APPENDIX B

RETAIN ENROLLEE SURVEY INSTRUMENTS (R1, R2)

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OMB No.: XXX
Expiration Date: X/XX/XX

Retaining Employment and Talent After Injury/Illness Network (RETAIN) Enrollee Round 1 Survey: questionnaire and programming specifications

Version 12.17.19 (Deliverable 9.2C – R1)

Programming and operational assumptions:

- **Modes.** The enrollee survey will be administered in three modes – web, telephone, and paper. These specifications are for the computer-assisted versions only (web, telephone).
- **Population.** Enrollees in RETAIN evaluation who have undergone random assignment and have been randomly selected for the survey. These are individuals who have had an injury (likely musculoskeletal) and may be at risk of exit from the labor force and / or long-term reliance on long-term injury or illness programs, such as SSDI and SSI. Respondents will include self-reporting enrollees as well as proxies who are answering on enrollees' behalf.
- **Target respondent.** Enrollees in RETAIN who have enrolled during Phase 2. The subset of phase 2 state are not yet determined, but could include: CA, KS, MN, VT, CT, KY, OH, or WA.
- **Length.** The questionnaire is designed to take about 12 minutes to complete.
- **Language.** The questionnaire is available in English and Spanish only.
- **Administration and design specifications.** Each item in the web questionnaire specifications includes: which respondents receive the item; dynamic fills, designated by text [in brackets]; emphasis text, designated by underlined font; soft checks that help improve data quality (designated in boxes below applicable items); response options shown with boxes indicate "check all that apply" response format, whereas those shown in circles denote "check one" response format. The web survey will be optimized to deploy on mobile devices, tablets, and/ or personal computers.
- **Login.** Respondents will login to the survey homepage and input their username and password.
- **Critical items** have soft checks added throughout the instrument. Cases will be designated as qualified partials that have provided responses up to item C1 (receipt of employment services).

Questionnaire sections:

A	Introduction
B	Employment
C	Training and services
D	Health and well-being
E	General information about you

PROGRAMMING FILLS BY STATE:

PROGRAM STATE	State Name for RETAIN	State name for Medicaid
CA	RETAIN-California	Medi-Cal
CT	RETAIN-Connecticut	HUSKYHealth
KY	Retaining Kentucky's Workforce through Universal Design (RKW-UD)	Kentucky Medicaid
KS	RETAIN-Kansas	KanCare Medical Assistance Program
MN	RETAIN-Minnesota	Medical Assistance (MA) / MinnesotaCare
OH	RETAIN-Ohio	Ohio Medicaid
VT	RETAIN-Vermont	Green Mountain Care
WA	RETAIN-Washington	Healthy Families

WEB PROGRAMMING NOTES:

- Include section header titles, but no logos on each page. Logo appears on intro and closing pages only.
- Do not employ a progress bar on the page; do not display item numbers on screen.
- All items presented in grid format will be optimized for presentation on mobile devices.
- Forward, back, and save buttons appear in the same locations on each page. One item presented per page unless otherwise specified.

CATI PROGRAMMING NOTE:

- Ensure that it is possible for an interviewer to toggle to proxy administration at any point in the interview.

OMB No.: XXX
Expiration Date: X/XX/XX

WEB SURVEY LOGIN SCREEN:

Welcome to the Retaining Employment and Talent After Injury/Illness Network (RETAIN) Enrollee Survey!

To begin, please enter your survey username and password below:

Username:	
Password:	

CLICK THE "NEXT" BUTTON TO CONTINUE …

If you have questions or difficulty logging in, we are here to help! Please call XXX-XXX-XXXX (toll free).

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 for this information collection is XXX and the expiration date is XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: XXXX. Do not return the completed form to this address.

CATI VERSION

Hello . Hi, my name is [INTERVIEWER]. May I please speak to [ENROLLEE FULLNAME]?

I'm calling on behalf of the Social Security Administration for an important national study.

	CODE ONE ONLY	
SPEAKING TO [FIRSTNAME]	1	GO TO A1
[FIRSTNAME] COMES TO THE PHONE	2	GO TO A1
NEED TO CALLBACK (NO APPT)	3	TERMINATE
NEED TO CALLBACK (SET APPT)	4	SETAPPT
[FIRSTNAME] HAS A HEALTH PROBLEM	5	SEEK PROXY
[FIRSTNAME] IS IN AN INSTITUTION (HOSPITAL, GROUP HOME, JAIL)	6	SEEK PROXY
[FIRSTNAME] HAS MOVED/HAS NEW NUMBER	7	TERMINATE
[FIRSTNAME] DOES NOT SPEAK ENGLISH	8	SEEK PROXY
NEVER HEARD OF [FULLNAME]/WRONG NUMBER	9	TERMINATE
HUNG UP DURING INTRODUCTION (HUDI)	10	TERMINATE
[FIRSTNAME] IS DECEASED	11	TERMINATE
PROXY TO COMPLETE INTERVIEW	12	GO TO A1

SECTION A. INTRODUCTION

ALL

A1. This survey is part of a national study for the "Retaining Employment and Talent After Injury/Illness Network" (RETAIN) program. It is paid for by the Social Security Administration (SSA). The survey asks about employment, services received, your well-being, and some general information about you.

You'll get $25 for completing this voluntary survey. It takes about 12 minutes to complete. Your answers will be kept private and will be grouped together with everyone else who responds.

How will you be completing this survey? [NEW]

PROGRAMMER: DO NOT ALLOW MISSING VALUES ON THIS ITEM

- ❍ I am completing on my own ..... 1 GO TO A2
- ❍ Another person is answering on my behalf ..... 2 GO TO A2
- ❍ I do not agree to take part ..... 3 TERMINATE

HARD CHECK: IF A1=NO RESPONSE;

Your answer to this question is important. It shows that you agree to take part in the survey. It also helps us ensure you receive only questions that apply. If you have any questions about the survey, please call 1-xxx-xxx-xxxx.

CATI VERSION

A1. This survey is part of a national study for the "Retaining Employment and Talent After Injury/Illness Network" (RETAIN) program. It is paid for by the Social Security Administration (SSA). The survey asks about employment, services received, your well-being, and some general information about you. You'll get $25 for completing this voluntary survey. It takes about 12 minutes to complete. Your answers will be kept private and will be grouped together with everyone else who responds.

Do you have any questions for me before we begin?

How will you be completing this survey?

IF NEEDED: Will you be completing it on your own or is someone completing it on your behalf?

CODE ONE ONLY

I am completing on my own ..... 1 GO TO A2

Another person is answering on my behalf ..... 2 GO TO A2

I DO NOT AGREE TO TAKE PART ..... r TERMINATE-REF

PROGRAMMER DO NOT POPULATE DON'T KNOW RESPONSE IN A1

PROGRAMMER BOX 1

PROGRAMMER IF A1=2, POPULATE ALL FILLS HERE FORWARD WITH PROXY TEXT. IF A1=1, POPULATE FILLS FOR SELF-REPORT. IF A1=REFUSED (3 OR R), ROUTE TO REFUSAL PATH AND TERMINATE.

ALL CONSENTING (A1=1 OR 2)
[Do you/ Does ENROLLEE]

A2. [Do you/ Does ENROLLEE] have an injury or illness that limits the kind or amount of work you can do now? (RETAIN Enrollment form, Q10)

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

A2. [Do you/ Does ENROLLEE] have an injury or illness that limits the kind or amount of work you can do now?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

SECTION B. EMPLOYMENT

ALL CONSENTING (A1=1 OR 2)
[Are you/Is ENROLLEE] [you/(he/she)] [you own/(he/she) owns] [you are/(he/she) is]

B1. The next set of questions ask about employment.

[Are you/Is ENROLLEE] now employed at a job, organization, or business for pay or profit? This includes work [you/ (he/she)] may do for a business that [you own/ (he/she) owns]. If [you are/ (he/she) is] self-employed, select "yes" below. [POD, C1, rev]

- ❍ Yes – employed and working now ..... 1 GO TO B2
- ❍ Yes – employed but out on medical leave right now ..... 2 GO TO B2
- ❍ No ..... 0 GO TO B9

NO RESPONSE ..... M GO TO C1

SOFT CHECK: IF B1=NO RESPONSE;
Your answer to this question helps make sure you only receive questions that apply to you.

CATI VERSION:

B1. The next set of questions ask about employment.

[Are you/Is ENROLLEE] now employed at a job, organization, or business for pay or profit? This includes work [you/ (he/she)] may do for a business that [you own/ (he/she) owns].

IF EMPLOYED – PROBE IF <u>WORKING NOW</u> OR ON <u>MEDICAL LEAVE NOW</u>.

YES – EMPLOYED AND WORKING NOW ..... 1 GO TO B2
YES – EMPLOYED BUT OUT ON MEDICAL LEAVE RIGHT NOW ..... 2 GO TO B2
No ..... 0 GO TO B9
DON'T KNOW ..... d GO TO C1
REFUSED ..... r GO TO C1

SOFT CHECK: IF B1= D OR R;
Your answer to this question helps make sure you only receive questions that apply to you.

ENROLLEE EMPLOYED (B1=1 OR 2)
[you/ (he/she)] [work/works] [your/ (his/her]] [have you/ has ENROLLEE]

B2. **If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.**

How long [have you/ has ENROLLEE] been employed at this job, organization, or business? Has it been … [NEW]

- ❍ Less than 2 months 1
- ❍ 2 to 12 months 2
- ❍ More than 12 months 3

No Response ..... M

CATI VERSION

B2. **If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.**

How long [have you/ has ENROLLEE] been employed at this job, organization, or business? Has it been …

Less than 2 months, ... 1

2 to 12 months, or 2

More than 12 months 3

DON'T KNOW ..... d

REFUSED ..... r

PROGRAMMER: IF EMPLOYED BUT ON MEDICAL LEAVE (B1=2) ROUTE TO B8.

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[you/(he/she)] [work/works] [your/ (his/her)] [you work/ (he/she) works]

B3. How many hours per week [do you/does ENROLLEE] typically work at this job?

If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job. **[POD, C10, rev]**

☐ (RANGE 0-168)	HOURS PER WEEK	GO TO B4
NO RESPONSE ..... M		GO TO B3a

SOFT CHECK: IF B3 IS>50 ; **If [you work/ (he/she) works] more than one job, please answer about [your/ (his/her)] main job.**
SOFT CHECK: IF B3=NO RESPONSE; **Please provide an answer to this question. Your best guess is fine.**

CATI VERSION

B3. How many hours per week [do you/does ENROLLEE] typically work at this job?

IF NEEDED: If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.

|__|__|	HOURS PER WEEK	GO TO B4
DON'T KNOW ..... d		GO TO B3a
REFUSED ..... r		GO TO B3a

SOFT CHECK: IF B3= D; **Your best guess is fine.**
SOFT CHECK: IF B3>50; **If [you work/ (he/she) works] more than one job, please answer about [your/ (his/her)] main job.**

ENROLLEE EMPLOYED, WORKING NOW (B1=1) AND N HOURS PER WEEK NOT PROVIDED (B3=M, D, OR R)
[you typically work/ ENROLLEE typically works]

B3a. We understand you may not have an exact answer.

What is your best guess as to how many hours a week [you typically work/ ENROLLEE typically works] at this job?

Would you say it is … [NEW]

- ❍ Less than 10 hours per week 1
- ❍ 10 to 20 hours per week 2
- ❍ 21 to 30 hours per week 3
- ❍ 31 to 35 hours per week 4
- ❍ 35 or more hours per week 5

CATI VERSION

B3a. We understand you may not have an exact answer.

What is your best guess as to how many hours a week [you typically work/ ENROLLEE typically works] at this job? Would you say it is …

CODE ONE ONLY

Less than 10 hours per week 1

10 to 20 hours per week 2

21 to 30 hours per week 3

31 to 35 hours per week 4

35 or more hours per week 5

DON'T KNOW ..... d

REFUSED ..... r

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[do you/does ENROLLEE]

B4. **How much [do you/does ENROLLEE] typically earn, before taxes or other deductions, on this job? Please include tips and bonuses.** **[POD, C11]**

Your best estimate is fine.

PROGRAMMER: INSERT COMMA FIELD MASK

$ ☐ GO TO B4a

(0-200,000)

NO RESPONSE ..... M GO TO B5

SOFT CHECK: IF B4=NO RESPONSE;
Earnings are an important topic for this survey. Please provide an answer to this question.
Your best guess is fine.

CATI VERSION

B4. **How much [do you/does ENROLLEE] typically earn, before taxes or other deductions, on this job? Please include tips and bonuses.**

PROBE: **Your best estimate is fine.**

$ |___|___|___| , |___|___|___| . |___|___| GO TO B4a

(0-200,000)

DON'T KNOW ..... d GO TO B5

REFUSED ..... r GO TO B5

SOFT CHECK: IF B4=D OR R:
Earnings are an important topic for this survey.
Do you have questions or concerns about answering this question that I could help address?

PROGRAMMER: PLACE ITEMS B4 AND B4A ON THE SAME SCREEN IN BOTH WEB AND CATI

ENROLLEE EMPLOYED, REPORTED A WAGE (B4 >0 AND NE OR D OR R)
$[FILL B4] per [FILL B4a] [you earn/ ENROLLEE earns]

B4a. Is that hourly, daily, weekly, bi-weekly, twice a month, monthly, or annually? [POD, C12]

- ❍ Hourly 1
- ❍ Daily 2
- ❍ Weekly 3
- ❍ Bi-weekly 4
- ❍ Twice a month 5
- ❍ Monthly 6
- ❍ Annually 7
- ❍ Other 99

Specify _____ (STRING 100)

NO RESPONSE ..... M

SOFT CHECK: IF B4a=NO RESPONSE;
Please provide an answer to this question. Your best guess is fine.

CATI VERSION

B4a. Is that hourly, daily, weekly, bi-weekly, twice a month, monthly, annually, or some other way?

CODE ONE ONLY

HOURLY 1
DAILY 2
WEEKLY 3
BI-WEEKLY 4
TWICE A MONTH 5
MONTHLY 6
ANNUALLY 7
OTHER (SPECIFY) 99
_____ (STRING 100)
DON'T KNOW ..... d
REFUSED ..... r

SOFT CHECK: IF (B4 NE D OR R) AND (B4a NE D OR R);
May I confirm I have recorded correctly that [you earn/ ENROLLEE earns] $[FILL B4] [FILL B4a or B4a_specify]?

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[your/ENROLLEE's] [you/ENROLLEE] [you do/(he/she) does] [you/ (he/she)] [work/works] [your/ (his/her)] [me/ENROLLEE] if [you are/ (he/she) is]

B5. **Here are benefits some employers offer their employees. Does [your/ENROLLEE's] employer offer [you/ENROLLEE] any of these benefits?**

Please answer 'yes' if the benefit was offered to [you/ENROLLEE] - even if [you do/ (he/she) does] not use or receive it. **[POD, C13, rev]**

PROGRAMMER: HYPERLINK FROM "EMPLOYER" TO READ: If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.

PROGRAMMER: FORMAT FOR WEB USING BANKED FORMAT TO OPTIMIZE FOR MOBILE DEVICES.

a. Health care insurance (such as medical and/or hospital)?			
Yes, employer offers to [me/ENROLLEE]	No, not offered to [me/ENROLLEE]	Do not know if offered	N/A Self-employed
1 ❍	0 ❍	D ❍	2 ❍

b. Any paid leave (such as sick time or vacation)?			
Yes, employer offers to [me/ENROLLEE]	No, not offered to [me/ENROLLEE]	Do not know if offered	N/A Self-employed
1 ❍	0 ❍	D ❍	2 ❍

CATI VERSION

B5. **I'm going to read a list of benefits that some employers offer their employees.**

Please answer 'yes' if the benefit was offered to [you/ENROLLEE] – even if [you do/ (he/she) does] not use or receive it. If you do not know if it was offered, or if [you are/ (he/she) is] self-employed, please let me know.

IF NEEDED: If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.

CODE ONE PER ROW

	YES, EMPLOYER OFFERS TO ENROLLEE	NO, NOT OFFERED TO ENROLLEE	DO NOT KNOW IF OFFERED	N/A – SELF-EMPLOYED	REF
a. Health care insurance (such as medical and/or hospital)?	1	0	D	2	R
b. Any paid leave (such as sick time or vacation)?	1	0	D	2	R

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[have you/has ENROLLEE] [your/(his/her)]

B6. **In the past 2 months, [have you/has ENROLLEE] received any advice about modifying [your/ (his/her)] job or workplace?**

This advice could come from an employer, as well as from staff at other organizations. Please do not include advice from friends or family. **[BOND 12-mo, C28d rev]**

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B6. **In the past 2 months, [have you/has ENROLLEE] received any advice about modifying [your/ (his/her)] job or workplace?**

This advice could come from an employer, as well as from staff at other organizations. Please do not include advice from friends or family.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[your/ENROLLEE's] [your/(his/her)] [you/ENROLLEE]

B7. After [your/ ENROLLEE's] injury or illness, did [your/ (his/her)] employer offer [you/ (him/her)] the chance to return to work with any of the following temporary changes in [your/ (his/her)] work duties or work environment? [WCRI Injured Worker Survey 2019, rev]

a. A reduction in work hours or a shorter work-week?			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

b. A telecommuting arrangement such as working from home?			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

c. Additional breaks from work?			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

d. A change in [your/ ENROLLEE's] job duties			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

e. Changes to [your/ ENROLLEE's] work space or equipment or work location or work environment?			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

f. Some other temporary change?			
Yes	No	Not needed	N/A Self-Employed
99 ❍	0 ❍	2 ❍	3 ❍

IF OTHER SPECIFY (B7f=99):

B7f_other: What other accommodations has [your/ENROLLEE's] employer made because of [your/ (his/her)] injury or illness?

Specify _____ (STRING 150)

CATI VERSION

B7. **After [your/ ENROLLEE's] injury or illness, did [your/ (his/her)] employer offer [you/ (him/her)] the chance to return to work with any of the following temporary changes in [your/ (his/her)] work duties or work environment?**

For each, please tell me if [your/ENROLLEE's] employer offered it or not, if it was not needed, or if it does not apply because [you are/ (he/she) is] self-employed.

IF NEEDED:

After [your/ ENROLLEE's] injury or illness, did [your/ (his/her)] employer offer [you/ (him/her)] the chance to return to work with …

CODE ONE PER ROW

	YES	NO	NOT NEEDED	N/A – SELF-EMPLOYED	DK	REF
a. A reduction in work hours or a shorter work-week?	1	0	2	3	d	r
b. A telecommuting arrangement such as working from home?	1	0	2	3	d	r
c. Additional breaks from work?	1	0	2	3	d	r
d. A change in your job duties?	1	0	2	3	d	r
e. Changes to your work space or equipment or work location or work environment?	1	0	2	3	d	r
f. Some other temporary change? (SPECIFY)	99	0	2	3	d	r

IF OTHER SPECIFY (B7f=99):

B7f_other: What other accommodations has [your/ENROLLEE's] employer made because of [your/ (his/her)] injury or illness?

