

BEYOND BENEFITS SURVEY

FINAL QUESTIONNAIRE VERSION 3-28-23, REV 6-2-23

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Thank you for taking the time to complete the survey for the Beyond Benefits Study. The survey will ask questions about your work, income, access to and needs for various employment resources, health status, health insurance coverage, and finally some questions about who you are and challenges you have faced. This survey should take about 45 minutes to complete. When you are done, we will send you a \$40 pre-paid Visa gift card in the mail.

Work and Income (WI)

The first few questions are about work.

WI-1. Are you currently working at a job or business for pay? (Source: NBS Questionnaire)

- Yes
- No [WI-5]

WI-2. On average, about how many hours per week do you usually work on all your jobs? (Source: NBS Questionnaire, modified)

___ ___ Hours per week

If you work at more than one job or business, please think about the job at which you work the most hours.

WI-3. Which of the following best describes your current employment situation? (U.S. Online Survey of Working Arrangements and Attitudes)

- I am a wage and salary employee, and my main job accounts for most of my earnings
- I am a wage and salary employee who also earns a lot of extra income from side jobs
- I am self-employed and run my own business
- I earn most of my income as an independent contractor, freelancer, or gig worker

WI-4. Does your main job offer any of the following benefits? (Source: NBS Questionnaire, modified)

	<u>Yes</u>	<u>No</u>
a. Health care insurance?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Dental benefits?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Sick days with pay?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Employee assistance program/plan?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Paid vacation?.....	<input type="checkbox"/>	<input type="checkbox"/>
r. Free or low-cost childcare?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Transportation, a transportation allowance, or transportation discounts?.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Long-term disability benefits?.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Pension or retirement benefits?.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Flexible health or dependent care spending accounts?.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Parental leave?.....	<input type="checkbox"/>	<input type="checkbox"/>

GO TO WI-10.

WI-5. Do you currently want a job, either full or part time? (Source: CPS Labor Force Items)

- Yes [WI-7]
- Maybe, it depends [WI-7]
- No

WI-6. What is the main reason you do not want a job? (Source: CPS Labor Force Items, modified)

- Childcare problems
- Other family/personal obligations
- Health/medical limitations
- School/training
- Retired
- Social Security limit on earnings
- Other (Specify): _____

WI-7. Have you been looking for paid work during the last four weeks? (Source: NBS Questionnaire)

- Yes
- No

WI-8. Next is a list of reasons why people are sometimes unable to find a job. Are any of these reasons why you have not found a job? (Source: NBS Questionnaire)

Don't

	Yes	No	know/ Refused
I do not have the assistive technology, special equipment or medical devices I need to work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have the help I need to get ready for work each day....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot get the help I need to care for children or others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have reliable transportation to and from work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available jobs do not offer a flexible enough work schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot find a job I am qualified for.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available jobs do not pay enough.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers will not give me a chance to show that I can work...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available jobs do not offer health insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would lose benefits like Social Security, disability insurance, worker's compensation, or Medicaid if I took a job.....

Some other reason (Specify): _____

WI-9. Which of the following best describes your current status? (Source: SED Baseline Survey)

Would you say...

- Keeping house or caregiving
- Going to school
- Doing volunteer work
- In vocational training
- Retired
- Unable to work, or
- Something else? (Specify): _____

[For All]

WI-10. Below is a list of things that some people use or receive to help them find or keep a job. Did you use or receive any of the following to help find or keep working at your most recent/last job. (Source: NBS)

	Did you....	Yes	No
a. ... use a job/employment coach?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ... use a sign language interpreter?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ... use a reader or interpreter for the blind?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ... use an assistant or caregiver for personal care, including help bathing and dressing to get ready for work and help eating lunch or using the restroom at work?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ... use a personal care assistant at work to help with job-related tasks, including help with writing, reading, lifting, or reaching?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ... receive on the job training?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ... receive counseling about how work will affect your benefits?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ... receive help with transportation?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ... receive help with child or family care?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ... use special equipment or devices?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAMMER INSTRUCTION: IF RESPONDENT USED SPECIAL EQUIPMENT (WI-10j=1), GO TO WI-11. ELSE, GO TO I-1.

