Instrument 4. NextGen second follow-up survey – revised



## Next Generation of Enhanced Strategies Project

### **Employment**

### Second Follow-up Survey

#### PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to evaluate innovative programs serving individuals facing challenges to employment and economic independence to expand the evidence base. 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. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0545 and the expiration date is 04/30/2023. If you have any comments on this collection of information, please contact Mathematica at NextGenProject@mathematica-mpr.com.

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

Intro1.\*[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 assistance. 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/\$55] 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 #: 0970-0545, Exp: 04/30/2023. If you later have any questions about the study, you can email us at NextGenProject@mathematicampr.com.

[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
-	$/ \cup \cap VVI$ .	$\neg$ LL

CATI: First we are going to ask you some questions to check that we are speaking with the correct person.

CAWI: First we are going to ask you some questions to check that we are surveying the correct person.

IF PROGRAM=

BRIDGES: DO NOT ASK

FAST: ASK
IPS: ASK
MOMS: ASK
PHILLYWINS: ASK

IF CAWI DO NOT SHOW DK OR REF

## Intro2. When you enrolled in [NEXTGEN PROGRAM] program in [RA MONTH/YEAR], what was your marital status?

MARRIED	1
SEPARATED	2
DIVORCED WIDOWED NEVER MARRIED DON'T KNOW REFUSED	2

CATI/CAWI HARD CHECK: **AN ANSWER MUST BE PROVIDED FOR THIS QUESTION**, IF ASKED

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 CA	AWI DO NOT SHOW DK OR REF				
INTRO4	1.* What is your date of birth?    _ /  / _ _ _   MONTH DAY YEAR (1-12) (1-31) (MIN-MAX)  DON'T KNOW				

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 PROGRAM=

**FAST** 

**IPS** 

**MOMS** 

#### **PHILLYWINS:**

IF INTRO2 (MARITAL STATUS) MATCHES AND INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO2 (MARITAL STATUS) DOES NOT MATCH AND INTRO3 (SSN) DOES MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO2 (MARITAL STATUS) DOES NOT MATCH AND INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO2 (MARITAL STATUS) DOES NOT MATCH AND INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL. GO TO A1.

#### IF PROGRAM=BRIDGES

IF INTRO3 (SSN) DOES MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

IF INTRO3 (SSN) DOES NOT MATCH AND INTRO4 (DOB) DOES NOT MATCH THEN FLAG CASE FOR FOLLOW-UP VERIFICATION CALL.

GO TO A1.

\_\_\_\_\_\_

#### A. EMPLOYMENT AND EARNINGS

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

	YES	A2A
	NO0	A2
	DON'T KNOWd	A2
	REFUSEDr	A2
CATI/	/CAWI: A1 NE= 1	
E CA	AWI DO NOT SHOW DK OR REE	
F CA	AWI DO NOT SHOW DK OR REF	
		AST INTERVIEW.
F FIF	AWI DO NOT SHOW DK OR REF RST FOLLOW-UP COMPLETE, [DATE MONTH/YEAR] = MONTH AND YEAR OF LA RST FOLLOW-UP NOT COMPLETE, [DATE MONTH/YEAR] = RA MONTH AND YEA	
FFIF	RST FOLLOW-UP COMPLETE, [DATE MONTH/YEAR] = MONTH AND YEAR OF LA	
F FIF	RST FOLLOW-UP COMPLETE, [DATE MONTH/YEAR] = MONTH AND YEAR OF LARST FOLLOW-UP NOT COMPLETE, [DATE MONTH/YEAR] = RA MONTH AND YE	
FIF	RST FOLLOW-UP COMPLETE, [DATE MONTH/YEAR] = MONTH AND YEAR OF LARST FOLLOW-UP NOT COMPLETE, [DATE MONTH/YEAR] = RA MONTH AND YE.  Have you worked for pay at any time since [DATE MONTH YEAR]?	AR.
FIF	RST FOLLOW-UP COMPLETE, [DATE MONTH/YEAR] = MONTH AND YEAR OF LARST FOLLOW-UP NOT COMPLETE, [DATE MONTH/YEAR] = RA MONTH AND YE.  Have you worked for pay at any time since [DATE MONTH YEAR]?  YES	AR.  A2A  A11 IF FU1 NOT COMPLETE;

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

CAWI: The first set of questions are about work.

Are you currently working for pay?

A1.\*

CATI/CAWI: A1=1 OR A2=1

IF CORONAVIRUS PANDEMIC CHALLENGES REMAIN ASK A2A. ELSE SKIP A2A.

IF CAWI DO NOT SHOW DK OR REF

## A2a. Since [RA MONTH YEAR], have any of the following changes happened to you at work because of COVID-19?

#### Select one per row

			•		
		NO	YES	DK	REF
a.	Were your hours cut?	o <b>m</b>	1 M	d M	r <b>M</b>
b.	Were you asked to work more hours than usual?	o <b>m</b>	1 M	d M	r <b>m</b>
c.	Were you temporarily laid off or furloughed?	o <b>m</b>	1 M	d <b>m</b>	r <b>M</b>
d.	Did you lose your job?	o <b>m</b>	1 <b>m</b>	d <b>m</b>	r <b>M</b>
e.	Did you quit your job because of the risk of exposure to COVID-19?	o <b>m</b>	1 M	d M	r M

#### PROGRAMMER BOX A3

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 A3.0

IF PL\_JOB = 0 (NOT WORKING AT TIME OF LAST SURVEY OR DID NOT COMPLETE 1ST FUP) AND A1=1 (CURRENTLY EMPLOYED) GO TO A3.

IF PL\_JOB = 0 (NOT WORKING AT TIME OF LAST SURVEY OR DID NOT COMPLETE 1ST FUP) AND A2=1 (NOT CURRENTLY EMPLOYED BUT EMPLOYED SINCE RA/1ST FUP) GO TO A4A.

IF PL\_JOB = 0 (NOT WORKING AT TIME OF LAST SURVEY OR DID NOT COMPLETE 1ST FUP) AND A2=0, D, R (NOT CURRENTLY EMPLOYED AND NOT EMPLOYED SINCE RA/1ST FUP) GO TO A11.

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	YES 1 GO TO [A3.0a/A6A] NO0	YES1 GO TO [A3.0a/A6A]
FIRST FOLLOW-UP (THEN JOB 2, JOB 3, ETC.).	DON'T KNOWd	NO0
,	REFUSEDr	DON'T KNOWd
CATI/CAWI		REFUSEDr
IF 1ST FUP A3=2	IF A3.0 = 0, d, or r and PL_job_count > 1, GO TO A3.0.JOB2	IF A3.0 = 0, d, or r and PL_job_count > 1, GO

	JOB 1	JOB 2
[SELF_EMPLOYED] FILL "for yourself;" ELSE FILL "at [PL_JOB_NAME]"  A3.0. According to my records you were working [for yourself/at [PL_JOB_NAME]] in [DATE MO/YR], is that correct?	IF PL_JOB >= 1 (WORKING AT TIME OF LAST SURVEY) AND A1 = 0 (NOT CURRENTLY WORKING) AND A2 = 0 (NOT WORKING SINCE 1ST FUP), GO TO A6A, ELSE GO TO A3.0A.	TO A3.0.JOB2  IF PL_JOB >= 1 (WORKING AT TIME OF LAST SURVEY) AND A1 = 0 (NOT CURRENTLY WORKING) AND A2 = 0 (NOT WORKING SINCE 1ST FUP), GO TO GO TO A6A, ELSE GO TO A3.0A.
CATI/CAWI  IF 1ST FUP A3=2 [SELF_EMPLOYED] FILL "for yourself;" ELSE FILL "at [PL_JOB_NAME]"  IF A3.0=1  A3.0a. Are you still working [for yourself/at [PL_JOB_NAME]]?	YES	YES
CATI/CAWI  If A1=1 AND PL_JOB >= 1  IF CAWI DO NOT SHOW DK OR  REF  A3.0b 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, or any other types of work you have done for pay	YES	YES

	JOB 1	JOB 2
A1 =1	JOB NAME (SPECIFY)1	JOB NAME (SPECIFY)1
IF CAWI DO NOT SHOW DK OR REF	(STRING 50) SELF EMPLOYED2	(STRING 50) SELF EMPLOYED2
CATI	DON'T KNOWd	DON'T KNOWd
FILL "FIRST I AM GOING TO ASK ABOUT YOUR CURRENT JOB OR JOBS" FOR JOB 1 ONLY.	REFUSEDr  PROGRAMMER: IF A3 = d, r, make [JOB NAME] be "Job 1" for Job 1, "Job 2" for Job 2, etc.	REFUSEDr
CAWI	INTERVIEWER: IF A3=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.	
A3. 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 A3, JOB 2	YES1 GO TO A3, JOB 3
A1=1 (CURRENTLY EMPLOYED)  IF CAWI DO NOT SHOW DK OR	NO0 GO TO A4b DON'T KNOWd GO TO A4b	NO GO TO A4b DON'T KNOWd GO TO A4b
REF A4. Including all types of jobs, do you currently have any	REFUSEDr GO TO A4b	REFUSEDr GO TO A4b
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.	IFA1=1 LOOP A4 JOBS UNTIL A4=(0,d, r). WHEN A4= 0,d,or r GO TO A4b JOB 1.	IFA1=1 LOOP A4 JOBS UNTIL A4=(0,d, r). WHEN A4= 0,d,or r GO TO A4b JOB 1.
A2=1 (NOT CURRENTLY EMPLOYED)	JOB NAME (SPECIFY)1	JOB NAME (SPECIFY)1
COMP_STATUS = 0 OR 1ST FUP B1=0 (Not currently employed at 1st FUP)	(STRING 50)  SELF EMPLOYED2  DON'T KNOWd  REFUSEDr	(STRING 50)  SELF EMPLOYED2  DON'T KNOWd  REFUSEDr

	JOB 1	JOB 2
IF CAWI DO NOT SHOW DK OR REF		
IF COMP_STATUS = 1 fill FUP_COMP_MONTH_YEAR		
IF COMP_STATUS = 0 fill RA_MONTH_YEAR		
A4a. 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 A4=(0, d, r) [TOLD INTERVIEWER THAT NO MORE CURRENT JOBS] or A2=1 [NOT CURRENTLY EMPLOYED BUT EMPLOYED SINCE RA_MONTH_YEAR/FUP_COMP_MONT H_YEAR] IF A2=1 AND A4A != 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		
A4b. 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 A1=1 OR A2=1 IF CAWI DO NOT SHOW DK OR REF	/   _    MONTH YEAR (1-12) (1970-current year) DON'T KNOWd	_ /  _  MONTH YEAR (1-12) (1970-current year) DON'T KNOWd
ASK ONLY FOR 2FUP JOBS IN ARRAY 11-21 IF NO JOBS IN 2ND FUP JOB ARRAY 11-21 GO TO A6a	REFUSEDr	REFUSEDr

	JOB 1	JOB 2
IF A3 or A4a = 2, FILL "YOURSELF;" ELSE FILL "[JOB NAME 1]" A5. 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 A7	YES1 GO TO A7
A1=1 OR A2=1	NO	NO 0 GO TO A6a
IF CAWI DO NOT SHOW DK OR REF	DON'T KNOWd REFUSEDr	DON'T KNOWd REFUSEDr
If A3 = 2 or A4a = 2 FILL "YOURSELF," ELSE FILL "[2ND_FUP_JOB]"		
2ND FUP JOBS FALL IN ARRAYS 11-21, FILL 2ND_FUP_JOB_1 FROM ARRAY 11.		
A6. Are you still working for [2ND_FUP_JOB/yourself]?		
CATI/CAWI		/
A6 =0 OR B3.0A=0	MONTH YEAR (1-12) (1970-current year)	MONTH YEAR (1-12) (1970-current year)
IF CAWI DO NOT SHOW DK OR REF	STILL AT JOB98 DON'T KNOWd	STILL AT JOB98 DON'T KNOWd
A6a. 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
A1=1 OR A2=1	(0-98)	(0-98)
IF CAWI DO NOT SHOW DK OR REF	99 OR MORE HOURS PER WEEK99 DON'T KNOWd REFUSEDr	99 OR MORE HOURS PER WEEK99 DON'T KNOWd REFUSEDr
IF A6=1 FILL "DO," ELSE FILL "DID"		
A7. How many hours [do/did] you usually work in a week at this job? Your best estimate is fine.		
CATI/CAWI	\$   _ , _  . _  AVERAGE	\$   _ , _  .  .   AVERAGE
A1=1 OR A2=1 IF CAWI DO NOT SHOW DK OR REF	(0-999,999.99) AMOUNT	(0-999,999.99) AMOUNT
II CAWIDO NOT SHOW DROK KEI	PER HOUR1	PER HOUR1
If A3 = 2 or A4a = 2 FILL "being self-	PER WEEK2   PER MONTH3	PER WEEK2 PER MONTH3
employed" ELSE FILL "your job at [job name]"	ONCE EVERY TWO WEEKS4	ONCE EVERY TWO WEEKS4
	TWICE A MONTH5	TWICE A MONTH5
EIII "DO" IE A6-1 EI SE FIII "DID"	PER YEAR6   OTHER (SPECIFY)99	PER YEAR6 OTHER (SPECIFY)99
FILL "DO" IF A6=1, ELSE FILL "DID" FILL "VARIES" / "ARE" / "MAKE" IF A6=1.	(STRING (100))	(STRING (100))
ELSE FILL "VARIED" / "WERE" / "MADE"	DON'T KNOWd	DON'T KNOWd
A8. Now thinking about [being self-	REFUSEDr	REFUSEDr
Act How tilliking about [bellig 3cll-		

	JOB 1	JOB 2
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. Your best estimate is fine.  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, 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, OR \$8000 MONTH,		
SAY: "I recorded [A8 and A8 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 A8 = 99, D, R, or M, FILL "YOUR CURRENT WAGE"		
A9. Did you always earn [[A8 WAGE] per [HOUR/UNIT FROM A8]/your current wage] at this job?		
CATI/CAWI If A9= no IF CAWI DO NOT SHOW DK OR REF FILL "VARIES" IF A6=1. ELSE FILL "VARIED".	\$    ,   -    AVERAGE (0-999,999.99) AMOUNT PER HOUR	\$    ,  ,   AVERAGE (0-999,999.99) AMOUNT PER HOUR
A10. How much were you paid when	ONCE EVERY TWO WEEKS4	ONCE EVERY TWO WEEKS4

	JOB 1	JOB 2
you started working at this job before taxes and deductions? Your best estimate is fine. If your pay [varies/varied], please provide an average amount.  ACCEPT MOST CONVENIENT PAY PERIOD.	TWICE A MONTH	TWICE A MONTH
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, or something else?		
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 [A10 and A10 amount answer]. Is that correct?"		