Specify [ ] (STRING 150)

ENROLLEE ON MEDICAL LEAVE NOW (B1=2)
[you are/ ENROLLEE is] [You/ENROLLEE] [Your/ENROLLEE's] [you are/ENROLLEE is]

B8. Below is a list of reasons why some people are out on medical leave. For each, select "yes" if it is a reason [you are/ENROLLEE is] out on leave or "no" if it is not. [NBS-17, B25, REV]

a. [You are/ ENROLLEE is] worried [your/ (his/her)] illness/injury will get worse if [you/ (him/her)] return to work.	
Yes	No
1 ❍	0 ❍

b. [Your/ENROLLEE's] injury or illness or is too severe.	
Yes	No
1 ❍	0 ❍

c. [Your/ENROLLEE's] doctor does not think [you are / (he/she) is] ready to work.	
Yes	No
1 ❍	0 ❍

d. [Your/ENROLLEE's] employer will not provide needed support, accommodation, or flexibility.	
Yes	No
1 ❍	0 ❍

e. [You do/ ENROLLEE does] not have a way to get to and from work.	
Yes	No
1 ❍	0 ❍

f. [You/ENROLLEE] cannot get help needed with daily living activities, such as dressing or bathing.	
Yes	No
1 ❍	0 ❍

g. Other reason on medical leave – not listed above.	
Yes	No
99 ❍	0 ❍

NO RESPONSE ..... M

IF OTHER SPECIFY (B8g=99):
B8g_other: **What is the reason [you are/ENROLLEE is] out on medical leave at this time?**

CATI VERSION

B8. Next I'll read some reasons why some people are out on medical leave. For each, say "yes" if it is a reason [you are/ENROLLEE is] out on leave or "no" if it is not.

	CODE ONE PER ROW			
	YES	NO	DK	REF
a. [You are/ ENROLLEE is] worried [your/ (his/her)] illness/injury will get worse if [you/ (him/her)] return to work.	1	0	d	r
b. [Your/ENROLLEE's] injury or illness is too severe.	1	0	d	r
c. [Your/ENROLLEE's] doctor does not think [you are / (he/she) is] ready to work.	1	0	d	r
d. [Your/ ENROLLEE's] employer will not provide needed support, accommodation, or flexibility.	1	0	d	r
e. [You do/ ENROLLEE does] not have a way to get to and from work.	1	0	d	r
f. [You/ENROLLEE] cannot get help needed with daily living activities, such as dressing or bathing.	1	0	d	r
g. Other reason on medical leave, not listed. (SPECIFY)	99	0	d	r

IF OTHER SPECIFY (B8g=99):

B8g_other: What is the reason [you are/ENROLLEE is] out on medical leave at this time?

ENROLLEE NOT WORKING NOW – NOT ON MEDICAL LEAVE (B1=0)
[are you / is ENROLLEE is] [I go/ ENROLLEE goes] [my/ (his/her)]

B9. Below is a list of reasons why some people are not working now. For each, select "yes" if it is a reason [you are/ENROLLEE is] not working now or "no" if it is not. [NBS-17, B25, REV]

a. Worried that if [I go/ ENROLLEE goes] back to work [my/ (his/her)] injury or illness will get worse.	
Yes	No
1 ❍	0 ❍

b. Doctor does not want [me/ (him/her)] to work.	
Yes	No
1 ❍	0 ❍

c. Employer will not provide needed supports, accommodation, or flexibility.	
Yes	No
1 ❍	0 ❍

d. Injury or illness is too severe.	
Yes	No
1 ❍	0 ❍

e. In school or training program.	
Yes	No
1 ❍	0 ❍

f. No work available/ laid off.	
Yes	No
1 ❍	0 ❍

g. Was fired or terminated from job.	
Yes	No
1 ❍	0 ❍

h. Cannot get help needed with daily living activities such as dressing or bathing.	
Yes	No
1 ❍	0 ❍

B9. CONTINUED: Below is a list of reasons why some people are not working now. For each, select "yes" if it is a reason [you are/ENROLLEE is] not working now or "no" if it is not.

i. Other reason, not listed.	
Yes	No
99 ❍	0 ❍

NO RESPONSE ..... M

IF OTHER SPECIFY (B9i=99): **B9i_other: What is the reason [you are/ENROLLEE is] not working now?**

[ ] (STRING 250)

CATI VERSION

B9. I'm going to read a list of reasons why some people are not working now. For each, say "yes" if it is a reason [you are/ENROLLEE is] not working now or "no" if it is not.

	CODE ONE PER ROW			
	YES	NO	DK	REF
a. Worried that if [I go/ ENROLLEE goes] back to work [my/ (his/her)] injury or illness will get worse.	1	0	d	r
b. Doctor does not want [me/ (him/her)] to work.	1	0	d	r
c. Employer will not provide needed supports, accommodation, or flexibility.	1	0	d	r
d. Injury or illness is too severe.	1	0	d	r
e. In school or training program.	1	0	d	r
f. No work available or laid off.	1	0	d	r
g. Was fired or terminated from job?	1	0	d	r
h. Cannot get help needed with daily living activities such as dressing or bathing.	1	0	d	r
i. Other reason, not listed (SPECIFY).	99	0	d	r

IF OTHER SPECIFY (B9j=99):
B9i_other: What is the reason [you are/ENROLLEE is] not working now?

[ ] (STRING 250)

ENROLLEE NOT WORKING NOW, NOT ON MEDICAL LEAVE (B1=0)
[you/ENROLLEE] [Have you/Has ENROLLEE]

B10. Looking for work includes looking for a full-time or part-time job, for which [you/ENROLLEE] will be paid. [Have you/Has ENROLLEE] been looking for work during the last two months? [BOND 36-mo, C2 rev]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B10. Looking for work includes looking for a full-time or part-time job, for which [you/ENROLLEE] will be paid. [Have you/Has ENROLLEE] been looking for work during the last two months?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ENROLLEE NOT WORKING NOW (B1=0) OR IS ON MEDICAL LEAVE (B1= 2)
[Do you/ Does ENROLLEE]

B11. [Do you/ Does ENROLLEE] plan to return to work in the future? [NEW]

- ❍ Yes ..... 1 GO TO B12
- ❍ No ..... 0 GO TO C1

NO RESPONSE ..... M GO TO C1

CATI VERSION

B11. [Do you/ Does ENROLLEE] plan to return to work in the future?

- ❍ Yes ..... 1 GO TO B12
- ❍ No ..... 0 GO TO C1

DON'T KNOW ..... d GO TO C1

REFUSED ..... r GO TO C1

ENROLLEE PLANS TO RETURN TO WORK (B11=1)
[ARE YOU/IS ENROLLEE]

B12. [Are you/Is ENROLLEE] planning to return to work in the next 90 days? [NEW]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B12. [Are you/Is ENROLLEE] planning to return to work in the next 90 days?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[you/ENROLLEE] [have you/ has ENROLLEE] [you only do/ ENROLLEE only does] [your/ (his/her)]

B13. **The next questions ask about other activities [you/ENROLLEE] may have done to earn money.**

In the past month, [have you/ has ENROLLEE] been paid for any of the following occasional work activities or side jobs, such as: babysitting, house cleaning, yard work, or other personal services, such as running errands, etc.?

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job. **[Survey of Household Economics and Decision making, G1 REV]**

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B13. **The next questions ask about other activities [you/ENROLLEE] may have done to earn money.**

In the past month, [have you/ has ENROLLEE] been paid for any of the following occasional work activities or side jobs, such as: babysitting, house cleaning, yard work, or other personal services, such as running errands, etc.?

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[have you/ has ENROLLEE] ~~[your/ (his/her)]~~ ~~[your/ (his/her)]~~ [you only do/ ENROLLEE only does] [your/ (his/her)]

B14. **In the past month, [have you/ has ENROLLEE] been paid for any of the following *online* occasional work activities or side jobs, such as: completing paid online tasks, renting out property online; selling goods on-line, or driving using a ride-sharing app?**

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job. [Survey of Household Economics and Decision making, G2 REV]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B14. **In the past month, [have you/ has ENROLLEE] been paid for any of the following *online* occasional work activities or side jobs, such as: completing paid online tasks, renting out property online; selling goods on-line, or driving using a ride-sharing app?**

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[have you/ has ENROLLEE] [you only do/ ENROLLEE only does] [your/ (his/her)]

B15. **In the past month, [have you/ has ENROLLEE] been paid for any *other* occasional work activities or side jobs such as: selling goods at flea markets, garage sales or thrift stores? [Survey of Household Economics and Decision making, G3, REV]**

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job.

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B15. **In the past month, [have you/ has ENROLLEE] been paid for any *other* occasional work activities or side jobs such as: selling goods at flea markets, garage sales, or thrift stores?**

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

REPORTS OCCASSIONAL WORK (B13=1 OR B14=1 OR B15=1)

B16. About how much of last month's income came from all occasional paid work activities or side jobs?

Would you say it was… [Survey of Household Economics and Decision making, G20.2 REV]

- ❍ Less than 25% 1
- ❍ 26 to 50% 2
- ❍ 51 to 75% 3
- ❍ More than 75% 4

NO RESPONSE ..... M

SOFT CHECK: IF B16 = M; **Please provide an answer to this question. Your best guess is fine.**

B16. About how much of last month's income came from all occasional paid work activities or side jobs?

Would you say it was….

CODE ONE ONLYCODE ONE ONLY

Less than 25% 1

26 to 50% 2

51 to 75% 3

More than 75% 4

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF B16=d OR r; **Your best guess is fine.**

SECTION C. TRAINING AND SERVICES RECEIVED

ALL CONSENTING (A1= 1 OR 2)
[have you/has ENROLLEE]

C1. The next set of questions ask about training and other services.

Employment-related services can include help searching for work, referrals to jobs or employers, help with a resume, information on how to change careers, and information on education or job training programs.

In the past 2 months, [have you/has ENROLLEE] received any employment-related support services? Do not include supports provided by friends or family. [NEW]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

SOFT CHECK: IF C1=NO RESPONSE;
Please provide an answer to this question. This helps us make sure you only receive questions that apply to you.

CATI VERSION:

C1. The next set of questions ask about training and other services.

Employment-related services can include help searching for work, referrals to jobs or employers, help with a resume, information on how to change careers, and information on education or job training programs.

In the past 2 months, [have you/has ENROLLEE] received any employment-related support services? Do not include supports provided by friends or family.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C1=D OR R;
Employment-related services are an important topic for this study. Are there any concerns you have about answering this question that I could help address?

PROGRAMMER: IF C1=1, 0, D OR R – CASE HAS MET STUDY CRITERIA FOR A QUALIFIED PARTIAL (INCLUSION IN ANALYSIS FILE AND FACTORED INTO SURVEY RESPONSE RATE ACCORDINGLY).

ALL CONSENTING (A1=1 OR 2)
[Are you/Is ENROLLEE]

C2. [Are you/Is ENROLLEE] currently enrolled in school or taking any classes? [POD, B1, rev]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

C2. [Are you/Is ENROLLEE] currently enrolled in school or taking any classes?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[have you/has ENROLLEE] [you/(him/her)] [your/(his/her)]

C3. In the past 2 months, [have you/has ENROLLEE] participated in any training program that lasted at least one week and that was designed to help [you/(him/her)] find a job, improve [your/(his/her)] job skills, or learn a new job? [POD, B3]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

C3. In the past 2 months, [have you/has ENROLLEE] participated in any training program that lasted at least one week and that was designed to help [you/(him/her)] find a job, improve [your/(his/her)] job skills, or learn a new job?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[have you/has ENROLLEE]

C4. **A care or other service coordinator helps people with support services after injury or illness. They might coordinate medical services, work with employers/supervisors to develop alternative job duties or help people find temporary employment.**

In the last 2 months, [have you/has ENROLLEE] worked with a care or other service coordinator? [NEW]

- ❍ Yes ..... 1 GO TO C5
- ❍ No ..... 0 GO TO C6

NO RESPONSE ..... M GO TO C6

CATI VERSION

C4. **A care or other service coordinator helps people with support services after injury or illness. They might coordinate medical services, work with employers/supervisors to develop alternative job duties or help people find temporary employment.**

In the last 2 months, [have you/has ENROLLEE] worked with a care or other service coordinator?

YES ..... 1 GO TO C5

NO ..... 0 GO TO C6

DON'T KNOW ..... d GO TO C6

REFUSED ..... r GO TO C6

REPORTS USE OF COORDINATOR SERVICES (C4=1)

C5. **How useful were the services the care or other service coordinator provided? [NEW]**

- ❍ Very useful 1
- ❍ Somewhat useful 2
- ❍ Not very useful 3
- ❍ Not at all useful 4

NO RESPONSE ..... M

CATI VERSION

C5. **How useful were the services the care or other service coordinator provided?**

CODE ONE ONLY

Very useful 1

Somewhat useful 2

Not very useful 3

Not at all useful 4

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 or 2)
[you have/has ENROLLEE] [your/(his/her)] [your/ (his/her)]

C6. In the past 2 months, [have you/ has ENROLLEE] talked with your doctor or other healthcare providers about how [your/ (his/her)] injury or illness affects [your/ (his/her)] ability to work? [NEW]

- ❍ Yes ..... 1 GO TO C7
- ❍ No ..... 0 GO TO C7
- ❍ Have not seen doctor or other health care providers in past 2 months ..... 2 GO TO D1

NO RESPONSE ..... M GO TO D1

CATI VERSION

C6. In the past 2 months, [have you/ has ENROLLEE] talked with your doctor or other healthcare providers about how [your/ (his/her)] injury or illness affects [your/ (his/her)] ability to work?

IF NEEDED: If [you have/ ENROLLEE has] not seen [your/ (his/her)] doctor or other healthcare providers in the past 2 months, just let me know.

YES ..... 1 GO TO C7

NO ..... 0 GO TO C7

HAVE NOT SEEN DOCTOR OR OTHER HEALTH CARE PROVIDERS IN PAST 2 MONTHS ..... 2 GO TO D1

DON'T KNOW ..... d GO TO D1

REFUSED ..... r GO TO D1

ENROLLEE HAD CONTACT WITH PROVIDER IN PAST 2 MONTHS (C6=1,0)
[you have/ENROLLEE has] [your/ (his/her)] [you need/ENROLLEE needs] [your/ (his/her)]

C7. Please think about the care [you have/ENROLLEE has] received from [your/ (his/her)] doctor or other healthcare providers in the past two months.

How helpful have these providers been in providing all the services [you need/ENROLLEE needs] to help return to work or stay at work after [your/ (his/her)] injury or illness? [NEW]

- ❍ Extremely helpful 1
- ❍ Somewhat helpful 2
- ❍ Not very helpful 3
- ❍ Not at all helpful 4

NO RESPONSE ..... M

CATI VERSION:

C7. Please think about the care [you have/ENROLLEE has] received from [your/ (his/her)] doctor or other healthcare providers in the past two months.

How helpful have these providers been in providing all the services [you need/ENROLLEE needs] to help return to work or stay at work after [your/ (his/her)] injury or illness?

CODE ONE ONLY

Extremely helpful 1
Somewhat helpful 2
Not very helpful 3
Not at all helpful 4
DON'T KNOW ..... d
REFUSED ..... r

SECTION D. HEALTH AND WELL-BEING

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's]

D1. The next set of questions ask about your health and well-being. There are no right or wrong answers, as everyone's experience is different.

In general, how would you rate [your/ENROLLEE's] health? [POD, F1]

- ❍ Excellent 1
- ❍ Very good 2
- ❍ Good 3
- ❍ Fair 4
- ❍ Poor 5

NO RESPONSE ..... M

CATI VERSION:

D1. The next set of questions ask about your health and well-being. There are no right or wrong answers, as everyone's experience is different.

In general, how would you rate [your/ENROLLEE's] health?

CODE ONE ONLY

Excellent 1
Very good 2
Good 3
Fair 4
Poor 5
DON'T KNOW ..... d
REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[are you/is (he/she)] [your/ (his/her)] [you/(he/she)] [you are/(he/she) is] [State name for Medicaid]

D2. **[Do you/Does ENROLLEE] have <u>health insurance</u> coverage now?**

For instance, [are you/is (he/she)] covered by a plan that someone else in [your/ (his/her)] family has, or through a health plan [your/ (his/her)] employer provides, or Medicare, Medicaid [or State name for Medicaid], or a plan [you/ (he/she)] bought on [your/ (his/her)] own? [BOND 36mo, G1]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

SOFT CHECK: IF D2=0;

So, [you are/ (he/she) is] uninsured, is that correct? This means no Medicaid coverage or any other government sponsored health insurance coverage. [BOND 36mo, G2]

CATI VERSION:

D2. **[Do you/Does ENROLLEE] have <u>health insurance</u> coverage now?**

PROBE: For instance, [are you/is (he/she] covered by a plan that someone else in [your/ (his/her)] family has, or through a health plan [your/ (his/her)] employer provides, or Medicare, Medicaid [or State name for Medicaid], or a plan [you/ (he/she)] bought on [your/ (his/her)] own?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF D2=0;

So, [you are/ (he/she) is] uninsured, is that correct? This means no Medicaid coverage or any other government sponsored health insurance coverage.

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's]

D3. Now thinking about [your/ENROLLEE's] <u>physical health</u>, which includes physical illness and injury, for how many days during the past 30 days was [your/ENROLLEE's] <u>physical</u> health not good? [BRFSS 2018, PHYSHLTH]

|__|__| DAYS IN PAST 30 WHERE PHYSICAL HEALTH NOT GOOD

NO RESPONSE ..... M

SOFT CHECK: IF D3=M; **Please select a number between 0 and 30.**

CATI VERSION:

D3. Now thinking about [your/ENROLLEE's] <u>physical health</u>, which includes physical illness and injury, for how many days during the past 30 days was [your/ENROLLEE's] <u>physical</u> health not good?

|__|__| DAYS IN PAST 30 WHERE PHYSICAL HEALTH NOT GOOD

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF D3>30; **PLEASE ENTER A NUMBER BETWEEN 0 AND 30.**

ALL CONSENTING SELF REPORTING ENROLLEES (A=1 OR CURRENT MODE = SELF-REPORTING)
INSERT FILL CONDITION OR DELETE ROW

D4. Using a scale of 0-10 with 0 being no pain and 10 being the worst imaginable pain, how would you rate your pain on average in the past 7 days? [NHIS Supplement on Cancer Screenings & Survivorship]

|__|__| PAIN ON AVERAGE IN PAST 7 DAYS
(0-10)

(RANGE 0-10)

NO RESPONSE ..... M

SOFT CHECK: IF D4>10; **Please enter a number between 0 and 10.**

CATI VERSION:

D4. Using a scale of 0-10 with 0 being no pain and 10 being the worst imaginable pain, how would you rate your pain on average in the past 7 days?

|__|__| PAIN ON AVERAGE IN PAST 7 DAYS
(0-10)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF D4>10; **PLEASE ENTER A NUMBER BETWEEN 0 AND 10.**

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's]

D5. During the past 2 months, how much did <u>pain</u> interfere with [your/ENROLLEE's] normal work, including both work outside the home and housework? [POD, F8]

- ❍ All of the time 1
- ❍ Most of the time 2
- ❍ A little of the time 3
- ❍ None of the time 4

NO RESPONSE ..... M

CATI VERSION:

D5. During the past 2 months, how much did <u>pain</u> interfere with [your/ENROLLEE's] normal work, including both work outside the home and housework?

