

ATTACHMENT C

PAPER-BASED NBS INSTRUMENT FOR EXPERIMENT

NATIONAL BENEFICIARY SURVEY

July 2022

Round 8 Paper Questionnaire

This survey is for:

[FIRSTNAME] [MI] [LASTNAME]

[TELEPHONE NUMBER]

[ADDRESS1]

[ADDRESS2]

[CITY], [STATE] [ZIP]

Need help?

Contact us at 1-XXX-XXX-XXXX with any questions.

STOP! Please read below before starting:

Start at A1, next page. You do not need to answer every question. Each question has instructions for where to go next based on how you answer. If there are no instructions, go down to the very next question.

When you complete, please mail the entire survey booklet back to us in the envelope provided. The envelope already has postage.

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

SECTION A: SCREENER

A1. Welcome to the National Beneficiary Survey! Recently, you received a letter and calls about the National Beneficiary Survey that Mathematica is conducting for the Social Security Administration.

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

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

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

This paper survey will take about 25 minutes. If you complete the whole survey, you will receive a \$30 gift card.

Some people are not able to take the whole survey and will not receive \$30, based on their answers. If you fall into this group, please return the survey so we can update our records.

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

- 1 Yes
- 0 No → GO TO END AT THE BOTTOM OF THIS PAGE

A2. Before we start, we need to confirm that we reached the right person. Is the name on the cover of this survey your full name?

MARK ONE ONLY

- 1 Yes → GO TO A7, PAGE 3
- 2 Yes, but my name is now changed (*please specify correct name and go to A7, page 3*)

3 No. I don't know this person. (*please specify your name and go to END, bottom of this page*)

4 No. I'm taking the survey on behalf of the person on the cover (*please specify your name*)

5 No. I'm taking the survey on behalf of the person on the cover and that person's name is now changed (*please specify their correct name and your name*)

Corrected name of the person on cover: _____

Your name: _____

A3. To take the survey for the person listed on the cover of this survey, you will answer questions about their health, daily activities, any jobs they might have, and their use of Social Security programs or services. Is this something you are able to do?

- 1 Yes → GO TO A4, PAGE 2
- 0 No

END. Unfortunately, it doesn't appear you can take this survey. If you would like to call us to discuss, please call Mathematica at [FILL] and ask to discuss the paper survey. Please mail this survey back to us using the enclosed envelope. Thank you very much.

A4. Thank you for offering to help by taking the survey for the person listed on the cover of this survey. What reason(s) might prevent them from taking part for himself/herself?

MARK ALL THAT APPLY

- 1 Hearing difficulty
- 2 Speech difficulty
- 3 Cognitive disability
- 4 Physical disability
- 5 Incarcerated
- 6 Institutionalized
- 7 Hospitalized
- 8 Serving in the military
- 9 Living outside the USA
- 10 Other (*specify*) _____

A5. How are you related to the person listed on the cover?

MARK ONE ONLY

- 1 Spouse or partner
- 2 Mother, father, or legal guardian
- 3 Child
- 4 Grandparent
- 5 Brother or sister
- 6 Some other relative
- 7 A friend
- 8 A caseworker, caregiver, or payee
- 9 A staff at a residence home

A6. What is your telephone number, area code first? This is your telephone number, not the person listed on the cover of this survey. We will only call this number if we need to reach you.

Phone Number: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
Area Code Number

STOP! Please read before continuing:

Starting with the next question, A7, all remaining questions are worded to ask about “your” experiences. However, since you are taking the survey on behalf of the person listed on the front cover, please answer all remaining questions about the person listed on the cover.

A7. To help verify your identify, the person named on the cover of this survey, we need to make sure your date of birth matches our records. What is your date of birth?

Date: |_|_|_| / |_|_|_| / |_|_|_|_|_|
Month Day Year

A8. This survey is only for people who have worked recently so, we need to know if you have worked recently.

