

## CATI Introduction

Hello, my name is [ ]. May I please speak with \_\_\_\_\_?

[IF NECESSARY: [INSERT RESPONDENT FIRST & LAST NAME] has agreed to help with a study about employment programs at **[NAME OF ORGANIZATION]**.

IF RESPONDENT COMES TO THE PHONE: Hello, my name is [ ]. I'm calling from Abt Associates concerning a study about employment programs at **[NAME OF ORGANIZATION]** you joined about 12 months ago through?

IF PHONE OR IN-PERSON: Thank you for taking the time to talk with me today. I work for Abt Associates, or Abt, which is an independent research company. Abt is helping the Administration for Children and Families in the U.S. Department of Health and Human Services and the Social Security Administration with this study – called Building Evidence on Employment Strategies, or BEES study.

Today, we are contacting you for a survey. You agreed to be in a study about a program offered at **[NAME OF ORGANIZATION]** called **[BEES program]**. In this study, we are interested in learning about programs and services that help individuals receiving treatment or recovery services.

This survey will take about 30 minutes. We will be asking you questions about your use of different services that could help you find a job, education and training programs, and substance use treatment. When we are done, you will be sent a \$25 gift card, as a thank you.

You agreed to be part of the study around **[RAMY]** when you signed a consent form to let researchers collect information from you. We need to talk with people who got into the program and those who did not. Your participation in this study will help policymakers and program staff better understand how to help people get better jobs, earn more, and improve general well-being.

**[SKIP TO SCREENER/VERIFICATION]**

## WEB Introduction

Thank you for clicking the link to access your survey.

Abt is helping the Administration for Children and Families in the U.S. Department of Health and Human Services and the Social Security Administration with its evaluation of the Building Evidence on Employment Strategies - or BEES study.

You agreed to be in a study about a program offered at **[NAME OF ORGANIZATION]** called **[BEES program]**. In this study, we are interested in learning about programs and services that help individuals receiving treatment or recovery services.

This survey will take about 30 minutes. We will be asking you questions about your use of different services that could help you find a job, education and training programs, and substance use treatment. When you complete the survey, you will be sent a \$25 gift card, as a thank you.

You agreed to be part of the study around **[RAMY]** when you signed a consent form to let researchers collect information from you. We need to talk with people who got into the program and those who did not. Your participation in this study will help policymakers and program staff better understand how to help people get better jobs, earn more, and improve general well-being.

## Screener/Verification:

**CATI:** Before we begin, I'd like to confirm that I am speaking with the correct person.

**WEB:** We need to first confirm that you are the correct person for this survey.

1. In order to do so, could you please provide your date of birth? \_\_\_\_\_ (MM/DD/YYYY)

**PROGRAMMER: ECHO RESPONSE AND THEN VALIDATE AGAINST DOB FROM SAMPLE. IF DOB CONFIRMED, SET DOBCONF = 1 AND SKIP TO INFORMED CONSENT, ELSE SET DOBCONF=2. IF NOSSN4=0 AND DOBCONF=2, SKIP TO FAIL\_SCREENERS. IF NOSSN4=1 AND DOBCONF=2, CONTINUE TO Q2**

2. Again, to confirm that you are the correct person, could you please provide the last 4 digits of your Social Security number?

**PROGRAMMER: ECHO RESPONSE AND THEN VALIDATE LAST 4 SSN FROM SAMPLE. IF SSN4 CONFIRMED, SET SSNCONF = 1 AND SKIP TO INFORMED CONSENT, ELSE SET SSNCONF = 2.**

### **FAIL\_SCREENERS:**

**IF DOBCONF=2 AND (NOSSN4=1 AND SSNCONF=2) READ CLOSING BASED ON MODE:**

**(IF Q1 does not match sample and Q2 does not match sample, read:**

**CAPI DISCONTINUED TEXT** Thank you for taking the time to answer these questions. The information you provided does not match our records. I will need to check with my supervisor to determine how to resolve this issue. If we are able to do so, I will give you a call back. Have a nice a day – and thank you.

**WEB DISCONTINUED TEXT:** Thank you for taking the time to answer these questions. The information you provided does not match our records. We will investigate further to determine how to resolve this issue. If we are able to do so, we will contact you again. Have a nice a day – and thank you.

## INFORMED CONSENT

Thank you.

We would like to start with a few assurances:

- All of your responses will be kept private.
- Your name will not appear in any written reports.
- Your responses to these questions are voluntary.
- You may choose not to answer any question or to stop the survey.
- Your responses will in no way affect your participation in any programs or your receipt of any public benefits or services.

Furthermore, the information you provide will only be used for research about the different employment services related to this study. By participating, you will help the government learn if and how programs like **[BEES program]** at **[ORGANIZATION NAME]** make a difference in people's lives and how to improve them.

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0537, Exp: 11/30/2022.

**WEB ONLY:** Do we have your consent to continue?

- 1 YES **[SKIP TO SECTION A]**
- 2 NO **[SKIP TO TERMINATION SCRIPT]**

**CATI ONLY:** And finally, this interview will be recorded for quality control purposes. Do I have your consent to continue?

- 1 YES **[SKIP TO SECTION A]**
- 2 NO

**CATI ONLY:** May I ask if you are declining to consent to the interview because you are concerned about the possibility of being recorded?

- 1 DON'T WANT TO BE RECORDED **[CONTINUE TO RECORDING ISSUE]**
- 2 DON'T WANT TO DO INTERVIEW **[SKIP TO TERMINATION SCRIPT]**

**CATI ONLY RECORDING ISSUE:** I understand. I can turn the recorder off and we can continue with the interview. Would that be OK?

- 1 Yes **[DISABLE RECORDER & CONTINUE TO SECTION A]**
- 2 No **[SKIP TO TERMINATION SCRIPT]**

### TERMINATION SCRIPT

Thank you for your time. We are sorry that you are not able to participate in our study. If you change your mind, please call 888-474-6121 or email us at [beesresearch@abtassoc.com](mailto:beesresearch@abtassoc.com).

## SECTION A: HOUSING

### A\_\_INTRO

Throughout this survey we are going to ask you to think about things that have happened in your life since **[RAMY]** – this is the date you applied to the **[BEES PROGRAM]** at **[NAME OF ORGANIZATION]**. We are interested in what’s happened in the lives of the people who applied – even if you did not participate or were not accepted into **[BEES PROGRAM]**.

To start things off, we would like to ask a few questions about you and where you are currently living and where you have lived since **[RAMY]** – that is the time you agreed to be a part of this study.

#### A1.

Which of the following best describes your current housing arrangement? Do you:

- 1 own your own home or apartment,
- 2 rent your home or apartment,
- 3 live in transitional housing or sober housing [IF SITE=CCC, DISPLAY “—this could include the 8x8 or Blackburn Recovery Housing]
- 4 live in a residential treatment facility
- 5 live in permanent supportive housing
- 6 live in a long-term care facility
- 7 live in a group home
- 8 live with friends or relatives and pay rent to them
- 9 live with friends or relatives and not pay rent to them,
- 10 homeless, living on the street or in your car,
- 11 live in emergency or temporary housing, that is in a shelter or are homeless, or
- 12 have some other housing arrangement? (Please specify: \_\_\_\_\_)

- 97 DON'T KNOW  
98 PREFER NOT TO SAY

#### A2.

When did you start living here?

Please just give us your best estimate. This helps us understand your housing situation. Please remember all information you provide is private and will not be shared.

\_\_\_\_\_ (MM/YYYY)

**[RANGE MM=1-12, YYYY:1950- PRESENT YEAR]**

- 97/9997 DON'T KNOW  
98/9998 PREFER NOT TO SAY

#### A3.

**[IF A1=2, ASK A3 and A4, ELSE SKIP TO A5]**

How would you describe where you live? Would you say it is:

- 1 Public housing—that is, housing owned by a federal, state or local government agency, such as [state specific program]
- 2 Private housing for which part of your rent bill is paid by the government, such as Section 8 or vouchers,
- 3 Or private housing paid for by you with no help from the government, that is the entire rent bill is paid without any help from the government to pay the rent.
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**A4**

Do you live in a building where you had to apply based on your income?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

(ASK ALL)

**A5.**

Do you ever fear for your, or your family's, safety while staying here?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**A6.**

Since [RAMY], how many times have you moved or changed where you were living?

If you are not certain, your best estimate is fine. This helps us understand your housing situation. Please remember all information you provide is private and will not be shared.

\_\_\_\_\_ NUMBER OF TIMES MOVED [ RANGE 0-18]

- 95 More than 18 times
- 97 DON'T KNOW
- 98 ~~REFUSED~~PREFER NOT TO SAY

**[IF A6=0 SKIP TO SECTION B\_INTRO]**

**A7.**

Thinking about all of the places you have lived since [RAMY] ....

[IF A1=3, SKIP TO A7a]. Did you ever live in transitional housing? This is also known as recovery or sober housing.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 ~~REFUSED~~PREFER NOT TO SAY

**A7a**

[IF A1=3 You said you had lived in transitional housing, also known as recovery or sober housing, since [RAMY].]

How much time since [RAMY] did you spend in transitional housing? Please give your answer in either days, weeks, or months.

AMOUNT OF TIME [RANGE: 1-300]

- 996 MORE THAN 18 MONTHS
- 997 DON'T KNOW
- 998 REFUSED

**A7b**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in days, weeks or months?

- 1 Days
- 2 Weeks
- 3 Months
- 7 DON'T KNOW
- 8 REFUSED

**A8**

[IF A1=10 SKIP TO A8a] Since [RAMY] was there ever a time that you were homeless and living on the street or in your car?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED/PREFER NOT TO SAY

**A8a**

[IF A1=10 You said you had been homeless and living on the street or in your car since [RAMY].]

How much time since [RAMY] were you homeless and living on the street or in your car? Please give your answer in either days, weeks, or months.

AMOUNT OF TIME [RANGE: 1-300]

- 996 MORE THAN 18 MONTHS
- 997 DON'T KNOW
- 998 REFUSED

**A8b**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in days, weeks or months?

- 1 Days
- 2 Weeks

- 3 Months
- 7 DON'T KNOW
- 8 REFUSED

**A9.**

[IF A1=11, SKIP TO A9a] Since [RAMY], was there ever a time where you spent more than one night in emergency or temporary housing, that is a shelter or were homeless?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED/PREFER NOT TO SAY

**A9a**

[IF A1=10 You said you had stayed in emergency or temporary housing, or in a shelter since [RAMY].]

How much time since [RAMY] did you spend in emergency or temporary housing, or in a shelter? Please give your answer in either days, weeks, or months.

AMOUNT OF TIME [RANGE: 1-300]

- 996 MORE THAN 18 MONTHS
- 997 DON'T KNOW
- 998 REFUSED

**A9b**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in days, weeks or months?

- 1 Days
- 2 Weeks
- 3 Months
- 7 DON'T KNOW
- 8 REFUSED

**A10.**

[IF A1=9, SKIP TO A10a] Since [RAMY], was there ever a time where you had to live for more than one night with friends, relatives, or acquaintances without paying rent because you had no other place to stay?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED/PREFER NOT TO SAY

**A10a**

[IF A1=9 You said you had stayed with friends, relatives or acquaintances without paying rent since [RAMY].]

How much time since **[RAMY]** did you spend living with friends, relatives or acquaintances without paying rent? Please give your answer in either days, weeks, or months.