CODE ONE ONLY

All of the time 1
Most of the time 2
A little of the time 3
None of the time 4
DON'T KNOW ..... d
REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[you/ENROLLEE]

D6. **Opioid pain relievers are drugs used to treat moderate-to-severe pain. They are often prescribed following surgery or injury, or for health conditions.**

In the past 2 months, has a doctor or other health professional given [you/ENROLLEE] a prescription for opioid pain relievers? [SAMHSA - Alcohol, Tobacco, and Other Drugs Survey, REV; CDC - Opioid Overdose Survey, REV]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION:

D6. **Opioid pain relievers are drugs used to treat moderate-to-severe pain. They are often prescribed following surgery or injury, or for health conditions.**

In the past 2 months, has a doctor or other health professional given [you/ENROLLEE] a prescription for opioid pain relievers?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's] [your/(his/her)]

D7. Now thinking about [your/ENROLLEE's] mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was [your/ (his/her)] <u>mental health</u> not good? [BRFSS 2018, MENTHLTH]

|__|__| DAYS IN PAST 30 WHERE MENTAL HEALTH NOT GOOD
(RANGE 0-30)

NO RESPONSE ..... M

SOFT CHECK: IF D7=M OR >30; **Please record a number between 0 and 30.**

CATI VERSION:

D7. Now thinking about [your/ENROLLEE's] mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was [your/ (his/her)] <u>mental health</u> not good?

|__|__| DAYS IN PAST 30 WHERE MENTAL HEALTH NOT GOOD
(RANGE 0-30)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF D7>30: INTERVIEWER – RECORD A NUMBER BETWEEN 0-30.

SECTION E. GENERAL INFORMATION ABOUT YOU

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's] [Your/ (His/Her)]

E_INTRO.

The last set of questions ask for some general information about [you/ENROLLEE]. This helps researchers better understand the experiences of different groups of people.

❍ CONTINUE 1

NO RESPONSE ..... M

CATI VERSION:

E_INTRO.

The last set of questions ask for some general information about [you/ENROLLEE]. This helps researchers better understand the experiences of different groups of people.

CONTINUE 1

ALL CONSENTING (A1=1 OR 2)
[Are you/Is ENROLLEE]

E1. [Are you/Is ENROLLEE] … [PROMISE, P2_A_Q2, REV]

- ❍ Married 1
- ❍ In a marriage-like relationship 2
- ❍ Divorced 3
- ❍ Separated 4
- ❍ Widowed 5
- ❍ Single, never married 6

NO RESPONSE ..... M

CATI VERSION:

E1. [Are you/Is ENROLLEE]…

INTERVIEWER: PROBE, FOR CURRENT MARITAL STATUS. IF ONCE DIVORCED, BUT NOW REMARRIED, THE STATUS WOULD BE "MARRIED."

CODE ONE ONLY

Married, ... 1

In a marriage-like relationship, ... 2

Divorced, ... 3

Separated, ... 4

Widowed, or 5

Single, never married? 6

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[you/ENROLLEE] [your/ENROLLEE's] [ENROLLEE MAILING ADDRESS] [ENROLLEE CITY], [ENROLLEE STATE] [ENROLLEE ZIPCODE]

E2. Thanks for answering these questions.

We will send [you/ENROLLEE] a check for $25 for taking part in this survey. Our records show [your/ENROLLEE's] mailing address is:

[ENROLLEE MAILING ADDRESS]

[ENROLLEE CITY], [ENROLLEE STATE] [ENROLLEE ZIPCODE]

Is this correct? If not, please select "not correct" to update this information.

❍ This is correct ..... 1 GO TO E4

❍ Not correct – need to update ..... 0 GO TO E3

NO RESPONSE ..... M GO TO E4

PROGRAMMER: IF VALUES FOR FILLS ARE MISSING, THEN POPULATE FILL WITH "NOT ON FILE". THIS WOULD NOT NECESSARILY APPLY TO ADDRESS2 AS THAT'S ACCEPTABLE TO HAVE DATA FOR.

CATI VERSION:

E2. Thanks for answering these questions. We will send [you/ENROLLEE] a check for $25 for taking part in this survey. Our records show [your/ENROLLEE's] mailing address is:

[ENROLLEE MAILING ADDRESS]

[ENROLLEE CITY], [ENROLLEE STATE] [ENROLLEE ZIPCODE]

Is this correct?

This is correct ..... 1 GO TO E4

Not correct – need to update ..... 0 GO TO E3

DON'T KNOW ..... d GO TO E4

REFUSED ..... r GO TO E4

MAILING ADDRESS NEEDS UPDATE (E2=0)
[your/ENROLLEE's] [you/enrollee]

E3. What is [your/ENROLLEE's] mailing address?

Street address / PO Box: ☐ (STRING 150)

City: ☐ STRING 100)

State: ☐ USE DROP DOWN MENU

Zip code: ☐ (STRING 5)

NO RESPONSE ..... M

SOFT CHECK: IF E3=NO RESPONSE ALL CELLS;

Please provide an address. This helps us keep in touch with [you/enrollee] and ensures we mail the $25 check to the correct address.

CATI VERSION:

E3. What is [your/ENROLLEE's] mailing address?

_____
STREET 1 OR P.O. BOX NUMBER

_____
STREET 2

_____
CITY

_____
STATE

_____
ZIP

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF E3= D OR R:

This helps us keep in touch with [you/enrollee] and ensures we mail the $25 check to the correct address.

ALL CONSENTING (A1=1 OR 2)
[you/ ENROLLEE] [ENROLLEE TELEPHONE NUMBER]

E4. **What is the best telephone number to reach [you/ ENROLLEE] at? Our records show it as:**
[ENROLLEE TELEPHONE NUMBER]

Is this correct? If not, please select "no" to update this information.

❍ This is correct ..... 1 GO TO E6
❍ Not correct – need to update ..... 0 GO TO E5
NO RESPONSE ..... M GO TO E7

SOFT CHECK: IF E4=M; **Please provide a telephone number. This helps us reach [you/enrollee] for the next survey.**

CATI VERSION:

E4. **What is the best telephone number to reach [you/ENROLLEE] at? Our records show it as:**
[ENROLLEE TELEPHONE NUMBER]
Is this correct?

THIS IS CORRECT ..... 1 GO TO E6
NOT CORRECT – NEED TO UPDATE ..... 0 GO TO E5
DON'T KNOW ..... d GO TO E6
REFUSED ..... r GO TO E7

SOFT CHECK: IF E4=D OR R; **This helps us reach [you/enrollee] for the next survey.**

BEST PHONE NEEDS UPDATE (E4=0)
[you/ENROLLEE]

E5. What is the best telephone number to reach [you/ENROLLEE] at?

TELEPHONE ☐☐☐ ☐☐☐ ☐☐☐☐ (STRING 10) GO TO E6

NO RESPONSE ..... M GO TO E7

SOFT CHECK: IF E5=D OR R;
Providing a telephone number helps us reach [you/ENROLLEE] for the next survey.

CATI VERSION:

E5. What is the best telephone number to reach [you/ENROLLEE] at?

|___|___|___| - |___|___|___| - |___|___|___|___| GO TO E6

DON'T KNOW ..... d GO TO E7

REFUSED ..... r GO TO E7

SOFT CHECK: IF E5=D OR R;
Providing a telephone number helps us reach [you/ENROLLEE] for the next survey.

PHONE CORRECT (E4=1) OR PHONE PROVIDED (E5 NE M)
[you/ENROLLEE]

E6. Would it be ok for us to send a text message when we try to contact [you/ENROLLEE] for the next survey? Please note that standard text message rates may apply. (NLTS2012, J11b)

- ❍ Ok to send a text to that number 1
- ❍ Not ok to text that number 0
- ❍ Phone number does not accept text messages 2

NO RESPONSE ..... M

SOFT CHECK: IF E6=M; **This helps us reach [you/ENROLLEE] you for the next survey.**

CATI VERSION:

E6. Would it be ok for us to send a text message when we try to contact [you/ENROLLEE] for the next survey? Please note that standard text message rates may apply.

CODE ONE ONLY

OK TO SEND A TEXT TO THAT NUMBER 1
NOT OK TO TEXT THAT NUMBER 0
PHONE NUMBER DOES NOT ACCEPT TEXT MESSAGES 2
DON'T KNOW ..... d
REFUSED ..... r

SOFT CHECK: IF E6= D OR R; **This helps us reach [you/ENROLLEE] for the next survey.**

ALL CONSENTING (A1=1 OR 2)

E7. **That is the end of the survey - thank you for completing it!**

Your efforts help make the evaluation of RETAIN a success. If you have any questions, or if your contact information changes, please call us at xxx-xxx-xxxx (toll free).

We look forward to hearing from you in the next survey about one year from now.

Mathematica

CATI VERSION:

E7. **That is the end of the survey - thank you for completing it! Your efforts help make the evaluation of RETAIN a success.**

If you have any questions, or if your contact information changes, please call xxx-xxx-xxxx. We look forward to hearing from you in the next survey about one year from now.

OMB Control No.: XXXX-XXXX
Expiration date: XX/XX/XXXX

Mathematica

Retaining Employment and Talent After Injury/Illness Network (RETAIN) Enrollee Survey

This survey should be completed by: [Name (MPRID)]

Please return this survey by: [DATE]

Your input matters!

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: xxxxx. Do not return the completed form to this address.

ABOUT THIS SURVEY

This survey is part of a national study for the "Retaining Employment and Talent After Injury/Illness Network" (RETAIN) program. The study is paid for by the Social Security Administration (SSA).

The survey asks about your employment, services received, your well-being, and some general information about you. It takes about 12 minutes to answer these questions.

You will get $25 for completing this voluntary survey. Your answers will be kept private and will be grouped together with everyone else who responds. This information will be4 used for research purposes only. Your decision to take part will not affect any benefits that you, or your household members, receive now or in the future.

INSTRUCTIONS

- **Please record your answers as clearly as possible.**
- **Mark checkboxes with a check (✓) or X mark.**
- **Continue to the next question in the survey unless instructed to go elsewhere.**

RETURNING THIS FORM

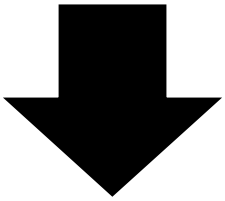
Thank you for completing this survey!

Please return it to:

RETAIN Survey Team
Mathematica
P.O. Box 2393
Princeton, NJ 08540

If you have any questions about the survey, contact Mathematica at XXX-XXX-XXXX.

BEGIN HERE



Q1. How will you be completing this survey?

1 ☐ I am completing on my own

2 ☐ Another person is answering on my behalf

Q2. Do you have an injury or illness that limits the kind or amount of work you can do now?

1 ☐ Yes

0 ☐ No

EMPLOYMENT

The next set of questions asks about employment.

Q3. Are you now employed at a job, organization, or business for pay or profit?

This includes work you may do for a business that you own. If you are self-employed, select "yes" below.

MARK ONE ONLY

1 ☐ Yes – employed and working now

2 ☐ Yes – employed but out on leave right now

0 ☐ No → **GO TO Q14 ON PAGE 5**

Q4. How long have you been employed at this job, organization or business? If you currently work more than one job, please answer about your main job.

1 ☐ Less than 2 months

2 ☐ 2 to 12 months

3 ☐ More than 12 months

IF EMPLOYED AND WORKING NOW, CONTINUE TO Q5 ON PAGE 2.
IF EMPLOYED AND ON LEAVE NOW, GO TO Q11 ON PAGE 4.

Q5. How many hours per week do you typically work at this job?

If you currently work more than one job, please answer about your main job.

Your best guess is fine.

|__|__| HOURS PER WEEK

Q6. How much do you typically earn, before taxes or other deductions, on this job? Please include tips and bonuses.

Your best estimate is fine.

$ |__|__|__| , |__|__|__| . |__|__| EARNINGS

Q7. Is that hourly, daily, weekly, bi-weekly, twice a month, monthly, or annually?

1 ☐ Hourly

2 ☐ Daily

3 ☐ Weekly

4 ☐ Bi-Weekly

5 ☐ Twice a month

6 ☐ Monthly

7 ☐ Annually

99 ☐ Other *(specify):* _____

Q8. Here are benefits some employers offer their employees. Does your employer offer you any of these benefits? Please answer 'yes' if the benefit was offered to you, even if you do not use or receive it.

MARK ONE PER ROW

	Yes, employer offers to me	No, not offered to me	Do not know if offered	N/A Self-employed
a. Health care insurance (such as medical and/or hospital)?	1 ☐	0 ☐	D ☐	2 ☐
b. Any paid leave (such as sick time or vacation)?	1 ☐	0 ☐	D ☐	2 ☐

Q9. In the past 2 months, have you received any advice about modifying your job or workplace?

This advice could come from an employer, as well as from staff at other organizations. Please do not include advice from friends or family.

1 ☐ Yes

0 ☐ No

Q10. Here are some temporary changes in your work duties or environment.

After your injury or illness, did your employer offer you the chance to return to work with any of the following temporary changes in your work duties or work environment?

MARK ONE PER ROW

	Yes	No	Not needed	N/A Self-Employed
a. A reduction in work hours or a shorter work-week.	1 ☐	0 ☐	2 ☐	3 ☐
b. A telecommuting arrangement such as working from home.	1 ☐	0 ☐	2 ☐	3 ☐
c. Additional breaks from work.	1 ☐	0 ☐	2 ☐	3 ☐
d. A change in your job duties.	1 ☐	0 ☐	2 ☐	3 ☐
e. Changes to your work space or equipment or work location or work environment.	1 ☐	0 ☐	2 ☐	3 ☐
f. Some other temporary change? (*specify):* _____	1 ☐	0 ☐	2 ☐	3 ☐

IF EMPLOYED AND WORKING NOW GO TO Q18 ON PAGE 6.

IF EMPLOYED AND ON LEAVE NOW, CONTINUE TO Q11.

Q11. Below is a list of reasons why some people are out on medical leave. For each, select "yes" if it is a reason you are out on leave or "no" if it is not.

	MARK ONE PER ROW	
	Yes	No
a. You are worried your illness/injury will get worse if you return to work.	1 ☐	0 ☐
b. Your injury or illness is too severe.	1 ☐	0 ☐
c. Your doctor does not think you are ready to work.	1 ☐	0 ☐
d. Your employer will not provide needed support, accommodation, or flexibility.	1 ☐	0 ☐
e. You do not have a way to get to and from work.	1 ☐	0 ☐
f. You cannot get help needed with daily living activities, such as dressing or bathing.	1 ☐	0 ☐
g. Other reason on medical leave – not listed above. (*specify):* _____	1 ☐	0 ☐

Q12. Do you plan to return to work in the future?

1 ☐ Yes

0 ☐ No → **GO TO Q18**

Q13. Do you plan to return to work in the next 90 days?

1 ☐ Yes

0 ☐ No

IF EMPLOYED AND ON LEAVE NOW, GO TO Q18 ON PAGE 6.

IF NOT EMPLOYED NOW, CONTINUE TO Q14.

Q14. Below is a list of reasons why some people are not working now. For each, select "yes" if it is a reason you are not working now or "no" if it is not.

MARK ONE PER ROW

	Yes	No
a. Worried if I go back to work my illness/injury will get worse.	1 ☐	0 ☐
b. Doctor does not want me to work.	1 ☐	0 ☐
c. Employer will not provide needed supports, accommodation, or flexibility.	1 ☐	0 ☐
d. Injury or illness is too severe.	1 ☐	0 ☐
e. In school or training program.	1 ☐	0 ☐
f. No work available or was laid off.	1 ☐	0 ☐
g. Was fired or terminated from job.	1 ☐	0 ☐
h. Cannot get help needed with daily living activities, such as dressing or bathing.	1 ☐	0 ☐
i. Other reason – not listed above. (s*pecify):* _____	1 ☐	0 ☐

Q15. Looking for work includes looking for a full-time or part-time job, for which you will be paid.

Have you been looking for work during the last two months?

1 ☐ Yes

0 ☐ No

Q16. Do you plan to return to work in the future?

1 ☐ Yes

0 ☐ No → **GO TO Q18**

Q17. Do you plan to return to work in the next 90 days?

1 ☐ Yes

0 ☐ No → **GO TO Q18**

The next questions ask about other activities you may have done to earn money.

Q18. In the past month, have you been paid for any of the following occasional work activities or side jobs, such as babysitting, house cleaning or yard work, or providing other personal services, such as running errands, etc.?

Do not include activities that you only do as part of your main job.

1 ☐ Yes

0 ☐ No

Q19. In the past month, have you been paid for any of the following *online* occasional work activities or side jobs, such as: completing paid online tasks, renting out property online, selling goods on-line, or driving using a ride-sharing app?

Do not include activities that you only do as part of your main job.

1 ☐ Yes

0 ☐ No

Q20. In the past month, have you been paid for any *other* occasional work activities or side jobs such as selling goods at flea markets, garage sales, or thrift stores?

Do not include activities that you only do as part of your main job.

1 ☐ Yes

0 ☐ No

IF YOU EARN INCOME THROUGH OCCASIONAL WORK ACTIVITIES, GO TO Q21.

IF YOU DO NOT EARN INCOME THROUGH OCCASIONAL WORK ACTIVITIES, GO TO Q22.

Q21. About how much of last month's income did you get from occasional paid activities or side jobs?

1 ☐ Less than 25%

2 ☐ 26 to 50%

3 ☐ 51 to 75%

4 ☐ More than 75%

TRAINING AND SERVICES

The next set of questions ask about training and other services.

