

ATTACHMENT B
WEB-BASED NBS INSTRUMENT FOR EXPERIMENT

OMB No. 0960-NEW
Expiration Date: MM/DD/YYYY



NATIONAL BENEFICIARY SURVEY

July 2022

Round 8

Successful Worker Experimental Web Questionnaire

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0960-NEW. The time required to complete this information collection is estimated to average 25 minutes per response.

**NATIONAL BENEFICIARY SURVEY
- TABLE OF CONTENTS -**

Contents

SECTION A: SCREENER.....	2
SECTION B: DISABILITY AND CURRENT WORK STATUS.....	6
SECTION C: CURRENT EMPLOYMENT	10
SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS.....	13
SECTION D: JOBS/OTHER JOBS DURING 2022	16
SECTION SC: BENEFIT SUSPENSE	17
SECTION SA: QUESTIONS APPLICABLE TO ALL EXPERIENCING RECENT SUSPENSE	18
SECTION SS: QUESTIONS APPLICABLE TO SUSPENSE SAMPLE MEMBERS IN SUSPENSE AT INTERVIEW	19
SECTION SB: QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW	20
SECTION E: AWARENESS OF SSA PROGRAMS	22
SECTION F: REMOVED FROM THE NBS	23
SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2022	24
SECTION H: REMOVED FROM THE NBS.....	27
SECTION I: HEALTH AND FUNCTIONAL STATUS.....	28
SECTION J: HEALTH INSURANCE.....	29
SECTION K: INCOME AND OTHER ASSISTANCE	30
SECTION L: SOCIODEMOGRAPHIC INFORMATION	32
SECTION M: CLOSING INFORMATION AND OBSERVATIONS	35

SECTION A: SCREENER

SECTION A: SCREENER

PROGRAMMER: Do not display Section Titles (i.e. "SECTION A: SCREENER"). Do not display question numbers. Do not display Subsection Titles (i.e., "PROXY INFORMATION: A46 to M2a_PhoneNumber")

PRELOADED INFORMATION

S1 (A01_a) CLUSTERED SAMPLE

YES = 01

NO = 00

S9 (A04_b) FIRSTNAME (original – may be updated in another block: Current First Name)—CREATE NAME USING FIRSTNAME AND LASTNAME

S10 (A04_c) LASTNAME (original – may be updated in another block: Current Last Name)

S11 (A04_d) BIRTHDATE (original – may be updated in another block: Current Birth Date)

S13 (A04_f) BSTATUS (Benefit Type)

BSTATUS = 01 – SSI ONLY BENEFITS

BSTATUS = 02 – SSDI ONLY BENEFITS

BSTATUS = 03 – CONCURRENT (BOTH SSI AND SSDI) BENEFITS

S14 (A04_g) SSIAGE (from SSI records –age first received SSI benefits)—CREATE SSIAGE FROM DATE OF BIRTH AND DATE FIRST RECEIVED SSI

S18 (A04_k) STATE MED (STATE NAME FOR MEDICAID) (based on state of residence at A67a)

S19 (A04_l) VRNAME (STATE NAME FOR VRA) (based on state of residence at A67a)

S20 (A04_m) Sample Member's Address at time sample was drawn (may be updated in Section A)

S21 (A04_n) Sample Member's Phone Number at time sample was drawn

SampGrp Sample Group (Sample Group Type)

SampGrp=01– Representative Beneficiary Sample

SampGrp=02 – Successful Worker Sample

Prepay Prepay incentive type

01= received \$2 prepay incentive

00= did not receive \$2 prepay incentive

SECTION A: SCREENER

(All)

A74. Welcome to the National Beneficiary Survey! Recently, you received a letter about the National Beneficiary Survey that Mathematica is conducting for the Social Security Administration. Before we start the survey, we want to explain some facts about the survey.

The survey asks about your (NAME) health, daily activities, and any jobs you might have.

Taking part in the survey is completely voluntary. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can skip any questions you do not like. You can also stop the survey at any time. Whether you choose to take part or not, your disability benefits will not be affected in any way.

All your answers will be kept confidential and used only for the research purposes of the study.

The survey will take about 20 minutes and you will receive a **\$30 gift card** after you complete the survey.

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is [0960-NEW]; expiration date [MM/DD/YYYY].

Do you understand everything above and wish to continue to the survey?

- Yes01 (A66)
- No.....00 (Screenout)

(All)

A66. Before we start, we need to confirm that we reached the right person. Is {NAME} your full name?

PROGRAMMER: DISPLAY SAMPLE MEMBER'S FULL NAME BELOW FROM S8.

- Yes 01 (A68)
- Yes, but my name is now changed..... 02 (A67)
- No..... 03 (Screenout)
- No. I'm taking the survey on behalf of {NAME}. 04 (A46)
- No. I'm taking the survey on behalf of {NAME} and {NAME}'s name is now changed 05 (A67)

(A66=02, 05)

A67. For the record, what is {your/NAME's} new name?

<OPEN> _____
MISSING m

PROXY INFORMATION: A46 to M2a_PhoneNumber

(A66=04, 05)

A46. To take the survey for {NAME}, you will answer questions about {NAME's} health, daily activities, any jobs they might have, and their use of Social Security programs or services. Is this something you are able to do?

- Yes 01 (A13a)
- No..... 00 (Screenout)

(A46=1)

A13a. Thank you very much for offering to help by taking the survey for {NAME}. What problem does {NAME} have that might prevent {him/her} from taking part for {himself/herself}? Please select all that apply.

- Hearing difficulty 01
- Speech difficulty 02

SECTION A: SCREENER

Cognitive barrier	03
Physical barrier.....	04
Incarcerated	06
Institutionalized.....	07
Hospitalized.....	08
Deceased	09
Serving in the military	10
Living outside the USA	11
MISSING	m

(A46=1)

M2a_Rlshp. How are you related to {NAME}?

{NAME'S} spouse or partner.....	01
{NAME'S} mother, father, or legal guardian.....	02
{NAME'S} child	04
{NAME's} grandparent.....	05
{NAME'S} brother or sister	06
Some other relative of {NAME}.....	07
A friend	11
A caseworker, caregiver, or payee	12
A staff at a residence home	10
MISSING	m

(A46=1)

M2a_Name.

And what is your first and last name?

<OPEN> _____
 MISSING m

(A46=1)

M2a_PhoneNumber.

What is your telephone number, area code first? This is your telephone number, not {NAME's}. We will only call this number if we need to reach you.

