

NATIONAL BENEFICIARY SURVEY FINAL ROUND 1 QUESTIONNAIRE

November 16, 2004

NATIONAL BENEFICIARY SURVEY

- TABLE OF CONTENTS -

Section	Page
A.	Screener
B.	Disability and Current Work Status B-1
C.	Current Employment
D.	Jobs/Other Jobs During 2003
E.	Awareness of SSA Work Incentive Programs and Ticket to Work E-1
F.	Ticket Non-Participants in 2003 F-1
G.	Employment-Related Services and Supports Used in 2003G-1
H.	Ticket Participants in 2003H-1
I.	Health and Functional StatusI-1
J.	Health InsuranceJ-1
K.	Income and Other AssistanceK-1
L.	Sociodemographic Information L-1
M.	Closing Information and ObservationsM-1

SECTION A: SCREENER - FINAL DRAFT 19

- A01_a. CLUSTERED SAMPLE (01 = YES; 02 = NO) FYI: ONLY NON CLUSTERED = OUTCOMES ONLY PARTICIPANTS
- A01_b. SAMPLE GROUP (01 = BENEFICIARY; 02 = TTW PARTICIPANT)
- A01_c. REGION VALUES = 01 07
- $A01_d$. PSU VALUES = 01010 55018
- A01_e. SDATE (DATE SAMPLE PULLED)
- A02. ROUND OF DATA COLLECTION (values = 1, 2, 3, 4)
- A03. PHASE VALUES = 1, 2, 3
- A04_a. FULLNAME
- A04_b. FIRST NAME
- A04_c. LASTNAME
- A04_d. BIRTHDATE
- A04_e. GENDER
- A04_f. BSTATUS (BENEFIT TYPE = 1,2,3)
- A04_g. SSIAGE
- A04_h. TSTATUS (TICKET STATUS AS OF DATE SAMPLE PULLED 1 = PARTICIPANT, 2 = NONPARTICIPANT)
- A04_i. LOCALPAA (LOCAL PROTECTION & ADVOCACY GROUPS)
- A04_j. ENSAMPLE (EN TICKET ASSIGNED TO AT TIME SAMPLE DRAWN)
- A04_k. STATE MED (STATE NAME FOR MEDICAID)
- A04_I. VRNAME (STATE NAME FOR VRA)
- A04_m. BENEFICIARY'S ADDRESS (ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP AT TIME SAMPLE DRAWN
- A04_n. PHONE (AT TIME SAMPLE DRAWN)

A0.

CALL SCREEN. PROGRAMMER, DISPLAY: INTERVIEWER: YOU ARE CALLING...(ONE ONLY) **NOTE**: 01, 04, 07 THROUGH 15 ARE SET IN OVERNIGHT PROCESSING. 02, 03, 05 AND 06 WOULD BE IN THE FRONT END FOR THE INTERVIEWER TO SELECT. DOUG – I NEED TO DISCUSS WITH THE FRONT END PROGRAMMER.

SITUATION	DISPLAY, CALLING FOR	GO TO
01 NEW SCREENER FOR NAME	CALL TO {NAME}	A1
02 CATI CALL-IN	{NAME} CALLING IN	A11
03 CAPI INTERVIEW	{NAME – CAPI}	A64
04 CALL NAME AFTER REMAIL	{NAME, AFTER REMAIL}	A1
05 RELAY CALL IN	{NAME} CALLING IN – RELAY	A11
06 TTY CALL IN	{NAME} CALLING IN – TTY	A11
07 CALL NAME USING RELAY	{NAME} – RELAY	A10
08 CALL NAME USING TTY	{NAME} – TTY	A10
09 CALL NAME USING AMPLIFIER	{NAME} – AMPLIFIER	A1
10 CALL TO IDENTIFIED PROXY	PROXY NAME	A56
11 CALLBACK TO PROXY AFTER REMAIL	PROXY NAME	A56
12 INFORMANT/PROXY CALL IN		A11
13 CALL TO NEW PROXY	PROXY NAME	A56
14 CALL INTERPRETER	INTERPRETER NAME	A8
15 CALL TO NEW / UNNAMED INTERPRETER	INTERPRETER NAME	A4b

CALL TO RESPONDENT

<A0 = 01 OR 04 >

A1. Hello, my name is _____, calling on behalf of the Social Security Administration. May I please speak with {NAME}?

READ IF NEEDED: We are not selling anything or asking for a contribution.

PROGRAMMER: IF A0 = 03 DISPLAY: CAPI INTERVIEWER: DO \underline{NOT} READ INTRODUCTION. CODE "CAPI CASE ... 18" BELOW AND CONTINUE.

PROGRAMMER: IF A0 = 03: DISPLAY ONLY VALUE 18 BELOW.

SPEAKING0	01	(A10)
WANTS MORE INFORMATION)2	
{NAME} COMES TO PHONE	03	(A10)
CALL BACK LATER)4	SET A100 = 01 (A100)
{NAME} MOVED)5	(A30)
POSSIBLE PARTICIPATION PROBLEM 0	06	(A13)
HOSPITALIZED)7	(A27a)
{NAME} DECEASED		
{NAME} INCARCERATED		
LANGUAGE BARRIER (NOT SPANISH) 1		
INSTITUTIONALIZED 1		
MILITARY DUTY 1	12	SET A103 = 03 (A103)
SWITCH TO AMPLIFIER / CONTINUE 1	13	(A10)
NO SUCH PERSON AT THIS NUMBER 1	14	SET A102 = 01 (A102)
OTHER: SUPERVISOR REVIEW NEEDED. 1	15	SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION 1	16	SET STATUS = 640 (END)
UNAVAILABLE DURING FIELD PERIOD 1		` '
LIVING OUTSIDE USA 1	19	SET A103 = 04 (A103)
REFUSED	r	SET A105 = 02 (A105)

REQUESTS INFORMATION

<A1=02>

A2. Social Security recently sent {NAME} a letter saying that we would be calling to ask {him/her} to participate in an important national health study we are conducting for them. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a scientific study. We are not selling anything or asking for contributions.

NAME SPEAKING	01	(A10)
{NAME} COMES TO PHONE	03	(A10)
CALL BACK LATER	04	SET A100 = 01 (A100)
{NAME} MOVED	05	(A30)
POSSIBLE PARTICIPATION PROBLEM	06	(A13)
HOSPITALIZED	07	(A27a)
{NAME} DECEASED	80	SET A103 = 01 (A103)
{NAME} INCARCERATED	09	SET A103 = 02 (A103)
LANGUAGE BARRIER (NOT SPANISH)	10	
INSTITUTIONALIZED		
MILITARY DUTY	12	SET A103 = 03 (A103)
SWITCH TO AMPLIFIER / CONTINUE	13	(A10)
NO SUCH PERSON AT THIS NUMBER	14	SET A102 = 01 (A102)
OTHER: SUPERVISOR REVIEW NEEDED.	15	SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION	16	SET STATUS = 640 (END)
UNAVAILABLE DURING FIELD PERIOD	17	SET A104 = 06 (A104)
LIVING OUTSIDE USA	19	SET A103 = 04 (A103)
REFUSED	r	SET A105 = 02 (A105)

LANGUAGE BARRIER

<A1 = 10 OR A2 = 10>

A3. Can someone there speak English?

PERSON COMES TO PHONE	01	
CALL BACK LATER	02	SET A100 = 09 (A100)
NO ONE SPEAKS ENGLISH	03	SET A106 = 01 (A106)
REFUSED/HUNG UP	r	SET A106 = 01 (A106)

POSSIBLE INTERPRETER COMES TO PHONE

< A3 = 01 >

A4. Hello, my name is ______, calling on behalf of the Social Security Administration. Social Security recently sent {NAME} a letter saying {he/she} was selected to participate in an important health survey we are conducting for them. It is called the National Beneficiary Survey. We are looking for someone who is 18 years or older to help {him/her} by interpreting the interview for us. Are you 18 years of age or older?

YES	01	(A4b)
NO	00	
REFUSED/HUNG UP	r	SET A106 = 01 (A106)

< A4 = 00 >

A4a. Is there someone else who is 18 years or older who could come to the phone and help with the interview?

11/11/2004 A-4 ROUND 1 VERSION

< A0 = 1	15; OR A4	4 = 01; OR A4a = 01>		
	A4b.	IF A0=15 or A4a=01 FILL {	Hello, my name is, calling on	behalf of the Social Security Administration.
		Social Security recently se	ent {NAME} a letter saying {he/she} was se	ected to participate in an important health
			for them. It is called the National Beneficiary	
		-	help {him/her} with the interview.} Would you	· · · · · · · · · · · · · · · · · · ·
		interview?	noip (imignor) mar are interview.	a so asio to neip (ra anz) by interpreting the
		interview:		
		IF NEEDED: We are not se	elling anything or asking for contributions.	
			YES	01
			CALL BACK LATER	
			NO ONE SPEAKS ENGLISH	· ·
			{NAME} MOVED	
			POSSIBLE PARTICIPATION PROBLEM	
			HOSPITALIZED	· ·
				· · ·
			{NAME} DECEASED	
			{NAME} INCARCERATED	
			INSTITUTIONALIZED	,
			MILITARY DUTY	
			NO SUCH PERSON AT THIS NUMBER	
			OTHER: SUPERVISOR REVIEW NEEDED.	12 SET A106 = 05 (A106)
			UNAVAILABLE DURING FIELD PERIOD	13 SET A104 = 06 (A104)
			LIVING OUTSIDE USA	14 SET A103 = 04 (A103)
			REQUESTS IN-PERSON INTERVIEW	15 (A39)
			REFUSED	r SET A105 = 02 (A105)
				,
< A4b =	= 01>			
A5.		IF) is available and you are	ready to interpret, we can begin now. If you	or {NAME} get tired or need a break at any
	-	-	pack later to finish the interview.	or (ru unz) got area or rieda a break <u>at arry</u>
	unio, pi	case ten me and we win can i	sack later to milion the interview.	
			CONTINUE	01
			CALL BACK LATER	
			INTERPRETER REFUSED	r SET A105 = 02 (A105)
		A4b = 02; OR A5 = 01 OR 02		
A6.	•		gin, please tell me <u>vour</u> name. / IF A4a = 02	•
			II back later / IF A5 = 02 OR A4b = 02 DISPLA	Y: Please tell me your name so we can ask
	for you	when we call back later).		
	INTERV	/IEWER IF PERSON IS REL	UCTANT TO GIVE NAME, SAY: The first nar	ne is all we need.
	IF NAM	E IS REFUSED, PRESS r Al	ND CONTINUE	
			PREFIX, FIRST, MIDDLE, LAST, SUFFIX	
			REFUSED	r
		PROGR	AMMER: STORE INTERPRETER NAME IN L	OCATOR

11/11/2004 A-5 ROUND 1 VERSION

<A6 = A	NSWER OR r>		
A7.	And, what is $\{IF A5 = 01 OR 2; O\}$	R A4b = 02 FILL your / IF A4a = 02 FILL their} relationship to {NAME}?	
		(NAME)(S) CROLLOF	
		{NAME'S} SPOUSE01 NAME'S} MOTHER02	
		{NAME S} MOTHER	
		{NAME'S} CHILD04	
		GRANDPARENT OF {NAME}05	
		BROTHER/SISTER (NATURAL/STEP)	
		OF {NAME}06	
		AUNT/UNCLE OF {NAME}07	
		OTHER RELATIVE	
		NOT RELATED09	
		STAFF AT RESIDENCE10	
		DON'T KNOWd	
		REFUSEDr	
<a7 =="" a<="" td=""><td>NSWER OR d OR r> A7a. PROGRAMMER:</td><td></td><td></td></a7>	NSWER OR d OR r> A7a. PROGRAMMER:		
		IF A5 = 01 (CONTINUE) 01 (A10)	
		ELSE CALLBACK TO INTERPRETER 02 SET A100 = 03 (A100)	
CALLB <a0=14< td=""><td>ACK TO NAMED INTERPRETER</td><td></td><td></td></a0=14<>	ACK TO NAMED INTERPRETER		
A8.		, calling on behalf of the Social Security Administration. May I please spe	eak to
	{INTERPRETER'S NAME}?		
	INTERVIEWER, READ IF NEED	ED: We are not selling anything or asking for contributions.	
		SPEAKING 01	
		INTERPRETER COMES TO PHONE 02	
		CALL BACK LATER	
		HUNG UP DURING INTRODUCTION 04 SET STATUS = 640 (END)	
		INTERPRETER REFUSED r SET A105 = 02 (A105)	
∠Δ8 –0°	1 OR 02>		
A9.		name is, calling on behalf of the Social Security Administration.}	Wher
		u said this would be a good time for you to interpret the National Beneficiary Surve	
	INTERVIEWER, READ IF NEED back later to finish the interview.	ED: If you or {NAME} get tired or need a break at any time, please tell me and we w	ill cal
		YES, CONTINUE 01	
		CALL BACK LATER 03 SET A100 = 03 (A100)	
		HUNG UP DURING INTRODUCTION 04 SET STATUS = 640 (END)	
		INTERPRETER REFUSED	
SPEAK	ING TO NAME OR INTERPRETE	R / NAME OR INTERPRETER COMES TO PHONE / TO NAME AFTER REMAIL	
		03 OR 13; OR A2 = 01, 03, OR 13; OR A7a = 02; OR A9 = 01}	
A10.	-	ISPLAY "Please tell {NAME} that I said"} {IF A0 = 07 OR 08, OR 09; A1 = 03; OR A2	
		e is, calling on behalf of the Social Security Administration.} Rec	
		RAMMER IF A0 = 04 USE another} a letter explaining an important survey we are condu	
		RE} The National Beneficiary Survey is about your health, daily activities, any jobs you	-
		programs and services you may use. Congress requires that Social Security conduct participate. The information you and other participants give us will be used to help evaluate.	

INTERVIEWER, READ IF NEEDED: We are not selling anything or asking for a contribution.

Social Security's programs for disability beneficiaries.

The interview {IF A0 = 08 FILL will take around 2 - 3 hours because we are using TTY / IF A0 = 07 FILL will take around 2 - 3 hours because we are using Relay. / IF A0 = 04 or A1 = 01, 03 OR 13; OR A2 = 01 OR 03 OR 13 FILL: will take between 45 and 60 minutes.} DISPLAY FOR ALL In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview. The questions are easy. If you get tired or need a break <u>at any time</u>, please tell me and we will call back later to finish the interview. Let's start now.

PROGRAMMER: IF MOST RECENT SCREENER A100 = 02, DO NOT DISPLAY OPTION 4

CONTINUE 01 (A64)
{NAME} WILL CALL MPR 02 SET A108 = 01 (A108)
CALL BACK LATER
A13A; OR A0 = 07, 08, 09 SET A100 = 01 (A100) / IF A7a = 02 OR A9 = 02
SET A100 = 03 (A100))
DID NOT RECEIVE LETTER/
DOES NOT RECALL LETTER 04 (A20)
REQUESTS PROXY 05 (A39)
REQUESTS IN-PERSON INTERVIEW 06 (A39)
POSSIBLE PARTICIPATION PROBLEM 07 (A13)
REFUSED r (IF A1 = 01, 03, 13 OR A2 = 01, 03,
A13A; OR A0 = 07, 08, 09 SET A105 = 01 (A105) / IF A7a = 02 OR A9 = 01
SET A105 = 02 (A105)

NAME OR UNKNOWN INFORMANT CALLS IN

<A0=02, 05, OR 06>

A11. INTERVIEWER: CODE BASED ON SUPERVISOR INSTRUCTION.

{NAME}	01	
{NAME} USING TTY	02	
{NAME} USING RELAY	03	
INFORMANT / POSSIBLE PROXY	04	(A13a)

<A11 = 01, 02 OR 03>

A12. Hello, my name is ______. I'll be your interviewer today. The National Beneficiary Survey is about your health, daily activities, and any jobs you might have. It also asks about your use of Social Security programs and services. Congress requires that Social Security conduct this survey. The information you and other participants give us will be used to help evaluate Social Security's programs for disability beneficiaries.

The interview {PROGRAMMER, IF A11 = 01 FILL will take between 45 and 60 minutes / IF A11 = 02 USE will take around 2 - 3 hours because we are using TTY / IF A11 = 03 FILL will take around 2 - 3 hours because we are using Relay.} In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview. The questions are easy. If you get tired need a break <u>at any time</u>, please tell me and we will call back later to finish the interview. Let's start now.

11/11/2004 A-7 ROUND 1 VERSION

DIFFICULTY PARTICIPATING (SPEAKING WITH NAME / INFORMANT / UNKNOWN PROXY WHO CALLS IN)

<A1 = 06; OR A2 = 06; OR A4b = 05; OR A10 = 07; OR A11 = 04; OR A12 = 05 >
A42 = 05; OR A2 = 06; OR A4b = 05; OR A10 = 07; OR A11 = 04; OR A12 = 05 >

A13. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

{NAME} / INTERPRETER 01 INFORMANT/POSSIBLE PROXY...... 02

<A11 = 04; OR A13 = 01OR 02>

A13a. INTERVIEWER: IF BARRIER ALREADY STATED, CODE RESPONSE THEN CONFIRM BY READING APPROPRIATE CATEGORY BELOW IF NEEDED.

{PROGRAMMER IF A11 = 04, USE: Thank you very much for calling and offering to help. IF NEEDED: What problem does {NAME} have that might prevent {him/her} from participating for {himself/herself}? ELSE IF A1 = 06; OR A2 = 06; OR A4b = 05; OR A10 = 07; OR A12 = 05 > FILL Why {IF A13 = 01 FILL would you/ IF A13 = 02 FILL would {NAME}} have a problem participating in the survey?

PROBE FOR DON'T KNOW.

HEARING DIFFICULTY	01	
SPEECH DIFFICULTY	02	
COGNITIVE BARRIER	03	(A46)
PHYSICAL BARRIER	04	
INCARCERATED	06	SET A103 = 02 (A103)
INSTITUTIONALIZED	07	(A27a)
HOSPITALIZED	80	(A27a)
DECEASED	09	SET A103 = 01 (A103)
SERVING IN MILITARY		
LIVING OUTSIDE USA	11	SET A103 = 04 (A103)
DON'T KNOW	d	
REFUSED	r	SET A105 = 02 (A105)

<A13a = 01, 02, 04, OR d >

A14. Recently, Social Security sent {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME} a letter saying {IF A13 = 01 FILL you were/ IF A13 = 02 FILL {him/her} he/she was} selected to take part in an important health survey we are conducting for them.} {IF A12 = 05 START HERE} We would like {IF A13 = 01 FILL for you to have / IF A13 = 02 FILL for him to have / for her to have} the chance answer to questions for {IF A13 = 01 FILL yourself / IF A13 = 02 FILL himself / herself} if at all possible. I'm going to read some ways that we can arrange for {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}} to take part in the study. PROBE: What would work best?

INTERVIEWER READ LIST AND CODE ONE ONLY. IF MORE THAN ONE MENTIONED, ASK WHAT IS <u>EASIEST</u> FOR {NAME}.

```
We can break the interview into a few
 short calls to {IF A13 = 01 FILL you /
 IF A13 = 02 FILL {NAME}. ..... 01 (A64)
We can use Relay or TTY for the
  interview ...... 02 (A16)
{PROGRAMMER, DISPLAY 03 ONLY IF
 A13a = 01) I can switch to a phone
 {PROGRAMMER, DISPLAY 04 ONLY IF
  A13a = 01} We can call later using
  {PROGRAMMER, DISPLAY 05 ONLY IF IN
  CLUSTERED SAMPLE A01_a = 01
  We could send an interviewer
  to \{\{IF A13 = 01 FILL your / IF A13 = 02\}\}
  {PROGRAMMER DISPLAY 06 ONLY IF
```

<A14 = 10 >

A15. Thank you. I will ask my supervisor if that would work. We will call you back and let you know.

SET A106 = 05 (A106)

<A13a = 01, 02, 04, OR d; OR A14 = 02>

A16. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

<A16 =01>

A17. We can start the interview in a few minutes, by switching to our TTY or Relay operator and having them contact you. Alternatively, we can you back another time using TTY or Relay. What works best for you? PROBE FOR TTY OR RELAY IF UNCLEAR.

INTERVIEWER: IF "SWITCH IN A FEW MINUTES", CALL SUPERVISOR FOR HELP.

SWITCH (TTY) IN A FEW MINUTES	01	SET A100 = 04 (A100)
SWITCH (RELAY) IN A FEW MINUTES	02	SET A100 = 05 (A100)
CALL BACK LATER (TTY)	03	SET A100 = 04 (A100)
CALL BACK LATER (RELAY)	04	SET A100 = 05 (A100)
NO, {NAME} WILL CALL TTY	05	SET A108 = 02 (A108)
NO, {NAME} WILL CALL /RELAY	06	SET A108 = 03 (A108)
REFUSED/HUNG UP	r	SET A105 = 01 (A105)

< A16 = 02 >

A18. Can you help arrange a time when we can call {NAME} and complete the interview using either TTY or Relay? My supervisor will call you back later to find out what time you arranged for {NAME} to be interviewed. PROBE FOR TTY OR RELAY IF UNCLEAR.

INTERVIEWER: IF "SAMPLE MEMBER AVAILABLE, SWITCH IN A FEW MINUTES", CALL SUPERVISOR FOR HELP.

11/11/2004 A-9 ROUND 1 VERSION

		CALL BACK TO ARRANGE		
		AN INTERVIEW TIME		· · · · · · · · · · · · · · · · · · ·
		DON'T KNOW		• • •
19 DE	ELETED			
	REQUESTS LETTER			
:A10 = A20.	The letter said that you were select would call to ask you to participate you might have. It also asks about	cted from a list of all adults who currently received. The National Beneficiary Survey asks about yet any Social Security programs and services you will call back later to finish the interview. Let's s	our u m	health, your daily activities, and any jobs ight use. If you get tired or need a break
		CONTINUE	01	(A64)
		CALL BACK LATER		
		NO, WANTS LETTER		,
		REFUSED	r	SET A105 = 01 (A105)
:A20 =	: 00>			
121.		out a week. Or, I can read it to you now and we	car	n start the interview.
		READ LETTER, CONTINUE	01	(A64)
		NO, SEND LETTER	00	,
		REFUSED	r	SET A105 = 01 (A105)
:A21 = \22.	I want to make sure we have your PROGRAMMER: DISPLAY NAME	correct name and address. The records show FROM PRELOADS DDRESS IS INACCURATE, PLEASE CODE 0		·
	NAME: PREFIX ADDRESS 1 ADDRESS 2 CITY, STATE, Z	, FIRST, MIDDLE, LAST, SUFFIX		
		YES NO, NEEDS UPDATE REFUSED/HUNG UP	00	(A23)
:A22 =	: 00>			
123.	PROGRAMMER: WAS A22 NAMI	E UPDATED?		
		YES	01	
		NO	00	(A25)
:A23 =	: 01>			
A24.		me in our records – perhaps you married or chads?	ange	ed your name. Can you confirm that you
		YES, SAME	01	
		NO, DIFFERENT		SET A102 = 04 (A102)
		REFUSED/HUNG UP		• • •

<A22 = 00; OR A24 = 01> PROGRAMMER CHECK: IS UPDATED STATE OUTSIDE THE UNITED STATES AND DC? A25. YES...... 01 < A25 = 01 >I might have recorded your address wrong. Are you now living outside the United States? A26. INTERVIEWER: IF NO (ADDRESS IS IN THE USA), GO BACK TO A22 AND CORRECT STATE. YES, ADDRESS OUTSIDE USA 01 SET A103 = 04 (A103) REFUSED...... r SET A106 = 05 (A106) PROGRAMMER: STORE CHANGED NAME IN LOCATOR NAME INSTITUTIONALIZED / HOSPITALIZED <A1 = 07 OR 11; OR A2 = 07 OR 11; OR A4b = 06 OR 09; OR A13a = 07 OR 08> A27a. I'm sorry to hear that. How much longer will {NAME} be staying there? |__|_| INTERVIEWER SELECT DAYS 01 WEEKS...... 02 MONTHLY 03 PERMANENTLY 04 DON'T KNOW d CONTINUE REFUSED.....r CONTINUE <A27a = ANSWER OR d OR r> I understand that {NAME} is not able to be at home just now. In order to help {him/her} participate, we could.... READ BELOW. What would work? INTERVIEWER: CODE ONE ONLY IF A27 = 01 OR 02 DISPLAY: Call after {he/she} returns home and is **ELSE DISPLAY** If {NAME} is well enough, we can call {him/her} at the {IF A1 = 11, A2 = 11, A4b = 09 OR A13= 07 FILL institution / IF A1 = 07, A2 = 07, A4b = 06, OR A13 = 08 FILL hospital 02 {PROGRAMMER, DISPLAY 03 IF SAMPLE

11/11/2004 A-11 ROUND 1 VERSION

TYPE = CLUSTERED A04_a = 1) We could send an interviewer to visit $\{\text{him/her}\}\$ at the $\{\text{IF A1} = 11, \text{A2} = 11, \text{A4b} = 09 \text{ OR A13} = 07 \}$ FILL institution / IF A1 = 07, A2 = 07,

A4b = 06, OR A13 = 08 FILL hospital}..... 03 (A29) NAME TOO ILL / SEEK PROXY...... 04 (A46) DON'T KNOW...... d (A46)

REFUSED...... r SET A105 = 02 (A105)

<A27b = 02> Please tell me the name and phone number of the {IF A1 = 11, A2 = 11, A4b = 09 OR A13a = 07 FILL institution / IF A1 = 07, A28. A2 = 07, A4b = 06, OR A13a = 08 FILL hospital, where I can contact (NAME). If you don't have all the information, please tell me what you can. NAME OF INSTITUTION / HOSPITAL PHONE NUMBER: { _____ } __ - ___ _ SET A100 = 08 (A100) PROGRAMMER: STORE NAME OF HOSPITAL OR INSTITUTION AND PHONE NUMBER IN LOCATOR **IF REFUSED SET A106 = 05 (A106)** <A27b = 03> What's the name, address and phone number of the {IF A1 = 11, A2 = 11, A4b = 09 OR A13 = 07 FILL institution / IF A1 = 07, A29. A2 = 07, A4b = 06, OR A13 = 08 FILL hospital}, where {NAME} is staying? We will phone there to schedule an interview. If you don't have all the information, please tell me what you can. NAME OF INSTITUTION / HOSPITAL ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP PHONE NUMBER: { _____ - ___ SET A107 = 01 (A107) REFUSED...... r SET A106 = 05 (A106) PROGRAMMER: STORE NAME AND ALL CONTACT INFORMATION FOR HOSPITAL OR INSTITUTION IN LOCATOR **IF REFUSED SET A106 = 05 (A106) NEW CONTACT INFORMATION FOR NAME** <A1 = 05; OR A2 = 05; OR A4b = 04> A30. Do you know how I can reach {NAME}? REFUSED...... r SET A105 = 02 (A105) <A30= 01> A31. Please tell me {his/her} new address. Also, if {NAME'S} name has changed please tell me the new name. PROBE: If you don't have all the information please tell me what you can. NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP

DON'T KNOW d REFUSEDr

<A31 = ANSWER OR d OR r>

PROGRAMMER CHECK A31: IS STATE OUTSIDE THE UNITED STATES AND DC? A32.

> YES (OUTSIDE USA) 01 NO (INSIDE USA) 02 (A34)

<a32 0<br="" =="">A33.</a32>		something inco	orrectly. Is {NAME} now living outside the Unite	d States?
	INTERVIEWER: IF I		SS IS INSIDE THE USA), GO BACK TO A31 A34	AND UPDATE STATE. PROGRAMMER
			YES	
<a33 0<br="" =="">A34.</a33>	00 AND A31 IS UPDAT Please give me {NAM		ne number, with the area code first.	
	TEL	EPHONE:	_ _ _ - _ _ _ - _ _	
			DON'T KNOW	
A35.	DELETED			
<a34 =="" a<="" td=""><td>ANSWER OR d OR r) PROGRAMMER CHE</td><td>CK: DOES A</td><td>34 CONTAIN A VALID PHONE NUMBER?</td><td></td></a34>	ANSWER OR d OR r) PROGRAMMER CHE	CK: DOES A	34 CONTAIN A VALID PHONE NUMBER?	
			YES	
		PROGRAMI	MER: STORE {NAME} CONTACT DATA IN LO	CATOR
<a30 =<="" td=""><td></td><td></td><td></td><td></td></a30>				
A37.	Is there someone else	who might kn	ow how to reach {NAME}?	
			YES	0 SET A102 = 03 (A102) d SET A102 = 03 (A102)
<a37 0<="" =="" td=""><td></td><td></td><td></td><td></td></a37>				
A38.	What's that person's n	name and pho	ne number?	
	PROBE: If you don't h	have all the in	formation, please tell me what you can.	
			PREFIX, FIRST, MIDDLE, LAST, SUFFIX	
	For the telephone num	nber, please g	give me the area code first.	
	TEL	EPHONE:	1_1_1_1=1_1_1=1_1_1_1	

PROGRAMMER: STORE NAME AND PHONE INFORMATION IN LOCATOR =

LEADS; SET A101 = 03 (A101)

IF MISSING/INVALID PHONE NUMBER SET A106 = 05 (A106)

DON'T KNOW d
REFUSED r

CHECK FOR POSSIBLE IN-PERSON INTERVIEW

<A10 = 05 OR 06; OR A12 = 03 OR 04; OR A4b = 15; OR A14 = 06, 08, d>
A39. PROGRAMMER CHECK FOR POSSIBLE IN-PERSON INTERVIEW. DID...?

NAME REQUESTS IN PERSON INTERVIEW AND NOT IN CLUSTERED SAMPLE (A01_a = 02)

<A14 = 07 OR A39 = 02>

A40. I'm sorry, but we have no field representatives working in your area. We can break the phone interview into as many short calls as you would like so the interview will not be tiring. Will that help {NAME/you} to participate for yourself? If you get tired or need a break <u>at any time</u>, please tell me and we will call back later to finish the interview. Let's start now.

NAME REQUESTS PROXY AND NOT IN CLUSTERED SAMPLE (A01_A = 02)

<A39=04>

A41. If at all possible, we'd like {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01; FILL you / IF A14 = 06; OR A14 = d AND A13 = 02 FILL {NAME}} to answer for {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01 FILL yourself / IF A14 = 06; OR A14 = d AND A13 = 02 FILL {himself/herself}}. We can break the interview into a few short calls so the interview won't be tiring. If {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01; FILL you get tired or need a break / IF A14 = 06; OR A14 = d AND A13 = 02 FILL {he/she} gets tired or needs a break} at any time, please tell me and we will call back later to finish the interview. Let's start now.

NAME REQUESTED IN PERSON AND IN CLUSTERED SAMPLE (A01_a = 01)

A14 = 04 OR A39=01>

A42. Our field representative will be working in your area shortly and will contact you to set up an interview in person.

GO TO A44

NAME REQUESTED PROXY AND IN CLUSTERED SAMPLE (A01_a = 01) <A39=03>

A43. Our interviewer will be working in {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01; FILL your / IF A14 = 06; OR A14 = d AND A13 = 02 FILL {NAME's area} shortly. If it would help {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01; FILL you / IF A14 = 06; OR A14 = d AND A13 = 02 FILL {him/her} to answer for {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01; FILL yourself / IF A14 = 06; OR A14 = d AND A13 = 02 FILL {himself/herself}, we can send an interviewer to interview {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01; FILL you / IF A14 = 06; OR A14 = d AND A13 = 02 FILL {NAME}} at home. If {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = 08; OR A14 = d AND A13 = 01; FILL you get tired or need a break / IF A14 = 06; OR A14 = d AND A13 = 02 FILL {he/she gets tired or needs a break} at alter time to finish the interview. Will that help?

11/11/2004 A-14 ROUND 1 VERSION

<A42 = ANSWER OR d OR r; OR A43 = 01 >

A44. Let me confirm your address. Is it still... READ BELOW

PROGRAMMER: DISPLAY NAME'S CONTACT INFORMATION FROM PRELOADED INFORMATION

PREFIX, FIRST, MIDDLE, LAST, SUFFIX ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP UPDATE PHONE NUMBER

< A44 = 00 >

A44a. INTERVIEWER - BACK UP TO A44 AND EDIT ALL CHANGES (A45)

<A44 = 01, A44a = ANSWER>

A45. If your current address will change within the next month or two, please tell me the new address and phone number.

INTERVIEWER INSTRUCTION: IF ADDRESS OR PHONE NUMBER WILL CHANGE, GO BACK TO A44 AND CHANGE AS APPROPRIATE.

PROGRAMMER: STORE UPDATED INFORMATION IN LOCATING DATABASE

SEEKING PROXY

<A13a = 03; OR A14 = 09; OR A27 = 04, OR d; OR A40 = 02 OR d; OR A41 = 02 OR d; OR A43 = 02,d>

A46. Is there someone who can answer questions about {IF A40 = 02OR d; OR A41 = 02 OR d; OR A43 = 02 OR d FILL your / IF A13a = 03; OR A14 = 09; OR A27 = 04 OR d FILL {NAME's}} health, daily activities, any jobs {IF A40 = 02 OR d; OR A41 = 02 OR d; OR A43 = 02 OR d FILL you / IF A13a = 03; OR A14 = 09; OR A27 = 04 OR d FILL {he/she} might have, and use of Social Security programs or services? This could be someone who lives with {IF A40 = 02 OR d; OR A41 = 02 OR d; OR A43 = 02 OR d FILL you / IF A13a = 03; OR A14 = 09; OR A27 = 04 OR d FILL {NAME} such as a family member or friend, or someone like a social worker or case worker.

INFORMANT WILL SERVE AS PROXY 01	(A48)
PROXY COMES TO PHONE 02	(A48)
PROXY NOT AVAILABLE NOW	
PROXY LIVES ELSEWHERE 04	(A51)
{NAME} HOSPITALIZED: NO PROXY 05	SET A104 = 01 (A104)
{NAME} INSTITUTIONALIZED:	
NO PROXY 06	SET A104 = 02 (A104)
{NAME} HAS COGNITIVE BARRIER:	
NO PROXY 07	SET A104 = 03 (A104)
(NAME) HAS HEARING / SPEECH BARRIER	
/ NO PROXY 08	SET A104 = 04 (A104)

11/11/2004 A-15 ROUND 1 VERSION

NO PROXY 09 SET A104 = 05 (A104) DON'T KNOW d SET A106 = 03 (A106) REFUSED.....r IF A40 = 02 OR d OR A41 = 02 OR d OR A43 = O2 OR d SET A105 = 01 (A105) / IF A13a - 03 OR A14 = O9 OR A27 -04 OR d SET A105 = 03 (A105) < A46 = 03 >A47. What is that person's name so we can call back and ask for them by name? NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX DON'T KNOW d SET A106 = 05 (A106) REFUSED...... r SET A106 = 05 (A106) PROGRAMMER: STORE PROXY NAME IN LOCATING DATABASE. SET A100 = 02 (A100)PROXY COMES TO PHONE <A46=01 OR 02> {IF A46 = 02 USE Hello, my name is ______, calling on behalf of the Social Security Administration.} {NAME} A48. has been selected to participate in an important national health study we are conducting for SSA. Congress requires Social Security to conduct the National Beneficiary Survey. The information we collect will be used to evaluate Social Security's programs for disability beneficiaries. Are you the person who is most knowledgeable about {NAME's} health, daily activities, any jobs {he/she} may have, and about any Social Security programs and services {he/she} might use? YES...... 01 (A53) WANTS MORE INFORMATION 02 DON'T KNOW d (A50) REFUSED...... r SET A105 = 03 (A105) < A48 = 02 >A49. Social Security recently sent {NAME} a letter saying that we would be calling to ask {him/her} to participate in an important national health study we are conducting for Social Security. I work for Mathematica Policy Research, a nationally recognized research firm based in Princeton, New Jersey. We are conducting a scientific study. We are not selling anything or asking for contributions. CONTINUE 01 (A53) REQUESTS LETTER...... 03 (A58) REFUSED...... r SET A105 = 03 (A105) <A48 = 00 OR d; OR A49 = 02> A50. Is there someone else who knows about {NAME's} health, daily activities, and any jobs {he/she} might have? YES...... 01 NO OTHER PROXY AVAILABLE 02 SET A106 = 03 (A106)

{NAME} HAS PHYSICAL BARRIER:

ANOTHER PROXY LIVES ELSEWHERE < A50 = 01 >A51. What is this person's name and phone number? PROBE: If you don't have all the information, please tell me what you have. PREFIX, FIRST, MIDDLE, LAST, SUFFIX DON'T KNOW d REFUSED.....r Please tell me the telephone number with the area code first. TELEPHONE: I__I__I - I__I__I - I__I__I DON'T KNOW d REFUSED.....r PROGRAMMER: STORE PROXY CONTACT INFORMATION IN LOCATING DATABASE AND GO TO A52. IF BOTH NAME AND PHONE NUMBER REFUSED SET A106 = 05 (A106) <A51 = ANSWER> A52. PROGRAMMER: IS THERE A VALID PHONE NUMBER AT A51? **SPEAKING WITH PROXY** <A48 = 01; OR A49 = 01> A53. The interview will take from 45 to 60 minutes. In appreciation for your time, we will send you a check for \$10.00 when we finish the interview. If you get tired or need a break at any time, please tell me and we will call back later to finish the interview. Let's start now. CONTINUE 01 CALL BACK LATER...... 02 PROXY WANTS LETTER...... 03 (A58) REFUSED...... r SET A105 = 03 (A105) < A53 = 01 OR 02 >A54. {IF A53 = 01 USE Before we start} please tell me your name (IF A53 = 02 USE so we can call back and ask for you.} PROBE: Your first name is fine. PREFIX, FIRST, MIDDLE, LAST, SUFFIX REFUSED.....r CONTINUE PROGRAMMER STORE PROXY NAME IN DATABASE

11/11/2004 A-17 ROUND 1 VERSION

IF A53 = 01 01 (A64)

<A54 = ANSWER OR r>

A55.

