

NATIONAL BENEFICIARY SURVEY

February 8, 2012

NATIONAL BENEFICIARY SURVEY - TABLE OF CONTENTS -

Section	Page
A.	Screener
В.	Disability and Current Work StatusB-1
C.	Current Employment
D.	Jobs/Other Jobs During 2009
E.	Awareness of SSA Work Incentive Programs and Ticket to Work E-1
F.	Ticket Non-Participants in 2009 F-1
G.	Employment-Related Services and Supports Used in 2009G-1
H.	Ticket Participants in 2009H-1
I.	Health and Functional StatusI-1
J.	Health InsuranceJ-1
K.	Income and Other Assistance
L.	Sociodemographic InformationL-1
M.	Closing Information and Observations M-1

SECTION A: SCREENER

PRELOADED INFORMATION

S1	(A01_a) CLUSTERED SAMPLE					
		YES = 01 NO = 02 (00, if you prefer) FYI: ONLY NON CLUSTERED = OUTCOMES ONLY PARTICIPANTS				
Samp	Sampgrp SAMPLE GROUP 1 = EN or VR as EN 2 = VR in-use 0/Blank=Other (Non-Ticket Participant)					
S3	(A01_c)	REGION – VALUES = $01 - 08$, where Region 8 = unclustered sample, that is where S1 = 02				
S4	(A01_d)	PSU – VALUES = 01010 – 55018; PSU=0 is unclustered sample, aka Region 8				
S5	(A01_e)	SDATE (DATE SAMPLE PULLED -June 2009)				
S6	(A02) ROUND OF DATA COLLECTION Round 1 = 01 Round 2 = 02 Round 3 = 03 (This is Round 3) Round 4 = 04					
S8	(A04_a)	FULLNAME (original – may be updated in another block: Current Full Name)				
S9	(A04_b)	FIRST NAME (original – may be updated in another block: Current First Name)				
S10	(A04_c)	LASTNAME (original – may be updated in another block: Current Last Name)				
S11	(A04_d)	BIRTHDATE (original – may be updated in another block: Current Birth Date)				
S11a	CURREN	T AGE: IF A71 = 02 OR 03, USE A68 OR A69 TO CALCULATE CURRENT AGE				
S12	(A04_e)	GENDER				
S13	(A04_f) BSTATUS (Benefit Type) BSTATUS = 01 - SSI ONLY BENEFITS BSTATUS = 02 - SSDI ONLY BENEFITS BSTATUS = 03 - CONCURRENT (BOTH SSI AND SSDI) BENEFITS					
S14	(A04_g)	SSIAGE (from SSI records –age first received SSI benefits)				
S15	(A04_h)	TSTATUS (TICKET STATUS AS OF DATE SAMPLE PULLED)				
S17	TSTATUS = 01 PARTICIPANT TSTATUS = 02 NONPARTICIPANT (A04_j) ENSAMPLE (NAME OF EN TICKET ASSIGNED TO AT TIME SAMPLE DRAWN)					
S18	(A04_k)	STATE MED (STATE NAME FOR MEDICAID) (based on state of residence at A67a)				
S19	(A04_l)	VRNAME (STATE NAME FOR VRA) (based on state of residence at A67a)				
S20	(A04_m)	Sample Member's Address at time sample was drawn (may be updated in Section A)				
S21	(A04_n)	Sample Member's Phone Number at time sample was drawn				
S22	PROXY – FULL NAME					
S23	PROXY – PHONE NUMBER					
S24	PROXY -	ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP				
S25	INTERPRETER NAME – RETAIN SAMPLE MEMBER PHONE NUMBER ASSOCIATED WITH INTERPRETER.					

RTYPE: Set at A110 or A110a.

PROGRAMMER: INSTITUTE A PARALLEL BLOCK THAT ALLOWS THE INTERVIEWER TO SWITCH

RESPONDENT FROM SAMPLE MEMBER TO PROXY OR FROM PROXY TO SAMPLE MEMBER AT ANY POINT IN THE INTERVIEW. UPDATE RTYPE BASED ON THE PARALLEL

BLOCK.

PROGRAMMER: A CURRENT CONTACT BLOCK WILL STORE ANY UPDATES TO S8, S9, S10, S11, S20, and

S21. UPDATES TO THE OTHER CURRENT CONTACT BLOCK CAN COME FROM THE

SCREENER OR LOCATING.

PROGRAMMER: STORE UPDATED NAME, ADDRESS, AGE, PROXY, ETC. INFORMATION IN ADDRESS

UPDATE BLOCK OR NAME UPDATE BLOCK.

(All)

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.

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, 04, OR 09)

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

INTERVIEWER: We are not selling anything or asking for a contribution.

SPEAKING	01	(A10)
WANTS MORE INFORMATION	02	
{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	(A103a)
{NAME} INCARCERATED	09	SET A103 = 01(A103)
LANGUAGE BARRIER (NOT SPANISH)	10	(A3)
INSTITUTIONALIZED	11	(A27a)
MILITARY DUTY	12	SET A103 = 02 (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	18	SET A103 = 03 (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.

PROBE: (IF PREPAY=1): We recently sent a letter which included a check for \$10.00 as a token of appreciation.

INTERVIEWER INSTRUCTION (PRE-PAY=1): If sample member says he/she did not receive check and will not complete the interview until we send a check, schedule appointment to call back.

	NAME SPEAKING	01	(A10)
	{NAME} COMES TO PHONE		• •
	CALL BACK LATER		SET A100 = 01 (A100)
	{NAME} MOVED		(A30)
	POSSIBLE PARTICIPATION PROBLEM	06	(A13)
	HOSPITALIZED	07	(A27a)
	{NAME} DECEASED	80	(A103a)
	{NAME} INCARCERATED	09	SET A103 = 01 (A103)
	LANGUAGE BARRIER (NOT SPANISH)	10	
	INSTITUTIONALIZED	11	(A27a)
	MILITARY DUTY	12	SET A103 = 02 (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		SET A104 = 06 (A104)
	LIVING OUTSIDE USA	18	SET A103 = 03 (A103)
	DID NOT RECEIVE LETTER	19	A22
	REFUSED	r	SET A105 = 02 (A105)
LANGU	JAGE BARRIER		
(A1 = 1	0) OR (A2 = 10)		
A3.	Can someone there speak <u>English</u> ?		
	PERSON COMES TO PHONE	01	
	CALL BACK LATER	-	SET A100 = 09 (A100)
	NO ONE SPEAKS ENGLISH		
	REFUSED/HUNG UP		SET A106 = 01 (A106)
POSSI	BLE INTERPRETER COMES TO PHONE		,
(A3 = 0 A4.	Hello, my name is, calling on behalf of the Social recently sent {NAME} a letter saying {he/she} was selected to part are conducting for them. It is called the National Beneficiary Surve 18 years or older to help {him/her} by interpreting the interview for use	icipa ey. \	te in an important health survey we We are looking for someone who is
	PROBE (PREPAY=1): We recently sent a letter which included a ch	neck	for \$10 as a token of appreciation.
	YES	01	(A4b)
	NO		•
	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? YES, PERSON COMES TO PHONE01 REFUSED/HUNG UP...... r SET A106 = 01 (A106) (A0 = 15) OR (A4 = 01) OR (A4a = 01)IF (A0=15) or (A4a=01) FILL {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 an interpreter who is 18 years or older to help {him/her} with the interview.} Would you be able to help {NAME} by interpreting the interview? **PROBE:** We are not selling anything or asking for contributions. PROBE (PREPAY=1): We recently sent a letter which included a check for \$10 as a token of appreciation. YES 01 CALL BACK LATER 02 (A6) INSTITUTIONALIZED 09 (A27a) OTHER: SUPERVISOR REVIEW NEEDED...... 12 SET A106 = 05 (A106) REQUESTS IN-PERSON INTERVIEW 15 (A39) REFUSED r SET A105 = 02 (A105) (A4b = 01)A5. If {NAME} is available and you are ready to interpret, we can begin now. If you or {NAME} get tired or need a break at any time, please tell me and we will call back later to finish the interview. CALL BACK LATER 02

INTERPRETER REFUSED r SET A105 = 02 (A105)

```
(A4a = 02) OR (A4b = 02) OR (A5 = 01 OR 02)
    {IF A5 = 01 DISPLAY Before we begin, please tell me your name.}
(IF A4a = 02 DISPLAY Please tell me that person's name so we can ask for them when we call back later /
IF A5 = 02 OR A4b = 02 DISPLAY: Please tell me your name so we can ask for you when we call back later}.
    PROBE: IF PERSON IS RELUCTANT TO GIVE NAME, SAY: The first name is all we need.
    IF NAME IS REFUSED, CODE AS REFUSED AND CONTINUE
        FIRST, MIDDLE, LAST
        DON'T KNOW .....
        REFUSED .....
             PROGRAMMER: STORE INTERPRETER NAME IN $25 AND LOCATOR
(A6 = ANSWER OR r)
A7.
    And, what is {IF A5 = 01 OR 2) OR (A4b = 02) FILL your / IF A4a = 02 FILL their} relationship to {NAME}?
        BROTHER/SISTER (NATURAL/STEP) OF {NAME}....... 06
        STAFF AT RESIDENCE...... 10
        DON'T KNOW ...... d
        REFUSED .....
(A7 = ANSWER OR d OR r)
    PROGRAMMER:
A7a.
        CALLBACK TO NAMED INTERPRETER
(A0=14)
                        _, calling on behalf of the Social Security Administration. May I
A8.
    Hello, my name is _
    please speak to {INTERPRETER'S NAME}?
    PROBE:
          We are not selling anything or asking for contributions.
        SPEAKING ...... 01
        CALL BACK LATER ...... 03 SET A100 = 03 (A100)
        INTERPRETER REFUSED ...... r SET A105 = 02 (A105)
```

SPEAKING TO NAME OR INTERPRETER / NAME OR INTERPRETER COMES TO PHONE / TO NAME AFTER REMAIL

(A0 = 07 OR 08) OR (A1 = 01, 03 OR 13) OR (A2 = 01, 03, OR 13) OR (A7a = 01) OR (A9 = 01)

A10. {PROGRAMMER, IF A7a = 01 DISPLAY "Please tell {NAME} that I said...."} {(IF A0 = 07 OR 08, OR 09) OR (A1 = 03) OR (A2 = 03 OR 13) DISPLAY Hello, my name is ______, calling on behalf of the Social Security Administration.} Recently, Social Security sent you {PROGRAMMER IF A0 = 04 USE another} a letter explaining an important survey we are conducting for them. {IF A2 = 01 BEGIN HERE} The National Beneficiary Survey is about your health, daily activities, any jobs you may have, and any Social Security programs and services you may use. Congress requires that Social Security conduct this survey. I'm calling to ask you to participate. The information you and other participants give us will be used to help evaluate Social Security's programs for disability beneficiaries.

PROBE: We are not selling anything or asking for a contribution.

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.} IF PRE-PAY=0: {In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview}/ IF PRE-PAY=1: {As a token of appreciation, we recently mailed you a check for \$10. The questions are easy. 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.

INTERVIEWER INSTRUCTION (PREPAY=1): If sample member says he/she did not receive check and will not complete the interview until we send a check, schedule appointment to call back.

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.}IF PRE-PAY=0: {In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview.}/ IF PREPAY=1: {As a token of appreciation, we recently mailed you a check for \$10. The questions are easy. If you get tired need a break at any time, please tell me and we will call back later to finish the interview. Let's start now.

INTERVIEWER INSTRUCTION (PREPAY=1): If sample member says he/she did not receive check and will not complete the interview until we send a check, schedule appointment to call back.

CONTINUE WANTS TO SCHEDULE INTERVIEW		
NEEDS PROXY NEEDS IN-PERSON POSSIBLE PARTICIPATION PROBLEM REFUSED	04 05	

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) A13. **INTERVIEWER:** WHO ARE YOU SPEAKING WITH?

 (A11 = 04) OR (A13 = 01 OR 02)

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

{PROGRAMMER: IF A11 = 04, USE: PROBE: 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}?

IF (A1 = 06) OR (A2 = 06) OR (A4b = 05) OR (A10 = 07) OR (A12 = 05) FILL

PROBE: Why {IF A13 = 01 FILL would you/ IF A13 = 02 FILL would {NAME}} have a problem participating in the survey?

INTERVIEWER: PROBE FOR DON'T KNOW. IF MORE THEN ONE PROBLEM, PROBE FOR THE MAIN PROBLEM.

HEARING DIFFICULTY	01	
SPEECH DIFFICULTY	02	
COGNITIVE BARRIER	03	(A46)
PHYSICAL BARRIER	04	
INCARCERATED	06	SET A103 = 01 (A103)
INSTITUTIONALIZED	07	(A27a)
HOSPITALIZED	80	(A27a)
DECEASED	09	(A103a)
SERVING IN MILITARY	10	SET A103 = 02 (A103)
LIVING OUTSIDE USA	11	SET A103 = 03 (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 you to have / IF A13 = 02 FILL {NAME} to have} the chance to answer the 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?

PROBE (PREPAY=1): We recently sent a letter which included a check for \$10 as a token of appreciation.

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		44.5.11
	A13 = 01 FILL you / IF A13 = 02 FILL {NAME}		
	We can use Relay or TTY for the interview	02	(A16)
	{PROGRAMMER, DISPLAY 03 ONLY IF A13a = 01} I		(4.5.1)
	can switch to a phone amplifier now	03	(A64)
	{PROGRAMMER, DISPLAY 04 ONLY IF A13a = 01}		
	We can call later using a phone amplifier	04	SET A100 = 06 (A100)
	{PROGRAMMER, DISPLAY 05 ONLY IF IN		
	CLUSTERED SAMPLE S1 = 01 We could send		
	an interviewer to {{IF A13 = 01 FILL your / IF	ΩE	(442)
	A13 = 02 FILL {his/her} home	05	(A42)
	{PROGRAMMER DISPLAY 06 ONLY IF A13 = 02} INFORMANT OFFERS TO BE PROXY	06	(430)
		00	(A39)
	{PROGRAMMER, DISPLAY 07 ONLY IF SAMPLE TYPE = UNCLUSTERED, S1 = 02 AND A13		
	= 01} {NAME} REQUESTS IN-PERSON		
	INTERVIEW	07	(A40)
	{PROGRAMMER DISPLAY 08 ONLY IF A13 = 01}	٠.	(****)
	{NAME} REQUESTS PROXY	08	(A39)
	PHYSICAL PROBLEM: {NAME} UNABLE TO		,
	PARTICIPATE	09	(A46)
	SUGGESTS ANOTHER WAY {SPECIFY_)	10	
	DON'T KNOW	d	(A39)
	REFUSED	r	IF A13 = 01 SET A105 = 01 (A105) /
			IF A13 = 02 SET A105 = 02 (A105)
(A14 = 10)			
A14a. What is t	hat way?		
	<open< td=""><td></td><td></td></open<>		
	DON'T KNOW d		
	REFUSEDr		
(A14 = 10)			
,	ou. I will ask my supervisor if that would work. We will call	VOL	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 <u>in a few minutes</u>, by switching to our TTY or to a Relay operator and having them contact you. Alternatively, we can you back <u>another time</u> using TTY or Relay. What works best for you?

PROBE: 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: PROBE FOR TTY OR RELAY IF UNCLEAR.

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

SM AVAILABLE, SWITCH (TTY) IN A FEW MINUTES SM AVAILABLE NOW, SWITCH (RELAY) IN A FEW	01	SET A100 = 04 (A100)
MINUTES	02	SET A100 = 05 (A100)
CALL BACK LATER (TTY)	03	SET A100 = 04 (A100)
CALL BACK LATER (RELAY)	04	SET A100 = 05 (A100)
CALL BACK TO ARRANGE AN INTERVIEW TIME	05	SET A106 = 02 (A106)
DON'T KNOW	d	SET A106 = 02 (A106)
REFUSED	r	SET A105 = 02 (A105)

A19 DELETED

NAME REQUESTS LETTER

(A10 = 04)

A20. The letter said that you were selected from a list of all adults who currently receive Social Security benefits and that someone would call to ask you to participate. The National Beneficiary Survey asks about your health, your daily activities, any jobs you might have, and any Social Security programs or services you might use. 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.

	interview. Let's start now.					
	PROBE (PREPAY=1): We recently sent a letter which included a check for \$10 as a token of appreciation.					
	CONTINUE	•				
(A20 =	= 00)					
A21.	You should receive the letter in about a week. Or, I can read it to you now and we can start to	he interview.				
	READ LETTER, CONTINUE 01 (A64) NO, SEND LETTER 00 REFUSED r SET A105 = 01 (A10	5)				
(A2=19	19 or A21 = 00)					
A22.	I want to make sure we have your correct name and address. The records show (READ E correct?	ELOW). Is this				
	PROGRAMMER: DISPLAY NAME FROM PRELOADS					
	NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP YES					
(A22 =	= 00)					
A23.	PROGRAMMER: WAS A22 <u>NAME</u> UPDATED?					
	YES					
(A23 =	= 01)					
A24.	This name is different from the name in our records – perhaps you married or changed your confirm that you are the same {NAME} as in our records?	name. Can you				
	YES	•				
(A22 =	= 00) OR (A24 = 01)					

PROGRAMMER: CHECK: IS UPDATED STATE OUTSIDE THE UNITED STATES AND DC?

YES 01

A25.

```
(A25 = 01)
A26.
     I might have recorded your address wrong. Are you now living outside the United States?
      INTERVIEWER: IF NO (ADDRESS IS IN THE USA), GO BACK TO A22 AND CORRECT STATE.
            NO ...... 00
            REFUSED ...... r SET A106 = 05 (A106)
                  PROGRAMMER: STORE CHANGED NAME IN S8 UPDATE
NAME INSTITUTIONALIZED / HOSPITALIZED
(A1 = 07 OR 11) OR (A2 = 07 OR 11) OR (A4b = 06 OR 09) OR (A13a = 07 OR 08)
     I'm sorry to hear that. How much longer will {NAME} be staying there?
      INTERVIEWER: ENTER THE NUMBER OF DAYS, WEEKS OR MONTHS
      INTERVIEWER: (NEXT QUESTION SPECIFIES THE UNITS - DAYS, WEEKS OR MONTHS)
      INTERVIEWER: ENTER 997 IF PERMANENTLY
            DON'T KNOW ...... d (A27b)
            REFUSED ..... r (A27b)
A27aa. Units.
            DAYS...... 01
            WEEKS ...... 02
            MONTHLY...... 03
(A27a = ANSWER OR d OR r)
A27b. I understand that {NAME} is not able to be at home just now. In order to help {him/her} participate, we could
      PROBE: READ BELOW. What would work?
      INTERVIEWER: CODE ONE ONLY
            IF A27a = 01 AND DAYS LESS THAN 30 OR A27a=02
               and WEEKS LESS THAN 4 OR A27a=03
               (MONTHS) and MONTHS = 1 DISPLAY: call
               after {he/she} returns home and is feeling better .... 01 SET A100 = 01 (A100)
            ELSE DISPLAY
            If {NAME} is well enough, we can call {him/her} at the
               (IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR
               (A13a = 07) FILL institution / IF (A1 = 07 AND
               A2 = 07 AND A4b = 06) OR (A13a = 08) FILL
               {PROGRAMMER, DISPLAY 03 IF SAMPLE TYPE =
               CLUSTERED S1 = 01) We could send an
               interviewer to visit {him/her} at the {(IF A1 = 11
               AND A2 = 11 AND A4b = 09) OR (A13a = 07)
               FILL institution / (IF A1 = 07 AND A2 = 07 AND
               NAME TOO ILL / SEEK PROXY ...... 04 (A46)
            DON'T KNOW ...... d (A46)
            REFUSED ...... r SET A105 = 02 (A105)
```

(A27b = 02)A28. Please tell me the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13a = 07) FILL institution / IF (A1 = 07 AND A2 = 07 AND 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 Please tell me the telephone number with the area code first. 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)Please tell me the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13 = 07) A29. FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13 = 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 ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP Please tell me the telephone number with the area code first. TELEPHONE: | | | | | | | | | | | | | | | 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)Do you know how I can reach {NAME}? A30. YES 01 REFUSED r SET A105 = 02 (A105) (A30 = 01)A31. Please tell me {his/her} new address and phone number. 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 Please tell me the telephone number with the area code first. DON'T KNOW d REFUSEDr

(A31 = A	ANSWER OR PROGRAMI	d OR r) I ER: CHECK A31: IS STATE OUTSII	DE THE UNITED	STA	TES AND DO) ?
		YES (OUTSIDE USA) NO (INSIDE USA)				(A36)
(A32 = 0 A33.		ecorded something incorrectly. Is {NAI	ME} now living ou	tside	e the United S	States?
	INTERVIEW	ER: IF NO (ADDRESS IS INSIDE THE	E USA), GO BACI	к тс	A31 AND U	PDATE STATE.
PROGR	RAMMER AFT	ER A31 IS UPDATED, GO TO A36.				
					SET A103 =	04 (A103)
A34 IS I	DELETED	GO BACK TO A31; AFTER STAT	TE IS UPDATED (GO ⁻	ГО А36.	
A35 IS	DELETED					
A36.	PROGRAMI	IER: CHECK: DOES A31 CONTAIN	A VALID PHONE	NUI	MBER?	
						, ,
		PROGRAMMER: STORE (NAME)	CONTACT DATA	A IN	LOCATOR	
LEAD II	NFORMATIO					J
(A30 = 0)						
A37.	•	eone else who might know how to reac	ch {NAME}?			
	NO DO	J'T KNOW		00 d		03 (A102)
(A37 = 0	•					
A38.	What's that	erson's name and phone number?				
	PROBE:	f you don't have all the information, ple	ease tell me what	you	can.	
		PREFIX, FIRST, MIDDLE, LAST,	, SUFFIX			
	Please give	ne the telephone number, area code fi	rst.			
		TELEPHONE: _ - _	- _	_ _	_l	
		N'T KNOW		d r		
	PROGR	AMMER: STORE NAME AND PHON SET A101 =		I IN	LOCATOR =	LEADS;
		IF MISSING/INVALID PHONE NI	IMBER SET A10	6 – ()5 (A106)	

A-13

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 REQUEST IN PERSON (A4b = 15) OR

(A10 = 06) OR (A12 = 04) AND SAMPLE

TYPE = CLUSTERED (S1 = 01) 01 (A42)

NAME REQUEST IN PERSON (A4b = 15) OR

(A10 = 06) OR (A12 = 04) AND SAMPLE

NAME/INFORMANT REQUESTS PROXY (A10 = 05)

OR (A12 = 03) OR (A14 = 06, 08 OR d) AND

NAME REQUEST PROXY (A10 = 05) OR (A12 = 03)

OR (A14 = 06, 08, d) AND SAMPLE TYPE =

NAME REQUESTS IN PERSON INTERVIEW AND NOT IN CLUSTERED SAMPLE (S1 = 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? 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.

