Appendix D.

Participant Follow-up Survey

OMB Control Number:
Expiration Date:

Round 4 – Strengthening Community Colleges Training Grants Program Evaluation

Participant Follow-up Survey

I. CONSENT

ALL
[SCC4 COMMUNITY COLLEGE]

I1. **[SCC4 COMMUNITY COLLEGE] is taking part in a national study that the U.S. Department of Labor is sponsoring, called the *Strengthening Community Colleges Training Grants Program Evaluation*. When you signed up for the study, you learned that we would contact you to take a second survey. We are inviting you to take this second survey now. This study is being done by researchers at Mathematica, the Community College Research Center, and Social Policy Research Associates on behalf of the U.S. Department of Labor. By taking part in this study, you will help policymakers and program staff better understand how to improve programs like [SCC4 PROGRAM].**

When you complete the survey, we will email you a $30 gift card to thank you for your participation. The 15 minute survey will ask about your education, employment, and well-being. The survey will also ask about your experiences working with a coach and receiving support services while you were enrolled in [SCC4 PROGRAM].

Your responses to the questions are voluntary. You can skip any questions you do not want to answer, but we hope that you will answer as many questions as you can. We will protect your answers and privacy to the fullest extent under the law. Your responses will only be used for research purposes.

Please indicate below whether you agree to complete this survey. If you have any questions about the study, please contact Mathematica's project director, Jeanne Bellotti, at jbellotti@mathematica-mpr.com.

By clicking continue, you agree to participate in this survey.

m   Continue...1

How to complete the survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.

- To answer a question, click the box that indicates your response or fill in your response.

- To continue to the next webpage, press the **"Next"** button.

- To go back to the previous webpage, click the **"Back"** button. Please note that this command is only available in some sections.

- Do not use the navigation arrows in your browser.

- If you need to stop before you have finished, you can close the survey and come back to it at any time. The responses you gave before leaving will be securely stored and available when you return to complete the survey.

- **Select "Next" to begin the survey.**

V1. **First, please confirm your information.**

Is this the correct spelling of your name?

[FILL FIRST] [FILL MIDDLE] [FILL LAST]

m   Yes...1   GO TO V2

m   No, my name is misspelled or has changed...2   GO TO V1a

HARD CHECK: IF V1 = NO RESPONSE; **Please provide an answer to this question and continue.**

V1a. **Please correct the spelling of your name below.**

PROGRAMMER: FILL FIELDS WITH PRELOADED NAME DATA

First name

(STRING 20)

Middle initial

(STRING 20)

Last name

(STRING 20)

HARD CHECK: IF V1a_FirstName = NO RESPONSE; **Please provide the correct spelling of your first name.**

HARD CHECK: IF V1a_LastName = NO RESPONSE; **Please provide the correct spelling of your last name.**

ALL

V2. **What is your date of birth?**

PROGRAMMER: INSERT DROPDOWNS WITH FOLLOWING RANGES

Month   Day   Year

(1-12) (1-31) (1940 - 2007)

NO RESPONSE..M

SOFT CHECK: IF V2 = NO RESPONSE; **Please provide an answer to this question and continue.**
To continue to the next question without providing a response, click the continue button.

PROGRAMMER VERIFICATION BOX V2.1
SET DOB_VERIFY:
IF V2 DOB MATCHES PRELOADED DOB, SET DOB_VERIFY = 1 AND SKIP TO BOX V3.2;
IF V2 = M, OR V2 DOB DOES NOT MATCH PRELOADED DOB, OR PRELOADED DOB = M, SET
DOB_VERIFY = 0 AND CONTINUE TO V3.

NAME_VERIFY = 0 OR DOB_VERIFY = 0

V3. **There may be a problem with some of the study team's records. A member of the study team at Mathematica will give you a call to verify your information.**

PROGRAMMER: DISPLAY THE FOLLOWING QUESTIONS ON THE SAME SCREEN.

What is the best number to reach you?

(STRING 10)

☐   Check here if you don't have a phone number...1

Which of the following is the best time to reach you?

PROGRAMMER: DROPDOWN OPTIONS INCLUDE: Anytime, Weekday mornings, Weekday afternoons, Weekday evenings, Weekend mornings, Weekend afternoons, Weekend evenings

What is your email address?

