Appendix A

Autistic Young Adult Survey

Mathematica
Progress Together

Research Support Services for Employment of Young Adults on the Autism Spectrum (REYAAS)

Young Adult Survey

A. ELIGIBILITY AND PERSONAL CHARACTERISTICS

ALL
FILL [ORGANIZATION] WITH NAME FROM SAMPLE FILE LOAD

A1.　The U.S. Department of Labor is sponsoring a national study about autistic young adults' job experiences. [Organization] is partnering with Mathematica, who is leading the study. The study will help the Office of Disability Employment Policy learn about the job experiences of young adults on the autism spectrum. This information can be used to support the well-being of autistic people.

To make sure that we invite the correct people to participate in the study, please enter your email address so we can confirm you are associated with [Organization]. This email address will also be used to email you your electronic gift card, if you are eligible for and participate in the study.

Note: The survey is programmed in both English and Spanish. If you would like to access the Spanish version of the survey, please use the dropdown menu on the top right corner of this page and select 'Spanish.' The text will automatically update to be in Spanish.

(STRING 100)

m　I do not wish to answer...r

SOFT CHECK IF R OR M: An email address is needed so that we know you are associated with [Organization]. Please enter your email address before moving on.

IF EMAIL ADDRESS VALIDATED

A2.　Thank you for entering your email address. On the next few pages, there are some questions to make sure that you are eligible to participate in the study.

m　CONTINUE TO A4..1

IF EMAIL ADDRESS NOT VALIDATED OR A1 = R, OR M
IF EMAIL ADDRESS NOT VALIDATED FILL [BASED ON OUR RECORDS…] AND [OR YOUR EMAIL ADDRESS…]; ELSE, DO NOT INCLUDE

A3.　[Based on our records, this email is not in [Organization]'s database]. You are not currently eligible to participate in the study.

If you think this is an error [or your email address has recently changed], please email [project email].

m　TERMINATE SURVEY...1

A3a.   Based on our records, this email has already been used to take the survey. If you think this is an error, please email [project email].

m   TERMINATE SURVEY..1

ALL

A4.   Are you autistic or on the autism spectrum?

The autism spectrum includes varied diagnoses. It may be referred to as autism, autism spectrum disorder (ASD), autistic disorder, Asperger's disorder, or pervasive developmental disorder – not otherwise specified (PDD-NOS).

You can say yes if you identify as being autistic, even if you do not have a medical diagnosis.

Note: If you are a parent or caregiver of an autistic young adult, please select "I am a parent or caregiver of an autistic young adult" regardless of whether you are on the autism spectrum yourself. (Modified, AASPIRE)

Select one only

m   Yes...1

m   No..2

m   I am a parent or caregiver of an autistic young adult..3

HARD CHECK IF MISSING: This survey is about the experiences of young adults on the autism spectrum. Please provide a response to this question before moving on.

IF A4 = 2

A5.   Thank you for letting us know. Because this survey is about autistic young adults' job experiences, you are not eligible to participate in the study.

If you have any questions about the study, please email [project email].

m   TERMINATE SURVEY..1

FILL [ARE YOU] IF A4 = 1; FILL [IS THE AUTISTIC YOUNG ADULT YOU ARE A PARENT OR CAREGIVER OF] IF A4 = 3

A6.   This study is about the experiences of young adults on the autism spectrum. How old [are you/is your autistic young adult]? *(Modified, P60M-Y2_A_Q6, YTD-36M X.C2)*

[   ] AGE IN YEARS
(00-99)

HARD CHECK IF MISSING: This survey is about the experiences of young adults on the autism spectrum. Please provide a response to this question so that we know you are in the eligible age range to complete the survey.

SOFT CHECK IF ENTERED AGE <16 OR >28: Please confirm that you are [input number entered in A6].

FILL [YOUR AGE] AND [YOU] IF A4 = 1; FILL [THE AGE OF THE AUTISTIC YOUNG ADULT YOU ARE A PARENT OR CAREGIVER OF] AND [THEY] IF A4 = 3

A7.   Thank you for letting us know. This survey is about young adults on the autism spectrum who are ages 16 through 28. Based on [your age/the age of your autistic young adult], [you/they] are not eligible to participate in the study.

If you have any questions about the study, please email [project email].

m   TERMINATE SURVEY..1

A8.   Thank you for letting us know you are under the age of 18. Before continuing with the survey, we will need to receive permission from a parent or guardian that you can participate in this study. What is your parent or guardian's email address so that we can contact them with information about the study?

[   ] (STRING 100)

m   I do not know their email address 1

A8a.   What is their first name?

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┌─────────────────┐
│                 │
└─────────────────┘
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FIRST NAME (STRING 50)

> PROGRAMMER: END SURVEY AFTER NAME IS COLLECTED – WE WILL NEED TO RECEIVE PARENT CONSENT BEFORE THE SURVEY CAN BE COMPLETED BY THE YOUNG ADULT.

A9.   We designed this survey to be completed by autistic young adults on their own. If your autistic young adult is able to complete the survey on their own, please select 'The survey will be completed by the autistic young adult on their own'. On the next page, you can indicate whether they are able to complete the survey now or need to come back to it at a later time.

If your autistic young adult is unable to complete the survey on their own, you can provide them with support, such as helping them read questions, providing input on responses, or providing other support to help them complete the survey. Please select 'I will support the autistic young adult in completing the survey' if they will need support.

If needed, you can complete the survey on behalf of your autistic young adult. Please only complete the survey if you are certain that they would be unable to complete the survey on their own. If this is the case, please select 'I will complete the survey on behalf of my autistic young adult.'

Select one only

m   The survey will be completed by my autistic young adult on their own.................1

m   I will support my autistic young adult in completing the survey............................2

m   I will complete the survey on behalf of my autistic young adult............................3

> HARD CHECK IF MISSING: This survey is about the experiences of young adults on the autism spectrum. It is important for the study team to know whether your autistic young adult is completing the survey on their own, with support, or someone else will complete it for them. Please provide a response to this question before moving on.

A9a.   If your autistic young adult is available to complete the survey now, please press 'Continue' below. If they are not available to complete the survey now, please press 'Save and continue later' and have them complete the survey when they are available.

m   Continue..1

m   Save and continue later...2

A9b.   How are you related to this autistic young adult? *(Modified, P60M-Y2_A_PrxyRel)*

Select one only

m   Parent...1

m   Adult sibling or other family member..2

m   Staff person from the autistic young adult's school...3

m   Someone from an agency/service provider...4

m   Some other relationship (Please specify) 5

[   ] (STRING 100)

IF A4 = 1

A10.   Will you be completing the survey on your own, or would you prefer to have support from an adult? This support could include helping you read the survey questions, providing input on your survey responses, or providing other support to help you complete the survey. *(Modified, P60M-Y2_A_Supt)*

Select one only

m   I need support from an adult to complete the survey...1

m   I need an adult to complete the survey for me..2

m   I do not need support to complete the survey..3

IF A10 = 1

A10a.   Thank you for letting us know that you would prefer to have support from an adult to complete the survey.

If this person is available to support you in completing the survey now, please press 'Continue' below. Otherwise, please press 'Save and complete later' until the person is ready to support you. You will be able to return to the survey by using the link emailed to you.

m   Continue..1

m   Save and complete later...2

IF A10 = 2

A10b.   Thank you for letting us know that you need someone to complete the survey for you. If this person is ready to take the survey now, please press 'Continue' below. Otherwise, please press 'Save and complete later' and you will receive an email that provides instructions for the adult on how they can complete your survey.

m   Continue..1

m   Save and complete later...2

A11. Before beginning the survey, please enter how you are related to this autistic young adult. *(Modified, P60M-Y2_A_PrxyRel)*

Select one only

m Parent...1

m Adult sibling or other family member...2

m Staff person from the autistic young adult's school...............................3

m Someone from an agency/service provider..4

m Some other relationship (Please specify)...5

☐ (STRING 100)

PROGRAMMER: CREATE VARIABLES BASED ON RESPONSES IN SECTION A TO USE FOR LANGUAGE THROUGHOUT SURVEY.

IF A10 = 1 OR 3, CREATE SELF-SURVEY VARIABLE AND SET CASE TO SELF-SURVEY = 1

IF A9 = 3 OR A10 = 2, CREATE PROXY SURVEY VARIABLE AND SET CASE TO PROXY-SURVEY = 1

IF SELF-SURVEY = 1 FILL [YOUR], [YOU'VE], [YOU], [YOURSELF]; IF PROXY-SURVEY = 1 FILL [YOUR AUTISTIC YOUNG ADULT'S], [THEY'VE], [ON THEIR OWN], [THEM], [THEIR]

FILL [ORGANIZATION] WITH VALUE FROM ORGANIZATION COLUMN IN SAMPLE FILE

A12. You are invited to take part in a national study being done by the U.S. Department of Labor. This study is about autistic young adults' job experiences. [Organization] is partnering with Mathematica, who is leading the study. The study will help the Office of Disability Employment Policy learn about the job experiences of young adults on the autism spectrum. This information can be used to support the well-being of autistic people.