(| | | |) | | | | - | | | | | PHONE NUMBER
 MISSING m

(All)

A68. To help verify {your/NAME's} identify, we need to make sure {your/NAME's} date of birth matches our records. What is {your/NAME'S} date of birth?

	/		/	
MONTH		DAY		YEAR
(1 – 12)		(1 – 31)		(1956 – 2001)
[A68]		[A68a]		[A68b]

ANSWERED..... 01 (A71)
 MISSING m (Screenout)

(A68 = ANSWER)

A71. **PROGRAMMER CHECK BIRTHDATE:** IS MONTH, DAY, YEAR OF BIRTH AT A68 = MONTH, DAY, AND YEAR OF BIRTH ON RECORD (S11)?

NO MATCH	00 (Screenout)
1 MATCHES.....	01 (Screenout)
2 MATCH.....	02 (A73a)
3 MATCH.....	03 (A73a)

SECTION A: SCREENER

(A71=2,3)

A73a. The survey we are conducting is only for people who have worked recently so, we need to know if {you/NAME} have worked recently.

{Are you/Is NAME} currently working at a job or business for pay or profit?

PROBE: We are interested in both full-time and part-time work for pay or profit

Please note that answering any question is completely voluntary and you can refuse to answer any question. Whether you choose to answer or not, {your/NAME's} disability benefits will not be affected in any way, and we will keep any answers you provide completely confidential.

Yes	01	(B0)
No	00	(A73b)
MISSING	m	(A73b)

(A73a = 0, m)

A73b. Did {you/NAME} work for pay or profit at any time during the last 6 months?

PROBE: We are interested in both full-time and part-time work for pay or profit.

Yes	01	(B0)
No	00	(Screenout)
MISSING	m	(Screenout)

(A74=0 or A66=3 or A46=0 or A68=M or A71=0,1 or A73a=0,m or A73b=0,m)

Screenout. Unfortunately, we need to check something in our records before you can proceed with the survey. If you would like to call us to discuss, please call Mathematica at [FILL] and ask to discuss the web survey. Thank you very much.

END.

SECTION B: DISABILITY AND CURRENT WORK STATUS

DISABILITY STATUS

(All)

B0. First, we have some questions about how {your/NAME's} health affects {your/his/her} daily activities.

PRESS NEXT TO CONTINUE

(All)

B1. Does a physical or mental condition limit the kind or amount of work or other daily activities {you/NAME} can do?

PROBE 1: In other words, are there things {you/NAME} can't do as much or can't do at all that people the same age can?

PROBE 2: Daily activities include cooking, shopping, getting around the home, paying bills, or working at a job.

Yes 01
No 00 (B9)
MISSING m (B9)

(B1=01)

B2. What physical or mental condition is the main reason {you are/NAME is} limited?

PROBE 1: By what name do doctors call {your/NAME's} health condition?

PROBE 2: What causes this condition?

<OPEN> _____ (B2a)

MISSING m (B2a)

(B1=01)

B2a. How much does this condition limit the kind or amount of work or other daily activities {you/NAME} can do? Please provide a number from 0 to 100 to answer this. Where 0 is "not at all limiting" and 100 is "cannot do work or daily activities at all."

PROBE: If {your/NAME's} condition varies, your best guess for a typical day is fine.

____ NUMBER FROM 0 TO 100, 0="NOT AT ALL LIMITING" AND 100="CANNOT DO WORK OR DAILY ACTIVITIES AT ALL" (B18_age)

MISSING m (B18_age)

(B1=00, m)

B9. {Have you/Has NAME} received disability benefits from Social Security at any time during the last five years?

Yes 01 (B12)
No 00 (B10)
I don't know d (B10)
MISSING m (B10)

(B9=00, d, m)

B10. We are only surveying people who have received disability benefits in the past five years. If you would like to call us to discuss, please call Mathematica at [FILL] and ask to discuss the web survey. Thank you very much.

SECTION B: DISABILITY AND WORK STATUS

END SURVEY. DO NOT ALLOW REENTRY OR GOING BACK TO PRIOR SCREEN.

(B1=00, m and B9=01)

B12. What physical or mental condition is the main reason {you were/NAME was} eligible for disability benefits?

PROBE 1: By what name do doctors call {your/NAME's} health condition?

PROBE 2: What causes this condition?

<OPEN> _____ (B18_age)

MISSING m (B18_age)

(B1=01 or B9=01)

B18_age. How old {were you/was NAME} when {you/he/she} first became limited in the kind or amount of work or other daily activities {you/he/she} could do? Your best estimate is fine.

|_|_| (B24)

AGE

(0-67)

Since Birth 00 (B24)

I don't know d (B24)

MISSING m (B24)

CURRENT WORK STATUS

(B1=01 or B9=01)

B24. These next questions are about {your/NAME's} personal goals and {your/his/her} current work-related activities. {Are you/Is NAME} currently working at a job or business for pay or profit?

PROBE: We are interested in both full-time and part-time work for pay or profit

Yes 01 (B30)

No 00 (B24b)

MISSING m (B24b)

(B24 = 0, m)

B24b. Did {you/NAME} work for pay or profit at any time during the last 6 months?

PROBE: We are interested in both full-time and part-time work for pay or profit.

Yes 01 (B28)

No 00 (B24c)

MISSING m (B24c)

(B24b=00, m)

B24c. I'm sorry, we are only surveying people who are working now or worked in the past 6 months. If you would like to call us to discuss, please dial Mathematica at [FILL] and ask to discuss the web survey. Thank you very much.

END SURVEY. STATUS "INELIGIBLE": 2460. DO NOT ALLOW REENTRY OR GOING BACK TO PRIOR SCREEN.

(B24=00, m)

B28. {Have you/Has NAME} been looking for paid work during the last four weeks?

Yes 01 (B29_7)

No 00 (B25)

MISSING m (B25)

SECTION B: DISABILITY AND WORK STATUS

(B28=1)

B29_7. Next is a list of reasons why people are sometimes unable to find a job. Please let us know if any of these are reasons why {you/NAME} {have/has} not found a job that {you/he/she} {think/thinks} is right for {you/him/her}.

