

HPOG 2.0 Long-term Follow-Up Survey-Critical Items Only

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Reviewer Notes:

This is a shortened version of the full HPOG 2.0 Long-term Follow-up Survey (LTS). It will be administered to reluctant respondents in an effort to maximize response rates for critical items only. In most sections of the survey, we reduced the length of the section by dropping several questions. In other sections, we dropped all of the questions. A comment bubble for each section heading indicates whether the section was reduced to include a smaller number of questions or was dropped entirely. Questions to be dropped have the word **DROPPED** replacing the question text.

Throughout the instrument, there are places where the CAPI software will insert text to customize the question for the respondent. A couple of key text inserts are defined here:

[MYLI]: The MYLI is the start of the reference period for questions asking about new credentials. For those study participants who responded to the intermediate follow-up survey (ITS), the LTS will ask about credentials earned since the date of the ITS, usually about three years before the date of the LTS. If the participant did not respond to the ITS but did respond to the STS, the LTS will ask about credentials earned since the short-term follow-up survey (STS). If the participant responded to neither the ITS nor the STS, the LTS will ask about credentials earned since the date of randomization. So, the MYLI is either the date of the most recent prior survey response or the date of randomization.

[3YEARPRIORDATE]: This date should be calculated as three years prior to the date of the interview. This field is used in the employment section to determine intermediate employment status for those who did not complete the intermediate follow-up survey (ITS)

Sections C and D, current versus most recent employer: Throughout Sections C and D, questions ask about the respondent's current or most recent job. IF **[C9 OR C14 Yes]** all questions in Section C and D are asked in present tense. If not currently employed but worked in past three years (**C15=**), then all questions in Section C and D are asked in past tense. CAPI programming will insert the appropriate verbiage based on C9, C14 and C15 responses.

CAPI notes, which begin with **CAPI:** are instructions for the programmers. They are noted in bold font and the skip logic for CAPI is noted with numeric values, for example: **CAPI: IF B6=1 SKIP TO B8.**

Plain text descriptions of who is asked each question are noted in bold font in orange text boxes.
Skip logic for plain text descriptions is noted with alpha values, for example: **Ask B7 if they stopped attending a program without completing it (B6=YES).**

INTRODUCTION

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

Thank you for taking the time to talk with me today. I work for Abt Associates. Abt Associates is an independent research company, and we are helping the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) with its national evaluation of the Health Profession Opportunity Grants (HPOG) Program. We are conducting interviews with people who agreed to be in a study about a program offered at [NAME OF ORGANIZATION] called [PROGRAM NAME].

This interview will include questions on your employment, education, and training activities, and your overall well-being. We will also ask a few questions about the people living with you and your children. This interview will take about 20 minutes to complete. When we are done, we will send you a link to access a \$50 gift certificate to a store of your choice. This interview is connected to the consent form you signed to let researchers collect information from you back in [RAD] when you enrolled in the HPOG study. [CAPI: IF RESPONDENT COMPLETETED 15 or 36-MONTH SURVEY DISPLAY: This is a follow-up to the interview you participated in [MONTH/YEAR OF LAST INTERVIEW].

By participating in this study, you will help ACF learn if and how programs like [PROGRAM NAME] make a difference in people's lives and how to improve these kinds of training programs in the future. We need to talk with people who got into the program and those who did not. Your experiences are unique. Your participation in this study will help policymakers and program operators better understand how to help people attain educational credentials and find and keep jobs.

Before we begin the survey, I would like to assure you that all of your responses on this survey will be kept private and only used by people approved for conducting research consistent with the goals of this study. Any data sets that are developed for sharing outside this study will be stripped of information that would make it easy to identify you. Your name will not appear in any written reports we produce. Your responses to these questions are completely voluntary. That means you may choose not to answer any question, or you may stop the interview if you wish, but we hope you don't. Your responses to these questions will in no way affect your participation in any programs or your receipt of any kinds of public benefits or services. As we mentioned at the time of enrollment, we will continue to collect information from data sources such as the National Directory of New Hires and the National Student Clearinghouse so researchers can learn more about your future employment, earnings, and post-secondary education until the end of HHS's research on HPOG grants, or when you choose to withdraw permission.

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 control number for this collection is 0970-0462 and it expires xx/xx/xxxx. If you have comments regarding estimated survey length or any other aspect of this collection of information, including suggestions for reducing the length of the survey, please send them to Larry Buron 6130 Executive Boulevard Rockville, MD 20852; Attn: OMB-PRA 0970-0462. Do you have any questions before we begin?

Let's begin now.

SCREENER/VERIFICATION:

First, I just need to verify that I am speaking with the correct person.

SC1. What is your date of birth? _____ (MM/DD/YYYY)

INTERVIEWER: ENTER DATE USING FORMAT BELOW.

CAPI NOTE: DISPLAY DOB

Respondent's Birthday: _____ / _____ / _____
MM DD YYYY

REFUSED..... 7

DON'T KNOW..... 8

CAPI: IF DOB AGREES WITH THE BIRTH DATE ON THE FILE, SKIP TO A1. ELSE, CONTINUE.

