..... r B10

CATI/CAWI: B9=1  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: DO NOT ASK  
 IPS: ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B9a. At what type of place did you receive help for problems related to drug or alcohol use? Was it...**

SELECT ALL THAT APPLY

A hospital or clinic with overnight stays,..... 1  
 A hospital or clinic without overnight stays,..... 2  
 A residential substance treatment program with overnight stays, ..... 3  
 A non-residential substance treatment program without overnight stays, ..... 4  
 A support group, such as Alcoholics Anonymous or Narcotics Anonymous..... 5  
 [NEXTGEN PROGRAM, if relevant] facilities, or..... 6  
 Some other type place? SPECIFY ( \_\_\_\_\_)..... 7  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: ASK  
 MOMS: ASK  
 PHILLYWINS: ASK  
  
 IF CAWI DO NOT SHOW DK OR REF

The next few questions are about services you may have received related to your health and well-being in the last six months.

**B10.** In the last six months, have you received help for problems related to 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.

YES..... 1 B10A  
 NO..... 0 B11  
 DON'T KNOW..... d B11  
 REFUSED..... r B11

CATI/CAWI: B10=1  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: ASK  
 MOMS: ASK  
 PHILLYWINS: ASK  
  
 IF CAWI DO NOT SHOW DK OR REF  
 IF PROGRAM = FAST OR MOMS DISPLAY OPTION 6. OTHERWISE DO NOT DISPLAY OPTION 6.

**B10a.** Where did you receive help with problems related to emotions, nerves, anger management or mental health? Was it...

SELECT ALL THAT APPLY

**A mental health agency..... 1**  
**A clinic or doctor's office..... 2**  
**A hospital with overnight stays..... 3**  
**A hospital without overnight stays, or..... 4**  
**Some other type of place (please specify)..... 5**  
**[NEXTGEN PROGRAM]..... 6**  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: B10=1  
IF PROGRAM =  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: ASK  
MOMS: ASK  
PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

**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.**

NUMBER OF VISITS  
(1-99)

- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL  
IF PROGRAM =  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**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.**

- YES..... 1 B11a
- NO..... 2 B12
- DON'T KNOW..... d B12
- REFUSED..... r B12



CATI/CAWI: B11=1  
 IF PROGRAM =  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: DO NOT ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**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.**

NUMBER OF VISTS  
 (1-99)

- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL  
 IF PROGRAM =  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: DO NOT ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**The next questions are about services your child (or children) may have received related to their health and well-being. CATI: If you do not have children under the age of 18, just let me know.**

**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.**

- YES..... 1 B12A
- NO..... 0 C1
- DO NOT HAVE ANY CHILDREN UNDER AGE 18.....2 C1
- DON'T KNOW..... d C1
- REFUSED..... r C1

CATI/CAWI: B12=1  
IF PROGRAM =  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**B12a. Where did your child (or children) receive help with their problems related to emotions, nerves, anger management or mental health? Was it...**

SELECT ALL THAT APPLY

- A mental health agency..... 1**
- A clinic or doctor's office..... 2**
- A hospital with overnight stays..... 3**
- A hospital without overnight stays, or..... 4**
- Some other type of place (please specify)..... 5**
- [NEXTGEN PROGRAM]..... 6**
- DON'T KNOW..... d
- REFUSED..... r

## C. ECONOMIC INDEPENDENCE AND WELL-BEING

Now, [I'd/we'd] like to ask you some questions about your living situation.

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: ASK  
MOMS: ASK  
PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

**C1. Which of the following best describes your housing during the past month?**

PROBE: Tell me about the housing you spent the most time at in the last month.

*Select one only*

- Own your own home or apartment,.....1
- Rent your home or apartment,.....2
- Homeless or live in emergency or temporary housing, such as a shelter,....3
- Live in a halfway house, sober house, or other transitional housing,.....4
- Live in a group home.....5
- Live with friends or relatives and pay rent.....6
- Live with friends or relatives and not pay rent, or.....7
- Or some other arrangement? (SPECIFY: \_\_\_\_\_).....99
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**C1a. Which of the following best describes your housing during the past month?**

PROBE: Tell me about the housing you spent the most time at in the last month.

*Select one only*

- Live with a parent or guardian and pay rent,.....1
- Live with a parent or guardian and do not pay rent,.....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.....8
- Or some other arrangement? (SPECIFY: \_\_\_\_\_).....99
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: C1 NE 3 OR C1A NE 4  
IF CAWI DO NOT SHOW DK OR REF

**C2. Have you been homeless at any time in the last three months? Include living on the street, in your car, in an abandoned building, in a homeless or domestic violence shelter, or staying at someone else's home because you have nowhere else to go.**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: ASK  
IPS: ASK  
MOMS: ASK  
PHILLYWINS: ASK

IF C1 = (4 OR 5) OR C1A = (5 OR 6), DO NOT DISPLAY "OR ANYONE IN YOUR HOUSEHOLD"  
IF PROGRAM=IPS DO NOT DISPLAY C3\_2 OR C3\_5  
IF CAWI DO NOT SHOW DK OR REF

**C3. During the past year, did you [or anyone in your household] receive income or assistance from any of the following sources?**

*Select all that apply*

- Disability benefits from the Social Security Administration. These are also called Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)**

.....  
1

- Temporary Assistance for Needy Families (TANF) or [STATE SPECIFIC TANF NAME]**

.....  
2

- Unemployment Insurance**

.....  
3

- Food Stamps/Supplemental Nutrition Assistance Program (SNAP)/ [STATE-SPECIFIC PROGRAM]**

.....  
4

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

.....  
5

- Medicaid or [STATE SPECIFIC MEDICAID] or Children's Health Insurance Program (CHIP)**

