# Appendix H. Instrument 4 Second follow-up survey



# Next Generation of Enhanced Strategies Project

### **Employment**

## Second Follow-up Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate to XXX. OMB expiration date xx/xx/xxxx.

COMPUTER ASSISTED WEB INTERVIEW (CAWI) ALL
COMPUTER ASSISTED TELEPHONE INTERVIEW (CATI) ALL

Intro.\* [IF CATI: My name is [fill Interviewer Name] and I'm calling on behalf of the U.S. Department of Health and Human Services.] Recently, you should have received a letter about a survey Mathematica is conducting for the U.S. Department of Health and Human Services. The [NEXTGEN PROGRAM] is participating in the Next Generation of Enhanced Employment Strategies Project and this survey is part of that study. To inform the study, we need to hear about your experiences including your use of employment services, your jobs, your health, and your receipt of benefits. Your participation in this study will help policymakers and program staff better understand how to improve programs like [NEXTGEN PROGRAM]. Mathematica will mail you a \$50 gift card when the survey is completed.

You agreed to be part of the study around [RA MONTH/YEAR] when you talked with staff from [NEXTGEN PROGRAM]. [IF FIRST FOLLOW-UP COMPLETE: As you may remember, you completed the first survey in [DATE MONTH/YEAR.]]

All of your responses will be kept private; your name will not appear in any written reports we produce. Your responses to these questions are completely voluntary. That means you may choose not to answer any question, or you may stop the survey at any time.

According to the Paperwork Reduction Act (PRA), this collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. A government agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: XXXX-XXXX, Exp: XX/XX/XXXX.

[IF CATI: Do you have any questions before we begin?]

# COMPUTER ASSISTED WEB INTERVIEW (CAWI) ALL COMPUTER ASSISTED TELEPHONE INTERVIEW (CATI) DO NOT DISPLAY

#### **How to complete the survey**

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- To answer a question, click the box that indicates your response or fill in your response.
- To continue to the next webpage, press the "Next" button.
- To go back to the previous webpage, click the "Back" button. Please note that this command is only available in some sections.
- Do not use the navigation arrows in your browser.
- If you need to stop before you have finished, you can close the survey and come back to it at any time. The responses you gave before leaving will be securely stored and available when you return to complete the survey.
- Select "Next" to begin the survey.

CATI/CAWI: ALL	
CATI: First we are going to ask you some questions to check that we are speaking we CAWI: First we are going to ask you some questions to check that we are surveying	•
IF PROGRAM=[PROGRAM NAME, WHOSE PARTICIPANTS ARE NOT YOUTH] IF CAWI DO NOT SHOW DK OR REF	
Intro2. When you enrolled in the [NEXTGEN PROGRAM] in [RA MONTH/YEAR], what	t was your marital status?
MARRIED SEPARATED DIVORCED WIDOWED NEVER MARRIED DON'T KNOW REFUSED	2 4 5
CATI/CAWI HARD CHECK: <b>AN ANSWER MUST BE PROVIDED FO THIS QUESTION</b> , IF ASKED	DR
PROGRAMMER BOX	
IF SSN EXISTS AT BASELINE, GO TO INTRO3. IF SSN DOES NOT EXIST AT BASELINE, GO TO INTRO4.	
CATI/CAWI: ALL WITH SSN AT BASELINE IF CAWI DO NOT SHOW DK OR REF	
Intro3.* And what are the last 4-digits of your Social Security number?	
_  LAST FOUR	
(0000-9999)	
DON'T KNOWd	GO TO INTRO4
REFUSEDr	GO TO INTRO4

#### CATI HARD CHECK:

#### AN ANSWER MUST BE PROVIDED FOR THIS QUESTION.

#### CAWI HARD CHECK:

AN ANSWER MUST BE PROVIDED TO GO TO THE NEXT QUESTION. THIS IS TO PROTECT YOUR PRIVACY TO MAKE SURE NO ONE ACCESSES THE INFORMATION PROVIDED IN THE SURVEY.

#### PROGRAMMER BOX

IF INTRO2 (MARITAL STATUS) MATCHES RECORDS AND INTRO3 (SSN) MATCHES, GO TO A1.

OTHERWISE GO TO INTRO4

IF CAWLDO NOT SHOW DK OR REF

INITEO A #	14/1 4 !	
INTRO4.*	wnat is vour	date of birth?

/	/		
MONTH DAY	YEAR		
(1-12) (1-31)	(MIN-MAX)		
DON'T KNOW		 	d

#### PROGRAMMER BOX

#### IF PROGRAM=[PROGRAM NAME, WHOSE PARTICIPANTS ARE NOT YOUTH]:

IF INTRO2 (MARITAL STATUS) MATCHES AND INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN GO TO INTRO5.

IF INTRO2 (MARITAL STATUS) DOES NOT MATCH AND INTRO3 (SSN) DOES MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN GO TO INTRO5.

IF INTRO2 (MARITAL STATUS) DOES NOT MATCH AND INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN GO TO INTRO5.

IF INTRO2 (MARITAL STATUS) DOES NOT MATCH AND INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES MATCH THEN GO TO INTRO5.

OTHERWISE GO TO A1.

#### IF PROGRAM=[PROGRAM NAME, WHOSE PARTICIPANTS ARE YOUTH]:

IF INTRO3 (SSN) DOES MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN GO TO INTRO5. IF INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES MATCH THEN GO TO INTRO5. IF INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN GO TO INTRO5.

OTHERWISE GO TO A1.

S

	you for your response. I need to check our records before continuon a moment while I get my supervisor.	nuing the interview.
CON'T	1	GO TO INTRO
contact the	k you for your time. We need to check our records before continui Mathematica Survey Operations Center at 1-XXX-XXX-XXXX and a ve at Mathematica to complete the survey.	•
CATI ONLY		
INTRO5=1		
6.*		
CATI ONLY:	Can you tell me the name of the street that you lived on when you [RA MONTH/YEAR]?	ı first enrolled in th
program on		
program on	(STRING 20)	
	-	
INSTRUCTIO	(STRING 20)	GO TO INTRO7
INSTRUCTION DON'T KNO	(STRING 20)  N: RECORD ADDRESS GIVEN BY RESPONDENT	GO TO INTRO7 GO TO INTRO7

PROGRAMMER BOX

IF INTRO6 MATCHES PHYSICAL STREET ADDRESS THEN GO TO A1

OTHERWISE, GO TO INTRO7

INTRO	D7.*	
	CATI ONLY: I'm sorry. I need to check my records beforeach you in the future?	re I can interview you. Is this the best time to
	YES	1
	NO, CALL BACK INFO	0
		(STRING 20)
	CATLONILY	
	CATI ONLY	
INTRO	D8.*	
	CATI ONLY: And is [PHONE] the best number to reach	you?
	YES	1
	NO, RECORD NEW PHONE FOR CALL BACK	0
		(STRING 20)

INSTRUCTION: RECORD DATE AND TIME FOR CALL BACK.

CATI ONLY

#### A. SERVICE RECEIPT

CATI: First, we are going to ask you about services you may have received to help you find or keep a job.

CAWI: The first set of questions are about services you may have received to help you find or keep a job.

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

IF FIRST FOLLOW-UP COMPLETE, [DATE MONTH/YEAR] = MONTH AND YEAR OF LAST INTERVIEW. IF FIRST FOLLOW-UP NOT COMPLETE, [DATE MONTH/YEAR] = RA MONTH AND YEAR.

A1.\* CATI: I would like you to tell me about <u>one-on-one</u> help you may have received since [DATE MONTH/YEAR] from organizations in your community to help you find or keep a job or to help you deal with problems that made it hard for you to find or keep a job.

CAWI: We would like to ask you about <u>one-on-one</u> help you may have received since [DATE MONTH/YEAR] from organizations in your community to help you find or keep a job or to help you deal with problems that made it hard for you to find or keep a job.

PROBE IF 1ST FU NOT COMPLETE: [DATE MONTH/YEAR] is the date you applied to get into the [NEXTGEN PROGRAM].

PROBE IF 1ST FU COMPLETE: [DATE MONTH/YEAR] is the date you completed the last survey.

[IF TREATMENT GROUP] Please include both help you may have received one-on-one from [NEXTGEN PROGRAM] and help you may have received one-on-one from other programs or organizations in the community. We/I will ask you about help received as part of a group later.

[IF CONTROL] Please include help you may have received one-on-one from any programs or organizations in the community. We/I will ask you about help received as part of a group later.

CODE ONE PER ROW

Since [DATE MONTH/YEAR], did you receive one-on-one help with...

		OODL ONL TER HOW			<del>\cdot\dot\dot\dot\dot\dot\dot\dot\dot\dot\</del>
		YES	NO	DK	REF
a.	planning your future career, which could include an assessment of your interests and skills?	1 0	0 0	C b	r O
b.	preparing a resume or filling out job applications?	10	<b>C</b> 0	C b	C 1
c.	preparing for job interviews?	10	<b>C</b> 0	C b	C 1
d.	looking for jobs or deciding what kinds of jobs to look for?	10	<b>C</b> 0	C b	C 1
e.	getting referrals to available jobs or setting up interviews for specific job openings?	10	<b>C</b> 0	C b	r O
f.	how to act when you are at work? This includes being on	10	<b>C</b> 0	C b	r O

	time, managing your tasks, getting along with your supervisor, and handling conflicts.				
g.	clearing or sealing criminal records or other legal help?	1 O	<b>C</b> 0	C b	C 1
h.	finding or paying for child care or care for other dependents?	1 🔾	<b>C</b> 0	C b	C Y
i.	finding or paying for transportation?	1 O	<b>O</b> 0	C b	r O
j.	paying for clothing, tools, or other supplies for work?	1 O	<b>O</b> 0	C b	r O
k.	understanding how work may affect your eligibility for benefits you need such as Social Security, disability insurance, workers' compensation, or Medicaid?	10	<b>C</b> 0	C b	C n
1.	any personal assistance services that help you work, for example a job coach, sign language interpreter, a reader or interpreter for the blind, or a personal care attendant?	10	<b>C</b> 0	C b	C N
n.	any other one-on-one employment help?. (Please specify:)	1 O	<b>C</b> 0	C b	C n

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

A2.\* CATI: Next, I would like you to tell me about help you may have received as part of a group since [DATE MONTH/YEAR] from organizations in your community to help you find or keep a job or to help you deal with problems that made it hard for you to find or keep a job.

CAWI: Next, we would like to ask you about help you may have received as part of a group since [DATE MONTH/YEAR] from organizations in your community to help you find or keep a job or to help you deal with problems that made it hard for you to find or keep a job.

PROBE IF 1ST FU NOT COMPLETE: [DATE MONTH/YEAR] is the date you applied to get into the [NEXTGEN PROGRAM].

PROBE IF 1ST FU COMPLETE: [DATE MONTH/YEAR] is the date you completed the last survey.

[IF TREATMENT GROUP] Please include both help you may have received in a group from [NEXTGEN PROGRAM] and help you may have received in a group from other programs or organizations.

[IF CONTROL] Please include help you may have received in a group from any programs or organizations in the community.

Since [DATE MONTH/YEAR] did you receive help as part of a group with...

		CODE ONE PER ROW			ROW
		YES	NO	DK	REF
a.	preparing a resume or filling out job applications?	10	00	C b	r O
b.	preparing for job interviews?	1 O	<b>C</b> 0	C b	C 1
C.	looking for jobs or deciding what kinds of jobs to look for?	10	<b>C</b> 0	C b	C 1
d.	how to act when you are at work? This includes being on time, managing your tasks, getting along with your supervisor, and handling conflicts.	10	<b>O</b> 0	<b>O</b> b	r O
e.	understanding how work may affect your eligibility for benefits you need such as Social Security, disability insurance, workers' compensation, or Medicaid?	10	<b>O</b> O	C b	r O
f.	getting support from other job seekers?	1 O	<b>C</b> 0	C b	C n
g.	any other employment help provided in a group? (Please specify:)	1 O	<b>C</b> 0	C b	r O

	I/CAWI: IF A1 OR A2 HAS AT LEAST ONE YES RESPONSE AWI DO NOT SHOW DK OR REF
١3.	You said that you received help related to finding or keeping a job since [DATE MONTH/YEAR]. Did you receive this help at any of the following places?
	Select all that apply
	[NAME OF LOCAL WELFARE PROGRAM],1
	[NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office,2
	Food Stamp Program or SNAP,3
	[NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]4
	[NEXTGEN PROGRAM]5
	[NAME OF SITE-SPECIFIC PROVIDER 1]6
	[NAME OF SITE-SPECIFIC PROVIDER 2]7
	[NAME OF SITE-SPECIFIC PROVIDER 3]8
	[NAME OF SITE-SPECIFIC PROVIDER 4]9
	[NAME OF SITE-SPECIFIC PROVIDER 5]10
	Any other place (SPECIFY:)11
	DON'T KNOWd
	REFUSEDr
	SKIP BOX
	ALLOW FOR UP TO 11 PROVIDERS. ASK A4 TO A7B FOR UP TO 11 PROVIDERS, ONE FOR EACH PROVIDER TYPE SELECTED AT A3.
	PROVIDERS, ONE FOR EACH PROVIDER TIPE SELECTED AT AS.
	IF A3 = D,R OR SKIPPED GO TO A8
	IF A1 AND A2 DO NOT HAVE AT LEAST ONE YES RESPONSE, GO TO A8
	,
CAT	I/CAWI: A3 HAS RESPONSE

DON'T KNOW.......d

REFUSED.....r

IF CAWI DO NOT SHOW DK OR REF

When did you start receiving help from [A3 PROVIDER NAME]?

MONTH / \_\_\_\_\_ YEAR

A4.