PROGRAMMER: IF...

CALLING FOR IDENTIFIED PROXY / PROXY AFTER REMAIL <A0 = 10 OR 11 OR 13> A56. Hello, my name is _____, calling on behalf of the Social Security Administration. May I please speak with {PROXY NAME}? INTERVIEWER, READ IF NEEDED: We are not selling anything or asking for a contribution. LANGUAGE BARRIER (NOT SPANISH)...... 06 SET A104 = 07 (A104) NO SUCH PERSON AT THIS NUMBER 07 SET A102 = 05 (A105) OTHER: SUPERVISOR REVIEW NEEDED .. 08 SET A106 = 05 (A106) HUNG UP DURING INTRODUCTION 09 SET STATUS = 640 (END) REFUSED...... r SET A105 = 03 (A105) PROXY COMES TO PHONE < A56 = 01 OR 02 >{IF {PROXY} COMES TO PHONE (A56=02), USE Hello, my name is _____, calling on behalf of the Social A57. Security Administration.) Recently, Social Security sent {IF A0 = 10 FILL {NAME} / IF A0 = 11 FILL you} letter explaining that {he/she} had been selected to participate in an important survey we are conducting for them. The National Beneficiary Survey is {NAME's} health, daily activities daily activities, any jobs {he/she} might have, and about any Social Security programs or services {he/she} might use. Congress requires that Social Security conduct this survey. We were told that you are the most knowledgeable person to respond to the survey on behalf of {NAME}. The interview will take from 45 to 60 minutes. In appreciation for your time, we will send you a check for \$10.00 when we finish the interview. Would you be able to help us? CONTINUE 01 (A64) SEEK ANOTHER PROXY 03 (A60) PROGRAMMER: DISPLAY THIS OPTION ONLY IF A0 = 10 WANTS LETTER SENT... 04 DON'T KNOW d (A59) REFUSED...... r SET A105 = 03 (A105) < A57 = 04 >The letter explained that {NAME} was selected from a list of all adults currently receiving Social Security benefits and that A58. someone would be calling to ask {him/her} to participate in an interview. Social Security is required by Congress to conduct this survey. The information we collect will be used to help evaluate Social Security's programs for disability beneficiaries. If you need a break, let me know and we will call back later to finish the interview. Let's start now. CONTINUE 01 (A64) WANTS LETTER SENT...... 03 DON'T KNOW d (A59) REFUSED...... r SET A105 = 03 (A105)

< A58 = 03 >

A59. Please tell me your name and address so we can mail the letter to you.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX ADDRESS 1 ADDRESS 2 CITY, STATE, ZIPCODE

PROGRAMMER STORE PROXY INFORMATION IN LOCATING DATABASE SET A109 = 02 (A109)

SEEK ANOTHER PROXY - CONTACT INFORMATION

<a57 =<="" th=""><th></th><th>OXI - CONTACT IN</th><th>ONWIATION</th><th></th></a57>		OXI - CONTACT IN	ONWIATION	
A60.	Can you give	•	phone number for someone else who mighave, and any Social Security programs of	ght be knowledgeable about {NAME's} health, daily or services {he/she} might use?
			YES NO DON'T KNOW REFUSED	
<a60 =<br="">A61.</a60>		person's name and te	elephone number?	
	PROBE FOR	R A60 = 01 ONLY: If	you don't have all the information, please	tell me what you have.
		PREFIX, FIRST	, MIDDLE, LAST, SUFFIX	
			DON'T KNOWREFUSED	
	Please tell m	e the telephone numl	per with the area code first.	
		TELEPHONE N	UMBER: IIIIIIII	<u> </u>
			DON'T KNOWREFUSED	
			STORE PROXY INFORMATION IN LOC GO TO A62. AND PHONE NUMBER REFUSED SET	
	ANSWER> PROGRAMME	R: WHAT KIND OF	PROXY CONTACT INFORMATION DOE	S A61 CONTAIN?
			NO PHONE NUMBERINVALID PHONE NUMBERVALID PHONE NUMBER	02 SET A102 = 06 (A102)
A63 DE	LETED			
				e 01; OR A55 = 01; OR A57 = 01; OR A58 = 01>
			NAMEPROXY	
A65. DI	ELETED			

11/11/2004 A-19 **ROUND 1 VERSION**

<a64 =="" a66.<="" th=""><th>ANSWER> Before we start, I need to confirm that I've reached the right person. Is {IF A64 = 01 FILL your/IF A64 = 02 FILL {NAME's}} full</th></a64>	ANSWER> Before we start, I need to confirm that I've reached the right person. Is {IF A64 = 01 FILL your/IF A64 = 02 FILL {NAME's}} full
	name:
	PROGRAMMER: IF $A0 = 03$, DISPLAY: CAPI INTERVIEWER: DO NOT READ QUESTION; CODE 01 OR 02 AS APPROPRIATE.
	PROGRAMMER: DISPLAY SAMPLE MEMBER'S FULL NAME BELOW FROM A04_a.
	YES 01 (A67a)
	YES, NAME NOW CHANGED
	NO
	REFUSED
<a66 =<="" td=""><td>·</td></a66>	·
A67. Fo	or the record, what is {your/NAME's} new name?
	RAMMER: IF A0 = 03 DISPLAY: CAPI INTERVIEWER: DO NOT READ QUESTION: RECORD NAME CHANGE AND NUE WITH
	NEW NAME
	DON'T KNOW d (A72)
	REFUSEDr IF A64 = 01 SET A105 = 01 (A105) IF A64 = 02 SET A105 = 03 (A105)
	PROGRAMMER STORE NAME CHANGE IN LOCATING DATABASE.
<a65 =<="" td=""><td>01; OR A66 = 01; OR A67 = ANSWER OR r> A67a. {PROGRAMMER: IF A22 OR A44 CONTAIN UPDATED STATE, GO TO A68, ELSE CONTINUE} And in what state {IF A64 = 01 FILL are you / IF A64 = 02 FILL IS {NAME}} now living?</td></a65>	01; OR A66 = 01; OR A67 = ANSWER OR r> A67a. {PROGRAMMER: IF A22 OR A44 CONTAIN UPDATED STATE, GO TO A68, ELSE CONTINUE} And in what state {IF A64 = 01 FILL are you / IF A64 = 02 FILL IS {NAME}} now living?
	CAPI INTERVIEWER: DO NO READ QUESTION: RECORD STATE BELOW AND CONTINUE.
	CTATE
	STATE r IF A64 = 01 SET A105 = 01 (A105)
	IF A64 = 02 SET A105 = 03 (A105)
	PROGRAMMER STORE STATE CHANGE FOR USE IN FUTURE
	QUESTIONS AT A04_m
<a67a :<="" td=""><td>= ANSWER OR r> What is {your/NAME'S} date of birth?</td></a67a>	= ANSWER OR r> What is {your/NAME'S} date of birth?
	PROGRAMMER: IF A0 = 03 DISPLAY: CAPI INTERVIEWER: DO NOT READ QUESTION. RECORD DATE OF BIRTH OR d AND CONTINUE.
	(1 – 12) (1 – 31) (1937 – 1986)
	ANSWERED
	DON'T KNOW d REFUSED r IF A64 = 01 SET A105 = 01 (A105)
	(A100)

IF A64 = 02 SET A105 = 03 A105)

<a68 =="" a69.<="" th=""><th></th><th>/IF A64 = 02 FILL is {NAME}? PROBE: Your be</th><th>st guess is fine.</th></a68>		/IF A64 = 02 FILL is {NAME}? PROBE: Your be	st guess is fine.
	PROGRAMMER IF A0 = 03 DISPL	AY: CAPI INTERVIEWER: DO NOT READ QU	ESTION, RECORD AGE AND CONTINUE
		RECORD AGE: _ DON'T KNOW	
<a69 =<br="">A70.</a69>	ANSWER OR d> PROGRAMMER CHECK: IS A69 A	GE = +2 OR – 2 YEARS OF NAME'S CURREN	T AGE (A04_g)?
		YES	
<a68 =<br="">A71.</a68>	ANSWER; OR A70 = ANSWER> PROGRAMMER CHECK BIRTHDA ON RECORD (A04_d) OR IS A70	ATE: IS MONTH, DAY, YEAR OF BIRTH AT A6 = 01?	68 = MONTH, DAY, AND YEAR OF BIRTH
		NO MATCH	01 02
<a65 =<br="">A72.</a65>		00 OR d AND A70 = 01; OR A71 => 02> ME'S} IDENTITY VERIFIED (NAME VERIFIED OR 02}?) {A66 = 01 OR 02} AND IS BIRTHDATE
		YES (VERIFIED)	
NAME/ <a72 =<="" td=""><td>PROXY COGNITIVE TEST</td><td></td><td></td></a72>	PROXY COGNITIVE TEST		
A73.	INTERVIEWER: WHO ARE YOU	SPEAKING WITH?	
		NAME, TTY INTERVIEW	02 SET A110 = 01 (A110) 03 04
<a73=0 A74.</a73=0 	03, 04 OR 05> Next, I will explain some facts abou were clear.	nt the survey. After I explain, I will ask you three	questions so I can be sure my explanation
	Here's the first explanation. The su	urvey asks about {IF A73 = 03 FILL your / IF A7	3 = 04 OR 05 FILL {NAME's}} health, dail

activities, and any jobs {IF A73 = 03 FILL you / IF A73 = 04 OR 05 FILL {NAME}} might have. Please tell me in your own words, what the survey is about.

INTERVIEWER: IF NAME/PROXY SAYS "DON'T KNOW" RECORD AS "LISTS NONE"00

```
LISTS NONE...... 00
LISTS 1 TOPIC ...... 01
LISTS 2 TOPICS...... 02 (A77)
r IF A73 = 03 SET A105 = 01 (A105) / IF
    A73 = 04 OR 05 SET A105 = 03 (A105)
```

A75 IS DELETED

< A74 = 00 OR 01 >

A76. INTERVIEWER YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. The survey asks about {your/NAME}'s <u>health</u>, <u>daily activities</u>, and <u>any jobs {IF A73 = 03 FILL you / IF A73 = 04 OR 05 FILL {NAME}} might have</u>. Please tell me in your own words, what the survey is about.

INTERVIEWER: IF RESPONDENT SAYS "DON'T KNOW" RECORD AS "LISTS NONE"04

LISTS NONE	00	(A80)
LISTS 1 TOPIC	01	(A80)
LISTS 2 TOPICS	02	
LISTS 3 TOPICS	03	
REFUSED	r	IF A73 = 03 SET A105 = 01 (A105) / IF
A73 = 04 OR 05 SET A105 = 03 (A1	05)	

< A74 = 02 OR 03; OR A76=02 OR 03>

A77. Here is the next explanation. Taking part in the survey is <u>completely voluntary</u>. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like and you can stop the interview at any time you choose. Whether you choose to take part or not, {your/NAME's} disability benefits will not be affected in any way.

When I say your taking part is completely voluntary, what does that mean to you?

INTERVIEWER: IF NAME/PROXY SAYS "It is voluntary," PROBE: What does that mean?

EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF NAME/PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"02

<A77=02>

A77a. INTERVIEWER YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. Taking part in the survey is <u>completely voluntary</u>. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like and you can stop the interview at any time you choose. Whether you choose to take part or not, {your/NAME's} disability benefits will not be affected in any way.

When I say your taking part is completely voluntary, what does that mean to you?

INTERVIEWER: IF NAME/PROXY SAYS "It is voluntary," PROBE: What does that mean?

EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF NAME/PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"....02

<A77 = 01 OR A77a = 01>

A78. Here's the last explanation. All your answers will be kept confidential and used only for the research purposes of the study.

When I say that your answers will be kept confidential, what does that mean to you?

INTERVIEWER: IF NAME OR PROXY SAYS "It is confidential," PROBE: What does that mean?

EXAMPLES OF ACCURATE ANSWERS ARE: "My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research"; etc.

INTERVIEWER: IF NAME/PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"....02

ACCURATE ANSWER 01	(A110)
INACCURATE ANSWER 02	
REFUSEDr	IF A73 = 03 SET A105 = 01 (A105) / IF
A73 = 04 OR 05 SET A105 = 03 (A105)	

< A78 = 02 >

A78a. INTERVIEWER YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. All your answers will be kept confidential and used only for the research purposes of the study.

When I say that your answers will be kept confidential, what does that mean to you?

INTERVIEWER: IF NAME OR PROXY SAYS "It is confidential," PROBE: What does that mean?

EXAMPLES OF ACCURATE ANSWERS ARE: "My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research"; etc.

INTERVIEWER: IF NAME/PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"....02

A79 IS DELETED

RESPONDENT OR PROXY FAILS COGNITIVE TEST. FIND A PROXY/ANOTHER PROXY

<A76 = 00 OR 01; OR A77a = 02 OR A78a = 02>

A80. Thank you. Our study rules say that we need to find {IF A73 = 03 USE someone / IF A73 = 04 USE someone else} who can help {IF A64 = 01 FILL you / IF A64 = 02 FILL {NAME}} answer the survey questions. Is there someone there who could answer questions about {if A64 = 01 FILL your / IF A64 = 02 FILL {NAME's}} health, daily activities, and any jobs {IF A64 = 01 FILL you / IF A64 = 02 FILL he/she} might have?

PROBE: This might be someone who lives with {vou/NAME}, a friend, or someone like a social worker or case worker.

A81. What is that person's name so we can call back and ask for them?

NAME: PREFIX, FIRST, `MIDDLE, LAST, SUFFIX

PROGRAMMER: RECORD NAME LOCATING DATABASE <u>SET A100 = 02 (A100)</u>

<a80 =<="" th=""><th>= 03></th><th></th><th></th><th></th></a80>	= 03>			
A82.	Do you have that person's na	me and phone number?		
		YES	01	
			,	
<a82 :<="" td=""><td></td><td></td><td></td><td></td></a82>				
A83.	Please give me that person's	name. PROBE: If you don't have all the	information, please tell me what you can.	
	PREFIX, FI	RST, MIDDLE, LAST, SUFFIX		
		DON'T KNOW	d	
		REFUSED	r	
	Please tell me the telephone i	number with the area code first.		
	TELEPHON	IE NUMBER: IIII – IIII –		
		DON'T KNOW		
		DON'T KNOW REFUSED		
		KEI GOLD		
	PROGRAM	MER: STORE PROXY NAME AND PH	ONE NUMBER IN LOCATING	
		DATABASE.		
	IF BOTH	NAME AND PHONE NUMBER REFUS	ED, SET A106 = 05 (A106)	
٠٨٥٥	ANCWED.			
	= ANSWER> PROGRAMMER: WHAT KIND	OF PROXY CONTACT INFORMATION	DOES A83 CONTAIN?	
			20207.000 007.77	
		VALID PHONE NUMBER	01 SET A101 = 02 (A101)	
		NO PHONE NUMBER		
CALL	TO NEW PROXY/NEW PROXY	COMES TO PHONE		
	13; OR A56 = 01 OR O2; OR A8			
A85.			, calling on behalf of the Social	Securit
	-		an important survey we are conducting for the	
	-		ities, and any jobs they might have. Congress	
			nowledgeable about these topics and are the best	-
	to answer the survey on beha	If of {NAME}.		
	The interview will take from	15 to 60 minutes. In appreciation for v	our time, we will send you a check for \$10.00 w	uhan w
	finish the interview. Would yo		our time, we will send you a check for \$10.00 w	/IIEII W
	•	·		
		YES		
			d SET A106 = 03 (A106)	
		REFUSED	r SET A105 = 03 (A105)	

NEW PROXY/ NEW PROXY COMES-TO-PHONE COGNITIVE TEST

< A85 = 01 >

A86. Next, I will explain some facts about the survey. After I explain, I will ask you three questions so I can be sure my explanations were clear.

Here's the first explanation. The survey asks about {NAME's} health, daily activities, and any jobs {he/she} might have. Please tell me in your own words, what the survey is about.

INTERVIEWER: IF PROXY SAYS "DON'T KNOW" RECORD AS "LISTS NONE"...00

LISTS NONE	00	
LISTS 1 TOPIC	01	
LISTS 2 TOPICS	02	(A89)
LISTS 3 TOPICS	03	(A89)
REFUSED	r	SET A105 = 03 (A105)

A87 IS DELETED

<A86= 00 OR 01 >

A88. INTERVIEWER YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. The survey asks about {NAME}'s <u>health</u>, daily activities, and <u>any jobs {he/she} might have</u>. Please tell me in your own words, what the survey is about.

INTERVIEWER: IF PROXY SAYS "DON'T KNOW" RECORD AS "LISTS NONE"...04

LISTS NONE	00	(A92)
LISTS 1 TOPIC	01	(A92)
LISTS 2 TOPICS	02	
LISTS 3 TOPICS	03	
REFUSED	r	SET A105 = 03 (A105)

<A86 = 02 OR 03; OR A88 = 02 OR 03>

A89. Here is the next explanation. Taking part in the survey is <u>completely voluntary</u>. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like and you can stop interview at any time you choose. Whether you choose to take part or not, {NAME's} disability benefits will not be affected in any way.

When I say your taking part is completely voluntary, what does that mean to you?

INTERVIEWER: IF PROXY SAYS "It is voluntary," PROBE: What does that mean?

EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"...02

11/11/2004 A-25 ROUND 1 VERSION

< A89 = 02 >

A89a. INTERVIEWER: YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. Taking part in the survey is <u>completely voluntary</u>. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like and you can stop the interview at any time you choose. Whether you choose to take part or not, {NAME's} disability benefits will not be affected in any way.

When I say your taking part is completely voluntary, what does that mean to you?

INTERVIEWER: IF PROXY SAYS "It is voluntary," PROBE: What does that mean?

EXAMPLES OF ACCURATE ANSWERS ARE: I can decide to take part or not to take part. I can refuse to take part if I want. I don't have to do this. I can do this if I want. No one will take away my benefits if I refuse, etc.

INTERVIEWER: IF PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"...02

< A89a = 01 >

A90. Here's the last explanation. All your answers will be kept confidential and used only for the research purposes of the study.

When I say that your answers will be kept confidential, what does that mean to you?

INTERVIEWER: IF PROXY SAYS "It is confidential," PROBE: What does that mean?

EXAMPLES OF ACCURATE ANSWERS ARE: "My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research"; etc.

INTERVIEWER: IF PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER" ...02

< A90 = 02 >

A90a. INTERVIEWER: YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

Let's try that again. All your answers will be kept confidential and used only for the research purposes of the study.

When I say that your answers will be kept confidential, what does that mean to you?

INTERVIEWER: IF PROXY SAYS "It is confidential," PROBE: What does that mean?

EXAMPLES OF ACCURATE ANSWERS ARE: "My answers will be secret. Only researchers will see what I said. What I say will be (kept) private. It will only be used for research"; etc.

INTERVIEWER: IF PROXY SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"...02 QUESTION.

A91 IS DELETED

<A88 = 00 OR 01; OR A89a = 02; or A90a = 02>

A92. Thanks for your patience. There seems to be a problem and I need to check with my supervisor about what to do next. My supervisor will get back to you.

PROXY FAILED COGNITIVE TEST 01 SET A106 = 04 (A106)

CALL BACK LATER TO SAME NUMBER (INTERIM)

<A1 = 04; OR A3 = 02; A5 = 02; OR A7a = 01; OR A8 = 03; OR A9=03; OR A10 = 03; OR A12 = 02; OR A14 = 04; OR A17 = 01, 02, 03 OR 04; OR A20 = 02; OR A27b = 01; OR A28 = ANSWER; OR A47 = ANSWER; OR A52 = 01; OR A55 = 02; OR A56 = 03; OR A57 = 02; OR A58 = 02; OR A81 = ANSWER; OR A84 = 01; OR A85 = 02>

A100. (INTERNAL VARIABLE - NOT DISPLAYED FOR USER - SHOW FOR TESTING PURPOSES ONLY)

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

START NEXT SCREENER AT...

{you/NAME} 01	A0 = 01
{PROXY NAME}	A0 = 10
{INTERPRETER NAME}	A0 = 14
{NAME} using TTY04	A0 = 08
{NAME} using Relay 05	A0 = 07
{NAME} using a phone amplifier 06	A0 = 09
{NEW PROXY NAME} AFTER FIRST PROXY	
FAILED COGNITIVE TEST 07	A0 = 10
$\{NAME\}$ at $\{IF\ A1 = 07;\ OR\ A2 = 07;\ OR\ A4b =$	
07; OR A13a = 08 FILL HOSPITAL NAME	
FROM A28 / IF A1 = 11; OR A2 = 11; OR	
A4b = 09; OR A13a = 07 FILL	
INSTITUTION NAME FROM A28 08	A0 = 01
IF A4a = 02 AND A6 = ANSWER	
{NEW INTERPRETER NAME}	A0 = 15

PROGRAMMER: SEND TO CALLBACK SCREEN AND INTERVIEWER WILL SET CALL BACK STATUS THERE.

GOTO END

NEW PHONE NUMBER FOR NAME/PROXY/LEAD TO NAME/LEAD TO PROXY

< A36 = 01; OR A38 = ANSWER; OR A52 = 01; OR A62 = 03, 05, OR 09; A84 = 03, 05, OR 09>

A101. Thank you very much; we will be calling {NAME/PROXY/LEAD FROM BELOW} shortly.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND 01 OR 02 VALUES BELOW. 03 SHOULD NOT BE DISPLAYED.

START NEXT SCREENER AT...

A.101a. PROGRAMMER: GOT TO END.

SEND TO LOCATING: NAME OR PROXY (INTERIM)

<A1 = 14; OR A2 = 14; OR A4b = 11; OR A24 = 00; OR A36 = 00; A37 = 00 OR d; OR A52 = 00; OR A56 = 07; OR A62 = 01, OR 02; OR A72 = 00; OR A82 = 00; OR A84 = 01, 02, 04, 05, 07, OR 08>

A102. Thank you very much. Goodbye.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

INTERVIEWER: PRESS ENTER TO CONTINUE

START NEXT SCREENER AT...

{NAME}: NO SUCH PERSON HERE01	SET STATUS = 530	(END) $A0 = 01$
{NAME}: NEED PHONE NUMBER ONLY02	SET STATUS = 530	(END) $A0 = 01$
{NAME} NEED ALL CONTACT		
INFORMATION03	SET STATUS = 530	(END) $A0 = 01$
{NAME} FAILED VERIFICATION -		
FIND NAME04	SET STATUS = 530	(END) $A0 = 01$
{PROXY}: NO SUCH PERSON HERE05	SET STATUS = 380	(END) $A0 = 13$
{PROXY}: NEED PHONE NUMBER06	SET STATUS = 380	(END) $A0 = 13$

PROGRAMMER: FOR 05 - 06 SUPERVISOR WILL SET NEXT STARTING QUESTION AND MAY OVERWRITE CODES

INELIGIBLE (INTERIM / POSSIBLE FINAL)

<A1 = 08, 09, 12, OR 19; OR A2 = 08, 09, 12, OR 19; OR A4b = 07, 08,10, OR 14; OR A13a = 06, 09, 10 OR 11; OR A26 = 01; OR A33 = 01>

A103. Thank you for explaining. {PROGRAMMER FOR STATUS = 02, 03, 04, AND 05 FILL: That's all the questions we have for you. Goodbye.}

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

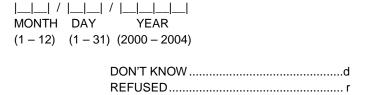
NOTE: PROGRAMMER, THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW. THEY WILL NOT CYCLE THROUGH THE SCREENER AGAIN UNLESS SUPERVISOR/PROGRAMMER RESETS CASE STATUS.

INTERVIEWER: PRESS ENTER TO CONTINUE

DECEASED	01	
INCARCERATED	02	SET STATUS = 421 (END)
IN ACTIVE MILITARY	03	SET STATUS = 422 (END)
LIVING OUTSIDE THE USA	04	SET STATUS = 461 (END)

<A103 = 01>

A103a. I am sorry to hear {NAME} has passed away. I was calling about a study we are conducting for the Social Security Administration. You might have seen a letter we recently sent [NAME] explaining the study. When did {NAME} pass away?



Thank you. Please accept my condolences. Goodbye.

PROGRAMMER: SET STATUS = 440
GOTO END

BARRIERS TO PARTICIPATION - (INTERIM NON-RESPONSE / POSSIBLE FINAL NON-RESPONSE)

<A1 = 17; OR A2 = 17; OR A4b = 13; OR A46 = 05, 06, 07, 08, OR 09; OR A56 = 06; OR A92 = 01>

A104. Thank you very much for explaining. That's all the questions I have. Thanks for your time. Goodbye.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

PROGRAMMER, THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW. THEY WILL NOT CYCLE THROUGH THE SCREENER AGAIN UNLESS SUPERVISOR/PROGRAMMER RESETS CASE STATUS.

INTERVIEWER: PRESS ENTER TO CONTINUE

HOSPITALIZED 0)1 S	SET S	STATU	IS =	420	(END)
INSTITUTIONALIZED0)2 S	SET S	STATL	IS =	420	(END)
COGNITIVE BARRIER 0	03 S	SET S	STATU	IS =	412	(END)
HEARING/SPEECH BARRIER 0	04 S	SET S	STATU	IS =	411	(END)
PHYSICAL BARRIER 0	05 S	SET S	STATU	IS =	410	(END)
UNAVAILABLE DURING FP	06 S	SET S	STATL	IS =	430	(END)
FINAL LANGUAGE BARRIER 0	07 S	SET S	STATL	IS =	400	(END)

REFUSALS (INTERIM / FINAL)

<IF ANY OF THE FOLLOWING QUESTIONS = r: A1, A2, A4b, A5, A8, A9, A10, A12, A13a, A14, A17, A18, A19, A20, A22, A27b, A28, A29, A30, A37, A40, A41, A43, A44, A45, A46, A48, A49, A50, A51, A53, A56, A57, A58, A60, A61, A74, A76, A77, A78, A78a, A80, A83, A85, A86, A88, A89; A89a, A90, A90a>

A105. Thank you for your time. Goodbye.

PROGRAMMER: GO TO REFUSAL SCREEN SO INTERVIEWER CAN RECORD REASON FOR REFUSAL.

WHILE THE CASE IS STILL IN INTERIM STATUS, THESE CASES WILL BE SUBJECT TO CALL SCHEDULER RULES THAT WILL DETERMINE WHETHER AND WHEN TO START THE NEXT SCREENER CALL (A0 - 01 OR A0 = 10) OR SET AS 860 (END) (REVIEW NEEDED FOR FIELD BY SUPERVISOR, AKA HOLD FOR CAPI)

	START NEXT SCREENER AT
{NAME} REFUSED	01 SET STATUS = 200 (REFUSAL SCREEN)
A0 = 01	
{UNKNOWN} REFUSED	02 SET STATUS = 220 (REFUSAL SCREEN)
A0 = 01	
{PROXY} REFUSED	03 SET STATUS = 210 (REFUSAL SCREEN)
A0 = 10	

INTERVIEWER: PRESS ENTER TO RECORD REASONS FOR REFUSAL IN REFUSAL SCREEN.

SUPERVISOR REVIEW (INTERIM)

A1 = 15; OR A2 = 15; OR A3 = 03 OR r; OR A4 = r; OR A4a = 03 OR r; OR A4b = 03 OR 12 OR r; OR A15 = ANSWER; OR A18 = 01 OR d; OR A24 = r; OR A28 = r; OR A29 = r; OR A47 = r; OR A50 = 2; OR A51 = r; OR A56 = 05 OR 08; OR A60 = 00 OR d; OR A66 = r; OR A67a = r; OR A68 = r; OR A80 = 04 OR d; OR A58 = 03; OR A60 = 00 OR r; OR A56 = 05; OR A80 = 04 OR d; OR A101 = 03 > 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A80 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 04 OR d; OR A101 = 000 OR r; OR A56 = 05; OR A50 = 000 OR r; OR A50

A106. Thank you for your time. Goodbye.

INTERVIEWER INSTRUCTION: IF CASE NEEDS A SPANISH INTERVIEWER, PLEASE RECORD IN APPOINTMENT OR EXIT, AS APPROPRIATE.

POSSIBLE LANGUAGE PROBLEM	01	SET STATUS = 380 (END)	
CALL INFORMANT TO SET TTY/			
RELAY CALL BACK TIME	02	SET STATUS = 380 (END)	
NEED TO LOCATE NEW PROXY	03	SET STATUS = 380 (END)	
PROXY FAILED COGNITIVE TEST /			
NO OTHER PROXY AVAILABLE	04	SET STATUS = 380 (END)	

11/11/2004 A-29 ROUND 1 VERSION

OTHER SUPERVISOR REVIEW	05	SET STATUS = 380 (END)
CALL LEAD FOR NAME/PROXY INFO	06	SET STATUS = 380 (END)

HOLD FOR CAPI (INTERIM - REQUIRES SUPERVISOR REVIEW)

<A14 = 05; OR A29 = ANSWER; OR A45 = 01 OR 02>

A107. Thank you very much. Our field interviewer will call to arrange a time for the interview.

PROGRAMMER: IN ADDITION TO THESE CASES BEING HELD FOR CAPI, REFUSALS AND UNLOCATABLES WILL ALSO BE HELD FOR CAPI UNDER CERTAIN CIRCUMSTANCES THAT THE SUPERVISORS WILL DECIDE.

NOTE ALSO THAT ALL CAPI CASES WILL START THE CAPI SCREENER AT A0 = 01.

INTERVIEWER: PRESS ENTER TO CONTINUE

RESPONDENT WILL CALL MPR (INTERIM)

<A10 = 02; OR A17 = 05 OR 06>

A108. Thanks for offering to call in. Please write down our toll-free number. {IF A10 = 02 OR A17 = 06 FILL 877-293-5740. / IF A17 = 05 FILL Call 877-293-5741 for a TTY interview.} We are available days, evenings, and weekends. If you call after hours, please leave a message and we will get back to you the next day.

INTERVIEWER: PRESS ENTER TO CONTINUE

{NAME} WILL CALL	01	SET STATUS = 830 (END) A0 = 02
{NAME} WILL CALL/TTY	02	SET STATUS = 830 (END) A0 = 08
{NAME} WILL CALL/RELAY	03	SET STATUS = 830 (END) A0 = 07

REQUEST FOR LETTER (INTERIM)

<A22 = 01; OR A25 = 01; OR A26 = 00; OR A59 = 02>

A109. You should receive the letter in about a week. Thank you for your time. Goodbye.

INTERVIEWER: PRESS ENTER TO CONTINUE

{NAME} REQUESTS LETTER 01	SET STATUS = 831 (END) A0 = 04
PROXY REQUESTS LETTER 02	SET STATUS = 831 (END) A0 = 11

CONTINUE WITH INTERVIEW

<A78a = 01; OR A90a = 01>

A110. RESPONDENT CHECK SCREEN

INTERVIEWER: WE SHOW THE RESPONDENT IS

(IF A73 = 01, 02; OR A73 = 03 AND A78a = 01 FILL {NAME} (IF A73 = 04 OR 05 AND A78a = 01; OR A90a = 01 FILL PROXY

INTERVIEWER: IS THIS INFORMATION CORRECT?

YES	01	(B1)
NO	00	

11/11/2004 A-30 ROUND 1 VERSION

<A110 = 00>

A110a. INTERVIEWER: WHO IS THE RESPONDENT?

{NAME}	01	(B1)
PROXY	02	(B1)

SECTION B: DISABILITY AND CURRENT WORK STATUS

DISABII (All)	LITY STATUS					
B1.	First, I have some questions about how {your/NAME's} health affects {your/his/her} daily activities. Does a physical or mental condition limit the kind or amount of work or other daily activities {you/NAME} can do?					
		e things {you/NAME} can't do as much or can't cooking, shopping, getting around the home, pay				
		YES NO DON'T KNOW REFUSED	00 (B5) d (B5)			
(B1=01) B2.		is the main reason {you are/NAME is} limited?				
	INTERVIEWER: ENTER VERBATI	IM RESPONSE rs call {your/NAME's} health condition?				
	<open></open>					
		DON'T KNOW	-			
(B1=01) B3.		ner physical or mental conditions that limit the ki	nd or amount of work or other daily activities			
		e things {you/NAME} can't do as much or can't cooking, shopping, getting around the home, pay	· · · · · · · · · · · · · · · · · · ·			
		YES NO DON'T KNOW REFUSED	00 (B18_ age) d (B18_ age)			
(B1=01 B4.	and B3=01) What are those conditions?					
	INTERVIEWER: ENTER VERBATI PROBE 1: By what name do docto PROBE 2: What causes this condit	rs call {your/NAME's} health condition?				
	<open></open>					
		DON'T KNOW				

GO TO B18_ age

(B1=00,	d, r)						
B5.							
		YES NO DON'T KNOW REFUSED	00 d	(B9)			
(B1=00, B6.	d, r and B5=01) What physical or mental condition is the main reason (you are/NAME is) eligible for disability benefits?						
	INTERVIEWER: ENTER VERBATIM RESPONSE PROBE 1: By what name do doctors call {your/NAME's} health condition? PROBE 2: What causes this condition?						
	<open></open>						
		DON'T KNOW					
(B1=00, B7.	d, r and B5=01) {Do you/Does NAME} have any oth	ner physical or mental conditions that make {you	u/hin	m/her} eligible for disability benefits?			
		YES NO DON'T KNOW REFUSED	00 d	(B18_ age)			
(B1=00, B8.	d, r and B5=01 and B7=01) What are those conditions?						
	INTERVIEWER: ENTER VERBATIM RESPONSE PROBE 1: By what name do doctors call {your/NAME's} health condition? PROBE 2: What causes this condition?						
	<open></open>						
		DON'T KNOW	d r				
		GO TO B18_ age					
(B1=00, B9.	d, r and B5=00,d, r) {Have you/Has NAME} received di	sability benefits from Social Security at any time	e dur	ring the last five years?			
		YES NO DON'T KNOW REFUSED	00 d	(B11)			
(B1=00,	d, r and B5=00,d,r and B9=00,d,r)						

B10. We are only interviewing people who have received disability benefits in the past five years. I need to check with my supervisor and get back to you. Thank you for your help.

END CALL. STATUS "SUPERVISOR REVIEW 380."