CATI/CAWI: ALL

IF A1=0 AND A2=0 DO NOT DISPLAY "ELSE," DISPLAY "OR," AND DO NOT DISPLAY "OR ANY OTHER TYPE OF WORK]

IF A1=1 OR A2=1 DISPLAY "ELSE", DO NOT DISPLAY "OR", AND DISPLAY "OR ANY OTHER TYPE OF WORK]

IF CAWI DISPLAY "THAT YOU HAVEN'T REPORTED"

IF CATI DISPLAY "THAT WE HAVEN'T ALREADY TALKED ABOUT"

IF CAWI DO NOT SHOW DK OR REF

A11.\* 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, [or] apprenticeships, [or any other type of work], [that you haven't reported/that we haven't already talked about]?

YES1	A12
NO0	A13
DON'T KNOWd	A13
REFUSEDr	A13

CAT	T/CAWI: A11=1
IF C	AWI DO NOT SHOW DK OR REF
<b>\12</b> .	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.
	\$  <u> _</u>  ,  <u> </u> _  (0-99,999)
	DON'T KNOWd
	REFUSEDr
	/CAWI: ASK A13 ONLY IF # OF CURRENT JOBS >1 OR THERE ARE NO CURRENT JOBS BUT MULTIPLE OR JOBS. ELSE SKIP TO A13A
(A2=1	LAND (NUMBER OF CURRENT (A6=1 OR A3.0A=1) JOBS > 1) OR LAND (NUMBER OF NONCURRENT (A6=0/D/R OR A3.0A=0/D/R) JOBS > 1) AND NUMBER OF CURRENT LOR A3.0A=1) JOBS = 0
DISP	LAY [JOBNAME/SELF-EMPLOYED] FROM A3 IF (A1=1 AND (NUMBER OF CURRENT (A6=1) JOBS > 1) LAY [JOBNAME/SELF-EMPLOYED] FROM A4A IF (A2=1 AND (NUMBER OF NONCURRENT (A6=0/D/R) JOBS AND NUMBER OF CURRENT (A6=1) JOBS = 0
PI 10	OB = COUNT OF CURRENT JOBS FROM 1ST FUP.
_	OB_NAME = NAME OF CURRENT JOB FROM 1ST FUP.
IF CA	WI DO NOT SHOW DK OR REF
<b>\13</b> .	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
[A3JOBNAME1/A3SELF-EMPLOYED1] / [A4BJOBNAME1/A4BSELF-EMPLOYED1]	6
[A3JOBNAME2/A3SELF-EMPLOYED2] / [A4BJOBNAME1/A4BSELF-EMPLOYED2]	7
[A3JOBNAME3/A3SELF-EMPLOYED3] / [A4BJOBNAME1/A4BSELF-EMPLOYED3]	8
[A3JOBNAME4/A3SELF-EMPLOYED4] / [A4BJOBNAME4/A4BSELF-EMPLOYED4]	9
[A3JOBNAME5/A3SELF-EMPLOYED5] / [A4BJOBNAME5/A4BSELF-EMPLOYED5]	10
DON'T KNOW	d
REFUSED	r

#### PROGRAMMER BOX TO SET [JOBNAME]

IF A13 1 TO 10 SET [JOBNAME]=A13JOBNAME.

IF (A13=D OR R) AND (NUMBER OF CURRENT JOBS > 1) SET [JOBNAME]= "CURRENT MAIN"

IF (A13=D OR R) AND (A2=1) AND (NUMBER OF NONCURRENT JOBS > 1) AND NUMBER OF CURRENT (A6=1)

JOBS = 0 SET [JOBNAME]="MOST RECENT MAIN"

IF A13 = LOGICAL SKIP AND NUMBER OF CURRENT JOBS (A6/A3.0A = 1) = 1, SET [JOBNAME] = "CURRENT"

IF A13 = LOGICAL SKIP AND (NUMBER OF NONCURRENT (A6=0/D/R, A3.0A=0/D/R) JOBS > 1) AND NUMBER OF CURRENT JOBS = 0, SET [JOBNAME] = "MOST RECENT"

#### PROGRAMMER BOX TO SET SELFEMPLOYEDFLAG

IF A13 = 1 TO 10 AND A13 PREFILL FOR SELECTED A13 = SELF-EMPLOYED, SET SELFEMPLOYEDFLAG=1

IF A13 = LOGICAL SKIP AND NUMBER OF CURRENT JOBS (A6/A3.0A) = 1 AND A3=2 (SELF-EMPLOYED), SET SELFEMPLOYEDFLAG=1

IF A13 = LOGICAL SKIP AND (NUMBER OF NONCURRENT (A6=0/D/R, A3.0A=0/D/R) JOBS > 1) AND NUMBER OF CURRENT JOBS = 0 AND A4A=2 (SELF-EMPLOYED), SET SELFEMPLOYEDFLAG=1

#### OTHERWISE SET SELFEMPLOYEDFLAG=0

CATI/CAWI: A1=1 OR A2=1

ı	F	NO	10RS	REPORTE	D SKIP T	TO A21
		$\mathbf{I}$	JUDS	$\Gamma$	IJ JINIE	

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

#### A13a. 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
REFUSED	r

CATI/CAWI: A1=1 OR A2=1

IF CAWI DO NOT SHOW DK OR REF

#### A13b. (Is/Was) this job a seasonal or temporary job?

PROBE: (Is/Was) this a job that you knew from the beginning would only last	a few weeks or months?
YES	1
NO	0
DON'T KNOW	d
REFUSED	r

CATI/CAWI: A1=1 OR A2=1

IF CAWI DO NOT SHOW DK OR REF

A14.	(Do/did) you usually work a daytime schedule of some other schedule at your	[JOBINAME] JOD?
	PROBE: By daytime schedule, (I/we) mean that you work anytime between 6 A	M. and 6 P.M.
	A DAYTIME SCHEDULE (ANYTIME BETWEEN 6 A.M. TO 6 P.M.)	1
	SOME OTHER SCHEDULE	2
	DON'T KNOW	d
	REFUSED	r
CATI	I/CAWI: A14=2	
IF CA	AWI DO NOT SHOW DK OR REF	
A15.	Which of the following best describes the hours you usually work(ed) at your	JOB NAME] job?
	CO	DDE ONE ONLY
	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 periods each day)	
IF CA	An irregular schedule	
	Some other shift (specify)	99
	(STRING (100))	
	DON'T KNOW	
	REFUSED	r

CATI/CAWI: A1=1 OR A2=1

IF PROGRAM=

BRIDGES: DO NOT ASK

IPS: MOM	T: ASK ASK MS: ASK LLYWINS: ASK	
IF CA	AWI DO NOT SHOW DK OR REF	
A16.	Which of the following benefits [are/were] available to you at your [JOB NAME] job? ITEM)	(READ EACH
	CODE ALL THAT APPLY	
	Health insurance or membership in a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) plan?	1
	Paid leave for vacation, illness, or holidays?	2
	None of the above	0
	DON'T KNOW	d
	REFUSED	r
	TI/CAWI: (A1=1 OR A2=1) AND SELFEMPLOYEDFLAG=0 CAWI DO NOT SHOW DK OR REF	
A17.	[Have/Had] you been promoted to a higher position with greater responsibility while job?	working at this
	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r
	TI/CAWI: (A1=1) AND SELFEMPLOYEDFLAG=0 CAWI DO NOT SHOW DK OR REF	
A18.	How likely do you think it is that you will be promoted at your [JOBNAME] job in the	next 12 months?
	Very likely,	1
	somewhat likely,	2
	not very likely, or	3
	not likely at all?	4
	DON'T KNOW	
	REFUSED	r
	TI/CAWI: (A1=1 OR A2=1) AND A13A = (1, 2, 99, D, OR R) PROGRAM =	

BRIDGES: DO NOT ASK

FAST: ASK

IPS: ASK, BUT DO NOT ASK A19A OR A19D

MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

A19. Please tell me whether or not your [JOBNAME] employer has made any of the following changes because of a physical or mental health condition. Has your employer, because of any physical or mental health condition...

CODE ONE RESPONSE PER ROW

		YES	NO	N/A	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	n	d	r
b.	made any changes in <u>your work schedule</u> ? (PROBE: For example, working fewer hours, changing the time you arrive or leave, or taking more breaks to accommodate your condition in the workplace.)	1	0	n	d	r
C.	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.)	1	0	n	d	r
d.	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.)	1	0	n	d	r
e.	arranged for <u>co-workers or others to assist</u> you? (PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.)	1	0	n	d	r

CATI/CAWI: A1=1

IF CAWI DO NOT SHOW DK OR REF

A20.	How satisfied are you with your [JOBNAME] job? Would you say very satisfied, somewhat satis or not satisfied?					
	VERY SATISFIED	1				
	SOMEWHAT SATISFIED					
	NOT SATISFIED					
	DON'T KNOW	-				
	REFUSED	r				
	CAWI: ALL					
IF CA	WI DO NOT SHOW DK OR REF					
\21.*	Are you currently looking for a job?					
	PROBE: Some people look for work even when they have a job.					
	YES	1				
	NO	0				
	DON'T KNOW	d				
	REFUSED	r				
CATI	CAWI: A1=0,D,R AND A2= 0,D,R					
IF PR	OGRAM=BRIDGES DO NOT DISPLAY RETIRED=2					
IF CA	WI DO NOT SHOW DK OR REF					
\21a.	How would you describe your current employment status? Are you					
		CODE ALL THAT APPLY				
	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 s issues or treatment,					
	Gave up looking for work	7				
	Incarcerated, or	8				
	Something else? (SPECIFY)	99				
	(STRIN	G (NUM))				
	DON'T KNOW	d				
	REFUSED	r				

_		WI: ALL DO NOT SHOW DK OR REF	
A22.*	WC	e next questions are about things that some people find challenging when the ork. First, does a physical, mental, or emotional condition limit the kind or amo ork you can do?	
	Se	lect one only	
	O	YES	A22A
	0	NO0	A23

A23

A23

CATI/CAWI: A22=1

IF CAWI DO NOT SHOW DK OR REF

A22a.\* Is the physical, mental, or emotional condition that limits the kind or amount of work you can do related to COVID-19 or its effects?

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

O REFUSED.....r

m REFUSED.....r

IF CORONAVIRUS PANDEMIC CHALLENGES REMAIN ASK A23. OTHERWISE DO NOT ASK A23.

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

#### A23.\*

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 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 in the last three months?

Select one per row

		NOT AT ALL HARD	SLIGHTLY HARD	MODERATELY HARD	VERY HARD	DOES NOT APPLY	DK	REF
a.	Not having good enough care for a child or someone else in your household who needs care due to COVID-19 or its effects	O O	10	2 O	3 🔾	O n	C b	C n
b.	Not having good enough care for a child who is learning at home due to COVID-19	0 <b>m</b>	1 <b>M</b>	2 <b>M</b>	3 <b>m</b>	n <b>m</b>	d M	r <b>m</b>
C.	The risk that you will get sick from COVID- 19	0 <b>m</b>	1 M	2 <b>M</b>	3 <b>m</b> r	n <b>m</b>	d <b>m</b>	r <b>m</b>
d.	The risk that someone in your household or family will get sick from COVID-19	o <b>m</b>	1 <b>m</b>	2 <b>m</b>	3 <b>m</b> r	n <b>m</b>	d <b>m</b>	r <b>M</b>

IF CURRENTLY EMPLOYED (A1=1) THEN DO NOT ASK A24D.

IF PROGRAM =
BRIDGES: ASK ALL
FAST: ASK ALL
IPS: DO NOT ASK
MOMS: ASK ALL

PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

#### A24. The next questions are about work goals and looking for jobs.

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 O	4 <b>O</b>	C b	<b>C</b> N
b.	I set specific <u>short-term</u> goals that will allow me to achieve my long-term employment goals	10	2 O	3 O	4 O	C b	r O
C.	I think I should work on finding a job or a better job¹	10	2 O	3 O	4 O	C b	C n
d.	I think there is nothing I can do about being out of work right now <sup>2</sup>	1 O	2 O	3 O	4 O	C b	C n

CATI/CAWI: ALL IF PROGRAM= BRIDGES: ASK

2

<sup>&</sup>lt;sup>1,2</sup> A24a, A24b: Noonan, P.M., & Gaumer Erickson, A.S. (2017). The skills that matter: Teaching intrapersonal and interpersonal competencies in any classroom. Thousand Oaks, CA: Corwin.