Taking part in the study is completely your choice. If you agree to be in the study, we will ask you to take a survey that will last about 25 minutes. The survey is mostly about [your/your autistic young adult's] education, work experience, and any job-related training or services [you've/they've] received. After you finish the survey, we will send [you/them] a $40 gift card.

Here are some other things to know about this study:

- This survey was designed to be completed by autistic young adults. We prefer that [you/they] complete the survey [yourself/on their own], as best [you/they] can. If [you/they] need some help, [you/they] can ask a parent, friend, teacher, or other adult to help [you/them]. (This person must be at least 18 years old). [You/They] can also have an adult who knows about [your/their] job experiences complete the survey on [your/their] behalf, as needed.

- Study reports will combine all answers and will not identify [you/your autistic young adult] personally. None of the reports prepared for this study will include information that identifies [you/them].

- You may find some questions uncomfortable to answer, such as [your/their] job status, health, income, or receipt of public benefits. You can skip any question that you do not want to answer. If you are unsure of how to answer a question, please give the best answer you can. The study will use your responses for research purposes only.

- Like any research study that stores information on computers, there is a risk that your information could be accessed by others outside of the study team. However, we take every step to keep your information secure. Additionally, you are not required to submit personally-identifiable information, such as your first and last name, to take the survey.

- Your participation will help us learn about job outcomes for young autistic adults.

- [You/Your autistic young adult] will receive a $40 gift card for completing the survey.

Please mark whether you agree to be in the study or not. If you have any questions about the study, please contact Mathematica's survey director, Karen CyBulski, at XXX-XXX-XXXX or email her at XXX@mathematica-mpr.com. If you have any questions about your rights as a research volunteer, contact the Health Media Lab Institutional Review Board (HML IRB) toll free at 1-202-246-8504 and reference IRB number 2694.

m   I understand the study and I <u>agree</u> to participate in the study.............................1

❍   I <u>do not agree</u> to participate in the study..2

HARD CHECK IF MISSING: Please review the study information and mark whether you agree to participate in the study or not.

A13. Thank you for agreeing to participate in the study! Before we ask you some questions about your education, work experience, and any job-related training or services you've received, we have a few questions about [you/your autistic young adult].

    m CONTINUE TO NEXT ITEM...1

A14. [CAPTCHA item]

PROGRAMMER: IMPLEMENT CAPTCHA ITEM FOR FINAL CHECK AGAINST BOTS. SET THRESHOLD SCORE TO 50 – ANYONE WITH A CAPTCHA SCORE BELOW 50 SHOULD RECEIVE PROMPT TO "CLICK NEXT" AND VERIFY THEY ARE A HUMAN.

A15. [Are you/Is your autistic young adult] male or female? *(Modified, PROMISE 60M-Y2_A_Q2; PROMISE 18M-I.Q4)*

Select one only

    m Male...1

    m Female..2

    m I do not wish to answer...r

IF SELF-SURVEY = 1, FILL [YOUR]; IF PROXY-SURVEY = 1, FILL [THEIR]

A16.   What is [your/their] race and/or ethnicity? *(OMB Guidance, 2024)*

   Select all that apply

   o   American Indian or Alaska Native

   For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc....................................1

   o   Asian

   For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc....2

   o   Black or African American

   For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc..3

   o   Hispanic or Latino

   For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc...4

   o   Middle Eastern or North African

   For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc....................5

   o   Native Hawaiian or Pacific Islander

   For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijan, Marshallese, etc...6

   o   White

   For example, English, German, Irish, Italian, Polish, Scottish, etc........................7

   m   I do not wish to answer...r

ALL

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

A17.   What is [your/their] current marital status? Are [you/they]… *(NLTS2 Wave 5, W1b)*

   Select one only

   m   Single, never married..1

   m   Married...2

   m   In a marriage-like relationship...3

   m   Engaged..4

   m   Divorced..5

   m   Separated..6

   m   Widowed..7

   m   I do not wish to answer...r

A18. Does [your/their] [spouse/partner/fiancé] live with [you/them]? *(Modified, P60M-Y2_A_Q4)*

    m Yes...1

    m No..2

A19. Do [you/they]… *(YTD-12 X.B1)*

    Select one only

    m Live alone...1

    m Live with [your/their] parent(s)/guardian(s) or other family members...................2

    m Live with only non-family members..3

A20. Do [you/they] live in a group home, assisted living center, or other supervised living arrangement? *(Modified, YTD-36 X.B1)*

    m Yes...1

    m No..2

A21. Do [you/they] live in a home for people with disabilities? *(Modified, YTD-36 X.A5)*

    m Yes...1

    m No..2

A22. Do [you/they] live in a home with friends or roommates? *(Modified, YTD-36 X.A5)*

    m Yes...1

    m No..2

IF SELF-SURVEY = 1, FILL [YOU], [I]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

A23.   Where do [you/they] live now? *(Modified, YTD-36 X.B1)*

Select one only

m   In a college dorm...1

m   In military housing in barracks..2

m   In a hospital, medical facility, convalescent hospital, or institution for
    persons with disabilities..3

m   In a mental health facility..4

m   In a correctional facility/youth detention center..5

m   Job corps, job training program, or on the job housing..6

m   [I/They] do not have permanent housing or am unhoused (for example,
    [I/they] live on the street or in [my/their] car)..7

m   [I/They] live somewhere else...8

IF SELF-SURVEY = 1, FILL [YOU], [YOUR], [WE]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]
IF A18 = 1, ADD [OTHER THAN [YOUR/THEIR] SPOUSE, PARTNER, FIANCÉ]
FILL [SPOUSE] IF A17 = 2; FILL [PARTNER] IF A17 = 3; FILL [FIANCÉ] IF A17 = 4
IF A18 = 1, DISPLAY RESPONSE OPTION 8 (WE DON'T LIVE WITH ANYONE ELSE)

A24.   Who do [you/they] live with, [other than [your/their] spouse/partner/fiancé]? (*Modified, NLTS2 Wave 5, P1a)*

Select all that apply

o   With a parent or parents...1

o   With a sibling or siblings...2

o   With one or more roommate(s) or friend(s)...3

o   With a foster parent or parents..4

o   With an adult family member other than a parent or sibling(s).............................5

o   With a non-family legal guardian...6

o   With someone else..7

m   [We/They] do not live with anyone else..8

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [YOUR AUTISTIC YOUNG ADULT], [THEIR]

A25.   Including [you/your autistic young adult], how many people live or stay in [your/their] household in total?

[   ] PEOPLE IN HOUSEHOLD
(01-25)

IF SELF-SURVEY = 1, FILL [YOU], [I]; IF PROXY-SURVEY = 1, FILL [THEY]

A26.   What is the zip code of the place [you/they] currently live or stay?

Select one only

[   ] (5-DIGIT ZIP CODE)

    m [I/They] live outside the United States...1

    m I do not know...d

    m I do not wish to answer..r

IF SELF-SURVEY = 1, FILL [YOU], [I]; IF PROXY-SURVEY = 1, FILL [THEY]

A26a.   Thank you for letting us know. This survey is about the job experiences of autistic young adults who live in the United States, so [you/they] are not eligible to participate. We will not include any of the answers you previously provided in our study.

If you have any questions about the study, please email [project email].

    m TERMINATE SURVEY..1

IF SELF-SURVEY = 1, FILL [YOU], [I]; IF PROXY-SURVEY = 1, FILL [THEY]

A27.   What is the city and state where [you/they] currently live or stay?

[   ]

CITY (STRING 100)

[   ]

STATE (DROPDOWN LIST)

    m I do not wish to answer..r

ALL
IF SELF-SURVEY = 1, FILL [YOU], [I]; IF PROXY-SURVEY = 1, FILL [THEY]

A28. Do [you/they] speak a language other than English at home? *(Modified, NLTS2 Wave 2 A4a)*

    m Yes..1

    m No...2

IF A28 = 1
IF SELF-SURVEY = 1, FILL [YOU], [I]; IF PROXY-SURVEY = 1, FILL [THEY]

A29. What language other than English do [you/they] speak at home? *(Modified, American Community Survey, Q14b)*

    m Spanish..1

    m Other language (Please specify)...2

         | | (STRING 100)

B. EDUCATION

The first questions are about school.

