

ATTACHMENT A
NBS INSTRUMENT

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



NATIONAL BENEFICIARY SURVEY

July 2022

Round 8

Representative Beneficiary and Successful Worker Combined 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 50 to 70 minutes per response.

**NATIONAL BENEFICIARY SURVEY
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SECTION A: SCREENER

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

STORING KEY SCREENER VARIABLES IN KEY ITEMS UPON ANSWERING:

(NOTE: Once answered in screener and stored, the stored answers will remain, even if the instrument takes a different path, so stored answers MAY have conflicting data. An example would be if SM says "DK" to A68 (birth month), the next question will be A69 (age). The A68 and A69 will be recorded in the KeyItems. If the age is off by more than 2 years, the case will exit and we will need to try for a proxy. When Proxy answers A68, A68a, A68b with a full birth date, the birthdate recorded in A68, A68a & A68b will be stored in KeyItems. Since A69 is no longer on route and A69 already has an answer, the A69 answer will still be stored in KeyItems.

A68

A68a

A68b

A69

A73b

A74

A76

A77

A77a

A78

A78a

Also added to Key Items

SMCognitiveFail (if this flag = 1, then SM failed Cognitive Barrier questions A74-A78a)

Also adding up to 3 Proxy names for Proxy's that fail Cognitive Barrier questions

BadProxyFullName1

BadProxyFullName2

BadProxyFullName3

SECTION A: SCREENER

RTYPE: Set at A110 or A110a.

PROGRAMMER: A CURRENT CONTACT BLOCK WILL STORE ANY UPDATES TO S8, S9, S10, S11, S20, and S21. UPDATES TO THE OTHER CURRENT CONTACT BLOCK CAN COME FROM THE SCREENER OR LOCATING.

PROGRAMMER: STORE UPDATED NAME, ADDRESS, AGE, PROXY, ETC. INFORMATION IN ADDRESS UPDATE BLOCK OR NAME UPDATE BLOCK.

PROGRAMMER: POPLULATE KEY ITEMS VARIABLE FOR EACH PROXY NAME ENTERED IN CASE.

PROGRAMMER: IF RTYPE=PROXY ALREADY, LEAVE AS PROXY. DO NOT RE-SET TO SAMPLE MEMBER

PROGRAMMER: ON CALL HISTORY SCREEN:

IF RTYPE=PROXY, SHOW THIS TEXT: **THIS CASE REQUIRES A PROXY**

IF RTYPE=PROXY AND PROXY FAILED SCREENER, SHOW THIS TEXT: **THIS CASE REQUIRES A PROXY OTHER THAN {NAME1, [NAME2]}.**

PROGRAMMER: ON "FINISHED" SCREEN:

IF RTYPE=PROXY, SHOW THIS TEXT: **THIS CASE REQUIRES A PROXY. PLEASE INCLUDE CLEAR NOTES ABOUT PROXY.**

IF RTYPE=PROXY AND PROXY FAILED SCREENER, SHOW THIS TEXT: **THIS CASE REQUIRES A PROXY OTHER THAN {NAME1, [NAME2]}. PLEASE INCLUDE CLEAR NOTES ABOUT PROXY.**

(All)

A0. **CALL SCREEN.** PROGRAMMER, DISPLAY: INTERVIEWER: YOU ARE CALLING...(ONE ONLY) **NOTE:** 01, 04, 07 THROUGH 15 ARE SET IN OVERNIGHT PROCESSING. 02, 03, 05 AND 06 WOULD BE IN THE FRONT END FOR THE INTERVIEWER TO SELECT.

	SITUATION	DISPLAY, CALLING FOR	GO TO
01	NEW SCREENER FOR NAME	CALL TO {RESPONDENT NAME}	A1
02	CATI CALL-IN	{NAME} CALLING IN	A11
03	CAPI INTERVIEW	{NAME – CAPI}	A64
04	CALL NAME AFTER REMAIL	{NAME , AFTER REMAIL}	A1
05	RELAY CALL IN	{NAME} CALLING IN – RELAY	A11
06	TTY CALL IN	{NAME} CALLING IN – TTY	A11
07	CALL NAME USING RELAY	{NAME} – RELAY	A10
08	CALL NAME USING TTY	{NAME} – TTY	A10
09	CALL NAME USING AMPLIFIER	{NAME} – AMPLIFIER	A1
10	CALL TO IDENTIFIED PROXY	PROXY NAME	A56
11	CALLBACK TO PROXY AFTER REMAIL	PROXY NAME	A56
12	INFORMANT/PROXY CALL IN		A11
13	CALL TO NEW PROXY	PROXY NAME	A56
14	CALL INTERPRETER	INTERPRETER NAME	A8
15	CALL TO NEW / UNNAMED INTERPRETER	INTERPRETER NAME	A4b

SECTION A: SCREENER

CALL TO RESPONDENT

(A0 = 01, 04, OR 09)

A1. Hello, my name is _____. I'm calling on behalf of the Social Security Administration. May I please speak with {IF RTYPE=PROXY AND WE DON'T HAVE PROXY NAME: someone who can answer questions about {NAME's} health, daily activities, and any jobs {he/she} might have?}, else: {FIRST NAME} {LAST NAME}?
Hola, mi nombre es _____. Llamo de parte de la Administración del Seguro Social o Social Security Administration. ¿Puedo hablar con {IF RTYPE=PROXY AND WE DON'T HAVE PROXY NAME: alguien que pueda contestar preguntas sobre la salud y las actividades diarias de {NAME} y sobre cualquier trabajo que {él/ella} tenga?}, else: {FIRST NAME} {LAST NAME}?

INTERVIEWER: We are not selling anything or asking for money.

No estamos vendiendo nada ni pidiendo una contribución.

SPEAKING	01	(A10)
WANTS MORE INFORMATION	02	
{RESPONDENT NAME} COMES TO PHONE	03	(A10)
CALL BACK LATER	04	IF RTYPE = SM, SET A100 = 01 (A100), IF RTYPE=PROXY, SET A100 = 2
{NAME} MOVED.....	05	(A30)
POSSIBLE PARTICIPATION PROBLEM.....	06	(A13)
HOSPITALIZED.....	07	(A27a)
{NAME} DECEASED.....	08	(A103a)
{NAME} INCARCERATED.....	09	SET A103 = 01(A103)
LANGUAGE BARRIER (NOT SPANISH).....	10	(A3)
INSTITUTIONALIZED	11	(A27a)
MILITARY DUTY	12	SET A103 = 02 (A103)
SWITCH TO AMPLIFIER / CONTINUE.....	13	(A10)
NO SUCH PERSON AT THIS NUMBER.....	14	SET A102 = 01 (A102)
OTHER: SUPERVISOR REVIEW NEEDED.....	15	SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION	16	SET STATUS = 1240 (END)
UNAVAILABLE DURING FIELD PERIOD	17	SET A104 = 06 (A104)
LIVING OUTSIDE USA	18	SET A103 = 03 (A103)
REFUSED	r	SET A105 = 02 (A105)

SECTION A: SCREENER

REQUESTS INFORMATION

(A1=02)

A2. Social Security just sent {NAME} a letter about an important national health study. I work for Mathematica, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. This is a scientific study. We are not selling anything or asking for money.

Social Security, el Seguro Social, recientemente le envió a [usted/NAME] una carta informándole que estaríamos llamando para pedir su participación en un importante estudio nacional de salud que estamos conduciendo para ellos. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. Fuimos contratados por la Seguro Social para realizar esta encuesta. Estamos conduciendo un estudio científico. No estamos vendiendo nada ni pidiendo una contribución.

PROBE: (IF PREPAY=1): Social Security sent a letter with \$2 as a thank you. We will send you a \$30 gift card after you complete the survey.

El Seguro Social le envió una carta con \$2 como agradecimiento. Nosotros vamos a mandarle una tarjeta de regalo de \$30 después de que complete la entrevista.

INTERVIEWER INSTRUCTION (PRE-PAY=1): IF SAMPLE MEMBER SAYS HE/SHE DID NOT RECEIVE GIFT CARD AND WILL NOT COMPLETE THE INTERVIEW UNTIL WE SEND A GIFT CARD, SCHEDULE APPOINTMENT TO CALL BACK.

{NAME} SPEAKING	01	(A10)	
{NAME} COMES TO PHONE.....	03	(A10)	
CALL BACK LATER	04		IF RTYPE = SM, SET A100 = 01 (A100), IF RTYPE=PROXY, SET A100 = 2
{NAME} MOVED.....	05	(A30)	
POSSIBLE PARTICIPATION PROBLEM.....	06	(A13)	
HOSPITALIZED.....	07	(A27a)	
{NAME} DECEASED	08	(A103a)	
{NAME} INCARCERATED.....	09		SET A103 = 01 (A103)
LANGUAGE BARRIER (NOT SPANISH).....	10		
INSTITUTIONALIZED	11	(A27a)	
MILITARY DUTY	12		SET A103 = 02 (A103)
SWITCH TO AMPLIFIER / CONTINUE.....	13	(A10)	
NO SUCH PERSON AT THIS NUMBER.....	14		SET A102 = 01 (A102)
OTHER: SUPERVISOR REVIEW NEEDED.....	15		SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION	16		SET STATUS = 1640 (END)
UNAVAILABLE DURING FIELD PERIOD	17		SET A104 = 06 (A104)
LIVING OUTSIDE USA	18		SET A103 = 03 (A103)
DID NOT RECEIVE LETTER	19	A20	
REFUSED	r		SET A105 = 02 (A105)

LANGUAGE BARRIER

(A1 = 10) OR (A2 = 10)

A3. Can someone there speak English?

¿Hay alguien ahí que puede hablar inglés?

INTERVIEWER NOTE: IF THIS CASE REQUIRES A SPANISH-SPEAKING INTERVIEWER, RETURN TO PREVIOUS QUESTION. CLICK THE FLAG AT THE TOP OF THE SCREEN TO CHANGE LANGUAGE TO SPANISH AND SCHEDULE A CALL BACK LATER. **DO NOT** CODE LANGUAGE BARRIER IF THIS CASE REQUIRES A SPANISH-SPEAKING INTERVIEWER

PERSON COMES TO PHONE..... 01

SECTION A: SCREENER

CALL BACK LATER 02 IF RTYPE = SM, SET A100 =
01 (A100), IF RTYPE=PROXY, SET A100 = 2 (A100)
NO ONE SPEAKS ENGLISH 03 SET A106 = 01 (A106)
REFUSED/HUNG UP r SET A106 = 01 (A106)

SECTION A: SCREENER

POSSIBLE INTERPRETER COMES TO PHONE

(A3 = 01)

A4. Hello, my name is _____. I'm calling on behalf of the Social Security Administration. Social Security just sent {NAME} a letter about an important national health survey. I work for Mathematica, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. We are looking for someone who is 18 years or older to help {him/her} by interpreting the survey for us. Are you 18 years of age or older?

Hola, mi nombre es _____. Llamo de parte de la Administración de Seguro. Recientemente, Seguro Social le envió una carta a {NAME} explicando una importante encuesta que estamos llevando a cabo para ellos. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. Fuimos contratados por la Seguro Social para realizar esta encuesta. Estamos buscando alguien de la edad de 18 (dieciocho) años o más, que pueda ayudar [él/ella] y traducir la entrevista para nosotros. ¿Usted tiene 18 o más años de edad?

YES 01 (A4b)
NO 00
REFUSED/HUNG UP r SET A106 = 01 (A106)

(A4 = 00)

A4a. Is there someone else who is 18 years or older who could come to the phone and help with the survey?

¿Hay alguna otra persona de 18 o más años de edad que puede venir al teléfono y ayudar con la entrevista?

YES, PERSON COMES TO PHONE 01
CALL BACK LATER 02 (A6)
NO ONE SPEAKS ENGLISH 03 SET A106 = 01 (A106)
REFUSED/HUNG UP r SET A106 = 01 (A106)

(A0 = 15) OR (A4 = 01) OR (A4a = 01)

A4b. IF (A0=15) or (A4a=01) FILL {Hello, my name is _____. I'm calling on behalf of the Social Security Administration. Social Security just sent {NAME} a letter about an important national health study. I work for Mathematica, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. We are looking for an interpreter who is 18 years or older to help {him/her} with the survey.} Would you be able to help {NAME} by interpreting the questions?

Hola, mi nombre es _____. Llamo de parte de la Administración de Seguro. Recientemente, Seguro Social le envió una carta a {NAME} explicando una importante encuesta que estamos llevando a cabo para ellos. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. Fuimos contratados por la Seguro Social para realizar esta encuesta. Estamos buscando alguien de la edad de 18 (dieciocho) años o más, que pueda ayudar [él/ella] y traducir la entrevista para nosotros. ¿Usted tiene 18 o más años de edad?

PROBE: We are not selling anything or asking for money.

No estamos vendiendo nada ni pidiendo una contribución.

PROBE (PREPAY=1): Social Security sent a letter with \$2 as a thank you. We will send you a \$30 gift card after you complete the survey.

El Seguro Social le envió una carta con \$2 como agradecimiento. Nosotros vamos a mandarle una tarjeta de regalo de \$30 después de que complete la entrevista.

YES 01
CALL BACK LATER 02 (A6)
NO ONE +18 SPEAKS ENGLISH 03 SET A106 = 01 (A106)
{NAME} MOVED 04 (A30)
POSSIBLE PARTICIPATION PROBLEM 05 (A13)
HOSPITALIZED 06 (A27a)
{NAME} DECEASED 07 (A103a)

SECTION A: SCREENER

{NAME} INCARCERATED.....	08	SET A103 = 01 (A103)
INSTITUTIONALIZED	09	(A27a)
MILITARY DUTY	10	SET A103 = 02 (A103)
NO SUCH PERSON AT THIS NUMBER.....	11	SET A102 = 01 (A102)
OTHER: SUPERVISOR REVIEW NEEDED.....	12	SET A106 = 05 (A106)
UNAVAILABLE DURING FIELD PERIOD	13	SET A104 = 06 (A104)
LIVING OUTSIDE USA	14	SET A103 = 03 (A103)
REQUESTS IN-PERSON INTERVIEW	15	(A39)
REFUSED	r	SET A105 = 02 (A105)

(A4b = 01)

A5. If {NAME} is available and you are ready to interpret, we can begin now. If you or {NAME} get tired or need a break at any time, please tell me, and we will call back later to finish.

Si [NAME] está disponible ahora, y usted/ está preparado para traducir, podemos empezar ahora. Si usted o {NAME} se cansa o necesita un descanso en cualquier momento, por favor dígame y llamaremos de vuelta más tarde para completar la entrevista.

CONTINUE.....	01	
CALL BACK LATER	02	
INTERPRETER REFUSED	r	SET A105 = 02 (A105)

(A4a = 02) OR (A4b = 02) OR (A5 = 01 OR 02)

A6. {IF A5 = 01 DISPLAY Before we begin, please tell me your name.}

Antes de comenzar, por favor dígame su nombre.

{IF A4a = 02 DISPLAY Please tell me that person's name so we can ask for them when we call back later / Por favor dígame el nombre de esa persona para que podamos preguntar por ella cuando volvamos a llamar más tarde.

IF A5 = 02 OR A4b = 02 DISPLAY: Please tell me your name so we can ask for you when we call back later}.

Por favor dígame su nombre para que podamos preguntar por usted cuando volvamos a llamar más tarde.

PROBE: IF PERSON IS RELUCTANT TO GIVE NAME, SAY: The first name is all we need.

Sólo necesitamos el nombre.

IF NAME IS REFUSED, CODE AS REFUSED AND CONTINUE

FIRST, MIDDLE, LAST	
DON'T KNOW	d
REFUSED	r

PROGRAMMER: STORE INTERPRETER NAME IN S25 AND LOCATOR

(A6 = ANSWER OR r)

A7. And, what is {IF A5 = 01 OR 2) OR (A4b = 02) FILL your / IF A4a = 02 FILL their} relationship to {NAME}?

¿Y cuál es su parentesco o relación de familia con {NAME}?

{NAME'S} SPOUSE.....	01
NAME'S} MOTHER	02
{NAME'S} FATHER	03
{NAME'S} CHILD.....	04
GRANDPARENT OF {NAME}	05
BROTHER/SISTER (NATURAL/STEP) OF {NAME}.....	06
AUNT/UNCLE OF {NAME}.....	07
OTHER RELATIVE.....	08
NOT RELATED	09
STAFF AT RESIDENCE.....	10
DON'T KNOW	d
REFUSED	r

(A7 = ANSWER OR d OR r)

A7a. PROGRAMMER:

SECTION A: SCREENER

IF A5 = 01 (CONTINUE)..... 01 (A10)
ELSE CALLBACK TO INTERPRETER 02 SET A100 = 03 (A100)

CALLBACK TO NAMED INTERPRETER

(A0=14)

A8. Hello, my name is _____. I'm calling on behalf of the Social Security Administration. May I please speak to {INTERPRETER'S NAME}?

Hola, mi nombre es _____. Llamo de parte de la Administración de Seguro. ¿Puedo hablar con [INTERPRETER'S NAME], por favor?

PROBE: We are not selling anything or asking for money.

No estamos vendiendo nada ni pidiendo una contribución.

SPEAKING 01
INTERPRETER COMES TO PHONE 02
CALL BACK LATER 03 SET A100 = 03 (A100)
HUNG UP DURING INTRODUCTION 04 SET STATUS = 1640 (END)
INTERPRETER REFUSED r SET A105 = 02 (A105)

(A8 =01 OR 02)

A9. {IF A8 = 02 DISPLAY: Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} When we last spoke with you, you said this would be a good time for you to interpret the National Beneficiary Survey for {NAME}. Are you and {NAME} ready to begin?

Hola, mi nombre es _____. Llamo de parte de la Administración de Seguro. Cuando hablamos con usted recientemente, usted dijo que ahora sería un tiempo conveniente para usted para interpretar la Encuesta Nacional de Beneficiarios o National Beneficiary Survey para {NAME}. ¿Usted y {NAME} están listos para empezar?

PROBE: If you or {NAME} get tired or need a break at any time, please tell me, and we will call back later to finish.

Si usted se cansa o necesita un descanso en cualquier momento, por favor dígame y llamaremos de vuelta más tarde para completar la entrevista.

YES, CONTINUE..... 01
CALL BACK LATER 03 SET A100 = 03 (A100)
HUNG UP DURING INTRODUCTION 04 SET STATUS = 1640 (END)
INTERPRETER REFUSED 05
SET A105 = 02 (A105)

SECTION A: SCREENER

SPEAKING TO NAME OR INTERPRETER / NAME OR INTERPRETER COMES TO PHONE / TO NAME AFTER REMAIL

PROGRAMMER: REMOVE RTYPE CODE HERE [PREVIOUSLY CODED IF ((A0 = 07 or 08) OR (A1 = 01, 03 or 13) OR (A2 = 01, 03 or 13)) THEN RType & KeyItems.RType = SM ELSE RType & KeyItems.RType = Proxy]

A10. {PROGRAMMER, IF A7a = 01 DISPLAY "Please tell {NAME} that I said...."} {(IF A0 = 07 OR 08, OR 09) OR (A1 = 03) OR (A2 = 03 OR 13) DISPLAY Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} {IF A2 = 01 or A2=13 BEGIN HERE} Social Security just sent (you/NAME) {PROGRAMMER IF A0 = 04 USE another} a letter about an important national health study. I work for Mathematica, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. The National Beneficiary Survey is about (your/NAME'S) health, daily activities, and any jobs (you/NAME) may have. It also asks about Social Security programs and services (you/NAME) may use. I'm calling to ask you to take part (on behalf of NAME). The answers you and other people give us will be used to help Social Security learn how well its programs meet the needs of people with disabilities.

{PROGRAMMER, IF A7a = 01 DISPLAY "Por favor dígale a {NAME} que dije...."} {(IF A0 = 07 OR 08, OR 09) OR (A1 = 03) OR (A2 = 03 OR 13) DISPLAY Hola, mi nombre es _____. Llamo de parte de la Administración de Seguro.} {IF A2 = 01 or A2=13 BEGIN HERE} Recientemente, Seguro Social le envió {PROGRAMMER IF A0 = 04 USE otra} una carta explicando una importante encuesta que estamos llevando a cabo para ellos. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. Fuimos contratados por la Seguro Social para realizar esta encuesta. La Encuesta Nacional de Beneficiarios se trata de su salud, actividades diarias, cualquier trabajo que pueda tener, y cualquier programa o servicio de Seguro Social que pueda usar. Estoy llamando para pedirle que participe. La información que usted y otros participantes nos proporcionan se usará para evaluar programas de Seguro Social para beneficiarios con incapacidades.

PROBE: We are not selling anything or asking for money.

No estamos vendiendo nada ni pidiendo una contribución.

The interview {IF A0 = 08 FILL will take around 2 to 3 hours because we are using TTY / IF A0 = 07 FILL will take around 2 to 3 hours because we are using Relay. / IF (A0 = 04) OR (A1 = 01, 03 OR 13) OR (A2 = 01 OR 03 OR 13) FILL: will take about 60 minutes. But it may be shorter or longer based on the questions you answer.} {IF PREPAY = 0: To thank you for your time, we will mail you a gift card for \$30 when you finish the interview. / IF PREPAY = 1: Security sent a letter with \$2 as a thank you. We will send you a \$30 gift card after you complete the survey.} The questions are easy. If you get tired or need a break at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

La entrevista {IF A0 = 08 FILL llevará entre 2 y 3 horas porque estamos usando TTY / IF A0 = 07 FILL llevará entre 2 y 3 horas porque estamos usando retransmisión / IF (A0 = 04) OR (A1 = 01, 03 OR 13) OR (A2 = 01 OR 03 OR 13) FILL: llevará unos 60 minutos.} Pero puede ser más corto o más largo dependiendo de las preguntas que responda. IF PRE-PAY=0 {Para agradecerle por su tiempo, le enviaremos una tarjeta de regalo de \$30 cuando terminemos la entrevista}/ IF PRE-PAY=1: {Como muestra de agradecimiento, le enviamos recientemente una carta con \$2. Le enviaremos una tarjeta adicional de \$30 después de que usted complete la entrevista.} Las preguntas son fáciles. Si usted se cansa o necesita un descanso en cualquier momento, por favor dígame y llamaremos de vuelta más tarde para completar la entrevista. Esta entrevista puede ser grabada para garantía de calidad. Empecemos ahora.

CONTINUE..... 01 (A64)
{RESPONDENT NAME} WILL CALL MPR..... 02 SET A108 = 01 (A108)
CALL BACK LATER 03 (IF A1 = 01, 03, 13 OR A2 = 01, 03, A13A;
OR A0 = 07, 08, 09 SET A100 = 01 (A100)
IF A7a = 01 OR A9 = 02 SET A100 = 03
(A100))

SECTION A: SCREENER

DID NOT RECEIVE LETTER/DOES NOT

RECALL LETTER 04 (A20)
REQUESTS PROXY 05 (A39)
REQUESTS IN-PERSON INTERVIEW 06 (A39)
POSSIBLE PARTICIPATION PROBLEM..... 07 (A13)
REFUSED r (IF A1 = 01, 03, 13 OR
A2 = 01, 03, A13A; OR A0 = 07, 08, 09
SET A105 = 01 (A105) / IF A7a = 01 OR
A9 = 01 SET A105 = 02 (A105)

SECTION A: SCREENER

NAME OR UNKNOWN INFORMANT CALLS IN

(A0=02, 05, OR 06)

A11. **INTERVIEWER:** CODE BASED ON SUPERVISOR INSTRUCTION.

- SAMPLE MEMBER 01
- SAMPLE MEMBER USING TTY 02
- SAMPLE MEMBER USING RELAY 03
- INFORMANT / POSSIBLE PROXY 04 (A13a)

(A11 = 01, 02, OR 03)

A12. Hello, my name is _____. I'll be your interviewer today. I work for Mathematica, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. The National Beneficiary Survey is about your health, daily activities, and any jobs you may have. It also asks about Social Security programs and services you may use. The answers you and other people give us will help Social Security learn how well its programs meet the needs of people with disabilities.

The interview {PROGRAMMER, IF A11 = 01 FILL will take about 60 minutes. But it may be shorter or longer based on the questions that you answer/ IF A11 = 02 USE will take around 2 to 3 hours because we are using TTY / IF A11 = 03 FILL will take around 2 to 3 hours because we are using Relay.} {IF PREPAY=0 To thank you, we will mail you a \$30 gift card when we finish the interview/ IF PREPAY=1: Social Security sent you a letter with \$2 as a thank you. We will send you a \$30 gift card after you complete the survey.} The questions are easy. If you get tired or need a break at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

Hola mi nombre es _____. Seré su entrevistador(a) hoy. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. Fuimos contratados por la Seguro Social para realizar esta encuesta. La Encuesta Nacional de Beneficiarios se trata de su salud, actividades diarias, cualquier trabajo que pueda tener. También hace preguntas sobre su uso de programas y servicios de Seguro Social. La información que usted y otros participantes nos proporcionan se usará para ayudar a evaluar programas de Seguro Social para beneficiarios con incapacidades.

La entrevista {IF A11 = 01 FILL llevará entre 60 minutos. Pero puede ser más corto o más largo dependiendo de las preguntas que responda. / IF A11 = 02 USE llevará entre 2 y 3 horas porque estamos usando TTY/ / IF A11 = 03 FILL llevará entre 2 y 3 horas porque estamos usando retransmisión} IF PRE-PAY=0 {Para agradecerle por su tiempo, le enviaremos una tarjeta de regalo de \$30 cuando terminemos la entrevista}/ IF PRE-PAY=1:{Como muestra de agradecimiento, le enviamos recientemente una carta con \$2. Le enviaremos una tarjeta adicional de \$30 después de que usted complete la entrevista.} Las preguntas son fáciles. Si usted se cansa o necesita un descanso en cualquier momento, por favor dígame y llamaremos de vuelta más tarde para completar la entrevista. Esta entrevista puede ser grabada para garantía de calidad. Empecemos ahora.

- CONTINUE..... 01 (A64)
- WANTS TO SCHEDULE INTERVIEW 02 IF A11 = 01 SET A100 = 01 (A100)
IF A11 = 02 SET A100 = 04 (A100)
IF A11 = 03 SET A100 = 05 (A100)
- NEEDS PROXY 03
- NEEDS IN-PERSON 04 (A39)
- POSSIBLE PARTICIPATION PROBLEM..... 05 (A13)
- REFUSED r IF A11 = 01, 02, 03 SET A105 = 01 (A105)
IF A11 = 04 SET A105 = 02 (A105)

DIFFICULTY PARTICIPATING (SPEAKING WITH NAME / INFORMANT / UNKNOWN PROXY WHO CALLS IN)

(A1 = 06) OR (A2 = 06) OR (A4b = 05) OR (A10 = 07) OR (A11 = 04) OR (A12 = 05)

A13. **INTERVIEWER:** WHO ARE YOU SPEAKING WITH?

INTERVIEWER NOTE: IF SM COGNITIVE FAIL FLAG=1 AND INTERVIEWER ANSWERS 1 TO THIS QUESTION, PLEASE DISPLAY HARD CHECK WITH THE FOLLOWING TEXT: **"SAMPLE MEMBER FAILED COGNITIVE SCREENER. THIS INTERVIEW MUST BE COMPLETED**

BY PROXY"

{NAME} / INTERPRETER	01
INFORMANT/POSSIBLE PROXY	02

SECTION A: SCREENER

(A11 = 04) OR (A13 = 01 OR 02)

A13a. **INTERVIEWER:** IF BARRIER ALREADY STATED, CODE RESPONSE THEN CONFIRM BY READING APPROPRIATE CATEGORY BELOW.

{PROGRAMMER: IF A11 = 04, USE: PROBE: Thank you very much for calling and offering to help.

Muchas gracias por llamar y ofrecer su ayuda.

IF NEEDED: What problem does {NAME} have that might prevent {him/her} from taking part for {himself/herself}?

¿Qué problema tiene {NOMBRE} que pueda impedir que participe {él mismo/ella misma}?

IF (A1 = 06) OR (A2 = 06) OR (A4b = 05) OR (A10 = 07) OR (A12 = 05) FILL

PROBE: Why {IF A13 = 01 FILL would you/ IF A13 = 02 FILL would {NAME}} have a problem taking part in the survey?

¿Por qué tendría {IF A13 = 01, FILL tendría usted/ IF A13 = 002 FILL tendría {NAME}} problema en participar en la encuesta?

INTERVIEWER: PROBE FOR DON'T KNOW. IF MORE THEN ONE PROBLEM, PROBE FOR THE MAIN PROBLEM.

HEARING DIFFICULTY	01	
SPEECH DIFFICULTY	02	
COGNITIVE BARRIER.....	03	(A46)
PHYSICAL BARRIER.....	04	
INCARCERATED	06	SET A103 = 01 (A103)
INSTITUTIONALIZED	07	(A27a)
HOSPITALIZED	08	(A27a)
DECEASED	09	(A103a)
SERVING IN MILITARY	10	SET A103 = 02 (A103)
LIVING OUTSIDE USA	11	SET A103 = 03 (A103)
DON'T KNOW	d	
REFUSED	r	SET A105 = 02 (A105)

SECTION A: SCREENER

(A13a = 01, 02, 04, OR d)

A14. Social Security just sent {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}} a letter about an important national health survey.} I work for Mathematica, a well-known research company based in Princeton, New Jersey that was hired by Social Security to conduct this survey. {IF A12 = 05 START HERE} We would like {IF A13 = 01 FILL you to have / IF A13 = 02 FILL {NAME} to have} the chance to answer the questions for {IF A13 = 01 FILL yourself / IF A13 = 02 FILL himself / herself} if at all possible. I'm going to read some ways that we can arrange for {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}} to take part in the study.

Recientemente, Seguro Social le envió una carta explicando una importante encuesta que estamos llevando a cabo para ellos. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. Fuimos contratados por la Seguro Social para realizar esta encuesta. Quisieramos que {NAME} tenga la oportunidad de contestar las preguntas que tenemos por si mism[o/a], si eso es posible. Le voy a leer algunas de las formas en las que podemos hacer arreglos para que {NAME} tome parte en el estudio.

PROBE: What would work best?

¿Cuál sería la más conveniente?

PROBE (PREPAY=1): Social Security sent a letter with \$2 as a thank you. We will send {you/NAME} a \$30 gift card after {you/NAME} complete the survey.

El Seguro Social le envió una carta con \$2 como agradecimiento. Nosotros vamos a mandarle una tarjeta de regalo de \$30 después de que complete la entrevista

INTERVIEWER: READ LIST AND CODE ONE ONLY. IF MORE THAN ONE MENTIONED, ASK WHAT IS EASIEST FOR {NAME}.

- We can break the interview into a few short calls to {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}}
Podemos separar la entrevista en unas pocas llamadas cortas para {IF A13 = 01 FILL usted / IF A13 = 02 FILL {NAME}}..... 01 (A64)
- We can use Relay or TTY for the interview
Podemos utilizar Relay o TTY para la encuesta 02 (A16)
{PROGRAMMER, DISPLAY 03 ONLY IF A13a = 01} I can switch to a phone amplifier now
Puedo cambiar a un teléfono con amplificador ahora..... 03 (A64)
{PROGRAMMER, DISPLAY 04 ONLY IF A13a = 01} We can call later using a phone amplifier
Podemos llamar más tarde usando un teléfono con amplificador..... 04 SET A100 = 06 (A100)
{PROGRAMMER, DISPLAY 05 ONLY IF IN CLUSTERED SAMPLE S1 = 01 We could send an interviewer to {{IF A13 = 01 FILL your / IF A13 = 02 FILL {his/her} home
Podríamos mandar un entrevistador a {{IF A13 = 01 FILL your / IF A13 = 02 FILL {su} casa 05 (A42)
{PROGRAMMER DISPLAY 06 ONLY IF A13 = 02} INFORMANT OFFERS TO BE PROXY 06 (A39)
- {PROGRAMMER, DISPLAY 07 ONLY IF SAMPLE TYPE = UNCLUSTERED, S1 = 02 AND A13 = 01} {NAME} REQUESTS IN-PERSON INTERVIEW 07 (A40)
- {PROGRAMMER DISPLAY 08 ONLY IF A13 = 01} {NAME} REQUESTS PROXY 08 (A39)
- PHYSICAL PROBLEM: {NAME} UNABLE TO PARTICIPATE 09 (A46)

SECTION A: SCREENER

SUGGESTS ANOTHER WAY {SPECIFY__} 10
DON'T KNOW d (A39)
REFUSED r IF A13 = 01 SET A105 = 01 (A105) /
IF A13 = 02 SET A105 = 02 (A105)

(A14 = 10)

A14a. What is that way?

¿Cuál es esa manera?

<OPEN _____

DON'T KNOW d

REFUSED r

(A14 = 10)

A15. Thank you. I will ask my supervisor if that would work. We will call you back and let you know.

Muchas gracias. Le preguntaré a mi supervisor(a) si eso estaría bien. Le llamaremos de vuelta para decirle.

SET A106 = 05 (A106)

SECTION A: SCREENER

(A13a = 01, 02, 04, OR d) OR (A14 = 02)

A16. **INTERVIEWER:** WHO ARE YOU SPEAKING WITH?

INTERVIEWER NOTE: IF SM COGNITIVE FAIL FLAG=1 AND INTERVIEWER ANSWERS 1 TO THIS QUESTION, PLEASE DISPLAY HARD CHECK WITH THE FOLLOWING TEXT: **“SAMPLE MEMBER FAILED COGNITIVE SCREENER. THIS INTERVIEW MUST BE COMPLETED BY PROXY”**

NAME 01
INFORMANT / POSSIBLE PROXY 02 (A18)

(A16 = 01)

A17. We can start the interview in a few minutes by switching to our TTY or to a Relay operator and having them contact you. Alternatively, we can call you back another time using TTY or Relay. What works best for you? **Podemos empezar la entrevista en unos minutos cambiando a nuestro TTY o a una operadora de retransmisión y haciendo que le contacten a usted. Si no, podemos llamarle de vuelta en otro momento usando TTY or retransmisión. ¿Qué es mejor para usted?**

PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

INTERVIEWER: IF “SWITCH IN A FEW MINUTES,” CALL SUPERVISOR FOR HELP.

SWITCH (TTY) IN A FEW MINUTES 01 SET A100 = 04 (A100)
SWITCH (RELAY) IN A FEW MINUTES 02 SET A100 = 05 (A100)
CALL BACK LATER (TTY) 03 SET A100 = 04 (A100)
CALL BACK LATER (RELAY) 04 SET A100 = 05 (A100)
NO, {NAME} WILL CALL TTY 05 SET A108 = 02 (A108)
NO, {NAME} WILL CALL RELAY 06 SET A108 = 03 (A108)
REFUSED/HUNG UP r SET A105 = 01 (A105)

(A16 = 02)

A18. Can you help set up a time when we can call {NAME} and complete the interview using either TTY or Relay? My supervisor will call you back later to find out what time you set up for {NAME} to be interviewed.

¿Puede usted ayudarnos para fijar una hora cuando podemos llamar a {NAME} y completar la entrevista usando el teletipo para sordos o TTY o el Relay? Mi supervisor(a) le llamará a usted más tarde para que nos diga a que hora fijó la cita para que llamemos a {NAME} para la entrevista.

PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

INTERVIEWER: IF “SAMPLE MEMBER AVAILABLE, SWITCH IN A FEW MINUTES”, CALL SUPERVISOR FOR HELP.

SM AVAILABLE, SWITCH (TTY) IN A FEW MINUTES... 01 SET A100 = 04 (A100)
SM AVAILABLE NOW, SWITCH (RELAY) IN A FEW MINUTES 02 SET A100 = 05 (A100)
CALL BACK LATER (TTY) 03 SET A100 = 04 (A100)
CALL BACK LATER (RELAY) 04 SET A100 = 05 (A100)
CALL BACK TO ARRANGE AN INTERVIEW TIME..... 05 SET A106 = 02 (A106)
DON'T KNOW d SET A106 = 02 (A106)
REFUSED r SET A105 = 02 (A105)

A19 DELETED

SECTION A: SCREENER

NAME REQUESTS LETTER

(A10 = 04)

A20. The letter from Social Security said you were chosen from a list of all adults who receive or used to receive Social Security benefits. It said someone from Mathematica would call to ask you to take part in this survey. I work for Mathematica, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. The National Beneficiary Survey asks about your health, daily activities, and any jobs you may have. It also asks about Social Security programs or services you may use. The letter included the Privacy Act statement. It said that taking part in the survey is your choice and that your benefits will not be affected by your decision to answer the survey questions. It also said that the answers you give will be used only for research purposes to improve Social Security programs. If you get tired or need a break at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

La carta del Seguro Social dijo que usted fue seleccionado de una lista de adultos que reciben o recibían beneficios de Seguro Social. Dijo que alguien de Mathematica llamaría para pedirle que participe en esta encuesta. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. Fuimos contratados por la Seguro Social para realizar esta encuesta. La Encuesta Nacional de Beneficiarios pregunta sobre su salud, actividades diarias, cualquier trabajo que pueda tener y cualquier programa o servicio de Seguro Social que pueda usar. La carta incluyó la Declaración de Privacidad. Dijo que participar en la encuesta es su elección y que sus beneficios no serán afectados por su decisión de responder a las preguntas de la encuesta. También dijo que se usarán las respuestas que proporcione para fines de estudio y para mejorar programas de Seguro Social. Si usted se cansa o necesita un descanso en cualquier momento, por favor dígame y llamaremos de vuelta más tarde para completar la entrevista. Esta entrevista puede ser grabada para garantía de calidad. Empecemos ahora.

PROBE (PREPAY=1): Social Security sent a letter with \$2 as a thank you. We will send you a \$30 gift card after you complete the survey.

El Seguro Social le envió una carta con \$2 como agradecimiento. Nosotros vamos a mandarle una tarjeta de regalo de \$30 después de que complete la entrevista.

- CONTINUE..... 01 (A64)
- CALL BACK LATER 02 SET A100 = 01 (A100)
- NO, WANTS LETTER 00
- REFUSED r SET A105 = 01 (A105)

(A20 = 00)

A21. You should receive the letter from Social Security in about a week. Or, I can read it to you now, and we can start the interview.

Usted debe de recibir la carta en una semana, más o menos. O, le puedo leer la carta ahora, y podemos empezar la entrevista.

- READ LETTER, CONTINUE 01 (A64)
- NO, SEND LETTER 00
- REFUSED r SET A105 = 01 (A105)

(A2=19 or A21 = 00)

A22. I want to make sure we have your correct name and address. The records show (READ BELOW). Is this correct?

Quiero asegurarme que tenemos el nombre y la dirección correcta. Nuestra lista dice (READ BELOW). ¿Es esto correcto?

PROGRAMMER: DISPLAY NAME AND ADDRESS FROM PRELOADS

- NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX
- ADDRESS 1
- ADDRESS 2
- CITY, STATE, ZIP
- YES 01 SET A109 = 01 (A109)
- NO 00 (A23)
- REFUSED/HUNG UP r SET A105 = 01 (A105)

SECTION A: SCREENER

**PROGRAMMER: DO NOT SET RTYPE BASED ON QUESTION A22 (Remove RType code after A22 from R6)
(A22 = 00)**

A23. **PROGRAMMER:** WAS A22 NAME UPDATED?

YES 01
NO 00 (A25)

PROGRAMMER: STORE CHANGED NAME IN S8 UPDATE

(A23 = 01)

A24. This name is different from the name in our records. Perhaps you married or changed your name. Can you confirm that you are the same {NAME} as in our records?

Este nombre y apellido es distinto del que tenemos en nuestra lista - ¿usted quizás se casó o cambió su nombre? ¿Puede usted confirmar que usted es (el mismo / la misma) {NAME} que aparece en nuestra lista?

YES 01
NO 00 SET A102 = 04 (A102)
REFUSED/HUNG UP r SET A106 = 05 (A106)

(A22 = 00) OR (A24 = 01)

A25. **PROGRAMMER:** CHECK: IS UPDATED STATE OUTSIDE THE UNITED STATES AND DC?

YES 01
NO 00 SET A109 = 01 (A109)

(A25 = 01)

A26. I might have recorded your address wrong. Are you now living outside the United States?

Es posible que hemos registrado su dirección en forma equivocada. ¿Vive usted actualmente fuera de los Estados Unidos?

INTERVIEWER: IF NO (ADDRESS IS IN THE USA), GO BACK TO A22 AND CORRECT STATE.

YES 01 SET A103 = 04 (A103)
NO 00
REFUSED r SET A106 = 05 (A106)

NAME INSTITUTIONALIZED / HOSPITALIZED

(A1 = 07 OR 11) OR (A2 = 07 OR 11) OR (A4b = 06 OR 09) OR (A13a = 07 OR 08)

A27a. I'm sorry to hear that. How much longer will {NAME} be staying there?

Me apena oír eso. ¿Por cuánto tiempo más estará {NAME} allí?

INTERVIEWER: ENTER THE NUMBER OF DAYS, WEEKS OR MONTHS

INTERVIEWER: (NEXT QUESTION SPECIFIES THE UNITS – DAYS, WEEKS OR MONTHS)

INTERVIEWER: ENTER 997 IF PERMANENTLY

 |_|_|
DON'T KNOW d (A27b)
REFUSED r (A27b)

A27aa. Units.

DAYS 01
WEEKS 02
MONTHLY 03

SECTION A: SCREENER

(A27a = ANSWER OR d OR r)

A27b. I understand that {NAME} is not able to be at home just now. In order to help {him/her} take part, we could
Entiendo que {NAME} no puede estar en casa ahora mismo. Para ayudar {lo/la} a participar, podríamos...

PROBE: READ BELOW. What would work?

¿Funcionaría eso?

INTERVIEWER: CODE ONE ONLY

IF A27a = 01 AND DAYS LESS THAN 30 OR A27a=02
and WEEKS LESS THAN 4 OR A27a=03
(MONTHS) and MONTHS = 1 DISPLAY: call
after {he/she} returns home and is feeling better
**llamar{lo/la} después de que regrese a casa y se
sienta mejor** 01 SET A100 = 01 (A100)

ELSE DISPLAY

If {NAME} is well enough, we can call {him/her} at the
{IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR
(A13a = 07) FILL institution / IF (A1 = 07 AND
A2 = 07 AND A4b = 06) OR (A13a = 08) FILL
hospital
**Si {NAME} se siente suficientemente bien,
podemos llamar{lo/la} en (la institución/el
hospital).** 02

{PROGRAMMER, DISPLAY 03 IF SAMPLE TYPE =
CLUSTERED S1 = 01) We could send an
interviewer to visit {him/her} at the {(IF A1 = 11
AND A2 = 11 AND A4b = 09) OR (A13a = 07)
FILL institution / (IF A1 = 07 AND A2 = 07 AND
A4b = 06) OR (A13 = 08) FILL hospital}
**Podríamos mandar un entrevistador para
visitar{lo/la} en la (institución/el hospital)**..... 03 (A29)

NAME TOO ILL / SEEK PROXY 04 (A46)

DON'T KNOW d (A46)

REFUSED r SET A105 = 02 (A105)

(A27b = 02)

A28. Please tell me the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13a = 07)
FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13a = 08) FILL hospital}, where I can contact
{NAME}. If you don't have all the information, please tell me what you can.

**Por favor dígame el nombre y número de teléfono de {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13a =
07) FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13a = 08) FILL hospital}, donde puedo
contactar a {NAME}. Si usted no tiene toda la información, por favor dígame lo que pueda**

NAME OF INSTITUTION / HOSPITAL

Please tell me the telephone number with the area code first.

¿Por favor dígame el número de teléfono con el código de área primero?

PHONE NUMBER: |_|_|_|-|_|_|_|-|_|_|_| SET A100 = 08 (A100)

**PROGRAMMER: STORE NAME OF HOSPITAL OR INSTITUTION
AND PHONE NUMBER IN LOCATOR
IF REFUSED SET A106 = 05 (A106)**

SECTION A: SCREENER

(A27b = 03)

A29. Please tell me the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13 = 07) FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13 = 08) FILL hospital} where I can contact {NAME}. If you don't have all the information, please tell me what you can.

Por favor dígame el nombre y número de teléfono de {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13 = 07) FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13 = 08) FILL hospital} donde puedo contactar a {NAME}. Si usted no tiene toda la información, por favor dígame lo que pueda

NAME OF INSTITUTION / HOSPITAL
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

Please tell me the telephone number with the area code first.

¿Por favor dígame el número de teléfono con el código de área primero?

TELEPHONE: |_|_|_|-|_|_|-|_|_| SET A107 = 01 (A107)
REFUSED r SET A106 = 05 (A106)

**PROGRAMMER: STORE NAME AND ALL CONTACT
INFORMATION FOR HOSPITAL OR INSTITUTION IN LOCATOR
IF REFUSED SET A106 = 05 (A106)**

NEW CONTACT INFORMATION FOR NAME

(A1 = 05) OR (A2 = 05) OR (A4b = 04)

A30. Do you know how I can reach {NAME}?

¿Sabe usted cómo me puedo comunicar con {NAME}?

YES 01
NO 00 (A37)
REFUSED r SET A105 = 02 (A105)

PROGRAMMER: DO NOT SET RTYPE BASED ON A30 (remove RType code from R6)

(A30 = 01)

A31. Please tell me {his/her} new address and phone number. Also, if {NAME'S} name has changed, please tell me the new name.

Por favor dígame la nueva dirección. También, si el apellido de {NAME} ha cambiado, por favor dígame el nuevo apellido.

PROBE: If you don't have all the information, please tell me what you can.

Si usted no tiene toda la información, por favor dígame lo que pueda.

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

Please tell me the telephone number with the area code first.

¿Por favor dígame el número de teléfono con el código de área primero?

TELEPHONE: |_|_|_|-|_|_|-|_|_|
DON'T KNOW d
REFUSED r

(A31 = ANSWER OR d OR r)

A32. **PROGRAMMER:** CHECK A31: IS STATE OUTSIDE THE UNITED STATES AND DC?

SECTION A: SCREENER

YES (OUTSIDE USA)..... 01
NO (INSIDE USA) 02 (A36)

SECTION A: SCREENER

(A32 = 01)

A33. I may have recorded something incorrectly. Is {NAME} now living outside the United States?

Es posible que anoté algo incorrectamente. ¿Está {NAME} viviendo ahora fuera de los Estados Unidos?

INTERVIEWER: IF NO (ADDRESS IS INSIDE THE USA), GO BACK TO A31 AND UPDATE STATE.

PROGRAMMER AFTER A31 IS UPDATED, GO TO A36.

YES 01 SET A103 = 04 (A103)
NO 00

GO BACK TO A31; AFTER STATE IS UPDATED GO TO A36.

A34 IS DELETED

A35 IS DELETED

A36. **PROGRAMMER:** CHECK: DOES A31 CONTAIN A VALID PHONE NUMBER?

YES 01 SET A101 = 01(A101)
NO 00 SET A102 = 02 (A102)

PROGRAMMER: STORE {NAME} CONTACT DATA IN LOCATOR

LEAD INFORMATION

(A30 = 00)

A37. Is there someone else who might know how to reach {NAME}?

¿Hay alguna otra persona que quizás sabe cómo contactar a {NAME} ?

YES 01
NO 00 SET A102 = 03 (A102)
DON'T KNOW d SET A102 = 03 (A102)
REFUSED r SET A105 = 02 (A105)

(A37 = 01)

A38. What's that person's name and phone number?

¿Cómo se llama esa persona, y cuál es su número de teléfono?

PROBE: If you don't have all the information, please tell me what you can.

Si usted no tiene toda la información, por favor dígame lo que pueda.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

Please give me the telephone number, area code first.

¿Por favor dígame el número de teléfono con el código de área primero?

TELEPHONE: |_|_|_|-|_|_|-|_|_|_|_|

DON'T KNOW d
REFUSED r

**PROGRAMMER: STORE NAME AND PHONE INFORMATION IN LOCATOR = LEADS;
SET A101 = 03 (A101)
IF MISSING/INVALID PHONE NUMBER SET A106 = 05 (A106)**

SECTION A: SCREENER

CHECK FOR POSSIBLE IN-PERSON INTERVIEW

(A10 = 05 OR 06) OR (A12 = 03 OR 04) OR (A4b = 15) OR (A14 = 06, 08, d)

A39. PROGRAMMER: CHECK FOR POSSIBLE IN-PERSON INTERVIEW. DID... ?

- NAME REQUEST IN PERSON (A4b = 15) OR
(A10 = 06) OR (A12 = 04) AND SAMPLE
TYPE = CLUSTERED (S1 = 01)..... 01 (A42)
- NAME REQUEST IN PERSON (A4b = 15) OR
(A10 = 06) OR (A12 = 04) AND SAMPLE
TYPE = UNCLUSTERED (S1 = 02)..... 02
- NAME/INFORMANT REQUESTS PROXY (A10 = 05)
OR (A12 = 03) OR (A14 = 06, 08 OR d) AND
SAMPLE TYPE CLUSTERED (S1 = 01)..... 03 (A43)
- NAME REQUEST PROXY (A10 = 05) OR (A12 = 03)
OR (A14 = 06, 08, d) AND SAMPLE TYPE =
UNCLUSTERED (S1 = 02) 04 (A41)

NAME REQUESTS IN PERSON INTERVIEW AND NOT IN CLUSTERED SAMPLE (S1 = 02)

(A14 = 07 OR A39 = 02)

A40. I'm sorry, but we have no field interviewers working in your area. We can break the phone interview into as many short calls as you would like so it will not be tiring. Will that help {NAME/you} to take part? If you get tired or need a break at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

Lo siento, pero no tenemos representantes de campo trabajando en su área. Podemos dividir la entrevista telefónica en tantas llamadas cortas como quisiera para que la entrevista no sea cansadora. ¿Ayudará eso a que (NAME/usted) participe? Si usted se cansa o necesita un descanso en cualquier momento, por favor dígame y llamaremos de vuelta más tarde para completar la entrevista. Esta entrevista puede ser grabada para garantía de calidad. Empecemos ahora.

- CONTINUE..... 01 (A64)
- NO / SEEK PROXY 02 (A46)
- DON'T KNOW d (A46)
- REFUSED r SET A105 = 01 (A105)

NAME Requests proxy and not in clustered sample (S1 = 02)

(A39=04)

A41. If at all possible, we'd like {IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME}} to answer for {IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL yourself / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {himself/herself}}. We can break the interview into a few short calls so it won't be tiring. If {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you get tired or need a break / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {he/she} gets tired or needs a break} at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

Si es posible, quisiéramos que_{IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL usted / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME}} responda por {IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL sí mismo(a) / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {él mismo / ella misma }}. Podemos dividir la entrevista en unas llamadas cortas para que la entrevista no sea cansadora. Si {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL usted se cansa o necesita un descanso / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {él/ella} se cansa o necesita un descanso} en cualquier momento, por favor dígame y llamaremos de vuelta más tarde para completar la entrevista. Esta entrevista puede ser grabada para garantía de calidad. Empecemos ahora.

- CONTINUE..... 01 (A64)
- NO, PREFERS PROXY..... 02 IF A14 = 06 (A48) ELSE (A46)
- DON'T KNOW d IF A14 = 06 (A48) ELSE (A46)
- REFUSED r SET A105 = 01 (A105)

NAME REQUESTED IN PERSON AND IN CLUSTERED SAMPLE (S1 = 01)

(A14 = 05) OR (A39=01)

SECTION A: SCREENER

- A42. Our field interviewer will be working in your area shortly and will contact you to set up an interview in person.
Nuestro representante estará trabajando en su área (región) dentro de poco, y se comunicará con usted para fijar una cita para entrevistarle en persona.

GO TO A44

SECTION A: SCREENER

NAME REQUESTED PROXY AND IN CLUSTERED SAMPLE (S1 = 01)

(A39=03)

A43. Our interviewer will be working in {IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL your / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME's area} shortly. If it would help {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {him/her} to answer for {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL yourself / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {himself/herself}, we can send an interviewer to talk to {IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME}} at home. If {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you get tired or need a break / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {he/she gets tired or needs a break} at any time, the interviewer can come back at a later time to finish. Will that help?

Nuestro(a) entrevistador(a) empezará a trabajar en el área de {IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL usted / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME's} dentro de poco. Si le ayudaría a {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL el / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {ela} a contestar por sí {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL yourself / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {mismo/misma}, podemos enviar un(a) entrevistador(a) para entrevistar{e/a} en {IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL su / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME}} hogar. Si en cualquier momento {(IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL usted / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME} se cansa o necesita tomar una pausa, por favor dígame y llamaremos después para terminar la entrevista. ¿Quizás eso ayudaría?

YES	01	
NO, PREFER PROXY	02	(A46)
DON'T KNOW	d	(A46)
REFUSED	r	IF A13 = 01 SET A105 = 01 (A105) IF A13 = 02 SET A105 = 03 (A105)

(A42 = ANSWER OR d OR r) OR (A43 = 01)

A44. Let me confirm your address. Is it still...READ BELOW:

Permítame confirmar su dirección. La tengo anotada como...

PROGRAMMER: DISPLAY NAME'S CONTACT INFORMATION FROM PRELOADED INFORMATION (S20)

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
 ADDRESS 1
 ADDRESS 2
 CITY, STATE, ZIP
 UPDATE PHONE NUMBER

YES	01	(A45)
NO	00	
REFUSED	r	PROGRAMMER BOX A44

PROGRAMMER: DO NOT SET RTYPE BASED ON A44 (please remove RType code from R6)

PROGRAMMER BOX A44

IF (A44 = r) AND (SampGrp = 02) : A73a
 IF (A44 = r) AND (SampGrp = 01) AND (A13 = 01): SET A105 = 01 (A105)
 IF (A44 = r) AND (SampGrp = 01) AND (A13 = 02): SET A105 = 03 (A105)

SECTION A: SCREENER

(A44 = 00)

A44a. **INTERVIEWER** – UPDATE ADDRESS (A45)

(A44 = 01) AND (A44a = ANSWER)

A45. If your current address will change within the next month or two, please tell me the new address and phone number.

Si su dirección actual va a cambiar dentro del próximo mes o dos meses, por favor dígame la nueva dirección y el nuevo número de teléfono.

INTERVIEWER INSTRUCTION: IF ADDRESS OR PHONE NUMBER WILL CHANGE, GO BACK TO A44 AND CHANGE AS APPROPRIATE.

NO CHANGE.....	01	PROGRAMMER BOX A45
ADDRESS OR PHONE WILL CHANGE	02	PROGRAMMER BOX A45
DON'T KNOW	d	PROGRAMMER BOX A45
REFUSED	r	PROGRAMMER BOX A45

<p>PROGRAMMER: STORE UPDATED INFORMATION IN UPDATE ADDRESS BLOCK</p>

SECTION A: SCREENER

PROGRAMMER BOX A45

IF SampGrp = 02: A73a
 IF (SampGrp = 01) AND (A45 = 01, 02, OR d): SET A107 = 01 (A107)
 IF (SampGrp = 01) AND (A45 = r) AND (A13 = 01): SET A105 = 01 (A105)
 IF (SampGrp = 01) AND (A45 = r) AND (A13 = 02): SET A105 = 03 (A105)

SEEKING PROXY

(A13a = 03) OR (A14 = 09) OR (A27 = 04, OR d) OR (A40 = 02 OR d) OR (A41 = 02 OR d AND A14=8 OR d) OR (A43 = 02 OR d)

A46. Is there someone who can answer questions about {IF (A40 = 02 OR d) OR (A41 = 02 OR d) OR (A43 = 02 OR d) FILL your / IF (A13a = 03) OR (A14 = 09) OR (A27 = 04 OR d) FILL {NAME's}} health, daily activities, any jobs {IF (A40 = 02 OR d) OR (A41 = 02 OR d) OR (A43 = 02 OR d) FILL you / IF (A13a = 03) OR (A14 = 09) OR (A27 = 04 OR d) FILL {he/she} might have, and use of Social Security programs or services? This could be someone who lives with {IF (A40 = 02 OR d) OR (A41 = 02 OR d) OR (A43 = 02 OR d) FILL you / IF (A13a = 03) OR (A14 = 09) OR (A27 = 04 OR d) FILL {NAME}}, such as a family member or friend, or someone like a social worker or case worker.

¿Hay alguien allí que puede contestar preguntas acerca de {IF (A40 = 02 OR d) OR (A41 = 02 OR d) OR (A43 = 02 OR d) FILL su / IF (A13a = 03) OR (A14 = 09) OR (A27 = 04 OR d) FILL {NAME's}} salud , sus actividades cotidianas o diarias, de empleos (o trabajos) que {IF (A40 = 02 OR d) OR (A41 = 02 OR d) OR (A43 = 02 OR d) FILL {usted} / you / IF (A13a = 03) OR (A14 = 09) OR (A27 = 04 OR d) FILL {él/ella} quizás tiene, y de programas y servicios del Social Security (el Seguro Social) que usa? Esta persona podría ser alguien que vive con {IF (A40 = 02 OR d) OR (A41 = 02 OR d) OR (A43 = 02 OR d) FILL usted / IF (A13a = 03) OR (A14 = 09) OR (A27 = 04 OR d) FILL {NAME}}, tal como un miembro de su familia o una amistad, o quizás alguien como una asistente o trabajadora social o 'social worker' o encargado/administrador(a) de casos (case worker).

- INFORMANT WILL SERVE AS PROXY 01 (A48)
- PROXY COMES TO PHONE 02 (A48)
- PROXY NOT AVAILABLE NOW 03
- PROXY LIVES ELSEWHERE 04 (A51)
- {NAME} HOSPITALIZED: NO PROXY 05 SET A104 = 01 (A104)
- {NAME} INSTITUTIONALIZED: NO PROXY ... 06 SET A104 = 02 (A104)
- {NAME} HAS COGNITIVE BARRIER:
- NO PROXY 07 SET A104 = 03 (A104)
- {NAME} HAS HEARING / SPEECH BARRIER/
- NO PROXY 08 SET A104 = 04 (A104)
- {NAME} HAS PHYSICAL BARRIER:
- NO PROXY 09 SET A104 = 05 (A104)
- DON'T KNOW d SET A106 = 03 (A106)
- REFUSED r IF A40 = 02 OR d OR A41 = 02 OR d OR A43 = 02 OR d SET A105 = 01 (A105) / IF A13a – 03 OR A14 = 09 OR A27 – 04 OR d SET A105 = 03 (A105)

(A46 = 03)

A47. What is that person's name and phone number so we can call back and ask for that person by name?

¿Cómo se llama esta persona? Necesitamos el nombre para que podamos llamar y pedir hablar con él o ella?

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

Please give me the telephone number, area code first.

¿Por favor dígame el número de teléfono con el código de área primero?

PHONE NUMBER: |_|_|_|-|_|_|-|_|_|_|_|

- DON'T KNOW d SET A106 = 05 (A106)
- REFUSED r SET A106 = 05 (A106)

**PROGRAMMER: STORE PROXY NAME IN UPDATE ADDRESS BLOCK.
SET A100 = 02 (A100)**

SECTION A: SCREENER

PROXY COMES TO PHONE

(A14=06 AND A41=02 OR d) OR (A46=01 OR 02)

A48. {IF (A46 = 02) USE Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} {NAME} has been chosen to take part in an important national health study. Social Security just sent a letter to {NAME} about the study. I work for Mathematica, a well-known research company based on Princeton, New Jersey. Are you the person who knows the most about {NAME's} health, daily activities, any jobs {he/she} may have, and Social Security programs and services {he/she} may use or has used in the past?

{IF (A46 = 02) USE Hola mi nombre es _____, Llamo de parte de la Administración de Seguro Social.} {NAME} ha sido seleccionado(a) para participar en un importante estudio nacional sobre salud. Seguro Social acaba de enviar una carta a {NAME} acerca del estudio. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. ¿Es usted la persona más entendida acerca de la salud y las actividades diarias de {NAME}, cualquier trabajo que {él/ella} pueda tener, y acerca de cualquier programa o servicio de Seguro Social que {él/ella} pueda usar o uso en el pasado?

- YES 01 (A53)
- WANTS MORE INFORMATION..... 02
- NO 00 (A50)
- DON'T KNOW d (A50)
- REFUSED r SET A105 = 03 (A105)

(A48 = 02)

A49. The National Beneficiary Survey is about {NAME's} health, daily activities, any jobs {he/she} may have. It also asks about Social Security programs or services {he/she} may use. This is a scientific study. We are not selling anything or asking for money. The information we collect will be used to help Social Security learn how well its programs meet the needs of people with disabilities.

La Encuesta Nacional de Beneficiarios se trata de la salud de {NAME}, de sus actividades diarias, y de cualquier trabajos que {él/ella} pueda tener. También pregunta acerca de los programas o servicios de Seguro Social que {él/ella} pueda usar. Esto es un estudio científico. No estamos vendiendo nada ni pidiendo dinero. La información que recopilemos se usará para ayudar a Seguro Social a aprender qué tan bien sus programas satisfacen las necesidades de personas con incapacidades.

PROBE (PREPAY=1): Social Security sent a letter with \$2 as a thank you. We will send you a \$30 gift card after you complete the interview.

El Seguro Social le envió una carta con \$2 como agradecimiento. Nosotros vamos a mandarle una tarjeta de regalo de \$30 después de que complete la entrevista

- CONTINUE..... 01 (A53)
- FIND ANOTHER PROXY 02
- REQUESTS LETTER..... 03 (A58)
- REFUSED r SET A105 = 03 (A105)

(A48 = 00 OR d) OR (A49 = 02)

A50. Is there someone else who knows about {NAME's} health, daily activities, and any jobs {he/she} may have?

¿Hay alguien allí que está al tanto o sabe acerca de la salud de {NAME}, de sus actividades cotidianas o diarias, y de cualquier empleo (o trabajo) que {él/ella} quizás tiene?

- YES 01
- NO OTHER PROXY AVAILABLE..... 02 SET A106 = 03 (A106)
- REFUSED 00 SET A105 = 03 (A105)

ANOTHER PROXY LIVES ELSEWHERE

(A50 = 01)

A51. What is this person's name and phone number?

SECTION A: SCREENER

¿Cómo se llama esa persona, y cuál es su número de teléfono?

PROBE: If you don't have all the information, please tell me what you have.

Si usted no tiene toda la información, por favor dígame lo que pueda.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

DON'T KNOW d

REFUSED r

Please give me the telephone number, area code first.

¿Por favor dígame el número de teléfono con el código de área primero?

TELEPHONE: |_|_|_|-|_|_|_|-|_|_|_|_|

DON'T KNOW d

REFUSED r

<p>PROGRAMMER: STORE PROXY CONTACT INFORMATION IN LOCATING DATABASE AND GO TO A52. IF BOTH NAME AND PHONE NUMBER REFUSED SET A106 = 05 (A106)</p>
--

SECTION A: SCREENER

(A51 = ANSWER)

A52. PROGRAMMER: IS THERE A VALID PHONE NUMBER AT A51?