(STRING 250)

☐   Check here if you don't have an email...1

SOFT CHECK: IF V3_phone = NO RESPONSE; **Please provide a phone number so we can help you complete the survey. If you don't have a phone number, please check the box.**

> PROGRAMMER VERIFICATION BOX V3.1
> SEND CASE TO SUPERVISOR REVIEW.
> SEND ALERT WITH THE INFORMATION COLLECTED AT V3.

A. PROGRAM EXPERIENCE

The first questions ask about your experiences participating in [SCC4 PROGRAM].

ALL

A1. **Which of the following best describes your current status with the [SCC4 PROGRAM] at [SCC4 COMMUNITY COLLEGE]?**

Select one only

m   Currently enrolled in [SCC4 program] and have not yet graduated or
       completed the program..1

m   Graduated from or completed [SCC4 program]...2

m   No longer enrolled in [SCC4 program] and did not graduate or
       complete the program...3

IF A1 = 2 OR 3

A2. **[IF A1 = 2]: In what month and year did you graduate from [SCC4 PROGRAM] at [SCC4 COMMUNITY COLLEGE]?**
[IF A1 = 3]: In what month and year did you stop participating in [SCC4 PROGRAM] at [SCC4 COMMUNITY COLLEGE?

Your best estimate is fine.

PROGRAMMER: INSERT DROPDOWN FOR MONTH (SPELL OUT MONTHS)

[   ]   20 [   ]

MONTH   YEAR
(1-12) (2024 - 2027)

IF A1 = 3
PROGRAMMER – RANDOMIZE RESPONSE ORDER

A3. **Why did you stop participating in [SCC4 program]?**

Select all that apply

o   I had no transportation..1

o   I could no longer afford tuition or other costs required for the program................2

o   The schedule didn't work for me..3

o   I got a job..4

o   I moved..5

o   I was expecting a child or had child care problems..6

o   I had health problems or an injury...7

o   A family member became ill...8

o   I was incarcerated..9

o   I had pressure from my family..10

o   I did not like the program...11

o   I did not like or get along with the program staff..12

o   I did not like or get along with other participants..13

o   I was expelled or asked to leave..14

o   The program closed..15

o   Some other reason (Please specify):....[   ]..........99

(STRING 255)

NO RESPONSE...M

ALL
FILL [REF DATE] WITH INTAKE DATE

A4.   According to our records, you enrolled in [SCC4 PROGRAM] on [REF DATE]. Since [REF DATE], have you received any services from [SCC4 PROGRAM]?

For example, services could include meeting with a coach, advisor, or navigator, or receiving financial assistance.

m   Yes..1

m   No...0

m   I don't know..d

ALL

A5.   [IF A1 = 1]: Do you meet with a coach as part of your participation in [SCC4 PROGRAM]?

The coach may also be referred to as an advisor, navigator, or student support specialist.

[IF A1 = 2 OR 3]: While you were enrolled in [SCC4 program], did you meet with a coach as part of your participation in [SCC4 PROGRAM]?

The coach may have also been referred to as an advisor, navigator, or student support specialist.

m   Yes..1

m   No...0

m   I don't know..d

IF A5 = 1

A6.   **[IF A1 = 1]: About how often do you meet with a coach from [SCC4 PROGRAM]?**

[IF A1 = 2 OR 3]: While you were enrolled in [SCC4 PROGRAM], about how often did you meet with a coach from [SCC4 PROGRAM]?

Your best guess is fine.

    m Once a week or more...1

    m A few times a month...2

    m About once a month...3

    m Once every two or three months...4

    m A few times a year...5

    m I only met with a coach from [SCC4 PROGRAM] once..6

ALL

A7.   **[IF A1 = 1] Have you received any of the following resources <u>directly</u> from [SCC4 PROGRAM]:**

[IF A1 = 2 or 3]: Did you receive any of the following resources <u>directly</u> from [SCC4 PROGRAM] while you were enrolled in the program?

This could be from a coach from your program or other program staff.