Ask SC2 if the response is NOT the same as the DOB on file

SC2. What are the last 4 digits of your Social Security Number?

INTERVIEWER – ENTER LAST 4 DIGITS OF SSN CAPI NOTE: DISPLAY LAST 4 DIGITS SSN

RECORD LAST 4 DIGITS: ____ ____ ____ ____

REFUSED..... 7

DON'T KNOW..... 8

CAPI: IF THE 4 DIGITS GIVEN BY RESPONDENT AGREE WITH THE NUMBER ON THE FILE, SKIP TO B1.

IF SSN IS MISSING IN THE SAMPLE OR IS A MISMATCH WITH WHAT IS ENTERED AND THERE IS A MISMATCH IN DOB, DISPLAY DISCONTINUED TEXT:

Read discontinue text if the DOB AND the SSN are NOT the same as what is on file

DISCONTINUED TEXT: *I'm sorry. I was unable to pull up the correct questionnaire. I will need to check with my supervisor to look into the problem. I will re-contact you when the problem is resolved. Thank you for your time.*

A. CURRENT EDUCATION ACTIVITY AND CREDENTIALS

Current Education-DROPPED

A1. **DROPPED**

A2. **DROPPED**

A2a. **DROPPED**

A2b. **DROPPED**

A2c. **DROPPED**

A2d. **DROPPED**

A2e. **DROPPED**

A3. **DROPPED**

A3a. **DROPPED**

A3b. **DROPPED**

A3c. **DROPPED**

A3d. **DROPPED**

A3e. [**DROPPED**

A4. **DROPPED**

A4a. **DROPPED**

Credentials

Read the following text and ask A5 of everyone with any training since [MYLI] (A2 or A2a=Yes)

[A5_INTRO] Now I'm going to ask you questions about any *academic* certificates, diplomas, or degrees you may have received since [MYLI]. I will also ask you about any *vocational* certificates, professional certifications, and state or industry licenses you may have received later in this survey. It can be hard to know whether to report a certificate as academic or vocational. Please report it as academic if the required courses for the certificate carry regular college credits that could count toward a degree. Otherwise, report it as vocational.

[IF ITS or STS RESPONDER: When we last talked in [MYLI], you told us you received [A5ReadAloudCount] [IF A5ReadAloudCount=1: "academic certificate, diploma or degree", ELSE "academic certificates, diplomas or degrees"]. [IF A5ReadAloudCount >0: "These included [A5ReadAloudN1..., A5ReadAloudN7]."] Now I'd like to know if you have received any other academic certificates, diplomas, or degrees since [MYLI].

INTERVIEWER SELECT APPROPRIATE RESPONSE:

1. RESPONDENT DID NOT QUESTION THE LIST [CONTINUE TO A5]
2. RESPONDENT VOLUNTEERED THAT AT LEAST ONE CREDENTIAL WAS WRONG
[READ SCRIPT BELOW THEN PROCEED TO A6]

Thank you for clarifying that for me. I have made a note in your file to correct this. Let's continue now.

College diplomas or academic degrees

A5. Since [IF INTERMEDIATE RESPONDER: [MYLI] / ELSE: [RAD]], have you received any *academic certificates, diplomas, or degrees for completing any regular college classes?*

1. YES
2. NO [SKIP TO A6_INTRO]
7. REFUSED [SKIP TO A6_INTRO]
8. DON'T KNOW [SKIP TO A6_INTRO]

Ask A5a if they have received an academic certificate, diploma, or degree from college classes since MYLI/RAD (A5=YES [1]).

- A5a. How many *academic certificates, diplomas or degrees* have you received since [IF INTERMEDIATE RESPONDER: [MYLI] / ELSE: [RAD]]?
_____ (MAX=4)
-1 REFUSED [SKIP TO A6_INTRO]
-2 DON'T KNOW [SKIP TO A6_INTRO]

CAPI: DISPLAY "VERIFICATION SCREEN: DO NOT READ TO RESPONDENT. WE HAVE RECORDED __ DIPLOMAS OR ACADEMIC DEGREES. IF THIS IS NOT CORRECT, PLEASE GO BACK AND ADJUST."

Ask A5b if they have received at least 1 diploma or academic degree from college classes since MYLI (A5a≥1).

- A5b. [CAPI: IF A5a=1] What kind of *academic certificates, diplomas or degrees* have you received?
[CAPI: IF A5a>1 FOR FIRST LOOP ASK] What kind of diploma or academic degree did you receive first?
[CAPI: IF A5a>=2 FOR SUBSEQUENT DIPLOMAS:] What kind of *academic certificates, diplomas or degrees* did you receive after that?
1. A diploma or academic degree requiring less than a full year's worth of credit,
 2. A diploma or academic degree requiring a full year or more's worth of credit (but less than an Associate's Degree),
 3. An Associate's Degree, or [SKIP TO A5d]
 4. A Bachelor's degree or higher? [SKIP TO A5d]
 95. VOL: OTHER (SPECIFY: <A6B_95_OTHER_X> _____) [SKIP TO Ad5]

- 97. REFUSED
- 98. DON'T KNOW

[SKIP TO A5d]
[SKIP TO A5d]

- A5c. **DROPPED**
- A5d. **DROPPED**

A5e. Is this *academic* certificate, diploma or degree related to working in the field of healthcare?