ALL

IF SELF-SURVEY = 1, FILL [YOU], [I]; IF PROXY-SURVEY = 1, FILL [THEY]

B1. Are [you/they] currently attending or enrolled in school? Please include high school, adult basic education or GED courses, vocational or trade school, or college or university courses. *(P60M-Y2_B_A1; P18M-VIII.A1 rev; YTD-12 I.A1)*

    m Yes..1

    m No...2

IF IN SCHOOL (B1 = 1)

B2. What type of school is this? *(P60M-Y2_B_A1 rev; P18M-VIII.A2; YTD-12 I.B2 rev)*

Select one only

    m High school..1

    m GED or other adult education program...2

    m Vocational or trade school..3

    m College, university, or advanced degree program..4

    m Some other type of school (Please specify)...5

        [_____] (STRING 100)

IF IN HIGH SCHOOL (B2 = 1)

B3. What type of high school is this? *(Modified, P60M-Y2_B_A1 rev; P18M-VIII.A2; YTD-12 I.B2 rev)*

Select one only

    m Regular high school serving a variety of students (includes public, vocational or trade, magnet, charter, private, or online schools)..........................1

    m High school that serves only students with disabilities.......................................2

    m Home school (by professional or parent(s))..3

B4.   What type of college, university, or advanced degree program is this? *(Modified, P60M-Y2_B_A1 rev; P18M-VIII.A2; YTD-12 I.B2 rev)*

Select one only

m   2-year or community college...1

m   4-year college or university..2

m   Masters, PhD, or other advanced degree program...3

IF B1 = 1

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY], [THEM]

B5.   Do [you/they] receive any services, supports, or accommodations to help [you/them] in school? *(P60M-Y2_B_B4; P18M-VIII.B1, rev)*

m   Yes..1

m   No..2

IF NOT IN SCHOOL (B1 = 2)

IF SELF-SURVEY = 1, FILL [YOU], [I]; IF PROXY-SURVEY = 1, FILL [THEY]

B6.   Why did [you/they] stop going to school? *(P60M-Y2_B_A4; P18M-VIII.A3; YTD-12 I.C5)*

Select all that apply

o   Graduated...1

o   Received a certificate of completion..2

o   Finished the classes [I/they] wanted/needed to take 3

o   Poor grades/not doing well in school...4

o   Did not like school...5

o   Illness or disability..6

o   Expelled..7

o   General disciplinary problems...8

o   Older than student age limit/aged out...9

o   Personal or family problem(s)..10

o   Other reason..11

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

IF B2 = 1, DO NOT SHOW RESPONSE OPTIONS 5, 6, 7, 8, 9, OR 10

B7.   What is the highest grade or year of school that [you/they] have finished? *(P60M-Y2_B_A5; P18M-VIII.A9; YTD-12 I.D1)*

Select one only

m   8th grade or less...1

m   9th grade/freshman in high school...2

m   10th grade/sophomore in high school...3

m   11th grade/junior in high school...4

m   12th grade/senior in high school, no diploma.......................................5

m   12th grade/senior in high school, regular high school diploma.............6

m   GED or alternative credential...7

m   Some college or technical school (without degree)..............................8

m   Vocational, technical, or trade school (completion post high-school)...................9

m   Associate's degree (2-year community college degree)......................10

m   Bachelor's degree (4-year college or university degree)......................11

m   Master's degree, PhD, or other advanced degree program.................12

m   Ungraded school/program...13

IN SCHOOL AND HIGHEST GRADE FINISHED IS 12TH GRADE AND BEYOND (B1 = 1 AND B7 = 5, 6, 7, 8, 9, 10, 11, 12) OR NOT IN SCHOOL (B1 = 2)

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

B8.   When did [you/they] graduate or leave high school? Your best guess is fine. *(P60M-Y2_B_A8_Mo; NLTS 2007 Q12)*

MONTH   YEAR

(1-12)   (2010-current year)

m   I do not know..d

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

B9.　　What age were [you/they] when [you/they] graduated or left high school? Your best guess is fine.

|_____| AGE IN YEARS
(12-22)

　m　I do not know...d

PROGRAMMER: CREATE VARIABLES BASED ON RESPONSES IN SECTION B TO USE FOR LOGIC SKIPS IN SECTION D AND E.

IF B2 = 1, CREATE IN HS VARIABLE AND SET CASE TO IN HS = 1

IF B2 NE 1 AND THE DATE ENTERED IN B8 IS WITHIN TWO YEARS OF THE CURRENT DATE, CREATE RECENTLY OUT OF HS VARIABLE AND SET CASE TO RECENTLY OUT OF HS = 1

IF B2 NE 1 AND THE DATE ENTERED IN B8 IS MORE THAN TWO YEARS FROM CURRENT DATE, CREATE OUT OF HS LONG VARIABLE AND SET CASE TO OUT OF HS LONG = 1

IF B2 NE 1 AND B8 IS BLANK OR D, SET CASE TO OUT OF HS LONG = 1

C. SKILL DEVELOPMENT

The next few questions are about different skills that can be helpful for employment. We'd like to know about [your/their] experiences developing these skills through programs or activities [you/they] may have participated in. These could include:

- Educational programs, such as high school, college, or vocational schools
- Training programs for a specific type of job outside of a school setting
- Community-based programs or support organizations
- Internships or apprenticeships
- Other program, activity, or setting

For each skill area, please think about whether [you've/they've] had opportunities to develop or improve it through any of these types of programs or activities.

ALL
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

C1.   Have [you/they] had opportunities to develop or improve <u>job search skills</u>? This could include how to look for a job, how to write a resume, or how to interview for a job.

    m Yes...1

    m No..2

IF C1 = 1
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

C1a.   Where have [you/they] had opportunities to develop or improve <u>job search skills</u>?

Select all that apply

    o Educational programs, such as high school, college, or vocational schools........1

    o Training programs for a specific type of job outside of a school setting...............2

    o Community-based programs or support organizations..3

    o Internships or apprenticeships..4

    o In another program, activity, or setting 5

        [_____] (STRING 200)

ALL
IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY] [THEIR]

C2.   Have [you/they] had opportunities to develop or improve <u>self-advocacy skills related to employment</u>? This could include learning how to explain what you need help with in [your/their] job.

    m Yes...1

m No..2

C2a.   Where have [you/they] had opportunities to develop or improve <u>self-advocacy skills related to employment</u>?

Select all that apply

o   Educational programs, such as high school, college, or vocational schools........1

o   Training programs for a specific type of job outside of a school setting...............2

o   Community-based programs or support organizations.......................................3

o   Internships or apprenticeships..4

o   In another program, activity, or setting 5

[   ] (STRING 200)

C3.   Have [you/they] had opportunities to develop or improve <u>time management skills</u>? This could include organizing [your/their] schedule, being on time, or meeting deadlines.

m Yes...1

m No..2

C3a.   Where have [you/they] had opportunities to develop or improve <u>time management skills</u>?

Select all that apply

o   Educational programs, such as high school, college, or vocational schools........1

o   Training programs for a specific type of job outside of a school setting...............2

o   Community-based programs or support organizations.......................................3

o   Internships or apprenticeships..4

o   In another program, activity, or setting 5

[   ] (STRING 200)

ALL
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

C4.   Have [you/they] had opportunities to develop or improve <u>technical or job-specific skills</u>? These are skills directly related to performing specific job tasks. This could include skills that are relevant to certain types of jobs, such as:

- •Office jobs, such as data entry, spreadsheet use, or filing systems

- •Retail jobs, such as using a cash register or doing inventory management

- •Food service jobs, such as food preparation techniques or using restaurant equipment

- •Manufacturing jobs, such as assembly line procedures or quality control processes

- •Technology jobs, such as coding languages or network setup

m   Yes..1

m   No..2

IF C4 = 1
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

C4a.   Where have [you/they] had opportunities to develop or improve <u>technical or job-specific skills</u>?

Select all that apply

o   Educational programs, such as high school, college, or vocational schools........1

o   Training programs for a specific type of job outside of a school setting...............2

o   Community-based programs or support organizations..3

o   Internships or apprenticeships..4

o   In another program, activity, or setting 5

[   ] (STRING 200)

ALL
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

C5.   Have [you/they] had opportunities to develop or improve <u>job-related social skills</u>? This could include communicating with coworkers, understanding workplace rules and etiquette, participating in team meetings, handling customer interactions, or resolving conflicts in the workplace.

m   Yes..1

m   No..2

C5a.   Where have [you/they] had opportunities to develop or improve <u>job-related social skills</u>?

Select all that apply

o   Educational programs, such as high school, college, or vocational schools........1

o   Training programs for a specific type of job outside of a school setting...............2

o   Community-based programs or support organizations.......................................3

o   Internships or apprenticeships..4

o   In another program, activity, or setting 5

[   ] (STRING 200)

C6.   Have [you/they] had opportunities to develop or improve <u>skills for using transportation to get to a job</u>? This could include learning to use a public train or bus system, learning to use a disability ride service, or learning to use a ride share app like Uber or Lyft.

m   Yes...1

m   No..2

C6a.   Where have [you/they] had opportunities to develop or improve <u>skills for using transportation to get to a job</u>?