YES 01 SET A101 = 02 (A101)
NO 00 SET A102 = 06 (A102)

SPEAKING WITH PROXY

(A48 = 01) OR (A49 = 01)

A53. The interview will take about 60 minutes. But it may be shorter or longer based on the questions you answer. To thank you for your time, we will mail you a gift card for \$30 when we finish the interview IF PREPAY = 1: Social Security sent a letter with \$2 as a thank you. We will send you a \$30 gift card after you complete the interview/} If you get tired or need a break at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

La entrevista tomará unos 60 minutos. Pero puede ser más corto o más largo dependiendo de las preguntas que responda. IF PRE-PAY=0 {Para agradecerle por su tiempo, le enviaremos una tarjeta de regalo de \$30 cuando terminemos la entrevista}/ IF PRE-PAY=1:{Como muestra de agradecimiento, le enviamos recientemente una carta con \$2. Le enviaremos una tarjeta adicional de \$30 después de que usted complete la entrevista.} Si usted se cansa o necesita un descanso en cualquier momento, por favor dígame y llamaremos de vuelta más tarde para completar la entrevista. Esta entrevista puede ser grabada para garantía de calidad. Empecemos ahora.

CONTINUE..... 01
CALL BACK LATER 02
PROXY WANTS LETTER 03 (A58)
REFUSED r SET A105 = 03 (A105)

(A53 = 01 OR 02)

A54. {IF A53 = 01 USE Before we start} please tell me your name (IF A53 = 02 USE so we can call back and ask for you.)

Antes de empezar, por favor dígame su nombre (IF A53 = 02 USE para que podamos llamarle de vuelta y preguntar por usted.)

PROBE: Your first name is fine.

Su nombre es suficiente.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
DON'T KNOW d
REFUSED r
CONTINUE

PROGRAMMER STORE PROXY NAME IN DATABASE

(A54 = ANSWER OR r)

A55. PROGRAMMER: IF

IF A53 = 01 01 (A64)
IF A53 = 02 02 SET A100 = 02 (A100)

SECTION A: SCREENER

CALLING FOR IDENTIFIED PROXY / PROXY AFTER REMAIL

(A0 = 10 OR 11 OR 13)

A56. Hello, my name is _____. I'm calling on behalf of the Social Security Administration. May I please speak with {PROXY NAME}?

Hola, mi nombre es _____. Llamo de parte de la Administración del Seguro Social o Social Security Administration. ¿Puedo hablar con {PROXY NAME}?

PROBE: We are not selling anything or asking for money.

No estamos vendiendo nada ni pidiendo una contribución.

PROXY SPEAKING.....	01	IF A0 = 13 (A85) / ELSE CONTINUE
PROXY COMES TO PHONE	02	IF A0 = 13 (A85) / ELSE CONTINUE
CALL BACK LATER (PROXY)	03	SET A100 = 02 (A100)
{PROXY} MOVED	04	(A61)
{PROXY} DECEASED.....	05	SET A106 = 03 (A106)
LANGUAGE BARRIER (NOT SPANISH).....	06	SET A104 = 07 (A104)
NO SUCH PERSON AT THIS NUMBER.....	07	SET A102 = 05 (A105)
OTHER: SUPERVISOR REVIEW NEEDED ...	08	SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION	09	SET STATUS = 1640 (END)
REFUSED	r	SET A105 = 03 (A105)

PROXY COMES TO PHONE

(A56 = 01 OR 02)

A57. {IF {PROXY} COMES TO PHONE (A56=02), USE Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} Social Security just sent {IF (A0 = 10) FILL {NAME} / IF (A0 = 11) FILL you} a letter explaining that {he/she} has been chosen to take part in an important national health study. I work for Mathematica, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. The National Beneficiary Survey is about {NAME's} health, daily activities, and any jobs {he/she} may have. It also asks about Social Security programs or services {he/she} may use. We were told you are the best person to answer questions on behalf of {NAME}. The survey will take about 60 minutes. But it may be shorter or longer based on the questions you answer. [IF PREPAY = 0: To thank you for your time, we will mail you a gift card for \$30 when we finish the interview/ IF PREPAY = 1: Social Security sent a letter with \$2 as a thank you. We will send {NAME} a \$30 gift card after {he/she} completes the interview.] Would you be able to help us?

{IF {PROXY} COMES TO PHONE (A56=02), USE Hola mi nombre es _____. Llamo de parte de la Administración de Seguro Social}. Recientemente, Seguro Social envió {IF (A0 = 10) FILL {NAME} / IF (A0 = 11) FILL usted} una carta explicando que (él/ella) había sido seleccionado para participar en un importante encuesta que estamos llevando a cabo para ellos. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. Fuimos contratados por la Seguro Social para realizar esta encuesta. La Encuesta Nacional de Beneficiarios se trata de la salud y actividades diarias de {NAME}, cualquier trabajo que (él/ella) pueda tener, y de cualquier programa o servicio de Seguro Social que (él/ella) pueda usar. Nos dijeron que usted es la persona mejor entendida para responder a la encuesta de parte de {NAME}. La entrevista llevará 60 minutos. [IF PRE-PAY=0 {Para agradecerle por su tiempo, le enviaremos una tarjeta de regalo de \$30 cuando terminemos la entrevista}/ IF IF PRE-PAY=1: {El Seguro Social le envió una carta con \$2 como agradecimiento. Nosotros vamos a mandarle una tarjeta de regalo de \$30 después de que complete la entrevista.}] ¿Podría ayudarnos?

CONTINUE.....	01	(A64)
CALL BACK LATER	02	SET A100 = 02 (A100)
SEEK ANOTHER PROXY	03	(A60)
PROGRAMMER: DISPLAY THIS OPTION		
ONLY IF A0 = 10 WANTS LETTER SENT	04	
DON'T KNOW	d	(A59)
REFUSED	r	SET A105 = 03 (A105)

SECTION A: SCREENER

(A57 = 04)

A58. The letter from Social Security said that {NAME} was chosen from a list of all adults who receive benefits or have received benefits in the past. It said someone from Mathematica would be calling to ask {him/her} to take part in an interview. The information we collect will be used to help Social Security learn how well its programs meet the needs of people with disabilities. The letter included the Privacy Act statement. It said that taking part in the survey is {NAME's} choice and that {NAME's} benefits will not be affected by {his/her} decision to answer the survey questions. It also said that the answers you give will be used only for research purposes to improve Social Security programs. If you need a break, let me know, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

La carta del Seguro Social dijo que usted fue seleccionado de una lista de adultos que reciben o recibían beneficios de Seguro Social. Dijo que alguien de Mathematica llamaría para pedirle que participe en esta encuesta. La información que recolectamos se usará para ayudar a evaluar programas de Seguro social para beneficiarios con incapacidades. La carta incluyó la Declaración de Privacidad. Dijo que participar en la encuesta es su elección y que sus beneficios no serán afectados por su decisión de responder a las preguntas de la encuesta. También dijo que se usarán las respuestas que proporcione para fines de estudio y para mejorar programas de Seguro Social. Si necesita un descanso en cualquier momento, dígame y llamaremos de vuelta más tarde para completar la entrevista. Esta entrevista puede ser grabada para garantía de calidad. Empecemos ahora.

PROBE (PREPAY=1): Social Security sent a letter with \$2as a thank you. We will send you a \$30 gift card after you complete the survey.

El Seguro Social le envió una carta con \$2 como agradecimiento. Nosotros vamos a mandarle una tarjeta de regalo de \$30 después de que complete la entrevista.

CONTINUE 01
 CALL BACK LATER..... 02
 WANTS LETTER SENT 03 (A59)
 DON'T KNOW d (A59)
 REFUSED r SET A105 = 03
 (A105)

(A58 = 01 OR 02)

A58a. {IF (A58=01) Before we start,} Please tell me your name {IF (A58=02) so we can call back and ask for you.}

Antes de empezar, por favor dígame su nombre (IF A53 = 02 USE para que podamos llamarle de vuelta y preguntar por usted.)

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
 REFUSED r
 CONTINUE

<p>IF A58=01 GO TO A64 IF A58=02 SET A100 = 02 (A100) PROGRAMMER STORE PROXY NAME IN DATABASE</p>
--

(A57=d) OR (A58 = 03 or d)

A59. Please tell me your name and address so we can mail the letter to you.

Por favor dígame su nombre, apellido y dirección, para que le podamos enviar la carta.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
 ADDRESS 1
 ADDRESS 2
 CITY, STATE, ZIP CODE

<p>PROGRAMMER STORE PROXY INFORMATION IN LOCATING DATABASE SET A109 = 02 (A109)</p>
--

SECTION A: SCREENER

SEEK ANOTHER PROXY - CONTACT INFORMATION

(A57 = 03)

A60. Can you give me the name and phone number for someone else who knows about {NAME's} health, daily activities, any jobs {he/she} may have, and about any Social Security programs or services {he/she} may use or has used in the past?

¿Me puede dar el nombre y número de teléfono de otra persona que quizás está al tanto de la salud de {NAME}, de sus actividades cotidianas o diarias, empleos (o trabajos) que {él/ella} quizás tiene, y de programas y servicios del Social Security (el Seguro Social) que {él/ella} quizás usa o uso?

- YES 01
- NO 00 SET A106 = 03
- (A106)
- DON'T KNOW d SET A106 = 03
- (A106)
- REFUSED r SET A105 = 02
- (A105)

(A60 = 1)

A61. What is that person's name and telephone number?

¿Cómo se llama esa persona, y cuál es su número de teléfono?

PROBE FOR A60 = 01 ONLY: If you don't have all the information, please tell me what you have.

Si usted no tiene toda la información, por favor dígame lo que pueda

- PREFIX, FIRST, MIDDLE, LAST, SUFFIX
- DON'T KNOW d
- REFUSED r

Please give me the telephone number, area code first.

¿Por favor dígame el número de teléfono con el código de área primero?

- TELEPHONE NUMBER: |_|_|_|-|_|_|-|_|_|_|_|
- DON'T KNOW d
- REFUSED r

**PROGRAMMER: STORE PROXY INFORMATION IN LOCATING DATABASE AND GO TO A62.
IF NAME AND PHONE NUMBER REFUSED SET A105 = 02 (A105)**

(A61 = ANSWER)

A62. **PROGRAMMER:** WHAT KIND OF PROXY CONTACT INFORMATION DOES A61 CONTAIN?

- NO PHONE NUMBER..... 01 SET A102 = 06
- (A102)
- INVALID PHONE NUMBER..... 02 SET A102 = 06
- (A102)
- VALID PHONE NUMBER..... 03 SET A101 = 02
- (A101)

A63 DELETED

RESPONDENT VERIFICATION

(A0 = 18) OR (A10 = 1) OR (A12 = 01) OR (A14 = 01 OR 03) OR (A40 = 01) OR (A41 = 01) OR (A55 = 01) OR (A57 = 01) OR (A58 = 01)

A64. **INTERVIEWER:** WHO ARE YOU SPEAKING WITH?

INTERVIEWER: IF YOU ARE SPEAKING WITH AN INTERPRETER, CODE SPEAKING WITH {NAME}.

INTERVIEWER NOTE: IF SM COGNITIVE FAIL FLAG=1 AND INTERVIEWER ANSWERS 1 TO THIS QUESTION, PLEASE DISPLAY HARD CHECK WITH THE FOLLOWING TEXT: **"SAMPLE MEMBER FAILED COGNITIVE SCREENER. THIS INTERVIEW MUST BE COMPLETED**

SECTION A: SCREENER

BY PROXY"

NAME 01
PROXY 02

A65 DELETED

SECTION A: SCREENER

(A64 = ANSWER)

A66. Before we start, I need to confirm that I've reached the right person. Is {IF (A64 = 01) FILL your/IF (A64 = 02) FILL {NAME's}} full name?

Antes de comenzar, necesito confirmar que estoy hablando con la persona correcta. Es {NAME FILL} su nombre completo?

PROGRAMMER: IF A0 = 03, DISPLAY: CAPI **INTERVIEWER:** DO NOT READ QUESTION; CODE 01, OR 02 AS APPROPRIATE.

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

YES 01 (A67a)
YES, NAME NOW CHANGED 02
NO 00 (A72)
DON'T KNOW d (A72)
REFUSED r IF A64 = 01 SET A105 = 01 (A105)
IF A64 = 02 SET A105 = 03 (A105)

(A66 = 02)

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

Para nuestro registro, ¿cuál es su nuevo nombre?

PROGRAMMER: IF A0 = 03 DISPLAY: CAPI **INTERVIEWER:** DO NOT READ QUESTION: RECORD NAME CHANGE AND CONTINUE.

NEW NAME
DON'T KNOW d (A72)
REFUSED r IF A64 = 01 SET A105 = 01 (A105)
IF A64 = 02 SET A105 = 03 (A105)

PROGRAMMER STORE NAME CHANGE IN NAME UPDATE BLOCK.

(A65 = 01) OR (A66 = 01) OR (A67 = ANSWER OR r)

A67a. {PROGRAMMER: IF A22 OR A44 CONTAIN UPDATED STATE, GO TO A68, ELSE CONTINUE} And in what state {IF (A64 = 01) FILL are you / IF (A64 = 02) FILL IS {NAME}} now living?

¿Y en qué estado vive {usted/NAME} ahora?

CAPI INTERVIEWER: DO NOT READ QUESTION: RECORD STATE BELOW AND CONTINUE.

STATE REFUSED r IF A64 = 01 SET A105 = 01 (A105)
IF A64 = 02 SET A105 = 03 (A105)
DON'T KNOW d

PROGRAMMER: CHECK AREA CODE AND RECORD STATE.

PROGRAMMER STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT STATE UPDATE BLOCK (S20).

(A67a = ANSWER OR r)

A68. What is {your/NAME'S} date of birth?

¿Cuál es {su/NAME} fecha de nacimiento?

PROGRAMMER: IF (A0 = 03) DISPLAY: CAPI **INTERVIEWER:** DO NOT READ QUESTION. RECORD DATE OF BIRTH OR d AND CONTINUE.

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

ANSWERED 01 (A71)
DON'T KNOW d

SECTION A: SCREENER

REFUSED r IF A64 = 01 SET A105 = 01 (A105)
IF A64 = 02 SET A105 = 03 (A105)

SECTION A: SCREENER

(A68 = d)

A69. How old {IF (A64 = 01) FILL are you/IF (A64 = 02) FILL is {NAME}}? PROBE: Your best guess is fine.

¿Qué edad tiene {usted/NAME}? La mejor estimación que me puede dar está bien.

PROGRAMMER IF A0 = 03 DISPLAY: CAPI **INTERVIEWER:** DO NOT READ QUESTION, RECORD AGE AND CONTINUE

RECORD AGE:|_|_| YEARS (16 – 67)
DON'T KNOW d

(A69 = ANSWER OR d)

A70. **PROGRAMMER** CHECK S11: IS A69 AGE = +2 OR – 2 YEARS OF NAME'S AGE?

YES 01
NO 00

(A68 = ANSWER) OR (A70 = ANSWER)

A71. **PROGRAMMER** CHECK BIRTHDATE: IS MONTH, DAY, YEAR OF BIRTH AT A68 = MONTH, DAY, AND YEAR OF BIRTH ON RECORD (S11) OR IS A70 = 01?

NO MATCH 00
1 MATCHES 01
2 MATCH 02
3 MATCH 03

A65 = ANSWER) OR (A66 = 01,00, OR d AND A70 = 01) OR (A71 => 02) OR (A67 = d)

A72 **PROGRAMMER** CHECK: IS {NAME'S} IDENTITY VERIFIED (NAME VERIFIED {A66 = 01 OR 02} AND IS BIRTHDATE VERIFIED (A70 = 01) OR (A71 = 02 OR 03)?

YES (VERIFIED) 01
NO (FAILED VERIFICATION) 00 SET A102 = 04 (A102)

PROGRAMMER: CALCULATE AGE AT INTERVIEW (CURRENTAGE) USING DATE OF INTERVIEW - SELF-REPORTED DATE OF BIRTH GIVEN IN A68 (TO BE USED IN SECTION E). DO NOT RE-CALCULATE UPON RE-ENTRY.

(SampGrp = 02) AND (A72 = 1 OR A45 = ANSWERED OR A44 = r)

A73a. The survey we are conducting is only for people who have worked recently so, [IF A45 = ANSWERED OR A44 = r: before we begin,] I need to know if {you/NAME} have worked recently. 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.

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

La encuesta que estamos realizando es sólo para gente que ha trabajado recientemente, por lo que [IF A45 = ANSWERED OR A44 = r: antes de empezar,] necesito saber si usted ha trabajado recientemente. Por favor, tenga en cuenta que contestar cualquiera pregunta es completamente voluntario y puede negarse a contestar cualquiera pregunta. Si decide contestar o no, {sus beneficios por discapacidad/los beneficios por discapacidad de [NAME]} no se verán afectados en ninguna forma, y mantendremos las respuestas que nos proporcione completamente confidenciales.

[¿Está usted/ Está [NAME]] trabajando actualmente en un empleo o negocio por pago o ganancia?

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

Estamos interesados en trabajo a tiempo completo o a tiempo parcial

YES 01 Programmer box A73c
NO 00 A73b
DON'T KNOW d A73b
REFUSED r A73b

SECTION A: SCREENER

(SampGrp=02) AND (A73a = 0, d, r)

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

¿Hizo {usted / NAME} trabajo por pago o para tener ganancias en cualquier momento durante los últimos 6 meses?

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

Estamos interesados en trabajo a tiempo completo o a tiempo parcial

YES	01	Programmer box A73c
NO	00	A73c
DON'T KNOW	d	A73c
REFUSED	r	A73c

SECTION A: SCREENER

(SampGrp=02) AND (A73a=00, d, or r) AND (A73b=00, d, OR r)

A73c. I'm sorry, we are only interviewing people who are working now or worked in the past 6 months. Thank you for your help.

Lo siento, sólo estamos entrevistando a personas que están trabajando ahora o trabajaron en los últimos 6 meses. Gracias por su ayuda.

INTERVIEWER NOTE: IF YOU SUSPECT THE RESPONDENT DID NOT UNDERSTAND THE QUESTIONS AS YOU READ THEM, CODE 02 BELOW.

PRESS 1 TO CONTINUE..... 01
END CALL. STATUS "INELIGIBLE" 2460.
POSSIBLE COGNITIVE ISSUE, SUPERVISOR TO REVIEW 02
SET STATUS 1380

PROGRAMMER BOX A73c

IF A72 = 1: GO TO A73
IF (A45 = 01, 02, OR d): SET A107 = 01 (A107)
IF (A45 = r) OR (A44 = r) AND (A13 = 01): SET A105 = 01 (A105)
IF (A45 = r) OR (A44 = r) AND (A13 = 02): SET A105 = 03 (A105)

NAME/PROXY COGNITIVE TEST

(A72 = 01)

A73. **INTERVIEWER:** WHO ARE YOU SPEAKING WITH?

INTERVIEWER NOTE: IF SM COGNITIVE FAIL FLAG=1 AND INTERVIEWER ANSWERS 1 TO THIS QUESTION, PLEASE DISPLAY HARD CHECK WITH THE FOLLOWING TEXT: "**SAMPLE MEMBER FAILED COGNITIVE SCREENER. THIS INTERVIEW MUST BE COMPLETED BY PROXY**"

INTERVIEWER: IF YOU ARE SPEAKING WITH AN INTERPRETER, CODE SPEAKING WITH {NAME}.

NAME – CATI OR CAPI INTERVIEW 01
NAME, TTY INTERVIEW 02 SET A110 = 01
NAME, RELAY INTERVIEW 03 SET A110 = 01
PROXY (CATI) 04
PROXY (CAPI) 05

(A73=4 OR 5 AND WE HAVEN'T ASKED FOR RTYPE NAME YET)

A73x. Before we start, please tell me your name.

Antes de empezar, por favor dígame su nombre.

FIRST, MIDDLE, LAST
DON'T KNOW d
REFUSED r

(A73=01, 02, 03, 04 OR 05)

A74. Next, I will explain some facts about the survey. After I explain, I will ask you three questions so I can be sure my explanation was clear.

Here's the first explanation. The survey asks about {IF (A73 = 03) FILL your / IF (A73 = 04 OR 05) FILL {NAME's}} health, daily activities, and any jobs {IF (A73 = 03) FILL you / IF (A73 = 04 OR 05) FILL {NAME}} might have. Please tell me in your own words what the survey is about.

Ahora, explicaré algunos datos acerca de la encuesta. Después de la explicación, le voy a hacer tres preguntas para estar seguro que mi explicación fue clara.

Aquí está la primera explicación. La encuesta pregunta acerca de {su/la} salud {de NAME}, de sus actividades cotidianas o diarias, y cualquier empleo (o trabajo) que {usted/NAME} quizás tiene. ¿Por favor dígame en sus propias palabras, ¿de qué trata la encuesta?

SECTION A: SCREENER

INTERVIEWER: IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “LISTS NONE”

LISTS NONE 00
LISTS ONLY 1 TOPIC..... 01
LISTS ANY 2 TOPICS..... 02 (A77)
LISTS 3 TOPICS 03 (A77)
REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
IF A73 = 04 OR 05 SET A105 = 03 (A105)

A75 IS DELETED
(A74 = 00 OR 01)

A76. **INTERVIEWER:** YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let’s try that again. The survey asks about {your/NAME}’s health, daily activities, and any jobs {IF (A73 = 03) FILL you / IF (A73 = 04 OR 05) FILL {NAME}} might have. Please tell me in your own words, what the survey is about.

Vamos a tratar otra vez. La encuesta pregunta acerca de {su/la} salud {de NAME}, de sus actividades cotidianas o diarias, y cualquier empleo (o trabajo) que {usted/NAME} quizás tiene. ¿Por favor dígame en sus propias palabras, ¿de qué trata la encuesta?

INTERVIEWER: IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “LISTS NONE”

LISTS NONE 00 (A80)
LISTS ONLY 1 TOPIC..... 01 (A80)
LISTS ANY 2 TOPICS..... 02
LISTS 3 TOPICS 03
REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
IF A73 = 04 OR 05 SET A105 = 03 (A105)

(A74 = 02 OR 03) OR (A76=02 OR 03)

A77. Here is the next explanation. 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 refuse to answer any questions you do not like. You can also stop the interview at any time. Whether you choose to take part or not, {your/NAME’s} disability benefits will not be affected in any way.

When I say your taking part is completely voluntary, what does that mean to you?

Esta es la siguiente explicación. Tomar parte en la encuesta es un acto completamente voluntario. Completamente voluntario significa que usted puede escoger si quiere tomar parte o no tomar parte. Si usted decide tomar parte, usted puede negarse a contestar cualquier pregunta que no le gusta, y puede poner un alto a la entrevista en cualquier momento que usted quiere. Si usted escoge tomar parte o no, sus beneficios por incapacidad no serán afectados en cualquier forma.

Quando yo digo que tomar parte es completamente voluntario, ¿qué significa eso para usted?

PROBE: IF RESPONDENT SAYS: It is voluntary, **PROBE:** What does that mean?

¿Qué significa eso?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don’t have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF NAME/PROXY SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER”

ACCURATE ANSWER 01 (A78)
INACCURATE ANSWER 02
REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
IF A73 = 04 OR 05 SET A105 = 03 (A105)

(A77=02)

A77a. **INTERVIEWER:** YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

SECTION A: SCREENER

Let's try that again. 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 refuse to answer any questions you do not like. You can also stop the interview at any time. Whether you choose to take part or not, {your/NAME's} disability benefits will not be affected in any way. When I say your taking part is completely voluntary, what does that mean to you?

Vamos a tratar otra vez. Tomar parte en la encuesta es un acto completamente voluntario. Completamente voluntario significa que usted puede escoger si quiere tomar parte o no tomar parte. Si usted decide tomar parte, usted puede negarse a contestar cualquier pregunta que no le gusta, y puede poner un alto a la entrevista en cualquier momento que usted quiere. Si usted escoge tomar parte o no, {sus/NAME} beneficios por incapacidad no serán afectados en cualquier forma. Cuando yo digo que tomar parte es completamente voluntario, ¿qué significa eso para usted?

PROBE: IF RESPONDENT SAYS: It is voluntary, **PROBE:** What does that mean?

¿Qué significa eso?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF NAME/PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"

ACCURATE ANSWER 01
INACCURATE ANSWER 02 (A80)
REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
IF A73 = 04 OR 05 SET A105 = 03 (A105)

SECTION A: SCREENER

(A77 = 01 OR A77a = 01)

A78. Here's the last explanation. All your answers will be kept confidential and used only for the research purposes of the study. When I say that your answers will be kept confidential, what does that mean to you?

Esta es la última explicación. . Todas sus respuestas serán confidenciales, y serán usadas solamente para los propósitos de estudio. Cuando yo digo que sus respuestas serán confidenciales, ¿qué significa eso para usted?

PROBE: IF RESPONDENT OR PROXY SAYS: It is confidential, PROBE: What does that mean?

¿Qué significa eso?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research; etc.

INTERVIEWER: IF RESPONDENT SAYS: "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

ACCURATE ANSWER 01 (A110)
INACCURATE ANSWER 02
REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
IF A73 = 04 OR 05 SET A105 = 03 (A105)

(A78 = 02)

A78a. **INTERVIEWER:** YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. All your answers will be kept confidential and used only for the research purposes of the study.

Vamos a tratar eso otra vez. Todas sus respuestas serán confidenciales, y serán usadas solamente para los propósitos de estudio.

When I say that your answers will be kept confidential, what does that mean to you?

Cuando yo digo que sus respuestas serán confidenciales, ¿qué significa eso para usted?

PROBE: IF RESPONDENT OR PROXY SAYS: It is confidential, PROBE: What does that mean?

¿Qué significa eso?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research; etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"

ACCURATE ANSWER 01 IF A73 = 03 SET A110 = 01 (A110) /
IF A73 = 04 OR 05 SET A110 = 02 (A110)
INACCURATE ANSWER - FAILED 02
REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
IF A73 = 04 OR 05 SET A105 = 03 (A105)

A79 IS DELETED

RESPONDENT OR PROXY FAILS COGNITIVE TEST. FIND A PROXY/ANOTHER PROXY

PROGRAMMER: IF RTYPE=SM AT THE TIME OF THE FAILED SCREENER, CHANGE RTYPE TO PROXY AND DO NOT ALLOW TO SWITCH BACK TO SAMPLE MEMBER.

(A76 = 00 OR 01) OR (A77a = 02 OR A78a = 02)

A80. Thank you. Our study rules say that we need to find {IF (A73 = 03) USE someone / IF (A73 = 04) USE someone else} who can help {IF (A64 = 01) FILL you / IF (A64 = 02) FILL {NAME}} answer the survey questions. Is there someone there who could answer questions about {(IF A64 = 01) FILL your / IF (A64 = 02) FILL {NAME's}} health, daily activities, and any jobs {IF (A64 = 01) FILL you / IF (A64 = 02) FILL he/she} might have?

Muchas gracias. Las reglas de nuestro estudio dicen que necesitamos encontrar alguien que pueda ayudarlo a contestar las preguntas de la encuesta. ¿Hay alguien allí que puede contestar preguntas acerca de

SECTION A: SCREENER

{su/NAME} salud, de sus actividades cotidianas o diarias, y cualquier empleo (o trabajo) que {él/ella} quizás tiene?

PROBE: This might be someone who lives with {you/NAME}, a friend, or someone like a social worker or case worker.

Esta persona podría ser alguien que vive con {usted/NAME}, una amistad, o quizás alguien como una asistente o trabajadora social o 'social worker' o encargado/administrador de casos (case worker).

- YES, PROXY COMES TO PHONE 01 (A85)
- YES, CALL BACK PROXY LATER..... 02
- YES, PROXY LIVES ELSEWHERE 03 (A82)
- NO PROXY AVAILABLE 04 SET A106 = 04 (A106)
- DON'T KNOW d SET A106 = 04 (A106)
- REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
IF A73 = 04 OR 05 SET A105 = 03 (A105)

SECTION A: SCREENER

PROGRAMMER: SET RTYPE AT A80 (IF A80# LOGICALLY SKIPPED, SET RTYPE TO PROXY)

(A80 = 02)

A81. What is that person's name so that we can call back and ask for them?

¿Cómo se llama esta persona? Necesitamos el nombre para que podamos llamar y pedir hablar con él o ella?

NAME: PREFIX, FIRST, `MIDDLE, LAST, SUFFIX

PROGRAMMER: RECORD NAME LOCATING DATABASE SET A100 = 02 (A100)

(A80 = 03)

A82. Do you have that person's name and/or telephone number? If you don't have all the information, please tell me what you can.

¿Tiene usted el nombre y número de teléfono de esa persona? Si usted no tiene toda la información, por favor dígame lo que pueda.

YES 01
NO 00 SET A102 = 07 (A102)

(A82 = 01)

A83.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
DON'T KNOW d
REFUSED r

Please give me the telephone number, area code first.

¿Por favor dígame el número de teléfono con el código de área primero?

TELEPHONE NUMBER: |_|_|_|-|_|_|-|_|_|_|_|
DON'T KNOW d
REFUSED r

PROGRAMMER: STORE 3 PROXY NAME AND PHONE NUMBER IN LOCATING DATABASE. IF BOTH NAME AND PHONE NUMBER REFUSED, SET A106 = 05 (A106)

(A83 = ANSWER)

A84. PROGRAMMER: WHAT KIND OF PROXY CONTACT INFORMATION DOES A83 CONTAIN?

VALID PHONE NUMBER..... 01 SET A101 = 02 (A101)
INVALID PHONE NUMBER 02 SET A106 = 05 (A106)
NO PHONE NUMBER..... 03 SET A106 = 05 (A106)

SECTION A: SCREENER

CALL TO NEW PROXY/NEW PROXY COMES TO PHONE
(A1 = 13) OR (A56 = 01 OR 02) OR (A80 = 01)

A85. {IF (A56 = 01 OR 02) OR (A80 = 01) USE Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} Social Security just sent {NAME} a letter about an important national health survey. I work for Mathematica, a well-known research company that was hired by Social Security to conduct this survey. The National Beneficiary Survey is about beneficiaries' health, daily activities, and any jobs they may have. It also asks about Social Security programs or services {he/she} may use. I've been told that you know about these topics and are the best person to answer the survey on behalf of {NAME}.

The interview will take about 60 minutes. But it may be shorter or longer based on the questions you answer. [IF PREPAY = 0: To thank you for your time, we will mail you a gift card for \$30 when we finish the interview./ IF PREPAY = 1: Social Security sent {NAME} a letter with a \$2 as a thank you. We will send {NAME} a \$30 gift card after you complete the survey.] Would you be able to help us?

{IF (A56 = 01 OR 02) OR (A80 = 01) USE Hola, mi nombre es _____. Llamo de parte de la Administración de Seguro Social.} Seguro Social acaba de enviar una carta a {NAME} acerca de una importante encuesta que estamos llevando a cabo para ellos. Yo trabajo para Mathematica, una compañía de estudios investigativos conocida nacionalmente y basada en Princeton, New Jersey. Fuimos contratados por la Seguro Social para realizar esta encuesta. La encuesta Nacional sobre Beneficiarios se trata de la salud y actividades diarias de beneficiarios, y de cualquier trabajo que puedan tener. También pregunta acerca de los programas o servicios de Seguro Social que {él/ella} pueda usar. Me han dicho que usted es una persona entendida sobre estos temas y es la mejor persona para contestar la encuesta de parte de {NAME}.

La entrevista llevará 60 minutos. Pero puede ser más corto o más largo dependiendo de las preguntas que responda. IF PRE-PAY=0 {Para agradecerle por su tiempo, le enviaremos una tarjeta de regalo de \$30 cuando terminemos la entrevista}/ IF PRE-PAY=1: El Seguro Social le envió {a NAME} una carta con \$2 como agradecimiento. Nosotros vamos a mandarle una tarjeta de regalo de \$30 después de que complete la entrevista.]

YES 01
CALL BACK LATER 02 SET A100 = 02 (A100)
DON'T KNOW d SET A106 = 03 (A106)
REFUSED r SET A105 = 03 (A105)

(A85=01)

A85a. Before we start, please tell me your name.

Antes de empezar, por favor dígame su nombre.

FIRST, MIDDLE, LAST
DON'T KNOW d
REFUSED r

NEW PROXY / NEW PROXY COMES-TO-PHONE COGNITIVE TEST

(A85 = 01)

A86. Next, I will explain some facts about the survey. After I explain, I will ask you three questions so I can be sure my explanation was clear.

Here's the first explanation. The survey asks about {NAME's} health, daily activities, and any jobs {he/she} might have. Please tell me in your own words what the survey is about.

Ahora, explicaré algunos datos acerca de la encuesta. Después de la explicación, le voy a hacer tres preguntas para estar seguro que mi explicación fue clara.

Aquí está la primera explicación. La encuesta pregunta acerca de {su/la} salud {de NAME}, de sus actividades cotidianas o diarias, y cualquier empleo (o trabajo) que {usted/NAME} quizás tiene. ¿Por favor dígame en sus propias palabras, ¿de qué trata la encuesta?

SECTION A: SCREENER

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW," RECORD AS "LISTS NONE"

LISTS NONE 00
LISTS ONLY 1 TOPIC..... 01
LISTS ANY 2 TOPICS..... 02 (A89)
LISTS 3 TOPICS 03 (A89)
REFUSED r SET A105 = 03 (A105)

A87 IS DELETED

SECTION A: SCREENER

(A86 = 00 OR 01)

A88. **INTERVIEWER:** YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. The survey asks about {NAME}'s health, daily activities, and any jobs {he/she} might have. Please tell me in your own words what the survey is about.

Vamos a tratar otra vez. La encuesta pregunta acerca de {su/la} salud {de NAME}, de sus actividades cotidianas o diarias, y cualquier empleo (o trabajo) que {usted/NAME} quizás tiene. ¿Por favor dígame en sus propias palabras, ¿de qué trata la encuesta?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: health, my disability, health problems; daily activities, things I do every day; jobs, whether I work or not

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW" RECORD AS "LISTS NONE"

LISTS NONE	00	(A92)
LISTS ONLY 1 TOPIC.....	01	(A92)
LISTS ANY 2 TOPICS.....	02	
LISTS 3 TOPICS	03	
REFUSED	r	SET A105 = 03 (A105)

(A86 = 02 OR 03) OR (A88 = 02 OR 03)

A89. Here is the next explanation. 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 refuse to answer any questions you do not like. You can also stop the interview at any time. Whether you choose to take part or not, {NAME}'s disability benefits will not be affected in any way.

When I say your taking part is completely voluntary, what does that mean to you?

Esta es la siguiente explicación. Tomar parte en la encuesta es un acto completamente voluntario. Completamente voluntario significa que usted puede escoger si quiere tomar parte o no tomar parte. Si usted decide tomar parte, usted puede negarse a contestar cualquier pregunta que no le gusta, y puede poner un alto a la entrevista en cualquier momento que usted quiere. Si usted escoge tomar parte o no, {sus/NAME} beneficios por incapacidad no serán afectados en cualquier forma.

Quando yo digo que tomar parte es completamente voluntario, ¿qué significa eso para usted?

PROBE: IF RESPONDENT SAYS: It is voluntary, PROBE: What does that mean?

¿Qué significa eso?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

ACCURATE ANSWER	01	(A90)
INACCURATE ANSWER	02	
REFUSED	r	SET A105 = 03 (A105)

(A89 = 02)

A89a. **INTERVIEWER:** YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. 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 refuse to answer any questions you do not like. You can also stop the interview at any time. Whether you choose to take part or not, {NAME}'s disability benefits will not be affected in any way. When I say your taking part is completely voluntary, what does that mean to you?

Esta es la siguiente explicación. Tomar parte en la encuesta es un acto completamente voluntario. Completamente voluntario significa que usted puede escoger si quiere tomar parte o no tomar parte. Si usted decide tomar parte, usted puede negarse a contestar cualquier pregunta que no le gusta, y puede poner un alto a la entrevista en cualquier momento que usted quiere. Si usted escoge tomar parte o no, {sus/NAME}

SECTION A: SCREENER

beneficios por incapacidad no serán afectados en cualquier forma. Cuando yo digo que tomar parte es completamente voluntario, ¿qué significa eso para usted?

PROBE: IF RESPONDENT SAYS: It is voluntary, **PROBE:** What does that mean?

¿Qué significa eso?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"

ACCURATE ANSWER 01
INACCURATE ANSWER 02 (A92)
REFUSED r SET A105 = 03 (A105)

SECTION A: SCREENER

(A89a = 01)

A90. Here's the last explanation. All your answers will be kept confidential and used only for the research purposes of the study. When I say that your answers will be kept confidential, what does that mean to you?

Esta es la última explicación. . Todas sus respuestas serán confidenciales, y serán usadas solamente para los propósitos de estudio. Cuando yo digo que sus respuestas serán confidenciales, ¿qué significa eso para usted?

PROBE: IF RESPONDENT SAYS: It is confidential, **PROBE:** What does that mean?

¿Qué significa eso?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research; etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

ACCURATE ANSWER 01 SET A110 = 02 (A110)
INACCURATE ANSWER 02
REFUSED r SET A105 = 03 (A105)

(A90 = 02)

A90a. **INTERVIEWER:** YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. All your answers will be kept confidential and used only for the research purposes of the study.

Vamos a tratar eso otra vez. Todas sus respuestas serán confidenciales, y serán usadas solamente para los propósitos de estudio.

When I say that your answers will be kept confidential, what does that mean to you?

Cuando yo digo que sus respuestas serán confidenciales, ¿qué significa eso para usted?

PROXY: IF RESPONDENT SAYS: It is confidential, **PROBE:** What does that mean?

¿Qué significa eso?

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research; etc.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

ACCURATE ANSWER 01 SET A110 = 02 (A110)
INACCURATE ANSWER 02 (A92)
REFUSED r SET A105 = 03 (A105)

A91 IS DELETED

(A88 = 00 OR 01) OR (A89a = 02) OR (A90a = 02)

A92. Thanks for your patience. There seems to be a problem, and I need to check with my supervisor about what to do next. My supervisor will get back to you.

Muchas gracias por su paciencia. Parece que hay un problema, y necesito hablar con mi supervisor(a) acerca de qué hacer. Mi supervisor(a) se comunicará con usted.

PROXY FAILED COGNITIVE TEST..... 01 SET A106 = 04 (A106)

SECTION A: SCREENER

CALL BACK LATER TO SAME NUMBER (INTERIM)

(A1 = 04) OR (A3 = 02) OR (A5 = 02) OR (A7a = 01) OR (A8 = 03) OR (A9=03) OR (A10 = 03) OR (A12 = 02) OR (A14 = 04) OR (A17 = 01, 02, 03 OR 04) OR (A18=01 or 02 or 03) OR (A20 = 02; OR A27b = 01) OR (A28 = ANSWER) OR (A47 = ANSWER) OR (A52 = 01) OR (A55 = 02) OR (A56 = 03) OR (A57 = 02) OR (A58 = 02) OR (A81 = ANSWER) OR (A84 = 01) OR (A85 = 02)

A100. (INTERNAL VARIABLE – NOT DISPLAYED FOR USER – SHOW FOR TESTING PURPOSES ONLY)

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

START NEXT SCREENER AT...

{YOUR NAME}	01	A0 = 01
{PROXY NAME}.....	02	A0 = 10
{INTERPRETER NAME}	03	A0 = 14
{NAME} using TTY	04	A0 = 08
{NAME} using Relay.....	05	A0 = 07
{NAME} using a phone amplifier	06	A0 = 09
{NEW PROXY NAME} AFTER FIRST PROXY FAILED COGNITIVE TEST	07	A0 = 10
{NAME} at {IF A1 = 07; OR A2 = 07; OR A4b = 07; OR A13a = 08 FILL HOSPITAL NAME FROM A28/ IF A1 = 11; OR A2 = 11; OR A4b = 09; OR A13a = 07 FILL INSTITUTION NAME FROM A28	08	A0 = 01
IF A4a = 02 AND A6 = ANSWER {NEW INTERPRETER NAME}	09	A0 = 15

PROGRAMMER: SEND TO CALLBACK SCREEN AND INTERVIEWER WILL SET CALL BACK STATUS THERE.

GO TO END

NEW PHONE NUMBER FOR NAME/PROXY/LEAD TO NAME/LEAD TO PROXY

(A36 = 01) OR (A38 = ANSWER) OR (A52 = 01) OR (A62 = 03, 05, OR 09) OR (A84 = 03, 05, OR 09)

A101. Thank you very much. We will be calling {NAME/PROXY/LEAD FROM BELOW} shortly.

Muchas gracias. Estaremos llamándole a {NAME/PROXY/LEAD FROM BELOW} dentro de poco.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND 01 OR 02 VALUES BELOW. 03 SHOULD NOT BE DISPLAYED.

START NEXT SCREENER AT...

{NAME}	01	A0 = 01
{PROXY} WHO LIVES ELSEWHERE.....	02	A0 = 10
LEAD.....	03	SET A106 = 06 (A106)

SECTION A: SCREENER

A101a. **PROGRAMMER:** GO TO END.

SEND TO LOCATING: NAME OR PROXY (INTERIM)

(A1 = 14) OR (A2 = 14) OR (A4b = 11) OR (A24 = 00) OR (A36 = 00) OR (A37 = 00 OR d) OR (A52 = 00) OR (A56 = 07) OR (A62 = 01, OR 02) OR (A72 = 00) OR (A82 = 00) OR (A84 = 01, 02, 04, 05, 07, OR 08)

A102. Thank you very much. Goodbye.

Muchas gracias. Adiós.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

INTERVIEWER: PRESS 1 TO CONTINUE

START NEXT SCREENER AT...

{NAME}: NO SUCH PERSON HERE	01	SET STATUS = 1530 (END) A0 = 01
{NAME}: NEED PHONE NUMBER ONLY	02	SET STATUS = 1530 (END) A0 = 01
{NAME} NEED ALL CONTACT INFORMATION	03	SET STATUS = 1530 (END) A0 = 01
{NAME} FAILED VERIFICATION – FIND NAME ...	04	SET STATUS = 1380 (END) A0 = 01
{PROXY}: NO SUCH PERSON HERE	05	SET STATUS = 1380 (END) A0 = 13
{PROXY}: NEED PHONE NUMBER	06	SET STATUS = 1380 (END) A0 = 13

PROGRAMMER: FOR 05 – 06 SUPERVISOR WILL SET NEXT STARTING QUESTION AND MAY OVERWRITE CODES

INELIGIBLE (INTERIM / POSSIBLE FINAL)

(A1 = 09, 12, OR 18) OR (A2 = 09, 12, OR 18) OR (A4b = 08,10, OR 14) OR (A13a = 06, 10 OR 11) OR (A26 = 01) OR (A33 = 01)

A103. Thank you for explaining. That's all the questions we have for you. Goodbye.

Gracias por la explicación. Esas son todas las preguntas que tenemos para usted. Adiós.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

NOTE: **PROGRAMMER,** THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW. THEY WILL NOT CYCLE THROUGH THE SCREENER AGAIN UNLESS SUPERVISOR/PROGRAMMER RESETS CASE STATUS.

INTERVIEWER: PRESS ENTER TO CONTINUE

INCARCERATED	01	SET STATUS = 1421 (END)
IN ACTIVE MILITARY	02	SET STATUS = 1422 (END)
LIVING OUTSIDE THE USA	03	SET STATUS = 1450 (END)

(A1=08) OR (A2=08) OR (A4b=07) OR (A13a=09)

A103a. I am sorry to hear {NAME} has passed away. I was calling about a study we are conducting for the Social Security Administration. You might have seen a letter Social Security sent [NAME] explaining the study. When did {NAME} pass away?

Me apena oír que {NAME} falleció. Estaba llamando acerca de un estudio que estamos conduciendo para la Social Security Administration (Administración del Seguro Social). Usted quizás vió la carta de Social Security Administration (Administración del Seguro Social) que enviamos a {NAME} explicando acerca del estudio. ¿Cuándo falleció {NAME}?

____ / ____ / _____
MONTH DAY YEAR
(1 – 12) (1 – 31) (2000 – 2023)

DON'T KNOW	d
REFUSED	r

Thank you. Please accept my condolences. Goodbye.

Gracias. Por favor acepte mis condolencias. Adiós

**PROGRAMMER: SET STATUS = 2440.
GO TO END**

SECTION A: SCREENER

BARRIERS TO PARTICIPATION – (INTERIM NON-RESPONSE / POSSIBLE FINAL NON-RESPONSE)

(A1 = 17) OR (A2 = 17) OR (A4b = 13) OR (A46 = 05, 06, 07, 08, OR 09) OR (A56 = 06)

A104. Thank you very much for explaining. That's all the questions I have. Thanks for your time. Goodbye.

Gracias por la explicación. Esas son todas las preguntas que tenemos para usted. Gracias por su tiempo.
Adiós

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

PROGRAMMER, THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW.
THEY WILL NOT CYCLE

THROUGH THE SCREENER AGAIN UNLESS SUPERVISOR/PROGRAMMER RESETS
CASE STATUS.

INTERVIEWER: PRESS ENTER TO CONTINUE

HOSPITALIZED	01	SET STATUS = 1420 (END)
INSTITUTIONALIZED	02	SET STATUS = 1420 (END)
COGNITIVE BARRIER	03	SET STATUS = 1412 (END)
HEARING/SPEECH BARRIER	04	SET STATUS = 1411 (END)
PHYSICAL BARRIER.....	05	SET STATUS = 1410 (END)
UNAVAILABLE DURING FP	06	SET STATUS = 1430 (END)
FINAL LANGUAGE BARRIER	07	SET STATUS = 1400 (END)

REFUSALS (INTERIM / FINAL)

(IF ANY OF THE FOLLOWING QUESTIONS = r: A1, A2, A4b, A5, A8, A9, A10, A12, A13a, A14, A17, A18, A20, A21, A22, A27b, A29, A30, A37, A40, A41, A43, A44, A45, A46, A48, A49, A50, A53, A56, A57, A58, A60, A61, A66, A67, A67a, A68, A74, A76, A77, A78, A78a, A80, A85, A86, A88, A89, A89a, A90, A90a)

A105. Thank you for your time. Goodbye.

Gracias por su tiempo. Adiós

PROGRAMMER: GO TO REFUSAL SCREEN SO INTERVIEWER CAN RECORD REASON FOR
REFUSAL. WHILE THE CASE IS STILL IN INTERIM STATUS, THESE CASES WILL
BE SUBJECT TO CALL SCHEDULER RULES THAT WILL DETERMINE WHETHER
AND WHEN TO START THE NEXT SCREENER CALL (A0 – 01 OR A0 = 10) OR SET
AS 860 (END) (REVIEW NEEDED FOR FIELD BY SUPERVISOR , AKA HOLD FOR
CAPI)

START NEXT SCREENER AT:

{NAME} REFUSED.....	01	SET STATUS = 1200 (REFUSAL SCREEN) A0 = 01
{UNKNOWN} REFUSED	02	SET STATUS = 1220 (REFUSAL SCREEN) A0 = 01
{PROXY} REFUSED	03	SET STATUS = 1210 (REFUSAL SCREEN) A0 = 10

INTERVIEWER: PRESS ENTER TO RECORD REASONS FOR REFUSAL IN REFUSAL SCREEN.

SUPERVISOR REVIEW (INTERIM)

(A1 = 15) OR (A2 = 15) OR (A3 = 03 OR r) OR (A4 = r) OR (A4a = 03 OR r) OR (A4b = 03 OR 12) OR (A15 = ANSWER) OR (A18 = 05 OR d) OR (A24 = r) OR (A26=r) OR (A28 = r) OR (A29 = r) OR (A47 = d OR r) OR (A50 = 2) OR (A51 = r) OR (A56 = 05 OR 08) OR (A60 = 00 OR d) OR (A80 = 04 OR d) OR (A101 = 03)

A106. Thank you for your time. Goodbye.

Gracias por su tiempo. Adiós

INTERVIEWER: IF CASE NEEDS A SPANISH INTERVIEWER, PLEASE RECORD IN APPOINTMENT OR
EXIT, AS APPROPRIATE.

POSSIBLE LANGUAGE PROBLEM	01	SET STATUS = 1380 (END)
CALL INFORMANT TO SET TTY/RELAY		
CALL BACK TIME.....	02	SET STATUS = 1380 (END)
NEED TO LOCATE NEW PROXY	03	SET STATUS = 1380 (END)

SECTION A: SCREENER

PROXY FAILED COGNITIVE TEST / NO

OTHER PROXY AVAILABLE..... 04 SET STATUS = 1380 (END)
OTHER SUPERVISOR REVIEW 05 SET STATUS = 1380 (END)
CALL LEAD FOR NAME/PROXY INFO 06 SET STATUS = 1380 (END)

SECTION A: SCREENER

HOLD FOR CAPI (INTERIM - REQUIRES SUPERVISOR REVIEW)

(A29 = ANSWER) OR (A45 = 01,02, OR d)

A107. Thank you very much. Our field interviewer will call to arrange a time for the interview.

Muchas gracias. Nuestro entrevistador de campo llamará para organizar una hora para la entrevista.

PROGRAMMER: IN ADDITION TO THESE CASES BEING HELD FOR CAPI, REFUSALS AND UNLOCATABLES WILL ALSO BE HELD FOR CAPI UNDER CERTAIN CIRCUMSTANCES THAT THE SUPERVISORS WILL DECIDE. NOTE ALSO THAT ALL CAPI CASES WILL START THE CAPI SCREENER AT A0 = 01.

INTERVIEWER: PRESS 1 TO CONTINUE

HOLD FOR CAPI..... 0 SET STATUS = 1860 (END) A0 = 01

RESPONDENT WILL CALL MPR (INTERIM)

(A10 = 02) OR (A17 = 05 OR 06)

A108. Thanks for offering to call in. Please write down our toll-free number. {IF (A10 = 02 OR A17 = 06) FILL 877-293-5740. / IF (A17 = 05) FILL Call 877-293-5741 for a TTY interview.} [CONFIRM NUMBERS] We are available days, evenings, and weekends. If you call after hours, please leave a message. We will get back to you the next day.

Gracias por ofrecer a llamar. Por favor apunta nuestro número gratis. {IF (A10 = 02 OR A17 = 06) FILL 877-293-5740. / IF (A17 = 05) FILL Llame al 877-293-5741 para una entrevista TTY.} [CONFIRM NUMBERS] Estamos disponibles durante el día, en las noches, y en los fines de semana. Si llama fuera del horario laboral, por favor deje un mensaje. Nos comunicaremos con usted al día siguiente.

INTERVIEWER: PRESS ENTER TO CONTINUE

{NAME} WILL CALL 01 SET STATUS = 1830 (END) A0 = 02
{NAME} WILL CALL/TTY..... 02 SET STATUS = 1830 (END) A0 = 08
{NAME} WILL CALL/RELAY..... 03 SET STATUS = 1830 (END) A0 = 07

REQUEST FOR LETTER (INTERIM)

(A22 = 01) OR (A25 = 00) OR (A26 = r) OR (A59 = 02)

A109. You should receive the letter from Social Security in about a week. Thank you for your time. Goodbye.

Usted debe de recibir la carta en una semana, más o menos. O, le puedo leer la carta ahora, y podemos empezar la entrevista. Gracias por su tiempo. Adiós

INTERVIEWER: PRESS 1 TO CONTINUE

START NEXT SCREENER AT...

{NAME} REQUESTS LETTER 01 SET STATUS = 1831 (END) A0 = 04
PROXY REQUESTS LETTER 02 SET STATUS = 1831 (END) A0 = 11

CONTINUE WITH INTERVIEW

(A78a = 01) OR (A90a = 01)

A110. RESPONDENT CHECK SCREEN

INTERVIEWER: WE SHOW THE RESPONDENT IS

(IF A73 = 01, 02; OR A73 = 03 AND A78a = 01 FILL {NAME})

(IF A73 = 04 OR 05 AND A78a = 01; OR A90a = 01 FILL PROXY)

INTERVIEWER: IS THIS INFORMATION CORRECT?

YES 01 (B1)
NO 00

(A110 = 00)

A110a. **INTERVIEWER:** WHO IS THE RESPONDENT?

SAMPLE MEMBER 01 (B1)
PROXY 02

SECTION B: DISABILITY AND CURRENT WORK STATUS

DISABILITY STATUS

(All)

B1. First, I have some questions about how {your/NAME's} health affects {your/his/her} daily activities. Does a physical or mental condition limit the kind or amount of work or other daily activities {you/NAME} can do?

Primero, tengo algunas preguntas acerca de como su salud afecta las actividades diarias de [usted/NAME]. ¿Alguna condición física o mental limita el tipo o la cantidad de trabajo u otras actividades diarias que [usted/NAME] puede hacer?

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?

En otras palabras, ¿hay cosas que {usted/NAME} no puede hacer, o que no puede hacer tanto como gente de la misma edad puede hacer?

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

Actividades diarias incluyen cocinar, ir de compras, moverse dentro de su hogar, pagar cuentas, o trabajar en un empleo (o trabajo).

YES 01
 NO 00 (B5)
 DON'T KNOW d (B5)
 REFUSED r (B5)

(B1=01)

B2. What physical or mental condition is the main reason {you are/NAME is} limited?
 ¿Qué condición física o mental es la razón principalE por la cual [usted/NAME] está (limitado/limitada)?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: By what name do doctors call {your/NAME's} health condition?
 ¿Cuál es el NAME que los doctores llaman a la condición de salud que [usted/NAME] tiene?

PROBE 2: What causes this condition?
 ¿Qué es lo que causa esta condición?

<OPEN> _____

DON'T KNOW d (B2a)
 REFUSED r (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."

¿Cuánto limita esta condición el tipo o la cantidad de trabajo u otras actividades diarias que puede hacer {usted/NAME}? Por favor deme un número de 0 a 100 para responder esto. Donde 0 "no limita nada" y 100 es "no puede hacer para nada trabajo ni actividades diarias".

PROBE: If {your/NAME's} condition varies, your best guess for a typical day is fine.
 Si la condición de {usted/ NAME} varía, su mejor estimación para un día típico está bien.

____ NUMBER FROM 0 TO 100, 0="NOT AT ALL LIMITING" AND
 100="CANNOT DO WORK OR DAILY ACTIVITIES AT ALL"
 (B3)
 MISSING m (B3)

SECTION B: DISABILITY AND WORK STATUS

(B1=01)

B3. {Do you/Does NAME} have any other physical or mental conditions that limit the kind or amount of work or other daily activities {you/he/she} can do?

¿Tiene [usted/NAME] alguna otra condición física o mental que limita al tipo o la cantidad de trabajo u otras actividades diarias que [usted/NAME] puede hacer?

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?

En otras palabras, ¿hay cosas que [usted/NAME] no puede hacer, o que no puede hacer tanto como gente de la misma edad puede hacer?

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

Actividades diarias incluyen cocinar, ir de compras, moverse dentro de su hogar, pagar cuentas, o trabajar en un empleo (o trabajo).

YES 01
NO 00 (B18_age)
DON'T KNOW d (B18_age)
REFUSED r (B18_age)

SECTION B: DISABILITY AND WORK STATUS

(B1=01 and B3=01)

B4. What are those conditions?

¿Cuáles son esas condiciones?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

Cuál es el NAME que los doctores llaman a la condición de salud que [usted/NAME] tiene?

PROBE 2: What causes this condition?

Qué es lo que causa esta condición?

<OPEN> _____

DON'T KNOW d
REFUSED r

GO TO B18_age

(B1=00, d, r)

B5. {Are you/Is NAME} currently receiving disability benefits from Social Security?

¿Actualmente recibe [usted/NAME] beneficios por incapacidad o disability benefits del Social Security/Seguro Social?

YES 01
NO 00 (B9)
DON'T KNOW d (B9)
REFUSED r (B9)

(B1=00, d, r and B5=01)

B6. What physical or mental condition is the main reason {you are/NAME is} became eligible for disability benefits?

¿Qué condición física o mental es la razón principal por la cual [usted/NAME] es elegible para recibir beneficios por incapacidad o disability benefits?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

¿Cuál es el NAME que los doctores llaman a la condición de salud que [usted/NAME] tiene?

PROBE 2: What causes this condition?

Qué es lo que causa esta condición?

<OPEN> _____

DON'T KNOW d
REFUSED r

(B1=00, d, r and B5=01)

B7. {Do you/Does NAME} have any other physical or mental conditions that made {you/him/her} eligible for disability benefits?

¿Tiene [usted/NAME] alguna otra condición física o mental que [lo/la] hacen elegible para recibir beneficios por incapacidad o disability benefits?

YES 01
NO 00 (B18_age)
DON'T KNOW d (B18_age)
REFUSED r (B18_age)

(B1=00, d, r and B5=01 and B7=01)

B8. What are those conditions?

¿Cuáles son esas condiciones? ENTER VERBATIM RESPONSE

SECTION B: DISABILITY AND WORK STATUS

INTERVIEWER: ENTER VERBATIM RESPONSE

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

Cuál es el NAME que los doctores llaman a la condición de salud que [usted/NAME] tiene?

PROBE 2: What causes this condition?

¿Qué es lo que causa esta condición?

<OPEN> _____

DON'T KNOW d

REFUSED r

GO TO B18_age

SECTION B: DISABILITY AND WORK STATUS

(B1=00, d, r and B5=00, d, r)

B9. {Have you/Has NAME} received disability benefits from Social Security at any time during the last five years?
¿Recibió [usted/NAME] beneficios por incapacidad o disability benefits del Social Security/Seguro Social en cualquier momento durante los últimos cinco años?

YES 01 (B11)
NO 00
DON'T KNOW d
REFUSED r

(B1=00, d, r and B5=00, d, r and B9=00, d, r)

B10. We are only interviewing people who have received disability benefits in the past five years. I need to check with my supervisor and get back to you. Thank you for your help.

Solamente estamos entrevistando a personas que recibieron beneficios por incapacidad en los últimos cinco años. Necesito hablar con mi supervisor(a) y volver a llamarle. Le agradezco mucho por su ayuda.

PRESS 1 TO CONTINUE..... 01
END CALL. STATUS "SUPERVISOR REVIEW 1380."

(B1=00, d, r and B5=00, d, r and B9=01)

B11. {Do you/Does NAME} still have the physical or mental conditions that made {you/him/her} eligible for Social Security disability benefits?

¿ [usted/NAME] aún tiene (o sufre de) las condiciones físicas o mentales que [lo/la] hicieron elegible para recibir beneficios por incapacidad del Seguro Social?

YES 01
NO 00 (B15)
DON'T KNOW d (B15)
REFUSED r (B15)

(B1=00, d, r and B5=00, d, r and B9=01 and B11=01)

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

¿Qué condición física o mental es la razón principalE por la cual [usted/NAME] era elegible para recibir beneficios por incapacidad?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

Cuál es el NAME que los doctores llaman a la condición de salud que [usted/NAME] tiene?

PROBE 2: What causes this condition?

¿Qué es lo que causa esta condición?

<OPEN> _____

DON'T KNOW d
REFUSED r

(B1=00, d, r and B5=00, d, r and B9=01 and B11=01)

B13. {Do you/Does NAME} have any other physical or mental conditions that made {you/him/her} eligible for disability benefits?

¿Tiene [usted/NAME] alguna otra condición física o mental que [lo/la] hizo elegible para recibir beneficios por incapacidad?

YES 01
NO 00 (B18_age)
DON'T KNOW d (B18_age)
REFUSED r (B18_age)

SECTION B: DISABILITY AND WORK STATUS

(B1=00, d, r and B5=00, d, r and B9=01 and B11=01 and B13=01)

B14. What are those conditions?

¿Cuáles son esas condiciones?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

Cuál es el NAME que los doctores llaman a la condición de salud que [usted/NAME] tiene?

PROBE 2: What causes this condition?

Qué es lo que causa esta condición?

<OPEN> _____

DON'T KNOW d
REFUSED r

GO TO B18_age

(B1=00, d, r and B5=00, d, r and B9=01 and B11=00, d, r)

B15. What physical or mental condition was the main reason {you were/NAME was} limited when {you/he/she} first started getting disability benefits from Social Security?

¿Qué condición física o mental era la razón principal por la cual {usted/NAME} estaba limitada cuando empezó a recibir beneficios por incapacidad?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

¿Cuál es el nombre que los doctores llamaron a la condición de salud que {usted/NAME} tenía?

PROBE 2: What caused this condition?

¿Qué causó esta condición?

<OPEN> _____

DON'T KNOW d
REFUSED r

(B1=00, d, r and B5=00, d, r and B9=01 and B11=00, d, r)

B16. Did {you/NAME} have any other physical or mental conditions that limited the kind or amount of work or other daily activities {you/he/she} could do when {you/he/she} first started getting disability benefits?

¿Tenía [usted/NAME] alguna otra condición física o mental que limitaba el tipo o la cantidad de trabajo u otras actividades diarias que [usted/él/ella] podía hacer cuando empezó a recibir beneficios por incapacidad?

PROBE: Daily activities include cooking, shopping, getting around the home, or paying bills.

Actividades diarias incluyen cocinar, hacer compras, desplazarse dentro de la casa, o pagar las cuentas.

YES 01
NO 00 (B18_age)
DON'T KNOW d (B18_age)
REFUSED r (B18_age)

(B1=00, d, r and B5=00, d, r and B9=01 and B11=00, d, r and B16=01)

B17. What were those conditions?

¿Cuáles condiciones eran esas?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

SECTION B: DISABILITY AND WORK STATUS

Cuál es el NAME que los doctores llamaron a la condición de salud que [usted/NAME] tenía?

PROBE 2: What caused this condition?

¿Qué causó esta condición?

<OPEN> _____

DON'T KNOW d
REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(All)

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.

¿Cuántos años tenía [usted/NAME] cuando por primera vez estaba limitad[o/a] en el tipo o la cantidad de trabajo u otras actividades diarias que [usted/él/ella] podía hacer? La mejor estimación que me puede dar está bien.

INTERVIEWER: IF AGE IS NOT KNOWN, ENTER '99' TO PROBE FOR A YEAR.

INTERVIEWER: IF LESS THAN ONE YEAR OR SINCE BIRTH, ENTER '0' IN AGE.

|_|_| (B20 IF AGE 0-67)

AGE

(0-67) (or '99' to probe for year)

SINCE BIRTH..... 00 (B20)

DON'T KNOW d (B19)

REFUSED r (B19)

PROGRAMMER: SET 99 (AGE NOT KNOWN) TO MISSING (.M) IN DATA

(B18_age=99)

B18_year.

PROBE: READ IF NECESSARY: In what year?

¿En qué año?

|_|_|_|_|

YEAR

(1956-2023) (B20)

DON'T KNOW d

REFUSED r

(B18_age=d, r) or (B18_age=99 and B18_year=d, r)

B19. Did {you/NAME} become limited before the age of 18 or after age 18?

¿Empezó [usted/NAME] a estar limitad[o/a] antes de cumplir los 18 (dieciocho) años, o después de ya tener 18 años de edad?

PROBE: Your best guess is fine.

La mejor estimación que me puede dar está bien.

LESS THAN 18 01

18 OR OLDER 02

DON'T KNOW d

REFUSED r

PROGRAMMER: CALCULATE AGE OF ONSET BASED ON B18_AGE AND B18_YEAR:

If B18_age=0-64, then B18_age_calc=B18_age. Else if B18_age=99 and B18_yr ≠ d or r and B18_year=A68b, B18_age_calc=0. Else if B18_age=99 and B18_yr ≠ d or r and B18_year ≠ A68b, B18_age_calc= B18yr - A68b. Else, if B18_age=99 and B18_yr=d or r, B18_age_calc= B18_yr. Else, if B18_age=d or r, B18_age_calc=B18_age.