IF (	CAWI DO NOT SHOW DK OR REF	
A5.	Are you still receiving help from [A3 PROVIDER NAME]?	
	YES1	A7
	NO0	A6
	DON'T KNOWd	A6
	REFUSEDr	A6
CA	ATI/CAWI: A3 HAS RESPONSE AND A5=0	
IF (	CAWI DO NOT SHOW DK OR REF	
A6.	When did you stop receiving help from [A3 PROVIDER NAME]?	
	<b>MONTH / YEAR</b> A7a	
	DON'T KNOWd	
	REFUSEDr	
CA	ATI/CAWI: A3 HAS RESPONSE	
	CAWI DO NOT SHOW DK OR REF	
A7.	Since [DATE MONTH/YEAR], when you were receiving help from [A3 PROVIDER NAME], about often did you go to the program or talk with program staff? Please include time when staff remet with you at your home or their office or spoken with you on the phone.  PROBE: Your best estimate is fine.	
	Every day1	
	More than once a week2	
	Once a week3	
	A few times per month4	
	About once a month, or5	
	Less often than once a month6	
	DON'T KNOWd	
	REFUSEDr	

CATI/CAWI: A3 HAS RESPONSE

CATI/CAWI: A3 HAS RESPONSE
IF CAWI DO NOT SHOW DK OR REF

#### A7a. On average, how long was each meeting or session with program staff at [A3 PROVIDER NAME]?

MINUTES	SKIP BOX	
Provide a range	1	A7B
DON'T KNOW	d	A7B
REFUSED	r	A7B

CATI/CAWI: A7A = 1,D,R

IF CAWI DO NOT SHOW DK OR REF

A7b. On average, would you say each meeting or session with program staff at [A3 PROVIDER NAME] was...

Less than 15 minutes	1
15 to 29 minutes	2
30 to 44 minutes	
45 to 59 minutes	
1 to 2 hours	
More than 2 hours, but less than 4 hours	
About four hours or half a day, or was it	
More than four hours per meeting or session?	
DON'T KNOW	
REFUSED	r

SKIP BOX

LOOP THROUGH A4 TO A7B FOR EACH PROVIDER AT A3.

ELSE GO TO A8 PROGRAMMER BOX

#### A8 PROGRAMMER BOX

IF 1ST FU COMPLETE AND A8C (1ST FU) = YES (STILL PARTICIPATING AT TIME OF 1ST FU): GO TO A\_A8A

[DATE MONTH/YEAR] = MO/YR OF LAST INTERVIEW

IF 1ST FU COMPLETE AND A8C (1ST FU) = NO (STILL PARTICIPATING AT TIME OF 1ST FU): GO TO A8

#### [DATE MONTH/YEAR] = MO/YR OF LAST INTERVIEW

# IF 1ST FU NOT COMPLETE OR A8 PROGRAMS (1ST FU) NOT REPORTED: GO TO A8

#### [DATE MONTH/YEAR] = RA MO/YR

CATI/CAWI: 1ST FU COMPLETE AND A8C (1ST FU) = YES

IF CAWI DO NOT SHOW DK OR REF

The next questions ask you about your participation in education and training programs. First, [we/I] will ask about education programs that you were participating in as of [DATE MONTH/YEAR].

	According to our records, in [DATE MONTH/YEAR] you were participating in [A8A FU his correct?	J1 NAME].
YE	51	A_A8C
NO	0	A8
DO	N'T KNOWd	A8
RE	FUSEDr	A8

#### SKIP BOX

ALLOW FOR UP TO 3 EDUCATION PROGRAMS FROM THE FIRST FOLLOW-UP WHERE A8C (1ST FU)=YES. ASK A\_A8A FOR UP TO 3 PROGRAMS REPORTED ON FIRST FOLLOW-UP, THEN ASK A\_A8C- A\_A8I FOR EACH PROGRAM.

CATI/CAWI: A\_A8A = 1

IF CAWI DO NOT SHOW DK OR REF

#### 

IF CAWI	DO NOT SHOW DK	OR REF	
A_A8d.	And when did y	ou stop attending [A8A FU1 NAME]?	
	MONTH /	YEAR	
DO	N'T KNOW	d	
		r	
CATI/CA	WI: A_A8C NE 1		
IF CAWI	DO NOT SHOW DK	OR REF	
A_A8g.	Did you comple	ete the program?	
YE	S	1	A_A8H
NO	)	0	A8
DO	N'T KNOW	d	A_A8H
RE	FUSED	r	A_A8H
	WI: A_A8C NE 1 AND DO NOT SHOW DK	<del>-</del>	
IF CAVVI	DO NOT SHOW DR	OR REP	
A_A8h.	Did you receive	e a diploma or degree from the program?	
YES	S	1	A_A8I
NO	)	0	A8
DO	N'T KNOW	d	A8
RE	FUSED	r	A8
	WI: A_A8H=1		
IF CAWI	DO NOT SHOW DK	OR REF	
A_A8i.	What specific d	liploma or degree did you receive for completing that program?	
GE	D OR GENERAL EDI	UCATION DEVELOPMENT1	
RE	GULAR HIGH SCHO	OL DIPLOMA (NOT A GED)2	
AS	SOCIATE'S DEGREE	≣3	
BA	CHELOR'S DEGREE	<u></u> 4	
GR	ADUATE DEGREE C	DR PROFESSIONAL DEGREE5	
ОТ	HER (SPECIFY:	)6	
DO	N'T KNOW	d	

REFUSED.....r

CATI/CAWI: A\_A8C NE 1

	IF C	AWI DO NOT SHOW DK OR REF	
		IF 1ST FU NOT COMPLETE OR A_A8A SKIPPED: The next questions ask you about your pain education and training programs. First, [we/I] will ask about education programs.	rticipation
		IF A_A8A WAS ASKED: Now, the next question asks about your participation in education a programs since you completed the first survey.	nd training
F	<b>48.</b> *	Since [DATE MONTH YEAR], did you participate in any education programs that were not participate in any education or GED courses, English as Language classes, online courses, and college or other types of school. <u>Do not</u> include trait programs to develop skills for a particular job or occupation. [We/I] will ask you about those	a Second
		IF A_A8A WAS ASKED: Do not include any programs [we already discussed / you already re	ported].
		YES1	A8A
		NO0	A9
		DON'T KNOWd	A9
		REFUSEDr	A9
	IF C	AWI DO NOT SHOW DK OR REF	
ļ	IF C.	What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)?  SPECIFY NAME OF EDUCATION PROGRAM	starting
ļ		What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)?	starting
P		What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)? SPECIFY NAME OF EDUCATION PROGRAM	starting
4		What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)? SPECIFY NAME OF EDUCATION PROGRAM  SKIP BOX  ALLOW FOR UP TO 3 EDUCATION PROGRAMS. ASK A8A FOR UP TO 3 PROGRAMS, THEN ASK A8b-A8i FOR EACH PROGRAM. IF MORE THAN 3, ASK	starting
•	A8a.	What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)? SPECIFY NAME OF EDUCATION PROGRAM  SKIP BOX  ALLOW FOR UP TO 3 EDUCATION PROGRAMS. ASK A8A FOR UP TO 3 PROGRAMS, THEN ASK A8b-A8i FOR EACH PROGRAM. IF MORE THAN 3, ASK	starting
4	A8a.	What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)? SPECIFY NAME OF EDUCATION PROGRAM  SKIP BOX  ALLOW FOR UP TO 3 EDUCATION PROGRAMS. ASK A8A FOR UP TO 3 PROGRAMS, THEN ASK A8b-A8i FOR EACH PROGRAM. IF MORE THAN 3, ASK ABOUT THE LAST THREE.	starting
	A8a.	What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)? SPECIFY NAME OF EDUCATION PROGRAM  SKIP BOX  ALLOW FOR UP TO 3 EDUCATION PROGRAMS. ASK A8A FOR UP TO 3 PROGRAMS, THEN ASK A8b-A8i FOR EACH PROGRAM. IF MORE THAN 3, ASK ABOUT THE LAST THREE.	starting
	CAT IF C.	What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)? SPECIFY NAME OF EDUCATION PROGRAM  SKIP BOX  ALLOW FOR UP TO 3 EDUCATION PROGRAMS. ASK A8A FOR UP TO 3 PROGRAMS, THEN ASK A8b-A8i FOR EACH PROGRAM. IF MORE THAN 3, ASK ABOUT THE LAST THREE.	starting
	CAT IF C.	What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)? SPECIFY NAME OF EDUCATION PROGRAM  SKIP BOX  ALLOW FOR UP TO 3 EDUCATION PROGRAMS. ASK A8A FOR UP TO 3 PROGRAMS, THEN ASK A8b-A8i FOR EACH PROGRAM. IF MORE THAN 3, ASK ABOUT THE LAST THREE.  TI/CAWI: A8 = 1 AWI DO NOT SHOW DK OR REF  When did you start attending [A8A PROGRAM NAME]?	starting
	CAT IF C.	What are the names of the education programs you attended since [DATE MONTH YEAR], (with the first one you attended)? SPECIFY NAME OF EDUCATION PROGRAM  SKIP BOX  ALLOW FOR UP TO 3 EDUCATION PROGRAMS. ASK A8A FOR UP TO 3 PROGRAMS, THEN ASK A8b-A8i FOR EACH PROGRAM. IF MORE THAN 3, ASK ABOUT THE LAST THREE.  TI/CAWI: A8 = 1 AWI DO NOT SHOW DK OR REF  When did you start attending [A8A PROGRAM NAME]? MONTH /YEAR	starting

CATI/CAWI: ALL

CAT	TI/CAWI: A8 = 1	
IF C	CAWI DO NOT SHOW DK OR REF	
48c.	Are you still participating in [A8A PROGRAM NAME] now?	
100.	YES	A8E
		A8D
	NO	_
	DON'T KNOWd	A8D
	REFUSEDr	A8D
CA	TI/CAWI: A8C NE 1	
IF C	CAWI DO NOT SHOW DK OR REF	
1 O -l	And other distance stars attended in FAGA PROCESSA NAMES	
A8d.	And when did you stop attending [A8A PROGRAM NAME]?	
	MONTH / YEAR	
	DON'T KNOWd	
	REFUSEDr	
CAT	TI/CAWI: A8=1	
IF C	CAWI DO NOT SHOW DK OR REF	
A8e.	What kind of education program (are/were) you attending? (Is/Was) it	
	Regular high school1	A8G
	GED or General Education Development classes2	A8F
	ESL – English as a Second Language3	A8F
	Adult education classes for which you did not receive credits4	A8F
	A two-year program at a community college5	A8G
	A four-year program at a college or university6	A8G
	A graduate or professional program7	A8G
	Something else (SPECIFY:)8	A8F
	DON'T KNOWd	A8F
	PEELISED r	<b>∧ Q ⊑</b>

CATI/CAWI: A8=1 AND A8E = (2,3,4,8,D,R)

IF CAWI DO NOT SHOW DK OR REF

IF PROGRAM = [PROGRAM NAME THAT OFFERS EDUCATION AND TRAINING SERVICES] DISPLAY OPTION 11. OTHERWISE DO NOT DISPLAY OPTION 11.

A8f.	At what type of place (do/did) you participate in [A8A PROGRAM NAME]?					
	REGULAR HIGH SCHOOL	1				
	COMMUNITY COLLEGE OR 2 YEAR COLLEGE	2				
	4 YEAR COLLEGE OR UNIVERSITY	3				
	LOCAL SERVICE PROVIDER OR OTHER NON-PROFIT PRIVATE AGENCY					
	ONLINE					
	VOCATIONAL SCHOOL, TRADE SCHOOL, OR CAREER CENTER					
	ADULT EDUCATION, COMMUNITY SCHOOL, ADULT HIGH SCHOOL, NIGHT SCHOOL.					
	[NAME OF AMERICAN JOB CENTERS IN STATE] OR AN UNEMPLOYMENT OFFICE					
	[NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]					
	GOVERNMENT AGENCY OR THE MILITARY					
	[NEXTGEN PROGRAM]	_				
	SOMETHING ELSE (SPECIFY: )					
	DON'T KNOW					
	REFUSED					
	KETU3ED					
CAT	TI/CAWI: A8=1 AND A8C NE 1					
IF C	CAWI DO NOT SHOW DK OR REF					
A8g.	Did you complete the program?					
Aoy.						
	YES					
	NO					
	DON'T KNOW					
	REFUSED	r				
CAT	TI/CAWI: A8=1 AND A8C NE 1 AND A8G NE 0					
	CAWI DO NOT SHOW DK OR REF					
" (	SAWI BO NOT GITOW BICORNEL					
A8h.	Did you receive a diploma or degree from the program?					
	YES	1				
	NO	0				
	DON'T KNOW	d				
	DEELISED	r				

CATI/CAWI: A8H=1

IF CAWI DO NOT SHOW DK OR REF

A8i.	What specific diploma or degree did you receive for completing that program?	
	GED OR GENERAL EDUCATION DEVELOPMENT1	
	REGULAR HIGH SCHOOL DIPLOMA (NOT A GED)2	; •
	ASSOCIATE'S DEGREE	,
	BACHELOR'S DEGREE4	•
	GRADUATE DEGREE OR PROFESSIONAL DEGREE	i
	OTHER (SPECIFY:)	
	DON'T KNOWc	
	REFUSEDr	
	A9 PROGRAMMER BOX	
	IF 1ST FU COMPLETE AND A9C (1ST FU) = YES (STILL PARTICIPATING AT TIME OF 1ST FU): GO TO A_A9A	
	[DATE MONTH/YEAR] = MO/YR OF LAST INTERVIEW	
	IF 1ST FU COMPLETE AND A9C (1ST FU) = NO (STILL PARTICIPATING AT TIME OF 1ST FU): GO TO A9	
	[DATE MONTH/YEAR] = MO/YR OF LAST INTERVIEW	
	IF 1ST FU NOT COMPLETE OR A9 PROGRAMS NOT REPORTED: GO TO A9	
	[DATE MONTH/YEAR] = RA MO/YR	
	TI/CAWI: 1ST FU COMPLETE AND A9C (1ST FU) = YES CAWI DO NOT SHOW DK OR REF	
	The next questions ask you about your participation in training programs. Do not include programs [we already discussed / you already reported].	ลทy
A_A9	a. According to our records, in [DATE MONTH/YEAR] you were participating in [A9A Is this correct?	FU1 NAME].
	YES1	. A_A9C
	NO	A9
	DON'T KNOWc	I A9
	REFUSEDr	A9

#### SKIP BOX

ALLOW FOR UP TO 3 TRAINING PROGRAMS FROM THE FIRST FOLLOW-UP WHERE A9C (1ST FU) = YES. ASK A\_A9A FOR UP TO 3 PROGRAMS REPORTED ON FIRST FOLLOW-UP, THEN ASK A\_A9C- A\_A9H FOR EACH PROGRAM.