AMOUNT OF TIME **[RANGE: 1-300]**

- 996 MORE THAN 18 MONTHS
- 997 DON'T KNOW
- 998 REFUSED

**A10b**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in days, weeks or months?

- 1 Days
- 2 Weeks
- 3 Months
- 7 DON'T KNOW
- 8 REFUSED

**SECTION B: SERVICE RECEIPT AND PARTICIPATION**

**EMPLOYMENT SERVICES**

**B\_INTRO**

Throughout this survey we are going to ask you to think about things that have happened in your life since **[RAMY]** – this is the date you applied to the **[BEES PROGRAM]** at **[NAME OF ORGANIZATION]**. We are interested in what's happened in the lives of the people who applied – even if you did not participate or were not accepted into **[BEES PROGRAM]**.

**B1**

First, we would like to learn about **all** of the assistance you may have received since **[RAMY]** from **any organizations or programs** in your community to help you find or keep a job, or to help you deal with problems that interfered in your ability to work. Please do not include help you may have received from family or friends.

Did you receive help with ...

- |  |   |                   |
|--|---|-------------------|
| <b>a.</b> preparing a resume, filling out job applications, or preparing for job interviews? | 1 | YES               |
|  | 2 | NO                |
|  | 7 | DON'T KNOW        |
|  | 8 | PREFER NOT TO SAY |

- |  |   |                   |
|--|---|-------------------|
| <b>b.</b> ...getting referrals to jobs or looking for jobs, including subsidized jobs, or deciding what kinds of jobs to look for? | 1 | YES               |
|  | 2 | NO                |
|  | 7 | DON'T KNOW        |
|  | 8 | PREFER NOT TO SAY |

- |  |   |                   |
|--|---|-------------------|
| <b>c.</b> ...planning your future career or educational goals, including a work or job assessment? | 1 | YES               |
|  | 2 | NO                |
|  | 7 | DON'T KNOW        |
|  | 8 | PREFER NOT TO SAY |



Did you receive help with ...

<b>d.</b> ...paying for transportation for a job or paying for work tools or uniforms? This may include money for gas, car repairs, bus passes, a loan of a vehicle, and the like.	1	YES
	2	NO
	7	DON'T KNOW
	8	PREFER NOT TO SAY
<b>e.</b> ... supports, accommodations, or coaching while working, provided by someone other than your employer?	1	YES
	2	NO
	7	DON'T KNOW
	8	PREFER NOT TO SAY
<b>f.</b> ... On-the-Job Training (OJT) as part of a program that reimbursed your employer for some of your wages during a training period?	1	YES
	2	NO
	7	DON'T KNOW
	8	PREFER NOT TO SAY
<b>g.</b> ... how to act when you are at work? This includes issues like being on time, managing your tasks, relating to your supervisor, and handling conflicts.	1	YES
	2	NO
	7	DON'T KNOW
	8	PREFER NOT TO SAY
<b>h.</b> ...learning how to answer employers' questions about your past work experience, education, criminal history, etc.?	1	YES
	2	NO
	7	DON'T KNOW
	8	PREFER NOT TO SAY
<b>i.</b> ... understanding how work earnings or wage increases could affect eligibility for public benefits, such as SSI, SSDI, TANF, Food Stamps, or Medicaid?	1	YES
	2	NO
	7	DON'T KNOW
	8	PREFER NOT TO SAY
<b>j.</b> ...some other employment service?	1	YES ( <i>Please specify:</i> _____)
	2	NO
	7	DON'T KNOW
	8	PREFER NOT TO SAY

**[IF B1a- B1j ALL EQ 2, 7 OR 8 SKIP TO B6]**

**B2**

Are you currently receiving any of these services related to finding or keeping a job?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B3**

**[IF NUMBER OF 1/YES RESPONSES IN B1a -B1j SUMS TO 1, SHOW]** How much time since **[RAMY]** did you spend participating in this service related to finding or keeping a job? Please give your answer in either days, weeks, or months.

**[IF NUMBER OF 1/YES RESPONSES IN B1a-B1j SUMS TO MORE THAN 1, SHOW]** How much time since **[RAMY]** did you spend participating in these services related to finding or keeping a job? Please give your answer in either days, weeks, or months.

AMOUNT OF TIME **[RANGE: 1-550]**

- 996 MORE THAN 18 MONTHS
- 997 DON'T KNOW
- 998 PREFER NOT TO SAY

**B3a**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in days, weeks or months?

- 1 Days
- 2 Weeks
- 3 Months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B3b**

During the time in which you were receiving services related to finding or keeping a job, how often did you receive these services ? Was it...

- 1 Four or more times a week,
- 2 Two or three times a week,
- 3 Once a week,
- 4 2-3 times a month
- 5 Once a month, or
- 6 Less than once a month
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B4**

Where did you receive this help related to finding or keeping a job since **[RAMY]**? Was it at...

[INTERVIEWER: READ LIST, SELECT ALL THAT APPLY]

**[NOTE: RESPONSE OPTIONS MAY BE CUSTOMIZED BY SITES]**

FOR CCC

- 1 the Employment Access Center (EAC),
- 2 another Central City Concern program (such as, Community Volunteer Corps or CVC, Clean Start, On Call, or Blackburn Center)
- 3 a DHS Self Sufficiency, SNAP, or a welfare office,
- 4 a Worksource, WIOA, or OneStop office,
- 5 An unemployment office,
- 6 Avocational rehabilitation or VR office,
- 7 A VA office or center,

- 8 An organization that addresses mental health or substance use, such as a clubhouse or community mental health center,
- 9 A community-based organization that provides housing services or other social services, or
- 10 from some other place? *(Please specify:\_\_\_\_\_)*

97 DON'T KNOW

98 REFUSED

**[IF ONLY 1 RESPONSE TO B4, SKIP TO B6]**

**B5.**

**[IF NUMBER RESPONSES IN B4 ARE MORE THAN 1, SHOW]** Where did you receive most of these services? Was it at...

**[RECALL & DISPLAY ANY RESPONSES FROM B4, DO NOT RECALL 97 OR 98 - SELECT ONE.]**

FOR CCC

- 1 the Employment Access Center (EAC),
- 4 2 another Central City Concern program (such as, Community Volunteer Corps or CVC, Clean Start, On Call, or Blackburn Center)3 a DHS Self Sufficiency, SNAP, or a welfare office,a Worksource, WIOA, or OneStop office,
- 5 An unemployment office,
- 6 Avocational rehabilitation or VR office,
- 7 A VA office or center,
- 8 An organization that addresses mental health or substance use, such as a clubhouse or community mental health center,
- 9 A community-based organization that provides housing services or other social services, or
- 10 from some other place? *(Please specify:\_\_\_\_\_)*

97 DON'T KNOW

98 REFUSED

## **EDUCATION**

**B6**

Have you participated in any kind of education or training classes since **[RAMY]**? For example, GED preparation, classes at a training center or community college, or somewhere else?

When answering, please only include classes you have attended at least once. If you started classes before **[RAMY]** and continued after **[RAMY]**, please tell us about your participation in that activity since **[RAMY]**

- 1 YES
- 2 NO [SKIP TO B14]
- 7 DON'T KNOW [SKIP TO B14]
- 8 PREFER NOT TO SAY [SKIP TO B14]

**B6a.**

Have you enrolled in **any** of the following types of education or training classes since **[RAMY]**?

<b>B6b.</b> Vocational or technical training? For example, training for careers in areas like auto repair, commercial driving, HVAC technician, medical coding and billing, etc.	1 YES 2 NO 7 DON'T KNOW 8 PREFER NOT TO SAY
<b>B6c</b> English as a Second Language, ESL classes?	1. YES 2. NO 7 DON'T KNOW 8 PREFER NOT TO SAY
<b>B6d.</b> Adult Basic Education or GED courses? (INTERVIEWER: IF R SAYS "I am taking ABE", MARK AS YES)	1 YES 2 NO 7 DON'T KNOW 8 PREFER NOT TO SAY
<b>B6e.</b> Associate degree program?	1 YES 2 NO 7 DON'T KNOW 8 PREFER NOT TO SAY
<b>B6f</b> Bachelors degree program?	1 YES 2 NO 7 DON'T KNOW 8 PREFER NOT TO SAY
<b>B6g</b> Graduate school	1 YES 2 NO 7 DON'T KNOW 8 PREFER NOT TO SAY
<b>B6h</b> Some other type of education or training?	1 YES ( <i>Please specify:</i> _____) 2 NO 7 DON'T KNOW 8 PREFER NOT TO SAY

**[IF ALL B6a-B6h ARE 2,7, AND/OR 8 SKIP TO B14]**

**[IF B6a=1 ASK B7a ELSE SKIP B8a]**

**B7a** What was the name of the program or school that offered the vocational or training classes? If you attended more than one program or school, please list them all.

Please list each program separately:

**B7a1** \_\_\_\_\_

**B7a2** \_\_\_\_\_

**B7a3** \_\_\_\_\_

**B7a4** \_\_\_\_\_

**B7a5** \_\_\_\_\_

- 7 DON'T KNOW [UNIQUE RESPONSE]
- 8 PREFER NOT TO SAY [UNIQUE RESPONSE]

**B7b**

When did you start these vocational and training classes? That is, when was your first class?  
Your best guess is fine.

---

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2000 - CURRENT YEAR, 9997, 9998)  
 97/9997 DON'T KNOW  
 98/9998 PREFER NOT TO SAY

**B7c**

In total, for about how long did you attend these vocational and training classes?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 995 Still attending [SKIP TO B8a]
- 996 More than 18 months [SKIP TO B8a]
- 997 DON'T KNOW [SKIP TO B8a]
- 998 PREFER NOT TO SAY [SKIP TO B8a]

**B7d**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B7e**

During the time in which you were attending vocational and training classes, how often did you attend?  
Was it...

- 1 Four or more times a week,
- 2 Two or three times a week,
- 3 Once a week,
- 4 2-3 times a month
- 5 Once a month, or
- 6 Less than once a month
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[IF B6b=1 ASK B8a ELSE SKIP TO B9a]**

**B8a**

What was the name of the program or school that offered the English as a Second Language, or ESL classes?

Please specify: \_\_\_\_\_

- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B8b**

When did you start these ESL classes? That is, when was your first class? Your best guess is fine.

\_\_\_\_\_  
MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2000 - CURRENT YEAR, 9997, 9998)  
97/9997 DON'T KNOW  
98/9998 PREFER NOT TO SAY

**B8c**

In total, for about how long did you attend these ESL classes?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 995 Still attending [SKIP TO B9a]
- 996 More than 18 months [SKIP TO B9a]
- 997 DON'T KNOW [SKIP TO EB9a]
- 998 PREFER NOT TO SAY [SKIP TO B9a]

**B8d**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B8e**

During the time in which you were attending ESL classes, how often did you attend? Was it...

- 9 Four or more times a week,
- 10 Two or three times a week,
- 11 Once a week,
- 12 2-3 times a month
- 13 Once a month, or
- 14 Less than once a month
- 15 DON'T KNOW
- 16 PREFER NOT TO SAY

**[IF B6c=1 ASK B9a ELSE SKIP TO B10a]**

**B9a**

What was the name of the program or school that offered the Adult Basic Education or GED classes?

Please specify: \_\_\_\_\_

- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B9b**

When did you start these Adult Basic Education or GED classes? That is, when was your first class? Your best guess is fine.