.....  
6

- NONE OF THE ABOVE**

.....  
0

- DON'T KNOW.....d**

- REFUSED.....r**

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: ASK  
 MOMS: ASK  
 PHILLYWINS: ASK

IF PROGRAM=MOMS, DO NOT ASK C4H  
 IF CAWI DO NOT SHOW DK OR REF

**C4. Now [I/we] have some questions about your current financial situation. [As I read each question, please let me/ please let us] know if you have faced any of the following situations.**

**In the last six months, has there been a time when...**

*Select one per row*

|  | YES                        | NO                         | N/A                        | DK                         | REF                        |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. ...you did not pay the full amount of the rent or mortgage because you could not afford it?.....            | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 2 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| b. ...you were evicted from your home or apartment for not paying the rent or mortgage?.....                   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 2 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| c. ...you filed in court for bankruptcy?.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 2 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| d. ...you did not pay the full amount of the gas, oil, or electricity bills?.....                              | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 2 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| e. ...you had service turned off by the gas or electric company, or the oil company would not deliver oil?.... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 2 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| f. ...you had cellular or land telephone service turned off because payments were not made?.....               | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 2 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |

|   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| g. ...you could not fill or had to wait to fill a prescription for medicine when they were needed because you could not afford it?..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 2 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| h. ...you did not pay the full amount of child support payments because you could not afford it?.....                                   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 2 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| i. ...you did not pay the full amount of other bills?   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 2 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |

CATI/CAWI: ALL  
IF CAWI DO NOT SHOW DK/R

- C4a.\* 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...**
- enough of the kinds of food you want,.....1
  - enough, but not always the kinds of food you want,.....2
  - sometimes not enough to eat, or.....3
  - often not enough to eat?.....4
  - DON'T KNOW.....d
  - REFUSED.....f

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF PROGRAM=BRIDGES DISPLAY FIRST SENTENCE. ELSE DO NOT DISPLAY FIRST SENTENCE.  
IF CAWI DO NOT SHOW DK/R

- C4b. [Now [I/we] have some questions about your current financial situation.] 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?**
- Select one only*
- YES.....1 C4B1
  - NO.....0 C4C
  - DON'T KNOW.....d C4C

REFUSED.....r C4C

CATI/CAWI: C4B=1  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK/R

**C4b1. 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...**

*Select one only*

- all,.....1
- most,.....2
- or a little of your transportation or rides?.....3
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK/R

**C4c. Do you currently receive any financial help from your parents, relatives, friends, or neighbors in paying for food, meals, or groceries?**



Select one only

- YES..... 1 C4C1
- NO..... 0 C4D
- DON'T KNOW..... d C4D
- REFUSED..... r C4D

CATI/CAWI: C4C=1

IF PROGRAM=

BRIDGES: ASK

FAST: DO NOT ASK

IPS: DO NOT ASK

MOMS: DO NOT ASK

PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK/R

**C4c1. 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...**

Select one only

- all,..... 1
- most,..... 2
- or a little of your food, meals, or groceries?..... 3
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL

IF PROGRAM=

BRIDGES: ASK

FAST: DO NOT ASK

IPS: DO NOT ASK

MOMS: DO NOT ASK

PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK/R

**C4d. 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?**

Select one only

- YES..... 1 C4D1
- NO..... 0 C4E
- DON'T KNOW..... d C4E
- REFUSED..... r C4E

CATI/CAWI: C4D=1  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK/R

**C4d1. 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...**

Select one only

- all,..... 1
- most,..... 2
- or a little of your cellular phone service?..... 3
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK/R

**C4e. Do you currently receive any cash gifts or money from your parents, relatives, friends, or neighbors on a regular basis?**

Select one only

- YES..... 1 C4E1
- NO..... 0 C5
- DON'T KNOW..... d C5
- REFUSED..... r C5

CATI/CAWI: C4E=1  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK/R

**C4e1. About how much do your parents, relatives, friends, or neighbors provide in the form of money or cash gifts on a regular basis? Your best estimate is fine.**

\$|\_|\_|\_|, |\_|\_|\_|\_|  
(0-99,999)

**Is this amount per day, per week, per month, once every two weeks, per year, or a one-time payment? If you receive this amount occasionally or not on a regular basis, please provide your best estimate as to how often you received it during the past few months.**

Select one only

- PER DAY..... 1
- PER WEEK..... 2
- PER MONTH..... 3
- ONCE EVERY TWO WEEKS..... 4
- PER YEAR..... 5
- A ONE-TIME PAYMENT..... 6
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**C5. If you had an emergency, about how many people would you be able to count on to help you? Would you say...**

*Select one only*

- m None,..... 1
- m One to two,..... 2
- m Three to five, or..... 3
- m More than five?..... 4
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**C6.\* About how many people could you turn to if you suddenly needed to borrow \$100?**  
**Would you say...**  
*Select one only*

- m None,..... 1
- m One to two,..... 2
- m Three to five, or..... 3
- m More than five?..... 4
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK OR REF

**C7a. About how many people could you talk to for help or advice?**  
*Select one only*

- m None,..... 1
- m One to two,..... 2
- m Three to five, or..... 3
- m More than five?..... 4
- m DON'T KNOW..... d
- m REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM =  
BRIDGES: DO NOT ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK OR REF

**C7b. Generally speaking, would you say most people can be trusted?**  
*Select one only*

- m YES..... 1

m NO.....0  
m DON'T KNOW.....d  
m REFUSED.....r

CATI/CAWI: ALL  
IF PROGRAM =  
BRIDGES: DO NOT ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK OR REF

**C7c. Would you say you trust most people in your neighborhood?**

*Select one only*

m YES.....1  
m NO.....0  
m DON'T KNOW.....d  
m REFUSED.....r

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: DO NOT ASK  
 IPS: DO NOT ASK  
 MOMS: ASK  
 PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**C8. CATI: Now I will read you a list of statements about being a parent. Please tell me if the following statements apply to you rarely or never, a little of the time, some of the time, a good part of the time, or always or most of the time.**