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

- A5f. **DROPPED**

Ask A6 of everyone.

Vocational Certificates

[A6_INTRO] The next set of questions asks about any vocational certificates you may have earned. People sometimes earn vocational certificates from an education or training program. A vocational certificate is one that can be awarded by a training provider or an educational institution for taking courses that don't count toward a degree. A vocational certificate is awarded based on completion of all course requirements. Vocational certificates are different from professional certifications or state or industry licenses. Some people get both a certificate from a school or other training institute and a related certification or license from the state.

As we go through this next set of questions, please answer only about school- and institute-issued educational certificates you may have received since [IF MYLI: [MYLI] / ELSE: [RAD]]. Please do not include school issued diplomas or academic degrees you already told me about. Also, please do not include any professional certifications or state or industry licenses yet. We will talk about those in the next section.

[IF INTERMEDIATE RESPONDER: When we last spoke in [MYLI], you told us that you had received [A7ReadAloudCount] vocational [IF A6ReadAloudCount = 1, "certificate", ELSE "certificates"]. [IF A6ReadAloudCount>0: "These included [A6ReadAloudN1...A6ReadAloudN7]."] Now I'd like to know if you have received any other vocational certificates for completing courses that don't count toward a degree since [MYLI].

INTERVIEWER SELECT APPROPRIATE RESPONSE:

- 1. RESPONDENT DID NOT QUESTION THE LIST [CONTINUE TO A6]
- 2. RESPONDENT VOLUNTEERED THAT AT LEAST ONE CREDENTIAL WAS WRONG
[READ SCRIPT BELOW THEN PROCEED TO A6]

Thank you for clarifying that for me. I have made a note in your file to correct this. Let's continue now.

A6. There are different types of vocational certificates people can earn. I'd like to know if you have received any of the following types of vocational certificates:

A6a. Since [IF INTERMEDIATE RESPONDER: [MYLI] / ELSE: [RAD]], have you received a vocational certificate for completing a training program that doesn't count toward a degree from an employer, employment agency, union, software or equipment manufacturer, or other training provider?

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

A6b. Since [IF INTERMEDIATE RESPONDER: [MYLI] / ELSE: [RAD]], have you received a vocational certificate for completing a vocational training program that doesn't count toward a degree, at a high school?

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

A6c. Since [IF INTERMEDIATE RESPONDER: [MYLI] / ELSE: [RAD]], have you received a vocational certificate—that does not count toward a degree—for completing a program at a community or technical college, or other school after high school? Do not include teaching certificates or college degrees.

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

CAPI: IF NO CERTIFICATES (A6a, A6b, AND A6c ARE ALL NO [2], REFUSED [7], OR DON'T KNOW [8]) SKIP TO A7_INTRO

Ask A6d if they have received any certificate since MYLI (A6a, b or c=Yes [1]).

A6d How many certificates have you received since [MYLI]?

_____ (MAX=4)

-1. REFUSED

[SKIP TO A7_INTRO]

-2. DON'T KNOW

[SKIP TO A7_INTRO]

CAPI: DISPLAY "VERIFICATION SCREEN: DO NOT READ TO RESPONDENT. WE HAVE RECORDED __ CERTIFICATE(S). IF THIS IS NOT CORRECT, PLEASE GO BACK AND ADJUST."

CAPI: IF A6d>1 CERTIFICATE, REPEAT A6h FOR UP TO 4

A6e. **DROPPED**

A6f. **DROPPED**

A6g. **DROPPED**

A6h Is this vocational certificate related to working in the field of healthcare?

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

A6i. **DROPPED**

Ask A7 of everyone.

Certifications and Licenses

[A7_INTRO] This next set of questions asks about any professional certifications or state or industry licenses you may have received since [MYLI].

A professional certification or license shows you are qualified to perform a specific job like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification. A certification is awarded by an organization; a state or industry license is awarded by a licensing agency. Both professional certifications and state or industry licenses need to be renewed periodically.

[IF INTERMEDIATE RESPONDER: When we last spoke in [MYLI], you told us that you had received [A7ReadAloudCount] professional [IF A7ReadAloudCount=1 “certification”, ELSE “certifications”] or state, or industry [IF A7ReadAloudCount=1 “license”, ELSE “licenses”]. [IF A7ReadAloudCount > 0: “These included [A7ReadAloudN1..., A7ReadAloudN7].”] Now I’d like to ask about any other professional certifications, or state or industry licenses you received since [MYLI].]

INTERVIEWER SELECT APPROPRIATE RESPONSE:

1. RESPONDENT DID NOT QUESTION THE LIST [CONTINUE TO A7]
2. RESPONDENT VOLUNTEERED THAT AT LEAST ONE CREDENTIAL WAS WRONG [READ SCRIPT BELOW THEN PROCEED TO A7]

Thank you for clarifying that for me. I have made a note in your file to correct this. Let’s continue now.