CONTINUE	01	(A64)
NO / SEEK PROXY	02	(A46)
DON'T KNOW	d	(A46)
REFUSED	r	SET A105 = 01 (A105)

NAME Requests proxy and not in clustered sample (S1 = 02)

(A39=04)

A41. If <u>at all possible</u>, 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 (S1 = 01)

(A14 = 05) 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 (S1 = 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 = d AND A13 = 02) FILL {NAME}} 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, the interviewer can come back at a later time to finish the interview. Will that help?

(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 (S20)

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) AND (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 UPDATE ADDRESS BLOCK

SEEKING PROXY

- (A13a = 03) OR (A14 = 09) OR (A27 = 04, OR d) OR (A40 = 02 OR d) OR (A41 = 02 OR d AND A14=8 OR d) OR (A43 = 02 OR d)
- A46. Is there someone who can answer questions about {IF (A40 = 02 OR 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 03	
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)
{NAME} HAS PHYSICAL BARRIER:	
NO PROXY 09	SET A104 = 05 (A104)
DON'T KNOW d	SET A106 = 03 (A106)
REFUSEDr	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 and phone number so we can call back and ask for that person by name?

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

PHONE NUMBER: |__|_|-|_|-|_|-|_|

Please give me the telephone number, area code first.

PROGRAMMER: STORE PROXY NAME IN UPDATE ADDRESS BLOCK. SET $\underline{A100} = 02 \ (\underline{A100})$

PROXY COMES	TO PHONE
A48. {IF (A44 Adminis conduct informat you the	A1=02 OR d) OR (A46=01 OR 02) 6 = 02) USE Hello, my name is, calling on behalf of the Social Security stration.} {NAME} has been selected to participate in an important national health study we are sing for SSA. Congress requires Social Security to conduct the National Beneficiary Survey. The tion we collect will be used to evaluate Social Security's programs for disability beneficiaries. Are person who is most knowledgeable about {NAME's} health, daily activities, any jobs {he/she} may and about any Social Security programs and services {he/she} might use?
	YES 01 (A53) WANTS MORE INFORMATION 02 NO 00 (A50) DON'T KNOW d (A50) REFUSED r SET A105 = 03 (A105)
(A48 = 02)	
A49. Social S in an im Research	Security recently sent {NAME} a letter saying that we would be calling to ask {him/her} to participate aportant national health study we are conducting for Social Security. I work for Mathematica Policy ch, a nationally recognized research firm based in Princeton, New Jersey. We are conducting a c study. We are not selling anything or asking for contributions.
PROBE	(PREPAY=1): We recently sent a letter which included a check for \$10 as a token of appreciation.
	CONTINUE
(A48 = 00 OR d) A50. Is there have?	
	YES
ANOTHER PRO	XY 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
Please	give me the telephone number, area code first.
	TELEPHONE: _ - _ - _ - _
	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)

A-17

(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. IF PREPAY=0: {In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview.}/ IF PREPAY=1: {As a token of appreciation, we recently mailed {NAME} a check for \$10. 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. INTERVIEWER INSTRUCTION (PREPAY=1): If proxy says sample member did not receive check and will not complete interview until we send check, schedule appointment. CONTINUE...... 01 CALL BACK LATER 02 PROXY WANTS LETTER 03 (A58) REFUSED r SET A105 = 03 (A105) (A53 = 01 OR 02){IF A53 = 01 USE Before we start} please tell me your name (IF A53 = 02 USE so we can call back and ask A54. for you.} PROBE: Your first name is fine. PREFIX, FIRST, MIDDLE, LAST, SUFFIX DON'T KNOW d REFUSEDr CONTINUE PROGRAMMER STORE PROXY NAME IN DATABASE (A54 = ANSWER OR r)A55. PROGRAMMER: IF CALLING FOR IDENTIFIED PROXY / PROXY AFTER REMAIL (A0 = 10 OR 11 OR 13)____, calling on behalf of the Social Security Administration. May I please A56. Hello, my name is _ speak with {PROXY NAME}? PROBE: We are not selling anything or asking for a contribution. {PROXY} MOVED 04 (A61) LANGUAGE BARRIER (NOT SPANISH)....... 06 SET A104 = 07 (A104)

PROXY	COMES TO	O PHONE
-------	----------	---------

/ A F C	0.4	\sim	001
(A56	= 01	OR	いとい

A57. {IF {PROXY} COMES TO PHONE (A56=02), USE Hello, my name is _______, calling on behalf of the Social Security Administration.} Recently, Social Security sent {IF (A0 = 10) FILL {NAME} / IF (A0 = 11) FILL you} a letter explaining that {he/she} had been selected to participate in an important survey we are conducting for them. The National Beneficiary Survey is about {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 study. 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. IF PREPAY=0: {In appreciation for your time, we will mail you a check for \$10.00 when we finish the interview."/ IF PREPAY=1: As a token of appreciation, we recently mailed {NAME} a check for \$10. Would you be able to help us?

INTERVIEWER INSTRUCTION (PREPAY =1): If proxy says sample member did not receive check and will not complete interview until we send check, schedule appointment.

CONTINUE	01	(A64)
CALL BACK LATER	02	SET A100 = 02 (A100)
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)

A58. The letter explained that {NAME} was selected from a list of all adults currently receiving Social Security benefits and that 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.

PROBE (PREPAY=1): We recently sent a letter which included a check for \$10 as a token of appreciation.

INTERVIEWER INSTRUCTION IF PREPAY=1: If sample member says he/she did not receive check and will not complete the interview until we send a check, schedule appointment to call back.

CONTINUE	01	
CALL BACK LATER	02	
WANTS LETTER SENT	03	(A59)
DON'T KNOW		
REFUSED	r	SET A105 = 03 (A105)

(A58 = 01 OR 02)

A58a. {IF (A58=01) Before we start,} Please tell me your name {IF (A58=02) so we can call back and ask for you.}

```
PREFIX, FIRST, MIDDLE, LAST, SUFFIX
REFUSED.......
I CONTINUE
```

IF A58=01 GO TO A64
IF A58=02 SET A100 = 02 (A100)
PROGRAMMER STORE PROXY NAME IN DATABASE

(A57=d) OR (A58 = 03 or d)

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, ZIP CODE

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

		DATABASE	
		SET A109 = 02 (A109)	
SEEK A	ANOTHER PR	OXY - CONTACT INFORMATION	
(A57 =	03)		
A60.	{NAME's} he	ve me the name and phone number for someone else who might be knowledgeable abore ealth, daily activities, any jobs {he/she} might have, and about any Social Security programs of/she} might use?	
		YES 01 NO 00 SET A106 = 03 (A10 DON'T KNOW REFUSED r SET A105 = 02 (A10 SET A105 = 02 (A10 SET A105	06)
(A60 =	1)		
A61.	What is that	person's name and telephone number?	
	PROBE FOR	R A60 = 01 ONLY: If you don't have all the information, please tell me what you have.	
	PRI	EFIX, FIRST, MIDDLE, LAST, SUFFIX DON'T KNOW d REFUSED r	
	Please give	me the telephone number, area code first.	
	TEI	LEPHONE NUMBER:	
		PROGRAMMER: STORE PROXY INFORMATION IN LOCATING DATABASE AND GO TO A62.	
		IF NAME AND PHONE NUMBER REFUSED SET A105 = 02 (A105)	
(A61 = A62.	ANSWER) Program i	MER: WHAT KIND OF PROXY CONTACT INFORMATION DOES A61 CONTAIN?	
		NO PHONE NUMBER	02)
763 DE	IETED		

A63 DELETED

RESPONDENT VERIFICATION

(A0 = 18) OR (A10 = 1) OR (A12 = 01) OR (A14 = 01 OR 03) OR (A40 = 01) OR (A41 = 01) OR (A55 = 01) OR (A57 = 01) OR (A58 = 01)

A64. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

INTERVIEWER: IF YOU ARE SPEAKING WITH AN INTERPRETER, CODE SPEAKING WITH {NAME}.

A65 DELETED

(A64 = ANSWER)

A66. 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 S8.

(A66 = 02)

A67. For the record, what is {your/NAME's} new name?

PROGRAMMER: IF A0 = 03 DISPLAY: CAPI **INTERVIEWER:** DO NOT READ QUESTION: RECORD NAME CHANGE AND CONTINUE.

NEW NAME

DON'T KNOW d (A72)

r IF A64 = 01 SET A105 = 01 (A105) IF A64 = 02 SET A105 = 03 (A105)

PROGRAMMER STORE NAME CHANGE IN NAME UPDATE BLOCK.

(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.

DON'T KNOW d

PROGRAMMER: CHECK AREA CODE AND RECORD STATE.

PROGRAMMER STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT STATE UPDATE BLOCK (\$20).

(A67a = ANSWER OR r)

A68. 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.

<u> </u> / MONTH (1 – 12) [A68]	DAY (1 – 31) [A68a]	 YEAR (1937 – 1986) [A68b]	
ANSWERED DON'T KNOW REFUSED		•	(A71) IF A64 = 01 SET A105 = 01 (A105) IF A64 = 02 SET A105 = 03 (A105)

(A68 = d)

A69. How old {IF (A64 = 01) FILL are you/IF (A64 = 02) FILL is {NAME}? PROBE: Your best guess is fine.

PROGRAMMER IF A0 = 03 DISPLAY: CAPI **INTERVIEWER:** DO NOT READ QUESTION, RECORD AGE AND CONTINUE

RECORD AGE:		YEARS (16 – 67)
DON'T KNOW	d	

(A69 = ANSWER OR d)

A70. PROGRAMMER CHECK S11: IS A69 AGE = +2 OR - 2 YEARS OF NAME'S AGE?

YES	01
NO	00

(A68 = ANSWER) OR (A70 = ANSWER)

A71. **PROGRAMMER** CHECK BIRTHDATE: IS MONTH, DAY, YEAR OF BIRTH AT A68 = MONTH, DAY, AND YEAR OF BIRTH ON RECORD (S11) OR IS A70 = 01?

NO MATCH	00
1 MATCHES	01
2 MATCH	02
3 MATCH	03

A65 = ANSWER) OR (A66 = 01,00, OR d AND A70 = 01) OR (A71 => 02) OR (A67 = d)

A72 **PROGRAMMER** CHECK: IS {NAME'S} IDENTITY VERIFIED (NAME VERIFIED {A66 = 01 OR 02} AND IS BIRTHDATE VERIFIED (A70 = 01) OR (A71 = 01 OR 02)?

PROGRAMMER: CALCULATE AGE AT INTERVIEW (CURRENTAGE) USING DATE OF INTERVIEW - SELF-

REPORTED DATE OF BIRTH GIVEN IN A68 (TO BE USED IN SECTION E). DO NOT $\ensuremath{\mathsf{N}}$

RE-CALCULATE UPON RE-ENTRY.

NAME/PROXY COGNITIVE TEST

(A72 = 01)

A73. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

INTERVIEWER: IF YOU ARE SPEAKING WITH AN INTERPRETER, CODE SPEAKING WITH {NAME}.

```
      NAME – CATI OR CAPI INTERVIEW
      01

      NAME, TTY INTERVIEW
      02
      SET A110 = 01 (A110)

      NAME, RELAY INTERVIEW
      03
      SET A110 = 01 (A110)

      PROXY (CATI)
      04

      PROXY (CAPI)
      05
```

(A73=01, 04 OR 05)

A74. Next, I will explain some facts about the survey. After I explain, I will ask you three questions so I can be sure my explanation was clear.

Here's the first explanation. The survey asks about {IF (A73 = 03) FILL your / IF (A73 = 04 OR 05) FILL {NAME's}} health, daily 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 RESPONDENT SAYS "DON'T KNOW" RECORD AS "LISTS NONE"

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"

(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 participation is completely voluntary, what does that mean to you?

PROBE: IF RESPONDENT SAYS: It is voluntary, PROBE: What does that mean?

INTERVIEWER: 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"

ACCURATE ANSWER	01	(A78)
INACCURATE ANSWER	02	
REFUSED	r	IF A73 = 03 SET A105 = 01 (A105) /
		IF A73 = 04 OR 05 SET A105 = 03 (A105)

(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 participation is <u>completely voluntary</u>, what does that mean to you?

PROBE: IF RESPONDENT SAYS: It is voluntary, PROBE: What does that mean?

INTERVIEWER: 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"

(A77 = 01 OR A77a = 01)

A78. Here's the last explanation. All your answers will be <u>kept confidential</u> and used <u>only</u> for the research purposes of the study. When I say that your answers will be <u>kept confidential</u>, what does that mean to you?

PROBE: IF RESPONDENT OR PROXY SAYS: It is confidential, PROBE: What does that mean?

INTERVIEWER: 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 RESPONDENT SAYS: "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

(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 <u>kept confidential</u> and used <u>only</u> for the research purposes of the study.

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

PROBE: IF RESPONDENT OR PROXY SAYS: It is confidential, PROBE: What does that mean?

INTERVIEWER: 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 RESPONDENT SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"

INACCURATE ANSWER - FAILED...... 02

r IF A73 = 03 SET A105 = 01 (A105) / IF A73 = 04 OR 05 SET A105 = 03 (A105)

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 {you/NAME}, a friend, or someone like a social worker or case worker.

YES, CALL BACK PROXY LATER...... 02

r IF A73 = 03 SET A105 = 01 (A105) / IF A73 = 04 OR 05 SET A105 = 03 (A105)

(A80 = 02)

A81. What is that person's name so that 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>

-	you have that person's name and/or telephone number? If you don't have all the information what you can.	n please tell
	YES	
(A82 = 01) A83.		
	PREFIX, FIRST, MIDDLE, LAST, SUFFIX DON'T KNOW d REFUSED r	
Plea	ease give me the telephone number, area code first.	
	TELEPHONE NUMBER:	
	PROGRAMMER: STORE 3 PROXY NAME AND PHONE NUMBER IN LOCATING	
	DATABASE. IF BOTH NAME AND PHONE NUMBER REFUSED, SET A106 = 05 (A106)	
(A83 = ANSV	·	
A84. PRC	COGRAMMER: WHAT KIND OF PROXY CONTACT INFORMATION DOES A83 CONTAIN?	
	VALID PHONE NUMBER	
CALL TO NE	EW PROXY/NEW PROXY COMES TO PHONE	
A85. {IF (Soc are any are	R (A56 = 01 OR O2) OR (A80 = 01) (A56 = 01 OR 02) OR (A80 = 01) USE Hello, my name is, calling on be call Security Administration.} Recently, Social Security contacted {NAME} about an important expectation of them. The National Beneficiary Survey is about beneficiaries' health, daily as y jobs they might have. Congress requires that Social Security conduct this study. I've been a knowledgeable about these topics and are the best person to answer the survey on behalf of the province of the provinc	nt survey we ctivities, and told that you f {NAME}.
a ch	e interview will take from 45 to 60 minutes. IF PREPAY=0: {In appreciation for your time, we check for \$10.00 when we finish the interview.}/IF PREPAY=1: {As a token of appreciation, ailed {NAME} a check for \$10. Would you be able to help us?	
	TERVIEWER INSTRUCTION (PREPAY=1): If proxy says sample member did not receive characteristic to complete interview until we send check, schedule appointment.	eck and will
	YES	
(A85=01) A85a. Befo	fore we start, please tell me your name.	
	FIRST, MIDDLE, LAST DON'T KNOW d REFUSED r	

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 explanation was clear.

Here's the first explanation. The survey asks about {NAME's} <u>health</u>, <u>daily activities</u>, and <u>any jobs {he/she}</u> <u>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"

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 health, daily activities, and any jobs {he/she} might have. Please tell me in your own words what the survey is about.

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

LISTS NONE	00	(A92)
LISTS ONLY 1 TOPIC	01	(A92)
LISTS ANY 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 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?

PROBE: IF RESPONDENT SAYS: It is voluntary, PROBE: What does that mean?

INTERVIEWER: 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 RESPONDENT SAYS "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

(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 <u>completely voluntary</u>, what does that mean to you?

PROBE: IF RESPONDENT SAYS: It is voluntary, PROBE: What does that mean?

INTERVIEWER: 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 RESPONDENT SAYS "DON'T KNOW" RECORD AS "INACCURATE ANSWER"

(A89a = 01)

A90. Here's the last explanation. All your answers will be <u>kept confidential</u> and used <u>only</u> for the research purposes of the study. When I say that your answers will be <u>kept confidential</u>, what does that mean to you?

PROBE: IF RESPONDENT SAYS: It is confidential, PROBE: What does that mean?

INTERVIEWER: 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 RESPONDENT SAYS "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

REFUSED r SET A105 = 03 (A105)

(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 <u>kept confidential</u> and used <u>only</u> for the research purposes of the study.

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

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

INTERVIEWER: 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 RESPONDENT SAYS "DON'T KNOW," RECORD AS "INACCURATE ANSWER"

INACCURATE ANSWER 02 (A92)

REFUSED r SET A105 = 03 (A105)

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) OR (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 (A18=01 or 02 or 03) 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...

{YOUR NAME}	01	A0 = 01
{PROXY NAME}	02	A0 = 10
{INTERPRETER NAME}	03	A0 = 14
{NAME} using TTY	04	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 $\{IF\ A1 = 07;\ OR\ A2 = 07;\ OR\ A4b = 07;\ A4b = 07$		
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	80	A0 = 01
IF A4a = 02 AND A6 = ANSWER {NEW INTERPRETER		
NAME}	09	A0 = 15

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

GO TO 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) OR (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...

{NAME}	01	A0 = 01
{PROXY} WHO LIVES ELSEWHERE	02	A0 = 10
LEAD	03	SET A106 = 06 (A106)

A101a. PROGRAMMER: GO TO END.

SEND TO LOCATING: NAME OR PROXY (INTERIM)

(A1 = 14) OR (A2 = 14) OR (A4b = 11) OR (A24 = 00) OR (A36 = 00) OR (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 1 TO CONTINUE

START NEXT SCREENER AT...

{NAME}: NO SUCH PERSON HERE	01	SET STATUS = 530 (END) A0 = 01
{NAME}: NEED PHONE NUMBER ONLY	02	SET STATUS = 530 (END) A0 = 01
{NAME} NEED ALL CONTACT INFORMATION	03	SET STATUS = 530 (END) A0 = 01
{NAME} FAILED VERIFICATION – FIND NAME	04	SET STATUS = 530 (END) A0 = 01
{PROXY}: NO SUCH PERSON HERE	05	SET STATUS = 380 (END) A0 = 13
{PROXY}: NEED PHONE NUMBER	06	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 = 09, 12, OR 18) OR (A2 = 09, 12, OR 18) OR (A4b = 08,10, OR 14) OR (A13a = 06, 10 OR 11) OR (A26 = 01) OR

(A33 = 01)

A103. Thank you for explaining. That's all the questions we have for you. Goodbye.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

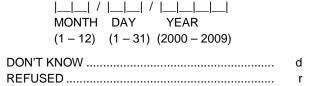
NOTE: PROGRAMMER, THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW.
THEY WILL NOT CYCLE THROUGH THE SCREENER AGAIN UNLESS
SUPERVISOR/PROGRAMMER RESETS CASE STATUS.