**CAWI: Please choose the one answer that best fits for you.** <sup>3</sup>

*Select one per row*

|   | RARELY OR NEVER            | A LITTLE OF THE TIME       | SOME OF THE TIME           | GOOD PART OF THE TIME      | ALWAYS OR MOST OF THE TIME | DK                         | REF                        |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I feel I'm doing an excellent job as a parent.               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| b. I am proud of myself as a parent.....                        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| c. I am more effective than most parents.....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| d. I have set goals about how I want to raise my child.....     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| e. I am a good example to other parents.....                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| f. I learn new parenting skills and use them with my child..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |

<sup>3</sup> Healthy Families Parenting Inventory (HFPI), Parenting Efficacy questions, Copyright LeCroy & Milligan Associates, Inc. 2004.

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK/R

**C9a. 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?**

*Select one only*

- CONFIDENT.....1
- SOMEWHAT CONFIDENT.....2
- NOT CONFIDENT.....3
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: ASK  
FAST: DO NOT ASK  
IPS: DO NOT ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK/R

**C9b. 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?**

*Select one only*



- CONFIDENT..... 1
- SOMEWHAT CONFIDENT..... 2
- NOT CONFIDENT..... 3
- DON'T KNOW..... d
- REFUSED..... r

CATI: **Now, I'd like to ask you some questions about your health.**  
 CAWI: **Now, we have some questions about your health.**<sup>4</sup>

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C10.\* In general, would you say your health is:**

- Excellent,**..... 1
- Very good,**..... 2
- Good,**..... 3
- Fair, or**..... 4
- Poor?**..... 5
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C10a.\* Are you fully vaccinated against COVID-19? Fully vaccinated means you got all the required shots.**

*Select one only*

- m YES..... 1
- m NO..... 0
- m DON'T KNOW..... d
- m REFUSED..... r

---

<sup>4</sup> © C10, C11 to C21 is the SF-12v2, 1994, 2002 by QualityMetric Inc. and Medical Outcomes Trust. All Rights Reserved.

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: ASK  
 IPS: DO NOT ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK  
  
 IF CAWI DO NOT SHOW DK OR REF

**C10b. Are you currently covered by any type of health insurance plan, either private or government, including Medicare or Medicaid?**

*Select one only*

- m YES.....1
- m NO.....0
- m DON'T KNOW.....d
- m REFUSED.....r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C11.\* The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

CATI: **The first question is about...**

**Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.**

CATI: **Would you say you are limited a lot, limited a little, or not at all?**

- YES, LIMITED A LOT.....1
- YES, LIMITED A LITTLE.....2
- NO, NOT LIMITED AT ALL.....3

DON'T KNOW..... d  
REFUSED..... r

CATI/CAWI: ALL  
IF CAWI DO NOT SHOW DK OR REF

**C12.\* CATI: The second question is about...**

**Climbing several flights of stairs. Would you say you are limited a lot, limited a little, or not at all?**

YES, LIMITED A LOT..... 1  
YES, LIMITED A LITTLE..... 2  
NO, NOT LIMITED AT ALL..... 3  
DON'T KNOW..... d  
REFUSED..... r

CATI/CAWI: ALL  
IF CAWI DO NOT SHOW DK OR REF

**C13.\* During the past 4 weeks how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

**CATI: The first statement is that you...**

**Accomplished less than you would like.**

**CATI: Would you say that you accomplished less than you would like all of the time, most of the time, some of the time, a little of the time, or none of the time as a result of your physical health?**

ALL OF THE TIME..... 1  
MOST OF THE TIME..... 2  
SOME OF THE TIME..... 3  
A LITTLE OF THE TIME..... 4

NONE OF THE TIME..... 5  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C14.\* CATI: The second statement is that you...**

**Were limited in the kind of work or other activities.**

**CATI: Would you say that you were limited in the kind of work or other activities all of the time, most of the time, some of the time, a little of the time, or none of the time as a result of your physical health?**

ALL OF THE TIME..... 1  
 MOST OF THE TIME..... 2  
 SOME OF THE TIME..... 3  
 A LITTLE OF THE TIME..... 4  
 NONE OF THE TIME..... 5  
 DON'T KNOW..... d  
 REFUSED..... r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C15.\* During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

**CATI: The first item is that you...**

**Accomplished less than you would like.**

**CATI: Would you say that you accomplished less than you would like all of the time, most of the time, some of the time, a little of the time, or none of the time as a result of any emotional problems?**

- ALL OF THE TIME..... 1
- MOST OF THE TIME..... 2
- SOME OF THE TIME..... 3
- A LITTLE OF THE TIME..... 4
- NONE OF THE TIME..... 5
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C16.\* CATI: The second item is that you...**

**Did work or other activities less carefully than usual.**

**CATI: Would you say that did work or other activities less carefully than usual all of the time, most of the time, some of the time, a little of the time, or none of the time as a result of any emotional problems?**

- ALL OF THE TIME..... 1
- MOST OF THE TIME..... 2
- SOME OF THE TIME..... 3
- A LITTLE OF THE TIME..... 4
- NONE OF THE TIME..... 5
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C17.\* During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Would you say...**

- Not at all,..... 1
- A little bit,..... 2
- Moderately,..... 3
- Quite a bit, or..... 4
- Extremely..... 5
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C18.\*** These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

have you felt calm and peaceful?