WI-11. Please indicate the special equipment or devices you used. [CHECK ALL THAT APPLY]
(Source: NBS)

- Brace
- Cane/Crutches/Walker
- Wheelchair
- Modified computer hardware
- Modified computer software
- Hearing aid/device
- Special glasses
- Special chair/back support
- Special shoes/stockings
- Other (Specify): _____

Income (I)

These next questions ask you about income from all sources, including employment. Your answers will be kept confidential and will not affect your benefits.

I-1. Please indicate how much money you received from the following sources during the past month, that is since {MONTH, DAY}. We will be asking about household income separately. Remember, your answers will be kept confidential. (Source: SED Baseline Survey)

PROGRAMMER INSTRUCTION: ALLOW EACH ITEM I-1A-K TO BE LEFT BLANK.

- a. Any earned income or money from all paid employment, including tips or commissions. Please indicate the take home amount.

\$ |_|_|_|,|_|_|_|

- b. VA or other armed services disability benefits

\$ |_|_|_|,|_|_|_|

- c. Food Stamp Program or SNAP (the Supplemental Nutritional Assistance Program)

\$ |_|_|_|,|_|_|_|

- d. Temporary Assistance for Needy Families (TANF), also known as cash welfare

\$ |_|_|_|,|_|_|_|

- e. Vocational program such as Vocational Rehabilitation, the Job Training Partnership Act, or Easter Seal

\$ |_|_|_|,|_|_|_|

- f. Social Security Retirement or Survivors Benefits

\$ |_|_|_|,|_|_|_|

- g. Unemployment compensation

\$ |_|_|_|,|_|_|_|

- h. Other state or county social welfare benefits such as general assistance or public aid

\$ |_|_|_|,|_|_|_|

Appendix A-8. Exiter and Possible Exiter Survey

- i. Retirement, pension (including military), investing, or savings income that you receive regular payments from

\$ |_|_|_|,|_|_|_|_|

- j. Alimony and child support

\$ |_|_|_|,|_|_|_|_|

- k. Money from family members including gifts, loans, or bill payments

\$ |_|_|_|,|_|_|_|_|

I-2. Which category represents the total combined income of all members of your HOUSEHOLD during the past month? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your HOUSEHOLD who are 15 years of age or older. (Source: CPS Labor Force Items, modified)

- Less than \$500
- \$500 to \$999
- \$1,000 to \$1,499
- \$1,500 to \$1,999
- \$2,000 to \$2,499
- \$2,500 to \$2,999
- \$3,000 to \$3,499
- \$3,500 to \$3,999
- \$4,000 to \$4,499
- \$4,500 to \$4,999
- \$5,000 to \$5,499
- \$5,500 to \$5,999
- \$6,000 to \$6,499
- \$6,500 to \$6,999
- \$7,000 or more

Resource Needs and Access (RN)

The first questions are about personal or financial difficulties you may or may not have experienced recently, and your experiences receiving support. This information will be used to help improve the disability program. Your responses will be kept confidential and will not affect your status in the program.

RN-1.		In the last 12 months ... (Source: WellRx Questionnaire)	
<u>Yes</u>	<u>No</u>		
		Did you or others you live with eat smaller meals or skip meals because you didn't have money for food ?.....	<input type="checkbox"/> <input type="checkbox"/>
		Were you homeless or worried that you might be in the future?.....	<input type="checkbox"/> <input type="checkbox"/>
		Did you have trouble paying for your utilities (gas, electricity, phone)?.....	<input type="checkbox"/> <input type="checkbox"/>
		Did you have trouble finding or paying for a ride (transportation)?..	<input type="checkbox"/> <input type="checkbox"/>
		Did you need daycare, or better daycare , for your kids?.....	<input type="checkbox"/> <input type="checkbox"/>
		Did you need help finding a better job ?.....	<input type="checkbox"/> <input type="checkbox"/>
		Did you need help getting more education?.....	<input type="checkbox"/> <input type="checkbox"/>
		Were you concerned about someone in your home using drugs or alcohol ?.....	<input type="checkbox"/> <input type="checkbox"/>
		Did you feel unsafe in your daily life?.....	<input type="checkbox"/> <input type="checkbox"/>
		Did you need help with legal issues ?.....	<input type="checkbox"/> <input type="checkbox"/>
		Was anyone in your home threatening or abusing you?.....	<input type="checkbox"/> <input type="checkbox"/>
		Have you needed medical care that you did not get because you couldn't afford it?.....	<input type="checkbox"/> <input type="checkbox"/>