CATI/CAWI: A_A9A = 1  IF CAWI DO NOT SHOW DK OR REF		
A_A9c. Are you still participating in [A9A FU1 NAME] now?		
YES	1	A9
NO	0	A_A9D
DON'T KNOW	d	A_A9D
REFUSED	r	A_A9D
CATI/CAWI: A_A9C NE 1		
IF CAWI DO NOT SHOW DK OR REF		
A_A9d. And when did you stop attending [A9A FU1 NAME]?		
MONTH / YEAR		
<b>MONTH / YEAR</b> DON'T KNOW	d	
	-	
DON'T KNOW	-	
DON'T KNOWREFUSEDCATI/CAWI: A_A9C NE 1	-	
DON'T KNOWREFUSED	-	
DON'T KNOWREFUSEDCATI/CAWI: A_A9C NE 1	-	
DON'T KNOWREFUSEDCATI/CAWI: A_A9C NE 1 IF CAWI DO NOT SHOW DK OR REF	r	A_A9H
DON'T KNOW	1	A_A9H A9
DON'T KNOW  REFUSED  CATI/CAWI: A_A9C NE 1  IF CAWI DO NOT SHOW DK OR REF  A_A9g. Did you complete the program?  YES	1	_

CATI/CAWI: A_A9C NE 1 AND A_A9G NE 0
IF CAWI DO NOT SHOW DK OR REF

IF CF	AWI DO NOT SHOW DK OR REF	
	Did you get a professional certificate or state or industry license?	
	PROBE: A professional certificate or license shows you are qualified to perform a specific joincludes things like Certified Medical Assistant, Certified Construction Manager, a Project Management Professional certification, or an IT certification.	b and
	YES1	
	NO	
	DON'T KNOWd	
	REFUSEDr	
_	/CAWI: ALL	
IF CA	AWI DO NOT SHOW DK OR REF	
	IF 1ST FU NOT COMPLETE OR A_A9A SKIPPED: The next questions ask about your participal training programs. Do not include any programs [we already discussed / you already reported]	
	IF A_A9A WAS ASKED: Now, the next question asks about your participation in training programe you completed the first survey.	<b>jrams</b>
49.*	Since [DATE MONTH/YEAR], did you participate in any training programs to build skills for a particular job or occupation? <u>Do not</u> include training programs provided by any employer. [Vask you about those later.	
	IF A_A9A WAS ASKED: Do not include any programs [we already discussed / you already rep	oorted].
	YES1	A9A
	NO	A10
	DON'T KNOWd	A10
	REFUSEDr	A10
	/CAWI: A9 = 1 AWI DO NOT SHOW DK OR REF	
<b>A9a.</b>	What are the names of the training programs you attended since [DATE MONTH/YEAR], (stathe first one you attended)?	rting with
	PROBE: Do not include any programs you already reported.	
	SPECIFY NAME OF TRAINING PROGRAM	

#### SKIP BOX

ALLOW FOR UP TO 3 TRAINING PROGRAMS. ASK A9A FOR UP TO 10 PROGRAMS, THEN ASK A9B-A9H FOR EACH PROGRAM. IF MORE THAN 3, ASK ABOUT THE LAST 3 ATTENDED.

CA	ΓΙ/CAWI: A9 = 1			
IF C	CAWI DO NOT SHOW DK OF	REF		
A9b.	When did you <u>start</u> atten	ling [A9A PROGRAM NAME	<u>:]</u> ?	
	MONTH /	YEAR		
	DON'T KNOW		d	
	REFUSED		r	
CA	ΓΙ/CAWI: A9 = 1			
IF C	CAWI DO NOT SHOW DK OF	REF		
A9c.	Are you still participating	in [A9A PROGRAM NAME]	now?	
		-	1	A9E
	_		0	A9D
	DON'T KNOW		d	A9D
	REFUSED		r	A9D
CA	ΓΙ/CAWI: A9C NE 1			
IF C	CAWI DO NOT SHOW DK OF	REF		
A9d.	And when did you stop a	ttending [A9A PROGRAM N	AME]?	
	MONTH /	YEAR		
	DON'T KNOW		d	
	REFUSED		r	
CA	ΓΙ/CAWI: A9=1			
IF C	CAWI DO NOT SHOW DK OF	REF		
A9e.	What kind of job (are/wer program?	e) you being trained for or v	vhat (are/were) you learning to do in tha	at
	PROBE: For example, so driving, or web develope		cal coding, accounting, pharmacy tech,	truck
	•		1	
			d	
	REFUSED		r	

CATI/CAWI: A9=1

IF CAWI DO NOT SHOW DK OR REF

IF PROGRAM = [PROGRAM NAME THAT OFFERS EDUCATION AND TRAINING SERVICES] DISPLAY OPTION 10. OTHERWISE DO NOT DISPLAY OPTION 10.

A9f.	At what type of place (do/did) you participate in [A9A PROGRAM NAME]?			
	COMMUNITY COLLEGE OR 2 YEAR COLLEGE1			
	4 YEAR COLLEGE OR UNIVERSITY	2		
	LOCAL SERVICE PROVIDER OR OTHER NON-PROFIT PRIVATE AGENCY	3		
	ONLINE	4		
	VOCATIONAL SCHOOL, TRADE SCHOOL, OR CAREER CENTER	5		
	ADULT EDUCATION, COMMUNITY SCHOOL, ADULT HIGH SCHOOL, NIGHT SCHOOL	6		
	[NAME OF AMERICAN JOB CENTERS IN STATE] OR AN UNEMPLOYMENT OFFICE	7		
	[NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]	8		
	GOVERNMENT AGENCY/MILITARY			
	[NEXTGEN PROGRAM]	10		
	SOMETHING ELSE (SPECIFY:)			
	DON'T KNOW	d		
	REFUSED	r		
CA	TI/CAWI: A9=1 AND A9C NE 1			
IF C	CAWI DO NOT SHOW DK OR REF			
A9g.	Did you complete the program?			
g.	YES	1		
	NO			
	DON'T KNOW			
	REFUSED			
	1121 0025			
CA <sup>-</sup>	TI/CAWI: A9=1 AND A9C NE 1 AND A9G NE 0			
IF C	CAWI DO NOT SHOW DK OR REF			
 A9h.	Did you get a professional certificate or state or industry license?			
	PROBE: A professional certificate or license shows you are qualified to perform a spe	cific iob and		
	includes things like Certified Medical Assistant, Certified Construction Manager, a Pro Management Professional certification, or an IT certification.	ject		
	YES	1		
	NO	0		
	DON'T KNOW	d		
	REFUSED	r		

#### A10 PROGRAMMER BOX

IF 1ST FU COMPLETE AND A10C (1ST FU) = YES (STILL PARTICIPATING AT TIME OF 1ST FU): GO TO A\_A10A

[DATE MONTH/YEAR] = MO/YR OF LAST INTERVIEW

IF 1ST FU COMPLETE AND A10C (1ST FU) = NO (STILL PARTICIPATING AT TIME OF 1ST FU): GO TO A10

[DATE MONTH/YEAR] = MO/YR OF LAST INTERVIEW

IF 1ST FU NOT COMPLETE OR A10 PROGRAMS (1ST FU) NOT REPORTED: GO TO A10

[DATE MONTH/YEAR] = RA MO/YR

CATI/CAWI: 1ST FU COMPLETE AND A10C (1ST FU) = YES

IF CAWI DO NOT SHOW DK OR REF

The next questions ask you about your participation in training programs provided at or by any of your employers.

# A\_A10a. According to our records, in [DATE MONTH/YEAR] you were participating in [A10A FU1 NAME]. Is this correct?

YES1	A_A10C
NO0	A10
DON'T KNOWd	A10
REFUSEDr	A10

#### SKIP BOX

ALLOW FOR UP TO 3 EDUCATION PROGRAMS FROM THE FIRST FOLLOW-UP WHERE A10C (1ST FU) = YES. ASK A\_A10A FOR UP TO 3 PROGRAMS REPORTED ON FIRST FOLLOW-UP, THEN ASK A\_A10C- A\_A10H FOR EACH PROGRAM.

 $CATI/CAWI: A_A10A = 1$ 

IF CAWI DO NOT SHOW DK OR REF

#### A A10c. Are you still participating in [A10A FU1 NAME] now?

YES1	A10
NO0	A_A10D
DON'T KNOWd	A_A10D
REFUSEDr	A A10D

IF CAWI D	OO NOT SHOW DK O	OR REF	
A_A10d.	And when did yo	ou stop attending [A10A FU1 NAME]?	
	MONTH /	YEAR	
DON	I'T KNOW	d	
REF	USED	r	
CATI/CAW	/I: A A10C NE 1		
	OO NOT SHOW DK O	OR REF	
A_A10g.	Did you complete	e the program?	
YES.		1	A_A10H
NO		0	A10
DON	I'T KNOW	d	A_A10H
REF	USED	r	A_A10H
CATI/CAW	/I: A_A10C NE 1 AND	D A_A10G NE 0	
IF CAWI D	OO NOT SHOW DK O	PR REF	
A_A10h.	Did you get a pro	ofessional certificate or state or industry license?	
inclu	ıdes things like Cert	certificate or license shows you are qualified to perform a specific j tified Medical Assistant, Certified Construction Manager, a Project nal certification, or an IT certification.	ob and
YES.		1	

CATI/CAWI: A\_A10C NE 1

CAT	TI/CAWI: ALL	
IF C	AWI DO NOT SHOW DK OR REF	
	IF 1ST FU NOT COMPLETE OR A_A10A SKIPPED: <b>The next questions ask you about your pa</b> in training programs provided at or by any of your employers since [DATE MONTH YEAR]. Do include any programs [we already discussed / you have already reported].	
	IF A_A10A WAS ASKED: Now, the next question asks about your participation in any training programs by any of your employers since you completed the first survey.	)
<b>410.</b> *	Since [DATE MONTH/YEAR], did you participate in any paid or unpaid training programs to eskills for a particular job or occupation provided at or by any of your employers? Include class or on-line training, on-the-job training, internships or externships, work experience, and apprenticeships.	
	IF A_A10A WAS ASKED: Do not include any programs [we already discussed / you already re	eported].
	YES1	A10A
	NO	A11
	DON'T KNOWd	A11
	REFUSEDr	A11
IF C	What type(s) of employer training program(s) did you participate in since [DATE MONTH/YE (starting with the first one you attended)? We are looking for the name or type of training pronot the name of the employer.  PROBE: Do not include any programs you already reported.	
	SPECIFY NAME OR TYPE OF TRAINING PROGRAM	
	SKIP BOX	
	ALLOW FOR UP TO 3 WORK-BASED TRAINING PROGRAMS. ASK A10A FOR UP TO 10 PROGRAMS, THEN ASK A10B-A10I FOR EACH PROGRAM. IF MORE THAN THREE, ASK ABOUT THE LAST THREE.	
CAT	TI/CAWI: A10 = 1	
IF C	AWI DO NOT SHOW DK OR REF	
<b>A10b.</b>	When did you start attending the [A10A PROGRAM NAME] employer training program?	

DON'T KNOW.......d

REFUSED.....r

MONTH / \_\_\_\_\_ YEAR

	TI/CAWI: A10 = 1		
IF C	AWI DO NOT SHOW DK OR REF		
A10c.	Are you still participating in the [A10A PROGRAM NAME] employer training program no	ow?	
	YES		A10E
	NO		A10D
	DON'T KNOW	_	A10D
	REFUSED		A10D A10D
	KEFUSED	1	AIOD
CAT	T/CAWI: A10C NE 1		
IF C	AWI DO NOT SHOW DK OR REF		
A10d.	And when did you stop attending the [A10A PROGRAM NAME] employer training progr	am?	
	MONTH / YEAR		
	DON'T KNOW	d	
	REFUSED	r	
0.47	7// 0.00 // 0.40 // 4		
_	T/CAWI: A10=1		
IF C	AWI DO NOT SHOW DK OR REF		
A10e.	What kind of job or tasks (are/were) you being trained for or what (are/were) you learning program?	ıg to	do in that
	PROBE: For example, some kinds of jobs or tasks are medical coding, accounting, phartruck driving, web developer, project management, welding, customer relations.	rmac	y tech,
	SPECIFY JOB TRAINING:	1	
	DON'T KNOW		
	REFUSED	r	
	T/CAWI: A10=1		
IF C	AWI DO NOT SHOW DK OR REF		
A10f.	(Do/did) you participate in the [A10A PROGRAM NAME] employer training program in a online, on-the-job or in some other way?	clas	sroom,
	CLASSROOM	1	
	ONLINE	2	
	ON-THE-JOB	3	
	SOME OTHER WAY (SPECIFY:)	4	
	DON'T KNOW		
	REFUSED		

A10g.	Did you complete the program?	
	YES1	-
	NO0	)
	DON'T KNOWd	l
	REFUSEDr	
CAT	ΓΙ/CAWI: A10=1 AND A10C NE 1 AND A10G NE 0	
IF C	CAWI DO NOT SHOW DK OR REF	
A10h.	Did you get a professional certificate or state or industry license?	
	PROBE: A professional certificate or license shows you are qualified to perform a specific includes things like Certified Medical Assistant, Certified Construction Manager, a Project Management Professional certification, or an IT certification.	
	YES1	-
	NO0	)
	DON'T KNOWd	l
	REFUSEDr	
CAT	ΓI/CAWI: ALL	

CATI/CAWI: A10=1 AND A10C NE 1 IF CAWI DO NOT SHOW DK OR REF

IF CAWI DO NOT SHOW DK OR REF

a. Informational interviews or job site tours......