INTERVIEWER: PRESS ENTER TO CONTINUE

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

(A1=08) OR (A2=08) OR (A4b=07) OR (A13a=09)

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.
GO TO 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)

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	01	SET STATUS = 420 (END)
INSTITUTIONALIZED	02	SET STATUS = 420 (END)
COGNITIVE BARRIER	03	SET STATUS = 412 (END)
HEARING/SPEECH BARRIER	04	SET STATUS = 411 (END)
PHYSICAL BARRIER	05	SET STATUS = 410 (END)
UNAVAILABLE DURING FP	06	SET STATUS = 430 (END)
FINAL LANGUAGE BARRIER	07	SET STATUS = 400 (END)

REFUSALS (INTERIM / FINAL)

(IF ANY OF THE FOLLOWING QUESTIONS = r: A1, A2, A4b, A5, A8, A9, A10, A12, A13a, A14, A17, A18, A20, A21, A22, A27b, A29, A30, A37, A40, A41, A43, A44, A45, A46, A48, A49, A50, A53, A56, A57, A58, A60, A61, A66, A67, A67a, A68, A74, A76, A77, A78, A78a, A80, 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

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 (A15 = ANSWER) OR (A18 = 05 OR d) OR (A24 = r) OR (A26=r) OR (A28 = r) OR (A29 = r) OR (A47 = d OR r) OR (A50 = 2) OR (A51 = r) OR (A56 = 05 OR 08) OR (A60 = 00 OR d) OR (A80 = 04 OR d) OR (A101 = 03)

A106. Thank you for your time. Goodbye.

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

HOLD FOR CAPI (INTERIM - REQUIRES SUPERVISOR REVIEW)

(A29 = ANSWER) OR (A45 = 01,02, OR d)

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 1TO 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

REQUEST FOR LETTER (INTERIM)

(A22 = 01) OR (A25 = 00) OR (A26 = r) OR (A59 = 02)

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

INTERVIEWER: PRESS 1 TO CONTINUE

START NEXT SCREENER AT...

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?

(A110 = 00)

A110a. INTERVIEWER: WHO IS THE RESPONDENT?

 SAMPLE MEMBER
 01 (B1)

 PROXY
 02

SECTION B: DISABILITY AND CURRENT WORK STATUS

DISABILITY	STATUS
------------	--------

11	١II	
1 /	٠II	

- 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?
 - **PROBE 1:** In other words, are there things {you/NAME} can't do as much or can't do at all that people the same age can?
 - **PROBE 2:** Daily activities include cooking, shopping, getting around the home, paying bills, or working at a job.

YES	01	
NO	00	(B5)
DON'T KNOW	d	(B5)
REFUSED	r	(B5)

(B1=01)

B2. What physical or mental condition is the main reason (you are/NAME is) limited?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: By what name do doctors call {your/NAME's} health condition?

PROBE 2: What causes this condition?

<open:< th=""><th>></th><th></th><th></th></open:<>	>		
	DON'T KNOW	d	
	REFUSED	r	

(B1=01)

- B3. {Do you/Does NAME} have any other physical or mental conditions that limit the kind or amount of work or other daily activities {you/he/she} can do?
 - **PROBE 1:** In other words, are there things {you/NAME} can't do as much or can't do at all that people the same age can?
 - **PROBE 2:** Daily activities include cooking, shopping, getting around the home, paying bills, or working at a job.

YES	01	
NO	00	(B18_age)
DON'T KNOW	d	(B18_age)
REFUSED	r	(B18_age)

(B1=01 B4.	and B3=01) What are the	ose conditions?		
		ER: ENTER VERBATIM RESPONSE		
	PROBE 1:	By what name do doctors call {your/NAME's} health condition?		
	PROBE 2:	What causes this condition?		
	OF-	PEN>_		
		DON'T KNOW		
		GO TO B18_age		
(B1=00, B5.	•	IAME} currently receiving disability benefits from Social Security?		
		YES NO DON'T KNOW REFUSED	. 00 . d	. ,
(B1=00, B6.	d, r and B5=0 What physic	01) al or mental condition is the <u>main</u> reason {you are/NAME is} eligible t	for di	sability benefits?
	INTERVIEW	ER: ENTER VERBATIM RESPONSE		
	PROBE 1:	By what name do doctors call {your/NAME's} health condition?		
	PROBE 2:	What causes this condition?		
	N>	PEN>		
		DON'T KNOWREFUSED	-	
(B1=00, B7.	d, r and B5=0 {Do you/Doe disability ber	es NAME} have any other physical or mental conditions that make	ke {y	ou/him/her} eligible fo
		YES NO	. 00 . d	(B18_age)
(B1=00, B8.		01 and B7=01) use conditions?		
	INTERVIEW	ER: ENTER VERBATIM RESPONSE		
	PROBE 1:	By what name do doctors call {your/NAME's} health condition?		
	PROBE 2:	What causes this condition?		
	<oi< td=""><td>PEN></td><td></td><td></td></oi<>	PEN>		
		DON'T KNOWREFUSED	. d	
		GO TO B18_ age		

(B1=00, B9.	d, r and B5=00,d, {Have you/Has N years?		sability benefits from Socia	al Security at any	tim	e during the last five
		NO DON'T KNOW			00 d	(B11)
(B1=00, B10.	-	viewing people who	have received disability be ou. Thank you for your hel	-	ive <u>y</u>	years. I need to check
			TINUE US "SUPERVISOR REVIE"		01	
(B1=00, B11.	d, r and B5=00,d, {Do you/Does NA Security disability	ME} still have the p	physical or mental condition	ns that made {you/	/him	/her} eligible for Social
		NO DON'T KNOW			00 d	(B15)
(B1=00, B12.		r and B9=01 and B mental condition is	11=01) the <u>main</u> reason {you were,	/NAME was} eligib	le fo	r disability benefits?
	INTERVIEWER:	ENTER VERBATIN	// RESPONSE			
	PROBE 1: By w	hat name do doctor	s call {your/NAME's} health	condition?		
	PROBE 2: What	causes this conditi	on?			
	<open:< td=""><td>></td><td></td><td></td><td></td><td></td></open:<>	>				
		DON'T KNOW			d	
(B1=00, B13.			311=01) ner physical or mental cor	nditions that made	e {yc	ou/him/her} eligible for
		NO DON'T KNOW			d	(B18_age)
(B1=00, B14.	d, r and B5=00, d What are those c		311=01 and B13=01)			
	INTERVIEWER:	ENTER VERBATIN	M RESPONSE			
	PROBE 1: By w	hat name do doctor	s call {your/NAME's} health	condition?		
	PROBE 2: What	causes this conditi	on?			
	<open:< td=""><td>·</td><td></td><td></td><td></td><td></td></open:<>	·				
			GO TO B18_age			

(B1=00, B15.	What physi	=00, d, r and B9=01 and B11=00, d, r) cal or mental condition was the <u>main</u> reason {you were/NAME was} getting disability benefits from Social Security?	limit	ted when {you/he/she}
	INTERVIEV	VER: ENTER VERBATIM RESPONSE		
	PROBE 1:	By what name did doctors call {your/NAME's} health condition?		
	PROBE 2:	What caused this condition?		
	<0	PEN>		
		DON'T KNOWREFUSED		
(B1=00, B16.	Did {you/N	=00, d, r and B9=01 and B11=00, d, r) AME} have any other physical or mental conditions that limited the activities {you/he/she} could do when {you/he/she} first started getting	disal	
		YES NO DON'T KNOW REFUSED	00 d	(B18_age)
(B1=00, B17.		=00, d, r and B9=01 and B11=00, d, r and B16=01) those conditions?		
	INTERVIEV	VER: ENTER VERBATIM RESPONSE		
	PROBE 1:	By what name did doctors call {your/NAME's} health condition?		
	PROBE 2:	What caused this condition?		
	<c< td=""><td>PEN></td><td></td><td></td></c<>	PEN>		
		DON'T KNOW REFUSED		
B18_ag		{were you/was NAME} when {you/he/she} first became limited in the y activities {you/he/she} could do? Your best estimate is fine.	kind	or amount of work or
	INTERVIEV	VER: IF AGE IS NOT KNOWN, ENTER '99' TO PROBE FOR A YEAR	₹.	
	INTERVIEV	VER: IF LESS THAN ONE YEAR OR SINCE BIRTH, ENTER '0' IN A	GE.	
		(B20 IF AGE 0-64) AGE (0-64) (or '99' to probe for year) SINCE BIRTH DON'T KNOW REFUSED	d	(B20) (B19) (B19)
(B18_aç B18_yea	ar.			
	PROBE: R	EAD IF NECESSARY: In what year?		
		 YEAR (1933-2009) (B20)		
		DON'T KNOW	d r	

(B18_a B19.		18_age=99 and B18_year=d, r) AME} become limited before the age of 18 or after age 18?		
	PROBE:	Your best guess is fine.		
		LESS THAN 18	. 02 . d	
	PROGRAM	IMER: CALCULATE AGE OF ONSET BASED ON B18_AGE AND B1	8_Y	EAR:
B18_ag	ge_calc=0. E	nen B18_age_calc=B18_age. Else if B18_age=99 and B18_yr≠ d Else if B18_age=99 and B18_y≠ d or r and B18_year ≠ A68b, B18_ and B18_yr=d or r, B18_age_calc= B18_yr. Else, if B18_age=d or r,	_age_	_calc= B18yr - A68b
B20.	TRIGGER GREATER incorrect ar	F: B18_age_calc SHOULD NOT EXCEED CURRENT AGE. IF B18_EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER: AGE THAN CURRENT AGE. CHECK ENTRY. IF NECESSARY READ IN SWER. I show that {you are/NAME is} now (CURRENTAGE), and {were/(he/she) was} (B18_age_calc). Should I change {your/NAME's} to limited?	OF [D: I n you/h	DISABILITY ONSET IS must have recorded an ne/she} became limited
		CHANGE AGE WHEN FIRST BECAME LIMITED(CHANGE B18_age) SUPPRESS		
B21.		HAS {NAME} BEEN LIMITED SINCE ADULTHOOD (B18_age_alcIS > OR = 18) OR (IF B18_age_calc=D OR R and B19=02)?	calc	NE D OR R, AND
		YES		(B23_2)
(B21=0	1)			
B22.	{Were you/	Was NAME} working at a job for pay when {you/he/she} first became	imite	ed?
		YES		
		NO		
		DON'T KNOW		
		REFUSED	. r	(B23_2)
(B21=0	1 and B22=0	,		
B23.	Did the job	{you/NAME} had at that time require {you/him/her} to use a computer	?	
		YES	. 01	
		NO	. 00	
		DON'T KNOW	. d	
		REFUSED	. r	
NEW IT	ΓEM			
(ALL) B23_2.	How often of	do you (IF B23=01 {now}) use a computer to access the Internet or W	orld \	Wide Web?
		Never	01	(B24)
		Daily		,
		A few times a week		
		Once a week		
		Less than once a week		
		DON'T KNOW		(B24)
		PEFICED		(B24)

SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE PRELOADED VARIABLES: NONE

NEW IT			
-	=2, 3, 4, or 5) Have you ever used a computer to access information about your disability, servic information via the Internet?	es, d	or work-related
	YES	00 d	
CURRE	NT WORK STATUS		
(AII) B24.	These next questions are about {your/NAME's} personal goals and {your/his activities. {Are you/Is NAME} <u>currently</u> working at a job or business for pay or profit		} current work-related
	YES	00 d	(B30)
B25. ITE	EM MOVED TO FOLLOW B29_10_Other		
B26. IT	EM MOVED TO FOLLOW B25		
B27. IT	EM MOVED TO FOLLOW B26		
(B24=00 B28.	D, d, r) {Have you/Has NAME} been looking for work during the last four weeks?		
	YES NO	00 d	(B25, new position)
(B28=01 B28a.	I) Are {you/NAME} looking for part-time or full-time work?		
	FULL-TIME PART-TIME DON'T KNOW REFUSED	02 d	(B29)
(B28=01 B28b.	1 and B28a=2) About how many hours per week would {you/NAME} like to work?		
	<u> </u> (1-60) (1-168) HOURS		
	DON'T KNOW	d r	

(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/NAME}:

		YES	NO	DON'T KNOW	REFUSED
		ILS	NO	KINOW	INLI USLD
a.	Contact {your/NAME'S} 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_OTHERWISE, GO TO B29_1a.

(B28=01 and B29_h=01) B29h_Other. What was it?

INTERVIEWER: PLEASE SPECIFY

	<open></open>	·		
		DON'T KNOW		
(B28=01)				
B29_1a.	{Have/Has} {	you/NAME} received any job offers within the past four weeks?		
		YES	00 d	
(B29_1a=01)				
B29_1b.	Did {you/NAI	ME} turn any of these job offers down?		
		YES		
		NO		(B30)
		DON'T KNOW		(B25, new position)
		REFUSED	r	(B25, new position)

(B29_1a=01 and B29_1b=01)

B29_2. Now, I am going to read you a list of reasons why people sometimes do not accept a job offer. Please tell me if any of these are reasons why {you/NAME} did not accept a job that {you/he/she} {were/was} offered in the past four weeks.

		YES	NO	DON'T KNOW	REFUSED	
a.	{You/NAME} would have needed special equipment or medical devices that {you do / he does /s he does} not currently have in order to do the work	01	00	d	r	
b.	[You/NAME] did not have the personal assistance [you/he/she] needed to get ready for work each day (Example if needed: This includes things like dressing and bathing)	01	00	d	r	
C.	{You/NAME} could not get the help that {you/he/she] needed caring for children or others	01	00	d	r	
d.	{You/NAME} did not have reliable transportation to and from the job	01	00	d	r	
e.	The job did not offer a flexible enough schedule	01	00	d	r	
f.	The job did not offer a flexible enough schedule	01	00	d	r	
g.	The job did not offer health insurance benefits	01	00	d	r	
h.	{You/NAME} would have lost benefits (you need / he needs / she needs) like Social Security, disability insurance, workers' compensation, or Medicaid, if [you/he/she] accepted the job	01	00	d	r	
i.	Is there anything else that I did not mention that made {you/NAME} turn down a recent job offer	01	00	d	r	
	(B29_2_i=01) B29_2_i_Oth. What other reasons?					
	<open></open>					
	DON'T KNOWREFUSED			-		
. —	and B29_1b=01) K.CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?					
	YES				HECK)	
(B29_1a=01 and B29_1b=01 AND RTYPE=01) B29_3CHECK: IS PAY A REASON RESPONDENT DID NOT ACCEPT JOB (B29_2f=01)?						
	YES					

(B29_2f=01 AND RTYPE=01)

	e of the reasons you did not accept a job yet wage or salary you would have accepte		ed was because it did not pay enough
INTERVIEWER:	Read only if necessary, otherwise code:		
	\$, _ .	_l	
	DON'T KNOW		•
B29_3ahop.	Is this:		
	HOURLY	(1-41,666)	(B29_4a) (B29_4a) (B29_4a) (B29_4a)
	DON'T KNOW		
	RTYPE=01) b offer that matched your current needs a o accept for such a job?	and abilities, w	hat is the lowest wage or salary you
INTERVIEWER:	If they hesitate or seem to be having different	iculty, add: If y	ou have no idea, just say so.
INTERVIEWER:	Read only if necessary, otherwise code:		
	\$ _ , . _ . _	_	
	DON'T KNOW	\ I	D B29_5CHECK) D B29_5CHECK)
B29_3bhop	Is this:		
	HOURLY	(1-300) (1-1,922) (1-9,615) (1-20,833) (1-20,833) (1-41,666) (1-500,000)	(B29_4a) (B29_4a) (B29_4a) (B29_4a) (B29_4a)
	DON'T KNOW	, –	,
PROGRAMMER NOTE: F	FOLLOWING SOFT CHECK IF B29_3aho	op or B29_3bh	op OUT OF RANGE
you wou	:: "Let me make sure I did not make a muld have accepted for this job is [insembp)). Is this correct?"	•	9
	CHANGE LOWEST WAGE OR SALARY		OR B29_3b)
	CHANGE PAY PERIOD		

(B29_3aho) B29_4a.		5, 06, d or r) or (B29_3bhop=02, 03, 04, 05, 06, d, or r) ours per week would you expect to work for this amount of pay?		
_	,	_ (Skip to B29_5CHECK) HOURS (1-99)		
		DON'T KNOWREFUSED		
(B29_4a=d B29_4b.	•	pect to work full-time or part-time?		
		FULL-TIME PART-TIME DON'T KNOW REFUSED	02 d	
-	1 and B29_1b= CK. IS LOSIN	=01) G BENEFITS REASON DID NOT ACCEPT JOB (B29_h=1)?		
		YES		
	example, son disability serv	There are many ways people find out about how working will ne people call the Social Security office, some search the In rice organizations. Did {you/NAME} contact anyone or do any your/his/her] benefits would be affected if {you/he/she} went to we have a search the In rice organizations. Did {you/NAME} contact anyone or do any your/his/her] benefits would be affected if {you/he/she} went to we have a search the In rice organizations. Don't KNOW.	of the ork? 01 00	et, and others contact nese things in order to
(B29_2 h=1	١	REFUSED		
•		ere/was} {you/NAME} most worried about losing?		
IN [.]	TERVIEWER:	MARK ALL THAT APPLY		
		PRIVATE DISABILITY INSURANCE	02 03	
		MEDICAIDSSA DISABILITY BENEFITSPUBLIC ASSISTANCE OR WELFARE	05 06	
		FOOD STAMPS	09 10	
		OTHER STATE DISABILITY BENEFITSOTHER GOVERNMENT PROGRAMS		

OTHER...... 13

(B29_6= B29_6_0		: What other benefits?				
		<open></open>				
		DON'T KNOWREFUSED			d r	
		GO TO B30				
(B29_1a	,					
В29_7.	if an	, I am going to read you a list of reasons why people are someting of these are reasons why {you/NAME} {have/has} not found for {you/him/her}.			-	
			YES	NO	DON'T KNOW	REFUSED
	a.	{You/NAME} would need special equipment or medical devices to work which {you do /he does /she does} not currently have	01	00	d	r
	b.	[You/NAME] [do/does] not have the personal assistance [you/he/she] [need/needs] to get ready for work each day (Example if needed: This includes things like dressing and bathing)	01	00	d	r
	C.	{You/NAME} cannot get the help that {you need/ he needs/ she needs] caring for children or others	01	00	d	r
	d.	{You/NAME] [do/does] not have reliable transportation to and from work	01	00	d	r
	e.	The jobs that are available do not offer a flexible enough schedule.	01	00	d	r
	f.	{You/NAME} cannot find a job {you are/he is/she is} qualified for.	01	00	d	r
	g.	The jobs that are available do not pay enough	01	00	d	r
	h.	Employers will not give {you/NAME} a chance to show that {you/he/she} can work.	01	00	d	r
	i.	The jobs that are available do not offer health insurance benefits.	01	00	d	r
	j.	{You/NAME} would lose benefits (you need / he needs / she needs) like Social Security, disability insurance, workers' compensation, or Medicaid if {you/he/she} took a job	01	00	d	r
	k.	Is there anything else that I <u>did not</u> mention that <u>is a reason</u> <u>why (you/Name) (have/has) not been able to find a job?</u>	01	00	d	r
(B29_7_ B29_7_I) a. What other reasons?				
		<open></open>				
		DON'T KNOW REFUSED			d r	