A7. Since [MYLI], have you received any professional certifications, or state or industry licenses? Please do not include any commercial licenses such as a liquor license or vending license.

1. YES
2. NO [SKIP TO A8_INTRO]
7. REFUSED [SKIP TO A8_INTRO]
8. DON'T KNOW [SKIP TO A8_INTRO]

Ask A7a if they have received a professional certification, or state or industry license since MYLI

(A7=Yes).

A7a. How many professional certifications or state or industry licenses have you received since [IF INTERMEDIATE RESPONDER: [MYLI] / ELSE: [RAD]]?

_____ (MAX=4)

-1. REFUSED

[SKIP TO A8_INTRO]

-2. DON'T KNOW

[SKIP TO A8_INTRO]

CAPI: DISPLAY "VERIFICATION SCREEN: DO NOT READ TO RESPONDENT. WE HAVE RECORDED __ CERTIFICATION(S) OR LICENSE(S). IF THIS IS NOT CORRECT, PLEASE GO BACK AND ADJUST."

Ask A7d if they have received at least 1 professional certification, or state or industry license since MYLI (A7a≥1).

CAPI: IF A7a>1 REPEAT A7d for up to 4.

A7b. **DROPPED**

A7c. **DROPPED**

A7d. Is this professional certification, or state or industry license related to working in the field of healthcare?

1. YES

2. NO

7. REFUSED

8. DON'T KNOW

A7e. **DROPPED**

A7f. **DROPPED**

A7g. **DROPPED**

A7h. **DROPPED**

Work-Based Training—DROPPED

A8. **DROPPED**

A9. **DROPPED**

Future Aspirations

A10. **DROPPED**

A11. **DROPPED**

B. BARRIERS TO LONG-TERM CREDENTIAL RECEIPT

A long-term healthcare training program is one that should take more than one year to complete. Some examples of a long-term healthcare training program are nursing, radiology technician, physical therapy assistant, etc. We know that there are many things that can make it hard to enroll in or complete a long-term healthcare training. I'd like to talk a little bit about the types of challenges some people face.

B1. Are you currently enrolled in a long-term healthcare training program?

- 1. YES [SKIP TO B5]
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

B2. Since [RAD], have you ever enrolled in a long-term healthcare training program?

- 1. YES [SKIP TO B5]
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

B3. Since [RAD], did you ever consider enrolling in a long-term healthcare training program?

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

B4. I'm going to read you a list of factors that may **impact a person's ability to enroll in a long-term healthcare training program**. For each item I read, please tell me whether the item had a big impact, some impact, or no impact at all on your ability enroll in a long-term healthcare training program.

	A big impact	Some impact	No impact at all	REFUSED	DON'T KNOW
a) There was a long waiting list for the program I wanted to study	1	2	3	7	8
b) There were too many prerequisite trainings to complete before I could enroll in the training program that I wanted to do	1	2	3	7	8
c) The long-term healthcare training would take more time than I could commit to given other priorities like childcare and work.	1	2	3	7	8

[IF B2=NO, REFUSED, DON'T Know, SKIP TO SECTION C, IF B2=YES ASK B5.]

B5. I'm going to read you a list of factors that may **delay a person's ability to start a long-term healthcare training program once they enrolled**. For each item I read, please tell me whether the item had a big impact, some impact, or no impact at all on your ability start a long-term healthcare training program.

	A big impact	Some impact	No impact at all	REFUSED	DON'T KNOW
a) There was a long waiting list for the occupational classes I needed to take	1	2	3	7	8
b) I had trouble getting into the prerequisite trainings I needed to complete because they were full	1	2	3	7	8
c) I had trouble completing the prerequisite classes I needed because they were offered at times that didn't fit well with my schedule	1	2	3	7	8

B6. Since [RAD], did you stop participating in a long-term healthcare training program without completing it?

- 1. YES
 - 2. NO
 - 7. REFUSED
 - 8. DON'T KNOW
- [SKIP TO B8]
 [SKIP TO B8]
 [SKIP TO B8]

B7. I'm going to read you a list of factors that may **impact a person's ability to complete a long-term healthcare training program**. For each item I read, please tell me whether the item had a big impact, some impact, or no impact at all on your ability to complete a long-term healthcare training program.

	A big impact	Some impact	No impact at all	REFUSED	DON'T KNOW
a) The prerequisite courses were hard and I could not complete them	1	2	3	7	8
b) I could no longer afford the tuition or other training expenses for the long-term healthcare training program	1	2	3	7	8
c) I was no longer interested in doing the type of work	1	2	3	7	8

	A big impact	Some impact	No impact at all	REFUSED	DON'T KNOW
I was training for					
d) I had personal health, childcare/family responsibilities that prevented me from completing the program	1	2	3	7	8
e) I had trouble getting my clinical hours in, especially during COVID-19	1	2	3	7	8
f) I needed to work more hours, so I did not have time to participate in the training program	1	2	3	7	8
g) I felt it was taking too long to complete the program	1	2	3	7	8

B8. [IF B4a OR B5a OR B5e=1 OR 2, ASK B8; ELSE SKIP TO SECTION C] While you were waiting for a spot to open up, waiting to complete your prerequisite courses, or waiting for your clinical assignments, did you complete a shorter training program?