Are you currently working at a job or business for pay or profit?

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

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

Yes → GO TO B1, PAGE 4

No



A9. Did you work for pay or profit at any time during the last 6 months?

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

Yes

No → GO TO END, PAGE 1

SECTION B: DISABILITY AND CURRENT WORK STATUS

First, we have some questions about how your health affects your daily activities.

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

In other words, are there things you can't do as much or can't do at all that people the same age can?

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

- Yes

What physical or mental condition is the main reason you are limited?

By what name do doctors call your health condition? What causes this condition?

- No → GO TO B3

B2. How much does this condition limit the kind or amount of work or other daily activities you 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."

If your condition varies, your best guess for a typical day is fine.

|_|_|_| NUMBER FROM 0 TO 100, 0="NOT AT ALL LIMITING" AND 100="CANNOT DO WORK OR DAILY ACTIVITIES AT ALL" } → GO TO B4

B3. Have you received disability benefits from Social Security at any time during the last five years?

- Yes

What physical or mental condition is the main reason you were eligible for disability benefits?

By what name do doctors call your health condition? What causes this condition?

- No →
- Don't know → GO TO C1

B4. How old were you when you first became limited in the kind or amount of work or other daily activities you could do? Your best estimate is fine.

|_|_| AGE

- Since birth
- Don't know
- I do not wish to answer this

SECTION C: CURRENT EMPLOYMENT

Now we have some questions about the jobs you currently have. When answering these questions, please include both part-time and full-time jobs, but only include jobs you hold for pay or profit.

C1. Are you currently working at a job or business for pay or profit?

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

- Yes
- No → GO TO D1

C2. How many jobs do you currently have?

Include both part-time and full-time jobs, but only include jobs you hold for pay or profit.

|_|_| JOBS

C3. The next few questions are about your current job. If you have more than one job, please answer about your main job – that is, the job at which you work the most hours.

How many hours per week do you usually work at your current / main job?

Include overtime if you usually work overtime. If your hours vary week-to-week, please provide an average or typical amount.

|_|_|_| HOURS PER WEEK

C4. For the purpose of this survey, it is important to obtain some information on how much you are paid on this job. On your main job are you paid by the hour?

- Yes → GO TO C5
 - No
 - Don't know
 - I do not wish to answer this
- } → GO TO C6

C5. What is your regular hourly pay at your main job, including tips and commissions?

\$|_|_| . |_|_| AMOUNT PER HOUR

- Don't know
 - I do not wish to answer this
- } → GO TO C8, PAGE 6

C6. Before taxes and other deductions how much are you paid on this job, including tips and commissions?

\$|_|_|_| , |_|_|_| AMOUNT

- Don't know
 - I do not wish to answer this
- } → GO TO C8, PAGE 6

C7. Is that amount how much you earn daily, weekly, bi-weekly, twice a month, monthly, or annually?

MARK ONE ONLY

- 1 Daily
- 2 Weekly
- 3 Bi-weekly (every two weeks)
- 4 Twice a month
- 5 Monthly
- 6 Annually
- d Don't know
- r I do not wish to answer this

C8. Next is a list of things that some people use or receive to help them find or keep a job. Please report if you used or received any of them to help find or keep working at your main job. Did you...

MARK ONE RESPONSE
PER ROW

	YES	NO	NOT APPLICABLE
a. ...have a job coach to help you learn how to do your job?.....	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na
b. ...use a sign language interpreter?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na
c. ...use a reader or interpreter for the blind?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na
d. ...use an assistant or caregiver for personal care? This includes help bathing and dressing to get ready for work and eating lunch or using the restroom at work.	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na
e. ...use a personal care assistant or direct support professional at work to help with job-related tasks? This includes help with writing, reading, lifting, or reaching.	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na
f. ...receive on the job training?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na
g. ...receive counseling about how work will affect your benefits?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na
h. ...receive help with transportation?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na
i. ...receive help with child or family care?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na
j. ...use special equipment or devices?.....	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> na

C9. At this job, do most of the other workers have disabilities?