RN-2. Some people use programs or services to help meet their needs. Have you used any of these programs or services in the past 12 months? (Source: New)

	<u>Yes</u>	<u>No</u>
Food assistance programs.....	<input type="checkbox"/>	<input type="checkbox"/>
Housing programs.....	<input type="checkbox"/>	<input type="checkbox"/>
Assistance for heating or utilities.....	<input type="checkbox"/>	<input type="checkbox"/>
Transportation assistance or programs.....	<input type="checkbox"/>	<input type="checkbox"/>
Childcare subsidies or pre-school programs.....	<input type="checkbox"/>	<input type="checkbox"/>
Work training programs.....	<input type="checkbox"/>	<input type="checkbox"/>
Scholarships or student loans.....	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence or sexual assault services.....	<input type="checkbox"/>	<input type="checkbox"/>
Medical care assistance programs or free clinics.....	<input type="checkbox"/>	<input type="checkbox"/>
Mental health or counseling programs.....	<input type="checkbox"/>	<input type="checkbox"/>
Legal aid office/clinics.....	<input type="checkbox"/>	<input type="checkbox"/>
Cash assistance programs.....	<input type="checkbox"/>	<input type="checkbox"/>

Other (Specify): _____

Job Training/Help Finding Work

The next set of questions are about your experiences with finding work.

RN-4. In the past month, have you needed help finding or keeping a job? (Source: NEW)

- Yes
- No [RN-4.2]

RN-4.1. Please indicate the type of supports/services you needed. [CHECK ALL THAT APPLY]
(Source: NEW)

- Job skills assessment
- Further education/job training
- Resume/CV preparation
- Career planning
- Mock interviews
- Job leads and job placement
- Ongoing job supports (job coaching)
- Assistance with requesting and obtaining job accommodations
- Benefits counseling
- Some other service (Specify): _____

RN-4.2. Which of the following programs have you heard about? [CHECK ALL THAT APPLY]
(Source: NEW)

- Social Security's Ticket to Work/Employment Networks
- SSI's Plan for Achieving Self-Support or PASS Plan
- SSA's Work Incentive and Planning Assistance programs
- State vocational rehabilitation agencies
- American Job Centers
- Unemployment offices
- Community health centers supports (job clubs or support groups)
- Supported employment services or Individual Placement and Support (IPS)
- Have not heard of any of these programs [HS-1]

RN-4.3. Have you used any job programs in the past 12 months? (Source: NEW)

- Yes
- No [RN-4.5]

RN-4.4. Tell us which specific programs you have used. (Source: NEW)

- Social Security's Ticket to Work/Employment Networks
- SSI's Plan for Achieving Self-Support or PASS Plan
- SSA's Work Incentive and Planning Assistance programs
- State vocational rehabilitation agencies

Appendix A-8. Exiter and Possible Exiter Survey

- American Job Centers
- Community health centers supports (job clubs or support groups)
- Supported employment services or Individual Placement and Support (IPS)
- Some other program (Specify): _____

PROGRAMMER INSTRUCTION: FOR QUESTION RN-4.4A, ONLY DISPLAY PROGRAMS SELECTED IN RN-4.4.

RN-4.4a. Of the programs you have used, please tell us if they were helpful or not helpful in finding a job. (Source: NEW)

I did not	I found
	this find this <u>helpful</u> <u>helpful</u>
Social Security's Ticket to Work/Employment Networks.....	<input type="checkbox"/> <input type="checkbox"/>
SSI's Plan for Achieving Self-Support or PASS Plan.....	<input type="checkbox"/> <input type="checkbox"/>
SSA's Work Incentive and Planning Assistance programs.....	<input type="checkbox"/> <input type="checkbox"/>
State vocational rehabilitation agencies.....	<input type="checkbox"/> <input type="checkbox"/>
American Job Centers.....	<input type="checkbox"/> <input type="checkbox"/>
Community health centers supports (job clubs or support groups)....	<input type="checkbox"/> <input type="checkbox"/>
Supported employment services or Individual Placement and Support (IPS).....	<input type="checkbox"/> <input type="checkbox"/>
Some other program (Specify): _____	<input type="checkbox"/> <input type="checkbox"/>

PROGRAMMER INSTRUCTION: GO TO HS-1.