(B1=00, B11.	00, d, r and B5=00,d,r and B9=01) {Do you/Does NAME} still have the physical or mental conditions that made {you/him/her} eligible for Social Security disability benefits?						
		YES	01				
		NO					
		DON'T KNOW	` '				
		REFUSED	` '				
		N21 0025	. (5.0)				
(B1=00, B12.	d, r and B5=00,d,r and B9=01 and B11=01) What physical or mental condition is the main reason (you were/NAME was) eligible for disability benefits?						
	INTERVIEWER: ENTER VERBATIM RESPONSE PROBE 1: By what name do doctors call {your/NAME's} health condition? PROBE 2: What causes this condition?						
	<open></open>						
		DON'T KNOW					
(B1=00, B13.	d, r and B5=00,d,r and B9=01 and {Do you/Does NAME} have any other.	B11=01) ner physical or mental conditions that made {you	u/him/her} eligible for disability benefits?				
		YES	01				
		NO					
		DON'T KNOW					
		REFUSED	· · · · · · · · · · · · · · · · · · ·				
(B1=00, B14.	d, r and B5=00,d,r and B9=01 and What are those conditions?	B11=01 and B13=01)					
	INTERVIEWER: ENTER VERBATIM RESPONSE PROBE 1: By what name do doctors call {your/NAME's} health condition? PROBE 2: What causes this condition?						
	<open></open>						
		DONUT KANONA	٠				
		DON'T KNOW					
		REFUSED	I				
		GO TO B18_age					
(B1=00, B15.	d, r and B5=00,d,r and B9=01 and What physical or mental condition disability benefits from Social Secu	was the $\underline{\text{main}}$ reason {you were/NAME was} li	mited when {you/he/she} first started getting				
	INTERVIEWER: ENTER VERBAT PROBE 1: By what name did doctor PROBE 2: What caused this condi	ors call {your/NAME's} health condition?					
	<open></open>						
		DON'T KNOW	d				

B1=00, 316.	a, r and B5=00,d		B11=00,d,r) physical or mental conditions that limited the kin	.d ^	r amount of work or other daily activities
510.			ne/she} first started getting disability benefits?	iu o	i amount or work or other daily activities
			YES	01	
			NO		(B18_age)
			DON'T KNOW		` ,
			REFUSED	r	(B18_age)
B1=00,	d, r and B5=00,d	r and B9=01 and	B11=00,d,r and B16=01)		
317.	What were those	e conditions?			
	INTERVIEWER:	ENTER VERBAT	IM RESPONSE		
		nat name did doct caused this cond	ors call {your/NAME's} health condition? ition?		
	<open></open>				
			DON'T KNOW	d	
			REFUSED	r	
All) 318_ag	{you/he/she} co	ould do? Your be	when {you/he/she} <u>first</u> became limited in the kingst estimate is fine. KNOWN, ENTER '99' TO PROBE FOR A YEAR I, ENTER '0' IN AGE.		or amount of work or other daily activities
			AGE 0-98)		
		AGE (0-99)	,		
			SINCE BIRTH) O(B20)
			DON'T KNOW	•	
			REFUSEDr	· (I	B19)
B18_ag 318_yea	•				
-		F NECESSARY:	In what year?		
		YEAR			
		(1933-2004) (B20)			
			DON'T KNOWREFUSED	d r	

(B18_ag B19.	e=d,r) or (B18_age=99 and B18_ye Did {you/NAME} become limited be			
	PROBE: Your best guess is fine.			
		LESS THAN 18	02 d	
(AII) B20.	INTERVIEWER READ: I must have	(B18_age) SHOULD NOT EXCEED CURRENT erecorded an incorrect answer. I show that (you were/(he/she) was) (B18_age). Show first became limited?	ou a	re/NAME is} now (CURRENT AGE), and
		CHANGE CURRENT AGECHANGE AGE WHEN FIRST BECAME		
		SUPPRESS		(CHANGE BTO_age)
(AII) B21.	CHECK: HAS {NAME} BEEN LIMI	TED SINCE ADULTHOOD (AGE FROM B18_a	ge I	S 18 OR OLDER OR B19=02)?
		YES	-	(B24)
(B21=01 B22.	•	t a job for pay when {you/he/she} first became li	mite	d?
		YES NO DON'T KNOW REFUSED	00 d	(B24)
(B21=01 B23.	and B22=01) Did the job (you/NAME) had at the	at time require {you/him/her} to use a computer?		(521)
D23.	Did the job (you/NAME) had at the	YES		
		NO	00 d	
	NT WORK STATUS			
(AII) B24.	These next questions are about {y	our/NAME's} personal goals and {your/his/her}	curr	ent work-related activities.
	{Are you/Is NAME} currently working	ng at a job or business for pay or profit?		
		YES NO DON'T KNOW	00 d	(B30) (B28) (B28)

(B24=00)

B25. Other beneficiaries have said that they are not working for a number of reasons. I am going to read you a list of these reasons. For each, please tell me if it is a reason why {you are/NAME is} not currently working.

{Are you/ Is NAME} not working because ...

PROBE: I know {you are/NAME is} not able to work, but the study rules require us to ask all beneficiaries the same questions

			DON'T	
	<u>YE</u> :	<u> NO</u>	KNOW	<u>REFUSED</u>
a.	A physical or mental condition prevents {you/him/her} from working 01	00	d	r
b.	{You/NAME} cannot find a job that {you are/(he/she) is} qualified for 01	00	d	r
c.	{You do/NAME does} not have reliable transportation to and from work 01	00	d	r
d.	{You are/NAME is} caring for someone else	00	d	r
f.	{You/NAME} cannot find a job {you want/(he/she) wants} 01	00	d	r
g.	{You are/NAME is} waiting to finish school or a training program 01	00	d	r
h.	Workplaces are not accessible to people with {your/NAME's} disability 01	00	d	r
i.	{You do/NAME does} not want to lose benefits such as disability,			
	worker's compensation, or Medicaid01	00	d	r
j.	{Your/NAME's} previous attempts to work have been discouraging 01	00	d	r
I.	Others do not think {you/NAME} can work 01	00	d	r
m.	Employers will not give {you/NAME} a chance to show that			
	{you/he/she} can work	00	d	r

(B24=00)

B26. Are there any other reasons why {you are/NAME is} not working that I did not mention?

YES	01	
NO	00	(B28)
DON'T KNOW	d	(B28)
REFLISED	r	(B28)

(B24=00 and B26=01)

B27. What are they?

INTERVIEWER: ENTER VERBATIM RESPONSE

<open></open>			

DON'T KNOW	d
REFUSED	r

(B24=00,d,r)

B28. {Have you/Has NAME} been looking for work during the last four weeks?

YES	01	
NO	00	(B30)
DON'T KNOW	d	(B30)
REFUSED	r	(B30)

(B24=00,d,r and B28=01)

B29. Next, I am going to read you a list of things that some people do to look for work. Please tell me whether or not {you/NAME} did any of these things during the last four weeks.

To look for work in the last four weeks did {you/he/she}:

				<u>DON'T</u>	
		<u>YES</u>	<u>NO</u>	KNOW	REFUSED
a.	Contact {your/his/her} state's unemployment office?	01	00	d	r
b.	Ask friends or relatives?	01	00	d	r
c.	Look through job advertisements in a newspaper				
	or on the internet?	01	00	d	r
d.	Contact the State Vocational Rehabilitation Agency or				
	{VRNAME FROM {NAME'S} CURRENT STATE}?	01	00	d	r
e.	Contact a local independent living center?	01	00	d	r
f.	Contact a private employment agency or program?	01	00	d	r
g.	Contact any employers in person, by mail, or by phone?	01	00	d	r
h.	Do anything else that I didn't mention?	01	00	d	r

PROGRAMMER: IF B29h=01, GO TO B29h_Other, ELSE GO TO B30.

(B24=00,d,r and B28=01 and B29_h=01)

B29h_Other. What was it?

-∩DENI-

INTERVIEWER: PLEASE SPECIFY		

(O) LIV>	

DON'T KNOW	d
REFUSED	r

(All)

B30. Did {you/NAME} work at a job or business for pay or profit anytime in 2003?

YES	01	
NO	00	(B33)
DON'T KNOW	d	(B33)
REFUSED	r	(B33)

(B30=01)

B31. CHECK: DID {NAME} WORK FOR PAY IN 2003 (B30=01) AND WAS {NAME} IN PHASE3 STATE (PHASE=3)?

YES	01	
NO	00	(B33)

(B30=01 and B31=01)

B32. Did {you/NAME} work for pay before November 1, 2003?

YES	01	(B37)
NO	00	
DON'T KNOW	d	
REFUSED	r	

(B30=answer and B31=answer and B32=00,d,r)

B33. CHECK: WAS {NAME} WORKING WHEN LIMITATION BEGAN (B22=01)?

YES	01	(B37)
NO	00	

(B30=ar B34.	nswer and B31=answer and B32=00 CHECK: IS {NAME} CURRENTLY				
		YES	•	B37)	
(B30=ar B35.	nswer and B31=answer and B32=00 CHECK: DID {NAME} WORK IN 2	•			
		YES	•	B37)	
(All exce B36.	ept B33=01 or B34=01 or B35=01) {Have you/Has NAME} ever worke	d for pay?			
		YES NO DON'T KNOW REFUSED	00 d		
(AII) B37.	Do {your/NAME's} personal goals	include {(IF B36=00) getting a job,} moving up in	a job	or lea	arning new job skills?
		YES NO DON'T KNOW REFUSED	00 d		
(AII) B37a.	Do {your/NAME's} personal goals benefits?	include someday working and earning enough	n to s	top re	eceiving Social Security disability
		YES NO DON'T KNOW REFUSED	00 d		
(AII) B38.	{Do you/Does NAME} ever discuss	s work and career goals with family, friends, or a	nyone	e else′	?
		YES NO DON'T KNOW REFUSED	00 (d (B47)	
(B38 =0 B39.		s {your/his/her} work goals with the most?			
	INTERVIEWER: MARK ONLY ON	E.			
	SPOUSE/PARTNER FRIEND JOB COACH EMPLOYER/SUPER	VISOR		02 03 04 05	(B40) (B40) (B40)

	MEDICAL PROVIDER			08	(B40)		
	OTHER			09			
	DON'T KNOW			d	(B47)		
	REFUSED				(B47)		
(B38 =	01 and B39=09)						
-	h. Who was it?						
	INTERVIEWER: PLEASE SPECIFY						
	<open></open>						
	DON'T KNOW			d			
	REFUSED						
(B38=0	1 and B39=01-09)						
B40.	Please tell me how much you agree or disagree widisagree, or strongly disagree?	ith the following	g statemen	t. Would yo	u say you st	rongly a	gree, agree
	didagioo, or oliongly didagioo.	STRONGLY			STRONGLY	DON'T	
			ACDEE	DICACDEE		KNOW	DEFLICED
	0/ /NAMEL > (DEODONOE EDOM DOO) (1: 1	<u>AGREE</u>	<u>AGREE</u>	DISAGREE	<u>DISAGREE</u>	KINOW	REFUSED
	{Your/NAME's} {RESPONSE FROM B39} thinks						
	{your/NAME's} personal goals should include	01	02	03	04	d	r
	working at a job, moving up in a job, or learning new						
	job skills						
(DOO 0	4 1500 04 00)						
-	11 and B39=01-09)						
B41.	{Do you/Does NAME} discuss {your/his/her} work goa	ils with anyone	else?				
	VEO			04			
	YES			• .			
	NO			, ,			
	DON'T KNOW			, ,			
	REFUSED			r (B47)			
							
•	11 and B39=01-09 and B41=01)						
B42.	Who else {do you/does NAME} discuss {your/his/her}	} work goals wit	h?				
	INTERVIEWER: MARK ONLY ONE.						
					(= .=)		
	PARENT/GUARDIAN			_	(B43)		
	SPOUSE/PARTNER			_	(B43)		
	FRIEND			03	(B43)		
	JOB COACH			04	(B43)		
	EMPLOYER/SUPERVISOR			05	(B43)		
	OTHER RELATIVE			06	(B43)		
	CASE WORKER/COUNSELOR/PROGF	RAM STAFF		07	(B43)		
	MEDICAL PROVIDER			08	(B43)		
	OTHER			09	-		
	DON'T KNOW			d	(B47)		
	REFUSED				(B47)		
				-	` '		

B42_oth	n. Who was it?							
	INTERVIEWER: PLEASE SPECIFY							
	<open></open>							
	DON'T KNOW REFUSED							
(B38=01 B43.	I and B39=01-09 and B41=01 and B42=01-09) Please tell me how much you agree or disagree with disagree, or strongly disagree?	n the following	statemen	t. Woul	d you	u say you st	rongly aç	gree, agree,
		STRONGLY	ACDEE	DICACI) 	STRONGLY	DON'T	DEFLICED
	{Your/NAME's} {RESPONSE FROM B42} thinks {your/NAME's} personal goals should include	<u>AGREE</u> 01	AGREE 02	DISAGE 03	<u>KEE</u>	DISAGREE 04	<u>KNOW</u> d	<u>REFUSED</u> r
	working at a job, moving up in a job, or learning new job skills		02			•	_	·
(B38=01 B44.	and B39=01-09 and B41=01 and B42=01-09) {Do you/Does NAME} discuss {your/his/her} work goals	s with anyone e	else?					
	YES NO				347)			
	DON'T KNOW REFUSED			d (E	347)			
(B38=01 B45.	I and B39=01-09 and B41=01 and B42=01-09 and B44= Who else {do you/does NAME} discuss {your/his/her} w	•	?					
	INTERVIEWER: MARK ONLY ONE.							
	PARENT/GUARDIAN SPOUSE/PARTNER					(B46) (B46)		
	FRIEND				03	(B46)		
	JOB COACH EMPLOYER/SUPERVISOR					(B46) (B46)		
	OTHER RELATIVE				06	(B46)		
	CASE WORKER/COUNSELOR/PROGRAMEDICAL PROVIDER							
	OTHER					(D40)		
	DON'T KNOW				d	(B47)		
	REFUSED				r	(B47)		
-	I and B39=01-09 and B41=01 and B42=01-09 and B44= n. Who was it?	01 and B45=0	9)					
	INTERVIEWER: PLEASE SPECIFY							
	<open></open>							
	DON'T KNOW							

(B38=01 and B39=01-09 and B41=01 and B42=09)

(B38=01 and B39=01-09 and B41=01 and B42=01-09 and B44=01 and B45=01-09)

B46. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree?

	STRONGLY <u>AGREE</u>	<u>AGREE</u>	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
{Your/NAME's} {RESPONSE FROM B45} thinks {your/NAME's} personal goals should include working at a job, moving up in a job, or learning new job skills	01	02	03	04	d	r

(All)

B47. Please tell me how much you agree with the following statements. Would you say you strongly agree, agree, disagree, or strongly disagree?

		STRONGLY			STRONGLY	DON'T	
		<u>AGREE</u>	<u>AGREE</u>	DISAGREE	<u>DISAGREE</u>	KNOW	<u>REFUSED</u>
a.	You see {yourself/NAME} {(IF B24=01) continuing to work/ (IF B24=00,d,r) working} for pay in the next year	01	02	03	04	d	r
b.	(ASK B47b IF B47a=01,02, OTHERWISE GO TO B47c) You see {yourself/NAME} working and earning enough to stop receiving disability benefits in the next year	01	02	03	04	d	r
c. d.	You see {yourself/NAME} {(IF B24=01) continuing to work/ (IF B24=00,d,r) working} for pay in the next <u>five</u> years	01	02	03	04	d	r
	You see {yourself/NAME} working and earning enough to stop receiving disability benefits in the next FIVE years	01	02	03	04	d	r

(All)

B48. CHECK: IS {NAME} CURRENTLY WORKING (B24 = 01)?

YES	01	(C1)
NO	00	

(B48=00)

B49. CHECK: WAS {NAME} WORKING IN 2003 (B30 = 01)?

YES01	(D1)
NO00	(E1)

SECTION C: CURRENT EMPLOYMENT

(All) C1.	Now I am going to ask some questions about the jobs {you/NAME} currently {have/has}. When answering these questions please include both part-time and full-time jobs, but only include jobs {you/NAME} hold for pay or profit.
	How many jobs {do you/does NAME} currently have?
	_ NUMBER OF JOBS (1-5) (1-15)
	DON'T KNOW d REFUSED r
PROG	RAMMER: C2 THROUGH C14 ASKED FOR ALL JOBS WHEN C1>01
(All) C2.	PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND FIRST JOB: Let us start with {your/NAME's} main job — that is, the job at which {you work/(he/she) works} the most hours. What kind of work {do you/does NAME} do, that is, what is {your/NAME's} occupation? PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB: Now I would like to ask about {your/NAME'S} {second/third/fourth} job. What kind of work {do you/does NAME} do, that is, what is {your/NAME's} occupation? ELSE (C1=01): What kind of work {do you/does NAME} do, that is, what is {your/NAME's} occupation? INTERVIEWER: ENTER VERBATIM RESPONSE PROBE: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store. PROBE: What are {your/NAME'S} main activities or duties? What else do you do? What else? Do you supervise anyone? <open> DON'T KNOW</open>
(AII) C3.	What kind of business is this?
	INTERVIEWER: ENTER VERBATIM RESPONSE PROBE: For what type of organization or industry do you work? For example: accounting firm, daycare center, educationa facility, food services. PROBE: What do they make, sell, or do where {you work/NAME works}?
	<open></open>
	DON'T KNOW d REFUSED r

11/11/2004 C-1 ROUND 1 VERSION

(All) C4mth.	In what	month and year did {you/NA	AME} start working there?				
		TIEWER: ENTER MONTH H : Your best estimate is fine.	IERE AND YEAR ON NEXT SCREEN				
		(1-12) MO					
			DON'T KNOW				
(All) C4yr.	PROBE	: In what month and year di	d {you/NAME} start working there?				
		TEWER: ENTER YEAR: Your best estimate is fine.					
		<u> </u> _ (198 YEAR (19	30-2004) 150-2004)				
			DON'T KNOW				
(AII) C5.							
			YES	02	(CHANGE C4YR)		
(All)							
	C5a.	•	s know that they should report a change in worl representative} let Social Security know that {yo		•		
			YES	01			
			NO		(C6)		
			DON'T KNOW				
(C5a=0	1)						
(000.0	C5b.	How soon after {youNAN were/(he/she) was} working	ME} started this job did {you/NAME or his/heg?	er r	epresentative} tell Social Security {you		
		PROBE: Your best estimate	te is fine.				
			WEEKS	01	(C5BWeek)		
			MONTHS	02	(C5BMonth)		
			DON'T KNOW	d	(C6)		
			DEFLICED		(CG)		

(C5a=0 ⁻	1 and C5b=01) C5bWeek.		
	INTERVIEWER: ENTER N _ WEEKS (1-52)	IUMBER OF <u>WEEKS</u>	
		DON'T KNOWREFUSED	• •
(C5a=0°	1 and C5b=02) C5bMonth.		
	INTERVIEWER: ENTER N _ WEEKS/I (1-12)		
		DON'T KNOW	· ·
(All) C6.	{Are you/Is NAME} self-employed a	t this job?	
	PROBE: Self-employed means that business.	it {you work/NAME works} for {yourself/himse	elf/herself} or {own your/owns his/her} own
		YES NO DON'T KNOW REFUSED	00 d
(All) C7.	•	rk programs available to people with disabilition mployment program, the Business Enterpris	** ** *
	be available in a regular job) for pe work at reduced levels while they e	program that provides employment with subsict ople with disabilities. A <u>transitional employment</u> wase back into the workplace. The <u>Business Entree of the Employment of the </u>	at program allows workers with disabilities to nterprise Program for the blind offers legally
		YES	00 d
(AII) C8.	How many hours per week {do you	does NAME} usually work at this job?	
	PROBE: Include overtime if {you/he	s/she} usually {work/works} overtime.	
	HOUF	RS PER WEEK (1-60) (1-168)	
		DON'T KNOW	

(AII) C9.	How many weeks per year {do you/does NAME} usually work at this job, including paid vacation and holidays?
	PROBE: There are 52 weeks in a year. PROBE: Please include time off for vacation and holidays if {you are/NAME is} paid for that time. PROBE: If {you have/NAME has} worked less than a year, please answer for the number of weeks {you expect/NAME expects to work.
	_ WEEKS PER YEAR (1-52)
	DON'T KNOW d REFUSED r
(AII) C10.	PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND FIRST JOB: For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on this job. On {your/NAME's} main job {are you/is (he/she} paid by the hour?
	PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB: For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on {your/(his/her)} {second/third/fourth} job. On {your/NAME's} {second/third/fourth} job {are you/is (he/she} paid by the hour? ELSE (C1=01):
	For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on {your/(his/her)} current job. On {your/NAME's} current job {are you/is (he/she} paid by the hour?
	PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST JOB.
	PROBE: {Your/NAME's} main job is the job we have been talking about. The one at which {you work/(he/she) works} the most hours.
	YES 01 NO 00 (C12amt) DON'T KNOW d (C12amt) REFUSED r (C12amt)
(C10=0°	1) What is {your/NAME's} regular hourly pay, including tips and commissions?
	PROBE: IF LESS THAN \$5.00 AN HOUR: Does this include tips and commissions? INTERVIEWER: IF ENTERING AN AMOUNT WITH CENTS, PLEASE ENTER DECIMAL POINT
	\$ _ . _ . PER HOUR (1 – 25.00) (1 - 300.00)
	DON'T KNOW d REFUSED r
	GO TO C14.

C 1	n -	=00	Ч	$^{\circ}$	r rl
	\ <i>J</i> =	ニしハノ	. (1	. ()	

C12amt. Before taxes and other deductions how much {are you/is NAME} paid on this job, including tips and commissions.

PROBE: Is that amount paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

INTERVIEWER: ROUND TO NEAREST DOLLAR AND ENTER HOW OFTEN PAID ON NE	XT SCREEN
---	-----------

(C10=00, d, or r) C12hop.

INTERVIEWER: ENTER HOW OFTEN PAID

DAILY	01 (1-384)	(1-1,922)
WEEKLY	02 (1-1,923)	(1-9,615)
BI-WEEKLY	03 (1-4,166)	(1-20,833)
TWICE A MONTH	04 (1-4,166)	(1-20,833)
MONTHLY	05 (1-8,333)	(1-41,666)
ANNUALLY	06 (1-100,000)	(1-500,000)
DON'T KNOW	d	
REFUSED	r	

(C10=00, d, or r)

C13amt. For this job, about how much is left as take-home pay after taxes and other deductions?

PROBE: Is that amount paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

INTERVIEWER: ROUND TO NEAREST DOLLAR AND ENTER HOW OFTEN PAID ON NEXT SCEEN

\$|__|_|,|__| . 00

DON'T KNOW d

REFUSED r

(C10=00, d, or r) C13hop.

INTERVIEWER: ENTER HOW OFTEN PAID

DAILY	01 (1-346)	(1-1,730)
WEEKLY	02 (1-1,730)	(1 - 8,653)
BI-WEEKLY	03 (1-3,750)	(1-18,750)
TWICE A MONTH	04 (1-3,750)	(1-18,750)
MONTHLY	05 (1-7,500)	(1-37,500)
ANNUALLY	06 (1 -90,000)	(1-450,000)
DON'T KNOW	d	
REFLISED	r	

C14. SOFT EDIT: AMOUNT OF TAKE-HOME PAY (C13) MUST BE LESS THAN OR EQUAL TO AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS (C12). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. You said that {you are/NAME is} paid (C12amt) per (C12hop) before taxes and other deductions and that (C13amt) per (C13hop) is left as take-home pay after taxes and other deductions. Should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions? CHANGE AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS 01 (CHANGE C12) (All) C15. CHECK: IS {NAME} SELF EMPLOYED (C6=01)? YES...... 01 (C17) (C15=00){Have you/Has NAME} received any promotions at this job during the past 12 months? C16. DON'T KNOW d REFUSED.....r (All) C17. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)? YES...... 01 (C19) NO...... 00 (C17=00)C18. Taking all things into account, how satisfied are you with your {main/current} job? Would you say: PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT." Very satisfied 01 Somewhat satisfied 02 Not at all satisfied? 04 DON'T KNOW d REFUSED.....r (All) CHECK: IS {NAME} SELF EMPLOYED (C6=01)? C19.

(C10=00, d, or r) and (C12hop=01, 02, 03, 04, 05, or 06) and (C13hop=01, 02, 03, 04, 05, or 06)

(C19=00)

C20. Now, I'd like to ask you a few more questions about {your/NAME's} {main/current} job. I am going to read to you a list of benefits that some employers offer their employees. Please tell me whether or not {your/NAME's} {main/current} employer offers {you/him/her} any of these benefits.

PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."

Does {your/NAME's} employer offer {you/NAME}...

PROBE: Please answer 'yes' if {you are/NAME is} eligible for the benefit but {haven't/hasn't} yet started to receive it.

				DON'T	
		<u>YES</u>	<u>NO</u>	KNOW	REFUSED
a.	Health care insurance? (IF NECESSARY: medical				
	and/or hospital)	. 01	00	d	r
b.	Dental benefits?	. 01	00	d	r
C.	Sick days with pay?	. 01	00	d	r
d.	Paid vacation?	. 01	00	d	r
e.	Free or low-cost childcare?	. 01	00	d	r
f.	Transportation, a transportation allowance, or transportation				
	discounts?	. 01	00	d	r
g.	Long-term disability benefits?	. 01	00	d	r
h.	Pension or retirement benefits?	. 01	00	d	r
i.	Flexible health or dependent care spending accounts?	. 01	00	d	r

(All)

C21. CHECK: DOES {NAME} HAVE MORE THAN ONE CURRENT JOB (C1>01)?

YES	01	(REPEAT C2 THROUGH C14 FOR
EACH JOB)		
NO	00	

(All)

C22. {Do you/Does NAME} use any special equipment related to {your/his/her} disability that helps {you/him/her} work at {your /his/her} job{s}, for example a brace, cane, wheelchair, modified computer hardware or modified computer software?

YES	01	
NO	00	(C27)
DON'T KNOW	d	(C27)
REFUSED	r	(C27)

(C22=01)

C23. What kind of special equipment {do you/does NAME} use?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

BRACE	01	(C24)
CANE/CRUTCHES/WALKER	02	(C24)
WHEELCHAIR	03	(C24)
MODIFIED COMPUTER HARDWARE	04	(C24)
MODIFIED COMPUTER SOFTWARE	05	(C24)
OTHER	06	
DON'T KNOW	d	(C24)
REFLISED	r	(C24)

(C22=0 C23_O	1 and C23 ther.	=06) What kind of other special equi	pment?			
	<open:< th=""><th>•</th><th></th><th></th><th></th><th></th></open:<>	•				
			N'T KNOW			
(C22=0 C24.	,	id for the equipment {you use/N	AME uses}?			
	PROBE:	For example, {you or your fami	ly/NAME or (his/her) far	mily}, insurance or Me	edicaid, or so	omeone else?
	INTERV	EWER: CODE ALL THAT APP	LY.			
(C22=0 C24_0		FAMILY HEALTH INSURANCE MEDICARE MEDICAID EMPLOYER STATE VOCATIONAL NON-PROFIT ORGAI WORKER'S COMPEN DISABILITY INSURAE OTHER DON'T KNOW		ENCYEOPLE WITH DISAB		,
			N'T KNOW			
(C22=0 C25.		x=03, 04, 05, 06, 07, 08, 09, 10, or your/Does NAME or (his/her) YES NO. DOI	·	any part of the cost o 01 00 (C27	f the equipm	nent {you use/(he/she) uses}
		24=01 or 02) or (C25=01) ch {do you or your/does NAME	or (his/her)} family have	to pay?		
	INTERV	EWER: ROUND TO NEAREST	DOLLAR HERE AND I	ENTER HOW OFTEN	I PAID ON N	IEXT SCREEN
		\$,	. 00			
			N'T KNOW			

(C22=01 C26hop	1) and (C24=01 or 02) or (C25=01)				
		AME or (his/her)} family have to pay? payment, per week, per month, or per year?			
INTERV	IEWER: ENTER HOW OFTEN PAI	ס			
		ONE TIME PAYMENT PER WEEK PER MONTH PER YEAR DON'T KNOW REFUSED	02 (1- 03 (1-2 04 (1-2 d	480) 2,083)	(1-1,903) (1-8,250)
(AII) C27.		sonal assistance services related to {your/his/ age interpreter, a reader or interpreter for the	-	-	
		YES 01 NO 00 DON'T KNOW d REFUSED r	(C32)		
(C27=01 C28.	1) What kind of personal assistance s	ervices {do you/does NAME} use?			
	PROBE: Anything else?				
	INTERVIEWER: CODE ALL THAT	APPLY.			
	SIGN LANGUAG READER/INTER PERSONAL CAI OTHER DON'T KNOW	GE INTERPRETER PRETER FOR THE BLINDRE ATTENDANT/PERSONAL ASSISTANT		02 03 04 _ 05 d	(C29) (C29) (C29) (C29) (C29) (C29)
(C27=01 C28_Otl	1 and C28=05) her. What is the other kind of p	personal assistant services {you/NAME} use?			
	<open></open>	DON'T KNOW	d		-
(C27=01 C29.	•	ce services {you use/NAME uses}?			
	PROBE: For example, {you or your INTERIVEWER: READ LIST IF NE	r family/NAME or (his/her) family}, insurance c EDED.	or Medicaio	d, or son	neone else?
	INTERVIEWER: CODE ALL THAT	APPLY.			
	• • •				(C31) (C31)

work, for

03 (C30)

	MEDICARE			04	(C30)	
	MEDICAID			05	(C30)	
	_				(C30)	
		AL REHABILITATION AGENCY		07	(C30)	
		ANIZATION SERVING PEOPLE WITH DIS			08	(C30)
		ENSATION			(C30)	
		ANCE			(C30)	
				11	(000)	
					(C30)	
	REFUSED			r	(C30)	
C27=0 C29_Ot	1 and C29=11) ther. Who else paid for the persona	al assistance services {you use/NAME uses	s}?			
	<open></open>				_	
	DO	ON'T KNOW	d			
	RE	FUSED	r			
C27=0 C30.	1 and C29=03, 04, 05, 06, 07, 08, 09, 10 {Do you or your/Does NAME or (his/he {you use/(he/she) uses}?	0, 11, d, or r) er)} family have to pay for any part of the co	st of the pers	sonal	assistar	nce services
	YE	ES01				
	NO	D 00	(C32)			
	DO	DN'T KNOW d	(C32)			
	RE	FUSEDr	(C32)			
	1) and (C29=01 or 02) or (C30=01) t. How much {do you or your/does NAME INTERVIEWER: ROUND TO NEARES	E or (his/her)} family have to pay?	ΓEN PAID O	N NE	XT SCR	EEN
	\$,	. 00				
		DN'T KNOW				
		pes NAME or (his/her)} family have to pay? ime payment, per week, per month, or per	year?			
	INTERVIEWER: ENTER HOW OFTEN	I				
		NE TIME PAYMENT			1-99,000))
		ER WEEK			1-1,903)	
	PE	ER MONTH	03 (1-2,08	3) ((1-8,250))
	PE	ER YEAR	04 (1-25,0	00) ((1-99,000	0)
	DO	ON'T KNOW	d			
	RE	FUSED	r			
All) C32.	CHECK: IS {NAME} SELF EMPLOYE	D (C6=01)?				
	VI	ES	01 (024)			
			. ,			
	///	J				

(C32=00)

C33. PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."

> Please tell me whether or not {your/NAME's} {main/current} employer has made any of these changes because of {your/his/her} physical or mental condition.

Has {your/NAME's} employer because of {your/his/her} physical or mental condition...

PROBE: {Your/NAME's} main job is the job we have been talking about. The one at which {you work/(he/she) works} the most hours.

a. Provided {you/NAME} with any special equipment or assistive technology? (PROBE: For example special tools or equipment, software, or devices to accommodate {your/NAME's} condition in the workplace.)
technology? (PROBE: For example special tools or equipment, software, or devices to accommodate {your/NAME's} condition in the workplace.)
in the workplace.)
 b. Made any changes in {your/NAME's} work schedule? (PROBE: For example, working fewer hours, changing the time {you arrive or leave/(he/she) arrives or leaves}, or taking more
(PROBE: For example, working fewer hours, changing the time {you arrive or leave/(he/she) arrives or leaves}, or taking more
{you arrive or leave/(he/she) arrives or leaves}, or taking more
hreaks to accommodate Jyour/N/MIL-'s condition in the
breaks to accommodate {your/NAME's} condition in the workplace.)
c. Made any changes to the tasks {you were/NAME was} assigned
or how they are performed? (PROBE: For example, a light duty
job or less demanding job tasks to accommodate {your/NAME's}
condition in the workplace.)
d. Made any changes to the physical work environment to make
things easier for {you/NAME}? (PROBE: For example, modifying
{your/his/her} work area, improving accessibility in the building,
or providing assigned parking to accommodate {your/NAME's} condition in the workplace.}
condition in the workplace.)
(PROBE: For example, providing a personal care attendant,
interpreter, or job coach while at work.)
f. Made any other changes that I didn't mention to accommodate
your/NAME's}condition in the workplace? 01 00 02 d r
PROGRAMMER: IF C33f=01, GO TO C33f_Other, ELSE GO TO C34.
(C32=00 and C33f=01)
C33f_Other. What other changes?

<OPEN>__

DON'T KNOW d REFUSED.....r

(All)

C34. Are there any changes in {your/NAME's} {main/current} job or workplace related to {your/his/her} physical or mental condition that {you need/(he/she) needs}, but that have not been made? PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."

PROBE: {Your/NAME's} main job is the job that we have been talking about. The one at which {you work/(he/she) works} the most hours.

YES	01	
NO	00	(C38)
DON'T KNOW	d	(C38)
REFUSED	r	(C38)

C34=0	1)		
C35.	What are those changes?		
	PROBE: Anything else?		
	INTERVIEWER: ENTER VERBAT	IM RESPONSE	
	<open></open>		
		DON'T KNOW	
AII) C36.	CHECK: IS {NAME} SELF EMPLC	YED (C6=01)?	
		YES	. ,
C34=0	1 and C36=00)		
C37.	Did {you/NAME} or anyone else as	sk {your/his/her} employer for (any of) these cha	nges?
		YES	00 d
AII) C38.	CHECK: IS {NAME} A PROXY RE	SPONDENT (RTYPE=2)?	
		YES	. ,

(C38=00)

C39. Again, thinking about your {main/current} job, how much do you agree with each of the following statements? Would you say you strongly agree, agree, disagree, or strongly disagree?

PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."

PROBE: Your main job is the job that we have been talking about. The one at which you work the most hours.

		STRONGLY AGREE	<u>AGREE</u>	DISAGREE	STRONGLY DISAGREE	<u>NA</u>	DON'T KNOW	REFUSED
a.	The pay is good	01	02	03	04	05	d	r
b. c.	The benefits are good IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): The job security is	01	02	03	04	05	d	r
	good		02	03	04	05	d	r
d.	IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): You have a chance for promotion	01	02	03	04	05	d	r
e.	You have a chance to develop your abilities	01	02	03	04	05	d	r
f.	You have recognition or respect from others	01	02	03	04	05	d	r
g.	You can work on your own in your job if you want to	01	02	03	04	05	d	r
h.	You can work with others in a group or team if you want to	01	02	03	04	05	d	r
i.	Your work is interesting or enjoyable	01	02	03	04	05	d	r
j.	Your work gives you a feeling of accomplishment or contribution	01	02	03	04	05	d	r
k.	IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): Your supervisor is supportive	01	02	03	04	05	d	r
l.	Your co-workers are friendly and supportive	01	02	03	04	05	d	r

(All)
C40. CHECK: WAS {NAME} WORKING IN 2003 (B30 = 01)?