Q22. Employment-related services can include help searching for work, referrals to job or employers, help with a resume, information on how to change careers, and information on education or job training programs.

In the past 2 months, have you received any employment-related support services? Do not include supports provided by friends or family.

1 ☐ Yes

0 ☐ No

Q23. Are you <u>currently</u> enrolled in school or taking any classes?

1 ☐ Yes

0 ☐ No

Q24. In the past 2 months, have you participated in any <u>training program</u> that lasted at least one week and that was designed to help you find a job, improve your job skills, or learn a new job?

1 ☐ Yes

0 ☐ No

Q25. A care or other service coordinator helps people with support services after injury or illness. They might coordinate medical services, work with employers/supervisors to develop alternative job duties or help people find temporary employment.

In the last 2 months, have you worked with a care or other service coordinator?

1 ☐ Yes

0 ☐ No → **GO TO Q27**

Q26. How useful were the services the care or other service coordinator provided?

1 ☐ Very useful

2 ☐ Somewhat useful

3 ☐ Not very useful

4 ☐ Not at all useful

Q27. In the past two months, have you talked with your doctor or other health care providers about how your injury or illness affects your ability to work?

MARK ONE ONLY

1 ☐ Yes

0 ☐ No → **GO TO Q29**

2 ☐ Does not apply—I have not seen a health care provider in past two months → **GO TO Q29**

Q28. Please think about the care you have received from your doctor or other healthcare providers in the past two months.

How helpful have these providers been in providing all the services you need to help return to work or stay at work after your injury or illness?

MARK ONE ONLY

1 ☐ Extremely helpful

2 ☐ Somewhat helpful

3 ☐ Not very helpful

4 ☐ Not at all helpful

HEALTH AND WELL BEING

The next set of questions ask about your health and well-being. There are no right or wrong answers, as everyone's experience is different.

Q29. In general, how would you rate your health?

1 ☐ Excellent

2 ☐ Very good

3 ☐ Good

4 ☐ Fair

5 ☐ Poor

Q30. Do you have health insurance coverage now?

For instance, are you covered by a plan that some else in your family has, or through a health plan your employer provides, or Medicare, Medicaid, or a plan you bought on your own?

1 ☐ Yes

0 ☐ No

Q31 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

|__|__| DAYS IN PAST 30 WHERE PHYSICAL HEALTH NOT GOOD

Q32. Using a scale of 0-10 with 0 being no pain and 10 being the worst imaginable pain, how would you rate your pain on average in the past 7 days?

|__|__| PAIN ON AVERAGE IN PAST 7 DAYS

Q33. During the past 2 months, how much did pain interfere with your normal work, including both work outside the home and housework?

MARK ONE ONLY

1 ☐ All of the time

2 ☐ Most of the time

3 ☐ A little of the time

4 ☐ None of the time

Q34. Opioid pain relievers are drugs used to treat moderate-to-severe pain. They are often prescribed following surgery or injury, or for health conditions.

In the past 2 months, has a doctor or other health professional given you a prescription for opioid pain relievers?

1 ☐ Yes

0 ☐ No

Q35. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

|__|__| DAYS IN PAST 30 WHERE MENTAL HEALTH NOT GOOD

GENERAL INFORMATION ABOUT YOU

The last set of questions ask for some general information about you. This helps researchers better understand the experiences of different groups of people.

Q36. Are you…

MARK ONE ONLY

1 ☐ Married

2 ☐ In a marriage-like relationship

3 ☐ Divorced

4 ☐ Separated

5 ☐ Widowed

6 ☐ Single, never married

Q37. What is your mailing address? This helps us keep in touch with you and ensures we mail your $25 check to the correct address.

_____

STREET OR P.O. BOX NUMBER

_____

CITY STATE ZIP CODE

Q38. What is the best telephone number to reach you at? This helps us reach you for the next survey.

|___|___|___| - |___|___|___| - |___|___|___|___|

AREA CODE PHONE NUMBER

Q39. Would it be ok for us to send a text message when we try to contact you for the next survey? Please note that standard text message rates will apply.

MARK ONE ONLY

1 ☐ Ok to send a text to that number

0 ☐ Not ok to text that number

2 ☐ Phone number does not accept text messages

Thanks for completing this survey! Please return it in the envelope provided. If you have any questions about the survey, contact Mathematica at XXX-XXX-XXXX. We look forward to hearing from you in the next survey about one year from now.

Retaining Employment and Talent After Injury/Illness Network (RETAIN) Enrollee Round 2 Survey: questionnaire and programming specifications

12.17.19 (Deliverable 9.2C – R2)

Programming and operational assumptions:

- **Modes.** The enrollee survey will be administered in three modes – web, telephone, and paper. These specifications are for the computer-assisted versions only (web, telephone).
- **Population.** Enrollees in RETAIN evaluation who have undergone random assignment and have been randomly selected for the survey. These are individuals who have had an injury (likely musculoskeletal) and may be at risk of exit from the labor force and / or long-term reliance on long-term injury or illness programs, such as SSDI and SSI. Respondents will include self-reporting enrollees as well as proxies answering on enrollees' behalf.
- **Target respondent.** Enrollees in RETAIN who have enrolled during Phase 2. The subset of phase 2 states are not yet determined, but could include: CA, KS, MN, VT, CT, KY, OH, or WA. All eligible sample members will be included in the R2 survey, regardless of participation in the R1 survey.
- **Length.** The questionnaire is designed to take about 18 minutes to complete.
- **Language.** The questionnaire is available in English and Spanish only.
- **Administration and design specifications.** Each item in the web questionnaire specifications includes: which respondents receive the item; dynamic fills, designated by text [in brackets]; emphasis text, designated by underlined font; soft checks that help improve data quality (designated in boxes below applicable items); response options shown with boxes indicate "check all that apply" response format, whereas those shown in circles denote "check one" response format. The web survey will be optimized to deploy on mobile devices, tablets, and/ or personal computers.
- **Web survey login.** Respondents will login to the homepage and input their username and password.
- **Critical items** have soft checks added throughout the instrument. Cases will be designated as qualified partials that have provided responses up to item D1 (receipt of employment services).

Questionnaire sections:

A	Introduction
B	Employment
C	Household Income
D	Training and services
E	Health and well-being
F	General information about you

PROGRAMMING FILLS BY STATE:

PROGRAM STATE	State Name for RETAIN	State Name for Medicaid	State Name for TANF	State Name for SNAP
CA	RETAIN-California	Medi-Cal	CALWORKS (California Work Opportunity and Responsibility to Kids)	CalFresh
CT	RETAIN-Connecticut	HUSKYHealth	JOBS First	SNAP
KY	Retaining Kentucky's Workforce through Universal Design (RKW-UD)	Kentucky Medicaid	K-TAP (Kentucky Transitional Assistance Program)	SNAP
KS	RETAIN-Kansas	KanCare Medical Assistance Program	Kansas Works	Food Assistance Program
MN	RETAIN-Minnesota	Medical Assistance (MA) / MinnesotaCare	MFIP (Minnesota Family Investment Program)	SNAP
OH	RETAIN-Ohio	Ohio Medicaid	OWF (Ohio Works First)	SNAP
VT	RETAIN-Vermont	Green Mountain Care	ANFC (Aid to Needy Families with Children), Reach Up, TANF work program	3SquaresVT
WA	RETAIN-Washington	Healthy Families	Work First	Basic Food

WEB PROGRAMMING NOTES:

- Include section header titles, but no logos on each page. Logo appears on intro and closing pages only.
- Do not employ a progress bar on the page; do not display item numbers on screen.
- All items presented in grid format will be optimized for presentation on mobile devices.
- Forward, back, and save buttons appear in the same locations on each page. One item presented per page unless otherwise specified.

CATI PROGRAMMING NOTE:

- Ensure that it is possible for an interviewer to toggle to proxy administration at any point in the interview.

WEB ONLY: LOGIN SCREEN:

OMB No.: Expiration Date:

Mathematica

Welcome to the RETAIN Enrollee Survey!

To begin, please enter your survey username and password below:

Username:	
Password:	

PLEASE CLICK THE "NEXT" BUTTON BELOW TO CONTINUE …

If you have any questions, or are having difficulty logging in, we are here to help.
Please call the study team xxx-xxx-xxxx (toll free).

Public reporting burden for this collection of information is estimated to average 24 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: xxxx.

CATI VERSION

Hello.

Hi, my name is [INTERVIEWER]. May I please speak to [ENROLLEE FULLNAME]?

I'm calling to follow up on a letter we sent about an important study for the Social Security Administration.

	CODE ONE ONLY ONE ONLY	CODE
SPEAKING TO [FIRSTNAME]	1	GO TO A1
[FIRSTNAME] COMES TO THE PHONE	2	GO TO A1
NEED TO CALLBACK (NO APPT)	3	TERMINATE
NEED TO CALLBACK (SET APPT)	4	SETAPPT
[FIRSTNAME] HAS A HEALTH PROBLEM	5	SEEK PROXY
[FIRSTNAME] IS IN AN INSTITUTION (HOSPITAL, GROUP HOME, JAIL)	6	SEEK PROXY
[FIRSTNAME] HAS MOVED/HAS NEW NUMBER	7	TERMINATE
[FIRSTNAME] DOES NOT SPEAK ENGLISH	8	SEEK PROXY
NEVER HEARD OF [FULLNAME]/WRONG NUMBER	9	TERMINATE
HUNG UP DURING INTRODUCTION (HUDI)	10	TERMINATE
[FIRSTNAME] IS DECEASED	11	TERMINATE
PROXY TO COMPLETE INTERVIEW	12	GO TO A1

SECTION A. INTRODUCTION

ALL

A1. This survey is part of a national study for the "Retaining Employment and Talent After Injury/Illness Network" (RETAIN) program. It is paid for by the Social Security Administration (SSA). The survey asks about employment, services received, your well-being, and some general information about you.

You'll get $25 for completing this voluntary survey. It takes about 18 minutes to complete. Your answers will be kept private and will be grouped together with everyone else who responds. How will you be completing this survey? [NEW]

PROGRAMMER: DO NOT ALLOW MISSING VALUES ON THIS ITEM

- ❍ I am completing on my own ..... 1 GO TO A2
- ❍ Another person is answering on my behalf ..... 2 GO TO A2
- ❍ I do not agree to take part ..... 3 TERMINATE

HARD CHECK: IF A1=NO RESPONSE;

Your answer to this question is important to the study. It tells us that you have agreed to take part in the survey. It also helps us ensure you receive only questions that apply to you. If you have any questions about the survey, please call xxx-xxx-xxxx.

CATI VERSION

A1. This survey is part of a national study for the "Retaining Employment and Talent After Injury/Illness Network" (RETAIN) program. It is paid for by the Social Security Administration (SSA). The survey asks about employment, services received, your well-being, and some general information about you.

You'll get $25 for completing this voluntary survey. It takes about 18 minutes to complete. Your answers will be kept private and will be grouped together with everyone else who responds. Do you have any questions for me before we begin?

How will you be completing this survey?

IF NEEDED: Will you be completing it on your own or is someone completing it on your behalf?

CODE ONE ONLYCODE

ONE ONLY

I am completing on my own ..... 1 GO TO A2

Another person is answering on my behalf..... 2 GO TO A2

I DO NOT AGREE TO TAKE PART ..... r TERMINATE-REF

PROGRAMMER DO NOT POPULATE DON'T KNOW RESPONSE IN A1

PROGRAMMER BOX 1
PROGRAMMER IF A1=2, POPULATE ALL FILLS HERE FORWARD WITH PROXY TEXT. IF A1=1, POPULATE FILLS FOR SELF-REPORT. IF A1=REFUSED (3 OR R), ROUTE TO REFUSAL PATH AND TERMINATE.

ALL CONSENTING (A1=1 OR 2)
[Do you/ Does ENROLLEE]

A2. [Do you/ Does ENROLLEE] have an injury or illness that limits the kind or amount of work you can do now? [RETAIN Enrollment form, Q10]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

A2. [Do you/ Does ENROLLEE] have an injury or illness that limits the kind or amount of work you can do now?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

SECTION B. EMPLOYMENT

ALL CONSENTING (A1=1 OR 2)
[Are you/Is ENROLLEE] [you/(he/she)] [you own/(he/she) owns] [you are/(he/she) is]

B1. The next set of questions ask about employment.

[Are you/Is ENROLLEE] now employed at a job, organization, or business for pay or profit? This includes work [you/ (he/she)] may do for a business that [you own/ (he/she) owns]. If [you are/ (he/she) is] self-employed, select "yes" below. **[POD, C1, rev]**

- ❍ Yes – employed and working now ..... 1 GO TO B2
- ❍ Yes – employed but out on medical leave right now ..... 2 GO TO B2
- ❍ No ..... 0 GO TO B9

NO RESPONSE ..... M GO TO C1

SOFT CHECK: IF B1=NO RESPONSE;
Your answer to this question helps make sure you only receive questions that apply to you.

CATI VERSION:

B1. The next set of questions ask about employment.

[Are you/Is ENROLLEE] now employed at a job, organization, or business for pay or profit? This includes work [you/ (he/she)] may do for a business that [you own/ (he/she) owns].

IF EMPLOYED – PROBE IF <u>WORKING NOW</u> OR ON <u>MEDICAL LEAVE NOW</u>.

YES – EMPLOYED AND WORKING NOW ..... 1 GO TO B2
YES – EMPLOYED BUT OUT ON MEDICAL LEAVE RIGHT NOW ..... 2 GO TO B2
NO ..... 0 GO TO B9
DON'T KNOW ..... d GO TO C1
REFUSED ..... r GO TO C1

SOFT CHECK: IF B1= D OR R;
Your answer to this question helps make sure you only receive questions that apply to you.

ENROLLEE EMPLOYED (B1=1 OR 2)
[you/ (he/she)] [work/works] [your/ (his/her]] [have you/ has ENROLLEE]

B2. **If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.**

How long [have you/ has ENROLLEE] been employed at this job, organization, or business? Has it been … [New]

- ❍ Less than 2 months 1
- ❍ 2 to 12 months 2
- ❍ More than 12 months 3

No Response ..... M

CATI VERSION

B2. **If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.**

How long [have you/ has ENROLLEE] been employed at this job, organization, or business? Has it been …

Less than 2 months, ... 1

2 to 12 months, or 2

More than 12 months 3

DON'T KNOW ..... d

REFUSED ..... r

PROGRAMMER: IF EMPLOYED BUT ON MEDICAL LEAVE (B1=2) ROUTE TO B8.

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[you/(he/she)] [work/works] [your/ (his/her)] [you work/ (he/she) works]

B3. **How many hours per week [do you/does ENROLLEE] typically work at this job?**

If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job. **[POD, C10, rev]**

☐ (RANGE 0-168)	HOURS PER WEEK	GO TO B4
NO RESPONSE ..... M		GO TO B3a

SOFT CHECK: IF B3 IS>50 ; **If [you work/ (he/she) works] more than one job, please answer about [your/ (his/her)] main job.**
SOFT CHECK: IF B3=NO RESPONSE; **Please provide an answer to this question. Your best guess is fine.**

CATI VERSION

B3. **How many hours per week [do you/does ENROLLEE] typically work at this job?**

IF NEEDED: If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.

|__|__|	HOURS PER WEEK	GO TO B4
DON'T KNOW ..... d		GO TO B3a
REFUSED ..... r		GO TO B3a

SOFT CHECK: IF B3= D; **Your best guess is fine.**
SOFT CHECK: IF B3>50; **If [you work/ (he/she) works] more than one job, please answer about [your/ (his/her)] main job.**

ENROLLEE EMPLOYED, WORKING NOW (B1=1) AND N HOURS PER WEEK NOT PROVIDED (B3=M, D, OR R)
[you typically work/ ENROLLEE typically works]

B3a. We understand you may not have an exact answer.

What is your best guess as to how many hours a week [you typically work/ ENROLLEE typically works] at this job?

Would you say it is … [NEW]

- ❍ Less than 10 hours per week 1
- ❍ 10 to 20 hours per week 2
- ❍ 21 to 30 hours per week 3
- ❍ 31 to 35 hours per week 4
- ❍ 35 or more hours per week 5

NO RESPONSE ..... M

CATI VERSION

B3a. We understand you may not have an exact answer. What is your best guess as to how many hours a week [you typically work/ ENROLLEE typically works] at this job? Would you say it is …

CODE ONE ONLY

Less than 10 hours per week 1

10 to 20 hours per week 2

21 to 30 hours per week 3

31 to 35 hours per week 4

35 or more hours per week 5

DON'T KNOW ..... d

REFUSED ..... r

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[do you/does ENROLLEE]

B4. **How much [do you/does ENROLLEE] typically earn, before taxes or other deductions, on this job? Please include tips and bonuses. [POD, C11]**

Your best estimate is fine.

PROGRAMMER: INSERT COMMA FIELD MASK

$ ☐ GO TO B4a

(0-200,000)

NO RESPONSE ..... M GO TO B5

SOFT CHECK: IF B4=NO RESPONSE;
Earnings are an important topic for this survey. Please provide an answer to this question.
Your best guess is fine.

CATI VERSION

B4. **How much [do you/does ENROLLEE] typically earn, before taxes or other deductions, on this job? Please include tips and bonuses.**

PROBE: **Your best estimate is fine.**

$ |___|___|___| , |___|___|___| . |___|___| GO TO B4a

(0-200,000)

DON'T KNOW ..... d GO TO B5

REFUSED ..... r GO TO B5

SOFT CHECK: IF B4=D OR R:
Earnings are an important topic for this survey.
Do you have questions or concerns about answering this question that I could help address?

PROGRAMMER: PLACE ITEMS B4 AND B4A ON THE SAME SCREEN IN BOTH WEB AND CATI

ENROLLEE EMPLOYED, REPORTED A WAGE (B4 >0 AND NE OR D OR R)
$[FILL B4] per [FILL B4a] [you earn/ ENROLLEE earns]

B4a. Is that hourly, daily, weekly, bi-weekly, twice a month, monthly, or annually? [POD, C12]

- ❍ Hourly 1
- ❍ Daily 2
- ❍ Weekly 3
- ❍ Bi-weekly 4
- ❍ Twice a month 5
- ❍ Monthly 6
- ❍ Annually 7
- ❍ Other 99

Specify _____ (STRING 100)

NO RESPONSE ..... M

SOFT CHECK: IF B4a=NO RESPONSE;
Please provide an answer to this question. Your best guess is fine.

CATI VERSION

B4a. Is that hourly, daily, weekly, bi-weekly, twice a month, monthly, annually, or some other way?