(B29_1a=(B29_7CH	,	CHECK:	IS {NAME} A PROXY R	ESPONDENT (R	TYPE=2)?			
			YES					(B29_9CHECK)
(B29_1a=0 B29_8CH			=01) A REASON RESPONDE YES NO				01	
(B29_7g=′ B29_8a.	You sa enoug	aid that o	01) ne of the reasons you ard is the lowest wage or sal		-			
	INTER	RVIEWER	Read only if necessar	y, otherwise code	e:			
			\$ _ ,	-	_l			
			DON'T KNOW					
	B29	_8ahop.	Is this:					
			HOURLY DAILY WEEKLY BI-WEEKLY TWICE A MONTH MONTHLY ANNUALLY	03 (1-1,923) 04 (1-4,166)	(1-1,922) (1-9,615) (1-20,833) (1-20,833) (1-41,666)	(B29_ (B29_ (B29_ (B29_ (B29_ (B29_ (B29_	8c) 8c) 8c) 8c) 8c)	IECK)
			DON'T KNOW					(B29_8c) (B29_8c)
	If you	did get a	RTYPE=01) job offer that matched you illing to accept for such a		and abilities, who	at is th	e lo	west wage or salary
	INTER	VIEWER	: IF R HESITATES OR say so.	SEEMS TO BE	HAVING DIFFIC	ULTY	: If	you have no idea, just
			IF R SAYS HAS NO I	NTEREST IN WO	ORKING, CODE	AS DC	N'T	KNOW.
	INTER	VIEWER	: Read only if necessar	y, otherwise cod	e:			
			\$ _ ,	_ - _	_			
			DON'T KNOW REFUSED					
	B29	_8bhop.	Is this:					
			HOURLY DAILY WEEKLY BI-WEEKLY TWICE A MONTH MONTHLY ANNUALLY DON'T KNOW	01 (1-25) 02 (1-384) 03 (1-1,923) 04 (1-4,166) 05 (1-4,166) 06 (1-8,333) 07 (1-100,000)	(1-1,922) ((1-9,615) ((1-20,833) ((1-20,833) ((1-41,666) ((1-500,000)	B29_9 B29_8 B29_8 B29_8 B29_8 B29_8	3c) 3c) 3c) 3c) 3c)	
			REFUSED				r	(B29_8c)

PROGRAMMER NOTE: F	OLLOWING SOFT CHECK IF B29_8ahop or B29_8bhop) OUT	OF I	RANGE
WO	et me make sure I did not make a mistake. You just indicated thould have accepted for this job is [insert ((B29_8a and B29_89_8hop)). Is this correct?"		• • • • • • • • • • • • • • • • • • • •
	CHANGE LOWEST WAGE OR SALARY	01	•
	CHANGE PAY PERIOD	02	OR B29_8b) (CHANGE B29_8ahop OR B29_8bhop)
	SUPPRESS	03	
· · · · · · · · · · · · · · · · · · ·	5, 06, d, or r) or (B28_8bhop=02, 03, 04, 05, 06, d, or r) per week would you expect to work for this amount of pay?		
	(Skip TO B29_9CHECK) HOURS (1-99)		
	DON'T KNOW		
(B29_8c=d or r) B29_8d. Would you expect	to work full-time or part-time?		
	FULL-TIME PART-TIME DON'T KNOW REFUSED	02	
(B29_1a=00) B29_9CHECK. IS LOSIN	NG BENEFITS REASON DID NOT ACCEPT JOB (B29_7=j)?		
	YESNO		•
would lose benefit compensation, or working will affect Internet, and othe done any of these to work?	of the reasons {you/NAME} {have/has} not been able to find a journ set (you need / he needs / she needs) such as Social Security, dis Medicaid if {you/he/she} did get a job. There are many ways their benefits. For example, some people call the Social Security secontact disability service organizations. {Have/Has} {you/NAthings in order to find out how {your/his/her} benefits will be affected.	sabil peopity o AME	ity insurance, workers' ple find out about how iffice, some search the contacted anyone or
	NO	00	

DON'T KNOW d
REFUSED r

SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE PRELOADED VARIABLES: NONE

(B29_7=j)	
B29_10. What benefits {are/is} {you/NAME} most worried about losing?	
INTERVIEWER: MARK ALL THAT APPLY	
PRIVATE DISABILITY INSURANCE 0	01
WORKERS' COMPENSATION)2
VETERANS' BENEFITS0	03
MEDICARE0)4
MEDICAID)5
SSA DISABILITY BENEFITS 0	06
PUBLIC ASSISTANCE OR WELFARE 0)7
FOOD STAMPS 0	08
PERSONAL ASSISTANCE SERVICES (PAS) 0	9
UNEMPLOYMENT BENEFITS 1	10
OTHER STATE DISABILITY BENEFITS 1	11
OTHER GOVERNMENT PROGRAMS 1:	12
OTHER	13
(B29_10=13) B29_10_Other: What other benefits?	
<open></open>	
DON'T KNOWd REFUSEDr	
GO TO B30	

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)

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 need to read the entire list even though some of the reasons may not apply to {you/NAME}. If a reason does not apply to {you/NAME}, please just say so.

INTERVIEWER: IF RESPONDENTS SAYS 'DOES NOT APPLY' CODE AS 'NO'.

		YES	NO	DON'T KNOW	REFUSED
a.	A physical or mental condition prevents {you/NAME} from working	01	00	d	r
b.	{You/NAME} cannot find a job that {you are/ he is /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 children or others	01	00	d	r
e.	ITEM DELETED	01	00	d	r
f.	{You/NAME} cannot find a job {you want / he wants / 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 (you need / he needs / she needs) like Social Security, disability insurance, workers' compensation, or Medicaid	01	00	d	r
j.	{Your/NAME's} previous attempts to work have been discouraging	01	00	d	r
k.	ITEM DELETED	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	01	00	d	r
n.	{You/NAME} does not have the special equipment or medical devices that {you/he/she} would need in order to work	01	00	d	r
0.	You/NAME} cannot get the personal assistance [you need / he needs / she needs] in order to get ready for work each day (Example if needed: This includes things like dressing and bathing).	01	00	d	r

(B28=0 B26.		_1a=d or r) OR (B29_1b=d or r) er reasons why {you are/NAME is} not working that I did not mer	ntion	?
		YES NO DON'T KNOW	00 d	(B29_11CHECK)
		REFUSED	r	(B29_11CHECK)
(B26=0 B27.	1) What are they?			
	INTERVIEWER:	ENTER VERBATIM RESPONSE		
	<open></open>	<u>, </u>		
		DON'T KNOW		
-	•	_1a=d or r) OR (B29_1b=d or r) IG BENEFITS REASON DID NOT ACCEPT JOB (B25i=01)?		
		YES		
(If B25i:	=01)			
	insurance, work will affect their Internet, and ot	to lose benefits (you need / he needs / she needs) such as ters' compensation, or Medicaid. There are many ways people benefits. For example, some people call the Social Securit hers contact disability service organizations. Did {you/NAME} corder to find out how {your/his/her} benefits would be affected if	find y of onta	out about how working fice, some search the ct anyone or do any of
		YES	01	
		NO		
		DON'T KNOW		
(If B25i: B29_11	,	were/was} {you/NAME} most worried about losing?		
	INTERVIEWER	: MARK ALL THAT APPLY.		
		PRIVATE DISABILITY INSURANCE	01	
		WORKERS' COMPENSATION	02	
		VETERANS' BENEFITS		
		MEDICARE		
		MEDICAID		
		SSA DISABILITY BENEFITS		
		PUBLIC ASSISTANCE OR WELFARE		
		PERSONAL ASSISTANCE SERVICES (PAS)		
		UNEMPLOYMENT BENEFITS		
		OTHER STATE DISABILITY BENEFITS		
		OTHER GOVERNMENT PROGRAMS		
		OTHER		
(B29_1 B29_11	1b=13) b_Other: What oth	er benefits?		
		·		
	1011			
		DON'T KNOW		

	(B29_1a=d or r) OR (B29_1 ECK: IS {NAME} A PROXY	•	YPE=2)?		
	YES NO			* *	
B29_8CHECK: DID R	(B29_1a= d or r) OR (B29_ RESPONDENT GIVE CONE d, B25_f, B25_g, B25_h, B YES	DITION AS ONLY RE 25_i, B25_j, B25_l, E	EASON NOT W(325_m, B25_n, E	325_o=00, d, OR r)? 01 (B30)	
((B25_a=01 and (B25 AND (RTYP	5_b, B25_c, B25_d, B25_f,			, B25_m, B25_n, or B25_o=	01))
	get a job offer that matched be willing to accept for suc	-	s and abilities, w	hat is the lowest wage or sa	ılary
INTERVIE				ULTY: If you have no idea, CODE AS DON'T KNOW.	just
INTERVIE	WER: Read only if necess	sary, otherwise code	:		
	\$ _ ,				
	DON'T KNOW REFUSED			, ,	
B29_12aho	pp. Is this:				
		06 (1-8,333) 07 (1-100,000)	(1-1,922) (1-9,615) (1-20,833) (1-20,833) (1-41,666) (1-500,000)	(B29_12b) (B29_12b) (B29_12b) (B29_12b) (B29_12b)	
PROGRAMMER NOT	re: Following Soft C	HECK IF B29_12aho	op OUT OF RAN	IGE	
	t edit: "Let me make sure would have accepted for the			ndicated that the wage or sa 12ahop). Is this correct?"	lary
		DD		01 (CHANGE B29_1: 02 (CHANGE B29_1: 03	•
(B29_12ahop=02, 03 B29_12b. How mar	, 04, 05, 06, d, or r) ny hours per week would yo	u expect to work for	this amount of p	pay?	
	 HO (1-9 DON'T KNOW REFUSED	······		(= /	

SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE PRELOADED VARIABLES: NONE

	2b=d or r)			
B29_12	2c. Would you	expect to work full-time or part-time?		
		FULL-TIME	01	
		PART-TIME	02	
		DON'T KNOW	d	
		REFUSED	r	
(All)				
B30.	Did {you/NAMI	E} work at a job or business for pay or profit anytime in 2009?		
		YES	-	
		NO		
		DON'T KNOW		
PROGE	RAMMER NOTE	REFUSED: : If B24=1 or B30=1, go to B33. Else, go to B30_b.	r	
NEW IT	ГЕМ			
(B24-0	, d, r and B30=0	d r)		
-		s NAME} worked for pay since {you/NAME} started receiving d	isability benefits?	
		YES	01 (B37)	
		NO		
		DON'T KNOW	d	
		REFUSED	r	
(AII)				
B33.	CHECK: WAS	S {NAME} WORKING WHEN LIMITATION BEGAN (B22=01)?		
		YES	01 (B37)	
		NO	00	
(B33=0	0)			
B34	•	IAME} CURRENTLY WORKING (B24=01)?		
		YES	01 (B37)	
		NO		
		110		
(B33=0 B35.	0 and B34=00) CHECK: DID {	NAME} WORK IN 2009 (B30=01)?		
		YES	01 (B37)	
		NO	` '	
(B30h_	0 d or r) or (B3:	3=00 and B34=00 and B35=00)		
(B36) B36.		s NAME} ever worked for pay?		
		YES	01	
		NO		
		DON'T KNOW		
		REFUSED		
/ A II\				
(AII) B37.	Do {your/NAM skills?	E's} personal goals include {(IF B36=00) getting a job,} moving	g up in a job or lea	arning new job
		YES	01	
		NO	-	
		DON'T KNOW	d	
		REFUSED	r	

SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE PRELOADED VARIABLES: NONE

(AII) B37a.	Do {your/NAME's	s} personal goals include someday working and earning enough t	o sto	op receiving Social
	Security disability	benefits?		
		YES	01	
		NO	00	
		DON'T KNOW		
		REFUSED	r	
(AII) B38.	{Do you/Does NA	AME} ever discuss work and career goals with family, friends, or a	anyo	ne else?
		YES	01	
		NO	00	(B47)
		DON'T KNOW	d	(B47)
		REFUSED	r	(B47)
(B38=01	1)			
B39.	•	s NAME} discuss {your/his/her} work goals with the most?		
	INTERVIEWER:	MARK ONLY ONE.		
		PARENT/GUARDIAN	01	(B40)
		SPOUSE/PARTNER	02	(B40)
		FRIEND		• •
		JOB COACH		• •
		EMPLOYER/SUPERVISOR		· ·
		OTHER RELATIVE		
		CASEWORKER/COUNSELOR/PROGRAM STAFF		, ,
		MEDICAL PROVIDER		(B40)
		OTHER NON-RELATIVE		
		OTHER		(D.47)
		DON'T KNOW		(B47)
-	1 and B39=09)	KEFUSED	r	(B47)
B39_oth				
	INTERVIEWER:	PLEASE SPECIFY		
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW		
		REFUSED	r	
(B38=01	1 and B39=01-09)			
B40.	agree, agree,	ow much you agree or disagree with the following statement. V disagree, or strongly disagree? {Your/NAME's} {RESPON ersonal goals should include working at a job, moving up in a job,	ISE	FROM B39} thinks
		STRONGLY AGREE	01	
		AGREE	-	
		DISAGREE		
		STRONGLY DISAGREE		
		DON'T KNOW		
		REFUSED	r	

(B38=01 B41.	and B39=01-09) {Do you/Does NAME} discuss {your/his/her} work goals with anyone else?		
	YES NO DON'T KNOW REFUSED	00 d	(B47)
(B38=01 B42.	and B39=01-09 and B41=01) Who else {do you/does NAME} discuss {your/his/her} work goals with?		
	INTERVIEWER: MARK ONLY ONE.		
-	PARENT/GUARDIAN	02 03 04 05 06 07 08 10 09 d	(B43) (B43) (B43) (B43) (B3) (B43) (B43) (B47)
B42_oth	. Who was it? INTERVIEWER: PLEASE SPECIFY		
	<pre><open></open></pre>		
	DON'T KNOW	d	
(B38=01 B43.	and B39=01-09 and B41=01 and B42=01-09) Please tell me how much you agree or disagree with the following statement. Wagree, agree, disagree, or strongly disagree? {Your/NAME's} {RESPON {your/NAME's} personal goals should include working at a job, moving up in a job, STRONGLY AGREE	SE or le	FROM B42} thinks
	AGREE	02 03 04 d	
(B38=01 B44.	and B39=01-09 and B41=01 and B42=01-09) {Do you/Does NAME} discuss {your/his/her} work goals with anyone else?		
	YES NO DON'T KNOW	00 d	(B47) (B47) (B47)

(B38=0° B45.		and B41=01 and B42=01-09 and B44=01) I/does NAME} discuss {your/his/her} work goals with?		
	INTERVIEWER:	MARK ONLY ONE.		
		PARENT/GUARDIAN SPOUSE/PARTNER FRIEND JOB COACH	02 03 04 05 06 07 08 10 09 d	(B46) (B46) (B46) (B46) (B46) (B46) (B46)
•	n. Who was it?	and B41=01 and B42=01-09 and B44=01 and B45=09) R: PLEASE SPECIFY	•	(= ,
		DON'T KNOW		
(B38=0 [°] B46.	Please tell me ho agree, agree, disa	and B41=01 and B42=01-09 and B44=01 and B45=01-09) by much you agree or disagree with the following statement. We agree, or strongly disagree? {Your/NAME's} {RESPONSE FROM tould include working at a job, moving up in a job, or learning new STRONGLY AGREE	01 02 03 04 d	thinks {your/NAME's

(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>	<u>DISAGREE</u>	<u>DISAGREE</u>	<u>KNOW</u>	<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
	•	K B47b IF B47a=01,02, HERWISE GO TO B47c)						
	b.	You see {yourself/NAME} working and earning enough to stop receiving disability benefits in the next year.	01	02	03	04	d	r
	C.	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
	•	K B47d IF B47c=01,02, HERWISE GO TO B48)						
	d.	You see {yourself/NAME} working and earning enough to stop receiving disability benefits in the next <u>five</u> years	01	02	03	04	d	r
(All) B48.	СН	ECK: IS {NAME} CURRENTLY WORK	ING (B24 = 01)?				
		YES				` '		
(B48=00	D)							
B49.		ECK: WAS {NAME} WORKING IN 2009	(B30 = 01)?					
		YES				, ,		

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH

YEAR (A04_d) PRELOADED VARIABLES: NONE

SECTION C: CURRENT EMPLOYMENT

(All)		
C1.		going to ask some questions about the jobs {you/NAME} currently {have/has}. When answering tions, please include both part-time and full-time jobs, but only include jobs {you hold/NAME ay or profit.
	How many	jobs {do you/does NAME} currently have?
		_ NUMBER OF JOBS (1-5) (1-15)
		DON'T KNOW d REFUSED r
PROGR	AMMER: C	2 THROUGH C14 ASKED FOR ALL JOBS WHEN C1>01
(AII) C2.	PROGRAM	IMER: IF MORE THAN ONE JOB (C1>01) AND FIRST JOB:
	Let us star hours.	t with {your/NAME's} main job - that is, the job at which {you work/(he/she) works} the most
	What kind o	of work {do you/does NAME} do, that is, what is {your/NAME's} occupation?
	PROGRAM	IMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:
	Now I would	d like to ask about {your/NAME'S} {second/third/fourth} job.
	What kind o	of work {do you/does NAME} do, that is, what is {your/NAME's} occupation?
	ELSE (C1=	01):
	What kind o	of work {do you/does NAME} do, that is, what is {your/NAME's} occupation?
	INTERVIEV	VER: ENTER VERBATIM RESPONSE
	PROBE 1:	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 2:	What are {your/NAME'S} main activities or duties? What else {do you/does NAME} do? What else? {Do you /Does NAME} supervise anyone?
	<c< td=""><td>PEN></td></c<>	PEN>
		DON'T KNOW d REFUSED r

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

(All) C3.	What kind o	of business is this?	
00.		WER: ENTER VERBATIM RESPONSE	
		For what type of organization or industry do you work? For exampl center, educational facility, food services.	e: accounting firm, daycare
	PROBE 2:	What do they make, sell, or do where {you work/NAME works}?	
	PROBE 3:	Is this mainly manufacturing (making a product), wholesale trade (s or retail trade (selling to customers) or something else?	elling to other businesses),
	<c< td=""><td>DPEN></td><td></td></c<>	DPEN>	
		DON'T KNOWREFUSED	-
(All) C4mth.	In what mor	nth and year did {you/NAME} start working there?	
	INTERVIEV	WER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN	
	PROBE: Y	our best estimate is fine.	
		(1-12) MO	
		DON'T KNOW REFUSED	
(AII) C4yr.	PROBE 1:	In what month and year did {you/NAME} start working there?	
	INTERVIEV	NER: ENTER YEAR	
	PROBE 2:	Your best estimate is fine.	
		(1981-2010) YEAR (1951-2010)	
		DON'T KNOWREFUSED	
(All)			
C5.	OR EQUAINTERVIEV in (A04_d) at this job v	T: YEAR {NAME} STARTED WORKING AT THIS JOB (C4yr) SHO LL TO YEAR OF BIRTH (A04_d) PLUS 14 YEARS. IF RESIDER READ: I must have recorded an incorrect answer. I show that { and {you/NAME} started working at this job in (C4yr), which means { when {you were/he was/she was} (PROGRAMMER CALCULATE AND by years old. Is that correct?	SPONDENT FAILS EDIT, you were/NAME was} born you/NAME} started working
		YES NO SUPPRESS	02 (CHANGE C4YR)

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH

. = (/	
PRELOADED VARIABLES:	NONE

(AII) C5A.		-	hat they should report a change in work status al Security know that {you were/ (he/she) was}		•
		NO DON'T KNOW		00 d	, ,
(C5a=0 ⁻ C5B.	•	{you/NAME} starte	ed this job did {you/NAME} tell Social Securit	y {y	ou were/(he/she) was}
	PROBE: Your be	est estimate is fine			
	INTERVIEWER:	IF R TOLD SSA E	BEFORE STARTED WORKING, CODE AS 1 V	VEE	K.
		MONTHS DON'T KNOW		02 d	(C5BMonth) (C6)
`	1 and C5b=01) EK. INTERVIEW	ER: ENTER NUM	MBER OF <u>WEEKS</u>		
			WEEKS (1-52)		
					(C6) (C6)
	1 and C5b=02) nth. INTERVIEW	ER: ENTER NUM	IBER OF <u>MONTHS</u>		
			WEEKS/MONTHS (1-12)		
					(C6) (C6)
(AII)					
C6.	-	E} self-employed a	•		
	PROBE: Self-er		at you work for yourself/ or own your own busir		
		NO		00	
				d r	

PREL	.OA	DED '	VARI	ABLES	: NONE

(All)			
C7.	of a shelte	a number of special work programs available to people with disabilities. Is {your/NAME's} job red workshop program, transitional employment program, the Business Enterprise Program r a supported employment program?	-
	PROBE:	A <u>sheltered workshop</u> is a program that provides employment with subsidized wages (or spewages that would not be available in a regular job) for people with disabilities. A <u>transition employment program</u> allows workers with disabilities to work at reduced levels while they expect into the workplace.	onal
		The <u>Business Enterprise Program for the blind</u> offers legally blind persons the opportunit own their own businesses. <u>Supported employment programs</u> provide job coaches or con-the-job supports to help individuals with disabilities get and keep jobs.	-
		YES	
(AII) C8.	How many	hours per week {do you/does NAME} usually work at this job?	
	PROBE: In	nclude overtime if {you/he/she} usually {work/works} overtime.	
		DON'T KNOW d REFUSED r	
(AII) C9.	How many holidays?	weeks per year {do you/does NAME} usually work at this job, including paid vacation	and
	PROBE 1:	There are 52 weeks in a year.	
	PROBE 2:	Please include time off for vacation and holidays if {you are/NAME is} paid for that time.	
	PROBE 3:	If {you have/NAME has} worked less than a year, please answer for the number of we {you expect/NAME expects} to work.	eks
		WEEKS PER YEAR (1-52)	
		DON'T KNOW d	

REFUSED.....r

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01) VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH YEAR (A04 d) PRELOADED VARIABLES: NONE (All) 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. {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 DON'T KNOW d (C12amt) REFUSEDr (C12amt) (C10=01)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?