- 1 Yes
- 0 No
- d Don't know

C10. Could this job have been taken by anybody who applied for it and was qualified, including someone who does not have a disability?

- 1 Yes
- 0 No
- d Don't know

C11. If you have more than one job currently, please now think about all the jobs you currently have. How much did you earn from all of these jobs in the last month in total, before taxes and deductions?

\$|_|_|_|, |_|_|_|_| AMOUNT PER MONTH

- Does not apply – I only have one job currently
- Don't know
- I do not wish to answer this

STOP! Please read before continuing:

After answering C11, please go to Section F, question F1, page 12. You do not need to answer any questions in Section D or Section E.

SECTION D: NOT CURRENTLY WORKING

D1. Have you been looking for paid work during the last four weeks?

- 1 Yes
 0 No → GO TO D3, PAGE 9

D2. Next is a list of reasons why people are sometimes unable to find a job. Please let us know if any of these are reasons why you have not found a job that you think is right for you.

MARK ONE RESPONSE
PER ROW

	YES	NO
a. You would need special equipment or medical devices to work which you do not have	1 <input type="radio"/>	0 <input type="radio"/>
b. You do not have the help you need to get ready for work each day	1 <input type="radio"/>	0 <input type="radio"/>
c. You cannot get the help you need to care for children or others.....	1 <input type="radio"/>	0 <input type="radio"/>
d. You do not have reliable transportation to and from work	1 <input type="radio"/>	0 <input type="radio"/>
e. Available jobs do not offer a flexible enough schedule	1 <input type="radio"/>	0 <input type="radio"/>
f. You cannot find a job you are qualified for	1 <input type="radio"/>	0 <input type="radio"/>
g. Available jobs do not pay enough.....	1 <input type="radio"/>	0 <input type="radio"/>
h. Employers will not give you a chance to show that you can work.....	1 <input type="radio"/>	0 <input type="radio"/>
i. Available jobs do not offer health insurance.....	1 <input type="radio"/>	0 <input type="radio"/>
j. You would lose benefits like Social Security, disability insurance, workers' compensation, or Medicaid if you took a job	1 <input type="radio"/>	0 <input type="radio"/>
k. Is there anything else that that <u>is a reason why you have not been able to find a job?</u> (specify)..... _____	1 <input type="radio"/>	0 <input type="radio"/>

D3. Other people have said that they are not working for a number of reasons. Next is a list of these reasons. For each, please select yes if it is a reason why you are not currently working.

MARK ONE RESPONSE
PER ROW

	YES	NO
a. A physical or mental health condition prevents you from working.....	1 <input type="radio"/>	0 <input type="radio"/>
b. You cannot find a job that you are qualified for	1 <input type="radio"/>	0 <input type="radio"/>
c. You do not have reliable transportation to and from work	1 <input type="radio"/>	0 <input type="radio"/>
d. You are caring for children or others	1 <input type="radio"/>	0 <input type="radio"/>
e. You cannot find a job you want.....	1 <input type="radio"/>	0 <input type="radio"/>
f. You are waiting to finish school or a training program.....	1 <input type="radio"/>	0 <input type="radio"/>
g. Workplaces are not accessible to people with your disability.....	1 <input type="radio"/>	0 <input type="radio"/>
h. You do not want to lose benefits like Social Security, disability insurance, workers' compensation, or Medicaid.....	1 <input type="radio"/>	0 <input type="radio"/>
i. Your previous attempts to work have been discouraging.....	1 <input type="radio"/>	0 <input type="radio"/>
j. Others do not think you can work	1 <input type="radio"/>	0 <input type="radio"/>
k. Employers will not give you a chance to show that you can work.....	1 <input type="radio"/>	0 <input type="radio"/>
l. You does not have the special equipment or medical devices that you would need to work	1 <input type="radio"/>	0 <input type="radio"/>
m. You cannot get the help you need 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.	1 <input type="radio"/>	0 <input type="radio"/>
n. You cannot get help you need with tasks you would do at work. This includes having someone help you with things like writing, reading, lifting or reaching.	1 <input type="radio"/>	0 <input type="radio"/>

D4. Are there any other reasons why you are not working?