CODE ONE ONLYCODE ONE ONLY

HOURLY 1
DAILY 2
WEEKLY 3
BI-WEEKLY 4
TWICE A MONTH 5
MONTHLY 6
ANNUALLY 7
OTHER (SPECIFY) 99
_____ (STRING 100)
DON'T KNOW ..... d
REFUSED ..... r

SOFT CHECK: IF (B4 NE D OR R) AND (B4a NE D OR R);
May I confirm I have recorded correctly that [you earn/ ENROLLEE earns] $[FILL B4] [FILL B4a or B4a_specify]?

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[your/ENROLLEE's] [you/ENROLLEE] [you do/(he/she) does] [work/works] [your/ (his/her)] [me/ENROLLEE] [you are/ (he/she) is]

B5. Here are benefits some employers offer their employees. Does [your/ENROLLEE's] employer offer [you/ENROLLEE] any of these benefits?

Please answer 'yes' if the benefit was offered to [you/ENROLLEE] - even if [you do/ (he/she) does] not use or receive it. [POD, C13, rev]

PROGRAMMER: HYPERLINK FROM "EMPLOYER" TO READ: If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.

PROGRAMMER: FORMAT FOR WEB USING BANKED FORMAT TO OPTIMIZE FOR MOBILE DEVICES.

a. Health care insurance (such as medical and/or hospital)?			
Yes, employer offers to [me/ENROLLEE]	No, not offered to [me/ENROLLEE]	Do not know if offered to [me/ENROLLEE]	N/A Self- employed
1 ❍	0 ❍	D ❍	2 ❍

b. Any paid leave (such as sick time or vacation)?			
Yes, employer offers to [me/ENROLLEE]	No, not offered to [me/ENROLLEE]	Do not know if offered to [me/ENROLLEE]	N/A Self employed
1 ❍	0 ❍	D ❍	2 ❍

CATI VERSION

B5. I'm going to read a list of benefits that some employers offer their employees.

Please answer 'yes' if the benefit was offered to [you/ENROLLEE] - even if [you do/ (he/she) does] not use or receive it. If you do not know if it was offered, or if [you are/ (he/she) is] self-employed, please let me know.

IF NEEDED: If [you/ (he/she)] currently [work/works] more than one job, please answer about [your/ (his/her)] main job.

CODE ONE PER ROW

	YES, EMPLOYER OFFERS TO ENROLLEE	NO, NOT OFFERED TO ENROLLEE	DO NOT KNOW IF OFFERED	N/A – SELF-EMPLOYED	REF
a. Health care insurance, such as medical and/or hospital?	1	0	D	2	R
b. Any paid leave (such as sick time or vacation)?	1	0	D	2	R

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[have you/has ENROLLEE] [your/(his/her)]

B6. **In the past 2 months, [have you/has ENROLLEE] received any advice about modifying [your/ (his/her)] job or workplace?**

This advice could come from an employer, as well as from staff at other organizations. Please do not include advice from friends or family. **[BOND 12-mo, C28d rev]**

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B6. **In the past 2 months, [have you/has ENROLLEE] received any advice about modifying [your/ (his/her)] job or workplace?**

This advice could come from an employer, as well as from staff at other organizations. Please do not include advice from friends or family.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ENROLLEE EMPLOYED, WORKING NOW (B1=1)
[your/ENROLLEE's] [your/(his/her)] [you/ENROLLEE]

B7. After [your/ ENROLLEE's] injury or illness, did [your/ (his/her)] employer offer [you/ (him/her)] the chance to return to work with any of the following temporary changes in [your/ (his/her)] work duties or work environment? [WCRI Injured Worker Survey 2019, rev]

a. A reduction in work hours or a shorter work-week?			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

b. A telecommuting arrangement such as working from home?			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

c. Additional breaks from work?			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

d. A change in [your/ ENROLLEE's] job duties?			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

e. Changes to [your/ ENROLLEE's] work space or equipment or work location or work environment?			
Yes	No	Not needed	N/A Self-Employed
1 ❍	0 ❍	2 ❍	3 ❍

f. Some other temporary change?			
Yes	No	Not needed	N/A Self-Employed
99 ❍	0 ❍	2 ❍	3 ❍

IF OTHER SPECIFY (B7f=99):

B7f_other: What other accommodations has [your/ENROLLEE's] employer made because of [your/ (his/her)] injury or illness?

Specify [ ] (STRING 150)

CATI VERSION

B7. **After [your/ ENROLLEE's] injury or illness, did [your/ (his/her)] employer offer [you/ (him/her)] the chance to return to work with <u>any of the following temporary changes</u> in [your/ (his/her)] work duties or work environment?**

For each, please tell me if your employer <u>offered it or not</u>, <u>if it was not needed</u>, or if it <u>does not apply</u> because you are self-employed..

IF NEEDED: After [your/ ENROLLEE's] injury or illness, did [your/ (his/her)] employer offer [you/ (him/her)] the chance to return to work with …

CODE ONE PER ROW

	YES	NO	NOT NEEDED	N/A SELF-EMPLOYED	DK	REF
a. A reduction in work hours or a shorter work-week?	1	0	2	3	d	r
b. A telecommuting arrangement such as working from home?	1	0	2	3	d	r
c. Additional breaks from work?	1	0	2	3	d	r
d. A change in [your/ENROLLEE's] job duties?	1	0	2	3	d	r
e. Changes to [your/ENROLLEE's] work space or equipment or work location or work environment?	1	0	2	3	d	r
f. Some other temporary change? (SPECIFY)	99	0	2	3	d	r

IF OTHER SPECIFY (B7f=99):

B7f_other: What other accommodations has [your/ENROLLEE's] employer made because of [your/ (his/her)] injury or illness?

Specify _____ (STRING 150)

ENROLLEE ON MEDICAL LEAVE NOW (B1=2)
[you are/ ENROLLEE is] [You/ENROLLEE] [Your/ENROLLEE's] [you are/ENROLLEE is]

B8. Below is a list of reasons why some people are out on medical leave. For each, select "yes" if it is a reason [you are/ENROLLEE is] out on leave or "no" if it is not. [NBS-17, B25, REV]

a. [You are/ ENROLLEE is] worried [your/ (his/her)] illness/injury will get worse if [you/ (him/her)] return to work.	
Yes	No
1 ❍	0 ❍

b. [Your/ENROLLEE's] injury or illness or is too severe.	
Yes	No
1 ❍	0 ❍

c. [Your/ENROLLEE's] doctor does not think [you are / (he/she) is] ready to work.	
Yes	No
1 ❍	0 ❍

d. [Your/ENROLLEE's] employer will not provide needed support, accommodation, or flexibility.	
Yes	No
1 ❍	0 ❍

e. [You do/ ENROLLEE does] not have a way to get to and from work.	
Yes	No
1 ❍	0 ❍

f. [You/ENROLLEE] cannot get help needed with daily living activities, such as dressing or bathing.	
Yes	No
1 ❍	0 ❍

g. Other reason on medical leave – not listed above.	
Yes	No
99 ❍	0 ❍

NO RESPONSE ..... M

IF OTHER SPECIFY (B8g=99): B8g_other: **What is the reason [you are/ENROLLEE is] out on medical leave at this time?**

CATI VERSION

B8. Next I'll read some reasons why some people are out on medical leave. For each, say "yes" if it is a reason [you are/ENROLLEE is] out on leave or "no" if it is not.

	CODE ONE PER ROW			
	YES	NO	DK	REF
a. [You are/ ENROLLEE is] worried [your/ (his/her)] illness/injury will get worse if [you/ (him/her)] return to work.	1	0	d	r
b. [Your/ENROLLEE's] injury or illness is too severe.	1	0	d	r
c. [Your/ENROLLEE's] doctor does not think [you are / (he/she) is] ready to work.	1	0	d	r
d. [Your/ ENROLLEE's] employer will not provide needed support, accommodation, or flexibility.	1	0	d	r
e. [You do/ ENROLLEE does] not have a way to get to and from work.	1	0	d	r
f. [You/ENROLLEE] cannot get help needed with daily living activities, such as dressing or bathing.	1	0	d	r
g. Other reason on medical leave, not listed. (SPECIFY)	99	0	d	r

IF OTHER SPECIFY (B8g=99):
B8g_other: What is the reason [you are/ENROLLEE is] out on medical leave at this time?

ENROLLEE NOT WORKING NOW – NOT ON MEDICAL LEAVE (B1=0)
[are you / is ENROLLEE is] [I go/ ENROLLEE goes] [my/ (his/her)]

B9. Below is a list of reasons why some people are not working now. For each, select "yes" if it is a reason [you are/ENROLLEE is] not working now or "no" if it is not. [NBS-17, B25, REV]

a. Worried that if [I go/ ENROLLEE goes] back to work [my/ (his/her)] injury or illness will get worse.	
Yes	No
1 ❍	0 ❍

b. Doctor does not want [me/ (him/her)] to work.	
Yes	No
1 ❍	0 ❍

c. Employer will not provide needed supports, accommodation, or flexibility.	
Yes	No
1 ❍	0 ❍

d. Injury or illness is too severe.	
Yes	No
1 ❍	0 ❍

e. In school or training program.	
Yes	No
1 ❍	0 ❍

f. No work available/ laid off.	
Yes	No
1 ❍	0 ❍

g. Was fired or terminated from job.	
Yes	No
1 ❍	0 ❍

h. Cannot get help needed with daily living activities such as dressing or bathing.	
Yes	No
1 ❍	0 ❍

B9. CONTINUED:

Below is a list of reasons why some people are not working now. For each, select "yes" if it is a reason [you are/ENROLLEE is] not working now or "no" if it is not.

i. Other reason, not listed.	
Yes	No
99 ❍	0 ❍

NO RESPONSE ..... M

IF OTHER SPECIFY (B9i=99):
B9i_other: What is the reason [you are/ENROLLEE is] not working now?

(STRING 250)

CATI VERSION

B9. I'm going to read a list of reasons why some people are not working now. For each, say "yes" if it is a reason [you are/ENROLLEE is] not working now or "no" if it is not.

	CODE ONE PER ROW			
	YES	NO	DK	REF
a. Worried that if [I go/ ENROLLEE goes] back to work [my/ (his/her)] injury or illness will get worse.	1	0	d	r
b. Doctor does not want [me/ (him/her)] to work.	1	0	d	r
c. Employer will not provide needed supports, accommodation, or flexibility.	1	0	d	r
d. Injury or illness is too severe.	1	0	d	r
e. In school or training program.	1	0	d	r
f. No work available/ laid off.	1	0	d	r
g. Was fired or terminated from job?	1	0	d	r
h. Cannot get help needed with daily living activities such as dressing or bathing.	1	0	d	r
i. Other reason, not listed (SPECIFY).	99	0	d	r

IF OTHER SPECIFY (B9j=99):
B9i_other: What is the reason [you are/ENROLLEE is] not working now?

(STRING 250)

ENROLLEE NOT WORKING NOW, NOT ON MEDICAL LEAVE (B1=0)
[you/ENROLLEE] [Have you/Has ENROLLEE]

B10. Looking for work includes looking for a full-time or part-time job, for which [you/ENROLLEE] will be paid.

[Have you/Has ENROLLEE] been looking for work during the last two months? [BOND 36-mo, C2 rev]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B10. Looking for work includes looking for a full-time or part-time job, for which [you/ENROLLEE] will be paid.

[Have you/Has ENROLLEE] been looking for work during the last two months?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ENROLLEE NOT WORKING NOW (B1=0) OR IS ON MEDICAL LEAVE (B1= 2)
[Do you/ Does ENROLLEE]

B11. [Do you/ Does ENROLLEE] plan to return to work in the future? [NEW]

- ❍ Yes ..... 1 GO TO B12
- ❍ No ..... 0 GO TO C1

NO RESPONSE ..... M GO TO C1

CATI VERSION

B11. [Do you/ Does ENROLLEE] plan to return to work in the future?

- ❍ Yes ..... 1 GO TO B12
- ❍ No ..... 0 GO TO C1

DON'T KNOW ..... d GO TO C1

REFUSED ..... r GO TO C1

ENROLLEE PLANS TO RETURN TO WORK (B11=1)
[ARE YOU/IS ENROLLEE]

B12. [Are you/Is ENROLLEE] planning to return to work in the next 90 days? [NEW]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B12. [Are you/Is ENROLLEE] planning to return to work in the next 90 days?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[you/ENROLLEE] [have you/ has ENROLLEE] [you only do/ ENROLLEE only does] [your/ (his/her)]

B13. **The next questions ask about other activities [you/ENROLLEE] may have done to earn money.**

In the past month, [have you/ has ENROLLEE] been paid for any of the following occasional work activities or side jobs, such as: babysitting, house cleaning, yard work, or other personal services, such as running errands, etc.?

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job. **[Survey of Household Economics and Decision making, G1 REV]**

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B13. **The next questions ask about other activities [you/ENROLLEE] may have done to earn money.**

In the past month, [have you/ has ENROLLEE] been paid for any of the following occasional work activities or side jobs, such as: babysitting, house cleaning, yard work, or other personal services, such as running errands, etc.?

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[have you/ has ENROLLEE] ~~[your/ (his/her)]~~ ~~[your/ (his/her)]~~ [you only do/ ENROLLEE only does] [your/ (his/her)]

B14. **In the past month, [have you/ has ENROLLEE] been paid for any of the following *online* occasional work activities or side jobs, such as: completing paid online tasks, renting out property online; selling goods on-line, or driving using a ride-sharing app?**

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job. [Survey of Household Economics and Decision making, G2 REV]

❍ Yes 1

❍ No 0

NO RESPONSE ..... M

CATI VERSION

B14. **In the past month, [have you/ has ENROLLEE] been paid for any of the following *online* occasional work activities or side jobs, such as: completing paid online tasks, renting out property online; selling goods on-line, or driving using a ride-sharing app?**

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[have you/ has ENROLLEE] [you only do/ ENROLLEE only does] [your/ (his/her)]

B15. **In the past month, [have you/ has ENROLLEE] been paid for any *other* occasional work activities or side jobs such as: selling goods at flea markets, garage sales or thrift stores? [Survey of Household Economics and Decision making, G3, REV]**

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job.

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

B15. **In the past month, [have you/ has ENROLLEE] been paid for any *other* occasional work activities or side jobs such as: selling goods at flea markets, garage sales, or thrift stores?**

Do not include activities that [you only do/ ENROLLEE only does] as part of [your/ (his/her)] main job.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

REPORTS OCCASSIONAL WORK (B13=1 OR B14=1 OR B15=1)

B16. About how much of last month's income came from all occasional paid work activities or side jobs?

Would you say it was… [Survey of Household Economics and Decision making, G20.2 REV]

- ❍ Less than 25% 1
- ❍ 26 to 50% 2
- ❍ 51 to 75% 3
- ❍ More than 75% 4

NO RESPONSE ..... M

SOFT CHECK: IF B16 = M; **Please provide an answer to this question. Your best guess is fine.**

B16. About how much of last month's income came from all occasional paid work activities or side jobs?

Would you say it was….

CODE ONE ONLYCODE ONE ONLY

Less than 25% 1

26 to 50% 2

51 to 75% 3

More than 75% 4

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF B16=d OR r; **Your best guess is fine.**

SECTION C. HOUSEHOLD INCOME

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's] [Your/ (His/Her)]

C_INTRO.

The next section asks about benefits [your/ENROLLEE's] household may receive, as well as household income. This information helps researchers better understand how family finances impact people's lives. [Your/ (His/Her)] answers are important to the success of this study and will be grouped together with everyone else who takes part.

❍ CONTINUE 1

NO RESPONSE ..... M

CATI VERSION:

C_INTRO.

The next section asks about benefits [your/ENROLLEE's] household may receive, as well as household income. This information helps researchers better understand how family finances impact people's lives. [Your/ (His/Her)] answers are important to the success of this study and will be grouped together with everyone else who takes part.

CONTINUE 1

ALL CONSENTING (A1=1 OR 2)
[Do you/Does ENROLLEE] [your/ENROLLEE's] [or STATE NAME FOR SNAP]

C1. **[Do you/Does ENROLLEE] or does anyone in [your/ENROLLEE's] household receive assistance from SNAP, the Supplemental Nutrition Assistance Program [or STATE NAME FOR SNAP]? This program was formerly known as "food stamps." [PROMISE, P2_C_B2]**

PROGRAMMER: HYPERLINK FROM "SNAP" TO READ: SNAP provides a monthly supplement for purchasing nutritious food. Benefits are provided on an electronic card, called an EBT card that is used like an ATM card and accepted at most grocery stores.

- ❍ Yes.....1
- ❍ No .....0 GO TO C3

NO RESPONSE.....M GO TO C3

SOFT CHECK: IF C1=NO RESPONSE; **Benefits are an important topic for this survey. Please provide an answer to this question.**

CATI VERSION:

C1. **[Do you/Does ENROLLEE] or does anyone in [your/ENROLLEE's] household receive assistance from SNAP, the Supplemental Nutrition Assistance Program [or STATE NAME FOR SNAP]? This program was formerly known as "food stamps."**

IF NEEDED:

SNAP provides a monthly supplement for purchasing nutritious food. Benefits are provided on an electronic card, called an EBT card that is used like an ATM card and accepted at most grocery stores.

YES 1

NO .....0 GO TO C3

DON'T KNOW .....d GO TO C3

REFUSED .....r GO TO C3

SOFT CHECK: IF C1=D OR R; **Benefits are an important topic for this survey. Do you have concerns about answering this question that I could help address?**

RECEIVES SNAP BENEFITS (C1=1)
[your/ENROLLEE's] [or STATE NAME FOR SNAP]

C2. **How much did [your/ENROLLEE's] household get from the SNAP program [or STATE NAME FOR SNAP] last month? [PROMISE, P2_C_B2a]**

Your best guess is fine.

PROGRAMMER: INSERT COMMA FIELD MASK

$ ☐ HOUSEHOLD $ FROM SNAP LAST MONTH
(0-1,500)

NO RESPONSE ..... M

SOFT CHECK: IF C2=NO RESPONSE;
Please provide an answer to this question. Your best guess is fine.

CATI VERSION:

C2. **How much did [your/ENROLLEE's] household get from the SNAP program [or STATE NAME FOR SNAP] last month?**

PROBE: **This program was formerly known as "food stamps."/Your best guess is fine.**

INTERVIEWER: RECORD IN WHOLE DOLLARS

$|__|,|__|__|__|__| HOUSEHOLD $ FROM SNAP LAST MONTH
(0-1,500)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C2> $500:
May I confirm I have correctly recorded last month's SNAP benefit as $[C2]?