- All of the time,..... 1
- Most of the time,..... 2
- Some of the time,..... 3
- A little of the time, or..... 4
- None of the time..... 5
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C19.\*** How much of the time during the past 4 weeks did you have a lot of energy?

- All of the time,..... 1
- Most of the time,..... 2
- Some of the time,..... 3
- A little of the time, or..... 4
- None of the time..... 5
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C20.\* How much of the time during the past 4 weeks have you felt downhearted and depressed?**

- All of the time,..... 1
- Most of the time,..... 2
- Some of the time,..... 3
- A little of the time, or..... 4
- None of the time..... 5
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
 IF CAWI DO NOT SHOW DK OR REF

**C21.\* During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say...**

- All of the time,..... 1
- Most of the time,..... 2
- Some of the time,..... 3
- A little of the time, or..... 4
- None of the time..... 5
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: ASK  
 FAST: ASK  
 IPS: ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

CATI: **Now I will read you a list of statements about the last 30 days. Please tell me if the following applies to you all of the time, most of the time, some of the time, a little of the time, or none of the time.**

**C22. During the last 30 days, about how often did you...<sup>5</sup>**

*Select one per row*

| ALL THE TIME | MOST OF THE TIME | SOME OF THE TIME | A LITTLE OF THE TIME | NONE OF THE TIME | DK | REF |
|--------------|------------------|------------------|----------------------|------------------|----|-----|
|--------------|------------------|------------------|----------------------|------------------|----|-----|

a. **feel so depressed that nothing could cheer you**      4     3     2     1     0     d     r

<sup>5</sup> K-6 Distress Scale: [https://www.hcp.med.harvard.edu/ncs/k6\\_scales.php](https://www.hcp.med.harvard.edu/ncs/k6_scales.php)



|   |                            |                            |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| up?.....                                    |                            |                            |                            |                            |                            |                            |                            |
| b. feel hopeless?.....                      | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| c. feel restless or fidgety?.....           | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| d. feel that everything was an effort?..... | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| e. feel worthless?.....                     | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| f. feel nervous?.....                       | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |

CATI/CAWI: ALL  
 IF PROGRAM =  
 BRIDGES: DO NOT ASK  
 FAST: DO NOT ASK  
 IPS: DO NOT ASK  
 MOMS: ASK  
 PHILLYWINS: DO NOT ASK  
  
 IF CAWI DO NOT SHOW DK OR REF

**C22a. CATI: Now I will read you a list of the ways you might have felt or behaved. Please tell me how often you have felt this way in the past week or so. Please tell me if you felt this way not at all or less than one day, one to two days, three to four days, five to seven days, or nearly everyday for the last two weeks.**

**CAWI: Below is a list of the ways you might have felt or behaved. Please select the boxes to let us know how often you have felt this way in the past week or so.<sup>6</sup>**

Select one per row

|               |          |          |          |                  |    |     |
|---------------|----------|----------|----------|------------------|----|-----|
| NOT AT ALL OR | 1-2 DAYS | 3-4 DAYS | 5-7 DAYS | NEARLY EVERY DAY | DK | REF |
|---------------|----------|----------|----------|------------------|----|-----|

<sup>6</sup> Center for Epidemiologic Studies Depression Scale Revised (CESD-R)

|   | LESS THAN 1 DAY            |                            |                            |                            | FOR 2 WEEKS                |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. My appetite was poor.....                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| b. I could not shake off the blues.....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| c. I had trouble keeping my mind on what I was doing..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| d. I felt depressed.....                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| e. My sleep was restless.....                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| f. I felt sad.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| g. I could not get going.....                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| h. Nothing made me happy.....                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| i. I felt like a bad person.....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| j. I lost interest in my usual activities.....            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| k. I slept much more than usual.....                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| l. I felt like I was moving too slowly.....               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| m. I felt fidgety.....                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| n. I wished I were dead.....                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| o. I wanted to hurt myself.....                           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| p. I was tired all the time.....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| q. I did not like myself.....                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| r. I lost a lot of weight without trying to.....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| s. I had a lot of trouble getting to sleep.....           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| t. I could not focus on the important things....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |

CATI/CAWI: ALL  
IF CAWI DO NOT SHOW DK OR REF

**C23.\* Taken all together, how would you say things are going these days? Would you say that you are...**

- Very happy,..... **1**
- Pretty happy, or..... **2**
- Not too happy?..... **3**

- DON'T KNOW.....d
- REFUSED.....r

**CATI: The next questions are about alcohol use. If you do not drink alcohol at all, just say so.**

**CAWI: The next questions are about your use of alcohol.**

CATI/CAWI: ALL  
 IF PROGRAM=  
 BRIDGES: DO NOT ASK  
 FAST: DO NOT ASK  
 IPS: ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK  
  
 IF CAWI DO NOT SHOW DK OR REF

**C24. How often do you have a drink containing alcohol, such as beer, wine or liquor? Would you say...<sup>7</sup>**

- Never,.....1 C25**
- Monthly or less,.....2 C23**
- 2 to 4 times a month,.....3 C23**
- 2 to 3 times a week, or.....4 C23**
- 4 or more times a week.....5 C23**

---

<sup>7</sup> AUDIT-C: <https://cde.drugabuse.gov/instrument/f229c68a-67ce-9a58-e040-bb89ad432be4>

- DON'T KNOW..... d C25
- REFUSED..... r C25

CATI/CAWI: C24 = 2, 3, 4, OR 5  
 IF CAWI DO NOT SHOW DK OR REF

**C25. How many drinks containing alcohol do you have on a typical day when you are drinking? Would you say ...**

**PROBE: A standard drink is a 5-ounce glass of wine, a 12-ounce can of beer, or a 1.5-ounce shot.**

- 1 or 2 per day..... 1
- 3 or 4..... 2
- 5 or 6, ..... 3
- 7 to 9, or..... 4
- 10 or more per day..... 5
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: C24 = 2, 3, 4, OR 5  
 IF CAWI DO NOT SHOW DK OR REF