- 1 Yes (*specify*) _____
- 0 No

SECTION E: EMPLOYMENT IN PAST 6 MONTHS

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

E1. Did you work for pay or profit at any time during the last 6 months?

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

Yes

No → GO TO F1, PAGE 12

E2. How many jobs did you have during the past 6 months?

Please include both part-time and full-time jobs, but only include jobs you held for pay or profit.

|_|_| JOBS

E3. The next few questions are about your main job held in the past six months – that is, the job at which you work the most hours. How many hours per week did you usually work at this job?

Include overtime if you usually worked overtime. If your hours vary week-to-week, please provide an average or typical amount.

|_|_|_| HOURS PER WEEK

E4. For the purpose of this survey, it is important to obtain some information on how much you were paid for this job. For your main job you held in the past six months were you paid by the hour?

Yes

No

Don't know

I do not wish to answer this

→ GO TO E6

E5. What was your regular hourly pay, including tips and commissions?

\$|_|_| . |_|_| AMOUNT PER HOUR

Don't know

I do not wish to answer this

→ GO TO E8, PAGE 11

E6. Before taxes and other deductions how much were you paid on this job, including tips and commissions.

\$|_|_|_|, |_|_|_| AMOUNT

Don't know

I do not wish to answer this

E7. Is that amount how much you earned daily, weekly, bi-weekly, twice a month, monthly, or annually?

MARK ONE ONLY

- 1 Daily
- 2 Weekly
- 3 Bi-weekly (every two weeks)
- 4 Twice a month
- 5 Monthly
- 6 Annually
- d Don't know
- r I do not wish to answer this

E8. Next is a list of things that some people use or receive to help them find or keep a job. Please report if you used or received each to help find or work at your main job. Did you...

MARK ONE RESPONSE
PER ROW

	YES	NO	NOT APPLICABLE
a. ...have a job coach to help you learn how to do your job?.....	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
b. ...use a sign language interpreter?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
c. ...use a reader or interpreter for the blind?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
d. ...use an assistant or caregiver for personal care? This includes help bathing and dressing to get ready for work and eating lunch or using the restroom at work.	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
e. ...use a personal care assistant or direct support professional at work to help with job-related tasks? This includes help with writing, reading, lifting, or reaching.	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
f. ...receive on the job training?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
g. ...receive counseling about how work will affect your benefits?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
h. ...receive help with transportation?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
i. ...receive help with child or family care?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
j. ...use special equipment or devices?.....	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>

E9. At this job, do most of the other workers have disabilities?

- 1 Yes
- 0 No
- d Don't know

E10. Could this job have been taken by anybody who applied for it and was qualified, including someone who does not have a disability?

- 1 Yes
- 0 No
- d Don't know

SECTION F: JOBS/OTHER JOBS DURING 2022

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

F1. Did you work at a job or business for pay or profit anytime in 2022?

- 1 Yes
- 0 No → GO TO G1, PAGE 13

F2. Other than any jobs that you already reported on this survey, in 2022 did you work for pay at any other jobs for longer than a month?

- 1 Yes
- 0 No → GO TO G1, PAGE 13

F3. Thinking about the job(s) you had during 2022, not including any job(s) you already reported, how much did you earn from all of these jobs during 2022, before taxes and deductions?

\$, AMOUNT

- d Don't know
- r I do not wish to answer this

SECTION G: BENEFIT SUSPENSE

Next, we would like to ask you about your experiences working and how working has affected your cash disability benefits.