C11.

INTERVIEWER: IF ENTERING AN AMOUNT WITH CENTS, PLEASE ENTER DECIMAL POINT

\$ | | | | | | PER HOUR (1 – 25.00) (1 - 300.00) DON'T KNOW d REFUSEDr

GO TO C15

(C10=00, d, or r)

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 NEXT SCREEN

\$ | | | | 1 | | | 00 DON'T KNOWd REFUSED.....r

YEAR (A04_d)	EEDED FROM OTHER SECTIONS: CURRENTLY WORKING (VARIABLES: NONE	B24), WOR	KED IN 2009 (B	30), RTYPE, BIRTH
(C10=00, d, or	rr)			
C12hop. INT	TERVIEWER: ENTER HOW OFTEN PAID			
	DAILY	•	(1-384)	(1-1,922)
	WEEKLY BI-WEEKLY	_	(1-1,923) (1-4,166)	(1-9,615) (1-20,833)
	TWICE A MONTH	04	(1-4,166)	(1-20,833)
	MONTHLYANNUALLY		(1-8,333) (1-100,000)	(1-41,666) (1-500,000)
	DON'T KNOW		(1-100,000)	(1-300,000)
	REFUSED	r		
PROGRAMME	ER: CALCULATE MONTHLY PRE-TAX PAY BASED ON	I C12AMT	AND C12HOP	FOR EACH JOB:
If C10=1, and C	C11and C8≠d or r, C_JobMnthPay(1)=c11*c8*4.35.			
If C10=1 and C	C8 or C11=d, C_JobMnthPay(1)=d.			
If C10=1 and C	C8 or C11=r and neither are d, C_JobMnthPay(1)=r.			
If C10=0, d, or	r r and C12amt or C12hop=d, C_JobMnthPay(1)=d.			
If C10=0, d, or	r r and C12amt or C12hop=r, and neither are d, C_JobMn	thPay(1)=r		
If C10=0, d, or	r r and c12hop=1, C_JobMnthPay(1)=c12amt*21.74.			
If C10=0, d, or	r r and c12hop=2, C_JobMnthPay(1)=c12amt*4.35.			
If C10=0, d, or	r r and c12hop=3, C_JobMnthPay(1)=c12amt*2.17.			
If C10=0, d, or	r r and c12hop=4, C_JobMnthPay(1)=c12amt*2.			
If C10=0, d, or	r r and c12hop=5, C_JobMnthPay(1)=c12amt.			
If C10=0, d, or	r r and c12hop=6, C_JobMnthPay(1)=c12amt/12.			
(C10=00, d, or C13amt. For th	rr) his job, about how much is left as take-home pay after tax	es and oth	er deductions?)
PROE	BE: Is that amount paid daily, weekly, bi-weekly, twice	a month, r	monthly, or ann	nually?
INTER	ERVIEWER: ROUND TO NEAREST DOLLAR AND ENTE	R HOW C	FTEN PAID O	N NEXT SCREEN
	\$ <u> . . . 00</u>			
	DON'T KNOW REFUSED			
(C10=00, d, or C13hop. INTER	orr) Erviewer: Enter how often paid			
	DAILY		(1-346)	(1-1,730)
	WEEKLY	02	(1-1,730)	(1-8,653)

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

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)

VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH

YEAR (A04_d)

PRELOADED VARIABLES: NONE

PROGRAMMER: CALCULATE MONTHLY TAKE HOME PAY FOR EACH JOB BASED ON C13AMT AND C13HOP:

If C10=1 and C11 and C8≠d or r, C JobMnthPayTH(1)=c11*c8*4.35.

If C10=1 and C8_1 or C11=d, C_JobMnthPayTH(1)=d.

If C10=1 and C8_1 or C11=r and neither are d, C_JobMnthPayTH(1)=r.

If C10=0, d, or r and C13amt or C13hop=d, C_JobMnthPayTH(1)=d.

If C10=0, d, or r and C13amt or C13hop=r, and neither are d, C_JobMnthPayTH(1)=r.

If C10=0, d, or r and c13hop=1, C JobMnthPayTH(1)=c13amt*21.74.

If C10=0, d, or r and c13hop=2, C_JobMnthPayTH(1) =c13amt*4.35.

If C10=0, d, or r and c13hop=3, C_JobMnthPayTH(1)=c13amt*2.17.

If C10=0, d, or r and c13hop=4, C_JobMnthPayTH(1)=c13amt*2.

If C10=0, d, or r and c13hop=5, C_JobMnthPayTH(1)=c13amt.

If C10=0, d, or r and c13hop=6, C_JobMnthPayTH(1)=c13amt/12.

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

C14. SOFT EDIT: AMOUNT OF TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO PRE-TAX PAY. IF AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY (C_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF CALCULATED MONTHLY PRE-TAX PAY (C_JobMnthPay(1)) NE D OR R, AND C_JobMnthPayTH(1) > C_JobMnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CALCULATED PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you are/NAME is} paid (C12amt) per (C12hop) before taxes and other deductions which would be about (C_JobMnthPay(1) per month and that (C13amt) per (C13hop), or about (C_JobMnthPayTH(1) per month, is left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay is more than your pre-tax pay. 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?

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

C14a. SOFT EDIT: DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF TAKE MONTHLY HOME PAY (C_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C_JobMnthPay(1)) NE D OR R, AND (C_JobMnthPay(1) - C_JobMnthPayTH(1) / C_JobMnthPayTH(1) > .30, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you are/NAME is} paid (C12amt) per (C12hop) before taxes and other deductions which would be about (C_JobMnthPay(1) per month and that (C13amt) per (C13hop), or about (C_JobMnthPayTH(1) per month is left as take-home pay after taxes and other deductions. Is this correct or 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?

	amount {	you are	NAME is) paid before taxes and other deductions or the amount and other deductions?		•
			CHANGE AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS CHANGE AMOUNT OF TAKE-HOME PAY SUPPRESS	02	
PROGR	AMMER:	SECTION SECTION OF C_Curl	JLATE TOTAL MONTHLY PAY FROM ALL JOBS COMBINED (TON K): JOHNAME OF C_JobMnthPay(2) or C_JobMnthPay(3) (for all jobMnthPay=d. JOHNAME OF C_JobMnthPay(2) or C_JobMnthPay(3) (for all jobMnthPay=r. Else, C_CurMnthPay=Sum of (C_JobMnthPay(1) AND MnthPay(3), etc. (for all jobs listed)).	obs I obs I	isted)=d, isted)=r, and none=d,
AII) C15.	CHECK:	IS {NAM	ME} SELF EMPLOYED (C6=01)?		
			YESNO		(C17)
C15=00	,	u/Has N	AME} received any promotions at this job during the past 12 mor	nths?	•
			YES	00 d	
AII) C17.	CHECK:	IS {NAN	ME} A PROXY RESPONDENT (RTYPE=2)?		
			YES		(C19)
C17=00))				
C18.	Taking al	ll things i	into account, how satisfied are you with your {main/current} job?	Wo	uld you say:
	PROGRA	AMMER:	USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."		
			VERY SATISFIED,		
			SOMEWHAT SATISFIED,NOT VERY SATISFIED, OR		
			NOT AT ALL SATISFIED?		
			DON'T KNOW		
				•	

YEAR (A		/ARIABLES: NONE			(
(AII) C19.	CHE	CK: IS {NAME} SELF EMPLOYED (C6=01)?				_		
		YES		0 ⁻	1 (C21)			
		NO		00	0			
(C19=0 C20.	Now you	, I'd like to ask you a few more questions about {your/NAME's} {ra list of benefits that some employers offer their employer r/NAME's} {main/current} employer offers {you/him/her} any of the	es. Pl	ease t	_	ng to read to ether or not		
	PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."							
	Doe	s {your/NAME's} employer offer {you/NAME}						
	PRO	BE: Please answer 'yes' if {you are/NAME is} eligible for the to receive it.	benefit	but {ha	aven't/hasn'i	t} yet started		
			YES	NO	DON'T 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.	CHE	CK: DOES {NAME} HAVE MORE THAN ONE CURRENT JOB ((C1>01)	?				
		YES	AT C2 T	HROUG	GH C14 FOR	R EACH JOB)		
(All) C22.	-	you/Does NAME} use any special equipment related to {your/his	-	-		-		

{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)

PRELOADED VARIABLES:	NONE

(C22=01)				
C23. WI	hat kind of	special equipment {do you/does NAME} use?		
PR	ROBE:	Anything else?		
IN ⁻	TERVIEW	ER: CODE ALL THAT APPLY.		
		BRACE	01	(C24)
		CANE/CRUTCHES/WALKER		
		WHEELCHAIR	03	(C24)
		MODIFIED COMPUTER HARDWARE		
		MODIFIED COMPUTER SOFTWARE		
		HEARING AID/DEVICE		
		SPECIAL GLASSES		
		SPECIAL CHAIR/BACK SUPPORT		
		SPECIAL SHOES/STOCKINGS		
		OTHER		()
		DON'T KNOW		(C24)
		REFUSED		
(C22=01 an	nd C23=06			
C23_Other.		kind of other special equipment?		
	<oi< td=""><td>PEN></td><td></td><td></td></oi<>	PEN>		
		DON'T KNOW		
		REFUSED	r	
PR		For example, {you or your family/NAME or (his/her) family}, insurancelse?	e or	Medicaid,
IN [.]	TERVIEW	ER: CODE ALL THAT APPLY.		
		{NAME}	01	(C26amt)
		FAMILY		
		HEALTH INSURANCE		
		MEDICARE		
		MEDICAID		
		EMPLOYER		
		STATE VOCATIONAL REHABILITATION AGENCY		
		NON-PROFIT ORGANIZATION SERVING PEOPLE WITH		,
		DISABILITIES	80	(C25)
		WORKER'S COMPENSATION	09	(C25)
		DISABILITY INSURANCE	10	(C25)
		OTHER	11	•
		DON'T KNOW	d	(C25)
		REFUSED		(C25)
(C22=01 an	nd C24=11)		
-		e paid for the equipment {you use/NAME uses}?		
	<oi< td=""><td>PEN></td><td></td><td></td></oi<>	PEN>		
		DON'T KNOW	d	
		REFUSED		

(C22=01 C25.	1 and C24=03, 04, 05, 06, 07, 08, 09, 10, 11, d, or r) {Do you or your/Does NAME or (his/her)} family have to pay for any part of the cost of the equipment {you use/(he/she) uses}?						
		YES	01				
		NO	-	(C27)			
		DON'T KNOW	d	(C27)			
		REFUSED	r	(C27)			
	l) and (C24=01 or . How much {do	r 02) or (C25=01) you or your/does NAME or (his/her)} family have to pay?					
	INTERVIEWER:	ROUND TO NEAREST DOLLAR HERE AND ENTER HOW SCREEN	OF	TEN PAID	ON NEXT		
		\$ _ , .00					
		DON'T KNOW	d				
		REFUSED	r				
(C22=01 C26hop	l) and (C24=01 or	r 02) or (C25=01)					
	PROBE: How	much {do you or your/does NAME or (his/her)} family have to pa	y?				
	IF NECESSARY	: Is that a one-time payment, per week, per month, or per year?					
	INTERVIEWER:	ENTER HOW OFTEN PAID					
		ONE TIME PAYMENT			(1-99,000)		
		PER WEEK		,	(1-1,903)		
		PER MONTH			(1-8,250)		
		PER YEAR		(1-25,000)	(1-99,000)		
		DON'T KNOW	d r				
(All)							
C27.	{you/him/her} wo	AME} use any personal assistance services related to {your/his/heark, for example, a job coach, a sign language interpreter, a reade nal care attendant?	-	-	•		
		YES	01				
		NO	00	(C32)			
		DON'T KNOW	d	(C32)			
		REFUSED	r	(C32)			
(C27=01	1)						
C28.	What kind of per	sonal assistance services (do you/does NAME) use?					
	PROBE: Any	thing else?					
	INTERVIEWER:	CODE ALL THAT APPLY.					
		JOB COACH	-	(/			
		SIGN LANGUAGE INTERPRETER		, ,			
		READER/INTERPRETER FOR THE BLIND		` '			
		PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT OTHER		(C29)			
		DON'T KNOW	d	(C29)			
		DEFLICED		(000)			

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

	1 and C28=05) her. What is the c	other kind of personal assistance services {you/NAME} use?		
	<open< td=""><td>></td><td></td><td></td></open<>	>		
		DON'T KNOW	d	
		REFUSED	r	
(C27=01	1)			
C29.	Who paid for the	personal assistance services (you use/NAME uses)?		
	PROBE: For else	example, {you or your family/NAME or (his/her) family}, insurance?	e or	Medicaid, or someone
	INTERVIEWER:	READ LIST IF NEEDED.		
	INTERVIEWER:	CODE ALL THAT APPLY.		
		{NAME}		
		FAMILY		,
		HEALTH INSURANCE		• •
		MEDICARE		
		MEDICAID		
		EMPLOYER		
		STATE VOCATIONAL REHABILITATION AGENCY NON-PROFIT ORGANIZATION SERVING PEOPLE WITH	07	(C30)
		DISABILITIES	80	(C30)
		WORKER'S COMPENSATION	09	(C30)
		DISABILITY INSURANCE	10	(C30)
		OTHER	11	
		DON'T KNOW	d	(C30)
		REFUSED	r	(C30)
-	1 and C29=11)	id for the personal assistant services {you use/NAME uses}?		
C29_O(•			
	<upen< td=""><td>></td><td></td><td></td></upen<>	>		
		DON'T KNOW		
		REFUSED	r	
•	{Do you or you	, 05, 06, 07, 08, 09, 10, 11, d, or r) r/Does NAME or (his/her)} family have to pay for any part of ces {you use/(he/she) uses}?	the	cost of the personal
		YES	01	
		NO	00	(C32)
		DON'T KNOW		. ,
		REFUSED	r	(C32)
(C27=01 C31amt	1) and (C29=01 or . How much {do	r 02) or (C30=01) you or your/does NAME or (his/her)} family have to pay?		
	INTERVIEWE	R: ROUND TO NEAREST DOLLAR HERE AND ENTER HOW SCREEN	/ OF	TEN PAID ON NEXT
		\$ _,, .00		
		DON'T KNOW		

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH

YEAR (A04_d)

PRELOADED VARIABLES: NONE

(C27=01) and (C29=01 or 02) or (C30=01) C31hop.

PROBE: How much {do you or your/does NAME or (his/her)} family have to pay?

IF NECESSARY: Is that a one-time payment, per week, per month, or per year?

INTERVIEWER: ENTER HOW OFTEN

ONE TIME PAYMENT	01	(1-25,000)	(1-99,000)
PER WEEK	02	(1-480)	(1-1,903)
PER MONTH	03	(1-2,083)	(1-8,250)
PER YEAR	04	(1-25,000)	(1-99,000)
		•	

DON'T KNOW d
REFUSED r

(AII)

C32. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?

(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.

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	NO	DON'T KNOW	REFUSED
a.	Provided {you/NAME} with any <u>special equipment</u> or assistive technology? (PROBE: For example special tools or equipment, software, or devices to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
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 breaks to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
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.)	01	00	d	r
d.	Made any changes to the physical <u>work environment</u> 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.)	01	00	d	r
e.	Arranged for <u>co-workers or others to assist</u> {you/NAME}? (PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.)	01	00	d	r
f.	Made any other changes that I didn't mention to accommodate {your/NAME's} condition in the workplace?	01	00	d	r
PR	OGRAMMER: IF C33f=01, GO TO C33f_Other, ELSE GO TO C	34.			
(C32=00 and C33f_Other.	C33f=01) What other changes?				
	<open></open>				
	DON'T KNOWREFUSED			d r	

FRELOP	DED VARIADI	LES. NONE	
(AII) C34.		by changes in {your/NAME's} {main/current} job or workplace related to ition that {you need/(he/she) needs}, but that have not been made?	o {your/his/her} physical or
	PROGRAMI	MER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."	
	PROGRAMI	MER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST J	OB.
		{Your/NAME's} main job is the job that we have been talking at {you work/(he/she) works} the most hours.	pout. The one at which
		YES NO	00 (C38) d (C38)
(C34=0	1)		
C35.	What are the	ose changes?	
	PROBE:	Anything else?	
	INTERVIEW	ER: ENTER VERBATIM RESPONSE	
	<0	PEN>	
		DON'T KNOWREFUSED	
(AII) C36.	CHECK: IS	{NAME} SELF EMPLOYED (C6=01)?	
		YES	•
(C34=0°	1 and C36=00 Did {you/NA	0) ME} or anyone else ask {your/his/her} employer for (any of) these char	nges?
		YES NO DON'T KNOW REFUSED	00 d

CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

(All) C38. SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)

VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH

YEAR (A04_d)

PRELOADED VARIABLES: NONE

(RTYPE=1)

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."

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST JOB.

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

hours.

				1				
		STRONGLY AGREE	<u>AGREE</u>	DISAGREE	STRONGLY DISAGREE	<u>NA</u>	DON'T KNOW	<u>REF-</u> USED
a.	The pay is good	01	02	03	04	05	d	r
b.	The benefits are good	01	02	03	04	05	d	r
с.	IF {NAME} IS NOT SELF- EMPLOYED (C6=00, d, or r): The job security is good. IF {NAME} IS SELF-EMPLOYED (C6=01): The work is steady	01	02	03	04	05	d	r
d.	IF {NAME} IS NOT SELF- EMPLOYED (C6=00, d, or r): You have a chance for promotion ELSE: SKIP TO C39e	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
	IF {NAME} IS NOT SELF- EMPLOYED (C6=00, d, or r): Your supervisor is supportive ELSE: SKIP TO C39I	01	02	03	04	05	d	r
I.	Your co-workers are friendly and supportive	01	02	03	04	05	d	r

(All)

C39a2. Sometimes people work fewer hours or earn less money than they could in order to care for family members, keep the cash benefits they need, or just to have more free time. In (your/NAME's) (main/current job), (do you/ does he/ does she) work fewer hours or earn less money than (you/he/she) could for any reason?

YES	01	
NO	00	(C39_1)
DON'T KNOW	d	(C39_1)
REFUSED	r	$(C39_1)$

(C39a=01)

C39b. (Do you/Does NAME) work fewer hours or earn less money than (you/he/she) could because (you/he/she)...

PROBE: I need to ask everyone in our study the same questions, even if they don't seem to apply to (you/NAME).

		YES	NO	DON'T KNOW	REFUSED
a.	{Are/Is} taking care of children or others?	01	00	d	r
b.	{Are/Is} enrolled in school or a training program?	01	00	d	r
c.	Want(s) to keep Medicare or Medicaid coverage?	01	00	d	r
d.	Want(s) to keep cash benefits (you/he/she) need such as disability or workers compensation?	01	00	d	r
e.	Just (do/does) not want to work more?	01	00	d	r
f.	Are there any reasons I didn't mention why (you are/NAME is) working or earning less than (you/he/she) could?	01	00	d	r

PROGRAMMER: IF C39b_f=01 GO TO C39f_Other, ELSE SKIP TO C39_1

(C39b_f=01)

C39f_Other What other reason?

(All)

C39_1. Have any of {your/NAME's} disability-related benefits been reduced or ended because of {your/his/her} (main/current) job?

YES	01	
NO	00	(C39_3)
DON'T KNOW	d	(C39_3)
REFUSED	r	(C39_3)

(C39_1=01)

C39 2 What benefits have been reduced or ended as a result of {your/NAME's} (main/current) job]?

INTERVIEWER: MARK ALL THAT APPLY.