FAST: DO NOT ASK
IPS: DO NOT ASK
MOMS: DO NOT ASK
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

#### A25. Now please indicate how confident you are that you can do each of the following activities.

Would you say that you are confident, somewhat confident, or not confident in your ability to [FILL a-h] by yourself?

Select one per row

	·				
	CONFIDENT	SOMEWHAT CONFIDENT	NOT CONFIDENT	DK	REF
a. look for jobs	10	2 <b>Q</b>	3 O	C b	r O
b. fill out job applications	1 O	2 O	3 O	C b	<b>C</b> 1
c. create or update a resume	1 O	2 O	3 O	C b	C n
d. do a job interview	1 O	2 O	3 O	C b	C n
e. fill out forms that are needed to start work	1 O	2 O	3 O	C b	<b>C</b> 1
f. get along with coworkers or customers	1 O	2 O	3 O	C b	C n
g. ask a manager or supervisor for changes to your schedule, time off, or other necessary changes.	10	2 🔾	3 O	C b	r O
h. offer advice to family or friends about things like searching for jobs, doing job interviews, or getting along with coworkers	1 O	2 <b>O</b>	3 O	C b	r O

#### **B. SERVICE RECEIPT**

CATI: Next, we are going to ask you about services you may have received to help you find or keep a job. CAWI: The next set of questions are about services you may have received to help you find or keep a job.

CATI/CAWI: ALL IF PROGRAM=

BRIDGES: DO NOT ASK B1I, B1J, B1N, B1O

FAST: DO NOT ASK B1E, B1I IPS: DO NOT ASK B1E, B1J

MOMS: DO NOT ASK B1E, B1I, B1O

PHILLYWINS: DO NOT ASK B1E, B1I, B1J, B1N

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

B1. CATI: I would like you to tell me about 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 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 from [NEXTGEN PROGRAM] and help you may have received from other programs or organizations in the community.

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

CODE ONE PER ROW

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

		CODE ONE I EN NOW			11011
		YES	NO	DK	REF
a.	planning your future career, which could include an assessment of your interests and skills?	1 0	<b>C</b> 0	C b	r O
b.	preparing a resume or filling out job applications?	10	<b>C</b> 0	C b	r O
C.	preparing for job interviews?	10	<b>C</b> 0	C b	r O
d.	getting referrals to available jobs or setting up interviews for specific job openings?	10	<b>C</b> 0	C b	r O

eobtaining a valid drivers' license?	10	<b>O</b> 0	C b	C 1
fobtaining documents you need to work, such as a social security card or photo identification?	1 🔾	<b>C</b> 0	C b	r O
ghow to talk with an employer about a disability and any changes they need to make to accommodate it?	1 🔾	<b>C</b> 0	C b	C n
hhow 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>C</b> 0	C b	C 1
icommunicating your legal history to an employer, clearing or sealing criminal records, or other legal help?	1 🔾	<b>O</b> 0	C b	r O
j finding or paying for child care or care for other dependents?	10	<b>O</b> 0	C b	r O
k finding, using, or paying for transportation?	10	<b>C</b> 0	C b	r O
lpaying for clothing, tools, or other supplies for work?	10	<b>C</b> 0	C b	r O
mmeeting your employer's COVID-19-related requirements such as the need to wear masks or be vaccinated?	1 🔾	<b>C</b> 0	C b	r O
nfinding or paying for temporary, transitional, or permanent housing?	1 O	<b>C</b> 0	C b	r O
<ul> <li>understanding how work may affect your eligibility for benefits such as Social Security, disability insurance, TANF, or Medicaid?</li> </ul>	10	<b>O</b> 0	C b	r O
pany other employment help? (Please specify:)	10	C 0	C b	r O

CATI/CAWI: ALL  IF PROGRAM= BRIDGES: DO NOT ASK  FAST: DO NOT ASK  IPS: DO NOT ASK  MOMS: ASK  PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  B2. Since [DATE MONTH/YEAR] did you participate or attend any organizations or activities where provided advice or support in a group setting?  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 [NE PROGRAM] and help you may have received in a group from other programs or organizations. YES.  1 NO.  0 DON'T KNOW.  d REFUSED.  CATI/CAWI: IF B1 OR B2 HAS AT LEAST ONE YES RESPONSE  IF CAWI DO NOT SHOW DK OR REF  B3. You said that you received help related to finding or keeping a job since [DATE MONTH/YEAR] did you receive most of this help from? Would you say you received the most help from the Select one only  [NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office,  2 FOOD Stamp Program or SNAP,  [NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office,  2 FOOD Stamp Program or SNAP,  [NAME OF SITE-SPECIFIC PROVIDER 1].  6 [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 5].  10	
BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: DO NOT ASK IPS: DO NOT ASK MOMS: ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  B2. Since [DATE MONTH/YEAR] did you participate or attend any organizations or activities where provided advice or support in a group setting? 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 [NE PROGRAM] and help you may have received in a group from other programs or organizations. YES. 1 NO. 0 DON'T KNOW. d REFUSED. 1 CATI/CAWI: IF B1 OR B2 HAS AT LEAST ONE YES RESPONSE IF CAWI DO NOT SHOW DK OR REF  B3. You said that you received help related to finding or keeping a job since [DATE MONTH/YEAR] did you receive most of this help from? Would you say you received the most help from the Select one only [NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office, 2 FOOD Stamp Program or SNAP, 3 [NAME OF LOCAL WOLFARE PROVIDER 1]. 6 [NAME OF SITE-SPECIFIC PROVIDER 2]. 7 [NAME OF SITE-SPECIFIC PROVIDER 3]. 8 [NAME OF SITE-SPECIFIC PROVIDER 3]. 8 [NAME OF SITE-SPECIFIC PROVIDER 3]. 8 [NAME OF SITE-SPECIFIC PROVIDER 6]. 9 [NAME OF SITE-SPECIFIC	
FAST: DO NOT ASK IPS: DO NOT ASK MOMS: ASK PHILLYWINS: DO NOT ASK  B2. Since [DATE MONTH/YEAR] did you participate or attend any organizations or activities where provided advice or support in a group setting?  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 [NE PROGRAM] and help you may have received in a group from other programs or organizations. YES	
IPS: DO NOT ASK MOMS: ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  B2. Since [DATE MONTH/YEAR] did you participate or attend any organizations or activities where provided advice or support in a group setting?  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 [NE PROGRAM] and help you may have received in a group from other programs or organizations.  YES	
MOMS: ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  B2. Since [DATE MONTH/YEAR] did you participate or attend any organizations or activities where provided advice or support in a group setting?  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 form [NE PROGRAM] and help you may have received in a group from other programs or organizations.  YES	
PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  82. Since [DATE MONTH/YEAR] did you participate or attend any organizations or activities where provided advice or support in a group setting?  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 [NE PROGRAM] and help you may have received in a group from other programs or organizations.  YES	
B2. Since [DATE MONTH/YEAR] did you participate or attend any organizations or activities where provided advice or support in a group setting?  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 [NE PROGRAM] and help you may have received in a group from other programs or organizations.  YES	
B2. Since [DATE MONTH/YEAR] did you participate or attend any organizations or activities where provided advice or support in a group setting?  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 [NE PROGRAM] and help you may have received in a group from other programs or organizations.  YES	
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[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 [NE PROGRAM] and help you may have received in a group from other programs or organizations.  YES	re people
[IF TREATMENT GROUP] Please include both help you may have received in a group from [NE PROGRAM] and help you may have received in a group from other programs or organizations.  YES	the
PROGRAM] and help you may have received in a group from other programs or organizations.  YES	ey.
NO	
DON'T KNOW	
CATI/CAWI: IF B1 OR B2 HAS AT LEAST ONE YES RESPONSE IF CAWI DO NOT SHOW DK OR REF  B3. You said that you received help related to finding or keeping a job since [DATE MONTH/YEAR] did you receive most of this help from? Would you say you received the most help from the  Select one only [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	
CATI/CAWI: IF B1 OR B2 HAS AT LEAST ONE YES RESPONSE IF CAWI DO NOT SHOW DK OR REF  B3. You said that you received help related to finding or keeping a job since [DATE MONTH/YEAR] did you receive most of this help from? Would you say you received the most help from the  Select one only [NAME OF LOCAL WELFARE PROGRAM],	
B3. You said that you received help related to finding or keeping a job since [DATE MONTH/YEAR] did you receive most of this help from? Would you say you received the most help from the Select one only  [NAME OF LOCAL WELFARE PROGRAM],	
did you receive most of this help from? Would you say you received the most help from the  Select one only  [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	
[NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office,	
Food Stamp Program or SNAP,	
[NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM]	
[NEXTGEN PROGRAM]	
[NAME OF SITE-SPECIFIC PROVIDER 1]	
[NAME OF SITE-SPECIFIC PROVIDER 2]	
[NAME OF SITE-SPECIFIC PROVIDER 3]	
[NAME OF SITE-SPECIFIC PROVIDER 4]9 [NAME OF SITE-SPECIFIC PROVIDER 5]10	
[NAME OF SITE-SPECIFIC PROVIDER 5]10	
Or some other place (SDECIEV.	
Or some other place (SPECIFY:)11	
DON'T KNOWd	
REFUSEDr	

	CAT	I/CAWI: ALL				
	IF P	ROGRAM=				
	BRID	DGES: DO NOT ASK				
	FAS	T: ASK				
	IPS:	ASK				
	MON	MS: ASK				
	PHIL	LYWINS: ASK				
	IF C	AWI DO NOT SHOW DK OR REF				
		The next questions ask you about your participation in education and training programs. Fit will ask about education programs.	st [we/I]			
E	34.	Since [DATE MONTH/YEAR], did you attend any school or education program? This includes high school, adult basic education or GED courses, English as a Second Language classes, online courses, and college or other types of schools. <u>Do not include training programs to develop skills for a particular job or occupation</u> . [We/I] will ask you about those later.				
		YES1	B4A			
		NO0	B5			
		DON'T KNOWd	B5			
		REFUSEDr	B5			
	CAT	I/CAWI: B4=1				
	IF PI	ROGRAM=				
		DGES: DO NOT ASK				
		T: ASK				
	IPS:	ASK				
	MON	NS: ASK				
	PHIL	LYWINS: ASK				
	IF C	AWI DO NOT SHOW DK OR REF				
Е	34a.	Are you attending any of these education programs now?				
		YES				
		NO				
		DON'T KNOW				
		REFUSEDr				
		NEI 00ED				

BRIE FAS IPS: MON	DGES: DO NOT ASK T: ASK ASK MS: ASK	
IF C	AWI DO NOT SHOW DK OR REF	
4b.	Since [DATE MONTH/YEAR], did you receive any diploma or degree?  YES	B4c B5 B5 B5
IF PI BRIE FAS IPS: MON PHIL	ROGRAM= DGES: DO NOT ASK T: ASK ASK ASK ASK LYWINS: ASK	
4c.	What specific diploma or degree did you receive? If you received more than one, please [set that apply/let me know about all of them].	ect all
	SELECT ALL TH  GED OR GENERAL EDUCATION DEVELOPMENT	AT APPLY
	BRIE FAS: MON PHIL IF C. Ib.  CAT IF PI BRIE FAS: MON PHIL IF C.	YES

	CATI/	/CAWI: ALL	
	IF PR	POGRAM=	
	BRID	GES: DO NOT ASK	
	FAST	T: ASK	
	IPS: A	ASK	
	MOM	S: ASK	
	PHILL	LYWINS: ASK	
	IF CA	AWI DO NOT SHOW DK OR REF	
		The next questions ask you about your participation in training programs. Do not include an programs [we already discussed / you already reported] or any training program you receive your employer.	
В		Since [DATE MONTH/YEAR], did you particpate in any training program to build skills for a $\mu$ job or occupation?	oarticular
		YES1	B5A
		NO	В9
		DON'T KNOWd	В9
		REFUSEDr	В9
			20
	CATI	/CAWI: B5=1	
		ROGRAM=	
		GES: DO NOT ASK	
		SES. DO NOT ASK	
	IPS: A		
		S: ASK	
		S. ASK LYWINS: ASK	
	PHILL	LYWINS. ASK	
	IF CA	WI DO NOT SHOW DK OR REF	
В	85a.	Are you attending any of these training programs now?	
		YES1	
		NO	
		DON'T KNOWd	
		REFUSEDr	
		TEI GEB	

	CATI	/CAWI: B5=1	
	IF PF	ROGRAM=	
	BRID	OGES: DO NOT ASK	
	FAST	T: ASK	
	IPS:	ASK	
	MOM	IS: ASK	
	PHIL	LYWINS: ASK	
	IF CA	AWI DO NOT SHOW DK OR REF	
E	35b.	Since [DATE MONTH/YEAR], did you receive any 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.	ob and
		YES	В9
		NO0	В9
		DON'T KNOW	B9
		REFUSEDr	B9
			20
	CATI	/CAWI: IF B6A(FUP1)=0,D,R,L OR FUP1 NOT COMPLETE	
		ROGRAM=	
	BRID	OGES: ASK	
	FAST	T: DO NOT ASK	
	IPS:	DO NOT ASK	
	MOM	IS: DO NOT ASK	
	PHIL	LYWINS: DO NOT ASK	
	IF CA	AWI DO NOT SHOW DK OR REF	
		The next questions ask you about your participation in education and training programs.	
Е	36.	Are you currently in high school?	
		YES	В7
		NO0	B6a
		DON'T KNOW	B6a
		REFUSEDr	B6a
			Doa