	SELECT ONE RESPONSE PER ROW		
	YES	NO	MISSING
a. {You/NAME} would need special equipment or medical devices to work which {you do /he does /she does} not have	01	00	m
b. [You/NAME] [do/does] not have the help [you/he/she] [need/needs] to get ready for work each day	01	00	m
c. {You/NAME} cannot get the help {you need/ he needs/ she needs] to care for children or others	01	00	m
d. {You/NAME] [do/does] not have reliable transportation to and from work	01	00	m
e. Available jobs do not offer a flexible enough schedule	01	00	m
f. {You/NAME} cannot find a job {you are/he is/she is} qualified for	01	00	m
g. Available jobs do not pay enough	01	00	m
h. Employers will not give {you/NAME} a chance to show that {you/he/she} can work	01	00	m
i. Available jobs do not offer health insurance	01	00	m
j. {You/NAME} would lose benefits like Social Security, disability insurance, workers' compensation, or Medicaid if {you/he/she} took a job	01	00	m
k. Is there anything else that that <u>is a reason why (you/Name) (have/has) not been able to find a job?</u>	01	00	m

(B29_7_k=01)

B29_7_k_Oth. What other reasons?

<OPEN> _____
 MISSING m

(B28=00, m)

B25. Other beneficiaries have said that they are not working for a number of reasons. Next is a list of these reasons. For each, please select yes if it is a reason why {you are/NAME is} not currently working.

	YES	NO	MISSING
a. A physical or mental health condition prevents {you/NAME} from working	01	00	m
b. {You/NAME} cannot find a job that {you are/ he is /she is} qualified for	01	00	m
c. {You do/NAME does} not have reliable transportation to and from work	01	00	m
d. {You are/NAME is} caring for children or others	01	00	m

SECTION B: DISABILITY AND WORK STATUS

f. {You/NAME} cannot find a job {you want / he wants / she wants}	01	00	m
g. {You are/NAME is} waiting to finish school or a training program	01	00	m
h. Workplaces are not accessible to people with {your/NAME's} disability	01	00	m
i. {You do/NAME does} not want to lose benefits like Social Security, disability insurance, workers' compensation, or Medicaid	01	00	m
j. {Your/NAME's} previous attempts to work have been discouraging	01	00	m
l. Others do not think {you/NAME} can work	01	00	m
m. Employers will not give {you/NAME} a chance to show that {you/he/she} can work	01	00	m
n. {You/NAME} does not have the special equipment or medical devices that {you/he/she} would need to work	01	00	m
o. {You/NAME} cannot get the help {you need / he needs / she needs} with personal care. This includes things like help dressing and bathing to get ready for work or eating lunch and using the restroom at work.	01	00	m
p. {You/NAME} cannot get help {you need/he needs/she needs} with tasks you would do at work. This includes having someone help you with things like writing, reading, lifting or reaching.	01	00	m

(B28=00, m)

B26. Are there any other reasons why {you are/NAME is} not working?

Yes	01	(B27)
No	00	(B30)
MISSING	M	(B30)

(B26=01)

B27. What are the other reasons why {you are/NAME is} not working?

<OPEN> _____

MISSING	m
---------------	---

(B1=01 or B9=01)

B30. Did {you/NAME} work at a job or business for pay or profit anytime in 2022?

Yes	01
No	00
MISSING	m

SECTION C: CURRENT EMPLOYMENT

(B24=01)

C0. Now we are going to ask some questions about the jobs {you/NAME} currently {have/has}. When answering these questions, please include both part-time and full-time jobs, but only include jobs {you hold/NAME holds} for pay or profit.

PRESS NEXT TO CONTINUE

(B24=01)

C1. How many jobs {do you/does NAME} currently have?

PROBE: Include both part-time and full-time jobs, but only include jobs {you hold/NAME holds} for pay or profit.

____ NUMBER OF JOBS (1-15) (C8)

MISSING m (C_B0)

(B24=01 and C1>=1)

C8. IF C1>1: [The next few questions are about {your/NAME's} current job. If {you have/NAME has} more than one job, please answer about {your/NAME's} main job – that is, the job at which {you work/(he/she) works} the most hours.]

How many hours per week {do you/does NAME} usually work at {your / his/her} {current / main} job?

PROBE: Include overtime if {you/he/she} usually {work/works} overtime.

PROBE: If {your/his/hers} hours vary week-to-week, please provide an average or typical amount.

____ HOURS PER WEEK (1-168)

MISSING m

(B24=01 and C1>=1)

C10. IF C1>1: For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on this job. On {your/NAME's} main job {are you/is (he/she) paid by the hour?

IF C1=1: For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on {your/(his/her)} job. On {your/NAME's} job {are you/is (he/she)} paid by the hour?

Yes 01 (C11)
 No 00 (C12amt)
 I don't know d (CP3)
 I do not want to answer r (CP3)
 MISSING m (CP3)

(C10=01)

C11. What is {your/NAME's} regular hourly pay {at {your/NAME's} main job}, including tips and commissions?

SOFT CHECK: IF LESS THAN \$5.00 AN HOUR: Does this include tips and commissions?

\$ ____ . ____ PER HOUR (1 - 300.00) (CP3)

I don't know d (CP3)
 I do not want to answer r (CP3)
 MISSING m (CP3)

(C10=00)

SECTION C: CURRENT EMPLOYMENT

C12amt. Before taxes and other deductions how much {are you/is NAME} paid on this job, including tips and commissions?

\$|_|_|_|_|, |_|_|_|_|.00 (C12hop)
(0 – 999,999)

I don't know d (C12hop)
I do not want to answer r (C12hop)
MISSING m (C12hop)

(C10=00)

C12hop. Is that amount how much {you earn / NAME earns} daily, weekly, bi-weekly, twice a month, monthly, or annually?

\$|_|_|_|_|, |_|_|_|_|.00
(0 – 999,999)

Daily 01 (1-1,922)
Weekly 02 (1-9,615)
Bi-weekly (every two weeks)..... 03 (1-20,833)
Twice a month..... 04 (1-20,833)
Monthly 05 (1-41,666)
Annually 06 (1-500,000)
I don't know d
I do not want to answer r
MISSING m

PROGRAMMER: CALCULATE MONTHLY PRE-TAX PAY BASED ON C12AMT AND C12HOP FOR JOB:

- If C10=01, and C11and C8≠d or r, C_JobMnthPay(1)=c11*c8*4.35.
- If C10=01 and C8 or C11=d, C_JobMnthPay(1)=d.
- If C10=01 and C8 or C11=r and neither are d, C_JobMnthPay(1)=r.
- If C10=00, d, or r and C12amt or C12hop=d, C_JobMnthPay(1)=d.
- If C10=00, d, or r and C12amt or C12hop=r, and neither are d, C_JobMnthPay(1)=r.
- If C10=00, d, or r and c12hop=1, C_JobMnthPay(1)=c12amt*21.74.
- If C10=00, d, or r and c12hop=2, C_JobMnthPay(1)=c12amt*4.35.
- If C10=00, d, or r and c12hop=3, C_JobMnthPay(1)=c12amt*2.17.
- If C10=00, d, or r and c12hop=4, C_JobMnthPay(1)=c12amt*2.
- If C10=00, d, or r and c12hop=5, C_JobMnthPay(1)=c12amt.
- If C10=00, d, or r and c12hop=6, C_JobMnthPay(1)=c12amt/12.