#### A11.\* Since [DATE MONTH/YEAR], have you participated in any of the following work-based opportunities?

# YES NO DK REF

CODE ONE RESPONSE PER ROW

PROBE: An informational interview is when a person talks with an employer about their career, an industry, or the workplace but is not being interviewed for a job.	10	<b>O</b> 0	C b	<b>C</b> N
b. Job shadowing  PROBE: Job shadowing is when a person observes or  "shadows" someone doing a job of interest to them.	10	O 0	C b	r O
c. Community service or volunteering	1 O	<b>O</b> 0	C b	r O

CAT	TI/CAWI: ALL	
IF C	CAWI DO NOT SHOW DK OR REF	
The n	ext questions are about services you may have received related to your health and well-being.	
\12.*	Since [DATE MONTH YEAR], have you received help for problems related to emotions, nerve management or mental health? This would include help dealing with depression, anxiety, or conditions from a mental health center, a therapist, a psychologist or psychiatrist, social wo counselor, doctor, or other provider.	other
	YES1	A12A
	NO0	A13
	DON'T KNOWd	A13
	REFUSEDr	A13
IF C	TI/CAWI: A12=1 CAWI DO NOT SHOW DK OR REF PROGRAM = [PROGRAM NAME THAT OFFERS MENTAL HEALTH SERVICES] DISPLAY OPTION HERWISE DO NOT DISPLAY OPTION 5.  Where did you receive help with problems related to emotions, nerves, anger management of health? Was it	
	SELECT ALL THA	AT APPL`
	A mental health agency1	
	A clinic or doctor's office2	
	A hospital, or3	
	Some other type of place (please specify)4	
	[NEXTGEN PROGRAM]5	
	DON'T KNOWd	
	REFUSEDr	
CAT	TI/CAWI: ALL	
IF C	CAWI DO NOT SHOW DK OR REF	

Since [DATE MONTH YEAR], have you received help for problems related to drug or alcohol use?

В1

В1

В1

DON'T KNOW.......d

REFUSED.....r

A13.\*

CATI/CAWI: A13=1

IF CAWI DO NOT SHOW DK OR REF

IF PROGRAM = [PROGRAM NAME THAT OFFERS SUBSTANCE OR ALCOHOL USE SERVICES] DISPLAY OPTION 6. OTHERWISE DO NOT DISPLAY OPTION 6.

#### A13a. At what type of place did you receive help for problems related to drug or alcohol use? Was it...

#### SELECT ALL THAT APPLY

A hospital or clinic with overnight stays,	1
A hospital or clinic without overnight stays,	2
A residential substance treatment program with overnight stays,	3
A non-residential substance treatment program without overnight stays,	4
A support group, such as Alcoholics Anonymous or Narcotics Anonymous	5
[NEXTGEN PROGRAM] facilities, or	6
Some other type place SPECIFY ()	7
DON'T KNOW	d
REFUSED	r

#### **B. EMPLOYMENT AND EARNINGS**

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

CATI: Now I would like to ask some questions about work.

CAWI: The next questions are about work.

#### B1.\* Are you currently working for pay?

Working for pay can include regular paid jobs, odd jobs, temporary jobs, work done in your own business, jobs or tasks you find using a web or mobile app, "under the table" work, "off the books" work, paid work experience, apprenticeships, or any other types of work you have done for pay.

YES1	PROGRAMMER BOX B3
NO0	B2
DON'T KNOWd	B2
REFUSEDr	B2

CATI/CAWI: B1 NE= 1

IF CAWI DO NOT SHOW DK OR REF

IF FIRST FOLLOW-UP COMPLETE, [DATE MONTH/YEAR] = MONTH AND YEAR OF LAST INTERVIEW. IF FIRST FOLLOW-UP NOT COMPLETE, [DATE MONTH/YEAR] = RA MONTH AND YEAR.

B2.	Have you worked for pay at any time sinc	e [DATE MONTH YEAR]?
DZ.	Tiave you worked for bay at any time sinc	

YES1	PROGRAMMER BOX B3
NO0	B11 IF FU1 NOT COMPLETE; ELSE PROGRAMMER BOX B3
DON'T KNOWd	B11 IF FU1 NOT COMPLETE; ELSE PROGRAMMER BOX B3
REFUSEDr	B11 IF FU1 NOT COMPLETE; ELSE PROGRAMMER BOX B3

#### PROGRAMMER BOX B3

CREATE SLOTS FOR 20 JOBS. THE FIRST SLOT IS RESERVED FOR THE 1ST JOB LISTED ON THE 1ST FUP SURVEY. TEN SLOTS ARE FOR JOBS COLLECTED AT 1ST FUP, TEN SLOTS ARE FOR JOBS COLLECTED AT 2ND FUP.

PL\_JOB = COUNT OF CURRENT JOBS FROM 1ST FUP.

IF PL JOB >= 1 (WORKING AT TIME OF LAST SURVEY) GO TO B3.0

IF PL\_JOB = 0 (NOT WORKING AT TIME OF LAST SURVEY OR DID NOT COMPLETE 1ST FUP) AND B1=1 (CURRENTLY EMPLOYED) GO TO B3.

IF PL JOB = 0 (NOT WORKING AT TIME OF LAST SURVEY OR DID NOT COMPLETE 1ST FUP) AND B2=1

(NOT CURRENTLY EMPLOYED BUT EMPLOYED SINCE RA/1ST FUP) GO TO B4A.

IF PL\_JOB = 0 (NOT WORKING AT TIME OF LAST SURVEY OR DID NOT COMPLETE 1ST FUP) AND B2=0, D, R (NOT CURRENTLY EMPLOYED AND NOT EMPLOYED SINCE RA/1ST FUP) GO TO B11.

IF 1ST FUP COMPLETE, [DATE MONTH/YEAR] = MONTH AND YEAR OF LAST INTERVIEW.

IF 1ST FUP NOT COMPLETE, [DATE MONTH/YEAR] = RA MONTH AND YEAR.

#### PROGRAMMER: SET LIMIT OF 10 CURRENT JOBS AND 10 FORMER JOBS (TOTAL OF 20 JOBS)

	JOB 1	JOB 2
PROGRAMMER: START WITH FIRST JOB [PL_JOB_NAME] FROM FIRST FOLLOW-UP (THEN JOB 2, JOB 3, ETC.).  CATI/CAWI  IF 1ST FUP B3=2 [SELF_EMPLOYED] FILL "for yourself;" ELSE FILL "at [PL_JOB_NAME]"  B3.0. According to my records you were working [for yourself/at [PL_JOB_NAME]] in [DATE	YES	YES
MO/YR], is that correct?	V50	·
CATI/CAWI  IF 1ST FUP B3=2 [SELF_EMPLOYED] FILL "for yourself;" ELSE FILL "at [PL_JOB_NAME]"  IF B3.0=1  B3.0a. Are you still working [for yourself/at [PL_JOB_NAME]]?	YES	YES
		UP TO B3.0_JOB 10 GO TO B3.0B.
CATI/CAWI  If B1=1 AND PL_JOB >= 1  IF CAWI DO NOT SHOW DK OR REF  B3.0b Including all types of jobs, do you currently have any other paid jobs?  Working for pay can include regular paid jobs, odd jobs, temporary jobs, work done in your own business, "under the table" work, "off the books" work, paid work experiences, apprenticeships,	YES	YES

	JOB 1	JOB 2
or any other types of work	3051	300 2
you have done for pay		
B1 =1	JOB NAME (SPECIFY)1	JOB NAME (SPECIFY)1
IF CAWI DO NOT SHOW DK OR	(STRING 50)	(STRING 50)
	SELF EMPLOYED2 DON'T KNOWd	SELF EMPLOYED2
CATI	REFUSEDr	DON'T KNOWd
FILL "FIRST I AM GOING TO ASK ABOUT YOUR CURRENT JOB OR JOBS" FOR JOB 1 ONLY.	PROGRAMMER: IF B3 = d, r, make [JOB NAME] be "Job 1" for Job 1, "Job 2" for Job 2, etc.	REFUSEDr
CAWI	INTERVIEWER: IF B3=d, r, THEN SAY: That's okay, we'll just refer to this job as "Job 1" in	
FILL "THE NEXT QUESTIONS ARE ABOUT YOUR CURRENT JOB OR JOBS." FOR JOB 1 ONLY.	the next few questions.	
B3. CATI: [First I am going to ask about your current job or jobs.] Please tell me who you work for.		
CAWI: [The next questions are about your current job or jobs.] Please tell us who you work for.		
CATI/CAWI: This could include the names of regular paid jobs, odd jobs, temporary jobs, work done in your own business, jobs or tasks you find using a web or mobile app, "under the table" work, "off the books" work, paid work experiences, apprenticeships, or any other types of work you have done for pay. If you currently work at more than one job, please start with the job where you usually work the most hours.		
CATI/CAWI	YES 1 GO TO B3, JOB 2	YES1 GO TO B3, JOB 3
B1=1 (CURRENTLY EMPLOYED)  IF CAWI DO NOT SHOW DK OR	NO0 GO TO B4b	NO0 GO TO B4b
IF CAWI DO NOT SHOW DK OR   REF	DON'T KNOWd GO TO B4b	DON'T KNOWd GO TO B4b
B4. Including all types of jobs,	REFUSEDr GO TO B4b	REFUSEDr GO TO B4b
do you currently have any other paid jobs?  Working for pay can include regular paid jobs, odd jobs, temporary jobs, work done in your own business, "under the table" work, "off the books" work, paid work experiences, apprenticeships, or any other types of work you have done for pay.	IFB1=1 LOOP B4 JOBS UNTIL B4=(0,d, r). WHEN B4= 0,d,or r GO TO B4b JOB 1.	IFB1=1 LOOP B4 JOBS UNTIL B4=(0,d, r). WHEN B4= 0,d,or r GO TO B4b JOB 1.
B2=1 (NOT CURRENTLY EMPLOYED)	JOB NAME (SPECIFY)1	JOB NAME (SPECIFY)1
COMP_STATUS = 0 OR 1ST FUP	(STRING 50)	(STRING 50)

	JOB 1	JOB 2
B1=0 (Not currently employed at 1st FUP)	SELF EMPLOYED2 DON'T KNOWd	SELF EMPLOYED2 DON'T KNOWd
IF CAWI DO NOT SHOW DK OR REF	REFUSEDr	REFUSEDr
IF COMP_STATUS = 1 fill FUP_COMP_MONTH_YEAR IF COMP_STATUS = 0 fill RA MONTH YEAR		
B4a. CATI: Since [DATE MONTH YEAR], please tell me who you worked for.		
CAWI: Since [DATE MONTH YEAR], please indicate who you worked for.		
CATI/CAWI: This could include the names of regular paid jobs, odd jobs, temporary jobs, work done in your own business, jobs or tasks you found using a web or mobile app, "under the table" work, "off the books" work, paid work experiences, apprenticeships, or any other types of work you have done for pay. If you had more than one job, please start with the job where you worked the most hours.		
IF B4=(0, d, r) [TOLD INTERVIEWER THAT NO MORE CURRENT JOBS] or B2=1 [NOT CURRENTLY EMPLOYED BUT EMPLOYED SINCE RA_MONTH_YEAR/FUP_COMP_MONT H_YEAR] IF B2=1 AND B4A != BLANK	YES	YES
IF COMP_STATUS = 1 fill FUP_COMP_MONTH_YEAR IF COMP_STATUS = 0 fill RA_MONTH_YEAR		
IF CAWI DO NOT SHOW DK OR REF		
B4b. CATI: Have you had any other paid jobs since [DATE MONTH YEAR] that you haven't told me about?  CAWI: Have you had any other paid jobs since [DATE MONTH YEAR]?		
CATI/CAWI		
B1=1 OR B2=1	MONTH YEAR	MONTH YEAR
IF CAWI DO NOT SHOW DK OR	(1-12) (1970-current year)	(1-12) (1970-current year)
REF	DON'T KNOWd	DON'T KNOWd
	REFUSEDr	REFUSEDr

	JOB 1	JOB 2
ASK ONLY FOR 2FUP JOBS IN ARRAY 11-21 IF NO JOBS IN 2ND FUP JOB ARRAY 11-21 GO TO B6a		
IF B3=2 or B4A=2 FILL "YOURSELF;" ELSE FILL "[2ND_FUP_JOB]"		
B5. When did you start working for [2ND_FUP_JOB]/yourself]? INTERVIEWER: RECORD MONTH AND YEAR. NOTE: ALLOW SKIP ON MONTH.		
CATI/CAWI	YES1 GO TO B7	YES 1 GO TO B7
B1=1 OR B2=1	NO0 GO TO B6a DON'T KNOWd	NO0 GO TO B6a DON'T KNOWd
IF CAWI DO NOT SHOW DK OR REF	REFUSEDr	REFUSEDr
IF B3=2 or B4A=2 FILL "YOURSELF;" ELSE FILL "[2ND_FUP_JOB]"		
2ND FUP JOBS FALL IN ARRAYS 11-21, FILL 2ND_FUP_JOB_1 FROM ARRAY 11.		
B6. Are you still working for [2ND_FUP_JOB/yourself]?		
CATI/CAWI	_ _ / _ _	/
B6 =0 OR B3.0A=0	MONTH YEAR	MONTH YEAR
IF CAWI DO NOT SHOW DK OR REF	(1-12) (1970-current year) STILL AT JOB98 DON'T KNOWd	(1-12) (1970-current year) STILL AT JOB98 DON'T KNOWd
B6a. When did you <u>stop</u> working at this job?	REFUSEDr	REFUSEDr
INTERVIEWER: RECORD MONTH AND YEAR.		
CATI/CAWI	HOURS PER WEEK	HOURS PER WEEK
B1=1 OR B2=1	(0-98)	(0-98)
IF CAWI DO NOT SHOW DK OR REF	99 OR MORE HOURS PER WEEK99 DON'T KNOWd	99 OR MORE HOURS PER WEEK99 DON'T KNOWd
IF B6=1 FILL "DO," ELSE FILL "DID"	REFUSEDr	REFUSEDr
B7. How many hours [do/did] you usually work in a week at this job? Your best estimate is fine.		
CATI/CAWI B1=1 OR B2=1 IF CAWI DO NOT SHOW DK OR REF	\$   _ , _   _ .    AVERAGE (0-999,999.99) AMOUNT PER HOUR1 PER DAY2	\$   _ _ ,  _ _ , _  AVERAGE (0-999,999.99) AMOUNT PER HOUR1 PER DAY2
If B3 = 2 or B4A = 2 FILL "being self- employed" ELSE FILL "your job at [job name]"	PER DAY	PER DAY

