

Appendix D. Question-by-question justification for follow-up surveys – revised

This document provides the source and justifications for each question on the First Follow-up Survey (Instrument 3) and Second Follow-up Survey (Instrument 4). The instruments are similar—the second follow-up survey uses the same question text as the first follow-up survey. However, reference dates for recall periods are different across the instruments. The second follow-up survey includes a recall period back to the random assignment date for those who did not complete the first follow-up survey and a recall period back to the first follow-up survey completion date for those who did complete it. The first follow-up survey includes a section on program satisfaction that is not included in the second follow-up survey.

Item	Question text	Source	Justification
INTRODUCTION			
.Intro2	When you enrolled in the [NEXTGEN PROGRAM] in [RA MONTH/YEAR], what was your marital status?	Evaluation of Employment Coaching for TANF and Other Related Populations (Coaching) (OMB No. 0970-0506)	These items are used to verify that the interviewer is speaking to the sample member.
.Intro3	What are the last 4 digits of your Social Security number?	Coaching (OMB No. 0970-0506)	
.Intro4	What is your date of birth?	Coaching (OMB No. 0970-0506)	
SECTION A: EMPLOYMENT AND EARNINGS			
A01	Are you currently working for pay? Working for pay can include regular paid jobs, odd jobs, temporary jobs, work done in your own business, jobs or tasks you find using a web or mobile app, “under the table” work, “off the books” work, paid work experience, apprenticeships, or any other types of work you have done for pay.	Adapted from Building Evidence on Employment Strategies (BEES) (OMB No. 0970-0537)	Items A01-A12 collect information on each job the respondent has worked since randomization (first follow-up survey) or since responding to the last follow-up survey. It includes information to measure the impact of the Coronavirus pandemic on the respondent’s work. We will use this information to estimate impacts of the intervention on earnings and other employment outcomes.
A02	Have you worked for pay at any time since [RA MONTH YEAR]?	Adapted from BEES (OMB No. 0970-0537)	
A02a	Since [RA MONTH YEAR], have any of the following changes happened to you at work because of COVID-19? a. Were your hours cut? b. Were you asked to work more hours than usual? c. Were you temporarily laid off or furloughed? d. Did you lose your job?	National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (HPOG 2.0) (OMB No. 0970-0462)	

Item	Question text	Source	Justification
	e. Did you quit your job because of the risk of exposure to COVID-19?		
A03	First I am going to ask about your current job or jobs.] Please tell me who you work for.	Adapted from BEES (OMB No. 0970-0537)	
A04	Including all types of jobs, do you currently have any other paid jobs?	Adapted from BEES (OMB No. 0970-0537)	
A04a	Since [RA MONTH YEAR], please tell me who you worked for.	Adapted from BEES (OMB No. 0970-0537)	
A04b	Have you had any other paid jobs since [RA MONTH YEAR]?	Adapted from BEES (OMB No. 0970-0537)	
A05	When did you start working for [[JOB NAME 1]/yourself]?	Adapted from BEES (OMB No. 0970-0537)	
A06	Are you still working for [JOB NAME/yourself]?	Adapted from BEES (OMB No. 0970-0537)	
A06a	When did you stop working at this job?	Adapted from BEES (OMB No. 0970-0537)	
A07	How many hours [do/did] you usually work in a week at this job? Your best estimate is fine.	Adapted from BEES (OMB No. 0970-0537)	
A08	Now thinking about [being self-employed/your job at [JOB NAME]], how much [do/did] you get paid before taxes and deductions, at this job? Please include tips, commissions, and regular overtime.	Adapted from BEES (OMB No. 0970-0537)	
A09	Did you always earn [WAGE] per [HOUR/UNIT]/your current wage] at this job?	Adapted from Coaching (OMB No. 0970-0506)	
A10	How much were you paid when you started working at this job before taxes and deductions?	Adapted from Coaching (OMB No. 0970-0506)	
A11	Since [RA MONTH YEAR], was there anything [else] you did for pay, such as odd jobs, temporary jobs, work done in your own business, jobs or tasks you found using a web or mobile app, “under the table” work, “off the books” work, paid work experience, [or] apprenticeships, [or any other type of work], [that you haven’t reported/that we haven’t already talked about]?	Adapted from BEES (OMB No. 0970-0537)	
A12	What is your best guess of how much money	Adapted from Coaching	