YES	01	(D1)
NO	00	(E1)

SECTION D: JOBS/OTHER JOBS DURING 2003

(AII) D1.	Now, I will ask you about jobs {you/NAME} had during 2003. When answering these questions, please include both part-time and full-time jobs, but only include jobs {you/NAME} held for pay or profit for one month or longer.
	PROGRAMMER: IF C1=01 AND C4 YEAR ≤ 2003, ASK: Other than (your/NAME's) current job that you already told me about, in 2003 did {you/NAME} work for pay at any other jobs
	for longer than a month? PROGRAMMER: IF C1>01 AND C4 YEAR ≤ 2003 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK: Other than (your/NAME's) current jobs that you already told me about, in 2003 did {you/NAME} work for pay at any other jobs for longer than a month? ELSE:
	In 2003 did (you/NAME) work for pay at any jobs for longer than a month?
	YES
(D1=00, D2.	d, or r) SOFT EDIT: IF {NAME} WORKED IN 2003 (B30=01) AND {NAME} DID NOT WORK IN 2003 (D1=0,d,r) INTERVIEWER READ: "Earlier you said that {you/NAME} worked for pay in 2003. Let me repeat the question I just read and verify your response."
	PROGRAMMER: IF C1=01 AND C4 YEAR \leq 2003, ASK: Other than (your/NAME's) current job that you already told me about, in 2003 did {you/NAME} work for pay at any other jobs for longer than a month? PROGRAMMER: IF C1>01 AND C4 YEAR \leq 2003 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK: Other than (your/NAME's) current jobs that you already told me about, in 2003 did {you/NAME} work for pay at any other jobs for longer than a month? ELSE: In 2003 did {you/NAME} work for pay at any jobs for longer than a month?
	YES
(D1=01)	
D3.	PROGRAMMER: IF C1=01 AND C4 YEAR < 2003, ASK: Other than (your/NAME's) current job that you already told me about, how many other jobs did {you/NAME} hold for at least one month in 2003? PROGRAMMER: IF C1>01 AND C4 YEAR < 2003 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK: Other than (your/NAME's) current jobs that you already told me about, how many other jobs did {you/NAME} hold for at least one month in 2003?
	ELSE: How many jobs did {you/NAME} hold for at least one month in 2003?
	_ NUMBER OF JOBS (1-5) (1-15)
	DON'T KNOW d

REFUSED.....r

PROGRAMMER: D4 THROUGH D23 ASKED FOR ALL JOBS WHEN D3>01

(D1=01)						
D4.	·					
	women's shoe store.	M RESPONSE provider at a private preschool; geometry teach main activities or duties? What else do you do?				
	<open></open>					
		DON'T KNOWREFUSED				
(D1=01) D5.	What kind of business was this?					
	INTERVIEWER: ENTER VERBATI PROBE: For what type of organiza facility, food services. PROBE: What do they make, sell, or	ation or industry do you work? For example: a	ccounting firm, daycare center, educationa			
	<open></open>					
		DON'T KNOWREFUSED				
(D1=01) D6mth.	In what month and year did {you/N/	AME} start working there?				
	PROBE: Your best estimate is fine. INTERVIEWER: ENTER MONTH H	HERE AND YEAR ON NEXT SCREEN				
	(1-12) MO					
		DON'T KNOWREFUSED	d r			

(D1=01)				
D6yr.	PROBE: In what month and yea PROBE: Your best estimate is fi	r did {you/NAME} start working there? ne.		
	INTERVIEWER: ENTER YEAR			
		(1980-2003) (1950-2003)		
		DON'T KNOWREFUSED		
(D1=01)				
D7.	SOFT EDIT: YEAR RESPONDE EQUAL TO YEAR OF BIRTH (A recorded an incorrect answer. I (D6 YEAR), which means {you	ENT STARTED WORKING AT THIS JOB (D6 04d) PLUS 14 YEARS. IF RESPONDENT FAIL show that (you were/NAME was) born in (A04d) a winner with the working at this job when (yob years old. Is that co	S E and ou w	DIT, INTERVIEWER READ: I must have {you/NAME} started working at this job in rere/he was/she was} (PROGRAMMER
		YES	01	
		NO		(CHANGE D6 YEAR)
		SUPPRESS	03	
(D1=01) D8mth.	In what month and year did {you/	NAME} stop working there?		
	PROBE: Your best estimate is fir	e.		
	INTERVIEWER: ENTER MONTH	HERE AND YEAR ON NEXT SCEEN		
	(1-12) MO			
		DON'T KNOWREFUSED		
(D1=01) D8yr.		did {you/NAME} <u>stop</u> working there? ne.		
	INTERVIEWER: ENTER	RYEAR		
	 YEAR	(1980-2004) (1950-2004)		
		DON'T KNOW		

(D1=01)			
D9.	DATE RESPONDENT STARTE INTERVIEWER READ: I must h	ED WORKING AT THIS JOB (D6 MONTH,	MONTH, D8 YEAR) SHOULD BE LATER THAN D6 YEAR). IF RESPONDENT FAILS EDIT, at {you/NAME} started working at this job in (D6 D8 YEAR). Is that correct?
	YES		01
		R TO D6	
		R TO D8	· · · · · · · · · · · · · · · · · · ·
		RS FOR BOTH D6 AND D8	
(D1=01)			
D10.	SOFT EDIT: IF DATE RESPO RESPONDENT STARTED WOR MONTH, D6 YEAR = 0), INTER	RKING AT THIS JOB (D6 MONTH, D6 YEAR	JOB (D8 MONTH, D8 YEAR) AND DATE c) ARE THE SAME (D8 MONTH, D8 YEAR – D6 } started and stopped working at this job in (D8 ess than one month. Is this correct?
	VES WORKED AT ION	B FOR LESS THAN ONE MONTH	01
		FOR MORE THAN ONE MONTH	
	, ,	TON MORE THAN ONE MONTH.	
(D1=01)			
D11.			(D8 YEAR) IS BEFORE 2003, INTERVIEWER I'd like to verify that this job ended before 2003.
	VEC. IOD ENDED DEE	ODE 2002	04
	NO, JOB DID NOT END	ORE 2003 D BEFORE 2003	02
			
(D1=01) D12.		ORK AT THIS JOB FOR LESS THAN ONE N	MONTH (D10=01)?
		YES	01 (D23)
		NO	, ,
(D12=00 D13.)) CHECK: DID THIS JOB END BE	FFORE 2003 (D11=01)?	
		YES	01 (D23)
		NO	
(D12=00 D14.) and D13=00) {Were you/Was NAME} self-emp	loyed at this job?	
	PROBE: Self-employed means the	hat you work for yourself or own your own bus	siness.
		YES	01
		NO	
		DON'T KNOW	
		REFUSED	r

(D12=00 and D13=00)

D15. Was this job part of a sheltered workshop, transitional employment program, the Business Enterprise Program for the blind, or supported employment program?

PROBE: A sheltered workshop is a program that provides employment with subsidized wages (or special wages that would not be available in a regular job) for people with disabilities. A transitional employment program allows workers with disabilities to work at reduced levels while they ease back into the workplace. The Business Enterprise Program for the blind offers legally blind persons the opportunity to own their own businesses. Supported employment programs provide job coaches or

	other on-the-job supports to help individuals with disabilities get and keep jobs.
	YES
(D12=0 D16.	00 and D13=00) How many hours per week did {you/NAME} usually work at this job?
	PROBE: Include overtime if {you/he/she} usually worked overtime.
	HOURS PER WEEK (1-60) (1-168)
	DON'T KNOW d REFUSED r
(D12=0	00 and D13=00)
D17.	How many weeks per year did {you/NAME} usually work at this job, including paid vacation and holidays?
	PROBE: Please include time off for vacations and holidays if {you were/NAME was} paid for that time. PROBE: There are 52 weeks in a year.
	_ WEEKS PER YEAR (1-52)
	DON'T KNOW d REFUSED r
(D12=0	00 and D13=00)
D18.	PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND FIRST JOB: For the purpose of this survey, it is important to obtain some information on how much (you were/NAM)

{your/(his/her)} main job in 2003. On {your/NAME's} main job {were you/was (he/she} paid by the hour?

PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} {second/third/fourth} job in 2003. On {your/NAME's} {second/third/fourth} job {were you/was (he/she} paid by the hour?

ELSE (D3=01):

For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} job in 2003. On {your/NAME's} job {were you/was (he/she} paid by the hour?

PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

PROBE: {Your/NAME's} main job in 2003 was the job at which {you worked/(he/she) worked} the most hours.

YES	01	
NO	00	(D20)
DON'T KNOW	d	(D20)
REFUSED	r	(D20)

D19.	What was {your/NAME'S} regular hourly page 1	ay, including tips and commissions?			
	PROBE IF LESS THAN \$5.00 AN HOUR:	Does this include tips and commission	s?		
	\$.	_ PER HOUR (1 - 25.00) (1 - 300.00)			
		Г KNOW			
	REFU	SED	r		
		GO TO D23			
	0 and D13=00 and D18=00,d,r) t. Before taxes and other deductions how mu	uch {were you/was NAME} paid on this	job,	including tips	and commissions?
	PROBE: {Were you/Was NAME} paid daily INTERVIEWER: ROUND TO NEAREST D	·	onthly	/, or annually	?
	\$,	_ . 00			
		Γ KNOW SED			
•	0 and D13=00 and D18=00,d,r) b. Before taxes and other deductions how mu PROBE: {Were you/Was NAME} paid daily		-		
	INTERVIEWER: ENTER HOW OFTEN PA	NID			
	DAILY	,	. 01	(1-384)	(1-1,922)
		(LY			(1-9,615)
	BI-WE	EKLY	. 03	(1-4,166)	(1-20,833)
	TWIC	E A MONTH	. 04	(1-4,166)	(1-20,833)
	MONT	THLY	. 05	(1-8,333)	(1-41,666)
	ANNU	IALLY	. 06	(1-100,000)	(1-500,000)
	DON'	Г KNOW	. d		
		SED			
•	0 and D13=00 and D18=00,d,r)				
D21am	t. For this job, about how much was left as to PROBE: {Were you/Was NAME} paid daily				?
	INTERVIEWER: ROUND TO NEAREST D	OLLAR			
	\$,	_ . 00			
		Г KNOW SED			
	KEFU	∪∟∪	r		

(D12=00 and D13=00 and D18=01)

(D12=00 and D13=00 and D18=00,d,r)

D21hop. For this job, about how much was left as take-home pay after taxes and other deductions?

PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually? INTERVIEWER: ENTER HOW OFTEN PAID.

DAILY	01	(1-346)	(1-1,730)
WEEKLY	02	(1-1,730)	(1-8,653)
BI-WEEKLY	03	(1-3,750)	(1-18,750)
TWICE A MONTH	04	(1-3,750)	(1-18,750)
MONTHLY	05	(1-7,500)	(1-37,500)
ANNUALLY	06	(1-90,000)	(1-450,000)
DON'T KNOW	d		
REFLISED	r		

(D12=00 and D13=00 and D18=00,d,r) and (D20hop= 01, 02, 03, 04, 05, or 06) and (D21hop= 01, 02, 03, 04, 05, or 06)

D22. SOFT EDIT: AMOUNT OF TAKE-HOME PAY (D21) MUST BE LESS THAN OR EQUAL TO AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS (D20). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. You said that {you were/NAME was} paid (D20) per (D20 AMOUNT) before taxes and other deductions and that (D21) per (D21 AMOUNT) was left as take-home pay after taxes and other deductions. Should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you took/NAME took} home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER		
DEDUCTIONS	01	(CHANGE D20)
CHANGE AMOUNT OF TAKE-HOME PAY	02	(CHANGE D21)
SUPPRESS	03	

(D1=01)

D23. Why did {you/NAME} stop working at this job?

INTERVIEWER: ASK 'Any other reason?' UNTIL RESPONDENT INDICATES NO OTHER REASONS. IF RESPONDENT SAYS QUIT, ASK FOR THE REASON.

INTERVIEWER: CODE ALL THAT APPLY.

LAYOFF, FIRED, RETIRED: (D24) PROBLEMS WITH JOB: (D24) DID NOT GET ACCOMMODATIONS THAT WERE NEEDED...... 11 (D24) OTHER PROBLEMS: TRANSPORTATION PROBLEMS...... 12 (D24) CHILD CARE RESPONSIBILITIES (PREGNANT) 14 (D24) OTHER FAMILY OR PERSONAL REASONS....... 15 (D24) DISABILITY: (D24) OTHER DON'T KNOW...... d (D24)

REFUSED

r (D24)

<0	PEN>				
	DON'T KNOWREFUSED				
I=01)					
4. <i>CH</i>	HECK: DID {NAME} HOLD MORE THAN ONE JOB DURING 2003 (D3 > 01)?				
	YES		REPEAT D4 ACH JOB)	THROUG	H D23 FOR
	NO		,		
I=01)					
ber	metimes people work fewer hours or earn less money than they could in o nefits, or just to have more free time. In 2003, did you work <u>fewer</u> hours or eason?			-	-
	YES	01			
	NO	•	•		
	DON'T KNOW	•	,		
	REFUSED	r (L	J26)		
5a. Dic	D25=01) d you work <u>fewer</u> hours or earn <u>less</u> money than you could have because you				
5a. Dic	•		n to apply to		
5a. Dic	d you work fewer hours or earn less money than you could have because you			you. DON'T KNOW	REFUSED
5a. Dic	d you work <u>fewer</u> hours or earn <u>less</u> money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they don	n't seen <u>YES</u>		DON'T	REFUSED r
5a. Dic PR	d you work <u>fewer</u> hours or earn <u>less</u> money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they dor . {Were/Was} taking care of somebody else?	YES 01 01	<u>NO</u> 00 00	DON'T KNOW	
5a. Did PR a. b.	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they dor . {Were/Was} taking care of somebody else?	YES 01 01 01	NO 00 00 00	DON'T KNOW d d d	r r r
5a. Did PR a. b.	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they dor . {Were/Was} taking care of somebody else?	YES 01 01	<u>NO</u> 00 00	DON'T KNOW d	r r
5a. Dic PR a. b.	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they don {Were/Was} taking care of somebody else? {Were/Was} enrolled in school or a training program? Wanted to keep Medicare or Medicaid coverage? Wanted to keep cash benefits such as disability or workers compensation?	YES 01 01 01	NO 00 00 00	DON'T KNOW d d d	r r
5a. Dic PR a. b. c. d.	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they don {Were/Was} taking care of somebody else? {Were/Was} enrolled in school or a training program? Wanted to keep Medicare or Medicaid coverage? Wanted to keep cash benefits such as disability or workers compensation? Just didn't want to work more? Are there any reasons I didn't mention why {you/NAME} might	YES 01 01 01 01	NO 00 00 00 00	DON'T KNOW d d d d	r r r
5a. Dic PR a. b. c. d.	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they dor {Were/Was} taking care of somebody else? {Were/Was} enrolled in school or a training program? Wanted to keep Medicare or Medicaid coverage? Wanted to keep cash benefits such as disability or workers compensation? Just didn't want to work more?	YES 01 01 01 01 01	NO 00 00 00 00	DON'T KNOW d d d d	r r r
5a. Dic PR a. b. c. d. e. f.	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they dor {Were/Was} taking care of somebody else? {Were/Was} enrolled in school or a training program? Wanted to keep Medicare or Medicaid coverage? Wanted to keep cash benefits such as disability or workers compensation? Just didn't want to work more? Are there any reasons I didn't mention why {you/NAME} might have worked or earned less than {you/he/she} could have	YES 01 01 01 01 01	NO 00 00 00 00	DON'T KNOW d d d d	r r r
5a. Dic PR a. b. c. d. e. f.	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they don Were/Was} taking care of somebody else? Were/Was} enrolled in school or a training program? Wanted to keep Medicare or Medicaid coverage? Wanted to keep cash benefits such as disability or workers compensation? Just didn't want to work more? Are there any reasons I didn't mention why {you/NAME} might have worked or earned less than {you/he/she} could have during 2003? ROGRAMMER: IF D25f=01 GO TO D25f_Other, ELSE SKIP TO D26	YES 01 01 01 01 01	NO 00 00 00 00	DON'T KNOW d d d d	r r r
5a. Dic PR a. b. c. d. e. f. PR	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they don Were/Was} taking care of somebody else? Were/Was} enrolled in school or a training program? Wanted to keep Medicare or Medicaid coverage? Wanted to keep cash benefits such as disability or workers compensation? Just didn't want to work more? Are there any reasons I didn't mention why {you/NAME} might have worked or earned less than {you/he/she} could have during 2003? ROGRAMMER: IF D25f=01 GO TO D25f_Other, ELSE SKIP TO D26	YES 01 01 01 01 01	NO 00 00 00 00	DON'T KNOW d d d d	r r r
5a. Dic PR a. b. c. d. e. f. PR 1=01 and 5f_Other.	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they don Were/Was} taking care of somebody else? Were/Was} enrolled in school or a training program? Wanted to keep Medicare or Medicaid coverage? Wanted to keep cash benefits such as disability or workers compensation? Just didn't want to work more? Are there any reasons I didn't mention why {you/NAME} might have worked or earned less than {you/he/she} could have during 2003? ROGRAMMER: IF D25f=01 GO TO D25f_Other, ELSE SKIP TO D26	YES 01 01 01 01 01	NO 00 00 00 00	DON'T KNOW d d d d	r r r
25a. Dic PR a. b. c. d. e. f. PR 1=01 and 25f_Other.	d you work fewer hours or earn less money than you could have because you ROBE: I need to ask everyone in our study the same questions, even if they done (Were/Was) taking care of somebody else? (Were/Was) enrolled in school or a training program? Wanted to keep Medicare or Medicaid coverage? Wanted to keep cash benefits such as disability or workers compensation? Just didn't want to work more? Are there any reasons I didn't mention why {you/NAME} might have worked or earned less than {you/he/she} could have during 2003? ROGRAMMER: IF D25f=01 GO TO D25f_Other, ELSE SKIP TO D26	YES 01 01 01 01 01	NO 00 00 00 00	DON'T KNOW d d d d	r r r

(D1=01)

D26. Now, I am going to read you a list of things that sometimes help people to work more hours or earn more money. If any of these do not apply to {you/NAME}, please just say so.

In 2003, do you think {you/NAME} could have worked or earned more if {you/he/she} had...

					DON'T	
	<u>'</u>	<u>YES</u>	<u>NO</u>	N/A	KNOW	<u>REFUSED</u>
a.	Help caring for {your/his/her} children or others in the household?	01	00	02	d	r
b.	Help with {your/his/her} own personal care such as bathing,					
	dressing preparing meals, and doing housework?	01	00	02	d	r
C.	Reliable transportation to and from work?	01	00	02	d	r
d.	Better job skills?	01	00	02	d	r
e.	A job with a flexible work schedule?	01	00	02	d	r
f.	Help with finding and getting a better job?	01	00	02	d	r
g.	Any special equipment or medical devices?	01	00	02	d	r
	PROGRAMMER: IF D26g=01, GO TO D26g_Other, ELSE GO TO D26h.					
h.	Is there anything else that I didn't mention that would have helped					
	{you/NAME} to work or earn more during 2003?	01	00	02	d	r

	d.	Better job skills?	. 01	00	02	d	r
	e.	A job with a flexible work schedule?	01	00	02	d	r
	f.	Help with finding and getting a better job?	01	00	02	d	r
	g.	Any special equipment or medical devices?		00	02	d	r
	J	PROGRAMMER: IF D26g=01, GO TO D26g_Other, ELSE GO TO D26h					
	h.	Is there anything else that I didn't mention that would have helped					
	•••	{you/NAME} to work or earn more during 2003?	01	00	02	d	r
	PROGR	RAMMER: IF D26h=01, GO TO D26h_Other, ELSE GO TO D27.					
/D1_01	and D26						
D26g_C		What other special equipment or medical devices?					
DZ09_C	7.1101.	What other openial equipment of medical devices.					
	<open:< td=""><td>></td><td></td><td> (D26</td><td>h)</td><td></td><td></td></open:<>	>		(D26	h)		
		DON'T KNOW	Ч	(D26h)			
		REFUSED		` '			
				,			
(D1=01	and D26	h=01)					
D26h_C	ther.	What else?					
	0551						
	<open:< td=""><td>></td><td></td><td></td><td>_</td><td></td><td></td></open:<>	>			_		
		DON'T KNOW	Ч				
		REFUSED					
		NEI OGED					
(D1=01))						
D27.		t question about when {you were/NAME was} working in 2003. Because	of {ye	our/his/her} v	work, di	d Social S	Security
		make any changes to the amount of {your/his/her} disability benefits?		·			
	PROBE	: Did {your/NAME's} benefit amount decrease or did {you/he/she} lose be	nefits	s altogether?	,		
		YES	01				
		NO		(D20)			
				` '			
		DON'T KNOW		, ,			
		REFUSED	. r	(D29)			
(D1=01	and D27:	=01)					
D28.		e of these changes did the Social Security Administration pay {you/NAME	} the	wrong bene	fit amou	ınt at anv	time
<i>D</i> 20.	during 2		, 1110	wrong bone	an amou	and all arry	unio
		YES	01				
		NO					
		DON'T KNOW					
			·				

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(D1=01)D29. In 2003, {were you/was NAME} ever asked to re-pay benefits because the Social Security Administration overpaid {you/him/her}? DON'T KNOW d (E1) REFUSED.....r (E1) (D1=01 and D29=01) D30. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/(he/she) was} working while receiving benefits? DON'T KNOW d REFUSED.....r

SECTION E UNIVERSE: ALL

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE

PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME

SECTION E: AWARENESS OF SSA WORK INCENTIVE PROGRAMS AND TICKET TO WORK

	VARENESS OF SSA WORK INCENTIVES	
(AII) E1.	,	
	PRESS 1 TO CONTINUE	01
(AII) E2.		
	YES NO	
(E2=01) E3.	,	
	PROBE: {Have you/Has NAME} ever heard of this plan? PROBE: If you're not sure, please just say so.	
	INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW	
	YES	00 (E5) 03 (E5)
(E2=01 E4.	2=01 and E3=01) . {Have you/Has NAME} ever used a Plan for Achieving Self-Support or a PASS	S Plan?
	YES	01

11/11/2004 E-1 ROUND 1 VERSION

			'n
- /	ヒつニ	Λ1	
	_/=	:() :	

E5. {Have you/Has NAME} ever heard of the <u>earned income exclusion</u> or the <u>1 for 2 earnings</u> exclusion? This is a Social Security incentive where one-half of {your/a beneficiary's} earnings over \$85 are not counted when Social Security figures {your/the} benefit.

PROBE: {Have you/Has NAME} ever heard of this exclusion?

PROBE: If you're not sure, please just say so.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01	
NO	00	(E7)
DON'T KNOW	d	(E7)
REFUSED	r	(E7)

(E2=01 and E5=01)

E6. {Have you/Has NAME} ever used the earned income exclusion or the 1 for 2 earnings exclusion?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(E2=01)

E7. {Have you/Has NAME} ever heard of <u>Property Essential to Self-Support</u>, or <u>PESS</u>? This is a Social Security incentive where the dollar value of tools, equipment, or other property needed for {your/a beneficiary's} work is excluded when Social Security figures {your/the} benefit.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01	
NO	00	(E9)
DON'T KNOW	d	(E9)
REFUSED	r	(F9)

(E2=01 and E7=01)

E8. {Have you/Has NAME} ever used Property Essential to Self-Support or PESS?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(E2=01)

E9. {Have you/Has NAME} ever heard of <u>Continued Medicaid Eligibility</u> or <u>1619(b) coverage?</u> This is a Social Security incentive that lets {you/beneficiaries} keep {your/their} Medicaid insurance after {you/they} go to work, even if {your/their} benefits have stopped.

INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW

YES	01	
NO	00	(E11)
DON'T KNOW	d	(E11)
REFUSED	r	(E11)

-	and E9=01)			
E10.	{Have you/Has NAME} ever used	Continued Medicaid Eligibility or 1619(b) covera	ige?	•
		YES	01	
		NO		
		DON'T KNOW		
		REFUSED	r	
(E2=01)				
E11.		IGER {SAMPLEAGE <u><</u> 25} AND DID {NAME} I	REC	CEIVE SSI BENEFITS BEFORE AGE 22
		YES	01	
		NO		(E14)
-	and E11=01)			
E12.		of the <u>student earned-income exclusion</u> ? This to \$1,340 of earnings per month are not cour		
	INTERVIEWER: IF 'NOT SURE', C	CODE AS DON'T KNOW		
		YES	01	
		NO	00	(E14)
		DON'T KNOW		
		REFUSED	r	(E14)
(F2-01	and E11=01 and E12=01)			
E13.	· · · · · · · · · · · · · · · · · · ·	the student earned-income exclusion?		
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
(AII) E14.	CHECK: IS (NAME) A SSDI DENIE	:EICIADV /BSTATUS_02 02\2		
⊏14.	CHECK: IS {NAME} A SSDI BENE	:FICIAR 1 (BSTATUS=02,03)?		
		YES	01	
		NO	00	(E19)
(E14=01	,			
E15.		d of a <u>Trial Work Period</u> ? This is a Social Se e months without losing {your/their} benefits.	cur	ity incentive that lets {you/beneficiaries}
	INTERVIEWER: IF 'NOT SURE', C	CODE AS DON'T KNOW		
		YES	01	
		NO	00	(E17)
		DON'T KNOW	d	(E17)
		REFUSED	r	(E17)

(E14=01					
E16.	{Have	you/Has NAME} ever used	a Trial Work Period?		
			YES	01	
			NO		
			DON'T KNOW		
			REFUSED	r	
(E14=01	1)				
E17.	-	/ou/Has NAME} ever hear	d of an Extended Period of Eligibility for Medica	are?	This is a Social Security incentive that
			care coverage when {you/they} go to work, ever		
	INTER	/IEWER: IF 'NOT SURE', (CODE AS DON'T KNOW		
			YES	01	
			NO	00	(E19)
			DON'T KNOW		
			REFUSED		• •
					,
(E14=01					
E18.	{Have y	ou/Has NAME} ever used	an Extended Period of Eligibility for Medicare?		
			YES	01	
			NO		
			DON'T KNOW		
			REFUSED	r	
(AII)					
(All)	(Llavia v	/Loc NIAME) aver been	d of explications for Improving out Deleted Monte		and an Diad Wark Evangage This is a
E19.	Social		d of exclusions for Impairment-Related Work Ene value of certain impairment-related items is		
	INTER\	/IEWER: IF 'NOT SURE', (CODE AS DON'T KNOW		
		,			
			YES	01	
			NO	00	(E20a)
			DON'T KNOW		
			REFUSED		
			1,21,0025	•	(2200)
(E19=01	1)				
E20.	{Have y	ou/Has NAME} ever used	exclusions for Impairment-Related Work Expen	ses (or Blind Work Expenses?
			YES	01	
			NO		
			DON'T KNOW	d	
			REFUSED	r	
(AII)					
(All)	500	(11 /11 - NAME)			
	E20a.		ever heard of Expedited Reinstatement? Tr benefits without having to complete a new		
		odocoordi.			
		INTERVIEWER: IF 'NOT	SURE' ANSWER 'DON'T KNOW'.		
			YES	01	
			NO		(E20c)
			NOT SURE		,
			REFUSED		•

(E20a=0)1)				
•		{Have you/Has NAME} ev	er used Expedited Reinstatement?		
			YES		
			NO	00	
			DON'T KNOW	d	
			REFUSED	r	
(All)					
,	E20c.	{Have you/Has NAME} even	er heard of benefit specialists or BPAOs? Thes	se a	re programs funded by Social Security to
			eficiaries about how their benefits are affected		
				.,	
		INTERVIEWER: IF 'NOT S	SURE', ANSWER 'DON'T KNOW'		
			,		
		PROBE: BPAO stands fo	r Benefits Planning, Assistance and Outreach		
			YES	01	
			NO	-	(F21)
			DON'T KNOW		• •
			REFUSED	r	(E21)
/ =00					
(E20c=0	-				
	E20d.	{Have you/Has NAME} ev	er used a benefit specialist or BPAO?		
			YES		
			NO	00	
			DON'T KNOW	d	
			REFUSED	r	
AWARE	NESS O	F TICKET TO WORK			
(All)					
E21.	{Have vo	ou/Has NAME} ever heard	of the <u>Ticket to Work</u> program?		
	()	,			
	PROBE:	The Ticket to Work progr	am provides services to help disability benefici	iarie	s achieve steady, long-term employment
			and opportunities to go to work if they want to.		, and a second of the second o
	-, p	g g			
			YES	01	(E26)
			NO		
			DON'T KNOW		
			REFUSED	Г	
/E04_0/					
(E21=00					
E22.			y new programs in the last few years that allow		
	from Soc	cial Security to get services	to help them go to work or earn more, and Soc	cial S	Security pays for those services?
			YES	01	(E25)
			NO	00	
			DON'T KNOW	d	
			REFUSED	r	
(E21=00	d,r and I	E22=00,d,r)			
È23.		•	KET ASSIGNED AT THE TIME OF SAMPLE S	ELE	ECTION (TSTATUS=01)?
		• •			,
			YES	01	
			NO	-	(G1)
				55	(/

(E21=00,d,r and E22=00,d,r and E23=01)

E24. {Are you/Is NAME} aware that, according to Social Security, {you are/(he/she) is} participating in the Ticket to Work program and {your/his/her} Ticket is assigned to {ENSAMPLE} as of {SDATE}?

YES	01	(E26)
NO	00	(G1)
DON'T KNOW	d	(G1)
REFUSED	r	(G1)

(E21=00,d,r and E22=01)

E25. Does the program {you've/NAME's} heard of include a certificate or Ticket that {you/NAME} would give to a service provider in exchange for services?

YES	01	
NO	00	(G1)
DON'T KNOW	d	(G1)
REFUSED	r	(G1)

(E21=01 or E24=01 or E25=01)

E26. PROGRAMMER: IF {NAME} HEARD OF TICKET TO WORK PROGRAM (E21=01) ASK:

In what year did {you/NAME or his/her representative} first hear about the Ticket to Work program? Was it...

PROGRAMMER: OTHERWISE (E21=00,d,r) ASK:

The program is usually called the Ticket to Work program. I'm going to call it the Ticket to Work program in the next few questions. In what year did {you/NAME or his/her representative} first hear about the Ticket to Work program? Was it...

In 2004	01	(E34)
In 2003	02	
Before 2003	03	(E34)
DON'T KNOW	d	(E34)
REFUSED	r	(E34)

(E21=01 or E24=01 or E25=01 and E26=02)

E27. Now I would like to know <u>how</u> {you/NAME or his/her representative} first heard about the Ticket to Work program. Did {you/NAME or his/her representative} receive information in the mail?

YES	01	
NO	00	(E29)
DON'T KNOW		
REFUSED	r	(E29)

(E21=01 or E24=01 or E25=01 and E26=02 and E27=01)

E28. Who sent {you/NAME or his/her representative} the information?

INTERVIEWER: CODE ALL THAT APPLY.

SOCIAL SECURITY ADMINISTRATION	01	(E29)
MAXIMUS	02	(E29)
STATE VOCATIONAL REHABILITATION AGENCY, OR {VRNAME}	03	(E29)
CURRENT/FORMER EMPLOYER	04	(E29)
FRIEND/FAMILY MEMBER	05	(E29)
INDEPENDENT LIVING CENTER	06	(E29)
EMPLOYMENT NETWORK	07	
OTHER AGENCY/ORGANIZATION	80	(E28h_Other)
HEALTH CARE PROVIDER	09	(E28i_Other)
OTHER		(E28j_Other)
DON'T KNOW	d	(E29)
REFUSED	r	(E29)

(E21=01 or E24=01 or E25=01 and E26=02 and E27=01 and E28=07) E28g_Other. What Employment Network sent {you/NAME} the information? <OPEN> DON'T KNOW d REFUSED.....r (E21=01 or E24=01 or E25=01 and E26=02 and E27=01 and E28=08) E28h_Other. What other Agency/Organization sent {you/NAME} the information? <OPEN>___ DON'T KNOW d REFUSED.....r (E21=01 or E24=01 or E25=01 and E26=02 and E27=01 and E28=09) E28i Other. What Health Care Provider sent {you/NAME} the information? <OPEN>___ DON'T KNOW d REFUSED.....r (E21=01 or E24=01 or E25=01 and E26=02 and E27=01 and E28=10) Who sent {you/NAME} the information? E28j_Other. <OPEN>_____ DON'T KNOW d REFUSED.....r (E21=01 or E24=01 or E25=01 and E26=02) E29. Did somebody call {you/NAME or his/her representative}? YES...... 01 DON'T KNOW d (E31) REFUSED..... r (E31) (E21=01 or E24=01 or E25=01 and E26=02 and E29=01) E30. Who called {you/NAME or his/her representative}? INTERVIEWER: CODE ALL THAT APPLY. CURRENT/FORMER EMPLOYER 04 (E31) FRIEND/FAMILY MEMBER 05 (E31) INDEPENDENT LIVING CENTER..... 06 (E31) EMPLOYMENT NETWORK 07 OTHER AGENCY/ORGANIZATION _____ 80 (E30h_Other) HEALTH CARE PROVIDER _____ 09 (E30i_Other)

11/11/2004 E-7 ROUND 1 VERSION

DON'T KNOW.....

REFUSED.....

10 (E30j_Other)

d (E31)

r (E31)

(E21=01 or E24=01 or E25=01 and E26=02 and E29=01 and E30=07) E30g_Other. What Employment Network called {you/NAME}? <OPEN>____ DON'T KNOW d REFUSED.....r (E21=01 or E24=01 or E25=01 and E26=02 and E29=01 and E30=08) E30h_Other. What other Agency/Organization called {you/NAME}? <OPEN> DON'T KNOW d REFUSED.....r (E21=01 or E24=01 or E25=01 and E26=02 and E29=01 and E30=09) E30i_Other. What Health Care Provider called {you/NAME}? <OPEN>_____ DON'T KNOW d REFUSED.....r (E21=01 or E24=01 or E25=01 and E26=02 and E29=01 and E30=10) E30j_Other. Who called {you/NAME}? <OPEN>____ DON'T KNOW d REFUSED.....r (E21=01 or E24=01 or E25=01 and E26=02) Did somebody talk to {you/NAME or his/her representative} about the program in-person? DON'T KNOW d (E33) REFUSED..... r (E33) (E21=01 or E24=01 or E25=01 and E26=02 and E31=01) E32. Who talked to {you/NAME or his/her representative} about the program? INTERVIEWER: CODE ALL THAT APPLY. MAXIMUS 02 (E33) CURRENT/FORMER EMPLOYER 04 (E33)

FRIEND/FAMILY MEMBER 05 (E33)INDEPENDENT LIVING CENTER..... 06 (E33) EMPLOYMENT NETWORK 07 OTHER AGENCY/ORGANIZATION _____ 08 (E32h_Other) HEALTH CARE PROVIDER _____ 09 (E32i_Other) OTHER 10 (E32j_Other) DON'T KNOW..... d (E33) REFUSED..... r (E33)

(E21=01 or E24 E32g_Other.		2 and E31=01 and E32=07) ork talked to {you/NAME}?		
<open></open>				
		DON'T KNOWREFUSED		
· ·		2 and E31=01 and E32=08)		
E32h_Other.	what other Agency/Orga	inization talked to {you/NAME}?		
<ope< td=""><td>N></td><td></td><td></td><td></td></ope<>	N>			
		DON'T KNOW	d	
		REFUSED		
(E21=01 or E24	1=01 or E25=01 and E26=0	2 and E31=01 and E32=09)		
E32i_Other.	What Health Care Provide	der talked to {you/NAME}?		
<ope< td=""><td>N></td><td></td><td></td><td></td></ope<>	N>			
		DON'T KNOW	d	
		REFUSED		
(E21=01 or E24 E32j_Other.	4=01 or E25=01 and E26=0 Who talked to {you/NAM	2 and E31=01 and E32=10) E}?		
<ope< td=""><td>N></td><td></td><td></td><td></td></ope<>	N>			
		DON'T KNOW		
•	4=01 or E25=01 and E26=0 ou/NAME or his/her represe	2) entative} learn about the program on a web si	te?	
		YES		
		NO		
		DON'T KNOW		
E34. PROG Do yo	4=01 or E25=01) RAMMER: IF PROXY RES u recall {NAME} getting a T e says 'Ticket to Work and s	icket in the mail from Social Security? It look	ks like a	a certificate with blue and red writing and
		YES	01	(E36)
		NO		
		DON'T KNOW		
		REFUSED	r	
•	1=01 or E25=01 and E34=0 ou/NAME} ever try to get a	0,d,r) Ticket from Social Security or anywhere else	?	
		YES	01	
		NO		(F31)
		DON'T KNOW	d	(F31)
		REFUSED	r	(F31)

	TICKET

(E21=01 or E24=01 or E25=01 and E34=01 or E35=01)

E36. {Have you/Has NAME} ever used {your/his/her} Ticket to sign up with an Employment Network? Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work Program.

PROBE: Employment Networks can be public or private and can include the State Vocational Rehabilitation Agency.

YES	01	
NO	00	(F1)
DON'T KNOW	d	(F1)
REFUSED	r	(F1)

TICKET USE IN 2003

(E21=01 or E24=01 or E25=01 and E36=01)

E37. {Were you/Was NAME} signed up with any Employment Network at any time in 2003?

PROBE: Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work Program. Employment Networks can be public or private and can include the State Vocational Rehabilitation Agency.

YES	01	
NO	00	(E44)
DON'T KNOW	d	(E44)
REFUSED	r	(E44)

(E21=01 or E24=01 or E25=01 and E36=01 and E37=01)

E38. How many Employment Networks {were you/was NAME} signed up with in 2003?

|__|_| EMPLOYMENT NETWORKS IN 2003 (1-2) (1-5)

DON'T KNOW	d
REFUSED	r

(E21=01 or E24=01 or E25=01 and E36=01 and E37=01)

E39. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1), USE {FIRST, SECOND, THIRD, ETC.} What was the name of the {first, second, third, fourth, fifth} Employment Network {you were/ NAME was} signed up with in 2003?