Select all that apply

o   Educational programs, such as high school, college, or vocational schools........1

o   Training programs for a specific type of job outside of a school setting...............2

o   Community-based programs or support organizations.......................................3

o   Internships or apprenticeships..4

o   In another program, activity, or setting 5

[   ] (STRING 200)

The next question is about apprenticeships and internships. The definitions for each are listed below.

- An apprenticeship combines paid on-the-job training with classroom instruction to prepare you for a highly-skilled career.

- An internship is a short-term work experience that offers work related to your field of study or career interest. It could be paid or unpaid.

ALL
IF SELF-SURVEY = 1, FILL [YOU], [I]; IF PROXY-SURVEY = 1, FILL [THEY]

C7.   Have [you/they] ever done any of the following? *(Modified, NLTS2 Wave 5, C2a)*

PROGRAMMER: DISPLAY DEFINITIONS OF APPRENTICESHIP AND INTERNSHIP IN HOVER TEXT

Select all that apply

o   Apprenticeship..1

o   Internship..2

m   No, [I/they] have never done an apprenticeship or internship..............................3

D.   EMPLOYMENT

PROGRAMMER: THIS SECTION USES THE VARIABLES SELF-SURVEY; PROXY-SURVEY – CREATED IN SECTION A AS FILL LOGIC; AND IN HS; RECENTLY OUT OF HS; OUT OF HS LONG – CREATED IN SECTION B AS ENTRY LOGIC.

The next questions are about jobs [you/they] have had. This includes any job or jobs [you/they] may have now, as well as jobs that already ended.

ALL

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

D1.   Do [you/they] have a paid job <u>now</u>, other than work around the house? *(NLTS2 Wave 5, T1c)*

   m   Yes..1

   m   No...2

IF OUT OF HS LONG = 1 AND D1 = 2 OR M OR IF RECENTLY OUT OF HS = 1 AND D1 = 2 OR M

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

D2.   Did [you/they] do any work for pay, other than work around the house, at any time <u>since high school</u>? *(NLTS2 Wave 5, T1a)*

   m   Yes..1

   m   No...2

IF IN HS = 1 AND D1 = 2 OR M OR IF RECENTLY OUT OF HS = 1 AND D1 = 2 OR M OR IF OUT OF HS LONG = 1 AND D2 = 1

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

D3.   Did [you/they] do any work for pay, other than work around the house, at any time <u>in the past 2 years</u>? *(NLTS2 Wave 5, T1b)*

   m   Yes..1

   m   No...2

IF OUT OF HS LONG =1 AND D1 = 2 AND D2 = 2 OR IF IN HS = 1 AND D1 = 2 OR IF RECENTLY OUT OF HS = 1 AND D1 = 2
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

D4.   Have [you/they] <u>ever</u> worked for pay, other than work around the house?

      m Yes..1

      m No...2

SOFT CHECK IF D4 = 2: Please confirm that [you/they] have never worked for pay.

IF D4 = 2
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

D4a.   Have [you/they] ever volunteered in an unpaid position?

      m Yes..1

      m No...2

IF OUT OF HS LONG = 1 AND D1 = 1 OR D2 = 1 OR IF RECENTLY OUT OF HS = 1 AND D1 = 1 OR D3 = 1 OR IF IN HS = 1 AND D1 = 1 OR D3 = 1
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]
FILL MONTH AND YEAR FROM B7 OR AGE ENTERED IN B8 IF OUT OF HS LONG = 1 OR RECENTLY OUT OF HS = 1
FILL IN THE PAST 2 YEARS IF IN HS = 1

D5.   In total, how many paid jobs have [you/they] had [since MONTH AND YEAR / since [you/they] were [AGE] years old / in the past 2 years]? Your best guess is fine. *(NLTS2 Wave 5, T2a)*

                                            (NUMERIC, RANGE 1-50)

      m I do not know..d

SOFT CHECK IF D5 = ≥ 25 JOBS: Please confirm that [you/they] have had [# OF PAID JOBS] paid job(s).

D5a. Was it…

Select one only

m 1 paid job...1

m 2 or 3 paid jobs..2

m 4 or 5 paid jobs..3

m 6 to 9 paid jobs..4

m 10 or more paid jobs..5

D6. How many of those [#] paid jobs did [you/they] have in the past 2 years? Your best guess is fine. *(NLTS2 Wave 5, T2b)*

[   ] (NUMERIC, RANGE 1-50)

m I do not know...d

D6a. Was it…

Select one only

m 1 paid job...1

m 2 or 3 paid jobs..2

m 4 or 5 paid jobs..3

m 6 to 9 paid jobs..4

m 10 or more paid jobs..5

IF D1 = 1 OR D2 = 1 OR D3 = 1
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY] IF OUT OF HS LONG = 1, FILL [SINCE HIGH SCHOOL] IF IN HS = 1 OR RECENTLY OUT OF HS = 1, FILL [IN THE PAST 2 YEARS]

D7.   What is the longest time [you/they] have worked at a particular paid job [since high school/in the past two years]? *(NLTS2 Wave 5, T2c)*

Select one only

m   Less than 2 months..1

m   2 to 5 months...2

m   6 months to 1 year..3

m   More than 1 year but less than 2 years...4

m   More than 2 years but less than 3 years..5

m   3 or more years..6

m   I do not know...d

IF D1 = 1 OR D2 = 1 OR D3 = 1
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY] FILL RESPONSE FROM D7 – IF RESPONSE IN E7 IS "I DO NOT KNOW" FILL "THE LONGEST TIME"

D7a.   Thinking about the paid job where [you/they] worked for [FILL RESPONSE FROM D7], did [you/they] work full-time, that is 35 or more hours per week?

m   Yes...1

m   No..2

For the next question, please think about all of the paid jobs where [you/they] have worked [since high school/in the past 2 years].

D7b.   Across all of these paid jobs, about how many months or years did [you/they] work full-time, that is 35 or more hours per week?

Select one only

m   [I/They] never worked full-time..1

m   About 2 months..2

m   2 to 5 months...3

m   6 months to 1 year...4

m   More than 1 year but less than 2 years..5

m   More than 2 years but less than 3 years...6

m   3 or more years..7

m   I do not know..d

D8.   Have [you/they] ever worked at multiple paid jobs at the same time?

(Modified, NLTS2 Wave 5, T3a)

m   Yes..1

m   No..2

D9.   [IF EMPLOYED NOW]: The next questions are about [your/their] current paid job <u>where [you/they] spend the most time working</u>. If [you/they] split time evenly across paid jobs, please report on the paid job that [you/they] consider to be [your/their] main paid job or the paid job that [you've/they've] been at the longest.

[IF EMPLOYED, BUT NOT NOW]: The next questions are about [your/their] <u>most recent</u> paid job. If [you/they] split time evenly across paid jobs, please report on the paid job that [you/they] considered to be [your/their] main paid job or the paid job that [you/they] were at the longest.

CONTINUE SURVEY..1

D10.   Which of the following best describes the type of employment in [your/their] [current/most recent] paid job? *(Modified, P60M-Y2_C_A4; P18M-IX.A5)*

Select one only

m   [Work/worked] for an employer – for example, [you/they] have a boss................1

m   [Own/Owned] a business – for example, [you/they] own a graphic design company...2

m   [Am/Was] self-employed – perform freelance or independent contract work.......3

m   [Am/Was] self-employed – perform gig work, temporary, seasonal, short-term, or other on-call work..4

m   Some other kind of employment (Please specify)..5

	(STRING 100)

D11.   What [is/was] [your/their] job title or position in [your/their] [current/most recent] paid job? *(Modified, P60M-Y2_C_A3; P18M-IX.A10; YTD-36M II.A2)*

	(STRING 100)

IF D1 = 1 OR D2 = 1 OR D3 = 1
SHOW ON SAME SCREEN AS D11 IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY] FILL [DO] IF WORK FOR PAY NOW; ELSE, FILL [DID]

D12.   Of the occupations listed below, which best describes the work [you/they] [do/did] in this paid job? Please hover over the listed occupations to see examples of what work may be included in these occupations. *(Modified, P60M-Y2_C_A9; P18M-IX.A7; YTD-36M II.B3)*

PROGRAMMER: DISPLAY ADDITIONAL DESCRIPTIVE TEXT AS HOVER TEXT ON THE LISTED OCCUPATION. FOR EXAMPLE, SHOW OFFICE AND ADMINISTRATIVE SUPPORT, AND THEN INCLUDE HOVER TEXT THAT LISTS THE DESCRIPTION – SUCH AS A RECEPTIONIST, BANK TELLER, HOTEL DESK CLERK…