ALL CONSENTING (A1=1 OR 2)
[Do you/Does ENROLLEE] [your/ENROLLEE's]

C3. Do you/Does ENROLLEE] or does anyone in [your/ENROLLEE's] household receive any government housing assistance in paying rent, such as through public housing or Section 8? [PROMISE, P2_C_B3]

PROGRAMMER: HYPERLINK FROM "HOUSING ASSISTANCE" TO READ: This is also known as the Housing Choice Voucher Program. Section 8 provides funding to help people pay their rent.

- ❍ Yes.....1
- ❍ No .....0 GO TO C5

NO RESPONSE.....M GO TO C5

SOFT CHECK: IF C3=NO RESPONSE;
Benefits are an important topic for this survey. Please provide an answer to this question.

CATI VERSION:

C3. [Do you/Does ENROLLEE] or does anyone in [your/ENROLLEE's] household receive any government housing assistance in paying rent, such as through public housing or Section 8?

IF NEEDED: This is also known as the Housing Choice Voucher Program. Section 8 provides funding to help people pay their rent.

YES 1

NO .....0 GO TO C5

DON'T KNOW .....d GO TO C5

REFUSED .....r GO TO C5

SOFT CHECK: IF C3=NO RESPONSE;
Benefits are an important topic for this survey. Do you have concerns about answering this question that I could help address?

HOUSEHOLD RECEIVES INCOME FROM PUBLIC-HOUSING OR SECTION 8 (C3=1)
[your/ENROLLEE's]

C4. **How much did [your/ENROLLEE's] household receive from housing assistance in paying rent (such as through public housing or Section 8) last month? [PROMISE, P2_C_B3A]**

Your best guess is fine.

PROGRAMMER: INSERT COMMA FIELD MASK

$ [ ] HOUSEHOLD $ FROM HOUSING ASSISTANCE LAST MONTH
(0-5,000)

NO RESPONSE ..... M

SOFT CHECK: IF C4=NO RESPONSE;
Please provide an answer to this question. Your best guess is fine.

CATI VERSION:

C4. **How much did [your/ENROLLEE's] household receive from housing assistance in paying rent (such as through public housing or Section 8) last month?**

PROBE: **Your best guess is fine.**

INTERVIEWER: RECORD IN WHOLE DOLLARS.

$|___|,|___|___|___| HOUSEHOLD $ FROM HOUSING ASSISTANCE LAST MONTH
(0-5,000)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C4> $1500:
May I confirm I have correctly recorded last month's housing benefit as $[C4]?

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's] [Do you/ Does ENROLLEE]

C5. **Does anyone in [your/ENROLLEE's] household receive any income from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) because of a disability? [PROMISE, P2_C_B4]**

PROGRAMMER: HYPERLINK FROM "SSI or SSDI" TO READ: SSI and SSDI provides payments to aged, blind, and disabled persons (including children).

- ❍ Yes.....1
- ❍ No .....0 GO TO C7

NO RESPONSE.....M GO TO C7

SOFT CHECK: IF C5=NO RESPONSE;
Benefits are an important topic to this survey. Please provide an answer to this question.

CATI VERSION:

C5. **Does anyone in [your/ENROLLEE's] household receive any income from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) because of a disability?**

IF NEEDED: SSI and SSDI provides payments to aged, blind, and disabled persons (including children).

YES 1
NO .....0 GO TO C7
DON'T KNOW .....d GO TO C7
REFUSED .....r GO TO C7

SOFT CHECK: IF C5=D OR R;
Benefits are an important topic to this survey. Do you have questions or concerns about answering this question that I could help to address?

RECEIVES INCOME FROM SSI OR SSDI (C5=1)
[your/ENROLLEE's]

C6. How much did [your/ENROLLEE's] household receive from SSI or SSDI last month?

Your best guess is fine. [PROMISE, _C_B4a]

PROGRAMMER: INSERT COMMA FIELD MASK

$ ☐ HOUSEHOLD $ FROM SSI/ SSDI LAST MONTH
(0-9,999)

NO RESPONSE ..... M

SOFT CHECK: IF E6=NO RESPONSE;
Benefits are an important topic to this survey. Please provide an answer to this question. Your best guess is fine.

CATI VERSION:

C6. How much did [your/ENROLLEE's] household receive from SSI or SSDI last month?

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

$|__|,|__|__|__| HOUSEHOLD $ FROM SSI/ SSDI LAST MONTH
(0-9,999)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C6> $1,000:
May I confirm I have correctly recorded last month's SSI/SSDI benefit as $[C6]?

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's] [Do you/ Does ENROLLEE]

C7. Does anyone in [your/ENROLLEE's] household receive any <u>unemployment compensation</u> or <u>unemployment benefits</u>? [CPS, Q51A1 REVISED]

❍ Yes.....1

❍ No .....0 GO TO C9

NO RESPONSE.....M GO TO C9

SOFT CHECK: IF C7=NO RESPONSE;
Benefits are an important topic for this survey. Please provide an answer to this question.

CATI VERSION:

C7. Does anyone in [your/ENROLLEE's] household receive any <u>unemployment compensation</u> or <u>unemployment benefits</u>?

PROBE: Your best estimate is fine.

YES 1

NO .....0 GO TO C9

DON'T KNOW .....d GO TO C9

REFUSED .....r GO TO C9

SOFT CHECK: IF C7= D OR R;
Benefits are an important topic for this survey. Do you have questions or concerns about answering this question that I could help to address?

RECEIVES INCOME UNEMPLOYMENT (C7=1)
[your/ENROLLEE's]

C8. How much did [your/ENROLLEE's] household receive <u>last month</u> in unemployment compensation? [CPS, Q51A11 REVISED]

Your best guess is fine.

PROGRAMMER: INSERT COMMA FIELD MASK

$= ☐ HOUSEHOLD $ FROM UNEMPLOYMENT LAST MONTH
(0-9,999)

NO RESPONSE ..... M

SOFT CHECK: IF C8=NO RESPONSE;
Please provide an answer to this question. Your best guess is fine.

CATI VERSION:

C8. How much did [your/ENROLLEE's] household receive <u>last month</u> in unemployment compensation?

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

$|___|,|___|___|___| HOUSEHOLD $ FROM UNEMPLOYMENT LAST MONTH
(0-9,999)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C8> $1,000:
May I confirm I have correctly recorded last month's unemployment compensation as $[C8]?

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's]

C9. **Does anyone in [your/ENROLLEE's] household receive Worker's Compensation payments or other payments as a result of a job related injury or illness? [CPS, Q52a-REV]**

Please include State Worker's Compensation, employer or employer's insurance worker's compensation, or own insurance worker's compensation.

Exclude sick pay and/or disability retirement.

- ❍ Yes.....1
- ❍ No .....0 GO TO C11

NO RESPONSE.....M GO TO C11

SOFT CHECK: IFC9=NO RESPONSE;
Benefits are an important topic for this survey. Please provide an answer to this question.

CATI VERSION:

C9. **Does anyone in [your/ENROLLEE's] household receive Worker's Compensation payments or other payments as a result of a job related injury or illness?**

Please include State Worker's Compensation, employer or employer's insurance worker's compensation, or own insurance worker's compensation. Exclude sick pay and/or disability retirement.

YES 1

NO .....0 GO TO C11

DON'T KNOW .....d GO TO C11

REFUSED .....r GO TO C11

SOFT CHECK: IF C9= D OR R;
Benefits are an important topic for this survey. Do you have questions or concerns about answering this question that I could help to address?

RECEIVES INCOME WORKER'S COMPENSATION C9=1
[your/ENROLLEE's]

C10. How much did [your/ENROLLEE's] household receive last month from worker's compensation payments or other payments as a result of a job related injury or illness? [NEW]

Your best guess is fine.

PROGRAMMER: INSERT COMMA FIELD MASK

$ ☐ HOUSEHOLD $ FROM WORKER'S COMPENSATION OR OTHER PAYMENTS FOR DISABILITY LAST MONTH

(0-9,999)

NO RESPONSE ..... M

SOFT CHECK: IF C10=NO RESPONSE;
Please provide an answer to this question. Your best guess is fine.

CATI VERSION:

C10. How much did [your/ENROLLEE's] household receive last month from worker's compensation payments or other payments as a result of a job related injury or illness?

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

$|__|,|__|__|__| HOUSEHOLD $ FROM WORKER'S COMPENSATION OR OTHER PAYMENTS FOR DISABILITY LAST MONTH
(0-9,999)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C10> $1,000:
May I confirm I have correctly recorded last month's worker's compensation payment as $[C10]?

ALL CONSENTING (A1=1 OR 2)
[Do you/Does ENROLLEE] [your/ENROLLEE's] [Do you/ Does ENROLLEE]

C11. [Do you/Does ENROLLEE] or does anyone in [your/ENROLLEE's] household receive retirement income from social security, a retirement plan, pension, 401k, or any other source of retirement income? [Promise, P2_C_B3A]

PROGRAMMER: HYPERLINK TEXT BELOW OFF OF "RETIREMENT INCOME."

When you work and pay Social Security taxes, you earn "credits" toward Social Security benefits. A Social Security benefit payment is based earnings during a career and age of retirement. Survivors' benefits pay out benefits of a deceased individual to their surviving spouse or dependent children.

Under a retirement plan, an employee contributes a percentage of his/her earnings annually. These contributions are then invested. The employee receives the balance following retirement.

A pension plan promises a specified monthly benefit at retirement. This may be a specific dollar amount or may be calculated based on salary and years of service.

❍ Yes 1

❍ No ..... 0 GO TO C13

NO RESPONSE ..... M GO TO C13

SOFT CHECK: IF C11=NO RESPONSE; **Income is an important topic in this survey. Please provide an answer to this question.**

CATI VERSION:

C11. [Do you/Does ENROLLEE] or does anyone in [your/ENROLLEE's] household receive retirement income from social security, a retirement plan, pension, 401k, or any other source of retirement income?

IF NEEDED: When you work and pay Social Security taxes, you earn "credits" toward Social Security benefits. A Social Security benefit payment is based earnings during a career and age of retirement. Survivors' benefits pay out benefits of a deceased individual to their surviving spouse or dependent children.

Under a retirement plan, an employee contributes a percentage of his/her earnings annually. These contributions are then invested. The employee receives the balance following retirement.

A pension plan promises a specified monthly benefit at retirement. This may be a specific dollar amount or may be calculated based on salary and years of service.

YES 1

NO ..... 0 GO TO C13

DON'T KNOW ..... d GO TO C13

REFUSED ..... r GO TO C13

SOFT CHECK: IF C11=NO RESPONSE; **Income is an important topic in this survey. Do you have questions or concerns about answering this question that I could help to address?**

RECEIVES RETIREMENT INCOME (C11=1)
[your/ENROLLEES's]

C12. How much did [your/ENROLLEE's] household receive in retirement income from all sources last month? [Promise 60mnth, P2_C_B4a.]

Your best guess is fine.

PROGRAMMER: INSERT COMMA FIELD MASK

$ [ ] HOUSEHOLD $ FROM RETIREMENT INCOME LAST MONTH

(RANGE 0-9,999)

NO RESPONSE ..... M

SOFT CHECK: IF C12=NO RESPONSE;
Please provide an answer to this question. Your best guess is fine.

CATI VERSION:

C12. How much did [your/ENROLLEE's] household receive in retirement income from all sources last month?

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

$|___||___|, |___| |___||___| HOUSEHOLD $ FROM RETIREMENT INCOME LAST MONTH (0-9,999)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C12> $1,500: **May I confirm I have correctly recorded last month's retirement income as $[C12]?**

ALL CONSENTING (A1=1 OR 2)
[Do you/Does ENROLLEE] [your/ENROLLEE's]

C13. [Do you/Does ENROLLEE] or does anyone in [your/ENROLLEE's] household receive income from short- or long-term disability payments? [NEW]

- ❍ Yes 1
- ❍ No ..... 0 GO TO C15

NO RESPONSE ..... M GO TO C15

SOFT CHECK: IF C13=NO RESPONSE;
Income is an important topic in this survey. Please provide an answer to this question.

CATI VERSION:

C13. [Do you/Does ENROLLEE] or does anyone in [your/ENROLLEE's] household receive income from short- or long-term disability payments?

YES 1

NO ..... 0 GO TO C15

DON'T KNOW ..... d GO TO C15

REFUSED ..... r GO TO C15

SOFT CHECK: IF C15=NO RESPONSE;
Income is an important topic in this survey. Do you have questions or concerns about answering this question that I could help to address?

RECEIVES SHORT OR LONG TERM DISABILITY INCOME (C13=1)
[your/ENROLLEES's]

C14. How much did [your/ENROLLEE's] household receive in short- or long-term disability payments last month? [NEW]

Your best guess is fine.

PROGRAMMER: INSERT COMMA FIELD MASK

$ [ ] HOUSEHOLD $ FROM SHORT OR LT DISABILITY LAST MONTH
(RANGE 0-9,999)

NO RESPONSE ..... M

SOFT CHECK: IF C14=NO RESPONSE;
Please provide an answer to this question. Your best guess is fine.

CATI VERSION:

C14. How much did [your/ENROLLEE's] household receive in short- or long-term disability payments last month?

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

$|___||___|, |___| |___||___| HOUSEHOLD $ FROM SHORT OR LT DISABILITY LAST MONTH
(0-9,999)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C14> $1,500:
May I confirm I have correctly recorded last month's income from short- or long-term disability as $[C14]?

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's][CURRENT MONTH – 1 MONTH] [your/ENROLLEE's] [Do you/ Does ENROLLEE]

C15. What were the total earnings of all persons in [your/ENROLLEE's] household last month, that is, in [CURRENT MONTH – 1 MONTH]?

Please include wages, salary, commissions, bonuses and tips from all jobs that all household members worked before taxes. Do not include retirement earnings, public benefits or other sources of income [your/ENROLLEE's] household may have received. [PROMISE, P2_C_B6]

PROGRAMMER: INSERT COMMA FIELD MASK

$ ☐ TOTAL HOUSEHOLD EARNINGS LAST MONTH GO TO C17
(0-99,000)

NO RESPONSE ..... M GO TO C16

SOFT CHECK: IF C15=NO RESPONSE; **Income is an important topic in this survey. Please provide an answer to this question. Your best guess is fine.**

CATI VERSION:

C15. What were the total earnings of all persons in [your/ ENROLLEE's] household last month, that is, in [CURRENT MONTH – 1 MONTH]? Please include wages, salary, commissions, bonuses and tips from all jobs that all household members worked before taxes. Do not include retirement earnings, public benefits or other sources of income [your/ENROLLEE's] household may have received.

PROBE: Your best guess is fine.

INTERVIEWER: IF NO INCOME LAST MONTH, RECORD "0."

$|__|__|,|__|__|__| (ALLOWABLE RANGE: 0-99,999) GO TO C15

DON'T KNOW ..... d GO TO C17

REFUSED ..... r GO TO C16

SOFT CHECK: IF C15> $5,000: **May I confirm I have correctly recorded total earnings from last month's as $[C15]?**
SOFT CHECK: IF C15=D OR R: **Income is an important topic in this survey. Do you have questions or concerns about answering this question that I could help to address?**

REFUSED OR DON'T KNOW HOUSEHOLD INCOME FOR LAST MONTH (C15=M, D OR R)
[your/ENROLLEE's][PRIOR CALENDAR MONTH] [your/ENROLLEE's]

C16. We understand you may not be able to provide an exact number. Which of the following ranges best describes the total earnings of all persons in [your/ENROLLEE's] household last month, that is, in [PRIOR CALENDAR MONTH]?

Please include wages, salary, commissions, bonuses and tips from all jobs that all household members worked before taxes. Do not include retirement earnings, public benefits or other sources of income [your/ENROLLEE's] household may have received. [PROMISE, P2_C_B6]

Select one only

- ❍ Less than $500 1
- ❍ $500 to less than $1,500 2
- ❍ $1,500 to less than $2,500 3
- ❍ $2,500 to less than $3,500 4
- ❍ $3,500 to less than $4,500 5
- ❍ $4,500 to less than $5,500 6
- ❍ $5,500 to less than $6,500 7
- ❍ $6,500 or more 8

NO RESPONSE ..... M

CATI VERSION:

C16. We understand you may not be able to provide an exact number.

Which of the following ranges best describes the total earnings of all persons in your household last month, that is, in [PRIOR CALENDAR MONTH]?

Please include wages, salary, commissions, bonuses and tips from all jobs that all household members worked before taxes. Do not include retirement earnings, public benefits or other sources of income [your/ENROLLEE's] household may have received.

CODE ONE ONLYCODE ONE ONLY

Less than $500, ... 1

$500 to less than $1,500, ... 2

$1,500 to less than $2,500, ... 3

$2,500 to less than $3,500, ... 4

$3,500 to less than $4,500, ... 5

$4,500 to less than $5,500, ... 6

$5,500 to less than $6,500 or 7

$6,500 or more? 8

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's] [you have/ (he/she) has]

C17. Does anyone in [your/ENROLLEE's] household receive money from <u>any source [you have/ (he/she) has] not already told me about</u> - such as other kinds of public assistance (such as TANF or [STATE NAME TANF]), money from child support or alimony, interest, dividends, or money from friends and family? [PROMISE, P2_C_B7 REV]

Please <u>do not</u> include wages, salary, commissions, bonuses and tips from all jobs that all household members worked.

❍ Yes 1

❍ No ..... 0 GO TO D1

NO RESPONSE ..... M GO TO D1

CATI VERSION:

C17. Does anyone in [your/ENROLLEE's] household receive money from <u>any source [you have/ (he/she) has] not already told me about</u> - such as other kinds of public assistance (such as TANF or [STATE NAME TANF]), money from child support or alimony, interest, dividends, or money from friends and family?

Please <u>do not</u> include wages, salary, commissions, bonuses and tips from all jobs that all household members worked.

YES 1

NO ..... 0 GO TO D1

DON'T KNOW ..... d GO TO D1

REFUSED ..... r GO TO D1

REPORTS INCOME FROM OTHER SOURCES (C17=1)
[your/ENROLLEE's]

C18. How much money did [your/ENROLLEE's] household receive from these other sources last month? Please do not include wages, salary, commissions, bonuses and tips from all jobs that all household members worked. [PROMISE, P2_C_B7a]

Your best guess is fine.

PROGRAMMER: INSERT COMMA FIELD MASK

$ ☐ HOUSEHOLD $ FROM OTHER SOURCES LAST MONTH

(0-50,000)

NO RESPONSE ..... M

SOFT CHECK: IF C18> $10,000:
To confirm, your household received $[C18] last month?
If that is not correct, please update your answer. If it is, please continue to the next question.

CATI VERSION:

C18. How much money did [your/ENROLLEE's] household receive from these other sources last month?

Please do not include wages, salary, commissions, bonuses and tips from all jobs that all household members worked.

PROBE: Your best guess is fine.