INTERVIEWER: ENTER VERBATIM RESPONSE

E39a (EN#1 2003) <string=240></string=240>	
E39b (EN#2 2003) <string=240></string=240>	
E39c (EN#3 2003) <string=240></string=240>	
E39d (EN#4 2003) <string=240></string=240>	
E39e (EN#5 2003) <string=240></string=240>	
DON'T KNOW	d
REFUSED	r

PROGRAMMER: ASK E40- E43 FOR EACH EMPLOYMENT NETWORK LISTED IN E39

(E21=01 or E24=01 or E25=01 and E36=01 E40mth. The Ticket to Work program started IN 2003 FROM E39}?	and E37=01) d in 2001. In what month and year did {you/NAME} first use {your/his/her} ticket with {EN
PROBE: Your best estimate is fine.	
INTERVIEWER: ENTER MONTH H	IERE AND YEAR ON NEXT SCREEN
(1-12) MO	
	DON'T KNOW d REFUSED r
(E21=01 or E24=01 or E25=01 and E36=01 E40yr. PROBE: The Ticket to Work progra 2003 FROM E39}?	and E37=01) m started in 2001. In what month and year did {you/NAME} first use your ticket with {EN IN
PROBE: Your best estimate is fine.	
INTERVIEWER: ENTER YEAR	
(2 YEAR	2001-2003)
	DON'T KNOW d REFUSED r
(E21=01 or E24=01 or E25=01 and E36=01 E41. {Are you/Is NAME} currently signed	·
	YES 01 (NEXT EN OR E44) NO 00 DON'T KNOW d REFUSED r
(E21=01 or E24=01 or E25=01 and E36=01 E42mth. In what month and year did {you/NA	and E37=01 and E41=00,d,r) AME} stop receiving services from {EN IN 2003 FROM E39}?
PROBE: Your best estimate is fine	
INTERVIEWER: ENTER MONTH I	HERE AN YEAR ON NEXT SCREEN
(1-12) MO	
	DON'T KNOW d REFUSED r

•	1 or E24=01 or E25=01 and E36=01 and E37=01 and E41=00,d,r) PROBE: In what month and year did {you/NAME} stop receiving services from {EN IN 2003 FROM E39}? PROBE: Your best estimate is fine.					
	INTERVIEWER: ENTER YEAR					
	_ _ _ YEAR	(2001-2004)				
		DON'T KNOW				
(E21=01 E43.	or E24=01 or E25=01 and E36=0 Why {are you/is NAME} no longer	1 and E37=01 and E41=00,d,r) receiving services from {EN IN 2003 FROM E39)}?			
	INTERVIEWER: ENTER VERBAT	TIM RESPONSE				
	<open></open>					
		DON'T KNOW				
	NT TICKET USE or E24=01 or E25=01 and E36=0 CHECK: IS {NAME} CURRENTL	1) Y SIGNED UP WITH AN EMPLOYMENT NETW YES NO	01			
(E21=01 E45.	or E24=01 or E25=01 and E36=0 {Are you/Is NAME} <u>currently</u> signed	1 and E44=00) ed up with an Employment Network?				
		are organizations or businesses that offer servicket to Work Program. Employment Networks opency.				
		YES NO DON'T KNOW REFUSED	00 d	(E48)		
(E21=01 E46.	or E24=01 or E25=01 and E36=01 and E44=00 and E45=01) What is the name of the Employment Network {you are/NAME is} currently signed up with?					
	INTERVIEWER: ENTER VERBAT	TIM RESPONSE				
	CURRENT EN #1 <string=240< td=""><td>)></td><td></td><td></td></string=240<>)>				
		DON'T KNOW				

11/11/2004 E-12 ROUND 1 VERSION

•	or E24=01 or E25=01 and E36=01 The Ticket to Work program started EN FROM E46}? PROBE: Your best estimate is fine.	and E44=00 and E45=01) I in 2001. In what month and year did {you/NAME}	use {your/his/her} ticket with {CURRENT
	FRODE. Tour best estimate is line.		
	INTERVIEWER: ENTER MONTH H	HERE AND YEAR ON NEXT SCREEN	
	(1-12) MO		
		DON'T KNOW d REFUSED r	
	or E24=01 or E25=01 and E36=01 PROBE: The Ticket to Work prog with {CURRENT EN FROM E46}? PROBE: Your best estimate is fine.	ram started in 2001. In what month and year did	{you/NAME} first use {your/his/her} ticket
	INTERVIEWER: (YEAR	ENTER YEAR 2001-2004)	
		DON'T KNOW d REFUSED r	
	employment Networks Not or E24=01 or E25=01 and E36=01) {Have you/Has NAME} ever used talked about?		mployment Networks that we haven't yet
		e organizations or businesses that offer services to o Work Program. Employment Networks can be p	
		YES	(E51) (E51)
(E21=01 E49.	or E24=01 or E25=01 and E36=01 How many other Employment Netw	and E48=01) orks {have you/has NAME} been signed up with?	
	 OTHER EMPLO\ (1-2) (1-5)	YMENT NETWORKS	
		DON'T KNOW d REFUSED r	

(E21=01 or E24=01 or E25=01 and E36=01 and E48=01) E50mth. The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} Ticket to sign up with an Employment Network? PROBE: Your best estimate is fine. INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN |__|__| (1-12) MO DON'T KNOW d REFUSED.....r (E21=01 or E24=01 or E25=01 and E36=01 and E48=01) PROBE: The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} Ticket to sign up with an Employment Network? PROBE: Your best estimate is fine. INTERVIEWER: ENTER YEAR |__|__| (2001-2004) YEAR DON'T KNOW d REFUSED.....r

(E21=01 or E24=01 or E25=01 and E36=01)

E51. CHECK: WAS {NAME} A TICKET NON-PARTICIPANT IN 2003 (E51=01)?

 SECTION F UNIVERSE: TICKET NON-PARTICIPANTS IN 2003 (E35=00,d,r or E51=01) VARIABLES FROM OTHER SECTIONS: RTYPE PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

SECTION F: TICKET NON-PARTICIPANTS IN 2003

51=01)		COOL III (AIANE II A			<i>c</i>	,	
		ng 2003, did {you/NAME or his/her representative} contact, or try to contact, k program or to participate in the program?	any	one to	find out	more abo	out the Ticket
		YES	01				
		NO	00	(F31)			
		DON'T KNOW	d	(F31)			
		REFUSED	r	(F31)			
51=01 a	and	F1=01)					
		king only about <u>2003</u> , who did {you/NAME or his/her representative} contact ram?	to (get info	rmation	about the	Ticket to Wo
D)id {	(you/NAME or his/her representative) contact					
						DON'T	
			YE	<u>ES</u>	NO	KNOW	REFUSED
	a.	The Social Security Administration?	0		00	d	r
	b.	Maximus?	0	1	00	d	r
	c.	The State Vocational Rehabilitation Agency or {VRNAME}?	0	1	00	d	r
	d.	A Benefits Planning and Assistance Organization (BPAO)?	0	1	00	d	r
	e.	A Benefits Specialist or caseworker?	0	1	00	d	r
	f.	A friend or family member?	0	1	00	d	r
	g.	An Independent Living Center?	0	1	00	d	r
	h.	An Employment Network?	0	1	00	d	r
		PROBE: Employment Networks are organizations or businesses that					
		offer services to help people with disabilities work or earn more money					
		as part of the Ticket to Work program. Employment Networks can be					
		public or private and can include the State Vocational Rehabilitation					
		Agency.					
		PROGRAMMER: IF F2h=01 GO TO F2h_OTHER, ELSE GO TO F2i					
	i.	Another Agency or Organization	0	1	00	d	r
		PROGRAMMER: IF F2I=01 GO TO F2i_OTHER, ELSE GOTO F3					
51=01 a	and	F1=01 and F2h=01)					
h_Othe	r.	What other Employment Network?					
		EN>			_ (F2i)		

F-1 **ROUND 1 VERSION** 11/11/2004

REFUSED.....r (F2i)

	<open></open>			
			A	
		DON'T KNOW REFUSED		
/EE4 0	4 154 04)			
(E51=0 F3.	1 and F1=01) In general, how easy to Work program? W	v was it for {you/NAME or his/her representativas it:	ve} to get the information {you/they} wanted a	about the Ticke
		Very easy,	01	
		Somewhat easy,		
		Not very easy, or		
		Not at all easy?		
		DON'T KNOW	d	
		REFUSED	г	
		nt Networks are organizations or businesses the of the Ticket to Work Program. Employment ation Agency		
	more money as part	of the Ticket to Work Program. Employment	Networks can be public or private and can in	
	more money as part	of the Ticket to Work Program. Employment ation Agency	Networks can be public or private and can in	
	more money as part	of the Ticket to Work Program. Employment ation Agency YES NO DON'T KNOW	Networks can be public or private and can in	
	more money as part	of the Ticket to Work Program. Employment ation Agency YES NO	Networks can be public or private and can in	
(E51=0 F5.	more money as part Vocational Rehabilita	of the Ticket to Work Program. Employment ation Agency YES NO DON'T KNOW REFUSED 21) receive this information about Employment N	Networks can be public or private and can in	clude the Stat
`	more money as part Vocational Rehabilita 1 and F1=01 and F4=0 How did {you/NAME}	of the Ticket to Work Program. Employment ation Agency YES NO DON'T KNOW REFUSED 21) receive this information about Employment Nail?	Networks can be public or private and can in	clude the Stat
`	more money as part Vocational Rehabilita 1 and F1=01 and F4=0 How did {you/NAME}	of the Ticket to Work Program. Employment ation Agency YES NO DON'T KNOW REFUSED 21) receive this information about Employment N	Networks can be public or private and can in	clude the Stat
`	more money as part Vocational Rehabilita 1 and F1=01 and F4=0 How did {you/NAME}	of the Ticket to Work Program. Employment ation Agency YES NO DON'T KNOW REFUSED O1) receive this information about Employment Nail? YES	Networks can be public or private and can in	clude the Stat
`	more money as part Vocational Rehabilita 1 and F1=01 and F4=0 How did {you/NAME}	of the Ticket to Work Program. Employment ation Agency YES NO DON'T KNOW REFUSED O1) } receive this information about Employment Nail? YES NO	Networks can be public or private and can in	clude the Stat
F5.	more money as part Vocational Rehabilita 1 and F1=01 and F4=0 How did {you/NAME} information in the ma 1 and F1=01 and F4=0	of the Ticket to Work Program. Employment ation Agency YES	Networks can be public or private and can in	clude the Stat
F5. (E51=0	more money as part Vocational Rehabilita 1 and F1=01 and F4=0 How did {you/NAME} information in the ma 1 and F1=01 and F4=0 Who sent {you/NAME}	of the Ticket to Work Program. Employment ation Agency YES	Networks can be public or private and can in	clude the Stat
F5. (E51=0	more money as part Vocational Rehabilita 1 and F1=01 and F4=0 How did {you/NAME} information in the ma 1 and F1=01 and F4=0 Who sent {you/NAME} INTERVIEWER: COI	of the Ticket to Work Program. Employment ation Agency YES	Networks can be public or private and can in	clude the Sta
F5. (E51=0	more money as part Vocational Rehabilita 1 and F1=01 and F4=0 How did {you/NAME} information in the ma 1 and F1=01 and F4=0 Who sent {you/NAME}	of the Ticket to Work Program. Employment ation Agency YES	Networks can be public or private and can in	clude the Sta

11/11/2004 F-2 ROUND 1 VERSION

d. A BENEFITS PLANNING AND ASSISTANCE ORGANIZATION

(BPAO)

A BENEFITS SPECIALIST OR CASEWORKER.....

FRIEND/FAMILY MEMBER.....

EMPLOYMENT NETWORK

OTHER AGENCY/ORGANIZATION.....

OTHER.....

g. INDEPENDENT LIVING CENTER

04 (F7)

06 (F7)

(F7)

(F6i_Other)

10 (F6j_Other)

05 (F7)

80

09

	= -	N'T KNOWFUSED		(F7) (F7)
(E51=01	and F1=01 and F4=01 and	d F5=01 and F6=08)		
F6h_Oth	er. What other Emplo	oyment Network?		
	<open></open>			
				_
		DON'T KNOW d		
		REFUSEDr		
E51-01	and F1=01 and F4=01 and	d F5-01 and F6-09)		
F6i_Othe		·		
	<open></open>			_
		DON'T KNOW d		
		REFUSEDr		
		REFUSED		
E51=01	and F1=01 and F4=01 and	d F5=01 and F6=10)		
F6j_Othe				
	<open></open>			_
		DON'T KNOW		
		DON'T KNOW d REFUSED r		
		REFUSED		
(E51=01	and F1=01 and F4=01)			
•	,	AME or his/her representative} to talk about Employment Networks?)	
		YES 01		
		NO		
		DON'T KNOW d (F9)		
		REFUSED r (F9)		
		()		
•	and F1=01 and F4=01 and Who called {you/NAME or	·		
	INITED VIEWED, CODE AL	I THAT APPLY		
	INTERVIEWER: CODE AI	LINALAPPLY.		
	a. SO	CIAL SECURITY ADMINISTRATION	01	(F9)
	b. MA	XIMUS		,
	c. STA	ATE VOCATIONAL REHABILITATION AGENCY or		` '
	{V	RNAME}	03	(F9)
		ENEFITS PLANNING AND ASSISTANCE ORGANIZATION		
		PAO)	04	(F9)
		ENEFITS SPECIALIST OR CASEWORKER	05	(F9)
	1.15	END/FAMILY MEMBER	06	(F9)
	9	PEPENDENT LIVING CENTER	07	(F9)
		PLOYMENT NETWORK	80	/E0: 0::
		HER AGENCY/ORGANIZATION	09	(F8i_Other
	, -	HER	10	(F8_jOther
		N'T KNOW	d	(F9)

11/11/2004 F-3 ROUND 1 VERSION

	and F1=01 and F4=01 and F9=01 and F9	•			
	<open></open>				
		DON'T KNOW			
(E51=01 F10j_Ot	and F1=01 and F4=01 and F9=01 and F9=01 and F4=01 and F9=01 and F4=01 and F9=01 and F9	and F10=10)			
	<open></open>				
		DON'T KNOW			
(E51=01 F11.	and F1=01 and F4=01) Did {you/NAME or his/her represen	tative} learn about Employment Networks on a w	eb si	te?	
		YES 0			
		NO			
		DON'T KNOW	-		
(E51=01 F12.	{your/NAME's} state the vocational	ng to use a Ticket with the vocational rehabilit rehabilitation agency is called {STATE NAME FC In 2003, did {you/NAME or his/her representation about getting services from them? YES	OR VI ve} c	R AGI contac	ENCY). I'm going to refer to this
		DON'T KNOW	•	•	
(E51=01	and F1=01 and F12=01)		•	ŕ	
F13.		r representative} try to use {your/NAME's} Ticke	t to	sign u	p with {your/NAME's} State VR
		YES 0	1 (F	15)	
		NO	-	-00)	
		DON'T KNOW	•	•	
(E51=01 F14.	and F1=01 and F12=01 and F13=0 Why didn't {you/NAME or his/her re	0) presentative} try to use {your/NAME's} Ticket with	h the	State	VR agency in 2003?
	INTERVIEWER: ENTER VERBATI	M RESPONSE			
	<open></open>			((F20)
		DON'T KNOW		-	

F15.	In 2003, did {your/NAME's} State V	R agency accept {your/his/her} Ticket?			
		YES NO DON'T KNOW REFUSED	00 d	(F20)	
(E51=0 ⁻ F16.	and F1=01 and F12=01 and F13=0 Why didn't the State VR agency acc				
	INTERVIEWER: CODE ALL THAT	APPLY.			
	DID NOT OFFER SERVIC DID NOT SERVE PEOPLI {NAME} NOT WILLING/AE HOURS {NAME} NOT WILLING TO	HEN CONTACTEDES {NAME} NEEDEDES {NAME} NEEDEDBE WITH {NAME'S} DISABILITY/NEEDSBLE TO WORK FULL-TIME/ENOUGH	02 03 04 05	(F17) (F17) (F17)	
	DON'T KNOW		d		
(E51=0 ⁻ F16_Ot	and F1=01 and F12=01 and F13=0 ner. What other reason?	1 and F15=00 and F16=06)			
	<open></open>				(F20)
		DON'T KNOW			
(E51=0 ⁻ F17.	and F1=01 and F12=01 and F13=0 CHECK: WAS TICKET ASSIGNED	1 and F15=01, 00) TO STATE VR AGENCY IN 2003 (F15=01)?			
		YES	-	(F20)	
	show that you told me earlier {ye	1 and F15=01,00 and F17=01) AME's} State VR agency accepted {your/his/hou/NAME} had not assigned {your/his/her} it to Work program in 2003 through {your/his/his/his/his/his/his/his/his/his/his	Ticke	t in 20	03 (E51=01). Is it correct that
		YES, DID PARTICIPATE IN 2003	00 d	(F20)	
(E51=0 ⁻ F19.		1 and F15=01,00 and F17=01 and F18=01) the interview and need to speak with my supe	rvisc	r. I will	call you back shortly. Thank you
	INTERVIEWER: GO TO PARALLE	L BREAKOFF BLOCK, END INTERVIEW AND	ST.	ATUS S	SUPERVISOR REVIEW 380.

(E51=01 and F1=01 and F12=01 and F13=01)

11/11/2004 F-6 ROUND 1 VERSION

(E51=01 and F1=01)

F20. The next questions are about {your/NAME's} contact with Employment Networks, other than {your/his/her} state vocational rehabilitation agency, {VRNAME}. In 2003, did {you/NAME} contact any Employment Networks other than {your/NAME's} state VR Agency to use {your/his/her} Ticket or to talk about getting services from them?

		are organizations or businesses that offer senticket to Work Program. Employment Networks ency.	
		YES	01
		NODON'T KNOWREFUSED	d (F28)
(E51=0 ⁻ F21.	1 and F1=01 and F20=01) How many other Employment Net	works did {you/NAME} contact in 2003?	
	PROBE: Your best guess is fine.		
	_ NUMBE	ER (1-2) (1-15)	
		DON'T KNOW	
(E51=0 ⁻ F22.		ONE EMPLOYMENT NETWORK IN F21, REAn going to ask about your overall experienc	
	PROGRAMMER: USE "ANY OF"	AND "NETWORKS" IF RESPONDENT CONTA	CTED MORE THAN ONE EN (F21>1).
	Did {you/NAME or his/her represe {you/he/she} contacted?	entative} try to use {your/NAME's} Ticket to sign	up with {any of} the Employment Network(s)
		YES NO DON'T KNOW	00
		REFUSED	r (F24)
(E51=0 ⁻ F23.	1 and F1=01 and F20=01 and F22= PROGRAMMER: USE "NETWOR	00) KS" IF THE RESPONDENT CONTACTED MOI	RE THAN ONE EN (F21>1).
	Why didn't {you/NAME or his/h {you/he/she} contacted?	ner representative} try to use {your/NAME's	} Ticket with the Employment Network(s)
	INTERVIEWER: ENTER VERBAT	IM RESPONSE	
	<open></open>		(F30)
		DON'T KNOW	· ·

(E51=01 and F1=01 and F20=01 and F22=01,d,r) F24. PROGRAMMER: USE "ANY OF" AND "NETWORKS" IF RESPONDENT CONTACTED MORE THAN ONE EN (F21>1). In 2003, did {any of} Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME's} Ticket? YES...... 01 (F26) DON'T KNOW d (F30) REFUSED..... r (F30) (E51=01 and F1=01 and F20=01 and F22= 01,d,r and F24=00) F25. PROGRAMMER: USE "NETWORKS" IF THE RESPONDENT CONTACTED MORE THAN ONE EN (F21>1). Overall, why didn't the Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME's} Ticket in 2003? PROGRAMMER: USE "THESE" AND "NETWORKS" IF RESPONDENT CONTACTED MORE THAN ONE EN (F21>1) PROBE: Were there any other reasons why {these/this} Employment Network(s) would not accept {your/NAME'S} Ticket in 2003? INTERVIEWER: CODE ALL THAT APPLY. NOT TAKING TICKETS WHEN CONTACTED....... 01 (F26) EMPLOYMENT NETWORK DID NOT SERVE PEOPLE {NAME} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH DON'T KNOW d (F26) REFUSED...... r (F26) (E51=01 and F1=01 and F20=01 and F22= 01,d,r and F24=00 and F25=06) What Other reason? F25_Other. <OPEN>_____

DON'T KNOW...... d
REFUSED...... r

GO TO F30

(E51=01 and F1=01 and F20=01 and F22= 01,d,r and F24=01)

F26. PROGRAMMER: USE "ONE OF" AND "NETWORKS" IF THE RESPONDENT CONTACTED MORE THAN ONE EN (F21>1).

You said that {one of} the Employment Network{s} {you/NAME} tried to use {your/his/her} Ticket with accepted {your/his/her} Ticket some time during 2003 (F24=01), but I show that you told me earlier {you/NAME} had not assigned {your/his/her} Ticket in 2003 (E51=01). Is it correct that {you/NAME} participated in the Ticket program in 2003?

YES, DID PARTICIPATE IN 2003	01	
NO, DID NOT PARTICIPATE IN 2003	00	(F30)
DON'T KNOW	d	(F30)
REFUSED	r	(F30)

(E51=01 and F1=01 and F20=01 and F22= 01,d,r and F24=01 and F26=01)

I have encountered a problem with the interview and need to speak with my supervisor. I will call you back shortly. Thank you F27. for your time.

	INTERVIEWER: GO TO PARALLEL BREAKOFF BLOCK, END INTERVIEW AND STATUS	S SUPEI	RVISOR REVIE	EW 380.
RECEIV	ED INFORMATION BUT DID NOT CONTACT ENs IN 2003			
•	and F1=01 and F20=00,d,r) CHECK: DID {NAME} RECEIVE INFORMATION ABOUT EMPLOYMENT NETWORKS (F-CONTACT THEM (F12=00 AND F20=00)?	-4=01) BU	UT DID NOT	
	YES	<i>30)</i>		
-	and F1=01 and F20=00,d,r and F28=01) After receiving information about the Employment Networks in {your/NAME's} are Rehabilitation agency or {VRNAME}, why didn't {you/NAME or his/her representative} contains		-	e Vocational
	INTERVIEWER: CODE ALL THAT APPLY.			
	PHYSICAL/MENTAL CONDITION CHANGED MIND FAMILY RESPONSIBILITIES FAMILY WOULD NOT SUPPORT COULD NOT GET RELIABLE TRANSPORTATION ECONOMIC CONDITIONS CHANGED – NO LONGER THINK JOB OPPORTUNITIES EXIST. FEARED SERVICES WOULD ENDANGER BENEFITS INFORMATION TOO CONFUSING – DID NOT KNOW WHERE TO START EMPLOYMENT NETWORK {NAME} WANTED WAS NOT PARTICIPATING ENS TOO FAR AWAY COULD NOT GET IN CONTACT WITH ENS NO ENS PROVIDED SERVICES {NAME} NEEDS NO ENS SERVE MY KIND OF DISABILITY OTHER DON'T KNOW REFUSED	02 03 04 05 06 07 08 09 10 11 12 13	(F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30)	
(E51=01 F29_Oth	and F1=01 and F20=00,d,r and F28=01 and F29=14) er. What other reason?			
0_0	<open></open>			
			-	
	DON'T KNOW d REFUSED r			
(E51=01	E PLANS ABOUT TICKET TO WORK PARTICIPATION and F1=01) Do you think {you/NAME} will try to participate in the Ticket to Work program at any time in	the futu	re?	
	YES			

GO TO F33

REFUSED.....r

AWARE OF TICKET PROGRAM BUT DID NOT TRY TO GET INFORMATION OR PARTICIPATE DURING 2003

(E35=00,d,r) OR (E51=01 and F1=00,d,r)

F31. What are the main reasons {you did/NAME did} not try to participate in the Ticket to Work program in 2003?

KNOWLEDGE OF TICKET TO WORK PROGRAM

(E35=00,d,r or E51=01)

F33. Now I'm going to read you some statements about the Ticket to Work program. For each statement, please tell me if it is something {you/NAME or his/her representative} knew before today or not.

REFUSED.....r

PROGRAMMER: INSERT STATEMENT BELOW HERE

Is this something {you/NAME or his/her representative} knew before today or not?

INTERVIEWER: REPEAT AS NECESSARY

a.	Ticket to Work is a program to help people with disabilities get training or other employment services to improve their ability to work. These employment services are paid for by Social Security	DID NOT KNOW BEFORE TODAY 01	KNEW BEFORE TODAY 00	DON'T KNOW d	<u>REFUSED</u> r
b.	Ticket to Work participants are free to choose an employment service provider from among a network of employment service providers in the program	01	00	d	r
C.	{Your/NAME's} employment service provider in the Ticket to Work program is not paid by Social Security unless {you go/(he/she) goes} back to work	01	00	d	r
d.	While participating in the Ticket to Work program, Social Security will not conduct a review of {your/NAME's} medical eligibility for disability benefits	01	00	d	r

11/11/2004 F-10 ROUND 1 VERSION

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B18 AGE, B18 YEAR, {NAME'S} ADDRESS FROM SECTION A, E36, E37, E38, E39 PRELOADED VARIABLES: BIRTHYEAR

SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2003

SERVI	ICE F	PROV	/IDERS
-------	-------	------	--------

1	Δ	ı	I	١
ŀ	$\overline{}$	ı	ı	J

G1. Next, I will ask about different types of services that people with disabilities sometimes get in order to improve their ability to work or live independently.

First, I will ask about employment services {you/NAME} may have received.

(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR - B18_YEAR <16)) Since age 16, {have you/has NAME} received any employment services to help {you/him/her} get a job?

(IF DISABLED AT AGE 16 OR LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - B18_YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} received any employment services to help {you/him/her} get a job?

YES	01	
NO	00	(G10)
DON'T KNOW	d	(G10)
REFUSED	r	(G10)

(G1=01)

G2. What was the name of the place {you/NAME} went to for those employment services?

PROGRAMMER: DISPLAY Anyplace else? ON SCREEN FOR PROVIDERS 2 THROUGH 8

PROBE (IF E36=01): This includes services {you/NAME} received from an Employment Network.

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

PROVIDER 1 <string=240></string=240>	
PROVIDER 2 < STRING=240>	
PROVIDER 3 < STRING=240>	
PROVIDER 4 < STRING=240>	
PROVIDER 5 < STRING=240>	
PROVIDER 6 < STRING=240>	
PROVIDER 7 < STRING=240>	
PROVIDER 8 < STRING=240>	
DON'T KNOW	d
REFUSED	r

(G1=01)

G3. CHECK: WAS {NAME} A TICKET PARTICIPANT IN 2003 (E37=01)?

YES	01	
NO	00	(G7)

PROGRAMMER: REPEAT G4 THROUGH G6 ONLY FOR THE FIRST AND SECOND 2003 EMPLOYMENT NETWORKS LISTED IN E39

(G1=01 G4.	and G3=01) INTERVIEWER: IS {EMPLOYME {DISPLAY LIST FROM G2}?	NT NETWORK IN 2003 (DISPLAY FIRST/SE	CO	ND NAME FROM E39)} ON THIS LIST
		YESOR SKIP TO G7)	01	(DISPLAY SECOND EN FROM E39
		NO	00	
(G1=01 G5.	and G3=01 and G4=00) In 2003, did {you/NAME} receive el	mployment services from {FIRST/SECOND EM	IPLC	DYMENT NETWORK IN 2003 (E39)}?
		YES	00 d	(G7)
(G1=01 G6.	and G3=01 and G4=00 and G5=01) Then let me add {FIRST/SECOND	EMPLOYMENT NETWORK FROM 2003 (E39))} to	this list.
	INTERVIEWER: ENTER '1' TO AD	D NAME OF EMPLOYMENT NETWORK TO L	.IST	
		PRESS 1 TO CONTINUE	01	
(G1=01) G7.		JGH G9 FOR EACH PLACE LISTED IN G2	! IN	CLUDING EMPLOYMENT NETWORKS
	Thinking about {PROVIDER FROM	G2}, was this place:		
	A private business, or Some other type of place? DON'T KNOW	······································	02 03 d	NEXT PROVIDER OR G10) (NEXT PROVIDER OR G10)
•	and G7=03) INTERVIEWER: PLEASE SPECIF		·	(NEXT TREVIDENCE OF COS)
	<open></open>	(NEXT PRO	JIVC	DER OR G10)
		DON'T KNOW		
(G1=01 G8.	and G7=01) CHECK: WAS {PROVIDER FROM	G2} A STATE AGENCY (G7 = 01)?		
		YES		(NEXT PROVIDER OR G10)

(G1=01 and G7=01 and G8=01) G9. Was this place: DON'T KNOW d (NEXT PROVIDER OR G10) REFUSED...... r (NEXT PROVIDER OR G10) (G1=01 G7=01 and G8=01 and G9=04) G9_oth. INTERVIEWER: PLEASE SPECIFY <PEN>_____ (NEXT PROVIDER OR G10) DON'T KNOW d (NEXT PROVIDER OR G10) REFUSED...... r (NEXT PROVIDER OR G10) (All) Sometimes people get training to help them learn new skills so they can get a new job or change careers. G10. (IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR - B18_YEAR <16)) Since age 16, {have you/has NAME} received any training to help {you/him/her} get a new job or change careers? (IF DISABLED AT AGE 16 OR LATER (B18 AGE ≥ 16 OR IF BIRTHYEAR - B18 YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} received any training to help {you/him/her} get a new job or change careers? PROBE: Please do not include places you already told me about. YES...... 01 DON'T KNOW d (G15) REFUSED..... r (G15) (G10=01)G11. What was the name of the place {you/NAME} went to for that training? PROBE: Please do not include any places you already told me about. PROGRAMMER: DISPLAY Anyplace else? ON SCREEN FOR PROVIDERS 2 THROUGH 8 INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE PROBE (IF E36=01): This includes services {you/NAME} received from an Employment Network. PROVIDER 1 <STRING=240> PROVIDER 2 < STRING=240> ______ PROVIDER 3 < STRING=240> PROVIDER 4 < STRING=240>

PROGRAMMER: FOR EACH PROVIDER LISTED IN G11 DISPLAY G12

PROVIDER 8 < STRING=240>

PROVIDER 7 < STRING=240>

PROVIDER 5 < STRING=240> _______PROVIDER 6 < STRING=240> ______

G 12.	IINIEK	VIEWER. 15 (PROVIDER	LISTED IN G	II) ALKEADT ON I	HIS LIST (DISPLA	FROVIDERS FROM G2}?
			YES		01	(PROGRAMMER: DELETE ONE
				MENTION)		(15)(7.550.)(1555.05.040)
			NO		00	(NEXT PROVIDER OR G13)
	PROGE	RAMMER: ASK G13 THR	OUGH G14 F	OR EACH NEW PR	OVIDER LISTED IN	N G11.
(G10=0	01)					
G13.	-	g about {NEW PROVIDEF	R FROM G11	}, was this place:		
		A state agency			01	(G14)
		- ·				(NEXT PROVIDER OR G15)
		Some other type of plac	e?		03	
		DON'T KNOW			d	(NEXT PROVIDER OR G15)
		REFUSED			r	(NEXT PROVIDER OR G15)
(G10=0	1 and G1	3=03)				
G13_ot	h.	INTERVIEWER: PLEAS	E SPECIFY			
	<open< td=""><td>></td><td></td><td></td><td> (NEXT PROVII</td><td>DER OR G15)</td></open<>	>			(NEXT PROVII	DER OR G15)
			DON'T KN	10W	d	(NEXT PROVIDER OR G15)
						(NEXT PROVIDER OR G15)
(G10=0	1 and G1	3=01)				
G14.	Was thi					
		A vocational rehabilitation	n agency,		01	(NEXT PROVIDER OR G15)
		A welfare agency,			02	(NEXT PROVIDER OR G15)
		A mental health agency,			03	(NEXT PROVIDER OR G15)
		Some other state agence	y, or		04	
		None of these			05	(NEXT PROVIDER OR G15)
		DON'T KNOW			d	(NEXT PROVIDER OR G15)
		REFUSED			r	(NEXT PROVIDER OR G15)
(G10=0	1 and G1	3=01 and G14=04)				
G14_ot	h.	INTERVIEWER: PLEAS	E SPECIFY			
	<open< td=""><td>></td><td></td><td></td><td> (NEXT PROVII</td><td>DER OR G15)</td></open<>	>			(NEXT PROVII	DER OR G15)
						(NEXT PROVIDER OR G15)
			REFUSE)	r	(NEXT PROVIDER OR G15)
(All)						
G15.	Someti	nes people with disabiliti	es receive m	edical services to ir	nprove their ability	to work or help them live independent
	Some e	xamples of these services	s are physica	I therapy, surgery, a	nd help getting spec	cial equipment or devices.

(G10=01)

(IF DISABLED AT AGE 16 OR LATER (B18_AGE \geq 16 OR IF BIRTHYEAR - B18_YEAR \geq 16)) Since becoming disabled, {have you/has NAME} received any medical services to improve {your/his/her} ability to work or live independently?

(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR - B18_YEAR <16)) Since age 16, {have you/has

NAME} received any medical services to improve {your /his/her} ability to work or live independently?

YES...... 01 DON'T KNOW d (G19) REFUSED.....r (G19) (G15=01)G16. What was the name of the place {you/NAME} went to for those medical services? PROBE: Please do not include any places you already told me about. PROGRAMMER: DISPLAY Anyplace else? ON SCREEN FOR PROVIDERS 2 THROUGH 8 INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE PROBE (IF E36=01): This includes services {you/NAME} received from an Employment Network. PROVIDER 1 <STRING=240> ___ PROVIDER 2 < STRING=240> PROVIDER 3 < STRING=240> PROVIDER 4 < STRING=240> PROVIDER 5 < STRING=240> ______ PROVIDER 6 < STRING=240> PROVIDER 7 < STRING=240> PROVIDER 8 < STRING=240> DON'T KNOW d REFUSED.....r PROGRAMMER: FOR EACH PROVIDER LISTED IN G16 DISPLAY G17. (G15=01)G17. INTERVIEWER: IS {PROVIDER LISTED IN G16} ALREADY ON THIS LIST {DISPLAY PROVIDERS FROM G2 AND G11}? YES..... 01 (PROGRAMMER: DELETE ONE MENTION) NO..... 00 (NEXT PROVIDER OR KindPlace) PROGRAMMER: ASK KINDPLACE FOR EACH NEW PROVIDER LISTED IN G16. (G15=01) KindPlace. Thinking about {NEW PROVIDER FROM G16}, was this place: Some other type of place? 04 DON'T KNOW d (NEXT PROVIDER OR G19) REFUSEDr (NEXT PROVIDER OR G19) (G15=01 and KindPlace=04) OtherSpecify. INTERVIEWER: PLEASE SPECIFY <OPEN>_____ _____ (NEXT PROVIDER OR G19) DON'T KNOW d (NEXT PROVIDER OR G19) REFUSED...... r (NEXT PROVIDER OR G19)

PROBE: Please do not include places you already told me about.

(All)

G19. Sometimes people go to a mental health professional to get therapy or counseling to improve their ability to work or live independently.

(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received mental health therapy or counseling to improve {your/his/her} ability to work or live independently? This could include treatment for alcohol or drug abuse.

(IF DISABLED AT AGE 16 OR LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - B18_YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} received mental health therapy or counseling to improve {your/his/her} ability to work or live independently? This could include treatment for alcohol or drug abuse.

PROBE: Please do not include places you already told me about.

YES	01	
NO	00	(G23)
DON'T KNOW	d	(G23)
REFUSED	r	(G23)

(G19=01)

G20. What was the name of the place {you/NAME} went to for therapy or counseling? Anyplace else?

PROBE: Please do not include any places you already told me about.

PROGRAMMER: DISPLAY Anyplace else? ON SCREEN FOR PROVIDERS 2 THROUGH 8

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

PROBE (IF E36=01): This includes services {you/NAME} received from an Employment Network.

PROVIDER 1 <string=240></string=240>	
PROVIDER 2 < STRING=240>	
PROVIDER 3 < STRING=240>	
PROVIDER 4 < STRING=240>	
PROVIDER 5 < STRING=240>	
PROVIDER 6 < STRING=240>	
PROVIDER 7 < STRING=240>	
PROVIDER 8 < STRING=240>	
DON'T KNOW	d
REFUSED	r

PROGRAMMER: FOR EACH PROVIDER LISTED IN G20 DISPLAY G21.

G1	9=	01)

G21. INTERVIEWER: IS {PROVIDER LISTED IN G20} ALREADY ON THIS LIST {DISPLAY PROVIDERS FROM G2, G11, AND G16}?

YES	01	(PROGRAMMER: DELETE ONE
MENTION)		
NO	00	{NEXT PROVIDER OR KINDPLACE}

PROGRAMMER: ASK KINDPLACE FOR EACH NEW PROVIDER LISTED IN G20.

(G19=0	•	IDED EDOM C20), was this place.		
KinaPi	ace. Ininking about {NEW PROV	IDER FROM G20}, was this place:		
	A mental health agency	<i>I</i> ,	01	(NEXT PROVIDER OR G23)
	A clinic,		02	(NEXT PROVIDER OR G23)
	A hospital,		03	(NEXT PROVIDER OR G23)
	A doctor's office, or		04	(NEXT PROVIDER OR G23)
	**	ce?		
				· ·
	REFUSED		r	(NEXT PROVIDER OR G23)
-	01 and KindPlace=05)			
OtherS	pecify. INTERVIEWER: PLEASE	SPECIFY		
	<open></open>	(NEXT PRO	OVII	DER OR G23)
		DON'T KNOW	d	(NEXT PROVIDER OR G23)
		REFUSED	r	(NEXT PROVIDER OR G23)
(AII) G23.		16 (B18_AGE < 16 OR IF BIRTHYEAR – B18 en any classes to help {you/him/her} get a new jo ld me about.		· · · · · · · · · · · · · · · · · · ·
		LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - En school or taken any classes to help {you/him/henave already told me about.		
	PROBE: This could include voca PROBE: Please don't include pla	ational training in high school, college classes, or caces you already told me about.	othe	r instructional programs.
		YES	01	
		NO		(G29a)
		DON'T KNOW		` ,
		REFUSED		•
(G23=0	11)			
(G25–(G24.	Where did {you/NAME} enroll in	school or take classes?		
OZ 1.	**	any places you already told me about.		
	PROGRAMMER: DISPLAY Any	place else? ON SCREEN FOR PROVIDERS 2 TH	HRC	DUGH 8
	INTERVIEWER: PRESS 'ENTER PROBE (IF E36=01): This include	R' FOR NO OTHER PLACE les services {you/NAME} received from an Emplo	yme	ent Network.
	PROVIDER 1 <string< td=""><td>G=240></td><td></td><td></td></string<>	G=240>		
		G=240>		
	PROVIDER 3 < STRIN	G=240>		
	PROVIDER 4 < STRIN	G=240>		
	PROVIDER 5 < STRIN	G=240>		
	PROVIDER 6 < STRIN	G=240>		
		G=240>		
		G=240>		

PROGRAMMER: FOR EACH PROVIDER LISTED IN G24 DISPLAY G25.