IF PROGRAM= **BRIDGES: ASK** FAST: DO NOT ASK IPS: DO NOT ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK IF CAWI DO NOT SHOW DK OR REF Do you have a high school diploma? Do not count a GED or General Education Development B6a. credential. YES.......1 **B7** B<sub>6</sub>b DON'T KNOW.......d B<sub>6</sub>b REFUSED.....r B<sub>6</sub>b CATI/CAWI: (B6=0,D,R AND B6A=0,D,R) AND (B6D(FUP1)=0,D,R,L OR FUP1 NOT COMPLETE) IF PROGRAM= **BRIDGES: ASK** FAST: DO NOT ASK IPS: DO NOT ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK IF CAWI DO NOT SHOW DK OR REF B6b. Since [DATE MONTH/YEAR], did you attend any program to earn a GED or General Education **Development credential?** B<sub>6</sub>c **B7** DON'T KNOW.......d **B7** REFUSED.....r **B7** 

CATI/CAWI: B6=0,D,R

	CAT	I/CAWI: B6=0,D,R AND B6A=0,D,R AND B6B=1	
	IF PF	ROGRAM=	
	BRID	OGES: ASK	
	FAS	T: DO NOT ASK	
	IPS:	DO NOT ASK	
	MON	IS: DO NOT ASK	
	PHIL	LYWINS: DO NOT ASK	
	IF C	AWI DO NOT SHOW DK OR REF	
В	6c.	Are you attending any GED program now?	
		YES	В7
		NO	B6d
		DON'T KNOWd	B6d
		REFUSEDr	B6d
	CAT	I/CAWI: B6=0,D,R AND B6A=0,D,R AND B6B=1 AND B6C=0,D,R	
	IF PF	ROGRAM=	
	BRID	OGES: ASK	
	FAS	T: DO NOT ASK	
	IPS:	DO NOT ASK	
	MON	IS: DO NOT ASK	
	PHIL	LYWINS: DO NOT ASK	
	IF C	AWI DO NOT SHOW DK OR REF	
В	6d.	Since [DATE MONTH/YEAR], did you receive a GED or General Education Development cred	lential?
		YES	
		NO	
		DON'T KNOWd	
		REFUSEDr	

CA	ATI/CAWI: ALL	
IF	PROGRAM=	
BR	RIDGES: ASK	
FA	ST: DO NOT ASK	
IPS	S: DO NOT ASK	
MC	DMS: DO NOT ASK	
PH	HILLYWINS: DO NOT ASK	
IF (	CAWI DO NOT SHOW DK OR REF	
B7.	Since [DATE MONTH/YEAR], did you attend any [other] school or education program? This is adult basic education, English as a Second Language classes, online courses, and college. include high school or GED programs. <u>Do not</u> include any training programs to build skills f particular job or occupation. [We/I] will ask you about those later.	Do not
	YES1	B7a
	NO0	B8
	DON'T KNOWd	B8
	REFUSEDr	B8
CA	ATI/CAWI: B7=1	
	PROGRAM=	
	RIDGES: ASK	
	ST: DO NOT ASK	
	S: DO NOT ASK	
	DMS: DO NOT ASK	
	HILLYWINS: DO NOT ASK	
	ILLET WING. DO NOT AGIC	
IF	CAWI DO NOT SHOW DK OR REF	
В7а.	Are you attending any of these education programs now?	
	YES1	B7b
	NO0	B7c
	DON'T KNOWd	B7c
	REFUSEDr	В7с

		I/CAWI: B7A=1	
	IF PF	ROGRAM=	
	BRID	OGES: ASK	
	FAST	T: DO NOT ASK	
	IPS:	DO NOT ASK	
	MOM	IS: DO NOT ASK	
	PHIL	LYWINS: DO NOT ASK	
	IF CA	AWI DO NOT SHOW DK OR REF	
Е	 37b.	Are you attending any college or university now?	
		YES	
		NO	
		DON'T KNOWd	
		REFUSEDr	
	CATI	//CAWI: B7=1	
	IF PF	ROGRAM=	
	BRID	OGES: ASK	
	FAST	T: DO NOT ASK	
	IPS:	DO NOT ASK	
	MOM	IS: DO NOT ASK	
	PHIL	LYWINS: DO NOT ASK	
	IF CA	AWI DO NOT SHOW DK OR REF	
Е	37c.	Since [DATE MONTH/YEAR], did you receive a diploma or degree? Do not include high scho	ool
		diplomas or GEDs.	
		YES	B7d
		NO0	В8
		DON'T KNOW	B8
		REFUSEDr	B8
			20

CATI/CAWI: B7=1 AND B7C=1	
IF CAWLDO NOT SHOW DK OR RE	- F

B8.

B7d. What specific diploma or degree did you receive? If you received more than one, please [select all that apply/let me know about all of them].

	that applyhet me know about all of them].		
		SELECT ALL TH	AT APPLY
	ASSOCIATE'S DEGREE	1	
	BACHELOR'S DEGREE	2	
	GRADUATE DEGREE OR PROFESSIONAL DEGREE	3	
	OTHER (SPECIFY:)	4	
	DON'T KNOW	d	
	REFUSED	r	
CAT	/CAWI: ALL		
	ROGRAM=		
BRID	OGES: ASK		
FAS	T: DO NOT ASK		
IPS:	DO NOT ASK		
MON	IS: DO NOT ASK		
PHIL	LYWINS: DO NOT ASK		
IF C	AWI DO NOT SHOW DK OR REF		
	The next questions ask you about your participation in training programs. programs [we already discussed / you already reported] or any training proyour employer.		
8.	Since [DATE MONTH/YEAR], did you particpate in any training program to job or occupation?	build skills for a p	oarticular
	YES	1	B8A
	NO	0	B9
	DON'T KNOW	d	B9
	REFUSED	r	B9

	IF PI	ROGRAM=
	BRID	OGES: ASK
	FAS	T: DO NOT ASK
	IPS:	DO NOT ASK
	MON	IS: DO NOT ASK
	PHIL	LYWINS: DO NOT ASK
	IF C	AWI DO NOT SHOW DK OR REF
E	38a.	Are you attending any of these training programs now?
		YES1
		NO0
		DON'T KNOWd
		REFUSEDr
	CAT	I/CAWI: B8=1
	IF PI	ROGRAM=
	BRID	DGES: ASK
	FAS	T: DO NOT ASK
	IPS:	DO NOT ASK
	MON	MS: DO NOT ASK
	PHIL	LYWINS: DO NOT ASK
	IF C	AWI DO NOT SHOW DK OR REF
E	38b.	Since [DATE MONTH/YEAR], did you receive a professional certificate or state or industry license?
		PROBE: A professional certificate or license shows you are qualified to perform a specific job and includes things like Certified Medical Assistant, Certified Construction Manager, a Project Management Professional certification, or an IT certification.
		YES1
		NO0

CATI/CAWI: B8=1

	IF PROGRAM =	
	BRIDGES: DO NOT ASK	
	FAST: DO NOT ASK	
	IPS: ASK	
	MOMS: DO NOT ASK	
	PHILLYWINS: DO NOT ASK	
	IF CAWI DO NOT SHOW DK OR REF	
В	39. The next question is about services you may have received related to drug or alcohol use. Since [DATE MONTH/YEAR], have you received help for problems related to drug or alcohol use?	ce
	YES	9A
	NO	10
		10
		10
	REFUSED	10
Γ	CATI/CAWI: B9=1	
	IF PROGRAM=	
	BRIDGES: DO NOT ASK	
	FAST: DO NOT ASK	
	IPS: ASK	
	MOMS: DO NOT ASK	
	PHILLYWINS: DO NOT ASK	
	IF CANII DO NOT CHOM DIV OD DEF	
L	IF CAWI DO NOT SHOW DK OR REF	
В	39a. 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 Anonymous5	
	[NEXTGEN PROGRAM, if relevant] facilities, or6	
	Some other type place? SPECIFY ()7	
	DON'T KNOWd	
	REFUSEDr	

CATI/CAWI: ALL

		//CAWI: ALL	
		ROGRAM=	
		OGES: DO NOT ASK	
		T: ASK	
	IPS:	ASK	
	MOM	IS: ASK	
	PHIL	LYWINS: ASK	
	IF CA	AWI DO NOT SHOW DK OR REF	
		The next few questions are about services you may have received related to your health and being in the last <u>six months</u> .	l well-
В:	10.	In the last <u>six months</u> , have you received help for problems related to emotions, nerves, and 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 we counselor, doctor, or other provider.	other
		YES	B10A
		NO	B11
		DON'T KNOWd	B11
		REFUSEDr	B11
		KEFUSED	DII
	CATI	//CAWI: B10=1	
		ROGRAM=	
		OGES: DO NOT ASK	
		T: ASK	
	IPS:		
		NS: ASK	
	_	LYWINS: ASK	
		LI WING. AGIX	
	IF CA	AWI DO NOT SHOW DK OR REF	
	IF PF	ROGRAM = FAST OR MOMS DISPLAY OPTION 6. OTHERWISE DO NOT DISPLAY OPTION 6.	
B	10a.	Where did you receive help with problems related to emotions, nerves, anger management of health? Was it	or mental
		SELECT ALL TH	AT APPLY
		A mental health agency1	
		A clinic or doctor's office	
		A hospital with overnight stays3	
		A hospital without overnight stays, or4	
		Some other type of place (please specify)5	
		[NEXTGEN PROGRAM]6	
		DON'T KNOWd	
		REFUSEDr	

CATI/CAWI: B10=1	
IF PROGRAM =	
BRIDGES: DO NOT ASK	
FAST: ASK	
IPS: ASK	
MOMS: ASK	
PHILLYWINS: ASK	
IF CAWI DO NOT SHOW DK OR REF	
B10b. In the last six months, how many times did you visit a mental health agency, clinic, doctor's chospital, or other type of place for treatment for problems related to emotions, nerves, anger management or mental health? Do not include visits for physical medical conditions or subsuse.	•
NUMBER OF VISTS	
(1-99)	
O DON'T KNOWd	
Q REFUSEDr	
J REFUSED	
CATI/CAWI: ALL	
IF PROGRAM =	
BRIDGES: DO NOT ASK	
FAST: ASK	
IPS: DO NOT ASK	
MOMS: DO NOT ASK	
PHILLYWINS: DO NOT ASK	
IF CAWI DO NOT SHOW DK OR REF	
B11. In the last six months, have you received any treatment for any physical medical condition at	t a
hospital, clinic, or doctor's office? <u>Do not</u> include visits for mental health or substance use.	· u
O YES	B11a
O NO2	B12
O DON'T KNOWd	B12
O REFUSEDr	B12

	CATI/	/CA	WI: B11=1		
	IF PR	ROG	SRAM =		
	BRID	GES	S: DO NOT ASK		
	FAST	T: AS	SK		
	IPS: [	DO I	NOT ASK		
	МОМ	IS: E	DO NOT ASK		
	PHILL	LYW	VINS: DO NOT ASK		
	IF CA	WI	DO NOT SHOW DK OR REF		
E			the last six months, how many times did you visit a hospital, clinic, or doctor's officany physical medical condition? Your best estimate is fine.	ce for t	reatment
		Do	not include visits for mental health or substance use.		
			NUMBER OF VISTS		
			(1-99)		
		O	DON'T KNOWd		
		0	REFUSEDr		
			THE OCEDIMINATION OF THE PROPERTY OF THE PROPE		
	CATI	/O A 1	NAME ALL		
		_	WI: ALL		
			GRAM =		
			S: DO NOT ASK		
	FAST				
			NOT ASK		
			DO NOT ASK		
	PHILL	LYW	VINS: DO NOT ASK		
	IE CA	/ /	DO NOT CHOW DV OD DEE		
	IF CA	AVVI	DO NOT SHOW DK OR REF		
Т	he nex	xt qı	uestions are about services your <u>child</u> (or children) may have received related to t	heir hea	alth and
			II-being. CATI: If you do not have children under the age of 18, just let me know.		
<b>-</b>	312.	In t	the last six months, have any of your children under the age of 18 received help for	r proble	me
			ated to their emotions, nerves, anger management or mental health? This would in		
			aling with their depression, anxiety, or other conditions from a mental health cente	r, a the	rapist, a
			ychologist or psychiatrist, social worker, counselor, doctor, or other provider.		
		YES	S	1	B12A
		NO	)	0	C1
		DO	NOT HAVE ANY CHILDREN UNDER AGE 18	2	C1
		DO	N'T KNOW	d	C1
		REI	FUSED	r	C1

В	ta. Where did your child (or children) receive help with their problems related to emotions, nerves, anger management or mental health? Was it  SELECT ALL THAT APPLY
В	, , , , , , , , , , , , , , , , , , , ,
ı	
	CAWI DO NOT SHOW DK OR REF
	HILLYWINS: DO NOT ASK
	IOMS: DO NOT ASK
	PS: DO NOT ASK
	AST: ASK
	RIDGES: DO NOT ASK
	PROGRAM =

# C. ECONOMIC INDEPENDENCE AND WELL-BEING

Now, [I'd/we'd] like to ask you some questions about your living situation.