Item	Question text	Source	Justification
	you received from these activities in a typical month since [RA MONTH YEAR]? Please do not include money you made from jobs you reported earlier. Just make your best guess for how much money you've received from these activities.	(OMB No. 0970-0506)	
A13	For the next questions, please think about the job at which you [currently / most recently] work[ed] the most hours. What is the name of that job?	New; Developed by Mathematica	Items A13-A19e ask about the characteristics of one recent or current job held by the respondent. The purpose is to examine any differences in the quality or types of job held by members of the treatment and control groups.
A13a	Which of the following best describes your employment at that job? [Were/Are] you working . . . 1. as a regular full-time or part-time employee, 2. for a temporary help agency, 3. for an occasional job or task service that relies on a website or mobile app that connects you to customers (such as Uber or Lyft) 4. as an independent contractor, independent consultant, or freelance worker, 5. in your own business, 6. as a day laborer, 99. or something else (PLEASE specify)?	Adapted from BEES (OMB No. 0970-0537)	
A13b	(Is/Was) this job a seasonal or temporary job?	Adapted from BEES (OMB No. 0970-0537)	
A14	(Do/did) you usually work a daytime schedule or some other schedule at your [JOBNAME] job?	Adapted from BEES (OMB No. 0970-0537)	
A15	Which of the following best describes the hours you usually work(ed) at your [JOB NAME] job? 1. An evening shift (anytime between 2 P.M. and midnight) 2. A night shift (anytime between 9 P.M. and 8 A.M.) 3. A rotating shift (one that changes periodically from days to evenings or night) 4. A split shift (one consisting of two distinct period each day)	Adapted from BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	5. An irregular schedule 99. Some other shift (specify)		
A16	Which of the following benefits [are/were] available to you at your [JOB NAME] job? 1. Health insurance or membership in a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) plan? 2. Paid leave for vacation, illness, or holidays? 0. None of the above	Adapted from BEES (OMB No. 0970-0537)	
A17	[Have/Had] you been promoted to a higher position with greater responsibility while working at this job?	Adapted from BEES (OMB No. 0970-0537)	
A18	How likely do you think it is that you will be promoted at your [JOBNAME] job in the next 12 months? 1. Very likely 2. Somewhat likely 3. Not very likely 4. Not likely at all	Adapted from BEES (OMB No. 0970-0537)	
A19a	Has your employer because of your physical or mental health condition... Provided you with any special equipment or assistive technology (PROBE: For example special tools or equipment, software, or devices to accommodate your condition in the workplace.)	Adapted from the National Beneficiary Survey (NBS) (OMB No. 0960-0800)	
A19b	Has your employer because of your physical or mental health condition... Made any changes in your work schedule? (PROBE: For example, working fewer hours, changing the time you arrive or leave, or taking more breaks to accommodate your condition in the workplace.)	Adapted from NBS (OMB No. 0960-0800)	
A19c	Has your employer because of your physical or mental health condition... Made any changes to the tasks you were assigned or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate your condition in the workplace.)	Adapted from NBS (OMB No. 0960-0800)	

Item	Question text	Source	Justification
A19d	Has your employer because of your physical or mental health condition... Made any changes to the physical work environment to make things easier for you? (PROBE: For example, modifying your work area, improving accessibility in the building, or providing assigned parking to accommodate your condition in the workplace.)	Adapted from NBS (OMB No. 0960-0800)	
A19e	Has your employer because of your physical or mental health condition... Arranged for co-workers or others to assist you? (PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.)	Adapted from NBS (OMB No. 0960-0800)	
A20	How satisfied are you with your [jobname]? Would you say very satisfied, somewhat satisfied, or not satisfied? 1. VERY SATISFIED 2. SOMEWHAT SATISFIED 3. NOT SATISFIED	Adapted from BEES (OMB No. 0970-0537)	This item is a measure of job satisfaction. We will use it to estimate impacts of the intervention on job satisfaction.
A21	Are you currently looking for a job?	Adapted from BEES (OMB No. 0970-0537)	These items measure current employment status. We will use it to estimate impacts of the intervention on employment status.
A21a	How would you describe your current employment status? Are you... 1. Temporarily laid off, 2. Retired, 3. In school or training, 4. Unable to work because of caring for another family member, 5. Unable to work because of pregnancy 6. Unable to work due to illness, disability, or ongoing mental health or substance use issues or treatment, 7. Gave up looking for work 8. Incarcerated, or 99. Something else? (SPECIFY)	Adapted from BEES (OMB No. 0970-0537)	
A22	Does a physical, mental, or emotional condition	Adapted from NBS	Items A22, A22a, A23a-A23d