Select one per row

		Yes	No
a.	Transportation support (for example, a bus pass or gas card)	$_1$ m	$_0$ m
b.	Emergency funds	$_1$ m	$_0$ m
c.	Funds to support education-related needs (for example, books or exam fees)	$_1$ m	$_0$ m
d.	Funds to support employment-related needs (for example, uniforms or tools)	$_1$ m	$_0$ m
e.	Mental health support	$_1$ m	$_0$ m
f.	Child care support	$_1$ m	$_0$ m
g.	Basic needs support (for example, access to a food pantry)	$_1$ m	$_0$ m
h.	Tutoring	$_1$ m	$_0$ m
i.	Other (SPECIFY)	$_1$ m	$_0$ m

(STRING 250)

ALL

A8. **Have you received referrals to receive any of the following additional supports available in other offices or departments?**

These additional supports could be from [SCC4 COMMUNITY COLLEGE] or another resource in the community.

Please select an option if you received a referral, even if you did not end up receiving that support.

Select one per row

	Yes	No
a. Transportation support (for example, a bus pass or gas card)	1 m	0 m
b. Emergency funds	1 m	0 m
c. Funds to support education-related needs (for example, books or exam fees)	1 m	0 m
d. Funds to support employment-related needs (for example, uniforms or tools)	1 m	0 m
e. Mental health support	1 m	0 m
f. Child care support	1 m	0 m
g. Basic needs support (for example, access to a food pantry)	1 m	0 m
h. Tutoring	1 m	0 m
i. Other (SPECIFY)	1 m	0 m

(STRING 250)

IF A5 = 1

A9. **Please answer the next few questions considering your experience working with a coach as part of [SCC4 PROGRAM],**

During meetings with a coach from [SCC4 PROGRAM], did ever you receive support with any of the following:

The coach may also have been referred to as an advisor, navigator, or student support specialist.

Select one per row

	Yes	No
a. Planning your future career, which could include an assessment of your interests and skills	1 m	0 m
b. Preparing a resume or filling out job applications	1 m	0 m

	Yes	No
c. Preparing for job interviews	1 m	0 m
d. Getting referrals to available jobs or setting up interviews for specific job openings	1 m	0 m
e. Navigating [SCC4 program] or [SCC4 COMMUNITY COLLEGE]	1 m	0 m
f. Balancing education with other demands (for example, a job or family responsibilities)	1 m	0 m
g. Developing soft skills and/or study skills (for example, time management)	1 m	0 m
h. Something else (SPECIFY)	1 m	0 m

(STRING 255)

IF A5 = 1

ONLY DISPLAY ROWS IF "YES" SELECTED FOR RESPONSE OPTIONS IN A9.

A10. **How would you describe your experience working with a coach from [SCC4 PROGRAM] on the following topics?**

Would you say they were very helpful, somewhat helpful, a little helpful, or not at all helpful with the following:

Select one per row

	VERY HELPFUL	SOMEWHAT HELPFUL	A LITTLE HELPFUL	NOT AT ALL HELPFUL
a. Planning your future career, which could include an assessment of your interests and skills	1 m	2 m	3 m	4 m
b. Preparing a resume or filling out job applications	1 m	2 m	3 m	4 m
c. Preparing for job interviews	1 m	2 m	3 m	4 m
d. Getting referrals to available jobs or setting up interviews for specific job openings	1 m	2 m	3 m	4 m
e. Navigating [SCC4 program] or [SCC4 COMMUNITY COLLEGE]	1 m	2 m	3 m	4 m
f. Balancing education with other demands (for example, a job or family responsibilities)	1 m	2 m	3 m	4 m
g. Developing soft skills and/or study skills (for example, time management)	1 m	2 m	3 m	4 m
h. Something else (SPECIFY)	1 m	2 m	3 m	4 m

(STRING 250)

A1 = 2 OR 3

A11. **Since you exited the [SCC4 PROGRAM], have you had any contact with a coach from [SCC4 PROGRAM]?**

The coach may have also been referred to as an advisor, navigator, or student support specialist.

m   Yes..1

m   No...0

m   I don't know..d

A11 = 1

A12. **How many times have you been in contact with an SCC4 coach since exiting the [SCC4 program]?**

Your best guess is fine.