PRIVATE DISABILITY INSURANCE	01
WORKERS' COMPENSATION	02
VETERANS' BENEFITS	03
MEDICARE	04
MEDICAID	05
SSA DISABILITY BENEFITS	06
PUBLIC ASSISTANCE OR WELFARE	07
FOOD STAMPS	80
PERSONAL ASSISTANCE SERVICES (PAS)	09
UNEMPLOYMENT BENEFITS	10
OTHER STATE DISABILITY BENEFITS	11
OTHER GOVERNMENT PROGRAMS	12
OTHER	13

YEAR (A04_d) PRELOADED VARIABLES: NONE

(All)

C39_3. 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. At [your/NAME's] (main/current) job, do you think that [you/she/he] could work or earn more if you/he/she had.

job, do you think that [you/she/he] could work or earn more if you/he/	she had.			
	YES	NO	DON'T KNOW	REFUSED
a. Help caring for {your/his/her} children or others in the household?	01	00	d	r
b. Help with {your/his/her} own personal care such as bathing, dressing, preparing meals, and doing housework?	01	00	d	r
c. Reliable transportation to and from work?	01	00	d	r
d. Better job skills?	01	00	d	r
e. A job with a flexible work schedule?	01	00	d	r
f. Help with finding and getting a better job?	01	00	d	r
g. Any special equipment or medical devices?				
PROGRAMMER: IF C39_3g=01, GO TO C39_3g_Other, ELSE GO TO C39_3h.	01	00	d	r
h. Is there anything else that I didn't mention that would help [you/NAME] work or earn more?	01	00	d	r
PROGRAMMER: IF C39_3h=01, GO TO C39_3h_Other, ELSE GO	TO C39	_4.		
(C39_3g=01) C39_3g_Other. What other special equipment or medical devices?				
<open></open>				
DON'T KNOWREFUSED			d r	
(C39_3h=01) C39_3h_Other What else?				
<open></open>				
DON'T KNOW REFUSED			d r	
(All) C39_4. One last question about (your / NAME's) (main/current) job. Becar Security needed to make any changes to the amount of {your/his/r				nas Social
PROBE: Did {your/NAME's} benefit amount decrease or did {your/	he/she}	lose be	nefits altoge	ether?

VEO

YES	01	
NO	00	$(C39_5)$
DON'T KNOW	d	(C39_5)
REFUSED	r	(C39_5)

SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH

YEAR (A04_d) PRELOADED VARIABLES: NONE

(C39_4=0	1)			
C39_4a.	Because of the amount?	se changes has the Social Security Administration paid (you/NA	ME}	the wrong benefit
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
C39_5.	{Were you/Was {you/him/her}?	s NAME} asked to re-pay benefits because the Social Security A	dmin	nistration overpaid
		YES	01	
		NO	00	(C40)
		DON'T KNOW	d	(C40)
		REFUSED	r	(C40)
(C39_5=0	1)			
C39_6.		s NAME} asked to re-pay the Social Security Administration beca- cing while receiving benefits?	ause	{you were/(he was
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
(AII)				
` '	HECK: WAS {N	AME} WORKING IN 2009 (B30 = 01)?		
		YES	01	(D1)
		NO		,

SECTION D: JOBS/OTHER JOBS DURING 2009

(All)

D1. Now, I will ask you about jobs {you/NAME} had during 2009. 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 ≤ 2009, ASK:

Other than (your/NAME's) current job that you already told me about, in 2009 did (you/NAME) work for pay at any other jobs for longer than a month?

PROGRAMMER: IF C1>01 AND C4 YEAR \leq 2009 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:

Other than (your/NAME's) current jobs that you already told me about, in 2009 did (you/NAME) work for pay at any other jobs for longer than a month?

ELSE:

In 2009 did {you/NAME} work for pay at any jobs for longer than a month?

YES	01	(D3)
NO	00	
DON'T KNOW	d	
REFUSED	r	

(D1=00, d, or r)

D2. SOFT EDIT: IF {NAME} WORKED IN 2009 (B30=01) AND {NAME} DID NOT WORK IN 2009 (D1=0, d, r) INTERVIEWER READ: "Earlier you said that {you/NAME} worked for pay in 2009. Let me repeat the question I just read and verify your response."

PROGRAMMER: IF C1=01 AND C4 YEAR ≤ 2009, ASK:

Other than (your/NAME's) current job that you already told me about, in 2009 did {you/NAME} work for pay at any other jobs for longer than a month?

PROGRAMMER: IF C1>01 AND C4 YEAR \leq 2009 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:

Other than (your/NAME's) current jobs that you already told me about, in 2009 did {you/NAME} work for pay at any other jobs for longer than a month?

ELSE:

In 2009 did {you/NAME} work for pay at any jobs for longer than a month?

YES	01	
NO	00	(E1)
DON'T KNOW	d	(E1)
REFUSED	r	(E1)

SECTION D UNIVERSE: WORKED IN 2009 (B30=01) VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1), START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d) PRELOADED VARIABLES: NONE (D1=01 or D2=01) D3. PROGRAMMER: IF C1=01 AND C4 YEAR ≤ 2009, 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 2009? PROGRAMMER: IF C1>01 AND C4 YEAR ≤ 2009 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 2009? ELSE: How many jobs did {you/NAME} hold for at least one month in 2009? |__|_| NUMBER OF JOBS (1-5) DON'T KNOW d REFUSED PROGRAMMER: D4 THROUGH D23 ASKED FOR ALL JOBS WHEN D3>01 (D1=01 or D2=01) D4. PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND FIRST JOB: Let us start with {your/NAME's} main job in 2009 - that is, the job at which {you worked/(he/she) worked} the most hours. What kind of work {did you/did NAME} do, that is, what was {your/NAME's} occupation? PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC. JOB: Now I would like to ask about {your/NAME'S} {second/third/fourth} job in 2009. What kind of work {did you/did NAME} do, that is, what was {your/NAME's} occupation? ELSE (D3=01):

What kind of work {did you/did NAME} do, that is, what was {your/NAME's} occupation?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: 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 2: What are {your/NAME'S} main activities or duties? What else do you do? What else? Do you supervise anyone?

<open< th=""><th>></th><th></th><th></th></open<>	>		
	DON'T KNOW	d	
	REFUSED	r	

SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

(D1=01 D5.	or D2=01) What kind c	of business was this?	
	INTERVIEV	VER: ENTER VERBATIM RESPONSE	
	PROBE 1:	For what type of organization or industry did you work? For example center, educational facility, food services.	e: accounting firm, daycare
	PROBE 2:	What do they make, sell, or do where {you/NAME} worked?	
	PROBE 3:	Is this mainly manufacturing (making a product), wholesale trade (sell retail trade (selling to customers) or something else?	ing to other businesses) or
	<c< td=""><td>PEN></td><td></td></c<>	PEN>	
		DON'T KNOWREFUSED	
-	or D2=01) In what moi	nth and year did {you/NAME} start working there?	
	PROBE: Y	our best estimate is fine.	
	INTERVIEV	VER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN	
		(1-12) MO	
		DON'T KNOWREFUSED	
(D1=01 D6yr.	or D2=01) PROBE 1:	In what month and year did {you/NAME} start working there?	
	PROBE 2:	Your best estimate is fine.	
	INTERVIEV	VER: ENTER YEAR	
		(1981-2009) YEAR (1951-2009)	
		DON'T KNOWREFUSED	
(D1=01 D7.	THAN OR E INTERVIEV in (A04d) ar working at t	EYEAR (NAME) STARTED WORKING AT THIS JOB (D6 YEAR) SHOW EQUAL TO YEAR OF BIRTH (A04d) PLUS 14 YEARS. IF RESPONDEN VER READ: I must have recorded an incorrect answer. I show that (young at (you/NAME) started working at this job in (D6 YEAR), which means his job when (you were/he was/she was) (PROGRAMMER CALCULAT AR OF BIRTH) years old. Is that correct?	ENT FAILS EDIT, ou were/NAME was} born {you/NAME} started FE AND FILL AGE: D6
		NOSUPPRESS	02 (CHANGE D6 YEAR)

			NONE

•	or D2=01) In what month ar	nd year did {you/	/NAME} stop working there?	
	PROBE: Your b	est estimate is f	ine.	
	INTERVIEWER:	ENTER MONT	H HERE AND YEAR ON NEXT SCREEN	
		(1-12) MO		
(D1=01 D8yr.	or D2=01) PROBE 1: In wh	nat month and ye	ear did {you/NAME} <u>stop</u> working there?	
	PROBE 2: Your	best estimate is	s fine.	
	INTERVIEWER:	ENTER YEAR		
		_ _ YEAR	(1981-2010) (1951-2010)	
(D1=01 D9.	LATER THAN DARESPONDENT I	ATE {NAME} ST FAILS EDIT, INT ted working at th	PPPED WORKING AT THIS JOB (D8 MONTH, DATE OF THIS JOB (D6 MONTH, INTERVIEWER READ: I must have recorded an inchais job in (D6 MONTH, D6 YEAR) and that (you/NR). Is that correct?	D6 YEAR). IF orrect answer. I show that
		NO, CHANGE NO, CHANGE NO, CHANGE	ANSWER TO D6ANSWER TO D8ANSWERS FOR BOTH D6 AND D8	02 (CHANGE D6)03 (CHANGE D8)04 (CHANGE D6 AND D8)
(D1=01 D10.	{NAME} STARTE YEAR – D6 MON	ED WORKING A NTH, D6 YEAR = b in (D8 MONTH	TOPPED WORKING AT THIS JOB (D8 MONTH, IT THIS JOB (D6 MONTH, D6 YEAR) ARE THE SEO), INTERVIEWER READ: You said that (you/NH, D8 YEAR). I'd like to verify that (you/NAME) w	SAME (D8 MONTH, D8 IAME) started and stopped
		NO, WORKED	D AT JOB FOR LESS THAN ONE MONTH AT JOB FOR MORE THAN ONE MONTH	02
(D1=01 D11.	INTERVIEWER I	READ: You said	TOPPED WORKING AT THIS JOB (D8 YEAR) IS that {you/NAME} stopped working at this job in (2009. Is this correct?	
		NO, JOB DID I	DED BEFORE 2009 NOT END BEFORE 2009	02

SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)

PRELOA	DED VARIAE	BLES: NONE	
(D1=01 D12.	or D2=01) CHECK: D	ID {NAME} WORK AT THIS JOB FOR LESS THAN ONE MONTH (D1	0=01)?
		YESNO	, ,
(D12=00 D13.	-	ID THIS JOB END BEFORE 2009 (D11=01)?	
		YESNO	,
((D1=01 D14.		and D12=00 and D13=00) Was NAME} self-employed at this job?	
	PROBE:	Self-employed means that you work for yourself or own your own bus	siness.
		YES NO DON'T KNOW REFUSED	00 d
((D1=01 D15.	Was this jo	and D12=00 and D13=00) bb part of a sheltered workshop, transitional employment program r the blind, or supported employment program?	, the Business Enterprise
	PROBE:	A <u>sheltered workshop</u> is a program that provides employment with su wages that would not be available in a regular job) for people with <u>employment program</u> allows workers with disabilities to work at reduback into the workplace. The <u>Business Enterprise Program for the persons for the opportunity to own their own businesses. <u>Supportunity of the provide job coaches or other on-the-job supports to help individual keep jobs.</u></u>	n disabilities. A <u>transitional</u> uced levels while they ease e <u>Blind</u> offers legally blind ted employment programs
		YES NO DON'T KNOW REFUSED	00 d
((D1=01 D16.		and D12=00 and D13=00) 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 REFUSED	
((D1=01 D17.	,	and, D12=00 and D13=00) weeks per year did {you/NAME} usually work at this job, including paic	I vacation and holidays?
	PROBE 1:	Please include time off for vacations and holidays if {you were/NAME	was} paid for that time.
	PROBE 2:	There are 52 weeks in a year.	
		WEEKS PER YEAR (1-52)	
		DON'T KNOW	d r

SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

((D1=01 or D2=01) and D12=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/NAME was} paid on {your/(his/her)} main job in 2009. 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 2009. 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 2009. 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 2009 was the job at which {you worked/(he/she) worked} the most
	hours.

YES	01	
NO	00	(D20amt)
DON'T KNOW	d	(D20amt)
REFUSED	r	(D20amt)

((D1=01or D2=01) and D12=00 and D13=00 and D18=01)

D19. What was {your/NAME's} regular hourly pay, including tips and commissions?

PROBE: IF LESS THAN \$5.00 AN HOUR: Does this include tips and commissions?

\$ PER HOUR		
DON'T KNOW	(1 - 300.00)	٦
REFUSED		r

GO TO D23

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00, d, r)

D20amt. Before taxes and other deductions how much {were you/was NAME} paid on this job, including tips and commissions?

PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$, .00	
DON'T KNOW	d
REFUSED	1

SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)

PRELOADED VARIABLES: NONE

((D1=01 or D2=01) and, D12=00 and D13=00 and D18=00, d, r)

D20hop. Before taxes and other deductions how much {were you/was NAME} paid on this job, including tips and commissions?

PROBE: {Were you/Was NAME} paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

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		

PROGRAMMER, CALCULATE MONTHLY PRE-TAX PAY BASED ON D20AMT AND D20HOP FOR EACH JOB:

If D18=1, and D19 and D16≠d or r, C_Job2009MnthPay(1)=D19*D16*4.35.

If D18=1 and D19 or D16=d, C_Job2009MnthPay(1)=d.

If D18=1 and D19 or D16=r and neither are d, C_Job2009MnthPay(1)=r.

If D18=0, d, OR r AND D20AMT OR D20HOP=d, C_Job2009MnthPay(1)=d.

If D18=0, d, OR r AND D20AMT OR D20HOP=r AND NEITHER ARE d, C_Job2009MnthPay(1)=r.

If D18=0, d, or r and D20hop=1, C_Job2009MnthPay(1)=D20amt*21.74.

If D18=0, d, or r and D20hop=2, C_Job2009MnthPay(1)=D20amt*4.35.

If D18=0, d, or r and D20hop=3, C_Job2009MnthPay(1)=D20amt*2.17.

If D18=0, d, or r and D20hop=4, C_Job2009MnthPay(1)=D20amt*2.

If D18=0, d, or r and D20hop=5, C_Job2009MnthPay(1)=D20amt.

If D18=0, d, or r and D20hop=6, C_Job2009MnthPay(1)=D20amt/12.

If D18=0, d, or r and D20hop or D20amt=d, then C_Job2009MnthPay(1)=d.

If D18=0, d, or r and D20hop or D20amt=r and none=d, then C_Job2009MnthPay(1)=r.

((D12=00 or D2=01) and D13=00 and D18=00, d, r)

D21amt. 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: ROUND TO NEAREST DOLLAR \$\|__|_|_|, \|__|_|_|.00

DON'T KNOW d REFUSEDr START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)

PRELOADED VARIABLES: NONE

((D1=01 or D2=01) and 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		
REFUSED	r		

PROGRAMMER, CALCULATE MONTHLY TAKE HOME PAY FOR EACH JOB BASED ON D21AMT AND D21HOP:

If D18=1 and D19 and D16≠d or r, C Job2009MnthPayTH(1)=D19*D16*4.35.

If D18=1 and D19 or D16=d, C_Job2009MnthPayTH(1)=d.

If D18=1 and D19 or D16=r and neither are d, C_Job2009MnthPayTH(1)=r.

If D18_1=0, d, or r and D21amt or D21hop=d, C_Job2009MnthPayTH(1)=d.

If D18_1=0, d, or r and D21amt or D21hop=r, and neither are d, C_Job2009MnthPayTH(1)=r.

If D18=0, d, or r and D21hop=1, C_Job2009MnthPayTH(1)=D21amt*21.74.

If D18=0, d, or r and D21hop=2, C_Job2009MnthPayTH(1) =D21amt*4.35.

If D18=0, d, or r and D21hop=3, C_Job2009MnthPayTH(1)=D21amt*2.17.

If D18=0, d, or r and D21hop=4, C_Job2009MnthPayTH(1)=D21amt*2.

If D18=0, d, or r and D21hop=5, C_Job2009MnthPayTH(1)=D21amt.

If D18=0, d, or r and D21hop=6, C_Job2009MnthPayTH(1)=D21amt/12.

If D18=0, d, or r and D21hop or D21amt=d, then C_Job2009MnthPayTH(1)=d.

If D18=0, d, or r and D21hop or D21amt=r and none=d, then C_Job2009MnthPayTH(1)=r.

((D1=01 or D2=01) and 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 CALCULATED MONTHLY TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO CALCULATED MONTHLY PRE-TAX PAY. IF AMOUNT OF MONTHLY TAKE HOME PAY (C_Job2009MnthPayTH(1)) NE D OR R, AND AMOUNT OF PRE-TAX MONTHLY PAY (C_Job2009MnthPay(1)) NE D OR R, AND C_Job2009MnthPayTH(1) > C_Job2009MnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CALCULATED MONTHLY PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that (you were/NAME was) paid (D20) per (D20 AMOUNT), which would be about (C_Job2009MnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT), or about (C_Job2009MnthPayTH(1) was left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay was more than your pre-tax pay. 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 D20amt)
CHANGE AMOUNT OF TAKE-HOME PAY	02	(CHANGE D21amt)
SUPPRESS	03	

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00, d, r) and (D20hop=01, 02, 03, 04, 05, or 06)

D22a. SOFT EDIT: DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF MONTHLY TAKE HOME PAY (C_Job2009MnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C_Job2009MnthPay(1)) NE D OR R, AND (C_Job2009MnthPay(1)) - C_Job2009MnthPayTH(1) / C_Job2009MnthPayTH(1) > .30, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you were/NAME was} paid (D20) per (D20 AMOUNT), which would be about (C_Job2009MnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT), or about (C_Job2009MnthPayTH(1) was left as take-home pay after taxes and other deductions. Is this correct or 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 D20amt)
CHANGE AMOUNT OF TAKE-HOME PAY	02	(CHANGE D21amt)
SUPPRESS	03	

(D1=01 or D2=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:		
LAYOFF, PLANT CLOSED	01	(D24)
FIRED		
RETIRED/OLD AGE		,
JOB WAS TEMPORARY AND ENDED	04	(D24)
PROBLEMS WITH JOB:		
DID NOT LIKE SUPERVISOR OR CO-WORKERS		` '
DID NOT LIKE JOB DUTIES		
DID NOT LIKE JOB EARNINGS		
DID NOT LIKE BENEFITS		
DID NOT LIKE OPPORTUNITIES FOR ADVANCEMENT		` '
DID NOT LIKE LOCATION		
DID NOT GET ACCOMMODATIONS THAT WERE NEEDED	11	(D24)
OTHER PROBLEMS:		
TRANSPORTATION PROBLEMS		
DECIDED TO GO TO SCHOOL		
CHILD CARE RESPONSIBILITIES (PREGNANT)		• •
OTHER FAMILY OR PERSONAL REASONS	15	(D24)
DISABILITY:		
DISABILITY GOT WORSE		
BECAME DISABLED	17	(D24)
OTHER		
DON'T KNOW	d	(D24)
REFUSED	r	(D24)

SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)

P	RF	I O	ADF) VARI	ARI F	S: NONE	:

• •		2=01) and Da What is the c	23=18) other reason?	,						
		<open:< td=""><td>></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></open:<>	>							
									d r	
(D1=01 D24.		•	NAME} HOLI	O MORE THA	N ONE JOB DUI	RING 200)9 (D3 >	01)?		
			(REPEAT D	4 THROUGH	D23 FOR EACH	H JOB)				
(D1=01 or D2=01) D25. Sometimes people work fewer hours or earn less money than they could in order to care for family members, keep the cash benefits they need, or just to have more free time. In 2009, did (you/NAME) work fewer hours or earn less money than (you/he/she) could have for any reason? YES							-			
((D1=01 D25a.	REFUSED									
							YES	NO	DON'T KNOW	REFUSED
	a.	{Were/Was	} taking care	of children or	others?		01	00	d	r
	b.	{Were/Was	} enrolled in	school or a tra	aining program?		01	00	d	r
	C.	Wanted to	keep Medica	re or Medicaio	d coverage?		01	00	d	r
	d.		-	enefits (you/he ompensation?	e/she) needed su	ch as	01	00	d	r
	e.	Just did no	t want to wor	k more?			01	00	d	r
	f.		worked or ea		n why {you/NAMI n {you/he/she} c	-	01	00	d	r
PROGR	AMM	ER: IF D25	f=01 GO TO	D25f_Other, E	ELSE SKIP TO D	25_1				
		2=01) and Da What other r	25=01 and D eason?	25f=01)						
		<open:< td=""><td>></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></open:<>	>							
			DON'T KNO	OW					d -	

SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

$((D1=0)^{2})$	1 or D2=01) and D2	25=01)		
D25_1.	Were any of (you in 2009?	ur/NAME's) disability-related benefits reduced or ended as a resu	ult of	{your/his/her} working
		YES	01	
		NO	00	(D26)
		DON'T KNOW		(D26)
		REFUSED	r	(D26)
(D25_1	=01)			
-	·	ere reduced or ended as a result of {your/NAME's} job in 2009?		
	INTERVIEWER:	MARK ALL THAT APPLY.		
		PRIVATE DISABILITY INSURANCE	01	
		WORKERS' COMPENSATION	02	
		VETERANS' BENEFITS	03	
		MEDICARE	04	
		MEDICAID		
		SSA DISABILITY BENEFITS		
		PUBLIC ASSISTANCE OR WELFARE		
		FOOD STAMPS		
		PERSONAL ASSISTANCE SERVICES (PAS)		
		UNEMPLOYMENT BENEFITS		
		OTHER STATE DISABILITY BENEFITS		
		OTHER GOVERNMENT PROGRAMS		
		OTHER	13	
(D25_2	=13)			
D25_2_	Other: What othe	r benefits?		
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	d	
		REFUSED	r	

(D1=01	or D2	2=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 2009, do you think {you/NAME} could have worked or earned more if {you/he/she} had...