CATI/CAWI: ALL IF PROGRAM=

FAST: ASK

**BRIDGES: DO NOT ASK** 

	IPS: ASk	
	MOMS: A	ASK
	PHILLYV	VINS: ASK
	IF CAWI	DO NOT SHOW DK OR REF
C	21. Wh	ich of the following best describes your housing during the past month?
	PR	OBE: Tell me about the housing you spent the most time at in the last month.
	Sei	ect one only
	O	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 rent6
	0	Live with friends or relatives and not pay rent, or7
	0	Or some other arrangement? (SPECIFY:)99
	O	DON'T KNOWd
	O	REFUSEDr

	CATI	I/CAWI: ALL	
	IF PF	ROGRAM=	
	BRID	DGES: ASK	
	FAST	T: DO NOT ASK	
	IPS:	DO NOT ASK	
	MON	MS: DO NOT ASK	
	PHIL	LYWINS: DO NOT ASK	
	IF CA	AWI DO NOT SHOW DK OR REF	
C	1a.	Which of the following best describes your housing during the past month?	
		PROBE: Tell me about the housing you spent the most time at in the last mont	th.
		Select one only	
		O Live with a parent or guardian and pay rent,	1
		O Live with a parent or guardian and do not pay rent,	2
		O Rent your home or apartment,	
		O Homeless or live in emergency or temporary housing, such as a shelter,	
		O Live in a halfway house, sober house, or other transitional housing,	
		O Live in a group home	
		O Live with friends or relatives and pay rent	
		O Live with friends or relatives and not pay rent, or	
		O Or some other arrangement? (SPECIFY:)	
		O DON'T KNOW	
		O REFUSED	r
		J REFUSED	I
	CATI	I/CAWI: C1 NE 3 OR C1A NE 4	
	IF CA	AWI DO NOT SHOW DK OR REF	
C	2.	Have you been homeless at any time in the last three months? Include living of in an abandoned building, in a homeless or domestic violence shelter, or stay home because you have nowhere else to go.	
		O YES	1
		O NO	0
		O DON'T KNOW	d
		O REFUSED	r

3. During the past year, did you [or anyone in your household] receive income or assistance from any of
IF CAWI DO NOT SHOW DK OR REF
IF PROGRAM=IPS DO NOT DISPLAY C3_2 OR C3_5
IF C1 = (4 OR 5) OR C1A = (5 OR 6), DO NOT DISPLAY "OR ANYONE IN YOUR HOUSEHOLD"
THEE TWING. ACK
PHILLYWINS: ASK
MOMS: ASK
IPS: ASK
FAST: ASK
BRIDGES: DO NOT ASK
IF PROGRAM=
CATI/CAWI: ALL

C 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 Insurance (SSDI)
1
Temporary Assistance for Needy Families (TANF) or
[STATE SPECIFIC TANF NAME]
2
Unemployment Insurance
3
Food Stamps/Supplemental Nutrition Assistance Program (SNAP)/
[STATE-SPECIFIC PROGRAM]
4
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
5
Medicaid or [STATE SPECIFIC MEDICAID] or Children's Health Insurance Program (CHIP)
6
NONE OF THE ABOVE
0
DON'T KNOWd
REFUSEDr

CATI/CAWI: ALL IF PROGRAM=

BRIDGES: DO NOT ASK

FAST: ASK
IPS: ASK
MOMS: ASK
PHILLYWINS: ASK

IF PROGRAM=MOMS, DO NOT ASK C4H

IF CAWI DO NOT SHOW DK OR REF

C4. 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?	1 O	<b>C</b> 0	2 O	C b	r O
c.	you filed in court for bankruptcy?	10	<b>C</b> 0	2 🔾	C b	r O
d.	you did not pay the full amount of the gas, oil, or electricity bills?	10	<b>O</b> 0	2 🔾	C b	C n
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 O	C b	C n
f.	you had cellular or land telephone service turned off because payments were not made?	1 O	<b>C</b> 0	2 🔾	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>O</b> O	2 O	<b>C</b> b	r O
h.	you did not pay the full amount of child support payments because you could not afford it?	10	<b>C</b> 0	2 <b>O</b>	C b	r O
i.	you did not pay the full amount of other bills?	1 O	<b>C</b> 0	2 🔾	C b	C 1
СА	ATI/CAWI: ALL					
IF	CAWI DO NOT SHOW DK/R					
└── C4a.'	Getting enough food can be a problem for some people. V the food eaten in your household in [PRIOR MONTH]? Wo				t describe	es
	O enough of the kinds of food you want,			1		
	O enough, but not always the kinds of food you want,					
	O sometimes not enough to eat, or					
	O often not enough to eat?					
	O DON'T KNOW					
	O REFUSED			r		
САТ	TI/CAWI: ALL					
	ROGRAM=					
	DGES: ASK ST: DO NOT ASK					
	DO NOT ASK					
MOI	MS: DO NOT ASK					
PHI	LLYWINS: DO NOT ASK					
	ROGRAM=BRIDGES DISPLAY FIRST SENTENCE. ELSE DO N AWI DO NOT SHOW DK/R	IOT DISPLA	Y FIRST	SENTENC	CE.	
C4b.	[Now [I/we] have some questions about your current fir financial help from your parents, relatives, friends, or ne places you need to be?					
	Select one only					
	O YES			1 C4B1	_	
	O NO			0 C4C		
	O DON'T KNOW			d C4C		

CATI	CANAU. C4D_1	
	CAWI: C4B=1 OGRAM=	
	GES: ASK	
	DO NOT ASK	
IPS: D	OO NOT ASK	
_	S: DO NOT ASK	
PHILL	YWINS: DO NOT ASK	
IF CA	WI DO NOT SHOW DK/R	
C4b1.	About how much financial help do you currently receive from neighbors in paying for transportation or for rides to places you for	
	Select one only	
	O all,	1
	O most,	
	O or a little of your transportation or rides?	3
	O DON'T KNOW	
	O REFUSED	r
CATI/	CAWI: ALL	
IF PR	OGRAM=	
	GES: ASK	
	DO NOT ASK	
IPS: D	OO NOT ASK	
IPS: D	OO NOT ASK S: DO NOT ASK	
IPS: D	OO NOT ASK	

O REFUSED.....r

C4C

C4c. Do you currently receive any financial help from your parents, relatives, friends, or neighbors in paying for food, meals, or groceries?

	Select one only			
	O YES	1	C4C1	
	O NO	0	C4D	
	O DON'T KNOW	d	C4D	
	O REFUSED	r	C4D	
CATI/	CAWI: C4C=1			
IF PR	OGRAM=			
	GES: ASK			
	: DO NOT ASK			
	OO NOT ASK			
	S: DO NOT ASK			
PHILL	YWINS: DO NOT ASK			
IE CA	WI DO NOT SHOW DK/R			
C4c1.	About how much financial help do you currently receive fror neighbors in paying for food, meals, or groceries? Would you say to		ts, relatives, frie	nds, or
	Select one only			
	O all,	1		
	O most,	2		
	O or a little of your food, meals, or groceries?	3		
	O DON'T KNOW	d		
	O REFUSED	r		
	0.004			
CATI/	CAWI: ALL			
	CAWI: ALL OGRAM=			
IF PR				
IF PR BRID	OGRAM=			
IF PR BRIDG FAST IPS: D	OGRAM= GES: ASK : DO NOT ASK DO NOT ASK			
IF PR BRIDG FAST IPS: D	OGRAM= GES: ASK : DO NOT ASK DO NOT ASK S: DO NOT ASK			
IF PR BRIDG FAST IPS: D	OGRAM= GES: ASK : DO NOT ASK DO NOT ASK			

C4d. Do you currently receive any financial help from your parents, relatives, friends, or neighbors in paying for some or all of your cellular phone service?

	DON'T KNOWd	C4E
(	C REFUSEDr	C4E
CATI/C	AWI: C4D=1	
IF PRO	GRAM=	
	ES: ASK	
	DO NOT ASK	
	DO NOT ASK  DO NOT ASK	
	WINS: DO NOT ASK	
IF CAW	I DO NOT SHOW DK/R	
	About how much financial help do you currently receive from your parent	
	neighbors in paying for your cellular phone service? Would you say they pay for.	
5	Select one only	
(	O all,1	
(	O most,	
_	or a little of your cellular phone service?	
(	·	
(	or a little of your cellular phone service?	
(	or a little of your cellular phone service?	
(	or a little of your cellular phone service?	
CATI/C	O or a little of your cellular phone service?	
CATI/CA	O or a little of your cellular phone service?	
CATI/CAIF PROBRIDGE	O or a little of your cellular phone service?	
CATI/C. IF PRO BRIDGE FAST: [	O or a little of your cellular phone service?	
CATI/CATIF PROBRIDGE FAST: I	O or a little of your cellular phone service?	
CATI/CATIF PROBRIDGE FAST: I	O or a little of your cellular phone service?	
CATI/CATIF PROBRIDGE FAST: IF STORY MOMS: PHILLY	O or a little of your cellular phone service?	

O YES......1

0......ON O

C4D1

C4E

Select one only

C4e. Do you currently receive any cash gifts or money from your parents, relatives, friends, or neighbors on a regular basis?

	Sei	ect one only	
	O	YES	C4E1
	$\mathbf{C}$	NO0	C5
	0	DON'T KNOWd	C5
	O	REFUSEDr	C5
CATI	/O A \ /	W. O.4E. 4	
IF PR		VI: C4E=1	
		: ASK	
		NOT ASK	
IPS: [	00 N	IOT ASK	
МОМ	S: D	O NOT ASK	
PHILI	_YW	INS: DO NOT ASK	
IF CA	WI E	DO NOT SHOW DK/R	
C4e1.		out how much do your parents, relatives, friends, or neighbors provide in thes on a regular basis? Your best estimate is fine.	e form of money or cas
	\$ _	_  ,	
		(0-99,999)	
		this amount per day, per week, per month, once every two weeks, per year, on a regular basis, please provide	
		w often you received it during the past few months.	your best estimate as t
	Sei	ect one only	
	O	PER DAY1	
	O	PER WEEK2	
	O	PER MONTH3	
	0	ONCE EVERY TWO WEEKS4	
	$\mathbf{c}$	PER YEAR5	
	$\mathbf{C}$	A ONE-TIME PAYMENT6	
	$\circ$	DON'T KNOWd	
	0	DOI\ 1\ 1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

CATI/CAWI: ALL
IF PROGRAM=
BRIDGES: ASK
FAST: DO NOT ASK
IPS: DO NOT ASK

MOMS: ASK

PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

C5. If you had an emergency, about how many people would you be able to count on to help you? Would you say...

Select one only

m	None,	1
m	One to two,	2
	Three to five, or	
	More than five?	
	DON'T KNOW	
	REFLISED	

CATI/CAWI: ALL
IF PROGRAM=
BRIDGES: ASK
FAST: DO NOT ASK
IPS: DO NOT ASK
MOMS: ASK

PHILLYWINS: DO NOT ASK

C6.*	About how many people could you turn to if you suddenly needed to borrow \$100? Would you say
	Select one only
	m None,1
	m One to two,2
	m Three to five, or3
	m More than five?4
	O DON'T KNOWd
	O REFUSEDr
CAT	
	I/CAWI: ALL ROGRAM=
	DGES: ASK
	T: DO NOT ASK
IPS:	DO NOT ASK
MON	IS: ASK
PHIL	LYWINS: DO NOT ASK
IE C	AWI DO NOT SHOW DK OR REF
C7a.	About how many people could you talk to for help or advice?  Select one only
	m None,1
	m One to two,2
	m Three to five, or3
	m More than five?4
	m DON'T KNOWd
	m REFUSEDr
CAT	I/CAWI: ALL
IF PI	ROGRAM =
BRID	OGES: DO NOT ASK
FAS	T: DO NOT ASK
	DO NOT ASK
	MS: ASK
PHIL	LYWINS: DO NOT ASK
IF C	AWI DO NOT SHOW DK OR REF
C7b.	Generally speaking, would you say most people can be trusted?  Select one only
	m YES1

m	NO	0
m	DON'T KNOW	d
m	REFUSED	r

CATI/CAWI: ALL IF PROGRAM =

BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: DO NOT ASK

MOMS: ASK

PHILLYWINS: DO NOT ASK

C7c.	Select one only			
	m YES	1		
	m NO	0		
	m DON'T KNOW	d		
	m DEFLICED			

CATI/CAWI: ALL IF PROGRAM=

BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: DO NOT ASK

MOMS: ASK

PHILLYWINS: DO NOT ASK

### IF CAWI DO NOT SHOW DK OR REF

C8. CATI: Now I will read you a list of statements about being a parent. Please tell me if the following statements apply to you rarely or never, a little of the time, some of the time, a good part of the time, or always or most of the time.

CAWI: Please choose the one answer that best fits for you. 3

Select one per row

	RARELY LITTLE OR OF TH NEVER TIME	E SOME OF C	GOOD PART ALWAYS OR DF THE MOST OF THE TIME	DK	REF
a. I feel I'm doing an excellent job as a parent.	1 O 2 O	3 <b>O</b>	4 <b>O</b> 5 <b>O</b>	C <sub>b</sub>	<b>C</b> n
b. I am proud of myself as a parent	1 <b>Q</b> 2 <b>Q</b>	3 <b>Q</b> 4 (	O 5 O	$\mathbf{C}$ b	<b>C</b> 1
c. I am more effective than most parents	1 <b>Q</b> 2 <b>Q</b>	3 <b>Q</b> 4 (	O 5 O	$\mathbf{C}$ b	<b>C</b> 1
d. I have set goals about how I want to raise my child	1 <b>Q</b> 2 <b>Q</b>	<b>O</b> 6	4 <b>O</b> 5 <b>O</b>	C <sub>b</sub>	<b>O</b> 1
e. I am a good example to other parents	1 O 2 O	<b>O</b> 8	4 <b>O</b> 5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
f. I learn new parenting skills and use them with my child	1 <b>O</b> 2 <b>O</b>	<b>O</b> ε	4 <b>O</b> 5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1

<sup>&</sup>lt;sup>3</sup> Healthy Families Parenting Inventory (HFPI), Parenting Efficacy questions, Copyright LeCroy & Milligan Associates, Inc. 2004.