G1. During the past year, did you ever stop receiving cash disability benefits for a time because you were working?

This includes stopping cash benefits because you were earning too much or working too many hours.

- Yes → GO TO G2
 - No
 - Don't know
 - I do not wish to answer this
- GO TO K1, PAGE 17

G2. Are you currently receiving cash disability benefits?

- Yes → GO TO H1, PAGE 14
- No
- Don't know
- I do not wish to answer this

G3. Are you in the process of getting back on cash disability benefits?

- Yes
- No
- Don't know
- I do not wish to answer this

SECTION H: RECENT SUSPENSE

We would like to ask you about the work that led to your cash benefits ending.

H1. Did you know when you started working or earning more that you would stop receiving cash disability benefits from Social Security?

- ₁ Yes → GO TO THE BOX AT THE BOTTOM OF THIS PAGE
- ₀ No
- _d Don't know → GO TO THE BOX AT THE BOTTOM OF THIS PAGE

H2. If you had known that you were going to stop receiving cash benefits, would you still have started working or earning more?

- ₁ Yes
- ₀ No
- _d Don't know

STOP! Please read before continuing:

If you answered "NO" to G2 page 13, GO TO I1, page 15

If you answered "YES" to G2 page 13, GO TO J1, page 16

If you did not answer or did not know the answer to G2 page 13, GO TO K1, page 17

SECTION I: ADDITIONAL QUESTIONS ABOUT BENEFIT SUSPENSE IF NOT ON BENEFITS

11. Next we will ask you about things that might make you have to go back on cash disability benefits in the future.

Are you likely to go back on cash disability benefits because of...

MARK ONE RESPONSE PER ROW

YES	NO	I DON'T KNOW
-----	----	--------------

<p>a. Your health, for example because of worsening illness or the need to go to medical appointments? <i>(if yes, specify why)</i>.....</p> <p>_____</p>	<p>1 <input type="radio"/> 0 <input type="radio"/> d <input type="radio"/></p>
<p>b. Your job, for example because of a need for accommodations or problems with your co-workers? <i>(if yes, specify why)</i>.....</p> <p>_____</p>	<p>1 <input type="radio"/> 0 <input type="radio"/> d <input type="radio"/></p>
<p>c. Your personal circumstances, for example because you need child care, do not have reliable transportation, or worry about losing other benefits? <i>(if yes, specify why)</i></p> <p>_____</p>	<p>1 <input type="radio"/> 0 <input type="radio"/> d <input type="radio"/></p>

SECTION J: ADDITIONAL QUESTIONS ABOUT BENEFIT SUSPENSE IF ON BENEFITS NOW

Earlier you reported that you are back on benefits.

J1. Did you go or are you going back on benefits because of . . .

MARK ONE RESPONSE
PER ROW

YES	NO	I DON'T KNOW
-----	----	--------------

a. Your health, for example because of worsening illness or the need to go to medical appointments? *(if yes, specify why)*.....

_____ 1 0 d

b. Your job, for example because of a need for accommodations or problems with your co-workers? *(if yes, specify why)*.....

_____ 1 0 d

c. Your personal circumstances, for example because you need child care, do not have reliable transportation, or worry about losing other benefits? *(if yes, specify why)*

_____ 1 0 d

J2. Is there anything that could have helped you to keep working and earning enough to stay off benefits?

- 1 Yes
 - 0 No
 - d Don't know
- GO TO J3

J2a. What things might have helped you keep working and earning enough to stay off benefits?

J3. Do you think you will either go back to work or work and earn enough to stay off benefits in the future?