Select one only

m   Office and administrative support..1

Hover text: Such as a receptionist, bank teller, hotel desk clerk, library assistant, or data entry clerk

m   Transportation and material moving...2

Hover text: Such as a driver (including taxis, Uber, Lyft), parking attendant, packer and packager, or stocker and order filler

m   Production..3

Hover text: Such as an engine and other machine handler, metal worker, machinist, baker, butcher, laundry and dry-cleaning worker, woodworker, or painter

m   Food preparation and serving related occupations...4

Hover text: Such as a cook, bartender, fast food worker, waiter or waitress, food server, dishwasher, host or hostess

m   Building and grounds cleaning and maintenance..5

Hover text: Such as a janitor and cleaner, maid or housekeeper, or landscaping and groundskeeping worker

m   Computer occupations...6

Hover text: Such as a computer programmer, database administrator, software developer, web developer, or data scientist

m   Sales and related occupations..7

Hover text: Such as retail salespersons, cashiers, or sales representatives

m   Some other occupation (Please specify)...8

[   ] (STRING 100)

D13. Where [do/did] [you/they] primarily work in this paid job? *(Modified, P60M-Y2_C_A9_Code)*

Select one only

m　In an office building...1

m　In my home or other telework or remote work setting...2

m　[I/They] split time between working at an office building and working in my
　　home/teleworking...3

m　In a hospital or other healthcare setting...4

m　In the military..5

m　At a warehouse or manufacturing facility..6

m　In a retail setting, like a clothing store 7

m　At a grocery store, restaurant, or fast-food place...8

m　[I/They] [work/worked] in client's homes..9

m　[I/They] [work/worked] outside, such as at a construction site or park.................10

m　[I/They] [drive/drove] in this job...11

m　In another setting not listed above (Please specify)...12

　　　[   ]

D14. About how much of [your/their] time [do/did] [you/they] spend working from home or
teleworking/working remotely in this paid job?

Select one only

m　None of [your/their] time...1

m　Some of [your/their] time..2

m　Most of [your/their] time...3

m　All of [your/their] time..4

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

D15.   When did [you/they] last work at this paid job? Your best guess is fine.

Select one only

m   Less than 2 months ago..1

m   2 to 5 months ago..2

m   6 months to 1 year ago..3

m   More than 1 year ago..4

m   More than 2 years ago...5

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]
FILL [DO] IF WORK FOR PAY NOW; ELSE, FILL [DID]

D16.   How many hours per week [do/did] [you/they] usually work at this paid job? *(P60M-Y2_C_A11; P18M-IX.A10)*

Select one only

m   Less than 10 hours per week..1

m   10-20 hours per week..2

m   21-30 hours per week..3

m   31-35 hours per week..4

m   More than 35 hours per week..5

m   This was a one-day or short-term opportunity...6

m   No usual hours or set schedule per week...7

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

D17.   Did [you/they] find this paid job yourself, or did [you/they] have help – like from a temporary agency or someone [you/they] know? *(NLTS2 Wave 5, T5b)*

m   [I/They] found the job myself..1

m   [I/They] had help..2

D18.   Who helped [you/them]? Was it… *(NLTS2 Wave 5, T5c)*

Select all that apply

- o   Someone in an employment agency or other program...1
- o   Someone in a job center...2
- o   Someone in a disability agency...3
- o   A teacher/professor or other school staff member...4
- o   A family member...5
- o   A friend or someone else [you/they] know...6

D19.   At this paid job, how [do/did] [you/they] get paid? *(Modified, P60M SAQ-Q18; P60M-Y2_C_A13)*

Select one only

- m   Paid a salary – like $40,000 per year...1
- m   Paid by time – like $15 per hour..2
- m   Paid by service provided (dog walking, ride share driving, meal delivery, etc.)..3
- m   Paid by contract..4
- m   Paid by things made or sold..5
- m   Paid some other way...6

D20.   What [is/was] [your/their] annual salary? Please include the amount before taxes or other deductions. *(P60M SAQ-Q19; P60M-Y2_C_A14)*

$ [   ] (MONETARY VALUE, RANGE 1-500,000)

- m   I do not know..d
- m   I do not wish to answer...r

IF D19 = 2
IF SELF-SURVEY = 1, FILL [YOUR]; IF PROXY-SURVEY = 1, FILL [THEIR] FILL [IS] IF D1 = 1; ELSE, FILL [WAS]

D21.   What [is/was] [your/their] pay per time period? Please enter the amount and then select the time period for which you are reporting [your/their] pay. Please include the amount before taxes or other deductions. *(P60M SAQ-Q19; P60M-Y2_C_A14)*

$ [   ] (MONETARY VALUE, RANGE 1-10,000)

Select one only

m   Pay per hour...1

m   Pay per day..2

m   Pay per week..3

m   Pay every other week...4

m   Pay twice a month..5

m   Pay once a month...6

m   I do not know..d

m   I do not wish to answer...r

SOFT CHECK: Please confirm the amount you entered and the time period for which you are reporting [your/their] pay.

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

FILL [ARE] IF E1 = 1; ELSE, FILL [WERE]

D22.	About how much [are/were] [you/they] paid at this job? Please enter the amount and then select the time period for which you are reporting [your/their] pay. Please include the amount before taxes or other deductions. *(P60M SAQ-Q19; P60M-Y2_C_A14)*

$ [_____]	(MONETARY VALUE, RANGE 1-500,000)

Select one only

m	Pay per service provided..1

m	Pay per contract..2

m	Pay per day...3

m	Pay per week...4

m	Pay every other week..5

m	Pay twice a month...6

m	Pay once a month..7

m	Pay per year..8

m	Pay per thing made or sold...9

m	Pay some other way..10

m	I do not know..d

m	I do not wish to answer...r

SOFT CHECK: Please confirm the amount you entered and the time period for which you are reporting [your/their] pay.

IF D22 = 1, 2, 9, OR 10

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

FILL [IS] IF D1 = 1; ELSE, FILL [WAS]

D23.	About how much [are/were] [you/they] paid per month at this paid job? Please include the amount before taxes or other deductions.

$ [_____]	(MONETARY VALUE, RANGE 1-500,000)

m	I do not know..d

m	I do not wish to answer...r

SOFT CHECK IF D23 > $10,000: Please confirm that [AMOUNT ENTERED] is correct.

D24. As part of this paid job, [do/did] [you/they] receive… *(NLTS2 Wave 5, T4k)*

Select all that apply

o   Paid time off, paid vacation days, or sick leave..1

o   Health insurance...2

o   Retirement benefits, like a 401k...3

D25. At [your/their] paid job, [do/did] most of the other workers have disabilities…*(NLTS2 Wave 5, T4l)*

m   Yes...1

m   No..2

D26. Did [you/they] tell [your/their] employer that [you/they] have a disability? *(NLTS2 Wave 5, T4m)*

Select one only

m   Yes...1

m   No..2

m   No, because [I/they] do not believe [I/they] have a disability...............................3

D26a. When did [you/they] tell [your/their] employer that [you/they] have a disability? *(NLTS2 Wave 5, T4m)*

Select one only

m   Before [you/they] got [your/their] paid job..1

m   After [you/they] started the paid job...2

m   I do not know..d

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

D27. Did [you/they] tell [your/their] employer that [you/they] are a person on the autism spectrum? *(NLTS2 Wave 5, T4m)*

  m Yes..1

  m No...2

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEIR], [THEY]

D27a. When did [you/they] tell [your/their] employer that [you/they] are a person on the autism spectrum? *(NLTS2 Wave 5, T4m)*

  Select one only

  m Before [you/they] got [your/their] paid job...1

  m After [you/they] started the paid job...2

  m I do not know...d

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

FILL [IS] IF WORK FOR PAY NOW; ELSE, FILL [WAS]

D27b. Do [you/they] think [your/their] employer [is/was] aware that [you/they] are a person on the autism spectrum? *(NLTS2 Wave 5, T4n)*

  Select one only

  m Yes..1

  m No...2

  m I do not know...d

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

FILL [HAVE YOU/THEY RECEIVED] IF WORK FOR PAY NOW; ELSE, FILL [DID YOU/THEY RECEIVE]

D28. [Have [you/they] received/Did [you/they] receive] any accommodations or other help from [your/their] employer? Examples of accommodations include specialized equipment, different expectations for job performance, flexible times for arriving at and leaving work, or transportation assistance. *(Modified, NLTS2 Wave 5, T4o)*

  m Yes..1

  m No...2

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

FILL [HAVE YOU/THEY RECEIVED] IF WORK FOR PAY NOW; ELSE, FILL [DID YOU/THEY RECEIVE]