(C1=>1)

CP3. Next is a list of things that some people use or receive to help them find or keep a job. Please report if {you/NAME} used or received any of them to help find or keep working at {your/his/her} {main/current} job. Did {you/NAME}...

PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."

	YES	NO	NOT APPLICABLE	MISSING
a. ...have a job coach to help {you/him/her} learn how to do {your/his/her} job?	01	00	02	m

SECTION C: CURRENT EMPLOYMENT

	YES	NO	NOT APPLICABLE	MISSING
b. ...use a sign language interpreter?	01	00	02	m
c. ...use a reader or interpreter for the blind?	01	00	02	m
d. ...use an assistant or caregiver for personal care? This includes help bathing and dressing to get ready for work and eating lunch or using the restroom at work.	01	00	02	m
e. ...use a personal care assistant or direct support professional at work to help with job-related tasks? This includes help with writing, reading, lifting, or reaching.	01	00	02	m
f. ...receive on the job training?	01	00	02	m
g. ...receive counseling about how work will affect your benefits?	01	00	02	m
h. ...receive help with transportation?	01	00	02	m
i. ...receive help with child or family care?	01	00	02	m
j. ... use special equipment or devices?	01	00	02	m

(C1=>1)

CP9a. At this job, do most of the other workers have disabilities?

Yes 01
 No 00
 I don't know d
 MISSING m

(C1=>1)

CP9b. Could this job have been taken by anybody who applied for it and was qualified, including someone who does not have a disability?

Yes 01
 No 00
 I don't know d
 MISSING m

(C1=>1)

C12amtALL. IF C1>1: Now, thinking about all the jobs {you/NAME} currently have, how much did {you/he/she} earn from all of these jobs in the last month in total, before taxes and deductions?

IF C1=1: Now, thinking about the last month, how much did {you/he/she} earn from your job in the last month in total, before taxes and deductions?

\$|_|_|_|_| , |_|_|_|_| . 00
 (0 – 99,999)

I don't know d
 I do not want to answer r
 MISSING m

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

NOTE: This section asked of those working in the past 6 months but not currently working (B24=00 and B24b=01)

(B24=00 and B24b=01)

C_B0. Now we are going to ask some questions about the jobs {you/NAME} had during the last 6 months. When answering these questions, please include both part-time and full-time jobs, but only include jobs {you /NAME} held for pay or profit.

PRESS NEXT TO CONTINUE

(B24=00 and B24b=01)

C_B1. How many jobs did {you/NAME} have during the past 6 months?

PROBE: Please include both part-time and full-time jobs, but only include jobs {you /NAME} held for pay or profit.

____ NUMBER OF JOBS (1-15)

MISSING m (D0)

(C_B1=>1)

C_B8. IF C_B1>1: The next few questions are about {your/NAME's} main job held in the past six months – that is, the job at which {you work/(he/she) works} the most hours.

How many hours per week did {you/NAME} usually work at this job?

PROBE: Include overtime if {you/he/she} usually worked overtime.

PROBE: If {your/his/hers} hours vary week-to-week, please provide an average or typical amount.

____ HOURS PER WEEK (1-60)

(1-168)

MISSING m

(C_B1=>1)

C_B10. IF C_B1>1: For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid for this job. For {your/NAME's} main job {you/he/she} held in the past six months {were you/was (he/she) paid by the hour?

IF C_B1=1: For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid for {your/(his/her)} job. For {your/NAME's} job {were you/was (he/she) paid by the hour?

Yes 00 (C_B11)
 No 00 (C_B12amt)
 I don't know d (C_BP3)
 I do not want to answer r (C_BP3)
 MISSING m (C_BP3)

(C_B10=01)

C_B11. What was {your/NAME's} regular hourly pay, including tips and commissions?

SOFT CHECK: IF LESS THAN \$5.00 AN HOUR: Did this include tips and commissions?

\$ ____ . ____ PER HOUR (1 – 25.00) (1 - 300.00)

I don't know d (C_BP3)
 I do not want to answer r (C_BP3)
 MISSING m (C_BP3)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B10=00)

C_B12amt. Before taxes and other deductions how much {were you/was NAME} paid on this job, including tips and commissions.

PROBE: Was that amount paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

\$ |__|__|__| . |__|__|__| . 00
(0 – 999,999)

I don't know d
I do not want to answer r
MISSING m

(C_B10=00)

C_B12hop. Is that amount how much {you earned / NAME earned} daily, weekly, bi-weekly, twice a month, monthly, or annually?

Daily	01	(1-1,922)
Weekly	02	(1-9,615)
Bi-weekly (every two weeks).....	03	(1-20,833)
Twice a month.....	04	(1-20,833)
Monthly.....	05	(1-41,666)
Annually	06	(1-500,000)
I don't know	d	
I do not want to answer	r	
MISSING	m	

PROGRAMMER: CALCULATE MONTHLY PRE-TAX PAY BASED ON C_B12AMT AND C12HOP FOR EACH JOB:

If C_B10=01, and C_B11 and C_B8≠d or r, C_B_JobMnthPay(1)=c_B11*c_B8*4.35.

If C_B10=01 and C_B8 or C_B11=d, C_B_JobMnthPay(1)=d.

If C_B10=01 and C_B8 or C_B11=r and neither are d, C_B_JobMnthPay(1)=r.

If C_B10=00, d, or r and C_B12amt or C_B12hop=d, C_B_JobMnthPay(1)=d.

If C_B10=00, d, or r and C_B12amt or C_B12hop=r, and neither are d, C_B_JobMnthPay(1)=r.

If C_B10=00, d, or r and c_B12hop=1, C_B_JobMnthPay(1)=c_B12amt*21.74.

