

Quarterly Work & Housing Interview

Record ID.

REDCap Username.

Quarterly Work and Housing Interview

Reminder about resources to help you cope with distress.

When you enrolled in this study, you were provided with a list of resources to help you cope with negative feelings and reactions to these interviews. These resources can also help you with other problems in your life not related to the study.

If you do not remember receiving this information, we will provide it to you immediately following this interview.

Data Entry Date

Interview Date

Employment. We will now ask you about employment services and any jobs you held in the past three months.

During the past three months, in which of these employment services have you participated?

- ☐ Worksource Center Services (WCS)
- ☐ Individual Placement and Support (IPS)
- ☐ Chrysalis
- ☐ Other
- ☐ None
- ☐ I do not know

(If the participant is unsure, locations of WCS or names of IPS employment specialists can be used as references.)

You indicated that you participated in employment services other than Worksource Centers, Individual Placement and Support, or Chrysalis. What service or services did you participate in?

How many times did you meet with a provider of the employment services in which you participated?

- ☐ 1 time
 - ☐ 2 to 5 times
 - ☐ 5 to 10 times
 - ☐ more than 10 times
- (If more than one service, an estimate of the total number of meetings with all providers.)

Have you worked at a job or business for pay since the last interview/in the last three months?

- ☐ Yes
- ☐ No

How many jobs have you held in the last three months?

- ☐ 1
☐ 2
☐ 3

MAIN Job: Who is/was your employer?

(employer name)

MAIN Job: What is/was your hourly wage?

(Please enter a number with 2 decimal places (i.e. 12.50).)

MAIN Job: About how many hours per day did you work?

(Please enter an integer from 1 to 24)

MAIN Job: About how many days per week did you work?

(Please enter an integer from 1 to 7)

MAIN Job: How many weeks have you worked during the past three months?

(Please enter an integer from 1 to 12.)

MAIN Job: Are you still working there?

- ☐ Yes
☐ No

MAIN Job: What was the nature of the job ending?

- ☐ quit
☐ fired
☐ laid off
☐ time-limited
☐ reassignment
☐ other

SECOND Job: Who is/was your employer?

(employer name)

SECOND Job: What is/was your hourly wage?

(Please enter a number with 2 decimal places (i.e. 12.50).)

SECOND Job: About how many hours per day did you work?

(Please enter an integer from 1 to 24)

SECOND Job: About how many days per week did you work?

(Please enter an integer from 1 to 7)

SECOND Job: How many weeks have you worked during the past three months?

(Please enter an integer from 1 to 12.)

SECOND Job: Are you still working there?

- ☐ Yes
☐ No

SECOND Job: What was the nature of the job ending?

- ☐ quit
☐ fired
☐ laid off
☐ time-limited
☐ reassignment
☐ other

THIRD Job: Who is/was your employer?

(employer name)

THIRD Job: What is/was your hourly wage?

(Please enter a number with 2 decimal places (i.e. 12.50).)

THIRD Job: About how many hours per day did you work?

(Please enter an integer from 1 to 24)

THIRD Job: About how many days per week did you work?

(Please enter an integer from 1 to 7)

THIRD Job: How many weeks have you worked during the past three months?

(Please enter an integer from 1 to 12.)

THIRD Job: Are you still working there?

- ☐ Yes
☐ No

THIRD Job: What was the nature of the job ending?

- ☐ quit
☐ fired
☐ laid off
☐ time-limited
☐ reassignment
☐ other

Current Housing. We will now ask you about your housing in the past three months.

During the past three months, how many different supportive housing units have you lived in?

- ☐ 1
☐ 2
☐ 3

Are you currently living in your supportive housing unit?

- ☐ Yes
☐ No
☐ Prefer not to answer

Please indicate any other place you have slept for at least one night during the past three months:

- ☐ Someone else's apartment or home
☐ In a shelter, emergency, temporary housing
☐ Hotel/motel provided by an agency
☐ Outside on the street, park, or beach
☐ Tent or makeshift shelter
☐ In a bus station, train station, airport
☐ Abandoned building
☐ In a vehicle (car, van, RV, truck)
☐ An institution, hospital, or facility
☐ None of these

What type of institution, hospital, or facility did you stay in? (select all that apply)

- ☐ Hospital
- ☐ Substance abuse treatment, detox, or recovery center/rehab
- ☐ Jail, prison, or juvenile detention facility
- ☐ Foster home or group home
- ☐ Long-term care facility, nursing home, or Board and Care
- ☐ Prefer not to answer