	IN <u>Z</u>	<u>noon,</u> do you think {you/NAME} could have worked or earne	ea <u>more</u>	ii {you/	ne/sne}	nad	
			YES	NO	NA	DON'T KNOW	REFUSED
	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? PROGRAMMER: IF D26g=01, GO TO D26g_Other, ELSE GO TO D26h.	01	00	02	d	r
	h.	Is there anything else that I didn't mention that would have helped {you/NAME} to work or earn more during 2009?	01	00	02	d	r
		PROGRAMMER: IF D26h=01, GO TO D26h_Other, ELSE GO TO D27					
		2=01) and D26g=01) What other special equipment or medical devices?					
		<open></open>					(D26h)
		DON'T KNOWREFUSED				(D26h) (D26h)	
		2=01) and D26h=01) What else?					
		<open></open>					
		DON'T KNOWREFUSED			•		
(D1=01 of D27.	One	last question about when {you were/NAME was} working al Security need to make any changes to the amount of {y	our/his/h	ner} dis	ability b	enefits?	
	PRO	BE: Did {your/NAME's} benefit amount decrease or did	d {you/h	e/she}	lose ben	efits altoge	ether?

YES 01

 NO
 00 (D29)

 DON'T KNOW
 d (D29)

 REFUSED
 r (D29)

SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

**	or D2=01) and D2	,	
D28.	Because of these at any time during	changes did the Social Security Administration pay {you/NAME} 2009?	the wrong benefit amount
		YES	00 d
(D1=01	or D2=02=1)		
D29.	In 2009, {were you overpaid {you/him	ou/was NAME} ever asked to re-pay benefits because the Soc /her}?	cial Security Administration
		YES	00 (E1) d (E1)
((D1=01	or D2=01) and D2	9=01)	
D30.	{Were you/Was N working while rece	AME) asked to re-pay the Social Security Administration because iving benefits?	se {you were/(he/she) was}
		YES	00

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

(AII) E1.	I'm going to read	d you a list of incentives and supports that Social Security offers	to p	eople getting disability
		urage them to work. Please tell me if {you have/NAME has} eve	-	
		PRESS 1 TO CONTINUE	01	
(AII)				
E2.	CHECK: IS {NAI	ME} AN SSI BENEFICIARY (BSTATUS = 01,03)?		
		YESNO		(E14)
(E2=01)				
E3.	Security incentive	NAME} ever heard of a <u>Plan for Achieving Self-Support or a PA</u> e that lets {you/beneficiaries} set aside money to be used to he y set aside does not affect {your/their} benefits.		
	PROBE 1: {Hav	e you/Has NAME} ever heard of this plan?		
	PROBE 2: If you	u're not sure, please just say so.		
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	01	
		NO		` '
		DON'T KNOW		(E5) (E5)
(F2=01 :	and E3=01)		-	()
E4.	•	NAME} ever used a Plan for Achieving Self-Support or a PASS PI	an?	
	INTERVIEWER:	IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNO	WC	
		YES	01	
		NO	00	
		DON'T KNOW		
(E2=01)		NET COLD		
E5.	a Social Security	NAME} ever heard of the <u>earned income exclusion</u> or the <u>1 for 2 earnings</u> over incentive where one-half of {your/a beneficiary's} earnings over gures {your/the} benefit.		~
	PROBE 1: {Hav	e you/Has NAME} ever heard of this exclusion?		
	PROBE 2: If you	u're not sure, please just say so.		
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	01	
		NO		(E7)
		DON'T KNOW		(E7)
		REFUSED	r	(E7)

E2=01 E6.	and E5=01) {Have you/Has N	AME} ever used the earned income exclusion or the 1 for 2 earn	ings	exclusion?
	INTERVIEWER:	IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNO	OW	
		YES NO DON'T KNOW REFUSED	00 d	
E2=01)				
Ξ7.	incentive where t	IAME} ever heard of <u>Property Essential to Self-Support</u> , or <u>PESS</u> he dollar value of tools, equipment, or other property needed for a Social Security figures {your/the} benefit.		•
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	00 d	(E9)
E2=01 E8.	and E7=01)	AME) over used Dranarty Essential to Salf Support or DESS2		
=0.	, ,	AME) ever used Property Essential to Self-Support or PESS?	2147	
	INTERVIEWER:	IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNO		
		YES	00 d	
E2=01) E9.	Security incentive	IAME} ever heard of <u>Continued Medicaid Eligibility</u> or <u>1619(b) or</u> that lets {you/beneficiaries} keep {your/their} Medicaid insuraur/their} benefits have stopped.		-
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	00 d	(E11)
E2=01 E10.	and E9=01) {Have you/Has N	AME} ever used Continued Medicaid Eligibility or 1619(b) covera	ıge?	
	INTERVIEWER:	IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNO	OW	
		YES NO DON'T KNOW REFUSED	00 d	
	HECK: IS {NAME	} 25 OR YOUNGER {C_Intage < or = 25} AND DID {NAME} REC	EIV	E SSI BENEFITS
ы	EFORE AGE 22 {\$	YES	01	(54.4)

(E2=01 E12.	incentive where i	NAME} ever heard of the <u>student earned-income exclusion</u> ? f {you are/a beneficiary is} in school, up to \$1,340 of earnings urity figures {your/the} benefit.		•
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	00 d	(E14)
(E2=01 E13.	and E12=01) {Have you/Has N	AME} ever used the student earned-income exclusion?		
	INTERVIEWER:	IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNO	OW	
		YES NO	00 d	
(AII) E14.	CHECK: IS INIVI	ME) A SSDI DENIEFICIADY (DSTATUS_02 02)2		
⊏14.	CHECK. 15 (INA)	ME} A SSDI BENEFICIARY (BSTATUS=02,03)?	0.4	
		YES		(E19)
(E14=01	1)			
È15.	{Have you/Has N	NAME} ever heard of a <u>Trial Work Period</u> ? This is a Social self.		
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	00 d	. ,
(E14=01 E16.	l and E15=01 {Have you/Has N	AME} ever used a Trial Work Period?		
L10.		IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	00 d	
(E14=01	1)			
È17.	{Have you/Has I	NAME} ever heard of an <u>Extended Period of Eligibility for Me</u> e that lets {you/beneficiaries} keep Medicare coverage when {yoits have stopped.		
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	00	, ,

REFUSED r (E19)

SECTION E UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPGRP

INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNOW YES	(E14=01 E18.	and E17=01) {Have you/Has N	IAME} ever used an Extended Period of Eligibili	ity for	Medicare?	
NO		INTERVIEWER:	IF 'NOT SURE' OR 'NEVER HEARD OF' COD	E AS	DON'T KNO	OW
E19. {Have you/Has NAME} ever heard of exclusions for Impairment-Related Work Expenses or Blind W Expenses? This is a Social Security incentive where the value of certain impairment-related items is counted when figuring {your/a person's} benefits and eligibility. INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW YES			NO DON'T KNOW			00 d
YES		Expenses? This	s is a Social Security incentive where the valu			
NO C20a DON'T KNOW DON'T KNOW DON'T KNOW REFUSED C20a C20a		INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW			
Have you/Has NAME} ever used exclusions for Impairment-Related Work Expenses or Blind W Expenses? INTERVIEWER: I F 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNOW			NO DON'T KNOW	00 d	(E20a)	
INTERVIEWER: F 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNOW YES	(E19=01)				
YES	E20.	•	NAME} ever used exclusions for Impairmen	nt-Rela	ated Work	Expenses or Blind Work
NO		INTERVIEWER:	I F 'NOT SURE' OR 'NEVER HEARD OF' COD	E AS	DON'T KNO	OW
E20a. {Have you/Has NAME} ever heard of Expedited Reinstatement? This is a Social Security incentive that I beneficiaries restart their benefits without having to complete a new application if their attempts at work not successful. INTERVIEWER: IF 'NOT SURE' ANSWER 'DON'T KNOW'. YES			NO DON'T KNOW			00 d
YES		beneficiaries res				
NO		INTERVIEWER:	IF 'NOT SURE' ANSWER 'DON'T KNOW'.			
E20b. {Have you/Has NAME} ever used Expedited Reinstatement? INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW YES			NO DON'T KNOW	00 d	(E20c)	
INTERVIEWER: IF 'NOT SURE', CODE AS DON'T KNOW YES 01 NO 00 DON'T KNOW d	(E20a=0	01)				
YES	E20b.	{Have you/Has N	IAME} ever used Expedited Reinstatement?			
NO		INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW			
			NODON'T KNOW			00 d

,	•			`
1	Λ		- 1	١
١.	~	ш	_L	_,

E20c. {Have you/Has NAME} ever heard of Work Incentive and Planning Assistance programs? These are local organizations that give beneficiaries information about Ticket to Work and other programs and help them understand how their Social Security benefits are affected by work.

INTERVIEWER: IF 'NOT SURE', ANSWER 'DON'T KNOW'

PROBE: These are sometimes called WIPAs.

YES	01	
NO	00	(E20e_1)
DON'T KNOW	d	(E20e_1)
REFUSED	r	(E20e 1)

(E20c=01)

E20d. {Have you/Has NAME} ever used a Work Incentive and Planning Assistance program?

INTERVIEWER: IF 'NOT SURE' OR 'NEVER HEARD OF' CODE AS DON'T KNOW

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

NEW ITEM

(ALL)

E20e_1. {Have you/Has NAME} ever heard of Work Incentive Seminar Events or WISE? These are community events held by local organizations for beneficiaries to learn more about available work incentives, including the Ticket to Work program

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

YES	01	
NO	00	(E20e)
DON'T KNOW	d	(E20e)
REFUSED	r	(E20e

NEW ITEM

(E20e_1=01)

E20f_1. {Have you/Has NAME} ever attended a Work Incentive Seminar Event?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

NEW ITEM

(ALL)

E20e. {Have you/Has NAME} ever heard of Protection and Advocacy for Beneficiaries of Social Security or PABSS? This program is focused on protecting beneficiaries' rights to obtain services.

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

YES	01	
NO	00	(E21)
DON'T KNOW	d	(E21)
REFUSED	r	(F21)

YES	-
	-
AWARENESS OF TICKET TO WORK	-
(AII)	-
E21. {Have you/Has NAME} ever heard of the <u>Ticket to Work</u> program?	-
PROBE: The Ticket to Work program provides services to help disability beneficiaries achieve steal long-term employment by providing them greater choices and opportunities to go to work if the want to.	;
YES 01 (E26)	
NO 00 DON'T KNOW d	
REFUSEDr	
(E21=00,d, r)	
E22. Have you/Has NAME} heard of any Social Security programs in the last few years that allow disab beneficiaries to get services to help them go to work or earn more?	ility
YES 01 (E25)	
NO	
DON'T KNOW d REFUSED r	
(E21=00,d, r and E22=00,d, r) E23. CHECK: DID {NAME} HAVE A TICKET ASSIGNED AT THE TIME OF SAMPLE SELECTION (sampgrp=1)	1)?
YES	
NO	
(E21=00,d, r and E22=00,d, r and sampgrp=1) 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}?	ket
YES	
NO	
REFUSED r (E36b)	
(E23=0) E24b. CHECK DID {NAME} HAVE AN IN-USE TICKET WITH AN SVRA AT THE TIME OF SAMPLE SELECTION (sampgrp=02)?	NC
YES	
(E22=01)	
Does the program {you've/NAME's} heard of include a certificate or Ticket that {you/NAME} would give to service provider in exchange for services?	оа
YES 01	
NO	
DON'T KNOW d (E36check) REFUSED r (E36check)	

(E21=01 or E24=01 or E25=0	1)
----------------------------	---	---

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 2010	01	
In 2009	02	
BEFORE 2009	03	(E34)
DON'T KNOW	d	(E34)
REFUSED	r	(E34)

((E21=01 or E24=01 or E25=01) and (E26=1 or E26=02))

E27. How did {you/NAME or his/her representative} first learn about the Ticket to Work program.

PROBE: For example, did you get the information through the mail, by phone, via the Internet, in-person, or in some other way?

INTERVIEW NOTE: CODE ALL THAT APPLY.

MAIL	01	(E28)
PHONE	02	(E28)
INTERNET	03	(E28)
IN-PERSON MEETING	04	(E28)
OTHER (specify)	05	
DON'T KNOW	d	(E28)
REFUSED	r	(E28)

((E26=1 or E26=2) and E27=5)

E27_otherspec. Other specify:

((E21=01 or E24=01 or E25=01) and (E26=1 or E26=02) and (E27=01, 2, 3, 4 or 5))

E28. Who did {you/NAME or his/her representative} get information from about the Ticket to Work program?

INTERVIEWER: CODE ALL THAT APPLY.

SOCIAL SECURITY ADMINISTRATION	01	(E34)
MAXIMUS	02	(E34)
STATE VOCATIONAL REHABILITATION AGENCY, OR		
{VRNAME}	03	(E34)
CURRENT/FORMER EMPLOYER	04	(E34)
FRIEND/FAMILY MEMBER	05	(E34)
INDEPENDENT LIVING CENTER	06	(E34)
EMPLOYMENT NETWORK	07	(E28g_other)
OTHER AGENCY/ORGANIZATION	80	(E28h_Other)
HEALTH CARE PROVIDER	09	(E28i_Other)
OTHER	10	(E28j_Other)
DON'T KNOW	d	(E34)
REFUSED	r	(E34)

((E21=01 or E24=01 or E25=01) and (E26=1 or E26=02) and (E27=01, 2, 3, 4 or 5) and (E28=07)) E28g_Other. What Employment Network sent {you/NAME} the information?

OPEN:	>	
	DON'T KNOW	d
	REFUSED	r

	25=01) and (E26=1 or E26=02) and (E27=01, 2, 3, 4, or 5) and (B Agency/Organization sent {you/NAME} the information?	E28=	-08))
<open:< td=""><td>></td><td></td><td></td></open:<>	>		
	DON'T KNOW		
	25=01) and E26=02 and E27=01 and E28=09 Care Provider sent {you/NAME} the information?		
<open:< td=""><td>DON'T KNOW</td><td></td><td></td></open:<>	DON'T KNOW		
	25=01) and (E26=1 or E26=02) and (E27=01, 2, 3, 4, or 5) and (E04) $^{\circ}$ (E04) $^$	Ξ28 =	=10))
<open:< td=""><td>></td><td></td><td></td></open:<>	>		
	DON'T KNOW		
DELETED: E29 E30 E30g_Other E30h_Other E30i_Other E30j_Other E31 E32 E32g_Other E32h_Other E32i_Other E32i_Other E32j_Other E32j_Other E33 (E21=01 or E24=01 or E26 E34. PROGRAMMER	5=01) : IF PROXY RESPONDENT, USE {NAME}		
	AME) getting a Ticket in the mail from Social Security? It looks not the title says 'Ticket to Work and Self-Sufficiency'.	like	a certificate with blue
	YES	00 d	(E36)
((E21=01 or E24=01 or E2 E35. Did {you/NAME} e	25=01) and E34=00, d, r) ver try to get a Ticket from Social Security or anywhere else?		
	YES	00 d	(F31) (F31) (F31)

EVER USED TICKET/STATE VR AGENCY

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	(E37)
NO	00	(E36check)
DON'T KNOW	d	(E36check)
REFUSED	r	(E36check)

(E25=0, d, or r) OR (E36=0, d, or r)

E36CHECK.

CHECK: DID {NAME} HAVE A TICKET ASSIGNED AT THE TIME OF SAMPLE SELECTION (sampgrp=1) OR WAS IN-USE VR (sampgrp=2)?

NEW ITEM

(E36CHECK=01)

E36b. {Have you/Has NAME} ever received any services from a State Vocational Rehabilitation agency? In your state, this agency is known as {VRNAME}.

YES	01	(E37b)
NO	00	(E36bcheck)
DON'T KNOW	d	(E36bcheck)
REFUSED	r	(E36bcheck)

(E36b=0, d, r) or (E36CHECK=00)

E36bCHECK: DID {NAME} HAVE AN IN-USE TICKET WITH AN SVRA AT THE TIME OF SAMPLE SELECTION (sampgrp=2)?

YES	01	
NO	00	(E51)

NEW ITEM

(E36bCHECK=1)

E36c. {Are you/Is NAME} aware that, according to Social Security, {you are/(he/she) is} signed up with the State Vocational Rehabilitation Agency {ENSAMPLE} and have been since {SDATE}?

YES	01	(E37b)
NO	00	(E51)
DON'T KNOW	d	(E51)
REFUSED	r	(E51)

PRELOA	DED VARIA	BLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPGRP
TICKET	/SVRA USE	IN 2009
DELETE E37a E37Amt E37ayr E37a0 E37a1		
(E21=01 E37b.		or E25=01) and (E36b=1 or E36c=1) Was NAME} signed up with a State Vocational Rehabilitation Agency at any time in 2009?
		YES 01 (E39) NO 00 (E51) DON'T KNOW d (E51) REFUSED r (E51)
(E21=01 E37.	{Were you	or E25=01) and E36=01) Was NAME} signed up with any Employment Networks or a State Vocational Rehabilitation any time in 2009?
	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 (E38) NO 00 (E45) DON'T KNOW d (E45) REFUSED r (E45)
((E21=0 E38.	E24=01 or	1 or E25=01) and E37=01) or ((E21=01 or E24=01 or E25=01) and E37b=01) or ((E21=01 or E25=01) and E36=01 E37=01) Employment Networks {were you/was NAME} signed up with in 2009?
		_ EMPLOYMENT NETWORKS IN 2009 (1-2) (1-5)
		DON'T KNOW d REFUSED r
((E21=0 E39.	PROGRAM	or E25=01) and E37=01) or ((E21=01 or E24=01 or E25=01) and E37b=01) IMER: (IF E37=1 AND IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 R (IF E37a=01 and E37b=01) OR (IF E38>1)), USE {FIRST, SECOND, THIRD, ETC.}
		What was the name of the {first, second, third, fourth, fifth} Employment Network {you were } signed up with in 2009?
	(IF E37b=1 with in 2009) What was the name of the Vocational Rehabilitation Agency {you were/NAME was} signed up 9?
	INTERVIE	NER : IF NAME OF VR IS NOT KNOW, ENTER "STATE VR AGENCY".
	INTERVIE	WER: ENTER VERBATIM RESPONSE
	E39b (E E39c (E	EN#1 2009) <string=240></string=240>

E39e (EN#5 2009) <STRING=240 > _____

DON'T KNOW d REFUSEDr

PROGRAMMER:	IF SIGNED UP	WITH SVRA IN 2009	(E37b=1), SK	IP TO E51.
			, , , , , , ,	

PROGR	AMMER: ASK E	40- E43 FOR E <i>A</i>	ACH EMPLOYMEN	T NETWO	RK LIST	ED IN E39) (WI	HERE E37=1)).
((E21=0 E40mth		Work program	=01) n started in 2001. N 2009 FROM E39}		month	and year	did	{you/NAME}	first use
	PROBE: Your be	est estimate is fi	ne.						
	INTERVIEWER:	ENTER MONT	H HERE AND YEA	R ON NEX	T SCRE	EN			
		(1-12) MO							
	1 or E24=01 or E2 PROBE: The Tick ticket with {EN IN	ket to Work prog	gram started in 200	1. In what	month a	nd year di	d {yo	ou/NAME} first	t use you
	PROBE: Your be	est estimate is fi	ne.						
	INTERVIEWER:	ENTER YEAR							
		_ _ YEAR	(2001-2009)						
E41.	{Are you/Is NAMI	E} currently sign	ed up with {EN IN 2	2009 FRO	И E39}?				
		NO DON'T KNOW					. 00 . d	(NEXT EN C	OR E44)
		•	=01 and E41=00,d, ou/NAME} stop rece	•	ces from	ı {EN IN 20	009 F	FROM E39}?	
	PROBE: Your be	est estimate is fi	ine.						
	INTERVIEWER:	ENTER MONT	H HERE AN YEAR	ON NEXT	SCREE	N			
		(1-12) MO							
((E21=0 E42yr.		•	=01 and E41=00,d, ear did {you/NAME}	•	ving ser	vices from	{EN	IN 2009 FRC	M E39}?
	PROBE 2: Your	best estimate is	fine.						
	INTERVIEWER:	ENTER YEAR							
		_ _ YEAR	(2001-2010) (2009- 2010)						
		DON'T KNOW					. d		
		DEELIGED							