	JOB 1	JOB 2
FILL "DO" IF B6=1, ELSE FILL "DID" FILL "VARIES" / "ARE" / "MAKE" IF B6=1. ELSE FILL "VARIED" / "WERE" / "MADE" B8. Now thinking about [being self-employed/your job at [JOB NAME]], how much [do/did] you get paid before taxes and deductions, at this job? Please include tips, commissions, and regular overtime.	TWICE A MONTH	TWICE A MONTH
CATI: PROBE: If your pay [varies/varied], please provide an average amount. If you [are/were] paid per job or for completing a particular task, please tell us the total amount you usually [make/made] while doing this type of work.		
CAWI: SOFTCHECK: If your pay [varies/varied], please provide an average amount. If you [are/were] paid per job or for completing a particular task, please tell us the total amount you usually [make/made] while doing this type of work.		
IF THE RESPONDENT DOES NOT PROVIDE A PAY PERIOD THEN PROBE: And, is that per hour, per week, per month, once every two weeks, twice a month, per year, day/daily, or something else?  ACCEPT MOST CONVENIENT PAY PERIOD.  SOFT CHECK: IF ANSWER IS GREATER THAN \$50 PER HOUR, \$2000 PER WEEK, \$4000 ONCE EVERY 2 WEEKS, \$4000 TWICE A MONTH, \$100,000 PER YEAR, \$400 DAY/DAILY, OR \$8000 MONTH, SAY: "I recorded [B8 and B8 amount answer]. Is that correct?"		
CATI/CAWI	YES1	YES1
IF CAWI DO NOT SHOW DK OR REF	NO	NO
FILL WAGE AND HOUR/UNIT FROM B8.		
IF B8 = 99, D, R, or M, FILL "YOUR CURRENT WAGE"		
B9. Did you always earn [[B8 WAGE] per [HOUR/UNIT FROM B8]/your current wage] at this job?		
CATI/CAWI	\$   _ , _  . _  AVERAGE	\$   _ , _  . _  AVERAGE
If B9= no IF CAWI DO NOT SHOW DK OR REF	(0-999,999.99) AMOUNT	(0-999,999.99) AMOUNT

	JOB 1	JOB 2
FILL "VARIES" IF B6=1. ELSE FILL "VARIED".	PER HOUR	PER HOUR
B10. How much were you paid when you started working at this job before taxes and deductions? If your pay [varies/varied], please provide an average amount.	PER MONTH	PER MONTH
ACCEPT MOST CONVENIENT PAY PERIOD.	(STRING (100)) DON'T KNOWd REFUSEDr	(STRING (100)) DON'T KNOWd REFUSEDr
SOFT CHECK: IF ANSWER IS GREATER THAN \$50 PER HOUR, \$2000 PER WEEK, \$4000 ONCE EVERY 2 WEEKS, \$4000 TWICE A MONTH, \$100,000 PER YEAR, \$400 DAY/DAILY, OR \$8000 MONTH, SAY: "I recorded [B10 and B10 amount answer]. Is that correct?"		

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

B11.\* Since [DATE MONTH YEAR], was there anything else you did for pay, such as odd jobs, temporary jobs, work done in your own business, jobs or tasks you found using a web or mobile app, "under the table" work, "off the books" work, paid work experience, apprenticeships, or any other type of work, that we haven't already talked about?

YES1	B12
NO0	B13
DON'T KNOWd	B13
REFUSEDr	B13

CATI/CAWI: B11=1

IF CAWI DO NOT SHOW DK OR REF

B12.	CATI: What is your best guess of how much money you received from these activities in a typical month since [DATE MONTH YEAR]? Please do not include money you made from jobs we talked about earlier. We just need your best guess for how much money you've received from these activities.
	CAWI: What is your best guess of how much money you received from these activities in a typical month since [DATE MONTH YEAR]? Please do not include money you made from jobs you reported earlier. Just make your best guess for how much money you've received from these activities.
	\$  _ ,    (0-99,999)
	DON'T KNOWd  REFUSEDr
CATI/	CAWI WI DO NOT SHOW DK OR REF
	313 ONLY IF # OF CURRENT JOBS >1 OR THERE ARE NO CURRENT JOBS BUT MULTIPLE PRIOR JOBS. SKIP TO B13A
(B2=1	AND (NUMBER OF CURRENT (B6=1 OR B3.0A=1) JOBS > 1) OR AND (NUMBER OF NONCURRENT (B6=0/D/R OR B3.0A=0/D/R) JOBS > 1) AND NUMBER OF CURRENT OR B3.0A=1) JOBS = 0
DISPL	AY [JOBNAME/SELF-EMPLOYED] FROM B3 IF (B1=1 AND (NUMBER OF CURRENT (B6=1) JOBS > 1) AY [JOBNAME/SELF-EMPLOYED] FROM B4A IF (B2=1 AND (NUMBER OF NONCURRENT (B6=0/D/R) JOBS ND NUMBER OF CURRENT (B6=1) JOBS = $0$
PL_JC	DB = COUNT OF CURRENT JOBS FROM 1ST FUP.
PL_JC	DB_NAME = NAME OF CURRENT JOB FROM 1ST FUP.
B13.	For the next questions, please think about the job at which you [currently / most recently] work[ed] the most hours. What is the name of that job? Is it
	[PL_JOB_NAME1/PL_SELF-EMPLOYED1] / [NONCURRENT PL_JOB_NAME1/PL_SELF-EMPLOYED1]1
	[PL_JOB_NAME2/PL_SELF-EMPLOYED2] / [NONCURRENT PL_JOB_NAME2/PL_SELF-EMPLOYED2]2
	[PL_JOB_NAME3/PL_SELF-EMPLOYED3] / [NONCURRENT PL_JOB_NAME3/PL_SELF-EMPLOYED3]3
	[PL_JOB_NAME4/PL_SELF-EMPLOYED4] / [NONCURRENT PL_JOB_NAME4/PL_SELF-EMPLOYED4]4
	[PL_JOB_NAME5/PL_SELF-EMPLOYED5] / [NONCURRENT PL_JOB_NAME5/PL_SELF-EMPLOYED5]5

[B3JOBNAME1/B3SELF-EMPLOYED1] / [B4BJOBNAME1/B4BSELF-EMPLOYED1]	6
[B3JOBNAME2/B3SELF-EMPLOYED2] / [B4BJOBNAME1/B4BSELF-EMPLOYED2]	.7
[B3JOBNAME3/B3SELF-EMPLOYED3] / [B4BJOBNAME1/B4BSELF-EMPLOYED3]	.8
[B3JOBNAME4/B3SELF-EMPLOYED4] / [B4BJOBNAME4/B4BSELF-EMPLOYED4]	.9
[B3JOBNAME5/B3SELF-EMPLOYED5] / [B4BJOBNAME5/B4BSELF-EMPLOYED5]	.10
DON'T KNOW	d
REFUSED	r

#### PROGRAMMER BOX TO SET [JOBNAME]

IF B13 1 TO 10 SET [JOBNAME]=B13JOBNAME.

IF (B13=D OR R) AND (NUMBER OF CURRENT (B6=1) JOBS > 1) SET [JOBNAME]= "CURRENT MAIN"

IF (B13=D OR R) AND (B2=1) AND (NUMBER OF NONCURRENT JOBS > 1) AND NUMBER OF CURRENT JOBS = 0 SET [JOBNAME]="MOST RECENT MAIN"

IF B13 = LOGICAL SKIP AND NUMBER OF CURRENT JOBS (B6/B3.0A = 1) = 1, SET [JOBNAME] = "CURRENT"

IF B13 = LOGICAL SKIP AND (NUMBER OF NONCURRENT (B6=0/D/R, B3.0A=0/D/R) JOBS > 1) AND NUMBER OF CURRENT JOBS = 0, SET [JOBNAME] = "MOST RECENT"

#### PROGRAMMER BOX TO SET SELFEMPLOYEDFLAG

IF B13 = 1 TO 10 AND B13 PREFILL FOR SELECTED B13 = SELF-EMPLOYED, SET SELFEMPLOYEDFLAG=1

IF B13 = LOGICAL SKIP AND NUMBER OF CURRENT JOBS (B6/B3.0A) = 1 AND B3=2 (SELF-EMPLOYED), SET SELFEMPLOYEDFLAG=1

IF B13 = LOGICAL SKIP AND (NUMBER OF NONCURRENT JOBS (B6=0/D/R, B3.0A=0/D/R) > 1) AND NUMBER OF CURRENT JOBS = 0 AND B4B=2 (SELF-EMPLOYED), SET SELFEMPLOYEDFLAG=1

OTHERWISE SET SELFEMPLOYEDFLAG=0

CATI/CAWI: B1=1 OR B2=1

IF NO JOBS REPORTED SKIP TO B23

#### IF CAWI DO NOT SHOW DK OR REF

B13a. For the next questions, please think about your [JOBNAME] job.

Which of the following best describes your employment at that job? [Were/Are] you working . . .

CATI: PROBE: A temporary help agency supplies workers to other companies on an as needed basis.

PROBE: Independent contractors, independent consultants, and freelance workers obtain customers on their own to provide a product or service and can have other employees working for them.

PROBE: Day laborers are people who work as needed. For example, day laborers may get work by waiting at a place where employers pick up people to work for a day or by posting paper or electronic job wanted ads and responding on a day-by-day basis.

PROBE: Some workers find short, in-person jobs or tasks through companies that connect them directly with customers using a website or mobile app. These companies also coordinate payment for the service through the app. Other workers select short, paid tasks through companies that maintain online lists of tasks.

CODE ONE ONLY	
as a regular full-time or part-time employee,	1
for a temporary help agency,	2
for an occasional job or task service that relies on a website or mobile app that connects you to customers (such as Uber or Lyft)	3
as an independent contractor, independent consultant, or freelance worker,	4
in your own business,	5
as a day laborer,	6
or something else (PLEASE specify)?	99
(STRING (100))	
DON'T KNOW	d
DEELISED	r

CATI/CAWI: B1=1 OR B2=1	
IF CAWI DO NOT SHOW DK OR REF	

B13b. (Is/Was) this job a seasonal or temporary job?

	•	•	-	•	•	•	•	
YES					 			1
NO					 			0
DON'T k	NOW				 			d
REFUSE	ED				 			r

PROBE: (Is/Was) this a job that you knew from the beginning would only last a few weeks or months?

CATI/CAWI: B1=1 OR B2=1

IF CAWI DO NOT SHOW DK OR REF

B14. (Do/did) you usually work a daytime schedule or some other schedule at your [JOBNAME] job?

	A DAYTIME SCHEDULE (ANYTIME BETWEEN 6 A.M. TO 6 P.M.)	1
	SOME OTHER SCHEDULE	2
	DON'T KNOW	d
	REFUSED	r
CATI/	/CAWI: B14=2	
IF CA	AWI DO NOT SHOW DK OR REF	
<b>315</b> .	Which of the following best describes the hours you usually work(ed) at your [JOBNA	AME] job?
	CODE ON	<u>IE ONLY</u>
	An evening shift (anytime between 2 P.M. and midnight)	1
	A night shift (anytime between 9 P.M. and 8 A.M.)	2
	A rotating shift (one that changes periodically from days to evenings or night)	3
	A split shift (one consisting of two distinct period each day)	4
	An irregular schedule	5
	Some other shift (specify)	99
	(STRING (100))	
	DON'T KNOW	d
	REFUSED	r

PROBE: By daytime schedule, (I/we) mean that you work anytime between 6 A.M. and 6 P.M.

CATI/CAWI: B1=1 OR B2=1

IF CAWI DO NOT SHOW DK OR REF

B16. Which of the following benefits [are/were] available to you at your [JOBNAME] job? (READ EACH ITEM) . . .

	CODE ALL THAT APPLY	
	Health insurance or membership in a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) plan?	1
	Paid leave for sick days?2	2
	Paid leave for vacation?	3
	Paid leave for holidays?	1
	Dental benefits, including any offered at a cost to you?	5
	Retirement benefits or a 401k plan?	ĵ
	Tuition reimbursement?	7
	None of the above	)
	DON'T KNOW	t
	REFUSEDr	
CAT	TI/CAWI: B1=1 OR B2=1	
IF C	CAWI DO NOT SHOW DK OR REF	
B17.		
	IF SELFEMPLOYEDFLAG=1: What kind of work did you do – what do you make, do, or sell	?
	IF SELFEMPLOYEDFLAG=0: What kind of company is your employer for your [JOBNAME] do they make, do, or sell?	job – what
	PROBE: What kind of business or industry is this?	
	KIND OF BUSINESS OR INDUSTRY (SPECIFY:)	
	DON'T KNOW	t
	REFUSEDr	
CAT	TI/CAWI: B1=1 OR B2=1	
IF C	CAWI DO NOT SHOW DK OR REF	
B18.	What were/are your main duties at your [JOBNAME] job? Please be specific.	
	PROBE: What did you do? For example, driving a tractor, selling shoes, stocking inventor	y.
	INSTRUCTIONS TO INTERVIEWERS: TRY TO GET A VERB.	
	MAIN DUTIES (SPECIFY:)	L
	DON'T KNOW	
	REFUSEDr	
CAT	TI/CAWI: (B1=1 OR B2=1) AND SELFEMPLOYEDFLAG=0	
IF C	CAWLDO NOT SHOW DK OR REF	

B19. [Have/Had] you been promoted to a higher position with greater responsibility while working at this job?