m   Once..1

m   Two to three times...2

m   Four to six times..3

m   Seven to ten times...4

m   More than 10 times..5

IF A5 = 1 OR A11 = 1

A13. **Overall, how would you rate your experience working with an SCC4 coach? Would you say it was very good, good, fair, or poor?**

m   Very good..1

m   Good...2

m   Fair...3

m   Poor..4

IF A5 = 1 OR A11 = 1

A14. **Is there anything else you'd like to share about your experience working with an SCC4 coach?**

(STRING 1000)

IF A5 = 0 AND A11 = 0

PROGRAMMER: Randomize/rotate options

A15. **Why didn't you receive any services from an SCC4 coach?**

Select all that apply

o   I didn't know there was a coach available..1

o   I didn't think a coach would be helpful for what I needed....................................2

o   I didn't have the time...3

o   I tried but was not able to make an appointment...4

o   I tried but the coach did not reply..5

o   I tried but was not available at times that worked for me....................................6

o   Some other reason (SPECIFY)..7

(STRING 250) [   ]

IF A1 = 2 OR 3

A16.   **Since you exited the [SCC4 PROGRAM], have you received any of the following additional support available either at [SCC4 COMMUNITY COLLEGE] or in the community:**

Select one per row

		Yes	No
a.	Transportation support (for example, a bus pass or gas card)	$_1$ m	$_0$ m
b.	Emergency funds	$_1$ m	$_0$ m
c.	Funds to support education-related needs (for example, books or exam fees)	$_1$ m	$_0$ m
d.	Funds to support employment-related needs (for example, uniforms or tools)	$_1$ m	$_0$ m
e.	Mental health support	$_1$ m	$_0$ m
f.	Child care support	$_1$ m	$_0$ m
g.	Basic needs support (for example, access to a food pantry)	$_1$ m	$_0$ m
h.	Tutoring	$_1$ m	$_0$ m
i.	Other (SPECIFY)	$_1$ m	$_0$ m

(STRING 250)

B. FURTHER EDUCATION AND TRAINING

These next questions ask about training and education you've completed after [SCC4 PROGRAM].

ALL

B1. **What types of education or training have you participated in since leaving [SCC4 program]?**

Select all that apply

o   Additional courses at [SCC4 COMMUNITY COLLEGE].......................................1

o   Additional courses at another college or university 2

o   Additional training through my employer 3

o   Additional courses or training from another source (not my employer or
    a college or university)..4

o   Something else (SPECIFY) [   ]...99

    (STRING 250)

m   I have not participated in any other education or training since leaving [SCC4 program]
   0

B1 = 1, 2, 3, 4, OR 99

B2. **People get more education or training for different reasons. Which of the following are reasons that you wanted to get more education or training after leaving [SCC4 program]?**

Select all that apply

o   It was required for the job I was already doing..1

o   It was required to get a job I wanted...2

o   It allowed me to do more in the job I was already doing......................................3

☐   It allowed me to earn more money...4

o   It allowed me to move up in my job..5

o   It was a new or emerging area in my field..6

o   I was pursuing my passion...7

o   I was exploring potential interest in a new job or field..8

o   Someone recommended this field or job to me...9

o   It was a free or inexpensive opportunity...10

o   Some other reason (SPECIFY): ....[   ].......................99

    (STRING 250)

B3. **Thinking about all of your education and training since [REF DATE], including [SCC4 PROGRAM] and any other programs, what degrees have you received?**

Select all that apply

o   Associate's degree (for example, AA, AS)..1

o   Bachelor's degree (for example, BA, BS)..2

o   Master's degree (for example, MA, MS) or higher (for example, MD, PhD).........3

o   Something else (SPECIFY) .. [_____] 99

(STRING 250)

m   I have not received any degrees since [REF DATE] **..**0

B3a. **Thinking about all of your education and training since [REF DATE], including [SCC4 PROGRAM] and any other programs, what certificates, licenses, or other credentials have you received?**

Select all that apply

o   Microcredential (for example, accounting, cybersecurity, data analytics) (SPECIFY)

[_____] 1

o   Vocational certificate, certification, or diploma (for example, cosmetology, automotive repair) (SPECIFY)... [_____] 2

(STRING 250)

☐   State or industry licenses or professional certifications (for example: teaching license, land surveyor license, nurse midwife certification, ASE master technician certification, Cisco Certified Network Associate (CCNA), etc. (SPECIFY)

[_____] 3

o   Something else (SPECIFY) .. [_____] 99

(STRING 250)

m   I have not received any certificates, licenses, or other credentials since [REF DATE] 0

FILL "SOME OTHER CREDENTIAL" IF B3A = 99

IFB3 OR B3A DOES NOT EQUAL 0, LOOP B3 OR B3A CREDENTIALS UNTIL B3 OR B3A =(0,D, R, M). WHEN B3 OR B3A= 0,D, R, OR M GO TO B5.