RN-4.5. What is the most important reason for not using any job programs? (Source: NEW)

- I have never needed this type of help
- It is too difficult or takes too long to get this help
- I don't want anyone to know that I need this help
- I have tried to use one of these programs but was not successful
- I do not have access to transportation
- I do not have childcare
- I am dealing with legal issues
- I am dealing with housing issues
- Some other reason (Specify): _____

Health Status (HS)

The next questions are about your health and your current daily activities. If you are unsure about how to answer, please give the best answer you can.

HS-1. In general, would you say your health is ... (Source: Short Form SF-12)?

- Excellent
- Very good
- Good
- Fair
- Poor

These next questions ask about activities that you might do during a typical day. As you read each item, please indicate if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

HS-2. To what extent does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? (Source: Short Form SF-12)

- A lot
- A little
- Not at all

HS-3. To what extent does your health now limit you in climbing several flights of stairs? (Source: Short Form SF-12)

- A lot
- A little
- Not at all

HS-4. Now think about your physical health. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of your physical health? (Source: Short Form SF-12)

Would you say...

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

HS-5. During the past 4 weeks, how much of the time did you limit the kind of work or other regular daily activities you do because of your physical health? (Source: Short Form SF-12)

Would you say...

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

HS-6. During the past 4 weeks, how much of the time did you accomplish less than you would have liked to because of any emotional problems, such as feeling depressed or anxious? (Source: Short Form SF-12)

Would you say...

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

HS-7. During the past 4 weeks, how much of the time did you not work or do other activities as carefully as usual because of any emotional problems, such as feeling depressed or anxious? (Source: Short Form SF-12)

Would you say...

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

HS-8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? (Source: Short Form SF-12)

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

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

HS-9. During the past 4 weeks, how much of the time have you felt calm and peaceful? (Source: Short Form SF-12)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

HS-10. During the past 4 weeks, how much of the time did you have a lot of energy? (Source: Short Form SF-12)

Would you say...

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

HS-11. During the past 4 weeks, how much of the time have you felt downhearted and depressed? (Source: Short Form SF-12)

Would you say...

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

HS-12. 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 or relatives? (Source: Short Form SF-12)

Would you say...

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

The next questions ask about how your health may limit your activities.

HS-13. Are you deaf, or do you have serious difficulty hearing? (Source: ACS)

- Yes
- No

HS-14. Are you blind, or do you have serious difficulty seeing, even when wearing glasses? (Source: ACS)

- Yes
- No

HS-15. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (Source: ACS)

- Yes
- No

HS-16. Do you have serious difficulty walking or climbing stairs? (Source: ACS)

- Yes
- No

HS-17. Do you have difficulty dressing or bathing? (Source: ACS)

- Yes
- No

HS-18. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (Source: ACS)

- Yes
- No

HS-18A. Are you currently receiving disability benefits from Social Security Administration's Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) programs?

- Yes (GO TO HS-19)
- No (GO TO HS-18B)

HS-18B. SSA determined that you were no longer eligible to receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) because you have medically improved enough to be able to work. Do you agree with SSA's decision?

- Yes
- No
- Not applicable, benefits ended for a different reason

The next questions ask about tobacco and alcohol use.

HS-19. Have you ever regularly smoked cigarettes, cigars, a pipe, or a hookah or used vape pens, vaporizers, or e-cigarettes? (Source: SED Baseline Survey, modified)

- YES, current smoker
- YES, but no longer smoke
- NO, never

HS-20. In the last three months, on average how many days per week have you had any alcohol to drink? (For example, beer, wine, or any drink containing liquor.) (Source: Health and Retirement Study)

- 7 (Every day)
- 6
- 5
- 4
- 3
- 2
- 1
- 0 (None or less than once a week)

Health Insurance Coverage (HC)

HC-1. What types of health insurance or health coverage plans do you currently have? (Source: SED Baseline Survey)

- Medicare (for people 65 and older, or people with certain disabilities)
- Medicaid, medical assistance, or any kind of government-assistance plan for those with low incomes or a disability
- Insurance through healthcare.gov or a state exchange (marketplace)
- Insurance through a current or former employer or union (of yours or another family member)
- Insurance purchased directly from an insurance company (by you or another family member)
- VA (including those who have ever used or enrolled for VA health care)
- TRICARE, TRICARE for life or other military health care
- Indian Health Services (IHS)
- NO HEALTH INSURANCE
- Other (Specify): _____

PROGRAMMER INSTRUCTION: HC-1; "NO HEALTH INSURANCE" CANNOT BE SELECTED WITH ANY OTHER ANSWER OPTION.