Item	Question text	Source	Justification
	limit the kind or amount of work you can do?	(OMB No. 0960-0800)	measure challenges to employment. We will use them to estimate impacts of the intervention on each employment challenge.
A22a	Is the physical, mental, or emotional condition that limits the kind or amount of work you can do related to COVID-19 or its effects?	New; Developed by Mathematica	
A23a	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having good enough care for a child or someone else in your household who needs care due to COVID-19 or its effects	Adapted from Child Support Noncustodial Parent Employment Demonstration (CSPED) (OMB No. 0970-0439)	
A23b	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. Not having good enough care for a child who is learning at home due to COVID-19	Adapted from CSPED (OMB No. 0970-0439)	
A23c	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. The risk that you will get sick from COVID-19	Adapted from CSPED (OMB No. 0970-0439)	
A23d	Please indicate if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to work or pursue education or training in the last three months. The risk that someone in your household or family will get sick from COVID-19	Adapted from CSPED (OMB No. 0970-0439)	These items will be used to estimate the impact of the intervention on the extent to which the sample member is setting employment goals and is motivated to find a job. We will use them to (1) estimate impacts of the intervention on outcomes of interest and (2) support the analysis of the mediating factors driving program
A24a	I set long-term employment goals that I hope to achieve within a year, such as finding a job, finding a better job, getting promoted, or enrolling in further education. 1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE	Goal Setting Questionnaire, adapted from Coaching (OMB No. 0970-0506)	

Item	Question text	Source	Justification
A24b	I set specific short-term goals that will allow me to achieve my long-term employment goals. 1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE	Goal Setting Questionnaire, adapted from Coaching (OMB No. 0970-0506)	impacts.
A24c	I think I should work on finding a job or a better job. 1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE	LASER Questionnaire, adapted from Coaching (OMB No. 0970-0506)	
A24d	I think there is nothing I can do about being out of work right now. 1. STRONGLY DISAGREE 2. DISAGREE 3. AGREE 4. STRONGLY AGREE	LASER Questionnaire, adapted from Coaching (OMB No. 0970-0506)	
A25a	Would you say that you are confident, somewhat confident, or not confident in your ability to look for jobs by yourself?	New; Developed by Mathematica	
A25b	Would you say that you are confident, somewhat confident, or not confident in your ability to fill out job applications by yourself?	New; Developed by Mathematica	These items measure confidence in the ability to seek employment. They will be used to measure the impact of one NextGen Project program that targets these items as part of its intervention.
A25c	Would you say that you are confident, somewhat confident, or not confident in your ability to create or update a resume by yourself?	New; Developed by Mathematica	
A25d	Would you say that you are confident, somewhat confident, or not confident in your ability to do a job interview by yourself?	New; Developed by Mathematica	
A25e	Would you say that you are confident, somewhat confident, or not confident in your ability to fill out forms that are needed to start work by yourself?	New; Developed by Mathematica	
A25f	Would you say that you are confident, somewhat confident, or not confident in your	New;	

Item	Question text	Source	Justification
	ability to get along with coworkers or customers by yourself?	Developed by Mathematica	
A25g	Would you say that you are confident, somewhat confident, or not confident in your ability to ask a manager or supervisor for changes to your schedule, time off, or other necessary changes by yourself?	New; Developed by Mathematica	
A25h	Would you say that you are confident, somewhat confident, or not confident in your ability to offer advice to family or friends about things like searching for jobs, doing job interviews, or getting along with coworkers by yourself?	New; Developed by Mathematica	
SECTION B: SERVICE RECEIPT			
B01a	Since [RA MONTH/YEAR], did you receive help with planning your future career, which could include an assessment of your interests and skills?	Adapted from BEES (OMB No. 0970-0537)	These items measure one-on-one and group service receipt. We will use these measures to: (1) describe the employment services that study participants received (either from the program being studied or other sources), (2) describe the employment services that control group members received, and (3) estimate the impact of the intervention on the receipt of employment services.
B01b	Since [RA MONTH/YEAR], did you receive help with preparing a resume or filling out job applications?	Adapted from BEES (OMB No. 0970-0537)	
B01c	Since [RA MONTH/YEAR], did you receive help with preparing for job interviews?	Adapted from BEES (OMB No. 0970-0537)	
B01d	Since [RA MONTH/YEAR], did you receive help with getting referrals to available jobs or setting up interviews for specific job openings?	Adapted from BEES (OMB No. 0970-0537)	
B01e	Since [RA MONTH/YEAR], did you receive help with obtaining a valid drivers' license?	New; Developed by Mathematica	
B01f	Since [RA MONTH/YEAR], did you receive help with obtaining documents you need to work, such as a social security card or photo identification?	New; Developed by Mathematica	
B01g	Since [RA MONTH/YEAR], did you receive help with how to talk with an employer about a disability and any changes they need to make to accommodate it?	New; Developed by Mathematica	
B01h	Since [RA MONTH/YEAR], did you receive help	Adapted from BEES	