If C_B10=00, d, or r and c_B12hop=2, C_B_JobMnthPay(1)=c_B12amt*4.35.

If C_B10=00, d, or r and c_B12hop=3, C_B_JobMnthPay(1)=c_B12amt*2.17.

If C_B10=00, d, or r and c_B12hop=4, C_B_JobMnthPay(1)=c_B12amt*2.

If C_B10=00, d, or r and c_B12hop=5, C_B_JobMnthPay(1)=c_B12amt.

If C_B10=00, d, or r and c_B12hop=6, C_B_JobMnthPay(1)=c_B12amt/12.

(C_B1=>1)

C_BP3. Next is a list of things that some people use or receive to help them find or keep a job. Please report if {you/NAME} used or received each to help find or work at {your/his/her} [main] job. Did {you/NAME}...

PROGRAMMER: USE "MAIN" IF C_B1>01.

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

	YES	NO	NOT APPLICABLE	MISSING
a. ...have a job coach to help {you/him/her} learn how to do {your/his/her} job?	01	00	02	m
b. ...use a sign language interpreter?	01	00	02	m
c. ...use a reader or interpreter for the blind?	01	00	02	m
d. ...use an assistant or caregiver for personal care? This includes help bathing or dressing to get ready for work and eating lunch or using the restroom at work.	01	00	02	m
e. ...use a personal care assistant or direct support professional at work to help with job-related tasks? This includes help with writing, reading, lifting, or reaching.	01	00	02	m
f. ...receive on the job training?	01	00	02	m
g. ...receive counseling about how work will affect your benefits?	01	00	02	m
h. ...receive help with transportation?	01	00	02	m
i. ...receive help with child or family care?	01	00	02	m
j. ... use special equipment or devices?	01	00	02	m

(C_B1=>1)

C_BP9a. At this job, do most of the other workers have disabilities?

Yes 01
 No 00
 I don't know d
 MISSING m

(C_B1=>1)

C_BP9b. Could this job have been taken by anybody who applied for it and was qualified, including someone who does not have a disability?

Yes 01
 No 00
 I don't know d
 MISSING m

(C_B1=>1)

C_B40. CHECK: WAS {NAME} WORKING IN 2022 (B30 = 01)?

YES 01 (D0)
 NO 00 (SC1CHECK)

SECTION D: JOBS/OTHER JOBS DURING 2022

(B30=01)

D0. Now, we will ask you about jobs {you/NAME} had during 2022. When answering these questions, please include both part-time and full-time jobs, but only include jobs {you/NAME} held for pay or profit for one month or longer.

PRESS NEXT TO CONTINUE

(B30=01)

D1. Other than (your/NAME's) jobs that you already reported, in 2022 did {you/NAME} work for pay at any other jobs for longer than a month?

Yes 01 (D1a)
No 00 (SC1Check1)
MISSING m (SC1Check1)

(D1=1)

D1a. Thinking about the job(s) {you/NAME} had during 2022, not including any job(s) you already reported, how much did {you/he/she} earn from all of these jobs during 2022, before taxes and deductions?

\$|_|_|_|_| , |_|_|_|_| . 00
(0 – 999,999)

I don't know d
I do not want to answer r
MISSING m

GO TO SC1CHECK1

SECTION SC: BENEFIT SUSPENSE

SC1CHECK:

IS {NAME} CURRENTLY WORKING, WORKED IN PAST 6 MONTHS, WORKED IN 2022 (B24=01 OR B24b=01 OR B30=01)

YES 01 (SC0)
NO 00 (G0)

(SC1CHECK=01)

SC0. Next, we would like to ask you about {your/NAME's} experiences working and how working has affected {your/NAME's} cash disability benefits.

PRESS NEXT TO CONTINUE

(SC1CHECK=01)

SC1. During the past year, did {you/NAME} ever stop receiving cash disability benefits for a time because {you were/he was/she was} working?

PROBE: This includes stopping cash benefits because {you were/he was/she was} earning too much or working too many hours.

Yes 01 (SC2)
No..... 00 (G0)
I don't know d (G0)
MISSING..... m (G0)

(SC1=01)

SC2. {Are you/Is NAME} currently receiving cash disability benefits?

Yes 01 (SA7)
No..... 00 (SC3)
I don't know d (SC3)
MISSING..... m (SC3)

(SC2 =00, d, m)

SC3. {Are you/Is NAME} in the process of getting back on cash disability benefits?

Yes 01 (SA7)
No..... 00 (SA7)
I don't know d (SA7)
MISSING..... m (SA7)

SECTION SA: QUESTIONS APPLICABLE TO ALL EXPERIENCING RECENT SUSPENSE

(SC1=01)

We would like to ask you about the work that led to {you /his/her} cash benefits ending.

SA7. Did {you/NAME} know when {you/he/she} started working or earning more that {you/he/she} would stop receiving cash disability benefits from Social Security?

- Yes..... 01 (SA8CHECK)
- No..... 00 (SA8)
- I don't know..... d (SA8CHECK)
- MISSING m (SA8CHECK)

(SA7=00)

SA8. If {you/NAME} had known that {you were/ he was / she was} going to stop receiving cash benefits, would {you/he/she} still have started working or earning more?

- Yes..... 01
- No..... 00
- I don't know..... d
- MISSING m

SA8CHECK:

IS {NAME} STILL IN SUSPENSE AND NOT IN PROCESS OF GETTING BACK ON BENEFITS: SC2=00 AND SC3=00?

- YES..... 01 (SS2)
- NO..... 00

IS {NAME} STILL RECEIVING BENEFITS SC2=01 OR IN PROCESS OF GETTING BACK ON BENEFITS (SC3=01)?

- YES..... 01 (SB1)
- NO..... 00 (G0)

SECTION SS: QUESTIONS APPLICABLE TO SUSPENSE SAMPLE MEMBERS IN SUSPENSE AT INTERVIEW

SECTION SS: QUESTIONS APPLICABLE TO SUSPENSE SAMPLE MEMBERS IN SUSPENSE AT INTERVIEW

(SC2=00 AND SC3=00)

SS2. Next we will ask you about things that might make {you/NAME} have to go back on cash disability benefits in the future.

{Are you/Is NAME} likely to go back on cash disability benefits because of...