	`	YES				. 1	
	1	NO				. 0	
	[	DON'T KNOW				. d	
	F	REFUSED				.r	
С	ATI/	CAWI: (B1=1) AND SELFEMPLOYEDFLAG=0					
IF	CA	WI DO NOT SHOW DK OR REF					
B20	). I	How likely do you think it is that you will be promoted at you	ır [JOBNAI	ME] job in	the next	12 months	?
	•	Very likely				.1	
	,	Somewhat likely				.2	
	ı	Not very likely				.3	
	ı	Not likely at all				.4	
	[	DON'T KNOW				. d	
	F	REFUSED				. r	
IF	PR(	OGRAM = [PROGRAM NAME THAT SERVES SSA TARGET P	OPLII ATIO	NI			
		CAWI: (B1=1 OR B2=1) AND B13A = (1, 2, 99, D, OR R)	OI OL/TITO	· <b>v</b> ]			
		WI DO NOT SHOW DK OR REF					
B21	I	Please tell me whether or not your [JOBNAME] employer ha because of your physical or mental health condition. Has yo mental health condition					r
			CODE	ONE RESPO	ONSE PER	R ROW	
			YES	NO	DK	REF	
	a.	provided you with any <u>special equipment</u> or assistive technology (PROBE: For example, special tools or equipment, software, or devices to accommodate your condition in the workplace.)	1	0	d	r	
	b.	made any changes in your work schedule? (PROBE: For					

0

0

1

1

1

d

d

example, working fewer hours, changing the time you arrive or leave, or taking more breaks to accommodate your condition in the workplace.).....

made any changes to the tasks you were assigned or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate your condition in the workplace.)......

made any changes to the physical work environment to

make things easier for you? (PROBE: For example, modifying your work area, allowing tele-work, improving accessibility in the building, or providing assigned parking to accommodate your condition in the

	workplace.)					
•	e. arranged for <u>co-workers or oth</u> (PROBE: For example, providing attendant, interpreter, or job co	ng a personal care	1	0	d	r
f	. made any other changes that I accommodate your condition i					
(	SPECIFY:	)	1	0	d	r
	ATI/CAWI: B1=1 OR B2=1 CAWI DO NOT SHOW DK OR REF	:				
B22.	How satisfied are you with your or not satisfied?	[JOBNAME] job? Would yo	ou say very s	atisfied,	somewha	at satisfied
	VERY SATISFIED					. 1
	SOMEWHAT SATISFIED					.2
	NOT SATISFIED					.3
	DON'T KNOW					. d
	REFUSED					r
_	/CAWI: ALL					
IF CA	AWI DO NOT SHOW DK OR REF					
B23.*	Are you currently looking for a jo					
	PROBE: Some people look for w	•	-			
	YES					1
						0
	NO					
	NO DON'T KNOW					

CATI/CAWI: B1=0,D,R AND B2= 0,D,R IF CAWI DO NOT SHOW DK OR REF

	<b>CODE ALL THAT APPLY</b>
Temporarily laid off,	1
Retired,	2
In school or training,	3
Unable to work because of caring for another family member,	4
Unable to work because of pregnancy	5
Unable to work due to illness, disability, or ongoing mental health or so	
Gave up looking for work	7
Incarcerated, or	
Something else? (SPECIFY)	99
(STRING	G (NUM))
DON'T KNOW	d

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

B24.\* The next questions are about things that some people find challenging when they try to work or pursue education or training. First, does a physical, mental, or emotional condition limit the kind or amount of work you can do?

Select one only

$\mathbf{O}$	YES	1
O	NO	0
O	DON'T KNOW	.d
0	REFUSED	. r

 ${\sf IF\ PROGRAM\ PARTICIPANTS\ ARE\ YOUTH],\ DO\ NOT\ ASK\ B25.L\ OR\ B25.Q}.$ 

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

Now, please indicate if each of the following has made it not at all hard, slightly hard, moderately hard, or very hard for you to work or pursue education or training in the past three months. CATI: If something I say does not apply to you, you can say "does not apply."

Would you say that [FILL a-r] made it not at all hard, slightly hard, moderately hard, or very hard for you to work or pursue education or training in the last three months?

Select one per row

								•
		NOT AT ALL HARD	A LITTLE HARD	SOMEWHAT HARD	VERY HARD	N/A	DK	REF
a.	Not having reliable transportation	<b>C</b> 0	10	2 🔾	3 O	<b>O</b> n	C b	r O
b.	Not having a driver's license or a valid driver's license	<b>O</b> 0	10	2 <b>Q</b>	3 🔾	<b>O</b> n	C b	<b>C</b> 1
c.	Not having stable housing	<b>C</b> 0	10	2 <b>O</b>	3 O	<b>O</b> n	C b	r O
d.	A pregnancy or recent childbirth	<b>O</b> 0	1 O	2 🔾	<b>O</b> E	$\mathbf{C}$ n	C b	r O
e.	Not having good enough care for a child or someone else in your household who needs care	<b>C</b> 0	1 O	2 O	3 O	<b>O</b> n	C b	<b>C</b> N
f.	Not having the right clothes or tools for work	<b>O</b> 0	10	2 <b>Q</b>	3 🔾	n O	C b	C n
g.	Not having the right skills or education	<b>C</b> 0	10	2 O	3 O	<b>O</b> n	C b	r O
h.	Having difficulty speaking or reading English	<b>O</b> 0	10	2 O	3 🔾	n O	C b	r O
i.	Having difficulty completing job applications on my own	<b>C</b> 0	10	2 🔾	3 O	n O	C b	C 1
j.	Having a criminal record	<b>O</b> 0	10	2 🔾	3 O	<b>O</b> n	C b	r O
k.	Having problems with alcohol or drugs	<b>C</b> 0	10	2 O	3 O	<b>O</b> n	C b	r O
l.	Having a gap in employment	<b>C</b> 0	10	2 O	3 O	<b>O</b> n	C b	r O
m.	Lack of support or resistance from friends or relatives related to finding a job or working	<b>C</b> 0	10	2 🔾	3 O	<b>O</b> n	C b	C 1
n.	Experiencing abuse by a spouse or partner	<b>C</b> 0	10	2 <b>Q</b>	3 O	<b>O</b> n	C b	<b>C</b> n
0.	A learning disability	<b>O</b> 0	10	2 O	3 O	<b>O</b> n	C b	C n
p.	Not finding the right kind of disability- related supports or accommodations	<b>C</b> 0	10	2 🔾	3 O	<b>O</b> n	C b	C n
q.	Losing benefits you need such as Social Security, disability insurance, workers' compensation, or Medicaid if you took a job or worked more hours	<b>O</b> 0	<b>O</b> 1	2 <b>Q</b>	<b>O</b> ε	n O	C b	<b>O</b> 1

r.	Other problems that made work, school, or	00 10	20	3 O n O	40	r <b>Q</b>
	training difficult (SPECIFY: )	001	20	30 110	u 🔾	1 3

IF PROGRAM = [PROGRAM NAME FOCUSES ON GOAL SETTING AND ATTAINMENT]
IF CURRENTLY EMPLOYED (B1=1) THEN DO NOT ASK B26D.
IF CAWI DO NOT SHOW DK OR REF

B26. The next questions are about employment-related behaviors.

Please indicate if you strongly disagree, disagree, agree, or strongly agree with the following statements.

Select one per row

		STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DK	REF
a.	I set <u>long-term</u> employment goals that I hope to achieve within a year, such as finding a job, finding a better job, getting promoted, or enrolling in further education	10	2 🔾	3 <b>O</b>	4 <b>O</b>	C b	r O
b.	I set specific short-term goals that will allow me to achieve my long-term employment goals	10	2 O	3 O	4 <b>O</b>	C b	r O
c.	I think I should work on finding a job or a better job¹	1 O	2 O	3 O	4 O	C b	r O
d.	I think there is nothing I can do about being out of work right now <sup>2</sup>	10	2 <b>O</b>	3 O	4 O	C b	r O

## C. ECONOMIC INDEPENDENCE AND WELL-BEING

IF PROGRAM=[PROGRAM NAME, WHOSE PARTICIPANTS ARE NOT YOUTH]
IF CAWI DO NOT SHOW DK OR REF

C1. Now (I/we) have some questions about your household. During the past year, <u>did you or anyone in your household</u> receive income or assistance from any of the following sources?

Select all that apply

☐ Disability benefits from the Social Security Administration. These are also called Supplemental Security Income (SSI) or Social Security Disability

2

<sup>&</sup>lt;sup>1,2</sup> B25a, B25b: Noonan, P.M., & Gaumer Erickson, A.S. (2017). The skills that matter: Teaching intrapersonal and interpersonal competencies in any classroom. Thousand Oaks, CA: Corwin.

Insurance (SSDI)
1
Temporary Assistance for Needy Families (TANF) or
[STATE SPECIFIC TANF NAME]
2
Unemployment Insurance
3
Worker's Compensation
4
Short-term disability
5
Food Stamps/Supplemental Nutrition Assistance Program (SNAP)/
[STATE-SPECIFIC PROGRAM]
6
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
7
Housing Choice Voucher, also known as Section 8 or Public Housing
8
Veterans Benefits
9
Medicaid or [STATE SPECIFIC MEDICAID] or Children's Health Insurance Program (CHIP)
10
NONE OF THE ABOVE
0
DON'T KNOWd
REFUSEDr

	. <b></b>			
$C \Lambda TI$	I/CAWI	ı٠	ΛΙ	ı
CAL	/( <i>/</i> HVV	١.	$\sim$	_

C2.\* Now [I/We] have some questions about your current financial situation. [As I read each question, please let me/ please let us] know if you have faced any of the following situations.

In the last six months, has there been a time when...

Select one per row

		YES	NO	N/A	DK	REF
a.	you did not pay the full amount of the rent or mortgage because you could not afford it?	10	0 0	2 🔾	C b	r O
b.	you were evicted from your home or apartment for not paying the rent or mortgage?	10	<b>C</b> 0	2 <b>O</b>	C b	r O
C.	you filed in court for bankruptcy?	10	<b>C</b> 0	2 <b>O</b>	C b	<b>C</b> 1
d.	you did not pay the full amount of the gas, oil, or electricity bills?	1 O	<b>O</b> 0	2 <b>Q</b>	C b	r O
e.	you had service turned off by the gas or electric company, or the oil company would not deliver oil?	1 O	<b>C</b> 0	2 🔾	C b	r O
f.	you had cellular or land telephone service turned off because payments were not made?	1 O	<b>C</b> 0	2 O	C b	C n
g.	you could not fill or had to wait to fill a prescription for medicine when they were needed because you could not afford it?	1 O	<b>C</b> 0	2 O	C b	C n
h.	you did not pay the full amount of child support payments because you could not afford it?	1 O	<b>C</b> 0	2 O	C b	C n
i.	you did not pay the full amount of other bills?	10	<b>C</b> 0	2 🔾	C b	r O

CATI/CAWI: ALL

C2a.\* Getting enough food can be a problem for some people. Which of these statements best describes the food eaten in your household in [PRIOR MONTH]? Would you say there was...

	0	enough of the kinds of food you want,1
	0	enough, but not always the kinds of food you want,2
	0	sometimes not enough to eat, or3
	0	often not enough to eat?4
	O	DON'T KNOWd
	0	REFUSEDr
		WI: ALL
C3.*	If y	ou had an emergency, would you be able to count on someone to help you?
		lect one only
	0	YES1
	0	NO0
	O	DON'T KNOWd
	O	REFUSEDr
САТ	I/CA	WI: ALL
C4.*		there someone you could turn to if you suddenly needed to borrow \$100?
		lect one only
	O	YES1
	O	NO0
	0	DON'T KNOWd
	O	REFUSEDr
Now I	TI al 6.	weld like to ask you some supptions about your living situation
		ve'd] like to ask you some questions about your living situation.
		GRAM=[PROGRAM NAME, WHOSE PARTICIPANTS ARE NOT YOUTH]
		DO NOT SHOW DK OR REF
C5.		nich of the following best describes your housing arrangement in [PRIOR MONTH]? Did you
	PR	OBE: Tell me about the arrangement you spent the most time at in the last month.
	0	own your own home or apartment,1
	0	rent your home or apartment,2
	0	homeless or live in emergency or temporary housing, such as a shelter,3
	0	live in a halfway house, sober house, or other transitional housing,4
	0	live in a group home5
	0	live with friends or relatives and pay rent to them6
	0	live with friends or relatives and not pay rent to them, or7
	0	some other arrangement? (SPECIFY:)99
	O	DON'T KNOWd

		GRAM=[PROGRAM NAME, WHOSE PARTICIPANTS ARE YOUTH]  DO NOT SHOW DK OR REF
C5a.		nich of the following best describes your housing arrangement in [PRIOR MONTH]? Did you
	РК О	OBE: Tell me about the arrangement you spent the most time at in the last month.  live with a parent or guardian,1
	_	rent your home or apartment,2
	0	homeless or live in emergency or temporary housing, such as a shelter,3
	0	live in a halfway house, sober house, or other transitional housing,4
	0	live in a group home5
	0	live with friends or relatives and pay rent to them6
	0	live with friends or relatives and not pay rent to them, or
	0	some other arrangement? (SPECIFY:)99
	0	DON'T KNOWd
	_	
	0	REFUSEDr
САТ	I/CA	WI: C5=2 OR C5A=2
IF C	AWI	DO NOT SHOW DK OR REF
C5b.	Do	you live in
	O	public housing – that is, housing owned by a federal, state or local government agency, such as [state specific program],1
	0	private housing for which part of your rent bill is paid by the government, such as Section 8 or vouchers, or2
	0	private housing that you pay for without any help from the government3
	O	DON'T KNOWd
	0	REFUSEDr
САТ	T/CA	.WI: C5 NE 3 OR C5A NE 3
_		DO NOT SHOW DK OR REF
	115	ve you been hemeless at any time in the last three menths?

O REFUSED.....r

C6. Have you been homeless at any time in the last three months?

PROBE: Include living on the street, in your car, in an abandoned building, in a homeless or domestic violence shelter, or staying at someone else's home because you have nowhere else to go.

	O YES	C6a
	O NO	C7
	O DON'T KNOWd	C7
	O REFUSEDr	C7
CAT	I/CAWI: C6=1 OR C5=3 OR C5A=3	
	AWI DO NOT SHOW DK OR REF	
C6a.		ut haw many days
Coa.	If you add up all the days you have been homeless in the last three months, about have you been homeless? Your best guess is fine.	ut now many days
	Number of days homeless during the last three months	
	(1-93)	
	O DON'T KNOWd	
	O REFUSEDr	
CATI:	Now, I'd like to ask you some questions about your health.	
CAWI:	Now, we have some questions about your health. <sup>3</sup>	
CA	ATI/CAWI: ALL	
IF	CAWI DO NOT SHOW DK OR REF	
C7.*	In general, would you say your health is:	
	Excellent,	1
	Very good,	2
	Good,	3
	Fair, or	4
	Poor?	5
	DON'T KNOW	d
	REFUSED	r

 $<sup>^{\</sup>rm 3}$  © 1994, 2002 by Quality Metric Inc. and Medical Outcomes Trust. All Rights Reserved.