D29. What accommodations or other help [have [you/they] received/did [you/they] receive]?
(Modified, NLTS2 Wave 5, T4q)

Select all that apply

o Materials or technology adaptations, such as a large print computer or
different equipment or changes to equipment used on the job.............................1

o Human aides, such as a job coach, reader or interpreter, or personal aide
to help on the job...2

o Accommodations in assignment or supervision, such as different
expectations for productivity or performance, or more or different
supervision or mentoring..3

o Scheduling accommodations, such as flexible times for arriving at and
leaving work, or more/longer breaks...4

o Physical adaptations, such as rearranged equipment or furniture to
improve accessibility**..5**

o Other supports, such as transportation assistance or parking
accommodations...6

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

FILL [DO] IF WORK FOR PAY NOW; ELSE, FILL [DID]

D30. [Do/Did] [you/they] need any accommodations or other help from [your/their] employer?
Examples of accommodations include specialized equipment, different expectations for job
performance, flexible times for arriving at and leaving work, or transportation assistance.
(Modified, NLTS2 Wave 5, T4o)

m Yes..1

m No...2

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

FILL [DO YOU NEED] IF WORK FOR PAY NOW; ELSE, FILL [DID YOU NEED]

D31. What accommodations or other help [do [you/they] need/did [you/they] need]? *(Modified, NLTS2 Wave 5, T4q)*

Select all that apply

o Materials or technology adaptations, such as a large print computer or different equipment or changes to equipment used on the job.............................1

o Human aides, such as a job coach, reader or interpreter, or personal aide to help on the job...2

o Accommodations in assignment or supervision, such as different expectations for productivity or performance, or more or different supervision or mentoring..3

o Scheduling accommodations, such as flexible times for arriving at and leaving work, or more/longer breaks..4

o Physical adaptations, such as rearranged equipment or furniture to improve accessibility...5

o Other supports, such as transportation assistance or parking accommodations...6

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

FILL [HAVE YOU APPLIED] IF WORK FOR PAY NOW; ELSE, FILL [DID YOU APPLY]

D32. [Have [you/they] applied/Did [you/they] apply] for any accommodations or other help from [your/their] employer? Examples of accommodations include specialized equipment, different expectations for job performance, flexible times for arriving at and leaving work, or transportation assistance. *(NLTS2 Wave 5, T4p)*

m Yes...1

m No..2

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

FILL [ARE] IF WORK FOR PAY NOW; ELSE, FILL [WERE]

D33. Overall, how happy [are/were] [you/they] with [your/their] paid job? Would you say… *(YTD-36M, II.E2)*

Select one only

m Very happy...1

m A little happy..2

m Not happy..3

IF SELF-SURVEY = 1, FILL [YOUR]; IF PROXY-SURVEY = 1, FILL [THEIR]

FILL [DOES] IF WORK FOR PAY NOW; ELSE, FILL [DID]

D34.   [Does/Did] [your/their] paid job make good use of [your/their] skills and abilities? *(YTD-36M, II.E3)*

    m Yes..1

    m No...2

IF D1 = 1 OR D2 = 1 OR D3 = 1

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

FILL [ARE] IF WORK FOR PAY NOW; ELSE, FILL [WERE]

D35.   Do you think [you/they] [are/were] treated with respect by others at [your/their] paid job? *(Modified, NLTS2 Wave 5, T4t)*

    m Yes..1

    m No...2

IF D1 = 1 OR D2 = 1 OR D3 = 1

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

FILL [HAVE] IF WORK FOR PAY NOW; ELSE, FILL [HAD]

D36.   Do you think [you/they] [have/had] many opportunities for advancement in [your/their] paid job? *(NLTS2 Wave 5, T4t)*

    m Yes..1

    m No...2

IF D1 = 1 OR D2 = 1 OR D3 = 1

IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]

FILL [IS] IF WORK FOR PAY NOW; ELSE, FILL [WAS]

D37.   Do [you/they] think [your/their] education and training [is/was] put to good use at [your/their] paid job? *(NLTS2 Wave 5, T4t)*

    m Yes..1

    m No...2

IF NO CURRENT JOB (D1 = 2)

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

D38.   Have [you/they] been looking for work during the last four weeks? *(P60M-Y2_C_A25; NBS-2017 B28; YTD-36M II.G4)*

    m Yes..1

    m No...2

D39.   Are [you/they] not looking for work because of any of the following?

Select one only

m   Awaiting a job offer...1

m   Have a job offer..2

m   Accepted a job offer but haven't started the job..3

m   Not looking for some other reason..4

D40.   In the next few items, we will ask you about things [[you/they] are doing to look for work/ [you/they] did before [you/they] stopped looking for work].

[In the last four weeks/Before [you/they] stopped looking for work], did [you/they] contact [your/their] local job center office, workforce services office, or unemployment office? *(Modified, P60M-Y2_C_A26; NBS-2017 B29 rev; YTD-36M II.G5 rev)*

m   Yes..1

m   No...2

D40a.   [In the last four weeks/Before [you/they] stopped looking for work], did [you/they] apply for any jobs through [your/their] local job center office, workforce services office, or unemployment office? *(Modified, P60M-Y2_C_A26; NBS-2017 B29 rev; YTD-36M II.G5 rev)*

m   Yes..1

m   No...2

D41.   [In the last four weeks/Before [you/they] stopped looking for work], did [you/they] look through job advertisements, social media, an online job site/listing such as LinkedIn or Indeed, or via an app on a smartphone or tablet? *(Modified, P60M-Y2_C_A26; NBS-2017 B29 rev; YTD-36M II.G5 rev)*

m   Yes..1

m No...2

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

IF D38 = 1 FILL [IN THE LAST FOUR WEEKS]; IF D39 = 1, 2, OR 3, FILL [BEFORE YOU/THEY STOPPED LOOKING FOR WORK]

D41a.   [In the last four weeks/Before [you/they] stopped looking for work], did [you/they] <u>apply</u> for any jobs through job advertisements, social media, an online job site/listing such as LinkedIn or Indeed, or via an app on a smartphone or tablet? *(Modified, P60M-Y2_C_A26; NBS-2017 B29 rev; YTD-36M II.G5 rev)*

m Yes..1

m No...2

IF LOOKING FOR WORK (D38 = 1) OR D39 = 1, 2, OR 3

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

IF D38 = 1 FILL [IN THE LAST FOUR WEEKS]; IF D39 = 1, 2, OR 3, FILL [BEFORE YOU/THEY] STOPPED LOOKING FOR WORK]

D42.   [In the last four weeks/Before [you/they] stopped looking for work], did [you/they] contact the State Vocational Rehabilitation Agency? *(Modified, P60M-Y2_C_A26; NBS-2017 B29 rev; YTD-36M II.G5 rev)*

m Yes..1

m No...2

IF LOOKING FOR WORK (D38 = 1) OR D39 = 1, 2, OR 3

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

IF D38 = 1 FILL [IN THE LAST FOUR WEEKS]; IF D39 = 1, 2, OR 3, FILL [BEFORE YOU/THEY STOPPED LOOKING FOR WORK]

D43.   [In the last four weeks/Before [you/they] stopped looking for work], did [you/they] contact any employers by email, in person, by phone, by text, or some other way? *(Modified, P60M-Y2_C_A26; NBS-2017 B29 rev; YTD-36M II.G5 rev)*

m Yes..1

m No...2

IF LOOKING FOR WORK (D38 = 1) OR D39 = 1, 2, OR 3

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY], [THEM]

IF D38 = 1 FILL [IN THE LAST FOUR WEEKS]; IF D39 = 1, 2, OR 3, FILL [BEFORE YOU/THEY STOPPED LOOKING FOR WORK]

D44.   [In the last four weeks/Before [you/they] stopped looking for work], did [you/they] ask friends or relatives to help [you/them] look for work? *(Modified, P60M-Y2_C_A26; NBS-2017 B29 rev; YTD-36M II.G5 rev)*

m Yes..1

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

IF D38 = 1 FILL [IN THE LAST FOUR WEEKS]; IF D39 = 1, 2, OR 3, FILL [BEFORE YOU/THEY STOPPED LOOKING FOR WORK]

D45.   [In the last four weeks/Before [you/they] stopped looking for work], did [you/they] do something else to look for work? *(Modified, P60M-Y2_C_A26; NBS-2017 B29 rev; YTD-36M II.G5 rev)*

    m   Yes...1

    m   No..2

IF SELF-SURVEY = 1, FILL [YOU], [I], [ME], [MY], [I AM]; IF PROXY-SURVEY = 1, FILL [THEY], [THEM], [THEIR], [THEY ARE]

D46.   Why have [you/they] decided not to look for work right now? *(Modified P60M-Y2_C_A2; NLTS2 Wave 4, Q60)*