PROGRAMMER INSTRUCTION: IF HC-1 = "NO HEALTH INSURANCE", ASK HC-2. ELSE, GO TO DEMOGRAPHICS.

HC-2. Just to confirm, you are not currently covered by Medicare, Medicaid, VA, TRICARE, or any other health insurance. Is that correct? (Source: SED Baseline Survey)

- Yes, currently I have no health insurance

- No, currently I have health insurance [HC-1]

Demographics (DM)

The next questions are about your background. Any personal information that you provide will not be used to identify you. Your answers are confidential. We will use the information to help improve SSA's services and make sure they are accessible to people of all backgrounds.

DM-1. What is the highest level of education you have completed? (Source: SED Baseline Survey, modified)

- Did not graduate high school
- Completed high school or GED
- Some college or junior college
- College graduate
- Post-graduate or advanced degree

DM-2. What is your marital status? (Source: SED Baseline Survey)

- Never married
- Married
- Living as married
- Separated
- Divorced
- Widowed

DM-3. Which of following best describes where you have been living during the past 30 days? (Source: SED Baseline Survey)

Would you say...

- At one address in an apartment or house
- At more than one address in apartments or houses
- With the same people at each address
- At more than one address in apartments or houses
- With different people at each address [DM-7]
- In a homeless shelter or homeless with no address, or [DM-7]
- Some other place? (Specify): _____

DM-4. Describe who you have been living with during the past 30 days. [SELECT ALL THAT APPLY] (Source: SED Baseline Survey)

- Living alone
- Living with spouse/significant other only
- Living with children only
- Living with spouse/significant other and children
- Living with parents
- Living with other relatives (other than spouse, children, or grandparents)
- Living with friends
- Living with other non-related adults (group home, rehab facility, etc.)
- OTHER (Specify): _____

PROGRAMMER INSTRUCTION: IF DM-4=LIVING ALONE, GO TO DM-7.
ELSE, GO TO DM-5.

DM-5. How many people, not counting yourself, have you been living with during the past 30 days? Do not include part-time residents. (Source: SED Baseline Survey)

___ ___ Number of people

DM-6. How many children under 18 years of age live in your household? This includes all children who usually live there, even if they are temporarily away on a vacation, in a hospital, or away at school. (Source: NBS)

___ ___ Number of children

DM-7. Are you of Hispanic, Latino, or Spanish origin? (Source: SED Baseline Survey)

- Yes
- No

DM-8. What race do you consider yourself to be? Please select one or more of the following categories: (Source: SED Baseline Survey)

- White
- Black or African-American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- OTHER (Specify): _____

DM-9. What languages do you usually speak? (Source: SED Baseline Survey)

- English only
- Spanish only
- Both English and Spanish
- Both English and some other language
- Some other language only? (Specify): _____

DM-10. Which of the following best represents how you think of yourself? (Source: BRFSS)

- Gay
- Straight, that is, not gay
- Bisexual
- Something else

DM-11.Are you...(SELECT ALL THAT APPLY)

- Male
- Female
- Transgender
- Non-binary
- Prefer not to answer

Justice Involvement (JI)

People who have been involved with the justice system may find that their background is a barrier to employment. These final questions are about your background, legal support, and employment experiences. Remember we keep all your information confidential.

JI-1. Have you ever been convicted of any misdemeanors or felonies? (Source: New)

- Yes
- No [JI-3]

JI-2. Has your criminal record ever prevented you from getting a job? (Source: New)

- Yes
- No

JI-3. Do you have access to legal support if you need it (for example, money for legal fees, public defender, etc.)? (Source: New)

- Yes
- No

This is the end of your survey. Thank you for your participation. **You will receive a \$40 Visa Gift Card** by mail.