CATI/CAWI: ALL
IF PROGRAM=
BRIDGES: ASK
FAST: DO NOT ASK
IPS: DO NOT ASK
MOMS: DO NOT ASK
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK/R

C9a. Now [I/we] have some questions about your future financial situation. Would you say that you are confident, somewhat confident, or not confident that in five years' time you will earn enough to support yourself without financial help from your parents, relatives, friends, or neighbors?

Select one only

O	CONFIDENT	1
O	SOMEWHAT CONFIDENT	2
O	NOT CONFIDENT	3
O	DON'T KNOW	C
$\bigcirc$	DECLICED	,

CATI/CAWI: ALL
IF PROGRAM=
BRIDGES: ASK
FAST: DO NOT ASK
IPS: DO NOT ASK
MOMS: DO NOT ASK
PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK/R

C9b. Would you say that you are confident, somewhat confident, or not confident that in five years' time you will be working at a paid job?

Select one only

	0	CONFIDENT1	
	O	SOMEWHAT CONFIDENT2	
	O	NOT CONFIDENT3	
	O	DON'T KNOWd	
	O	REFUSEDr	
САТ	Т:	Now, I'd like to ask you some questions about your health.	
CAV	VI:	Now, we have some questions about your health. 4	
		CAWI: ALL	
	IF CA	WI DO NOT SHOW DK OR REF	
C10	.* In	general, would you say your health is:	
	0	Excellent,	
	0		
	0	Good,	
	$\circ$	Fair, or4	
	<b>O</b>	Poor?5	
	O	DON'T KNOWd	
	0	REFUSEDr	
		CAWI: ALL WI DO NOT SHOW DK OR REF	
C10		e you fully vaccinated against COVID-19? Fully vaccinated means you got all the quired shots.	
	Se	elect one only	
	m	YES1	
	m	NO0	
	m	DON'T KNOWd	
	m	REFUSEDr	

 $<sup>^4</sup>$  © C10, C11 to C21 is the SF-12v2, 1994, 2002 by QualityMetric Inc. and Medical Outcomes Trust. All Rights Reserved.

C	ATI/CAWI: ALL
IF	PROGRAM=
BF	RIDGES: DO NOT ASK
FA	AST: ASK
	S: DO NOT ASK
	OMS: DO NOT ASK
PI	HILLYWINS: DO NOT ASK
IF	CAWI DO NOT SHOW DK OR REF
C10b.	Are you currently covered by any type of health insurance plan, either private or government, including Medicare or Medicaid?
	Select one only
	m YES1
	m NO0
	m DON'T KNOWd
	m REFUSEDr
C	ATI/CAWI: ALL
IF	CAWI DO NOT SHOW DK OR REF
C11.*	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
	NO, NOT LIMITED AT ALL

	DON'T KNOWd	
	REFUSEDr	
	ATI/CAWI: ALL	
IF	CAWI DO NOT SHOW DK OR REF	
C12.*	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 ALL	
	DON'T KNOWd	
	REFUSEDr	
	TEL OGED	
	ATI/CAWI: ALL CAWI DO NOT SHOW DK OR REF	
		_
C13.*	During the <u>past 4 weeks</u> how much of the time have you had any of the following problems wit work or other regular daily activities as a result of your physical health?	h your
	CATI: The first statement is that you	
	Accomplished less than you would like.	
		o timo
	CATI: Would you say that you <u>accomplished less</u> than you would like all of the time, most of the some of the time, a little of the time, or none of the time <u>as a result of your physical health?</u>	e ume,
	,	
	MOST OF THE TIME	
	SOME OF THE TIME	
	A LITTLE OF THE TIME4	

NONE OF THE TIME	. 5
DON'T KNOW	. d
REFUSED	. r

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

C14.\* 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 activities 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 your physical</u> <u>health?</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

CATI/CAWI: ALL

IF CAWI DO NOT SHOW DK OR REF

C15.\* 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>?

NONE OF THE TIME  DON'T KNOW  REFUSED	d
SOME OF THE TIME	
ALL OF THE TIMEMOST OF THE TIME	
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 the time</u> , some of the time, a little of the time, or none of the time <u>as a problems</u> ?	
CATI/CAWI: ALL IF CAWI DO NOT SHOW DK OR REF	
DON'T KNOW	-
NONE OF THE TIME	
SOME OF THE TIMEA LITTLE OF THE TIME	
MOST OF THE TIME	2

	Not at all,1	
	A little bit,2	
	Moderately,3	
	Quite a bit, or4	
	Extremely5	
	DON'T KNOWd	
	REFUSEDr	
C	ATI/CAWI: ALL	
_	CAWI DO NOT SHOW DK OR REF	
C18.*	These next questions are about how you feel and how things have been with you <u>during the paweeks</u> . For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the <u>past 4 weeks</u> :	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:  have you felt calm and peaceful?	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:  have you felt calm and peaceful?	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:  have you felt calm and peaceful?  All of the time,	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:  have you felt calm and peaceful?  All of the time,	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:  have you felt calm and peaceful?  All of the time,	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:   have you felt calm and peaceful?    All of the time,  Some of the time,  3  A little of the time, or  4	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:   have you felt calm and peaceful?    All of the time,  Some of the time,  A little of the time, or  None of the time.  5	
C18.*	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:   have you felt calm and peaceful?    All of the time,  Some of the time,  A little of the time, or  DON'T KNOW.  d	
CA	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:   have you felt calm and peaceful?    All of the time,  Some of the time,  A little of the time, or  DON'T KNOW.  d	
CA	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:  have you felt calm and peaceful?  All of the time,	
C.A.	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:  have you felt calm and peaceful?  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	
C.A.	weeks. For each question, please give the one answer that comes closest to the way you have feeling. How much of the time during the past 4 weeks:  have you felt calm and peaceful?  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	

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 DK OR REF         C20.* How much of the time during the past 4 weeks have you felt downhearted and depressed?         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 DK OR REF         C21.* During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say         All of the time,       2         Some of the time,       3         A little of the time,       3         A little of the time,       5         DON'T KNOW.       d         REFUSED.       r		All of the time,	1
A little of the time, or		Most of the time,	2
None of the time		Some of the time,	3
DONT KNOW		A little of the time, or	4
REFUSED		None of the time	5
CATI/CAWI: ALL  IF CAWI DO NOT SHOW DK OR REF  C20.* How much of the time during the past 4 weeks have you felt downhearted and depressed?  All of the time,		DON'T KNOW	d
IF CAWI DO NOT SHOW DK OR REF  C20.* How much of the time during the past 4 weeks have you felt downhearted and depressed?  All of the time,		REFUSED	r
C20.* How much of the time during the past 4 weeks have you felt downhearted and depressed?  All of the time, 1 Most of the time, 2 Some of the time, 3 A little of the time, 5 DON'T KNOW	C	ATI/CAWI: ALL	
All of the time,	IF	CAWI DO NOT SHOW DK OR REF	
Most of the time,	C20.*	How much of the time during the <u>past 4 weeks</u> have you felt downhearted and de	epressed?
Some of the time,		All of the time,	1
A little of the time, or		Most of the time,	2
None of the time		Some of the time,	3
DON'T KNOW		A little of the time, or	4
REFUSED		None of the time	5
C21.* During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say  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		DON'T KNOW	d
C21.* During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say  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
C21.* During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say  All of the time,			
interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say  All of the time,	IF	CAWI DO NOT SHOW DK OR REF	
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	C21.*		
Some of the time,		All of the time,	1
A little of the time, or		Most of the time,	2
None of the time5 DON'T KNOWd		Some of the time,	3
DON'T KNOWd		A little of the time, or	4
		None of the time	5
REFUSEDr		DON'T KNOW	d
		REFUSED	r

CATI/CAWI: ALL
IF PROGRAM=
BRIDGES: ASK
FAST: ASK
IPS: ASK

MOMS: DO NOT ASK PHILLYWINS: ASK

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 time.

C22. During the last 30 days, about how often did you...<sup>5</sup>

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 cheer you	4 <b>O</b>	Оε	2 <b>Q</b>	1 O	O 0	C <sub>b</sub>	C n

<sup>&</sup>lt;sup>5</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

	up?					
b.	feel hopeless?	4 O 3 O	2 <b>Q</b> 1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b	<b>C</b> 1
C.	feel restless or fidgety?	4 <b>O</b> 3 <b>O</b>	2 <b>Q</b> 1 <b>Q</b>	$\mathbf{C}_0$	$\mathbf{C}$ b	<b>C</b> 1
d.	feel that everything was an effort?	4 <b>O</b> 3 <b>O</b>	2 <b>Q</b> 1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b	<b>O</b> 1
e.	feel worthless?	4 <b>O</b> 3 <b>O</b>	2 <b>O</b> 1 <b>O</b>	<b>O</b> 0	$\mathbf{C}$ b	<b>O</b> 1
f.	feel nervous?	4 <b>Q</b> 3 <b>Q</b>	2 <b>Q</b> 1 <b>Q</b>	O <sub>0</sub>	C <sub>b</sub>	r O

CATI/CAWI: ALL IF PROGRAM =

BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: DO NOT ASK MOMS: ASK

PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

C22a. CATI: Now I will read you a list of the ways you might have felt or behaved. Please tell me how often you have felt this way in the past week or so. Please tell me if you felt this way not at all or less than one day, one to two days, three to four days, five to seven days, or nearly everyday for the last two weeks.

CAWI: Below is a list of the ways you might have felt or behaved. Please select the boxes to let us know how often you have felt this way in the past week or so.<sup>6</sup>

#### Select one per row

NOT AT	DK	REF
--------	----	-----

<sup>&</sup>lt;sup>6</sup> Center for Epidemiologic Studies Depression Scale Revised (CESD-R)

		LESS THAN 1 DAY				FOR 2 WEEKS		
a. <b>My ap</b>	petite was poor	1 <b>O</b>	2 <b>O</b>	3 О	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> n
b. I could	d not shake off the blues	1 <b>O</b> 2	2 🔾	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
	trouble keeping my mind on what I was	1 <b>O</b> 2	2 🔾	Ο ε	4 <b>O</b>	5 <b>Q</b>	C <sub>b</sub>	C n
d. I felt d	lepressed	<b>O</b> 1	2 <b>Q</b>	Оε	4 <b>O</b>	5 <b>O</b>	$\mathbf{C}$ b	<b>C</b> 1
e. My sle	eep was restless	<b>O</b> 1	2 <b>Q</b>	<b>O</b> ε	4 <b>O</b>	5 <b>Q</b>	$\mathbf{C}$ b	<b>C</b> 1
f. I felt s	ad	<b>O</b> 1	2 <b>Q</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	$\mathbf{C}$ b	$\mathbf{C}$ n
g. I could	d not get going	<b>O</b> 1	2 <b>Q</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
h. <b>Nothi</b> ı	ng made me happy	O <sub>1</sub>	2 <b>O</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
i. I felt li	ike a bad person	<b>O</b> 1	2 <b>Q</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
j. I lost i	interest in my usual activities	O <sub>1</sub>	2 <b>O</b>	<b>O</b> 8	4 <b>O</b>	5 <b>O</b>	$\mathbf{C}$ b	$\mathbf{C}_{1}$
k. I slept	t much more than usual	O <sub>1</sub>	2 <b>O</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
l. I felt li	ike I was moving too slowly	O <sub>1</sub>	2 <b>Q</b>	<b>O</b> 8	4 <b>O</b>	5 <b>O</b>	$\mathbf{C}$ b	$\mathbf{C}_1$
m. I felt f	idgety	O <sub>1</sub>	2 <b>O</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
n. I wish	ed I were dead	O <sub>1</sub>	2 <b>O</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	<b>C</b> b	<b>C</b> 1
o. I want	ted to hurt myself	O <sub>1</sub>	2 <b>O</b>	<b>O</b> ε	4 <b>Q</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
p. I was	tired all the time	O <sub>1</sub>	2 <b>O</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
q. I did n	not like myself	O <sub>1</sub>	2 <b>Q</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
r. I lost a	a lot of weight without trying to	O <sub>1</sub>	2 <b>Q</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
s. I had a	a lot of trouble getting to sleep	1 <b>O</b> 1	2 <b>Q</b>	<b>O</b> ε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>C</b> 1
t. I could	d not focus on the important things	O <sub>1</sub>	2 <b>Q</b>	Оε	4 <b>O</b>	5 <b>O</b>	C <sub>b</sub>	<b>O</b> 1

$\sim \Lambda T$	I/CAWI:	$\Lambda$ I I	
( .A I	/LAVVI	AII	

C23.*	Taken all together,	how would you	say things are	going these days	s? Would you say	that you are

0	Very happy,
---	-------------

$\sim$	Duatto da acciona		
J	Pretty nappy,	or2	•

O Not too happy?
------------------

C	DON'T KNOW	. d
C	REFUSED	.r

CATI: The next questions are about alcohol use. If you do not drink alcohol at all, just say so.

CAWI: The next questions are about your use of alcohol.