    Select all that apply

    o   [I/They] have a lot of support needs..1

    o   It stresses [me/them] out too much...2

    o   [I/They] don't want to look for work right now...3

    o   No one will hire [me/them] so [I/they] gave up looking...4

    o   [I/They] do not have reliable transportation to and from work..............................5

    o   A physical or mental condition prevents [me/them] from working........................6

    o   [I/They] fear [I/they] will lose [my/their] benefits (like Social Security, disability insurance, workers' compensation, or Medicaid) if [I/they] work............7

    o   [I am/They are] in a school or training program..7

    o   There are no good, well-paying jobs available...9

    o   Another reason not listed (Please specify)..10

        |_____| (STRING 100)

D47.   Listed below are reasons why some people do not work. For each reason listed, please mark whether it is a reason why [you/they] are not currently working. *(Modified, P60M-Y2_C_A28; NBS-2017 B25)*

Select all that apply

o   [I/They] cannot find a paid job I want..1

o   [I/They] do not have reliable transportation to and from work..............................2

o   [I am/They are] caring for children or others..3

o   [I/They] fear [I/they] will lose [my/their] benefits, such as Social Security,
disability insurance, workers' compensation, or Medicaid, if [I/they] work............4

o   A physical or mental condition prevents [me/them] from working........................5

o   [I/They] cannot find a paid job [I am/they are] qualified for..................................6

☐   [I am/They are] attending a school or training program and cannot work at
the same time..7

o   Another reason not listed (Please specify)...8

    (STRING 100)

D48.   Which of the following experiences have impacted [your/their] ability to work or find work in the past year?

Select all that apply

o   Sensory sensitivities, such as being overly sensitive to lights, sounds,
textures, tastes, or smells..1

o   Executive functioning challenges, such as trouble with planning,
organizing, or managing time...2

o   Autistic burnout, such as feeling extremely exhausted and overwhelmed
after a lot of stress or social interaction..3

o   Social exhaustion, such as feeling very tired after being around people..............4

o   Intense focus on interests, such as getting deeply absorbed in hobbies or
interests and having difficulty switching attention to other tasks or activities.......5

o   Emotional ups and downs, such as having emotional reactions to things or
struggling to manage or control your emotions..6

m   None of these experiences have impacted [my/their] ability to work or find
work in the past year..7

E.   SERVICES

The next questions are about other types of services [you/they] might be receiving. These services could have been received through any of the following places:

- A high school

- An online or remote program

- A 4- or 2-year college, or community college

- A vocational, business or technical school, after you finished high school

- A family member or friend

- An employer (other than a sheltered workshop)

- The Vocational Rehabilitation Agency (VR or Voc Rehab), Job Corps, or YouthBuild

- Some other place

ALL
IF SELF-SURVEY = 1, FILL [YOU], [YOUR], [I]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR]   IF OUT OF HS LONG = 1, FILL [SINCE HIGH SCHOOL]   IF IN HS = 1 OR RECENTLY OUT OF HS = 1, FILL [IN THE PAST 2 YEARS]

E1.   Have [you/they] <u>received</u> any of the following services [<u>since high school</u> / <u>in the past 2 years</u>]? *(Modified, NLTS2 Wave 5, C1a and C1a1)*

Select all that apply

o   Psychological or mental health services or counseling..1

o   Instruction or help with managing attention, organization, ADD/ADHD, challenges related to autism, emotions, or time management.............................2

o   Assistive technology services or devices, such as AAC, screen readers, speech-to-text software, or time/task management apps....................................3

o   Help from a professional case manager or someone who helps coordinate the services [you/they] receive...4

o   Career counseling, such as help in figuring out paid jobs [you/they] might be suited to, or testing to find out [your/their] work interests or abilities...............5

o   Professional help in keeping a paid job after [you/they] get hired........................6

m   [I/They] have not received any of these services..7

E2.   Have [you/they] <u>needed</u> any of the following services [<u>since high school</u> / <u>in the past 2 years</u>]? *(Modified, NLTS2 Wave 5, C1a and C1a1)*

Select all that apply

o   Psychological or mental health services or counseling.......................................1

o   Instruction or help with managing attention, organization, ADD/ADHD, challenges related to autism, emotions, or time management.............................2

o   Assistive technology services or devices, such as AAC, screen readers, speech-to-text software, or time/task management apps....................................3

o   Help from a professional case manager or someone who helps coordinate the services [you/they] receive...4

o   Career counseling, such as help in figuring out paid jobs [you/they] might be suited to, or testing to find out [your/their] work interests or abilities...............5

o   Professional help in keeping a paid job after [you/they] get hired........................6

m   [I/They] have not needed any of these services..7

F. HEALTH

The next questions ask about [your/their] health and well-being.

<table>
<tr><td>ALL</td></tr>
<tr><td>IF SELF-SURVEY = 1, FILL [YOU], [ME], [I]; IF PROXY-SURVEY = 1, FILL [THEM], [THEY]</td></tr>
</table>

F1.　Has a doctor or other health care provider <u>ever</u> told [you/them] that [you/they] have…*(NSCH)*

Select all that apply

o Autism, autism spectrum disorder (ASD), autistic disorder, Asperger's disorder, or pervasive developmental disorder – not otherwise specified (PDD-NOS)..1

o Anxiety...2

o Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD)...3

o Bipolar disorder...4

o Borderline Personality Disorder (BPD)...5

o Depression...6

o Eating disorders...7

o Epilepsy or Seizure Disorder...8

o Gastrointestinal (GI) conditions...9

o Intellectual disability..10

o Obsessive-compulsive disorder (OCD)..11

o Post-traumatic stress disorder (PTSD)..12

o Schizophrenia..13

o Sleep disorder..14

m A doctor or other health care provider has not told [me/them] that [I/they] have any of these..15

F2.   Do you consider yourself to <u>currently</u> have any of the following…*(Modified, NSCH)*

Select all that apply

o   Anxiety..1

o   Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder
    (ADHD)..2

o   Bipolar disorder..3

o   Borderline Personality Disorder (BPD)..4

o   Depression...5

o   Eating disorders..6

o   Epilepsy or Seizure Disorder..7

o   Gastrointestinal (GI) conditions..8

o   Intellectual disability...9

o   Obsessive-compulsive disorder (OCD)..10

o   Post-traumatic stress disorder (PTSD)...11

o   Schizophrenia..12

o   Sleep disorder...13

m   I do not consider myself to currently have any of these diagnoses......................14

IF SELF-SURVEY = 1, FILL [YOU], [I], [I WAS]; IF PROXY-SURVEY = 1, FILL [THEY], [THEY WERE]

F3.   At what age did a doctor or other health care provider tell [you/them] that [you/they] are
        autistic or on the autism spectrum?

        The autism spectrum includes varied diagnoses. It may be referred to as autism, autism
        spectrum disorder (ASD), autistic disorder, Asperger's disorder, or pervasive developmental
        disorder – not otherwise specified (PDD-NOS).

        ☐☐☐ AGE IN YEARS
        (01-28)

        m   I do not know what age [I was/they were]...1

IF F3 = 1 (I DO NOT KNOW)
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

F3a.   Do you think [you/they] were…

Select one only

    m Less than 3 years old...1

    m 3 to 5 years old...2

    m 6 to 14 years old...3

    m 15 to 21 years old...4

    m More than 21 years old...5

ALL
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

F4.   Do [you/they] experience any difficulty <u>communicating with others</u>? *(Modified, P18M-XII.B1; Pathways Baseline Survey)*

    m Yes..1

    m No...2

ALL
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

F5.   Do [you/they] require <u>assistive equipment</u> or <u>help from another person</u> to speak or communicate with others? This could include sign language, speech-generating devices, letterboard, pictures, or other device(s) or technology. *(P18M-XII.B1a; Pathways Baseline Survey)*

    m Yes..1

    m No...2

ALL
IF SELF-SURVEY = 1, FILL [YOUR], [I]; IF PROXY-SURVEY = 1, FILL [THEIR], [THEY]

F6.   How would you describe [your/their] communication on a typical day-to-day basis? *(Modified, SPARK)*

Select one only

    m [I/They] use longer sentences and [I am/they are] able to tell others something that happened..1

    m [I/They] combine 3 words together into short sentences......................................2

    m [I/They] use single words meaningfully (for example, to request).......................3

    m [I/They] cannot use words..4

The next question is about health insurance, including health insurance obtained through employment or purchased directly, as well as government programs like Medicaid and Medicare.

ALL
IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

F7.   Are [you/they] covered by any kind of health insurance or some other kind of health care plan? *(P60M-Y2_D_B2)*

    m   Yes...1

    m   No..2

G. PROGRAM PARTICIPATION AND HOUSEHOLD INCOME

ALL
IF SELF-SURVEY = 1, FILL [YOUR]; IF PROXY-SURVEY = 1, FILL [THEIR]

GIntro. The next questions ask about benefits [your/their] household may receive, as well as [your/their] household income. This information helps researchers better understand how family finances affect employment. Your answers are important to the success of this study and will be kept private.