DON'T KNOW d

(G23=01	l)			
G25.		PROVIDER LISTED IN G24 ALREADY ON THIS LIST (DISP	LAY PR	ROVIDERS FROM G2, G11, G16,
	AND G20}?			
		YES01 MENTION)	(PRO	GRAMMER: DELETE ONE
		NO	{NEX	T PROVIDER OR G26}
(G10=01	or G23=01)			
G26.	{Are you/Is I	NAME} <u>currently</u> enrolled in school or taking any classes?		
		YES 01		
		NO		a)
		DON'T KNOW	,	,
		REFUSED	-	
(G10=01	or G23=01	and G26=01)		
G27.		NAME} working toward a degree, a certificate or license, or {are you/is (h	e/she)} j	just taking classes?
	10/0	ODKING TOWARD DECREE		
		DRKING TOWARD DEGREE		
		ILY TAKING CLASSES		2)
		DN'T KNOW	`	,
		FUSED	•	•
	11	I GOLD	(0230	4)
		It type of {degree/certificate or license} {are you/is NAME} working? VER: CODE ONE ONLY.		
	a.	GED OR HIGH SCHOOL EQUIVALENCE PROGRAM/	(C20)	
	h	COURSES	. ,	
	C.	ASSOCIATE DEGREE PROGRAM (AA DEGREE)		
	d.	UNDERGRADUATE DEGREE PROGRAM (BA, BS DEGREE) 04		
	е.	GRADUATE DEGREE PROGRAM (e.g., MA, MS, MD, EdD) 05		
	f.		(G28f	
	g.	DON'T KNOW	(G29)	_ ,
	h.	REFUSED	(G29)	
(G10=01 G28b_ot		and G26=01 and G27=01,02 and G28=02) FERVIEWER: PLEASE SPECIFY		
0205_0		ERVIEWER. LEEPIGE OF EOIL 1		
	<open></open>			_ (G29)
		DON'T KNOW	(G29)	1
		REFUSED	. ,	
			, -/	
(G10=01 G28f_otl		and G26=01 and G27=01,02 and G28=06) FERVIEWER: PLEASE SPECIFY		
	<open>_</open>			
		DON'T KNOW		

(G10=01 or G23=01 and G26=01 and G27=answer) G29. {Are you/Is NAME} a full-time or part-time student? FULL-TIME 01 PART-TIME...... 02 DON'T KNOW d REFUSED.....r **DE-DUPLICATION OF THE LIST OF PROVIDERS** (All) G29a. CHECK: DID {NAME} RECEIVE ANY SERVICES (G1=1 OR G10=1 OR G15=1 OR G19=1)? YES...... 01 NO...... 02 (G48) (G29a=01) G30_1. PROGRAMMER: LIST PROVIDERS FROM G2, G11, G16, AND G20. INTERVIEWER: ITEMS IN TEAL HAVE ALREADY BEEN DELETED. INTERVIEWER: MARK DUPLICATES FOR DELETION (ENTER PROVIDER #1-34 TO DELETE OR '0' FOR NONE). INTERVIEWER: EACH PROVIDER SHOULD BE MENTIONED ONLY ONCE. NONE/DONE 00 (G29a=01) G30_1. You said {you/NAME} received employment, medical, and therapy services from {LIST BELOW}. I want to be sure that each service provider is listed only once. Are any of these providers the same? INTERVIEWER: ITEMS IN TEAL HAVE ALREADY BEEN DELETED. INTERVIEWER: IF YES, MARK DUPLICATES FOR DELETION (ENTER PROVIDER #1-34 TO DELETE OR '0' FOR NONE). INTERVIEWER: EACH PROVIDER SHOULD BE MENTIONED ONLY ONCE. NONE/DONE 00 WHEN SERVICES RECEIVED (G29a=01) G33_base. Next, I would like to know when {you/NAME} last received services from the places I just read and more about the kinds of services {you/he/she} received from those places. INTERVIEWER: PRESS 1 TO CONTINUE PROGRAMMER: ASK G33 THROUGH G35 FOR EACH PLACE LISTED IN G30_1 AFTER DE-DUPLICATION. (G29a=01) G33. PROBE: Next, I would like to know when {you/NAME} last received services from the places I just read and more about the kinds of services (you/he/she) received from those places. Think about all the services {you/NAME} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST}. In what year did {you/he/she} last receive services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST}? Was it in 2004, in 2003, or

DON'T KNOW d
REFUSED r

 IN 2004
 01 (NEXT PROVIDER OR G35)

 IN 2003
 02 (NEXT PROVIDER OR G36)

 BEFORE 2003
 03 (NEXT PROVIDER OR G48)

before 2003?

G34. Was it:

Within the last 2 years,	01	
2 to 5 years ago,		(NEXT PROVIDER OR G48)
5 to 10 years ago, or		
More than 10 years ago?		
DON'T KNOW		
REFUSED		,

(G29a=01 and G33=01,d,r and G34=01)

G35. Did {you/NAME} receive services from this place at any time in 2003?

YES	01	(NEXT PROVIDER OR G35a)
NO	00	(NEXT PROVIDER OR G48)
DON'T KNOW	d	(NEXT PROVIDER OR G48)
REFUSED	r	(NEXT PROVIDER OR G48)

SPECIFIC SERVICES RECEIVED FROM PROVIDERS AND SERVICE-RELATED EXPERIENCES IN 2003

(G29a=01 and G33=01,d,r and G34=01 and G35=01)

G35a. CHECK: DID {NAME} RECEIVE SERVICES FROM ANY PROVIDER IN 2003 (G33=02 OR G35=01) FOR ANY PROVIDER IN DE-DUPLICATED LIST?

YES	01	
NO	00	(G48)

PROGRAMMER: ASK G36 THROUGH G47 FOR EACH PROVIDER LISTED IN G30_1 (AFTER DE-DUPLICATION) IF USED IN 2003 (G33=02 OR G35=01)

(G35a=01 or G33=02)

G36. In 2003, please tell me if {you/NAME} received any of the following services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}. Did {you/he/she} receive:

PROBE: from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}.

					DON'T	
		<u>YES</u>	<u>NO</u>	<u>NA</u>	KNOW	REFUSED
a.	Physical therapy?	01	00	02	d	r (G37)
b.	Occupational therapy? PROBE: Occupation therapy is					
	treatment that helps people achieve independence in all					
	areas of their lives and can include home and job site					
	evaluations, skills assessments, equipment					
	recommendations, and other treatment to help improve a					
	person's ability to perform daily activities	01	00	02	d	r (G37)
c.	Speech therapy?	01	00	02	d	r (G37)
d.	A medical procedure such as surgery or implants?	01	00	02	d	r (G37)
e.	Special equipment or devices?	01	00	02	d	r (G37)
f.	Personal counseling or therapy?	01	00	02	d	r (G37)
g.	Group therapy?	01	00	02	d	r (G37)
h.	A work or job assessment?	01	00	02	d	r (G37)
i.	Help to find a job?	01	00	02	d	r (G37)
j.	Training to learn a new job or skill?	01	00	02	d	r (G37)
k.	Advice about modifying {your/his/her} job or work place?	01	00	02	d	r (G37)
I.	On-the-job training, job coaching, or support services?	01	00	02	d	r (G37)
m.	Anything else that I didn't mention?	01	00	02	d	r (G36m oth)

(G35a=01 or G G36e_oth.	33=02 and G36e=01) INTERVIEWER: PLEASE	SPECIFY	
<ope< th=""><th>:N></th><th></th><th></th></ope<>	:N>		
		DON'T KNOW	
(G35a=01 or G G36m_oth.	33=02 and G36m=01) INTERVIEWER: PLEASE	E SPECIFY	
<ope< td=""><td>N></td><td></td><td></td></ope<>	N>		
		DON'T KNOW	
	03, how many times did {you	n/NAME} receive these services from {PROVIDER either the total number of times in 2003 or the total	
PROE	BE: How many times did {yo	u/NAME} go to the place or have contact with the	service provider in 2003?
		TOTAL TIMES IN 2003	2 (G37_Tweek) 3 (G37_Tmonth) d (G39)
(G35a=01 or G G37_T2003.	33=02 and G37=01) PROBE: READ IF NECE provider in 2003?	SSARY: How many times did {you/NAME} go to	the place or have contact with the service
	<u> </u> <u> </u> (1-99) (1-999)		
		DON'T KNOWREFUSED	
(G35a=01 or G G37_Tweek.	33=02 and G37=02) PROBE: READ IF NECE provider per week?	SSARY: How many times did {you/NAME} go to	the place or have contact with the service
	<u> </u> <u> </u> (1-7) (1-99)		
		DEFLICED	d r
(G35a=01 or G G38_week.	33=02 and G37=02) In 2003, about how many	weeks did {you/NAME} get these services?	
	WEEKS (1-52)		
		DEFLICED	d r

GO TO G39

(G35a=01 or G33 G37_Tmonth.	3=02 and G37=03) PROBE: READ IF NECE: provider per month?	SSARY: How many times did {you/NAME} go to the place or have contact with the service
	 (1-31) (1-99)	
		DON'T KNOW d REFUSED r
(G35a=01 or G33 G38_month.	3=02 and G37=03) In 2003, about how many	months did {you/NAME} get these services?
	<u> </u>	THS
		DON'T KNOW d REFUSED r
(G35a=01 or G33 G39. About h		ession with {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003} last?
		MINUTES 01 (G39_min) HOURS 02 (G39_hr) DAYS 03 (G39_day) IT VARIED 04 (G40) DON'T KNOW d (G40) REFUSED r (G40)
(G35a=01 or G33 G39_min.	3=02 and G39=01)	
INTERV	IEWER: ENTER NUMBER	OF MINUTES.
	(1-59) (1	-240)
		DON'T KNOW d REFUSED r
(G35a=01 or G33 G39_hr.	3=02 and G39=02)	
INTERV	IEWER: ENTER NUMBER	OF HOURS.
	(1-5) (1-2	4)
		DON'T KNOW d REFUSED r
		GO TO G40

11/11/2004 G-12 ROUND 1 VERSION

(G35a=01 or G33=02 and G39=03) G39_day.

G39_08	ıy.		
	INTERVIEWER: ENTER NUMBER	OF DAYS.	
	(1-3) (1-9	0)	
		DON'T KNOWREFUSED	
(G35a= G40.	01 or G33=02) How useful to {you/NAME} were to 2003}? Would you say they were:	he services provided by {PROVIDER FROM	G30_1 DE-DUPLICATED LIST IF USED IN
		Very useful,	02 03 04 d
(G35a= G41.	01 or G33=02) CHECK: WAS {NAME} A TICKET	PARTICIPANT IN 2003 (E37=01)?	
		YES	
(G35a= G42.	01 or G33=02 and G41=01) CHECK: IS THE INTERVIEWER A	LREADY ASKING ABOUT AN EMPLOYMENT	NETWORK USED IN 2003 (SEE E39)?
		YES	
(G35a= G43.	Did {you/NAME} receive any of th	=00) ONE EMPLOYMENT NETWORK IN 2003 (E38 ese services from {PROVIDER FROM G30_1 t was assigned to any Employment Networks in	DE-DUPLICATED LIST IF USED IN 2003}
		SE ese services from {PROVIDER FROM G30_1 t was assigned to {EMPLOYMENT NETWORK	
		YES NO DON'T KNOW	00

(G35a=01 or G33=02 and G41=01 and G42=00)

G44. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1)

Employment Networks often arrange services with other providers. In 2003, did any of {your/NAME's} Employment Networks arrange for any of the services {you/he/she} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}?

REFUSED.....r

PROGRAMMER: OTHERWISE USE Employment Networks often arrange services with other providers. In 2003, did (EMPLOYMENT NETWORK IN 2003 (E39)) arrange for any of the services {you/NAME} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}? YES...... 01 DON'T KNOW d REFUSED.....r **PAYMENT FOR SERVICES** (G35a=01 or G33=02) In 2003, who paid for the services {you/NAME} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}? PROBE: Anybody else? INTERVIEWER: CODE ALL THAT APPLY. {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED MEDICARE 07 (G46) NON-PROFIT ORGANIZATION SERVING PEOPLE WITH WORKER'S COMPENSATION...... 11 (G46) DON'T KNOW...... d REFUSED.....r INTERVIEWER: PLEASE SPECIFY

(G35a=01 or G33=02 and G45=13)

G45.

G45_oth.

<OPEN>

DON'T KNOW d REFUSED.....r

(G35a=01 or G33=02 and G45=02,03,05-13,d,r)

G46. In 2003, did (you or your/NAME or (his/her)) family have to pay for any part of the cost of the services (you/he/she) received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}?

YES	01	
NO	00	(G48)
DON'T KNOW	d	
REFUSED	r	

11/11/2004 G-14 **ROUND 1 VERSION**

(G35a=01 or G33=02 and G46=01,d,r) G47. About how much did {you or your/ NAME or (his/her)} family have to pay in 2003? Your best estimate is fine. INTERVIEWER: ROUND TO NEAREST DOLLAR. PER WEEK...... 01 G47_week) DON'T KNOW d (G48) REFUSED.....r G48) (G35a=01 or G33=02 and G46=01,d,r and G47=01) G47_week. INTERVIEWER: ROUND TO NEAREST DOLLAR. INTERVIEWER: ENTER AMOUNT PER WEEK. \$|__|, |__|. 00 (1–300) (1-999) DON'T KNOW d REFUSED.....r **GO TO G48** (G35a=01 or G33=02 and G46=01,d,r and G47=02) G47_month. INTERVIEWER: ROUND TO NEAREST DOLLAR. INTERVIEWER: ENTER AMOUNT PER MONTH. \$|___|, |___|.00 (1-1,200) (1-9,900) DON'T KNOW d REFUSED.....r GO TO G48 (G35a=01 or G33=02 and G46=01,d,r and G47=03) G47_year. INTERVIEWER: ROUND TO NEAREST DOLLAR. INTERVIEWER: ENTER AMOUNT PER YEAR. \$|___|, |___| . 00 (1-14,400) (1-99,000) DON'T KNOW d REFUSED.....r (All) CHECK: WAS {NAME} A TICKET PARTICIPANT IN 2003 (E37=01)? G48.

MONEY RECEIVED FROM EMPLOYMENT NETWORK IN 2003

(G48=01)

G49. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1)

In 2003, did any Employment Network give {you/NAME} money to use for any reason?

PROGRAMMER: OTHERWISE USE

In 2003, did {EMPLOYMENT NETWORK IN 2003 (E39)} give {you/NAME} money to use for any reason?

PROBE: This includes money to purchase services, equipment, or use in any other way.

YES	01	
NO	00	(G52)
DON'T KNOW	d	(G52)
REFUSED	r	(G52)

(G48=01 and G49=01)

G50. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1)

In 2003, how much money did {you/NAME} receive from all Employment Network in 2003?

PROGRAMMER: OTHERWISE USE

In 2003, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2003 (E39)} in 2003?

PROBE: You can tell me the total amount per week or per month.

PROBE: Your best estimate is fine.

INTERVIEWER: ROUND TO NEAREST DOLLAR

TOTAL AMOUNT IN 2003	01	(G50_T2003)
PER WEEK	02	(G50_Tweek)
PER MONTH	03	(G50_Tmonth)
DON'T KNOW	d	(G52)
REFUSED	r	(G52)

(G48=01 and G49=01 and G50=01) G50_T2003.

PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1)

PROBE: READ IF NECESSARY In 2003, how much money did {you/NAME} receive from all Employment Network in 2003?

PROGRAMMER: OTHERWISE USE

PROBE: READ IF NECESSARY In 2003, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN

2003 (E39)} in 2003?

6 , _	.00	(1-3,500)	(1-20,000) (G52)		
1	DON'T KNO	W		d	(G52
	REFUSED			r	(G52

(G48=01 and G49=01 and G50=02)

G50_Tweek.

PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1)

PROBE: READ IF NECESSARY In 2003, how much money did {you/NAME} receive from all Employment Network in 2003 per week?

11/11/2004 G-16 ROUND 1 VERSION

PROGRAMMER: OTHERWISE USE PROBE: READ IF NECESSARY In 2003, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2003 (E39)} in 2003 per week?
\$ _ , .00 (1-65) (1-385) (G51_weeks)
DON'T KNOWd (G52) REFUSEDr (G52)
(G48=01 and G49=01 and G50=02 and G50_Tweek≠d,r) G51_weeks.
PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1) How many weeks in 2003 {did you/did NAME} receive this money from {your/his/her} Employment Network in 2003?
PROGRAMMER: OTHERWISE USE About how many weeks in 2003 did {you/NAME} receive this money from {EMPLOYMENT NETWORK IN 2003 (E39)} in 2003?
WEEKS (G52) (1 – 52) (1-12)
DON'T KNOW d (G52) REFUSED r (G52)
(G48=01 and G49=01 and G50=03) G50_Tmonth.
PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1) PROBE: READ IF NECESSARY In 2003, how much money did {you/NAME} receive from all Employment Networks in 2003 per month?
PROGRAMMER: OTHERWISE USE PROBE: READ IF NECESSARY In 2003, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2003 (E39)} in 2003 per month?
\$, <i>]</i> .00 (1-300) (1-1,700) (G51_months)
DON'T KNOW d (G52) REFUSED r (G52)
(G48=01 and G49=01 and G50=03 and G50_Tmonth≠d,r) G51_months.
PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1) How many months in 2003 {did you/did NAME} receive this money from {your/his/her} Employment Networks in 2003?
PROGRAMMER: OTHERWISE USE About how many months in 2003 did {you/NAME} receive this money from {EMPLOYMENT NETWORK IN 2003 (E39)} in 2003?
MONTHS (1 – 52) (1-12)

DON'T KNOW d
REFUSED r

WHY USED SERVICES IN 2003

/Δ	Ш	
(\land)	11)	

G52. CHECK: DID {NAME} USE ANY SERVICES IN 2003 (G33=02 OR G35=01 FOR ANY PROVIDER IN DE-DUPLICATED LIST USED IN 2003)?

YES	01	
NO	00	(G58)

(G52=01)

G53. The next few questions are about why {you/NAME} decided to use the employment, medical, and therapy services {you/he/she} used in 2003.

Thinking only about the services {you/NAME} used in 2003, what are the main reasons {you/he/she} decided to use these services?

INTERVIEWER: CODE ALL THAT APPLY.

TO FIND A JOB/GET A BETTER JOB	01	(G54)
TO INCREASE INCOME		
TO IMPROVE HEALTH	03	(G54)
TO IMPROVE ABILITY TO DO DAILY ACTIVITIES	04	(G54)
TO AVOID A CONTINUING DISABILITY REVIEW	05	(G54)
SOMEONE PRESSURED (NAME) TO PARTICIPATE	06	(G55)
WANTED ACCESS TO A SPECIFIC PROGRAM/SERVICE/		
RESOURCE	07	(G54)
OTHER	80	
DON'T KNOW	d	(G54)
REFUSED	r	(G54)

(G52=01 and G53=08)

G53h_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_____

DON'T KNOW...... d
REFUSED......

(G52=01 and G53=01-05,07,08,d,r)

G54. Did anybody pressure {you/NAME} to use any services when {you/NAME} did not want to?

YES	01	
NO	00	(G58)
DON'T KNOW		
REFUSED	r	(G58)

(G52=01 and G54=01)

G55. Who pressured {you/NAME} to use these services?

INTERVIEWER: CODE ALL THAT APPLY.

PARENT/GUARDIAN	01	(G56)
SPOUSE/PARTNER	02	(G56)
OTHER FAMILY MEMBER	03	(G56)
FRIEND/CO-WORKER	04	(G56)
EMPLOYER/SUPERVISOR	05	(G56)
STAFF OF EMPLOYMENT NETWORK	06	(G56)
VOCATIONAL REHABILITATION CASE MANAGER	07	(G56)
JOB COACH	80	(G56)
SSA LETTER	09	(G56)

	SSA STAFF		. 10	(G56)
	BENEFIT SPECIALIST	/BPAO	. 11	(G56)
	OTHER		12	
	01 and G54=01 and G55=12)			
355_o	th. INTERVIEWER: PLEAS	SE SPECIFY		
	<open></open>			
		DON'T KNOW		
		REFUSED	. r	
G52=0	01 and G54=01)			
356.	•	RSON(S) FROM G55} pressure {you/him/her} to	use	e these services?
	PROBE: What did they say or do	that made {you/NAME} feel pressured?		
	INTERVIEWER: CODE ALL THA	AT APPLY.		
	SAID (NAME) WOLLD	LOSE DISABILITY AND/OR HEALTH		
	· ,		04	(CE7)
		TS		•
		O" FOR AN ANSWER		
		THHOLD SERVICES	. 03	(G57)
		E AWAY OTHER SUPPORT (E.G., KICK		
)		
	REFUSED		. r	(G57)
C52_(01 and G54=01 and G56=05)			
356_o	•	SE SPECIFY		
00_0		5E 5F E5F F		
	<open></open>			
		DON'T KNOW	Ч	
		REFUSED		
		\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
G52=0	01 and G54=01)			
3 57.	Now that {you have/NAME has}	used these services, listen to this statement and	tell r	me if you strongly agree, agree, disagree,
	or strongly disagree. Being pres	sured to use these services was in {my/NAME's}	bes	t interest.
	INTERVIEWER: READ IF NECE	SSARY.		
		STRONGLY AGREE	. 01	
		AGREE	-	
		DISAGREE		
		STRONGLY DISAGREE		
		DON'T KNOW		
			. u	

11/11/2004 G-19 ROUND 1 VERSION

INFORMATION AROUT SERVICES IN 3	ากกว

•	Λ		١
•	ч		١

G58. Now I want to ask you about how easy it is to get information about the services we've been discussing.

Thinking only about 2003, did {you/NAME} or {your/his/her} representative contact anyone to try to get information about services to help {you/NAME} work or live independently? This includes both services {you/NAME} used and didn't use.

YES	01	
NO	00	(G60)
DON'T KNOW		
REFUSED	r	(G60)

(G58=01)

G59. In general, how easy was it for {you/NAME} or {your/his/her} representative to get the information {you/they} wanted about these services? Was it:

very easy,	01
somewhat easy,	02
not very easy, or	03
not at all easy?	04
DON'T KNOW	d
REFUSED	r

SERVICES NEEDED BUT NOT RECEIVED IN 2003

(All)

G60. In 2003, were there any services, equipment, or other supports that {you/NAME} needed but did not receive that would have improved {your/his/her} ability to work or live independently?

YES	01	
NO	00	(G62)
DON'T KNOW	d	(G62)
REFUSED	r	(G62)

(G60=01)

G61. Why {were you/was NAME} unable to get these services?

<PEN>______

DON'T KNOW	d
REFUSED	r

(All)

G62. CHECK: WAS {NAME} A TICKET PARTICIPANT IN 2003 (E37=01)?

YES	01	(H1)
NO	00	(11)

SECTION H UNIVERSE: E37=01

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr PRELOADED VARIABLES: VRNAME, IDATE, LOCALPAA

SECTION H: TICKET PARTICIPANTS IN 2003

E37=0	1)			
H1.	CHECK: DID {NAME} START F	R ANY EN IN E39) AND {NAME} DI	ORK IN 2003 ({NAME} STARTED W O NOT START WITH ANY EN BEFO	
		YES	01	
		NO		
E37=0 ⁻ H2.	1 and H1=01) Now, I'm going to ask you some	questions about {your/NAME's} exp	eriences participating in the Ticket to	Work program.
	INTERVIEWER: PRESS 1 TO C	ONTINUE		
	1 and H1=01)	IME TICKET PARTICIPANTS IN 20 participate in the Ticket to Work prog		
	INTERVIEWER: ENTER VERBA	TIM RESPONSE		
	<open></open>			
		DON'T KNOWREFUSED		
E37=01 H4.	1 and H1=01) How soon after receiving {your/tour weeks?	nis/her} Ticket did {you/NAME} try t	o use it? Was it within four weeks o	of receiving it or afte
		WITHIN FOUR WEKS	01	
		AFTER FOUR WEEKS	00 (H7)	
		DON'T KNOW		
		REFUSED	r	
E37=0 ⁻ H5.		our/his/her} Ticket, did {you/he/she e {your/his/her} Ticket to get employ	} put off <u>getting any employment se</u> ment services?	<u>ervices</u> because {you
		YES	01	
		NO		
		DON'T KNOW	d	
		REFUSED	r	
E37=0° H6.	1 and H1=01 and H4=01,d,r) Before {you/NAME} received {youse {your/his/her} Ticket to help		out off <u>working</u> because {you were/(he	e/she) was} waiting to
		YES	01	
		NO		
		DON'T KNOW		

(E37=01 and H1=01)

Thinking only about 2003, whom did {you/NAME or (his/her) representative} contact to get information about the Ticket to H7. Work program?

Did {you/NAME or (his/her) representative} contact...

INTE	ERVIEWER: REPEAT STEM AS NECESSARY				
				DON'T	
		<u>YES</u>	<u>NO</u>	KNOW	<u>REFUSED</u>
a.	The Social Security Administration?	01	00	d	r (H8)
b.	Maximus?	01	00	d	r (H8)
C.	The State Vocational Rehabilitation Agency or {VRNAME}?	01	00	d	r (H8)
d.	A Benefits Planning and Assistance Organization (BPAO)	01	00	d	r (H8)
e.	A benefits specialist or caseworker?	01	00	d	r (H8)
f.	A friend or family member?	01	00	d	r (H8)
g.	An independent living center?	01	00	d	r (H8)
h.	An Employment Network?				
	PROBE: Employment Networks are organizations or businesses				
	that offer services to help people with disabilities work or earn more				
	money as part of the Ticket to Work program. Employment				
	Networks can be public or private and can include the State				
	Vocational Rehabilitation Agency	01	00	d	r
i.	Another agency or organization?	01	00	d	r (H7i_Other)
j.	Anyone else?	01	00	d	r (H7j_Other)
(E37=01 and	H1=01 and H7h=01)				
H7h_Other.	What Employment Network did you contact?				
<op< td=""><td>EN></td><td></td><td></td><td></td><td></td></op<>	EN>				
	DON'T KNOW	d			
	REFUSED				
(F37=01 and	H1=01 and H7i=01)				
H7i_Other.	What other Agency or Organization?				

<OPEN>____

DON'T KNOW d REFUSED.....r

(E37=01 and H1=01 and H7j=01)

Who else? H7j_Other.

<OPEN>____

DON'T KNOW d REFUSED.....r

(E37=01 and H1=01)

H8. In general, how easy was it for {you/NAME or (his/her) representative} to get the information {you/they} wanted about the Ticket to Work program? Was it:

Very easy,	01
Somewhat easy,	02
Not very easy, or	03
Not at all easy?	04
DON'T KNOW	d
REFUSED	r

(E37=01 and H1=01)

H9. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=02)?

YES	01	(H12)
NO	00	

(E37=01 and H1=01 and H9=00)

H10. Now I'm going to read you some statements about the Ticket to Work program. For each statement, please tell me if it is something you knew before today or not.

Is this something you knew before today or not?

			DID NOT		
		<u>KNEW</u>	KNOW		
		BEFORE	BEFORE	DON'T	
		TODAY	TODAY	KNOW	<u>REFUSED</u>
a.	Participation in the Ticket to Work program is voluntary and you				
	do not have to participate to keep your disability benefits	01	02	d	r
b.	You can, during any month, take back your Ticket and give it to				
	another Employment Network or participating provider	01	02	d	r
C.	To remain in the program you must participate in the activities				
	described in your individual work plan during the first few years,				
	and work for 3 to 6 months each year during the later years of				
	your participation	01	02	d	r
d.	While you are working, you can keep your Medicaid and/or				
	Medicare benefits.	01	02	d	r

(E37=01 and H1=01 and H9=00)

H11. Before you started participating, how much would you say you knew about the Ticket to Work program? Would you say:

A lot,	01
Some,	02
A little, or	
Nothing?	04
DON'T KNOW	d
REFUSED	r

INFORMATION ABOUT EMPLOYMENT NETWORKS

(E37=01 and H1=01)

H12. Now, I'd like to ask you about Employment Networks. Employment Networks are organizations or business that offer services to help people with disabilities work or earn more money as part of the Ticket to Work Program.

<u>Before</u> {you/NAME or (his/her) representative} used {your/NAME's} Ticket in 2003, did {you/NAME or (his/her) representative} get any information about the Employment Networks that serve {your/NAME's} area?

PROBE: Employment Networks can be public or private and can include the State Vocational Rehabilitation Agency, or {VRNAME}.

YES	01	
NO	00	(H21)
DON'T KNOW	d	(H21)
REFUSED	r	(H21)

(E37=01 and H1=01			
H13. Did {you/NA	ME or (his/her) representative} receive information about Employmen	t Ne	tworks in the mail?
	YES	01	
	NO		(H15)
	DON'T KNOW		` '
	REFUSED	r	(H15)
· ·	and H12=01 and H13=01) ou/NAME or (his/her) representative} the information about Employme	ent N	letworks?
INTERVIEW	/ER: CODE ALL THAT APPLY.		
a.	SOCIAL SECURITY ADMINISTRATION	01	(H15)
b.	MAXIMUS		
C.	STATE VOCATIONAL REHABILITATION AGENCY or { VR NAME}		` '
d.	A BENEFITS PLANNING AND ASSISTANCE ORGANIZATION		•
	(BPAO)	04	(H15)
e.	A BENEFITS SPECIALIST OR CASEWORKER		
f.	FRIEND/FAMILY MEMBER		` '
g.	INDEPENDENT LIVING CENTER		(H15)
h.	EMPLOYMENT NETWORK		
i.	OTHER AGENCY/ORGANIZATION		
j.	OTHER		
k.	DON'T KNOW		, ,
I.	REFUSED	r	(H15)
H14h_Other. Wh	and H12=01 and H13=01 and H14=08) nat Employment Network?		
COPEN>			
	DON'T KNOW REFUSED		
	and H12=01 and H13=01 and H14=09) nat other Agency or Organization?		
<open></open>			
	DON'T KNOWREFUSED		
•	and H12=01 and H13=01 and H14=10) no else?		
<open></open>			
	DON'T KNOWREFUSED		
(E37=01 and H1=01 H15. Did somebo	and H12=01) dy call {you/NAME or (his/her) representative} to talk about Employme	ent N	Networks?
	YES	01	
	NO		(H17)
	DON'T KNOW		• •
	REFUSED		(H17)

(E37=01 and H1=01 and H12=01 and H15=01)

H16. Who called {you/NAME or (his/her) representative}?

INTERVIEWER: CODE ALL THAT APPLY.

a.	SOCIAL SECURITY ADMINISTRATION	01	(H17)
b.	MAXIMUS	02	(H17)
	STATE VOCATIONAL REHABILITATION AG		
	A BENEFITS PLANNING AND ASSISTANCE		,
G. .	(BPAO)		(H17)
۵	A BENEFITS SPECIALIST OR CASEWORK		
	FRIEND/FAMILY MEMBER		` ,
	INDEPENDENT LIVING CENTER		, ,
•			(П17)
	EMPLOYMENT NETWORK		(1140: 0)
i.			
	OTHER		
k.	DON'T KNOW		
l.	REFUSED	r	(H17)
H16h_Other. W	and H12=01 and H15=01 and H16=08) nat Employment Network?		
		d	
	REFUSED	r	
H16i_Other. W	and H12=01 and H15=01 and H16=09) nat other Agency or Organization?		
COI LIV			
		d	
H16j_Other. W	and H12=01 and H15=01 and H16=10) no else?		
<open></open>			
		d	
(E37=01 and H1=01 H17. Did somebo	and H12=01) dy talk to {you/NAME or (his/her) representative	e} about Employment Netw	orks in-person?
	YFS	01	
			(H19)
			(H19)
			,
	KEFUSED	I	(H19)

11/11/2004 H-5 ROUND 1 VERSION

(E37=01 and H1=01 and H12=01 and H17=01)

H18. Who talked to {you/NAME or (his/her) representative} about Employment Networks?

INTERVIEWER: CODE ALL THAT APPLY.

a. S	SOCIAL SECURITY ADMINISTRATION	01	(H19)
b. M	MAXIMUS	02	(H19)
c. S	TATE VOCATIONAL REHABILITATION AGENCY OR {VRNAME}	03	(H19)
	BENEFITS PLANNING AND ASSISTANCE ORGANIZATION		,
	(BPAO)	04	(H19)
	BENEFITS SPECIALIST OR CASEWORKER		
	RIEND/FAMILY MEMBER		` '
	NDEPENDENT LIVING CENTER		
			(119)
	MPLOYMENT NETWORK		(1.14.0: -0.)
	OTHER AGENCY/ORGANIZATION		•
k. O	OTHER	10	(H18j_O)
	ON'T KNOW		
m. R	REFUSED	r	(H19)
H18h_Other. What	d H12=01 and H17=01 and H18=08) other Employment Network?		
	DON'T KNOW	d	
	REFUSED		
		-	
•	d H12=01 and H17=01 and H18=09) other Agency or Organization?		
<open></open>			
	DON'T KNOW	٨	
	REFUSED		
	KELOSED	ı	
(E37=01 and H1=01 and H18j_Other. Who else?	d H12=01 and H17=01 and H18=10)		
<open></open>			
	DON'T KNOW	Ч	
	REFUSED		
	ILLI OOLD	'	
(E37=01 and H1=01 and H19. Did {you/NAME	d H12=01) E or (his/her) representative} learn about Employment Networks on a	a we	b site?
	YES	01	
	NO	-	
	DON'T KNOW		
	REFUSED	r	

11/11/2004 H-6 ROUND 1 VERSION

(E37=01 and H1=01 and H12=01) H20. In general, how useful was the information {you/NAME or (his/her) representative} received about the Employment Networks that serve {your/NAME's} area? Was it: Very useful, 01 Somewhat useful, 02 Not very useful, or 03 Not at all useful? 04 DON'T KNOW d REFUSED.....r **CONTACT WITH STATE VR AGENCIES** (E37=01 and H1=01) H21. The next questions are about the vocational rehabilitation agency in {your/NAME's} state. In {your/NAME's} state the vocational rehabilitation agency is called {VRNAME}. I'm going to refer to this as {your/NAME's} State VR agency. In 2003, did {you/NAME or his/her representative} contact {your/his/her} State VR agency to use {your/his/her} Ticket or talk about getting services from them? DON'T KNOW d (H26) REFUSED..... r (H26) (E37=01 and H1=01 and H21=01) H22. Did {you/NAME or (his/her) representative} try to use {your/NAME's} Ticket to sign up with the State VR agency in 2003? YES...... 01 (H24) DON'T KNOW d (H24) REFUSED..... r (H24) (E37=01 and H1=01 and H21=01 and H22=00) H23. Why didn't {you/NAME or his/her representative} try to use {your/NAME's} Ticket with the State VR agency in 2003? INTERVIEWER: ENTER VERBATIM RESPONSE <OPEN>______(H26) DON'T KNOW d (H26) REFUSED..... r (H26)

KEFUSED.....

H24. Did the State VR agency accept {your/NAME'S} Ticket in 2003?