CATI/CAWI: ALL IF PROGRAM=

BRIDGES: DO NOT ASK FAST: DO NOT ASK

IPS: ASK

MOMS: DO NOT ASK

PHILLYWINS: DO NOT ASK

C24.	How often do you have a drink containing alcohol, such as beer, wine or liquor	? Would you say <sup>7</sup>
	O Never,	C25
	O Monthly or less,	2 C23
	O 2 to 4 times a month,	3 C23
	O 2 to 3 times a week, or	L C23
	O 4 or more times a week	5 C23

<sup>&</sup>lt;sup>7</sup> AUDIT-C: https://cde.drugabuse.gov/instrument/f229c68a-67ce-9a58-e040-bb89ad432be4

	0	DON'T KNOWd C25
	O	REFUSEDr C25
САТ	T/CA	WI: C24 = 2, 3, 4, OR 5
IF C	AWI	DO NOT SHOW DK OR REF
C25.		w many drinks containing alcohol do you have on a typical day when you are drinking? Would you y
		OBE: A standard drink is a 5-ounce glass of wine, a 12-ounce can of beer, or a 1.5-ounce shot.
	0	1 or 2 per day,1
	0	3 or 4,2
	0	5 or 6,
	0	7 to 9, or4
	0	10 or more per day5
	O	DON'T KNOWd
	O	REFUSEDr
		WI: C24 = 2, 3, 4, OR 5
IF C	AWI	DO NOT SHOW DK OR REF
C26.	Ho	w often do you have six or more drinks on one occasion? Would you say
	0	Never,1
	0	Less than monthly,2
	0	Monthly,3
	0	Weekly, or4
	0	Daily or almost daily5
	O	DON'T KNOWd
	0	REFUSEDr
CATI	Nove	t I would like to ask you about your use of drugs, not including alcohol, in the nast 6
L.ATI	INHX	i. i would like to ask vou about vour use of drugs, not including alcohol, in the bast 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.

CATI/CAWI: ALL IF PROGRAM=

BRIDGES: DO NOT ASK FAST: DO NOT ASK

IPS: ASK

MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK

IF CAWI DO NOT SHOW DK OR REF

C27. In the past 6 months have you used drugs other than those required	for modical reasons 28

O	YES1	C28
O	NO2	C37
O	DON'T KNOWd	C37
$\mathbf{c}$	REFUSEDr	C37

CATI/CAWI: C27=1

<sup>&</sup>lt;sup>8</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.

C28.	Do you use more than one drug at a time?
	PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.
	O YES1
	O NO2
	O DON'T KNOWd
	O REFUSEDr
0.4.T	WO ANATA CO.7. 4
_	I/CAWI: C27=1 AWI DO NOT SHOW DK OR REF
C29.	Are you always able to stop using drugs when you want to?
0_0.	PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.
	O YES1
	Q NO
	O DON'T KNOWd
	Q REFUSEDr
	TEFOSED
CAT	I/CAWI: C27=1
	AWI DO NOT SHOW DK OR REF
C30.	Have you ever had blackouts or flashbacks as a result of drug use?
	PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.
	O YES1
	Q NO2
	O DON'T KNOWd
	Q REFUSEDr
	TEI GGED
CAT	I/CAWI: C27=1
	AWI DO NOT SHOW DK OR REF
C31.	Do you ever feel bad or guilty about your drug use?
C31.	
	PROBE: Consider your use of drugs, not including alcohol, in the past 6 months.
	O YES
	O NO
	O DON'T KNOWd
	O REFUSEDr

CATI/CAWI: C27=1

0, 20 11.	OT SHOW DK OR REF
C32. Does any	one ever complain about your involvement with drugs?
PROBE: (	Consider your use of drugs, not including alcohol, in the past 6 months.
O YES	1
O NO	2
O DON'	T KNOWd
O REFU	JSEDr
CATI/CAWI: C2	?7=1
IF CAWI DO NO	OT SHOW DK OR REF
C33. Have you	neglected your family because of your drug use?
PROBE: (	Consider your use of drugs, not including alcohol, in the past 6 months.
O YES	1
O NO	2
O DON'	T KNOWd
O REFU	JSEDr
CATI/CAWI: C2	27=1
IF CAWI DO NO	OT SHOW DK OR REF
C34. Have you	ı engaged in illegal activities in order to obtain drugs?
PROBE: (	Consider your use of drugs, not including alcohol, in the past 6 months.
O YES	1
O NO	2
O DON'	T KNOWd
O REFU	JSEDr
CATI/CAWI: C2	27=1 OT SHOW DK OR REF
•	u ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
	Consider your use of drugs, not including alcohol, in the past 6 months.
O YES	1
O NO	2
O DON'	T KNOWd
O REFU	JSEDr
CATI/CAWI: C2	27=1

IE	CAWI	DO	NOT	<b>SHOW</b>	DK	OR	RFF	
ΙГ		$\mathcal{L}\mathcal{L}$	IVUI	311011	DIV	$\cup$	$\Gamma$	

C36.		eve you had medical problems as a result of your drug use (for example, memory loss, hepatitis, nvulsions, or bleeding)?
	PF	ROBE: Consider your use of drugs, not including alcohol, in the past 6 months.
	0	YES1
	O	NO2
	0	DON'T KNOWd
	0	REFUSEDr
CA	TI/C <i>F</i>	AWI: ALL
IF F	PROC	GRAM=
		S: DO NOT ASK
		O NOT ASK
	: ASI	
		DO NOT ASK WINS: DO NOT ASK
PHI	LLY	WINS: DO NOT ASK
IF C	CAWI	DO NOT SHOW DK OR REF
C37.		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:
		Using it without a prescription of your own
		<ul> <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?
	0	YES1
	0	NO0
	0	DON'T KNOWd

CA	ATI/CAWI: ALL	
	PROGRAM =	
	RIDGES: DO NOT ASK AST: DO NOT ASK	
	S: ASK	
М	OMS: DO NOT ASK	
PH	HILLYWINS: DO NOT ASK	
IE	CAWI DO NOT SHOW DK OR REF	
		ha animainal inchia anakana Ananana
C38.	Now [I/we] have some questions about your experiences with the currently under some form of court-ordered supervision?	ne criminai justice system. Are you
	m Yes, parole	1
	m Yes, probation	2
	m Yes, diversion or alternative sentencing to avoid incarceration (s drug court, mental health court, or community sentencing)	
	m Yes, something else, or (SPECIFY)	99
	Specify (STRING 100)	
	m No, not under some form of supervision	0
	m DON'T KNOW	d
	m REFUSED	r

O REFUSED.....r

CATI/CAWI: ALL	
IF PROGRAM = IPS, <u>DO NOT DISPLAY</u> "NOW [I/WE] HAV WITH THE CRIMINAL JUSTICE SYSTEM" AND <u>DISPLAY</u> THE TERMS OF COURT-ORDERED SUPERVISION."  IF CAWI DO NOT SHOW DK OR REF	
C39.* [Now [I/we] have some questions about your expe	riences with the criminal justice system.]
Since [DATE MONTH YEAR], have you been arrest terms of court-ordered supervision.]	ed? [Do not include any arrests for violating the
O YES	1
O NO	0
O DON'T KNOW	d
O REFUSED	r
DDOCD AMA	JED BOY
PROGRAMM  IF PROGRAM = IPS GO TO C40.	IER BOX
FOR ALL OTHER PROGRAMS GO TO D1.	
CATI/CAWI: C39=1	
IF PROGRAM=	
BRIDGES: DO NOT ASK	
FAST: DO NOT ASK	
IPS: ASK	
MOMS: DO NOT ASK	
PHILLYWINS: DO NOT ASK	
IF CAWI DO NOT SHOW DK OR REF	
C40. Since [DATE MONTH YEAR], how many times have violating the terms of court-ordered supervision.	e you been arrested? Do not include any arrests for
NUMBER OF ARRESTS	
(1-99)	
O DON'T KNOW	h
Q REFUSED	
• NEI 00ED	1
CATI/CAWI: C39=1	
IF PROGRAM=	
BRIDGES: DO NOT ASK	

FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK	
IF CAWI DO NOT SHOW DK OR REF	
C41. How many of these arrests since [DATE MONTH	I YEAR] resulted in at least one conviction?
NUMBER OF ARRESTS LEADING TO A CONVIC	TION
	C41=0 C43
(0-99)	C41>0 C42
O DON'T KNOW	d C43
O REFUSED	r C43
CATI/CAWI: C39=1 AND C41>0	
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK IF CAWI DO NOT SHOW DK OR REF	
C42. How many of these convictions since [DATE MC NUMBER OF FELONY CONVICTIONS (0-99)	ONTH YEAR] were felony convictions?
O DON'T KNOW	d
O REFUSED	
CATI/CAWI: C39=1,D,R	
IF PROGRAM=	
BRIDGES: DO NOT ASK	
FAST: DO NOT ASK	

include any incarcerations for violating the terms of court-ordered supervision.  O YES	MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK
include any incarcerations for violating the terms of court-ordered supervision.  YES	IF CAWI DO NOT SHOW DK OR REF
O NO	
O DON'T KNOW	
CATI/CAWI: ALL  IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  24. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
CATI/CAWI: ALL  IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  24. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	G REFUSED
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IF PROGRAM= BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
BRIDGES: DO NOT ASK FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	CATI/CAWI: ALL
FAST: DO NOT ASK IPS: ASK MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IPS: ASK  MOMS: DO NOT ASK  PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
MOMS: DO NOT ASK PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
PHILLYWINS: DO NOT ASK  IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
IF CAWI DO NOT SHOW DK OR REF  C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	
C44. Since [DATE MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?  O YES	PHILLY WINS. DO NOT ASK
violating the terms of court-ordered supervision?         YES       1         NO       0         DON'T KNOW       d         REFUSED       r         PROGRAMMER BOX         IF PROGRAM = IPS AND C43=1 OR C44=1 GO TO C45.	IF CAWI DO NOT SHOW DK OR REF
O NO	
O DON'T KNOW	O YES1
PROGRAMMER BOX  IF PROGRAM = IPS AND C43=1 OR C44=1 GO TO C45.	O NO0
PROGRAMMER BOX IF PROGRAM = IPS AND C43=1 OR C44=1 GO TO C45.	O DON'T KNOWd
IF PROGRAM = IPS AND C43=1 OR C44=1 GO TO C45.	O REFUSEDr
IF PROGRAM = IPS AND C43=1 OR C44=1 GO TO C45.	
IF PROGRAM = IPS AND C43=1 OR C44=1 GO TO C45.	PROGRAMMER BOX
IF PROGRAM = IPS AND C43=0,D,R AND C44=0,D,R GO TO D1.	IF PROGRAM = IPS AND C43=1 OR C44=1 GO TO C45.
	IF PROGRAM = IPS AND C43=0,D,R AND C44=0,D,R GO TO D1.

CATI/CAWI: C43=1 OR C44 =1

IPS: ASK

	IF PROGRAM=
	BRIDGES: DO NOT ASK
	FAST: DO NOT ASK
	IPS: ASK
	MOMS: DO NOT ASK
	PHILLYWINS: DO NOT ASK
	IF CAWI DO NOT SHOW DK OR REF
C	C45. What is the total time you have spent in incarceration since [DATE MONTH YEAR]? If less than 1 month, please record 1 month. Include any incarceration for any reason.
	Your best estimate is fine.