B20. **SOFT EDIT:** B18_age_calc SHOULD NOT EXCEED CURRENT AGE. IF B18_age_calc>CURRENTAGE_ TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: **INTERVIEWER:** AGE OF DISABILITY ONSET IS GREATER THAN CURRENT AGE. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. I show that {you are/NAME is} now (CURRENTAGE), and {you/he/she} became limited when {you were/(he/she) was} (B18_age_calc). Should I change {your/NAME's} the age when {you/NAME} first became limited?

SECTION B: DISABILITY AND WORK STATUS

Debo haber anotado una respuesta incorrecta. Anoté que {usted/NAME} tiene (CURRENTAGE) ahora, y {usted/él/ella} se convirtió incapacitado(a) cuando tenía (B18_age_calc). ¿Debo cambiar {su edad/la edad de {NAME}} cuando se convirtió incapacitado(a) por primera vez?

CHANGE AGE WHEN FIRST BECAME LIMITED..... 01
 (CHANGE B18_age) SUPPRESS..... 02

B21. CHECK: HAS {NAME} BEEN LIMITED SINCE ADULTHOOD (B18_age_calc NE D OR R, AND B18_age_calc IS > OR = 18) OR (IF B18_age_calc=D OR R and B19=02)?

YES..... 01
 NO..... 00 (B24)

(B21=01)

B22. {Were you/Was NAME} working at a job for pay or profit before {you/he/she} started receiving disability benefits?

¿Estaba {usted/NAME} trabajando en un empleo (o trabajo) por pago cuando por primera vez que comenzó a recibir beneficios por incapacidad?

YES..... 01
 NO..... 00 (B24)
 DON'T KNOW..... d (B24)
 REFUSED..... r (B24)

(B22=01)

BP1. {Are you/Is NAME} now able to do the same kind of work {you/he/she} did before {you/he/she} started receiving Social Security disability benefits? (NSHA WS-56 modified)

¿ Es {NAME} ahora capaz de hacer el mismo tipo de trabajo {usted / él / ella} –hacia antes que {usted / él / ella} comenzó a recibir beneficios por discapacidad del Seguro Social?

PROBE: {Are you/Is NAME} able to do the same type of job activities {you were/he was/she was} doing before?

¿Está usted / es NAME} capaces de hacer el mismo tipo de actividades de trabajo que {estabas / estaba} haciendo antes?

YES..... 01 (B24)
 NO..... 00 (BP1b)
 DON'T KNOW..... d (B24)
 REFUSED..... r (B24)

(BP1=00)

BP1b. Why {are you/is NAME} no longer able to do the kind of work {you/he/she} did before {you/he/she} started receiving Social Security disability benefits?

¿Por que {usted/ NAME} ya no es capaz de hacer el tipo de trabajo que hacia antes de comenzar a recibir beneficios por discapacidad del Seguro Social?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Alguna otra cosa?

HEALTH CONDITION DOES NOT ALLOW JOB PERFORMANCE..... 01 (B23)
 LACKS THE PHYSICAL ENERGY, STRENGTH OR STAMINA REQUIRED..... 02 (B23)

SECTION B: DISABILITY AND WORK STATUS

PAIN INTERFERES WITH A JOB OR WORK SCHEDULE	03	(B23)
JOB IS TOO STRESSFUL	04	(B23)
MEDICAL AND THERAPY APPOINTMENTS INTERFERE WITH A REGULAR WORK SCHEDULE	05	(B23)
THE TIME NEEDED FOR PERSONAL CARE AND MAINTAINING HEALTH IS TOO SUBSTANTIAL/INTERFERES WITH A REGULAR WORK SCHEDULE	06	(B23)
HEALTH GOES UP AND DOWN IN UNPREDICTABLE WAYS	07	(B23)
UNABLE TO GET THE MEDICAL TREATMENT NEEDED TO IMPROVE YOUR HEALTH ENOUGH TO GO TO WORK	08	(B23)
UNABLE TO GET MEDICAL DEVICE NEEDED TO WORK.....	09	(B23)
OTHER (SPECIFY)	10	(BP1B_oth)

(BP1b=10)
BP1b_oth.

What other reason?

¿Por qué otra razón?

<OPEN>_____	(B23)
DON'T KNOW	d (B23)
REFUSED	r (B23)

SECTION B: DISABILITY AND WORK STATUS

(B21=01 and B22=01)

B23. Did the job {you/NAME} had before {you/he/she} started receiving Social Security disability require {you/him/her} to use a computer?

El trabajo que {usted / NAME} tenía antes que comenzó a recibir beneficios de Seguro Social le requiere utilizar una computadora?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

CURRENT WORK STATUS

(All)

IF SampGrp = 02 AND A73a = 01, FILL: “Earlier you mentioned {you were/NAME was} currently working at a job or business for pay or profit. I just want to confirm.”

IF SampGrp = 02 AND A73a = 00, d, OR r, FILL: “Earlier you mentioned {you were/NAME was} not currently working at a job or business for pay or profit. I just want to confirm.”

B24. These next questions are about {your/NAME's} personal goals and {your/his/her} current work-related activities. {Earlier you mentioned {you were/NAME was} {not} currently working at a job or business for pay or profit. I just want to confirm.} {Are you/Is NAME} currently working at a job or business for pay or profit?

Estas próximas preguntas son acerca de [las/sus] metas personales [de NAME] y de sus actividades actuales relacionadas al trabajo. Antes usted mencionó que {usted/NAME} {no} está trabajando actualmente en un empleo o negocio por pago o para tener ganancias. Solo quiero confirmar. ¿Trabaja [usted/NAME] actualmente en un empleo o negocio por pago o para tener ganancias?

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

Estamos interesados en trabajo a tiempo completo o a tiempo parcial

- YES 01 (B30)
- NO 00
- DON'T KNOW d
- REFUSED r

(B24 = 0, d, r)

IF SampGrp = 02 AND A73b = 01, FILL: “Earlier you mentioned {you have/NAME has} worked for pay or profit during the last 6 months. I just want to confirm.”

B24b. {Earlier you mentioned {you have/NAME has} worked for pay or profit during the last 6 months. I just want to confirm.} Did {you/NAME} work for pay or profit at any time during the last 6 months?

Antes usted mencionó que {usted/NAME} ha trabajado por pago o para tener ganancias durante los últimos 6 meses. Solo quiero confirmar. ¿Hizo {usted / NAME} trabajo por pago o para tener ganancias en cualquier momento durante los últimos 6 meses?

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

Estamos interesados en trabajo a tiempo completo o a tiempo parcial

- YES 01 (B28)
- NO 00
- DON'T KNOW d
- REFUSED r

(B24=00, d, or r and B24b=00, d, or r and SampGrp=02)

B24c. I'm sorry, we are only interviewing people who are working now or worked in the past 6 months. Thank you for your help.

Lo siento, sólo estamos entrevistando a personas que están trabajando ahora o trabajaron en los últimos 6 meses. Gracias por su ayuda.

SECTION B: DISABILITY AND WORK STATUS

PRESS 1 TO CONTINUE..... 01
END CALL. STATUS "INELIGIBLE": 2460

B25. ITEM MOVED TO FOLLOW B29_10_Other

B26. ITEM MOVED TO FOLLOW B25

B27. ITEM MOVED TO FOLLOW B26

SECTION B: DISABILITY AND WORK STATUS

(B24=00, d, r or B24b=01, 00, d, or r)

B28. {Have you/Has NAME} been looking for paid work during the last four weeks?
¿ [Usted/NAME] ha estado buscando trabajo durante las últimas cuatro semanas?

YES 01
NO 00 (B25, new position)
DON'T KNOW d (B25, new position)
REFUSED r (B25, new position)

(B28=01)

B28a. Are {you/NAME} looking for part-time or full-time work?
¿Está [usted/NAME] buscando trabajo a tiempo completo o a tiempo parcial?

FULL-TIME 01 (B29)
PART-TIME 02
DON'T KNOW d (B29)
REFUSED r (B29)

(B28=01 and B28a=2)

B28b. About how many hours per week would {you/NAME} like to work?
¿Más o menos cuántas horas por semana quisiera [usted/NAME] trabajar?

|_|_| (1-60) (1-168)
HOURS
DON'T KNOW d
REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(B28=01)

B29. Next, I am going to read you a list of things that some people do to look for work. Please tell me whether or not {you/NAME} did any of these things during the last four weeks. To look for work in the last four weeks did {you/NAME}:

	YES	NO	DON'T KNOW	REFUSED
a. Contact {your/NAME'S} state's unemployment office?	01	00	d	r
b. Ask friends or relatives?	01	00	d	r
c. Look through job advertisements in a newspaper or on the Internet?	01	00	d	r
d. Contact the State Vocational Rehabilitation Agency or {VRNAME FROM {NAME'S} CURRENT STATE}?	01	00	d	r
e. Contact a local independent living center?	01	00	d	r
f. Contact a private employment agency or program?	01	00	d	r
f1. Contact a former employer in person, by mail or email, or by phone?	01	00	d	r
g. Contact any other employers in person, by mail or email, or by phone?	01	00	d	r
h. Do anything else that I didn't mention?	01	00	d	r

PROGRAMMER: IF B29h=01, GO TO B29h_other. OTHERWISE, GO TO B29_1a.

Ahora le voy a leer una lista de cosas que algunas personas hacen para buscar trabajo. Por favor dígame si [usted/NAME] hizo alguna de estas cosas durante las últimas cuatro semanas. Para buscar trabajo en las últimas cuatro semanas, ...

	YES	NO	DON'T KNOW	REFUSED
a. ¿contactó [usted/NAME] a la oficina de desempleo o unemployment office de su estado?	01	00	d	r
b. ¿preguntó [usted/NAME] a amistades o parientes/familiares?	01	00	d	r
c. ¿miró [usted/NAME] en los anuncios de trabajo o empleo en un periódico o en el Internet?	01	00	d	r
d. ¿contactó [usted/NAME] a la Agencia Estatal de Rehabilitación Vocacional (Vocational Rehabilitation Agency) o SampleInfo.VRName?	01	00	d	r
e. ¿contactó [usted/NAME] a un Centro de Vida Independiente (Independent Living Center) local?	01	00	d	r
f. ¿contactó [usted/NAME] a una agencia privada de empleo (private employment agency) o a un programa de empleo?	01	00	d	r
f1. Contactar a un empleador previo en persona, por correo o correo electrónico, o por teléfono?	01	00	d	r
g. Contactar a cualquier otro empleador en persona, por correo o correo electrónico, o por teléfono?	01	00	d	r
h. ¿hizo [usted/NAME] alguna otra cosa que no he mencionado?	01	00	d	r

SECTION B: DISABILITY AND WORK STATUS

(B28=01 and B29_h=01)

B29h_Other. What was it?

¿Qué es lo que hizo?

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d
REFUSED r

(B28=01)

B29_1a. {Have/Has} {you/NAME} received any job offers within the past four weeks?

¿Recibió [usted/NAME] alguna oferta de empleo o trabajo en las últimas cuatro semanas?

YES 01
NO 00 (B29_7)
DON'T KNOW d (B25, new position)
REFUSED r (B25, new position)

(B29_1a=01)

B29_1b. Did {you/NAME} turn any of these job offers down?

¿Rechazó o no aceptó [usted/NAME] cualquiera de estas ofertas de empleo o trabajo?

YES 01
NO 00 (B30)
DON'T KNOW d (B25, new position)
REFUSED r (B25, new position)

SECTION B: DISABILITY AND WORK STATUS

(B29_1a=01 and B29_1b=01)

B29_2. Now, I am going to read you a list of reasons why people sometimes do not accept a job offer. Please tell me if any of these are reasons why {you/NAME} did not accept a job that {you/he/she} {were/was} offered in the past four weeks.

	YES	NO	DON'T KNOW	REFUSED
a. {You/NAME} would have needed special equipment or medical devices that {you do / he does /s he does} not currently have in order to do the work	01	00	d	r
b. [You/NAME] did not have the personal assistance [you/he/she] needed to get ready for work each day (EXAMPLE IF NEEDED: This includes things like dressing and bathing)	01	00	d	r
c. {You/NAME} could not get the help that {you/he/she} needed caring for children or others	01	00	d	r
d. {You/NAME} did not have reliable transportation to and from the job	01	00	d	r
e. The job did not offer a flexible enough schedule	01	00	d	r
f. Job did not pay enough.	01	00	d	r
g. The job did not offer health insurance benefits	01	00	d	r
h. {You/NAME} would have lost benefits (you need / he needs / she needs) like Social Security, disability insurance, workers' compensation, or Medicaid, if [you/he/she] accepted the job	01	00	d	r
i. Is there anything else that I did not mention that made {you/NAME} turn down a recent job offer	01	00	d	r

Ahora le voy a leer una lista de razones por las cuales a veces alguien no acepta una oferta de empleo o trabajo. Por favor dígame si alguna de estas es una razón por la cual [usted/NAME] no aceptó un empleo o trabajo que le fue ofrecido en las últimas cuatro semanas.

	YES	NO	DON'T KNOW	REFUSED
a. [Usted/NAME] hubiera necesitado equipo especial o aparatos médicos que [usted/él/ella] actualmente no tiene para poder hacer el trabajo.	01	00	d	r
b. [Usted/NAME] no tenía la asistencia o ayuda personal que [usted/él/ella] necesitaba para prepararse para el trabajo todos los días. (EJEMPLO, SI ES NECESARIO: Esto incluye cosas tales como ayuda para vestirse y bañarse).	01	00	d	r
c. [usted/NAME] no aceptó un empleo o trabajo que le fue ofrecido en las últimas cuatro semanas. [Usted/NAME] no podía conseguir la ayuda que [usted/él/ella] necesitaba para cuidar a niños o a otras personas.	01	00	d	r

SECTION B: DISABILITY AND WORK STATUS

- d. [usted/NAME] no aceptó un empleo o trabajo que le fue ofrecido en las últimas cuatro semanas. [Usted/NAME] no tenía transporte en el que podía confiar, para ir y regresar del trabajo. 01 00 d r
- e. [usted/NAME] no aceptó un empleo o trabajo que le fue ofrecido en las últimas cuatro semanas. El empleo o trabajo no ofrecía un horario con suficiente flexibilidad. 01 00 d r
- f. [usted/NAME] no aceptó un empleo o trabajo que le fue ofrecido en las últimas cuatro semanas. El trabajo no pagaba suficiente. 01 00 d r
- g. [usted/NAME] no aceptó un empleo o trabajo que le fue ofrecido en las últimas cuatro semanas. El empleo no ofrecía beneficios de seguro de salud o seguro médico. 01 00 d r
- h. [usted/NAME] no aceptó un empleo o trabajo que le fue ofrecido en las últimas cuatro semanas. [Usted/NAME] hubiera perdido beneficios que [usted/él/ella] necesita, tal como Social Security o Seguro Social, seguro por incapacidad, compensación de trabajadores o Medicaid, si [usted/él/ella] aceptaría el empleo o trabajo. 01 00 d r
- i. [usted/NAME] no aceptó un empleo o trabajo que le fue ofrecido en las últimas cuatro semanas. ¿Hay alguna otra cosa que no he mencionado, por la cual [usted/NAME] rechazó una reciente oferta de empleo o trabajo? 01 00 d r

(B29_2_i=01)

B29_2_i_Oth. What other reasons?

¿Qué otras razones?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(B29_1a=01 and B29_1b=01)

B29_2CHECK.CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES 01 (B29_5CHECK)
 NO 00

(B29_1a=01 and B29_1b=01 AND RTYPE=01)

B29_3CHECK: IS PAY A REASON RESPONDENT DID NOT ACCEPT JOB (B29_2f=01)?

YES 01 (B29_3a)
 NO 00 (B29_3b)

SECTION B: DISABILITY AND WORK STATUS

(B29_2f=01 AND RTYPE=01)

B29_3a. You said that one of the reasons you did not accept a job you were offered was because it did not pay enough. What is the lowest wage or salary you would have accepted for this job?

Usted dijo que una de las razones por la cual no aceptó un empleo que le ofrecieron era porque no pagaba suficiente. ¿Cuál es el más bajo sueldo o salario que usted hubiera aceptado para este empleo?

INTERVIEWER: Read only if necessary, otherwise code:

\$ | | | | , | | | | . | | | |

DON'T KNOW d (B29_5CHECK)
 REFUSED r (B29_5CHECK)

B29_3ahop. Is this:

Es esto

HOURLY	01	(1-25)	(1-300)	(B29_5CHECK)
DAILY	02	(1-384)	(1-1,922)	(B29_4a)
WEEKLY	03	(1-1,923)	(1-9,615)	(B29_4a)
BI-WEEKLY (EVERY TWO WEEKS)	04	(1-4,166)	(1-20,833)	(B29_4a)
TWICE A MONTH	05	(1-4,166)	(1-20,833)	(B29_4a)
MONTHLY	06	(1-8,333)	(1-41,666)	(B29_4a)
ANNUALLY.....	07	(1-100,000)	(1-500,000)	(B29_4a)
DON'T KNOW	d	(B29_4a)		
REFUSED	r	(B29_4a)		

(B29_2f=00, d, OR r AND RTYPE=01)

B29_3b. If you did get a job offer that matched your current needs and abilities, what is the lowest wage or salary you would be willing to accept for such a job?

Si usted recibiera una oferta de empleo que corresponde a sus necesidades y habilidades corrientes, ¿cuál es el sueldo o salario más bajo que usted aceptaría para tal empleo?

INTERVIEWER: If they hesitate or seem to be having difficulty, add: If you have no idea, just say so.

IF THEY HESITATE OR SEEM TO BE HAVING DIFFICULTY, ADD: Si usted no tiene idea, diga.

INTERVIEWER: Read only if necessary, otherwise code:

\$ | | | | , | | | | . | | | |

DON'T KNOW d (Skip to B29_5CHECK)
 REFUSED r (Skip to B29_5CHECK)

B29_3bhop. Is this:

Es esto:

HOURLY	01	(1-25)	(1-300)	(B29_5CHECK)
DAILY	02	(1-384)	(1-1,922)	(B29_4a)
WEEKLY	03	(1-1,923)	(1-9,615)	(B29_4a)
BI-WEEKLY (EVERY TWO WEEKS)	04	(1-4,166)	(1-20,833)	(B29_4a)
TWICE A MONTH	05	(1-4,166)	(1-20,833)	(B29_4a)
MONTHLY	06	(1-8,333)	(1-41,666)	(B29_4a)
ANNUALLY.....	07	(1-100,000)	(1-500,000)	(B29_4a)
DON'T KNOW	d	(B29_4a)		
REFUSED	r	(B29_4a)		

SECTION B: DISABILITY AND WORK STATUS

PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29_3ahop or B29_3bhop OUT OF RANGE

B29_3check: Soft edit: "Let me make sure I did not make a mistake. You just indicated that the wage or salary you would have accepted for this job is [insert ((B29_3a and B29_3ahop) OR (B29_3b and B29_3hop)). Is this correct?"

Permítame verificar que no cometí ningún error. Usted acaba de indicar que el salario o sueldo que hubiera aceptado en este trabajo es [insert ((B29_3a and B29_3ahop) O B29_3b and B29_3hop)). ¿Es eso correcto?

- CHANGE LOWEST WAGE OR SALARY..... 01 (CHANGE B29_3a OR B29_3b)
- CHANGE PAY PERIOD 02 (CHANGE B29_3ahop OR B29_3bhop)
- SUPPRESS 03

(B29_3ahop=02, 03, 04, 05, 06, 07, d or r) or (B29_3bhop=02, 03, 04, 05, 06, 07, d, or r)

B29_4a. How many hours per week would you expect to work for this amount of pay?

¿Cuántas horas por semana piensa usted que trabajaría para esta suma en pago?

|_|_| (Skip to B29_5CHECK)
HOURS
(1-99)

- DON'T KNOW d (B29_4b)
- REFUSED r (B29_4b)

(B29_4a=d or r)

B29_4b. Would you expect to work full-time or part-time?

¿Piensa usted que trabajaría a tiempo completo o a tiempo parcial?

- FULL-TIME 01
- PART-TIME 02
- DON'T KNOW d
- REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(B29_1a=00)

B29_7. Now, I am going to read you a list of reasons why people are sometimes unable to find a job. Please tell me 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}.

	YES	NO	DON'T KNOW	REFUSED
a. {You/NAME} would need special equipment or medical devices to work which {you do /he does /she does} not currently have	01	00	d	r
b. [You/NAME] [do/does] not have the personal assistance [you/he/she] [need/needs] to get ready for work each day (Example if needed: This includes things like dressing and bathing)	01	00	d	r
c. {You/NAME} cannot get the help that {you need/ he needs/ she needs} caring for children or others	01	00	d	r
d. {You/NAME} [do/does] not have reliable transportation to and from work	01	00	d	r
e. The jobs that are available do not offer a flexible enough schedule.	01	00	d	r
f. {You/NAME} cannot find a job {you are/he is/she is} qualified for.	01	00	d	r
g. The jobs that are available do not pay enough	01	00	d	r
h. Employers will not give {you/NAME} a chance to show that {you/he/she} can work.	01	00	d	r
i. The jobs that are available do not offer health insurance benefits.	01	00	d	r
j. {You/NAME} would lose benefits (you need / he needs / she needs) like Social Security, disability insurance, workers' compensation, or Medicaid if {you/he/she} took a job	01	00	d	r
k. Is there anything else that I <u>did not</u> mention that <u>is a reason why (you/Name) (have/has) not been able to find a job?</u>	01	00	d	r

Ahora le voy a leer una lista de razones por las cuales a veces alguien no puede encontrar empleo o trabajo. Por favor dígame si alguna de estas es una razón por la cual [usted/NAME] no encontró un empleo o trabajo que [usted/él/ella] piensa es adecuado para [usted/él/ella].

	YES	NO	DON'T KNOW	REFUSED
a. [Usted/NAME] necesitaría equipo especial o aparatos médicos que [usted/él/ella] actualmente no tiene.	01	00	d	r
b. [Usted/NAME] no tiene la asistencia o ayuda personal que [usted/él/ella] necesita para prepararse para el trabajo todos los días. Esto incluye cosas tales como ayuda para vestirse y bañarse.	01	00	d	r
c. [Usted/NAME] no puede conseguir la ayuda que [usted/él/ella] necesita para cuidar a niños o a otras personas.	01	00	d	r
d. [Usted/NAME] no tiene transporte en el que podía confiar, para ir y regresar del trabajo.	01	00	d	r

SECTION B: DISABILITY AND WORK STATUS

- | | | | | | |
|----|---|----|----|---|---|
| e. | Los empleos o trabajos que hay no ofrecen un horario con suficiente flexibilidad. | 01 | 00 | d | r |
| f. | [Usted/NAME] no puede encontrar un empleo o trabajo para el cual [usted/él/ella] está calificad[o/a]. | 01 | 00 | d | r |
| g. | Los empleos o trabajos que hay no pagan suficiente. | 01 | 00 | d | r |
| h. | Empleadores no le dan a [usted/NAME] una oportunidad para demostrar que [usted/él/ella] puede trabajar. | 01 | 00 | d | r |
| i. | Los empleos o trabajos que hay no ofrecen beneficios de seguro de salud o seguro médico. | 01 | 00 | d | r |
| j. | [Usted/NAME] perdería beneficios que [usted/él/ella] necesita, tal como Social Security o Seguro Social, seguro por incapacidad, compensación de trabajadores o Medicaid, si [usted/él/ella] aceptaría un empleo o trabajo. | 01 | 00 | d | r |
| k. | ¿Hay alguna otra cosa que no he mencionado, por la cual [usted/NAME] no ha podido encontrar un empleo o trabajo? | 01 | 00 | d | r |

(B29_7_k=01)

B29_7_k_Oth. What other reasons?

¿Qué otras razones?

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(B29_1a=00)

B29_7CHECK. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES	01	(B29_9CHECK)
NO	00	

(B29_1a=00 AND RTYPE=01)

B29_8CHECK: IS PAY A REASON RESPONDENT DID NOT ACCEPT JOB (B29_7g=1)?

YES	01	(B29_8a)
NO	00	(B29_8b)

SECTION B: DISABILITY AND WORK STATUS

(B29_7g=01 AND RTYPE=01)

B29_8a. You said that one of the reasons you are unable to find a job is that the jobs that are available do not pay enough. What is the lowest wage or salary you would accept for a job that matched your current needs and abilities?

Usted dijo que una de las razones por la cual usted no puede encontrar un empleo o trabajo, es porque los trabajos que hay no pagan suficiente. ¿Cuál es el más bajo sueldo o salario que usted aceptaría para un empleo que corresponde a sus necesidades y habilidades corrientes?

INTERVIEWER: Read only if necessary, otherwise code:

\$ | | | | , | | | | . | | | |

DON'T KNOW d (B29_9CHECK)
 REFUSED r (B29_9CHECK)

B29_8ahop. Is this:

¿Es esto . . .

HOURLY	01	(1-25)	(1-300)	(B29_9CHECK)
DAILY	02	(1-384)	(1-1,922)	(B29_8c)
WEEKLY	03	(1-1,923)	(1-9,615)	(B29_8c)
BI-WEEKLY (EVERY TWO WEEKS)	04	(1-4,166)	(1-20,833)	(B29_8c)
TWICE A MONTH	05	(1-4,166)	(1-20,833)	(B29_8c)
MONTHLY	06	(1-8,333)	(1-41,666)	(B29_8c)
ANNUALLY.....	07	(1-100,000)	(1-500,000)	(B29_8c)
DON'T KNOW				d (B29_8c)
REFUSED				r (B29_8c)

(B29_7g=00, d, OR r AND RTYPE=01)

B29_8b. If you did get a job offer that matched your current needs and abilities, what is the lowest wage or salary you would be willing to accept for such a job?

Si usted recibiera una oferta de empleo que corresponde a sus necesidades y habilidades corrientes, ¿cuál es el sueldo o salario más bajo que usted aceptaría para tal empleo?

INTERVIEWER: IF R HESITATES OR SEEMS TO BE HAVING DIFFICULTY: If you have no idea, just say so.

IF R HESITATES OR SEEMS TO BE HAVING DIFFICULTY: Si usted no tiene idea, diga.

IF R SAYS HAS NO INTEREST IN WORKING, CODE AS DON'T KNOW.

INTERVIEWER: Read only if necessary, otherwise code:

\$ | | | | , | | | | . | | | |

DON'T KNOW d (B29_9CHECK)
 REFUSED r (B29_9CHECK)

B29_8bhop. Is this:

¿Es esto . . .

HOURLY	01	(1-25)	(1-300)	(B29_9CHECK)
DAILY	02	(1-384)	(1-1,922)	(B29_8c)
WEEKLY	03	(1-1,923)	(1-9,615)	(B29_8c)
BI-WEEKLY (EVERY TWO WEEKS)	04	(1-4,166)	(1-20,833)	(B29_8c)
TWICE A MONTH	05	(1-4,166)	(1-20,833)	(B29_8c)
MONTHLY	06	(1-8,333)	(1-41,666)	(B29_8c)
ANNUALLY.....	07	(1-100,000)	(1-500,000)	(B29_8c)
DON'T KNOW				d (B29_8c)
REFUSED				r (B29_8c)

SECTION B: DISABILITY AND WORK STATUS

PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29_8ahop or B29_8bhop) OUT OF RANGE

B29_8check: Soft edit: "Let me make sure I did not make a mistake. You just indicated that the wage or salary you would have accepted for this job is [insert ((B29_8a and B29_8ahop) OR (B29_8b and B29_8hop))]. Is this correct?"

Permítame verificar que no cometí ningún error. Usted acaba de indicar que el salario o sueldo que hubiera aceptado en este trabajo es [insert ((B29_8a and B29_8ahop) O B29_8b and B29_8hop)). ¿Es eso correcto?

- CHANGE LOWEST WAGE OR SALARY..... 01 (CHANGE B29_8a OR B29_8b)
- CHANGE PAY PERIOD 02 (CHANGE B29_8ahop OR B29_8bhop)
- SUPPRESS 03

(B29_8ahop=02, 03, 04, 05, 06, 07, d, or r) or (B29_8bhop=02, 03, 04, 05, 06, 07, d, or r)

B29_8c. How many hours per week would you expect to work for this amount of pay?

¿Cuántas horas por semana piensa usted que trabajaría para esta suma en pago?

- (Skip TO B29_9CHECK)
- HOURS
- (1-99)
- DON'T KNOW d (B29_8d)
- REFUSED r (B29_8d)

(B29_8c=d or r)

B29_8d. Would you expect to work full-time or part-time?

¿Piensa usted que trabajaría a tiempo completo o a tiempo parcial?

- FULL-TIME 01
- PART-TIME 02
- DON'T KNOW d
- REFUSED r

(B29_1a=00)

B29_9CHECK. IS LOSING BENEFITS REASON DID NOT ACCEPT JOB (B29_7=j)?

- YES 01 (B29_9)
- NO 00 (B30)

(B29_7j=01)

B29_9. You said that one of the reasons {you/NAME} {have/has} not been able to find a job is because {you/he/she} would lose benefits (you need / he needs / she needs) such as Social Security, disability insurance, workers' compensation, or Medicaid if {you/he/she} did get a job. There are many ways people find out about how working will affect their benefits. For example, some people call the Social Security office, some search the Internet, and others contact disability service organizations. {Have/Has} {you/NAME} contacted anyone or done any of these things in order to find out how {your/his/her} benefits will be affected if {you/he/she} did go to work?

Usted dijo que una de las razones por la cual [usted/NAME] no ha podido encontrar un empleo o trabajo era porque [usted/él/ella] perdería beneficios que [usted/él/ella] necesita, tal como Social Security o Seguro Social, seguro por incapacidad, compensación de trabajadores o Medicaid, si [usted/él/ella] encontraría un empleo o trabajo. Hay muchas formas en las cuales se puede averiguar cómo trabajar puede afectar a sus beneficios. Por ejemplo, hay gente que llama a la oficina del Social Security o Seguro Social, algunos buscan en el Internet, y otros se comunican con organizaciones de servicio a incapacitados. ¿Se comunicó [usted/NAME] con alguien, o hizo alguna de estas cosas para averiguar cómo sus beneficios serían afectados si [usted/él/ella] trabajaría?

SECTION B: DISABILITY AND WORK STATUS

YES 01
NO 00
DON'T KNOW d
REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(B29_7j=01)

B29_10. What benefits {are/is} {you/NAME} most worried about losing?

¿Acerca de cuáles beneficios está [usted/NAME] más preocupad[o/a] que pudiera perder?

INTERVIEWER: MARK ALL THAT APPLY

PRIVATE DISABILITY INSURANCE.....	01
WORKERS' COMPENSATION	02
VETERANS' BENEFITS.....	03
MEDICARE.....	04
MEDICAID	05
SOCIAL SECURITY DISABILITY BENEFITS (SSI OR SSDI)....	06
PUBLIC ASSISTANCE OR WELFARE	07
FOOD STAMPS	08
PERSONAL ASSISTANCE SERVICES (PAS).....	09
UNEMPLOYMENT BENEFITS.....	10
OTHER STATE DISABILITY BENEFITS.....	11
OTHER GOVERNMENT PROGRAMS	12
OTHER (SPECIFY)	13 (B29_10_oth)

(B29_10=13)

B29_10_Oth: What other benefits?

¿Qué otros beneficios?

<OPEN>_____

DON'T KNOW d
REFUSED r

GO TO B30

SECTION B: DISABILITY AND WORK STATUS

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)

B25. Other beneficiaries have said that they are not working for a number of reasons. I am going to read you a list of these reasons. For each, please tell me if it is a reason why {you are/NAME is} not currently working. {Are you/ Is NAME} not working because

PROBE: I need to read the entire list even though some of the reasons may not apply to {you/NAME}. If a reason does not apply to {you/NAME}, please just say so.

INTERVIEWER: IF RESPONDENTS SAYS 'DOES NOT APPLY' CODE AS 'NO'.

	YES	NO	DON'T KNOW	REFUSED
a. A physical or mental condition prevents {you/NAME} from working	01	00	d	r
b. {You/NAME} cannot find a job that {you are/ he is /she is} qualified for	01	00	d	r
c. {You do/NAME does} not have reliable transportation to and from work	01	00	d	r
d. {You are/NAME is} caring for children or others	01	00	d	r
e. ITEM DELETED	01	00	d	r
f. {You/NAME} cannot find a job {you want / he wants / she wants}	01	00	d	r
g. {You are/NAME is} waiting to finish school or a training program	01	00	d	r
h. Workplaces are not accessible to people with {your/NAME's} disability	01	00	d	r
i. {You do/NAME does} not want to lose benefits (you need / he needs / she needs) like Social Security, disability insurance, workers' compensation, or Medicaid	01	00	d	r
j. {Your/NAME's} previous attempts to work have been discouraging	01	00	d	r
k. ITEM DELETED	01	00	d	r
l. Others do not think {you/NAME} can work	01	00	d	r
m. Employers will not give {you/NAME} a chance to show that {you/he/she} can work	01	00	d	r
n. {You/NAME} does not have the special equipment or medical devices that {you/he/she} would need to work	01	00	d	r
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	d	r
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	d	r

SECTION B: DISABILITY AND WORK STATUS

Otros beneficiarios han dicho que no están trabajando por un número de razones. Le voy a leer una lista de esas razones. Para cada una, por favor dígame si es una razón por la cual [usted/NAME] actualmente no trabaja.

¿ [usted/NAME] no trabaja porque ...

PROBE: ¿Necesito leer la lista entera, aún si algunas de las razones quizás no son aplicables a [usted/NAME]. Si hay alguna razón que no aplica a [usted/NAME], por favor dígame.

	YES	NO	DON'T KNOW	REFUSED
a. una condición física o mental le impide trabajar	01	00	d	r
b. [Usted/NAME] no puede encontrar un empleo (o trabajo) para el cual [usted/él/ella] está calificad[o/a].	01	00	d	r
c. [Usted/NAME] no tiene transporte en el que puede confiar para ir y regresar del trabajo.	01	00	d	r
d. [Usted/NAME] está cuidando a niños o atendiendo a otra persona.	01	00	d	r
f. [Usted/NAME] no puede encontrar un empleo (o trabajo) que [usted/él/ella] quiere.	01	00	d	r
g. [Usted/NAME] está esperando hasta que termine sus estudios o un programa de entrenamiento/capacitación.	01	00	d	r
h. lugares de trabajo no son accesibles para personas con la incapacidad que [usted/NAME] tiene.	01	00	d	r
i. [Usted/NAME] no quiere perder beneficios que [usted/él/ella] necesita, tal como Social Security o Seguro Social, seguro por incapacidad, compensación de trabajadores o Medicaid.	01	00	d	r
j. as previas veces que [Usted/NAME] intentó trabajar, los resultados no [lo/la] alentaron.	01	00	d	r
l. Otras personas no creen que [usted/NAME] puede trabajar.	01	00	d	r
m. empleadores (o patrones) no le dan a [usted/NAME] una oportunidad para demostrar que [usted/él/ella] puede trabajar.	01	00	d	r
n. [Usted/NAME] no tiene el equipo especial o aparatos médicos que [usted/él/ella] necesitaría para trabajar.	01	00	d	r
o. No se puede obtener la ayuda que necesita con el cuidado personal. Esto incluye cosas como ayuda para vestirse y bañarse para prepararse para el trabajo o almorzar y usar el baño en el trabajo.	01	00	d	r
p. No se puede obtener la ayuda que necesita con tareas del trabajo. Esto incluye tener a alguien que te ayude con cosas como la escritura, la lectura, la elevación, o alcanzar.	01	00	d	r

SECTION B: DISABILITY AND WORK STATUS

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)

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

¿Hay otras razones por las cuales [usted/NAME] no trabaja, y que no mencioné?

YES 01 (B27)
 NO 00 (B29_11aCHECK)
 DON'T KNOW d (B29_11aCHECK)
 REFUSED r (B29_11aCHECK)

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) AND (B26=01)

B27. What are they?

¿Cuáles son las razones?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____

DON'T KNOW d
 REFUSED r

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)

B29_11aCHECK. IS PHYSICAL OR MENTAL CONDITION REASON NOT WORKING (B25a=01)?

YES 01 (BP3)
 NO 00 (B29_11CHECK)

((B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)) AND (B25_a=01)

BP3. You said that one of the reasons {you are/NAME is} not working is because a physical or mental health condition prevents {you/him/her} from working. I am going to read you a list of reasons why some people say their health prevents them from working. For each, please tell me “yes” if it is a reason why {your/NAME’s} health prevents {you/him/her} from working. You may say yes to more than one reason.

	YES	NO	DON'T KNOW	REFUSED
a. {Your/NAME’s} health would interfere with job performance	01	00	d	r
b. {You do/NAME does} not have the physical energy or stamina required to work at a job	01	00	d	r
c. {You experience/NAME experiences} severe pain that interferes with a job or work schedule	01	00	d	r
d. Working at a job is too stressful	01	00	d	r
e. Work would be physically harmful to {your/NAME’s} health	01	00	d	r
f. Medical and therapy appointments {you need/NAME needs} for your health condition interfere with a regular work schedule	01	00	d	r
g. The time {you need/NAME needs} for personal care and to take care of {your/his/her} health interferes with a regular work schedule	01	00	d	r
h. {Your/NAME’s} health goes up and down in unpredictable ways	01	00	d	r
i. {You are/NAME is} unable to get the medical treatment {you need/he needs/she needs} to improve {your/his/her} health enough to go to work	01	00	d	r
j. Any other reasons not mentioned?	01	00	d	r

SECTION B: DISABILITY AND WORK STATUS

Usted dijo que una de las razones que [usted /NAME } no esta trabajando es por una su salud física o mental impide su habilidad de trabajar. Voy a leer una lista de razones por las que algunas personas dicen que su salud les impide trabajar. Para cada una, por favor dígame "sí" si es una razón por la cual sus salud previene {usted/Name} trabajar. Usted puede decir que sí a más de una razón

	YES	NO	DON'T KNOW	REFUSED
a. Su salud interfería con su desempeño en el trabajo	01	00	d	r
b. Usted / NAME} no tiene la energía física o la resistencia necesaria para trabajar en un empleo	01	00	d	r
c. Usted sintió un dolor intenso que interfiere con el trabajo o el horario del trabajo	01	00	d	r
d. Trabajando es demasiado estresante	01	00	d	r
e. El trabajo sería físicamente perjudicial para la salud de usted/NAME	01	00	d	r
f. Citas médicas y de terapia que necesita interfieren con un horario de trabajo regular	01	00	d	r
g. El tiempo que necesita para el cuidado personal y para cuidar de su salud} interfiere con un horario de trabajo regular	01	00	d	r
h. Su salud sube y baja de manera impredecible	01	00	d	r
i. {Usted es / NAME} es incapaz de recibir el tratamiento médico que necesita para mejorar su salud suficiente para ir al trabajo	01	00	d	r
j. Algún otro razon no mencionados	01	00	d	r

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) and (BP3_j=01)

BP3._Oth What other reasons?

¿Qué otras razones

<OPEN> _____

DON'T KNOW d

REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)

B29_11CHECK. IS LOSING BENEFITS REASON NOT WORKING (B25i=01)?

YES 01 (B29_11a)
 NO 00 (B29_12CHECK)

((B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) AND (B25i=01)

B29_11a. You said that one of the reasons {you/he/NAME} {are/is} not working is because {you do / he does / she does} not want to lose benefits (you need / he needs / she needs) such as Social Security, disability insurance, workers' compensation, or Medicaid. There are many ways people find out about how working will affect their benefits. For example, some people call Social Security, some search the Internet, and others contact disability service organizations like Work Incentives Planning and Assistance programs. Did {you/NAME} contact anyone or do any of these things in order to find out how {your/his/her} benefits would be affected if {you/he/she} went to work?

Usted dijo que una de las razones por la cual [usted/NAME] no trabaja es porque [usted/él/ella] no quiere perder beneficios que [usted/él/ella] necesita, tal como Social Security o Seguro Social, seguro por incapacidad, compensación de trabajadores o Medicaid. Hay muchas formas en las cuales se puede averiguar cómo trabajar puede afectar a sus beneficios. Por ejemplo, hay gente que llama a la oficina del Social Security o Seguro Social, algunos buscan en el Internet, y otros se comunican con organizaciones de servicio a incapacitados, como los programas de Planificación de Incentivos Laborales y Asistencia (Work Incentives Planning and Assistance). ¿Se comunicó [usted/NAME] con alguien, o hizo alguna de estas cosas para averiguar cómo sus beneficios serían afectados si [usted/él/ella] trabajaría?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

((B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) AND (B25i=01) AND B29_11a=response

B29_11b. What benefits {were/was} {you/NAME} most worried about losing?

¿Acerca de cuáles beneficios está [usted/NAME] más preocupad[o/a] que pudiera perder?

INTERVIEWER: MARK ALL THAT APPLY.

PRIVATE DISABILITY INSURANCE 01
 WORKERS' COMPENSATION 02
 VETERANS' BENEFITS 03
 MEDICARE 04
 MEDICAID 05
 SOCIAL SECURITY DISABILITY BENEFITS (SSI OR SSDI).... 06
 PUBLIC ASSISTANCE OR WELFARE 07
 FOOD STAMPS 08
 PERSONAL ASSISTANCE SERVICES (PAS) 09
 UNEMPLOYMENT BENEFITS 10
 OTHER STATE DISABILITY BENEFITS 11
 OTHER GOVERNMENT PROGRAMS 12

OTHER (SPECIFY) 13 (B29_11b_oth)

((B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) AND (B25i=01) AND (B29_11b=13)

B29_11b_Oth: What other benefits?

¿Qué otros beneficios?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)

SECTION B: DISABILITY AND WORK STATUS

B29_12CHECK. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES.....	01 (B30)
NO.....	00

SECTION B: DISABILITY AND WORK STATUS

((B28=00, d, or r) OR (B29_1a= d or r) OR (B29_1b=d or r) AND (RTYPE=01)

B29_8CHECK: DID RESPONDENT GIVE PHYSICAL OR MENTAL CONDITION AS ONLY REASON NOT WORKING ((B25_b, B25_c, B25_d, B25_f, B25_g, B25_h, B25_i, B25_j, B25_l, B25_m, B25_n, B25_o=00, d, OR r) and (B26 0, d, r)?

YES 01 (B30)
 NO 00 (B29_12a)

RTYPE = 1 AND ((at least one item in B25_b, B25_c, B25_d, B25_f, B25_g, B25_h, B25_i, B25_j, B25_l, B25_m, B25_n, B25_o= 1) or B26 = 1)

B29_12a. If you did get a job offer that matched your current needs and abilities, what is the lowest wage or salary you would be willing to accept for such a job?

Si usted recibiera una oferta de empleo que corresponde a sus necesidades y habilidades corrientes, ¿cuál es el sueldo o salario más bajo que usted aceptaría para tal empleo?

INTERVIEWER: IF R HESITATES OR SEEMS TO BE HAVING DIFFICULTY: If you have no idea, just say so. IF R SAYS HAS NO INTEREST IN WORKING, CODE AS DON'T KNOW.

IF R HESITATES OR SEEMS TO BE HAVING DIFFICULTY: Si usted no tiene idea, diga.

INTERVIEWER: Read only if necessary, otherwise code:

\$ | | | | , | | | | . | | |

DON'T KNOW d (B30)
 REFUSED r (B30)

B29_12ahop. Is this:

¿Es esto...

HOURLY 01 (1-25) (1-300) (B30)
 DAILY 02 (1-384) (1-1,922) (B29_12b)
 WEEKLY 03 (1-1,923) (1-9,615) (B29_12b)
 BI-WEEKLY (EVERY TWO WEEKS) 04 (1-4,166) (1-20,833) (B29_12b)
 TWICE A MONTH 05 (1-4,166) (1-20,833) (B29_12b)
 MONTHLY 06 (1-8,333) (1-41,666) (B29_12b)
 ANNUALLY 07 (1-100,000) (1-500,000) (B29_12b)
 DON'T KNOW d (B29_12b)
 REFUSED r (B29_12b)

PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29_12ahop OUT OF RANGE

B29_12check Soft edit: "Let me make sure I did not make a mistake. You just indicated that the wage or salary you would have accepted for this job is [insert ((B29_12a and B29_12ahop). Is this correct?"

Permítame verificar que no cometí ningún error. Usted acaba de indicar que el salario o sueldo que hubiera aceptado en este trabajo es [insert ((B29_12a and B29_12ahop)). ¿Es eso correcto?

CHANGE LOWEST WAGE OR SALARY 01 (CHANGE B29_12a)
 CHANGE PAY PERIOD 02 (CHANGE B29_12ahop)
 SUPPRESS 03

(B29_12ahop=02, 03, 04, 05, 06, 07, d, or r)

B29_12b. How many hours per week would you expect to work for this amount of pay?

¿Cuántas horas por semana piensa usted que trabajaría para esta suma de pago?

| | | | (B30)
 HOURS
 (1-99)

DON'T KNOW d (B29_12c)
 REFUSED r (B29_12c)

(B29_12b=d or r)

SECTION B: DISABILITY AND WORK STATUS

B29_12c. Would you expect to work full-time or part-time?

¿Piensa usted que trabajaría a tiempo completo o a tiempo parcial?

FULL-TIME	01
PART-TIME	02
DON'T KNOW	d
REFUSED	r

SECTION B: DISABILITY AND WORK STATUS

(All)

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

¿Trabajó [usted/NAME] en un empleo (o trabajo), o en un negocio, por pago o para ganancias en cualquier momento en el año 2022?

YES 01 (B33)
NO 00
DON'T KNOW d
REFUSED r

PROGRAMMER NOTE: If B24=01 or B24b = 1 or B30=01, go to B33. Else, go to B30_b.

(B24 = 0, d, r, AND B24b=0, d, r AND B30=0, d, r)

B30_b. {Have you/Has NAME} worked for pay or profit since {you/NAME} started receiving disability benefits?

¿ [Usted/NAME] ha trabajado por pago o ganancia desde que empezó a recibir beneficios por incapacidad?

YES 01 (B37)
NO 00 (B37)
DON'T KNOW d (B37)
REFUSED r (B37)

(All)

B33. CHECK: WAS {NAME} WORKING BEFORE LIMITATION BEGAN (B22=01)?

YES 01 (B37)
NO 00

(B33=00)

B34 CHECK: IS {NAME} CURRENTLY WORKING (B24=01) OR WORKED IN PAST 6 MONTHS (B24b=01)?

YES 01 (B37)
NO 00

(B33=00 and B34=00)

B35. CHECK: DID {NAME} WORK IN 2022 (B30=01)?

YES 01 (B37)
NO 00

(B30b=00, d, or r) or (B33=00 and B34=00 and B35=00)

B36. {Have you/Has NAME} ever worked for pay or profit?

¿Alguna vez trabajó [usted/NAME] por pago o ganancia?

YES 01 (B36b)
NO 00 (B37)
DON'T KNOW d (B37)
REFUSED r (B37)

SECTION B: DISABILITY AND WORK STATUS

(B36=01)

B36b. In what year did {you/NAME} last work for pay or profit?

¿En qué año fue la última vez que {usted/NAME} a trabajado para pago o para tener ganancias

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

PROBE: Did {you/NAME} last work for pay or profit more than 5 years ago? More than 10 years ago? More than 20 years ago?

Estamos interesados en trabajo a tiempo completo o a tiempo parcial

Era la última vez que {usted/NAME} a trabajado para pago o para tener ganancias mas de 5 años? Mas de 10 año?

|_|_|_|_|..... (B37)

YEAR (1956-2023)

DON'T KNOW d (B37)

REFUSED r (B37)

(All)

B37. Do {your/NAME's} personal goals include working at a job, moving up in a job, or learning new job skills?

¿Incluyen {sus/las} metas personales {de NAME} trabajar en un empleo, ascender en un trabajo, o aprender nuevas habilidades de trabajo?

YES 01

NO 00

DON'T KNOW d

REFUSED r

(All)

B37a. Do {your/NAME's} personal goals include someday working and earning enough to stop receiving Social Security disability benefits?

¿Las metas personales que {usted/NAME} tiene incluyen trabajar y ganar suficiente dinero algún dia para dejar de recibir beneficios por incapacidad del Seguro Social?

YES 01

NO 00

DON'T KNOW d

REFUSED r

(All)

B38. {Do you/Does NAME} ever discuss work and career goals with family, friends, or anyone else?

¿Alguna vez habla [usted/NAME] de los temas de metas de trabajo y carrera con su familia, amistades, o alguna otra persona

YES 01

NO 00 (B47)

DON'T KNOW d (B47)

REFUSED r (B47)

(B38=01)

B39. Who is the main person {you discuss/NAME discusses} work goals with?

¿Con quién habla [usted/NAME] lo más acerca de sus metas de trabajo?

INTERVIEWER: MARK ONLY ONE.

PARENT/GUARDIAN 01 (B40)

SPOUSE/PARTNER 02 (B40)

FRIEND 03 (B40)

SECTION B: DISABILITY AND WORK STATUS

JOB COACH.....	04	(B40)
EMPLOYER/SUPERVISOR	05	(B40)
OTHER RELATIVE.....	06	(B40)
CASEWORKER/COUNSELOR/PROGRAM STAFF	07	(B40)
MEDICAL PROVIDER.....	08	(B40)
OTHER NON-RELATIVE (SPECIFY).....	10	(B39_oth)
OTHER (SPECIFY)	09	(B39_oth)
DON'T KNOW	d	(B47)
REFUSED	r	(B47)

SECTION B: DISABILITY AND WORK STATUS

(B38=01 and (B39=09 OR B39=10))

B39_oth. Who was it?

¿Quién era esa persona?

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d
 REFUSED r

(B38=01 and B39=01-10)

B40. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree? {Your/NAME's} {RESPONSE FROM B39 OR B39_oth} thinks {your/NAME's} personal goals should include working at a job, moving up in a job, or learning new job skills.

Por favor dígame cuánto está usted de acuerdo o en desacuerdo con la siguiente frase. ¿Diría usted que está muy de acuerdo, de acuerdo, en desacuerdo, o muy en desacuerdo? {Su/el/la} {RESPONSE FROM B39 OR B39_oth} {de NAME} piensa que las metas personales que [usted/NAME] tiene deben de incluir trabajar en un empleo (o trabajo), avanzar en un empleo (o trabajo), o aprender nuevas destrezas de empleo (o trabajo).

STRONGLY AGREE 01 (B47)
 AGREE 02 (B47)
 DISAGREE 03 (B47)
 STRONGLY DISAGREE 04 (B47)
 DON'T KNOW d (B47)
 REFUSED r (B47)

(All)

B47. Please tell me how much you agree or disagree with the following statements. Would you say you strongly agree, agree, disagree, or strongly disagree?

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. You see {yourself/NAME} {(IF B24=01) continuing to work/ (IF B24=00,d, r) working} for pay in the next two years.	01	02	03	04	d	r
(ASK B47b IF B47a=01,02, OTHERWISE GO TO B47c)						
b. You see {yourself/NAME} working and earning enough to stop receiving disability benefits in the next two years.	01	02	03	04	d	r
c. You see {yourself/NAME} {(IF B24=01) continuing to work/ (IF B24=00,d, r) working} for pay in the next <u>five</u> years.	01	02	03	04	d	r
{ASK B47d IF B47c=01,02, OTHERWISE GO TO B48)						
d. You see {yourself/NAME} working and earning enough to stop receiving disability benefits in the next <u>five</u> years	01	02	03	04	d	r

SECTION B: DISABILITY AND WORK STATUS

Por favor dígame cuánto está usted de acuerdo o desacuerdo con las siguientes frases. ¿Diría usted que está muy de acuerdo, de acuerdo, en desacuerdo, o muy en desacuerdo?

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. Usted {se ve/le ve a NAME} trabajando por pago en los próximos dos años. (ASK B47b IF B47a=01,02, OTHERWISE GO TO B47c)	01	02	03	04	d	r
b. Usted aB47 trabajando bastante para dejar de recibir beneficios por incapacidad en los próximos dos años.	01	02	03	04	d	r
c. Usted {se ve/le ve a NAME} trabajando por pago en los próximos cinco años. {ASK B47d IF B47c=01,02, OTHERWISE GO TO B48)	01	02	03	04	d	r
d. Usted piensa que {usted/NAME} estará trabajando y ganando suficiente para dejar de recibir beneficios por incapacidad dentro de los próximos cinco años.	01	02	03	04	d	r

SECTION B: DISABILITY AND WORK STATUS

(B47_a=3 OR 4) AND (B47c=3 OR 4)

BP4a1. You said that you don't see {yourself/NAME} working in the near future. {Do you/Does NAME} have any problems with {your/NAME's} health, that may prevent {you/him/her} from working in the near future?

Usted dijo que no se ve {a NAME} trabajando en un futuro cercano. ¿Tiene {usted/NAME} algún problema con su salud que pueda impedirle trabajar en un futuro cercano?

- YES 01
- NO 00
- DON'T KNOW..... d
- REFUSED r

(BP4a1=1)

BP4a1_1. What is it about {your/NAME's} health that may prevent {you/NAME} from working?

¿Que es sobre {su salud/ la salud de NAME} que pueda impedirle trabajar?

PROBE: Anything else?

¿Algo mas?

INTERVIEWER: CODE ALL THAT APPLY.

- EXISTING HEALTH PROBLEM GETS WORSE 01
- GET INJURED..... 02
- WORK HAS A NEGATIVE IMPACT ON HEALTH..... 03
- NEED TIME TO GO TO MEDICAL APPOINTMENTS..... 04
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION 05
- HEALTH INTERFERES WITH JOB PERFORMANCE..... 06
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK 07
- PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG..... 08
- HEALTH STATUS FLUCTUATES UNPREDICTABLY 09
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK 10
- WORK IS TOO STRESSFUL 11
- OTHER (SPECIFY) 12 (Bp4a1_oth)
- DON'T KNOW..... d
- REFUSED r

(BP4a1_1=12)

BP4a1_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(B47_a=3 OR 4) AND (B47c=3 OR 4)

BP4a2. {Do you/Does NAME} have any job related problems that may prevent {you/him/her} from working in the near future?

¿Tiene {usted/NAME} algún problema con su empleo/trabajo que pueda impedirle trabajar en un futuro cercano?

- YES 01
- NO 00
- DON'T KNOW..... d
- REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(BP4a2=1)

BP4a2_1. What was it about a job that may prevent {you/NAME} from working?

¿Que es sobre {su empleo/el empleo de NAME} que pueda impedirle trabajar?

PROBE: Anything else?

¿Algo mas?

INTERVIEWER: CODE ALL THAT APPLY

NEED TIME TO GO TO MEDICAL APPOINTMENTS.....	01
HEALTH INTERFERES WITH JOB PERFORMANCE.....	02
DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK	03
PAIN INTERFERES WITH WORKING A SET SCHEDULE	04
PERSONAL CARE AND GETTING READY FOR WORK TAKE TOO LONG	05
DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK	06
PERSONALITY CONFLICTS WITH OTHERS AT WORK.....	07
OTHER (SPECIFY)	08 (Bp4a2_oth)
DON'T KNOW.....	d
REFUSED	r

(BP4a2_1=08)

BP4a2_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(B47_a=3 OR 4) AND (B47c=3 OR 4)

BP4a3. {Do you/ Does NAME} have any problems with {your/NAME's} personal circumstances, that may prevent {you/him/her} from working in the near future?

¿Tiene {usted/NAME} algún problema con sus circunstancias personales que pueda impedirle trabajar en un futuro cercano?

YES	01
NO	00
DON'T KNOW.....	d
REFUSED	r

SECTION B: DISABILITY AND WORK STATUS

(BP4a3=1)

BP4a3_1. What was it about {your/NAME's} personal circumstances that may prevent {you/NAME} from working?

¿Que es sobre {sus circunstancias personales/ los circunstancias personales de NAME} que pueda impedirle trabajar?

PROBE: Anything else?

¿Algo mas?

INTERVIEWER: CODE ALL THAT APPLY

- NEED TO CARE FOR CHILDREN OR OTHERS 01
- NEED PERSONAL ASSISTANCE TO GET READY FOR
WORK EACH DAY 02
- MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY,
SNAP, MEDICAID/MEDICARE..... 03
- DO NOT HAVE RELIABLE TRANSPORTATION TO
AND FROM WORK 04
- DRUG/ALCOHOL RELAPSE 05
- WOULD RATHER DO OTHER THINGS THAN WORK 06
- DO NOT LIKE WORKING 07
- WORK IS TOO STRESSFUL 08
- MOVED TO ANOTHER AREA (NEW)..... 19
- LOSS OR POTENTIAL LOSS OF
GOVERNMENT BENEFITS (NEW)..... 21
- OTHER (SPECIFY) 09 (Bp4a3_oth)
- DON'T KNOW..... d
- REFUSED r

(BP4a3_1=09)

BP4a3_oth.. **INTERVIEWER: PLEASE SPECIFY**

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(If B47a=01 OR 02 and B47_b=03 OR 04) OR (B47_c=01 OR 02 and B47_d=03 OR 04)

BP4b1. You said that you don't see {yourself/NAME} working enough to stop receiving disability benefits in the near future. {Do you/Does NAME} have any problems with {your/NAME's} health, that may cause {you/him/her} to not work enough to leave benefits?

Usted dijo que no se ve {a NAME} trabajando suficiente para dejar de recibir los beneficios por incapacidad en un futuro próximo. ¿Tiene {usted/NAME} algún problema con su salud que pueda hacer que no trabaje suficiente para dejar los beneficios?

- YES 01
- NO 00
- DON'T KNOW..... d
- REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(BP4b1=1)

BP4b1_1. What is it about {your/NAME's} health that may cause {you/NAME} to not work enough to leave benefits?

¿Que es sobre {su salud/ la salud de NAME} que pueda hacer que no trabaje suficiente para dejar los beneficios?

PROBE: Anything else?

¿Algo mas?

INTERVIEWER: CODE ALL THAT APPLY.

- EXISTING HEALTH PROBLEM GETS WORSE 01
- GET INJURED..... 02
- WORK HAS A NEGATIVE IMPACT ON HEALTH..... 03
- NEED TIME TO GO TO MEDICAL APPOINTMENTS..... 04
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION 05
- HEALTH INTERFERES WITH JOB PERFORMANCE 06
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK 07
- PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG 08
- HEALTH STATUS FLUCTUATES UNPREDICTABLY 09
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK 10
- WORK IS TOO STRESSFUL 11
- OTHER (SPECIFY) 12 (Bp4b1_oth)
- DON'T KNOW..... d
- REFUSED r

(BP4b1_1=12)

BP4b1_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(If B47a=01 OR 02 and B47_b=03 OR 04) OR (B47_c=01 OR 02 and B47_d=03 OR 04)

BP4b2. {Do you/Does NAME} have any job-related problems {your/NAME's}, that may cause {you/him/her} to not work enough to leave benefits?

¿Tiene {usted/NAME} algún problema con su empleo/trabajo que pueda hacer que no trabaje suficiente para dejar los beneficios?

- YES 01
- NO 00
- DON'T KNOW..... d
- REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(BP4b2=1)

BP4b2_1. What is it about a job that may cause {you/NAME} to not work enough to leave benefits?

¿Que es sobre {su empleo/el empleo de NAME} que pueda hacer que no trabaje suficiente para dejar los beneficios?

PROBE: Anything else?

¿Algo mas?

INTERVIEWER: CODE ALL THAT APPLY.

NEED TIME TO GO TO MEDICAL APPOINTMENTS.....	01
HEALTH INTERFERES WITH JOB PERFORMANCE.....	02
DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK	03
PAIN INTERFERES WITH WORKING A SET SCHEDULE	04
PERSONAL CARE AND GETTING READY FOR WORK TAKE TOO LONG	05
DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK	06
PERSONALITY CONFLICTS WITH OTHERS AT WORK.....	07
OTHER (SPECIFY)	08 (Bp4b2_oth)
DON'T KNOW.....	d
REFUSED	r

(BP4b2_1=08)

BP4b2_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(If B47a=01 OR 02 and B47_b=03 OR 04) OR (B47_c=01 OR 02 and B47_d=03 OR 04)

BP4b3. {Do you/Does NAME} have any problems with {your/NAME's} personal circumstances that may cause {you/him/her} to not work enough to leave benefits?

¿Tiene {usted/NAME} algún problema con sus circunstancias personales que pueda hacer que no trabaje suficiente para dejar los beneficios?

YES	01
NO	00
DON'T KNOW.....	d
REFUSED	r

SECTION B: DISABILITY AND WORK STATUS

(BP4b3=1)

BP4b3_1. What is it about {your/NAME's} personal circumstances that may cause {you/NAME} to not work enough to leave benefits?

¿Que es sobre {sus circunstancias personales/ las circunstancias personales de NAME} que pueda hacer que no trabaje suficiente para dejar los beneficios?

PROBE: Anything else?

¿Algo mas?

INTERVIEWER: CODE ALL THAT APPLY.

- NEED TO CARE FOR CHILDREN OR OTHERS..... 01
- NEED PERSONAL ASSISTANCE TO GET READY FOR
WORK EACH DAY 02
- MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY,
SNAP, MEDICAID/MEDICARE..... 03
- DO NOT HAVE RELIABLE TRANSPORTATION TO
AND FROM WORK 04
- DRUG/ALCOHOL RELAPSE 05
- WOULD RATHER DO OTHER THINGS THAN WORK 06
- DO NOT LIKE WORKING 07
- WORK IS TOO STRESSFUL 08
- MOVED TO ANOTHER AREA (NEW)..... 19
- LOSS OR POTENTIAL LOSS OF
GOVERNMENT BENEFITS (NEW)..... 21
- OTHER (SPECIFY) 09 (Bp4b3_oth)
- DON'T KNOW..... d
- REFUSED r

(BP4b3_1=09)

BP4b3_oth.. **INTERVIEWER:** PLEASE SPECIFY

<OPEN>

- DON'T KNOW d
- REFUSED r

(All)

B48. CHECK: IS {NAME} CURRENTLY WORKING (B24 = 01)?

- YES..... 01 (C1)
- NO..... 00

(B48=00)

B48a. CHECK: WAS (NAME) WORKING IN THE LAST 6 MONTHS (B24b=01)?

- YES..... 01 (C_B_1)
- NO..... 00

B49. CHECK: WAS {NAME} WORKING IN 2022 (B30 = 01)?

- YES..... 01 (D1)
- NO..... 00 (SC1CHECK)

SECTION C: CURRENT EMPLOYMENT

(B24=01)

C1. Now I am 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.

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

Ahora le voy a hacer algunas preguntas acerca de los trabajos o empleos que {usted/NAME} tiene actualmente. Cuando contesta a estas preguntas, por favor incluya ambos a trabajos o empleos a tiempo parcial y a tiempo completo, pero solamente incluya los empleos (o trabajos) en los que [usted/NAME] trabaja por pago o para tener ganancias.

¿Cuántos empleos (o trabajos) tiene {usted/NAME} actualmente?

|_| | NUMBER OF JOBS (1-15)

DON'T KNOW d
 REFUSED r

(B24=01)

C1a. What are the main reasons {you/NAME} decided to work?