(E37=01 and H1=01 and H21=01 and H22=01,d,r)

YES	01	(H26)
NO	00	
DON'T KNOW	d	(H26)
REFUSED	r	(H26)

(E37=01 H25.	and H1=01 and H21=01 and H22=01,d,r and H24=00) Why didn't the State VR agency accept {your/NAME's} Ticket in 2	2003?	
	INTERVIEWER: CODE ALL THAT APPLY.		
	NOT TAKING TICKETS WHEN CONTACTEDDID NOT OFFER SERVICES (NAME) NEEDEDDID NOT SERVE PEOPLE WITH (NAME'S) DISABILITY (NAME) NOT WILL HAD (ARLE TO WORK FILL TIME)	02	(H26)
	{NAME} NOT WILLING/ABLE TO WORK FULL-TIME/ ENOUGH HOURS	ENEFITS 05 06	(H26)
	DON'T KNOWREFUSED		· · ·
(E37=01 H25_Oth	and H1=01 and H21=01 and H22=01,d,r and H24=00 and H25=0 er. What Other reason?	06)	
	<open></open>		
	DON'T KNOWREFUSED		
	CT WITH OTHER EMPLOYMENT NETWORKS and H1=01) In 2003, other than the Employment Network {you/NAME} as representative} contact any other Employment Networks to use {		· · · · · · · · · · · · · · · · · · ·
	YES NO DON'T KNOW REFUSED	00 d	(H32)
(E37=01 H27.	and H1=01 and H26=01) How many other Employment Networks did {you/NAME} contact PROBE: Your best guess is fine.	in 2003?	
	NUMBER (1-2) (1-15)		
	DON'T KNOW		
(E37=01 H28.	and H1=01 and H26=01) PROGRAMMER: USE "ANY OF "AND "NETWORKS" IF THE REDICTION TO THE PROBLEM OF	.ME's} Ticket to sign	
	YES NO DON'T KNOW REFUSED	00 d	(H31) (H32) (H32)

(E37=01 H29.	and H1=01 and H26=01 and H28=00) PROGRAMMER: USE "ANY OF "AND "NETWORK Why didn't {you/NAME or (his/her) representative} or (his/her) representative} or (his/her) representative}	e) try to use {your/NAME's} T			•
	INTERVIEWER: ENTER VERBATIM RESPONSE				
	<open></open>				(H32)
	DON'T KNOW.		d	(H32)	
	REFUSED		r	(H32)	
(E37=01 H31.	and H1=01 and H26=01 and H28=01) PROGRAMMER: USE "ANY OF" AND "NETWORK Why didn't (any of) the other Employment Network(Ticket in 2003?				
	INTERVIEWER: CODE ALL THAT APPLY.				
-		EDED (RVE PEOPLE WITH (INC.) (02 03 04 05 06 d r	(H32) (H32) (H32) (H32) (H32)	
(E37=01 H32.	I and H1=01) Is there any information {you/NAME or (his/her) r Employment Network?			get wh	nen {you/they} were choosing an
	NO DON'T KNOW .	(00 d	(H34)	
(E37=01 H33.	1 and H1=01 and H32=01) What information did {you/NAME} need but didn't ge	et?			
	INTERVIEWER: ENTER VERBATIM RESPONSE				
	<open></open>				
	DON'T KNOW.		d		

(E37=01 and H1=01 and H32=01)

H33a. CHECK: DID THE RESPONDENT ANSWER DON'T KNOW OR REFUSE TO E40MTH, E40YR OR E42MTH, E42YR FOR ANY EMPLOYMENT NETWORK IN 2003 (E40mth=d,r or E40yr=d,r or E42mth=d, or E42yr=d,r FOR ANY EMPLOYMENT NETWORK IN 2003)?

YES	01	
NO	00	(H34)

(E37=01 and H1=01 and H32=01 and H33a=01)

H33b. Earlier you said that you were signed up with the following Employment Networks in 2003 {LIST EN'S FROM E39}. In 2003, which of these employment networks were you signed up with the longest?

PROBE: Your best estimate is fine.

PROGRAMMER: ALLOW INTERVIEWER TO CHECK ONE EMPLOYMENT NETWORK. THIS EMPLOYMENT NETWORK SHOULD BE USED AS THE LONGEST EMPLOYMENT NETWORK IN 2003 FOR QUESTIONS H34, H35, H36, H37, H40, H41, H42.

(E37=01 and H1=01)

H34. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK (E38>1), FILL NAME OF EMPLOYMENT NETWORK (E39) THAT {NAME} WAS SIGNED UP WITH THE LONGEST (STOP DATE (E42mth, E42yr) – START DATE (E40mth, E40yr)) OR INTERVIEW DATE {IDATE} - START DATE (E40mth, E40yr))

Next, I'm going to read you some statements about the individual work plan {you/NAME} developed with {{LONGEST} EMPLOYMENT NETWORK IN 2003}. An individual work plan, sometimes called an IWP, is the plan for the services and activities that {your/NAME's} Employment Network will provide. Please tell me if you strongly agree, agree, disagree, or strongly disagree with each statement.

PROBE: These plans are also sometimes called Individual Plans for Employment or IPEs.

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	<u>DON'T</u> KNOW	REFUSED
a.	{You/NAME and (his/her) representative} helped develop {your/NAME's} individual work plan		02	03	04	d	r
b.	{You/NAME and (his/her) representative} could choose the goals {you/NAME} wanted in						
•	{your/his/her} individual work plan	01	02	03	04	d	r
C.	plan are likely to help {you/NAME} meet						
٨	{your/his/her} work goals	01	02	03	04	d	r
d.	{{LONGEST} EMPLOYMENT NETWORK IN 2003} told {you/NAME and (his/her)						
	representative} that {you/NAME} could change						
	{your/his/her} Individual Work Plan if {you/he/she} wanted to	01	02	03	04	d	r

(E37=01 and H1=01)

H35. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK (E38>1), FILL NAME OF EMPLOYMENT NETWORK (E39) THAT {NAME} WAS SIGNED UP WITH THE LONGEST (STOP DATE (E42mth, E42yr) – START DATE (E40mth, E40yr)) OR INTERVIEW DATE {IDATE} - START DATE (E40mth, E40yr))

Why did {you/NAME or (his/her) representative} choose {{LONGEST} EMPLOYMENT NETWORK IN 2003}?

INTERVIEWER: CODE ALL THAT APPLY.

STAFF WERE MOST RESPONSIVE/COURTEOUS/		
KNOWLEDGEABLE	. 01	(H35a)
MOST WILLING TO PROVIDE THE SERVICES {NAME} WANTED	. 02	(H35a)
SERVED PEOPLE WITH {NAME'S} DISABILITY/NEEDS	. 03	(H35a)

WAIT FOR SERVICES WAS NOT TOO LONG	04	(H35a)
ONLY PROVIDER NEARBY/CLOSEST PROVIDER	05	(H35a)
ONLY PROVIDER WILLING TO ACCEPT TICKET	06	(H35a)
OTHER	07	
DON'T KNOW	d	(H35a)
REFUSED	r	(H35a)
(E37=01 and H1=01 and H35=07) H35_O. What Other reason?		
<open></open>		
DON'T KNOW		
REFUSED	r	

PROGRAM EXPERIENCES OF ALL PARTICIPANTS IN 2003

(E37=01 and H1=01)

H35a. CHECK: DID THE RESPONDENT ANSWER DON'T KNOW OR REFUSE TO E40mth, E40yr OR E42mth, E42yr FOR ANY EMPLOYMENT NETWORK IN 2003 (E40mth=d,r or E40yr=d,r or E42mth=d, or E42yr=d,r FOR ANY EMPLOYMENT NETWORK IN 2003)?

YES	01	
NO	00	(H36)

(E37=01 and H1=01 and H35a=01)

H35b. Earlier you said that you were signed up with the following Employment Networks in 2003 {LIST EN'S FROM E39}. In 2003, which of these employment networks were you signed up with the longest?

PROBE: Your best estimate is fine.

PROGRAMMER: ALLOW INTERVIEWER TO CHECK ONE EMPLOYMENT NETWORK. THIS EMPLOYMENT NETWORK SHOULD BE USED AS THE LONGEST EMPLOYMENT NETWORK IN 2003 FOR QUESTIONS H36, H37, H40, H41, H42.

(E37=01)

H36. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1), FILL NAME OF 2003 EMPLOYMENT NETWORK (E39) THAT {NAME} WAS SIGNED UP WITH THE LONGEST IN 2003 (STOP DATE (E42mth, E42yr) - START DATE (E40mth, E40yr) OR INTERVIEW DATE {IDATE} - START DATE (E40mth, E40yr))

PROGRAMMER: IF H1=00, USE QUESTION BELOW

PROGRAMMER: IF E38>1 USE "the longest"

Now I'm going to focus on the Employment Network (you were/NAME was) with {the longest} in 2003, {{LONGEST} EMPLOYMENT NETWORK IN 2003). For each of the following statements about {{LONGEST} EMPLOYMENT NETWORK IN 2003) in 2003, please tell me if you strongly agree, agree, disagree, or strongly disagree.

PROGRAMMER: OTHERWISE USE

For each of the following statements about {{LONGEST} EMPLOYMENT NETWORK IN 2003} in 2003, please tell me if you strongly agree, agree, disagree, or strongly disagree.

11/11/2004 H-11 **ROUND 1 VERSION**

			STRONGLY			STRONGLY	DON'T		<u>DOES</u> NOT
			AGREE	<u>AGREE</u>	DISAGREE	DISAGREE	KNOW	REFUSED	<u>APPLY</u>
	a.	Staff were courteous	01	02	03	04	d	r	na
	b.	Staff were able to answer	0.4		20	0.4			
		{your/NAME'S} questions	01	02	03	04	d	r	na
	c.	Staff listened to {your/NAME's} opinions	01	02	03	04	d	r	na
	d.	and concerns	01	02	03	04	u	ı	IIa
	u.	NETWORK IN 2003) responded to							
		{your/NAME's} requests for changes to							
		{your/his/her} Individual Work Plan.							
		PROBE: An individual work plan is							
		sometimes called an IWP	01	02	03	04	d	r	na
	e.	{{LONGEST} EMPLOYMENT							
		NETWORK IN 2003} offered all the							
		services {you/NAME} needed to meet	04	00	00	0.4	۔	_	
		{your/his/her} work goals	01	02	03	04	d	r	na
	f.	The services provided were those included in {your/NAME'S} Individual							
		Work Plan.							
		PROBE: An individual work plan is							
		sometimes called an IWP.	01	02	03	04	d	r	na
	g.	The services provided were available							
		when {you/NAME} needed them	01	02	03	04	d	r	na
	h.	Overall, the services provided helped							
		{you/NAME} meet {your/his/her} work	0.4	00	00	0.4			
		goals	01	02	03	04	d	r	na
(E37=0	1)								
H37.		ing 2003, did {you/NAME} have any probler	ns with the s	ervices {\	you/he/she} ı	received from	{{LONG	EST} EMPL	OYMENT.
		TWORK IN 2003}?			,			•	
		VF2				0.4			
		_				_			
			 DW			, ,			
						` ,			
						(/			
(E37=0	1 and	l H37=01)							
H38.	Wha	at problems did {you/NAME} have during 200	03?						
	INT	ERVIEWER: ENTER VERBATIM RESPONS	SE						
	- ∩⊑	PEN>							
	\OF	LIV/							
		DON'T KNO	OW			d			
		REFUSED.				r			
(E27 0:	1\								
(E37=0 ⁻ H39.		ECK: DID {NAME} WORK IN 2003 (B30 =01)?						
001	5, 11		/ -						

DOES

YES...... 01

(E37=0 H40.		NAME} worked at a job during 2003. How multiple (NAME) to get or keep the job	
		Helped a lot,	01
		Helped somewhat,	
		Helped very little, or	
		Didn't help at all?	
		JOB ENDED BEFORE SERVICES	04
		STARTED	05
		DON'T KNOW	
		REFUSED	
		KEFUSED	1
(E37=0 H41.		E} ever pressured by {{LONGEST} EMPLOYM	IENT NETWORK IN 2003} staff to take a job
		YES	01
		NO	
		DON'T KNOW	
		REFUSED	I
(E37=0 H42.	· ·	} ever pressured by {{LONGEST} EMPLOYMEN	T NETWORK IN 2003} staff to work more hours
		YES	01
		NO	
		DON'T KNOW	
		REFUSED	
(E37=0 H43.	· ·	rticipating in the Ticket to Work program, how swork goals? Would you say:	successful do you think {you have/he/she has
	.	, ,	
		Very successful,	01
		Somewhat successful,	02
		Not very successful, or	03
		Not at all successful?	04
		DON'T KNOW	d
		REFUSED	r
(E37=0 H44.	· ·	RESPONDENT (RTYPE=02)?	
		YES	01 (H46)
		NO	
(E37=0 H45.	1 and H44=00) Overall, how satisfied are you	with the Ticket to Work program? Would you say	r:
		Very satisfied,	01
		Somewhat satisfied,	
		Not very satisfied, or	
		Not at all satisfied?	
		DON'T KNOW	
		REFUSED	
			••••

PROBLEMS WITH EMPLOYMENT NETWORKS

	_				
(F3	7	=∩	4	١
ı	т.э	· / =	=()		1

YES	01	
NO	00	(I1)
DON'T KNOW	d	(I1)
REFUSED	r	(I1)
and and a second a	~?	

(E37=01 and H46=01)

H47. Was the problem with the State VR agency, another Employment Network, or both?

STATE VR AGENCY	01
EMPLOYMENT NETWORK	02
BOTH	03
DON'T KNOW	d
RFFUSED	r

(E37=01 and H46=01)

H48. What was the problem about?

INTERVIEWER: ENTER VERBATIM RESPONSE

<PEN>______

DON'T KNOW	d
REFUSED	r

(E37=01 and H46=01)

H49. Did {you/NAME} or anyone else do anything to try to solve the problem?

YES	01	
NO	00	(H60)
DON'T KNOW	d	(H60)
REFUSED	r	(H60)

(E37=01 and H46=01 and H49=01)

H50. What did {you/NAME} or someone else do to try to solve the problem?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

REFERRED TO DOCUMENTS/INFORMATION ABOUT PROVIDER/		
PROGRAM	01	(H51)
CONTACTED EN BY PHONE	02	(H51)
CONTACTED EN IN WRITING	03	(H51)
CONTACTED MAXIMUS BY PHONE	04	(H51)
CONTACTED MAXIMUS BY WRITING	05	(H51)
CONTACTED SSA BY PHONE	06	(H51)
CONTACTED SSA IN WRITING	07	(H51)
CONTACTED OTHER STATE/LOCAL AGENCY	80	(H51)
CONTACTED {LOCAL PROTECTION & ADVOCACY AGENCY}		
FOR HELP	09	(H54)

11/11/2004 H-14 ROUND 1 VERSION

			DRKER/JOB COACH		(H51)	
					(1154)	
					` '	
		KEFUSED		ı	(HD1)	
(E37=01	and H4	6=01 and H49=01 and H5	0=11)			
H50_Otl	her.	What else did you do?				
	<open< td=""><td>></td><td></td><td></td><td></td><td>_</td></open<>	>				_
			DON'T KNOW			
				·		
(E37=01 H51.	Did {you		sentative) ever receive information from any sou	rce a	about where	to get help solving problems
	with an	employment network or st	ate VR agency?			
			YES	01		
			NO		(H53)	
			DON'T KNOW		` ,	
			REFUSED		` '	
					, ,	
(E37=01 H52.		6=01 and H49=01 and H5 hom did {you/NAME} get t	0=01-08 or 10,11,d,r and H51=01) his information?			
	INTERV	/IEWER: CODE ALL THA	T APPLY.			
		STATE VOCATIONAL R	EHABILITATION AGENCY OR {VRNAME}	01	(H53)	
			PRK		, ,	
					` ,	
			VOCACY AGENCY{LOCALPAA}		, ,	
			AND ASSISTANCE ORGANIZATION (BPAO)			
			MINISTRATION			
					(/	
					(H53)	
					, ,	
-	I and H4 Who els		0=01-08 or 10,11,d,r and H51=01 and H52=07)			
102_0.		>				
	VOI EIV					_
			DON'T KNOW			
			REFUSED	r		
•			0=01-08 or 10,11,d,r and H51=01 and H52=07)			
H53.	Did {you	u/NAME} ever contact the	local protection and advocacy agency in {your/N	IAMI	E's} area, ca	illed {LOCALPAA}, for help?
		s or the state VR agency	certain agencies to help beneficiaries when t . These are called Protection and Advocacy a	-	-	· ·
			YES	Ω 1		
			NO		(H56)	
			DON'T KNOW		` ,	

11/11/2004 H-15 ROUND 1 VERSION

REFUSED.....r (H56)

(E37=01 and H46=01 and H49=01 and H53=01) H54. When {you/NAME or (his/her) representative} tried to get help from {LOCALPAA}, how easy was it to get in touch with someone? Was it: Very easy, 01 Somewhat easy, 02 Not at all easy? 04 DON'T KNOW d REFUSED.....r (E37=01 and H46=01 and H49=01 and H53=01) PROGRAMMER: IF H47 = 01, USE "STATE VR AGENCY", IF H47=02, USE "EMPLOYMENT NETWORK", IF H47=03, USE "STATE VR AGENCY AND THE EMPLOYMENT NETWORK" How helpful was {LOCALPAA} in helping {you/NAME or (his/her) representative} solve the problem with the {State VR Agency/Employment Network/State VR Agency and the Employment Network}? Were they: Very helpful, 01 Somewhat helpful, 02 Not at all helpful? 04 DON'T KNOW d REFUSED.....r (E37=01 and H46=01 and H49=01) H56. Has the problem been solved yet? YES...... 01 DON'T KNOW d (H59) REFUSED..... r (H59) (E37=01 and H46=01 and H49=01 and H56=01) H57. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=02)? YES...... 01 (I1) (E37=01 and H46=01 and H49=01 and H56=01 and H57=00) How satisfied are you with how the problem was solved? Are you: H58.

Very satisfied,	01
Somewhat satisfied,	02
Not very satisfied, or	03
Not at all satisfied?	04
DON'T KNOW	d
REFUSED	r

11/11/2004 H-16 ROUND 1 VERSION

(E37=01 and H46=01 and H49=01 and H57=00) H59. PROGRAMMER: IF H47 = 01, USE "STATE VR AGENCY", IF H47=02, USE "EMPLOYMENT NETWORK", IF H47=03, USE "STATE VR AGENCY AND THE EMPLOYMENT NETWORK" Overall, how satisfied are you with the helpfulness of the {State VR Agency/Employment Network/State VR Agency and the Employment Network} in trying to solve this problem? Are you: Very satisfied, 01 Somewhat satisfied. 02 Not very satisfied, or 03 Not at all satisfied? 04 DON'T KNOW d REFUSED.....r GO TO 11. (E37=01 and H46=01 and H49=00,d,r) Why didn't {you/NAME or (his/her) representative} do anything to try to solve the problem? H60. INTERVIEWER: CODE ALL THAT APPLY. HAS NOT HAD TIME TO TAKE ACTION YET 04 (H61) WAS AFRAID OF GETTING IN TROUBLE WITH EMPLOYMENT CHANGED EMPLOYMENT NETWORK BEFORE PROBLEM WAS LEFT TICKET PROGRAM BEFORE PROBLEM WAS ADDRESSED 08 (H61) OTHER DON'T KNOW d (H61) REFUSED.....r (H61) (E37=01 and H46=01 and H49=00,d,r and H60=09) H60_Other. What Other reason? <OPEN>_____ DON'T KNOW d REFUSED.....r (E37=01 and H46=01 and H49=00,d,r) H61. PROGRAMMER: IF H47 = 01, USE "STATE VR AGENCY", IF H47=02, USE "EMPLOYMENT NETWORK", IF H47=03, USE "STATE VR AGENCY AND THE EMPLOYMENT NETWORK" Did {you/NAME or (his/her) representative} ever receive any information about how to get help solving problems with the {State VR Agency/Employment Network/State VR Agency and the Employment Network}? YES...... 01 DON'T KNOW d REFUSED.....r

SECTION I UNIVERSE: ALL

VARIABLES FROM OTHER SECTIONS: NONE

PRELOADED INFORMATION: THIS MONTH, LAST YEAR

SECTION I: HEALTH AND FUNCTIONAL STATUS

GENERAL HEALTH STATUS	GEN	NERAL	HEALTH	I STATL	JS
-----------------------	-----	-------	--------	---------	----

The next questions are about {your/NAME's} health.

Overall, how would you rate {your/NAME's} health during the past 4 weeks?

Excellent,	01
Very good,	02
Good,	03
Fair,	04
Poor, or	05
Very poor	06
DON'T KNOW	d
REFUSED	r

(All)

12. During the past 4 weeks, how much did physical health problems limit {your/NAME's} usual physical activities (such as walking or climbing stairs?)

Not at all,	01
Very little,	02
Somewhat,	03
Quite a lot, or	04
Could {you/he/she} not do physical	
activities?	05
DON'T KNOW	d
REFUSED	r

(All)

During the past 4 weeks, how much difficulty did {you/NAME} have doing {your/his/her} daily work, both at home and away from home, because of {your/his/her} physical health?

None at all,	01
A little bit,	02
Some,	03
Quite a lot, or	04
Could {you/he/she} not do daily work?	05
DON'T KNOW	d
REFUSED	r

11/11/2004 I-1 ROUND 1 VERSION

(AII) I4.	How much bodily pain {have you/h	as NAME} had in the past 4 weeks?	
		None,	01
		Very mild,	
		Mild,	
		Moderate,	
		Severe, or	
		Very severe?	
		DON'T KNOW	
		REFUSED	r
(AII) I5.	During the past 4 weeks, how muc	h energy did {vou/NAME} have?	
	3	, , , , , , , , , , , , , , , , , , , ,	
		Very much,	01
		Quite a lot,	02
		Some,	
		A little, or	
		None?	
		DON'T KNOW	
		REFUSED	
I6.	activities with family or friends?	ch did {your/NAME's} physical health or emotic	
		Not at all,	01
		Very little,	02
		Somewhat,	03
		Quite a lot, or	04
		Could {you/he/she} not do social	
		activities?	05
		DON'T KNOW	d
		REFUSED	r
(AII) I7.	During the past 4 weeks, how mudepressed or irritable?)	ich {have you/has NAME} been bothered by <u>e</u>	motional problems (such as feeling anxious,
		Not at all,	01
		Slightly,	
		Moderately,Quite a lot, or	
		Extremely?DON'T KNOW	
		REFUSED	
		NEI OSED	1

(AII) I8.	During the past 4 weeks, I work, school or other daily a	now much did personal or emotional problactivities?	ems keep {you/NAME} from doing	(your/his/her) usual			
		Not at all	01				
		Not at all, Very little,					
		Somewhat,					
		Quite a lot, or					
		Could (you/he/she) not do daily act					
		DON'T KNOW					
		REFUSED	r				
(All)	0						
19.	Compared to {THIS MONTH	H, LAST YEAR}, how would you rate {your/f	NAME's} health in general now?				
		Much better now,	01				
		Somewhat better now,	02				
		About the same,	03				
		Somewhat worse now, or	04				
		Much worse now?	05				
		DON'T KNOW	d				
		REFUSED	r				
(All)							
110.	{Do you/Does NAME} take	any prescription medications for any ongoin	g physical health conditions?				
	PROBE: Please do not include over the counter medication such as cold or headache medication.						
		VEC	04				
		YES					
		NO					
		DON'T KNOW					
		REFUSED	Г				
(All)							
l11.	{Do you/Does NAME} take	any prescription medications for any ongoin	g mental or emotional conditions?				
		YES	01				
		NO					
		DON'T KNOW	d				
		REFUSED					
(All)							
I12.	Since {THIS MONTH, LAS hospital, clinic, or doctor's or	T YEAR}, {have you/has NAME} received ffice?	any treatment for a mental or emot	ional condition at a			
	PROBE: Do not include me	edications.					
		YES	01 (117)				
		NO	` ,				
		DON'T KNOW	` ,				
		REFUSED	` ,				
		NEFUSED	1 (117)				

ADL, IA	DL, AND FUNCTION	ONAL LIMITATIO	ONS			
(All) I17.	Now I'd like to ask you some questions about everyday activities and how much difficulty {you have/NAME has} doing these activities. Our study requires that all beneficiaries be asked these questions. Please give me your best answer even if the questions don't seem to apply to {you/NAME}.					
	{Do you/Does NA lenses if {you/he/s	-	•	etters in ordinary new	spri	nt even when wearing glasses or contact
			YES		Ω1	
			NO			(121)
			DON'T KNOW			(121)
			REFUSED			
(117=01	,d,r)					
I18.	{Are you/Is NAME	E) able to see the	words and letters in ordin	ary newsprint at all?		
			YES		01	
			NO			
			DON'T KNOW		d	
			REFUSED			
(117=01	,d,r)					
l19.	•		vices, special equipment, er equipment, Braille, a g	•		ce because of difficulty seeing, such as
			VEC		04	
			YES			(104)
			DON'T KNOW			
			REFUSED			
(117-01	,d,r and I19=01)					
120.	•	uipment, or other	types of assistance (do y	ou/does NAME} use?		
	PROBE: Anything	g else?				
	INTERVIEWER:	CODE ALL THAT	APPLY.			
	TELESO	OPIC LENSES			01	(121)
			QUIPMENT			` '
						` ,
						` '
			ANCE			(/
						(121)
(117=01	d,r and I19=01 and	d I20=07)				
I20_Oth	er. What oth	ner seeing assista	nce?			
	<open></open>					
			DON'T KNOW		d	

(AII) I25.	{Do yo	u/Does NAME} have any diffi	culty having {your/his/her} speech understood	bec	ause of a health condition or problem?
			YES	01	
			NO	-	(129)
			DON'T KNOW		
			REFUSED	r	
(125=01	-				
126.	{Are yo	ou/Is NAME} able to have {you	ur/his/her} speech understood at all?		
	PROB	E: This applies only to spoker	speech and does not include sign language 's	spe	ech'.
			YES	01	
			NO	00	
			DON'T KNOW	d	
			REFUSED	r	
(125=01	,d,r)				
I27.			es, special equipment, or other special assista uch as a voice synthesizer or voice amplifier?	ance	e because of difficulty speaking or having
			VEC	04	
			YES		(100)
			NO		,
			DON'T KNOW		
			REFUSED	r	(129)
(I25=01 I28.	d,r and, What o	-	ypes of assistance {do you/does NAME} use?		
	PROB	E: Anything else?			
	INTER	VIEWER: CODE ALL THAT	APPLY.		
		VOICE SYNTHESIZER		01	(129)
		VOICE AMPLIFIER		02	(129)
		SIGN LANGUAGE INTERF	PRETER	03	(129)
		OTHER SPEECH ASSISTA	ANCE	04	. ,
		DON'T KNOW		d	(129)
					` '
(125=01	,d,r and	127=01 and I28=04)			
128_Oth	ner.	What other speech assista	nce?		
	<ope< td=""><td>\></td><td></td><td></td><td></td></ope<>	\>			
			DONUT KNIOW		
			DON'T KNOW		
			REFUSED	r	
(AII) I29.	{Do yo	u/Does NAME} have any diffi	culty walking without assistance for a quarter c	f a	mile or about 3 city blocks?
			YES	Ω1	
			_	-	(122)
			NO		(133)
			DON'T KNOW		
			REFUSED	r	

(129=01	,d,r)			
I30.	{Are you/Is NAME} able to walk a	quarter of a mile without assistance at all?		
		VES	04	
		YES	-	
		NO		
		DON'T KNOW	d	
		REFUSED	r	
(129=01	dr)			
I31.	-	vices, special equipment, or other special assist	anc	e because of difficulty walking, such as a
		prosthetic device, or a personal care attendant?		
		YES	Ω1	
		NO		(133)
				· · ·
		DON'T KNOW		
		REFUSED	r	(I33)
(129=01	,d,r and I31=01)			
132.		types of assistance {do you/does NAME} use?		
	PROBE: Anything else?			
	INTERVIEWER: CODE ALL THA	T APPLY.		
	BRACES CRUTCHES (CANE, OR WALKER	Ω1	(133)
		OTER		
				•
	· · · · · · · · · · · · · · · · · · ·	VHEELCHAIR)		
	PERSONAL CARE ATTE	NDANT	05	(133)
	VEHICLE HAND CONTR	OLS	06	(I33)
	LIFT (HOME OR VEHICL	.E)	07	(133)
	•	STANCE		,
				(133)
				. ,
•	,d,r and I31=01 and I32=08)			
I32_Otl	ner. What other mobility assis	tance?		
	<open></open>			
		DON'T KNOW	Ь	
		REFUSED		
(AII) I33.	{Do you/Does NAME} have any di	fficulty climbing up 10 steps without resting?		
	LOG YOU, DOGS HANNET HAVE ANY UI	mounty omnoring up to steps without resulting:		
		YES	01	
		NO	00	(135)
		DON'T KNOW		()
		REFUSED		
		INC. UUCLU	- 1	

11/11/2004 I-7 ROUND 1 VERSION

(133=01)	,d,r)			
134.	{Are you/Is NAME} able to climb	10 steps at all?		
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
(All)				
l35.	{Do you/Does NAME} have any	difficulty lifting and carrying something as he	eavy	as 10 pounds, such as a full bag of
	groceries?			
		YES	01	
		NO	00	(137)
		DON'T KNOW	d	
		REFUSED	r	
(135=01	,d,r)			
I36.	{Are you/Is NAME} able to lift and	I carry 10 pounds at all?		
		YES	01	
		NO	00	
		DON'T KNOW		
		REFUSED	r	
(All)				
l37.	{Do you/Does NAME} have any	difficulty using {your/his/her} hands and fingers	to	do things such as picking up a glass or
	grasping a pencil?			
		YES	01	
		NO	00	(139)
		DON'T KNOW	d	
		REFUSED	r	
(137=01	,d,r)			
I38.	{Are you/Is NAME} able to use {y	our/his/her} hands and fingers to grasp and hand	le a	t all?
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
(All)				
139.	{Do you/Does NAME} have any o	lifficulty reaching over {your/his/her} head?		
		YES	01	
		NO	00	(141)
		DON'T KNOW	d	
		REFUSED	r	
(139=01	,d,r)			
Ì40.	{Are you/Is NAME} able to reach	over {your/his/her} head at all?		
	-	•		
		YES	01	
		NO		
		DON'T KNOW	d	
		REFUSED	r	

11/11/2004 I-8 ROUND 1 VERSION

(All)

I41.	{Do you/Does NAME} have any difficulty standing or being on {your/his/her} feet for one hour?			
		YES	01	
		NO	_	(143)
				(140)
		DON'T KNOW		
		REFUSED	. r	
(141=01	,d,r)			
l42.	{Are you/Is NAME} able to stand	d on {your/his/her} feet at all?		
		YES	. 01	
		NO	. 00	
		DON'T KNOW	. d	
		REFUSED		
(AII)				
(AII) I43.	{Do you/Does NAME} have any	difficulty stooping, crouching or kneeling?		
		YES	. 01	
		NO	-	(145)
		DON'T KNOW		(140)
		REFUSED	. r	
(143=01		a grouph or knool at all?		
l44.	{Are you/Is NAME} able to stoop	o, crouch, or kneel at all?		
		YES	. 01	
		NO	. 00	
		DON'T KNOW	d	
		REFUSED		
/ A II)				
(AII) I45.	{Do you/Does NAME} have any	difficulty getting around inside {your/his/her} hom	ie?	
		YES	Ω1	
				(147)
		NO		(147)
		DON'T KNOW		
		REFUSED	. r	
(145=01	,d,r)			
I46.	{Do you/Does NAME} need the	help of another person in order to get around insi	de {y	vour/his/her} home?
		YES	. 01	
		NO	. 00	
		DON'T KNOW	. d	
		REFUSED		
(AII)				
(AII) I47.	{Do you/Does NAME} have any office?	y difficulty getting around outside {your/his/her}	home	e, for example to shop or visit a doctor's
	Onlog:			
		YES	. 01	
		NO		(149)
		DON'T KNOW		· · - /
		DEFLICED	. u	

(147=0	01,d,r)		
148.	{Do you/Does NAME} need th	e help of another person in order to g	et around outside {your/his/her} home?
		YES	01
		NO	
		DON'T KNOW	d
		REFUSED	
(All)			
149.	{Do you/Does NAME} have ar	ny difficulty getting into and out of bed	or a chair?
		YES	01
		NO	00 (I51)
		DON'T KNOW	d
		REFUSED	r
(149=0	*	so halp of another person in order to a	ot into and out of had are a chair?
150.	{DO you/Does NAME} fleed th	e help of another person in order to g	et into and out of bed of a chair?
		YES	01
		NO	00
		DON'T KNOW	d
		REFUSED	r
(All)			
151.	(Do you/Does NAME) have ar	ny difficulty bathing or dressing?	
		YES	01
		NO	
		DON'T KNOW	,
		REFUSED	r
(151 = 0)	*		
152.	(Do you/Does NAME) need th	e help of another person in order to b	athe or dress?
		YES	01
		NO	
		DON'T KNOW	d
		REFUSED	r
(All)			
53.	{Do you/Does NAME} have ar	ny difficulty shopping for personal iten	ns, such as toilet items or medicine?
		YES	01
		NO	
		DON'T KNOW	,
		REFUSED	
			•
(153=0	01,d,r)		
54.	*	e help of another person in order to s	hop for personal items?
		YES	01
		NO	_
		DON'T KNOW	• • • • • • • • • • • • • • • • • • • •
		DEFLICED	r

(All)			
155.	(Do you/Does NAME) have any difficulty preparing (your/his/her) own meals?		
		YES	. 01
		NO	. 00 (157)
		DON'T KNOW	. d ` ´
		REFUSED	. r
(155=01,			: //)
I56.	{Do you/Does NAME} need the ne	elp of another person in order to prepare {your/h	nis/ner} meals?
		YES	. 01
		NO	. 00
		DON'T KNOW	. d
		REFUSED	. r
(AII)			
(AII) I57.	{Do you/Does NAME} have any di	fficulty eating?	
	(,,,,,,,,,		
		YES	. 01
		NO	. 00 (159)
		DON'T KNOW	. d
		REFUSED	. r
(157=01,		Or of constant and	
I58.	{Do you/Does NAME} need the ne	elp of another person in order to eat?	
		YES	. 01
		NO	. 00
		DON'T KNOW	. d
		REFUSED	. r
/ A II\			
(AII) I59.	{Do you/Does NAME} have a lot of	of trouble concentrating long enough to finish ev	ervdav tasks?
	(,,,,,,,,,,		,,
		YES	
		NO	
		DON'T KNOW	. d
		REFUSED	. r
(All)			
160.	{Do you/Does NAME} have a lot of	of trouble coping with day-to-day stresses?	
		YES	. • .
		NO	
		DON'T KNOW	
(AII)		REFUSED	. r
(AII) I61.	{Do you/Does NAME} have a lot of	f trouble getting along with other people and ma	aking or keeping friendships?
		VEC	01
		YES	-
		NO	
		DON'T KNOW	
		REFUSED	. [

ALCOHOL ABUSE

7.200				
(AII) I62.	These next questions are about {y	our/NAME's} use of alcohol. Please remember	that your answers are confidential.	
	In the past 12 months, have {you/ friends or family} ever felt {you/NAME} ought to cut down on {your/his/her} drinking?			
		YES	01	
		NO		
		IF VOLUNTEERED: I DON'T DRINK		
		DON'T KNOW	,	
		REFUSED		
(162_01	00 d r)			
(162=01 163.	-	e annoyed {you/NAME} by criticizing {your/his/h	er} drinking?	
		YES	01	
		NO	00	
		IF VOLUNTEERED: I DON'T DRINK		
		DON'T KNOW	,	
		REFUSED	-	
(100, 04	00 d = == d 100 04 00 d =)			
164.	,00,d,r and I63=01,00,d,r) In the past 12 months, {have you/l	nas NAME} ever felt bad or guilty about {your/his	s/her} drinking?	
		YES	01	
		NO		
		IF VOLUNTEERED: I DON'T DRINK		
		DON'T KNOW	• •	
		REFUSED		
(162=01 165.	,00,d,r and I63=01,00,d,r and I64=0 In the past 12 months, {have you/ of a hangover, or get the day start	has NAME} ever had a drink first thing in the mo	orning to steady {your/his/her} nerves, get rid	
		YES	01	
		NO		
		_		
		DON'T KNOW		
		REFUSED	ľ	
(162=01	,00,d,r and I63=01,00,d,r and I64=0	01,00,d,r)		
l66.		{your/NAME's} doctor or another health profetring health profetring he appropriate in a program to help {you/hi		
		YES	01	
		NO		
		DON'T KNOW		
		REFUSED		
(162=01 167.	,00,d,r and I63=01,00,d,r and I64=0 During the past 12 months, {have	n1,00,d,r) you/has NAME} received treatment or counselin	g for {your/his/her} use of alcohol?	
		YES	01 (172)	
		NO	• •	
		DON'T KNOW	,	
		REFUSED	I (IIZ)	

DRUG ABUSE

The next questions are about {your/NAME's} use of drugs on {your/his/her} own. By 'on {your/his/her} own' I mean using non-prescription drugs or using prescription drugs in a non-prescribed manner, such as using larger quantities than prescribed or for longer periods than prescribed. Examples of non-prescription drugs are marijuana or pot, speed, crack or cocaine, LSD, or Ecstasy.

During the past 12 months, {have you/has NAME} used drugs on {your/his/her} own more than 5 times?

PROBE: Have you used drugs to get high or used drugs without a prescription or in larger amounts than prescribed?

YES	01	
NO	00	(J1)
DON'T KNOW	d	(J1)
REFUSED	r	(J1)

(172=01)

During the past 12 months, did {you/NAME} find {you/he/she} needed larger amounts of these drugs to get an effect or that {you/he/she} could no longer get high on the amount {you/he/she} had used before?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(172=01)

During the past 12 months, did {you/NAME} have emotional or physical problems from using drugs – such as withdrawal symptoms, inability to work, feeling crazy, paranoid, depressed or uninterested in things, craving, or wanting to stop and being unable to?