ALL
IF SELF-SURVEY = 1, FILL [YOU], [DOES ANYONE IN YOUR HOUSEHOLD]; IF PROXY-SURVEY = 1, FILL [THEY], [DOES ANYONE IN THEIR HOUSEHOLD]
FILL [DOES ANYONE IN YOUR/THEIR HOUSEHOLD] IF A18 = 1 OR A19 = 2

G1. Do [you/they] or [does anyone in your household/does anyone in their household] receive assistance from any of the following? *(Modified, PROMISE 60M-Y2_D_D1, D2, D3,)*

Select all that apply

o   Temporary Assistance for Needy Families (TANF)

   TANF provides families with financial assistance and related support services. These programs may include childcare assistance, job preparation, and work assistance..1

o   SNAP, the Supplemental Nutrition Assistance Program

   SNAP provides a monthly supplement for purchasing nutritious food. Benefits are provided on an electronic card, called an EBT card that is used like an ATM card and accepted at most grocery stores. This program was formerly known as "food stamps."..2

o   Government housing assistance in paying rent, such as through public housing or Section 8

   This is also known as the Housing Choice Voucher Program. Section 8 provides funding to help people pay their rent....3

o   Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) because of a disability

   SSI and SSDI provides payments to aged, blind, and disabled persons (including children)..4

o   Any other source of income regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony, retirement income from social security, a retirement plan, pension, 401k, or any other source of retirement income...5

IF G1_4 = 1 AND A18 = 1 OR A19 = 2

IF SELF-SURVEY = 1, FILL [YOU]; IF PROXY-SURVEY = 1, FILL [THEY]

G2.   Do [you/they] receive SSI or SSDI? *(Modified, PROMISE 60M-Y2_D_D4)*

m   Yes...1

m   No..2

ALL

IF SELF-SURVEY = 1, FILL [YOUR]; IF PROXY-SURVEY = 1, FILL [THEIR]

G3.   Please tell me which group best describes [your/their] total income in the last tax year, including salaries or other earnings, money from public assistance, retirement, and so on, before taxes. Was [your/their] total income in the past year… *(Modified, NLTS2 Wave 5, W6a; NLTS2 Wave 5, 30)*

Select one only

m $0 – no income..1

m $1 to $10,000...2

m $10,001 to $20,000..3

m $20,001 to $30,000..4

m $30,001 to $40,000..5

m $40,001 to $50,000..6

m $50,001 to $60,000..7

m $60,001 to $70,000..8

m $70,001 to $80,000..9

m $80,001 to $90,000..10

m $90,001 to $100,000..11

m   More than $100,000...12

m   I do not know..d

m   I do not wish to answer...r

IF G3 = 1 TO 11 AND A18 = 1 OR A19 = 2
IF SELF-SURVEY = 1, FILL [YOUR], [YOU]; IF PROXY-SURVEY = 1, FILL [THEIR], [THEM] FILL WITH RESPONSE FROM G3 SHOW RESPONSE OPTION SELECTED IN G3 PLUS ALL REMAINING RESPONSE OPTIONS LISTED ABOVE THAT (E.G., IF $40,001 TO $50,000 SELECTED IN G3, SHOW THAT PLUS $50,001 TO $60,000, $60,001 TO $70,000, ETC.)

G4. You just reported that [your/their] income in the last tax year was [FILL FROM G4]. Now thinking about [you/them] and the other members of [your/their] household, please tell me which group best describes [your/their] total household income in the last tax year, including salaries or other earnings, money from public assistance, retirement, and so on, before taxes. Was [your/their] total household income in the past year… *(Modified, NLTS2 Wave 5, W6a; NLTS2 Wave 5, 30)*

Select one only

m $1 to $10,000..1

m $10,001 to $20,000...2

m $20,001 to $30,000...3

m $30,001 to $40,000...4

m $40,001 to $50,000...5

m $50,001 to $60,000...6

m $60,001 to $70,000...7

m $70,001 to $80,000...8

m $80,001 to $90,000...9

m $90,001 to $100,000...10

m   More than $100,000..11

m   I do not know..d

m   I do not wish to answer..r

H. CLOSING

H1. The survey is almost complete. Before we collect some information in order to send [you/your autistic young adult] a $40 gift card, we have three more questions.

Did most of the survey questions make sense to you?

Select one only

m Yes...1

m No..2

m I do not know...d

H2. In the fall, the study team will be interviewing autistic young adults to learn more about their job experiences. The interview will be 30 minutes and will take place over the phone or through an online video-calling platform (which includes a chatroom for text-based responses). Individuals who complete the interview will receive a $40 gift card.

Would it be okay for us to contact you in the future to provide more details about the interview and invite [you/you and your autistic young adult] to participate?

Please note that saying yes now does not mean you have to participate if we reach out to you about the interview. We will reach out to you about the interview via email.

m Yes, it would be okay to contact me about the interview......................................1

○ No, it would not be okay to contact me about the interview.................................2

SOFT CHECK IF MISSING: Please mark whether it is okay for the study team to contact you about the interview or not.

H3.   The Department of Labor and other researchers may be interested in conducting other studies on autistic young adults. Would it be okay for these researchers to contact you in the future about potentially participating in additional research studies?

Please note that saying yes now does not mean you have to participate if a researcher invites you to participate in a study. They may reach out to you via email. Your email address will not be stored with any responses to the survey.

m   Yes, it would be okay to contact me later about participation in other research studies...1

◯   No, it would not be okay to contact me later about participation in other research studies 2

H4.   Thank you! Please answer the remaining items so we can send [you/your autistic young adult] [your/their] $40 gift card.

CONTINUE SURVEY..1

H5.   Is [FILL EMAIL FROM VALIDATION ITEM] the best email to send the gift card to?

IF H2 = 1 AND H3 = 2 OR M: [This will also be used to contact you about participating in the interview].

IF H3 = 1 and H2 = 2 OR M: [This will also be used to contact you about participating in future research].

IF H2 = 1 and H3 = 1: [This will also be used to contact you about participating in the interview and future research].

Select one only

m   Yes...1

m   No, please use a different email..2

[   ] (STRING 100)

m   I prefer to have [my/their] gift card mailed..3

IF SELF-SURVEY = 1, FILL [YOUR]; IF PROXY-SURVEY = 1, FILL [THEIR]

H6.   We can send the gift card by mail instead. What is [your/their] home address?

Street Address 1: [   ]   (STRING 100)

Street Address 2: [   ]   (STRING 100)

City: [   ]   (STRING 100)

State: [   ]   (STRING 2)

Zip: [   ]   (STRING 5)

IF H5 = 3

IF SELF-SURVEY = 1, FILL [YOUR], [YOU]; IF PROXY-SURVEY = 1, FILL [THEIR], [THEM]
FILL BASED ON RESPONSES TO H2 AND H3

H7.   Please enter [your/their] name. This will be used to send [you/them] the gift card for completing the survey.

IF H2 = 1 AND H3 = 2 OR M: [This will also be used to contact [you/them] about participating in the interview].

IF H3 = 1 and H2 = 2 OR M: [This will also be used to contact you about participating in future research].

IF H2 = 1 and H3 = 1: [This will also be used to contact you about participating in the interview and future research].

[   ]

FIRST NAME (STRING 50)

[   ]

LAST NAME (STRING 50)

m   I do not wish to answer...r

IF H2 =1 OR H3 = 1 AND H5 NE 3
FILL BASED ON RESPONSES TO H2 AND H3

H8.   Please enter your name.

IF H2 = 1 AND H3 = 2 OR M: [This will be used to contact you about participating in the interview].

IF H3 = 1 and H2 = 2 OR M: [This will be used to contact you about participating in future research].

IF H2 = 1 and H3 = 1: [This will be used to contact you about participating in the interview and future research].

```
┌─────────────────┐
│                 │
└─────────────────┘
```
FIRST NAME (STRING 50)

```
┌─────────────────┐
│                 │
└─────────────────┘
```
LAST NAME (STRING 50)

m   I do not wish to answer...r

ALL
IF SELF-SURVEY = 1, FILL [YOU], [YOUR]; IF PROXY-SURVEY = 1, FILL [THEY], [THEIR] FILL [NEXT 1-2 DAYS] IF EMAIL PROVIDED; FILL [NEXT 2-3 WEEKS] IF ADDRESS PROVIDED

H9.   Thank you again for answering these questions! [You/They] should receive [your/their] gift card in the [next 1-2 days / next 2-3 weeks].

SURVEY IS COMPLETE...1   TERMINATE