¿Cuáles son las razones principales por que {usted / NAME} decidido trabajar?

INTERVIEWER: CODE ALL THAT APPLY.

- TO HAVE MORE INCOME 01 (C2)
- TO FEEL BETTER ABOUT MYSELF/IMPROVE WELL BEING 02 (C2)
- TO FEEL MORE INDEPENDENT 03 (C2)
- TO ACHIEVE PERSONAL CAREER GOALS 04 (C2)
- ENJOY WORKING/PERSONAL SATISFACTION 05 (C2)
- DON'T WANT TO RELY ON BENEFITS 06 (C2)
- HEALTH IMPROVED 07 (C2)
- HAD MORE TIME/STOPPED DOING SOMETHING ELSE 08 (C2)
- OTHER (SPECIFY) 09 (C1a_oth)
- DON'T KNOW d (C2)
- REFUSED r (C2)

(C1a=09)

C1a_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN> _____
 DON'T KNOW d
 REFUSED r

PROGRAMMER: C2 THROUGH C14 ASKED FOR ALL JOBS WHEN C1>01
(B24=01)

C2. **PROGRAMMER:** IF MORE THAN ONE JOB (C1>01) AND FIRST JOB:

Let us start with {your/NAME's} main job – that is, the job at which {you work/(he/she) works} the most hours.
What kind of work {do you/does NAME} do, that is, what is {your/NAME's} occupation?

Comencemos con su trabajo principal {/ del NAME} - es decir, el trabajo en el que {usted/él/ella} trabaja más horas.

¿Qué tipo de trabajo {hace/ hace NAME}, o sea cuál es su ocupación

PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

Now I would like to ask about {your/NAME'S} {second/third/fourth} job.

Ahora me gustaría preguntar acerca de su {NAME} {segundo/ tercer/ cuarto} trabajo.

What kind of work {do you/does NAME} do, that is, what is {your/NAME's} occupation?

¿Qué tipo de trabajo {hace/ hace NAME}, es deci, cuál es su ocupación {de NAME}?

ELSE (C1=01):

What kind of work {do you/does NAME} do, that is, what is {your/NAME's} occupation?

¿Qué tipo de trabajo {hace/ hace NAME}, es deci, cuál es su ocupación {de NAME}?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store.

Por ejemplo: proveedora de 'child-care' o cuidado de niños en un programa preescolar de una escuela privada, maestro(a) de geometría en un 'public high school' o escuela secundaria pública; vendedor(a) en una tienda de zapatos de mujeres.

PROBE 2: What are {your/NAME'S} main activities or duties? What else {do you/does NAME} do? What else? {Do you /Does NAME} supervise anyone?

¿Cuáles son su/sus actividades u obligaciones principales?

¿Qué más hace? ¿Algo más? ¿Es supervisor(a) de alguien?

<OPEN> _____

DON'T KNOW d
REFUSED r

(B24=01)

C3. What kind of business is this?

¿Qué tipo de negocio es este?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For what type of organization or industry {do you/does NAME} work? For example: accounting firm, daycare center, educational facility, food services.

Para qué tipo de organización o industria trabaja? Por ejemplo: una firma de contabilidad, un centro de 'daycare' para el cuidado de niños, una institución educacional, servicio de comida

PROBE 2: What do they make, sell, or do where {you work/NAME works}?

¿Qué es lo que producen, venden, o hacen en el lugar donde {usted/NAME} trabaja?

PROBE 3: Is this mainly manufacturing (making a product), wholesale trade (selling to other businesses), or retail trade (selling to customers) or something else?

SECTION C: CURRENT EMPLOYMENT

¿Es este un negocio de manufactura (fabrican un producto), negocio de venta al por mayor (venden a otros negocios), o venta al por menor (venta a clientes) o alguna otra cosa?

<OPEN> _____

DON'T KNOW d
REFUSED r

(B24=01)

C4mth. In what month and year did {you/NAME} start working there?

¿En qué mes y año empezó {usted/NAME} a trabajar allí?

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

PROBE: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

|_|_| (1-12)
MO

DON'T KNOW d
REFUSED r

SECTION C: CURRENT EMPLOYMENT

(B24=01)

C4yr. **PROBE 1:** In what month and year did {you/NAME} start working there?

¿En qué mes y año empezó {usted/NAME} a trabajar allí?

INTERVIEWER: ENTER YEAR

PROBE 2: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

YEAR (1956-2023)

DON'T KNOW d
REFUSED r

(B24=01)

C5. **SOFT EDIT:** YEAR {NAME} STARTED WORKING AT THIS JOB (C4yr) SHOULD BE GREATER THAN OR EQUAL TO YEAR OF BIRTH (A04_d) PLUS 14 YEARS. IF RESPONDENT FAILS EDIT, **INTERVIEWER READ:** Let me make sure I did not make a mistake. You just indicated that you started working there in (C4yr). Is this correct?

Debo haber anotado una respuesta incorrecta. Anoté que {usted/NAME} nació en (A04_d) y {usted/NAME} empezó a trabajar en este trabajo en (C4yr), lo que significa que {usted/NAME} empezó a trabajar en este trabajo cuando {usted/él/ella} tenía (PROGRAMMER CALCULATE AND FILL AGE: C4YR – YEAR OF BIRTH) años. ¿Es eso correcto?

YES 01
NO 02 (CHANGE C4YR)
SUPPRESS 03

(B24=01)

C5A. Beneficiaries do not always know that they should report a change in work status to Social Security. Around that time did {you/NAME} let Social Security know that {you were/ (he/she) was} working?

Beneficiarios no siempre saben que deben de notificar al Social Security (Seguro Social) acerca de cambios en su 'estatus' o condición de trabajo. ¿Notificó {usted/NAME} al Social Security alrededor de ese tiempo que {usted/ (él/ella)} estaba trabajando?

YES 01
NO 00 (C6)
DON'T KNOW d (C6)
REFUSED r (C6)

(C5a=01)

C5B. How soon after {you/NAME} started this job did {you/NAME} tell Social Security {you were/(he/she) was} working?

¿Cuánto tiempo después de que {usted/NOMBRE} empezara este trabajo, le dijo al Social Security que {USTED/él/ella} estaba trabajando?

PROBE: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

INTERVIEWER: IF R TOLD SSA BEFORE STARTED WORKING, CODE AS 1 WEEK.

WEEKS 01 (C5BWeek)
MONTHS 02 (C5BMonth)
DON'T KNOW d (C5c)
REFUSED r (C5c)

(C5a=01 and C5b=01)

C5BWEEK. **INTERVIEWER:** ENTER NUMBER OF WEEKS

WEEKS
(1-52)

DON'T KNOW d (C5c)

SECTION C: CURRENT EMPLOYMENT

REFUSED r (C5c)

SECTION C: CURRENT EMPLOYMENT

(C5a=01 and C5b=02)

C5BMonth. **INTERVIEWER:** ENTER NUMBER OF MONTHS

|_|_| WEEKS/MONTHS
(1-12)

DON'T d (C5c)
REFUSED r (C5c)

(C5a=01)

C5C. How did {you/NAME} let Social Security know {you were/(he/she) was} working?

¿Cómo le dejó saber {usted/NAME} al Social Security que estaba trabajando?

PROBE: Did {you/NAME} call, visit, or write the Social Security Administration, go online or use a mobile app, or did your employer or someone else report you working?

¿{Usted/NAME} llamó, visitó o escribió a la Administración del Seguro Social, se comunicó por Internet o utilizó una aplicación móvil, o su empleador u otra persona reportó que {usted/NAME} estaba trabajando?

INTERVIEWER: CODE ALL THAT APPLY.

CALLED SSA/REPORTED BY PHONE..... 01
VISITED SSA FIELD OFFICE/REPORTED IN PERSON 02
WROTE SSA/REPORTED BY MAIL..... 03
REPORTED ONLINE OR USING MOBILE APP..... 04
EMPLOYER REPORTED TO SSA 05
SERVICE PROVIDER REPORTED TO SSA..... 06
OTHER (SPECIFY)..... 07
DON'T KNOW d
REFUSED r

(B24=01)

C6. {Are you/Is NAME} self-employed at this job? Self-employed means that {you work/NAME works} for {yourself/themselves} or {own your/owns their} own business.

¿Está {usted/NAME} autoempleado/autoempleada en este trabajo? Autoempleado/ Autoempleada, o Self-employed en inglés, significa que {usted/NAME} trabaja para {usted/él mismo/ella misma} o es {dueño/ dueña} de su propio negocio.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(B24=01)

C8. How many hours per week {do you/does NAME} usually work at this job?

¿Cuántas horas por semana generalmente trabaja {usted/NAME} en este empleo?

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

Incluya 'overtime' o sobretiempo si {usted/ (él/ella)} generalmente trabaja horas extra.

|_|_|_| HOURS PER WEEK (1-60)
(1-168)

DON'T KNOW d
REFUSED r

(B24=01)

C9. How many weeks per year {do you/does NAME} usually work at this job, including paid vacation and holidays?

SECTION C: CURRENT EMPLOYMENT

¿Cuántas semanas por año generalmente trabaja {usted/NAME} en este empleo, incluyendo vacaciones pagadas y feriados?

PROBE 1: There are 52 weeks in a year.

Hay 52 (cincuentaidos) semanas en un año

PROBE 2: Please include time off for vacation and holidays if {you are/NAME is} paid for that time.

Por favor incluya tiempo libre por vacaciones y feriados si {usted/NAME} recibe pago por ese tiempo.

PROBE 3: If {you have/NAME has} worked less than a year, please answer for the number of weeks {you expect/NAME expects} to work.

Si {usted/NAME} ha trabajado por menos de un año, por favor conteste en relación al número de semanas que {usted/NAME} espera trabajar.

|_|_| WEEKS PER YEAR (1-52)

DON'T KNOW d
REFUSED r

SECTION C: CURRENT EMPLOYMENT

(B24=01)

C10. PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND FIRST JOB:

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?

Para el propósito de esta encuesta, es importante obtener alguna información acerca de lo que le pagan a usted en este trabajo. En { su / del NAME} trabajo principal le pagan a {usted/NAME} por hora?

PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

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)} {second/third/fourth} job. On {your/NAME's} {second/third/fourth} job {are you/is (he/she) paid by the hour?

Para el propósito de este estudio, es importante para obtener información sobre cuánto {eres / NAME} pagado en su {segundo/ tercer/ cuarto } trabajo}. En {su {segundo/ tercer/ cuarto } está usted / es (él / ella) pagado por hora?

ELSE (C1=01): 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)} current job. On {your/NAME's} current job {are you/is (he/she) paid by the hour?

Para el propósito de este estudio, es importante para obtener información sobre cuánto {eres / NAME} pagado en su trabajo actual. En {su {trabajo actual está usted / es (él / ella) pagado por hora?

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST JOB.

PROBE: {Your/NAME's} main job is the job we have been talking about. The one at which {you work/(he/she) works} the most hours.

{Su trabajo principal/El trabajo principal de NAME} es el trabajo de que hemos estado hablando. En el que {usted/él/ella} trabaja la mayor cantidad de horas.

- YES 01
- NO 00 (C12amt)
- DON'T KNOW d (C12amt)
- REFUSED r (C12amt)

(C10=01)

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

¿Cuál es {su sueldo regular/el sueldo regular de NAME} por hora , incluyendo propinas y comisiones?

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

IF LESS THAN \$5.00 AN HOUR: ¿Esto incluye propinas y comisiones?

INTERVIEWER: IF ENTERING AN AMOUNT WITH CENTS, PLEASE ENTER DECIMAL POINT

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

- DON'T KNOW d
- REFUSED r

**Programmer box C11: IF C1>1 AND HAVE NOT ASKED ABOUT ALL JOBS,
LOOP BACK TO C2.
ELSE, GO TO C15**

(C10=00, d, or r)

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

Antes de impuestos y otras deducciones, ¿cuánto le pagan a {usted/NAME} en este empleo, incluyendo propinas y comisiones?

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

¿Esa suma es su pago por día, por semana, por cada dos semanas, dos veces por mes, por mes, o por año?

SECTION C: CURRENT EMPLOYMENT

INTERVIEWER: ROUND TO NEAREST DOLLAR AND ENTER HOW OFTEN PAID ON NEXT SCREEN

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

DON'T KNOW d

REFUSED r

SECTION C: CURRENT EMPLOYMENT

(C10=00, d, or r)

C12hop. **INTERVIEWER:** ENTER HOW OFTEN PAID

DAILY.....	01	(1-384)	(1-1,922)
WEEKLY.....	02	(1-1,923)	(1-9,615)
BI-WEEKLY (EVERY TWO WEEKS).....	03	(1-4,166)	(1-20,833)
TWICE A MONTH.....	04	(1-4,166)	(1-20,833)
MONTHLY.....	05	(1-8,333)	(1-41,666)
ANNUALLY.....	06	(1-100,000)	(1-500,000)
DON'T KNOW.....	d		
REFUSED.....	r		

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

(C10=00, d, or r)

C13amt. For this job, about how much is left as take-home pay after taxes and other deductions?

En este empleo, ¿más o menos cuánto le queda de su pago para llevar a casa, después de impuestos y otras deducciones?

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

Esa suma es su pago por día, por semana, por cada dos semanas, dos veces por mes, por mes, o por año?

INTERVIEWER: ROUND TO NEAREST DOLLAR AND ENTER HOW OFTEN PAID ON NEXT SCREEN

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

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

(C10=00, d, or r)

C13hop. **INTERVIEWER:** ENTER HOW OFTEN PAID

DAILY.....	01	(1-346)	(1-1,730)
WEEKLY.....	02	(1-1,730)	(1-8,653)
BI-WEEKLY (EVERY TWO WEEKS).....	03	(1-3,750)	(1-18,750)
TWICE A MONTH.....	04	(1-3,750)	(1-18,750)
MONTHLY.....	05	(1-7,500)	(1-37,500)
ANNUALLY.....	06	(1-90,000)	(1-450,000)
DON'T KNOW.....	d		
REFUSED.....	r		

SECTION C: CURRENT EMPLOYMENT

PROGRAMMER: CALCULATE MONTHLY TAKE HOME PAY FOR EACH JOB BASED ON C13AMT AND C13HOP:

If C10=01 and C11 and C8≠d or r, C_JobMnthPayTH(1)=c11*c8*4.35.

If C10=01 and C8_1 or C11=d, C_JobMnthPayTH(1)=d.

If C10=01 and C8_1 or C11=r and neither are d, C_JobMnthPayTH(1)=r.

If C10=00, d, or r and C13amt or C13hop=d, C_JobMnthPayTH(1)=d.

If C10=00, d, or r and C13amt or C13hop=r, and neither are d, C_JobMnthPayTH(1)=r.

If C10=00, d, or r and c13hop=1, C_JobMnthPayTH(1)=c13amt*21.74.

If C10=00, d, or r and c13hop=2, C_JobMnthPayTH(1) =c13amt*4.35.

If C10=00, d, or r and c13hop=3, C_JobMnthPayTH(1)=c13amt*2.17.

If C10=00, d, or r and c13hop=4, C_JobMnthPayTH(1)=c13amt*2.

If C10=00, d, or r and c13hop=5, C_JobMnthPayTH(1)=c13amt.

If C10=00, d, or r and c13hop=6, C_JobMnthPayTH(1)=c13amt/12.

(C10=00, d, or r) and (C12hop=01, 02, 03, 04, 05, or 06) and (C13hop=01, 02, 03, 04, 05, or 06)

C14. SOFT EDIT: AMOUNT OF TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO PRE-TAX PAY. IF AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY (C_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF CALCULATED MONTHLY PRE-TAX PAY (C_JobMnthPay(1)) NE D OR R, AND C_JobMnthPayTH(1) > C_JobMnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CALCULATED PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you are/NAME is} paid (C12amt) per (C12hop) before taxes and other deductions which would be about (C_JobMnthPay(1) per month and that (C13amt) per (C13hop), or about (C_JobMnthPayTH(1) per month, is left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay is more than your pre-tax pay. Should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions?

Debo haber anotado una respuesta incorrecta. Dijo que a {usted/NAME} se le pagan (C12amt) por (C12hop) antes de impuestos y otras deducciones, lo que sería aproximadamente (C_JobMnthPay(1) por mes y que (C13amt) por (C13hop), o aproximadamente (C_JobMnthPayTH(1) por mes, sobra como sueldo neto después de impuestos y otras deducciones. Basado en lo que anoté, su sueldo neto es más que su sueldo antes de impuestos. ¿Debo cambiar la cantidad que se le pagan a {usted/NAME} antes de los impuestos y otras deducciones o el sueldo neto de {usted/NAME} después de impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER		
DEDUCTIONS	01	CHANGE C12amt)
CHANGE AMOUNT OF TAKE-HOME PAY	02	(CHANGE C13amt)
SUPPRESS.....	03	

SECTION C: CURRENT EMPLOYMENT

(C10=00, d, or r) and (C12hop=01, 02, 03, 04, 05, or 06) and (C13hop=01, 02, 03, 04, 05, or 06)

C14a. SOFT EDIT: DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF TAKE MONTHLY HOME PAY (C_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C_JobMnthPay(1)) NE D OR R, AND $(C_JobMnthPay(1) - C_JobMnthPayTH(1) / C_JobMnthPayTH(1) > .30$, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you are/NAME is} paid (C12amt) per (C12hop) before taxes and other deductions which would be about (C_JobMnthPay(1) per month and that (C13amt) per (C13hop), or about (C_JobMnthPayTH(1) per month is left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions?

Debo haber anotado una respuesta incorrecta. Dijo que a {usted/NAME} se le pagan (C12amt) por (C12hop) antes de impuestos y otras deducciones, lo que sería aproximadamente (C_JobMnthPay(1) por mes y que (C13amt) por (C13hop), o aproximadamente (C_JobMnthPayTH(1) por mes, sobra como sueldo neto después de impuestos y otras deducciones. Basado en lo que anoté, su sueldo neto es más que su sueldo antes de impuestos. ¿Debo cambiar la cantidad que se le pagan a {usted/NAME} antes de los impuestos y otras deducciones o el sueldo neto de {usted/NAME} después de impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
 DEDUCTIONS 01 CHANGE C12amt)
 CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE C13amt)
 SUPPRESS..... 03

PROGRAMMER: CALCULATE TOTAL MONTHLY PAY FROM ALL JOBS COMBINED (TO BE USED LATER IN SECTION K):
 If C_JobMnthPay(1) or C_JobMnthPay(2) or C_JobMnthPay(3) (for all jobs listed)=d,
 C_CurMnthPay=d.
 If C_JobMnthPay(1) or C_JobMnthPay(2) or C_JobMnthPay(3) (for all jobs listed)=r, and none=d,
 C_CurMnthPay=r. Else, C_CurMnthPay=Sum of (C_JobMnthPay(1) AND C_JobMnthPay(2) AND C_JobMnthPay(3), etc. (for all jobs listed)).

Programmer box C14a: IF C1>1 AND HAVE NOT ASKED ABOUT ALL JOBS, LOOP BACK TO C2. ELSE, GO TO C15

(B24=01)

C15. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?
 YES 01 (CP4)
 NO 00 (CP2)

(C1=>1 AND C15 = 00)

CP2. How did {you/NAME} find {your/his/her} {main/current} job?

¿Cómo {usted / NAME} {encontrar su trabajo} {principal / actual}?

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

INTERVIEWER: CODE ALL THAT APPLY.
 THROUGH STATE'S UNEMPLOYMENT OFFICE 01 (CP2a)
 AMERICAN JOBCENTER / A STATE OR LOCAL
 WORKFORCE CENTER..... 02 (CP2a)
 THROUGH FRIENDS OR RELATIVES 03 (CP2a)
 THROUGH JOB ADVERTISEMENTS IN A NEWSPAPER
 OR ON THE INTERNET 04 (CP2a)

SECTION C: CURRENT EMPLOYMENT

THROUGH THE STATE VOCATIONAL REHABILITATION AGENCY OR {VRSTATE FROM {NAME'S} CURRENT STATE}	05	(CP2a)
THROUGH AN EMPLOYMENT AGENCY, PROGRAM, OR EMPLOYMENT NETWORK (EN).....	06	(CP2a)
THROUGH THE TICKET TO WORK (TTW) PROGRAM.....	07	(CP2a)
BY CONTACTING A FORMER EMPLOYER	08	(CP2a)
BY CONTACTING ANY OTHER EMPLOYERS.....	09	(CP2a)
OTHER (SPECIFY).....	10	(CP2_Oth)

(CP2=10)
CP2_Oth.

What other way did {you/NAME} find this job?

¿Qué otro manera lo hizo {usted / NAME} para encontrar este trabajo?

<OPEN> _____	
DON'T KNOW	d
REFUSED	r

(C1=>1 AND C15 = 00)

CP2a. CHECK: DID {NAME} MENTION MORE THAN ONE WAY FOUND MAIN/CURRENT JOB IN CP2?

YES	01	(CP2b)
NO	00	(CP3)

(C1=>1 AND C15 = 00 AND CP2a= 01)

CP2b. What was the main way {you/NAME} found {your/his/her} {main/current} job?

¿Cuál fue la forma principal que {usted / NAME} {encontrado su trabajo} {principal / actual}?

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

INTERVIEWER: CODE ALL THAT APPLY.

THROUGH STATE'S UNEMPLOYMENT OFFICE	01	(CP3)
AMERICAN JOB CENTER / A STATE OR LOCAL WORKFORCE CENTER.....	02	(CP3)
THROUGH FRIENDS OR RELATIVES	03	(CP3)
THROUGH JOB ADVERTISEMENTS IN A NEWSPAPER OR ON THE INTERNET.....	04	(CP3)
THROUGH THE STATE VOCATIONAL REHABILITATION AGENCY OR {VRSTATE FROM {NAME'S} CURRENT STATE}	05	(CP3)
THROUGH AN EMPLOYMENT AGENCY, PROGRAM, OR EMPLOYMENT NETWORK (EN).....	06	(CP3)
THROUGH THE TICKET TO WORK (TTW) PROGRAM.....	07	(CP3)
BY CONTACTING A FORMER EMPLOYER	08	(CP3)
BY CONTACTING ANY OTHER EMPLOYERS.....	09	(CP3)
OTHER (SPECIFY).....	10	(CP2_Oth)

(CP2b=10)
CP2_Oth.

What other way did {you/NAME} find this job?

¿Qué otro manera lo hizo {usted / NAME} para encontrar este trabajo?

<OPEN> _____	
DON'T KNOW	d (CP3)
REFUSED	r (CP3)

SECTION C: CURRENT EMPLOYMENT

(C1=>1 AND C15 = 00)

CP3. I am going to read a list of things that some people use or receive to help them find or keep a job. Please tell me 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}...

Voy a leer una lista de las cosas que algunas personas utilizan o reciben para ayudarles a encontrar o mantener un empleo. Por favor, dígame si {usted / NAME} utilizado alguna vez o ha recibido alguna de esas cosas para ayudar a e ¿{Usted/NAME}...

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

	YES	NO	NOT APPLICABLE	DON'T KNOW	REFUSED
a. ...have a job coach to help {you/him/her} learn how to do {your/his/her} job? ...usó un entrenador de empleo (job coach) para ayudarlo a aprender a hacer su trabajo?	01	00	02	d	r
b. ...use a sign language interpreter? ...usó un intérprete de lenguaje de signos?	01	00	02	d	r
c. ...use a reader or interpreter for the blind? ...usó un lector o intérprete para los ciegos?	01	00	02	d	r
d. ...use an assistant or caregiver for personal care? (IF NEEDED: This includes help bathing and dressing to get ready for work and eating lunch or using the restroom at work) ...usó un asistente o cuidador para el cuidado personal? (IF Needed: ayuda para bañarse, vestirse, o la preparación de comidas)	01	00	02	d	r
e. ...use a personal care assistant or direct support professional at work to help with job-related tasks? (IF NEEDED: This includes help with writing, reading, lifting, or reaching). ...usó un asistente personal en el trabajo para ayudar con las tareas relacionadas con el trabajo? (IF NEEDED: Esto incluye ayuda con la escritura, la lectura, el levantamiento o alcance.)	01	00	02	d	r
f. ...receive on the job training? ...recibió capacitación en el trabajo?	01	00	02	d	r
g. ...receive counseling about how work will affect your benefits? ...recibió asesoramiento sobre cómo el trabajo afectará sus beneficios?	01	00	02	d	r
h. ...receive help with transportation? ...recibió ayuda con el transporte?	01	00	02	d	r
i. ...receive help with child or family care? ...recibió ayuda con cuidado de niños o la familia?	01	00	02	d	r
j. ... use special equipment or devices? ...usó equipos o aparatos especiales?	01	00	02	d	r

(C1=>1 AND C15 = 00) AND (CP3j=01)

CP3k.1. What special equipment or devices did you use?
¿Qué equipaje o dispositivos especiales usó usted?

INTERVIEWER: CODE ALL THAT APPLY.

BRACE 01
CANE/CRUTCHES/WALKER..... 02

SECTION C: CURRENT EMPLOYMENT

WHEELCHAIR.....	03	
MODIFIED COMPUTER HARDWARE.....	04	
MODIFIED COMPUTER SOFTWARE	05	
HEARING AID/DEVICE	07	
SPECIAL GLASSES.....	08	
SPECIAL CHAIR/BACK SUPPORT	09	
SPECIAL SHOES/STOCKINGS.....	10	
OTHER (SPECIFY) _____	06	(CP3k.1_oth)
DON'T KNOW	d	
REFUSED	r	

(CP3k.1=06)
CP3k.1_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____		
DON'T KNOW	d	
REFUSED	r	

SECTION C: CURRENT EMPLOYMENT

(C1=>1 AND C15 = 00)

CP3. Did {you/NAME} use or receive anything else to help find or keep working at {your/his/her} {main/current} job?

Hizo {usted / NAME} uso de o recibir cualquier otra cosa para ayudar a encontrar o seguir trabajando en su trabajo (principal / actual)?

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

YES	01 (CP3Im_oth)
NO	00
NOT APPLICABLE	na
DON'T KNOW	d
REFUSED	r

(CP3I=01)

CP3Im_oth. **INTERVIEWER:** PLEASE SPECIFY

Other (SPECIFY) _____	
DON'T KNOW	d
REFUSED	r

(C1=>1 AND C15 = 00 or 01)

CP4. Did a friend, family member, coworker, caseworker, or anyone else help {you/him/her} find or keep working [IF C15=00 keep working] {your/his/her} {main/current} job?

Un amigo, un familiar, compañero de trabajo, trabajador social, o cualquier otra persona le ayudó a {usted / él / ella} encontrar o seguir trabajando en su trabajo (principal / actual)?

PROBE: Help could include telling you about a job, helping you get ready for an interview, making a connection for you, or giving you support or encouragement.

Ayuda podría incluir que le dice acerca de un trabajo, ayudando a prepararse para una entrevista, haciendo una conexión para usted, o dar apoyo y estímulo.

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

YES	01 (CP5)
NO	00 (CP8)
DON'T KNOW	d (CP8)
REFUSED	r (CP8)

(CP4=01)

CP5. Who did {you/NAME} get help from?

De quien {ha/NAME} recibido ayuda?

CODE ALL THAT APPLY

A PARENT OR GUARDIAN	01
A SPOUSE OR PARTNER	02
ANOTHER RELATIVE	03
A FRIEND OR MENTOR.....	04
AN EMPLOYER OR SUPERVISOR.....	05
A CO-WORKER	06
A CASEWORKER OR COUNSELOR.....	07
A JOB COACH	08
A MEDICAL PROVIDER	09
OTHER (SPECIFY).....	10 (CP5_oth.)

(CP5=10)

SECTION C: CURRENT EMPLOYMENT

CP5_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d

REFUSED r

SECTION C: CURRENT EMPLOYMENT

(CP4=01)

CP6. What kind of help did {you/NAME} get from this person/these people?

¿Qué tipo de ayuda ha {usted / NAME} recibido de esta{s} persona{s}?

INTERVIEWER: CODE ALL THAT APPLY.

HELP CARING FOR CHILDREN OR OTHERS	01
HELP WITH PERSONAL CARE	02
TRANSPORTATION	03
HELP FINDING A JOB	04
TRAINING	05
SOMEONE TO TALK TO/GET ADVICE	06
HELP GETTING ACCOMMODATIONS	07
FINANCIAL ASSISTANCE	08
OTHER (SPECIFY)	09 (CP6_oth)
DON'T KNOW	d
REFUSED	r

(CP6=09)

CP6_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____	
DON'T KNOW	d
REFUSED	r

(C1=>1 AND C15 = 00)

CP8. How comfortable or uncomfortable {do you/does NAME} feel about discussing {your/his/her} disability or health condition with others at {your/his/her} (current/main) job? Would you say...

¿Qué tan cómodo o incómodo {se/NAME} siente(s) acerca de discutir su condición de discapacidad o de su salud con los demás en su empleo (principal/actual)? ¿Diría que...

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

Very comfortable,	01
Comfortable,	02
Neither comfortable nor uncomfortable,	03
Uncomfortable, or	04
Very uncomfortable	05
DON'T KNOW	d
REFUSED	r

(C1=>1 AND C15 = 00)

CP7. As far as you know does anyone at {your/NAME's} {main/current} job know that {you have/he has/she has} a disability?

En lo que usted sabe, ¿alguien de {su / del NAME} trabajo (principal / actual) sabe que {usted/él/ella} tiene una discapacidad?

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

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

SECTION C: CURRENT EMPLOYMENT

(C1=>1 AND C15 = 00)

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

En este trabajo, ¿la mayoría de los demás trabajadores tienen discapacidades?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(C1=>1 AND C15 = 00)

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

¿Podría haber tomado este trabajo cualquier persona que lo solicitara y estuviera calificada, incluso alguien que no tenga una discapacidad?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(C1=>1 AND C15=00)

C16. {Have you/Has NAME} received any promotions at {your/his/her} {main/current} job during the past 12 months?

¿Recibió [usted/NAME] alguna promoción en este empleo durante los últimos 12 (doce) meses?

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(B24=01)

C17. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES 01 (C19)
 NO 00

(C1>=1 AND C17=00)

C18. Taking all things into account, how satisfied are you with your {main/current} job? Would you say

Tomando todo en cuenta, ¿cuán satisfecha(o) está {usted/NAME} en su empleo {principal/actual}? ¿Diría usted:

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

Very satisfied,
 Muy satisfecho, 01
 Somewhat satisfied,
 algo satisfecho, 02
 Not very satisfied, or
 no muy satisfecho, o 03
 Not at all satisfied?
 nada satisfecho? 04
 DON'T KNOW d
 REFUSED r

SECTION C: CURRENT EMPLOYMENT

(B24=01)

C19. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?

YES..... 01 (C21)
 NO..... 00

(C1>=1 AND C19=00)

C20. I am going to read to you a list of benefits that some employers offer their employees. Please tell me whether or not {your/NAME's} {main/current} employer offers {you/him/her} any of these benefits.

Ahora quisiera hacer algunas preguntas más acerca {de su/del} empleo {principal/actual} {de NAME}. Le voy a leer una lista de beneficios que algunos empleadores ofrecen a sus empleados. Por favor dígame si {su empleador/el empleador} {principal/actual} {de NAME} le ofrece cualquiera de estos beneficios.

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

Does {your/NAME's} employer offer {you/NAME}

¿{Su empleador principal/el empleador principal de {NAME} le ofreció a {usted/NAME}...

PROBE: Please answer 'yes' if {you are/NAME is} eligible for the benefit but {haven't/hasn't} yet started to receive it.

Por favor conteste 'sí', si {usted/NAME} es elegible para el beneficio, pero aún no empezó a recibirlo.

	YES	NO	DON'T KNOW	REFUSED
a. Health care insurance? (IF NECESSARY: medical and/or hospital) ¿Ofrece {su/el} empleador {principal/actual} {de NAME} . . . Seguro médico o 'Health care insurance'? (IF NECESSARY: de salud y/o de hospital)	01	00	d	r
b. Dental benefits? ¿Ofrece {su/el} empleador {principal/actual} {de NAME} . . . Beneficios dentales (atención para los dientes)?	01	00	d	r
c. Sick days with pay? ¿Ofrece {su/el} empleador {principal/actual} {de NAME} . . . Días de enfermedad con pago?	01	00	d	r
d. Paid vacation? ¿Ofrece {su/el} empleador {principal/actual} {de NAME} . . . Vacaciones pagadas?	01	00	d	r
e. Free or low-cost childcare? ¿Ofrece {su/el} empleador {principal/actual} {de NAME} . . . 'Childcare' o cuidado de niños gratis o de bajo costo?	01	00	d	r
f. Transportation, a transportation allowance, or transportation discounts? ¿Ofrece {su/el} empleador {principal/actual} {de NAME} . . . Transporte, un subsidio de transporte, o transporte con descuento?	01	00	d	r
g. Long-term disability benefits? ¿Ofrece {su/el} empleador {principal/actual} {de NAME} . . . Beneficios por incapacidad de plazo-largo (long-term disability)?	01	00	d	r

SECTION C: CURRENT EMPLOYMENT

h. Pension or retirement benefits?

¿Ofrece {su/el} empleador {principal/actual} {de NAME} . . .
 Pensión o beneficios de jubilación? 01 00 d r

i. Flexible health or dependent care spending accounts?

¿Ofrece {su/el} empleador {principal/actual} {de NAME} . . .
 Cuentas de gastos médicos flexibles o para la atención médica
 de dependientes 01 00 d r

(C1>=1)

C21. CHECK: DOES {NAME} HAVE MORE THAN ONE CURRENT JOB (C1>01)?

YES..... 01
 NO..... 00

(C1>=1)

C32. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?

YES..... 01 (C34)
 NO..... 00

SECTION C: CURRENT EMPLOYMENT

(C1>=1 AND C32=00)

C33. PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."

Please tell me whether or not {your/NAME's} {main/current} employer has made any of these changes because of {your/his/her} physical or mental health condition. Has {your/NAME's} employer because of {your/his/her} physical or mental health condition...

Por favor dígame si {su/el} empleador {principal/actual} {de NAME} hizo o no hizo cualquiera de estos cambios por causa de su condición física o mental. ¿Por causa de su condición física o mental {su empleador/el empleador de NAME}. ..

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST JOB.

PROBE: {Your/NAME's} main job is the job we have been talking about. The one at which {you work/(he/she) works} the most hours.

{Su trabajo principal/El trabajo principal de NAME} es el trabajo de que hemos estado hablando. En el que {usted/él/ella} trabaja la mayor cantidad de horas.

	YES	NO	DON'T KNOW	REFUSED
<p>a. Provided {you/NAME} with any <u>special equipment</u> or assistive technology? (PROBE: For example special tools or equipment, software, or devices to accommodate {your/NAME's} condition in the workplace.)</p> <p>ha proporcionado a {usted/NAME} algún aparato o equipo especial o alguna tecnología de asistencia? (PROBE: Por ejemplo herramientas o equipos especiales, programas de computadora (software), o aparatos que sirven para acomodar en el lugar de trabajo a la condición {suya/de NAME})</p>	01	00	d	r
<p>b. Made any changes in {your/NAME's} <u>work schedule</u>? (PROBE: For example, working fewer hours, changing the time {you arrive or leave/(he/she) arrives or leaves}, or taking more breaks to accommodate {your/NAME's} condition in the workplace.)</p> <p>ha hecho algún cambio en {su/el} horario de trabajo {de NAME} ? (PROBE: Por ejemplo: trabajar menos horas, cambió la hora que {usted/(él/ella)} llega al trabajo o la hora que termina el trabajo, o tomar más recreos o descansos (breaks) para acomodar en el lugar de trabajo a la condición {suya/de NAME}.</p>	01	00	d	r
<p>c. Made any changes to <u>the tasks {you were/NAME was} assigned</u> or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate {your/NAME's} condition in the workplace.)</p> <p>cambió las tareas que {usted/NAME} recibe o la forma en la que se desempeñan las tareas? (PROBE: Por ejemplo: un trabajo más ligero o con tareas menos difíciles, para acomodar en el lugar de trabajo a la condición de {usted/NAME}.</p>	01	00	d	r
<p>d. Made any changes to the physical <u>work environment</u> to make things easier for {you/NAME}?</p>	01	00	d	r

SECTION C: CURRENT EMPLOYMENT

(**PROBE:** For example, modifying {your/his/her} work area, improving accessibility in the building, or providing assigned parking to accommodate {your/NAME's} condition in the workplace.)

hizo cambios físicos en el ambiente de trabajo para que le sea más fácil a {usted/NAME}? (**PROBE:** Por ejemplo, haciendo modificaciones en su área de trabajo, mejorando la accesabilidad al edificio, o proporcionando un lugar de estacionamiento asignado para acomodar en el lugar de trabajo a la condición {suya/de NAME}..

- e. Arranged for co-workers or others to assist {you/NAME}?

(**PROBE:** For example, providing a personal care attendant, interpreter, or job coach while at work.)

hizo arreglos para que colegas de trabajo u otras personas (lo/la) ayuden a {usted/NAME} ? (**PROBE:** Por ejemplo: proporcionando un(a) asistente de atención personal, un intérprete, o un job coach o entrenador de empleo, mientras está trabajando.)

01 00 d r

- f. Made any other changes that I didn't mention to accommodate {your/NAME's} condition in the workplace?

hizo algún otro cambio que no mencioné para acomodar la condición que {usted/NAME}tiene en su lugar de trabajo?

01 00 d r

PROGRAMMER: IF C33f=01, GO TO C33f_Other, ELSE GO TO C34.

(C32=00 and C33f=01)

C33f_Other. What other changes?

¿Qué otros cambios?

<OPEN> _____

DON'T KNOW d
 REFUSED r

SECTION C: CURRENT EMPLOYMENT

(C1>=1)

C34. Are there any changes in {your/NAME's} {main/current} job or workplace related to {your/his/her} physical or mental health condition that {you need/(he/she) needs}, but that have not been made?

¿Hay cualquier cambio relacionado a su condición física o mental que {usted/NAME} necesita en su lugar de empleo (o trabajo) {principal/actual}, pero que no se ha hecho?

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

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST JOB.

PROBE: {Your/NAME's} main job is the job that we have been talking about. The one at which {you work/(he/she) works} the most hours.

{Su trabajo principal/El trabajo principal de NAME} es el trabajo de que hemos estado hablando. En el que {usted/él/ella} trabaja la mayor cantidad de horas.

YES 01
 NO 00 (CP12)
 DON'T KNOW d (CP12)
 REFUSED r (CP12)

(C34=01)

C35. What are those changes?

¿Cuáles son esos cambios?

PROBE: Anything else?

¿Algo más?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____

DON'T KNOW d
 REFUSED r

(C34=01)

C36. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?

YES 01 (C38)
 NO 00

(C34=01 and C36=00)

C37. Did {you/NAME} or anyone else ask {your/his/her} employer for (any of) these changes?

¿ {Usted/NAME}o alguna otra persona pidió a su empleador que haga (cualquiera de) estos cambios?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(C1=>1)

CP12. Is there anything special about {your/NAME's} {main/current} job that helps {you/NAME} to keep working with a disability?

¿Hay algo especial acerca de su trabajo (principal / actual) que permite {usted / NAME} trabajar con una discapacidad?

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

YES 01
 NO 00 (CP13a)
 DON'T KNOW d (CP13a)

SECTION C: CURRENT EMPLOYMENT

REFUSED r (CP13a)

SECTION C: CURRENT EMPLOYMENT

(CP12=01)

CP12a. What is special about {your/NAME's} {main/current} job that helps {you/NAME} to keep working with a disability?

¿Qué tenía de especial el trabajo (principal/actual) que ayuda {ha usted / ha NAME} seguir trabajar con una discapacidad?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

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

MODIFIED JOB DUTIES.....	01
SPECIAL EQUIPMENT OR MODIFIED SPACE.....	02
FLEXIBLE SCHEDULE	03
WORK AT HOME.....	04
HEALTH INSURANCE	05
SICK LEAVE	06
SUPERVISOR UNDERSTANDS DISABILITY NEEDS ...	07
CO-WORKER ASSISTANCE.....	08
OTHER(SPECIFY)	09 (CP12a_oth)
DON'T KNOW	d
REFUSED	r

(CP12a=09)

CP12a_oth. What else about {your/NAME's} {main/current} job allows {you/NAME} to keep working?

¿Qué más ayudó {usted / NAME} para seguir trabajando en su trabajo (principal/actual)?

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

<OPEN>_____	
DON'T KNOW	d
REFUSED	r

(C1=>1)

CP13a. Next I am going to ask you about types of problems some people experience that could cause them to work less or stop working. During the past year, did {you/NAME} have any problems with {your/NAME's} health, that caused {you/him/her} to work less or stop working, for example worsening illness or the need to go to medical appointments?

A continuación, voy a preguntarle acerca de los tipos de problemas que algunas personas experimentan, que puede causarles a trabajar menos o dejar de trabajar. Durante el pasado año, {usted / NAME} ha tenido algún problema con {su/NAME'S} salud que causó {usted / él / ella} trabajar menos o dejar de trabajar, por ejemplo, la enfermedad empeora o la necesidad de ir a las citas médicas?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

SECTION C: CURRENT EMPLOYMENT

(CP13a=01)

CP13.a1. What was it about {your/NAME's} health that might have caused {you/NAME} to have to work less or stop working?

¿Qué es de {su/NAME} salud que podrían causado que trabaje menos o dejar de trabajar?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

EXISTING HEALTH PROBLEM GETS WORSE.....	01
NEW HEALTH PROBLEM STARTS	02
GET INJURED	03
JOB HAS A NEGATIVE IMPACT ON HEALTH	04
NEED TO BE HOSPITALIZED.....	05
NEED TIME TO GO TO MEDICAL APPOINTMENTS	06
GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION.....	07
HEALTH INTERFERES WITH JOB PERFORMANCE.....	08
DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK	09
PAIN INTERFERES WITH WORKING A SET SCHEDULE	10
PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG	11
HEALTH STATUS FLUCTUATES UNPREDICTABLY.....	12
DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.....	13
WORK IS TOO TIRING OR STRESSFUL	14
OTHER (SPECIFY).....	15 (CP13.a1_oth)
DON'T KNOW	d
REFUSED	r

(CP13.a1=15)

CP13.a1_Oth. **INTERVIEWER:** Please specify.

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(C1=>1)

CP13b. During the past year, did {you/NAME} have any problems with {your/NAME's} job, that caused {you/him/her} to work less or stop working, for example the need for accommodations, or problems with {your/NAME's} co-workers?

¿Durante el pasado año, {usted / NAME} ha tenido algún problema con su trabajo que causó {usted / él / ella} trabajar menos o dejar de trabajar, por ejemplo por la necesidad de arreglos o problemas con compañeros de trabajo?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

SECTION C: CURRENT EMPLOYMENT

(CP13b=01)

CP13.b1. What was it about {your/NAME's} {main/current} job that might have caused {you/NAME} to have to work less or stop working?

¿Qué es de {su/NAME} trabajo (actual/principal) que podrían causado que trabaje menos o dejar de trabajar?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

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

JOB DOES NOT PAY ENOUGH.....	01
JOB DOES NOT OFFER HEALTH INSURANCE BENEFITS....	02
NEED A DIFFERENT SCHEDULE OR SHIFT.....	03
NEED TIME TO GO TO MEDICAL APPOINTMENTS	04
GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION.....	05
HEALTH INTERFERES WITH JOB PERFORMANCE.....	06
DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK.....	07
PAIN INTERFERES WITH WORKING A SET SCHEDULE.....	08
PERSONAL CARE AND GETTING READY FOR WORK TAKE TOO LONG.....	09
DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.....	10
FOUND ANOTHER JOB (NEW).....	20
WORK SCHEDULE (NEW).....	22
DID NOT LIKE/GET ALONG WITH CO-WORKERS (NEW).....	23
DID NOT LIKE/GET ALONG WITH MANAGER, SUPERVISOR, OR BOSS (NEW).....	24
DID NOT LIKE/GET ALONG WITH OTHER STAFF RESPONSIBLE FOR HIRING OR PROVIDING ACCOMMODATIONS (SUCH AS HUMAN RESOURCES) (NEW)	25
OTHER (SPECIFY).....	11 (CP13b1_oth)
DON'T KNOW	d
REFUSED	r

(CP13.b1=11)

CP13.b1_Oth. **INTERVIEWER:** Please specify.

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(C1=>1)

CP13c. During the past year, did {you/NAME} have any problems with {Your/NAME's} personal circumstances, that caused {you/him/her} to work less or stop working, for example the need for childcare, not having reliable transportation, or worry about losing other benefits?

Durante el pasado año, {usted / NAME} ha tenido algún problema con circunstancias personales que causó {usted / él / ella} trabajar menos o deja de trabajar, por ejemplo la necesidad de cuidado de los hijos, no tener transporte confiable, o preocuparse por la pérdida de otros beneficios?

SECTION C: CURRENT EMPLOYMENT

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(CP13c=01)

CP13.c1.What was it about {your/NAME's} personal circumstances that might have caused {you/NAME} to have to work less or stop working?

¿Qué es de {su/NAME} circunstancias personales que podrían causado que trabaje menos o dejar de trabajar?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

NEED HELP CARING FOR CHILDREN OR OTHERS	01
NEED PERSONAL ASSISTANCE	02
GET INJURED	03
MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE	04
PERSONALITY CONFLICTS WITH OTHERS AT THE JOB	05
MIGHT GET FIRED FOR BEHAVIOR AT THE JOB	06
DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK	07
DRUG/ALCOHOL RELAPSE	08
WOULD RATHER DO OTHER THINGS THAN WORK	09
DO NOT LIKE WORKING	10
WORK IS TOO TIRING OR STRESSFUL	11
MOVED TO ANOTHER AREA (NEW)	19
LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW)	21
OTHER (SPECIFY)	12 (CP13.c1_oth)
DON'T KNOW	d
REFUSED	r

(CP13.c1=12)

CP13.c1_Oth. **INTERVIEWER:** Please specify.

<OPEN> _____

DON'T KNOW	d
REFUSED	r

SECTION C: CURRENT EMPLOYMENT

(CP13a=01 or CP13b=01 or CP13c=01)

CP14. What {did you/NAME do} or what things helped {you/NAME} to be able to keep working?

Que {hiciste usted/ hiso NAME} o que cosas le ayudo para seguir trabajando?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

WORKING FEWER HOURS A DAY	01	
WORKING FEWER DAYS A WEEK	02	
WORKING A DIFFERENT SHIFT	03	
A MORE FLEXIBLE SCHEDULE/ABLE TO START DAY LATER	04	
HAVING/HAVING MORE SICK OR OTHER LEAVE	05	
PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT TO HELP WITH GETTING READY AND/OR DO HOUSEHOLD TASKS.....	06	
ASSISTANCE WITH WORK TASKS.....	07	
MORE UNDERSTANDING EMPLOYER/CO-WORKERS	08	
ASSISTIVE DEVICE AT WORK.....	09	
PHYSICAL MODIFICATIONS OF WORKSPACE.....	10	
JOB COACH	11	
SIGN LANGUAGE INTERPRETER	12	
READER/INTERPRETER FOR THE BLIND.....	13	
ON THE JOB TRAINING.....	14	
BEHAVIORAL COACHING	15	
BENEFITS COUNSELING	16	
TRANSPORTATION ASSISTANCE.....	17	
CHILD/FAMILY CARE ASSISTANCE.....	18	
OTHER.....	19	(CP14_Oth)
DON'T KNOW	d	
REFUSED	r	

(CP14=19)

CP14_oth. What other things helped {you/NAME} be able to keep working?

¿Qué otras cosas ayudaron {usted / NAME} para poder seguir trabajando?

Other (SPECIFY)_____	
DON'T KNOW	d
REFUSED	r

(C1>=1)

C38. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES.....	01	(C39a2)
NO.....	00	

SECTION C: CURRENT EMPLOYMENT

(C1>=1 AND RTYPE=01)

C39. Again, thinking about your {main/current} job, how much do you agree or disagree with each of the following statements? Would you say you strongly agree, agree, disagree, or strongly disagree?

Otra vez, pensando acerca de su empleo (o trabajo) {principal/actual}, ¿cuánto está de acuerdo o desacuerdo con cada una de las siguientes frases? ¿Diría que está muy de acuerdo, de acuerdo, en desacuerdo, o muy en desacuerdo?

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

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST JOB.

PROBE: Your main job is the job that we have been talking about. The one at which you work the most hours.

Su trabajo principales el trabajo de que hemos estado hablando. En el que usted trabaja la mayor cantidad de horas.

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NA	DON'T KNOW	REF-USED
----------------	-------	----------	-------------------	----	------------	----------

a. You have a chance to develop your abilities							
b. Usted tiene una oportunidad de desarrollar sus habilidades.	01	02	03	04	05	d	r
c. You have recognition or respect from others							
d. Usted tiene el reconocimiento o respeto de otros.	01	02	03	04	05	d	r
e. You can work on your own in your job if you want to							
f. Usted puede trabajar independientemente en su trabajo si quiere.	01	02	03	04	05	d	r
g. You can work with others in a group or team if you want to							
h. Usted puede trabajar con otros en un grupo o equipo si quiere.	01	02	03	04	05	d	r
i. Your work is interesting or enjoyable							
j. Su trabajo es interesante o agradable.	01	02	03	04	05	d	r
k. Your work gives you a feeling of accomplishment or contribution							
l. Su trabajo le da una sensación de logro o contribución.	01	02	03	04	05	d	r
m. IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): Your supervisor is supportive Su supervisor le da apoyo. ELSE: SKIP TO C39_h	01	02	03	04	05	d	r
n. Your co-workers are friendly and supportive							
o. Sus compañeros de trabajo son amigables y dan apoyo.	01	02	03	04	05	d	r

(C1>=1)

C39a2. Sometimes people work fewer hours or earn less money than they could in order to care for family members, keep the cash benefits they need, or just to have more free time. In (your/NAME's) {main/current} job, {do you/ does he/ does she} work fewer hours or earn less money than {you/he/she} could for any reason?

SECTION C: CURRENT EMPLOYMENT

Algunas personas a veces trabajan menos horas o ganan menos dinero de lo que pudieran, para poder cuidar o atender a miembros de su familia, o para recibir beneficios en efectivo que necesitan, o simplemente para tener más tiempo libre. En {el/su} trabajo o empleo {principal/actual} {de NAME}, ¿trabaja {usted/NAME} menos horas o gana menos dinero de lo que {usted/(él/ella)} pudiera, por cualquier razón?

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

YES	01
NO	00 (C39_1)
DON'T KNOW	d (C39_1)
REFUSED	r (C39_1)

SECTION C: CURRENT EMPLOYMENT

(C1>=1 AND C39a2=01)

C39b. (Do you/Does NAME) work fewer hours or earn less money than (you/he/she) could because (you/he/she)...

¿Trabaja {usted/NAME} menos horas o gana menos dinero de lo que {usted/(él/ella)} podría, porque . . .

PROBE: I need to ask everyone in our study the same questions, even if they don't seem to apply to (you/NAME).

Necesito hacer las mismas preguntas a todos los participantes en nuestro estudio, aún si no parece que se aplican a {usted/NAME} .

INTERVIEWER NOTE: CODE NO IF NOT APPLICABLE

	YES	NO	DON'T KNOW	REFUSED
a. {Are/Is} taking care of children or others? está cuidando a niños o a otras personas?	01	00	d	r
b. {Are/Is} enrolled in school or a training program? está (matriculado/matriculada) en un programa de estudio o entretenimiento?	01	00	d	r
c. Want(s) to keep Medicare or Medicaid coverage? quiere continuar teniendo su cobertura de Medicare o Medicaid?	01	00	d	r
d1. Want(s) to keep Social Security disability cash benefits? Quiere conservar los beneficios en efectivo por incapacidad del Seguro Social?	01	00	d	r
d2. Want(s) to keep other benefits like food stamps, housing assistance, or workers' compensation? Quiere continuar recibiendo otros beneficios, tal como estampillas de comida o cupones de alimentos, asistencia para la vivienda, o compensación de trabajadores?	01	00	d	r
e. Just (do/does) not want to work more? simplemente porque {usted/(él/ella)} no quiere trabajar más?	01	00	d	r
g. {Are/is} in poor health or [have/has] health concerns? ¿{Usted/NAME} está en mal estado de salud o tiene preocupaciones en relación a su salud?	01	00	d	r
f. Are there any reasons I didn't mention why (you are/NAME is) working or earning less than (you/he/she) could? ¿Hay alguna otra razón que no he mencionado, y por la cual {usted/NAME} trabaja menos o gana menos de lo que {usted/(él/ella)} pudiera?	01	00	d	r

PROGRAMMER: IF C39b_f=01 GO TO C39f_Other, ELSE SKIP TO C39_1

(C39b_f=01)

C39f_Other What other reason?

¿Qué otra razón?

<OPEN> _____

DON'T KNOW d
REFUSED r

(C1>=1)

SECTION C: CURRENT EMPLOYMENT

C39_1. Have any of {your/NAME's} disability-related benefits been reduced or ended because of {your/his/her} {main/current} job?

¿Alguno de los beneficios que {usted/NAME} recibe relacionados a incapacidad, han sido reducidos o terminados por causa de su empleo o trabajo {principal/actual}?

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

YES	01
NO	00 (C39_3)
DON'T KNOW	d (C39_3)
REFUSED	r (C39_3)

SECTION C: CURRENT EMPLOYMENT

(C1>=1 AND C39_1=01)

C39_2 What benefits have been reduced or ended as a result of {your/NAME's} {main/current} job?

¿Qué beneficios han sido reducidos o terminados como resultado del empleo o trabajo {principal/actual} que {usted/NAME} tiene

INTERVIEWER: MARK ALL THAT APPLY.

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

PRIVATE DISABILITY INSURANCE.....	01
WORKERS' COMPENSATION	02
VETERANS' BENEFITS.....	03
MEDICARE	04
MEDICAID.....	05
SOCIAL SECURITY DISABILITY BENEFITS (SSI OR SSDI) ...	06
PUBLIC ASSISTANCE OR WELFARE	07
FOOD STAMPS	08
PERSONAL ASSISTANCE SERVICES (PAS)	09
UNEMPLOYMENT BENEFITS	10
OTHER STATE DISABILITY BENEFITS	11
OTHER GOVERNMENT PROGRAMS	12
OTHER (SPECIFY).....	13

(C39_2=13)

C39_2_Oth What other benefits?

¿Qué otros beneficios?

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(C1>=1)

C39_3. Now, I am going to read you a list of things that sometimes help people to work more hours or earn more money. If any of these do not apply to {you/NAME}, please just say so. At {your/NAME's} {main/current} job, do you think that {you/she/he} could work or earn more if you/he/she had.

Ahora le voy a leer una lista de cosas que a veces ayudan a gente a trabajar más horas, o ganar más dinero. Si alguno de estos no son aplicables a {usted/NAME} , por favor diga. En su empleo o trabajo¿cree usted que {usted/NAME} pudiera trabajar o ganar más si {usted/(él/ella)} tuviera . . .

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

	YES	NO	DON'T KNOW	REFUSED
a. Help caring for {your/his/her} children or others in the household? ayuda para cuidar a niños o a otros miembros de su hogar?	01	00	d	r
b. Help with {your/his/her} own personal care such as bathing, dressing, preparing meals, and doing housework? ayuda para su atención o cuidado personal, tal como para bañarse, vestirse, preparar comidas, y hacer quehaceres domésticos?	01	00	d	r
c. Reliable transportation to and from work? transporte en el que puede confiar, para ir y regresar del trabajo?	01	00	d	r

SECTION C: CURRENT EMPLOYMENT

d. Better job skills? mejores destrezas de empleo?	01	00	d	r
e. A job with a flexible work schedule? un empleo o trabajo con un horario flexible de trabajo?	01	00	d	r
f. Help with finding and getting a better job? ayuda para encontrar y obtener un mejor empleo o trabajo?	01	00	d	r
g. Any special equipment or medical devices? algún equipo especial o aparato médico? PROGRAMMER: IF C39_3g=01, GO TO C39_3g_Other, ELSE GO TO C39_3h.	01	00	d	r
h. Is there anything else that I didn't mention that would help [you/NAME] work or earn more? ¿Hay alguna otra cosa que no he mencionado que le ayudaría a {usted/NAME} trabajar o ganar más?	01	00	d	r

PROGRAMMER: IF C39_3h=01, GO TO C39_3h_Other, ELSE GO TO C39_4.

(C39_3g=01)

C39_3g_Other. What other special equipment or medical devices?

¿Qué otro equipo especial o aparato médico?

<OPEN> _____

DON'T KNOW d
REFUSED r

(C39_3h=01)

C39_3h_Other What else?

¿Qué más?

<OPEN> _____

DON'T KNOW d
REFUSED r

(C1>=1)

C39_4. One last question about (your / NAME's) {main/current} job. Because of {your/his/her} work, has Social Security needed to make any changes to the amount of {your/his/her} disability benefits?

Una última pregunta acerca del empleo o trabajo que {usted/NAME} tiene. Por causa de su trabajo, ¿el Seguro Social o Social Security ha necesitado hacer algún cambio en la suma que recibe por sus beneficios por incapacidad?

PROBE: Did {your/NAME's} benefit amount decrease or did {you/he/she} lose benefits altogether?

PROBE: ¿La suma del beneficio que {usted/NAME} recibe fue reducida o perdió [usted/él/ella] todos sus beneficios?

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

YES 01
NO 00 (C39_5)
DON'T KNOW d (C39_5)
REFUSED r (C39_5)

(C39_4=01)

C39_4a. Because of these changes has the Social Security Administration paid {you/NAME} the wrong benefit amount?

SECTION C: CURRENT EMPLOYMENT

Por causa de estos cambios, la Administración del Seguro Social o Social Security Administration le pagó a {usted/NAME} la suma equivocada en beneficios?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

(C1>=1)

C39_5. {Were you/Was NAME} asked to re-pay benefits because the Social Security Administration overpaid {you/him/her}?

¿Le pidieron que {usted/NAME} pague de vuelta los beneficios que le fueron sobre-pagados por la Administración del Seguro Social o Social Security Administration?

- YES 01
- NO 00 (C40a)
- DON'T KNOW d (C40a)
- REFUSED r (C40a)

(C39_5=01)

C39_6. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/(he was/she was} working while receiving benefits?

¿Le pidieron a {usted/NAME} que pague de vuelta a la Administración del Seguro Social o Social Security Administration, porque {usted/(él/ella)}estaba trabajando mientras recibía beneficios?

- YES 01 (C39_7)
- NO 00 (C40a)
- DON'T KNOW d (C40a)
- REFUSED r (C40a)

SECTION C: CURRENT EMPLOYMENT

(C39_6=01)

C39_7. Did {you/NAME} try to appeal or challenge the request to re-pay benefits to the Social Security Administration?

¿{Usted/NAME} intentó apelar u objetar cuando le pidieron que pagara de vuelta los beneficios a la Administración del Seguro Social o Social Security Administration?

- YES 01 (C39_8)
- NO 00 (CP16)
- DON'T KNOW d (CP16)
- REFUSED r (CP16)

(C39_7=01)

C39_8. Did {you/NAME} end up repaying the full benefit amount, repaying some of the benefit amount, or did you not repay any amount?

¿Terminó {you/NAME} pagando de vuelta la cantidad total de los beneficios, pagando de vuelta parte de la cantidad total de los beneficios, o no pagó nada de vuelta?

- REPAY FULL BENEFIT AMOUNT 01
- REPAY SOME BENEFIT AMOUNT 02
- DID NOT REPAY AND BENEFIT AMOUNT..... 03
- DON'T KNOW d
- REFUSED r

(C39_6=01)

CP16. Did {you/NAME} change how much {you/he/she} worked because {you were/he was/she was} asked to re-pay the Social Security Administration?

¿Cambió {Usted/NAME} cuánto {usted/(él/ella)} trabajó, porque se le pidió a {usted/(él/ella)} que devolviera pagos a la Administración del Seguro Social?

- YES 01
- NO 00 (C40a)
- DON'T KNOW d (C40a)
- REFUSED r (C40a)

(CP16=01)

CP16a. What did {you/NAME} change about the hours {you/he/she} worked? Did {you/he/she}....

¿Qué cambió {usted/NAME} acerca de las horas que trabajó? {Usted/(Él/Ella)}...

- Reduce {your/his/her} work hours by a little,
Reducir sus horas de trabajo por un poco 01
- Reduce {your/his/her} work hours by a lot,
Reducir sus horas de trabajo por mucho, 02
- Increase {your/his/her} work hours by a little, or
Aumentar sus horas de trabajo por un poco 03
- Increase {your/his/her} work hours by a lot?
Aumentar sus horas de trabajo por mucho 04
- DON'T KNOW d
- REFUSED r

(B24=01)

C40a. CHECK: WAS {NAME} WORKING DURING THE PAST 6 MONTHS (B24B = 01)?

- YES 01 (C_B1)
- NO 00 (C40b)

(B24=01)

C40b. CHECK: WAS {NAME} WORKING IN 2022 (B30 = 01)?

SECTION C: CURRENT EMPLOYMENT

YES 01 (D1)
NO 00 (SC1)

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, D, or R)

C_B1. Now I am 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.

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

Ahora voy a hacer algunas preguntas sobre los puestos de trabajo {usted / NAME} ha tenido durante los últimos 6 meses. Al contestar estas preguntas, por favor incluya los dos trabajos a tiempo parcial y de tiempo completo, pero sólo incluyen trabajos por pago o para tener ganancias.

¿Cuántos empleos [has usted / ha NAME] tenido durante los últimos 6 meses?

____ NUMBER OF JOBS (1-15)

DON'T KNOW d
 REFUSED r

(C_B1=>1)

C_B1a. What are the main reasons {you/NAME} decided to work?

¿Cuáles son las razones principales por que {usted / NAME} decidido trabajar?

INTERVIEWER: CODE ALL THAT APPLY.

TO HAVE MORE INCOME 01
 TO FEEL BETTER ABOUT MYSELF/IMPROVE
 WELL BEING 02
 TO FEEL MORE INDEPENDENT 03
 TO ACHIEVE PERSONAL CAREER GOALS 04
 ENJOY WORKING/PERSONAL SATISFACTION 05
 DON'T WANT TO RELY ON BENEFITS 06
 HEALTH IMPROVED 07
 HAD MORE TIME/STOPPED DOING SOMETHING
 ELSE 08
 OTHER 09 (C_B2a_oth)
 DON'T KNOW d
 REFUSED r

(C_B1a=09)

C_B2a_oth. **INTERVIEWER: PLEASE SPECIFY**

Other (SPECIFY) _____
 DON'T KNOW d
 REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

PROGRAMMER: C_B2 THROUGH C_B14 ASKED FOR ALL JOBS WHEN C_B1>01
(C_B1=>1)

C_B2. **PROGRAMMER:** IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB:

Let us start with {your/NAME's} main job – that is, the job at which {you/(he/she)} worked the most hours.

What kind of work did {you/ NAME} do, that is, what was {your/NAME's} occupation?

Comencemos con su trabajo principal {/ del NAME} - es decir, el trabajo en el que {usted/él/ella} trabaja más horas.