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

[SKIP TO SECTION C]
 [SKIP TO SECTION C]
 [SKIP TO SECTION C]

B8a. Was this shorter training in the field of healthcare?

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

C. EMPLOYMENT SUCCESS

Advancement in Career Pathway

One of the important parts of this study is learning about the types of jobs participants had since the start of the study. The first set of questions asks specifically about any jobs you may have had in the past three years.

*[IF INTERMEDIATE RESPONDER: We would like to start by asking about your current or most recent job since [MYLI].]

CAPI: if this type of R, SKIP TO C14

*[IF INTERMEDIATE NON-RESPONDER: We would like to start by asking about any job you may have had back in [3YRPRIORDATE].]

Employment Status At 36-Months If 36-Month Non-responder

C1. In [3YRPRIORDATEI], were you working at a job for pay?

1. YES
2. NO [SKIP TO C14]
7. REFUSED [SKIP TO C14]
8. DON'T KNOW [SKIP TO C14]

C2. **DROPPED**

Industry and Occupation

C3. **DROPPED**

C4. **DROPPED**

C4a. **DROPPED**

C5. **DROPPED**

C6. **DROPPED**

C7. **DROPPED**

C8. **DROPPED**

C8a. **DROPPED**

Ask C9 if C1=YES

C9. Are you still working at that job?

1. YES [SKIP TO NOTE PRIOR TO C16]
2. NO [SKIP TO NOTE PRIOR TO C16]
7. REFUSED [SKIP TO NOTE PRIOR TO C16]
8. DON'T KNOW [SKIP TO NOTE PRIOR TO C16]

C10. **DROPPED**

C11. **DROPPED**

C11a. **DROPPED**

- C12. **DROPPED**
C12a. **DROPPED**
C13. **DROPPED**

Current Employment Status

Ask C14 if they are NOT still working for the same employer or for themselves (C9=No, Refused, Don't know). If they are still working at same job as three years ago (C9=Yes) skip to C17.

- C14. Are you currently working at a job for pay? [SKIP TO NOTE PRIOR TO C16]
1. YES
 2. NO
 7. REFUSED
 8. DON'T KNOW

Employment Status in Past Three Years

Ask C15 if they are NOT currently working at a job for pay (C14=NO, REFUSED, DON'T KNOW).

- C15. Since [MYLI], have you worked at a job for pay?
1. YES
 2. NO
 7. REFUSED
 8. DON'T KNOW

CAPI: IF C9=YES (still employed/self-employed) SKIP TO C18; IF C14=YES OR C15=YES (i.e., currently working or worked last 3 years) ASK C18; IF C15=NO, REFUSED, DON'T KNOW (i.e., not currently working and no work in last 3 years) SKIP TO SECTION D

Read the following text and ask C16 if they are either currently working for pay or have worked for pay in the past 3 years (C9 or C14 or C15=Yes).

Okay, I am going to start with some questions about your [IF C9=YES or C14=YES: current job/IF C15=YES: most recent job]. If you have more than one job, please talk about your main job.

INTERVIEWER: IF ASKED HOW TO DETERMINE MAIN JOB: *This would be about the job where you worked the most hours.* INTERVIEWER IF HOURS ARE THE SAME: *OK, then please answer about the job you've worked at the longest.* INTERVIEWER: IF HOURS ARE THE SAME AND TENURE IS THE SAME: *Ok, then please pick one of those jobs and answer the next set of questions about that job.*

- C16. **DROPPED**

Ask C17- if they are either currently working for pay or have worked for pay in the past 3 years (C9 or C14 or C15=Yes).

C17. **DROPPED**

Ask C18 if they are employed or were employed during the past three years (C9=Yes OR C14=YES or C15=YES).

C18. At your job, about how much [IF C9=YES or C14=YES: do/IF C15=YES: did] you typically earn per hour before taxes?

[INTERVIEWER: ENTER -1 FOR REFUSED OR -2 FOR DON'T KNOW]

\$ (2.50-75.00) ____ . ____ PER HOUR

[SKIP TO C19]

-1 REFUSED

-2 DON'T KNOW

VERIFICATION SCREEN: DO NOT READ TO RESPONDENT
WE HAVE RECORDED AN HOURLY RATE OF: <C18>.
IF THIS IS NOT CORRECT, PLEASE GO BACK AND ADJUST.

Ask C18a if they don't know how much they typically earn/earned at their employer or for themselves (C18= Refused or Don't know).

C18a. Can you tell me how much you [IF C9=YES or C14=YES: earn/IF C15=YES: earned] for some other time period besides hourly, such as per day, per week, every two weeks, every month or annually?