Item	Question text	Source	Justification
	with how to act when you are at work?	(OMB No. 0970-0537)	
B01i	Since [RA MONTH/YEAR], did you receive help with communicating your legal history to an employer, clearing or sealing criminal records, or other legal help?	New; Developed by Mathematica	
B01j	Since [RA MONTH/YEAR], did you receive help with finding or paying for child care or care for other dependents?	Adapted from Rural Welfare to Work (OMB No. 0970-0246)	
B01k	Since [RA MONTH/YEAR], did you receive help with finding, using, or paying for transportation?	Adapted from Rural Welfare to Work (OMB No. 0970-0246)	
B01l	Since [RA MONTH/YEAR], did you receive help with paying for clothing, tools, or other supplies for work?	Adapted from Rural Welfare to Work (OMB No. 0970-0246)	
B01m	Since [RA MONTH/YEAR], did you receive help with meeting your employer's COVID-19-related requirements such as the need to wear masks or be vaccinated?	New; Developed by Mathematica	
B01n	Since [RA MONTH/YEAR], did you receive help with finding or paying for temporary, transitional, or permanent housing?	New; Developed by Mathematica	
B01o	Since [RA MONTH/YEAR], did you receive help with understanding how work may affect your eligibility for benefits such as Social Security, disability insurance, TANF, or Medicaid?	New; Developed by Mathematica	
B01p	Since [RA MONTH/YEAR], did you receive help with any other employment help?	Adapted from BEES (OMB No. 0970-0537)	
B02	Since [RA MONTH/YEAR] did you participate or attend any organizations or activities where people provided advice or support in a group setting?	New; Developed by Mathematica	
B03	You said that you received help related to finding or keeping a job since [RA MONTH/YEAR]. Would you say you received the most help from the 1. [NAME OF LOCAL WELFARE PROGRAM] 2. [NAME OF AMERICAN JOB CENTERS IN STATE] or an unemployment office,	Adapted from BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	3. Food Stamp Program or SNAP, 4. [NAME OF LOCAL VOCATIONAL REHABILITATION PROGRAM] 5. [NEXTGEN PROGRAM] 6. [NAME OF SITE-SPECIFIC PROVIDER 1] 7. [NAME OF SITE-SPECIFIC PROVIDER 2] 8. [NAME OF SITE-SPECIFIC PROVIDER 3] 9. [NAME OF SITE-SPECIFIC PROVIDER 4] 10. [NAME OF SITE-SPECIFIC PROVIDER 5] 11. Or some other place (SPECIFY: _____)		
B04, B07	Since [RA MONTH YEAR], did you attend any school or education program?	Adapted from BEES (OMB No. 0970-0537)	We will use these measures to estimate the impact of the intervention on completion of an education program and receipt of a degree or diploma.
B04a, B07a	Are you attending any of these education programs now?	Adapted from Coaching (OMB No. 0970-0506)	
B04b, B07c	[Since RA MONTH YEAR], did you receive any diploma or degree?	Adapted from Coaching (OMB No. 0970-0506)	
B04c, B07d	What specific diploma or degree did you receive? If you received more than one, please [select all that apply/let me know about all of them].	Adapted from Workforce Investment Act Gold Standard Evaluation (OMB No. 1205-0504)	
B05, B08	Since [RA MONTH YEAR], did you participate in any training programs to build skills for a particular job or occupation?	Adapted from BEES (OMB No. 0970-0537)	We will use these items to estimate the impact of the intervention on completion of a training program and receipt of a professional certification.
B05a, B08a	Are you attending any of these training programs now?	Adapted from BEES (OMB No. 0970-0537)	
B05b, B08b	Since [RA MONTH YEAR] did you receive any professional certificate or state or industry license?	Adapted from BEES (OMB No. 0970-0537)	
B06	Are you currently in high school?	New; Developed by Mathematica	We will use these measures to estimate the impact of the intervention on completion of an education program and receipt of a degree or diploma.
B06a	Do you have a high school diploma? Do not count a GED or General Education Development credential.	New; Developed by Mathematica	
B06b	Since [RA MONTH YEAR], did you attend any program to earn a GED or General Education	Adapted from BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	Development credential?		
B06c	Are you attending any GED program now?	Adapted from BEES (OMB No. 0970-0537)	
B06d	Since [RA MONTH YEAR], did you receive a GED or General Education Development credential?	New; Developed by Mathematica	
B07b	Are you attending any college or university now?	Adapted from BEES (OMB No. 0970-0537)	
B09	Since [RA MONTH YEAR], have you received help for problems related to drug or alcohol use?	Adapted from BEES (OMB No. 0970-0537)	These items will be used to (1) describe the substance use services that study participants received (either from the program being studied or other sources), (2) describe the substance use services that control group members received; and (3) estimate the impact of the intervention on the receipt of substance use services.
B09a	At what type of place did you receive help for problems related to drug or alcohol use? Was it ... 1. A hospital or clinic with overnight stays, 2. A hospital or clinic without overnight stays, 3. A residential substance treatment program with overnight stays, 4. A non-residential substance treatment program without overnight stays, 5. A support group, such as Alcoholics Anonymous or Narcotics Anonymous 6. [NEXTGEN PROGRAM] facilities, or 7. Some other type place SPECIFY (_____)	Adapted from BEES (OMB No. 0970-0537)	
B10	In the last six months, have you received help for problems related to your emotions, nerves, anger management or mental health? This would include help dealing with depression, anxiety, or other conditions from a mental health center, a therapist, a psychologist or psychiatrist, social worker, counselor, doctor, or other provider.	BEES (OMB No. 0970-0537)	These items will be used to (1) describe the mental health services that study participants received (either from the program being studied or other sources), (2) describe the mental health services that control group members received; and (3) estimate the impact of the intervention on the receipt of mental health services.
B10a	Where did you receive help with problems related to your emotions, nerves, anger management or mental health? Was it... 1. A mental health agency	Adapted from BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	2. A clinic or doctor's office 3. A hospital with overnight stays 4. A hospital without overnight stays 5. Some other type of place (please specify) 6. [NEXTGEN PROGRAM]		
B10b	In the last six months, how many times did you visit a mental health agency, clinic, doctor's office, hospital, or other type of place for treatment for problems related to emotions, nerves, anger management or mental health? Do not include visits for physical medical conditions or substance use.	New; Developed by Mathematica	
B11	In the last six months, have you received any treatment for any physical medical condition at a hospital, clinic, or doctor's office? Do not include visits for mental health or substance use.	New; Developed by Mathematica	These items will be used to (1) describe the physical medical health services that study participants received (either from the program being studied or other sources), (2) describe the physical medical health services that control group members received; and (3) estimate the impact of the intervention on the receipt of physical medical health services.
B11a	In the last six months, how many times did you visit a hospital, clinic, or doctor's office for treatment for any physical medical condition? Your best estimate is fine. Do not include visits for mental health or substance use.	New; Developed by Mathematica	
B12	In the last six months, have any of your children under the age of 18 received help for problems related to their emotions, nerves, anger management or mental health? This would include help dealing with their depression, anxiety, or other conditions from a mental health center, a therapist, a psychologist or psychiatrist, social worker, counselor, doctor, or other provider.	New; Developed by Mathematica	These items will be used to (1) describe the mental health services that study participants children received (either from the program being studied or other sources), (2) describe the mental health services that control group members received for their children; and (3) estimate the impact of the intervention on the receipt of mental health services for respondents' children.
B12a	Where did your child (or children) receive help with their problems related to emotions, nerves, anger management or mental health? Was it... 1. A mental health agency 2. A clinic or doctor's office 3. A hospital with overnight stays 4. A hospital without overnight stays	Adapted from BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	5. Some other type of place (please specify) 6. [NEXTGEN PROGRAM]		
SECTION C: ECONOMIC INDEPENDENCE AND WELL-BEING			
C01	Which of the following best describes your housing during the past month? 1. own your own home or apartment, 2. rent your home or apartment, 3. homeless or live in emergency or temporary housing, such as a shelter, 4. live in a halfway house, sober house, or other transitional housing, 5. live in a group home 6. live with friends or relatives and pay rent 7. live with friends or relatives and do not pay rent , or 99. some other arrangement? (SPECIFY: _____)	Adapted from BEES (OMB No. 0970-0537)	We will use these items to estimate the impact of the intervention on housing stability.
C01a	Which of the following best describes your housing during the past month? 1. live with a parent or guardian and pay rent, 2. live with a parent or guardian and do not pay rent, 3. rent your home or apartment, 4. homeless or live in emergency or temporary housing, such as a shelter, 5. live in a halfway house, sober house, or other transitional housing, 6. live in a group home 7. live with friends or relatives and pay rent 8. live with friends or relatives and do not pay rent, or 99. some other arrangement? (SPECIFY: _____)	Adapted from BEES (OMB No. 0970-0537)	
C02	Have you been homeless at any time in the last	Adapted from Rural Welfare	