INTERVIEWER: RECORD IN WHOLE DOLLARS

$|__||__|, |__|__|__| HOUSEHOLD $ FROM OTHER SOURCES LAST MONTH

(0-50,000)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C18> $1500: **May I confirm I have correctly recorded $[C18]?**
SOFT CHECK: IF C18> $10,000: **To confirm, your household received $[C18] last month?**

SECTION D. TRAINING AND SERVICES RECEIVED

ALL CONSENTING (A1= 1 OR 2)
[have you/has ENROLLEE] [you have/ (he/she) has]

D1. The next set of questions ask about training and other services.

Employment-related services can include help searching for work, referrals to jobs or employers, help with a resume, information on how to change careers, and information on education or job training programs.

In the past 2 months, [have you/has ENROLLEE] received any employment-related support services? Do not include supports provided by friends or family. [NEW]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

SOFT CHECK: IF D1=M: **This is an important topic for this survey. Please provide an answer to this question.**

PROGRAMMER – IF D1 IS POPULATED (WEB OR CATI) THE CASE SHOULD BE SET AS A QUALIFIED PARTIAL FOR INCLUSION IN THE FINAL DATASET, SHOULD THE INTERVIEW NOT BE COMPLETED BY THE END OF THE FIELD PERIOD.

CATI VERSION:

D1. The next set of questions ask about training and other services.

Employment-related services can include help searching for work, referrals to jobs or employers, help with a resume, information on how to change careers, and information on education or job training programs.

In the past 2 months, [have you/has ENROLLEE] received any employment-related support services? Do not include supports provided by friends or family.

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF D1=D OR R:

This is an important topic for this survey. Are there any concerns [you have/ (he/she)] about answering this question that I can help address?

PROGRAMMER: IF D1=1, 0, D, OR 3 – THE CASE HAS REACHED THRESHOLD TO BE SET AS A QUALIFIED PARTIAL COMPLETE.

ALL CONSENTING (A1=1 OR 2)
[Are you/Is ENROLLEE]

D2. [Are you/Is ENROLLEE] currently enrolled in school or taking any classes? [POD, B1, rev]

❍ Yes 1
❍ No 0
NO RESPONSE ..... M

CATI VERSION

D2. [Are you/Is ENROLLEE] currently enrolled in school or taking any classes?

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[have you/has ENROLLEE] [you/(him/her)] [your/(his/her)]

D3. In the past 2 months, [have you/has ENROLLEE] participated in any training program that lasted at least one week and that was designed to help [you/(him/her)] find a job, improve [your/(his/her)] job skills, or learn a new job? [POD, B3]

❍ Yes 1
❍ No 0
NO RESPONSE ..... M

CATI VERSION

D3. In the past 2 months, [have you/has ENROLLEE] participated in any training program that lasted at least one week and that was designed to help [you/(him/her)] find a job, improve [your/(his/her)] job skills, or learn a new job?

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[have you/has ENROLLEE]

D4. **A care or other service coordinator helps people with support services after injury or illness. They might coordinate medical services, work with employers/supervisors to develop alternative job duties or help people find temporary employment.**

In the last 2 months, [have you/has ENROLLEE] worked with a care or other service coordinator? [NEW]

- ❍ Yes ..... 1 GO TO D5
- ❍ No ..... 0 GO TO D6

NO RESPONSE ..... M GO TO D6

CATI VERSION

D4. **A care or other service coordinator helps people with support services after injury or illness. They might coordinate medical services, work with employers/supervisors to develop alternative job duties or help people find temporary employment.**

In the last 2 months, [have you/has ENROLLEE] worked with a care or other service coordinator?

YES ..... 1 GO TO D5

NO ..... 0 GO TO D6

DON'T KNOW ..... d GO TO D6

REFUSED ..... r GO TO D6

REPORTS USE OF COORDINATOR SERVICES (D4=1)

D5. **How useful were the services the care or other service coordinator provided? [NEW]**

- ❍ Very useful 1
- ❍ Somewhat useful 2
- ❍ Not very useful 3
- ❍ Not at all useful 4

NO RESPONSE ..... M

CATI VERSION

D5. **How useful were the services the care or other service coordinator provided?**

CODE ONE ONLYCODE ONE ONLY

Very useful 1

Somewhat useful 2

Not very useful 3

Not at all useful 4

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 or 2)
[you have/has ENROLLEE] [your/(his/her)] [your/ (his/her)]

D6. In the past 2 months, [have you/ has ENROLLEE] talked with your doctor or other healthcare providers about how [your/ (his/her)] injury or illness affects [your/ (his/her)] ability to work? [NEW]

- ❍ Yes ..... 1 GO TO D7
- ❍ No ..... 0 GO TO E1
- ❍ Have not seen doctor or other health care providers in past 2 months ..... 2 GO TO E1

NO RESPONSE ..... M GO TO E1

CATI VERSION

D6. In the past 2 months, [have you/ has ENROLLEE] talked with your doctor or other healthcare providers about how [your/ (his/her)] injury or illness affects [your/ (his/her)] ability to work?

IF NEEDED: If [you have/ ENROLLEE has] not seen [your/ (his/her)] doctor or other healthcare providers in the past 2 months, just let me know.

YES ..... 1 GO TO D7

NO ..... 0 GO TO E1

HAVE NOT SEEN DOCTOR OR OTHER HEALTH CARE PROVIDERS IN PAST 2 MONTHS ..... 2 GO TO E1

DON'T KNOW ..... d GO TO E1

REFUSED ..... r GO TO E1

ENROLLEE HAD CONTACT WITH PROVIDER IN PAST 2 MONTHS (D6=1,0)
[you have/ENROLLEE has] [your/ (his/her)] [you need/ENROLLEE needs] [your/ (his/her)]

D7. **Please think about the care [you have/ENROLLEE has] received from [your/ (his/her)] doctor or other healthcare providers in the past two months.**

How helpful have these providers been in providing all the services [you need/ENROLLEE needs] to help return to work or stay at work after [your/ (his/her)] injury or illness? [NEW]

- ❍ Extremely helpful 1
- ❍ Somewhat helpful 2
- ❍ Not very helpful 3
- ❍ Not at all helpful 4

NO RESPONSE ..... M

CATI VERSION:

D7. **Please think about the care [you have/ENROLLEE has] received from [your/ (his/her)] doctor or other healthcare providers in the past two months.**

How helpful have these providers been in providing all the services [you need/ENROLLEE needs] to help return to work or stay at work after [your/ (his/her)] injury or illness?

CODE ONE ONLY

Extremely helpful 1

Somewhat helpful 2

Not very helpful 3

Not at all helpful 4

DON'T KNOW ..... d

REFUSED ..... r

SECTION E. HEALTH AND WELL-BEING

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's] [you/ENROLLEE] [your/ (his/her)]

E1. The next set of questions ask about [your/ENROLLEE's] health and well-being. There are no right or wrong answers, as everyone's experience is different.

In general, how would [you/ENROLLEE] rate [your/ (his/her)] health? [POD, F1]

- ❍ Excellent 1
- ❍ Very good 2
- ❍ Good 3
- ❍ Fair 4
- ❍ Poor 5

NO RESPONSE ..... M

CATI VERSION:

E1. The next set of questions ask about [your/ENROLLEE's] health and well-being. There are no right or wrong answers, as everyone's experience is different.

In general, how would [you/ENROLLEE] rate [your/ (his/her)] health?

CODE ONE ONLYCODE ONE ONLY

Excellent 1

Very good 2

Good 3

Fair 4

Poor 5

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[Do you/ Does ENROLLEE] [are you/is (he/she)] [your/ (his/her)] [your/ (his/her)] [State name for Medicaid] [you/(he/she)] [your/(his/her)] [you are/ (he/she) is]

E2. [Do you/Does ENROLLEE] have health insurance coverage now?

For instance, [are you/is (he/she)] covered by a plan that someone else in [your/ (his/her)] family has, or through a health plan [your/ (his/her)] employer provides, or Medicare, Medicaid [or State name for Medicaid], or a plan [you/ (he/she)] bought on [your/ (his/her)] own? [BOND 36-mo, G1]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

SOFT CHECK: IF E2=0;

So, [you are/ (he/she) is] uninsured, is that correct? This means no Medicaid coverage or any other government sponsored health insurance coverage. [BOND 36-mo, G2]

CATI VERSION:

E2. [Do you/Does ENROLLEE] have health insurance coverage now?

PROBE: For instance, [are you/is (he/she] covered by a plan that someone else in [your/ (his/her)] family has, or through a health plan [your/ (his/her)] employer provides, or Medicare, Medicaid [or State name for Medicaid], or a plan [you/ (he/she)] bought on [your/ (his/her)] own?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF E2=0;

So, [you are/ (he/she) is] uninsured, is that correct? This means no Medicaid coverage or any other government sponsored health insurance coverage.

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's]

E3. Now thinking about [your/ENROLLEE's] <u>physical health</u>, which includes physical illness and injury, for how many days during the past 30 days was [your/ENROLLEE's] <u>physical</u> health not good? [BRFSS 2018, PHYSHLTH]

|__|__| DAYS IN PAST 30 WHERE PHYSICAL HEALTH NOT GOOD

NO RESPONSE ..... M

SOFT CHECK: IF E3=M; **Please select a number between 0 and 30.**

CATI VERSION:

E3. Now thinking about [your/ENROLLEE's] <u>physical health</u>, which includes physical illness and injury, for how many days during the past 30 days was [your/ENROLLEE's] <u>physical</u> health not good?

|__|__| DAYS IN PAST 30 WHERE PHYSICAL HEALTH NOT GOOD

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF E3>30; **PLEASE ENTER A NUMBER BETWEEN 0 AND 30.**

ALL CONSENTING SELF REPORTING ENROLLEES (A=1 OR CURRENT MODE = SELF-REPORTING)

E4. **Using a scale of 0-10 with 0 being no pain and 10 being the worst imaginable pain, how would you rate your pain on average in the past 7 days? [NHIS Supplement on Cancer Screenings & Survivorship]**

|__|__| PAIN ON AVERAGE IN PAST 7 DAYS
(0-10)

(RANGE 0-10)

NO RESPONSE ..... M

SOFT CHECK: IF E4>10; **Please enter a number between 0 and 10.**

CATI VERSION:

E4. **Using a scale of 0-10 with 0 being no pain and 10 being the worst imaginable pain, how would you rate your pain on average in the past 7 days?**

|__|__| PAIN ON AVERAGE IN PAST 7 DAYS
(0-10)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF E4>10; **PLEASE ENTER A NUMBER BETWEEN 0 AND 10.**

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's]

E5. During the past 2 months, how much did pain interfere with [your/ENROLLEE's] normal work, including both work outside the home and housework? [POD, F8]

- ❍ All of the time 1
- ❍ Most of the time 2
- ❍ A little of the time 3
- ❍ None of the time 4

NO RESPONSE ..... M

CATI VERSION:

E5. During the past 2 months, how much did pain interfere with [your/ENROLLEE's] normal work, including both work outside the home and housework?

CODE ONE ONLYCODE ONE ONLY

All of the time 1

Most of the time.....2

A little of the time 3

None of the time 4

DON'T KNOW .....d

REFUSED .....r

ALL CONSENTING (A1=1 OR 2)
[you/ENROLLEE]

E6. **Opioid pain relievers are drugs used to treat moderate-to-severe pain. They are often prescribed following surgery or injury, or for health conditions.**

In the past 2 months, has a doctor or other health professional given [you/ENROLLEE] a prescription for opioid pain relievers? [SAMHSA - Alcohol, Tobacco, and Other Drugs Survey, REV; CDC - Opioid Overdose Survey, rev]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION:

E6. **Opioid pain relievers are drugs used to treat moderate-to-severe pain. They are often prescribed following surgery or injury, or for health conditions.**

In the past 2 months, has a doctor or other health professional given [you/ENROLLEE] a prescription for opioid pain relievers?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's] [your/(his/her)]

E7. Now thinking about [your/ENROLLEE's] mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was [your/ (his/her)] mental health not good? [BRFSS 2018, MENTHLTH]

|__|__| DAYS IN PAST 30 WHERE MENTAL HEALTH NOT GOOD
(RANGE 0-30)

NO RESPONSE ..... M

SOFT CHECK: IF E7=M OR >30; **Please record a number between 0 and 30.**

CATI VERSION:

E7. Now thinking about [your/ENROLLEE's] mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was [your/ (his/her)] mental health not good?

|__|__| DAYS IN PAST 30 WHERE MENTAL HEALTH NOT GOOD
(RANGE 0-30)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF E7>30: INTERVIEWER – RECORD A NUMBER BETWEEN 0-30.

SECTION F. GENERAL INFORMATION ABOUT YOU

ALL CONSENTING (A1=1 OR 2)
[your/ENROLLEE's] [Your/ (His/Her)]

F_INTRO.

The last set of questions ask for some general information about [you/ENROLLEE]. This helps researchers better understand the experiences of different groups of people.

❍ CONTINUE 1

NO RESPONSE ..... M

CATI VERSION:

F_INTRO.

The last set of questions ask for some general information about [you/ENROLLEE]. This helps researchers better understand the experiences of different groups of people.

CONTINUE 1

ALL CONSENTING (A1=1 OR 2)
[Are you/Is ENROLLEE]

F1. [Are you/Is ENROLLEE]… [PROMISE, P2_A_Q2, REV]

- ❍ Married 1
- ❍ In a marriage-like relationship 2
- ❍ Divorced 3
- ❍ Separated 4
- ❍ Widowed 5
- ❍ Single, never married 6

NO RESPONSE ..... M

CATI VERSION:

F1. [Are you/Is ENROLLEE]…

INTERVIEWER: PROBE, FOR CURRENT MARITAL STATUS. IF ONCE DIVORCED, BUT NOW REMARRIED, THE STATUS WOULD BE "MARRIED."

CODE ONE ONLYCODE ONE ONLY

Married, ... 1

In a marriage-like relationship, ... 2

Divorced, ... 3

Separated, ... 4

Widowed, or 5

Single, never married? 6

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[yourself/ENROLLEE] [you/(him/her)] [yourself/ENROLLEE] [you/ (him/her)] [yourself/ENROLLEE] [yourself/ENROLLEE] [you live / ENROLLEE lives]

F2. Including [yourself/ENROLLEE], how many people currently live with [you/ (him/her)]?

Please include babies, small children, people who are not related to [you/ (him/her)], and people who are temporarily away. [WIA, E8, REV]

☐ NUMBER OF PEOPLE IN HOUSEHOLD, INCLUDING ENROLLEE

NO RESPONSE ..... M

SOFT CHECK: IF F2>1; **Please confirm that you have included [yourself/ENROLLEE] in the count.**
SOFT CHECK: IF F2=0; **Please include [yourself/ENROLLEE] in the count. If [you live / ENROLLEE lives] alone, please record a "1" for this item.**

CATI VERSION:

F2. Including [yourself/ENROLLEE], how many people currently live with [you/ (him/her)]?

Please include babies, small children, people who are not related to [you/ (him/her)], and people who are temporarily away.

INTERVIEWER: IF NUMBER PROVIDED IS >1, CONFIRM THE R HAS INCLUDED HIM/HERSELF IN THE COUNT.

|__|__| NUMBER OF PEOPLE IN HOUSEHOLD, INCLUDING ENROLLEE

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF F2=0; **Please include [yourself/ENROLLEE] in the count. If [you live/ ENROLLEE lives] alone, please record a "1" for this item.**

N PEOPLE IN ENROLLEE HOUSEHOLD >1 (F2>1)
[you/ENROLLEE]

F3. How many of these people are children under 18 who are financially dependent on [you/ENROLLEE]?

If there are no children under 18 living with you, record "0". **[WIA E9, rev]**

☐ NUMBER OF CHILDREN LIVING IN HOUSEHOLD

NO RESPONSE ..... M

SOFT CHECK: IF F3=NO RESPONSE; **If there are no children under 18 living with you, please record "0".**

CATI VERSION:

F3. How many of these people are children under 18 who are financially dependent on [you/ENROLLEE]?

INTERVIEWER: IF THERE ARE NO APPLICABLE CHILDREN UNDER 18, RECORD "0".

|__|__| NUMBER OF CHILDREN LIVING IN HOUSEHOLD

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[you/ENROLLEE] [your/ENROLLEE's] [ENROLLEE MAILING ADDRESS] [ENROLLEE CITY], [ENROLLEE STATE] [ENROLLEE ZIPCODE]

F4. Thanks for answering these questions.

We will send [you/ENROLLEE] a check for $25 for taking part in this survey. Our records show [your/ENROLLEE's] mailing address is:

[ENROLLEE MAILING ADDRESS]

[ENROLLEE CITY], [ENROLLEE STATE] [ENROLLEE ZIPCODE]

Is this correct? If not, please select "not correct" to update this information.

❍ This is correct ..... 1 GO TO F6

❍ Not correct – need to update ..... 0 GO TO F5

NO RESPONSE ..... M GO TO F6

PROGRAMMER: IF VALUES FOR FILLS ARE MISSING, THEN POPULATE FILL WITH "NOT ON FILE". THIS WOULD NOT NECESSARILY APPLY TO ADDRESS2 AS THAT'S ACCEPTABLE TO HAVE DATA FOR.

CATI VERSION:

F4. Thanks for answering these questions. We will send [you/ENROLLEE] a check for $25 for taking part in this survey. Our records show [your/ENROLLEE's] mailing address is:

[ENROLLEE MAILING ADDRESS]

[ENROLLEE CITY], [ENROLLEE STATE] [ENROLLEE ZIPCODE]

Is this correct?

THIS IS CORRECT ..... 1 GO TO F6

NOT CORRECT – NEED TO UPDATE ..... 0 GO TO F5

DON'T KNOW ..... d GO TO F6

REFUSED ..... r GO TO F6

MAILING ADDRESS NEEDS UPDATE (F4=0)
[your/ENROLLEE's] [you/enrollee]

F5. What is [your/ENROLLEE's] mailing address?

Street address / PO Box: ☐ (STRING 150)

City: ☐ STRING 100)

State: ☐ USE DROP DOWN MENU

Zip code: ☐ (STRING 5)

NO RESPONSE ..... M

CATI VERSION:

F5. What is [your/ENROLLEE's] mailing address?

_____
STREET 1 OR P.O. BOX NUMBER

_____
STREET 2

_____
CITY

_____
STATE

_____
ZIP

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)
[you/ ENROLLEE] [ENROLLEE TELEPHONE NUMBER]

F6. What is the best telephone number to reach [you/ ENROLLEE] at? Our records show it as:

[ENROLLEE TELEPHONE NUMBER]

Is this correct? If not, please select "no" to update this information.