[INTERVIEWER: ENTER -1 FOR REFUSED OR -2 FOR DON'T KNOW]

\$(2.50-75.00) ____ . ____ PER HOUR

\$(1-400) _____ PER DAY

\$(1-4,000) _____ PER WEEK

\$(1-8,000) _____ EVERY 2 WEEKS/TWICE A MONTH

\$(1-16,000) _____ EVERY MONTH

\$(1-156,000) _____ ANNUALLY

-1 REFUSED

-2 DON'T KNOW

VERIFICATION SCREEN: DO NOT READ TO RESPONDENT
WE HAVE RECORDED A RATE OF: <C18a>.
IF THIS IS NOT CORRECT, PLEASE GO BACK AND ADJUST.

CAPI: SKIP TO C20

C19. **DROPPED**

C19a. **DROPPED**

Ask C20 if they are currently working for pay or have worked for pay in the past 3 years (C9 or C14 or C15=Yes).

C20. At your job [IF C16_NAME IS NOT MISSING "with C16_NAME"], about how many hours a week [IF C9=YES or C14=YES: do/IF C15=YES: did] you work in a typical week? INTERVIEWER

IF R INDICATES THAT THE HOURS VARY INSTRUCT THEM: Please use the last week that you worked at this job.

[INTERVIEWER: ENTER -1 FOR REFUSED OR -2 FOR DON'T KNOW]

_____ HOURS PER WEEK (1-80)
-1 REFUSED
-2 DON'T KNOW

VERIFICATION SCREEN: DO NOT READ TO RESPONDENT
WE HAVE RECORDED A RATE OF: <C20> HOURS PER WEEK.
IF THIS IS NOT CORRECT, PLEASE GO BACK AND ADJUST.

Current/Most Recent Job

Industry and Occupation

C21. **DROPPED**

C22. **DROPPED**

C22a. **DROPPED**

C23. **DROPPED**

C24. **DROPPED**

C25. **DROPPED**

**Ask C26 of any respondent that has worked at all in the past three years (since 36-month survey)
—that is where: (C9 OR C14 OR C15=Yes).**

C26. [IF CURRENT JOB: “Is”/ IF MOST RECENT: “Was”] this occupation in the field of healthcare?

1. YES
2. NO [SKIP TO INSTRUCTIONS BEFORE C26b]
7. REFUSED [SKIP TO INSTRUCTIONS BEFORE C26b]
8. DON'T KNOW [SKIP TO INSTRUCTIONS BEFORE C26b]

C26a. **DROPPED**

[IF C26=NO, REFUSED, DON'T KNOW ASK C26b; ELSE SKIP TO C29]

C26b. Since [RADATE], have you ever worked in the field of healthcare?

1. YES
2. NO [SKIP TO INSTRUCTIONS BEFORE C27]
7. REFUSED [SKIP TO INSTRUCTIONS BEFORE C27]
8. DON'T KNOW [SKIP TO INSTRUCTIONS BEFORE C27]

C26c. **DROPPED**

Job Quality

Job Schedule

- C27. **DROPPED**
 - C27a. **DROPPED**
 - C27b. **DROPPED**
 - C27c. **DROPPED**
- C28. **DROPPED**

Job Benefits

Ask C29 of everyone who has worked at all in the past three years (since 36-month survey) (C9 OR C14 OR C15=YES).

C29. [Is/Was] the following benefit available to you at [your/that] job? That is, if you [want/had wanted] it, [can you receive/could you have received]:

	YES	NO	REFUSED	DON'T KNOW
a. Health insurance?	1	2	7	8
b. DROPPED				
c. DROPPED				
d. DROPPED				
e. DROPPED				
f. DROPPED				

Quality of Work Life

- C30. **DROPPED**
- C31. **DROPPED**

Employer Support of Education and Training

- C32. **DROPPED**
- C33. **DROPPED**

Promotions

- C34. **DROPPED**
- C35. **DROPPED**
- C36. **DROPPED**
- C37. **DROPPED**

D. EARNINGS FROM INFORMAL EMPLOYMENT

Read the following text and ask D1 of everyone.

Sometimes people do other things to earn money, either instead of a regular job or in addition to a regular job. The next few questions are about those types of activities.

IF JOB SINCE START OF REFERENCE PERIOD BUT NO CURRENT JOB ASK:

D1. You reported that your last job ended [INSERT DATE]. Sometimes people do other things to earn money, for example helping a neighbor care for a sick child or elder. Did you do other things to earn money last week such as helping a neighbor care for a sick child or elder?

- | | |
|---------------|---------------------|
| 1. Yes | [SKIP TO D4] |
| 2. No | [SKIP TO SECTION E] |
| 7. REFUSED | [SKIP TO SECTION E] |
| 8. DON'T KNOW | [SKIP TO SECTION E] |

IF NO JOB AT ALL DURING REFERENCE PERIOD, ASK:

D2. You haven't mentioned any jobs over the last three years. Sometimes people who don't have a regular job do other things to earn money, for example helping a neighbor care for a sick child or elder. Did you do any of those other things to earn money last week?