\_\_\_\_\_  
MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2000 - CURRENT YEAR, 9997, 9998)

97/9997 DON'T KNOW

98/9998 PREFER NOT TO SAY

**B9c**

In total, for about how long did you attend these Adult Basic Education or GED classes?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 995 Still attending [SKIP TO B10a]
- 996 More than 18 months [SKIP TO B10a]
- 997 DON'T KNOW [SKIP TO B10a]
- 998 PREFER NOT TO SAY [SKIP TO B10a]

**B9d**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B9e**

During the time in which you were attending Adult Basic Education or GED classes, how often did you attend? Was it...

- 17 Four or more times a week,
- 18 Two or three times a week,
- 19 Once a week,
- 20 2-3 times a month
- 21 Once a month, or
- 22 Less than once a month

- 23 DON'T KNOW
- 24 PREFER NOT TO SAY

**[IFB6d=1 ASK B10a ELSE SKIP TO B11a]**

**B10a**

What was the name of the program or school that offered the Associate degree program?

Please specify: \_\_\_\_\_

- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B10b**

When did you start these Associate degree classes? That is, when did you take your first class? Your best guess is fine.

---

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2000 – CURRENT YEAR, 9997, 9998)  
97/9997 DON'T KNOW  
98/9998 PREFER NOT TO SAY

**B10c**

In total, for about how long did you attend these Associate degree classes?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 995 Still attending [SKIP TO B11a]
- 996 More than 18 months [SKIP TO B11a]
- 997 DON'T KNOW [SKIP TO B11a]
- 998 PREFER NOT TO SAY [SKIP TO B11a]

**B10d**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B10e**

During the time in which you were attending Associate degree classes, how often did you attend? Was it...

- 9 Four or more times a week,



- 10 Two or three times a week,
- 11 Once a week,
- 12 2-3 times a month
- 13 Once a month, or
- 14 Less than once a month
- 15 DON'T KNOW
- 16 PREFER NOT TO SAY

**[IF EDTRAIN05 (A9.5) =1 ASK EDTRAIN5A (A9B.5) ELSE SKIP TO EDTRAIN6A (A9B.6)]**

**[IF B6e =1 ASK B11a ELSE SKIP TO B12a]**

**B11a**

What was the name of the program or school that offered the Bachelor's degree program?

Please specify: \_\_\_\_\_

- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B11b**

When did you start these Bachelor's degree classes? That is, when did you take your first class? Your best guess is fine.

\_\_\_\_\_  
 MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2000 – CURRENT YEAR, 9997, 9998)  
 97/9997 DON'T KNOW  
 98/9998 PREFER NOT TO SAY

**B11c**

In total, for about how long did you attend these Bachelor's degree classes?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 995 Still attending [SKIP TO B12a]
- 996 More than 18 months [SKIP TO B12a]
- 997 DON'T KNOW [SKIP TO B12a]
- 998 PREFER NOT TO SAY [SKIP TO B12a]

**B11d**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B11e**

During the time in which you were attending Bachelor’s degree classes, how often did you attend? Was it...

- 9 Four or more times a week,
- 10 Two or three times a week,
- 11 Once a week,
- 12 2-3 times a month
- 13 Once a month, or
- 14 Less than once a month
- 15 DON'T KNOW
- 16 PREFER NOT TO SAY

**[B6f=1 ASK B12a ELSE SKIP TO B13a]**

**B12a**

What was the name of the program or school that offered the Graduate school classes?

Please specify: \_\_\_\_\_

- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B12b**

When did you start these Graduate school classes? That is, when did you take your first class? Your best guess is fine.

---

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2000 – CURRENT YEAR, 9997, 9998)  
 97/9997 DON'T KNOW  
 98/9998 PREFER NOT TO SAY

**B12c**

In total, for about how long did you attend these Graduate degree classes?

\_\_\_\_\_AMOUNT OF TIME [RANGE:1-550]

- 995 Still attending [SKIP TO B13a]
- 996 More than 18 months [SKIP TO B13a]
- 997 DON'T KNOW [SKIP TO B13a]
- 998 PREFER NOT TO SAY [SKIP TO B13a]

**B12d**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B12e**

During the time in which you were attending Graduate degree classes, how often did you attend? Was it...

- 9 Four or more times a week,
- 10 Two or three times a week,
- 11 Once a week,
- 12 2-3 times a month
- 13 Once a month, or
- 14 Less than once a month
- 15 DON'T KNOW
- 16 PREFER NOT TO SAY

**[IF B6g=1 ASK B13a ELSE SKIP TO B14]**

**B13a**

When did you start [RECALL B6g =1 SPECIFY TEXT, IF BLANK SHOW "this other education or training program you mentioned"] classes? That is, when did you take your first class? Your best guess is fine.

---

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2000 - CURRENT YEAR, 9997, 9998)  
 97/9997 DON'T KNOW  
 98/9998 PREFER NOT TO SAY PREFER NOT TO SAY

**B13b**

In total, for about how long did you attend these classes?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 995 Still attending [SKIP TO B14]
- 996 More than 18 months [SKIP TO B14]]
- 997 DON'T KNOW [SKIP TO B14]
- 998 PREFER NOT TO SAY [SKIP TO B14]]

**B13c**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW

8 PREFER NOT TO SAY

**B13d**

During the time in which you were attending these classes, how often did you attend? Was it...

- 17 Four or more times a week,
- 18 Two or three times a week,
- 19 Once a week,
- 20 2-3 times a month
- 21 Once a month, or
- 22 Less than once a month
- 23 DON'T KNOW
- 24 PREFER NOT TO SAY

**[IF ALL B6a-g) ARE 2,7, AND/OR 8 SKIP TO B16]**

**B14**

Since **[RAMY]**, have you earned or received **any** technical, vocational, or professional certifications or licenses, perhaps from a community college, or training program?

For our purposes:

- A **technical/ vocational certification or license** may show that you are qualified to perform specific jobs like auto repair, commercial driving, HVAC technician, or medical coding and billing, for example.
- A **professional certification or license** shows you are qualified to perform specific jobs like, Certified Medical Assistant, Certified Construction Manager, or an IT certification.

- 1 YES
- 2 NO **[SKIP TO B16]**
- 7 DON'T KNOW **[SKIP TO B16]**
- 8 PREFER NOT TO SAY **[SKIP TO B16]**

**B15**

What type of licenses or certifications did you receive? What type of trade or work do they qualify you to do?

Please list each license or certificate separately:

- B15a** \_\_\_\_\_
- B15b** \_\_\_\_\_
- B15c** \_\_\_\_\_
- B15d** \_\_\_\_\_
- B15e** \_\_\_\_\_
- B15f** \_\_\_\_\_

- 97 DON'T KNOW [UNIQUE RESPONSE]
- 98 PREFER NOT TO SAY [UNIQUE RESPONSE]

## SUBSTANCE USE HELP

### B16

The next few questions ask about your experiences with receiving help for problems related to substance use from any type of program or organization. As a reminder, none of your responses from this survey will be shared with program staff or government agencies.

Since [RAMY], have you received help for problems related to alcohol or other substance use?

- 1 YES
- 2 NO [SKIP TO B26 HOUSING Support/Services -
- 7 DON'T KNOW [SKIP TO B26 HOUSING Support/Services
- 8 PREFER NOT TO SAY [SKIP TO B26 HOUSING Support/Services

### B17

What type of services did you receive help from for problems related to alcohol or other substance use? Did you receive ...

Please select all that apply.

- 1 Emergency room services, including detox
- 2 Hospital inpatient services, including detox
- 3 Specialized residential program services (e.g. rehab)
- 4 Outpatient treatment services
- 5 Community based program (e.g. 12-step type, AA, etc)
- 6 or some other type? (*Please specify: \_\_\_\_\_*)
- 7 DON'T KNOW [UNIQUE RESPONSE -SKIP TO B26]
- 8 PREFER NOT TO SAY PREFER NOT TO SAY [UNIQUE RESPONSE - SKIP B26]

[IF B17=1 ASK B18a, ELSE SKIP TO B19a]

### B18a

Since [RAMY], how many times have you received emergency room services for help with problems related to alcohol or other substance use?

\_\_\_\_\_ Number of times received emergency room services [RANGE=1-150]

- 997 DON'T KNOW
- 998 PREFER NOT TO SAY PREFER NOT TO SAY

### B18b

Since [RAMY], in total, thinking about all of the times you received emergency room services for help with problems related to alcohol or other substance use, for about how long do you think you received this sort of help?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 996 More than 52 weeks
- 997 DON'T KNOW

998 PREFER NOT TO SAY

**B18c**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Hours
- 2 Days
- 3 Weeks
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[B17=2 ASK B19a-B19c, ELSE SKIP TO B20a]**

**B19a**

Since [RAMY], how many times did you receive help for problems related to alcohol or substance use as a hospital inpatient?

\_\_\_\_\_ Number of times received inpatient hospital services for problems related to alcohol or substance use [RANGE=1-550]

- 997 DON'T KNOW
- 998 PREFER NOT TO SAY

**B19b**

Since [RAMY], in total, thinking about all of your inpatient hospital stays for problems related to alcohol or substance use, for about how long do you think you received this sort of help?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 996 More than 18 months
- 997 DON'T KNOW
- 998 PREFER NOT TO SAY

**B19c**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[B17=3 ASK B20a-B20c, ELSE SKIP to B21a]**

**B20a**

When did you start receiving help in the specialized residential program?

\_\_\_\_\_  
MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

97/9997 DON'T KNOW  
98/9998 PREFER NOT TO SAY

**B20b**

Since [RAMY], in total, for about how long do you think you received this sort of help?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

996 More than 18 months  
997 DON'T KNOW  
998 PREFER NOT TO SAY

**B20c**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

1 Days  
2 Weeks  
3 Or months  
7 DON'T KNOW  
8 PREFER NOT TO SAY

[B17=4 ASK, ELSE SKIP TO B22a]

**B21a**

When did you start receiving help from outpatient services?

\_\_\_\_\_  
MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

97/9997 DON'T KNOW  
98/9998 PREFER NOT TO SAY

**B21b**

Since [RAMY], in total, for about how long do you think you received this sort of help?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

996 More than 18 months  
997 DON'T KNOW  
998 PREFER NOT TO SAY

**B21c**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

1 Days  
2 Weeks  
3 Or months  
7 DON'T KNOW  
8 PREFER NOT TO SAY

**B21d**

During the time in which you were receiving help for problems related to alcohol or other substance use, how often did you receive these outpatient services? Was it...

- 1 Four or more times a week,
- 2 Two or three times a week,
- 3 Once a week,
- 4 2-3 times a month
- 5 Once a month, or
- 6 Less than once a month
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[IF B17=5 ASK, ELSE SKIP TO B23a]**

**B22a**

When did you start receiving community-based services, such as a 12-step program, AA, or something similar?

\_\_\_\_\_  
MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

- 97/9997 DON'T KNOW
- 98/9998 PREFER NOT TO SAY

**B22b**

Since [RAMY], in total, for about how long do you think you received this sort of help?

\_\_\_\_\_  
AMOUNT OF TIME [RANGE:1-550]

- 996 More than 18 months
- 997 DON'T KNOW
- 998 PREFER NOT TO SAY

**B22c**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B22d**

During the time in which you were receiving help for problems related to alcohol or other substance use, how often did you receive these outpatient services? Was it...

- 1 Four or more times a week,
- 2 Two or three times a week,



- 3 Once a week,
- 4 2-3 times a month
- 5 Once a month, or
- 6 Less than once a month
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[IF B17=6 " OTHER" ASK, ELSE SKIP TO B24]**

**B23a**

When did you start receiving [RECALL B17=6 SPECIFY OR Display "this other type of help related to alcohol or other substance use"]?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

- 97/9997 DON'T KNOW
- 98/9998 PREFER NOT TO SAY

**B23b**

Since [RAMY], in total, for about how long do you think you received this sort of help?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 996 More than 18 months
- 997 DON'T KNOW
- 998 PREFER NOT TO SAY

**B23c**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B23d**

During the time in which you were receiving help for problems related to substance use, how often did you receive this help? Was it...