Item	Question text	Source	Justification
	three months?	to Work (OMB No. 0970-0246)	
C03	During the past year, did you [or anyone in your household] receive income or assistance from any of the following sources? 1. Disability benefits from the Social Security Administration. These are also called Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) 2. Temporary Assistance for Needy Families (TANF) or [STATE SPECIFIC TANF NAME] 3. Unemployment Insurance 4. Food Stamps/Supplemental Nutrition Assistance Program (SNAP)/ [STATE-SPECIFIC PROGRAM] 5. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 6. Medicaid or [STATE SPECIFIC MEDICAID] or Children's Health Insurance Program (CHIP) 0. NONE OF THE ABOVE	Adapted from BEES (OMB No. 0970-0537)	This item measures public assistance benefit receipt. We will use it to estimate impacts of the intervention on outcomes of interest.
C04.a	In the last six months, has there been a time when you did not pay the full amount of the rent of mortgage because you could not afford it?	BEES (OMB No. 0970-0537)	We will use these items to estimate impacts of the intervention on economic well-being.
C04.b	In the last six months, has there been a time when you were evicted from your home or apartment for not paying the rent or mortgage?	BEES (OMB No. 0970-0537)	
C04.c	In the last six months, has there been a time when you filed in court for bankruptcy?	BEES (OMB No. 0970-0537)	
C04.d	In the last six months, has there been a time when you did not pay the full amount of the gas, oil, or electricity bills?	BEES (OMB No. 0970-0537)	
C04.e	In the last six months, has there been a time when you had service turned off by the gas or electric company, or the oil company would not deliver oil?	BEES (OMB No. 0970-0537)	
C04.f	In the last six months, has there been a time when you had cellular or land telephone service	BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	disconnected because payments were not made?		
C04.g	In the last six months, has there been a time when you could not fill or postponed filling a prescription for drugs when they were needed because you could not afford it?	BEES (OMB No. 0970-0537)	
C04.h	In the last six months, has there been a time when you did not pay the full amount of child support payments because you could not afford it?	BEES (OMB No. 0970-0537)	
C04.i	In the last six months, has there been a time when you did not pay the full amount of other bills?	BEES (OMB No. 0970-0537)	
C04a	Getting enough food can be a problem for some people. Which of these statements best describes the food eaten in your household in [PRIOR MONTH]? Would you say there was... 1. enough of the kinds of food you want, 2. enough, but not always the kinds of food you want, 3. sometimes not enough to eat, or 4. often not enough to eat?	BEES (OMB No. 0970-0537)	
C04b	Do you currently receive any financial help from your parents, relatives, friends, or neighbors in paying for transportation or rides to places you need to be?	New Developed by Mathematica	
C04b1	About how much financial help do you currently receive from your parents, relatives, friends, or neighbors in paying for transportation or for rides to places you need to be? Would you say they pay for... 1. all, 2. most, 3. or a little of your transportation or rides	New Developed by Mathematica	
C04c	Do you currently receive any financial help from your parents, relatives, friends, or neighbors in paying for food, meals, or groceries?	New Developed by Mathematica	