¿Qué tipo de trabajo {hace/ hace NAME}, es deci, cuál es su ocupación {de NAME}?

PROGRAMMER: IF MORE THAN ONE JOB (C_B1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

Now I would like to ask about {your/NAME'S} {second/third/fourth} job.

Ahora me gustaría preguntar acerca de su {NAME} {segundo/ tercer/ cuarto} trabajo.

What kind of work did {you/NAME} do, that is, what was {your/NAME's} occupation?

¿Qué tipo de trabajo {hace/ hace NAME}, es deci, cuál es su ocupación {de NAME}?

ELSE (C_B1=01):

What kind of work did {you/NAME} do, that is, what was {your/NAME's} occupation?

¿Qué tipo de trabajo {hace/ hace NAME}, es deci, cuál es su ocupación {de NAME}?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store.

PROBE 2: What were {your/NAME'S} main activities or duties? What else did {you/NAME} do? What else? Did {you/NAME} supervise anyone?

Por ejemplo: proveedora de 'child-care' o cuidado de niños en un programa preescolar de una escuela privada, maestro(a) de geometría en un 'public high school' o escuela secundaria pública; vendedor(a) en una tienda de zapatos de mujeres.

¿Cuáles son su/sus actividades u obligaciones principales? ¿Qué más hace? ¿Algo más? ¿Es supervisor(a) de alguien?

<OPEN>_____

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B3. What kind of business was this?

¿Qué tipo de negocio es este?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For what type of organization or industry did {you/NAME} work? For example: accounting firm, daycare center, educational facility, food services.

PROBE 2: What do they make, sell, or do where {you/NAME} worked?

PROBE 3: Is this mainly manufacturing (making a product), wholesale trade (selling to other businesses), or retail trade (selling to customers) or something else?

Para qué tipo de organización o industria trabaja? Por ejemplo: una firma de contabilidad, un centro de 'daycare' para el cuidado de niños, una institución educacional, servicio de comida.

¿Qué es lo que producen, venden, o hacen en el lugar donde {usted/NAME} trabaja?

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

¿Es este un negocio de manufactura (fabrican un producto), negocio de venta al por mayor (venden a otros negocios), o venta al por menor (venta a clientes) o alguna otra cosa?

<OPEN> _____

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B4amth. In what month and year did {you/NAME} start working there?

¿En qué mes y año empezó {usted/NAME} a trabajar allí?

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

PROBE: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

____ (1-12)
MO

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B4ayr. **PROBE 1:** In what month and year did {you/NAME} start working there?

¿En qué mes y año empezó {usted/NAME} a trabajar allí?

INTERVIEWER: ENTER YEAR

PROBE 2: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

YEAR (1956-2023)

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B5. SOFT EDIT: YEAR {NAME} STARTED WORKING AT THIS JOB (C_B4ayr) SHOULD BE GREATER THAN OR EQUAL TO YEAR OF BIRTH (A04_d) PLUS 14 YEARS. IF RESPONDENT FAILS EDIT, **INTERVIEWER** READ: I must have recorded an incorrect answer. I show that {you were/NAME was} born in (A04_d) and {you/NAME} started working at this job in (C_B4ayr), which means {you/NAME} started working at this job when {you were/he was/she was} (PROGRAMMER CALCULATE AND FILL AGE: C_B4aYR – YEAR OF BIRTH) years old. Is that correct?

Debo haber anotado una respuesta incorrecta. Anoté que {usted/NAME} nació en (A04_d) y {usted/NAME} empezó a trabajar en este trabajo en (C_B4yr), lo que significa que {usted/NAME} empezó a trabajar en este trabajo cuando {usted/(él/ella)} tenía (PROGRAMMER CALCULATE AND FILL AGE: C_B4YR – YEAR OF BIRTH) años. ¿Es eso correcto?

YES 01
NO 02 (CHANGE C_B4ayr)
SUPPRESS 03

(C_B1=>1)

C_B4bmth. In what month and year did {you/NAME} stop working there?

¿En qué mes y año {usted / NOMBRE} dejó de trabajar allí?

PROBE: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

MO (1-12)

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B4byr. **PROBE 1:** In what month and year did {you/NAME} stop working there?

¿En qué mes y año {usted / NOMBRE} dejó de trabajar allí?

PROBE 2: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

INTERVIEWER: ENTER YEAR

YEAR (1956-2023)

DON'T KNOW d
REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

C_B5acheck1. SOFT EDIT: DATE {NAME} STOPPED WORKING AT THIS JOB (C_B4bmth, C_B4byr) SHOULD BE LATER THAN DATE {NAME} STARTED WORKING AT THIS JOB (C_B4amth, C_Ba4yr). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you/NAME} started working at this job in (C_B4amth, C_Ba4yr) and that (you/NAME) stopped working at this job in (C_B4bmth, C_B4byr). Is that correct?

Debo haber anotado una respuesta incorrecta. Anoté que {usted/NAME} empezó a trabajar en este trabajo en (C_B4amth, C_Ba4yr) y que (usted/NAME) dejó de trabajar en este trabajo en (C_B4mth, C_B4byr). ¿Es eso correcto?

- YES 01
- NO, CHANGE ANSWER TO C_B4b 02 (CHANGE C_B4b)
- NO, CHANGE ANSWER TO CB4a 03 (CHANGE C_B4a)
- NO, CHANGE ANSWERS FOR BOTH C_B4a AND CB4b 04 (CHANGE C_B4a, C_B4b)
- SUPPRESS 05

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

C_B5acheck2. SOFT EDIT: IF DATE {NAME} STOPPED WORKING AT THIS JOB (C_B4bmth, C_B4byr) AND DATE {NAME} STARTED WORKING AT THIS JOB (C_B4amth, C_Ba4yr) ARE THE SAME (C_B4amth, C_Ba4yr – C_B4bmth, C_B4byr = 0), INTERVIEWER READ: You said that {you/NAME} started and stopped working at this job in (CB4a_mth, CB4a_yr). I'd like to verify that {you/NAME} worked at this job for less than one month. Is this correct?
Usted dijo que {NAME} empezó y dejó de trabajar en este trabajo en (CB4a_mth, CB4a_yr). Me gustaría verificar que {usted/NAME} trabajó en este trabajo por menos de un mes. ¿Es eso correcto?

- YES, WORKED AT JOB FOR LESS THAN ONE MONTH 01
- NO, WORKED AT JOB FOR MORE THAN ONE MONTH..... 02 (CHANGE B4b or B4a)
- SUPPRESS 03

C_B5acheck3. SOFT EDIT: IF YEAR {NAME} STOPPED WORKING AT THIS JOB MORE THAN 6 MONTHS AGO (CURRENT DATE - C_B4bmth, C_B4byr => 7), INTERVIEWER READ: You said that {you/NAME} stopped working at this job in (C_B4bmth,C_B4byr). That is more than six months ago. Is this correct?
Usted dijo que {usted/NAME} dejó de trabajar en este trabajo en (C_B4bmth, C_B4byr). Eso es más de seis meses atrás. ¿Es eso correcto?

- YES, JOB ENDED MORE THAN 6 MONTHS AGO 01 (C_B5d)
- NO, JOB DID ENDED WITHIN THE PAST 6 MONTHS 02
- SUPPRESS 03

C_B5d. CHECK: DID THIS JOB END MORE THAN 6 MONTHS AGO (CB5acheck3=01)?

- YES 01 (CHANGE B24b)
- NO 00

(C_B1=>1)

C_B5A. Beneficiaries do not always know that they should report a change in work status to Social Security. Did {you/NAME} let Social Security know that {you were/ (he/she) was} working?
Beneficiarios no siempre saben que deben de notificar al Social Security (Seguro Social) acerca de cambios en su 'estatus' o condición de trabajo. ¿Notificó {usted/NAME} al Social Security alrededor de que tiempo que {usted/(él/ella)}estaba trabajando?

- YES 01
- NO 00 (C_B6)
- DON'T KNOW d (C_B6)
- REFUSED r (C_B6)

(C_B5a=01)

C_B5B. How soon after {you/NAME} started this job did {you/NAME} tell Social Security {you were/(he/she) was} working?

Cuánto tiempo después de que {usted/NOMBRE} empezara este trabajo, le dijo al Social Security que {USTED/él/ella} estaba trabajando?

PROBE: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

INTERVIEWER: IF R TOLD SSA BEFORE STARTED WORKING, CODE AS 1 WEEK.

- WEEKS 01 (C_B5BWeek)
- MONTHS 02 (C_B5BMonth)
- DON'T KNOW d (C_B5C)
- REFUSED r (C_B5C)

(C_B5a=01 and C_B5b=01)

C_B5B WEEK. **INTERVIEWER:** ENTER NUMBER OF WEEKS

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

|_|_| WEEKS
(1-52)

DON'T KNOW d (C_B5C)
REFUSED r (C_B5C)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B5a=01 and C_B5b=02)

C_B5BMonth. **INTERVIEWER:** ENTER NUMBER OF MONTHS

|_|_| MONTHS
(1-12)

DON'T d (C_B5C)
REFUSED r (C_B5C)

(C_B5a=01)

C_B5C. How did {you/NAME} let Social Security know {you were/(he/she) was} working?

PROBE: Did {you/NAME} call, visit, or write the Social Security Administration, go online or use a mobile app, or did your employer or someone else report you working?

¿Cómo le dejo saber {usted/NAME} al Social Security que estaba trabajando?

PROBE: ¿{Usted/NAME} llamó, visitó o escribió a la Administración del Seguro Social, se comunicó por Internet o utilizó una aplicación móvil, o su empleador u otra persona reportó que {usted/NAME} estaba trabajando?

INTERVIEWER: CODE ALL THAT APPLY.

CALLED SSA/REPORTED BY PHONE..... 01
VISITED SSA FIELD OFFICE/REPORTED IN PERSON 02
WROTE SSA/REPORTED BY MAIL..... 03
REPORTED ONLINE OR USING MOBILE APP..... 04
EMPLOYER REPORTED TO SSA 05
SERVICE PROVIDER REPORTED TO SSA..... 06
OTHER (SPECIFY)..... 07
DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B6. {Were you/Was NAME} self-employed at this job? Self-employed means that {you work/NAME works} for {yourself/themselves} or {own your/owns their} own business.

¿Estaba {usted/NAME} autoempleado/autoempleada en este trabajo? Autoempleado/Autoempleada, o Self-employed en inglés, significa que {usted/NAME} trabaja para {usted/él mismo/ella misma} o es {dueño/ dueña} de su propio negocio.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B8. How many hours per week did {you/NAME} usually work at this job?

¿Cuántas horas por semana generalmente trabajó {usted/NAME} en este empleo?

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

Incluya 'overtime' o sobretiempo si {usted/(él/ella)} generalmente trabaja horas extra

|_|_|_| HOURS PER WEEK (1-60)
(1-168)

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B9. How many weeks per year did {you/NAME} usually work at this job, including paid vacation and holidays?

¿Cuántas semanas por año generalmente trabajó {usted/NAME} en este empleo, incluyendo vacaciones pagadas y feriados?

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

PROBE 1: There are 52 weeks in a year.

PROBE 2: Please include time off for vacation and holidays if {you were/NAME was} paid for that time.

PROBE 3: If {you/NAME} worked less than a year, please answer for the number of weeks {you/NAME} worked.

Hay 52 (cincuenta y dos) semanas en un año.

Por favor incluya tiempo libre por vacaciones y feriados si {usted/NAME} recibe pago por ese tiempo.

Si {usted/NAME} ha trabajado por menos de un año, por favor conteste en relación al número de semanas que {usted/NAME} espera trabajar.

|_|_| WEEKS PER YEAR (1-52)

DON'T KNOW d
REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1)

C_B10. PROGRAMMER: IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB:

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?

Para el propósito de este estudio, es importante para obtener información sobre cuánto fue pagado en este trabajo. En { su / NAME} trabajo principal que {usted NAME} usted tuvo en los últimos seis meses te pagaron por hora?

PROGRAMMER: IF MORE THAN ONE JOB (C_B1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

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)} {second/third/fourth} job. For {your/NAME's} {second/third/fourth} job {were you/was (he/she)} paid by the hour? ELSE (C_B1=01): 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 this job {were you/was (he/she)} paid by the hour?

Para el propósito de este estudio, es importante para obtener información sobre cuánto le paga {Name} en {segundo/ tercer/cuarto} trabajo. En {su / del NAME} {segundo/ tercer/cuarto} trabajo está {usted / es (él / ella)} pagado por hora? ELSE (C_B1=01): Para los propósitos de esta encuesta, es importante obtener algo de información sobre cuánto le pagaron {a usted/a NAME} por este trabajo. ¿Para este trabajo le pagaron por hora?

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB.

PROBE: {Your/NAME's} main job is the job we have been talking about. The one at which {you /(he/she)} worked the most hours.

{Su trabajo principal/El trabajo principal de NAME} es el trabajo de que hemos estado hablando. En el que {usted/él/ella} trabaja la mayor cantidad de horas.

- YES 01
- NO 00 (C_B12amt)
- DON'T KNOW d (C_B12amt)
- REFUSED r (C_B12amt)

(C_B10=01)

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

¿Que fue {su/el} sueldo regular por hora {de NAME}, incluyendo propinas y comisiones?

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

¿Esto incluye propinas y comisiones?

INTERVIEWER: IF ENTERING AN AMOUNT WITH CENTS, PLEASE ENTER DECIMAL POINT

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

- DON'T KNOW d
- REFUSED r

(C_B10=00, d, or r)

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

Antes de impuestos y otras deducciones, ¿cuánto le pagan a {usted/NAME} en este empleo, incluyendo propinas y comisiones?

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

¿Esa suma es su pago por día, por semana, por cada dos semanas, dos veces por mes, por mes, o por año?

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

INTERVIEWER: ROUND TO NEAREST DOLLAR AND ENTER HOW OFTEN PAID ON NEXT SCREEN

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

DON'T KNOW d

REFUSED r

(C_B10=00, d, or r)

C_B12hop. **INTERVIEWER:** ENTER HOW OFTEN PAID

DAILY	01	(1-384)	(1-1,922)
WEEKLY	02	(1-1,923)	(1-9,615)
BI-WEEKLY (EVERY TWO WEEKS).....	03	(1-4,166)	(1-20,833)
TWICE A MONTH	04	(1-4,166)	(1-20,833)
MONTHLY	05	(1-8,333)	(1-41,666)
ANNUALLY	06	(1-100,000)	(1-500,000)
DON'T KNOW	d		
REFUSED	r		

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

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_B10=00, d, or r)

C_B13amt. For this job, about how much was left as take-home pay after taxes and other deductions?

En este empleo, ¿más o menos cuánto le queda de su pago para llevar a casa, después de impuestos y otras deducciones?

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

Era suma es su pago por día, por semana, por cada dos semanas, dos veces por mes, por mes, o por año?

INTERVIEWER: ROUND TO NEAREST DOLLAR AND ENTER HOW OFTEN PAID ON NEXT SCREEN

\$ |__|__|__| . |__|__|__| . 00

DON'T KNOW d

REFUSED r

(C_B10=00, d, or r)

C_B13hop. **INTERVIEWER:** ENTER HOW OFTEN PAID

DAILY	01	(1-346)	(1-1,730)
WEEKLY	02	(1-1,730)	(1-8,653)
BI-WEEKLY (EVERY TWO WEEKS)	03	(1-3,750)	(1-18,750)
TWICE A MONTH	04	(1-3,750)	(1-18,750)
MONTHLY	05	(1-7,500)	(1-37,500)
ANNUALLY	06	(1-90,000)	(1-450,000)
DON'T KNOW	d		
REFUSED	r		

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

PROGRAMMER: CALCULATE MONTHLY TAKE HOME PAY FOR EACH JOB BASED ON C13AMT AND C13HOP:

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

If C_B10=01 and C_B8_1 or C_B11=d, C_B_JobMnthPayTH(1)=d.

If C_B10=01 and C_B8_1 or C_B11=r and neither are d, C_B_JobMnthPayTH(1)=r.

If C_B10=00, d, or r and C_B13amt or C_B13hop=d, C_B_JobMnthPayTH(1)=d.

If C_B10=00, d, or r and C_B13amt or C_B13hop=r, and neither are d, C_B_JobMnthPayTH(1)=r.

If C_B10=00, d, or r and c_B13hop=1, C_B_JobMnthPayTH(1)=c_B13amt*21.74.

If C_B10=00, d, or r and c_B13hop=2, C_B_JobMnthPayTH(1) =c_B13amt*4.35.

If C_B10=00, d, or r and c_B13hop=3, C_B_JobMnthPayTH(1)=c_B13amt*2.17.

If C_B10=00, d, or r and c_B13hop=4, C_B_JobMnthPayTH(1)=c_B13amt*2.

If C_B10=00, d, or r and c_B13hop=5, C_B_JobMnthPayTH(1)=c_B13amt.

If C_B10=00, d, or r and c_B13hop=6, C_B_JobMnthPayTH(1)=c_B13amt/12.

(C_B10=00, d, or r) and (C_B12hop=01, 02, 03, 04, 05, or 06) and (C_B13hop=01, 02, 03, 04, 05, or 06)

C_B14. SOFT EDIT: AMOUNT OF TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO PRE-TAX PAY. IF AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY (C_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF CALCULATED MONTHLY PRE-TAX PAY (C_JobMnthPay(1)) NE D OR R, AND C_JobMnthPayTH(1) > C_JobMnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CALCULATED PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you were/NAME was} paid (C_B12amt) per (C_B12hop) before taxes and other deductions which would be about (C_B_JobMnthPay(1) per month and that (C_B13amt) per (C_B13hop), or about (C_B_JobMnthPayTH(1) per month, is left as take-home pay after taxes and other deductions. Based on what I recorded, {your/NAME's} take home pay was more than {your/NAME's} pre-tax pay. Should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you/NAME} took home after taxes and other deductions?

Debo haber anotado una respuesta incorrecta. Dijo que a {usted/NAME} se le pagan (C_B12amt) por (C_B12hop) antes de impuestos y otras deducciones, lo que sería aproximadamente (C_JobMnthPay(1) por mes y que (C_B13amt) por (C_B13hop), o aproximadamente (C_BJobMnthPayTH(1) por mes, sobra como sueldo neto después de impuestos y otras deducciones. Basado en lo que anoté, su sueldo neto es más que su sueldo antes de impuestos. ¿Debo cambiar la cantidad que se le pagan a {usted/NAME} antes de los impuestos y otras deducciones o el sueldo neto de {usted/NAME} después de impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS	01	CHANGE C_B12amt)
CHANGE AMOUNT OF TAKE-HOME PAY	02	(CHANGE C_B13amt)
SUPPRESS.....	03	

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B10=00, d, or r) and (C_B12hop=01, 02, 03, 04, 05, or 06) and (C_B13hop=01, 02, 03, 04, 05, or 06)

C_B14a. SOFT EDIT: DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF TAKE MONTHLY HOME PAY (C_B_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C_B_JobMnthPay(1)) NE D OR R, AND $(C_B_JobMnthPay(1) - C_B_JobMnthPayTH(1) / C_B_JobMnthPayTH(1) > .30$, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you were/NAME was} paid (C_B12amt) per (C_B12hop) before taxes and other deductions which would be about (C_B_JobMnthPay(1) per month and that (C_B13amt) per (C_B13hop), or about (C_B_JobMnthPayTH(1) per month was left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you/NAME} took home after taxes and other deductions?

Debo haber anotado una respuesta incorrecta. Dijo que a {usted/NAME} se le pagan (C_B12amt) por (C_B12hop) antes de impuestos y otras deducciones, lo que sería aproximadamente (C_JobMnthPay(1) por mes y que (C_B13amt) por (C_B13hop), o aproximadamente (C_BJobMnthPayTH(1) por mes, sobra como sueldo neto después de impuestos y otras deducciones. Basado en lo que anoté, su sueldo neto es más que su sueldo antes de impuestos. ¿Debo cambiar la cantidad que se le pagan a {usted/NAME} antes de los impuestos y otras deducciones o el sueldo neto de {usted/NAME} después de impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
DEDUCTIONS 01 CHANGE C_B12amt)
CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE C_B13amt)
SUPPRESS..... 03

PROGRAMMER: CALCULATE TOTAL MONTHLY PAY FROM ALL JOBS COMBINED (TO BE USED LATER IN SECTION K):

If C_B_JobMnthPay(1) or C_B_JobMnthPay(2) or C_B_JobMnthPay(3) (for all jobs listed)=d, C_B_CurMnthPay=d.

If C_B_JobMnthPay(1) or C_B_JobMnthPay(2) or C_B_JobMnthPay(3) (for all jobs listed)=r, and none=d, C_B_CurMnthPay=r. Else, C_B_CurMnthPay=Sum of (C_B_JobMnthPay(1) AND C_B_JobMnthPay(2) AND C_B_JobMnthPay(3), etc. (for all jobs listed)).

**IF C_B1 = 1, GO TO C_B15.
IF C_B1>1 AND HAVE NOT ASKED ABOUT ALL JOB, LOOP BACK TO C_B2.**

(C_B1=>1)

C_B15. CHECK: WAS {NAME} SELF EMPLOYED (C_B6=01)?

YES..... 01 (C_BP4)
NO..... 00

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1 AND C_B15=00)

C_BP2. How did {you/NAME} find {your/his/her} [main] job?

¿Cómo {usted / NAME} encontró su trabajo principal?

PROGRAMMER: USE "MAIN" IF C_B1>01.

INTERVIEWER: CODE ALL THAT APPLY.

THROUGH STATE'S UNEMPLOYMENT OFFICE	01	
AMERICAN JOBCENTER / A STATE/LOCAL WORKFORCE CENTER.....	02	
THROUGH FRIENDS OR RELATIVES	03	
THROUGH JOB ADVERTISEMENTS IN A NEWSPAPER OR ON THE INTERNET.....	04	
THROUGH THE STATE VOCATIONAL REHABILITATION AGENCY OR {VRNAME FROM {NAME'S} CURRENT STATE}.....	05	
THROUGH AN EMPLOYMENT AGENCY, PROGRAM, OR EMPLOYMENT NETWORK (EN).....	06	
THROUGH THE TICKET TO WORK (TTW) PROGRAM.....	07	
BY CONTACTING A FORMER EMPLOYER.....	08	
BY CONTACTING ANY OTHER EMPLOYERS.....	09	
OTHER.....	10	(C_BP2_Oth)

(C_BP2=10)

C_BP2_Oth. What other way did {you/NAME} find this job?

¿Qué otro manera lo hizo {usted / NAME} para encontrar este trabajo?

Other (SPECIFY)_____		
DON'T KNOW	d	(C_BP3)
REFUSED	r	(C_BP3)

(C_B1=>1 AND C_B15=00)

C_BP2a. CHECK: DID {NAME} MENTION MORE THAN ONE WAY FOUND MAIN JOB?

YES	01	(C_BP2b)
NO.....	00	(C_BP3)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP2a = 01)

C_BP2b. What was the main way {you/NAME} found {your/his/her} [main] job?

¿Cuál fue la forma principal que {usted / NAME} {encontrado su/his/her trabajo} principal?

INTERVIEWER: CODE ALL THAT APPLY.

PROGRAMMER: USE "MAIN" IF C_B1>01.

THROUGH STATE'S UNEMPLOYMENT OFFICE	01	
AMERICAN JOB CENTER / A STATE/LOCAL WORKFORCE CENTER.....	02	
THROUGH FRIENDS OR RELATIVES	03	
THROUGH JOB ADVERTISEMENTS IN A NEWSPAPER OR ON THE INTERNET.....	04	
THROUGH THE STATE VOCATIONAL REHABILITATION AGENCY OR {VRSTATE FROM {NAME'S} CURRENT STATE}.....	05	
THROUGH AN EMPLOYMENT AGENCY, PROGRAM, OR EMPLOYMENT NETWORK (EN).....	06	
THROUGH THE TICKET TO WORK (TTW) PROGRAM.....	07	
BY CONTACTING A FORMER EMPLOYER.....	08	
BY CONTACTING ANY OTHER EMPLOYERS.....	09	
OTHER.....	10	(C_BP2_Oth)

(C_BP2b=10)

C_BP2_Oth.

What other way did {you/NAME} find this job?

¿Qué otro manera lo hizo {usted / NAME} para encontrar este trabajo?

Other (SPECIFY)_____	
DON'T KNOW.....	d (C_B P3)
REFUSED	r (C_BP3)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1 AND C_B15=00)

C_BP3. I am going to read a list of things that some people use or receive to help them find or keep a job. Please tell me if {you/NAME} used or received any of them to help find or work at {your/his/her} [main] job. Did {you/NAME}...

Voy a leer una lista de las cosas que algunas personas utilizan o reciben para ayudarles a encontrar o mantener un empleo. Por favor, dígame si {usted / NAME} utilizado alguna vez o ha recibido alguna de las siguientes para ayudar a encontrar o seguir trabajando en el puesto de trabajo (principal) (que tiene / (él / ella tiene) ahora. Hizo

PROGRAMMER: USE "MAIN" IF C_B1>01.

	YES	NO	NA	DON'T KNOW	REFUSED
a. ...have a job coach to help {you/him/her} learn how to do {your/his/her} job? ...usó un entrenador de empleo (job coach) para ayudarle a aprender a hacer su trabajo	01	00	02	d	r
b. ...use a sign language interpreter? ...usó un intérprete de lenguaje de signos?	01	00	02	d	r
c. ...use a reader or interpreter for the blind? ...usó un lector o intérprete para los ciegos?	01	00	02	d	r
d. ...use an assistant or caregiver for personal care (IF NEEDED: This includes help bathing or dressing to get ready for work and eating lunch or using the restroom at work)? ...usó un asistente o cuidador para el cuidado personal?(IF Needed: ayuda para bañarse, vestirse, o la preparación de comidas)	01	00	02	d	r
e. ...use a personal care assistant or direct support professional at work to help with job-related tasks? (IF NEEDED: This includes help with writing, reading, lifting, or reaching.) ...usó un asistente personal en el trabajo para ayudar con las tareas relacionadas con el trabajo? (IF NEEDED: Esto incluye ayuda con la escritura, la lectura, el levantamiento o alcance.)	01	00	02	d	r
f. ...receive on the job training? ...recibió capacitación en el trabajo?	01	00	02	d	r
g. ...receive counseling about how work will affect your benefits? ...recibió asesoramiento sobre cómo el trabajo afectará sus beneficios?	01	00	02	d	r
h. ...receive help with transportation? ...recibió ayuda con el transporte?	01	00	02	d	r
i. ...receive help with child or family care? ...recibió ayuda con cuidado de niños o la familia?	01	00	02	d	r
j. ... use special equipment or devices? ...usó equipos o aparatos especiales?	01	00	02	d	r

(C_BP3j=01)

C_BP3k.1. What special equipment or devices did you use?
¿Qué equipaje o dispositivos especiales usó usted?

INTERVIEWER: CODE ALL THAT APPLY.

BRACE 01
CANE/CRUTCHES/WALKER..... 02
WHEELCHAIR..... 03

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

MODIFIED COMPUTER HARDWARE.....	04	
MODIFIED COMPUTER SOFTWARE	05	
HEARING AID/DEVICE	07	
SPECIAL GLASSES.....	08	
SPECIAL CHAIR/BACK SUPPORT	09	
SPECIAL SHOES/STOCKINGS.....	10	
OTHER _____	06	(C_BP3k.1_oth.)
DON'T KNOW	d	
REFUSED	r	

(C_BP3k.1=06)
C_BP3k.1_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____		
DON'T KNOW	d	
REFUSED	r	

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1 AND C_B15=00)

C_BP3l. Did {you/NAME} use or receive anything else to help find or keep working at {your/his/her} [main] job?

Hizo {usted / NAME} uso de o recibir cualquier otra cosa para ayudar a encontrar o seguir trabajando en su/his/her trabajo} (principal / actual)?

PROGRAMMER: USE "MAIN" IF C_B1>01.

YES	01	(C_BP3lm_oth)
NO	00	
NA	na	
DON'T KNOW	d	
REFUSED	r	

(C_BP3l=01)

C_BP3lm_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(C_B1=>1 AND C_B15=00 or 01)

C_BP4. Did a friend, family member, coworker, caseworker, or anyone else help {you/NAME} find {your/his/her} [main] job?

Hizo un amigo, un familiar, compañero de trabajo, trabajador social, o cualquier otra persona ayuda {usted / él / ella} encontrar o seguir trabajando en su trabajo} (principal / actual)?

PROBE: Help could include telling you about a job, helping you get ready for an interview, making a connection for you, or giving you support or encouragement.

Ayuda podría incluir que le dice acerca de un trabajo, ayudando a prepararse para una entrevista, haciendo una conexión para usted, o dar apoyo y estímulo.

PROGRAMMER: USE "MAIN" IF C_B1>01.

YES	01	(C_BP5)
NO	00	(C_BP8)
DON'T KNOW	d	(C_BP8)
REFUSED	r	(C_BP8)

(C_BP4=01)

C_BP5. Who did {you/NAME} get help from?

De quien {ha/NAME} recibido ayuda?

INTERVIEWER: CODE ALL THAT APPLY

A PARENT OR GUARDIAN	01	
A SPOUSE OR PARTNER	02	
ANOTHER RELATIVE	03	
A FRIEND OR MENTOR.....	04	
AN EMPLOYER OR SUPERVISOR.....	05	
A CO-WORKER	06	
A CASEWORKER OR COUNSELOR.....	07	
A JOB COACH	08	
A MEDICAL PROVIDER	09	
OTHER.....	10	(C_BP5_oth)

(C_BP5=10)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

C_BP5_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d

REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP4=01)

C_BP6. What kind of help did {you/NAME} get from these people?

¿Qué tipo de ayuda ha {usted / NAME} recibido de estas personas?

INTERVIEWER: CODE ALL THAT APPLY.

HELP CARING FOR CHILDREN OR OTHERS.....	01	
HELP WITH PERSONAL CARE	02	
TRANSPORTATION	03	
HELP FINDING A JOB.....	04	
TRAINING.....	05	
SOMEONE TO TALK TO/GET ADVICE	06	
HELP GETTING ACCOMMODATIONS.....	07	
FINANCIAL ASSISTANCE.....	08	
OTHER	09	(C_BP6_oth)
DON'T KNOW.....	d	
REFUSED.....	r	

(C_BP6=09)

C_BP6_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN>.....	
DON'T KNOW	d
REFUSED	r

(C_B1=>1 AND C_B15=00)

C_BP8. How comfortable or uncomfortable did {you/NAME} feel about discussing {your/his/her} disability or health condition with others at {your/his/her} [main] job? Would you say...

¿Qué tan cómodo o incómodo {se/NAME} (sentiste, sintió) acerca de discutir su condición de discapacidad o de su salud con los demás en su/his/her empleo principal/actual? ¿Diría que...

PROGRAMMER: USE "MAIN" IF C_B1>01

Very comfortable, Muy cómodo,	01
Comfortable, Cómicodo,	02
Neither comfortable nor uncomfortable, Ni cómodo ni incómodo,.....	03
Uncomfortable, or Incómodo,	04
Very uncomfortable Muy incómodo.....	05
DON'T KNOW.....	d
REFUSED.....	r

(C_B1=>01 AND C_B15=00)

C_BP7. As far as you know did anyone at {your/NAME's} [main] job know that {you have/he has/she has} a disability?

En lo que usted sabe, ¿alguien de {su / del NAME} trabajo (principal / actual) sabía que usted tiene una discapacidad?

PROGRAMMER: USE "MAIN" IF C_B1>01

YES.....	01
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SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

NO	00
DON'T KNOW	d
REFUSED	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1 AND C_B15 = 00)

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

En este trabajo, ¿la mayoría de los demás trabajadores tienen discapacidades?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(C_B1=>1 AND C_B15 = 00)

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?

¿Podría haber tomado este trabajo cualquier persona que lo solicitara y estuviera calificada, incluso alguien que no tenga una discapacidad?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(C_B1=>1 AND C_B15=00)

C_B16. Did {you/NAME} receive any promotions at this job?

¿Recibió {usted/NAME} alguna promoción en este empleo?

YES 01
NO 00
DON'T KNOW d
REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1)

C_B19. CHECK: IS {NAME} SELF EMPLOYED (C_B6=01)?

YES..... 01 (CB_21)
 NO..... 00

(C_B19=00)

C_B20. I am going to read to you a list of benefits that some employers offer their employees. Please tell me whether or not {your/NAME's} {main} employer offered {you/him/her} any of these benefits.

Le voy a leer una lista de beneficios que algunos empleadores ofrecen a sus empleados. Por favor dígame si {su/el} empleador {principal/actual} {de NAME} le ofreció cualquiera de estos beneficios.

PROGRAMMER: USE "MAIN" IF C_B1>01

Did {your/NAME's} {main} employer offer {you/NAME}

¿Ofrece {su/el} empleador {principal/actual} {de NAME}

PROBE: Please answer 'yes' if {you were/NAME was} eligible for the benefit but didn't yet start to receive it when you stopped working at that job.

Por favor responda 'sí' si {uste/NAME} era elegible para el beneficio pero todavía no empezó a recibirlo cuando dejó de trabajar en ese empleo.

	YES	NO	DON'T KNOW	REFUSED
a. Health care insurance? (IF NECESSARY: medical and/or hospital) Seguro médico o 'Health care insurance'? (IF NECESSARY: de salud y/o de hospital)	01	00	d	r
b. Dental benefits? Beneficios dentales (atención para los dientes)?	01	00	d	r
c. Sick days with pay? Días de enfermedad con pago?	01	00	d	r
d. Paid vacation? Vacaciones pagadas?	01	00	d	r
e. Free or low-cost childcare? 'Childcare' o cuidado de niños gratis o de bajo costo?	01	00	d	r
f. Transportation, a transportation allowance, or transportation discounts? Transporte, un subsidio de transporte, o transporte con descuento?	01	00	d	r
g. Long-term disability benefits? Beneficios por incapacidad de plazo-largo (long-term disability)?	01	00	d	r
h. Pension or retirement benefits? Pensión o beneficios de jubilación?	01	00	d	r
i. Flexible health or dependent care spending accounts? Cuentas de gastos médicos flexibles o para la atención médica de dependientes?	01	00	d	r

(C_B1=>1)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

C_B32. CHECK: WAS {NAME} SELF EMPLOYED (C_B6=01)?

YES..... 01 (C_B34)
NO..... 00

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B32=00)

C_B33. **PROGRAMMER:** USE "MAIN" IF C_B1>01.

Please tell me whether or not {your/NAME's} {main} employer made any of these changes because of {your/his/her} physical or mental health condition. Did {your/NAME's} employer, because of {your/his/her} physical or mental health condition, ...

Por favor dígame si {su/el} empleador {principal/actual} {de NAME} hizo o no hizo cualquiera de estos cambios por causa de su condición física o mental. ¿Por causa de su condición física o mental {su/el} empleador {de NAME}. ..

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB.

PROBE: {Your/NAME's} main job was the job we have been talking about. The one at which {you/(he/she)} worked the most hours.

{Su trabajo principal/El trabajo principal de NAME} es el trabajo de que hemos estado hablando. En el que {usted/él/ella} trabaja la mayor cantidad de horas.

	YES	NO	DON'T KNOW	REFUSED
<p>a. Provide {you/NAME} with any <u>special equipment</u> or assistive technology? (PROBE: For example special tools or equipment, software, or devices to accommodate {your/NAME's} condition in the workplace.)</p> <p>ha proporcionado a {usted/NAME} algún aparato o equipo especial o alguna tecnología de asistencia? Por ejemplo herramientas o equipos especiales, programas de computadora (software), o aparatos que sirven para acomodar en el lugar de trabajo a la condición de {usted/NAME}</p>	01	00	d	r
<p>b. Make any changes in {your/NAME's} <u>work schedule</u>? (PROBE: For example, working fewer hours, changing the time {you arrive or leave/(he/she) arrives or leaves}, or taking more breaks to accommodate {your/NAME's} condition in the workplace.)</p> <p>ha hecho algún cambio en {su/el} horario de trabajo {de NAME}? Por ejemplo: trabajar menos horas, cambió la hora que {usted/(él/ella)} llega al trabajo o la hora que termina el trabajo, o tomar más recreos o descansos (breaks) para acomodar en el lugar de trabajo a la condición de {usted/NAME}</p>	01	00	d	r
<p>c. Make any changes to <u>the tasks {you were/NAME was} assigned</u> or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate {your/NAME's} condition in the workplace.)</p> <p>cambió las tareas que {usted/NAME} recibe o la forma en la que se desempeñan las tareas? Por ejemplo: un trabajo más ligero o con tareas menos difíciles, para acomodar en el lugar de trabajo a la condición de {usted/NAME}.</p>	01	00	d	r
<p>d. Make any changes to the physical <u>work environment</u> to make things easier for {you/NAME}? (PROBE: For example, modifying {your/his/her} work area,</p>	01	00	d	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

improving accessibility in the building, or providing assigned parking to accommodate {your/NAME's} condition in the workplace.)

hizo cambios físicos en el ambiente de trabajo para que le sea más fácil a {usted/NAME} ? Por ejemplo, haciendo modificaciones en su área de trabajo, mejorando la accesabilidad al edificio, o proporcionando un lugar de estacionamiento asignado para acomodar en el lugar de trabajo a la condición de {usted/NAME}.

e. Arrange for co-workers or others to assist {you/NAME}?
(PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.)

hizo arreglos para que colegas de trabajo u otras personas (lo/la) ayuden a {usted/NAME} ? Por ejemplo: proporcionando un(a) asistente de atención personal, un intérprete, o un job coach o entrenador de empleo, mientras está trabajando.

	01	00	d	r
--	----	----	---	---

f. Make any other changes that I didn't mention to accommodate {your/NAME's} condition in the workplace?

hizo algún otro cambio que no mencioné para acomodar la condición que {usted/NAME} tiene en su lugar de trabajo?

	01	00	d	r
--	----	----	---	---

PROGRAMMER: IF C33f=01, GO TO C33f_Other, ELSE GO TO C34.

(C_B32=00 and C_B33f=01)

C_B33f_Other. What other changes?

¿Qué otros cambios?

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(C_B1=>1)

C_B34. Were there any changes in {your/NAME's} {main} job or workplace related to {your/his/her} physical or mental health condition that {you/(he/she)} needed, but that were not made?

¿Hubo algún cambio relacionado a su condición física o mental que {usted/NAME} necesita en su lugar de empleo (o trabajo), pero que no se ha hecho?

PROGRAMMER: USE "MAIN" IF C_B1>01.

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB.

PROBE: {Your/NAME's} main job was the job that we have been talking about. The one at which {you/(he/she)} worked the most hours.

{Su trabajo principal/El trabajo principal de NAME} es el trabajo de que hemos estado hablando. En el que {usted/él/ella} trabaja la mayor cantidad de horas.

YES 01
 NO 00 (C_BP12)
 DON'T KNOW d (C_BP12)
 REFUSED r (C_BP12)

(C_B34=01)

C_B35_oth. What are those changes?

¿Cuáles son esos cambios?

PROBE: Anything else?

¿Algo más?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____

DON'T KNOW d
 REFUSED r

(C_B34 = 01)

C_B36. CHECK: WAS {NAME} SELF EMPLOYED (C_B6=01)?

YES 01 (C_B38)
 NO 00

(C_B34=01 and C_B36=00)

C_B37. Did {you/NAME} or anyone else ask {your/his/her} employer for (any of) these changes?

¿ {Usted/NAME} o alguna otra persona pidió a su empleador que haga (cualquiera de) estos cambios?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(C_B1=>1)

C_BP12. Was there anything special about {your/NAME's} [main] job that helped {you/him/her} to work with a disability?

¿Hubo algo especial acerca de su trabajo (principal) que permite {usted / NAME} trabajar con una discapacidad?

PROGRAMMER: USE "MAIN" IF C_B1>01

YES 01
 NO 00 (C_BP13a)
 DON'T KNOW d (C_BP13a)
 REFUSED r (C_BP13a)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP12=01)

C_BP12a. What was special about {your/NAME's} [main] job that helped {you/him/her} to work with a disability?

¿Qué tenía de especial el trabajo principal/actual que ayuda {ha usted / ha NAME} trabajar con una discapacidad?

PROGRAMMER: USE "MAIN" IF C_B1>01

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

Modified job duties	01
Special equipment or modified space.....	02
Flexible schedule	03
Work at home.....	04
Health insurance	05
Sick leave.....	06
Supervisor understands disability needs.....	07
Co-worker assistance.....	08
Other	09 (C_BP12a_oth)
DON'T KNOW	d
REFUSED	r

(C_BP12a=09)

C_BP12a_oth. What else about {your/NAME's} [main] job allowed {you/him/her} to work?

¿Qué más ayudó {usted / NAME} para seguir trabajando?

PROGRAMMER: USE "MAIN" IF C_B1>01

Other (SPECIFY)_____	
DON'T KNOW	d
REFUSED	r

(C_B1=>1)

C_BP13a. You said that {you/NAME} worked at this job within the past six months, but that {you are/he is/she is} not currently working. Did {you/NAME} have any problems with {your/NAME's} health, that caused {you/him/her} to stop working, for example worsening illness or the need to go to medical appointments?

Usted dijo que {usted / NAME} trabajó en este trabajo en los últimos seis meses, pero que no está trabajando ahora. Tuvó algún problema con su salud, que podría haber causado {usted / él / ella} a deja de trabajar? por ejemplo, la enfermedad empeora o la necesidad de ir a las citas médicas

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP13a=01)

C_BP13a1.What was it about {your/NAME's} health that caused {you/him/her} to stop working?

¿Qué es de {su/NAME} salud que podrían causado {usted/él/ella} a dejar de trabajar?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

EXISTING HEALTH PROBLEM GETS WORSE.....	01	
NEW HEALTH PROBLEM STARTS	02	
GET INJURED	03	
JOB HAS A NEGATIVE IMPACT ON HEALTH	04	
NEED TO BE HOSPITALIZED.....	05	
NEED TIME TO GO TO MEDICAL APPOINTMENTS	06	
GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION.....	07	
HEALTH INTERFERES WITH JOB PERFORMANCE....	08	
DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK	09	
PAIN INTERFERES WITH WORKING A SET SCHEDULE.....	10	
PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG	11	
HEALTH STATUS FLUCTUATES UNPREDICTABLY....	12	
DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK	13	
WORK IS TOO TIRING OR STRESSFUL	14	
OTHER.....	15	(C_BP13.a1_oth.)
DON'T KNOW	d	
REFUSED	r	

(C_BP13.a1=15)

C_BP13.a1_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN>

DON'T KNOW	d
REFUSED	r

(C_B1=>1)

C_BP13b. You said that {you/NAME} worked at this job within the past six months, but that {you are/he is/she is} not currently working. Did {you/NAME} have any problems with {your/NAME's} job, that caused {you/him/her} to stop working, for example the need for accommodations or problems with {your/his/her} co-workers?

Usted dijo que {usted / NAME} trabajó en este trabajo en los últimos seis meses, pero que no está trabajando ahora. Tuvó algún problema con Su trabajo, que podría haber causado {usted / él / ella} a deja de trabajar? Por ejemplo por la necesidad de arreglos o problemas con compañeros de trabajo?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP13b=01)

C_BP13.b1. What was it about {your/NAME's} job that caused {you/him/her} to stop working?

¿Qué es de {su/NAME} trabajo que podrían causado {usted/él/ella} a dejar de trabajar?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

JOB DOES NOT PAY ENOUGH.....	01	
JOB DOES NOT OFFER HEALTH INSURANCE BENEFITS.....	02	
NEED A DIFFERENT SCHEDULE OR SHIFT.....	03	
NEED TIME TO GO TO MEDICAL APPOINTMENTS.....	04	
GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION.....	05	
HEALTH INTERFERES WITH JOB PERFORMANCE.....	06	
DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK.....	07	
PAIN INTERFERES WITH WORKING A SET SCHEDULE.....	08	
PERSONAL CARE AND GETTING READY FOR WORK TAKE TOO LONG.....	09	
DO NOT HAVE DEVICES NEEDED IN ORDER TO WORK.....	10	
FOUND ANOTHER JOB (NEW).....	20	
WORK SCHEDULE (NEW).....	22	
DID NOT LIKE/GET ALONG WITH CO-WORKERS (NEW).....	23	
DID NOT LIKE/GET ALONG WITH MANAGER, SUPERVISOR, OR BOSS (NEW).....	24	
DID NOT LIKE/GET ALONG WITH OTHER STAFF RESPONSIBLE FOR HIRING OR PROVIDING ACCOMMODATIONS (SUCH AS HUMAN RESOURCES) (NEW).....	25	
OTHER.....	11	(C_BP13.b1_oth.)
DON'T KNOW.....	d	
REFUSED.....	r	

(C_BP13.b1=11)

C_BP13.b1_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN>

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

(C_B1=>1)

C_BP13c. You said that {you/NAME} worked at this job within the past six months, but that {you are/he is/she is} not currently working. Did {you/NAME} have any problems with {Your/NAME's} personal circumstances that caused {you/him/her} to stop working, for example the need for childcare, not having reliable transportation, or worry about losing other benefits?

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

Usted dijo que {usted / NAME} trabajó en este trabajo en los últimos seis meses, pero que no está trabajando ahora. Tuvó algún problema con circunstancias personales, que podría haber causado {usted / él / ella} a deja de trabajar? Por ejemplo, la necesidad de cuidado de los hijos, no tener transporte confiable, o preocuparse por la pérdida de otros beneficios?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP13c=01)

C_BP13.c1.What was it about {your/NAME's} personal circumstances that caused {you/him/her} to stop working?

¿Qué es de {su/NAME} circunstancias personales que podrían causado {usted/él/ella} a dejar de trabajar?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

NEED HELP CARING FOR CHILDREN OR OTHERS	01	
NEED PERSONAL ASSISTANCE	02	
GET INJURED	03	
MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE	04	
PERSONALITY CONFLICTS WITH OTHERS AT THE JOB	05	
MIGHT GET FIRED FOR BEHAVIOR AT THE JOB	06	
DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK	07	
DRUG/ALCOHOL RELAPSE	08	
WOULD RATHER DO OTHER THINGS THAN WORK	09	
DO NOT LIKE WORKING	10	
WORK IS TOO TIRING OR STRESSFUL	11	
MOVED TO ANOTHER AREA (NEW)	19	
LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW)	21	
OTHER	12	(C_BP13.c1_oth.)
DON'T KNOW	d	
REFUSED	r	

(C_BP13.C1=12)

C_BP13.c1_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____	
DON'T KNOW	d
REFUSED	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1)

C_B39a2. Sometimes people work fewer hours or earn less money than they could in order to care for family members, keep the cash benefits they need, or just to have more free time. In (your/NAME's) [main] job, did you/he/she work fewer hours or earn less money than (you/he/she) could for any reason?

Algunas personas a veces trabajan menos horas o ganan menos dinero de lo que pudieran, para poder cuidar o atender a miembros de su familia, o para recibir beneficios en efectivo que necesitan, o simplemente para tener más tiempo libre. En su trabajo o empleo (principal), ¿trabajaba {usted/NAME} menos horas o gana menos dinero de lo que {usted/(él/ella)} pudiera, por cualquier razón?

PROGRAMMER: USE "MAIN" IF C_B1>01.

YES 01
 NO 00 (C_B39_1)
 DON'T KNOW d (C_B39_1)
 REFUSED r (C_B39_1)

(C_B39a2=01)

C_B39b. Did (you/NAME) work fewer hours or earn less money than (you/he/she) could because (you/he/she)...

¿Trabajaba {usted/NAME} menos horas o gana menos dinero de lo que [usted/él/ella] pudiera, porque . . .

PROBE: I need to ask everyone in our study the same questions, even if they don't seem to apply to (you/NAME).

Necesito hacer las mismas preguntas a todos los participantes en nuestro estudio, aún si no parece que se aplican a {usted/NAME}.

	YES	NO	DON'T KNOW	REFUSED
a. {Were/Was} taking care of children or others? estuvo cuidando a niños o a otras personas?	01	00	d	r
b. {Were/Was } enrolled in school or a training program? estuvo (matriculado/matriculada) en un programa de estudio o entretenimiento?	01	00	d	r
c. Wanted to keep Medicare or Medicaid coverage? quería continuar teniendo su cobertura de Medicare o Medicaid?	01	00	d	r
d1. Wanted to keep Social Security disability cash benefits? Quería conservar los beneficios en efectivo por incapacidad del Seguro Social?	01	00	d	r
d2. Wanted to keep other benefits like food stamps, housing assistance, or workers' compensation? quería continuar recibiendo beneficios tales como estampillas de comida o cupones de alimentos, asistencia para vivienda o compensación de trabajadores?	01	00	d	r
e. Just did not want to work more? simplemente porque no quería trabajar más?	01	00	d	r
g. {Were/was} in poor health or had health concerns? estaba en mal estado de salud o tenía preocupaciones en relación a su salud?	01	00	d	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

f. Are there any reasons I didn't mention why (you were/NAME was) working or earning less than (you/he/she) could?

¿Hay alguna otra razón que no he mencionado, y por la cual {usted/NAME} ha trabajado menos o ha ganado menos de lo que {usted/(él/ella)} pudiera?

01 00 d r

PROGRAMMER: IF C_B39b_f=01 GO TO C_B39f_Other, ELSE SKIP TO C_B39_1

(C_B39b_f=01)

C_B39f_Other What other reason?

¿Qué otra razón?

<OPEN> _____

DON'T KNOW d

REFUSED r

(C_B1=>1)

C_B39_1 Were any of {your/NAME's} disability-related benefits reduced or ended because of {your/his/her} [main] job?

¿Alguno de los beneficios que {usted/NAME} recibe relacionados a incapacidad, han sido reducidos o terminados por causa de su empleo o trabajo (principal)?

PROGRAMMER: USE "MAIN" IF C_B1>01

YES 01

NO 00 (C_B39_3)

DON'T KNOW d (C_B39_3)

REFUSED r (C_B39_3)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B39_1=01)

C_B39_2 What benefits were reduced or ended as a result of {your/NAME's} [main] job?
 ¿Qué beneficios han sido reducidos o terminados como resultado del empleo o trabajo (principal) que {usted/NAME} tiene

INTERVIEWER: CODE ALL THAT APPLY.

PROGRAMMER: USE "MAIN" IF C_B1>01

- PRIVATE DISABILITY INSURANCE..... 01
- WORKERS' COMPENSATION 02
- VETERANS' BENEFITS..... 03
- MEDICARE 04
- MEDICAID..... 05
- SOCIAL SECURITY DISABILITY BENEFITS (SSI OR SSDI) ... 06
- PUBLIC ASSISTANCE OR WELFARE 07
- FOOD STAMPS 08
- PERSONAL ASSISTANCE SERVICES (PAS) 09
- UNEMPLOYMENT BENEFITS 10
- OTHER STATE DISABILITY BENEFITS 11
- OTHER GOVERNMENT PROGRAMS 12
- OTHER..... 13

(C_B39_2 = 13)

C_B39_2_Other: What other benefits?
 Que otros beneficios?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(C_B1=>1)

C_B39_3. Now, I am going to read you a list of things that sometimes help people keep their jobs. Do you think that [you/she/he] would have kept working if (you/he/she) had...

Ahora le voy a leer una lista de cosas que a veces ayudan a gente a mantener su trabajo. ¿Cree usted que (NAME) hubiera seguido trabajando si {usted/(él/ella)} tuviera . . .

	YES	NO	DON'T KNOW	REFUSED
a. Help caring for {your/his/her} children or others in the household? ayuda para cuidar a niños o a otros miembros de su hogar?	01	00	d	r
b. Help with {your/his/her} own personal care such as bathing, dressing, preparing meals, and doing housework? ayuda para su atención o cuidado personal, tal como para bañarse, vestirse, preparar comidas, y hacer quehaceres domésticos?	01	00	d	r
c. Reliable transportation to and from work? transporte en el que puede confiar, para ir y regresar del trabajo?	01	00	d	r
d. Better job skills? mejores destrezas de empleo?	01	00	d	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

e.	A job with a flexible work schedule? un empleo o trabajo con un horario flexible de trabajo?	01	00	d	r
f.	Help with finding and getting a better job? ayuda para encontrar y obtener un mejor empleo o trabajo?	01	00	d	r
g.	Any special equipment or medical devices? algún equipo especial o aparato médico? PROGRAMMER: IF C_B39_3g=01, GO TO C_B39_3g_Other, ELSE GO TO C_B39_3h.	01	00	d	r
h.	Is there anything else that I didn't mention that would help [you/NAME] work or earn more? ¿Hay alguna otra cosa que no he mencionado que le ayudaría a {usted/NAME} trabajar o ganar más?	01	00	d	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

PROGRAMMER: IF C3_B9_3h=01, GO TO C_B39_3h_Other, ELSE GO TO C_B39_4.

(C39_3g=01)

C_B39_3g_Other. What other special equipment or medical devices?

¿Qué otro equipo especial o aparato médico?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(C39_3h=01)

C_B39_3h_Other What else?

¿Qué más?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(C_B1=>1)

C_B39_4. One last question about (your / NAME's) [main] job. Because of {your/his/her} work, did Social Security need to make any changes to the amount of {your/his/her} disability benefits?

Una última pregunta acerca del empleo o trabajo (principal) que {usted/NAME} tiene. Por causa de su trabajo, ¿el Seguro Social o Social Security ha necesitado hacer algún cambio en la suma que recibe por sus beneficios por incapacidad?

PROBE: Did {your/NAME's} benefit amount decrease or did {you/he/she} lose benefits altogether?

¿La suma del beneficio que {usted/NAME} recibe fue reducida o perdió {usted/ (él/ella)} todos sus beneficios?

PROGRAMMER: USE "MAIN" IF C_B1>01

YES 01
 NO 00 (C_B39_5)
 DON'T KNOW d (C_B39_5)
 REFUSED r (C_B39_5) (C_B39_4=01)

(C_B39_4=01)

C_B39_4a. Because of these changes did the Social Security Administration pay {you/NAME} the wrong benefit amount?

Por causa de estos cambios, la Administración del Seguro Social o Social Security Administration le pagó a {usted/NAME} la suma equivocada en beneficios?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(C_B1=>1)

C_B39_5. {Were you/Was NAME} asked to re-pay benefits because the Social Security Administration overpaid {you/him/her}?

¿Le pidieron que {usted/NAME} pague de vuelta los beneficios que le fueron sobre-pagados por la Administración del Seguro Social o Social Security Administration?

YES 01
 NO 00 (C_B40CHECK)
 DON'T KNOW d (C_B40CHECK)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

REFUSED r (C_B40CHECK)

(C_B39_5=01)

C_B39_6. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/he was/she was} working while receiving benefits?

¿Le pidieron a {usted/NAME} que pague de vuelta a la Administración del Seguro Social o Social Security Administration, porque {usted/(él/ella)} estaba trabajando mientras recibía beneficios?

YES 01 (C_B39_7)

NO 00 (C_B40CHECK)

DON'T KNOW d (C_B40CHECK)

REFUSED r (C_B40CHECK)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B39_6=01)

C_B39_7. Did {you/NAME} try to appeal or challenge the request to re-pay benefits to the Social Security Administration?

¿{Usted/NAME} intentó apelar u objetar cuando le pidieron que pagara de vuelta los beneficios a la Administración del Seguro Social o Social Security Administration?

- YES 01 (C_B39_8)
- NO 00 (C_BP16)
- DON'T KNOW d (C_BP16)
- REFUSED r (C_BP16)

(C_B39_7=01)

C_B39_8. Did {you/NAME} end up repaying the full benefit amount, repaying some of the benefit amount, or did you not repay any amount?

¿Terminó {you/NAME} pagando de vuelta la cantidad total de los beneficios, pagando de vuelta parte de la cantidad total de los beneficios, o no pagó nada de vuelta?

- REPAY FULL BENEFIT AMOUNT 01
- REPAY SOME BENEFIT AMOUNT 02
- DID NOT REPAY AND BENEFIT AMOUNT..... 03
- DON'T KNOW d
- REFUSED r

(C_B39_6=01)

C_BP16. Did {you/NAME} change the way {you/he/she} worked because {you were/he was/she was} asked to re-pay the Social Security Administration?

Usted/NAME cambio la forma que usted/él/ella trabajo, por que le pidió que devolver pagos la Administración del Seguro Social?

- YES 01
- NO 00 (C_B40CHECK)
- DON'T KNOW d (C_B40CHECK)
- REFUSED r (C_B40CHECK)

(C_BP16=01)

C_BP16a. What did {you/NAME} change about the way {you/he/she} worked? Did {you/he/she}....

En que manera ha cambiado como {usted/NAME} trabaja. Fue...

- Reduce {your/his/her} work hours by a little,
Reducir {sus} horas de trabajo por un poco, 01
- Reduce {your/his/her} work hours by a lot,
Reducir {sus} horas de trabajo por mucho, 02
- Increase {your/his/her} work hours by a little,
Aumentar sus horas de trabajo por un poco, 03
- Increase {your/his/her} work hours by a lot or
Aumentar sus horas de trabajo por mucho 04
- Something else? (SPECIFY)
Otra cosa..... 05 (C_BP16a_oth.)
- DON'T KNOW d
- REFUSED r

(C_BP16a=05)

C_BP16a_oth. INTERVIEWER: PLEASE SPECIFY

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(C_B1=>1)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

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

- YES..... 01 (D1)
- NO..... 00 (SC1CHECK)

SECTION D: JOBS/OTHER JOBS DURING 2022

(B30=01)

D1. Now, I 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.

Ahora le voy a hacer algunas preguntas acerca de los trabajos o empleos que [usted/NAME] tenía durante el año 2022. Cuando contesta a estas preguntas, por favor incluya ambos a trabajos o empleos a tiempo parcial y a tiempo completo, pero solamente incluya los empleos (o trabajos) en los que [usted/NAME] trabajó por pago o para tener ganancias, por un mes o más.

PROGRAMMER: IF (C1=01 AND C4 YEAR ≤2022) or (C_B1=01 and C_B4a_yr=2022 or C_B4b_yr=2022) or (C_B1=01 and C_B4a_yr ≤2022 and C_B4b_yr>2022) ASK:

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

Además del trabajo de (usted/NAME) que ya me contó, ¿en 2018 trabajó {usted/NAME} por pago en cualquier otro trabajo por más de un mes?

PROGRAMMER: IF (C1>01 AND C4 YEAR ≤ 2022) or (C_B1>1 and C_B4a_yr=2022 or C_B4b_yr=2022) or (C_B1>01 and C_B4a_yr ≤2022 and C_B4b_yr>2022) FOR ONE OR MORE CURRENT JOBS IN SECTION C or C_B, ASK:

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

Además del trabajo de (usted/NAME) que ya me contó, ¿en 2022 trabajó {usted/NAME} por pago en cualquier otro trabajo por más de un mes?

ELSE:

In 2022, did {you/NAME} work for pay at any jobs for longer than a month?

En 2022, ¿trabajó {usted/NAME} por pago en cualquier otro trabajo por más de un mes?

YES	01 (D3)
NO	00
DON'T KNOW	d
REFUSED	r

(D1=00, d, or r)

D2. SOFT EDIT: IF {NAME} WORKED IN 2022 (B30=01) AND {NAME} DID NOT WORK IN 2022 (D1=0, d, r) INTERVIEWER READ: "Earlier you said that {you/NAME} worked for pay in 2022. Let me repeat the question I just read and verify your response."

Antes dijo que {usted/NAME} trabajó por pago en 2022. Déjeme repetir la pregunta que acabo de leer y verificar su respuesta

PROGRAMMER: IF (C1=01 AND C4 YEAR ≤ 2022) or (C_B1=01 and C_B4a_yr=2022 or C_B4b_yr=2022) ASK:

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

Además del trabajo de (usted/NAME) que ya me contó, ¿en 2022 trabajó {usted/NAME} por pago en cualquier otro trabajo por más de un mes?

PROGRAMMER: IF (C1>01 AND C4 YEAR ≤ 2022) or (C_B1>1 and C_B4a_yr=2022 or C_B4b_yr=2022) FOR ONE OR MORE CURRENT JOBS IN SECTION C or C_B, ASK:

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

SECTION D: JOBS/OTHER JOBS DURING 2022

Además del trabajo de (usted/NAME) que ya me contó, ¿en 2022 trabajó {usted/NAME} por pago en cualquier otro trabajo por más de un mes?

ELSE:

In 2022, did {you/NAME} work for pay at any jobs for longer than a month?

En 2022, ¿trabajó {usted/NAME} por pago en cualquier otro trabajo por más de un mes?

YES	01
NO	00 (SC1CHECK)
DON'T KNOW	d (SC1CHECK)
REFUSED	r (SC1CHECK)

(D1=01 or D2=01)

D3. **PROGRAMMER:** IF (C1=01 AND C4 YEAR ≤ 2022) or (C_B1=01 and C_B4a_yr=2022 or C_B4b_yr=2022) or (C_B1=01 and C_B4a_yr ≤ 2022 and C_B4b_yr>2022) ASK::

Other than (your/NAME's) the job that you already told me about, how many other jobs did {you/NAME} hold for at least one month in 2022?

Aparte de los trabajo que ya me habló, cuántos otros trabajos hiciste {usted / NAME} durante 2022 y por lo menos un mes?

PROGRAMMER: IF (C1>01 AND C4 YEAR ≤ 2022) or (C_B1>1 and C_B4a_yr=2022 or C_B4b_yr=2022) or (C_B1>01 and C_B4a_yr ≤ 2022 and C_B4b_yr>2022) FOR ONE OR MORE CURRENT JOBS IN SECTION C or C_B, ASK:

Other than (your/NAME's) jobs that you already told me about, how many other jobs did {you/NAME} hold for at least one month in 2022?

Aparte de los trabajos que ya me habló, cuántos otros trabajos hiciste {usted / NAME} durante 2022 y por lo menos un mes?

ELSE:

How many jobs did {you/NAME} hold for at least one month in 2022?

¿Cuántos empleos {usted / NAME} mantiene durante al menos un mes en 2022?

___ NUMBER OF JOBS (1-5)

DON'T KNOW d
 REFUSED r

PROGRAMMER: D4 THROUGH D23 ASKED FOR MAIN JOB WHEN D3>01. D5, D14, DP4, DP5, DP1a, DP1b, DP1c, and DP2 SKIPPED FOR JOBS TWO THROUGH FIVE.

(D1=01 or D2=01)

D4. **PROGRAMMER:** IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

Now thinking only about these jobs, let us start with {your/NAME's} main job in 2022 – that is, the job at which {you worked/(he/she) worked} the most hours.

Ahora pensando sólo en estos puestos de trabajo, comencemos con {su/el} trabajo principal {de NAME} en 2022 - es decir, el trabajo en el que {usted/él/ella} trabaja más horas.

What kind of work {did you/did NAME} do, that is, what was {your/NAME's} occupation?

¿Qué tipo de trabajo {hace/ hace NAME}, es deci, cuál es su ocupación {de NAME}?

PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

Now I would like to ask about {your/NAME'S} {second/third/fourth} job in 2022.

Ahora me gustaría preguntar acerca de su {NAME} {segundo/ tercer/ cuarto} trabajo en 2022.