- 1 Four or more times a week,
- 2 Two or three times a week,
- 3 Once a week,
- 4 2-3 times a month
- 5 Once a month, or
- 6 Less than once a month
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B24**

Since [RAMY], have you ever participated in an opioid treatment program (OPT) or a Medication Assisted Treatment Program (MAT) that perhaps included dosing with medications such as methadone, buprenorphine, naltrexone, Antabuse, etc.?

- 1 YES
- 2 NO [SKIP TO B26]
- 7 DON'T KNOW [SKIP TO B26]
- 8 PREFER NOT TO SAY [SKIP TO B26]

**B24a**

Since [RAMY], in total, for about how long do you think you received this sort of help?

\_\_\_\_\_ AMOUNT OF TIME [RANGE:1-550]

- 996 More than 18 months
- 997 DON'T KNOW
- 998 PREFER NOT TO SAY

**B24b**

[IF NEEDED, CONFIRM UNIT OF TIME] Was that in....

- 1 Days
- 2 Weeks
- 3 Or months
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B24c**

During the time in which you were receiving help for problems related to substance use, how often did you receive this help? Was it...

- 1 Four or more times a week,
- 2 Two or three times a week,
- 3 Once a week,
- 4 2-3 times a month
- 5 Once a month, or
- 6 Less than once a month
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B25**

Have you been taking any of the following while in the care of a medical professional during the past 30 days as part of a treatment program for alcohol or substance use issues?

Please select all that apply.

(INTERVIEWER NOTE/HOVER OVER NOTE for web: Naltrexone is used for the treatment of alcohol and opioid use disorder. Antabuse is used for alcohol treatment.)

- 1 methadone,
- 2 buprenorphine (including Subutex ®, Suboxone ®)
- 3 naltrexone (including Vivitrol ®)
- 4 antabuse
- 6 Or something else? (Please specify:\_\_\_\_\_)
- 5 Or none of these
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

## HOUSING SUPPORT/SERVICES

### B26

We would like to learn about any help you may have received in finding or maintaining housing since [RAMY] from any organizations or programs in your community.

~~As a reminder, this is the date you applied to the [BEES PROGRAM]. When answering the following questions, keep in mind both help you may have received from [BEES PROGRAM], as well as help you have received from other programs or organizations in your community.~~

Did you receive help with ...

<b>(a)</b> understanding your barriers to housing, such as credit, past evictions, and criminal charges?	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
--	--

---

<b>(b)</b> understanding your housing options and/or identifying housing goals?	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
---	--

---

<b>(c)</b> applying for housing and/or accessing a housing wait list?	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
---	--

---

<b>(d)</b> applying for rental assistance?	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
--	--

---

<b>(e)</b> preparing for housing interviews, which could include education on your medical rights?	1 YES 2 NO 7 DON'T KNOW 8 REFUSED
--	--

**[IF B26a- B26e ALL EQ 2, 7 OR 8 SKIP TO SECTION C]**

### B27

Are you currently receiving any of these services related to finding or to finding or maintaining housing?

- 1 YES

- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**B28**

**[IF NUMBER OF 1/YES RESPONSES IN B26a-B26e SUMS TO 1, SHOW]** How much time since **[RAMY]** did you spend participating in this service related to finding or maintaining housing? Please give your answer in either days, weeks, or months.

**[IF NUMBER OF 1/YES RESPONSES IN B26a-B26e SUMS TO MORE THAN 1, SHOW]** How much time since **[RAMY]** did you spend participating in these services related to finding or maintaining housing? Please give your answer in either days, weeks, or months.

- AMOUNT OF TIME [RANGE: 1-300]
- 996 MORE THAN 10 MONTHS
  - 997 DON'T KNOW
  - 998 REFUSED

**B28a**

**[IF NEEDED, CONFIRM UNIT OF TIME]** Was that days, weeks or months?

- 1 Days
- 2 Weeks
- 3 Months
- 7 DON'T KNOW
- 8 REFUSED

**B29**

Where did you receive this help related to finding or maintaining housing since **[RAMY]**? Was it at...

**[INTERVIEWER: READ LIST, SELECT ALL THAT APPLY]**

**[NOTE: RESPONSE OPTIONS MAY BE CUSTOMIZED BY SITES]**

FOR CCC

- 1 The 8x8 or Blackburn Recovery Housing programs,
- 2 Another Central City Concern program (such as the Employment Access Center, or EAC),
- 3 A DHS Self Sufficiency, SNAP, or welfare office,
- 4 A Worksource, WIOA, or OneStop office,
- 5 An unemployment office,
- 6 A vocational rehabilitation or VR office,
- 7 A VA office or center,
- 8 Multnomah County Aging and Disability,
- 9 An organization that addresses mental health or substance use, such as a clubhouse or community mental health center,
- 10 A community-based organization that provides housing services or other social services (such as Home Forward), or
- 96 from some other place? (*Please specify:* \_\_\_\_\_)
- 97 DON'T KNOW

[IF ONLY 1 RESPONSE TO B29 SKIP TO SECTION C]

**B30**

[IF NUMBER RESPONSES IN B29 SUMS TO MORE THAN 1, SHOW] Where did you receive most of these services? Was it at...

[RECALL & DISPLAY ANY RESPONSES FROM B29 DO NOT RECALL 97 OR 98 - SELECT ONE.]

FOR CCC

- 1 The 8x8 or Blackburn Recovery Housing programs,
- 2 Another Central City Concern program (such as the Employment Access Center, or EAC),
- 3 A DHS Self Sufficiency, SNAP, or welfare office,
- 4 A Worksource, WIOA, or OneStop office,
- 5 An unemployment office,
- 6 A vocational rehabilitation or VR office,
- 7 A VA office or center,
- 8 Multnomah County Aging and Disability,
- 9 An organization that addresses mental health or substance use, such as a clubhouse or community mental health center,
- 10 A community-based organization that provides housing services or other social services (such as Home Forward), or

- 96 [RECALL B29=96 TEXT]
- 97 DON'T KNOW
- 98 REFUSED

## SECTION C PROGRAM SATISFACTION

[PROGRAM GROUP ONLY – ALL ELSE SKIP TO SECTION D – EMPLOYMENT]

### C. INTRO:

The next set of questions are about your experiences in supportive housing at Central City Concern. Central City Concern offers two supportive housing programs: the 8x8 and Blackburn Recovery Housing. As a reminder, in [RAMY] you were offered a slot in one of these programs and agreed to participate in a research study about them.

[IF B4=1 DISPLAY “While you may have already shared some of your experiences already, we have just a few more program specific questions to ask.”]

### [SKIP FOR CCC] C1

Are you currently working for pay? This includes any work where you get paid including self-employment, temporary work, work as a day laborer, work “off the books,” and paid work at an employment program.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

### C2

Are you currently enrolled at either the 8x8 or Blackburn Recovery Housing Program?

- 1 YES [SKIP TO CHECKPOINT1]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

**C3**

Since [RAMY], have you ever been a client at either the 8x8 or Blackburn Recovery?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

**CHECKPOINT1**

**NO CURRENT ENROLLMENT, YES PAST ENROLLMENT: C2=2,7,8 and C3=1 SKIP TO C6**  
**NO CURRENT ENROLLMENT, NO PAST ENROLLMENT: C2 = 2,7,8 and 3=2,7,8 SKIP TO C4**  
**CURRENT ENROLLMENT: C2=1 SKIP TO C8**

**C4**

What was the reason, or reasons, you did not move into the supportive housing program? Was it because...

[NOTE: RESPONSE OPTIONS MAY BE CUSTOMIZED BY SITES]]

Please select all that apply.

- 1 you got a job
- 2 You wanted to find work immediately
- 3 You were not eligible for the program
- 4 You didn't feel ready for the program
- 5 You needed a higher level of care
- 6 you moved away
- 7 you found somewhere else to live
- 8 of childcare problems
- 9 you or a family member had health problems
- 10 you did not like the program or get along with the staff
- 11 you were worried you might lose your benefits (such as cash assistance, SSI/SSDI, or OHP) if you got a job
- 12 you no longer wanted a job, or
- 13 there was some other reason (Please specify:\_\_\_\_\_)

- 97 DON'T KNOW [UNIQUE RESPONSE – SKIP TO SECTION D]
- 98 REFUSED [UNIQUE RESPONSE – SKIP TO SECTION D]

**[IF C4 ONLY 1 RESPONSE IS SELECTED SKIP TO SECTION D OR IF C4 EQUAL TO 97 OR 98, SKIP TO SECTION D]**

**C5**

Of the reasons you mentioned, which would you say is the **primary** reason you did not move into the supportive housing program? Was it because

[RECALL AND DISPLAY ONLY RESPONSES SELECTED IN C4 (BEMPSEV3) – SELECT 1]

- 1 you got a job
- 2 You wanted to find work immediately
- 3 You were not eligible for the program
- 4 You didn't feel ready for the program
- 5 You needed a higher level of care
- 6 you moved away
- 7 you found somewhere else to live
- 8 of childcare problems
- 9 you or a family member had health problems
- 10 you did not like the program or get along with the staff
- 11 you were worried you might lose your benefits (such as cash assistance, SSI/SSDI, or OHP) if you got a job
- 12 you no longer wanted a job, or
- 13 **[RECALL C4=13 TEXT]**

- |    |            |
|----|------------|
| 97 | DON'T KNOW |
| 98 | REFUSED    |

**[ALL C5 RESPONSES SKIP TO SECTON D]**

**C6**

What was the reason, or reasons, you left or were discharged from the 8x8 or Blackburn Recovery Housing? Was it because...

[NOTE: RESPONSE OPTIONS MAY BE CUSTOMIZED BY SITES]

Please select all that apply.

- 1 you got a job
- 2 you moved away
- 3 you found somewhere else to live
- 4 you relapsed
- 5 you did not comply with program rules
- 6 of childcare problems
- 7 you or a family member had health problems
- 8 you felt the program was too long
- 9 you did not like the program or get along with the staff
- 10 you were worried you might lose your benefits (such as cash assistance, SSI/SSDI, or OHP) if you got a job
- 11 you no longer wanted a job, or
- 12 there was some other reason (*Please specify: \_\_\_\_\_*)

- |    |   |
|----|---|
| 97 | DON'T KNOW <b>[UNIQUE RESPONSE – SKIP TO C9]</b>        |
| 98 | PREFER NOT TO SAY <b>[UNIQUE RESPONSE – SKIP TO C9]</b> |

**[IF C6=1, ASK C8 ELSE SKIP TO C9]**

**C8**

Did staff at the Employment Access Center (EAC), 8x8, or Blackburn Recovery Housing help you find a job? [IF c2=2,7, OR 8: in the past]?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

**C9**

Thinking of your whole experience with the Employment Access Center (EAC), how satisfied are you with the employment services you've received? Are you...

- 1. Very satisfied.
- 2. Somewhat Satisfied.
- 3. Not very satisfied, or.
- 4. Not at all satisfied?
- 7 DON'T KNOW
- 8 REFUSED

**C10****BRECSERV1 ( )**

Did staff at the 8x8 or Blackburn Recovery Housing help you with your recovery?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 1 REFUSED

**C11****BRECSAT ( )**

How satisfied were you with the recovery support you received from staff at the 8x8 or Blackburn Recovery Housing?