**C26. How often do you have six or more drinks on one occasion? Would you say...**

- Never..... 1
- Less than monthly..... 2
- Monthly, ..... 3
- Weekly, or..... 4
- Daily or almost daily..... 5
- DON'T KNOW..... d
- REFUSED..... r

**CATI: Next, I would like to ask you about your use of drugs, not including alcohol, in the past 6 months. For these questions, using drugs means taking more of a prescription drug than prescribed, taking more of an over-the-counter drug than the directions say, or using any drug for nonmedical reasons. The types of drugs may include cannabis (such as marijuana or hashish), inhalants (such as paint thinner), tranquilizers (such as Valium), barbiturates (such as downers), cocaine (such as crack), stimulants (such as Ritalin or speed), hallucinogens (such as LSD, peyote), or narcotics (such as heroin or pain killers).**

**Remember, do not include alcohol.**

If you have difficulty with a yes or no statement, let me know the response that is mostly right.

CAWI: The following questions ask about your use of drugs (not including alcohol) in the past 6 months.

For these questions, using drugs means (1) taking more of a prescription than prescribed, (2) taking more of an over-the-counter drug than the directions say, or (2) using any drug for nonmedical reasons.

The types of drugs may include cannabis (e.g., marijuana, hashish), inhalants (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates (e.g., downers), cocaine (e.g., crack), stimulants (e.g., Ritalin, speed), hallucinogens (e.g., LSD, peyote), or narcotics (e.g., heroin, pain killers).

Remember, do not include alcohol.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: DO NOT ASK  
IPS: ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK OR REF

**C27. In the past 6 months have you used drugs other than those required for medical reasons? <sup>8</sup>**

- YES..... 1 C28
- NO..... 2 C37
- DON'T KNOW..... d C37
- REFUSED..... r C37

CATI/CAWI: C27=1  
IF CAWI DO NOT SHOW DK OR REF

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<sup>8</sup> Skinner HA (1982). The Drug Abuse Screening Test. Addictive Behavior. 7(4):363-371. Note that the follow-up survey asks for a 6 month reference period whereas the baseline asks about a 12 month reference period. This is to avoid overlap in the time period being asked about.

**C28. Do you use more than one drug at a time?**

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

- YES..... 1
- NO..... 2
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: C27=1  
IF CAWI DO NOT SHOW DK OR REF

**C29. Are you always able to stop using drugs when you want to?**

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

- YES..... 1
- NO..... 2
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: C27=1  
IF CAWI DO NOT SHOW DK OR REF

**C30. Have you ever had blackouts or flashbacks as a result of drug use?**

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

- YES..... 1
- NO..... 2
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: C27=1  
IF CAWI DO NOT SHOW DK OR REF

**C31. Do you ever feel bad or guilty about your drug use?**

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

- YES..... 1
- NO..... 2
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: C27=1

IF CAWI DO NOT SHOW DK OR REF

**C32. Does anyone ever complain about your involvement with drugs?**

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

- YES.....1
- NO.....2
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: C27=1

IF CAWI DO NOT SHOW DK OR REF

**C33. Have you neglected your family because of your drug use?**

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

- YES.....1
- NO.....2
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: C27=1

IF CAWI DO NOT SHOW DK OR REF

**C34. Have you engaged in illegal activities in order to obtain drugs?**

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

- YES.....1
- NO.....2
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: C27=1

IF CAWI DO NOT SHOW DK OR REF

**C35. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?**

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

- YES.....1
- NO.....2
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: C27=1  
IF CAWI DO NOT SHOW DK OR REF

**C36. Have you had medical problems as a result of your drug use (for example, memory loss, hepatitis, convulsions, or bleeding)?**

**PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.**

- YES..... 1
- NO..... 2
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: DO NOT ASK  
IPS: ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK  
  
IF CAWI DO NOT SHOW DK OR REF

**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 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?**

- YES..... 1
- NO..... 0



- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL  
 IF PROGRAM =  
 BRIDGES: DO NOT ASK  
 FAST: DO NOT ASK  
 IPS: ASK  
 MOMS: DO NOT ASK  
 PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**C38. Now [I/we] have some questions about your experiences with the criminal justice system. Are you currently under some form of court-ordered supervision?**

- m Yes, parole.....1
- m Yes, probation.....2
- m Yes, diversion or alternative sentencing to avoid incarceration (such as, alternative court, drug court, mental health court, or community sentencing) .....3
- m Yes, something else, or (SPECIFY).....99
- Specify  (STRING 100)
- m No, not under some form of supervision.....0
- m DON'T KNOW.....d
- m REFUSED.....r

CATI/CAWI: ALL

IF PROGRAM = IPS, DO NOT DISPLAY "NOW [I/WE] HAVE SOME QUESTIONS ABOUT YOUR EXPERIENCES WITH THE CRIMINAL JUSTICE SYSTEM" AND DISPLAY "DO NOT INCLUDE ANY ARRESTS FOR VIOLATING THE TERMS OF COURT-ORDERED SUPERVISION."

IF CAWI DO NOT SHOW DK OR REF

**C39.\* [Now [I/we] have some questions about your experiences with the criminal justice system.]**

**Since [RA MONTH YEAR], have you been arrested? [Do not include any arrests for violating the terms of court-ordered supervision.]**

- YES..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

**PROGRAMMER BOX**

IF PROGRAM = IPS GO TO C40.  
FOR ALL OTHER PROGRAMS GO TO D1.