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

REFUSED.....r

|\_\_|\_| YEARS AND |\_\_|\_| MONTHS

### D. PROGRAM SATISFACTION

SECTION IS NOT PART OF SECOND FOLLOW-UP

# **E. UPDATED CONTACT INFORMATION**

CAT	T/CAWI: ALL	
E1.*	to reach you in the future.	contact information. This will help us contact you if we ever need
	What is your address?	
	PROBE: Where do you receive yo	
	PROBE: Is there an apartment nu	mber?
	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
IF C	AWI DO NOT SHOW DK OR REF  What is your Social Security number	
IF C	What is your Social Security number We will use your Social Security number earnings, new addresses, or benefit understand how to improve program to make decisions about whether you future. All of your responses to this for the duration of the study, unless	
IF C	What is your Social Security number We will use your Social Security number earnings, new addresses, or benefit understand how to improve program to make decisions about whether you future. All of your responses to this for the duration of the study, unless information in writing. Once the study	r?  mber to collect important information for the study such as information. This information will help policymakers better as. It will be used for research purposes only and will not be used by get benefits or the amount of benefits you get, now or in the survey will be kept private and secure on Mathematica's servers the law requires otherwise, or you request release of your dy is over, your identifying information will be securely deleted
IF C	What is your Social Security number We will use your Social Security number earnings, new addresses, or benefit understand how to improve program to make decisions about whether you future. All of your responses to this for the duration of the study, unless information in writing. Once the study	r?  mber to collect important information for the study such as information. This information will help policymakers better as. It will be used for research purposes only and will not be used by get benefits or the amount of benefits you get, now or in the survey will be kept private and secure on Mathematica's servers the law requires otherwise, or you request release of your
IF C	What is your Social Security number We will use your Social Security number earnings, new addresses, or benefit understand how to improve program to make decisions about whether you future. All of your responses to this for the duration of the study, unless information in writing. Once the study from Mathematica's servers.	r?  mber to collect important information for the study such as information. This information will help policymakers better as. It will be used for research purposes only and will not be used by get benefits or the amount of benefits you get, now or in the survey will be kept private and secure on Mathematica's servers the law requires otherwise, or you request release of your dy is over, your identifying information will be securely deleted
IF C	What is your Social Security number We will use your Social Security nur earnings, new addresses, or benefit understand how to improve program to make decisions about whether you future. All of your responses to this for the duration of the study, unless information in writing. Once the study from Mathematica's servers.  (NUMERIC 9)  O DON'T HAVE ONE	mber to collect important information for the study such as information. This information will help policymakers better as. It will be used for research purposes only and will not be used by get benefits or the amount of benefits you get, now or in the survey will be kept private and secure on Mathematica's servers the law requires otherwise, or you request release of your dy is over, your identifying information will be securely deleted SOCIAL SECURITY NUMBER
IF C	What is your Social Security number We will use your Social Security nur earnings, new addresses, or benefit understand how to improve program to make decisions about whether yo future. All of your responses to this for the duration of the study, unless information in writing. Once the stud from Mathematica's servers.  (NUMERIC 9)  O DON'T HAVE ONE	r?  mber to collect important information for the study such as information. This information will help policymakers better ins. It will be used for research purposes only and will not be used by get benefits or the amount of benefits you get, now or in the survey will be kept private and secure on Mathematica's servers the law requires otherwise, or you request release of your dy is over, your identifying information will be securely deleted  SOCIAL SECURITY NUMBER
IF C	What is your Social Security number We will use your Social Security nur earnings, new addresses, or benefit understand how to improve program to make decisions about whether yo future. All of your responses to this for the duration of the study, unless information in writing. Once the stud from Mathematica's servers.  (NUMERIC 9)  O DON'T HAVE ONE	mber to collect important information for the study such as information. This information will help policymakers better ins. It will be used for research purposes only and will not be used to get benefits or the amount of benefits you get, now or in the survey will be kept private and secure on Mathematica's servers the law requires otherwise, or you request release of your dry is over, your identifying information will be securely deleted  SOCIAL SECURITY NUMBER
E1a.	What is your Social Security number We will use your Social Security nur earnings, new addresses, or benefit understand how to improve program to make decisions about whether yo future. All of your responses to this for the duration of the study, unless information in writing. Once the stud from Mathematica's servers.  (NUMERIC 9)  O DON'T HAVE ONE	mber to collect important information for the study such as information. This information will help policymakers better ins. It will be used for research purposes only and will not be used to get benefits or the amount of benefits you get, now or in the survey will be kept private and secure on Mathematica's servers the law requires otherwise, or you request release of your dry is over, your identifying information will be securely deleted  SOCIAL SECURITY NUMBER
E1a.	What is your Social Security number We will use your Social Security number arnings, new addresses, or benefit understand how to improve program to make decisions about whether you future. All of your responses to this for the duration of the study, unless information in writing. Once the study from Mathematica's servers.  (NUMERIC 9)  O DON'T HAVE ONE	mber to collect important information for the study such as information. This information will help policymakers better ins. It will be used for research purposes only and will not be used by get benefits or the amount of benefits you get, now or in the survey will be kept private and secure on Mathematica's servers the law requires otherwise, or you request release of your dry is over, your identifying information will be securely deleted  SOCIAL SECURITY NUMBER
E1a.	What is your Social Security number We will use your Social Security nur earnings, new addresses, or benefit understand how to improve program to make decisions about whether you future. All of your responses to this for the duration of the study, unless information in writing. Once the study from Mathematica's servers.  (NUMERIC 9)  O DON'T HAVE ONE	mber to collect important information for the study such as information. This information will help policymakers better ins. It will be used for research purposes only and will not be used to get benefits or the amount of benefits you get, now or in the survey will be kept private and secure on Mathematica's servers the law requires otherwise, or you request release of your dry is over, your identifying information will be securely deleted  SOCIAL SECURITY NUMBER

# EMAIL ADDRESS

	(STRING 50)	
	O DON'T HAVE ONE	
	O DON'T KNOWd	
	O REFUSEDr	
CAT	T/CAWI: ALL	
E3.*	What is your home telephone number?	
	[201-989) (200-999) (0000-9999)	
	O NO LANDLINE1	
	O DON'T KNOWd	
	O REFUSEDr	
CAT	T/CAWI: ALL	
 E3a.*	Do you have a cell phone?	
_ <b>_</b>	O YES1	E3b
	O NO	E4
	O DON'T KNOWd	E4
	Q REFUSEDr	E4
	O INCI OCED	LT
CAT	T/CAWI: E3a=01	
	What is your cell phone number?	
_0		
	CELL PHONE	
	(201-989) (200-999) (0000-9999)	
	O DON'T KNOWd	
	O REFUSEDr	
CAT	T/CAWI: E3a=01	
E3c.	Is it okay for us to text you at this number? Message and data rates may apply.	
	O YES1	
	O NO	
	O DON'T KNOW d	

	O REFUSEDr	
CA	TI/CAWI: ALL	
E4.*	What is another phone number where you can be reached?	
	[] PHONE NUMBER (201-989) (200-999)	
	O DON'T KNOWd	
	O REFUSEDr	
CA	TI/CAWI: ALL	
E5.*	May we contact you through Facebook?	
	O YES1	E5a
	O NO/DON'T HAVE ACCOUNT	E6
	O DON'T KNOWd	E6
	O REFUSEDr	E6
CA	TI/CAWI: E5 = 1	
E5a.	What name do you use on Facebook?	
	USER NAME	
	(STRING 50)	
	O DON'T KNOWd	
	O REFUSEDr	
CA	TI/CAWI: E5 = 1	
E5b.	What is your Facebook url?	
	USER NAME	
	(STRING 50)	
	O DON'T KNOWd	
	O REFUSEDr	
CA <sup>-</sup>	TI/CAWI: ALL	

E6.\* May we contact you through LinkedIn?

	$\mathbf{O}$	YES1	E6a
	$\mathbf{C}$	NO/DON'T HAVE ACCOUNT0	E7
	O	DON'T KNOWd	E7
	O	REFUSEDr	E7
CAT	I/CA	WI: E6 = 1	
 E6a.	Wł	nat name do you use on LinkedIn?	
	Г		
	L	USER NAME	
	(S	TRING 50)	
	O	DON'T KNOWd	
	$\mathbf{O}$	REFUSEDr	
CAT	I/CA	WI: ALL	
		WI: ALL  ny we contact you through Instagram?	
			E7a
	Ма	y we contact you through Instagram?	E7a E8
	Ma	y we contact you through Instagram?  YES	
	Ma	YES	E8
E7.*	Ma	YES	E8 E8
E7.*	Ma	Ay we contact you through Instagram?         YES	E8 E8
E7.*	Ma	YES	E8 E8
E7.*	Ma	Ay we contact you through Instagram?         YES	E8 E8
E7.*	Ma O O O O WH	YES	E8 E8
E7.*	Ma O O O O O O O O O O O O O O O O O O O	YES	E8 E8
E7.*	Ma O O O O O O O O O O O O O O O O O O O	YES	E8 E8
E7.*	Ma O O O O O O O O O O O O O O O O O O O	YES	E8 E8
E7.*	Ma O O O O O O O O O O O O O O O O O O O	YES	E8 E8

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 we should contact? FIRST NAME (STRING 50) MIDDLE INITIAL (STRING 1) LAST NAME (STRING 50) O DON'T KNOW.......d **END** O REFUSED.....r **END** CATI/CAWI: E8 NE D OR R What is (his/her) address? PROBE: Is there an apartment number? Street Address 1: (STRING (NUM)) Street Address 2: (STRING (NUM)) STRING (NUM)) City: State: (STRING (NUM)) (STRING (NUM)) Zip: O DON'T KNOW......d CATI/CAWI: E8 NE D OR R What is (his/her) relationship to you? Select one only O SPOUSE/PARTNER......1 O MOTHER......2 O SISTER/BROTHER......4

O GRANDMOTHER/GRANDFATHER.....5

E8a.

E8b.

C	SON/DAUGHTER6	
C	) FRIEND	
C	OTHER (SPECIFY)99	
S	pecify (STRING 50)	
C	DON'T KNOWd	
C	REFUSEDr	
IF OTH	IER SPECIFY (99): ENTER OTHER RELATIONSHIP TYPE	
CATI/C	AWI: E8 NE D OR R	
E8c. V	Vhat is (his/her) home telephone number?	
	HOME TELEPHONE	
	HOWE TELEPHONE	
,	(201-989) (200-999) (0000-9999)	
	TEI GGED	
CATI/C	AWI: E8 NE D OR R	
 E8d. D	oes (he/she) have a cell phone?	
	) NO	E8F
		E8F
		E8F
CATI/C	CAWI: E8D=1	
E8e. C	an I have that number?	
	TELEPHONE	

	(201-989) (200-999) (0000-9999)		
	O DON'T KNOW	d	
	O REFUSED	r	
CA	ΓΙ/CAWI: E8 NE D OR R		
E8f.	What is (his/her) work telephon	e number?	
	Т	ΓELEPHONE	
	(201-989) (200-999) (0000-9999)		
	O NO WORK NUMBER	1	
	O DON'T KNOW	d	
	O REFUSED	r	
CA.	II/CAWI: E8 NE D OR R		
E8g.	What is (his/her) email address?		
Log.	what is (marrier) email address:		
		EMAIL ADDRESS	
	(STRING 50)	LIMAIL ADDINESS	
	,	0	E9
		d	E9
		r	E9
CA	ΓΙ/CAWI: E8g NE 0, D, OR R		
E8h.	Does (he/she) have another email addr	ess?	
		EMAIL ADDRESS	
	(STRING 50)		
	O NO	0	
	O DON'T KNOW	d	
	O REFUSED	r	

#### **SECOND CONTACT**

CA	T/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	d	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		

HOME TELEPHONE   (201-989) (200-999) (0000-9999)   O NO LANDLINE		O FRIEND7	
○ DON'T KNOW		OTHER (SPECIFY)99	
○ REFUSED		Specify (STRING 50)	
E9c. What is (his/her) home telephone number?		O DON'T KNOWd	
E9c. What is (his/her) home telephone number?		O REFUSEDr	
E9c. What is (his/her) home telephone number?			
HOME TELEPHONE	CAT	ΓI/CAWI: E9 NE D OR R	
(201-989) (200-999) (0000-9999)  O NO LANDLINE	E9c.	What is (his/her) home telephone number?	
○ NO LANDLINE		HOME TELEPHONE	
○ NO LANDLINE			
○ DONT KNOW			
CATI/CAWI: E9 NE D OR R         E9d. Does (he/she) have a cell phone?         ○ YES			
CATI/CAWI: E9 NE D OR R  E9d. Does (he/she) have a cell phone?			
E9d. Does (he/she) have a cell phone?  O YES		O REFUSEDr	
E9d. Does (he/she) have a cell phone?  O YES			
○ YES	CAT	ΓΙ/CAWI: E9 NE D OR R	
○ YES	E9d.	Does (he/she) have a cell phone?	
○ DON'T KNOW			
O REFUSED		O NO	E9F
CATI/CAWI: E9D=1           E9e. Can I have that number?           (201-989) (200-999) (0000-9999)           O DON'T KNOW		O DON'T KNOWd	E9F
E9e. Can I have that number?		O REFUSEDr	E9F
E9e. Can I have that number?			
E9e. Can I have that number?	CAT	ΓI/CAWI: F9D=1	
TELEPHONE   (201-989) (200-999) (0000-9999)			
(201-989) (200-999) (0000-9999)  O DON'T KNOW	Ege.		
O DON'T KNOW		TELEPHONE	
O DON'T KNOW		(201-989) (200-999) (0000-9999)	
CATI/CAWI: E9 NE D OR R  E9f. What is (his/her) work telephone number?			
CATI/CAWI: E9 NE D OR R  E9f. What is (his/her) work telephone number?			
E9f. What is (his/her) work telephone number?			
	CAT	ΓI/CAWI: E9 NE D OR R	
(201-989) (200-999) (0000-9999)	E9f.	What is (his/her) work telephone number?	
(201-989) (200-999) (0000-9999)			
IZILI MOMI IZINI MAMI ILININI MAMANI		(201 090) (200 000) (0000 0000)	
O NO WORK NUMBER1			

	O DON'T KNOW	d	
	O REFUSED	r	
CAT	T/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	T/CAWI: E9G NE D OR R		
E9h.	Does (he/she) have another email ac	ddress?	
		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)	THOTTWINE			
		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	
	What is (his/her) home telephone number?	
L10C.	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	
E1d.	Does (he/she) have a cell phone?	
	O YES1	
	O NO	E10F
	O DON'T KNOWd	E10F
	O REFUSEDr	E10F
CAT	I/CAWI: E10e=1	
 E10e.	Can I have that number?	
	TELEPHONE	
	(201-989) (200-999) (0000-9999)	
	O DON'T KNOWd	
	O REFUSEDr	
CAT	T/CAWI: E10 NE d OR r	
E10f.	What is (his/her) work telephone number?	
	TELEPHONE	
	(201-989) (200-999) (0000-9999)	
	O NO WORK NUMBER0	
	O DON'T KNOWd	
	O REFUSEDr	

CAT	I/CA	۱:IWA	E10 NE d OR r		
E10g.	Wł	hat 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	REI	FUSED	r	END
CAT	I/CA	۱:۱W <i>۴</i>	E10G NE 0, d, OR r		
E10h.	10h. Does (he/she) have another email address?				
				EMAIL ADDRESS	
	0	NO		0	
	0	DO	N'T KNOW	d	
	0	REI	FUSED	r	
CAT	I/CA	۱WF: ا	ALL		
Compl	eted	d.*	Next Generation of Enhanced E time to share this information v	ank you for your continued participation in Employment Strategies Project. We appreci with us. It is a very important contribution to the mail in the next two weeks.	iate you taking the

Thank you again.