- 1. Very satisfied.
- 2. Somewhat Satisfied.
- 3. Not very satisfied, or.
- 4. Not at all satisfied?
- 9 DON'T KNOW
- 10 REFUSED

**C12****BHOUSERV1 ( )**

Did staff at the 8x8 or Blackburn Recovery Housing help you find housing to go to after leaving supportive housing? [Interviewer: If needed: "supportive housing" means "the 8x8 or Blackburn Recovery Housing programs".]

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 2 REFUSED



---

**C13****BHOUSAT ( )**

How satisfied were you with the assistance in finding housing that you received from staff at the 8x8 or Blackburn Recovery Housing?

5. Very satisfied.
  6. Somewhat Satisfied.
  7. Not very satisfied, or.
  8. Not at all satisfied?
  - 11 DON'T KNOW
  - 12 REFUSED
- 

**C14**

Thinking of your whole experience with the 8x8 or Blackburn Recovery Housing Program, how satisfied are you with the employment services you've received? Are you...

- 1 Very satisfied.
- 2 Somewhat Satisfied.
- 3 Not very satisfied, or.
- 4 Not at all satisfied?
- 5 DON'T KNOW
- 6 REFUSED

## SECTION D: EMPLOYMENT

### D\_INTRO

[ASKED OF ALL RESPONDENTS]

[IF RESEARCH GROUP=PROGRAM & C1=1 DISPLAY “ Earlier you mentioned that you were currently working, now we would like to learn a bit more about that job and any other jobs you may have had since [RAMY], which is when you applied to [BEES PROGRAM] at [ORGANIZATION NAME].

[ELSE DISPLAY] Now we would like to learn about any jobs you may have had since [RAMY], which is when you applied to [BEES PROGRAM] at [ORGANIZATION NAME].

[IF RESEARCH GROUP=PROGRAM & C1=1, AUTOMARK D1=1 and SKIP TO D3]

#### D1

Have you worked for pay at all since [RAMY]? This would include any work where you get paid such as self-employment, temporary work, work as a day laborer, work “off the books,” and paid work at an employment program.

- 1 YES [SKIP TO D3]
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

#### D2

A lot of people have irregular, odd, or side jobs, or do extra work to make ends meet. Have you done any work like that which you do for pay since [RAMY]?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

[IF D1=2, 7,8 AND D2=2,7, 8 SKIP TO D35]

### JOB ROSTER [ALLOW UP TO 9]

#### D3

We would like to start with getting a list of all of the jobs you have had since [RAMY]. We would like to make a list of any current jobs, and work backwards -- meaning what was the job before this one, the job before that, and so forth.

This is simply to help make later questions more clear. We will not contact any employers. If you don't want to give the employer's name, just tell us what your job title was or the kind of work you did.

**INTERVIEWER:** RECORD VERBATIM  
**PROGRAMMER:** ALLOW 9 COMPANY NAMES.

**D3a\_1 [DISPLAY FIRST TIME THROUGH]**

What is the most recent job you have had since [RAMY]? This might be a current job, or what you were doing before now.

**D3a\_2-9 [DISPLAY]**

What is the job you had before this one since [RAMY]?

**EMPLOYER \_X (1-9)**

Employer Name: \_\_\_\_\_

- 95 SELF-EMPLOYED FOR THIS JOB
- 96 **[SHOW ONLY D3a\_2-9]** No other jobs **[SKIP TO D3\_SUMM]**
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D3\_SE**

[if D3a\_X<>95, ASK:] Were you self-employed at [INSERT D3a\_X TEXT]?

[IF NEEDED: Self-employed means that you work for yourself, or own your own business.]

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[PROGRAMMER IF D3a\_1=97 or 98 SKIP TO D33, IF D3a\_2-9=97,98 SKIP TO D3\_SUMM]**

**D3b\_X (1-9) Is this a current job?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[PROGRAMMER: IF D3b\_X (1-8)=1, 2, 7 OR 8, RETURN TO D3A\_X AND ASK ABOUT NEXT JOB; IF D3B\_9=1, 2, 7 OR 8, CONTINUE TO D3c]**

**D3c**

**[ASK IF D3b\_9 =1,2,7, 8]** How many jobs in TOTAL have you had since RAMY?

\_\_\_\_\_ Number of Jobs **[RANGE=9-90]**

- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

PROGRAMMER: ERROR MESSAGE IF D3C<9: "You just provided the names of your last 9 jobs, so the answer to this question must be 9 or more. How many TOTAL jobs have you had since RAMY?"

**D3\_SUMM**

Just to make sure we have this right -:

Your current job/jobs are the following:

**PROGRAMMER DISPLAY D3a1-D3a9 where D3b1-D3b9=1 – LIST THE NAMES OF ALL JOBS - INSERT TABLE LIKE EXAMPLE BELOW TO DISPLAY ALL JOBS GIVEN**

**DISPLAY THE CURRENT/PRIOR job**

We would like to start with getting a list of all of the jobs you have had since [RAMY]. We would like to make a list of any current jobs, and work backwards -- meaning what was the job before this one, the job before that, and so forth.

*This is simply to help make later questions more clear. We will not contact any employers. If you don't want to give the employer's name, just tell us what your job title was or the kind of work you did.*

	Employer Name	Self-employed?	Current job?
Most recent job	<input type="text"/>	Please select	Please select ▾
Second most recent job	<input type="text"/>	Yes	Please select ▾
Third most recent job	<input type="text"/>	No	Please select ▾
Fourth most recent job	<input type="text"/>	DON'T KNOW	Please select ▾
Fifth most recent job	<input type="text"/>	REFUSED	Please select ▾
Sixth most recent job	<input type="text"/>	Please select ▾	Please select ▾
		Please select ▾	Please select ▾

### CURRENT JOBS (MAIN EMPLOYER, THEN UP TO 2 MORE CURRENT JOBS)

**D4.**

**[PROGRAMMER: IF THERE IS ONLY ONE JOB IN D3b\_X (1-9)=1, COPY THE CORRESPONDING ITERATION D3a\_X'S VALUE INTO MAINEMP AND SKIP TO D5; IF NO JOBS HAVE D3b\_X(1-9)=1, COPY D3a\_1'S VALUE INTO PRIORJOB AND SKIP TO D19; ELSE ASK D4]**

Considering all of your current jobs – which one would you consider your **main employer**?

For our purposes, your **main employer** is the one where you work the most hours, or where you have worked the longest.

This is simply to help make later questions more clear. We will not contact your employer. If you would like, you can tell me your job title instead.

**[PROGRAMMER DISPLAY D3a1-D3a\_9 FOR CASES WHERE D3b1-D3b9=1 RESPONDENT SELECTS – SET THIS SELECTION AS “MAIN EMP”; COPY THE D3a\_X (1-9) VALUE FOR THE FIRST RESPONSE WHERE D3b\_X (1-9)=1 THAT WAS NOT SELECTED AS MAINEMP TO OCURRJOB1; IF 3 OR MORE INSTANCE OF D3b\_X (1-9)=1; COPY THE NEXT RESPONSE THAT IS NOT MAINEMP OR OCURRJOB1 TO OCURRJOB2; CONTINUE TO D5 ONCE THESE VARIABLES ARE POPULATED**

**SET DUMMY VARIABLES:**

**If 1 response at D3a:**

MAINEMP=answer from D3a\_1  
PRIORJOB=answer from D3a\_1 if D3b\_1<>1

If >1 response at D3a:  
MAINEMP=D3a\_1-9 response selected at D4  
OCURRJOB1=first response not selected for MAINEMP  
OCURRJOB2=Next response not selected for MAINEMP or OCCURJOB1]

SET DUMMY VARIABLES TO BE USED AT D34:  
ANY JOB NOT SET TO MAINEMP, OCCURJOB1, OCCURJOB2, PRIORJOB, SET TO:

OTHERJOB3  
OTHERJOB4  
OTHERJOB5  
OTHERJOB6  
OTHERJOB7  
OTHERJOB8  
OTHERJOB9

#### CURRENT JOB & MAIN EMPLOYER SERIES

##### D5

When did your job with [MAINEMP] start?

---

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2015 - CURRENT YEAR, 9997, 9998)

97/9997	DON'T KNOW
98/9998	PREFER NOT TO SAY

##### D6

Including overtime, how many hours per week do you work with [MAINEMP]?

If your schedule is irregular or varies, how many hours did you work in the last week you worked at this job?

---

NUMBER OF HOURS [RANGE: 1 to 80]

96	OVER 80 HOURS PER WEEK
97	DON'T KNOW
98	PREFER NOT TO SAY

##### D7

What is your wage at [MAINEMP], before taxes? Please include tips, commissions, and regular overtime pay.

**INTERVIEWER: IF JOB IS ON AN IRREGULAR SCHEDULE OR A COMMISSION BASIS, PROBE FOR HOW MUCH R MAKES IN A TYPICAL WEEK.**

**DISPLAY FOR WEB:** If you work an irregular schedule, or for commissions, please estimate how much you make in a typical week. Your best guess is fine.

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
AMOUNT [RANGE: .01 -to 50,000.00]

- 99999.96 MORE THAN \$50,000
- 99999.97 DON'T KNOW [SKIP TO D10]
- 99999.98 PREFER NOT TO SAY [SKIP TO D10]

**D8**

Is that:

**INTERVIEWER: READ CATEGORIES UNTIL RESPONDENT INDICATES THE CORRECT SELECTION.**

- 1 ...per hour?
- 2 ...per week?
- 3 ...per day?
- 4 ...every 2 weeks?
- 5 ...twice monthly?
- 6 ...monthly
- 7 ...annually?
- 8 ...or per task?
- 9 ...Or some other way? (*Please specify: \_\_\_\_\_*)
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D9**

Just to confirm, was that .....

- 1 before taxes, or
- 2 after taxes?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**D10**

What was the **most important resource** you used to find this job at [MAINEMP]? Was it...

- 1 a friend, relative, or acquaintance,
- 2 a job posting or help-wanted ad found in the newspaper, on the computer, or somewhere else,
- 3 [BEES PROGRAM] at [ORGANIZATION NAME]
- 4 an employment placement service at school or training provider,
- 5 an employment program, such as a local WIOA/OneStop or an unemployment office
- 6 a church or community center
- 7 an employer that decided to retain you permanently after you were placed there in a temporary, transitional, or subsidized job,
- 8 or something else? (*Please specify: \_\_\_\_\_*)
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

IF D10=3,4,5 AUTOMARK D11=1 AND GO TO D12

**D11**

Did staff from any agency or organization help you get this job?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**D12.**

What kind of work do you do for or at [MAINEMP]? For example, are you a teacher, nurse's aide, plumber, childcare provider, cook, builder, etc.?

**INTERVIEWER: ENTER VERBATIM RESPONSE< PROBE AS NEEDED**

**WEB INSTRUCTION DISPLAY:** Please enter enough information so that we can understand the kind of work you do.

TEXT BOX \_\_\_\_\_

- 97 DON'T KNOW
- 98 REFUSE

**[IF D12=97, 98 ASK, ELSE SKIP TO D13]**

**D12a**

All of this information is private. We are not going to contact your employer or tell anyone who you are working for or what you are doing. For this study, it's important that we know the kinds of work people are doing. From the following list, would you please indicate what kind of work you are currently doing?