	YES	NO	I DON'T KNOW	MISSING
a. {Your/his/her} health, for example because of worsening illness or the need to go to medical appointments?	01	00	d	m
b. {Your/His/Her} job, for example because of a need for accommodations or problems with {your/his/her} co-workers?	01	00	d	m
c. {Your/His/Her} personal circumstances, for example because {you need/he needs/she needs} child care, {do/does} not have reliable transportation, or {worry/worries} about losing other benefits?	01	00	d	m

PROGRAMMER NOTE: IF SS2a= 0,D,M and SS2b=00,D,M and SS2c=00, D, M, GO TO G0.
 IF SS2a= 1, GO TO SS2a_1.
 IF SS2b= 1, GO TO SS2b_1.
 IF SS2c= 1, GO TO SS2c_1.

PROGRAMMER NOTE: SS2a_1 SHOULD BE ASKED IMMEDIATELY AFTER SS2a IF =YES. THEN CYCLE BACK TO SS2b.

(SS2a=01)

SS2a_1. What about {your/NAME's} health makes {you/NAME} think {you/he/she} might go back on benefits?

Other (SPECIFY) _____
 MISSING m

PROGRAMMER NOTE: SS2b_1 SHOULD BE ASKED IMMEDIATELY AFTER SS2b IF =YES. THEN CYCLE BACK TO SS2c.

(SS2b=01)

SS 2b_1. What is it about {your/NAME's} job that makes {you/NAME} think {you/he/she} might go back on benefits?

Other (SPECIFY) _____
 MISSING m

PROGRAMMER NOTE: SS2c_1 SHOULD BE ASKED IMMEDIATELY AFTER SS2c IF =YES.

(SS2c=01)

SS 2c_1. What is it about {your/NAME's} personal circumstances that makes {you/NAME} think {you/he/she} might go back on benefits?

Other (SPECIFY) _____
 MISSING m

GO TO SECTION G.

SECTION SB: QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW

SECTION SB: QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW

Earlier you reported that {you are/NAME is} {back on benefits/in the process of getting back} on benefits].

(SC2=01) or (SC3=01)

SB1. {Did you go/are you going/Did NAME go/Is NAME going} back on benefits because of . . .

	YES	NO	I DON'T KNOW	MISSING
a. {Your/His/Her} health, for example because of worsening illness or the need to go to medical appointments?	01	00	d	M
b. {Your/His/Her} job, for example because of the need for accommodations or problems with {your/his/her} co-workers?	01	00	d	M
c. {Your/His/Her} personal circumstances, for example because {you need/he needs/she needs} child care, {do/does} not have reliable transportation, or {worry/worries} about losing other benefits?	01	00	d	m

PROGRAMMER NOTE: IF SB1a= 0,D,M and SB1b=00,D,M and SB1c=00,D,M, GO TO SB3.

IF SB1a= 1, GO TO SB1a_1.

IF SB1b= 1, GO TO SB1b_1.

IF SB1c= 1, GO TO SB1c_1.

PROGRAMMER NOTE: SB1a_1 SHOULD BE ASKED IMMEDIATELY AFTER SB1a IF =YES. THEN CYCLE BACK TO SB1b.

(SB1a=01)

SB1a_1. What was it about {your/NAME's} health that made {you/him/her} have to go back on benefits?

Other (SPECIFY)_____

MISSING m

PROGRAMMER NOTE: SB1b_1 SHOULD BE ASKED IMMEDIATELY AFTER SB1b IF =YES. THEN CYCLE BACK TO SB1c.

(SB1b=01)

SB1b_1. What was it about {your/NAME's} job that made {you/him/her} have to go back on benefits?

Other (SPECIFY)_____

MISSING m

PROGRAMMER NOTE: SB1c_1 SHOULD BE ASKED IMMEDIATELY AFTER SB1c IF =YES.

(SB1c=01)

SB1c_1. What was it about {your/NAME's} personal circumstances that made {you/him/her} have to go back on benefits?

Other (SPECIFY)_____

MISSING m

SECTION SB: QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW

(SC2=01) or (SC3=01)

SB3. Is there anything that could have helped {you/NAME} to keep working and earning enough to stay off benefits?

- Yes 01
- No 00 (SB4)
- I don't know d (SB4)
- MISSING m (SB4)

(SB3=1)

SB3a_oth. What things might have helped {you/NAME} keep working and earning enough to stay off benefits?

- Other (SPECIFY) _____
- MISSING m

(SC2=01) or (SC3=01)

IF B24=01 (currently working), fill "work and earn enough to stay off benefits"

ELSE, fill "go back to work"

SB4. {Do you/Does NAME} think {you/he/she} will {go back to work / work and earn enough to stay off benefits} in the future?

- Yes 01 (G0)
- No 00 (G0)
- I don't know d (G0)
- MISSING m (G0)

SECTION E: AWARENESS OF SSA PROGRAMS

(SECTION REMOVED FOR WEB SURVEY EXPERIMENT)

SECTION F: REMOVED FROM THE NBS

SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2022

SERVICE PROVIDERS

(All)

G0. Next, we will ask about different types of services that people with disabilities sometimes get in order to improve their ability to work or live independently. Please think only about services {you/NAME} received in 2022.

PRESS NEXT TO CONTINUE

(All)

G2. First, we will ask about employment services {you/NAME} may have received.

In 2022, did {you/he/she} receive:

	YES	NO	NOT APPLICABLE	MISSING
a. a work or job assessment to determine if a job is a good fit for {you/him/her}?	01	00	02	m
b. help to find a job?	01	00	02	m
c. advice about modifying {your/his/her} job or work place?	01	00	02	m
d. job coaching or support services?	01	00	02	m
e. any other employment services to help {you/NAME} get a job?	01	00	02	m

(G2_e=01)

G2_oth. Please specify what other employment services {you/NAME} received in 2022.

<OPEN> _____

MISSING m

(All)

G11. Sometimes people get training to help them learn new skills so they can get a new job or change careers. In 2022, did {you/he/she} receive:

	YES	NO	NOT APPLICABLE	MISSING
a. training to learn a new job or skill?	01	00	02	m
b. on-the-job training?	01	00	02	m
c. any other training or certification to help {you/NAME} learn new skills or get a job?	01	00	02	m

(G11c = 01)

G11_oth. Please specify what other trainings or certifications {you/NAME} received in 2022.

<OPEN> _____

MISSING m

SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2022

(All)

G23. At any time in 2022, did {you/ NAME} enroll in school or take any classes to help {you/him/her} get a new job or change careers? Please do not include any training you already reported.

PROBE: This could include vocational training in high school, college classes, or other instructional programs.