- | | |
|---------------|---------------------|
| 1. Yes | [SKIP TO D4] |
| 2. No | [SKIP TO SECTION E] |
| 7. REFUSED | [SKIP TO SECTION E] |
| 8. DON'T KNOW | [SKIP TO SECTION E] |

IF CURRENT JOB, ASK:

D3. Sometimes, in addition to working at a job where there is a definite arrangement for regular work on a continuing basis, people do other things to earn money for example helping a neighbor care for a sick child or elder. Outside of your jobs at [LIST CURRENT EMPLOYER NAMES] did you do other things to earn money last week such as helping a neighbor care for a sick child or elder?

- | | |
|---------------|---------------|
| 1. Yes | |
| 2. No | [SKIP TO D10] |
| 7. REFUSED | [SKIP TO D10] |
| 8. DON'T KNOW | [SKIP TO D10] |

D4. Please describe this other work that you did last week to earn money.

_____ [RECORDVERBATIM]

- | | |
|---------------|--|
| 7. REFUSED | |
| 8. DON'T KNOW | |

D5. Was this work in the healthcare field?

1. Yes
2. No
7. REFUSED
8. DON'T KNOW

D6. Some workers find short, in-person jobs or tasks through companies that connect them directly with customers using a website or mobile app, such as Uber, Lyft, and Doordash. These companies also coordinate payment for the service through the app. Other workers select short, paid tasks through companies that maintain online lists of tasks, such as Amazon Mechanical Turk and Figure Eight. These tasks typically take between a few minutes and a few hours to complete and are done entirely online. Do either of these describe any of the other work that you did last week?

1. Yes
2. No
7. REFUSED
8. DON'T KNOW

D7. To the best of your recollection, how many hours did you spend in these activities last week?

_____ [hours]

- 1 REFUSED
- 2 DON'T KNOW

D8. Is this more, less, or about the same amount of time [you/[NAME]] would spend on this activity in a typical week?

1. MORE TIME
2. ABOUT THE SAME AMOUNT OF TIME
3. LESS TIME
9. REFUSED
10. DON'T KNOW

D9. To the best of your recollection, how much money did you net last week after paying expenses like transportation costs?

_____ [dollars]

- 1 REFUSED
- 2 DON'T KNOW

IF CURRENTLY EMPLOYED ACCORDING TO EMPLOYMENT HISTORY MODULE, CONTINUE WITH D10 AND D11. OTHERWISE EXIT THIS MODULE.

D10. When you were hired at [name of current employer with most hours], were you asked to fill out a W-4 form? [IF ASKED: The W-4 form is where you declare how much of your income should be withheld for federal income taxes.]

1. Yes
2. No
7. REFUSED
8. DON'T KNOW

D11. If your employer laid you off because they no longer needed you, do you think you would be able to collect unemployment insurance? [IF ASKED: This is only possible if your employer has been paying unemployment insurance tax to the state on your behalf.]

1. Yes
2. No
7. REFUSED
8. DON'T KNOW

E HOUSEHOLD COMPOSITION

Read the following text and ask E1a of everyone.

[E1_INTRO] Now I'd like to talk to you about your family and current household.

E1. Besides you, who among the following live in your household at least half the time?

E1a. Your spouse?

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

[SKIP TO E1c]

Ask E1b if they do NOT live with a spouse (E1a=No [2], Refused [7] OR Don't know [8]).

E1b. Your unmarried romantic partner?

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

E1c. **DROPPED**

E1d. **DROPPED**

E1e. **DROPPED**

E1f. **DROPPED**

E1g. **DROPPED**

E1h. **DROPPED**

E2. **DROPPED**

E2a. **DROPPED**

Ask of everyone

E3. How many adults, aged 18 or over live with you at least half the time?

___ ___ (1-15) number of persons aged 18 or over

- 1. REFUSED
- 2. DON'T KNOW

CAPI: DISPLAY "VERIFICATION SCREEN: DO NOT READ TO RESPONDENT. WE HAVE RECORDED [___] ADULTS LIVING WITH YOU. IF THIS IS NOT CORRECT, PLEASE GO BACK AND ADJUST.

E4.

E5. **DROPPED**

E6. **DROPPED**

E7. **DROPPED**

F. INCOME AND ADULT WELL-BEING

Ask F1-F3 of everyone.

The next set of questions cover a wide range of beliefs and attitudes about yourself and life in general.

Life Challenge

F1. **DROPPED**

F1e. **DROPPED**

Perceived Stress

F2. **DROPPED**

Physical Health

F3. **DROPPED**

Income and Receipt of Public Assistance

Read the following text and ask F4 of everyone.

Now, I am going to ask you some questions about your household receipt of benefits in [**PRIOR MONTH**]. Again, I want to assure you that none of your answers will be discussed with anyone.

F4. Did you or other members of the household have income or benefits from any of the following sources in [**PRIOR MONTH**]?