Item	Question text	Source	Justification
C04c1	About how much financial help do you currently receive from your parents, relatives, friends, or neighbors in paying for food, meals, or groceries? Would you say they pay for... 1. all, 2. most, 3. or a little of your food, meals, or groceries	New Developed by Mathematica	
C04d	Do you currently receive any financial help from your parents, relatives, friends, or neighbors in paying for some or all of your cellular phone service?	New Developed by Mathematica	
C04d1	About how much financial help do you currently receive from your parents, relatives, friends, or neighbors in paying for your cellular phone service? Would you say they pay for... 1. all, 2. most, 3. or a little of your cellular phone service	New Developed by Mathematica	
C04e	Do you currently receive any cash gifts or money from your parents, relatives, friends, or neighbors on a regular basis?	New Developed by Mathematica	
C04e1	About how much do your parents, relatives, friends, or neighbors provide in the form of money or cash gifts on a regular basis?	New Developed by Mathematica	
C05	If you had an emergency about how many people would you be able to count on to help you? Would you say... 1. None 2. One to two 3. Three to five 4. More than five	Adapted from Building Strong Families Evaluation (BSF) (OMB No. 0970-0304)	We will use these items to estimate the impact of the intervention on social supports for economic well-being and social trust defined as the belief in the honesty, fairness, or benevolence of another party.
C06	About how many people could you turn to if you suddenly needed to borrow \$100? Would you say... 1. None 2. One to two	Adapted from BSF (OMB No. 0970-0304)	