Yes..... 01
 No..... 00
 MISSING..... m

(All)

G16. Sometimes people with disabilities receive medical services to improve their ability to work or help them live independently. Some examples of these services are physical therapy, surgery, and help getting special equipment or devices. In 2022, did {you/he/she} receive:

	YES	NO	NOT APPLICABLE	MISSING
a. Physical therapy?	01	00	02	m
b. Occupational therapy? This treatment helps people gain independence and can include home and job site evaluations, skills assessments, equipment, and other treatment to help improve a person's ability to perform daily activities	01	00	02	m
c. Speech therapy?	01	00	02	m
d. Special equipment or devices?	01	00	02	m
e. Prescription drugs? These are drugs prescribed by a doctor and do not include over-the-counter drugs.	01	00	02	m
f. Any other medical services to improve {your/NAME's} ability to work or live independently?	01	00	02	m

(G16f=01)

G16_oth. Please specify what other medical services {you/NAME} received in 2022.

<OPEN> _____

MISSING m

(All)

G20. Sometimes people go to a mental health professional to get therapy or counseling to improve their ability to work or live independently. In 2022, did {you/he/she} receive:

	YES	NO	NOT APPLICABLE	MISSING
a. Personal counseling or therapy?	01	00	02	m
b. Group therapy?	01	00	02	m
c. Any other mental health services to help {you/NAME} work or live independently?	01	00	02	m

(G20c=01)

G20_oth. Please specify what other mental health services {you/NAME} received in 2022.

<OPEN> _____

MISSING m

SECTION H: REMOVED FROM THE NBS

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

I0. The next set of questions are about {your/NAME's} health and everyday activities.

PRESS NEXT TO CONTINUE

(All)

I1. Overall, how would you rate {your/NAME's} health during the past 4 weeks?

- Excellent, 01
- Very good, 02
- Good, 03
- Fair, 04
- Poor, or 05
- Very poor 06
- MISSING m

(All)

I17b. {Are you/Is NAME} blind or do {you/ does he/she} have serious difficulty seeing even when wearing glasses?

- Yes 01
- No 00
- MISSING m

(All)

I21. {Are you/is NAME} deaf or do {you/he/she} have serious difficulty hearing?

- Yes 01
- No 00
- MISSING m

(All)

I29. {Do you/Does NAME} have serious difficulty walking or climbing stairs?

- Yes 01
- No 00
- MISSING m

(All)

I47. Because of a physical, mental, or emotional condition, {do you/does NAME} have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes 01
- No 00
- MISSING m

(All)

I51. {Do you/Does NAME} have difficulty dressing or bathing?

- Yes 01
- No 00
- MISSING m

(All)

I59. Because of a physical, mental, or emotional condition, {do you/does NAME} have serious difficulty concentrating, remembering, or making decisions?

- Yes 01
- No 00
- MISSING m

SECTION J: HEALTH INSURANCE

(All)

J0. Next are some questions about different types of health insurance coverage {you/NAME} might have.

PRESS NEXT TO CONTINUE

(All)

J1. {Are you/Is NAME} currently covered by any type of health insurance plan, either private or government, including Medicare or Medicaid?

PROBE: Medicare is health insurance coverage provided nationally to certain disabled people under age 65, including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.

Yes 01 (J9)
 No 00 (K1)
 MISSING m (K1)

(J1=01)

J9. What kinds of health insurance coverage {do you/does NAME} have?

HOVER OVER DEFINITION: Medicaid is a state medical assistance program that serves low-income people and Social Security Income recipients with disabilities.

HOVER OVER DEFINITION: Medicare is health insurance coverage provided nationally to certain disabled people under age 65, including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.

HOVER OVER DEFINITION: TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors'.

HOVER OVER DEFINITION: Private insurance includes health insurance that {you get/(he/she) gets} through an employer, a family member, or that {you purchase/(he/she) purchases} on {your/his/her} own including private insurance through the Affordable Care Act, sometimes called HealthCare.gov or ObamaCare.

Medicaid/{STATEMED} 01 (K1)
 Medicare 02 (K1)
 Tricare, VA, or other military insurance 03 (K1)
 Indian Health Service 04 (K1)
 Medi-gap insurance 05 (K1)
 A state program 06 (K1)
 Private insurance through {your/his/her} own employer 07 (K1)
 Private insurance through {your/his/her} spouse, partner, or parent 08 (K1)
 Private insurance that {you pay/he pays/she pays} for by
 {yourself/himself/herself} or that {your/his/her} family pays for 09 (K1)
 Some other kind of insurance plan (SPECIFY) 10 (J9_Other)
 MISSING m (K1)

(J7=00 and J8=00 and J9=10)

J9_Other. What is the other kind of insurance plan?

<OPEN> _____

MISSING m

SECTION K: INCOME AND OTHER ASSISTANCE

(All)

K1. The next set of questions is about income {you/NAME} received last month, that is, in [INSERT LAST MONTH, THIS_YEAR]. This includes earnings from work and benefits from different programs. When answering these questions, please think only about {your/NAME's} own earnings and benefits, and don't include earnings or benefits that other family members may have received.

PRESS NEXT TO CONTINUE

(All)

K4. Thinking about the benefits {you/NAME} received last month, did {you/he/she} receive any income from Social Security?

Yes 01
 No 00
 MISSING m

(All)

K6. Last month did {you/NAME} receive any income from...

	YES	NO	MISSING	
a. Private disability insurance (sometimes called long-term disability insurance)?	01	00	m	
b. Workers' compensation?	01	00	m	
c. Veterans' benefits?	01	00	m	
d. Public assistance or welfare payments? PROBE: Please include any payments from the Temporary Assistance for Needy Families, or TANF, program or any public assistance payments from your state.	01	00	m	
e. Unemployment benefits?	01	00	m	
f. Pensions or retirement income?	01	00	m	
g. Other sources on a regular basis but not from jobs or Social Security? Do not count food stamps here. PROBE: Examples include child support, interest from savings or checking accounts, or dividends?	01	00	m	(K6_g_oth)
h. Other sources not on a regular basis?	01	00	m	(K6_h_oth)

(K6_g=01)

K6_g_oth What were the other sources of income {you/NAME} received on a regular basis?

<OPEN> _____
 MISSING m

(K6_h=01)

K6_h_oth What were the other sources of income {you/NAME} received, not on a regular basis?