- 1 Restaurant & Hospitality – cooks, waitress, hostess, server, dishwasher, bartending, housekeeping, etc.
- 2 Retail – associates, managers, cashiers, stockers, merchandisers, clerks,
- 3 Healthcare – caregivers, LNA, homecare aide, patient care coordinator, dietary aide, counselling, respite staff
- 4 Laborer – construction, warehouse, package handler, forklift drivers, electrician, plumbing, road crews, landscaping
- 5 Education and Child Care – teacher, assistant teacher, afterschool programs, babysitting, etc
- 6 Drivers – CDL, bus, taxi, delivery, trucks, snow ploughs, etc.
- 7 Janitorial & maintenance – custodian, janitor, building maintenance, etc.
- 8 Office & clerical – receptionist, office assistant, administrative assistant, scheduler, filing, billing, networking
- 9 Something else? (*Please specify:\_\_\_\_\_*)
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D13**

Is this job...

- 1 permanent employment, including part-time work,

- 2 seasonal work, temporary work through a temp agency, day labor, an odd job, or
- 3 something else? *(Please specify: \_\_\_\_\_)*
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D14**

Which of the following best describes your usual weekly work schedule at your job last month. Would you say you worked a...

- 1 daytime shift,
- 2 an evening shift,
- 3 a night shift,
- 4 a rotating shift, that is one that changes regularly from days to evenings to nights,
- 5 a split shift, that is one consisting of two distinct periods each day,
- 6 an irregular schedule, that is one that changes from day to day or week to week, or
- 7 something else? *(Please specify: \_\_\_\_\_)*
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**[IF B3a FOR MAINEMP=95 or 3D\_SE for MAINEMP=1 SKIP TO CUREMPCHK]**

**D15**

Which of the following benefits are available to you on your job, even if you do not participate or use them?

	YES	NO	DON'T KNOW	PREFER NOT TO SAY
a.) Health insurance?	1	2	7	8
b.) Sick days with full pay?	1	2	7	8
c.) Paid vacation?	1	2	7	8
d.) Paid holidays?	1	2	7	8
e.) Dental benefits, including any offered at a cost to you?	1	2	7	8
f.) A retirement or 401K plan?	1	2	7	8
g.) Tuition reimbursement?	1	2	7	8

**D16**

While working for [MAINEMP] since [RAMY] have you received a promotion, meaning that you moved to a higher position or job title? That is, have you had any changes to your job responsibilities, with or without, any changes to your wages or salary?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**D17**

Do you think you are likely to move up or be promoted in the future?



- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[CUREMPCHK—IF OCURRJOB1 AND/OR OCURRJOB2 ARE POPULATED, ASK NEXT SERIES FOR UP TO EACH AVAILABLE JOB, ELSE SKIP TO D34 – SOURCES FOR ALL OTHER JOBS]**

**D18**

We are interested in understanding your current employment situation better. So next, we will ask a few questions about your other **current jobs**, but there won't be as many as we just asked you about **[MAINEMP]**.

**PROGRAMMER – LOOP THROUGH D18aX-D18f\_x FOR UP TO 2 CURRENT JOBS – TAKE FROM OTHER CURRENT JOB LIST (OCURRJOB1 and OCURRJOB2)**

**D18a\_x(1-2)**

**[DISPLAY FIRST TIME THROUGH]** When did your job with **[OCURRJOB1]** start?

**[DISPLAY SECOND TIME THROUGH]** Now, let's move on to your other current job at **[OCURRJOB2]**. When did your job with **[OCURRJOB2]** start?

---

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2015 - CURRENT YEAR, 9997, 9998)

- 97/9997 DON'T KNOW
- 98/9998 PREFER NOT TO SAY

**D18b\_x (1-2)**

Including overtime, how many hours per week do you work with **[OCURRJOBX (1 OR 2)]**?

If your schedule is irregular or varies, how many hours did you work in the last week you worked at this job?

---

NUMBER OF HOURS **[RANGE: 1 to 80]**

- 96 OVER 80 HOURS PER WEEK
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D18c\_x(1-2)**

What is your wage at **[OCURRJOBX (1 OR2)]**, before taxes? Please include tips, commissions, and regular overtime pay.

**INTERVIEWER: IF JOB IS ON AN IRREGULAR SCHEDULE OR A COMMISSION BASIS, PROBE FOR HOW MUCH R MAKES IN A TYPICAL WEEK.**

**DISPLAY FOR WEB:** If you work an irregular schedule, or for commissions, please try to estimates how much you would make in a typical week.

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
AMOUNT [RANGE: .01 -to 50,000.00]

99999.96 MORE THAN \$50,000  
99999.97 DON'T KNO [SKIP TO D18f\_x(1-2)]  
99999.98 PREFER NOT TO SAY [SKIP TO INSTRUCTION D18f\_x(1-2)]

**D18d\_x(1-2)**

Is that:

**INTERVIEWER: READ CATEGORIES UNTIL RESPONDENT INDICATES THE CORRECT SELECTION.**

- 1 ...per hour?
- 2 ...per week?
- 3 ...per day?
- 4 ...every 2 weeks?
- 5 ...twice monthly?
- 6 ...monthly
- 7 ...annually?
- 8 ...or per task?
- 9 ...Or some other way? (*Please specify: \_\_\_\_\_*)
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D18e\_x (1-2)**

Just to confirm, was that .....

- 1 before taxes, or
- 2 after taxes?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**D18f\_x(1-2)**

What was the **most** important resource you used to find this job at [OCURRJOBX (1 OR2)]? Was it...

- 1 a friend, relative, or acquaintance,
- 2 a job posting or help-wanted ad found in the newspaper, on the computer, or somewhere else,
- 3 [BEES PROGRAM] at [ORGANIZATION NAME]
- 4 an employment placement service at school or training provider,
- 5 an employment program, such as a local WIOA/OneStop or an unemployment office
- 6 a church or community center
- 7 an employer that decided to retain you permanently after you were placed there in a temporary, transitional, or subsidized job,
- 8 or something else? (*Please specify: \_\_\_\_\_*)
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**IF D18f\_x=3,4,5, AUTOMARK D18g\_x=1 and GOTO INSTRUCTIONS BEFORE D19**

**D18g\_x(1-2)**

Did staff from any agency or organization help you get this job?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[PROGRAMMER – LOOP BACK FOR NEXT CURRENT JOB IF OCURRJOB2 IS FILLED, ELSE SKIP TO D34]**

**PRIOR JOB LOOP**

**[ASK FOR ONLY 1 JOB GET FROM D3\_SUM FOR FIRST D3a1-9 WHERE D3b1-9=2,7,8 – WHERE PRIORJOB IS FILLED]**

**D19**

We would like to know a little bit about your most recent job since **[RAMY]**

When did your job with **[PRIORJOB]** start?

---

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2015 - CURRENT YEAR, 9997, 9998)

- 97/9997 DON'T KNOW
- 98/9998 PREFER NOT TO SAY

**D20**

When did your job at **[PRIORJOB]** end?

If you don't know, please just give us your best estimate? This helps us understand how long you were working. All information you provide is private and will not be shared.

---

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = 2016-CURRENT YEAR, 9997, 9998)

- 97/9997 DON'T KNOW
- 98/9998 PREFER NOT TO SAY

**D21**

Including overtime, how many hours per week did you work with **[PRIORJOB]** when you left?

If your scheduled varied or was irregular, about how many hours did you work in the last week you worked at this job?

---

NUMBER OF HOUR [RANGE: 1 to 80]

- 96 OVER 80 HOURS PER WEEK
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D22**

What was your wage, before taxes, at [PRIORJOB] just before you left? Please include tips, commissions, and regular overtime pay.

**INTERVIEWER: IF JOB IS ON AN IRREGULAR SCHEDULE OR A COMMISSION BASIS, PROBE FOR HOW MUCH R MAKES IN A TYPICAL WEEK.**

**DISPLAY FOR WEB:** If you work an irregular schedule, or for commissions, please try to estimate how much you would make in a typical week.

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
AMOUNT [RANGE: .01 -to 50,000.00]

99999.96 MORE THAN \$50,000

99999.97 DON'T KNOW [SKIP TO INSTRUCTION BEFORE D25]

99999.98 PREFER NOT TO SAY [SKIP TO INSTRUCTION BEFORE D25]

**D23**

Was that:

**INTERVIEWER:** READ CATEGORIES UNTIL RESPONDENT INDICATES THE CORRECT SELECTION.

- 1 ...per hour?
- 2 ...per week?
- 3 ...per day?
- 4 ...every 2 weeks?
- 5 ...twice monthly?
- 6 ...monthly
- 7 ...annually?
- 8 ...or per task?
- 9 ...or some other way? (Please specify: \_\_\_\_\_)
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D24**

Was that ...

- 1 before taxes, or
- 2 after taxes?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**D25**

What was the **most important resource** you used to find this job at [PRIORJOB]? Was it...

- 1 a friend, relative, or acquaintance,
- 2 a job posting or help-wanted ad found in the newspaper, on the computer, or somewhere else,
- 3 [BEES PROGRAM] at [ORGANIZATION NAME]
- 4 an employment placement service at school or training provider,
- 5 an employment program, such as a local WIOA/OneStop or an unemployment office
- 6 a church or community center

- 7 an employer that decided to retain you permanently after you were placed there in a temporary, transitional, or subsidized job,
- 8 or something else? (*Please specify: \_\_\_\_\_*)
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**IF D25=3,4,5 AUTOMARK D26=1 and GO TO D27**

**D26**

Did staff from any agency or organization help you get this job?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**D27**

What was the main reason you stopped working at [PRIORJOB]? Was it because...

**[ALLOW ONLY ONE RESPONSE]**

- 1 you got a new or different job
- 2 you were laid off
- 3 you were not interested in working
- 4 you were unable to work because of injury
- 5 you were unable to work because of illness
- 6 you were unable to work because of physical disability
- 7 you were unable to work because of mental disability
- 8 you were incarcerated
- 9 of pregnancy or childbirth
- 10 of family responsibilities
- 11 you were going to school
- 12 you found that the work just did not suit you
- 13 you relapsed
- 14 or, some other reason (*Please specify: \_\_\_\_\_*)
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D28.**

What kind of work did you do for or at [PRIORJOB]? For example, were you a teacher, nurse's aide, plumber, childcare provider, cook, builder, etc.?

**INTERVIEWER: ENTER VERBATIM RESPONSE< PROBE AS NEEDED**

**WEB INSTRUCTION DISPLAY:** Please enter enough information so that we can understand the kind of work you were doing

TEXT BOX \_\_\_\_\_

- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**[IF D28=97, 98 ASK, ELSE SKIP TO D29]**

**D28a**

All of this information is private. We are not going to contact your employer or tell anyone who you were working for or what you were doing. For this study, it's important that we know the kinds of work people are doing. From the following list, would you please indicate what kind of work you were doing?

- 1 Restaurant & Hospitality – cooks, waitress, hostess, server, dishwasher, bartending, housekeeping, etc.
- 2 Retail – associates, managers, cashiers, stockers, merchandisers, clerks,
- 3 Healthcare – caregivers, LNA, homecare aide, patient care coordinator, dietary aide, counselling, respite staff
- 4 Laborer – construction, warehouse, package handler, forklift drivers, electrician, plumbing, road crews, landscaping
- 5 Education and Child Care – teacher, assistant teacher, afterschool programs, babysitting, etc
- 6 Drivers – CDL, bus, taxi, delivery, trucks, snow ploughs, etc.
- 7 Janitorial & maintenance – custodian, janitor, building maintenance, etc.
- 8 Office & clerical – receptionist, office assistant, administrative assistant, scheduler, filing, billing, networking
- 9 Something else? *(Please specify:\_\_\_\_\_)*
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D29**

Was this job...