Item	Question text	Source	Justification
	3. Three to five 4. More than five		
C07a	About how many people could you talk to for help or advice? 1. None 2. One to two 3. Three to five 4. More than five	Adapted from BEES (OMB No. 0970-0537)	
C07b	Generally speaking, would you say most people can be trusted?	Adapted from Pew Social Trends Reports social trust questions	
C07c	Would you say you trust most people in your neighborhood?	Adapted from Pew Social Trends Reports social trust questions	
C08	Healthy Families Parenting Inventory (HFPI), Parenting Efficacy questions	Copyright LeCroy & Milligan Associates, Inc. 2004	We will use this item to estimate the impact of the intervention on parenting skills and efficacy for one NextGen Project program.
C09a	Now [I/we] have some questions about your future financial situation. Would you say that you are confident, somewhat confident, or not confident that in five years' time you will earn enough to support yourself without financial help from your parents, relatives, friends, or neighbors? 1. Confident 2. Somewhat confident 3. Not confident	New Developed by Mathematica	We will use this item to estimate the impact of one NextGen program on confidence about financial independence in the future.
C09b	Would you say that you are confident, somewhat confident, or not confident that in five years' time you will be working at a paid job? 1. Confident 2. Somewhat confident 3. Not confident	New Developed by Mathematica	
C10, C11 to C21	SF-12v2 Questionnaire	SF-12 Instrument	We will use these items to estimate the impact of the intervention on

Item	Question text	Source	Justification
		Also used on BEES (OMB No. 0970-0537)	functional health status.
C10a	Are you fully vaccinated against COVID-19? Fully vaccinated means you got all the required shots.	New; Developed by Mathematica	This item will collect information on the effects of the Coronavirus on study participants. Vaccination is expected to be associated with employment outcomes because being vaccinated may affect the types of jobs participants would be willing to take. Employers may also require vaccination for some employment.
C10b	Are you currently covered by any type of health insurance plan, either private or government, including Medicare or Medicaid?	Adapted from the 1996 Content Test, U.S. Census Bureau and BEES (OMB No. 0970-0537)	This item measures health insurance coverage. Some NextGen programs may affect whether someone obtains health insurance coverage.
C22.a	During the last 30 days about how often did you feel so depressed that nothing could cheer you up? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale Also used on BEES (OMB No. 0970-0537)	We will use these items to estimate the impact of the intervention on mental health status.
C22.b	During the last 30 days about how often did you feel hopeless? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale Also used on BEES (OMB No. 0970-0537)	
C22.c	During the last 30 days about how often did you feel restless or fidgety? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME	K-6 Distress Scale Also used on BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	3. MOST OF THE TIME 4. ALL THE TIME		
C22.d	During the last 30 days about how often did you feel that everything was an effort? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale Also used on BEES (OMB No. 0970-0537)	
C22.e	During the last 30 days about how often did you feel worthless? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale Also used on BEES (OMB No. 0970-0537)	
C22.f	During the last 30 days about how often did you feel nervous? 0. NONE OF THE TIME 1. A LITTLE OF THE TIME 2. SOME OF THE TIME 3. MOST OF THE TIME 4. ALL THE TIME	K-6 Distress Scale Also used on BEES (OMB No. 0970-0537)	
C22a	Center for Epidemiologic Studies Depression Scale Revised (CESD-R)	Center for Epidemiologic Studies	One NextGen Project program currently uses the Center for Epidemiologic Studies Depression Scale Revised as a screening tool to determine program eligibility. Administering this screener at follow-up will measure program impacts using this scale. Other programs in the NextGen Project will not use this scale.
C23	Taken all together, how would you say things are going these days? Would you say that you are...	General Social Survey	We will use this item to estimate the impact of the intervention on mental health status.