	CATI/CAWI: ALL IF CAWI DO NOT SHOW DK OR REF
C8	* The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?
	CATI: The first question is about
	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.
	CATI: Would you say you are limited a lot, limited a little, or not at all?
	YES, LIMITED A LOT1
	YES, LIMITED A LITTLE2
	NO, NOT LIMITED AT ALL3
	DON'T KNOWd
	REFUSEDr
	CATI/CAWI: ALL IF CAWI DO NOT SHOW DK OR REF
C9	* CATI: The second question is about
	Climbing several flights of stairs. Would you say you are limited a lot, limited a little, or not at all?
	YES, LIMITED A LOT1
	YES, LIMITED A LITTLE2
	NO, NOT LIMITED AT ALL3
	DON'T KNOWd
	REFUSEDr

C10.*	During the <u>past 4 weeks</u> how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health?</u>					
	CATI: The first statement is that you					
	Accomplished less than you would like.	Accomplished less than you would like.				
	CATI: Would you say that you <u>accomplished less</u> than you would like all some of the time, a little of the time, or none of the time <u>as a result of your same</u> .					
	ALL OF THE TIME	1				
	MOST OF THE TIME	2				
	SOME OF THE TIME	3				
	A LITTLE OF THE TIME	4				
	NONE OF THE TIME	5				
	DON'T KNOW	d				
	REFUSED	r				
C	ATI/CAWI: ALL					
IF	CAWI DO NOT SHOW DK OR REF					
C11.*	CATI: The second statement is that you					
	Were limited in the kind of work or other activities.					
	CATI: Would you say that you were limited in the <u>kind</u> of work or other a of the time, some of the time, a little of the time, or none of the time <u>as a health</u> ?					
	ALL OF THE TIME	1				
	MOST OF THE TIME	2				
	SOME OF THE TIME	3				

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

		A LITTLE OF THE TIME4
		NONE OF THE TIME5
		DON'T KNOWd
		REFUSEDr
	CA	ATI/CAWI: ALL
	IF	CAWI DO NOT SHOW DK OR REF
C12	.*	During the <u>past 4 weeks</u> , how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?
		CATI: The first item is that you
		Accomplished less than you would like.
		CATI: Would you say that you <u>accomplished less</u> than you would like all of the time, most of the time, some of the time, a little of the time, or none of the time <u>as a result of any emotional problems</u> ?
		ALL OF THE TIME
		MOST OF THE TIME2
		SOME OF THE TIME3
		A LITTLE OF THE TIME4
		NONE OF THE TIME5
		DON'T KNOWd
		REFUSEDr
	CA	ATI/CAWI: ALL
	IF	CAWI DO NOT SHOW DK OR REF
C13	.*	CATI: The second item is that you
		Did work or other activities <u>less carefully than usual</u> .
		CATI: Would you say that did work or other activities <u>less carefully than usual</u> all of the time, most of the time, some of the time, a little of the time, or none of the time <u>as a result of any emotional problems</u> ?

	ALL OF THE TIME	1
	MOST OF THE TIME	2
	SOME OF THE TIME	3
	A LITTLE OF THE TIME	4
	NONE OF THE TIME	5
	DON'T KNOW	d
	REFUSED	r
	ATI/CAWI: ALL	
IF	CAWI DO NOT SHOW DK OR REF	
C14.*	During the <u>past 4 weeks</u> , how much did <u>pain</u> interfere with your normal work (in outside the home and housework)? Would you say	ncluding both work
	outside the nome and nodseworky: Would you say	
	 Not at all,	1
	A little bit,	
	Moderately,	
	Quite a bit, or	
	Extremely	
	DON'T KNOW.	
		-
	REFUSED	I
C	ATI/CAWI: ALL	
	CAWI DO NOT SHOW DK OR REF	
 *.C15	These next questions are about how you feel and how things have been with yo	ou during the past 4
J_U.	weeks. For each question, please give the one answer that comes closest to th	
	feeling. How much of the time during the <u>past 4 weeks</u> :	
	Have you felt calm and peaceful?	
	All of the time,	
	Most of the time,	
	Some of the time,	
	A little of the time, or	4

		None of the time	.5
		DON'T KNOW	. d
		REFUSED	. r
		THO ANALL	
		TI/CAWI: ALL CAWI DO NOT SHOW DK OR REF	
C1	6.*	How much of the time during the <u>past 4 weeks</u> did you have a lot of energy?	
		All of the time,	
		Most of the time,	
		Some of the time,	
		A little of the time, or	
		None of the time	
		DON'T KNOW	. d
		REFUSED	.r
	_	ATI/CAWI: ALL	
	IF	CAWI DO NOT SHOW DK OR REF	
C1	7.*	How much of the time during the <u>past 4 weeks</u> have you felt downhearted and depressed	i?
		All of the time,	.1
		Most of the time,	.2
		Some of the time,	.3
		A little of the time, or	.4
		None of the time	.5

DON'T KNOW		d
REFUSED		r
CATI/CAWI: ALL		
IF CAWI DO NOT SHOW [	OK OR REF	
	ks, how much of the time has your physical	

C interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say...

All of the time,	1
Most of the time,	2
Some of the time,	3
A little of the time, or	4
None of the time	5
DON'T KNOW	d
REFUSED	r

IF PROGRAM = [PROGRAM NAME THAT SERVES THOSE WITH MENTAL HEALTH CONDITIONS] IF CAWI DO NOT SHOW DK OR REF

CATI: Now I will read you a list of statements about the last 30 days. Please tell me if the following applies to you all of the time, most of the time, some of the time, a little of the time, or none of the

C19. During the last 30 days, about how often did you...4

Select one per row

	ALL THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DK	REF
a. Feel so depressed that nothing could up?	4 🔾	<b>O</b> ε	2 <b>Q</b>	1 O	<b>O</b> 0	<b>C</b> b	<b>C</b> 1
b. Feel hopeless?	4 <b>O</b> 3	O	2 <b>O</b>	Cı	<b>O</b> 0	$\mathbf{C}$ b	<b>C</b> 1
c. Feel restless or fidgety?	4 <b>O</b> 3	O	2 <b>O</b>	Cı	<b>O</b> 0	$\mathbf{C}$ b	<b>C</b> 1
d. Feel that everything was an effort?	4 <b>O</b>	Сε	2 <b>O</b>	O <sub>1</sub>	<b>O</b> 0	$\mathbf{C}$ b	<b>O</b> 1
e. Feel worthless?	4 <b>O</b>	<b>O</b> ε	2 <b>Q</b>	1 O	<b>O</b> 0	$\mathbf{C}$ b	<b>O</b> 1
f. Feel nervous?	4 O	Оε	2 <b>Q</b>	1 <b>O</b> 1	<b>O</b> 0	$\mathbf{C}$ b	<b>C</b> n

<sup>&</sup>lt;sup>4</sup> K-6 Distress Scale: <a href="https://www.hcp.med.harvard.edu/ncs/k6">https://www.hcp.med.harvard.edu/ncs/k6</a> scales.php

C20.*	Taken all together, how would you say things are going these days? Would you say that you are					
	0	Very happy,1				
		Pretty happy, or2				
		Not too happy?3				
	O	DON'T KNOWd				
	0	REFUSEDr				
CATI:	The	next questions are about alcohol use. If you do not drink alcohol at all, just sa	ay so.			
CAWI	: Th	e next questions are about your use of alcohol.				
		<u> </u>				
		WI: ALL				
IF C		DO NOT SHOW DK OR REF				
C21.*	Но	w often do you have a drink containing alcohol, such as beer, wine or liquor?	Would you say⁵			
	0	Never,1	C24			
	0	Monthly or less,2	C22			
	0	2 to 4 times a month,3	C22			
	0	2 to 3 times a week, or4	C22			
	0	4 or more times a week5	C22			
	O	DON'T KNOWd	C24			
	$\mathbf{c}$	REFUSEDr	C24			
CAT	I/CA	WI: C21 = 2, 3, 4, OR 5				
IF C	AWI	DO NOT SHOW DK OR REF				
C22.	Ho say	w many drinks containing alcohol do you have on a typical day when you are	drinking? Would you			
		OBE: A standard drink is a 5-ounce glass of wine, a 12-ounce can of beer, or a	1.5-ounce shot.			

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

O 1 or 2 per day,.....1

<sup>&</sup>lt;sup>5</sup> AUDIT-C: https://cde.drugabuse.gov/instrument/f229c68a-67ce-9a58-e040-bb89ad432be4

$\mathbf{O}$	3 or 4	2
0	5 or 6,	3
	7 to 9, or	
	10 or more per day	
	DON'T KNOW	
0	REFUSED	. r

CATI/CAWI: C21 = 2, 3, 4, OR 5 IF CAWI DO NOT SHOW DK OR REF

C23. How often do you have six or more drinks on one occasion? Would you say...

0	Never,	1
	Less than monthly,	
	Monthly,	
	Weekly, or	
	Daily or almost daily	
	DON'T KNOW	
	DEELISED	

CATI: Next, I would like to ask you about your use of drugs, not including alcohol, in the past 6 months. For these questions, using drugs means taking more of a prescription drug than prescribed, taking more of an over-the-counter drug than the directions say, or using any drug for nonmedical reasons. The types of drugs may include cannabis (such as marijuana or hashish), inhalants (such as paint thinner), tranquilizers (such as Valium), barbiturates (such as downers), cocaine (such as crack), stimulants (such as Ritalin or speed), hallucinogens (such as LSD, peyote), or narcotics (such as heroin or pain killers).

Remember, do not include alcohol.

If you have difficulty with a yes or no statement, let me know the response that is mostly right.

CAWI: The following questions ask about your use of drugs (not including alcohol) in the past 6 months.

For these questions, using drugs means (1) taking more of a prescription than prescribed, (2) taking more of an over-the-counter drug than the directions say, or (2) using any drug for nonmedical reasons.

The types of drugs may include cannabis (e.g., marijuana, hashish), inhalants (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates (e.g., downers), cocaine (e.g., crack), stimulants (e.g., Ritalin, speed), hallucinogens (e.g., LSD, peyote), or narcotics (e.g., heroin, pain killers).

Remember, do not include alcohol.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

CAT	I/CA	WI: ALL	
IF C	AWI	DO NOT SHOW DK OR REF	
C24.*	In	the past 6 months have you used drugs other than those required for medical	reasons? <sup>6</sup>
	O	YES1	C25
	O	NO2	C34
	O	DON'T KNOWd	C25
	O	REFUSEDr	C25
CAT	I/CA	WI: C24=1,D,R	
IF C	AWI	DO NOT SHOW DK OR REF	

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

Do you use more than one drug at a time?

CATI/CAWI: C24=1,D,R

C25.

IF CAWI DO NOT SHOW DK OR REF

#### C26. Are you always able to stop using drugs when you want to?

<sup>&</sup>lt;sup>6</sup> Skinner HA (1982). The Drug Abuse Screening Test. Addictive Behavior. 7(4):363-371. Note that the follow-up survey asks for a 6 month reference period whereas the baseline asks about a 12 month reference period. This is to avoid overlap in the time period being asked about.

	O YES	1
	O NO	2
	O DON'T KNOW	d
	O REFUSED	r
	TI/CAWI: C24=1,D,R CAWI DO NOT SHOW DK OR REF	
		soult of during the O
C27.	Have you ever had blackouts or flashbacks as a re	-
	PROBE: Consider your use of drugs, not including  O YES	•
	O NO	
	O REFUSED	
	J REFUSED	
CA	TI/CAWI: C24=1,D,R	
	CAWI DO NOT SHOW DK OR REF	
C28.	Do you ever feel bad or guilty about your drug use	2
C20.	PROBE: Consider your use of drugs, not including	
	O YES	
	O NO	
	O DON'T KNOW	
	O REFUSED	
	The column and the co	
	TI/CAWI: C24=1,D,R	
IF C	CAWI DO NOT SHOW DK OR REF	
C29.	Does anyone ever complain about your involveme	ent with drugs?
	PROBE: Consider your use of drugs, not including	g alcohol, in the past 6 months.
	Q YES	1

PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.

	O NO	2
	O DON'T KNOW	d
	O REFUSED	r
	TI/CAWI: C24=1,D,R CAWI DO NOT SHOW DK OR REF	
C30.	Have you neglected your family because of	vour drug use?
030.	PROBE: Consider your use of drugs, not inc	
	O YES	
	O NO	2
	O DON'T KNOW	d
	O REFUSED	r
CA	TI/CAWI: C24=1,D,R	
IF C	CAWI DO NOT SHOW DK OR REF	
C31.	Have you engaged in illegal activities in ord	er to obtain drugs?
	PROBE: Consider your use of drugs, not inc	cluding alcohol, in the past 6 months.
	O YES	1
	O NO	2
	O DON'T KNOW	d
	O REFUSED	r
CA	TI/CAWI: C24=1,D,R	
IF C	CAWI DO NOT SHOW DK OR REF	
C32.	Have you ever experienced withdrawal sym	ptoms (felt sick) when you stopped taking drugs?
	PROBE: Consider your use of drugs, not ind	cluding alcohol, in the past 6 months.
	O YES	1
	O NO	2
	O DON'T KNOW	d
	O REFUSED	r
СФ	TI/CAWI: C24=1,D,R	
	CAWI DO NOT SHOW DK OR REF	
C33.	Have you had medical problems as a result convulsions, or bleeding)?	of your drug use (for example, memory loss, hepatitis,
	PROBE: Consider your use of drugs, not inc	cluding alcohol, in the past 6 months.
	O YES	1

	O	NO2
	O	DON'T KNOWd
	O	REFUSEDr
CAT	I/CA	WI: ALL
_		DO NOT SHOW DK OR REF
34.*		e next question asks about using prescription pain relievers in any way a doctor did not direct you use them.
		nen you answer this question, please think only about your use of the drug in any way a doctor did
		t direct you to use it, including:
		<ul> <li>Using it without a prescription of your own</li> <li>Using it in greater amounts, more often, or longer than you were told to take it</li> <li>Using it in any other way a doctor did not direct you to use it</li> </ul>
		e you currently taking a prescription painkiller (such as OxyContin, Percocet, or Vicodin) without a escription or in any way not directed by a doctor?
	<b>O</b>	YES1
	O	NO0
	O	DON'T KNOWd
	O	REFUSEDr
CAT	I/CA	WI: ALL
IF C	٩WI	DO NOT SHOW DK OR REF
		UD COMPLETE ID ATE MONTHING ADI. MONTH AND VEAD OF LAST INTERVIEW
		UP COMPLETE, [DATE MONTH/YEAR] = MONTH AND YEAR OF LAST INTERVIEW. UP NOT COMPLETE, [DATE MONTH/YEAR] = RA MONTH AND YEAR.
35.*	No	w [I/we] have some questions about your experiences with the criminal justice system.
	Sin	nce [DATE MONTH YEAR], have you been arrested?
	O	YES
	O	NO