What kind of work {did you/did NAME} do, that is, what was {your/NAME's} occupation?

¿Qué tipo de trabajo {hace/ hace NAME}, es deci, cuál es su ocupación {de NAME}?

ELSE (D3=01):

What kind of work {did you/did NAME} do, that is, what was {your/NAME's} occupation?

¿Qué tipo de trabajo {hace/ hace NAME}, es deci, cuál es su ocupación {de NAME}?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store.

Por ejemplo: proveedora de 'child-care' o cuidado de niños en un programa preescolar de una escuela privada, maestro(a) de geometría en un 'public high school' o escuela secundaria pública; vendedor(a) en una tienda de zapatos de mujeres.

PROBE 2: What are {your/NAME'S} main activities or duties? What else do you do? What else? Do you supervise anyone?

¿Cuáles son su/sus actividades u obligaciones principales? ¿Qué más hace? ¿Algo más? ¿Es supervisor(a) de alguien?

<OPEN> _____

DON'T KNOW d
REFUSED r

(D1=01 or D2=01)

D5. PROGRAMMER: SKIP D5 FOR JOB TWO THROUGH FIVE.

What kind of business was this?

¿Qué tipo de negocio es este?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For what type of organization or industry did you work? For example: accounting firm, daycare center, educational facility, food services.

¿Para qué tipo de organización o industria trabaja [usted/NAME]?

Por ejemplo: una firma de contabilidad, un centro de 'daycare' o cuidado de niños, una institución educativa, servicios de comida.

PROBE 2: What do they make, sell, or do where {you/NAME} worked?

Qué es lo que producen, venden, o hacen donde [usted/NAME] trabajaba?

PROBE 3: Is this mainly manufacturing (making a product), wholesale trade (selling to other businesses) or retail trade (selling to customers) or something else?

Es este un negocio de manufactura (fabrican un producto), negocio de venta al por mayor (venden a otros negocios), o venta al por menor (venta a clientes) o alguna otra cosa?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D6mth. In what month and year did {you/NAME} start working there?

¿En qué mes y año empezó [usted/NAME] a trabajar allí?

PROBE: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

__|__| (1-12)
 MO

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D6yr. PROBE 1: In what month and year did {you/NAME} start working there?

¿En qué mes y año empezó [usted/NAME] a trabajar allí?

PROBE 2: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

INTERVIEWER: ENTER YEAR

__|__|__|__|
 YEAR (1956-2022)

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D7. SOFT EDIT: YEAR {NAME} STARTED WORKING AT THIS JOB (D6 YEAR) SHOULD BE GREATER THAN OR EQUAL TO YEAR OF BIRTH (A04d) PLUS 14 YEARS. IF RESPONDENT FAILS EDIT,

INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you were/NAME was} born in (A04d) and {you/NAME} started working at this job in (D6 YEAR), which means {you/NAME} started working at this job when {you were/he was/she was} (PROGRAMMER CALCULATE AND FILL AGE: D6 YEAR – YEAR OF BIRTH) years old. Is that correct?

Debo haber anotado una respuesta incorrecta. Anoté que {usted/NAME} nació en (A04d) y {usted/NAME} empezó a trabajar en este trabajo en (D6 YEAR), lo que significa que {usted/NAME} empezó a trabajar en este trabajo cuando {usted/él/ella} tenía (PROGRAMMER CALCULATE AND FILL AGE: D6 YEAR – YEAR OF BIRTH)) años. ¿Es eso correcto?

- YES 01
- NO 02 (CHANGE D6 YEAR)
- SUPPRESS 03

(D1=01 or D2=01)

D8mth. In what month and year did {you/NAME} stop working there?
 ¿En qué mes y año dejó [usted/NAME] de trabajar allí?

PROBE: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

__|__| (1-12)
 MO

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D8yr. **PROBE 1:** In what month and year did {you/NAME} stop working there?
 ¿En qué mes y año dejó [usted/NAME] de trabajar allí?

PROBE 2: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

INTERVIEWER: ENTER YEAR

__|__|__|__|
 YEAR (1956-2023)

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D9. **SOFT EDIT:** DATE {NAME} STOPPED WORKING AT THIS JOB (D8 MONTH, D8 YEAR) SHOULD BE LATER THAN DATE {NAME} STARTED WORKING AT THIS JOB (D6 MONTH, D6 YEAR). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you/NAME} started working at this job in (D6 MONTH, D6 YEAR) and that (you/NAME) stopped working at this job in (D8 MONTH, D8 YEAR). Is that correct?

Debo haber anotado una respuesta incorrecta. Anoté que {usted/NAME} empezó a trabajar en este trabajo en (D6 MONTH, D6 YEAR) y que (usted/NAME) dejó de trabajar en este trabajo en (D8 MONTH, D8 YEAR). ¿Es eso correcto?

YES 01
 NO, CHANGE ANSWER TO D6..... 02 (CHANGE D6)
 NO, CHANGE ANSWER TO D8..... 03 (CHANGE D8)
 NO, CHANGE ANSWERS FOR BOTH D6 AND D8..... 04 (CHANGE D6 AND D8)
 SUPPRESS 05

(D1=01 or D2=01)

D10. **SOFT EDIT:** IF DATE {NAME} STOPPED WORKING AT THIS JOB (D8 MONTH, D8 YEAR) AND DATE {NAME} STARTED WORKING AT THIS JOB (D6 MONTH, D6 YEAR) ARE THE SAME (D8 MONTH, D8 YEAR – D6 MONTH, D6 YEAR = 0), INTERVIEWER READ: You said that {you/NAME} started and stopped working at this job in (D8 MONTH, D8 YEAR). I'd like to verify that {you/NAME} worked at this job for less than one month. Is this correct?

Usted dijo que {NAME} empezó y dejó de trabajar en este trabajo en (D8 MONTH, D8 YEAR). Me gustaría verificar que {usted/NAME} trabajó en este trabajo por menos de un mes. ¿Es eso correcto?

YES, WORKED AT JOB FOR LESS THAN ONE MONTH 01
 NO, WORKED AT JOB FOR MORE THAN ONE MONTH..... 02
 SUPPRESS 03

(D1=01 or D2=01)

D11. **SOFT EDIT:** IF YEAR {NAME} STOPPED WORKING AT THIS JOB (D8 YEAR) IS BEFORE 2022, INTERVIEWER READ: You said that {you/NAME} stopped working at this job in (D8 YEAR). I'd like to verify that this job ended before 2022. Is this correct?

Dijo que {usted/NAME} dejó de trabajar en este trabajo en (D8 YEAR). Me gustaría verificar que este trabajo terminó antes de 2022. ¿Es eso correcto?

YES, JOB ENDED BEFORE 2022 01
NO, JOB DID NOT END BEFORE 2022 02
SUPPRESS 03

(D1=01 or D2=01)

D12. CHECK: DID {NAME} WORK AT THIS JOB FOR LESS THAN ONE MONTH (D10=01)?

YES 01 (DP1a)
 NO 00

(D12=00)

D13. CHECK: DID THIS JOB END BEFORE 2022 (D11=01)?

YES 01 (DP1a)
 NO 00

((D1=01 or D2=01) and D12=00 and D13=00)

D14. **PROGRAMMER:** SKIP D14 FOR JOB TWO THROUGH FIVE.

{Were you/Was NAME} self-employed at this job? Self-employed means that {you work/NAME works} for {yourself/themselves} or {own your /owns their} own business.

¿Estaba {usted/NAME} autoempleado/autoempleada en este trabajo? Autoempleado/ Autoempleada, o Self-employed en inglés, significa que {usted/NAME} trabaja para {usted/él mismo/ella misma} o es {dueño/ dueña} de su propio negocio.

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(D1=01 or D2=01) and D12=00 and D13=00)

D16. How many hours per week did {you/NAME} usually work at this job?

¿Cuántas horas por semana generalmente trabajaba [usted/NAME] en este empleo?

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

Incluya 'overtime' o sobretiempo si [usted/él/ella] generalmente trabajaba horas extra.

____ HOURS PER WEEK (1-60)
 (1-168)
 DON'T KNOW d
 REFUSED r

((D1=01 or D2=01) and, D12=00 and D13=00)

D17. How many weeks per year did {you/NAME} usually work at this job, including paid vacation and holidays?

¿Cuántas semanas por año generalmente trabajaba [usted/NAME] en este empleo, incluyendo vacaciones pagadas y feriados? Por favor incluya tiempo libre por vacaciones y feriados si [usted/NAME] recibe pago por ese tiempo.

PROBE 1: Please include time off for vacations and holidays if {you were/NAME was} paid for that time.

Por favor incluya tiempo libre por vacaciones y feriados si [usted/NAME] recibe pago por ese tiempo.

PROBE 2: There are 52 weeks in a year.

Hay 52 (cincuentaidos) semanas en un año.

____ WEEKS PER YEAR (1-52)
 DON'T KNOW d
 REFUSED r

((D1=01 or D2=01) and D12=00 and D13=00)

D18. **PROGRAMMER:** IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} main job in 2022. On {your/NAME's} main job {were you/was (he/she) paid by the hour?

Para el propósito de este estudio, es importante para obtener información sobre cuánto le paga {Name} en { su / del NAME} trabajo principal en 2022. En { su / del NAME} trabajo principal está {usted / es (él / ella) pagado por hora?

PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} {second/third/fourth} job in 2022. On {your/NAME's} {second/third/fourth} job {were you/was (he/she) paid by the hour?

Para el propósito de este estudio, es importante para obtener información sobre cuánto le paga {Name} en { su / del NAME} {segundo/ tercer/ cuarto } trabajo en 2022. En { su / del NAME} {segundo/ tercer/ cuarto } trabajo está {usted / es (él / ella) pagado por hora?

ELSE (D3=01): For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} job in 2022. On {your/NAME's} job {were you/was (he/she) paid by the hour?

Para el propósito de este estudio, es importante para obtener información sobre cuánto {eres / NAME} pagado en su trabajo en 2022. En {su {trabajo en 2022 está usted / es (él / ella) pagado por hora?

PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

PROBE: {Your/NAME's} main job in 2022 was the job at which {you worked/(he/she) worked} the most hours.

{Su trabajo principal/El trabajo principal de NAME} en 2022 es el trabajo en el que {usted/él/ella} trabaja la mayor cantidad de horas.

- YES 01
- NO 00 (D20amt)
- DON'T KNOW d (D20amt)
- REFUSED r (D20amt)

((D1=01 or D2=01) and D12=00 and D13=00 and D18=01)

D19. What was {your/NAME's} regular hourly pay, including tips and commissions?

¿Cuál era el sueldo regular por hora que [usted/NAME] recibía, incluyendo propinas y comisiones?

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

¿Esto incluye propinas y comisiones?

- \$ | | | . | | | PER HOUR (1 - 25.00)
- (1 - 300.00)
- DON'T KNOW d
- REFUSED r

GO TO DP1a

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00, d, r)

D20amt. Before taxes and other deductions how much {were you/was NAME} paid on this job, including tips and commissions?

Antes de impuestos y otras deducciones, ¿cuánto le pagaban a [usted/NAME] en este empleo, incluyendo propinas y comisiones?

SECTION D: JOBS/OTHER JOBS DURING 2022

PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

¿Le pagaban a [usted/NAME] cada día, cada semana, cada dos semanas, dos veces cada mes, cada mes, o cada año?

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

DON'T KNOW d

REFUSED r

((D1=01 or D2=01) and, D12=00 and D13=00 and D18=00, d, r)

D20hop. Before taxes and other deductions how much {were you/was NAME} paid on this job, including tips and commissions?

Antes de impuestos y otras deducciones, ¿cuánto le pagaban a [usted/NAME] en este empleo, incluyendo propinas y comisiones?

PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

¿Le pagaban a [usted/NAME] cada día, cada semana, cada dos semanas, dos veces cada mes, cada mes, o cada año?

INTERVIEWER: ENTER HOW OFTEN PAID

DAILY	01	(1-384)	(1-1,922)
WEEKLY	02	(1-1,923)	(1-9,615)
BI-WEEKLY (EVERY TWO WEEKS).....	03	(1-4,166)	(1-20,833)
TWICE A MONTH	04	(1-4,166)	(1-20,833)
MONTHLY	05	(1-8,333)	(1-41,666)
ANNUALLY	06	(1-100,000)	(1-500,000)
DON'T KNOW	d		
REFUSED	r		

PROGRAMMER, CALCULATE MONTHLY PRE-TAX PAY BASED ON D20AMT AND D20HOP FOR EACH JOB:

If D18=01, and D19 and D16≠d or r, C_2022Job2022MnthPay(1)=D19*D16*4.35.

If D18=01 and D19 or D16=d, C_2022JobMnthPay(1)=d.

If D18=01 and D19 or D16=r and neither are d, C_2022JobMnthPay(1)=r.

If D18=00, d, OR r AND D20AMT OR D20HOP=d, C_2022JobMnthPay(1)=d.

If D18=00, d, OR r AND D20AMT OR D20HOP=r AND NEITHER ARE d, C_2022JobMnthPay(1)=r.

If D18=00, d, or r and D20hop=1, C_2022JobMnthPay(1)=D20amt*21.74.

If D18=00, d, or r and D20hop=2, C_2022JobMnthPay(1)=D20amt*4.35.

If D18=00, d, or r and D20hop=3, C_2022JobMnthPay(1)=D20amt*2.17.

If D18=00, d, or r and D20hop=4, C_2022JobMnthPay(1)=D20amt*2.

If D18=00, d, or r and D20hop=5, C_2022JobMnthPay(1)=D20amt.

If D18=00, d, or r and D20hop=6, C_2022JobMnthPay(1)=D20amt/12.

If D18=00, d, or r and D20hop or D20amt=d, then C_2022JobMnthPay(1)=d.

If D18=00, d, or r and D20hop or D20amt=r and none=d, then C_2022JobMnthPay(1)=r.

((D12=00 or D2=01) and D13=00 and D18=00, d, r)

D21amt. For this job, about how much was left as take-home pay after taxes and other deductions?

En este empleo, ¿más o menos cuánto de su pago le quedaba para llevar a casa, después de impuestos y otras deducciones?

PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

¿Le pagaban a [usted/NAME] por día, por semana, por cada dos semanas, dos veces por mes, por mes, o por año?

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

DON'T KNOW d

REFUSED r

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00, d, r)

D21hop. For this job, about how much was left as take-home pay after taxes and other deductions?

En este empleo, ¿más o menos cuánto de su pago le quedaba para llevar a casa, después de impuestos y otras deducciones?

PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

¿Le pagaban a [usted/NAME] por día, por semana, por cada dos semanas, dos veces por mes, por mes, o por año?

INTERVIEWER: ENTER HOW OFTEN PAID.

DAILY.....	01	(1-346)	(1-1,730)
WEEKLY.....	02	(1-1,730)	(1-8,653)
BI-WEEKLY (EVERY TWO WEEKS).....	03	(1-3,750)	(1-18,750)
TWICE A MONTH.....	04	(1-3,750)	(1-18,750)
MONTHLY.....	05	(1-7,500)	(1-37,500)
ANNUALLY.....	06	(1-90,000)	(1-450,000)
DON'T KNOW.....	d		
REFUSED.....	r		

PROGRAMMER, CALCULATE MONTHLY TAKE HOME PAY FOR EACH JOB BASED ON D21AMT AND D21HOP:

If D18=01 and D19 and D16≠d or r, C_2022JobMnthPayTH(1)=D19*D16*4.35.

If D18=01 and D19 or D16=d, C_2022JobMnthPayTH(1)=d.

If D18=01 and D19 or D16=r and neither are d, C_2022JobMnthPayTH(1)=r.

If D18_1=00, d, or r and D21amt or D21hop=d, C_2022JobMnthPayTH(1)=d.

If D18_1=00, d, or r and D21amt or D21hop=r, and neither are d, C_2022JobMnthPayTH(1)=r.

If D18=00, d, or r and D21hop=1, C_2022Job2MnthPayTH(1)=D21amt*21.74.

If D18=00, d, or r and D21hop=2, C_2022JobMnthPayTH(1) =D21amt*4.35.

If D18=00, d, or r and D21hop=3, C_2022JobMnthPayTH(1)=D21amt*2.17.

If D18=00, d, or r and D21hop=4, C_2022JobMnthPayTH(1)=D21amt*2.

If D18=00, d, or r and D21hop=5, C_2022JobMnthPayTH(1)=D21amt.

If D18=00, d, or r and D21hop=6, C_2022JobMnthPayTH(1)=D21amt/12.

If D18=00, d, or r and D21hop or D21amt=d, then C_2022JobMnthPayTH(1)=d.

If D18=00, d, or r and D21hop or D21amt=r and none=d, then C_2022JobMnthPayTH(1)=r.

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00, d, r) and (D20hop=01, 02, 03, 04, 05, or 06) and (D21hop=01, 02, 03, 04, 05, or 06)

D22. SOFT EDIT: AMOUNT OF CALCULATED MONTHLY TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO CALCULATED MONTHLY PRE-TAX PAY. IF AMOUNT OF MONTHLY TAKE HOME PAY (C_2022JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF PRE-TAX MONTHLY PAY (C_2022JobMnthPay(1)) NE D OR R, AND C_2022JobMnthPayTH(1) > C_2022JobMnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CALCULATED MONTHLY PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you were/NAME was} paid (D20) per (D20 AMOUNT), which would be about (C_2022JobMnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT), or about (C_2022JobMnthPayTH(1) was left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay was more than your pre-tax pay. Should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you took/NAME took} home after taxes and other deductions?

Debo haber anotado una respuesta incorrecta. Dijo que a {usted/NAME} se le pagan (D20) por (D20 AMOUNT) antes de impuestos y otras deducciones, lo que sería aproximadamente (C_2022JobMnthPay(1) por mes y que (D21) por (D21 AMOUNT), o aproximadamente (C_2022JobMnthPayTH(1) por mes, sobra como sueldo neto después de impuestos y otras deducciones. Basado en lo que anoté, su sueldo neto es más que su sueldo antes de impuestos. ¿Debo cambiar la cantidad que se le pagan a {usted/NAME} antes de los impuestos y otras deducciones o el sueldo neto de {usted/NAME} después de impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND
 OTHER DEDUCTIONS 01 (CHANGE D20amt)
 CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE D21amt)
 SUPPRESS..... 03

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00, d, r) and (D20hop=01, 02, 03, 04, 05, or 06) and (D21hop=01, 02, 03, 04, 05, or 06)

D22a. SOFT EDIT: DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF MONTHLY TAKE HOME PAY (C_2022JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C_2022JobMnthPay(1)) NE D OR R, AND (C_2022JobMnthPay(1) - C_2022JobMnthPayTH(1) / C_2022JobMnthPayTH(1) > .30, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you were/NAME was} paid (D20) per (D20 AMOUNT), which would be about (C_2022JobMnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT) , or about (C_2022JobMnthPayTH(1) was left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you took/NAME took} home after taxes and other deductions?

Debo haber anotado una respuesta incorrecta. Dijo que a {usted/NAME} se le pagan (D20) por (D20 AMOUNT) antes de impuestos y otras deducciones, lo que sería aproximadamente (C_2022JobMnthPay(1) por mes y que (D21) por (D21 AMOUNT), o aproximadamente (C_2022JobMnthPayTH(1) por mes, sobra como sueldo neto después de impuestos y otras deducciones. Basado en lo que anoté, su sueldo neto es más que su sueldo antes de impuestos. ¿Debo cambiar la cantidad que se le pagan a {usted/NAME} antes de los impuestos y otras deducciones o el sueldo neto de {usted/NAME} después de impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
 DEDUCTIONS 01 (CHANGE D20amt)
 CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE D21amt)
 SUPPRESS..... 03

(D1=01 or D2=01)

DP4. **PROGRAMMER:** SKIP DP4 FOR JOB TWO THROUGH FIVE.

At this job, did most of the other workers have disabilities?

En este trabajo, ¿la mayoría de los demás trabajadores tenían discapacidades?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(D1=01 or D2=01)

DP5. **PROGRAMMER:** SKIP DP5 FOR JOB TWO THROUGH FIVE.

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

¿Podría haber tomado este trabajo cualquier persona que lo solicitara y estuviera calificada, incluso alguien que no tuviera una discapacidad?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(D1=01 or D2=01)

DP1a. **PROGRAMMER:** SKIP DP1A FOR JOB TWO THROUGH FIVE.

I'm going to ask you about reasons {you/NAME} might have left this job. Did {you/NAME} leave this job because of {your/NAME's} health, for example, because of worsening illness or the need to go to medical appointments?

Voy a preguntarle sobre razones {usted / NAME} podría haber dejado este trabajo. Ha dejado este trabajo debido a su salud, por ejemplo a causa de agravamiento de la enfermedad o de la necesidad de ir a las citas médicas?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(DP1a=01)

DP1a_1. What was it about {your/NAME's} health that made {you/him/her} leave this job?

¿Qué de su salud que hizo {usted / él / ella} dejar este trabajo?

CODE ALL THAT APPLY.

PROBE: Anything else?

¿ Algo más?

EXISTING HEALTH PROBLEM GOT WORSE	01	
NEW HEALTH PROBLEM STARTED	02	
GOT INJURED.....	03	
JOB HAD A NEGATIVE IMPACT ON HEALTH	04	
NEEDED TO BE HOSPITALIZED	05	
NEEDED TIME TO GO TO MEDICAL APPOINTMENTS.	06	
GOT FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION.....	07	
HEALTH INTERFERED WITH JOB PERFORMANCE	08	
DID NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK.....	09	
PAIN INTERFERED WITH WORKING A SET SCHEDULE	10	
PERSONAL CARE AND GETTING READY FOR WORK TOOK TOO LONG.....	11	
HEALTH STATUS FLUCTUATES UNPREDICTABLY	12	
DID NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.....	13	
WORK WAS TOO TIRING OR STRESSFUL	14	
OTHER	15	(DP1a_1_oth.)
DON'T KNOW.....	d	
REFUSED.....	r	

(DP1a_1=15)

DP1a_1_oth. **INTERVIEWER:** PLEASE SPECIFY

Other (SPECIFY)_____	
DON'T KNOW	d
REFUSED	r

(D1=1 or D2=01)

DP1b. **PROGRAMMER:** SKIP DP1B FOR JOB TWO THROUGH FIVE.

I'm going to ask you about reasons {you/NAME} might have left this job. Did {you/he/she} leave this job because of {your/NAME's} job, for example because of the need for accommodations or problems with {your/his/her} co-workers?

Voy a preguntarle sobre razones {usted / NAME} podría haber dejado este trabajo. {Usted/NAME} dejó este trabajo por el trabajo, por ejemplo por la necesidad de arreglos o por problemas con compañeros de trabajo?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

(DP1b=01)

DP1b_1. What was it about {your/NAME's} job that made {you/him/her} leave it?

Qué es de este trabajo que ha causado que {usted/NAME} dejar de trabajar?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿ Algo más?

JOB DID NOT PAY ENOUGH.....	01	
JOB DID NOT OFFER HEALTH INSURANCE BENEFITS.....	02	
NEEDED A DIFFERENT SCHEDULE OR SHIFT	03	
NEEDED TIME TO GO TO MEDICAL APPOINTMENTS	04	
GOT FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION	05	
HEALTH INTERFERED WITH JOB PERFORMANCE ...	06	
DID NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK	07	
PAIN INTERFERED WITH WORKING A SET SCHEDULE.....	08	
PERSONAL CARE AND GETTING READY FOR WORK TOOK TOO LONG	09	
DID NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK	10	
PERSONALITY CONFLICTED WITH OTHERS AT THE JOB	11	
GOT FIRED FOR BEHAVIOR AT THE JOB	12	
FOUND ANOTHER JOB (NEW)	20	
WORK SCHEDULE (NEW).....	22	
SEASONAL/TEMPORARY JOB (NEW).....	23	
OTHER.....	13	(DP1b_1_oth.)
DON'T KNOW	d	
REFUSED	r	

(DP1b_1=13)

DP1b_1_oth. **INTERVIEWER:** PLEASE SPECIFY

Other (SPECIFY)_____	
DON'T KNOW	d
REFUSED	r

(D1=01 or D2=01)

DP1c. **PROGRAMMER:** SKIP FOR JOB TWO THROUGH FIVE.

I'm going to ask you about reasons {you/NAME} might have left this job. Did {you/he/she} leave this job because of {your/NAME's} personal circumstances, for example because {you/he/she} need(s) childcare, {don't/doesn't} have reliable transportation, or {worry/worries} about losing other benefits?

Voy a preguntarle sobre razones {usted / NAME} podría haber dejado este trabajo. (Usted/NAME) deajo este trabajo por circunstancias personales, por ejemplo la necesidad de cuidado de los hijos, no tener transporte confiable, o preocuparse por la pérdida de otros beneficios?

YES.....	01
NO.....	00
DON'T KNOW	d
REFUSED	r

(DP1c=01)

DP1c_1. What was it about {your/NAME's} personal circumstances that made {you/him/her} leave the job?

¿Qué de {sus/las} circunstancias personales {de NAME} hizo {usted / él / ella} dejar el trabajo?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿ Algo más?

- NEED HELP CARING FOR CHILDREN OR OTHERS. 01
- NEED PERSONAL ASSISTANCE TO GET READY FOR WORK EACH DAY 02
- GET INJURED 03
- MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE 04
- DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK..... 05
- DRUG/ALCOHOL RELAPSE 06
- WOULD RATHER DO OTHER THINGS THAN WORK 07
- DO NOT LIKE WORKING 08
- INCREASE IN INCOME FROM ANOTHER SOURCE.. 09
- MOVED TO ANOTHER AREA (NEW) 19
- LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW)..... 21
- OTHER..... 10 (DP1c_1_oth.)
- DON'T KNOW d
- REFUSED r

(DP1c_1=10)

DP1c_1_oth. **INTERVIEWER:** PLEASE SPECIFY

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(D1=01 or D2=01)

DP2. **PROGRAMMER:** SKIP FOR JOB TWO THROUGH FIVE.

Are there any other reasons that we haven't talked about why {you/NAME} left this job?

¿Hay otras razones por las que no hemos hablado de por {usted/NAME} qué dejó este trabajo

- YES 01 (DP2a_oth)
- NO 00 (D24)
- DON'T KNOW d (D24)
- REFUSED r (D24)

(DP2=01)

DP2a_oth. What other things made {you/NAME} leave this job?

¿Qué otras cosas le hizo a {usted/NAME} dejar este trabajo?

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(D1=01 or D2=01)

D24. **CHECK:** DID {NAME} HOLD MORE THAN ONE JOB DURING 2022 (D3 > 01)?

- YES 01

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(REPEAT D4 THROUGH D23 FOR EACH JOB. SKIP D5, D14, DP4, DP5, DP1a, DP1b, DP1c, AND DP2 FOR JOBS 2 TO 5.)

NO..... 00

(D1=01 or D2=01)

D25. Sometimes people work fewer hours or earn less money than they could in order to care for family members, keep the cash benefits they need, or just to have more free time. In 2022, did (you/NAME) work fewer hours or earn less money than (you/he/she) could have for any reason?

A veces, gente trabaja menos horas, o ganan menos dinero de lo que podrían ganar, para poder atender o cuidar a miembros de su familia, mantener o continuar recibiendo beneficios de dinero (cash benefits), o simplemente para tener más tiempo libre. En 2022, ¿trabajó [usted/NAME] menos horas, o ganó menos dinero de lo que pudiera haber ganado, por cualquier razón?

YES 01
 NO 00 (D26)
 DON'T KNOW d (D26)
 REFUSED r (D26)

((D1=01 or D2=01) and D25=01)

D25a. Did (you/NAME) work fewer hours or earn less money than (you/he/she) could have because (you/he/she)...

¿Trabajó [usted/NAME] menos horas, o ganó menos dinero de lo que pudiera haber ganado, porque [usted/él/ella]. ...

PROBE: I need to ask everyone in our study the same questions, even if they don't seem to apply to (you/NAME).

Necesitamos preguntar la misma pregunta a todas las personas tomando parte en el estudio, aún si parece que no aplican a [usted/NAME].

	YES	NO	DON'T KNOW	REFUSED
a. {Were/Was} taking care of children or others? estaba cuidando a niños o a otras personas?	01	00	d	r
b. {Were/Was} enrolled in school or a training program? estaba matriculad[o/a] en estudios o en un programa de entretenimiento o capacitación?	01	00	d	r
c. Wanted to keep Medicare or Medicaid coverage? quería mantener cobertura de Medicare o Medicaid?	01	00	d	r
d1. Wanted to keep Social Security disability cash benefits? Quería conservar los beneficios en efectivo por incapacidad del Seguro Social?	01	00	d	r
d2. Wanted to keep other benefits like food stamps, housing assistance, or workers' compensation? quería continuar recibiendo beneficios tales como estampillas de comida o cupones de alimentos, asistencia para vivienda o compensación de trabajadores?	01	00	d	r
e. Just did not want to work more? simplemente no quería trabajar más?	01	00	d	r
g. {Were/was} in poor health or had health concerns? estaba en mal estado de salud o tenía preocupaciones en relación a su salud?	01	00	d	r
f. Are there any reasons I didn't mention why {you/NAME} might have worked or earned less than {you/he/she} could have during 2022?	01	00	d	r

hay alguna otra razón que no he mencionado por la cual durante 2022 [usted/NAME] quizás trabajó o ganó menos de lo que [usted/él/ella] pudiera haber hecho o ganado?

PROGRAMMER: IF D25f=01 GO TO D25f_Other, ELSE SKIP TO D25_1
((D1=01 or D2=01) and D25=01 and D25f=01)

D25f_Other What other reason?

¿Qué otra razón?

<OPEN> _____
DON'T KNOW d
REFUSED r

((D1=01 or D2=01) and D25=01)

D25_1. Were any of (your/NAME's) disability-related benefits reduced or ended as a result of {your/his/her} working in 2022?

¿Alguno de los beneficios relacionados a incapacidad que [usted/NAME] recibía fue reducido o terminado, como resultado de que [usted/él/ella] trabajó en 2022?

YES 01
NO 00 (D26)
DON'T KNOW d (D26)
REFUSED r (D26)

(D25_1=01)

D25_2. What benefits were reduced or ended as a result of {your/NAME's} job in 2022?

¿Qué beneficios fueron reducidos o terminados, como resultado del empleo o trabajo de [usted/NAME] en 2022?

INTERVIEWER: CODE ALL THAT APPLY.

PRIVATE DISABILITY INSURANCE.....	01	
WORKERS' COMPENSATION.....	02	
VETERANS' BENEFITS.....	03	
MEDICARE	04	
MEDICAID.....	05	
SOCIAL SECURITY DISABILITY BENEFITS (SSI OR SSDI)		06
PUBLIC ASSISTANCE OR WELFARE	07	
FOOD STAMPS	08	
PERSONAL ASSISTANCE SERVICES (PAS)	09	
UNEMPLOYMENT BENEFITS	10	
OTHER STATE DISABILITY BENEFITS	11	
OTHER GOVERNMENT PROGRAMS	12	
OTHER.....	13	(D25_2_Other)

(D25_2=13)

D25_2_Other: What other benefits?

¿Qué otra beneficios?

<OPEN>_____

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

(D1=01 or D2=01)

D26. Now, I am going to read you a list of things that sometimes help people to work more hours or earn more money. If any of these do not apply to {you/NAME}, please just say so.

In 2022, do you think {you/NAME} could have worked or earned more if {you/he/she} had...

Ahora le voy a leer una lista de cosas que a veces ayudan para que gente trabaje más horas o ganen más dinero. Si cualquiera de estas no aplica a [usted/NAME], por favor dígamelo. ¿Piensa usted que en 2022, [usted/NAME] podría haber trabajado o ganado más si [usted/él/ella]

	YES	NO	NA	DON'T KNOW	REFUSED
a. Help caring for {your/his/her} children or others in the household? hubiera tenido ayuda en atender o cuidar a sus hijos y a otras personas en su hogar?	01	00	02	d	r
b. Help with {your/his/her} own personal care such as bathing, dressing, preparing meals, and doing housework? hubiera tenido ayuda con su propia atención o cuidado personal, tal como ayuda para bañarse, vestirse, preparar comidas, y hacer las tareas o quehaceres domésticos?	01	00	02	d	r
c. Reliable transportation to and from work? hubiera tenido transporte en el que podía confiar para ir y volver del trabajo?	01	00	02	d	r
d. Better job skills?	01	00	02	d	r

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hubiera tenido mejores destrezas o capacidades de trabajo (job skills)?

e.	A job with a flexible work schedule? hubiera tenido un horario de trabajo flexible (work schedule)?	01	00	02	d	r
f.	Help with finding and getting a better job? hubiera tenido ayuda en encontrar y conseguir un mejor empleo (o trabajo)?	01	00	02	d	r
g.	Any special equipment or medical devices? PROGRAMMER: IF D26g=01, GO TO D26g_Other, ELSE GO TO D26h. hubiera tenido algún equipo o aparato médico especial?	01	00	02	d	r
h.	Is there anything else that I didn't mention that would have helped {you/NAME} to work or earn more during 2022? ¿Hay algo más que no mencioné que le hubiera ayudado a {usted]NAME} a trabajar o ganar más dinero en 2022? PROGRAMMER: IF D26h=01, GO TO D26h_Other, ELSE GO TO D27	01	00	02	d	r

((D1=01 or D2=01) and D26g=01)

D26g_Other What other special equipment or medical devices?

¿Qué otro equipo o aparato médico especial?

<OPEN> _____ (D26h)

DON'T KNOW d (D26h)

REFUSED r (D26h)

((D1=01 or D2=01) and D26h=01)

D26h_Other What else?

¿Qué más?

<OPEN> _____

DON'T KNOW d

REFUSED r

(D1=01 or D2=01)

D27. One last question about when {you were/NAME was} working in 2022. Because of {your/his/her} work, did Social Security need to make any changes to the amount of {your/his/her} disability benefits?

Una última pregunta acerca de cuando [usted/NAME] estaba trabajando en el año 2022. Por causa de su trabajo, ¿tuvo el Social Security o Seguro Social que hacer algún cambio en la suma (de dinero) que [usted/NAME] recibía en pagos de beneficios por incapacidad (disability benefits)?

PROBE: Did {your/NAME's} benefit amount decrease or did {you/he/she} lose benefits altogether?

¿La suma total de sus beneficios fue reducida, o perdió [usted/NAME] todos sus beneficios?

YES 01

NO 00 (D29)

DON'T KNOW d (D29)

REFUSED r (D29)

((D1=01 or D2=01) and D27=01)

D28. Because of these changes did the Social Security Administration pay {you/NAME} the wrong benefit amount at any time during 2022?

Por causa de estos cambios, ¿el Social Security Administration (Administración del Seguro Social) le pagó a [usted/NAME] la suma equivocada de beneficios en cualquier momento durante 2022?

YES 01

NO 00

DON'T KNOW d

REFUSED r

(D1=01 or D2=01)

D29. In 2022, {were you/was NAME} ever asked to re-pay benefits because the Social Security Administration overpaid {you/him/her}?

En 2022, ¿alguna vez le pidieron a [usted/NAME] que pague de vuelta por beneficios que el Social Security Administration (Administración del Seguro Social) le sobre-pagó?

YES 01

NO 00 (SC1CHECK)

DON'T KNOW d (SC1CHECK)

REFUSED r (SC1CHECK)

((D1=01 or D2=01) and D29=01)

D30. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/(he/she) was} working while receiving benefits?

¿Le pidieron a [usted/NAME] que pague de vuelta al Social Security Administration (Administración del Seguro Social) porque [usted/él/ella] estaba trabajando mientras recibía beneficios?

SECTION D: JOBS/OTHER JOBS DURING 2022

YES 01 (D31)
NO 00 (SC1CHECK)
DON'T KNOW d (SC1CHECK)
REFUSED r (SC1CHECK)

(D30=01)

D31. Did {you/NAME} try to appeal or challenge the request to re-pay benefits to the Social Security Administration?

¿{Usted/NAME} intentó apelar u objetar cuando le pidieron que pagara de vuelta los beneficios a la Administración del Seguro Social o Social Security Administration?

YES 01 (D32)
NO 00 (DP3)
DON'T KNOW d (DP3)
REFUSED r (DP3)

(D31=01)

D32. Did {you/NAME} end up repaying the full benefit amount, repaying some of the benefit amount, or did you not repay any amount?

¿Terminó {you/NAME} pagando de vuelta la cantidad total de los beneficios, pagando de vuelta parte de la cantidad total de los beneficios, o no pagó nada de vuelta?

- REPAY FULL BENEFIT AMOUNT 01
- REPAY SOME BENEFIT AMOUNT 02
- DID NOT REPAY AND BENEFIT AMOUNT..... 03
- DON'T KNOW d
- REFUSED r

(D30=01)

DP3. Did {you/NAME} change how much {you/he/she} worked because {you were/he was/she was} asked to repay the Social Security Administration?

¿Cambió {Usted/NAME} cuánto {usted/él/ella} trabajó, porque se le pidió a {usted/él/ella} que devolviera pagos a la Administración del Seguro Social?

- YES 01
- NO..... 00 (SC1CHECK)
- DON'T KNOW..... d (SC1CHECK)
- REFUSED r (SC1CHECK)

(DP3=01)

DP3a. What did {you/NAME} change about how much {you/he/she} worked? Did {you/he/she}....

¿Qué cambió {usted/NAME} acerca de las horas que trabajó? (Usted/Él/Ella)...

- Reduce your work hours by a little
- Reducir {sus} horas de trabajo por un poco, 01
- Reduce your work hours by a lot
- Reducir {sus} horas de trabajo por mucho, 02
- Increase your work hours by a little, or
- Aumentar sus horas de trabajo por un poco..... 03
- Increase your work hours by a lot?
- Aumentar sus horas de trabajo por mucho?..... 04
- DON'T KNOW d
- REFUSED r

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 (SC1a)
 NO 00 (EP1)

(C39_2=06 or CB39_2=06 or D25_2=06)

SC1a. Earlier you told me that {your/NAME'S} Social Security disability benefits were reduced or ended because of a recent job. During the past year, did {you/NAME} ever completely stop receiving cash disability benefits for a time because {you were/NAME was} working?

Anteriormente usted me dijo que {sus} beneficios {de NAME} por discapacidad del Seguro Social se han reducido o terminado debido a un trabajo reciente. Durante el pasado año, ¿alguna vez {usted/NAME} completamente dejó de recibir beneficios por incapacidad por un tiempo porque {usted/NAME} estaba trabajando?

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

Esto incluye dejar de recibir beneficios por incapacidad en efectivo porque {usted/NAME} estaba ganando demasiado o trabajar demasiadas horas.

YES 01 (SC2)
 NO 00 (EP1)
 DON'T' KNOW d (EP1)
 REFUSED r (EP1)

(SC1CHECK=01 and C39_2 NE 06 and CB39_2 NE 06 and D25_2 NE 06)

SC1. Now I would like to ask you about {your/NAME's} experiences working and how working has affected {your/NAME's} cash disability benefits. During the past year, did {you/NAME} ever stop receiving cash disability benefits for a time because {you were/he was/she was} working?

Ahora me gustaría preguntarle acerca de {sus/las} experiencias {de NAME} en el trabajo y la forma que trabajando ha afectado a sus beneficios por incapacidad efectivo. Durante el pasado año, ¿alguna vez {usted//NAME} dejó de recibir beneficios por incapacidad en efectivo por un tiempo, por que estaba trabajando?

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

Esto incluye dejar de recibir beneficios por incapacidad en efectivo porque {usted/NAME} estaba ganando demasiado o trabajar demasiadas horas.

YES 01 (SC2)
 NO 00 (EP1)
 DON'T' KNOW d (EP1)
 REFUSED r (EP1)

(SC1=01 OR SC1a=01)

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

¿Está {usted/NAME} actualmente recibiendo beneficios por incapacidad en efectivo?

YES 01 (SA7)
 NO 00 (SC3)
 DON'T' KNOW d (SC3)
 REFUSED r (SC3)

(SC2 =00, d, r)

SECTION SC: BENEFIT SUSPENSE

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

¿Está {usted/NAME} en el proceso de conseguir de nuevo beneficios por discapacidad en efectivo?

INTERVIEWER NOTE: If respondent indicates that they are planning on getting back on benefits but have not yet started the process, code as '01'.

YES.....	01 (SA7)
NO.....	00 (SA7)
DON'T KNOW.....	d (SA7)
REFUSED.....	r (SA7)

SECTION SA: QUESTIONS APPLICABLE TO ALL EXPERIENCING RECENT SUSPENSE

SECTION SA: QUESTIONS APPLICABLE TO ALL EXPERIENCING RECENT SUSPENSE

(SC1a=01 or SC1=01)

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

Ahora me gustaría preguntarle acerca del trabajo que dio lugar a que sus beneficios en efectivo terminen.

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?

¿Sabía que cuando {usted / NAME} comenzó a trabajar o ganar más que {usted / él / ella} dejaría de recibir beneficios por incapacidad en efectivo de la Seguridad Social?

YES..... 01 (SA8CHECK)
NO..... 00 (SA8)
DON'T' KNOW..... d (SA8CHECK))
REFUSED r (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?

Si {usted / NAME} hubiera(s) sabido que iba a dejar de recibir beneficios en efectivo, todavía habrías empezado a trabajar o ganar más?

YES..... 01
NO..... 00
DON'T' KNOW..... d
REFUSED r

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 (EP1)

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

(SC2=00 AND SC3=00)

SS2. I'm going to 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...

Voy a preguntarle acerca de las cosas que podrían hacer que {usted / NAME} que volver a los beneficios por incapacidad en efectivo en el futuro. {Es usted / es el NAME} probable a volver a los beneficios por incapacidad en efectivo debido a...

	YES	NO	DON'T KNOW	REFUSED
a. {Your/his/her} health, for example because of worsening illness or the need to go to medical appointments? su salud, por ejemplo a causa de agravamiento de la enfermedad o de la necesidad de ir a las citas médicas.	01	00	d	r
b. {Your/His/Her} job, for example because of a need for accommodations or problems with {your/his/her} co-workers? su trabajo, ejemplo por la necesidad de arreglos o por problemas con compañeros de trabajo?	01	00	d	r
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? su circunstancias personales, por ejemplo, porque necesita cuidado de los niños, no tienen transporte confiable, o preocuparse de perder otros beneficios?	01	00	d	r

PROGRAMMER NOTE: IF SS2a= 0,D,R and SS2b=00,D,R and SS2c=00, D, R, GO TO SS3.

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?

¿Qué pasa con {su/el} salud {de NAME} hace que usted piensa que {usted/él/ella} podría volver en los beneficios?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿ Algo más?

- EXISTING HEALTH PROBLEM GETS WORSE 01
- NEW HEALTH PROBLEM STARTS 02
- GET INJURED..... 03
- JOB HAS A NEGATIVE IMPACT ON HEALTH..... 04
- NEED TO BE HOSPITALIZED 05
- NEED TIME TO GO TO MEDICAL APPOINTMENTS 06
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION 07
- HEALTH INTERFERES WITH JOB PERFORMANCE 08
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK 09

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

PAIN INTERFERES WITH WORKING A SET SCHEDULE	10
PERSONAL CARE AND GETTING READY FOR WORK	
TAKES TOO LONG	11
HEALTH STATUS FLUCTUATES UNPREDICTABLY	12
DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.	13
WORK IS TOO TIRING OR STRESSFUL.....	14
OTHER.....	15 (SS2a_1_oth)
DON'T KNOW	d
REFUSED.....	r

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

(SS2a_1=15)
SS2a_1_oth.

INTERVIEWER: PLEASE SPECIFY

Other (SPECIFY) _____
DON'T KNOW d
REFUSED r

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?

Qué es de {su/el} trabajo {de NAME} que le hace pensar que {usted/él/ella} podría volver a los beneficios?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿ Algo más?

JOB DOES NOT PAY ENOUGH 01
 JOB DOES NOT OFFER HEALTH INSURANCE BENEFITS 02
 NEED A DIFFERENT SCHEDULE OR SHIFT 03
 NEED TIME TO GO TO MEDICAL APPOINTMENTS 04
 GET FIRED FOR MISSING TOO MUCH TIME FOR
 APPOINTMENTS OR HOSPITALIZATION 05
 HEALTH INTERFERES WITH JOB PERFORMANCE 06
 DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY
 OR STAMINA REQUIRED TO WORK 07
 PAIN INTERFERES WITH WORKING A SET SCHEDULE 08
 PERSONAL CARE AND GETTING READY FOR WORK
 TAKE TOO LONG 09
 DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL
 DEVICES NEEDED IN ORDER TO WORK 10
 FOUND ANOTHER JOB (NEW)..... 20
 WORK SCHEDULE (NEW) 22
 DID NOT LIKE/GET ALONG WITH CO-WORKERS (NEW) 23
 DID NOT LIKE/GET ALONG WITH MANAGER, SUPERVISOR,
 OR BOSS (NEW) 24
 DID NOT LIKE/GET ALONG WITH OTHER STAFF
 RESPONSIBLE FOR HIRING OR PROVIDING
 ACCOMMODATIONS (SUCH AS HUMAN RESOURCES) (NEW) 25
 OTHER 11 (SS2b_1_oth)
 DON'T KNOW d
 REFUSED r

(SS2b_1=11)
SS2b_1_oth.

INTERVIEWER: PLEASE SPECIFY

Other (SPECIFY) _____
DON'T KNOW d
REFUSED r

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?

¿Qué de {sus/las} circunstancias personales {de NAME} que le hacen pensar que {usted/él/ella} podría volver a los beneficios?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿Algo más?

- NEED HELP CARING FOR CHILDREN OR OTHERS 01
- NEED PERSONAL ASSISTANCE TO GET READY FOR WORK EACH DAY 02
- GET INJURED..... 03
- MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE 04
- PERSONALITY CONFLICTS WITH OTHERS AT THE JOB..... 05
- MIGHT GET FIRED FOR BEHAVIOR AT THE JOB 06
- DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK..... 07
- DRUG/ALCOHOL RELAPSE 08
- WOULD RATHER DO OTHER THINGS THAN WORK 09
- DO NOT LIKE WORKING... 10
- WORK IS TOO TIRING OR STRESSFUL..... 11
- MOVED TO ANOTHER AREA (NEW) 19
- LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW) 21
- OTHER..... 12 (SS2c_1_oth)
- DON'T KNOW d
- REFUSED. r

(SS2c_1=12)
SS2c_1_oth.

INTERVIEWER: PLEASE SPECIFY

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(SC2=00 AND SC3=00)

SS3. Are there any other things we haven't talked about that might make {you/NAME} go back on benefits?

¿Hay otras cosas que no hemos hablado que podrían hacer que {usted/NAME} vaya de nuevo a los beneficios?

- YES. 01 (SS3a)
- NO..... 00 (Section E)
- DON'T' KNOW..... d (Section E)
- REFUSED..... r (Section E)

(SS3=01)

SS3a. What other things might make {you/NAME} go back on benefits?

¿Qué otras cosas puede hacer que {usted/NAME} vuelva a los beneficios?

- Other (SPECIFY)_____
- DON'T KNOW d

REFUSED r

GO TO SECTION E.

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

Anteriormente me dijiste que {usted / NAME} {está de nuevo en los beneficios /en el proceso de volver a estar con beneficios}.

(SC2=01) or (SC3=01)

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

{¿Fuiste / ¿Vas/NAME se fue/NAME se va} de nuevo en beneficios debido a...

	YES	NO	DON'T KNOW	REFUSED
a. {Your/His/Her} health, for example because of worsening illness or the need to go to medical appointments? su salud, por ejemplo a causa de agravamiento de la enfermedad o de la necesidad de ir a las citas médicas?	01	00	d	r
b. {Your/His/Her} job, for example because of the need for accommodations or problems with {your/his/her} co-workers? su trabajo, ejemplo por la necesidad de arreglos o por problemas con compañeros de trabajo?	01	00	d	r
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? circunstancias personales, por ejemplo, porque necesita cuidado de los niños, no tienen transporte confiable, o preocuparse de perder otros beneficios?	01	00	d	r

PROGRAMMER NOTE: IF SB1a= 0,D,R and SB1b=00,D,R and SB1c=00, D, R, GO TO SB2a_other.

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?

Qué es de {su/la} salud {de NAME} hace que {usted/él/ella} vuelva a los beneficios?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿ Algo más?

- EXISTING HEALTH PROBLEM GETS WORSE 01
- NEW HEALTH PROBLEM STARTS 02
- GET INJURED..... 03
- JOB HAS A NEGATIVE IMPACT ON HEALTH..... 04
- NEED TO BE HOSPITALIZED 05
- NEED TIME TO GO TO MEDICAL APPOINTMENTS 06

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

GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION	07
HEALTH INTERFERES WITH JOB PERFORMANCE	08
DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK	09
PAIN INTERFERES WITH WORKING A SET SCHEDULE	10
PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG	11
HEALTH STATUS FLUCTUATES UNPREDICTABLY	12
DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.	13
WORK IS TOO TIRING OR STRESSFUL	14
OTHER	15 (SB1a_1_oth)
DON'T KNOW	d
REFUSED	r

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

(SB1a_1=15)
SB1a_1_oth.

INTERVIEWER: PLEASE SPECIFY

Other (SPECIFY) _____
 DON'T KNOW d
 REFUSED r

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?

Qué es de {su/el} trabajo {de NAME} que le hizo tener que volver a los beneficios?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿ Algo más?

JOB DOES NOT PAY ENOUGH 01
 JOB DOES NOT OFFER HEALTH INSURANCE BENEFITS 02
 NEED A DIFFERENT SCHEDULE OR SHIFT 03
 NEED TIME TO GO TO MEDICAL APPOINTMENTS 04
 GET FIRED FOR MISSING TOO MUCH TIME FOR
 APPOINTMENTS OR HOSPITALIZATION 05
 HEALTH INTERFERES WITH JOB PERFORMANCE 06
 DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY
 OR STAMINA REQUIRED TO WORK 07
 PAIN INTERFERES WITH WORKING A SET SCHEDULE 08
 PERSONAL CARE AND GETTING READY FOR WORK
 TAKE TOO LONG 09
 DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL
 DEVICES NEEDED IN ORDER TO WORK 10
 FOUND ANOTHER JOB (NEW) 20
 WORK SCHEDULE (NEW) 22
 DID NOT LIKE/GET ALONG WITH CO-WORKERS (NEW) 23
 DID NOT LIKE/GET ALONG WITH MANAGER, SUPERVISOR,
 OR BOSS (NEW) 24
 DID NOT LIKE/GET ALONG WITH OTHER STAFF
 RESPONSIBLE FOR HIRING OR PROVIDING
 ACCOMMODATIONS (SUCH AS HUMAN RESOURCES) (NEW) 25
 OTHER 11 (SB1b_1_oth)
 DON'T KNOW d
 REFUSED r

(SB1b_1=11)
SB1b_1_oth.

INTERVIEWER: PLEASE SPECIFY

Other (SPECIFY) _____
 DON'T KNOW d
 REFUSED r

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

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

(SB1c=01)

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

Qué es de sus circunstancias personales que hizo que {usted / él / ella} a volver a los beneficios?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

¿ Algo más?

- NEED HELP CARING FOR CHILDREN OR OTHERS 01
- NEED PERSONAL ASSISTANCE TO GET READY FOR WORK EACH DAY 02
- GET INJURED..... 03
- MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE 04
- PERSONALITY CONFLICTS WITH OTHERS AT THE JOB..05
- MIGHT GET FIRED FOR BEHAVIOR AT THE JOB 06
- DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK..... 07
- DRUG/ALCOHOL RELAPSE 08
- WOULD RATHER DO OTHER THINGS THAN WORK 09
- DO NOT LIKE WORKING... 10
- WORK IS TOO TIRING OR STRESSFUL..... 11
- MOVED TO ANOTHER AREA (NEW) 19
- LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW) 21
- OTHER..... 12 (SB1c_1_oth)
- DON'T KNOW d
- REFUSED.r

(SB1c_1=12)

SB1c_1_oth.

INTERVIEWER: PLEASE SPECIFY

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(SC2=01) or (SC3=01)

SB2. Are there any other things that we haven't talked about that explain why {you went/you are going/NAME went/NAME is going} back on benefits?

¿Hay otras razones por las que no hemos hablado de que explicar por qué {usted/NAME} se fue de vuelta en los beneficios?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

(SB2=01)

SB2a_other. What (things/ SB1a, Sb1b, Sb1c=1: other things) made {you/NAME} go back on benefits?

Que otras cosas hecho que {usted/NAME} volver a los beneficios?

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

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?

¿Hay algo que podría haber ayudado {usted / NAME} para seguir trabajando y ganar lo suficiente para mantenerse fuera de los beneficios?

- YES 01
- NO 00 (SB4)
- DON'T KNOW d (SB4)
- REFUSED r (SB4)

(SB3=01)

SB3a. What might have helped {you/NAME} keep working and earning enough to stay off benefits?

INTERVIEWER: CODE ALL THAT APPLY.

Que podría haber ayudado a {usted/NAME} a mantener trabajar y ganar lo suficiente para mantenerse fuera de los beneficios?

PROBE: Anything else?

¿ Algo más?

- WORKING FEWER HOURS A DAY 01
- WORKING FEWER DAYS A WEEK 02
- WORKING A DIFFERENT SHIFT 03
- HAVING A MORE FLEXIBLE SCHEDULE..... 04
- BEING ABLE TO START LATER IN THE DAY 05
- HAVING/HAVING MORE SICK OR OTHER LEAVE..... 06
- PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT TO HELP WITH GETTING READY AND/OR DO HOUSEHOLD TASKS 07
- ASSISTANCE WITH WORK TASKS 08
- MORE UNDERSTANDING EMPLOYER..... 09
- MORE UNDERSTANDING CO-WORKERS..... 10
- ASSISTIVE DEVICE AT WORK 11
- PHYSICAL MODIFICATIONS OF WORKSPACE 12
- JOB COACH..... 13
- SIGN LANGUAGE INTERPRETER..... 14
- READER/INTERPRETER FOR THE BLIND 15
- ON THE JOB TRAINING 16
- BEHAVIORAL COACHING 17
- BENEFITS COUNSELING 18
- TRANSPORTATION ASSISTANCE..... 19
- CHILD/FAMILY CARE ASSISTANCE 20
- OTHER..... 21 (SB3a_oth)
- DON'T KNOW d
- REFUSED. r

(SB3a=21)

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

¿Qué otras cosas podrían haber ayudado {usted / NAME} seguir trabajando y ganar lo suficiente para mantenerse fuera de los beneficios?

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(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"

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

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?

¿Piensa que {usted / NAME} {volverá a trabajar/trabjará suficiente para no recibir beneficios} en el futuro?

- YES 01 (EP1)
- NO 00 (SB4a)
- DON'T KNOW d (SB4b)
- REFUSEDr (EP1)

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

(SB4=00)

IF B24=01 (currently working), fill “work and earn enough to stay off benefits in the future”
 ELSE, fill “go back to work”

SB4a. Why {don't you/doesn't NAME} think {you/he/she} will {go back to work / work and earn enough to stay off benefits in the future}?

¿Por qué no piensa {usted / NAME} {volver a trabajar/ trabajar suficiente para no recibir beneficios en el futuro}?

INTERVIEWER: CODE ALL THAT APPLY.

- HEALTH GOES UP AND DOWN 01
- HEALTH WILL NOT IMPROVE ENOUGH TO WORK 02
- NOT GETTING MEDICAL TREATMENT, EQUIPMENT, OR PERSONAL CARE NEED 03
- NOT FINDING RIGHT JOB 04
- GETTING HELP CARING FOR NOT GETTING HELP CARING FOR CHILDREN OR OTHERS 05
- NOT GETTING HEALTH INSURANCE 06
- NOT GETTING TRANSPORTATION 07
- OTHER (SPECIFY) 08 (SB4a_oth)
- DON'T KNOW d
- REFUSED r

(SB4a=08)

SB4a_oth.

INTERVIEWER: PLEASE SPECIFY

- Other (SPECIFY) _____ (EP1)
- DON'T KNOW d (EP1)
- REFUSED r (EP1)

(SB4 = d)

IF B24=01 (currently working), fill “work and earn enough to stay off benefits in the future”
 ELSE, fill “go back to work”

SB4b. Why {are you/is NAME} unsure about whether {you/he/she} will {go back to work / work and earn enough to stay off benefits in the future}?

Por que no esta seguro que va ha {regresar a trabajar/trabajar suficiente para no recibir beneficios en el futuro}?

INTERVIEWER: CODE ALL THAT APPLY.

- HEALTH GOES UP AND DOWN 01
- HEALTH MAY NOT IMPROVE ENOUGH TO WORK 02
- MAY NOT GET MEDICAL TREATMENT, EQUIPMENT, OR PERSONAL CARE NEED 03
- MAY NOT FIND RIGHT JOB 04
- MAY NOT GET HELP CARING FOR CHILDREN OR OTHERS 05
- MAY NOT GET HEALTH INSURANCE 06
- MAY NOT GET TRANSPORTATION 07
- OTHER (SPECIFY) 08 (SB4b_oth)
- DON'T KNOW d
- REFUSED r

(SB4b=08)

SB4b_oth.

INTERVIEWER: PLEASE SPECIFY

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

Other (SPECIFY)_____ (EP1)
DON'T KNOW d (EP1)
REFUSED r (EP1)

SECTION E: AWARENESS OF SSA PROGRAMS

(All)

EP1. Now I will ask you some questions about disability benefit programs.

If {you/NAME} needed information about {your/his/her} disability benefits or how work affects {your/his/her} benefits who would {you/NAME or (his/her) representative} contact to get that information? (adapted from NBS10 QF1)

Ahora voy a hacerle algunas preguntas acerca de los programas de prestaciones de incapacidad.

Si {usted / NOMBRE} necesitaba información sobre {sus} beneficios por incapacidad o cómo el trabajo afecta { su } beneficios, ¿a quién contactaría {usted / NOMBRE / su representante} para conseguir la información?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anyone or anyplace else?

Alguien mas o cualquier otro lugar?

SOCIAL SECURITY ADMINISTRATION (PHONE OR IN PERSON).....	01
STATE VOCATIONAL REHABILITATION AGENCY OR {VR NAME}	02
BENEFIT SPECIALIST OR WORK INCENTIVES PLANNING AND ASSISTANCE (WIPA) PROGRAM.....	03
EMPLOYMENT SERVICE PROVIDER OR EMPLOYMENT NETWORK (EN).....	04
PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY (PABSS) OR OTHER ADVOCACY ORGANIZATION	05
FRIEND OR FAMILY MEMBER.....	06
INDEPENDENT LIVING CENTER OR OTHER DISABILITY SERVICE/SUPPORT ORGANIZATION.....	07
MEDICAL DOCTOR OR PROFESSIONAL.....	08
SEARCH ON THE INTERNET (E.G., SSA WEBSITE) ...	09
OTHER.....	10
DON'T KNOW	d
REFUSED	r

(All)

EP1a. In 2022, did {you/NAME or (his/her) representative} do any of the following to contact the Social Security Administration (SSA) for information about {your/his/her} disability benefits or how work affects {your/his/her} benefits? The first is...

En 2022, ¿hizo {usted /NOMBRE o su representante} alguna de las siguientes para contactar a la Administración del Seguro Social (SSA por sus siglas en inglés) para obtener información sobre sus beneficios por incapacidad o cómo afecta el trabajo sus beneficios? La primera es...

	YES	NO	DON'T KNOW	REFUSED
a. use a telephone to call the Social Security Administration? ¿Usó un teléfono para llamar a la Administración del Seguro Social?	01	00	d	r
b. visit a Social Security Administration office in person? ¿Visitó una oficina de Administración del Seguro Social en persona?	01	00	d	r
c. go online to the Social Security Administration's website or contact them by email?	01	00	d	r

SECTION E: AWARENESS OF SSA PROGRAMS

¿Visitó la página web de la Administración del Seguro Social o les contactó por correo electrónico?

PROGRAMMER NOTE: IF all responses in EP1aa – EP1ac =00, D, R, GO TO B23_3.

(EP1aa=01 OR EP1ab=01 OR EP1ac=01)

EP1b. In general, how easy was it for {you/NAME or (his/her) representative} to get the information {you/they} wanted about {your/his/her} disability benefits or how work affects {your/his/her} benefits from the Social Security Administration (SSA)? Was it:

En general, que tan fácil fue para {usted / NOMBRE o (su) representante} para obtener la información que {usted/NAME} quería sobre sus beneficios por incapacidad o cómo el trabajo afecta sus beneficios de la Administración del Seguro Social (SSA)? Era:

Very easy, Muy fácil	01
Somewhat easy, algo fácil,	02
Not very easy, or no muy fácil, o	03
Not at all easy? para nada fácil?	04
DON'T KNOW	d
REFUSED	r

SECTION E: AWARENESS OF SSA PROGRAMS

(EP1aa=01 OR EP1ab=01 OR EP1ac=01)

EP1d. Overall, how helpful was the information {you/NAME} got about {your/his/her} disability benefits or how work affects {your/his/her} benefits from the Social Security Administration (SSA)? Would you say:

En general, que útil fue la información {usted / NOMBRE} {consiguió sobre sus /} beneficios por incapacidad o cómo el trabajo afecta sus beneficios de la Administración del Seguro Social (SSA)? Dirías:

Very helpful, Muy útil	01
Somewhat helpful, algo útil,	02
Not very helpful, or no muy útil, o	03
Not at all helpful? para nada útil?	04
DON'T KNOW	d
REFUSED	r

NEW ITEM

(All)

B23_3. {Have you/Has name} ever used the Internet to access information about {your/his/her} disability, services, or work from websites other than the SSA's website?

¿Alguna vez [usted/NAME] usó una computadora para tener acceso a información sobre su incapacidad, servicios o información relacionada a trabajo por medio del Internet?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

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

¿Con qué frecuencia [usted/NAME] usa una computadora para tener acceso al Internet?

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

Esto incluye ingresar al Internet por medio de computadora, telefono celular, tableta, u otro medio.

Never Nunca	01
Daily Diariamente	02
A few times a week Algunas veces a la semana	03
Once a week Una vez a la semana, o	04
Less than once a week Menos de una vez a la semana	05
DON'T KNOW	d
REFUSED	r

(All)

EP2a. Next, I'm going to read you two statements. Please tell me if {you think/NAME thinks} they are true or not true. Here is the first. People who get disability benefits are allowed to work at a job for pay.

A continuación, voy a leerle dos afirmaciones. Por favor dígame si {usted/NAME} piensa que éstas son ciertas o no son ciertas. La primera es: A las personas que reciben beneficios por discapacidad se les permite trabajar por pago.

Probe: Is this statement true or not true?

¿Esta afirmación es cierta o no es cierta?

Probe: If you are not sure, that's okay. You can tell me that as well.

No hay problema si usted no está seguro(a). También me puede contestar eso.

SECTION E: AWARENESS OF SSA PROGRAMS

TRUE..... 01
 NOT TRUE 02
 DON'T KNOW d
 REFUSED r

(All)

EP2b. Here is the second statement. People who get disability benefits must report any changes in their work to the Social Security Administration. By changes in work, we mean starting a new job for pay, changing work duties, changing work hours, or changing work pay.