Item	Question text	Source	Justification
	1. Very happy 2. Pretty happy, or 3. Not too happy?		
C24 to C26	AUDIT-C questionnaire	AUDIT-C Questionnaire	We will use these items to estimate the impact of the intervention on alcohol dependency.
C27 to C36	DAST-10 questionnaire	DAST-10 Questionnaire	We will use these items to estimate the impact of the intervention on drug dependency.
C37	The next question asks about using prescription pain relievers in any way a doctor did not direct you to use them. When you answer this question, please think only about your use of the drug in any way a doctor did not direct you to use it, including: • Using it without a prescription of your own • Using it in greater amounts, more often, or longer than you were told to take it • Using it in any other way a doctor did not direct you to use it Are you currently taking a prescription painkiller (such as OxyContin, Percocet, or Vicodin) without a prescription or in any way not directed by a doctor?	Adapted from BEES (OMB No. 0970-0537)	
C38	Are you currently under some form of court-ordered supervision?	New; Developed by Mathematica	We will use these items to estimate the impact of the intervention on criminal justice system involvement.
C39	Since [RA MONTH YEAR], have you been arrested? [Do not include any arrests for violating the terms of court-ordered supervision.]	New; Developed by Mathematica	
C40	Since [RA MONTH YEAR], how many times have you been arrested? [Do not include any arrests for violating the terms of court-ordered supervision.]	Adapted from Reentry Employment Opportunities (REO) (OMB No. 1290-0026)	
C41	How many of these arrests since [RA MONTH YEAR] resulted in at least one conviction?	Adapted from REO (OMB No. 1290-0026)	
C42	How many of these convictions since [RA MONTH YEAR] were felony convictions?	Adapted from REO (OMB No. 1290-0026)	
C43	Since [RA MONTH YEAR], have you been incarcerated in a detention center, jail, or prison? Do not include any incarcerations for	Adapted from REO (OMB No. 1290-0026)	

Item	Question text	Source	Justification
	violating the terms of court-ordered supervision.		
C44	Since [RA MONTH YEAR], have you been incarcerated in a detention center, jail, or prison for violating the terms of court-ordered supervision?	Adapted from REO (OMB No. 1290-0026)	
C45	What is the total time you have spent in incarceration since [RA MONTH YEAR]? If less than 1 month, please record 1 month. Include any incarceration for any reason.	New; Developed by Mathematica	
SECTION D: PROGRAM SATISFACTION			
D01	Since [RA], have you received any services from [NEXTGEN PROGRAM] or participating in any [NEXTGEN PROGRAM] activities?	BEES (OMB No. 0970-0537)	We will use these items to describe treatment group members' satisfaction with the intervention.
D02a	Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with setting career goals? 1. VERY MUCH 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	Adapted from the Pathways to Careers Evaluation	
D02b	Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with getting information about job opportunities? 1. VERY MUCH 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	Adapted from the Pathways to Careers Evaluation	
D02c	Would you say [NEXTGEN PROGRAM] helped you very much, somewhat, a little or not at all with getting a job? 1. VERY MUCH 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	Adapted from BEES (OMB No. 0970-0537)	
D02d	Would you say [NEXTGEN PROGRAM] helped	New;	

Item	Question text	Source	Justification
	you very much, somewhat, a little or not at all with having a trusted person to turn to for job-related advice? 1. VERY MUCH 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	Developed by Mathematica	We will use these items to describe the reasons why treatment group members may have stopped engaging in the intervention.
D03	Overall, how would you rate your experience at [NEXTGEN PROGRAM]? Would you say it was very good, good, fair, or poor? 1. VERY GOOD 2. GOOD 3. FAIR 4. POOR	Adapted from BEES (OMB No. 0970-0537)	
D04	Are you still receiving any services from [NEXTGEN PROGRAM] or participating in any [NEXTGEN PROGRAM] activities?	New Developed by Mathematica	
D05	What was the primary reason you (did not participate / stopped going) to [NEXTGEN PROGRAM]? Was it... 1. You didn't have transportation or had issues with transportation 2. You were incarcerated 3. You didn't have the time 4. You got a job 5. You moved 6. You were expecting a child 7. You had child care problems 8. You had health problems or an injury 9. A family member became ill 10. You had pressure from your family 11. You did not like the program 12. You did not like or get along with the program staff	Adapted from BEES (OMB No. 0970-0537)	

Item	Question text	Source	Justification
	13. You no longer wanted to find employment 14. You completed the [NEXTGEN PROGRAM] program, or 99. Some other reason? (SPECIFY: _____)		
SECTION E: UPDATED CONTACT INFORMATION			
E01 to E07	Respondent's contact information, including the Social Security number (if missing from enrollment)	Adapted from BEES (OMB No. 0970-0537) and Coaching (OMB No. 0970-0506)	These items collect contact information for the respondent and for additional contacts who might be able to reach the respondent. We will use these items to locate respondents for follow-up surveys. We will use the Social Security number to collect administrative data for respondents.
E08 to E10	Contact information for up to three additional contacts	Adapted from BEES (OMB No. 0970-0537) and Coaching (OMB No. 0970-0506)	