- 1 permanent employment, including part-time work,
- 2 seasonal work, temporary work through a temp agency, day labor, an odd job,
- 3 or, something else? *(Please specify:: \_\_\_\_\_)*
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D30**

Which of the following best describes your usual weekly work schedule at your job during the last month you were working there? Would you say you worked a...

- 1 daytime shift,
- 2 an evening shift,
- 3 a night shift,
- 4 a rotating shift, that is one that changes regularly from days to evenings to nights,
- 5 a split shift, that is one consisting of two distinct periods each day,
- 6 an irregular schedule, that is one that changes from day to day or week to week, or
- 7 something else? *(Please specify: \_\_\_\_\_)*
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

[IF ITERATION FOR PRIORJOB for D3ax=95 OR D3\_SE=1 SKIP TO D33]

**D31**

Which of the following benefits were available to you at **FILL EMPLOYER X**, even if you do not participate or use them with **[FILL EMPLOYER X]**?

	YES	NO	DON'T KNOW	PREFER NOT TO SAY
a.) Health insurance?	1	2	7	8
b.) Sick days with full pay?	1	2	7	8
c.) Paid vacation?	1	2	7	8
d.) Paid holidays?	1	2	7	8
e.) Dental benefits, including any offered at a cost to you?	1	2	7	8
f.) A retirement or 401K plan?	1	2	7	8
g.) Tuition reimbursement?	1	2	7	8

**D34 [ASK OF EVERYONE WITH JOBS IN D3\_SUMM THAT WE HAVE NOT ASKED ABOUT TO DATE]**

Earlier you also mentioned that you worked at the following:

**[PROGRAMMER -RECALL JOBS NOT DISCUSSED IN RECENT JOB LOOPS-- OTHERJOB3-9, IF 95 SELECTED, DISPLAY "The job where you were self-employed":**

We are interested in knowing, which, if any of the following resources you used to find any of these jobs?

*(Please select all that apply.)*

- 1 a friend, relative, or acquaintance,
- 2 a job posting or help-wanted ad found in the newspaper, on the computer, or somewhere else,
- 3 **[BEES PROGRAM]** at **[ORGANIZATION NAME]**
- 4 an employment placement service at school or training provider,
- 5 an employment program, such as a local WIOA/OneStop or an unemployment office
- 6 a church or community center
- 7 an employer that decided to retain you permanently after you were placed there in a temporary, transitional, or subsidized job,
- 8 or something else? *(Please specify: \_\_\_\_\_)*
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**[PROGRAMMER ALL SKIP TO D36]**

**NO WORK SINCE RAMY**

**D35**

What are some of the reasons why you have not worked at a job since **[RAMY]**? Would you say it was because...

*(Please select all that apply)*

- 1 of an injury
- 2 of an illness
- 3 of a physical disability
- 4 of a mental disability
- 5 you were incarcerated
- 6 of a pregnancy or birth of a child
- 7 of family responsibilities
- 8 you were going to school
- 9 you were unable to find work
- 10 you were not interested in working
- 11 you relapsed
- 12 Or some other reason? (*Could you please specify: \_\_\_\_\_*)
- 97 DON'T KNOW [UNIQUE RESPONSE] [SKIP TO D36]
- 98 PREFER NOT TO SAY [UNIQUE RESPONSE] ] [SKIP TO D36]

**[IF D35 ONLY 1 RESPONSE SELECTED AND NOT EQUAL TO 97 OR 98 SKIP TO D36]**

**D35a**

Of the reasons you mentioned, which would you say is the **main** reason you have not worked at a job since [RAMY]?

**[DISPLAY D35 VALUES SELECTED]**

- 1 of an injury
- 2 of an illness
- 3 of a physical disability
- 4 of a mental disability
- 5 you were incarcerated
- 6 of a pregnancy or birth of a child
- 7 of family responsibilities
- 8 you were going to school
- 9 you were unable to find work
- 10 you were not interested in working
- 11 you relapsed
- 12 **DISPLAY D35=12 TEXT**
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**D36**

Have you done anything to find work during the past four weeks?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**SECTION E: PHYSICAL AND MENTAL HEALTH**

(Questions modified from 36-Item Short Form Health Survey developed at RAND as part of the Medical Outcomes Study, 1992.)

**[ALL RESPONDENTS ASKED SECTION E]**



## E\_INTRO

Now, we would like to ask you some questions about your health.

**E1.** In general, would you say your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

## E2.

The following questions are about activities you might do in a **typical day**...

**E2a.** In a typical day, how much does your health limit your ability to do moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or play golf? Would you say that it...

- 1 Limits you a lot
- 2 Limits you a little
- 3 Does not limit you at all?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**E2b.** In a **typical day**, how much does your health limit your ability to climb several flights of stairs? Would you say that it ...

- 1 Limits you a lot
- 2 Limits you a little
- 3 Does not limit you at all?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

## E3

Now we would like you to think about your physical health. During the **past 4 weeks**, because of your physical health, how often have you accomplished less than you would have liked with your work or other regular daily activities? Would you say...

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

## E4

**During the past 4 weeks**, because of your physical health, how often were you limited in the kind of work or other activities you could do? Would you say...

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**E5**

Now we would like you think about any emotional problems (such as feeling depressed or anxious) you may have had during the **past 4 weeks**.

**E6**

**During the past 4 weeks**, because of any emotional problems, how often have you accomplished less than you would have liked with your work or other regular daily activities? Would you say...

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**E7**

**During the past 4 weeks**, because of any emotional problems, how often did you do work or other activities less carefully? Would you say...

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**E8**

**During the past 4 weeks**, how much did pain interfere with your normal work, including both work outside the home and housework? Would you say it interfered was...

- 1 Not at all,
- 2 A little bit,
- 3 Moderately,
- 4 Quite a bit, or
- 5 Extremely?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**E9**

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

How much of the time **during the past 4 weeks...**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	DON'T KNOW	PREFE R NOT TO SAY
<b>a.</b> Have you felt calm and peaceful? Would you say...	1	2	3	4	5	7	8
<b>b.</b> Did you have a lot of energy? Would you say...	1	2	3	4	5	7	8
<b>c.</b> Have you felt downhearted and depressed?	1	2	3	4	5	7	8

**E10**

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

- 1 All of the time,
- 2 Most of the time,
- 3 Some of the time,
- 4 A little of the time, or
- 5 None of the time?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

(Kessler-6 scale)

**E11**

**During the past 4 weeks**, about how often did you feel so depressed that nothing could cheer you up? Would you say....

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 Or none of the time?
- 7 DON'T KNOW
- 9 PREFER NOT TO SAY

**E12**

**During the past 4 weeks**, about how often did you feel hopeless? Would you say....

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 Or none of the time?
- 7 DON'T KNOW
- 9 PREFER NOT TO SAY

**E13**

**During the past 4 weeks,** about how often did you feel restless or fidgety? Would you say..

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 Or none of the time?
- 7 DON'T KNOW
- 9 PREFER NOT TO SAY

**E14**

**During the past 4 weeks,** about how often did you feel that everything was an effort? Would you say....

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 Or none of the time?
- 7 DON'T KNOW
- 9 PREFER NOT TO SAY

**E15**

**During the past 4 weeks,** about how often did you feel worthless? Would you say....

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 Or none of the time?
- 7 DON'T KNOW
- 9 PREFER NOT TO SAY

**E16**

**During the past 4 weeks,** about how often did you feel nervous? Would you say....

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 Or none of the time?
- 7 DON'T KNOW
- 9 PREFER NOT TO SAY

## SECTION F: Substance Use (for relevant populations)

The next set of questions concern alcohol and substance use. We are asking everyone these questions. Please remember that your answers are private and will not be shared. Also, if you don't want to answer a question, just let me know, and we can move on.

### F1

Have you ever had treatment for substance or alcohol use disorder?

IF B16=1: "Earlier you mentioned that you had received help for problems related to alcohol or substance use. Which type of treatment have you received?"

- 1 Substance use
- 2 Alcohol
- 3 Both
- 7 DON'T KNOW **[SKIP TO SECTION G]**
- 8 PREFER NOT TO SAY **[SKIP TO SECTION G]**

### F2

Which of the following categories best describes how you define yourself now with respect to your alcohol and substance use? Would you say that...

- 1 You currently use alcohol or other substances and are not in treatment. **[SKIP TO F4]**
- 2 You are in treatment for use of alcohol or other substances
- 3 You are in recovery following treatment
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

### F3

Have you experienced any relapses since **[RAMY]**?

- 1 Yes
- 2 No
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**[IF F1=1 SKIP TO F10]**

### F4

How many days in the **past 30 days** have you experienced difficulty with alcohol?

**[IF SITE=CCC DISPLAY]** " By difficulty we mean craving, thinking about using, withdrawal symptoms, disturbing effects of use, or wanting to stop but not being able to." Please do not include "finding" or "getting" or "obtaining" alcohol as a difficulty.

\_\_\_\_\_ days **[RANGE 1-30]**

0 0 days

- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**F5**

How troubled or bothered have you been in the **past 30 days** by alcohol problems? Would you say....

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Considerably
- 5 Extremely
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**F6**

How important to you now is treatment for alcohol problems? Would you say...

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Considerably
- 5 Extremely
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**F7**

How many days in the **past 30 days** have you used alcohol – any use at all?

\_\_\_\_\_ days **[RANGE 1-30]**

- 0 0 days **[SKIP TO NOTE BEFORE F10]**
- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**F8**

How many days in the **past 30 days** have you used alcohol to intoxication?

\_\_\_\_\_ days **[RANGE 0-30]**

- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**F9**

And then, how much money would you say you spent during the **past 30 days** on alcohol? Your best guess is fine.

\$ \_\_\_\_\_ **[RANGE= \$0-5000]**

- 9997 DON'T KNOW
- 9998 PREFER NOT TO SAY

**[IF F1=2, SKIP TO SECTION G]**

**F10**

How many days in the **past 30 days** have you experienced difficulty with substances other than alcohol?

[IF SITE=CCC DISPLAY " By difficulty we mean craving, thinking about using, withdrawal symptoms, disturbing effects of use, or wanting to stop but not being able to." Do not include your inability to find drugs as a problem or difficulty."

\_\_\_\_\_ days **[RANGE 0-30]**

- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

**F11**

How troubled or bothered have you been in the **past 30 days** by drug problems? Would you say....

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Considerably
- 5 Extremely
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**F12**

How important to you now is treatment for drug problems? Would you say..

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Considerably
- 5 Extremely
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**F13**

In the **past 30 days**, have you used any drugs (not including alcohol) without permission of a physician or medical professional?

This would include using a drug without a prescription of your own; or using it in greater amounts, more often, or longer than you were told to take it; or using it in any other way a doctor did not direct you to use it.

- 1 Yes
- 2 No **[SKIP TO SECTION G]**
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**F14**

How many days in the **past 30 days** have you used the following - except medications used as prescribed by a doctor to you in the amount, frequency, and method that was instructed:

	Days [RANGE=0-30]	DON'T KNOW	PREFER NOT TO SAY
a. Heroin		97	98
b. Fentanyl		97	98
c. Methadone (outside of methadone maintenance treatment)		97	98
d. Other opioids/opiates/painkillers (except MAT use as prescribed by a doctor)		97	98
e. Barbiturates		97	98
f. Other sedatives, hypnotics, or tranquilizers		97	98
g. Cocaine		97	98
h. Methamphetamines		97	98
i. Amphetamines (other than Methamphetamines)		97	98
j. Cannabis		97	98
k. Hallucinogens		97	98
l. Gabapentin		97	98
m. More than 1 substance per day (including alcohol)		97	98

**F15**

How much money would you say you spent during the **past 30 days** on these drugs or others that you may have used without permission of a physician or medical professional (not including alcohol)?