<OPEN> _____
 MISSING m

SECTION K: INCOME AND OTHER ASSISTANCE

(ALL)

K3. Thinking about all of the income {you/he/she} received last month from benefits and jobs, how much income did {you/he/she} receive last month, that is, in [INSERT LAST MONTH, THIS YEAR] before taxes and deductions?

\$|_|_|_|, |_|_|_|_| . 00

(0 – 12,500)

(0 – 40,000)

I don't know d

I do not want to answer r

MISSING m

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L0. We have a few more questions about {you/NAME}.

PRESS NEXT TO CONTINUE

(All)

L1. What is {your/NAME's} ethnic background? {Are you/Is (he/she)}:

- Hispanic or Latino, or..... 01
- Not Hispanic or Latino? 02
- I do not wish to answer this r
- MISSING m

(All)

L2. What is {your/NAME's} race? {Are you/Is (he/she)}:

- Alaska Native or American Indian,..... 01
- Asian, 02
- Black or African American, 03
- Native Hawaiian or Other Pacific Islander, or 04
- White 05
- I do not wish to answer this r
- MISSING m

(All)

L3. What is the highest year or grade {you/NAME} finished in school?

- Never attended school 10
- Did not complete high school / Do not have a general education
development degree (GED) 01
- HIGH SCHOOL GRADUATE**
- General education development degree (GED) 02
- High school diploma 03
- High school certificate of completion 04
- COLLEGE OR SOME COLLEGE**
- Some college courses 05
- A 2-year or 3-year college degree (associates degree) or a vocational
school diploma 06
- A 4-year college degree (Bachelor's) 07
- GRADUATE SCHOOL OR SOME GRADUATE SCHOOL**
- Some graduate courses 08
- A graduate or professional degree (e.g., MA, MBA, Ph.D., J.D., M.D.) 09
- I do not wish to answer this r
- MISSING m

(All)

L8. {Are you/Is NAME} now married, partnered (but not married), widowed, divorced, separated, or {have you/has (he/she)} never been married?

- Married 01
- {I have/NAME has} a partner but {we/they} are not married 06
- Widowed 02

SECTION L: SOCIODEMOGRAPHIC INFORMATION

Divorced 03
 Separated 04
 Never married 05
 I do not wish to answer this r
 MISSING m

(All)

L16. How many adults 18 years of age or older live in {your/NAME's} household, including {yourself/NAME}?

PROBE: This includes all adults who usually live there, even if they are temporarily away on business, vacation, in a hospital, away at school or on military duty.

PROBE: If {you live/NAME lives} in a group home, halfway house, care home, assisted living facility, or some other type of group residence, only count {yourself/NAME}.

____ ADULTS (1-4)
 (1-20)
 I don't know d
 MISSING m

(All)

L17. How many children under 18 years of age live in {your/NAME's} household?

PROBE: This includes all children who usually live there, even if they are temporarily away on vacation, in a hospital, or away at school.

____ CHILDREN (0-6)
 (0-20)
 No children in {my/NAME's} household 0
 I don't know d
 MISSING m

(All)

LP23. {Have you/Has NAME} ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Yes 01
 No 00
 MISSING m

(All)

L23Aamt. What was the total combined income of all members of {your/NAME's} household in 2022, before taxes or other deductions? Please include money all members of {your/NAME's} household received from all sources.

PROBE: Your best estimate is fine.

\$|_|_|_|_|, |_|_|_|_| . 00 AMOUNT PER YEAR
 (10,000-75,000)
 (0-500,000)
 I don't know d (M1)
 I do not wish to answer this m (M1)
 MISSING m (M1)

(All)

B23_2. How often {do you/does NAME} access the Internet?

Probe: This includes accessing the Internet by computer, smart phone, tablet, or any other means.

Never.....	01
Daily	02
A few times a week.....	03
Once a week.....	04
Less than once a week.....	05
MISSING	m

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(All)

M1. **PROGRAMMER:** IF WE HAVE ADDRESS AND PHONE NUMBER FROM THE PRELOADED INFORMATION DISPLAY THAT ADDRESS AND PHONE NUMBER.

That concludes this survey. Can you please verify {your/NAME'S} current contact information? We will send you a \$30 gift card to this address.

STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM PRELOADED INFORMATION}

STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM PRELOADED INFORMATION}

STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM PRELOADED INFORMATION}

CITY OR TOWN: {CITY OR TOWN FROM PRELOADED INFORMATION}

STATE: {STATE FROM PRELOADED INFORMATION}

ZIP CODE: {ZIP CODE FROM PRELOADED INFORMATION}

TELEPHONE NUMBER: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}

All information here is correct..... 00 (M11_Thanks)
Some or all of this is incorrect or missing 01 (M1_Address)
MISSING m (M1_Address)

(M1=01)

M1_Address1.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 1 BOLD}

What is {your/NAME's} correct street address?

<OPEN> _____

The above information is correct 1
MISSING r

(M1=01)

M1_Address2.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 2 BOLD}

What is {your/NAME's} correct second part of the street address?

<OPEN> _____

The above information is correct 1
There is no second part of the street address 2
MISSING m

(M1=01)

M1_Address3.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 3 BOLD}

What is {your/NAME's} correct third part of the street address?

<OPEN> _____

The above information is correct 1
There is no third part of the street address 2
MISSING m

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M1=01)

M1_City.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM PRELOADED INFORMATION WITH CITY BOLD}

What is {your/NAME's} correct town or city?

<OPEN> _____

The above information is correct 1
MISSING m

(M1=01)

M1_State.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM PRELOADED INFORMATION WITH STATE BOLD}

What is {your/NAME's} correct state?

PROGRAMMER: INCLUDE 50-STATE PLUS DC IN DROP DOWN

The above information is correct 1
MISSING m

(M1=01)

M1_ZipCode.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH ZIP CODE BOLD}

What is {your/NAME's} correct zip code?

||_|_|_| - |_|_|_|_| ZIP CODE

The above information is correct 1
MISSING m

(M1=01)

M1_PhoneNumber.

TELEPHONE: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}

What is {your/NAME's} correct telephone number, area code first?

(|_|_|_|) |_|_|_| - |_|_|_|_| PHONE NUMBER (M11_Thanks)

The above information is correct 1 (M11_Thanks)
MISSING m (M11_Thanks)

(All)

M11_Thanks.

Thank you for your cooperation. This completes the survey! We will mail the \$30 gift card and {you/NAME} should receive it in about 3 weeks. Thank you again.