- 1 Yes
- 0 No
- d Don't know

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

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

K1. First, we will ask about employment services you may have received. In 2022, did you receive:

MARK ONE RESPONSE
PER ROW

	YES	NO	NOT APPLICABLE
a. a work or job assessment to determine if a job is a good fit for you?.....	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
b. help to find a job?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
c. advice about modifying your job or work place?.....	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
d. job coaching or support services?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
e. any other employment services to help you get a job? (<i>specify</i>).....	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>

K2. Sometimes people get training to help them learn new skills so they can get a new job or change careers. In 2022, did you receive:

MARK ONE RESPONSE
PER ROW

	YES	NO	NOT APPLICABLE
a. training to learn a new job or skill?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
b. on-the-job training?.....	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
c. any other training or certification to help you learn new skills or get a job? (<i>specify</i>)	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>

K3. At any time in 2022, did you enroll in school or take any classes to help you get a new job or change careers? Please do not include any training you already reported.

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

- 1 Yes
- 0 No

K4. Sometimes people with disabilities receive medical services to improve their ability to work or help them live independently. Some examples of these services are physical therapy, surgery, and help getting special equipment or devices. In 2022, did you receive:

MARK ONE RESPONSE
PER ROW

YES	NO	NOT APPLICABLE
-----	----	----------------

a. Physical therapy?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
b. Occupational therapy? This treatment helps people gain independence and can include home and job site evaluations, skills assessments, equipment, and other treatment to help improve a person's ability to perform daily activities.	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
c. Speech therapy?.....	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
d. Special equipment or devices?.....	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
e. Prescription drugs? These are drugs prescribed by a doctor and do not include over-the-counter drugs.	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
f. Any other medical services to improve your ability to work or live independently? (<i>specify</i>)	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>

K5. 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 receive:

MARK ONE RESPONSE
PER ROW

YES	NO	NOT APPLICABLE
-----	----	----------------

a. Personal counseling or therapy?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
b. Group therapy?	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>
c. Any other mental health services to help you work or live independently? (<i>specify</i>)	1 <input type="radio"/>	0 <input type="radio"/>	na <input type="radio"/>

SECTION L: HEALTH AND FUNCTIONAL STATUS

The next set of questions are about your health and everyday activities.

L1. Overall, how would you rate your health during the past 4 weeks?

MARK ONE ONLY

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor, or
- 6 Very poor

MARK ONE RESPONSE
PER ROW

YES	NO
-----	----

L2. Are you blind or do you have serious difficulty seeing even when wearing glasses?.....	1 <input type="radio"/>	0 <input type="radio"/>
L3. Are you deaf or do you have serious difficulty hearing?	1 <input type="radio"/>	0 <input type="radio"/>
L4. Do you have serious difficulty walking or climbing stairs?	1 <input type="radio"/>	0 <input type="radio"/>
L5. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1 <input type="radio"/>	0 <input type="radio"/>
L6. Do you have difficulty dressing or bathing?.....	1 <input type="radio"/>	0 <input type="radio"/>
L7. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?.....	1 <input type="radio"/>	0 <input type="radio"/>

SECTION M: HEALTH INSURANCE

Next are some questions about different types of health insurance coverage you might have.

M1. Are you currently covered by any type of health insurance plan, either private or government, including Medicare or Medicaid?

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

- Yes → GO TO M2
- No → GO TO N1, PAGE 21

M2. What kinds of health insurance coverage do you have?

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

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.

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

Private insurance includes health insurance that you get through an employer, a family member, or that you purchase on your own including private insurance through the Affordable Care Act, sometimes called HealthCare.gov or ObamaCare.

MARK ALL THAT APPLY

- Medicaid or your state's Medicaid program
 - Medicare
 - Tricare, VA, or other military insurance
 - Indian Health Service
 - Medi-gap insurance
 - A state program
 - Private insurance through my own employer
 - Private insurance through my spouse, partner, or parent
 - Private insurance that I pay for by myself or that my family pays for
 - Some other kind of insurance plan (*specify*)
-

SECTION N: INCOME AND OTHER ASSISTANCE

The next set of questions is about income you received last month. This includes earnings from work and benefits from different programs. When answering these questions, please think only about your own earnings and benefits, and don't include earnings or benefits that other family members may have received.