La segunda afirmación es: Las personas que reciben beneficios por discapacidad deben reportar cualquier cambio en el trabajo a la Administración del Seguro Social o Social Security Administration. Por cambios en el trabajo queremos decir iniciar un nuevo empleo por pago, cambios en las responsabilidades de trabajo, cambios en el horario de trabajo o cambios en el pago por su trabajo.

Probe: Is this statement true or not true?

¿Esta afirmación es cierta o no es cierta?

Probe: If you are not sure, that's okay. You can tell me that as well.

No hay problema si usted no está seguro(a). También me puede contestar eso.

TRUE..... 01
 NOT TRUE 02
 DON'T KNOW d
 REFUSED r

(All)

E1. Next, I'm going to read you a list of things that Social Security offers to people getting disability benefits, to encourage them to work. Please tell me if {you have/NAME has} ever {heard of these things}.

A continuación, voy a leerle una lista de cosas que el Seguro Social ofrece a personas que están recibiendo beneficios por incapacidad, para animarles a trabajar. Por favor dígame si ^Fills.aName ha oído hablar alguna vez de estas cosas.

PRESS 1 TO CONTINUE..... 01

(All)

E2. CHECK: IS {NAME} AN SSI BENEFICIARY (BSTATUS = 01,03)?

YES..... 01
 NO..... 00 (E14)

(E2=01)

E3. {Have you/Has NAME} ever heard of a Plan for Achieving Self-Support or a PASS Plan? This is a Social Security support that lets {you/beneficiaries} set aside money to be used to help {you/them} reach a work goal. The money set aside does not affect {your/their} benefits.

¿Alguna vez oyó ^Fills.aName de un Plan para Lograr la Auto-Suficiencia o Independencia Económica, lo que en inglés llaman el Plan for Achieving Self-Support o PASS Plan? Esto es una ayuda del Seguro Social, que le permite a guardar y ahorrar dinero que se va a usar para ayudarlo a llegar a una meta de trabajo. El dinero ahorrado no afecta a sus beneficios.

PROBE 1: {Have you/Has NAME} ever heard of this plan?

¿Alguna vez oyó [usted/NAME] de este plan?

PROBE 2: If you're not sure, please just say so.

Si no está segur[o/a], puede decir que no sabe.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES 01
 NO 00

SECTION E: AWARENESS OF SSA PROGRAMS

DON'T KNOW d
REFUSED r

SECTION E: AWARENESS OF SSA PROGRAMS

(E2=01)

E5. {Have you/Has NAME} ever heard of the earned income exclusion or the 1 for 2 earnings exclusion? This is a Social Security rule where one-half of {your/a beneficiary's} earnings over \$85 are not counted when Social Security figures {your/the} benefit.

¿Alguna vez oyó o escuchó ^Fills.aName de la exclusión por ingresos ganados lo que en inglés llaman earned income exclusion o de la exclusión de 1 por 2 (UNA por DOS) ganancias? Esto es una regla del Seguro Social, por la cual la mitad de sus ganancias sobre \$85 (ochentaicinco dólares) no son contadas cuando el Seguro Social calcula sus beneficios?

PROBE 1: {Have you/Has NAME} ever heard of this exclusion?

¿Alguna vez oyó [usted/NAME] de esta exclusión?

PROBE 2: If you're not sure, please just say so.

Si no está [o/a], puede decir que no sabe

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(E2=01)

E7. {Have you/Has NAME} ever heard of Property Essential to Self-Support, or PESS? This is a Social Security support where the dollar value of tools, equipment, or other property needed for {your/a beneficiary's} work is excluded when Social Security figures {your/the} benefit.

¿Alguna vez oyó o escuchó [usted/NAME] de Propiedad Esencial para la Auto-Suficiencia o Independencia Económica, lo que en inglés llaman Property Essential to Self-Support, o PESS? Esto es una ayuda del Seguro Social por la cual el valor de las herramientas, equipo, u otra propiedad que necesita para su trabajo no es incluido cuando el Seguro Social calcula su beneficio.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(E2=01)

E9. {Have you/Has NAME} ever heard of Continued Medicaid Eligibility or 1619(b) coverage? This is a Social Security rule that lets {you/beneficiaries} keep {your/their} Medicaid insurance after {you/they} go to work, even if {your/their} benefits have stopped.

¿Alguna vez oyó o escuchó [usted/NAME] de Elegibilidad Continuada de Medicaid, lo que en inglés llaman Continued Medicaid Eligibility o cobertura 1619(b)? Esto es una regla del Seguro Social que le permite a la gente mantener su seguro de Medicaid después de que empiezan a trabajar, aún si sus beneficios han parado o terminado.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(E2=01)

E11. CHECK: IS {NAME} 25 OR YOUNGER {C_Intage < or = 25} AND DID {NAME} RECEIVE SSI BENEFITS BEFORE AGE 22 {SSIAGE ≤ 22}?

YES 01
 NO 00 (E14)

(E2=01 and E11=01)

E12. {Have you/Has NAME} ever heard of the student earned-income exclusion? This is a Social Security rule where if {you are/a beneficiary is} in school, up to \$1,870 of earnings per month are not counted when Social Security figures {your/the} benefit.

¿Alguna vez oyó o escuchó [usted/NAME] de la exclusión de ingresos ganados por estudiantes, lo que en inglés llaman student earned-income exclusion? Esto es una regla del Social Security o Seguro Social según la cual si alguien está matriculado en estudios, hasta \$1,870 (mil trescientos cuarenta dólares) de sus ganancias por mes no son contados cuando el Social Security calcula su beneficio.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

SECTION E: AWARENESS OF SSA PROGRAMS

(All)

E14. CHECK: IS {NAME} A SSDI BENEFICIARY (BSTATUS=02,03)?

YES 01
 NO 00 (E19)

(E14=01)

E15a. Most people receiving Social Security disability benefits will lose their cash benefits if they work and earn more than \$1,220 in a month for more than nine months. Is this something {you/NAME} knew before today?

La mayoría de las personas que reciben beneficios de Seguro Social por incapacidad perderán todos sus beneficios si trabajan y ganan más de \$1,220 en un mes durante más de nueve meses. ¿Es esto algo que {usted/NAME} sabía antes de hoy?

KNEW BEFORE TODAY 01
 DID NOT KNOW BEFORE TODAY 00
 DON'T KNOW d
 REFUSED r

(E14=01)

E15. {Have you/Has NAME} ever heard of a Trial Work Period? This is a Social Security rule that lets {you/beneficiaries} earn above \$880 per month for nine months without losing {your/their} benefits.

¿Alguna vez oyó o escuchó [usted/NAME] de un Periodo de Prueba de Trabajo, lo que en inglés llaman Trial Work Period? Esto es una regla del Seguro Social que le permite a alguien ganar más de \$880 por mes por nueve meses, sin perder sus beneficios.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(E14=01)

E17. {Have you/Has NAME} ever heard of an Extended Period of Eligibility for Medicare? This is a Social Security rule that lets {you/beneficiaries} keep Medicare coverage when {you/they} go to work, even if {your/their} benefits have stopped.

¿Alguna vez oyó o escuchó [usted/NAME] de un Periodo Extendido de Elegibilidad para Medicare, lo que en inglés llaman Extended Period of Eligibility for Medicare? Esto es una regla del Seguro Social que permite retener cobertura de Medicare cuando van a trabajar, también si sus beneficios han parado o terminado.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES 01 (E19)
 NO 00
 DON'T KNOW d
 REFUSED r

(E9=00, d, r OR E17=00, d, r)

EP3. Most people who start working and lose their disability benefits are able to keep their health insurance. Is this something {you/NAME} knew before today?

La mayoría de las personas que comienzan a trabajar y pierden sus beneficios por incapacidad son capaces de mantener su seguro de salud. ¿Es esto algo que {usted/NAME} sabía antes de hoy?

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

SECTION E: AWARENESS OF SSA PROGRAMS

(All)

E19. {Have you/Has NAME} ever heard of exclusions for Impairment-Related Work Expenses or Blind Work Expenses? This is a Social Security rule where the value of certain impairment-related items is not counted when figuring {your/a person's} benefits and eligibility.

¿Alguna vez oyó o escuchó [usted/NAME] de exclusiones por Gastos de Trabajo Relacionados a Incapacidad, lo que en inglés llaman Impairment-Related Work Expenses, o Gastos de Trabajo para Ciegos? Esto es una regla del Seguro Social por la cual no se cuenta el valor de ciertos artículos relacionados a incapacidad cuando se calculan sus beneficios y elegibilidad.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

E20a. {Have you/Has NAME} ever heard of Expedited Reinstatement? This is a Social Security rule that lets beneficiaries restart their benefits without having to complete a new application if their attempts at work are not successful.

¿Alguna vez oyó o escuchó {usted/NAME} de Reincorporación Acelerada, lo que en inglés llaman Expedited Reinstatement? Este es un incentivo del Seguro Social que permite a beneficiarios empezar sus beneficios de nuevo, sin tener que llenar una nueva aplicación o solicitud, si sus intenciones de trabajar no tienen éxito.

INTERVIEWER: IF 'NOT SURE' ANSWER 'DON'T KNOW'.

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

E20c. Before today, {have you/has NAME} ever heard of *Work Incentive and Planning Assistance programs*? These are local organizations that give beneficiaries information about Ticket to Work and other programs and help them understand how their Social Security benefits are affected by work.

Antes del día de hoy, ¿ha oído hablar {usted/NAME} alguna vez de programas de Incentivos de Trabajo y Asistencia con Planificación? Éstas son organizaciones locales que proporcionan información a beneficiarios sobre Boleto para Trabajar (TTW, por sus siglas en inglés) y otros programas y les ayudan a entender cómo el trabajo afecta sus beneficios de Seguro Social.

INTERVIEWER: IF 'NOT SURE', ANSWER 'DON'T KNOW'

PROBE: These are sometimes called WIPAs.

A veces estos se llaman WIPAs.

YES	01
NO	00 (E20e)
DON'T KNOW	d (E20e)
REFUSED	r (E20e)

(E20c=01)

E20d. {Have you/Has NAME} ever used a Work Incentive and Planning Assistance program?

¿Alguna vez usó [usted/NAME] un programa de Asistencia de Incentivas y Planificación de Trabajo?

INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNOW

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

E20e. {Have you/Has NAME} ever heard of Protection and Advocacy for Beneficiaries of Social Security or PABSS? This program is focused on protecting beneficiaries' rights to obtain services.

¿Alguna vez oyó o escuchó [usted/NAME] de Protección y Abogacía para Beneficiarios del Seguro Social - Protection and Advocacy for Beneficiaries of Social Security o PABSS? Este programa se enfoca en proteger los derechos de beneficiarios para obtener servicios.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01
NO	00 (E21)
DON'T KNOW	d (E21)
REFUSED	r (E21)

SECTION E: AWARENESS OF SSA PROGRAMS

(E20e=01)

E20f. {Have you/Has NAME} ever used Protection and Advocacy for Beneficiaries of Social Security or PABSS?

¿Alguna vez usó [usted/NAME] a la Protección y Abogacía para Beneficiarios del Seguro Social - Protection and Advocacy for Beneficiaries of Social Security o PABSS?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

E21. {Have you/Has NAME} ever heard of the Ticket to Work program?

¿Alguna vez oyó o escuchó [usted/NAME] del programa llamado Ticket to Work o Boleto a Trabajar?

PROBE: The Ticket to Work program provides services to help disability beneficiaries achieve steady, long-term employment by providing them greater choices and opportunities to go to work if they want to.

El programa de Ticket to Work o Boleto a Trabajar proporciona servicios para ayudar a beneficiarios con incapacidades a alcanzar un empleo fijo y de largo plazo, proporcionando más opciones y oportunidades para trabajar, si es lo que desean.

YES	01 (E22)
NO	00 (G1)
DON'T KNOW	d (G1)
REFUSED	r (G1)

(E21=01)

E22. In general, how useful {do you / does NAME} think that the Ticket to Work program is? Would {you/they} say the Ticket to Work program is...

En general, ¿qué tan útil cree {usted / NAME} que es el programa Ticket to Work o Boleto a Trabajar? ¿Diría {usted/él/élla} que el programa Boleto a Trabajar es...

PROBE: The Ticket to Work program provides services to help disability beneficiaries achieve steady, long-term employment by providing them greater choices and opportunities to go to work if they want to.

El programa de Ticket to Work o Boleto a Trabajar proporciona servicios para ayudar a beneficiarios con incapacidades a alcanzar un empleo fijo y de largo plazo, proporcionando más opciones y oportunidades para trabajar, si es lo que desean.

Extremely useful,	
Extremadamente útil.....	01
Very useful,	
Muy útil.....	02
Useful,	
Útil,	03
A little useful, or.....	
Un poco útil, o	04
Not useful at all?.....	
Nada útil?	05
DON'T KNOW	d
REFUSED	r

SECTION F: REMOVED FROM THE NBS

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

SERVICE PROVIDERS

(All)

G1. Next, I 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.

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

Ahora le voy a preguntar acerca de distintos tipos de servicios que personas con incapacidades a veces reciben para poder mejorar su habilidad para trabajar o vivir en forma independiente. Por favor solo piense en los servicios recibidos durante el año 2022.

Primero, le voy a preguntar acerca de servicios de empleo que [usted/NAME] quizás recibió.

(All)

G2. In 2022, did {you/he/she} receive:

Por favor dígame si en el año 2022, [usted/NAME] recibió...

	YES	NO	NA	DON'T KNOW	REF
a. a work or job assessment to determine if a job is a good fit for {you/him/her}? una obra o trabajo de evaluación para determinar si un trabajo es una buena opción para usted?	01	00	02	d	r
b. help to find a job? ayudar a encontrar un trabajo?	01	00	02	d	r
c. advice about modifying {your/his/her} job or work place? consejos acerca de cómo modificar [su] trabajo o lugar de trabajo?	01	00	02	d	r
d. job coaching or support services? servicios de entrenamiento o de apoyo?	01	00	02	d	r
e. any other employment support services to help {you/NAME} get a job or live independently? cualquier otro servicio de apoyo para ayudar a conseguir un trabajo o vivir de forma independiente?	01	00	02	d	r

(G2_e=01)

G2_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d
REFUSED r

(All)

G10. Sometimes people get training to help them learn new skills so they can get a new job or change careers.

A veces, gente recibe entrenamiento para ayudarles a aprender nuevas destrezas para que puedan obtener un nuevo empleo (o trabajo), o para cambiar carreras.

PRESS 1 TO CONTINUE..... 1

(All)

G11. In 2022, did {you/he/she} receive:

Por favor dígame si en el año 2022, [usted/NAME] recibió...

	YES	NO	NA	DON'T KNOW	REF
a. training to learn a new job or skill? capacitación para aprender un nuevo trabajo o habilidad?	01	00	02	d	r
b. on-the-job training? entrenamiento en el trabajo?	01	00	02	d	r
c. any other training or certification to help {you/NAME} learn new skills or get a job that I didn't mention? cualquier otro tipo de capacitación o certificación para ayudarle a aprender nuevas habilidades o conseguir un trabajo que no he mencionado?	01	00	02	d	r

(G11c = 01)

G11_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_____

DON'T KNOW d
REFUSED r

(All)

G15. 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.

A veces, personas con incapacidades reciben servicios médicos para mejorar su habilidad para trabajar, o para ayudarles a vivir en forma independiente. Algunos ejemplos de estos servicios son terapia física, cirugía, y ayuda en recibir equipo o aparatos especiales

PRESS 1 TO CONTINUE..... 1

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

(All)

G16. In 2022, did {you/he/she} receive:

Por favor dígame si en el año 2022, [usted/NAME] recibió alguno de los siguientes servicios de. ¿Recibió [usted/él/ella] servicios

	YES	NO	NA	DON'T KNOW	REF
a. physical therapy? Terapia física?	01	00	02	d	r
b. occupational therapy? PROBE: Occupation therapy is treatment that helps people achieve independence in all areas of their lives and can include home and job site evaluations, skills assessments, equipment recommendations, and other treatment to help improve a person's ability to perform daily activities Terapia ocupacional? Terapia ocupacional es tratamiento que ayuda a la gente a lograr independencia en todos los aspectos de la vida, y puede incluir evaluaciones del hogar y del lugar de trabajo, evaluación o análisis de destrezas, recomendaciones para equipo o aparatos, y otros tratamientos para ayudar a mejorar la habilidad o capacidad de alguien para realizar actividades cotidianas (o diarias)?	01	00	02	d	r
c. speech therapy? Terapia del habla?	01	00	02	d	r
d. special equipment or devices? Equipo o aparatos especiales?	01	00	02	d	r
e. prescription medications? Medicamentos? PROBE: Prescription medications are medications prescribed by a doctor and do not include over-the-counter medications. Medicamentos recetados son remedios recetados por un médico y no incluyen medicamentos sin receta.	01	00	02	d	r
f. any other medical services to improve {your/NAME's} ability to work or live independently that I didn't mention? cualesquiera otros servicios médicos para mejorar su capacidad para trabajar o vivir independientemente que no mencionara?	01	00	02	d	r

(G16f=01)

G16_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d
REFUSED r

(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:

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

A veces, hay personas que van a un profesional de salud mental para recibir terapia o servicios de consejería (counseling) para mejorar sus capacidades para trabajar, o para ayudarles a vivir en forma independiente. En 2022, {usted / él / ella} recibió...

	YES	NO	NA	DON'T KNOW	REF
a. personal counseling or therapy? asesoramiento personal o terapia?	01	00	02	d	r
b. group therapy? Terapia de grupo?	01	00	02	d	r
c. any other mental health services to help {you/NAME} work or live independently that I didn't mention? cualquier otro servicio de salud mental para ayudarle a trabajar o vivir independientemente que no he mencionado?	01	00	02	d	r

(G20c=01)

G20_oth. **INTERVIEWER: PLEASE SPECIFY**

<OPEN> _____

DON'T KNOW d
REFUSED r

(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 have already told me about.

En cualquier momento en 2022, se inscribio {usted/NAME} en una escuela o ha tomado alguna clase para ayudarle a obtener un nuevo empleo (o trabajo), o para cambiar carreras? Por favor no incluya cualquier entrenamiento del cual ya me ha dicho.

PROBE 1: This could include vocational training in high school, college classes, or other instructional programs.

Esto puede incluir entrenamiento vocacional en la escuela secundaria o high school, cursos o clases en la universidad o college, u otros programas de instrucción.

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

(G23=01)

G26. {Are you/Is NAME} currently enrolled in school or taking any classes?

¿Está [usted/NAME] actualmente matriculad[o/a] en estudios en alguna escuela, o tomando clases?

- YES 01 (G27)
- NO 00 (G58)
- DON'T KNOW d (G58)
- REFUSED r (G58)

(G26=01)

G27. {Are you/Is NAME} working toward a degree, a certificate or license, or {are you/is (he/she)} just taking classes?

¿Está [usted/NAME] estudiando para recibir un título (degree), certificado, o licencia; o [usted/él/ella] solamente está tomando clases?

- WORKING TOWARD DEGREE 01 (G28)
- WORKING TOWARD CERTIFICATE/LICENSE 02 (G28)
- ONLY TAKING CLASSES 03 (G58)
- DON'T KNOW d (G58)
- REFUSED r (G58)

(G27=01,02)

G28. **PROGRAMMER:** IF G27=01 USE "DEGREE" AND IF G27=02 USE "CERTIFICATE OR LICENSE"

Toward what type of {degree/certificate or license} {are you/is NAME} working?

¿Para qué tipo de aG28_fill está [usted/NAME] estudiando?

INTERVIEWER: CODE ONE ONLY.

- GED OR HIGH SCHOOL EQUIVALENCE
- PROGRAM/COURSES 01 (G29)
- VOCATIONAL PROGRAM 02 (G28b_oth)
- ASSOCIATE DEGREE PROGRAM (AA DEGREE) 03 (G29)
- UNDERGRADUATE DEGREE PROGRAM (BA, BS DEGREE) 04 (G29)
- GRADUATE DEGREE PROGRAM (e.g., MA, MS, MD, EdD).... 05 (G29)
- OTHER 06 (G28f_oth)
- DON'T KNOW d (G29)
- REFUSED r (G29)

(G28=02)

G28b_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____ (G29)
DON'T KNOW d (G29)
REFUSED r (G29)

(G28=06)

G28f_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN> _____ (G29)

DON'T KNOW d (G29)
 REFUSED r (G29)

(G27=01, 02)

G29. {Are you/Is NAME} a full-time or part-time student?

¿Es [usted/NAME] un(a) estudiante a tiempo completo (full-time) o a tiempo parcial?

FULL-TIME 01 (G58)
 PART-TIME 02 (G58)
 DON'T KNOW d (G58)
 REFUSED r (G58)

G43. DELETED

G44. DELETED

G45. DELETED

G45_oth. DELETED

G46. DELETED

G47. DELETED

G47_week.DELETED

G47_month.DELETED

G47_year. DELETED

INFORMATION ABOUT SERVICES IN 2022

(All)

G58. Now I want to ask you about how easy it is to get information about services. This includes both services {you/NAME} used and did not use.

Thinking only about 2022, did {you/NAME} or {your/his/her} representative contact anyone to try to get information about services to help {you/NAME} work or live independently?

Ahora quiero preguntarle acerca de cuán fácil es obtener información sobre los servicios. Esto incluye tanto a los servicios que [usted/NAME] usó, y los que no usó. Pensando solamente en relación al año 2022, ¿se comunicó [usted/NAME] o su representante con alguien para tratar de obtener información acerca de servicios para ayudar[lo/a] a [usted/NAME] a trabajar o para vivir en forma independiente?

YES 01 (G59)
 NO 00 (G60)
 DON'T KNOW d (G60)
 REFUSED r (G60)

(G58=01)

G59. In general, how easy or difficult was it for {you/NAME} or {your/his/her} representative to get the information {you/they} wanted about these services? Was it...

En general, ¿qué tan fácil o difícil fue para {usted/NAME} o su representante obtener la información acerca de estos servicios que {usted/él/ella} quería? ¿Fue...

Very easy,
 Muy fácil, 01
 Easy,

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

Fácil.....	02
Neither easy nor difficult, Ni fácil ni difícil,.....	03
Difficult, or Difícil, o.....	04
Very difficult? Muy difícil?.....	05
DON'T KNOW	d
REFUSED	r

(G58=01)

G59a. Who did {you or your representative/NAME or his/her representative} get information from about these services?

¿Quién le dio a {usted o a su representante/NAME o a su representante} la información sobre estos servicios?

STATE UNEMPLOYMENT OFFICE	01
AMERICAN JOB CENTER / A STATE OR LOCAL WORKFORCE CENTER.....	02
FRIENDS OR RELATIVES	03
STATE VOCATIONAL REHABILITATION AGENCY OR {VRSTATE FROM {NAME'S} CURRENT STATE}	04
AN EMPLOYMENT AGENCY, PROGRAM, OR EMPLOYMENT NETWORK (EN).....	05
THE TICKET TO WORK (TTW) PROGRAM.....	06
A FORMER EMPLOYER	07
ANY OTHER EMPLOYERS	08
GENERAL INTERNET SEARCH	09
OTHER (SPECIFY).....	10 (G59a_oth)

(G59a=10)

G59a_Oth. Who else provided information {you/NAME} wanted about services?

¿Quién más le dio la información que {usted/NAME} quería acerca de los servicios?

<OPEN> _____	
DON'T KNOW	d
REFUSED	r

SERVICES NEEDED BUT NOT RECEIVED IN 2022

(All)

G60. In 2022, were there any services, equipment, or other supports that {you/NAME} needed but did not receive that would have improved {your/his/her} ability to work or live independently?

En el año 2022, ¿había algún servicio, equipo o aparato, u otros apoyos que [usted/NAME] necesitaba pero que no recibió, que habrían mejorado su habilidad para trabajar o vivir en forma independiente?

YES	01
NO	00 (1)
DON'T KNOW	d (1)
REFUSED	r (1)

(G60=01)

G61. Why {were you/was NAME} unable to get these services?

¿Por qué no podía [usted/NAME] obtener o recibir estos servicios?

<OPEN> _____ (11)

DON'T KNOW d (11)
REFUSED r (11)

SECTION H: REMOVED FROM THE NBS

SECTION I: HEALTH AND FUNCTIONAL STATUS

GENERAL HEALTH STATUS

(ITEMS I1 through I8 constitute the SF-8)

(All)

I1. The next questions are about {your/NAME's} health.

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

Las próximas preguntas son acerca de {su salud/la salud de NAME}.

En general, ¿cómo clasificaría a {su salud/la salud de NAME} durante las últimas cuatro semanas?

Excellent, Excelente,.....	01
Very good, Muy buena.....	02
Good, Buena,.....	03
Fair, Normal,.....	04
Poor, or Mal, o.....	05
Very poor Muy Mal.....	06
DON'T KNOW	d
REFUSED	r

(All)

I2. During the past 4 weeks, how much did physical health problems limit {your/NAME's} usual physical activities (such as walking or climbing stairs?)

Durante las últimas cuatro semanas, ¿cuánto [lo/la] limitaron problemas de salud física a [usted/NAME] en sus actividades físicas normales tales como caminar o subir escaleras?

Not at all, Nada,.....	01
Very little, muy poco,.....	02
Somewhat, Algo,	03
Quite a lot, or Bastante, o	04
Could {you/he/she} not do physical activities? {Usted/Él/Ella} no podía hacer actividades físicas?.....	05
DON'T KNOW	d
REFUSED	r

(All)

I3. During the past 4 weeks, how much difficulty did {you/NAME} have doing {your/his/her} daily work, both at home and away from home, because of {your/his/her} physical health?

Durante las últimas cuatro semanas, ¿cuánta dificultad tuvo [usted/NAME] en su trabajo diario, ambos en su hogar y fuera del hogar, por causa de su salud física?

None at all, Para nada,.....	01
A little bit, muy poco,.....	02
Some, Algo,	03

SECTION I: HEALTH AND FUNCTIONAL STATUS

Quite a lot, or	
Bastante, o	04
Could {you/he/she} not do daily work?	
{Usted/Él/Ella} no podía hacer trabajo diario?	05
DON'T KNOW	d
REFUSED	r

(All)

14. How much bodily pain {have you/has NAME} had in the past 4 weeks?

¿Cuánto dolor en su cuerpo ha tenido [usted/NAME] en las últimas cuatro semanas?

None,	
Ningun dolor	01
Very mild,	
Dolor muy leve (o muy ligero),	02
Mild,	
Dolor leve (o ligero),	03
Moderate,	
Dolor moderado,	04
Severe, or	
Dolor severo o fuerte, o	05
Very severe?	
Dolor muy severo o muy fuerte?	06
DON'T KNOW	d
REFUSED	r

(All)

15. During the past 4 weeks, how much energy did {you/NAME} have?

Durante las últimas cuatro semanas, ¿cuánta energía tenía [usted/NAME]?

Very much, Mucha,	01
Quite a lot, Bastante,	02
Some, Algo,	03
A little, or Un Poco, o	04
None? Nada de energía?	05
DON'T KNOW	d
REFUSED	r

(All)

16. During the past 4 weeks, how much did {your/NAME's} physical health or emotional problems limit {your/his/her} usual social activities with family or friends?

Durante las últimas cuatro semanas, ¿cuánto [lo/la] limitaron sus problemas físicos o emocionales a [usted/NAME] en sus actividades sociales normales con familia o amistades?

Not at all, Para nada,	01
Very little, muy poco,	02
Somewhat, Algo,	03
Quite a lot, or Bastante, o	04
Could {you/he/she} not do social activities? {Usted/Él/Ella} no podía tomar parte en actividades sociales? ...	05
DON'T KNOW	d
REFUSED	r

(All)17. During the past 4 weeks, how much {have you/has NAME} been bothered by emotional problems (such as feeling anxious, depressed or irritable?)

Durante las últimas cuatro semanas, ¿cuánto le han molestado a [usted/NAME] problemas emocionales tal como sentirse ansios[o/a], deprimid[o/a] o irritad[o/a] ?

Not at all, Para nada,	01
Slightly, Ligeramente,	02
Moderately Moderadamente,	03
Quite a lot, or Bastante, o	04
Extremely? En extremo?	05
DON'T KNOW	d
REFUSED	r

(All)

18. During the past 4 weeks, how much did personal or emotional problems keep {you/NAME} from doing {your/his/her} usual work, school or other daily activities?

SECTION I: HEALTH AND FUNCTIONAL STATUS

Durante las últimas cuatro semanas, ¿cuánto le impidieron a [usted/NAME] problemas personales o emocionales en hacer su trabajo normal, o en tomar parte en sus actividades diarias o de estudio?

Not at all, Para nada,	01
Very little, muy poco,	02
Somewhat, Algo,	03
Quite a lot, or Bastante, o	04
Could {you/he/she} not do daily activities? {Usted/Él/Ella} no podía tomar parte en actividades diarias?	05
DON'T KNOW	d
REFUSED	r

(All)

IP1. {Do you/Does NAME} have a physical or mental health condition that gets worse every now and then that requires more than a few days to recover from?

{/NOMBRE} tiene una condición de salud física o mental que empeora de vez en cuando y requiere más de unos pocos días para recuperarse?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

19. Compared to {THIS MONTH, LAST YEAR}, how would you rate {your/NAME's} health in general now?

En comparación al mes de aMonthName I9_Year, ¿cómo clasificaría usted en general a {su salud/la salud de NAME} ahora?

- Much better now,
Mucho mejor ahora, 01
- Somewhat better now,
Algo mejor ahora, 02
- About the same,
Más o menos igual, 03
- Somewhat worse now, or
Algo peor ahora, o 04
- Much worse now?
Mucho peor ahora? 05
- DON'T KNOW d
- REFUSED r

Unmet Health Needs

(All)

IP2. Sometimes people delay or skip getting the health care they need for different reasons. Please tell me if any time in the past 12 months {you/NAME} delayed or skipped getting . . . (NHIS 2011 AAU section and NHIS 1996 access questions modified)

A veces las personas posponen o pasan por alto el cuidado médico que necesitan por varias razones. Por favor dígame si hubo algún momento en los últimos 12 meses en que {usted/NAME} si se retrasó en obtener o saltó...

	YES	NO	DON'T KNOW	REFUSED
a. prescription medicines medicamentos con receta	01	00	d	r
b. special equipment or medical devices equipo especial o dispositivos médicos	01	00	d	r
c. mental health care or counseling atención de salud mental o consejería	01	00	d	r
d. any other type of medical care I didn't mention cualquier otro tipo de atención médica que no mencioné	01	00	d	r

(All)

IP5. During the past 12 months, about how many days did illness or injury keep {you/NAME} in bed more than half of the day (include days while an overnight patient in a hospital)? (NHIS 2011 item AHS 050)

Durante los últimos 12 meses, ¿aproximadamente cuántos días tuvo que quedarse en la cama {usted/NAME} más de la mitad del día por enfermedad o lesión (incluya días como paciente hospitalizado de noche)?

INTERVIEWER: ENTER THE NUMBER OF DAYS

INTERVIEWER: IF '0' DAYS, ENTER 0.

PROBE: Half a day means more than half of the time you are awake.

La mitad del día significa más de la mitad del tiempo que está despierto(a).

||| (0-365)

SECTION I: HEALTH AND FUNCTIONAL STATUS

Informal Supports

(All)

IP7. People sometimes look to others for support. For each of the following kinds of support, please tell me how often {you are/NAME is} able to get it when {you need/he needs/she needs} it. Would you say . . . none of the time, a little of the time, some of the time, most of the time, or all of the time?

A veces las personas se ven a los demás como apoyo. Para cada uno de los siguientes tipos de apoyo, por favor dígame con qué frecuencia {eres / NOMBRE} es capaz de conseguirlo cuando {necesita}. Dirías . . . ninguna vez, una Pocas veces, algunas de las veces, la mayoría del tiempo, o todo el tiempo?

NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME	NA	DON'T KNOW	REFUSED
------------------	----------------------	------------------	------------------	-----------------	----	------------	---------

a. Someone to help {you/NAME} with bathing, dressing, or preparing meals if {you/NAME} needed it <i>Alguien para ayudar {usted / NOMBRE} para bañarse, vestirse, o la preparación de comidas si {usted / NOMBRE} necesitabas?</i>	01	02	03	04	05	06	d	r
b. Someone to give {you/NAME} good advice about a crisis or a personal problem if {you/NAME} needed it <i>Alguien para dar {usted / NOMBRE} buenos consejos acerca de una crisis o un problema personal si {usted / NOMBRE} necesitabas?</i>	01	02	03	04	05	06	d	r
c. Someone to take {you/NAME} to the doctor if {you/he/she} needed it <i>Alguien que tome {usted / NOMBRE} con el médico si {usted / él / ella} necesitabas?</i>	01	02	03	04	05	06	d	r
d. Someone to help {you/NAME} with {your/his/her} daily chores if {you/NAME} needed it <i>Alguien para ayudar {usted / NOMBRE} con {sus tareas diarias} {si usted / NOMBRE} necesitabas?</i>	01	02	03	04	05	06	d	r
e. Someone to help {you/NAME} with {your/his/her} expenses if {you/NAME} needed it <i>Alguien para ayudar {usted / NOMBRE} con {sus / sus / sus gastos si} {usted / NOMBRE} necesitaban?</i>	01	02	03	04	05	06	d	r

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

IP8a. In a typical week, how many times {do you/does NAME} talk on the telephone with family, friends, or neighbors?

En una semana típica, ¿cuántas veces {usted/NAME} habla por teléfono con familiares, amigos o vecinos?

INTERVIEWER: ENTER THE NUMBER OF CONTACTS

INTERVIEWER: IF '0' CONTACTS, ENTER 0.

____ (0-99)

(All)

IP8b. In a typical week, how often {do you/does NAME} get together with friends or relatives?

En una semana típica, ¿con qué frecuencia {usted/NAME} se junta con amigos o familiares?

PROBE: I mean things like going out together or visiting in each other's homes.

Me refiero a cosas como salir juntos o visitar en las casas de los demás.

INTERVIEWER: ENTER THE NUMBER OF CONTACTS

INTERVIEWER: IF '0' TIMES, ENTER 0.

____ (0-99)

(All)

IP8c. In a typical week, how often {do you/does NAME} attend church or religious services?

En una semana típica, ¿con qué frecuencia {usted/NAME} asiste a la iglesia o servicios religiosos?

INTERVIEWER: ENTER THE NUMBER OF TIMES

INTERVIEWER: IF '0' TIMES, ENTER 0.

____ (0-99)

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

IP8d. In a typical week, how often {do you/does NAME} attend meetings of clubs or organizations {you belong/he belongs/she belongs} to?

En una semana típica, ¿con qué frecuencia {usted/NAME} asiste a las reuniones de los clubes u organizaciones que pertenecen?

PROBE: These include church groups, unions, fraternal or athletic groups or school groups.

Estos incluyen grupos de iglesias, sindicatos, grupos fraternales o atléticos o grupos escolares.

INTERVIEWER: ENTER THE NUMBER OF TIMES

INTERVIEWER: IF '0' TIMES, ENTER 0.

__|__| (0-99)

(All)

IP9. Can {you/NAME} drive {yourself/himself/herself} when {you need/he needs/she needs} to go places?

Puedes {usted / NOMBRE} conducir a sí mismo / a sí misma cuando {usted necesita / necesita / ella necesita} para ir a lugares?

YES 01 (IP10)
 NO 00
 DON'T KNOW d (IP10)
 REFUSED r (IP10)

(IP9=00)

IP9.a. {Do you/Does NAME} have some way of getting to places when {you need/he needs/she needs} to go such as having someone else drive or using public transportation?

¿Usted / NOMBRE} tiene alguna forma de llegar a lugares cuando {necesita} ir como tener a alguien en coche o en transporte público?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

IP10. Overall, how reliable {is your/is NAME's} transportation when {you need/he needs/she needs} it? By reliable, we mean your transportation gets you to where you need to go on time. Would you say {your/NAME's} transportation is. . .

En general, ¿qué tan fiable es el transporte {suyo/de NAME} cuando lo necesita? Diría . . .

Very reliable,
 Muy fiable 01
 Somewhat reliable, or
 Algo fiable 02
 Not reliable at all?
 Nada fiable 03
 DON'T KNOW d
 REFUSED r

(All)

I10. {Do you/Does NAME} take any prescription medications for any ongoing physical health conditions?

PROBE: Please do not include over the counter medication such as cold or headache medication, vitamins, or herbal supplements.

¿Toma [usted/NAME] cualquier medicina recetada para tratar alguna condición corriente de su salud física?

Por favor no incluya medicamentos de venta libre, tales como medicamentos para el resfriado o dolor de cabeza, vitaminas o suplementos a base de hierbas.

SECTION I: HEALTH AND FUNCTIONAL STATUS

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

I11. {Do you/Does NAME} take any prescription medications for any ongoing mental or emotional conditions?

{NAME} Toma algún medicamento con receta para cualquier condición mental o emocional en curso?

PROBE: Please do not include over the counter medication such as cold or headache medication, vitamins, or herbal supplements.

Por favor no incluya medicamentos de venta libre, tales como medicamentos para el resfriado o dolor de cabeza, vitaminas o suplementos a base de hierbas.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

I12. Since {THIS MONTH, LAST YEAR}, {have you/has NAME} received any treatment for a mental or emotional condition at a hospital, clinic, or doctor's office?

¿Deste {THIS MONTH, LAST YEAR} ha recibido {usted/NAME} cualquier medicina recetada para tratar alguna condición mental o emocional en un hospital, una clínica o consultorio medico?

PROBE: Do not include medications.

No incluya medicamentos.

YES 01 (I17a)
 NO 00 (I17a)
 DON'T KNOW d (I17a)
 REFUSED r (I17a)

ADL, IADL, AND FUNCTIONAL LIMITATIONS

(All)

I17a. Now I'd like to ask you some questions about everyday activities and how much difficulty {you have/NAME has} doing these activities. Our study requires that all beneficiaries be asked these questions. Please give me your best answer even if the questions don't seem to apply to {you/NAME}.

Ahora quisiera hacerle algunas preguntas acerca de actividades cotidianas, y cuánta dificultad tiene [usted/NAME] en hacer estas actividades. Nuestro estudio requiere que les preguntemos a todos los beneficiarios estas preguntas. Por favor déme su mejor respuesta, aunque es posible que le parezca que la pregunta no aplica a [usted/NAME].

PRESS 1 TO CONTINUE..... 1

(All)

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

¿Es [usted/NAME] ciego(a) o tiene [usted/él/ella] dificultad seria para ver aun cuando lleva anteojos?

YES 01
 NO 00 (I21)
 DON'T KNOW d
 REFUSED r

(I17b=01,d, r)

I19. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty seeing, such as telescopic lenses, adapted computer equipment, Braille, a guide dog, or a white cane?

¿Usa [usted/NAME] algún aparato o equipo especial o cualquier otra asistencia especial por tener dificultad en ver, tal como lentes telescópicos, aparatos de computadoras adaptados, Braille, un perro de guía, o un bastón blanco?

PROBE: Do not include glasses or contact lenses.

No incluya anteojos o lentes de contacto.

YES 01
 NO 00 (I21)
 DON'T KNOW d (I21)
 REFUSED r (I21)

(I19=01)

I20. What devices, equipment, or other types of assistance {do you/does NAME} use?

¿Qué aparato, equipo u otros tipos de asistencia usa [usted/NAME]?

PROBE: Anything else?

¿ Algo más?

INTERVIEWER: CODE ALL THAT APPLY.

TELESCOPIC LENSES.....	01	(I21)
ADAPTED COMPUTER EQUIPMENT.....	02	(I21)
BRAILLE.....	03	(I21)
READERS.....	04	(I21)
GUIDE DOG.....	05	(I21)
WHITE CANE.....	06	(I21)
OTHER SEEING ASSISTANCE.....	07	(I20_Other)
MAGNIFYING GLASS.....	08	(I21)
SCREEN READERS.....	09	(I21)
TEXT-TO-VOICE DEVICES.....	10	(I21)
DON'T KNOW.....	d	(I21)
REFUSED.....	r	(I21)

(I20=07)

I20_Other. What other seeing assistance?

¿Qué otra asistencia para ver?

<OPEN>_____

DON'T KNOW d
 REFUSED r

(All)

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

¿Es [usted/NAME] sordo(a) o tiene [usted/él/ella] dificultad seria de oído?

YES 01
 NO 00 (I25)
 DON'T KNOW d
 REFUSED r

(I21=01,d, r)

I22. {Are you/Is NAME} able to hear what is said in normal conversation at all?

¿Puede [usted/NAME] oír lo que se dice en una conversación normal en alguna forma?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I21=01,d, r)

I23. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty hearing? This includes a hearing aide, a phone amplifier, TTY or teletype Relay, an assistive listening or signaling device, or an interpreter.

¿Usa [usted/NAME] cualquier dispositivo, equipo especial, u otro asistencia especial por dificultad para oír. Esto incluye un audífono, un amplificador de teléfono, TTY o equipo de Retransmisión, un dispositivo para escuchar o señalar, o un intérprete.

INTERVIEWER NOTE: If person reports cochlear implant, code '01'.

YES 01
 NO 00 (I25)
 DON'T KNOW d (I25)
 REFUSED r (I25)

(I21=01,d, r and I23=01)

I24. What devices, equipment, or other types of assistance {do you/does NAME} use?

¿Qué aparatos, equipo u otros tipos de asistencia usa [usted/NAME]?

PROBE: Anything else?

¿ Algo más?

INTERVIEWER: CODE ALL THAT APPLY.

HEARING AID 01 (I25)
 PHONE AMPLIFIER..... 02 (I25)
 TTY OR TELETYPE / TTD..... 04 (I25)
 CLOSED CAPTION TV 05 (I25)
 ASSISTIVE LISTENING/SIGNALING DEVICE 06 (I25)
 INTERPRETER 07 (I25)
 OTHER HEARING ASSISTANCE 08 (I24_Other)
 INSTANT MESSAGING 09 (I25)
 SKYPE OR OTHER VIDEO MESSAGING 10 (I25)

SECTION I: HEALTH AND FUNCTIONAL STATUS

DON'T KNOW d (I25)
 REFUSED r (I25)

(I21=01,d, r and I23=01 and I24=08)

I24_Other. What other hearing assistance?

¿Qué otra asistencia para oír?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(All)

I25. {Do you/Does NAME} have any difficulty having {your/his/her} speech understood because of a health condition or problem?

¿Tiene [usted/NAME] alguna dificultad en que gente pueda entender lo que dice cuando habla, por causa de un problema o condición de salud?

YES 01
 NO 00 (I29)
 DON'T KNOW d
 REFUSED r

(I25=01,d, r)

I26. {Are you/Is NAME} able to have {your/his/her} speech understood at all?

¿Es posible entender por lo menos algo de lo que [usted/NAME] dice cuando habla?

PROBE: This applies only to spoken speech and does not include sign language 'speech'.

Esto es en relación solamente a hablar con la voz, y no incluye lenguaje de señas.

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I25=01,d, r)

I27. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty speaking or having {your/his/her} speech understood, such as a voice synthesizer or voice amplifier?

¿Usa [usted/NAME] algún aparato o equipo especial, o cualquier otra asistencia especial, por dificultades en hablar o en que se entienda lo que dice cuando habla, tal como un sintetizador o amplificador de voz?

YES 01
 NO 00 (I29)
 DON'T KNOW d (I29)
 REFUSED r (I29)

(I25=01,d, r and I27=01)

I28. What devices, equipment, or other types of assistance {do you/does NAME} use?

¿Qué aparatos, equipo u otros tipos de asistencia usa [usted/NAME]?

PROBE: Anything else?

¿ Algo más?

INTERVIEWER: CODE ALL THAT APPLY.

VOICE SYNTHESIZER 01 (I29)
 VOICE AMPLIFIER 02 (I29)
 SIGN LANGUAGE INTERPRETER..... 03 (I29)
 OTHER SPEECH ASSISTANCE..... 04 (I28_Other)

SECTION I: HEALTH AND FUNCTIONAL STATUS

DON'T KNOW d (I29)
REFUSED r (I29)

(I25=01,d, r and I27=01 and I28=04)

I28_Other. What other speech assistance?

¿Qué otra asistencia para el habla?

<OPEN> _____

DON'T KNOW d
REFUSED r

(All)

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

¿Tiene [usted/NAME] dificultad seria para caminar o subir escaleras?

YES 01
NO 00 (I35)
DON'T KNOW d
REFUSED r

SECTION I: HEALTH AND FUNCTIONAL STATUS

(I29=01,d, r)

I30. {Are you/Is NAME} able to walk without assistance at all?

¿Puede [usted/NAME] caminar sin ninguna ayuda?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I29=01,d, r)

I34. {Are you/Is NAME} able to climb stairs at all?

¿Puede [usted/NAME] subir escaleras?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I29=01,d, r)

I31. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty walking, such as a cane, walker, wheelchair, scooter, prosthetic device, or a personal care attendant?

¿Usa [usted/NAME] algún aparato o equipo especial o cualquier otra asistencia especial por tener dificultad en caminar, tal como un bastón, un andador o 'walker', una silla de ruedas, una motoneta o 'scooter', un aparato prostético, o un asistente personal?

YES 01
 NO 00 (I35)
 DON'T KNOW d (I35)
 REFUSED r (I35)

(I29=01,d, r and I31=01)

I32. What devices, equipment, or other types of assistance {do you/does NAME} use?

¿Qué aparatos, equipo u otros tipos de asistencia usa [usted/NAME]?

PROBE: Anything else?

¿ Algo más?

INTERVIEWER: CODE ALL THAT APPLY.

BRACES, CRUTCHES, CANE, OR WALKER..... 01 (I35)
 WHEELCHAIR OR SCOOTER..... 02 (I35)
 PROSTHETIC DEVICE 03 (I35)
 SPECIAL CHAIR (NOT WHEELCHAIR) 04 (I35)
 PERSONAL CARE ASSISTANT 05 (I35)
 VEHICLE HAND CONTROLS 06 (I35)
 LIFT (HOME OR VEHICLE) 07 (I35)
 SPECIAL SHOES OR INSERTS 09 (I35)
 BREATHING DEVICES 10 (I35)
 OTHER MOBILITY ASSISTANCE..... 08 (I32_Other)
 DON'T KNOW d (I35)
 REFUSED r (I35)

(I29=01,d, r and I31=01 and I32=08)

I32_Other. What other mobility assistance?

¿Qué otra asistencia de movilidad?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(All)

I35. {Do you/Does NAME} have any difficulty lifting and carrying something as heavy as 10 pounds, such as a full bag of groceries?

¿Tiene [usted/NAME] cualquier dificultad en levantar y cargar algo que pesa hasta unas 10 libras (5 kilos), tal como una bolsa de compras del mercado?

YES	01
NO	00 (I37)
DON'T KNOW	d
REFUSED	r

(I35=01,d, r)

I36. {Are you/Is NAME} able to lift and carry 10 pounds at all?

¿Puede [usted/NAME] levantar y cargar 10 libras (5 kilos) de cualquier manera?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

I37. {Do you/Does NAME} have any difficulty using {your/his/her} hands and fingers to do things such as picking up a glass or grasping a pencil?

¿Tiene [usted/NAME] alguna dificultad en usar sus manos y dedos para hacer cosas tales como alzar un vaso o agarrar un lápiz?

YES	01
NO	00 (I39)
DON'T KNOW	d
REFUSED	r

(I37=01,d, r)

I38. {Are you/Is NAME} able to use {your/his/her} hands and fingers to grasp and handle at all?

¿Puede [usted/NAME] usar sus manos y dedos para agarrar, y sostener o manipular cosas en cualquier manera?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

I39. {Do you/Does NAME} have any difficulty reaching over {your/his/her} head?

¿Tiene [usted/NAME] alguna dificultad en alzar o estrechar sus brazos sobre su cabeza?

YES	01
NO	00 (I41)
DON'T KNOW	d
REFUSED	r

(I39=01,d, r)

I40. {Are you/Is NAME} able to reach over {your/his/her} head at all?

¿Puede [usted/NAME] alzar o estrechar sus brazos sobre su cabeza en cualquier manera?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

I41. {Do you/Does NAME} have any difficulty standing or being on {your/his/her} feet for one hour?

¿Tiene [usted/NAME] alguna dificultad en estar de pie o estar parad[o/a] por una hora?

YES	01
NO	00 (I43)
DON'T KNOW	d
REFUSED	r

(I41=01,d, r)

I42. {Are you/Is NAME} able to stand on {your/his/her} feet at all?

SECTION I: HEALTH AND FUNCTIONAL STATUS

¿Puede [usted/NAME] estar de pie en cualquier manera?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

I43. {Do you/Does NAME} have any difficulty stooping, crouching or kneeling?

¿Tiene [usted/NAME] alguna dificultad en agacharse o arrodillarse?

YES 01
NO 00 (I45)
DON'T KNOW d
REFUSED r

SECTION I: HEALTH AND FUNCTIONAL STATUS

(I43=01,d, r)

I44. {Are you/Is NAME} able to stoop, crouch, or kneel at all?

¿Puede [usted/NAME] agacharse o arrodillarse en cualquier manera?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

I45. {Do you/Does NAME} have any difficulty getting around inside {your/his/her} home?

¿Tiene [usted/NAME] alguna dificultad en moverse dentro de su hogar?

YES 01
 NO 00 (I47)
 DON'T KNOW d
 REFUSED r

(I45=01,d, r)

I46. {Do you/Does NAME} need the help of another person in order to get around inside {your/his/her} home?

¿Necesita [usted/NAME] la ayuda de otra persona para poder moverse dentro de su hogar?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(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?

¿Tiene [usted/NAME] dificultad haciendo recados a solas, como visitar la oficina de un médico o ir de compras por una condición física, mental, o emocional?

YES 01
 NO 00 (I49)
 DON'T KNOW d
 REFUSED r

(I47=01,d, r)

I48. {Do you/Does NAME} need the help of another person in order to get around outside {your/his/her} home?

¿Necesita [usted/NAME] la ayuda de otra persona para poder moverse fuera de su hogar?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

I49. {Do you/Does NAME} have any difficulty getting into and out of bed or a chair?

¿Tiene [usted/NAME] alguna dificultad en sentarse, acostarse, o levantarse de la cama o de una silla?

YES 01
 NO 00 (I51)
 DON'T KNOW d
 REFUSED r

(I49=01,d, r)

I50. {Do you/Does NAME} need the help of another person in order to get into and out of bed or a chair?

SECTION I: HEALTH AND FUNCTIONAL STATUS

¿Necesita [usted/NAME] la ayuda de otra persona para sentarse, acostarse, o levantarse de la cama o de una silla?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

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

¿Tiene [usted/NAME] alguna dificultad en vestirse o bañarse?

YES 01
 NO 00 (I53)
 DON'T KNOW d
 REFUSED r

(I51=01,d, r)

152. {Do you/Does NAME} need the help of another person in order to bathe or dress?

¿Necesita [usted/NAME] la ayuda de otra persona para bañarse o vestirse?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

153. {Do you/Does NAME} have any difficulty shopping for personal items, such as toilet items or medicine?

¿Tiene [usted/NAME] alguna dificultad en hacer compras de artículos personales, tal como artículos de tocador, o medicinas?

YES 01
 NO 00 (I55)
 DON'T KNOW d
 REFUSED r

(I53=01,d, r)

154. {Do you/Does NAME} need the help of another person in order to shop for personal items?

¿Necesita [usted/NAME] la ayuda de otra persona para hacer compras de artículos personales?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

155. {Do you/Does NAME} have any difficulty preparing {your/his/her} own meals?

PROBE: IF {NAME} DOES NOT PREPARE MEALS: If you do not prepare meals, is this because you have difficulty with this task?

¿Tiene [usted/NAME] alguna dificultad en preparar sus propias comidas?

IF RESPONDENT/ DOES NOT PREPARE OWN MEALS: Si [usted/NAME] no prepara sus propias comidas, ¿es esto porque [usted/NAME] tiene dificultad con esta tarea?

INTERVIEWER: IF RESPONDENT SAYS NO, CODE AS NO.

YES 01
 NO 00 (I57)
 DON'T KNOW d
 REFUSED r

(I55=01,d, r)

156. {Do you/Does NAME} need the help of another person in order to prepare {your/his/her} meals?

¿Necesita [usted/NAME] la ayuda de otra persona para preparar sus comidas?

YES 01
 NO 00

SECTION I: HEALTH AND FUNCTIONAL STATUS

DON'T KNOW d
REFUSED r

(All)

157. {Do you/Does NAME} have any difficulty eating?

PROBE: This includes difficulty chewing, swallowing, or using utensils.

¿Tiene [usted/NAME] alguna dificultad en comer?

Esto es incluyendo dificultades para masticar o tragar comida, o con el uso de utensilios?

YES 01
NO 00 (159)
DON'T KNOW d
REFUSED r

(I57=01,d, r)

158. {Do you/Does NAME} need the help of another person in order to eat?

¿Necesita [usted/NAME] la ayuda de otra persona para poder comer?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

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

¿Tiene [usted/NAME] dificultad seria para concentrarse, recordar, o tomar decisiones, por una condición física, mental, o emocional?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

160. {Do you/Does NAME} have a lot of trouble coping with day-to-day stresses?

¿Tiene [usted/NAME] mucha dificultad en confrontar las tensiones o el estrés de día a día?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

161. {Do you/Does NAME} have a lot of trouble getting along with other people and making or keeping friendships?

¿Tiene [usted/NAME] mucha dificultad en llevarse bien con otras personas, y en hacer o mantener amistades?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

ALCOHOL ABUSE

(All)

162. These next questions are about {your/NAME's} use of alcohol. Please remember that your answers are confidential. If {you do/NAME does} not drink alcohol at all, just say so.

In the past 12 months, have {you/ friends or family} ever felt {you/NAME} ought to cut down on {your/his/her} drinking?

Estas siguientes preguntas son acerca {su uso o consumo de alcohol/ el uso o consumo del alcohol de NAME}. Por favor recuerde que sus respuestas son confidenciales. Si [usted/NAME] nunca toma bebidas alcohólicas, por favor diga.

¿En los últimos 12 (doce) meses, alguna de sus amistades ha pensado que [usted/NAME] debería de reducir la cantidad que toma?

YES 01
 NO 00
 IF VOLUNTEERED: I DON'T DRINK 02 (I72)
 DON'T KNOW d
 REFUSED r

(I62=01,00,d, r)

SECTION I: HEALTH AND FUNCTIONAL STATUS

163. In the past 12 months, have people annoyed {you/NAME} by criticizing {your/his/her} drinking?

¿En los últimos 12 (doce) meses hubo gente que le causaron a [usted/NAME] alguna molestia por criticar su tomar?

YES	01
NO	00
IF VOLUNTEERED: I DON'T DRINK	02 (172)
DON'T KNOW	d
REFUSED	r

(I62=01,00,d, r and I63=01,00,d, r)

I64. In the past 12 months, {have you/has NAME} ever felt bad or guilty about {your/his/her} drinking?

¿En los últimos 12 (doce) meses alguna vez se ha sentido [usted/NAME] mal o culpable por causa de su tomar?

YES	01
NO	00
IF VOLUNTEERED: I DON'T DRINK	03 (I72)
DON'T KNOW	d
REFUSED	r

(I62=01,00,d, r and I63=01,00,d, r and I64=01,00,d, r)

I65. In the past 12 months, {have you/has NAME} ever had a drink first thing in the morning to steady {your/his/her} nerves, get rid of a hangover, or get the day started?

¿En los últimos 12 (doce) meses alguna vez ha tomado [usted/NAME] un trago la primera cosa en la mañana para calmar sus nervios, librarse de los efectos de una borrachera, o para empezar el día?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(I62=01,00,d, r and I63=01,00,d, r and I64=01,00,d, r)

I66. During the past 12 months, has {your/NAME's} doctor or another health professional advised {you/NAME} to stop using alcohol or recommended that {you/he/she} participate in a program to help {you/him/her} stop using alcohol?

Durante los últimos 12 (doce) meses, ¿su doctor u otro profesional médico o de salud le aconsejó a [usted/NAME] que deje de usar alcohol, o recomendó que [usted/él/ella] participe en un programa que le ayudaría a dejar de usar alcohol?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(I62=01,00,d, r and I63=01,00,d, r and I64=01,00,d, r)

I67. During the past 12 months, {have you/has NAME} received treatment or counseling for {your/his/her} use of alcohol?

Durante los últimos 12 (doce) meses, ¿ha recibido [usted/NAME] tratamiento o consejo (counseling) por su uso de alcohol?

YES	01 (I72)
NO	00 (I72)
DON'T KNOW	d (I72)
REFUSED	r (I72)

DRUG ABUSE**(All)**

I72. The next questions are about the use of prescription and non-prescription drugs. I will be asking if {you have/NAME has} ever used these drugs on {your/his/her} own. By 'on {your/his/her} own' I mean using non-prescription drugs or using prescription drugs in a non-prescribed manner, such as using larger quantities than prescribed or for longer periods than prescribed. Examples of non-prescription drugs are marijuana or pot, speed, crack or cocaine, LSD, or Ecstasy.

SECTION I: HEALTH AND FUNCTIONAL STATUS

During the past 12 months, {have you/has NAME} used drugs on {your/his/her} own more than 5 times?

Las siguientes preguntas son acerca del uso de drogas (o medicinas) recetadas y no-recetadas. Voy a estar preguntando si alguna vez [usted/NAME] ha usado estas drogas por sí {mismo/misma}. En decir 'por sí {mismo/misma}', quiero decir usar drogas o medicinas sin ser recetadas, o usar drogas o medicinas recetadas en una manera no-recetada, por ejemplo usando cantidades más grandes de lo recetado, o por periodos más largos de lo recetado. Ejemplos de drogas no-recetadas son la marihuana, 'speed', crack o cocaína, el LSD, o Ecstasy.

Durante los últimos 12 (doce) meses, ¿usó [usted/NAME] drogas por sí mism[o/a] más de 5 (cinco) veces?

PROBE: Have you used drugs to get high or used drugs without a prescription or in larger amounts than prescribed?

Ha usted usado drogas para ponerse 'high', o usado drogas sin receta médica o en cantidades más grandes de lo recetado?

YES	01
NO	00 (J1)
DON'T KNOW	d (J1)
REFUSED	r (J1)

SECTION I: HEALTH AND FUNCTIONAL STATUS

(I72=01)

173. During the past 12 months, did {you/NAME} find {you/he/she} needed larger amounts of these drugs to get an effect or that {you/he/she} could no longer get high on the amount {you/he/she} had used before?

Durante los últimos 12 (doce) meses, ¿encontró [usted/NAME] que necesitaba cantidades más grandes de estas drogas para que tengan efecto, o que [usted/él/ella] ya no se ponía 'high' usando la misma cantidad que usaba antes?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I72=01)

174. During the past 12 months, did {you/NAME} have emotional or physical problems from using drugs – such as withdrawal symptoms, inability to work, feeling crazy, paranoid, depressed or uninterested in things, craving, or wanting to stop and being unable to?

Durante los últimos 12 (doce) meses, ¿tuvo [usted/NAME] problemas emocionales o físicos por usar drogas - tal como síntomas de reajuste o withdrawal, incapacidad de trabajar, sentir que se volvía loc[o/a], paranoic[o/a], deprimid[o/a], o indiferente o desinteresad[o/a] en las cosas, tenía antojos, o quería parar y no podía?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I72=01)

175. During the past 12 months has {your/NAME's} doctor or another health professional advised {you/NAME} to stop using non-prescription drugs or recommended that {you/he/she} participate in a program to help {you/him/her} stop using non-prescription drugs or prescription drugs in a non-prescribed manner?

Durante los últimos 12 (doce) meses, ¿su doctor u otro profesional médico o de salud le aconsejó a [usted/NAME] que deje de usar drogas o medicinas no-recetadas, o recomendó que [usted/él/ella] participe en un programa que le ayudaría a dejar de usar drogas o medicinas no-recetadas o dejar de usar drogas o medicinas recetadas en una manera no-recetada?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I72=01)

176. During the past 12 months, {have you/has NAME} received treatment or counseling for {your/his/her} use of non-prescription drugs or of prescription drugs in a non-prescribed manner?

Durante los últimos 12 (doce) meses, ¿ha recibido [usted/NAME] tratamiento o consejo (counseling) por su uso de drogas o medicinas no-recetadas o su uso de drogas o medicinas recetadas en una manera no-recetada?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

SECTION J: HEALTH INSURANCE

(All)

J1. Now, I'm going to ask you about different types of health insurance coverage {you/NAME} might have.

{Are you/Is NAME} currently covered by Medicare?

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.

Ahora le voy a preguntar acerca de los distintos tipos de cobertura de seguro médico o seguro de salud que [usted/NAME] quizás tiene.

¿Está [usted/NAME] actualmente cubiert[o/a] por Medicare?

Medicare es la cobertura de seguro médico o de seguro de salud proporcionado en todo el país a ciertas personas con incapacidades que tienen menos de los 65 (sesentaicinco) años de edad, incluyendo beneficiarios de Social Security Disability Insurance o Seguro por Incapacidad del Seguro Social, que han estado recibiendo beneficios por más de 24 (veinticuatro) meses

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

J2. **PROGRAMMER:** IF STATEMED IS BLANK USE FOLLOWING TEXT:

There is a program called Medicaid that pays for health care for persons in need. {Are you/Is NAME} currently covered by Medicaid?

Hay un programa llamado Medicaid que paga por servicios de salud para personas necesitadas. ¿Está {usted/NAME} actualmente cubierto(a) por Medicaid?

OTHERWISE USE:

There is a program called Medicaid that pays for health care for persons in need. In {your/NAME'S} state, you may also hear it called {STATE MED FROM {NAME'S} CURRENT STATE}. {Are you/Is NAME} currently covered by Medicaid?

Hay un programa llamado Medicaid que paga por servicios de salud para personas necesitadas. En el estado de {usted/NAME}, también se le puede llamar {STATE MED FROM {NAME'S CURRENT STATE}. ¿Está {usted/NAME} actualmente cubierto(a) por Medicaid?

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

Medicaid es programa estatal de asistencia médica que sirve a personas con ingresos limitados, y recipientes de Ingresos del Seguro Social (Social Security Income) con incapacidades.

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

J4. {Are you/Is NAME} currently covered by military health care, through Armed Forces retirement benefits, the VA, or TRICARE?

¿Está [usted/NAME] actualmente cubiert[o/a] por servicios militares de salud, a través de beneficios de jubilación de las Fuerzas Armadas (Armed Forces retirement benefits), de la Administración de Veteranos o VA, TRICARE, CHAMPUS, o CHAMP-VA?

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

SECTION J: HEALTH INSURANCE

TRICARE es un programa de cuidado de salud administrado para miembros activos o retirados de servicios uniformados, sus familias, y sobrevivientes.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

J5. {Are you/Is NAME} currently covered by private health insurance, for example, private 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?

¿Está [usted/NAME] cubierto(a) actualmente por seguro privado de salud, por ejemplo seguro privado que [usted/él/ella] obtiene por un empleador, un miembro de la familia, o que [usted/él/ella] compra por su cuenta incluyendo seguro privado por La Ley de Cuidado de Salud a Bajo Precio a veces llamado cuidadodesalud.gov u ObamaCare?