B4. **When did you receive [a microcredential/ a vocational certificate, certification, or diploma/an Associate's degree/a Bachelor's degree/a Master's degree/a state or industry license or professional certification/some other credential]?**

MONTH	YEAR
(1-12)	(2025-Current year)

IF B3 = 1, 2, 3,OR 99 OR B3A = 1, 2, 3, OR 99
FILL "AN ASSOCIATE'S DEGREE" IF B3 = 1
FILL "A BACHELOR'S DEGREE" IF B3 = 2
FILL "A MASTER'S DEGREE" IF B3 = 3
FILL "A MICROCREDENTIAL" IF B3A = 1
FILL "A VOCATIONAL CERTIFICATE, CERTIFICATION, OR DIPLOMA" IF B3 = 2
FILL "A STATE OR INDUSTRY LICENSE OR PROFESSIONAL CERTIFICATION" IF B3A = 3
FILL "SOME OTHER CREDENTIAL" IF B3 = 99
FILL "SOME OTHER CREDENTIAL" IF B3A = 99

IFB3 OR B3A DOES NOT EQUAL 0, LOOP B3 OR B3A CREDENTIALS UNTIL B3 OR B3A =(0,D, R, M). WHEN B3 OR B3A= 0,D, R, OR M GO TO C1.

B5. **From what type of organization did you receive this [microcredential/vocational certificate certification, or diploma/Associate's degree/Bachelor's degree/Master's degree/Professional license/other credential]?**

Select one

m [SCC4 COMMUNITY COLLEGE]..1

m Another two-year college or university...2

m Another four-year college or university..3

m An industry group..4

m A state organization...5

m Another organization (SPECIFY) ⌐_____⌐..............99

(STRING 250)

C. EMPLOYMENT AND BENEFITS

ALL

C1. **The next set of questions will ask about your jobs and income since [REF DATE].**

Have you worked for pay at any time since [REF DATE]?

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, apprenticeships, or any other types of work you have done for pay.

m   Yes...1

m   No...0 *Go to C17*

C1 = 1

C2. **Are you <u>currently</u> 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, apprenticeships, or any other types of work you have done for pay.

m   Yes...1

m   No...0

C2 = 0

C3. **In what month and year did you last work for pay?**

Your best guess is fine.

MONTH	YEAR
(1-12)	(1950-Current year)

C2 = 1

C4. **Do you currently have more than one job for pay?**

m   Yes...1

m   No...0

C1 = 1

C5. [**IF C2 = 1 and C4 = 0]: The next set of questions are about your current job.**

[IF C2 = 1 and C4 = 1]: The next set of questions are about your current job.

If you currently work at more than one job, please answer these questions about <u>the job where you work the most hours</u>.

[IF C2 = 0]: The next set of questions are about your most recent job.

If you worked at more than one job, please answer these questions about <u>the job where you worked the most hours</u>.

m   CONTINUE...1

C1 = 1

C6. [**IF C2 = 1]: Where are you currently working? Please list the name of the company or employer, or if you are self-employed.**

[**IF C2 = 0]: Where did you most recently work? Please list the name of the company or employer, or if you were self-employed.**

(STRING 250)

m   Self-employed...2

C1 = 1

C7. [**IF C2 = 1]: What is the name of your title at your current job?**

If you currently work at more than one job, please answer these questions about <u>the job where you work the most hours</u>.

[IF C2 = 0]: What was the name of your title at your most recent job?

If you worked at more than one job, please answer this question about <u>the job where you worked the most hours.</u>

(STRING 250)

C1 = 1

C8. **[IF C2 = 1]: What do you do at your current job?**

Please enter a *description of the work that you do.* (Modified, PROMISE 60-Month Y2_C_A9, P18M IX.A7/YTD36M-II.B3)

[IF C2 = 0]: What did you do at your most recent job?