This would include using a drug without a prescription of your own; or using it in greater amounts, more often, or longer than you were told to take it; or using it in any other way a doctor did not direct you to use it.

Your best guess is fine.

**[RECALL LIST SELECTED F15a-m>0], BUT NOT 97 OR 98]**

\$ \_\_\_\_\_ [RANGE= \$0-15,000]

99997 DON'T KNOW

99998 PREFER NOT TO SAY





## SECTION G: HOUSEHOLD INFORMATION, INCOME, AND MATERIAL HARDSHIP

### HOUSEHOLD INFO

#### G1.

Now, we would like to change topics and ask some questions about you and your family. What is your current marital status? Are you...

- 1 Married,
- 2 Divorced,
- 3 Separated,
- 4 Widowed,
- 5 Or never married?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

#### G2.

**[IF G1=1]** Does your spouse currently live with you?

**[ELSE]** Do you have a partner who currently lives with you?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

#### G3

Including yourself, how many adults, aged 18 and older, currently live with you?

Include everyone aged 18 and older who usually lives with you, meaning stays with you at least two nights a week, even if they are away from home right now.

\_\_\_\_\_ People, including yourself **[RANGE 1-20]**

- 97 DON'T KNOW **[SKIP TO G4]**
- 98 PREFER NOT TO SAY **[SKIP TO G4]**

#### G3a

Does the count of **[INSERT G3 VALUE]** adults include you?

- 1 YES
- 2 NO **[RETURN TO G3 AND RE-ASK]**
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

#### G4

How many children, under the age of 18, live with you? Please include your biological, adoptive, foster, step, or other children that you are responsible for.

By living with you, we mean spends at least two nights a week with you?

\_\_\_\_\_ CHILDREN [RANGE 00-20]

- 97 DON'T KNOW
- 98 PREFER NOT TO SAY

## MATERIAL HARDSHIP & INCOME

### G5

Now we have some questions about your current financial situation. Sometimes due to circumstances beyond your control, it can be difficult to meet all of your financial obligations.

Please consider the following situations and let us know if you have ever faced any of them.

Since [RAMY], has there been a time when...

	YES	NO	DON'T KNOW	REF
<b>a.</b> ...you did not pay the full amount of the rent or mortgage because you could not afford it?	1	2	7	8
<b>b.</b> ...you were evicted from your home or apartment for not paying the rent or mortgage?	1	2	7	8
<b>c.</b> ...you filed in court for bankruptcy?	1	2	7	8
<b>d.</b> ...you did not pay the full amount of the gas, oil, or electricity bills?	1	2	7	8
<b>e.</b> ...you had service turned off by the gas or electric company, or the oil company would not deliver oil?	1	2	7	8
<b>f.</b> ...you had cellular or land telephone service disconnected because payments were not made?	1	2	7	8
<b>g.</b> ...you could not fill or postponed filling a prescription for drugs when they were needed because you could not afford it?	1	2	7	8
<b>h.</b> ... you did not pay the full amount of child support payments because you could not afford it?	1	2	7	8
<b>i.</b> ...you did not pay the full amount of other bills?	1	2	7	8

### G6

Getting enough food can be a problem for some people. Which of these statements best describes the food eaten in your household in [PRIOR MONTH]?

Would you say there was...

- 1 enough of the kind of foods you want,
- 2 enough, but not always the kinds of food you want,

- 3 sometimes not enough to eat, or
- 4 often not enough to eat?
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

**G7**

**[ASKI IF G3=1]** Now, we are going to ask you some questions about the income, that is money and assistance, that you may have received since **[RAMY]**. Again, we want to assure you that none of your answers will be discussed with anyone.

Since **[RAMY]** did you receive income or assistance from any of the following sources?

**[ASK IF G3>1]** Now, we are going to ask you some questions about the income, that is money and assistance that came into your household for everyone who lived with you since **[RAMY]**. Please include all income from all the people who lived together in your household at least two nights a week. Again, I want to assure you that none of your answers will be discussed with anyone.

Since **[RAMY]**, did you or anyone in your household receive income or assistance from any of the following sources?

	YES	NO	DON'T KNOW	PREFER NOT TO SAY
a. A job?	1	2	7	8
b. Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?	1	2	7	8
c. Public assistance or welfare, such as <b>[if 12&amp;12: TANF or OK Family Assistance; if Zepf: Ohio Works First or TANF]</b> or general relief, not including WIC or food stamps?	1	2	7	8
d. Unemployment Insurance?	1	2	7	8
e. Worker's compensation?	1	2	7	8
f. Disability?	1	2	7	8
g. Food stamps/SNAP <b>[IF 12&amp;12: Food Stamps or SNAP; if Zepf: the Food Assistance Program or SNAP?</b>	1	2	7	8
h. WIC?	1	2	7	8
i. Energy assistance?	1	2	7	8
j. Housing choice voucher, also known as Section 8, or public housing?	1	2	7	8
k. Veterans benefits	1	2	7	8
l. Other government source?	1	2	7	8

**IF all G7\_b-l =2,7,8, skip to G9**

**G8**

**[ASK IF G3= `1]**

For each type of income you said you received, please tell us for how many months you received this income. Again, we want to assure you that none of your answers will be discussed with anyone.

Since **[RAMY]**, for how many months did you receive income or assistance from...

**[ASK IF G3>1]**

For each type of income you said your household received, please tell us for how many months your household received this income. Again, we want to assure you that none of your answers will be discussed with anyone.

Since **[RAMY]**, for how many months did your household receive income or assistance from...

**[RECALL ONLY ITEMS WHERE G7a-I=1]**

	NUMBER OF MONTHS [RANGE: 1-18]	DON'T KNOW	PREFER NOT TO SAY
a. ITEM EXCLUDED IN G8			
b. Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?	___ MONTHS	97	98
c. Public assistance or welfare, such as [state specific program] or general relief, not including WIC or food stamps?	___ MONTHS	97	98
d. Unemployment Insurance?	___ MONTHS	97	98
e. Worker's compensation?	___ MONTHS	97	98
f. Disability?	___ MONTHS	97	98
g. Food stamps/SNAP/[state specific program]?	___ MONTHS	97	98
h. WIC?	___ MONTHS	97	98
i. Energy assistance?	___ MONTHS	97	98
j. Housing choice voucher, also known as Section 8?	___ MONTHS	97	98
k. Veterans benefits	___ MONTHS	97	98
l. Other government source?	___ MONTHS	97	98

**G9**

What type of health insurance do you currently have?

- 1 Medicaid **[if 12&12, possibly known as SoonerCare]**
- 2 Private health insurance, including from the (Affordable Care Act) Exchange or Marketplace
- 3 Or some other kind? (*Please specify:* \_\_\_\_\_)
- 4 None/uninsured
- 7 DON'T KNOW
- 8 PREFER NOT TO SAY

## H. Contact Information

### Respondent Information

Before we complete this portion of the survey, we would also like to make sure we have your contact information recorded correctly. This information will help us to reach you for future surveying efforts, and to ensure that we send your gift card to the correct address. We may also use this information to call you and ask how your survey experience was.

H1. I have your name recorded as [FIRST MI LAST]. Is this still correct or have you changed your name?

1. YES, STILL CORRECT [SKIP TO H2]
2. NO, NAME CHANGED
  - a. What is your first name now? [IF POSSIBLE, PREFILL FROM FIRST]
  - b. What is your middle initial now? [IF POSSIBLE, PREFILL FROM MIDDLE]
  - c. What is your last name now? [IF POSSIBLE, PREFILL FROM LAST]

H2. I have your address recorded as [STREET, APT, CITY, STATE, ZIP]. Is this still correct or have you moved?

1. YES, STILL CORRECT (SKIP TO H3)
2. NO, MOVED
  - a. What is your new street address or PO box number? \_\_\_\_\_
  - b. Is there a complex
  - c. or building name? \_\_\_\_\_
  - d. Is there an apartment number? \_\_\_\_\_
  - e. In what city? \_\_\_\_\_
  - f. In what state? \_\_\_\_\_
  - g. What is the zip code? \_\_\_\_\_

H2a. Would you prefer that the \$25 gift card be sent to your current address or is there another address I should send it to?

- |   |   |
|---|---|
| YES, SEND TO CURRENT ADDRESS [SKIP TO H3]           | 1 |
| NO, SEND TO DIFFERENT ADDRESS [ASK H2b through H2e] | 2 |

H2b. What is the street address and apartment number you would like use to send the check to?

STREET ADDRESS \_\_\_\_\_  
APT OR UNIT # \_\_\_\_\_

H2c. In what city?

CITY \_\_\_\_\_

H2d. In what state?

STATE \_\_\_\_\_

H2e. What is the zip code?

ZIP \_\_\_\_\_

H3

We have your primary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new primary phone number?

- 1 YES, STILL CORRECT (SKIP TO H4)
- 2 NO, CHANGED

H3a

What is the new number, starting with the area code?

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

H3b Is that a home, cell, shelter, work, or other number?

- 1 Home
- 2 Cell
- 3 Shelter
- 4 Work
- 5 Other

H4. IF MISSING, SKIP TO H5. IF ≠ MISSING: I have your secondary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new secondary phone number?

- 1. YES, STILL CORRECT (SKIP TO H5)
- 2. NO, CHANGED

a. H4a What is the new number, starting with the area code?

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

H3b Is that a home, cell, shelter, work, or other number?

- 1 Home
- 2 Cell
- 3 Shelter
- 4 Work

H5. Do you have another phone number where we can reach you?

1. YES, ADDITIONAL PHONE NUMBERS AVAILABLE
2. NO (SKIP TO H6)

a. What is the new number, starting with the area code?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

b. Is that a home, cell, shelter, work, or other number?

1. Home
2. Cell
3. Shelter
4. Work
5. Other

[REPEAT H5 UNTIL ALL PHONE NUMBERS ARE RECORDED]

H6. IF MISSING, SKIP TO H7. IF ≠ MISSING: I have your email address recorded as [abc@abc.abc]. Is this still correct or do you have a new email address?

1. YES, STILL CORRECT (SKIP TO H7)
2. NO, CHANGED
3. NO LONGER HAVE ANY WORKING EMAIL ADDRESSES (SKIP TO INSTRUCTION ABOVE CG)

a. What is your new email address? \_\_\_\_\_

H7. Do you have [IF H6=MISSING: an email address / IF H6≠MISSING: any other email addresses]?

1. YES, ADDITIONAL EMAIL ADDRESSES ARE AVAILABLE
2. NO (SKIP TO INSTRUCTIONS ABOVE H8)

a. What is the additional email address? \_\_\_\_\_

[REPEAT H7 UNTIL ALL EMAIL ADDRESSES ARE LISTED]

**CATI CLOSING:** Thank you very much for participating in this survey. We appreciate the time you have taken to share your experiences with us. You will receive your \$25 gift card in the mail in about two to three weeks. Thank you again and have a good day/evening.

**WEB CLOSING:** Thank you very much for participating in this survey. We very much appreciate the time you have taken to share your experiences with us. Thank you again and have a good day. You will now be directed to a portal to access your gift card.

**PROGRAMMER: LINK TO VI PORTAL TO REDEEM GIFT CARD**