YES	01
NO	00
DON'T KNOW	d
RFFUSED	r

(172=01)

During the past 12 months has {your/NAME's} doctor or another health professional advised {you/NAME} to stop using non-prescription drugs or recommended that {you/he/she} participate in a program to help {you/him/her} stop using non-prescription drugs or prescription drugs in a non-prescribed manner?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(172=01)

176. During the past 12 months, {have you/has NAME} received treatment or counseling for {your/his/her} use of non-prescription drugs or of prescription drugs in a non-prescribed manner?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

SECTION J: HEALTH INSURANCE

(All) J1.	Now, I'm going to ask you about differe	ent types of health insurance coverage {you/N/	AME} might have.
	{Are you/Is NAME} currently covered by	y <u>Medicare</u> ?	
		coverage provided nationally to certain disabiles that have been receiving benefits for more	
	NC DC	01 00 00 00 00 00 00 00 00 00 00 00 00 0)
(All) J2.		QUAL TO "MEDICAID" USE FOLLOWING TEX at pays for health care for persons in need.	
		at pays for health care for persons in need. Ir } CURRENT STATE}. {Are you/ls NAME} cur	
	PROBE: Medicaid is a state medical as with disabilities	ssistance program that serves low-income peo	pple and Social Security Income recipients
	NC DC	S) (J4) I (J4)
(J2=01) J3.) {Do you/Does NAME} have to pay for a	any of this Medicaid coverage?	
	NC DC	S)
(AII) J4.	{Are you/Is NAME} currently covered CHAMPUS, or CHAMP-VA?	by <u>military health care</u> , through Armed Force	es retirement benefits, the VA, TRICARE,
	-	Ith care program for active duty and retired health care program for dependents of active urvivors of disabled veterans.	
	NC	S	

11/11/2004 J-1 **ROUND 1 VERSION**

(AII) J5.		red by <u>private health insurance,</u> for example, printer, or that {you purchase/(he/she) purchases} c	., , , , , , , , , , , , , , , , , , ,
		YES	00 (J7) d (J7)
(J5=01) J6.		receive {your/his/her} private health insurance to former employer of {your/his/her} spouse, part	- · · · · · · · · · · · · · · · · · · ·
	INTERVIEWER:IF THE RESPON INSURANCE, CODE 'PAID BY SE	DENT SAYS THAT THEY OR SOMEONE IN THE	HEIR FAMILY PAYS FOR THEIR HEALTH
	OWN EMPLOYER	0	01 (17)
		PARENT'S EMPLOYER 0	
			• •
		CIFY) 0	
	DON'T KNOW		d (J7)
	REFUSED		r (J7)
(J5=01 a J6_Othe	and H6=04) er. What is the Other Source	?	
	<open></open>		
		DON'T KNOW	
(AII) J7.	CHECK: DOES {NAME} HAVE AN	IY TYPE OF INSURANCE (J1=01 OR J2=01 OR	J4=01 OR J5=01)?
		YES	
(J7=00)			
J8.	It appears that {you do/NAME doe doctors, and other health profession	s) not currently have any health insurance covera onals. Is that correct?	age to help pay for services from hospitals
		YES	,
		DON'T KNOW	
		REFUSED	
(J7=00 a J9.	and J8=00) What kinds of health insurance co PROBE: Any other kind?	verage {do you/does NAME} have?	
	INTERVIEWER: CODE ALL THA	T APPLY.	
		NTEMED} 0	
		MP-VA, TRICARE, VA, OTHER MILITARY 0	,
	INDIAN HEALTI	SERVICE 0	04 (J10)
	MEDI-GAP	0	05 (J10)

	PRIVATE INSURANCE THROUGH OWN EMPLOYER	07	(J10)
	PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/	00	(140)
	PARENT		
	PRIVATE INSURANCE PAID BY SELF/FAMILY		(J10)
	OTHER PLAN (SPECIFY)		(110)
	DON'T KNOW REFUSED		•
	REPUSED	ı	(310)
(J7=00 J9_Othe	and J8=00 and J9=10) er. What is the Other Plan?		
	<open></open>		
	DON'T KNOW	d	
	REFUSED		
	(\(\alpha\)	•	
(All)			
J10.	Now, I'd like you to think back to 2003. In 2003, {were you/was NAME} covered by	y an	y type of health insurance
	PROBE: Answer 'yes' if {you were/NAME was} covered for any part of the year.		
	YES	01	
	NO	-	(K1)
	DON'T KNOW		• •
	REFUSED		• •
	(\(\alpha\)	•	(111)
(J10=01 J11.	What kinds of health coverage did {you/NAME} have? PROBE: Any other kind?		
	INTERVIEWER: CODE ALL THAT APPLY.		
	MEDICAID/{STATMED}	01	(J12)
	MEDICARE		` '
	CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY	03	(J12)
	INDIAN HEALTH SERVICE		
	MEDI-GAP		
	STATE PROGRAM		` '
	PRIVATE INSURANCE THROUGH OWN EMPLOYER	07	(J12)
	PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/		,
	PARENT	80	(J12)
	PRIVATE INSURANCE PAID BY SELF/FAMILY	09	(J12)
	OTHER PLAN (SPECIFY)		•
	DON'T KNOW		(J12)
	REFUSED		• •
(J10=01	1 and J11=10)		
J11_Oth	·		
	<open>_</open>		
	DON'T KNOW	d	
	DEFLICED	_	

11/11/2004 J-3 ROUND 1 VERSION

(J10=0)	1)		
J12.	CHECK: DID {NAME} HA	AVE MEDICAID COVERAGE IN 2003	3 (J11=01)?
		YES	
		NO	00 (K1)
`	1 and J12=01) Did {you/NAME} have to	pay for any of this Medicaid coverage	?
		YES	01
		NO	00
		DON'T KNOW	d
		REFUSED	r

SECTION K UNIVERSE: ALL VARIABLES FROM OTHER SECTIONS: RTYPE, B24, B36, C4MTH, C4YR PRELOADED INFORMATION: LAST MONTH, THIS YEAR

SECTION K: INCOME AND OTHER ASSISTANCE

(All) K1.	This includes earnings from work	ne income {you/NAME} received <u>last month,</u> that and benefits from different programs. When a s and benefits, and don't include earnings or be	nswering these questions, please think only
	received.	s and benefits, and don't include earnings of bi	enents that other family members may have
	PRESS 1 TO CONTINUE		01
(AII) K2.	CHECK 1: IS {NAME} CURRENT	LY WORKING (B24=01)?	
		YES	
(K2=01 <i>K2CHE</i>			
NZ ON L		T LEAST ONE JOB PRIOR TO OR DURING LA 2004)?	ST MONTH (C4MTH < OR = LAST MONTH
		YES	,
	RAMMER: IF {NAME} IS CURRENL' H > LAST MONTH THIS YEAR AND	TY WORKING (B24=01) AND STARTED JOB A C4YR =2004), GO TO K2A	FTER LAST MONTH THIS YEAR
•	and K2CHECK2=01) FCK 3. HAS {NAME} EVER WORKE	ED (B36=01)?	
		YES	·
(K2CHE	ECK2=00 and K2CHECK3=01)		
	K2a. Did you work last month?	YES	• •
(K2CHI K3.	ECK3=01 and K2A=01) Including all jobs {you/NAME} ha YEAR] before taxes and deduction	d, how much did {you/he/she} earn <u>last month</u> ss?	ı, that is, in [INSERT LAST MONTH, THIS
	INTERVIEWER: ROUND TO NEA	REST DOLLAR	
	\$, (0-12,500) (0-40,000)	<u> </u> . 00	
		N'T KNOW	

ROUND 1 VERSION 10/3/2005 K-1

K3a. Including all jobs {you/NAME} had, how much was left last month, that is in [INSERT LAST MONTH, THIS YEAR], as take-home pay after taxes and other deductions?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$, .00)
(1 – 11,250)	
(1 - 36,000)	

DON'T KNOW	d
REFUSED	r

(K2CHECK3=01 and K2A=01 and K3> 0)

K3b. SOFT EDIT: AMOUNT OF TAKE-HOME PAY (K3a) MUST BE LESS THAN OR EQUAL TO AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS (K3). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. You said that (you are/NAME is) paid (K3) before taxes and other deductions and that (K3a) is left as take-home pay after taxes and other deductions. Should I change the amount (you are/NAME is) paid before taxes and other deductions or the amount (you take/NAME takes) home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER		
DEDUCTIONS	01	(CHANGE K3)
CHANGE AMOUNT OF TAKE-HOME PAY	02	(CHANGE K3a)
SUPPRESS	03	

(All)
 K4. <u>Last month</u> did {you/NAME} receive any income from Social Security?
 INTERVIEWER: SHOULD INCLUDE ANY SSI AND SSDI PAYMENTS

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)
K5. PROGRAMMER: IF {NAME} RECEIVED INCOME FROM ANY SOURCE BELOW (K6a-h=01), ASK K7 THROUGH K10 IMMEDIATELY AFTER EACH 'YES'. OTHERWISE, ASK ABOUT NEXT SOURCE OF INCOME IN K6.

(All)K6. <u>Last month</u> did {you/NAME} receive any income from...

				<u>DON'T</u>	
		<u>YES</u>	<u>NO</u>	KNOW	<u>REFUSED</u>
a.	Private disability insurance (sometimes called long-term				
	care disability insurance)?	01	02	d	r
b.	Workers' compensation?	01	02	d	r
c.	Veterans' benefits?	01	02	d	r
d.	Public assistance or welfare payments?	01	02	d	r
e.	Unemployment benefits?	01	02	d	r
f.	Private pensions or government employee pensions?	01	02	d	r
g.	Other sources on a regular basis but not from jobs or				
	Social Security?	01	02	D	r (K6_g_oth)
h.	Other sources not on a regular basis?	01	02	d	r (K6_g_oth)

(K6_g=0	01) th What were they?		
	INTERVIEWER: PLEASE SPECI	FY	
	<open></open>		
		DON'T KNOW	
(K6_h=0	01) th What were they?		
	INTERVIEWER: PLEASE SPECI	FY	
	<open></open>		
		DON"T KNOW	
(K6=01) K7.		E} receive <u>last month</u> from {SOURCE FROM K6}?	
	INTERVIEWER: ROUND TO NE	AREST DOLLAR	
	\$, (1-1,000) (1-15,000)	_ . 00 (GO TO K6 FOR NEXT SOURCE OR K1	1)
		DON'T KNOW	
(K6=01 K8.	and K7=d,r) Was it more than or less than \$30	00?	
		\$300 OR MORE C LESS THAN \$300 C DON'T KNOW REFUSED	02 (K10) d (K6 FOR NEXT SOURCE OR K11)
(K6=01 K9.	and K7=d,r and K8=01) Was it more than or less than \$50	00?	
		\$500 OR MORE	02 d
		GO TO K6 FOR NEXT SOURCE OR	

GO TO K6 FOR NEXT SOURCE OR K11.

-	and K7=d,r and K8=02)						
K10.	Was it more than or less than \$150)?					
		\$150 OR MORE	01				
		LESS THAN \$150					
		DON'T KNOW					
		REFUSED	r				
		GO TO K6 FOR NEXT SOURCE OR					
		K11.					
		KIII					
(All) K11.	Did {you/NAME} receive any food family members.	stamps <u>last month?</u> This only includes foo	od star	nps rece	ived by {yo	u/NAME}, not o	othe
		YES	01				
		NO		(K13)			
		DON'T KNOW		. ,			
		REFUSED	r	(K13)			
(1644 0	4)						
(K11=0 ⁻ K12.	·	ood stamps {you/NAME} received <u>last month?</u> embers.	Plea	se includ	e only food	stamps receive	ed b
	INTERVIEWER: ROUND TO NEA	REST DOLLAR					
	\$, _ (0-400) (0-950)	_ . 00					
		DON'T KNOW					
(All)							
K13.	Did {you/NAME} receive assistar assistance.	nce from any other government program las	st mor	<u>nth</u> ? Fo	r example,	housing or en	erg
		YES	01				
		NO		(1.1)			
		DON'T KNOW		` '			
		REFUSED					
(K13=0 ⁻ K14.	1) What other assistance did {you/NA	ME} receive?					
	INTERVIEWER: PROGRAM:						
	<open></open>						
	CI LIV						
		DON'T KNOW	d				
		REFUSED	r				

(K13=01)

K15. How much income did {you/NAME} receive <u>last month</u> from this other assistance?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$|__|_|, |__| . 00 (0-500) (0-10,000)

DON'T KNOW d
REFUSED r

PRELOADED VARIABLES: NONE

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(AII) L1.	I have a few more questions	about {you/NAME}.	
	What is {your/NAME's} ethni	c background? {Are you/ls (he/she)}:	
		Hispanic or Latino, or	. 02 . d
(AII) L2.	What is {your/NAME's} race	? {Are you/Is (he/she)}:	
	INTERVIEWER: CODE ALL	THAT APPLY.	
		Alaska Native or American Indian, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White DON'T KNOW REFUSED	. 02 . 03 . 04 . 05 . d
(AII) L3.	What is the <u>highest</u> year or g	rade {you/NAME} finished in school?	
	INTERVIEWER: READ LIST	IF NECESSARY. CODE ONE ANSWER.	
	INTERVIEWER: IF ATTEN ATTENDED SCHOOL, COD	DED SCHOOL BUT COMPLETED LESS THAN E AS 10.	HIGH SCHOOL, CODE AS 1. IF NEVER
	INTERVIEWER: IF RESPO DEGREE, OR CERTIFICATI	NDENT SAYS THEY WERE HOME SCHOOLED COMPLETED.	, PROBE FOR HIGHEST YEAR, GRADE,
	HIGH SCHOOL: GE HIGH SCHOOL: DI HIGH SCHOOL: CE SOME COLLEGE/S COURSES	TE HIGH SCHOOL OR GED DLOMA RTIFICATE OF COMPLETION OME POSTSECONDARY VOCATIONAL R COLLEGE DEGREE (ASSOCIATE'S DEGREE) SCHOOL DIPLOMA DEGREE (BACHELOR'S DEGREE) WORK/NO GRADUATE DEGREE ROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D.,	02 03 04 05 06 07

11/11/2004 L-1 **ROUND 1 VERSION**

NEVER ATTENDED SCHOOL	10
SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION	11
DON'T KNOW	d
REFUSED	r

(All) L4.

What is the highest year or grade {your/NAME's} father finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1. IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

HIGH SCHOOL: GED
nigh School, Ged 02
HIGH SCHOOL: DIPLOMA
HIGH SCHOOL: CERTIFICATE OF COMPLETION
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL
COURSES
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE)
OR VOCATIONAL SCHOOL DIPLOMA
4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE)
SOME GRADUATE WORK/NO GRADUATE DEGREE 08
GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D.,
J.D., M.D.)
NEVER ATTENDED SCHOOL 10
SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION 11
DON'T KNOW d
REFUSEDr

(All) L5.

What is the <u>highest</u> year or grade {your/NAME's} mother finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1. IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

DID NOT COMPLETE HIGH SCHOOL OR GED	01
HIGH SCHOOL: GED	02
HIGH SCHOOL: DIPLOMA	03
HIGH SCHOOL: CERTIFICATE OF COMPLETION	04
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL	
COURSES	05
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE)	
OR VOCATIONAL SCHOOL DIPLOMA	06
4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE)	07
SOME GRADUATE WORK/NO GRADUATE DEGREE	80
GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D.,	
J.D, M.D)	09

11/11/2004 L-2 ROUND 1 VERSION

	NEVER ATTENDED SCH SPECIAL EDUCATION W DON'T KNOW REFUSED	ITH NO CI	ERTIFICATE (OF COMPLE	TION 11 d		
(AII) L6ft.	How tall {are you/is NAME}? INTERVIEWER: ENTER FEET						
	FEET (3-8)						
			NOW D				
(All) L6in.	How tall {are you/is NAME}? INTERVIEWER: ENTER INCHES						
	INCHES (1-12)						
			NOW D				
(AII) L7.	How much {do you/does NAME} we	eigh?					
	_ POUN	DS (50-3 (50-6	-				
			NOW D				
(AII) L8.	{Are you/Is NAME} now married, wi	dowed, div	vorced, separa	ated or {have	you/has (he/s	she)} never	r been married?
		WIDOWE DIVORCE SEPARA NEVER M DON'T KI	D ED TED MARRIED NOW		02 03 04 05	(L10) (L10) (L10)	
(L8=01) L9.	Do {you/NAME} and {your/his/her} s	spouse live	e in the same	household?			
		NO DON'T KI	NOW D		00 d		

11/11/2004 L-3 ROUND 1 VERSION

(L8=02 L10.	03,04,05, Do yo relation	u/Does NAME} have a long	-term partner who lives in the same hous	ehol	d with {you/him/her} in a marriage-like
			/ES		
			VO		
			OON'T KNOW		
		ŀ	REFUSED	r	
(All)					
L11.	Which	of the following best describes	{your/NAME's} living situation?		
	INTER	VIEWER: READ LIST. CODE	ONE ANSWER.		
	PROGI	RAMER DISPLAY ONLY IF L	9≠01		
		{You live/NAME lives} alone		01	(L11a)
		•	your/his/her} parents, guardians,	-	(= 1.5)
			relative	02	(L11a)
		• •	riends or roommates		
			other group setting with people not related	-	
				04	(L11a)
		***	ne other living situation		()
		,			(L11a)
(L11=0 L11_O	•	What is the other living situa	ition?		
	<open< td=""><td>l></td><td></td><td></td><td></td></open<>	l>			
			DON'T KNOW		
/ A II\					
(All)	L11a.	SOET EDIT: DESPONDEN	T CANNOT LIVE IN SAME HOUSEHOLD	MIT	H SPOUSE (LO-01) OP LIVE IN SAME
	Liia.	HOUSEHOLD WITH LONG EDIT, INTERVIEWER REA	G-TERM PARTNER (L10=01) AND LIVEAL D: I must have recorded an incorrect answer his/her} spouse or partner and {you/NAME} a	ONE er.	E (L11=01). IF RESPONDENT FAILS I show that {you live/NAME lives} in the
			IVE WITH SPOUSE OR PARTNER		,
			IVE ALONE		(CHANGE L11)
(All)					
L12.	The ne	xt question is about the place	(you live/NAME lives). Is this place a		
	INTER	VIEWER: CODE ONE ANSWI	ER.		
		Single family home		01	(L12a)
		Mobile home		02	(L12a)
		Regular apartment		03	(L12a)
		Supervised apartment		04	(L12a)
		Group home		05	(L12a)
		Halfway house		06	(L12a)
		Personal care or board and	care home	07	(L12a)
		Assisted living facility		80	(L12a)

		Center for Independent Liv	ing	10	(L12a)
		Some other type of superv	ised group residence or facility	11	(L12a)
		Something else		12	
		DON'T KNOW		d	(L12a)
		REFUSED		r	(L12a)
(L12=1	2)				
L12_Ot	•	What is the other type of p	lace?		
	<open< td=""><td>l></td><td></td><td></td><td></td></open<>	l>			
			DON'T KNOW	d	
			REFUSED	r	
(All)					
(All)	L12a.	RESPONDENT FAILS E	NT CANNOT LIVE ALONE (L11=01) AND LI DIT, INTERVIEWER READ: I must have ro a {FILL ANSWER FROM L12}? Which is corre	ecor	·
			LIVE ALONE	01	(CHANGE L12)
			LIVE IN GROUP SETTING		
			SUPPRESS		(01) (102 211)
(AII) L13.	CHECK	K: DOES {NAME} LIVE IN A	GROUP SETTING (L12 = 04 - 12)?		
			YES	01	
			NO	00	(L14)
(L13=0 [.] L15.	•		with hearing or vision impairments, mental i	Ines	s, mental retardation, or developmenta
			YES	01	
			NO		
			DON'T KNOW		
			REFUSED		
(AII) L14.	CHEC	K: DOES {NAME} LIVE ALO	NE (L11 = 01) OR LIVE IN GROUP SETTING	(L12	?=4-12)?
			YES	01	(L20)
			NO	00	
(144 0	2)				
(L14=0) L16.		any adults 18 years of age o	r older live in {your/NAME's} household, include	ding	{yourself/NAME}?
		E: This includes all adults what school or on military duty.	o usually live there, even if they are temporal	rily a	way on business, vacation, in a hospital
		_ ADULTS	(1-4) (1-10)		
			DON'T KNOW	d	

REFUSED.....r

(L14=00		go live in (vour/NAME's) household?	
L17.	How many children under 18 years of a	ge live in {your/NAME s} nousenoid?	
	PROBE: This includes all children who at school.	usually live there, even if they are temporari	ly away on vacation, in a hospital, or away
	_ CHILDREN	(0-6) (0-20)	
		N'T KNOW	
(L14=00))		
L18.	CHECK: DO NO CHILDREN LIVE IN T	HE HOUSEHOLD (L17 =0)?	
		S	· ·
(L14=00 L19.	and L18=00) How many of these children are {your/N	IAME's} own? Please include biological, ado	pted, step, and foster children.
	_ CHILDREN	(0-6) (0-20)	
		N'T KNOW	
(AII) L20.	{Do you /Does NAME} have children of	(your/his/her) own under the age of 18 living	outside of {your/his/her} household?
	PROBE: Please include biological, adop	oted, step, and foster children.	
	NO DO	S	0 (L22a) d (L22a)
(L20=01 L21.		n {your/NAME's} household {do you/does (he	e/she)} have?
	_ CHILDREN	(1-6) (1-20)	
		N'T KNOW	
(All)	L22a. CHECK: DOES {NAME} HAVE	E ANY CHILDREN (L17>=1 AND L19>=1) OF	R (L21>=1)?
		S	

(L22a=01)

L22. Are any of {your/NAME's} children, either living with {you/him/her} or not, under the age of six?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

L23Aamt.

PROGRAMMER: IF L11=01, 03, or 04, ASK:

What was {your/NAME's} total income in 2003, before taxes or other deductions? Please include money {you/NAME} received from all sources.

PROGRAMMER: IF L11=02, or 05, d, r, ASK:

What was the total combined income of all members of {your/NAME's} household in 2003, before taxes or other deductions? Please include money all members of {your/NAME's} household received from <u>all</u> sources.

PROBE: IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT: If it is hard to calculate an annual amount can you tell me what your income was per day, week, bi-weekly, twice a month or monthly in 2003.

INTERVIEWER: ROUND TO NEAREST DOLLAR

DON'T KNOW	d	(L24)
REFUSED	r	(L24)

(L23Aamt = numeric response)

L23Ahop. PROBE: PROGRAMMER: IF L11=01, 03, or 04, DISPLAY:

What was {your/NAME's} total income in 2003, before taxes or other deductions? Please include money {you/NAME} received from all sources.

PROBE: PROGRAMMER: IF L11=02, or 05, d, r, DISPLAY:

What was the total combined income of all members of {your/NAME's} household in 2003, before taxes or other deductions? Please include money all members of {your/NAME's} household received from <u>all</u> sources.

PROBE: IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT: If it is hard to calculate an annual amount can you tell me what your income was per day, week, bi-weekly, twice a month or monthly in 2003.

PROBE: Is that daily, weekly, bi-weekly, twice a month, or annually?

INTERVIEWER: ENTER HOW OFTEN PAID

ANNUALLY	01	(M1)
MONTHLY	02	(L23b)
TWICE A MONTH	03	(L23b)
WEEKLY	04	(L23b)
BI-WEEKLY	05	(L23b)
DAILY	06	(L23b)
OTHER	07	

-	mt = numeric response and L23Ahop =07) p_Other.
	INTERVIEWER: ENTER OTHER
	<open></open>
	DON'T KNOW d REFUSED r
	GO TO L24.
(L23Aar	mt = numeric response and L23Ahop = 02, 03, 04, 05, 06) L23b. PROGRAMMER: USE "{YOUR/NAME'S} HOUSEHOLD" IF L11=02 OR 05, OTHERWISE USE "{YOUR/NAME}"
	How many {days/weeks/months} did {{you/NAME}/{your household/NAME's household}} receive this income in 2003?
	_ DAYS/WEEKS/MONTHS (1-365) (1-52) (1/12)
	DON'T KNOW d REFUSED r
	GO TO M1.
(L23Aar L24.	mt =d,r or L23Ahop=07) PROGRAMMER: USE "HOUSEHOLD" IF L11=02 OR 05 Could you please tell me if {your/NAME'S} annual (household) income before taxes and other deductions in 2003 was
	\$2,500 or less, 01
	\$2, 501 to \$5,000,
	\$5,001 to \$10,000, 03
	\$10,001 to \$20,000, 04
	\$20,001 to \$30,000,
	\$30,001 to \$40,000,
	\$40,001 to \$50,000,
	\$50,001 to \$75,000,
	\$75,001 to \$100,000, or
	More than \$100,000?
	DON'T KNOW d

11/11/2004 L-8 ROUND 1 VERSION

GO TO M1.

(All)

SECTION M UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, {NAME'S} ADDRESS FROM SECTION A PRELOADED VARIABLES: EXPTYPE, TSTATUS

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

M1.			NAME, ADDRESS, AND PHONE NUM IATION DISPLAY THAT NAME, ADDR	IBER FROM EITHER THE SCREENER OR FRO ESS, AND PHONE NUMBER.)M THE
	That cor	ncludes this interview. C	Can you please verify (your/NAME'S) cu	rrent contact information?	
	STREETSTREETSTREETCITY OF	T ADDRESS 1: {FIRST T ADDRESS 2: {SECON T ADDRESS 3: {THIRD R TOWN: {CITY OR TO : {STATE FROM SCREE DE: {ZIP CODE FROM	CREENER OR PRELOADED INFORMALINE OF ADDRESS FROM SCREENE ND LINE OF ADDRESS FROM SCREENE LINE OF ADDRESS FROM SCREENE OWN FROM SCREENER OR PRELOADED INFORMATION SCREENER OR PRELOADED INFORMED	R OR PRELOADED INFORMATION) INER OR PRELOADED INFORMATION) INER OR PRELOADED INFORMATION) DED INFORMATION) N) MATION)	
	INTERV	/IEWER: IF INFORMAT	ION IS THE SAME AS DISPLAYED AB	BOVE, CODE AS 0	
			TION IS NOT THE SAME AS DISPLA ER CORRECT INFORMATION	YED ABOVE, OR NO INFORMATION IS DISP	LAYED
	M1 {PR	INCORRECT INFORM INFORMATION DON'T KNOW REFUSED	IATION ABOVE, NEED TO ENTER NE		GO TO
	-	IONS BELOW, OTHER		, ,	
(M1=01) M1_FNa	,	What is {your/their) firs	st name?		
	<open:< td=""><td>></td><td></td><td></td><td></td></open:<>	>			
			DON'T KNOWREFUSED		
(M1=01) M1_MN		Middle initial?			
	<open:< td=""><td>></td><td></td><td></td><td></td></open:<>	>			
			DON'T KNOWREFUSED		

11/11/2004 M-1 **ROUND 1 VERSION**

(M1=01) M1_LName.	Last name?		
<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	
(M1=01) M1_Address1.	Street address #1?		
<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	
(M1=01) M1_Address2. St	treet address #2?		
<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	
(M1=01) M1_Address3. St	treet address #3		
<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	
(M1=01) M1_City.	City?		
<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	
(M1=01) M1_State.	State?		
<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	
(M1=01) M1_Zip5.	Zip code?		
<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	d r

(M1=01) M1_Zip4		Zip code extension?			
	<open:< td=""><td>></td><td></td><td></td><td></td></open:<>	>			
			DON'T KNOW		
(M1=01) M1_Tele		What is {your/NAME's} te	ephone number?		
	INTERV	IEWER: ENTER AREACO	DDE, EXCHANGE, AND NUMBER		
	<open:< td=""><td>></td><td></td><td></td><td></td></open:<>	>			
			DON'T KNOW		
(AII)	M1a.	{Do you have/Does NAMI	E have} an email address?		
			YES NO DON'T KNOW REFUSED	00 d	(M2CHECK)
(M1a=01 M2.	•	{your/NAME's} email addre	ess?		
	EMAIL A	ADDRESS: <open></open>			
			DON'T KNOW		
(All) M2_Che	eck.		ASK M2_PREPAY OF THE TREATMENT GI REATMENT GROUP (EXPTYPE=01)?	ROL	JP EXPTYPE=01, ELSE GO TO M4 IS
			YES	01	
			NO	00	(M4)
(M2_Chain M2_Pre	-	Did {you/NAME} receive a	a check for \$10.00 in the mail that {you/NAME} of	can	cash?
			YES NO, COLLECT ADDRESS AND SEND ANOTHER CHECK DON'T KNOW	00	(M4)
			REFUSED	r	(M4)
(M2_Ch		0 or M3_PrePay=00,d, r) ou like the check made ou	t to {you/NAME} or someone else?		
			{YOU/NAME}	02 d	(M6)

(M2_PrePay=00,d, r or M4=02,d,r) M3. PROGRAMMER: WE WOULD LIKE THE FOLLOWING FORMAT TO BE USED FOR THE DISPLAY ON TOP HALF OF SCREEN (IF POSSIBLE, THIS DISPLAY SHOULD CHANGE AS THE INTERVIEWER ENTERS NEW INFORMATION): What is the name and address of the person to whom we should send the \$10.00 check? NAME: {FULL NAME FROM M1} STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM M1} STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM M1} STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM M1} CITY OR TOWN: {CITY OR TOWN FROM M1} STATE: {STATE FROM M1} ZIP CODE: {ZIP CODE FROM M1} TELEPHONE NUMBER: {TELEPHONE NUMBER FROM M1} INTERVIEWER: IF INFORMATION IS THE SAME AS DISPLAYED ABOVE, CODE AS 0 INTERVIEWER: IF INFORMATION IS NOT THE SAME AS DISPLAYED ABOVE, OR NO INFORMATION IS DISPLAYED ABOVE CODE AS 1 AND ENTER CORRECT INFORMATION. INCORRECT INFORMATION ABOVE, NEED TO ENTER DON'T KNOW...... d (M6) REFUSED.....r (M6) PROGRAMMER: SEE M1 FOR FORMATTING TO USE FOR BOTTOM OF SCREEN (M2_PrePay=00,d, r or M4=02,d,r and M3=01) M3_Fname. What is the first name? <OPEN> DON'T KNOW d REFUSED.....r (M2_PrePay=00,d, r or M4=02,d,r and M3=01) M3_Mname. Middle initial? <OPEN> DON'T KNOW d REFUSED.....r

11/11/2004 M-4 ROUND 1 VERSION

DON'T KNOW d
REFUSED r

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)

Last name?

<OPEN>

M3 Lname.

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)

-	rePay=00,d, r or M4=02,d, lephone. What is the tele	·		
	INTERVIEWER: ENTE	R AREACODE, EXCHANGE, AND NUM	BER	
	<open></open>			
		DON'T KNOWREFUSED		
(AII) M6.	CHECK: IS {NAME} PA	RT OF THE PARTICIPANT SAMPLE (T	STATUS=01)?	
		YES	01 00 (M11_The	anks)
(M6=01 M7.	Finally, in about one ye health and other circur number of a close rela future? For example, person?	ar the Social Security Administration manufactures. In case we have trouble realitive or friend who is not living with (you a mother, father, brother, sister, aunt, as USE SAME FORMATTING AS M1	aching (you/NAME), what is the u/NAME) and is likely to know (uncle, or close friend. (Do you/	e name, address, and phone your/NAME'S) location in the Does NAME) have a contact
	CONTACT PERSON			
	1	NO CONTACT PERSON DON'T KNOW	SON 01 (CP1_Fna 00 (M11_Tha d (M11_Tha r (M11_Tha	inks) inks)
(M6=01 CP1_F	1 and M7=01) Name. What is the the	ir first name?		
	<open></open>			
		DON'T KNOW		
-	1 and M7=01) 1Name. Middle initial?			
	<open></open>			
		DON'T KNOW REFUSED	-	
-	1 and M7=01) Name. Last name?			
	<open></open>			
		DON'T KNOW	d	

REFUSED.....r

INTERVIEWER: ENTER AREACODE, EXCHANGE, AND NUMBER

<open></open>			
	DON'T KNOW		
	REFUSED	r	
(M6=01 and M7=0	01)		
•	at person related to {you/NAME}, if at all?		
	{NAME'S} SPOUSE		
	{NAME'S} MOTHER		
	{NAME'S} FATHER		
	{NAME'S} CHILD		
	GRANDPARENT OF {NAME}		
	BROTHER/SISTER (NATURAL/STEP) OF {NAME}		
	AUNT/UNCLE OF {NAME}		M9)
	OTHER RELATIVE OF {NAME}		
	NOT RELATED		
	STAFF AT RESIDENCE		, ,
	DON'T KNOW		` '
	REFUSED	r	(M9)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(M6=01 and M7=0			
M8_h_oth.	INTERVIEWER: PLEASE SPECIFY		
-ODENS			
COPENS			 -
	DON'T KNOW	А	
	REFUSED		
	NEI GGED	•	
(M6=01, M7=01, a	and M8=09)		
	INTERVIEWER: PLEASE SPECIFY		
<open></open>			
	DON'T KNOW	d	
	REFUSED	r	
(M6=01 and M7=0			
M9. Can you	give me the name, address, and phone number of another person?		
CONTAC	T PERSON		
	2		
	YES		
	NO		
	DON'T KNOW	d	•
	DEFLICED	_	/MAA Theolis

(M6=01 and M7= CP2_FName.	e01 and M9=01) What is their first name?		
<open< td=""><td>></td><td></td><td></td></open<>	>		
		DON'T KNOW	
(M6=01 and M7= CP2_MName.	•		
<open< td=""><td>></td><td></td><td></td></open<>	>		
		DON'T KNOW	
(M6=01 and M7= CP2_LName.	•		
<open< td=""><td>></td><td></td><td></td></open<>	>		
		DON'T KNOW	
(M6=01 and M7= CP2_Address1.	e01 and M9=01) Street address #1?		
<open< td=""><td>></td><td></td><td></td></open<>	>		
		DON'T KNOW	-
(M6=01 and M7= CP2_Address2.	e01 and M9=01) Street address #2?		
<open< td=""><td>></td><td></td><td></td></open<>	>		
		DON'T KNOW	d r
(M6=01 and M7= CP2_Address3.	e01 and M9=01) Street address #3?		
<open< td=""><td>></td><td></td><td></td></open<>	>		
		DON'T KNOW	
(M6=01 and M7= CP2_City.	e01 and M9=01) City?		
<open< td=""><td>></td><td></td><td></td></open<>	>		
		DON'T KNOW	d

STAFF AT RESIDENCE 10 (M14) DON'T KNOW d (M14) REFUSED...... r (M14) (M11=answer, M12=01, and M13=08) M13_h_oth. INTERVIEWER: PLEASE SPECIFY <OPEN> DON'T KNOW d REFUSED.....r M-11

M13_i_oth. INTERVIEWER: PLEASE SPECIFY

	<open></open>			
		DN'T KNOW	d r	
(M11=0	02 or M12=01)			
M14.	Why was an assistant/proxy needed?			
	INTERVIEWER: CODE ALL THAT APP	PLY.		
	{NAME} DIDN'T KNOW HOW	TO ANSWER)1 (M1	5)
	{NAME} HOSPITALIZED	C)2 (M1	5)
		O C		
		BLEM 0		
	· · · · · · · · · · · · · · · · · · ·	BLEM C	•	5)
		OBLEM 0		_,
	• •	Y OR CONFUSION	•	_,
		AL CONDITION		
		NESS OR DISABILITY	-	,
		TED REASON 1		- /
				5)
			•	•
M14_j_	answer and M12=01 and M14=10) oth. INTERVIEWER: PLEASE SPI <open></open>			
	DC	DN'T KNOW	d	
	RE	FUSED	r	
(A II)				
(AII) M15.	In general, do you feel the respondent was intellectually capable of responding?			
	YE	·S)1	
)		
			d	
(All)			G	
M16.	In general, do you feel the respondent's	s answers were reasonably accurate?		
	YE	S 0)1	
	NC) C	00	
	DC	DN'T KNOW	d	
(All) M17.	In general, do you feel the respondent understood the questions?			
		S		
)(DNPT KNOW	00	
	Dr.	INCL K NIC WA	a	

AII)				
118.	In general, how tiring did the inte	rview seem to be for the respondent?		
		VERY TIRINGA LITTLE TIRING	02 03	
AII) 119.	In general, did the respondent ha	eve difficulty hearing you during the interview?		
		YES NO DON'T KNOW	00 (M21)	
M19=0	01)			
120.	In general, do you feel the respondent's hearing difficulty affected the interview?			
		YES	• •	
		DON'T KNOW	d	
All) 121.	INTERVIEWER: Record any spe	ecial circumstances encountered while interviewir	ng respondent.	