	YES	NO	REFUSED	DON'T KNOW
a. Temporary Assistance for Needy Families or TANF (“tan-eff”)	1	2	7	8
b. In [PRIOR MONTH], did you or other members of your household have income or benefits from Supplemental Nutrition Assistance Program also known as SNAP (“snap”) or Food Stamps	1	2	7	8
c. DROPPED				
d. Medicaid	1	2	7	8
e. DROPPED				
f. DROPPED				
g. DROPPED				
h. DROPPED				

F5. **DROPPED**

F5a. **DROPPED**

F6. **DROPPED**

F6a. **DROPPED**

F7. **DROPPED**

F7a. **DROPPED**

Assets

F8. **DROPPED**

Other Debt

F9. **DROPPED**

Expenses

F10. **DROPPED**

Food Insecurity

F11. **DROPPED**

Ask F12-F13 of everyone.

Financial Resilience

F12. Think again over the past 12 months. Generally, at the end of the month do you end up with: more than enough money left over, some money left over, just enough to make ends meet, or not enough to make ends meet?

1. MORE THAN ENOUGH MONEY LEFT OVER
2. SOME MONEY LEFT OVER
3. JUST ENOUGH TO MAKE ENDS MEET
4. NOT ENOUGH TO MAKE ENDS MEET
7. REFUSED
8. DON'T KNOW

F13. **Based on your current financial situation**, what is the largest emergency expense that you could pay right now using cash or money in your checking/savings account?

1. Under \$100
2. \$100 to \$199
3. \$200 to \$299
4. \$300 to \$399
5. Over \$400
7. REFUSED
8. DON'T KNOW

Health Insurance

F14. **DROPPED**

F15. **DROPPED**

Housing Status and Neighborhood Satisfaction

F16. **DROPPED**

F17. **DROPPED**

F17a. **DROPPED**

G. 21st CENTURY SKILLS/COGNITIVE SKILLS

Cognitive Skills in Everyday Life

G1. **DROPPED**

Self-Directed Learning

G2. **DROPPED**

H. PARENT REPORTS: CHILD MODULE--DROPPED

Child Introduction/Screenener

CS1.**DROPPED**

CS2.**DROPPED**

CS2a. **DROPPED**

CS3. **DROPPED**

CS3a. **DROPPED**

CS3b. **DROPPED**

H1. **DROPPED**

H1a. **DROPPED**

Child Education Status

H2. **DROPPED**

H3. **DROPPED**

H3a. **DROPPED**

H3b. **DROPPED**

H3c. **DROPPED**

H3d. **DROPPED**

Child Supervision

H4. **DROPPED**

H4a. **DROPPED**

H5. **DROPPED**

H5a. **DROPPED**

H6. **DROPPED**

H6a. **DROPPED**

H7. **DROPPED**

H7a. **DROPPED**

Family Routines (Kindergarten to High School)

H8. **DROPPED**

H8a. **DROPPED**

H8b. **DROPPED**

Education-Related Goals and Support

H9. **DROPPED**

H10. **DROPPED**

H11. **DROPPED**

H12. **DROPPED**

H13. **DROPPED**

Child Outcomes

- H14. **DROPPED**
- H15. **DROPPED**

All ages

- H16. **DROPPED**

- H17. **DROPPED**
- H18. **DROPPED**
- H19. **DROPPED**
- H20. **DROPPED**
- H21. **DROPPED**
- H22. **DROPPED**
- H22a **DROPPED**
- H23. **DROPPED**
- H23a **DROPPED**
- H23b **DROPPED**
- H23c **DROPPED**
- H24. **DROPPED**

Transition to Adulthood

- H25. **DROPPED**

- H26. **DROPPED**
- H27. **DROPPED**
- H28. **DROPPED**

- H29. **DROPPED**

- H29a. **DROPPED**

I. CONTACT INFORMATION

Read the following text and ask I1-I3 of everyone.

Before we complete this portion of the interview, I would also like to make sure I have your contact information recorded correctly. You may get a call from my supervisor asking you to confirm that you participated in this interview. [IF INTERVIEW COMPLETED BY PHONE: This is where we will send your token of appreciation.]

I1. 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 I2]
2. NO

[IF I1=2, DISPLAY "INTERVIEWER: IF THE RESPONDENT'S NAME HAS CHANGED OR IS NOT RECORDED CORRECTLY, PLEASE SUBMIT A PROBLEM SHEET."]

I2. 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 I3]
2. NO

a. What is your new street address or PO box number? _____

b. Is there a complex or building name? _____

c. Is there an apartment number? _____

d. In what city? _____

e. In what state? _____

f. What is the zip code? _____

I3. I 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 CLOSING]
2. NO

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

_____ - _____ - _____

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

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

I4. I have your email address recorded as [abc@abc.abc]. Is this correct?

1. YES, STILL CORRECT (SKIP TO CLOSING)
2. NO, NOT CORRECT
3. NO LONGER HAVE ANY WORKING EMAIL ADDRESSES (SKIP TO CLOSING)

I4a. What is your email address? _____@_____.

CLOSING: Thank you very much for your time today.