N1. Thinking about the benefits you received last month, did you receive any income from Social Security?

- Yes
- No

N2. Last month did you receive any income from...

MARK ONE RESPONSE
PER ROW

	YES	NO
a. Private disability insurance (sometimes called long-term disability insurance)?.....	1 <input type="radio"/>	0 <input type="radio"/>
b. Workers' compensation?	1 <input type="radio"/>	0 <input type="radio"/>
c. Veterans' benefits?	1 <input type="radio"/>	0 <input type="radio"/>
d. Public assistance or welfare payments? Please include any payments from the Temporary Assistance for Needy Families, or TANF, program or any public assistance payments from your state.	1 <input type="radio"/>	0 <input type="radio"/>
e. Unemployment benefits?	1 <input type="radio"/>	0 <input type="radio"/>
f. Pensions or retirement income?	1 <input type="radio"/>	0 <input type="radio"/>
g. Other sources on a regular basis but not from jobs or Social Security? Do not count food stamps here. Examples include child support, interest from savings or checking accounts, or dividends. (<i>specify</i>)	1 <input type="radio"/>	0 <input type="radio"/>

h. Other sources not on a regular basis? (<i>specify</i>)	1 <input type="radio"/>	0 <input type="radio"/>

N3. Thinking about all of the income you received last month from benefits and jobs, how much income did you receive last month before taxes and deductions?

\$ |__| |__| , |__| |__| |__| LAST MONTH'S INCOME

- Don't know
- I do not wish to answer this

SECTION O: INFORMATION ABOUT YOU

We have a few more questions about you.

O1. What is your ethnic background? Are you:

- 1 Hispanic or Latino, or
- 2 Not Hispanic or Latino?
- r I do not wish to answer this

O2. What is your race? Are you:

MARK ALL THAT APPLY

- 1 Alaska Native or American Indian
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander, or
- 5 White
- r I do not wish to answer this

O3. What is the highest year or grade you finished in school?

- 1 Never attended school
- 2 Did not complete high school / Do not have a general education development degree (GED)
- 3 General education development degree (GED)
- 4 High school diploma
- 5 High school certificate of completion
- 6 Some college courses
- 7 A 2-year or 3-year college degree (associates degree) or a vocational school diploma
- 8 A 4-year college degree (Bachelor's)
- 9 Some graduate courses
- 10 A graduate or professional degree (e.g., MA, MBA, Ph.D., J.D., M.D.)
- r I do not wish to answer this

O4. Are you now married, partnered (but not married), widowed, divorced, separated, or have you never been married?

MARK ONE ONLY

- 1 Married
- 2 I have a partner but we are not married
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Never married
- r I do not wish to answer this

O5. How many adults 18 years of age or older live in your household, including yourself?

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. If you live in a group home, halfway house, care home, assisted living facility, or some other type of group residence, only count yourself.

|_|_| ADULTS

Don't know

O6. How many children under 18 years of age live in your household?

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

|_|_| CHILDREN

No children in my household

Don't know

O7. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Yes

No

O8. What was the total combined income of all members of your household in 2022, before taxes or other deductions? Please include money all members of your household received from all sources.

Your best estimate is fine.

\$|_|_|_|, |_|_|_| AMOUNT PER YEAR

Don't know

I do not wish to answer this

O9. How often do you access the Internet?

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

Never

Daily

A few times a week

Once a week

Less than once a week

O10. That concludes this survey. Can you please verify your current contact information? We will send you a \$30 gift card to this address.

Name: _____

Address 1: _____

Address 2: _____

City, State, Zip Code: _____

Phone Number: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
Area Code Number

Thank you for your cooperation. This completes the survey! Please place this survey in the envelope we sent you and return it by mail. We will mail the \$30 gift card and you should receive it in about 3 weeks. Thank you again.