❍ This is correct ..... 1 GO TO F8

❍ Not correct – need to update ..... 0 GO TO F7

NO RESPONSE ..... M GO TO F8

SOFT CHECK: IF F6=M;

Please provide a telephone number. This helps us reach [you/ENROLLEE] if your mailed payment is returned to us.

CATI VERSION:

F6. What is the best telephone number to reach [you/ENROLLEE] at? Our records show it as:

[ENROLLEE TELEPHONE NUMBER]

Is this correct?

THIS IS CORRECT ..... 1 GO TO F8

NOT CORRECT – NEED TO UPDATE ..... 0 GO TO F7

DON'T KNOW ..... d GO TO F8

REFUSED ..... r GO TO F8

SOFT CHECK: IF F6=D OR R;

This helps us reach [you/ENROLLEE] if your mailed payment is returned to us.

PHONE NEEDS UPDATE (F4=0)
[you/ENROLLEE]

F7. What is the best telephone number to reach [you/ENROLLEE] at?

TELEPHONE ☐☐☐ ☐☐☐ ☐☐☐☐ (STRING 10)

NO RESPONSE ..... M

CATI VERSION:

F7. What is the best telephone number to reach [you/ENROLLEE] at?

|___|___|___| - |___|___|___| - |___|___|___|___|

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A1=1 OR 2)

F8. That is the end of the survey - thank you for completing it! Your efforts help make the evaluation of RETAIN a success. If you have any questions, please call us at xxx-xxx-xxxx.

Mathematica

CATI VERSION:

F8. That is the end of the survey - thank you for completing it! Your efforts help make the evaluation of RETAIN a success. If you have any questions, please call xxx-xxx-xxxx.

OMB Control No.: XXXX-XXXX
Expiration date: XX/XX/XXXX

Mathematica

Retaining Employment and Talent After Injury/Illness Network (RETAIN) Enrollee Survey

Your input matters!

This survey should be completed by: [Name (MPRID)]

Please return this survey by: [DATE]

Public reporting burden for this collection of information is estimated to average 24 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: xxxxx. Do not return the completed form to this address.

ABOUT THIS SURVEY

This survey is part of a national study for the "Retaining Employment and Talent After Injury/Illness Network" (RETAIN) program. The study is paid for by the Social Security Administration (SSA).

The survey asks about your employment, services received, your well-being, household income, and some general information about you. It takes about 18 minutes to answer these questions.

You will get $25 for completing this voluntary survey. Your answers will be kept private and will be grouped together with everyone else who responds. Your decision to take part will not affect any benefits that you, or your household members, receive now or in the future.

INSTRUCTIONS

- **Please record your answers as clearly as possible.**
- **Mark checkboxes with a check (✓) or X mark.**
- **Continue to the next question in the survey unless instructed to go elsewhere.**

RETURNING THIS FORM

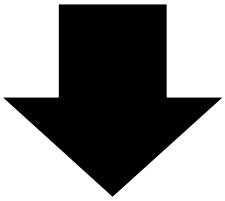
Thank you for completing this survey!

Please return it to:

RETAIN Survey Team
Mathematica
P.O. Box 2393
Princeton, NJ 08540

If you have any questions about the survey, contact Mathematica at XXX-XXX-XXXX.

BEGIN HERE



Q1. How will you be completing this survey?

1 ☐ I am completing on my own

2 ☐ Another person is answering on my behalf

Q2. Do you have an injury or illness that limits the kind or amount of work you can do now?

1 ☐ Yes

0 ☐ No

EMPLOYMENT

The next set of questions asks about employment.

Q3. Are you now employed at a job, organization, or business for pay or profit?

This includes work you may do for a business that you own. If you are self-employed, select "yes" below.

MARK ONE ONLY

1 ☐ Yes – employed and working now

2 ☐ Yes – employed but out on leave right now

0 ☐ No → **GO TO Q14 ON PAGE 7**

Q4. How long have you been employed at this job, organization or business? If you currently work more than one job, please answer about your main job.

1 ☐ Less than 2 months

2 ☐ 2 to 12 months

3 ☐ More than 12 months

IF EMPLOYED AND WORKING NOW, CONTINUE TO Q5 ON PAGE 2.
IF EMPLOYED AND ON LEAVE NOW, GO TO Q11 ON PAGE 4.

Q5. How many hours per week do you typically work at this job?

If you currently work more than one job, please answer about your main job.

Your best guess is fine.

|__|__| HOURS PER WEEK

Q6. How much do you typically earn, before taxes or other deductions, on this job? Please include tips and bonuses.

Your best estimate is fine.

$ |__|__|__| , |__|__|__| . |__|__| EARNINGS

Q7. Is that hourly, daily, weekly, bi-weekly, twice a month, monthly, or annually?

1 ☐ Hourly

2 ☐ Daily

3 ☐ Weekly

4 ☐ Bi-Weekly

5 ☐ Twice a month

6 ☐ Monthly

7 ☐ Annually

99 ☐ Other *(specify):* _____

Q8. Here are benefits some employers offer their employees. Does your employer offer you any of these benefits?

Please answer 'yes' if the benefit was offered to you, even if you do not use or receive it.

MARK ONE PER ROW

	Yes, employer offers to me	No, not offered to me	Do not know if offered	N/A – Self-Employed
a. Health care insurance (such as medical and/or hospital)?	1 ☐	0 ☐	D ☐	2 ☐
b. Any paid leave (such as sick time or vacation)?	1 ☐	0 ☐	D ☐	2 ☐

Q9. In the past 2 months, have you received any advice about modifying your job or workplace?

This advice could come from an employer, as well as from staff at other organizations. Please do not include advice from friends or family.

1 ☐ Yes

0 ☐ No

Q10. Here are some temporary changes in your work duties or environment.

After your injury or illness, did your employer offer you the chance to return to work with any of the following temporary changes in your work duties or work environment?

MARK ONE PER ROW

	Yes	No	Not needed	N/A – Self-employed
a. A reduction in work hours or a shorter work-week	1 ☐	0 ☐	2 ☐	3 ☐
b. A telecommuting arrangement such as working from home	1 ☐	0 ☐	2 ☐	3 ☐
c. Additional breaks from work	1 ☐	0 ☐	2 ☐	3 ☐
d. A change in your job duties	1 ☐	0 ☐	2 ☐	3 ☐
e. Changes to your work space or equipment or work location or work environment	1 ☐	0 ☐	2 ☐	3 ☐
f. Some other temporary change (*specify):* _____	1 ☐	0 ☐	2 ☐	3 ☐

IF EMPLOYED AND WORKING NOW GO TO Q18 ON PAGE 6.

IF EMPLOYED AND ON LEAVE NOW, CONTINUE TO Q11.

Q11. Below is a list of reasons why some people are out on medical leave. For each, select "yes" if it is a reason you are out on leave or "no" if it is not.

	MARK ONE PER ROW	
	Yes	No
a. You are worried your illness/injury will get worse if you return to work.	1 ☐	0 ☐
b. Your injury or illness is too severe.	1 ☐	0 ☐
c. Your doctor does not think you are ready to work.	1 ☐	0 ☐
d. Your employer will not provide needed support, accommodation, or flexibility.	1 ☐	0 ☐
e. You do not have a way to get to and from work.	1 ☐	0 ☐
f. You cannot get help needed with daily living activities, such as dressing or bathing.	1 ☐	0 ☐
g. Other reason on medical leave – not listed above. (s*pecify):* _____	1 ☐	0 ☐

Q12. Do you plan to return to work in the future?

1 ☐ Yes

0 ☐ No → **GO TO Q18 ON PAGE 6**

Q13. Do you plan to return to work in the next 90 days?

1 ☐ Yes

0 ☐ No

IF EMPLOYED AND ON LEAVE NOW, GO TO Q18 ON PAGE 6.

IF NOT EMPLOYED NOW, CONTINUE TO Q14.

Q14. Below is a list of reasons why some people are not working now. For each, select "yes" if it is a reason you are not working now or "no" if it is not.

MARK ONE PER ROW

	Yes	No
a. Worried if I go back to work my illness/injury will get worse.	1 ☐	0 ☐
b. Doctor does not want me to work.	1 ☐	0 ☐
c. Employer will not provide needed supports, accommodation, or flexibility.	1 ☐	0 ☐
d. Injury or illness is too severe.	1 ☐	0 ☐
e. In school or training program.	1 ☐	0 ☐
f. No work available or was laid off.	1 ☐	0 ☐
g. Was fired or terminated from job.	1 ☐	0 ☐
h. Cannot get help needed with daily living activities, such as dressing or bathing.	1 ☐	0 ☐
i. Other reason – not listed above (*specify):* _____	1 ☐	0 ☐

Q15. Looking for work includes looking for a full-time or part-time job, for which you will be paid.

Have you been looking for work during the last two months?

1 ☐ Yes

0 ☐ No

Q16. Do you plan to return to work in the future?

1 ☐ Yes

0 ☐ No → **GO TO Q18**

Q17. Do you plan to return to work in the next 90 days?

1 ☐ Yes

0 ☐ No

The next questions ask about other activities you may have done to earn money.

Q18. **In the past month, have you been paid for any of the following occasional work activities or side jobs, such as: babysitting, house cleaning or yard work, or providing other personal services, such as running errands, etc.?**

Do not include activities that you only do as part of your main job.

1 ☐ Yes

0 ☐ No

Q19. **In the past month, have you been paid for any of the following *online* occasional work activities or side jobs, such as: completing paid online tasks, renting out property online, selling goods on-line, or driving using a ride-sharing app?**

Do not include activities that you only do as part of your main job.

1 ☐ Yes

0 ☐ No

Q20. **In the past month, have you been paid for any *other* occasional work activities or side jobs such as: selling goods at flea markets, garage sales, or thrift stores?**

Do not include activities that you only do as part of your main job.

1 ☐ Yes

0 ☐ No

IF YOU EARN INCOME THROUGH OCCASIONAL WORK ACTIVITIES, GO TO Q21.
IF YOU DO NOT EARN INCOME THROUGH OCCASIONAL WORK ACTIVITIES, GO TO Q22.

Q21. **About how much of last month's income did you get from occasional paid activities or side jobs?**

1 ☐ Less than 25%

2 ☐ 26 to 50%

3 ☐ 51 to 75%

4 ☐ More than 75%

HOUSEHOLD INCOME

The next section asks about benefits your household may receive, as well as household income. This information helps researchers better understand how family finances impact people's lives. Your answers are important to the success of this study and will be grouped together with everyone else who takes part.

Q22. Do you or does anyone in your household receive assistance from SNAP, the Supplemental Nutrition Assistance Program? This program was formerly known as "food stamps."

1 ☐ Yes

0 ☐ No → **GO TO Q24**

Q23. How much did your household get from the SNAP program last month?

Your best guess is fine.

$ |___|___|___|___|.|___|___| HOUSEHOLD $ FROM SNAP LAST MONTH

Q24. Do you or does anyone in your household receive any government housing assistance in paying rent, such as through public housing or Section 8?

1 ☐ Yes

0 ☐ No → **GO TO Q26**

Q25. How much did your household receive from housing assistance in paying rent (such as through public housing or Section 8) last month?

Your best guess is fine.

$ |___|,|___|___|___|.|___|___| HOUSEHOLD $ FROM HOUSING ASSISTANCE LAST MONTH

Q26. Does anyone in your household receive any income from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) because of a disability?

1 ☐ Yes

0 ☐ No → **GO TO Q28**

Q27. How much did your household receive from SSI or SSDI last month?

Your best guess is fine.

$ |___|___|___|___|.|___|___| HOUSEHOLD $ FROM SSI/SSDI LAST MONTH

Q28. Does anyone in your household receive any unemployment compensation or unemployment benefits?

1 ☐ Yes

0 ☐ No → **GO TO Q30**

Q29. How much did your household receive last month in unemployment compensation?

Your best guess is fine.

$ |___|___|___|___|.|___|___| HOUSEHOLD $ FROM UNEMPLOYMENT LAST MONTH

Q30. Does anyone in your household receive Worker's Compensation payments or other payments as a result of a job related injury or illness?

Please include State Worker's Compensation, employer or employer's insurance worker's compensation, or own insurance worker's compensation.

Exclude sick pay and/or disability retirement.

1 ☐ Yes

0 ☐ No → **GO TO Q32**

Q31. How much did your household receive last month from worker's compensation payments or other payments as a result of a job related injury or illness?

Your best guess is fine.

$ |___|___|___|___|.|___|___| HOUSEHOLD $ FROM WORKER'S COMPENSATION OR OTHER PAYMENTS FOR DISABILITY LAST MONTH

Q32. Do you or does anyone in your household receive retirement income from social security, a retirement plan, pension, 401k, or any other source of retirement income?

1 ☐ Yes

0 ☐ No → **GO TO Q34**

Q33. How much did your household receive in retirement income from all sources last month?

Your best guess is fine.

$ |___|___|___|___|.|___|___| HOUSEHOLD $ FROM RETIREMENT INCOME LAST MONTH

Q34. Do you or does anyone in your household receive income from short- or long-term disability payments?

1 ☐ Yes

0 ☐ No → **GO TO Q36**

Q35. How much did your household receive in short- or long-term disability payments last month?

Your best guess is fine.

$ |__|__|__|__|.|__|__| HOUSEHOLD $ FROM SHORT OR LT DISABILITY LAST MONTH

Q36. What were the total earnings of all persons in your household last month?

Please include wages, salary, commissions, bonuses and tips from all jobs that all household members worked before taxes. Do not include retirement earnings, public benefits or other sources of income your household may have received.

Your best guess is fine.

$ |__|__|__|__|.|__|__| TOTAL HOUSEHOLD EARNINGS LAST MONTH

Q37. Does anyone in your household receive money from any source you have not already recorded - such as other kinds of public assistance (such as TANF or [STATE NAME TANF]), money from child support or alimony, interest, dividends, or money from friends and family?

Please do not include wages, salary, commissions, bonuses and tips from all jobs that all household members worked.

1 ☐ Yes

0 ☐ No → **GO TO Q39**

Q38. How much money did your household receive from these other sources last month?

Please do not include wages, salary, commissions, bonuses and tips from all jobs that all household members worked.

Your best guess is fine.

$ |__|__|__|__|__|.|__|__| EARNINGS

TRAINING AND SERVICES RECEIVED

The next set of questions ask about training and other services.

Q39. <u>Employment-related services</u> can include help searching for work, referrals to job or employers, help with a resume, information on how to change careers, and information on education or job training programs.

In the past 2 months, have you received any employment-related support services? Do not include supports provided by friends or family.

1 ☐ Yes

0 ☐ No

Q40. Are you <u>currently</u> enrolled in school or taking any classes?

1 ☐ Yes

0 ☐ No

Q41. In the past 2 months, have you participated in any <u>training program</u> that lasted at least one week and that was designed to help you find a job, improve your job skills, or learn a new job?

1 ☐ Yes

0 ☐ No

Q42. A care or other service coordinator helps people with support services after injury or illness. They might coordinate medical services, work with employers/supervisors to develop alternative job duties or help people find temporary employment.

In the last 2 months, have you worked with a care or other service coordinator?

1 ☐ Yes

0 ☐ No → **GO TO Q44**

Q43. How useful were the services the care or other service coordinator provided?

1 ☐ Very useful

2 ☐ Somewhat useful

3 ☐ Not very useful

4 ☐ Not at all useful

Q44. In the past two months, have you talked with your doctor or other health care providers about how your injury or illness affects your ability to work?

MARK ONE ONLY

1 ☐ Yes

0 ☐ No → **GO TO Q46**

2 ☐ Does not apply—I have not seen a health care provider in past two months → **GO TO Q46**

Q45. Please think about the care you have received from your doctor or other healthcare providers in the past two months.

How helpful have these providers been in providing all the services you need to help return to work or stay at work after your injury or illness?

MARK ONE ONLY

1 ☐ Extremely helpful

2 ☐ Somewhat helpful

3 ☐ Not very helpful

4 ☐ Not at all helpful

HEALTH AND WELL-BEING

The next set of questions ask about your health and well-being. There are no right or wrong answers, as everyone's experience is different.

Q46. In general, how would you rate your health?

1 ☐ Excellent

2 ☐ Very good

3 ☐ Good

4 ☐ Fair

5 ☐ Poor

Q47. Do you have health insurance coverage now?

For instance, are you covered by a plan that someone else in your family has, or through a health plan your employer provides, or Medicare, Medicaid, or a plan you bought on your own?

1 ☐ Yes

0 ☐ No

Q48. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

|__|__| DAYS IN PAST 30 WHERE PHYSICAL HEALTH NOT GOOD

Q49. Using a scale of 0-10 with 0 being no pain and 10 being the worst imaginable pain, how would you rate your pain on average in the past 7 days?

|__|__| PAIN ON AVERAGE IN PAST 7 DAYS

Q50. During the past 2 months, how much did pain interfere with your normal work, including both work outside the home and housework?

MARK ONE ONLY

1 ☐ All of the time

2 ☐ Most of the time

3 ☐ A little of the time

4 ☐ None of the time

Q51. Opioid pain relievers are drugs used to treat moderate-to-severe pain. They are often prescribed following surgery or injury, or for health conditions.

In the past 2 months, has a doctor or other health professional given you a prescription for opioid pain relievers?

1 ☐ Yes

0 ☐ No

Q52. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

|__|__| DAYS IN PAST 30 WHERE MENTAL HEALTH NOT GOOD

GENERAL INFORMATION ABOUT YOU

The last set of questions ask for some general information about you. This helps researchers better understand the experiences of different groups of people.

Q53. Are you…

MARK ONE ONLY

1 ☐ Married

2 ☐ In a marriage-like relationship

3 ☐ Divorced

4 ☐ Separated

5 ☐ Widowed

6 ☐ Single, never married

Q54. Including yourself how many people currently live with you?

Please include babies, small children, people who are not related to you, and people who are temporarily away.

|___|___| NUMBER OF PEOPLE IN HOUSEHOLD INCLUDING YOURSELF

Q55. How many of these people are children under 18 who are financially dependent on you?

If there are no children under 18 living with you, record "0".

|___|___| NUMBER OF CHILDREN LIVING IN HOUSEHOLD

Q56. What is your mailing address? This helps us keep in touch with you and ensures we mail your $25 check to the correct address.

_____

STREET OR P.O. BOX NUMBER

_____

CITY STATE ZIP CODE

Q57. What is the best telephone number to reach you at? This helps us reach you if your mailed payment is returned to us.

|___|___|___| - |___|___|___| - |___|___|___|___|

AREA CODE PHONE NUMBER

Thanks for completing this survey! Please return it in the envelope provided. Your efforts help make the evaluation of RETAIN a success. If you have any questions, please call xxx-xxx-xxxx.