C34.\*

C35.\*

	DON'T KNOWd	C38
	CONTRACTOR OF THE PROPERTY OF	C38
SYSTE CATI/C	DGRAM = [PROGRAM NAME THAT SERVES THOSE WITH CURRENT OR PRIOR EM INVOLVEMENT] CAWI: C35=1 WI DO NOT SHOW DK OR REF	CRIMINAL JUSTICE
C36. S	Since [DATE MONTH YEAR], how many times have you been arrested?	
	NUMBER OF ARRESTS	
	10 ms 2 m 1 m 1 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	
( <i>'</i>		
`	DON'T KNOWd	
	D REFUSEDr	
SYSTE CATI/C	OGRAM = [PROGRAM NAME THAT SERVES THOSE WITH CURRENT OR PRIOR EM INVOLVEMENT] CAWI: C35=1 WI DO NOT SHOW DK OR REF	CRIMINAL JUSTICE
C37. H	How many of these arrests since [DATE MONTH YEAR] resulted in at least one o	onviction?
Ν	NUMBER OF ARRESTS LEADING TO A CONVICTION	
(:	1-99)	
	O DON'T KNOWd	
	O REFUSEDr	
	OGRAM = [PROGRAM NAME THAT SERVES THOSE WITH CURRENT OR PRIOR	CRIMINAL JUSTICE
	EM INVOLVEMENT] CAWI: C35=1.D.R	
	WI DO NOT SHOW DK OR REF	
	Since [DATE MONTH YEAR], have you been incarcerated in a juvenile or adult fa	cility such as a
	letention center, jail, or prison?	cility, such as a
	YES1	C39
	O NO	C40
	O DON'T KNOWd	C40
	O REFUSEDr	C40
	OGRAM = [PROGRAM NAME THAT SERVES THOSE WITH CURRENT OR PRIOR	CRIMINAL JUSTICE
SYSTE	EM INVOLVEMENT]	

CATI/CAWI: C38=1

C39.	\A/L	nat is the total time you have spent in incarceration since [DATE MONTH YEAR]? If less
C39.		an 1 month, please record 1 month.
	You  _	ur best estimate is fine   YEARS AND   _  MONTHS
	O	DON'T KNOWd
	O	REFUSEDr
		GRAM = [PROGRAM NAME THAT SERVES THOSE WITH CURRENT OR PRIOR CRIMINAL JUSTICE M INVOLVEMENT]
		AWI: C35=1,D,R
IF	CAW	I DO NOT SHOW DK OR REF
C40.	Aı	re you currently on parole or probation?
	O	YES1
	O	NO0
	O	DON'T KNOWd
	O	REFUSEDr

# **D. PROGRAM SATISFACTION**

SECTION IS NOT PART OF SECOND FOLLOW-UP

# **E. UPDATED CONTACT INFORMATION**

CA	TI/CAWI: ALL			
E1.*	Next, we would like to ask for some contact information. This will help us contact you if we ever need to reach you in the future.			
	What is your address?			
	PROBE: Where do you receive your mail?			
	PROBE: Is there an apartment number?			
	Street Address 1: (STRING (NUM))			
	Street Address 2: (STRING (NUM))			
	City: (STRING (NUM))			
	State: (STRING (NUM))			
	Zip: (STRING (NUM))			
	O DON'T KNOWd			
	O REFUSEDr			
CAT	ΓI/CAWI: ALL			
≣2.*	What is your email address?			
	(STRING 50)			
	O DON'T HAVE ONE			
	O DON'T KNOWd			
	Q REFUSEDr			
CAT	ΓI/CAWI: ALL			
≣3.*	May we contact you through Facebook?			
	O YES1			
	O NO/DON'T HAVE ACCOUNT			
	O DON'T KNOWd			
	O REFUSEDr			

CA	TI/CAWI: E3 = 1
E3a.	What name do you use on Facebook?
	(STRING 50)
	O DON'T KNOWd
	O REFUSEDr
CAT	TI/CAWI: E3 = 1
E3b.	What is your Facebook url?
	USER NAME
	(STRING 50)
	O DON'T KNOWd
	O REFUSEDr
CA	TI/CAWI: ALL
E4.*	May we contact you through LinkedIn?
	may we contact you through Emicum.
	O YES1
	O NO/DON'T HAVE ACCOUNT0
	O DON'T KNOWd
	O REFUSEDr
CAT	TI/CAWI: E4 = 1
E4a.	What name do you use on LinkedIn?
	USER NAME
	(STRING 50)
	O DON'T KNOWd
	O REFUSEDr
CAT	TI/CAWI: ALL
E5.*	What is your home telephone number?
	HOME TELEPHONE
	(201-989) (200-999) (0000-9999)
	O NO LANDLINE

O DON'T KNOWd	
O REFUSEDr	
CATI/CAWI: ALL	
E5a.* Do you have a cell phone?	
O YES1	
O NO	E7
O DON'T KNOWd	E7
O REFUSEDr	E7
CATI/CAWI: E5a=01	
E5b. What is your cell phone number?	
CELL PHONE	
(201-989) (200-999) (0000-9999)	
O DON'T KNOWd	
O REFUSEDr	
CATI/CAWI: E5a=01	
E6. Is it okay for us to text you at this number? Message and data rates may apply.	
O YES1	
O NO0	
O DON'T KNOWd	
O REFUSEDr	
CATI/CAWI: ALL	
E7.* What is another phone number where you can be reached?	
PHONE NUMBER	
(201-989) (200-999)	
O DON'T KNOWd	

	FI/CAWI: ALL	nal has turne	ble weeking very see see	Lilito to horse the
E8.*	In case Mathematica needs to reach you and has trouble reaching you, we would like to have the names of three people who would most likely know where you are or who you keep in close contact with, such as a grandmother or grandfather, other relative, or friend. Mathematica will not contact these people for any other reason.			
	What is the full name of the first person w	e should co	ntact?	
		FIRST NAMI	E	
	(STRING 50)			
	MIDDLE INITIAL			
	(STRING 1)		· · · ·	
		LAST NAME	:	
	(STRING 50)	LAST NAME	•	
	O DON'T KNOW		d	END
	O REFUSED		r	END
CA	ΓΙ/CAWI: E8 NE D OR R			
E8a.	What is (his/her) address?			
	PROBE: Is there an apartment number?			
	Street Address 1:		(STRING (NUM))	
	Street Address 2:		(STRING (NUM))	
	City:	7	STRING (NUM))	
	State:	_	(STRING (NUM))	
	Zip:		(STRING (NUM))	
	O DON'T KNOW		d	
	O REFUSED		r	
CA	ΓΙ/CAWI: E8 NE D OR R			
E8b.	What is (his/her) relationship to you?  Select one only			
	O SPOUSE/PARTNER		1	

	O GRANDMOTHER/GRANDFATHER5	
	O SON/DAUGHTER6	
	O FRIEND7	
	O OTHER (SPECIFY)99	
	Specify (STRING 50)	
	O DON'T KNOWd	
	O REFUSEDr	
IF C	OTHER SPECIFY (99): ENTER OTHER RELATIONSHIP TYPE	
CA	TI/CAWI: E8 NE D OR R	
E8c.	What is (his/her) home telephone number?	
	HOME TELEPHONE	
	(201-989) (200-999) (0000-9999)	
	O NO LANDLINE	
	O DON'T KNOWd	
	O REFUSEDr	
CA	TI/CAWI: E8 NE D OR R	
E8d.	Does (he/she) have a cell phone?	
	O YES	
	O NO	E8F
	O DON'T KNOWd	E8F
	O REFUSEDr	E8F
CA	TI/CAWI: E8D=1	
CA <sup>-</sup>	TI/CAWI: E8D=1  Can I have that number?	
	Can I have that number?  TELEPHONE	
	Can I have that number?  TELEPHONE  (201-989) (200-999) (0000-9999)	
	Can I have that number?  TELEPHONE	

E8f.	What is (his/her) work telephone numb	er?	
	TELEPH	ONE	
	(201-989) (200-999) (0000-9999)		
	O NO WORK NUMBER	1	
	O DON'T KNOW	d	
	O REFUSED	r	
CAT	T/CAWI: E8 NE D OR R		
E8g.	What is (his/her) email address?		
		IL ADDRESS	
	(STRING 50)		
	O DON'T HAVE ONE	0	E9
	O DON'T KNOW	d	E9
	O REFUSED	r	E9
CAT	T/CAWI: E8G NE 0, D, OR R		
E8h.	Does (he/she) have another email address?		
		IL ADDRESS	
	(STRING 50)		
	O NO		
	O DON'T KNOW	d	
	O REFUSED	r	

### **SECOND CONTACT**

CA	TI/CAWI: E8 NE D OR R			
E9.	What is the full name of the second person we should contact?			
		FIRST NAME		
	(STRING 50)			
		MIDDLE INITIAL		
	(STRING 1)			
	(STRING 50)			
	O DON'T KNOW	END		
	O REFUSED	r	END	
CA	T/CAWI: E9 NE D OR R			
E9a.	What is (his/her) address?			
	PROBE: Is there an apartment number?			
	Street Address 1:	(STRING (NUM))		
	Street Address 2:	(STRING (NUM))		
	City:	STRING (NUM))		
	State:	(STRING (NUM))		
	Zip:	(STRING (NUM))		
	O DON'T KNOW	d		
	O REFUSED	r		
CA	T/CAWI: E9 NE D OR R			
E9b.	What is (his/her) relationship to you?			
	Select one only			
	O SPOUSE/PARTNER	1		
	O MOTHER	2		
	O FATHER	3		
	O SISTER/BROTHER	4		
	O GRANDMOTHER/GRANDFATHER	5		
	O SON/DAUGHTER	6		

	O FRIEND7	
	O OTHER (SPECIFY)99	
	Specify (STRING 50)	
	O DON'T KNOWd	
	O REFUSEDr	
CA	TI/CAWI: E9 NE D OR R	
E9c.	What is (his/her) home telephone number?	
	HOME TELEPHONE	
	(201-989) (200-999) (0000-9999)	
	O NO LANDLINE	
	O DON'T KNOWd	
	O REFUSEDr	
CAT	TI/CAWI: E9 NE D OR R	
E9d.	Does (he/she) have a cell phone?	
	O YES	
	O NO0	E9F
	O DON'T KNOWd	E9F
	O REFUSEDr	E9F
САТ	ΓI/CAWI: E9D=1	
E9e.	Can I have that number?	
	TELEPHONE	
	(201-989) (200-999) (0000-9999)	
	O DON'T KNOWd	
	Q REFUSEDr	
	J NEI OSED	
CA	ΓI/CAWI: E9 NE D OR R	
E9f.	What is (his/her) work telephone number?	
	(201-989) (200-999) (0000-9999)	
	O NO WORK NUMBER1	

	O DON'T KNOW	d					
	O REFUSED	r					
CAT	CATI/CAWI: E9 NE D OR R						
E9g.	What is (his/her) email address?						
		EMAIL ADDRESS					
	(STRING 50)						
	O DON'T HAVE ONE	0	E10				
	O DON'T KNOW	d	E10				
	O REFUSED	r	E10				
CAT	CATI/CAWI: E9G NE D OR R						
E9h.	Does (he/she) have another email ad	Idress?					
		EMAIL ADDRESS					
	(STRING 50)						
	O NO	0					
	O DON'T KNOW	d					
	O REFUSED	r					

## THIRD CONTACT

CAT	I/CAWI: E9 NE D OR R				
E10.	What is the full name of the third person we should contact?				
		FIRST NAME			
	(STRING 50)	FIRST NAME			
		MIDDLE INITIAL			
	(STRING 1)				
		LAST NAME			
	(STRING 50)				
	O DON'T KNOW	d	END		
	O REFUSED	r	END		
CAT	I/CAWI: E10 NE d OR r				
E10a.	What is (his/her) address?				
	PROBE: Is there an apartment number?				
	Street Address 1:	(STRING (NUM))			
	Street Address 2:	(STRING (NUM))			
	City:	STRING (NUM))			
	State:	(STRING (NUM))			
	Zip:	(STRING (NUM))			
	O DON'T KNOW	d			
		r			
0.47	WOANNI E40 NE d OD :				
	I/CAWI: E10 NE d OR r				
E10b.	What is (his/her) relationship to you?  Select one only				
	•	1			
		2			
		3			
	O SISTER/BROTHER	4			
	O GRANDMOTHER/GRANDFATHER	5			
	O SON/DAUGHTER	6			
	O FRIEND	7			

	O OTHER (SPECIFY)99					
	Specify (STRING 50)					
	O DON'T KNOWd					
	O REFUSEDr					
CAT	I/CAWI: E10 NE d OR r					
E10c. What is (his/her) home telephone number?						
LIUC.	HOME TELEPHONE					
	(201-989) (200-999) (0000-9999)					
	O NO LANDLINE					
	O DON'T KNOWd					
	O REFUSEDr					
CAT	I/CAWI: E10 NE d OR r					
E10d.	Does (he/she) have a cell phone?					
	O YES1					
	O NO	E10F				
	O DON'T KNOWd	E10F				
	O REFUSEDr	E10F				
CAT	I/CAWI: E10D=1					
 E10e.	Can I have that number?					
	TELEPHONE					
	(201-989) (200-999) (0000-9999)					
	O DON'T KNOWd					
	O REFUSEDr					
CAT	I/CAWI: E10 NE d OR r					
E10f.	What is (his/her) work telephone number?					
	TELEPHONE					
	(201-989) (200-999) (0000-9999)					
	O NO WORK NUMBER					
	O DON'T KNOWd					
	O REFUSEDr					

CATI/CAWI: E10 NE d OR r							
E10g.	Wł	What is (his/her) email address?					
	ſ						
	L			EMAIL ADDRESS			
	(S	TRIN	G 50)				
	0	DO	N'T HAVE ONE	0	END		
	0	DO	N'T KNOW	d	END		
	0	REF	-USED	r	END		
CAT	CATI/CAWI: E10G NE 0, d, OR r						
E10h.	h. Does (he/she) have another email address?						
				EMAIL ADDRESS			
	0	NO.		0			
	0	DO	N'T KNOW	d			
	0	REF	USED	r			
CAT	I/CA	AWI: A	ALL				
Completed.*			Next Generation of Enhar time to share this informa	y. Thank you for your continued participation in need Employment Strategies Project. We apprec ation with us. It is a very important contribution to the mail in the next two weeks.	iate you taking the		

Thank you again.