CATI/CAWI: C39=1  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: DO NOT ASK  
IPS: ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**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.**

NUMBER OF ARRESTS

(1-99)

- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: C39=1  
IF PROGRAM=

BRIDGES: DO NOT ASK  
FAST: DO NOT ASK  
IPS: ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**C41. How many of these arrests since [RA MONTH YEAR] resulted in at least one conviction?**

NUMBER OF ARRESTS LEADING TO A CONVICTION

C41=0 C43

(0-99)

C41>0 C42

DON'T KNOW.....d C43

REFUSED.....r C43

CATI/CAWI: C39=1 AND C41>0

IF PROGRAM=

BRIDGES: DO NOT ASK

FAST: DO NOT ASK

IPS: ASK

MOMS: DO NOT ASK

PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**C42. How many of these convictions since [RA MONTH YEAR] were felony convictions?**

NUMBER OF FELONY CONVICTIONS

(0-99)

DON'T KNOW.....d

REFUSED.....r

CATI/CAWI: C39=1,D,R

IF PROGRAM=

BRIDGES: DO NOT ASK

FAST: DO NOT ASK  
IPS: ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**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.**

- YES..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL  
IF PROGRAM=  
BRIDGES: DO NOT ASK  
FAST: DO NOT ASK  
IPS: ASK  
MOMS: DO NOT ASK  
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**C44. Since [RA MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?**

- YES..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

PROGRAMMER BOX

IF PROGRAM = IPS AND C43=1 OR C44=1 GO TO C45.  
IF PROGRAM = IPS AND C43=0,D,R AND C44=0,D,R GO TO D1.

CATI/CAWI: C43=1 OR C44 =1

IF PROGRAM=

BRIDGES: DO NOT ASK

FAST: DO NOT ASK

IPS: ASK

MOMS: DO NOT ASK

PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

**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.**

*Your best estimate is fine.*

|\_|\_| YEARS AND |\_|\_| MONTHS

DON'T KNOW.....d

REFUSED.....r

**D. PROGRAM SATISFACTION**

ALL ITEMS IN THIS SECTION ONLY ASKED ON FIRST FOLLOW-UP  
PROGRAM GROUP ONLY

CATI: Now, I'm going to ask you some questions about your experiences with [NEXTGEN PROGRAM].  
CAWI: Next are some questions about your experiences with [NEXTGEN PROGRAM].

CATI/CAWI: PROGRAM GROUP ONLY  
IF CAWI DO NOT SHOW DK OR REF

D1. Since [RA MONTH YEAR], have you received any services from [NEXTGEN PROGRAM] or participated in any [NEXTGEN PROGRAM] activities?

- YES..... 1 D2
- NO..... 2 D5
- DON'T KNOW..... d D5
- REFUSED..... r D5

CATI/CAWI: D1=1 AND PROGRAM GROUP ONLY

IF PROGRAM=

BRIDGES: ASK D2B, D2C, AND D2D

FAST: ASK D2A TO D2C

IPS: ASK D2B AND D2C

MOMS: ASK D2A TO D2C

PHILLYWINS: ASK D2B AND D2C

IF CAWI DO NOT SHOW DK OR REF

**D2. How much has your experience with [NEXTGEN PROGRAM] helped you in the following areas?  
Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with...**

*Select one per row*

|  | VERY MUCH                  | SOMEWHAT                   | A LITTLE                   | NOT AT ALL                 | DK                         | REF                        |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>a. ...setting career goals?.....</b>                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>b. ...getting information about job opportunities?.....</b>               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>c. ...getting a job?.....</b>   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |
| <b>d. ...having a trusted person to turn to for job-related advice?.....</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | d <input type="checkbox"/> | r <input type="checkbox"/> |

CATI/CAWI: D1=1

IF CAWI DO NOT SHOW DK OR REF

**D3. Overall, how would you rate your experience at [NEXTGEN PROGRAM]? Would you say it was very good, good, fair, or poor?**

- VERY GOOD.....1
- GOOD.....2
- FAIR.....3
- POOR.....4
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: D1=1  
IF CAWI DO NOT SHOW DK OR REF

**D4. Are you still receiving any services from [NEXTGEN PROGRAM] or participating in any [NEXTGEN PROGRAM] activities?**

- YES..... 1 E1
- NO..... 2 D5
- DON'T KNOW..... d D5
- REFUSED..... r D5

CATI/CAWI: D1=2,D,R OR D4=2,D,R  
IF CAWI DO NOT SHOW DK OR REF  
IF D1=2,D,R DISPLAY "DID NOT PARTICIPATE"  
IF D4=2,D,R DISPLAY "STOPPED GOING"

**D5. What was the primary reason you (did not participate in / stopped going to) [NEXTGEN PROGRAM]?**

- YOU DIDN'T HAVE TRANSPORTATION OR HAD ISSUES WITH TRANSPORTATION.....1
- YOU WERE INCARCERATED.....2
- YOU DIDN'T HAVE THE TIME.....3
- YOU GOT A JOB.....4
- YOU MOVED.....5
- YOU WERE EXPECTING A CHILD.....6
- YOU HAD CHILD CARE PROBLEMS.....7
- YOU HAD HEALTH PROBLEMS OR AN INJURY.....8
- BECAUSE A FAMILY MEMBER BECAME ILL.....9
- YOU HAD PRESSURE FROM YOUR FAMILY.....10
- YOU DID NOT LIKE THE PROGRAM.....11
- YOU DID NOT LIKE OR GET ALONG WITH THE PROGRAM STAFF.....12
- YOU NO LONGER WANTED TO FIND EMPLOYMENT.....13
- YOU COMPLETED THE [NEXTGEN PROGRAM] PROGRAM, OR.....14



FOR SOME OTHER REASON? (SPECIFY: \_\_\_\_\_).....99  
 DON'T KNOW.....d  
 REFUSED.....r

**E. UPDATED CONTACT INFORMATION**

CATI/CAWI: ALL

**E1.\*** Next, we would like to ask for some contact information. Mathematica will contact you in about X [FILL ACCORDING TO THE TIME BETWEEN FIRST AND SECOND FOLLOW-UP SURVEYS] months to see how you are doing and conduct another survey.