Please enter a description of the work that you did.

(STRING 150)

C1 = 1

C9. **[IF C2 = 1]: In what industry is your current job?**

[IF C2 = 0]: In what industry was your most recent job?

m   Advanced manufacturing..1

m   Aerospace...2

m   Agriculture...3

m   Automotive...4

m   Aviation..5

m   Clean or Renewable Energy...6

m   Construction...7

m   Education...8

m   Entertainment..9

m   Financial Services...10

m   Forestry...11

m   Health Care..12

m   Hospitality..13

m   Information Technology..14

m   Legal..15

m   Retail..16

m   Security/Law enforcement...17

m   Telecommunications or Broadband Infrastructure...18

m   Transportation..19

m   Non-Sector Specific...20

m   Something else..99

┌─────────────────────────┐
│   │   (STRING 150)
└─────────────────────────┘

| C2 = 1 |

C10. Are you currently working in a job related to the industry for which you trained for at [SCC4 PROGRAM]?

m   Yes..1

m   No...0

| C10 = 1 |

C11. How did you find your current job in the industry you trained for at [SCC4 PROGRAM]

Select all that apply

o Through a job fair or recruiting event at [SCC4 PROGRAM] or [SCC4 COMMUNITY
   COLLEGE]...1

o Through a coach at [SCC4 PROGRAM]...2

o Other staff members or instructors at [SCC4 PROGRAM] or
   [SCC4 COMMUNITY COLLEGE] 3

o Through a referral from a friend or family member..4

o [SCC4 PROGRAM] or [SCC4 COMMUNITY COLLEGE] job board.........................5

o Online job board (for example, Indeed, USA Jobs, or ZipRecruiter)........................6

o Online, print, radio, or other job posting or advertisement.....................................7

o Through a ocal workforce board or American Job Center.......................................8

☐   Other (specify): ┌─────────────────┐ 99
                     └─────────────────┘

| C1 = 1 |

C12.   [IF C2 = 1]: How much do you get paid before taxes and deductions, at your current job?

If your pay varies, please provide an average amount.

If you are paid per job or for completing a particular task, please enter the total amount you usually make per week or per month while doing this type of work. *(Modified, PROMISE 60-Month Y2_C_A15, P18M- IX.A7/YTD36M-II.B3)*

[IF C2 = 0]: How much did you get paid before taxes and deductions, at your most recent job?

If your pay varied, please provide an average amount.

If you were paid per job or for completing a particular task, please enter the total amount you usually made per week or per month while doing this type of work.

[ALL]: *Please enter the amount first and then select over what time period you are reporting your pay.*

┌─────────────────────────┐
│   │
└─────────────────────────┘

(0-999,999.99) AMOUNT

m   Per hour..1

m   Per week...2

m   Every month..3

m   Once every two weeks...4

m   Twice a month...5

m   Once per year..6

m   By day/daily...7

m   Other way (Specify)...99

Specify [   ]   (STRING 100)

m   I don't know...d

IF C2 = 1, [WORK], [WORK VARY]
IF C2 = 0 AND C1 = 1, [WORKED], [WORKED VARIED]

C13.   **[IF C2 = 1 and C4 = 1]: Across all of your current jobs, how many hours do you think you usually work per week?**

If the hours you usually work vary from week to week, please choose the average number of hours you work per week.

[IF C2 = 1 and C4 = 0]: How many hours do you think you usually work per week?

If the hours you usually work vary from week to week, please choose the average number of hours you work per week.

[IF C4 = 0]: Across all your jobs in the last two years, how many hours do you think you usually worked per week?

If the hours you usually worked varied from week to week, please choose the average number of hours you worked per week.