YES 01
NO 00 (J7)
DON'T KNOW d (J7)
REFUSED r (J7)

SECTION J: HEALTH INSURANCE

(J5=01)

J6. {Do you/Does NAME} currently receive {your/his/her} private health insurance through a present or former employer of {yours/his/hers}, through a present or former employer of {your/his/her} spouse, partner or parent, or some other source?

¿Recibe [usted/NAME] actualmente su seguro médico privado por medio de uno de sus empleadores actuales o anteriores, por medio de uno de los empleadores actuales o anteriores de su pareja, su pareja o de su padre o madre, o de alguna otra fuente?

INTERVIEWER: IF THE RESPONDENT SAYS THAT THEY OR SOMEONE IN THEIR FAMILY PAYS FOR THEIR HEALTH INSURANCE, CODE 'PAID BY SELF/FAMILY'.

- OWN EMPLOYER 01 (J7)
- SPOUSE'S/PARTNER'S/PARENT'S EMPLOYER..... 02 (J7)
- PAID BY SELF/FAMILY 03 (J7)
- OTHER SOURCE (SPECIFY) 04 (J6_Other)
- DON'T KNOW d (J7)
- REFUSED r (J7)

(J5=01 and H6=04)

J6_Other. What is the Other Source?

¿Cuál es la otra fuente?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(All)

J7. CHECK: DOES {NAME} HAVE ANY TYPE OF INSURANCE (J1=01 OR J2=01 OR J4=01 OR J5=01)?

- YES 01 (J10)
- NO 00

(J7=00)

J8. It appears that {you do/NAME does} not currently have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct?

Parece que [usted/NAME] no tiene actualmente cualquier cobertura de seguro médico para ayudar a pagar por servicios de hospital, de doctores, y de otros profesionales de salud. ¿Es eso correcto?

- YES 01 (J10)
- NO 00
- DON'T KNOW d (J10)
- REFUSED r (J10)

PROGRAMMER NOTE: IF STATEMED IS BLANK, PLEASE DISPLAY "MEDICAID" FOR RESPONSE OPTION 1

SECTION J: HEALTH INSURANCE

(J7=00 and J8=00)

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

¿Qué tipos de cobertura de seguro médico tiene [usted/NAME]?

PROBE: Any other kind?

¿Algún otro tipo?

INTERVIEWER: IF RESPONDENT SAYS “OBAMACARE” OR “AFFORDABLE CARE ACT”

PROBE: “Is this a plan you pay for on your own? (IF YES, CODE AS PRIVATE INSURANCE PAID BY SELF/FAMILY). (IF NO), “Is this provided through Medicaid?” (IF YES, CODE AS MEDICAID)

¿Es esto un plan que usted paga por su cuenta? (IF YES, CODE AS PRIVATE INSURANCE PAID BY SELF/FAMILY). (IF NO), ¿Se provee esto por medio de Medicaid?

INTERVIEWER: CODE ALL THAT APPLY.

- MEDICAID/{STATEMED}..... 01 (J10)
- MEDICARE 02 (J10)
- TRICARE, VA, OTHER MILITARY 03 (J10)
- INDIAN HEALTH SERVICE 04 (J10)
- MEDI-GAP 05 (J10)
- STATE PROGRAM 06 (J10)
- PRIVATE INSURANCE THROUGH OWN EMPLOYER 07 (J10)
- PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT..... 08 (J10)
- PRIVATE INSURANCE PAID BY SELF/FAMILY 09 (J10)
- OTHER PLAN (SPECIFY) <OPEN>..... 10 (J9_Other)
- DON'T KNOW d (J10)
- REFUSED r (J10)

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

J9_Other. What is the Other Plan?

¿Que otro plan?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(All)

J10. Now, I'd like you to think back to 2022. In 2022, {were you/was NAME} covered by any type of health insurance?

Ahora, quisiera que piense atrás, al año 2022. En el año 2022 ¿estaba [usted/NAME] cubiert[o/a] por cualquier tipo de seguro médico?

PROBE: Answer 'yes' if {you were/NAME was} covered for any part of the year.

Responda 'si' si [usted/NAME] estaba cubiert[o/a] por cualquier parte del año.

- YES 01
- NO 00 (K1)
- DON'T KNOW d (K1)
- REFUSED r (K1)

PROGRAMMER NOTE: IF STATEMED IS BLANK, PLEASE DISPLAY “MEDICAID” FOR RESPONSE OPTION 1

SECTION J: HEALTH INSURANCE

(J10=01)

J11. What kinds of health coverage did {you/NAME} have?

¿Qué tipos de cobertura de salud tenía {usted/NAME}?

PROBE: Any other kind?

Algún otro tipo?

INTERVIEWER: IF RESPONDENT SAYS “OBAMACARE” OR “AFFORDABLE CARE ACT”

PROBE: “Is this a plan you pay for on your own? (IF YES, CODE AS PRIVATE INSURANCE PAID BY SELF/FAMILY). (IF NO), “Is this provided through Medicaid?” (IF YES, CODE AS MEDICAID)

¿Es esto un plan que usted paga por su cuenta? (IF YES, CODE AS PRIVATE INSURANCE PAID BY SELF/FAMILY). (IF NO), ¿Se provee esto por medio de Medicaid?

INTERVIEWER: CODE ALL THAT APPLY.

MEDICAID/{STATMED}	01	(K1)
MEDICARE	02	(K1)
TRICARE, VA, OTHER MILITARY	03	(K1)
INDIAN HEALTH SERVICE	04	(K1)
MEDI-GAP	05	(K1)
STATE PROGRAM	06	(K1)
PRIVATE INSURANCE THROUGH OWN EMPLOYER	07	(K1)
PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT.....	08	(K1)
PRIVATE INSURANCE PAID BY SELF/FAMILY	09	(K1)
PRIVATE INSURANCE, NOT SPECIFIED WHO THROUGH	11	(K1)
OTHER PLAN (SPECIFY) <OPEN>.....	10	(J11_Other)
DON'T KNOW	d	(K1)
REFUSED	r	(K1)

(J10=01 and J11=10)

J11_Other. What is the other plan?

¿Cuál es el otro Plan?

<OPEN> _____

DON'T KNOW	d
REFUSED	r

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.

La siguiente serie de preguntas es acerca de los ingresos que [usted/NAME] recibió el mes pasado, o sea en aMonthName, de KNew_Year. Esto incluye su sueldo y ganancias de trabajo y beneficios que recibió de distintos programas. Cuando conteste a estas preguntas, por favor piense solamente en las ganancias y beneficios de [usted/NAME], y no incluya a las ganancias o beneficios que otros miembros de su familia pueden haber recibido.

PRESS 1 TO CONTINUE..... 01

(All)

K2. CHECK 1: IS {NAME} CURRENTLY WORKING (B24a=01)?

YES..... 01 (K2CHECK2)
NO..... 00 (K2CHECK3)

(K2=01)

K2CHECK2. CHECK 2: DID {NAME} START AT LEAST ONE JOB PRIOR TO OR DURING LAST MONTH ((C4MTH < OR = LAST MONTH THIS YEAR AND C4YR = 2022) OR (C4YR < 2022))?

YES..... 01 (K3)
NO..... 00 (K2A)

PROGRAMMER: IF {NAME} IS CURRENTLY WORKING (B24=01) AND STARTED JOB AFTER LAST MONTH THIS YEAR - (C4MTH > LAST MONTH THIS YEAR AND C4YR =2022), GO TO K2A

(K2=00 and K2CHECK2=01)

K2CHECK 3. HAS {NAME} EVER WORKED (B36=01, D, OR R) OR (B22=01, D, OR R) OR (B30=01, D, OR R) OR IS EVER WORKED MISSING (B36=.)?

YES..... 01 (K2A)
NO..... 00 (K4)

(K2CHECK2=00 and K2CHECK3=01)

K2A. Did {you/NAME} work last month?

¿[usted/NAME] trabajó el mes pasado?

YES..... 01 (K3)
NO..... 00 (K4)

(K2CHECK3=01 and K2A=01)

K3. First thinking about the jobs {you/NAME} had last month, including all jobs {you/he/she} had, how much did {you/he/she} earn last month, that is, in [INSERT LAST MONTH, THIS YEAR] before taxes and deductions?

Pensando primero acerca de los empleos que [usted/NAME] tuvo el mes pasado, incluyendo todos los empleos (o trabajos) que [usted/él/ella] tuvo, ¿ cuánto ganó [usted/él/ella]Eel mes pasado, o sea en aMonthName de KNew_Year, antes de impuestos y deducciones?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$|_|_|_|, |_|_|_|_|.00
(0 – 12,500)
(0 – 40,000)

DON'T KNOW d
REFUSED r

SECTION K: INCOME AND OTHER ASSISTANCE

(K2CHECK3=01 and K2A=01 and K3 > or = 0)

K3b. SOFT EDIT: LAST MONTH INCOME SHOULD BE WITHIN 30% OF TOTAL CURRENT MONTHLY PAY AS REPORTED IN SECTION C. IF K3 NE D OR R AND C_CURMNTHPAY NE D OR R, AND THE ABSOLUTE VALUE OF (K3 - C_CurMnthPay/ K3 >.30) AND THE ABSOLUTE VALUE OF (C_CurMnthPay - K3/ C_CurMnthPay >.30), TRIGGER EDIT, AND DISPLAY FOLLOWING TEXT: INTERVIEWER, LAST MONTH INCOME IS AT LEAST 30% HIGHER OR LOWER THAN AMOUNT REPORTED AS TOTAL MONTHLY PAY IN SECTION C. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. Earlier we calculated that {you are/NAME is} currently paid about (C_CurMnthPay) on all jobs combined. Is this correct or should I change the amount {you/NAME} earned last month before taxes and other deductions?

Puede que anoté una respuesta incorrecta. Antes calculamos que actualmente se le pagan a {usted/NAME} (C_CurMnthPay) en todos los trabajos combinados. ¿Es correcto eso o debo cambiar la cantidad que {usted/NAME} ganó el mes pasado antes de impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
DEDUCTIONS 01 (CHANGE K3)
SUPPRESS..... 03

(K2CHECK3=01 and K2A=01 and (K3 > 0 or d or r)

K3a. Including all jobs {you/NAME} had, how much was left last month,that is in [INSERT LAST MONTH, THIS YEAR], as take-home pay after taxes and other deductions?

Incluyendo todos los empleos/trabajos que [usted/NAME] tuvo, ¿cuánto le quedó de su sueldo para llevar a casa el mes pasado, o sea en [INSERT LAST MONTH, THIS YEAR], después de impuestos y deducciones?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$|_|_|_| , |_|_|_|_| . 00
(1 – 11,250)
(1 – 36,000)

DON'T KNOW d
REFUSED r

(K2CHECK3=01 and K2A=01 and K3 > or = 0 and K3a > 0)

K3b1. SOFT EDIT: AMOUNT OF TAKE-HOME PAY (K3a) MUST BE LESS THAN OR EQUAL TO AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS (K3). IF K3A NE D OR R AND K3 NE D OR R, AND K3A > K3, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, TAKE HOME PAY IS GREATER THAN PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you are/NAME is} paid (K3) before taxes and other deductions and that (K3a) is left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay is more than your pre-tax pay. Should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions?

Dijo que se le pagan (K3) a {usted/NAME} antes de impuestos y otras deducciones y que sobra (K3a) como sueldo neto después de los impuestos y otras deducciones. Basado en lo que anoté, su sueldo neto es más que su sueldo antes de impuestos. ¿Debo cambiar la cantidad que se le pagan a {usted/NAME} antes de los impuestos y otras deducciones o el sueldo neto de {usted/NAME} después de impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
DEDUCTIONS 01 (CHANGE K3)
CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE K3a)
SUPPRESS..... 03

(K2CHECK3=01 and K2A=01 and K3> or = 0 and K3a > 0)

K3b2. SOFT EDIT: IF K3 GREATER THAN 0, K3A SHOULD BE GREATER THAN 0. IF K3 >0 AND K3A =0, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: **INTERVIEWER:** AMOUNT OF TAKE HOME PAY=0, CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. I have recorded that you are paid (K3) before taxes and deductions but that your take home pay is 0. Should I change the amount

SECTION K: INCOME AND OTHER ASSISTANCE

{you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions?

Puede que anoté una respuesta incorrecta. Anoté que se le pagan (K3) antes de los impuestos y otras deducciones pero que su sueldo neto es 0. ¿Debo cambiar la cantidad que se le pagó a {usted/NAME} antes de impuestos y otras deducciones o el sueldo neto de {usted/NAME} después de impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
DEDUCTIONS 01 (CHANGE K3)
CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE K3a)
SUPPRESS..... 03

SECTION K: INCOME AND OTHER ASSISTANCE

(K2CHECK3=01 and K2A=01 and K3> 0 and K3a > 0)

K3b3. SOFT EDIT: DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF TAKE HOME PAY (K3A) NE D OR R, AND AMOUNT OF PRE-TAX PAY (K3) NE D OR R, AND $(K3 - K3A) / K3A > .30$, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you are/NAME is} paid (K3) before taxes and other deductions and that (K3A) is left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions

Debo haber anotado una respuesta incorrecta. Dijo que se le pagan (K3) a {usted/NAME} antes de impuestos y otras deducciones y que sobra (K3A) como sueldo neto después de los impuestos y otras deducciones. ¿Es correcto eso o debo cambiar la cantidad que se le pagan a {usted/NAME} antes de los impuestos y otras deducciones o el sueldo neto después de los impuestos y otras deducciones?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS 01 (CHANGE K3)
 CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE K3a)
 SUPPRESS..... 03

(All)

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

Pensando acerca de los beneficios que [usted/NAME] recibió el mes pasado, ¿ recibió [usted/él/ella] algún ingreso del Social Security/Seguro Social?

INTERVIEWER: SHOULD INCLUDE ANY SSI AND SSDI PAYMENTS

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

K5. **PROGRAMMER:** IF {NAME} RECEIVED INCOME FROM ANY SOURCE BELOW (K6a-h=01), ASK K7 THROUGH K10 IMMEDIATELY AFTER EACH 'YES'. OTHERWISE, ASK ABOUT NEXT SOURCE OF INCOME IN K6.

SECTION K: INCOME AND OTHER ASSISTANCE

(All)

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

¿ El mes pasado recibió [usted/NAME] algún ingreso de ...

PROBE: IF RESPONDENT MENTIONS FOOD STAMPS: I will ask you about food stamps in a separate question. Do {you/he/she} receive any other income on a regular basis that does not come from jobs or social security?

Le voy a preguntar acerca de cupones de alimentos o 'food stamps' en una pregunta por separado. ¿Recibe [usted/NAME] regularmente cualquier otro ingreso que no proviene de trabajo o del Seguro Social o Social Security?

PROBE: Examples include child support, interest from savings or checking accounts, or dividends?

Ejemplos incluyen pagos de mantenimiento de niños o child support, pagos de interés de cuentas de ahorro o cheques, o pago de dividend.

YES	NO	DON'T KNOW	REFUSED
-----	----	------------	---------

a.	Private disability insurance (sometimes called long-term disability insurance)? <i>Seguro privado por incapacidad (Private disability insurance) (a veces también llaman a esto: seguro por incapacidad de largo plazo o en inglés: long-term disability insurance)?</i>	01	00	d	r	
b.	Workers' compensation? <i>Workers' compensation o Compensación de Trabajadores?</i>	01	00	d	r	
c.	Veterans' benefits? <i>Veterans' benefits o Beneficios de Veteranos?</i>	01	00	d	r	
d.	Public assistance or welfare payments? <i>Asistencia pública o pagos de 'welfare' o bienestar social?</i> PROBE: Please include any payments from the Temporary Assistance for Needy Families, or TANF, program or any public assistance payments from your state. <i>PROBE: Por favor incluya cualquier pago del programa de Ayuda Temporal para Familias Necesitadas o TANF o cualquier pago de asistencia pública estatal.</i>	01	00	d	r	
e.	Unemployment benefits? <i>Beneficios de Desempleo?</i>	01	00	d	r	
f.	Pensions or retirement income? <i>Ingreso de pensiones o jubilaciones o?</i>	01	00	d	r	
g.	Other sources on a regular basis but not from jobs or Social Security? <i>Cualquier otra fuente en forma regular, pero no de empleos/trabajos o del Social Security/Seguro Social?</i>	01	00	d	r	(K6_g_oth)

SECTION K: INCOME AND OTHER ASSISTANCE

PROBE: IF RESPONDENT MENTIONS FOOD STAMPS: I will ask you about food stamps in a separate question. Do you receive any other income on a regular basis that does not come from jobs or Social Security?

Le voy a preguntar acerca de cupones de alimentos o 'food stamps' en una pregunta por separado. ¿Recibe ^Fills.aName regularmente cualquier otro ingreso que no proviene de trabajo o del Seguro Social o Social Security?

PROBE: Examples include child support, interest from savings or checking accounts, or dividends?

Ejemplos incluyen pagos de mantenimiento de niños o child support, pagos de interés de cuentas de ahorro o cheques, o pago de dividendo

h. Other sources not on a regular basis? (K6_h_oth)
 Otras fuentes, pero no en forma regular? 01 00 d r

(K6_g=01)

K6_g_oth What were they?

¿ Qué eran?

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d
 REFUSED r

(K6_h=01)

K6_h_oth What were they?

¿ Qué eran?

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d
 REFUSED r

SECTION K: INCOME AND OTHER ASSISTANCE

(K6=01)

K7. How much income did {you/NAME} receive last month from {SOURCE FROM K6}?

¿ Cuánto recibió [usted/NAME] el mes pasado como ingresos de... {SOURCE FROM K6}?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$|_|_|_|, |_|_|_|_| . 00 (GO TO K6 FOR NEXT SOURCE OR K11)
 (1 – 1,000)
 (1 – 15,000)

DON'T KNOW d
 REFUSED r

(K6=01 and K7=d, r)

K8. Was it more than or less than \$300?

¿ Fue más de \$300 (trescientos dólares) o menos de \$300?

\$300 OR MORE 01 (K9)
 LESS THAN \$300 02 (K10)
 DON'T KNOW d (K6 FOR NEXT SOURCE OR K11)
 REFUSED r (K6 FOR NEXT SOURCE OR K11)

(K6=01 and K7=d, r and K8=01)

K9. Was it more than or less than \$500?

¿ Fue más de \$500 (quinientos dólares) o menos de \$500?

\$500 OR MORE 01
 LESS THAN \$500 02
 DON'T KNOW d
 REFUSED r

GO TO K6 FOR NEXT SOURCE OR K11.

(K6=01 and K7=d, r and K8=02)

K10. Was it more than or less than \$150?

¿ Fue más de \$150 (cientocincuenta dólares) o menos de \$150?

\$150 OR MORE 01
 LESS THAN \$150 02
 DON'T KNOW d
 REFUSED r

GO TO K6 FOR NEXT SOURCE OR K11.

(All)

K11. Did {you/NAME} receive any food stamps last month? You may know this as SNAP benefits. Please include only food stamps {you/NAME} received for {you/NAME} and {your/NAME's} family. Do not include food stamps received separately by other members of [your/NAME's] household.

¿ Recibió [usted/NAME] cupones de alimento el mes pasado? Quizás conoce esto como beneficios de SNAP. Por favor incluya sólo cupones de alimento que [usted/NAME] recibió para [usted/NAME] y la familia de [usted/NAME]. No incluya cupones que otros miembros aK11 recibieron por separado.

YES 01
 NO 00 (K13)
 DON'T KNOW d (K13)
 REFUSED r (K13)

SECTION K: INCOME AND OTHER ASSISTANCE

(K11=01)

K12. What was the dollar value of the food stamps {you/NAME} received last month? Please include only food stamps {you/NAME} received by {you/NAME} for {your/NAME's} family.

¿ Cuánto es el valor en dólares de los cupones de alimentos o food stamps que [usted/NAME] recibió el mes pasado? Por favor incluya solamente cupones de alimentos o 'food stamps' que [usted/NAME] recibe para [usted/NAME] mism[o/a] y para su familia. No incluya cupones de alimentos o 'food stamps' que otros miembros de su hogar reciben por separado.

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

(0 – 400)

(0 – 950)

DON'T KNOW d

REFUSED r

(All)

K13. Did {you/NAME} receive assistance from any other government program last month? For example, housing or energy assistance.

¿ Recibió [usted/NAME] asistencia o ayuda de cualquier otro programa del gobierno en el mes pasado? Por ejemplo, asistencia de vivienda, o de energía (electricidad, gas, etc.).

YES 01

NO 00 (KP1)

DON'T KNOW d (KP1)

REFUSED r (KP1)

(K13=01)

K14. What other assistance did {you/NAME} receive?

¿ Qué otra asistencia o ayuda recibió [usted/NAME]?

INTERVIEWER: PROGRAM:

<OPEN> _____

DON'T KNOW d

REFUSED r

(K13=01)

K15. How much income did {you/NAME} receive last month from the assistance you just told me about?

¿ Cuánto fue el ingreso que [usted/NAME] recibió el mes pasado de la asistencia de la cual me acaba de decir?

PROBE: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

(0 – 500)

(0 – 10,000)

DON'T KNOW d

REFUSED r

(All)

KP1. Which of the following best describes {your/NAME's} current financial situation? (NOD Harris 2010 item Q1430)

¿Cuál de las siguientes opciones describe mejor la situación financiera actual de {usted/NOMBRE}?

SECTION K: INCOME AND OTHER ASSISTANCE

INTERVIEWER: CODE ONE ONLY.

Struggling to meet {your/his/her} basic needs Luchando para satisfacer sus necesidades básicas	01
Meeting {your/his/her} basic needs, but not able to save or improve {your/his/her} standard of living La satisfacción de sus necesidades básicas, pero no puede salvar o mejorar su nivel de vida	02
Able to save a little, but not completely financially comfortable Capaz de ahorrar un poco, pero no del todo financieramente cómodo	03
Financially comfortable with few worries about money Financieramente cómodo con pocas preocupaciones sobre el dinero	04
DON'T KNOW	d
REFUSED	r

SECTION K: INCOME AND OTHER ASSISTANCE

(All)

KP2. If {you/NAME} had to support {yourself/himself/herself} for three months without any income or gifts from others, would {you/he/she} have enough money in savings to get by? (NOD Harris 2010 item Q1435 modified)

Si {usted / NOMBRE} tenía que mantenerse a sí mismo durante tres meses sin ningún ingreso o los regalos de los demás, {usted / él / ella} tener suficiente dinero en ahorros para salir adelante?

PROBE: By income I mean money from earnings, disability benefits, or from any other source except savings.

Por ingreso me refiero a dinero de las ganancias, beneficios por incapacidad, o de cualquier otra fuente, excepto ahorros.

PROBE: Your best estimate is fine.

La mejor estimación que me puede dar está bien.

YES 01
NO 00
DON'T KNOW d
REFUSED r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L1. I have a few more questions about {you/NAME}.

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

Tengo unas pocas preguntas más acerca de [usted/NAME].

¿Cuál es su origen étnico? ¿Es [usted/NAME] de origen:

- Hispanic or Latino, or
Hispano o latino o 01
- Not Hispanic or Latino?
Ni hispano ni latino? 02
- DON'T KNOW d
- REFUSED r

(All)

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

¿De qué raza es [usted/NAME]? ¿Es [usted/NAME]:

PROBE: IF RESPONDENT STATES HIS OR HER RACE IS HISPANIC OR PROVIDES A SPECIFIC ETHNICITY LIKE CUBAN OR ITALIAN: I understand. However, for the purposes of this survey, race is different from origin or ethnicity. This question is only asking about race. REREAD QUESTION.

PROBE: IF RESPONDENT STATES HIS OR HER RACE IS HISPANIC OR PROVIDES A SPECIFIC ETHNICITY LIKE CUBAN OR ITALIAN: Ya entiendo. Pero para los propósitos de esta encuesta, la raza y el origen o grupo étnico son dos cosas diferentes. En esta pregunta solo se pregunta por la raza. REREAD QUESTION.

INTERVIEWER: IF RESPONDENT DOES NOT SELECT ONE OR MORE RACES OR INSISTS ON "OTHER RACE" AFTER USING ABOVE PROBE, ENTER REFUSED.

INTERVIEWER: CODE ALL THAT APPLY.

- Alaska Native or American Indian,
Nativo/a de Alaska, India-Americano/a o de raza indígena 01
- Asian,
Asiático/a 02
- Black or African American,
Negro/a of Africana-Americana 03
- Native Hawaiian or Other Pacific Islander, or
Nativo/a de Hawái o de otra Isla del Pacifico, o 04
- White
Blanco/a 05
- DON'T KNOW d
- REFUSED r

(All)

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

¿Cuál es el grado o año de estudios más alto que [usted/NAME] completó?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1. IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

DID NOT COMPLETE HIGH SCHOOL OR GED

SECTION L: SOCIODEMOGRAPHIC INFORMATION

NO COMPLETÓ HIGH SCHOOL O GED	01
HIGH SCHOOL: GED	
OBTUVO EL GED	02
HIGH SCHOOL: DIPLOMA	
OBTUVO DIPLOMA DE HIGH SCHOOL	03
HIGH SCHOOL: CERTIFICATE OF COMPLETION	
OBTUVO CERTIFICADO DE HABER COMPLETADO HIGH SCHOOL.....	04
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES	
ALGO DE UNIVERSIDAD O COLLEGE/ALGUNOS CURSOS VOCACIONALES DESPUÉS DE HIGH SCHOOL	05
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA	
GRADO DE COLLEGE DE 2 o DE 3 AÑOS (GRADO ASOCIADO) O DIPLOMA DE ESCUELA VOCACIONAL	06
4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE)	
GRADO DE UNIVERSIDAD O COLLEGE DE 4 AÑOS (GRADO DE BACHELOR o LICENCIATURA)	07
SOME GRADUATE WORK/NO GRADUATE DEGREE	
ALGO DE ESTUDIOS DE POSGRADO PERO SIN TÍTULO DE POSGRADO	08
GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.)	
TÍTULO DE POSGRADO O TÍTULO PROFESIONAL (por ej., MAESTRÍA O DOCTORADO, MA, MBA, Ph.D., J.D., M.D.).....	09
NEVER ATTENDED SCHOOL	
NUNCA ASISTIÓ A LA ESCUELA	10
SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION	
EDUCACIÓN ESPECIAL SIN CERTIFICADO DE HABER COMPLETADO	11
DON'T KNOW	d
REFUSED	r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L4. What is the highest year or grade {your/NAME's} father finished in school?

¿Cuál es el grado o año de estudios más alto que {su padre/el padre de NAME} completó?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1. IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

- DID NOT COMPLETE HIGH SCHOOL OR GED..... 01
- HIGH SCHOOL: GED 02
- HIGH SCHOOL: DIPLOMA 03
- HIGH SCHOOL: CERTIFICATE OF COMPLETION 04
- SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES 05
- 2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA..... 06
- 4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE) 07
- SOME GRADUATE WORK/NO GRADUATE DEGREE 08
- GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) 09
- NEVER ATTENDED SCHOOL 10
- SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION..... 11
- DON'T KNOW d
- REFUSED r

(All)

L5. What is the highest year or grade {your/NAME's} mother finished in school?

¿Cuál es el grado o año de estudios más alto que {su madre/la madre de NAME} completó?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1. IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

- DID NOT COMPLETE HIGH SCHOOL OR GED..... 01
- HIGH SCHOOL: GED 02
- HIGH SCHOOL: DIPLOMA 03
- HIGH SCHOOL: CERTIFICATE OF COMPLETION 04
- SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES 05
- 2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA..... 06
- 4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE) 07
- SOME GRADUATE WORK/NO GRADUATE DEGREE 08
- GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) 09
- NEVER ATTENDED SCHOOL 10
- SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION..... 11
- DON'T KNOW d
- REFUSED r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L6ft. How tall {are you/is NAME}?

¿Cuánto (de altura) mide [usted/NAME]?

INTERVIEWER: ENTER FEET

__ FEET
(3-8)

DON'T KNOW d
REFUSED r

(All)

L6in. (How tall {are you/is NAME}?)

(¿Cuánto (de altura) mide [usted/NAME]?)

PROBE: ROUND TO NEAREST WHOLE NUMBER (E.G., ENTER 6 FOR 5 ½ INCHES)

INTERVIEWER: ENTER INCHES.

___ INCHES
(0-12)

DON'T KNOW d
REFUSED r

(All)

L7. How much {do you/does NAME} weigh?

¿Cuánto pesa [usted/NAME]?

___ POUNDS (50-300)
(50-600)

DON'T KNOW d
REFUSED r

(All)

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

¿Está [usted/NAME] actualmente casad[o/a], en pareja pero no casado, es viud[o/a], divorciad[o/a], separad[o/a], o [usted/NAME] nunca ha estado casad[o/a]?

INTERVIEWER: UNMARRIED PARTNER MEANS A MARRIAGE-LIKE RELATIONSHIP.

MARRIED 01
UNMARRIED PARTNER..... 06
WIDOWED 02 (L10)
DIVORCED..... 03 (L10)
SEPARATED..... 04 (L10)
NEVER MARRIED..... 05 (L10)
DON'T KNOW d (L10)
REFUSED r (L10)

(L8=01, 06)

L9. Do {you/NAME} and {your/his/her} {spouse/unmarried partner} live in the same household?

¿Viven {usted/NAME} y su {espos(a)/pareja} en el mismo hogar?

INTERVIEWER: IF UNMARRIED PARTNERS (MEANING, A MARRIAGE-LIKE RELATIONSHIP) LIVE IN THE SAME HOUSEHOLD, CODE AS YES.

YES 01
NO 00
DON'T KNOW d

REFUSED r

GO TO L11

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(L8=02, 03, 04, 05, d, r)

L10. {Do you/Does NAME} have a long-term partner who lives in the same household with {you/him/her} in a marriage-like relationship?

¿Tiene [usted/NAME] una pareja de largo-tiempo con quien [usted/NAME] vive en el mismo hogar como si fueran casados?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

L11. Which of the following best describes {your/NAME's} living situation?

¿Cuál de estos mejor describe a la situación de vivienda o domicilio de [usted/NAME]?

INTERVIEWER: READ LIST. CODE ONE ANSWER. 'LIVE WITH CHILDREN' SHOULD BE CODED AS '2'

PROGRAMMER DISPLAY ONLY IF L9≠01 {You live/NAME lives} alone

{Vives / NOMBRE vive} solo 01 (L11a)
 {You live/NAME lives} with {your/his/her} parents, guardians, a spouse/partner, or other relative
 {Vives / NOMBRE vive} {con su} los padres, tutores, un cónyuge / pareja, u otro pariente 02 (L11a)
 {You live/NAME lives} with friends or roommates
 {Vives / vidas NOMBRE} con amigos o compañeros de habitación 03 (L11a)
 {You live/NAME lives} in another group setting with people not related to {you/him/her}
 {Vives / vidas nombre} en otro ambiente de grupo con personas no relacionadas con {usted / él / ella} 04 (L11a)
 {You live/NAME lives} in some other living situation
 {Vives / vidas nombre} en alguna otra situación de vida 05 (L11_Other)
 DON'T KNOW d (L11a)
 REFUSED r (L11a)

(L11=05)

L11_Other. What is the other living situation?

¿Cuál es la otra situación de vivienda?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(All)

L11a. SOFT EDIT: RESPONDENT CANNOT LIVE IN SAME HOUSEHOLD WITH SPOUSE (L9=01) OR LIVE IN SAME HOUSEHOLD WITH LONG-TERM PARTNER (L10=01) AND LIVE ALONE (L11=01). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you live/NAME lives} in the same household with {your/his/her} spouse or partner and {you live/NAME lives} alone? Could you verify which is correct?

Puede que anoté una respuesta incorrecta. Anoté que {usted/NAME} vive en el mismo hogar que su esposo(a) o pareja y que {usted/NAME} vive solo(a). ¿Podría verificar cuál es correcto?

LIVE WITH SPOUSE OR PARTNER 01 (CHANGE L9 OR L10)
 LIVE ALONE 02 (CHANGE L11)
 SUPPRESS 03

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L12. The next question is about the place {you live/NAME lives}. Is this place a...

La próxima pregunta es acerca del lugar donde [usted/NAME] vive. ¿Es este lugar una . . .

INTERVIEWER: CODE ONE ANSWER.

INTERVIEWER: IF RESPONDENT SAYS TOWNHOUSE OR CONDO, CODE AS 1.

Single family home		
Casa unifamiliar.....	01	(L12a)
Mobile home		
Casa móvil.....	02	(L12a)
Regular apartment		
Apartamento regular.....	03	(L12a)
Supervised apartment		
Apartamento vigilado.....	04	(L12a)
Group home		
Hogar grupal.....	05	(L12a)
Halfway house		
Hogar de transición	06	(L12a)
Personal care or board and care home		
Hogar de cuidado personal o alojamiento y cuidado.....	07	(L12a)
Assisted living facility		
Centro de vida asistida	08	(L12a)
Nursing or convalescent home		
Asilo de cuidado o para convalecientes	09	(L12a)
Center for Independent Living		
Centro para la vida independiente.....	10	(L12a)
Some other type of supervised group residence or facility		
Algún otro tipo de residencia o instalación grupal vigilada	11	(L12a)
HOMELESS (NEW)		
SIN HOGAR	13	(L12a)
Something else		
otra cosa.....	12	(L12_Other)
DON'T KNOW	d	(L12a)
REFUSED	r	(L12a)

(L12=12)

L12_Other. What is the other type of place?

¿Qué es el otro tipo de lugar?

<OPEN>_____	
DON'T KNOW	d
REFUSED	r

(All)

L12a. SOFT EDIT: RESPONDENT CANNOT LIVE ALONE (L11=01) AND LIVE IN A GROUP SETTING (L12=04-11). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you/NAME} live alone in a {FILL ANSWER FROM L12}? Which is correct?

Anoté que {usted/NAME} vive solo(a) en un(a) {FILL ANSWER FROM L12}. ¿Cuál es correcto?

LIVE ALONE.....	01	(CHANGE L12)
LIVE IN GROUP SETTING.....	02	(CHANGE L11)
SUPPRESS	03	

(All)

L13. CHECK: DOES {NAME} LIVE IN A GROUP SETTING (L12 = 04 – 12)?

YES.....	01
NO.....	00 (L14)

(L13=01)

SECTION L: SOCIODEMOGRAPHIC INFORMATION

L15. Is this place primarily for people with hearing or vision impairments, mental illness, intellectual disabilities, or developmental disabilities?

¿Es este lugar principalmente para personas con incapacidades auditivas o de visión, enfermedades mentales, incapacidades intelectuales o de desarrollo?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(L12=01, 02, 03, 04, 12, d, r)

L21b. {Do you/Does NAME} own or rent {your/his/her} home?

{¿Tienes / Tiene NOMBRE} {propia o alquiler de su/su propia o alquiler de su } casa?

Interviewer note: If respondent says they pay a mortgage, code as '01'.

OWN..... 01
 RENT..... 02
 LIVE WITH OTHERS RENT FREE 03
 Don't know..... d
 Refused r

(All)

L14. CHECK: DOES {NAME} LIVE ALONE (L11 = 01) OR LIVE IN GROUP SETTING (L12=4-12)?

YES..... 01 (L20)
 NO 00

(L14=00)

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

¿Cuántos adultos de la edad de 18 (dieciocho) años o más viven en el mismo hogar que [usted/NAME], incluyendo a [usted/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.

Esto incluye a todos los adultos que generalmente viven allí, también si temporariamente no están por viaje de negocios, vacaciones, por estar en el hospital, por estudiar lejos del hogar, o por servicio militar.

___ ADULTS (1-4)
 (1-20)
 DON'T KNOW d
 REFUSED r

(L14=00)

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

¿Cuántos niños y niñas de menos de los 18 (dieciocho) años de edad viven en el mismo hogar que [usted/NAME]?

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

Esto incluye a todos los menores de edad que generalmente viven allí, también si temporariamente están de vacaciones, en el hospital, o en una escuela lejos del hogar.

___ CHILDREN (0-6)
 (0-20)
 DON'T KNOW d
 REFUSED r

(L14=00)

L18. CHECK: DO NO CHILDREN LIVE IN THE HOUSEHOLD (L17=0)?

YES..... 01 (L20)
 NO..... 00

(L14=00 and L18=00)

L19. How many of these children are {your/NAME's} own? Please include biological, adopted, step, and foster children.

¿Cuántos de estos niños son de [usted/NAME] mism[o/a]? Por favor incluya hijos e hijas biológicos (de sangre), adoptados, hijastros, e hijos de crianza o foster children.

SECTION L: SOCIODEMOGRAPHIC INFORMATION

|_| CHILDREN (0-6)
(0-20)

DON'T KNOW d
REFUSED r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L20. {Do you/Does NAME} have children of {your/his/her} own under the age of 18 living outside of {your/his/her} household?

¿Tiene [usted/NAME] hijos o hijas de menos de los 18 (dieciocho) años de edad que no viven en el mismo hogar que [usted/NAME]?

PROBE: Please include biological, adopted, step, and foster children.

Por favor incluya hijos e hijas biológicos (de sangre), adoptados, hijastros, e hijos de crianza o foster children

YES 01
 NO 00 (L22a)
 DON'T KNOW d (L22a)
 REFUSED r (L22a)

(L20=01)

L21. How many children under 18 not living in {your/NAME's} household {do you/does (he/she)} have?

¿Cuántos de sus hijos o hijas de menos de los 18 (dieciocho) años de edad no viven en el mismo hogar que [usted/NAME]?

||| CHILDREN (1-20)

DON'T KNOW d
 REFUSED r

(All)

L21_CHECK

SOFT EDIT: IF L21 CHILDREN > 6, INTERVIEWER READ: Let me make sure I did not make a mistake. You just indicated that you have [FILL] children under 18 not living in your household. Is this correct?

Déjeme confirmar que no cometí un error. Acaba de indicar que tiene [FILL] hijos menores de 18 años que no viven en su hogar. ¿Es esto correcto?

NO (CHANGE L21)
 SUPPRESS

(All)

L22a. CHECK: DOES {NAME} HAVE ANY CHILDREN (L17>=1 AND L19>=1) OR (L21>=1)?

YES 01
 NO 00 (LP23)

(L22a=01)

L22. Are any of {your/NAME's} children, either living with {you/him/her} or not, under the age of six?

¿Cualquiera de sus hijos e hijas, sea los que viven con [usted/NAME] o no, tienen menos de la edad de seis años?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

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

¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de Estados Unidos, las Reservas o la Guardia Nacional?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L23Aamt. PROGRAMMER: IF L11=01, 03, or 04, ASK:

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

¿Cuál fue el ingreso total {de su / de NAME} en 2022, antes de impuestos u otras deducciones? Por favor, incluya el dinero {usted / NOMBRE} recibido de todas las fuentes.

PROGRAMMER: IF L11=02, or 05, d, r, ASK:

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.

¿Cuál fue el ingreso total combinado de todos los miembros del hogar de {usted/NAME} en 2022, antes de impuestos y otras deducciones? Por favor incluya dinero que recibe el hogar de {usted/NAME} de todas las fuentes.

PROBE: IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT: If it is hard to calculate an annual amount can you tell me what your income was per day, week, bi-weekly, twice a month or monthly in 2022.

Si le resulta difícil calcular una cantidad anual, ¿me puede decir su ingreso por día, semana, cada dos semanas, dos veces al mes o mes en 2022?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$|_|_|_|_|, |_|_|_|_|.00 AMOUNT
(10,000-75,000)
(0-500,000)

DON'T KNOW d (L24)

REFUSED r (L24)

(L23Aamt = numeric response)

L23Ahop. PROBE: PROGRAMMER: IF L11=01, 03, or 04, DISPLAY:

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

¿Cuál fue el ingreso total de su {/ de NAME} en 2022, antes de impuestos u otras deducciones? Por favor, incluya el dinero {usted / NOMBRE} recibido de todas las fuentes.

PROBE: PROGRAMMER: IF L11=02, or 05, d, r, DISPLAY:

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.

¿Cuál fue el ingreso total combinado de todos los miembros del hogar de {usted/NAME} en 2022, antes de impuestos y otras deducciones? Por favor incluya dinero que recibe el hogar de {usted/NAME} de todas las fuentes.

PROBE: IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT: If it is hard to calculate an annual amount can you tell me what your household income was per day, week, bi-weekly, twice a month or monthly in 2022.

Si le resulta difícil calcular una cantidad anual, ¿me puede decir su ingreso por día, semana, cada dos semanas, dos veces al mes o mes en 2022?

PROBE: Is that daily, weekly, bi-weekly, twice a month, or annually?

¿Es diariamente, semanalmente, cada dos semanas, dos veces al mes, o anualmente?

INTERVIEWER: ENTER HOW OFTEN PAID

ANNUALLY..... 01 (L25)

SECTION L: SOCIODEMOGRAPHIC INFORMATION

MONTHLY	02	(L23b)
TWICE A MONTH	03	(L23b)
WEEKLY	04	(L23b)
BI-WEEKLY (EVERY TWO WEEKS)	05	(L23b)
DAILY	06	(L23b)
OTHER.....	07	

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(L23Amt = numeric response and L23Ahop =07)

L23Ahop_Other.

INTERVIEWER: ENTER OTHER

<OPEN> _____

DON'T KNOW d

REFUSED r

GO TO L24

(L23Amt = numeric response and L23Ahop = 02, 03, 04, 05, 06)

L23b. **PROGRAMMER:** USE "{YOUR/NAME'S} HOUSEHOLD" IF L11=02 OR 05, OTHERWISE USE "{YOUR/NAME}"

How many {days/weeks/months} did {{you/NAME}/{your household/NAME's household}} receive this income in 2022?

¿{{Cuántos días/meses}/{Cuántas semanas}} recibió {{usted/NAME}/{su hogar/el hogar de NAME}} este ingreso en 2022?

____ DAYS/WEEKS/MONTHS

(1-365) (1-52) (1/12)

DON'T KNOW d

REFUSED r

GO TO L25

(L23Amt =d, r or L23Ahop=07)

L24. **PROGRAMMER:** USE "HOUSEHOLD" IF L11=02 OR 05

Could you please tell me if {your/NAME'S} annual (household) income before taxes and other deductions in 2022 was...

¿Podría decirme si los ingresos anuales de su en 2022, antes de impuestos y otras deducciones fueron...

\$2,500 or less, 01

\$2, 501 to \$5,000, 02

\$5,001 to \$10,000, 03

\$10,001 to \$20,000, 04

\$20,001 to \$30,000, 05

\$30,001 to \$40,000, 06

\$40,001 to \$50,000, 07

\$50,001 to \$75,000, 08

\$75,001 to \$100,000, or 09

More than \$100,000? 10

DON'T KNOW d

REFUSED r

L25. DELETED

L26. DELETED

GO TO M1

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(All)

M1. **PROGRAMMER:** IF WE HAVE NAME, ADDRESS, AND PHONE NUMBER FROM EITHER THE SCREENER OR FROM THE OTHER PRELOADED INFORMATION DISPLAY THAT NAME, ADDRESS, AND PHONE NUMBER.

That concludes this interview. Can you please verify (your/NAME'S) current contact information?

Eso concluye esta entrevista. ¿puede usted verificar la información de contacto que tenemos actualmente para {usted/NAME}?

NAME: {FULL NAME FROM SCREENER OR PRELOADED INFORMATION}
 STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
 STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
 STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
 CITY OR TOWN: {CITY OR TOWN FROM SCREENER OR PRELOADED INFORMATION}
 STATE: {STATE FROM SCREENER OR PRELOADED INFORMATION}
 ZIP CODE: {ZIP CODE FROM SCREENER OR PRELOADED INFORMATION}
 TELEPHONE NUMBER: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}

SAME AS PROVIDED..... 00 (M1a)
 INCORRECT INFORMATION ABOVE, NEED TO ENTER
 NEW INFORMATION 01 (M1_Firstname)
 DON'T KNOW d (M1a)
 REFUSED r (M1a)

M1 {PROVIDE BOX FOR DATA ENTRY. 1, 0, d, r ARE THE ONLY POSSIBLE RESPONSES; IF M1=01, THEN GO TO QUESTIONS BELOW, OTHERWISE SKIP TO M1a}

(M1=01)

M1_FirstName.

NAME: {DISPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH FIRST NAME BOLDED}

First name?

¿Primer nombre?

<OPEN>_____

DON'T KNOW d
 REFUSED r

(M1=01)

M1_MiddleName.

NAME: {DISPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH MIDDLE INITIAL BOLDED}

Middle initial?

¿Inicial del segundo nombre?

<OPEN>_____

DON'T KNOW d
 REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M1=01)

M1_LastName.

NAME: {DISPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH LAST NAME BOLD}

Last name?

¿Apellido?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M1=01)

M1_Confirm.

NAME: {DISPLAY FULL NAME}

INTERVIEWER: PRESS 1 TO CONTINUE

(M1=01)

M1_Address1.

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

Street and number?

¿Calle y número?

INTERVIEWER: REFUSED AND DON'T KNOW ALLOWED, WILL SKIP REST OF ADDRESS QUESTIONS.

<OPEN>_____

DON'T KNOW d
REFUSED r

(M1=01)

M1_Address2.

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

PROBE: READ IF NECESSARY: Second part of the address.

¿Segunda parte de la dirección?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M1=01)

M1_Address3.

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

PROBE: READ IF NECESSARY: Third part of the address.

¿Tercera parte de la dirección?

<OPEN>_____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M1=01)

M1_City.

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

Town or city?

¿Pueblo o ciudad?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M1=01)

M1_State.

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

State?

¿Estado?

INTERVIEWER: USE TWO CHARACTER ABBREVIATION.

INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.

<OPEN>_____

DON'T KNOW d
REFUSED r

(M1=01)

M1_ZipCode.

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

Zip code?

¿Código postal?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M1=01)

M1_Confirm.

ADDRESS: {DISPLAY FULL ADDRESS}

INTERVIEWER: PRESS 1 TO CONTINUE

(M1=01)

M1_PhoneNumber.

TELEPHONE: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}

Please give me the telephone number, area code first?

¿Por favor dígame el número de teléfono con el código de área primero?

<OPEN>_____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(All)

M2A. CHECK: IS INTERVIEWER SPEAKING WITH {NAME} OR A PROXY?

{NAME}..... 01 (M2CHECK)
PROXY 02

(M2A=02)

Confirm. What is your first name?

¿Cuál es su primer nombre?

INTERVIEWER: PRESS 1 TO CONTINUE

(M2A=02)

M2a_FirstName.

NAME: {DISPLAY PROXY'S FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH
FIRST NAME BOLD}

First name?

¿Primer nombre?

<OPEN>_____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M2A=02)

M2a_MiddleName.

NAME: {DISPLAY PROXY'S FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH MIDDLE INITIAL BOLD}

Middle initial?

¿Inicial del segundo nombre?

<OPEN> _____

DON'T KNOW d
REFUSED r

(M2A=02)

M2a_LastName.

NAME: {DISPLAY PROXY'S FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH LAST NAME BOLD}

Last name?

¿Apellido?

<OPEN> _____

DON'T KNOW d
REFUSED r

(M2A=02)

Confirm. NAME: {DISPLAY PROXY'S FULL NAME}

INTERVIEWER: PRESS 1 TO CONTINUE

(M2A=02)

M2a_Address1.

ADDRESS:

Street and number?

¿Calle y número?

INTERVIEWER: REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF ADDRESS QUESTIONS.

<OPEN> _____

DON'T KNOW d
REFUSED r

(M2A=02)

M2a_Address2.

ADDRESS: {DISPLAY ADDRESS1 FROM PREVIOUS QUESTION}

PROBE: READ IF NECESSARY: Second part of the address.

¿Segunda parte de la dirección?

<OPEN> _____

DON'T KNOW d
REFUSED r

(M2A=02)

M2a_Address3.

ADDRESS: {DISPLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIONS}

PROBE: READ IF NECESSARY: Third part of the address.

¿Tercera parte de la dirección?

<OPEN> _____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M2A=02)

M2a_Address4.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUESTIONS}

PROBE: READ IF NECESSARY: Fourth part of the address.

¿Cuarta parte de la dirección?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M2A=02)

M2a_City.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRESS4 FROM PREVIOUS QUESTIONS}

Town or City?

¿Pueblo o ciudad?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M2A=02)

M2a_State.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, AND TOWN/CITY FROM PREVIOUS QUESTIONS}

State?

¿Estado?

INTERVIEWER: USE TWO CHARACTER ABBREVIATION.

INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.

<OPEN>_____

DON'T KNOW d
REFUSED r

(M2A=02)

M2a_ZipCode.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TOWN/CITY, AND STATE FROM PREVIOUS QUESTIONS}

Zip code?

¿Código postal?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M2A=02)

Confirm.

NAME: {DISPLAY PROXY'S FULL ADDRESS}

INTERVIEWER: PRESS 1 TO CONTINUE

(M2A=02)

M2a_PhoneNumber.

TELEPHONE NUMBER:

Please give me the telephone number, area code first?

¿Por favor dígame el número de teléfono con el código de área primero?

<OPEN>_____

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M2A=02)

M2a_Rlshp. How are you related to {NAME}?

¿Cual es su relación con {NAME}?

{NAME'S} SPOUSE.....	01	(M2a_email)
{NAME'S} MOTHER.....	02	(M2a_email)
{NAME'S} FATHER.....	03	(M2a_email)
{NAME'S} CHILD.....	04	(M2a_email)
GRANDPARENT OF {NAME}.....	05	(M2a_email)
BROTHER/SISTER (NATURAL/STEP) OF {NAME}.....	06	(M2a_email)
AUNT/UNCLE OF {NAME}.....	07	(M2a_email)
FRIEND.....	11	(M2a_email)
CASEWORKER/CAREGIVER/PAYEE.....	12	(M2a_email)
GIRLFRIEND/BOYFRIEND/PARTNER.....	13	(M2a_email)
GUARDIAN/FOSTER/STEP PARENT.....	14	(M2a_email)
IN-LAW.....	15	(M2a_email)
OTHER RELATIVE OF {NAME}.....	08	
NOT RELATED.....	09	(M2a_Rlshp_oth2)
STAFF AT RESIDENCE.....	10	(M2a_email)
DON'T KNOW.....	d	(M2a_email)
REFUSED.....	r	(M2a_email)

(M2A=02 and M2a_Rlshp=08)

M2a_oth1. **INTERVIEWER:** PLEASE SPECIFY

<OPEN>_____

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

(M2A=02 and M2a_Rlshp=09)

M2a_oth2. **INTERVIEWER:** PLEASE SPECIFY

<OPEN>_____

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

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M2A=02)

M2a_email. Do you have an email address?

¿Tiene {usted/NAME} una dirección de correo electrónico o e-mail?

- YES 01
- NO 00 (M2CHECK)
- DON'T KNOW d (M2CHECK)
- REFUSED r (M2CHECK)

(M2A=02 and M2a_email=01)

M2b. What is your email address?

Cuál es {su/el} dirección de correo electrónico o e-mail {de NAME}?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(All)

M2CHECK. **PROGRAMMER:** If makedialphone=8 , go to M2field_callin.
ELSE GO TO M3.

PROGRAMMER NOTE: IF FIELD LOCATOR CALL-IN (MAKEDIALPHONE=8):

M2field_callin. The field locator will now give you a \$30 gift card. Please read me the last four digits listed on the front of your gift card.

El localizador de campo le dará ahora una tarjeta de regalo de \$30 ahora. Por favor léame los últimos cuatro dígitos que aparecen en el frente de su tarjeta de regalo

□□□□

PROGRAMMER NOTE: IF CAPI FIELD COMPLETE, CASE, THEN DISPLAY TEXT BELOW INSTEAD M2_INC_FIELD:. ELSE, M3

M2_INC_FIELD: ARE YOU GIVING THE GIFT CARD TO THE RESPONDENT?

- YES 01
- NO 00 (M3)

(M2_INC_FIELD=00)

M3. Would you like us to send the \$30 gift card to {you/NAME} or someone else?

¿Le gustaría que le enviemos una tarjeta de regalo de 30 a {usted/NAME} o a otra persona?

- {YOU/NAME}..... 01 (M3a)
- SEND GIFT CARD TO SOMEONE ELSE 02 (M3a)
- DON'T KNOW d (M3a)
- REFUSED r (M3a)

(M3 = ANSWER OR d OR r)

M3_a. **PROGRAMMER:**

- IF SWIFT FLAG = 0..... 01 (M3a)
- IF SWIFT FLAG = 1..... 02 SET M3a = 03 (M10a)

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M2CHECK=01,00) AND NOT A FIELD COMPLETE

M3a. ****DO NOT READ THIS QUESTION. SELECT WALMART GIFT CARD****

WALMART GIFT CARD 01 (M10a)

(IF M3 = 1)

Confirm1: I would like to confirm the name and address where we should send the payment. Is it:

Me gustaría confirmar el nombre y la dirección adonde deberíamos enviar el pago. ¿Es...?

Yes 01
No 02
Fix this name/address d
New name/address..... r

PROGRAMMER: IF M3=2, THEN M4. ELSE, M10a.

(M3=02,d,r)

M4. **PROGRAMMER:** WE WOULD LIKE THE FOLLOWING FORMAT TO BE USED FOR THE DISPLAY ON TOP HALF OF SCREEN (IF POSSIBLE, THIS DISPLAY SHOULD CHANGE AS THE INTERVIEWER ENTERS NEW INFORMATION):

What is the name and address of the person to whom we should send the gift card?

¿Cuál es el nombre y dirección de la persona a quien debemos enviar la tarjeta de regalo?

NAME: {FULL NAME FROM M1}
STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM M1}
STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM M1}
STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM M1}
CITY OR TOWN: {CITY OR TOWN FROM M1}
STATE: {STATE FROM M1}
ZIP CODE: {ZIP CODE FROM M1}
TELEPHONE NUMBER: {TELEPHONE NUMBER FROM M1}

SAME AS PROVIDED 00 (M6)
INCORRECT INFORMATION ABOVE, NEED TO ENTER
NEW INFORMATION 01 (M4Fname)
DON'T KNOW d (M6)
REFUSED r (M6)

PROGRAMMER: SEE M1 FOR FORMATTING TO USE FOR BOTTOM OF SCREEN

(M3=02,d,r and M4=01)

M4_Firstname.

NAME:
First name?

¿Primer nombre?

<OPEN> _____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M3=02,d,r and M4=01)

M4_Middlename.

NAME: {DISPLAY FIRST NAME FROM QUESTION M4_FIRSTNAME}

Middle initial?

¿Inicial del segundo nombre?

<OPEN> _____

DON'T KNOW d

REFUSED r

(M3=02,d,r and M4=01)

M4_Lastname.

NAME: {DISPLAY FIRST NAME FROM QUESTION M4_FIRSTNAME AND MIDDLE NAME FROM M4_MIDDLENAME}

Last name?

¿Apellido?

<OPEN> _____

DON'T KNOW d

REFUSED r

(M3=02,d,r and M4=01)

Confirm.

NAME: {DISPLAY NAME FROM PREVIOUS QUESTIONS}

INTERVIEWER: PRESS 1 TO CONTINUE

(M3=02,d,r and M4=01)

M4_Address1.

ADDRESS:

Street and number?

Calle y número?

INTERVIEWER: REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF ADDRESS QUESTIONS.

<OPEN> _____

DON'T KNOW d

REFUSED r

(M3=02,d,r and M4=01)

M4_Address2.

ADDRESS: {DISPLAY ADDRESS1 FROM PREVIOUS QUESTION}

PROBE: READ IF NECESSARY: Second part of the address.

¿Segunda parte de la dirección?

<OPEN> _____

DON'T KNOW d

REFUSED r

(M3=02,d,r and M4=01)

M4_Address3.

ADDRESS: {DISPLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIONS}

PROBE: READ IF NECESSARY: Third part of the address.

¿Tercera parte de la dirección?

<OPEN> _____

DON'T KNOW d

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M3=02,d,r and M4=01)

M4_Address4.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUESTIONS}

PROBE: READ IF NECESSARY: Fourth part of the address.

¿Cuarta parte de la dirección?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M3=02,d,r and M4=01)

M4_City.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRESS4 FROM PREVIOUS QUESTIONS}

Town or city?

¿Pueblo o ciudad?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M3=02,d,r and M4=01)

M4_State. ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3 ADDRESS4, AND TOWN/CITY FROM PREVIOUS QUESTIONS}

State?

¿Estado?

INTERVIEWER: USE TWO CHARACTER ABBREVIATION.

INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.

<OPEN>_____

DON'T KNOW d
REFUSED r

(M3=02,d,r and M4=01)

M4_Zip. ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TOWN/CITY, AND STATE FROM PREVIOUS QUESTIONS}

Zip code?

¿Código postal?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M3=02,d,r and M4=01)

Confirm. ADDRESS: {DISPLAY FULL ADDRESS}

INTERVIEWER: PRESS 1 TO CONTINUE

(M3=02,d,r and M4=01)

M4_Telephone.

TELEPHONE NUMBER:

Please give me the telephone number, area code first?

¿Por favor dígame el número de teléfono con el código de área primero?

<OPEN>_____

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

M7. DELETED

(All)

M10a. Thank you very much for taking part in this survey. Because people like you are such a valued part of what we do, I'd like you to think about the survey you just participated in. On a scale from 1 to 10 where one means 'it was not a good use of time' and ten means "it was a good use of time," which number between 1 and 10 best describes how you feel about your experience today?

Muchas gracias por haber tomado parte en esta encuesta. Gente como usted son una parte muy apreciada de lo que hacemos, quisiera saber qué piensa usted acerca de la encuesta en la que acaba de participar. Usando una escala de 1 (uno) a 10 (diez), en la cual 'uno' significa 'no fue' un buen uso de tiempo', y diez significa 'sí fue' un buen uso de tiempo', ¿qué número entre 1 y diez mejor describe lo que usted piensa acerca de su experiencia hoy día?

|_|_|_|
(01-10)

DON'T KNOW d
REFUSED r

(All)

M11_Thanks.

Thank you for your cooperation. This completes the survey! Thank you again.

Le agradezco por su cooperación. ¡ Esto completa la encuesta! Otra vez, muchas gracias.

PRESS 1 TO CONTINUE 01

INTERVIEWER OBSERVATIONS

NEW ITEM

(All)

M11a. How was this interview conducted?

Over the telephone 01 (M11)
In person 02 (M11)
Using TTY..... 03 (M11)
Other: Specify..... 04 (M11a_Other)

(M11a=04)

M11a_Other.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

M11. **INTERVIEWER:** INTERVIEWER OBSERVATIONS:

Who was the respondent to this interview?

INTERVIEWER: PLEASE CODE THE PERSON WITH WHOM YOU CONDUCTED MOST OF THE INTERVIEW.

- {NAME} HIMSELF/HERSELF..... 01
- PROXY FOR {NAME}..... 02 (M13)

(M11=01)

M12. Was {NAME} assisted by anyone during this interview? That is, did anyone help {NAME} in interpreting the questions or giving answers?

- YES 01
- NO 00 (M15)

(M11=02 or M12=01)

M13. **PROGRAMMER:** IF M12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY"

How is the {assistant/proxy} related to (NAME)?

INTERVIEWER: IF MORE THAN ONE ASSISTANT OR PROXY, INDICATE THE RELATIONSHIP OF THE ONE YOU CONSIDER TO BE THE MAIN ASSISTANT OR PROXY.

- {NAME'S} SPOUSE..... 01 (M14)
- {NAME'S} MOTHER..... 02 (M14)
- {NAME'S} FATHER..... 03 (M14)
- {NAME'S} CHILD..... 04 (M14)
- GRANDPARENT OF {NAME}..... 05 (M14)
- BROTHER/SISTER (NATURAL/STEP) OF {NAME}..... 06 (M14)
- AUNT/UNCLE OF {NAME}..... 07 (M14)
- FRIEND..... 11 (M14)
- CASEWORKER/CAREGIVER/PAYEE..... 12 (M14)
- GIRLFRIEND/BOYFRIEND/PARTNER..... 13 (M14)
- GUARDIAN/FOSTER/STEP PARENT..... 14 (M14)
- IN-LAW..... 15 (M14)
- OTHER RELATIVE OF {NAME}..... 08 (M13_h_oth)
- NOT RELATED..... 09 (M13_i_oth)
- STAFF AT RESIDENCE..... 10 (M14)
- DON'T KNOW..... d (M14)
- REFUSED..... r (M14)

*Note: M14=11 is a category added at R2; value of "other" category (M14=10) maintained for comparability across rounds.

(M11=02 or M12=01 and M13=08)

M13_h_oth. **INTERVIEWER:** PLEASE SPECIFY

- <OPEN>_____
- DON'T KNOW d
 - REFUSED r

(M11=02 or M12=01 and M13=09)

M13_i_oth. **INTERVIEWER:** PLEASE SPECIFY

- <OPEN>_____
- DON'T KNOW d
 - REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M11=02 or M12=01)

M14. **PROGRAMMER:** IFM12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY"

PROGRAMMER: ONLY DISPLAY RESPONSE OPTION 10, IF M11=02

Why was an {assistant/proxy} needed?

INTERVIEWER: CODE ONLY ONE.

- {NAME} DIDN'T KNOW HOW TO ANSWER..... 01 (M15)
- {NAME} HOSPITALIZED 02 (M15)
- {NAME} INSTITUTIONALIZED 03 (M15)
- {NAME} HAS HEARING PROBLEM..... 04 (M15)
- {NAME} HAS SPEECH PROBLEM 05 (M15)
- {NAME} HAS LANGUAGE PROBLEM 06 (M15)
- {NAME} HAS POOR MEMORY OR CONFUSION 07 (M15)
- {NAME} HAS OTHER MENTAL CONDITION 08 (M15)
- {NAME} HAS PHYSICAL ILLNESS OR DISABILITY 09 (M15)
- {NAME} FAILED COGNITIVE TEST 11 (M15)*
- OTHER NON-HEALTH RELATED REASON 10
- DON'T KNOW d (M15)
- REFUSED r (M15)

*Note: M14=11 is a new category added at R2 and R3; value of "other" category (M14=10) maintained for comparability across rounds.

(M11=02 or M12=01 and M14=10)

M14_j_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN>_____

- DON'T KNOW d
- REFUSED r

(All)

M15. In general, do you feel the respondent was intellectually capable of responding?

- YES 01
- NO 00
- DON'T KNOW d

(All)

M16. In general, do you feel the respondent's answers were reasonably accurate?

- YES 01
- NO 00
- DON'T KNOW d

(All)

M17. In general, do you feel the respondent understood the questions?

- YES 01
- NO 00
- DON'T KNOW d

(All)

M18. In general, how tiring did the interview seem to be for the respondent?

- VERY TIRING..... 01
- A LITTLE TIRING 02
- NOT TIRING..... 03
- DON'T KNOW d

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(All)

M19. In general, did the respondent have difficulty hearing you during the interview?

- YES 01
- NO 00 (M21)
- DON'T KNOW d (M21)

(M19=01)

M20. In general, do you feel the respondent's hearing difficulty affected the interview?

- YES 01
- NO 00
- DON'T KNOW d

(All)

M21. **INTERVIEWER:** Record any special circumstances encountered while interviewing respondent.