What is your address?

**PROBE:** Where do you receive your mail?

**PROBE:** Is there an apartment number?

Street Address 1:  (STRING (NUM))

Street Address 2:  (STRING (NUM))

City:  (STRING (NUM))

State:  (STRING (NUM))

Zip:  (STRING (NUM))

DON'T KNOW.....d

REFUSED.....r

CATI/CAWI: ALL

**E2.\*** What is your email address?

EMAIL ADDRESS

(STRING 50)

DON'T HAVE ONE.....0

DON'T KNOW.....d

REFUSED.....r

CATI/CAWI: ALL

**E3.\*** What is your home telephone number?

(201-989) (200-999) (0000-9999)

HOME TELEPHONE

- NO LANDLINE.....1
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL

**E3a.\* Do you have a cell phone?**

- YES.....1 E3b
- NO.....0 E4
- DON'T KNOW.....d E4
- REFUSED.....r E4

CATI/CAWI: E3a=01

**E3b. What is your cell phone number?**

CELL PHONE  
 (201-989) (200-999) (0000-9999)

- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E3a=01

**E3c. Is it okay for us to text you at this number? Message and data rates may apply.**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL

**E4.\* What is another phone number where you can be reached?**

PHONE NUMBER  
 (201-989) (200-999) (0000-9999)

- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL

**E5.\* May we contact you through Facebook?**

- YES..... 1 E5a
- NO/DON'T HAVE ACCOUNT..... 0 E6
- DON'T KNOW..... d E6
- REFUSED..... r E6

CATI/CAWI: E5 = 1

**E5a. What name do you use on Facebook?**

USER NAME

(STRING 50)

- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: E5 = 1

**E5b. What is your Facebook url?**

USER NAME

(STRING 50)

- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: ALL

**E6.\* May we contact you through LinkedIn?**

- YES..... 1 E6a
- NO/DON'T HAVE ACCOUNT..... 0 E7
- DON'T KNOW..... d E7
- REFUSED..... r E7

CATI/CAWI: E6 = 1

**E6a. What name do you use on LinkedIn?**

USER NAME

(STRING 50)

- DON'T KNOW..... d

REFUSED.....r

CATI/CAWI: ALL

**E7.\* May we contact you through Instagram?**

- YES.....1 E7a
- NO/DON'T HAVE ACCOUNT.....0 E8
- DON'T KNOW.....d E8
- REFUSED.....r E8

CATI/CAWI: E7 = 1

**E7a. What username do you use on Instagram?**

USER NAME

(STRING 50)

- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL

**E8.\* As we mentioned, Mathematica will contact you in about X [FILL ACCORDING TO THE TIME BETWEEN FIRST AND SECOND FOLLOW-UP SURVEYS] months to see how you are doing and conduct another survey. In case Mathematica has trouble reaching you, we would like to have the names of three people who would most likely know where you are or who you keep in close contact with, such as a grandmother or grandfather, other relative, or friend. Mathematica will not contact these people for any other reason.**

**What is the full name of the first person we should contact?**

FIRST NAME

(STRING 50)

MIDDLE INITIAL

(STRING 1)

LAST NAME

(STRING 50)

- DON'T KNOW.....d END
- REFUSED.....r END

CATI/CAWI: E8 NE D OR R

**E8a. What is (his/her) address?**

**PROBE: Is there an apartment number?**

Street Address 1:  (STRING (NUM))

Street Address 2:  (STRING (NUM))

City:  STRING (NUM))

State:  (STRING (NUM))

Zip:  (STRING (NUM))

- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E8 NE D OR R

**E8b. What is (his/her) relationship to you?**

*Select one only*

- SPOUSE/PARTNER.....1
- MOTHER.....2
- FATHER.....3
- SISTER/BROTHER.....4
- GRANDMOTHER/GRANDFATHER.....5
- SON/DAUGHTER.....6
- FRIEND.....7
- OTHER (SPECIFY).....99

Specify  (STRING 50)

- DON'T KNOW.....d
- REFUSED.....r

IF OTHER SPECIFY (99): ENTER OTHER RELATIONSHIP TYPE

CATI/CAWI: E8 NE D OR R

**E8c. What is (his/her) home telephone number?**

HOME TELEPHONE

(201-989) (200-999) (0000-9999)

- NO LANDLINE.....1
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E8 NE D OR R

**E8d. Does (he/she) have a cell phone?**

- YES.....1
- NO.....0 E8F
- DON'T KNOW.....d E8F
- REFUSED.....r E8F

CATI/CAWI: E8D=1

**E8e. Can I have that number?**

TELEPHONE

(201-989) (200-999) (0000-9999)

- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E8 NE D OR R

**E8f. What is (his/her) work telephone number?**

TELEPHONE

(201-989) (200-999) (0000-9999)

- NO WORK NUMBER.....1
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E8 NE D OR R

**E8g. What is (his/her) email address?**

EMAIL ADDRESS

(STRING 50)

- DON'T HAVE ONE.....0 E9
- DON'T KNOW.....d E9
- REFUSED.....r E9

CATI/CAWI: E8g NE 0, D, OR R

**E8h. Does (he/she) have another email address?**

EMAIL ADDRESS

(STRING 50)

- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

**SECOND CONTACT**

CATI/CAWI: E8 NE D OR R

**E9. What is the full name of the second person we should contact?**

FIRST NAME  
(STRING 50)

MIDDLE INITIAL  
(STRING 1)

LAST NAME  
(STRING 50)

DON'T KNOW.....d END

REFUSED.....r END

CATI/CAWI: E9 NE D OR R

**E9a. What is (his/her) address?**

**PROBE: Is there an apartment number?**

Street Address 1:  (STRING (NUM))

Street Address 2:  (STRING (NUM))

City:  STRING (NUM)

State:  (STRING (NUM))

Zip:  (STRING (NUM))

DON'T KNOW.....d

REFUSED.....r

CATI/CAWI: E9 NE D OR R

**E9b. What is (his/her) relationship to you?**

*Select one only*

SPOUSE/PARTNER.....1

MOTHER.....2

FATHER.....3

SISTER/BROTHER.....4

GRANDMOTHER/GRANDFATHER.....5

SON/DAUGHTER.....6



- FRIEND..... 7
- OTHER (SPECIFY)..... 99
- Specify  (STRING 50)
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: E9 NE D OR R

**E9c. What is (his/her) home telephone number?**

HOME TELEPHONE

(201-989) (200-999) (0000-9999)

- NO LANDLINE..... 1
- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: E9 NE D OR R

**E9d. Does (he/she) have a cell phone?**

- YES..... 1
- NO..... 0 E9F
- DON'T KNOW..... d E9F
- REFUSED..... r E9F

CATI/CAWI: E9D=1

**E9e. Can I have that number?**

TELEPHONE

(201-989) (200-999) (0000-9999)

- DON'T KNOW..... d
- REFUSED..... r

CATI/CAWI: E9 NE D OR R

**E9f. What is (his/her) work telephone number?**

(201-989) (200-999) (0000-9999)

- NO WORK NUMBER..... 1

- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E9 NE D OR R

**E9g. What is (his/her) email address?**

EMAIL ADDRESS

(STRING 50)

- DON'T HAVE ONE.....0 E10
- DON'T KNOW.....d E10
- REFUSED.....r E10

CATI/CAWI: E9G NE D OR R

**E9h. Does (he/she) have another email address?**

EMAIL ADDRESS

(STRING 50)

- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

**THIRD CONTACT**

CATI/CAWI: E9 NE D OR R

**E10. What is the full name of the third person we should contact?**

|   |                |
|---|----------------|
| <input type="text"/>                      | FIRST NAME     |
| (STRING 50)                               |                |
| <input type="text"/>                      | MIDDLE INITIAL |
| (STRING 1)                                |                |
| <input type="text"/>                      | LAST NAME      |
| (STRING 50)                               |                |
| <input type="checkbox"/> DON'T KNOW.....d | END            |
| <input type="checkbox"/> REFUSED.....r    | END            |

CATI/CAWI: E10 NE d OR r

**E10a. What is (his/her) address?**

**PROBE: Is there an apartment number?**

|   |                      |                |
|---|----------------------|----------------|
| Street Address 1:                         | <input type="text"/> | (STRING (NUM)) |
| Street Address 2:                         | <input type="text"/> | (STRING (NUM)) |
| City:                                     | <input type="text"/> | STRING (NUM))  |
| State:                                    | <input type="text"/> | (STRING (NUM)) |
| Zip:                                      | <input type="text"/> | (STRING (NUM)) |
| <input type="checkbox"/> DON'T KNOW.....d |                      |                |
| <input type="checkbox"/> REFUSED.....r    |                      |                |

CATI/CAWI: E10 NE d OR r

**E10b. What is (his/her) relationship to you?**

*Select one only*

- SPOUSE/PARTNER.....1
- MOTHER.....2
- FATHER.....3
- SISTER/BROTHER.....4
- GRANDMOTHER/GRANDFATHER.....5
- SON/DAUGHTER.....6
- FRIEND.....7

- OTHER (SPECIFY).....99  
Specify  (STRING 50)
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E10 NE d OR r

**E10c. What is (his/her) home telephone number?**

HOME TELEPHONE

(201-989) (200-999) (0000-9999)

- NO LANDLINE.....1
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E10 NE d OR r

**E10d. Does (he/she) have a cell phone?**

- YES.....1
- NO.....0 E10F
- DON'T KNOW.....d E10F
- REFUSED.....r E10F

CATI/CAWI: E10e=1

**E10e. Can I have that number?**

TELEPHONE

(201-989) (200-999) (0000-9999)

- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E10 NE d OR r

**E10f. What is (his/her) work telephone number?**

TELEPHONE  
(201-989) (200-999) (0000-9999)

- NO WORK NUMBER.....0
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: E10 NE d OR r

**E10g. What is (his/her) email address?**

EMAIL ADDRESS

(STRING 50)

- DON'T HAVE ONE.....0 END
- DON'T KNOW.....d END
- REFUSED.....r END

CATI/CAWI: E10G NE 0, d, OR r

**E10h. Does (he/she) have another email address?**

EMAIL ADDRESS

- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

CATI/CAWI: ALL

**Completed.\*** This completes the survey. Thank you for your participation in this survey and continued participation in the Next Generation of Enhanced Employment Strategies Project. We appreciate you taking the time to share this information with us. It is a very important contribution to our study. We will send your [\$50/\$55] gift card in the mail in the next two weeks.

As a reminder, we will contact you again in [TIME UNTIL SECOND FOLLOW-UP] to check in. You will receive another gift card for participating in that second survey. Thank you again.