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   I don't know...d

C2 = 1

C14.   **Which of the following benefits are *available* to you at your current job?**

Select all that apply

o   Health insurance or membership in a Health Maintenance Organization (HMO) or
    Preferred Provider Organization (PPO) plan...1

   o   Paid time off/vacation days...2

   o   Paid holidays..3

   o   Paid sick days...4

   o   Retirement or pension plans (for example, 401(k), 403(b), etc.)..........................5

   o   Something else (SPECIFY)..99

   m No benefits are available at my current job...0

C2 = 1

C15. **[IF C4 = 1]: For your current job where you work the most hours, please rate your satisfaction with the following aspects of the job…**

[IF C4 = 0]: For your current job, please rate your satisfaction with the following aspects of the job…

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Does not apply
a. Wage or salary	₁ m	₂ m	₃ m	₄ m	₅ m
b. Benefits	₁ m	₂ m	₃ m	₄ m	₅ m
c. Job security	₁ m	₂ m	₃ m	₄ m	₅ m
d. Opportunities for advancement	₁ m	₂ m	₃ m	₄ m	₅ m
e. Physical working conditions	₁ m	₂ m	₃ m	₄ m	₅ m
f. The level of accommodations your employer provides any physical or mental health conditions I have	₁ m	₂ m	₃ m	₄ m	₅ m
g. Overall satisfaction with my job	₁ m	₂ m	₃ m	₄ m	₅ m

C2 = 1

C16. **How likely do you think it is that you will be promoted at your job in the next 12 months?**

   m Very likely..1

   m Somewhat likely...2

   m Not very likely..3

   m Not likely at all...4

C1 = 1

C17. **[IF C4 = 1]: Do you agree or disagree with the following statements about your current job where you work the most hours?**
[IF C4 = 0]: Do you agree or disagree with the following statements about your current job?

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable
a.	I feel like I belong at my current job	₁ m	₂ m	₃ m	₄ m	
b.	The work I do and the contributions I make are recognized and respected by others	₁ m	₂ m	₃ m	₄ m	
c.	I am given opportunities to develop skills relevant to my interests	₁ m	₂ m	₃ m	₄ m	
d.	My job values differences in perspectives and viewpoints	₁ m	₂ m	₃ m	₄ m	

C1 = 0

C18. **What is the <u>main</u> reason you are not currently working?**

Select one only

m   I am unable to fulfill qualifications..1

m   I have a chronic illness or permanent disability...2

m   I have unreliable transportation...3

m   I have unstable housing...4

m   I am unable to find suitable job...5

m   I have conflicts with other personal responsibilities...6

m   I do not want to work...7

m   I do not need to work...8

m   Something else (Specify)...99

(STRING 250)

ALL

C19. **Are you currently looking for a job?**

Some people look for work even when they have a job.

m Yes...1

m No...0

ALL

C20. **During the past year, <u>did you [or anyone in your household]</u> receive income or assistance from any of the following sources?**

Select all that apply

o　Disability benefits from the Social Security Administration. These are also called Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)　1

o　Temporary Assistance for Needy Families (TANF) or [STATE SPECIFIC TANF NAME] 2

o　Unemployment Insurance...3

o　Worker's Compensation..4

o　Short-term disability...5

o　Food Stamps/Supplemental Nutrition Assistance Program (SNAP) / [STATE-SPECIFIC PROGRAM]]..6

o　Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)..7

o　Housing Choice Voucher, also known as Section 8 or Public Housing................8

o　Veterans Benefits...9

o　Medicaid or [STATE SPECIFIC MEDICAID] or Children's Health Insurance Program (CHIP)..10

m　None of the above..0

m　I don't know...d

D. WELL-BEING

Last, we have some questions about your housing and health.

ALL

D1. **Which of the following best describes your current living arrangement?**

PROBE: **Please consider the housing you spent the most time at in the last month.**

Select one only

- ❍ I live alone...1
- ❍ I live with parents or guardians...2
- ❍ I live with a spouse or partner...3
- ❍ I live with other relatives...4
- ❍ I live with roommates or unrelated others..5
- ❍ I live in a group home with others..6
- ❍ Some other arrangement (SPECIFY):...99

	(STRING 250)

ALL

D2. **Do you self-identify as a person with a disability or chronic medical condition?**

- m Yes..1
- m No...2
- m Prefer not to say...3

ALL

Completed.* **This completes the survey. Thank you for your participation in this survey and the evaluation of the Strengthening Community Colleges Training Grants Program. We appreciate you taking the time to share this information with us. It is a very important contribution to our study. We will send your [$30] gift card via email.**