SECTION E UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE
PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPGRP

	SOFT EDIT: FAILS EDIT,	[YEAR STOPPED FINTERVIEWER REA	01 and E41=00,d, r) and (E42yr<2009)) RECEIVING SERVICES (E42yr) SHOULD E AD: Earlier you reported {you were/NAME wa you/NAME} stopped receiving services in (E4	ıs} signe	
	Is this correct	et?			
		NO		02	(CHANGE E42yr)
((E21=0 E43.			o1 and E41=00,d, r)) receiving services from {EN IN 2009 FROM	E39}?	
	INTERVIEW	ER: ENTER VERBA	TIM RESPONSE		
	<oi< td=""><td>PEN></td><td></td><td></td><td></td></oi<>	PEN>			
CURRE	NT TICKET U	ISE			
(E41=1) E44.	CHECK: IS	{NAME} CURRENTL E41=01 FOR ANY EN	Y SIGNED UP WITH AN EMPLOYMENT NE N}?	TWOR	K FROM 2009
					(E48))
((E21=0 E45.		·	e00) or ((E21=01 or E24=01 or E25=01) and I ed up with an Employment Network?	E36=01	and E44=00)
		disabilities work or	ks are organizations or businesses that offe earn more money as part of the Ticket to lic or private and can include the State Voca	Work	Program. Employment
		YES NO DON'T KNOW .		01 00 d	(E48) (E48)
		The state of the s	e01 and E44=00 and E45=01)) nent Network {you are/NAME is} <u>currently</u> sign	ned up	with?
	INTERVIEW	ER: ENTER VERBA	ATIM RESPONSE CURRENT EN #1 <strin< td=""><td>IG=240</td><td>></td></strin<>	IG=240	>
	. The Ticket to		01 and E44=00 and E45=01) ed in 2001. In what month and year did {you, E46}?	/NAME]	first use {your/his/her}
	(PROBE: Yo	ur best estimate is fir	ne.		
	INTERVIEW	ER: ENTER MONTH	HHERE AND YEAR ON NEXT SCREEN		
			(1-12) MO		

SECTION E UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPGRP

•	or E24=01 or E25=01) and E36=01 and E44=00 and E45=01) PROBE 1: The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} ticket with {CURRENT EN FROM E46}?					
	PROBE 2: \	our best estimate is fine.				
	INTERVIEW	ER: ENTER YEAR				
		(2001-2006) YEAR				
		DON'T KNOW d REFUSED r				
OTHER	EMPLOYME	NT NETWORKS NOT PREVIOUSLY DISCUSSED				
(E21=01 E48.	{Have you/H	r E25=01) and E36=01 as NAME} ever used {your/his/her} Ticket to sign up with any other Employment Networks that et talked about?				
		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 (E51) DON'T KNOW d (E51) REFUSED r (E51)				
(E21=01 E49.		r E25=01) and E36=01 and E48=01 ther Employment Networks {have you/has NAME} been signed up with?				
		_ OTHER EMPLOYMENT NETWORKS (1-2) (1-5)				
		DON'T KNOW d REFUSED r				
-	The Ticket to	r E25=01) and E36=01 and E48=01 Work program started in 2001. In what month and year did {you/NAME} <u>first</u> use {your/his/her} up with an Employment Network?				
	PROBE: Yo	ur best estimate is fine.				
	INTERVIEW	ER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN				
		(1-12) MO				
		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, SAMPGRP

(E21=01 or E24=01 or E25=01) and E36=01 and E48=01

E50yr. 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

|__|_| (2001-2006) YEAR

DON'T KNOW d
REFUSED r

(E21=01 or E24=01 or E25=01) or (E36=01 or E36b=1 or E36c=1)

E51. CHECK: WAS NAME AWARE OF TICKET [(E21=01 or E24=01 or E25=01) AND:

NEVER USED TICKET (E36=00, d, r) OR WAS A TICKET NON-PARTICIPANT IN 2009 (E37=00, d, r) OR NEVER USED AN SVRA (E36b=0, d, r) OR NEVER USED AN SVRA IN 2009 (E37b=0, d, r)] OR WAS NAME AWARE OF TICKET [(E21=01, OR E24=01 OR E25=01) AND USED AN SVRA IN 2009 (E37b=1)].

 PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

SECTION F: TICKET NON-PARTICIPANTS IN 2009

TRIED TO GET INFORMATION OR PARTICIPATE IN 2009

(E51=01)

F1. During **2009**, did {you/NAME or his/her representative} contact, or try to contact, anyone to find out more about the Ticket to Work program or to participate in the program?

YES	01	
NO	00	(F31)
DON'T KNOW	d	(F31)
REFUSED	r	(F31)

(E51=01 and F1=01)

F2. Thinking only about **2009**, who did {you/NAME or his/her representative} contact to get information about the Ticket to Work program?

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

		YES	NO	DON'T KNOW	REFUSED
		01	00	d	r
a.	The Social Security Administration?			-	ı
b.	Maximus?	01	00	d	r
C.	The State Vocational Rehabilitation Agency or{VRNAME}?	01	00	d	r
d.	A Work Incentive and Planning Assistance program or benefit specialist	01	00	d	r
e.	A caseworker?	01	00	d	r
f.	A friend or family member?	01	00	d	r
g.	An Independent Living Center?	01	00	d	r
h.	An Employment Network				
PR	OBE: 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
PROGRAMMER: IF F2h=01 GO TO F2h_OTHER, ELSE GO TO F2i					
i.	Another Agency or Organization	01	00	d	r

PROGRAMMER: IF F2i=01 GO TO F2i_OTHER, ELSE GO TO F3

SECTION F UNIVERSE: TICKET NON-PARTICIPANTS IN 2009 (E35=00,d, r or E51=01) VARIABLES FROM OTHER SECTIONS: RTYPE PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

-	1, F1=01 and ner. What ot	F2h=01) her Employment Network?					
		PEN>			(F2i)		
		DON'T KNOW					
	1, F1=01 and er. What oth	F2i=01) uer Agency or Organization?					
	<o< td=""><td>PEN></td><td></td><td></td><td></td></o<>	PEN>					
		DON'T KNOWREFUSED					
(E51=0 ⁻ F3.		how easy was it for {you/NAME or his/her representative} to get ut the Ticket to Work program? Was it:	the	information	{you/they}		
		Very easy,	02 03 04 d				
INFORM	MATION ABO	OUT EMPLOYMENT NETWORKS					
(E51=0 ⁻ F4.	and F1=01) Now I'd like to ask you about Employment Networks. During 2009 , did {you/NAME or his/her representative} get any information about the Employment Networks that serve {your/NAME's} area?						
	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 NO DON'T KNOW REFUSED	00 d	(F12)			
(E51=0° F5.	1 and F1=01 How did {yo	and F4=01) u/NAME} receive this information about Employment Networks?					
	PROBE:	For example, did you get information through the mail, by phone, via in some other way?	a the	Internet, in-	-person, or		
	INTERVIEWER NOTE: Code all that apply.						
		MAIL PHONE INTERNET IN-PERSON MEETING OTHER (specify) DON'T KNOW REFUSED	02 03 04 05 d	(F6) (F6)			

(E51=0° F5_othe	1 and F1=01 and F4=01) and F5=05 er	
	<open></open>	
	DON'T KNOWREFUSED	
(E51=0°	1 and F1=01 and F4=01 and F5=01) Who did {you/NAME or his/her representative} get information from about	Employment Networks?
	INTERVIEWER: CODE ALL THAT APPLY.	
	SOCIAL SECURITY ADMINISTRATION	01 (F7)
	MAXIMUS	02 (F7)
	STATE VOCATIONAL REHABILITATION AGENCY or {VRNAME A WORK INCENTIVES PLANNING AND ASSISTANCE PROGRA	
	OR BENEFITS SPECIALIST	* ,
	A CASEWORKER	• •
	FRIEND/FAMILY MEMBER	• •
	INDEPENDENT LIVING CENTER	` ,
	EMPLOYMENT NETWORK	
	OTHER AGENCY/ORGANIZATION	
	DON'T KNOW	
	REFUSED	
-	1 and F1=01 and F4=01 and F5=01 and F6=10) her. What Other place?	
	<open></open>	
	DON'T KNOW	d
	REFUSED	r
DELETE F7 F8 F8j_Oth F9 F10 F10j_Ot	ner	
CONTA	ACT WITH STATE VR AGENCIES	
PROGR	RAMMER: SKIP F12-F19 IF E37b=1	
(E51=0° F12.	1 and F1=01 and E37b≠ 1) The next questions are about trying to use a Ticket with the vo {your/NAME's} state. In {your/NAME's} state the vocational rehabilitation FOR VR AGENCY}. I'm going to refer to this as {your/NAME's} State VR or his/her representative} contact {your/his/her} State VR agency to use {y getting services from them? YES	n agency is called {STATE NAME R agency. In 2009 , did {you/NAME your/his/her} Ticket or to talk about
	DON'T KNOW	, ,
	REFUSED	r (F20)

(E51=0° F13.	I and F1=01 and F12=01 and E37b≠ 1) In 2009 , did {you/NAME or his/her representative} try to use {your/NAME's {your/NAME's} State VR agency?	s} T	icket to sign up with
	YES	01	
	NO		` '
	DON'T KNOW		, ,
	REFUSED	r	(F20)
F14. DE	LETED (E51=01 and F1=01 and F12=01 and F13=01 and E37b≠ 1)		
F15.	In 2009, did {your/NAME's} State VR agency accept {your/his/her} Ticket?		
	YES		(F17)
	NO		(500)
	DON'T KNOWREFUSED		(F20) (F20)
(E51=0°	and F1=01 and F12=01 and F13=01and F15=00 and E37b≠ 1)	•	(1 23)
F16.	Why didn't the State VR agency accept {your/NAME's} Ticket in 2009?		
	INTERVIEWER: CODE ALL THAT APPLY.		
	NOT TAKING TICKETS WHEN CONTACTED	01	(F17)
	DID NOT OFFER SERVICES {NAME} NEEDED	02	(F17)
	DID NOT SERVE PEOPLE WITH {NAME'S} DISABILITY/NEEDS	03	(F17)
	HOURS		` '
	{NAME} NOT WILLING TO GO OFF OF DISABILITY BENEFITS		(F17)
	OTHERDON'T KNOW		(E17)
	REFUSED		(F17) (F17)
-	and F1=01 and F12=01 and F13=01 and F15=00 and F16=06 and E37b≠ 1) ner. What other reason?	·	()
	<open></open>		(F20)
	DON'T KNOW	-	
	REFUSED	r	
	and F1=01 and F12=01 and F13=01 and F15=01, 00) CHECK: WAS TICKET ASSIGNED TO STATE VR AGENCY IN 2009 (F15=01)?		
	YES	01	
	NO	00	(F20)
(E51=0° F18.	and F1=01 and F12=01 and F13=01 and F15=01,00 and F17=01 and E37b≠ 1) SOFT EDIT: You said that {your/NAME's} State VR agency accepted {your/his	s/hei	r} Ticket some time in
. 10.	2009 (F15=01), but I show that you told me earlier {you/NAME} had not assign 2009 (E51=01). Is it correct that {you/NAME} participated in the Ticket to Work {your/his/her} State VR agency?	ed	(your/his/her) Ticket in
	YES, DID PARTICIPATE IN 2009	01	
	NO, DID NOT PARTICIPATE IN 2009		` '
	DON'T KNOW		(F20)
	REFUSED	r	(F20)

(E51=01 and F1=01 and F12=01 and F13=01and F15=01,00 and F17=01 and F18=01 and E37b≠ 1)

F19. I have encountered a problem with the interview and need to speak with my supervisor. I will call you back shortly. Thank you for your time.

INTERVIEWER: GO TO PARALLEL BREAKOFF BLOCK, END INTERVIEW AND STATUS SUPERVISOR REVIEW 380.

CONTACT WITH EMPLOYMENT NETWORKS OTHER THAN THE STATE VR AGENCY

(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}/(If E37b=1 {NAME FROM E39}). In **2009**, 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?

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	(F28)
DON'T KNOW	d	(F28)
REFUSED	r	(F28)

(E51=01 and F1=01 and F20=01)

F21. How many other Employment Networks did {you/NAME} contact in 2009?

PROBE: Your best guess is fine.

_ NUMBER	(1-2)	
	(1-15)	
DON'T KNOW		d
DEFLISED		r

(E51=01 and F1=01 and F20=01)

F22. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK IN F21, READ THIS STATEMENT BEFORE F22:

{In the next few questions, I am going to ask about {your/NAME's} overall experience with the Employment Networks that {you/(he/she)} contacted.}

PROGRAMMER: USE "ANY OF" AND "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN (F21>1).

Did {you/NAME or his/her representative} try to use {your/NAME's} Ticket to sign up with {any of} the Employment Network(s) {you/he/she} contacted?

YES	01	
NO	00	(F30)
DON'T KNOW	d	
REFUSED	r	

F23 DELETED

(E51=0° F24.	1 and F1=01 and F20=01 and F22=01,d, r) PROGRAMMER: USE "ANY OF" AND "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN (F21>1).
	In 2009, did {any of} the Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME's} Ticket?
	YES
(E51=0° F25.	1 and F1=01 and F20=01 and F22= 01,d, r and F24=00) PROGRAMMER: USE "NETWORKS" IF {NAME} 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 2009?
	PROGRAMMER: USE "THESE" AND "NETWORKS" IF {NAME} 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 2009?
	INTERVIEWER: CODE ALL THAT APPLY.
	NOT TAKING TICKETS WHEN CONTACTED 01 (F30) DID NOT OFFER SERVICES {NAME} NEEDED 02 (F30) EMPLOYMENT NETWORK DID NOT SERVE PEOPLE WITH {NAME'S} 03 (F30) DISABILITY/NEEDS 03 (F30) {NAME} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH HOURS 04 (F30) {NAME} NOT WILLING TO GO OFF OF DISABILITY BENEFITS 05 (F30) OTHER 06 DON'T KNOW d (F30) REFUSED r (F30)
	1 and F1=01 and F20=01 and F22= 01,d, r and F24=00 and F25=06) her. What Other reason?
	<open></open>
	DON'T KNOW
(E51=01 F26.	1 and F1=01 and F20=01 and F22= 01,d, r and F24=01) PROGRAMMER: USE "ONE OF" AND "NETWORKS" IF {NAME} 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 2009 (F24=01), but I show that you told me earlier {you/NAME} had not assigned {your/his/her} Ticket in 2009 (E51=01). Is it correct that {you/NAME} participated in the Ticket program in 2009?

YES, DID PARTICIPATE IN 2009	01	
NO, DID NOT PARTICIPATE IN 2009	02	(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 for your time.

INTERVIEWER: GO TO PARALLEL BREAKOFF BLOCK, END INTERVIEW AND STATUS

	SUPERVISOR REVIEW 380.		
RECEIV	ED INFORMATION BUT DID NOT CONTACT ENs IN 2009		
(E51=01 F28.	and F1=01 and F20=00,d, r) CHECK: DID {NAME} RECEIVE INFORMATION ABOUT EMPLOYMENT NETVINOT CONTACT THEM (F12=00 AND F20=00)?	VOR	RKS (F4=01) BUT DID
	YES		(F30)
(E51=01 F29.	I and F1=01 and F20=00,d, r and F28=01) After receiving information about the Employment Networks in {your/NAME's} ar the State Vocational Rehabilitation agency or {VRNAME}}, why didn't {you/NAME contact any of them?		
	INTERVIEWER: CODE ALL THAT APPLY.		
-	PHYSICAL/MENTAL CONDITION	02 03 04 05 06 07 08 09 10 11 12 13 15 14 d	(F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30) (F30)
	<open></open>		
	DON'T KNOW	d r	

FUTURE PLANS ABOUT TICKET TO WORK PARTICIPATION

F30.	1 and F1=01) Do you think {yo	u/NAME} will try to participate in the Ticket to Work program at ar	ny tir	ne in the future?
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
		GO TO F33		
AWAR	E OF TICKET PRO	DGRAM BUT DID NOT TRY TO GET INFORMATION OR PART	ICIP	ATE DURING 2009
(E35=0	0,d, r) OR (E51=0	1 and F1=00,d, r)		
F31.	What are the ma	in reasons {you did/NAME did} not try to participate in the Ticket	to W	ork program in 2009
	INTERVIEWER:	CODE ALL THAT APPLY:		
		PHYSICAL/MENTAL CONDITION	01	(F32)
		DIDN'T WANT TO		• •
		FAMILY RESPONSIBILITIES		` '
		FAMILY WOULD NOT SUPPORT		. ,
		COULD NOT GET RELIABLE TRANSPORTATION		• •
		ALREADY HAD A JOB		. ,
		FEARED SERVICES WOULD ENDANGER BENEFITS		• •
		INFORMATION TOO CONFUSING - DID NOT KNOW		,
		WHERE TO START	80	(F32)
		EMPLOYMENT NETWORK (YOU/NAME) WANTED WAS		,
		NOT PARTICIPATING	09	(F32)
		ENs TOO FAR AWAY	10	(F32)
		COULD NOT GET IN CONTACT WITH ENs	11	(F32)
		NO ENs PROVIDED SERVICES {NAME} NEEDS	12	(F32)
		NO ENS SERVE MY KIND OF DISABILITY	13	(F32)
		IN SCHOOL	14	(F32)
		OTHER	15	(F31_oth)
		DECIDED TO GO TO STATE VOCATIONAL		
		REHABILITATION AGENCY (VR)	16	(F32)
		DON'T KNOW		(F32)
		REFUSED		(F32)
(F31=1	,			
F31_ot	h. INTERVIEWER	: ENTER VERBATIM RESPONSE		
	<open< td=""><td>></td><td></td><td></td></open<>	>		
		DON'T KNOW	d	
		REFUSED	r	
(E35=0 F32.	0,d, r) OR (E51=0 Do you think {yo	1 and F1=00,d, r) u/NAME} will try to participate in the Ticket to Work program at ar	ny tir	ne in the future?
		YES	01	
		NO.		
		DON'T KNOW		
		DEFLICED	u	

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.

PROGRAMMER: INSERT STATEMENT BELOW HERE

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

INTERVIEWER: REPEAT AS NECESSARY

		KNEW BEFORE TODAY	DID NOT KNOW BEFORE TODAY	DON'T <u>KNOW</u>	REFUSED
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 provided without cost to you	01	00	d	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
NI	EW ITEM				
e.	{You/NAME} can get services from your State Vocational Rehabilitation Agency without giving them your Ticket	01	00	d	r
NI	EW ITEM				
f.	{You/NAME} can use your Ticket to get follow-up services somewhere else after you finish getting services from the State Vocational Rehabilitation Agency	01	00	d	r

SECTION G UNIVERSE: ALL

VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, E36, E36b, E37, E39 PRELOADED

VARIABLES: BIRTHYEAR

SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2009

UNIVERSE: ALL

VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, E36, E36B, E37, E39

PRELOADED VARIABLES: BIRTHYEAR

SERVICE PROVIDERS

(All)

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

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

PROBE 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.

PROBE 2: (IF E36=01 OR E36b=1)

This includes services {you/NAME} received from an Employment Network or State Vocational Rehabilitation Agency.

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>
REFUSED

(G1=01)

G3. CHECK: WAS {NAME} A TICKET PARTICIPANT IN 2009(E37=01) OR USED SVRA SERVICES IN 2009 E37b=1)?

YES	01	
NO	00	(G7)

VARIABLES: BIRTHYEAR

PROGRAMMER: REPEAT G4 THROUGH G6 ONLY FOR THE FIRST AND SECOND 2009 EMPLOYMENT **NETWORKS LISTED IN E39** (G1=01 and G3=01) INTERVIEWER: IS {EMPLOYMENT NETWORK IN 2009 (DISPLAY FIRST/SECOND NAME FROM E39)} G4. ON THIS LIST {DISPLAY LIST FROM G2}? THEN SKIP TO G7 (G1=01 and G3=01 and G4=00) In 2009, did {you/NAME} receive employment services from {FIRST/SECOND EMPLOYMENT NETWORK IN 2009 (E39)}? YES 01 NO 00 (G7) DON'T KNOW d (G7) REFUSED r (G7) (G1=01 and G3=01 and G4=00 and G5=01) Then let me add {FIRST/SECOND EMPLOYMENT NETWORK FROM 2009 (E39)} to this list. INTERVIEWER: ENTER '1' TO ADD NAME OF EMPLOYMENT NETWORK TO LIST (G1=01)G7. PROGRAMMER: A SK G7 THROUGH G9 FOR EACH PLACE LISTED IN G2 INCLUDING EMPLOYMENT NETWORKS THAT WERE ADDED IN G6. Thinking about {PROVIDER FROM G2}, was this place:

(G1=01 and G7=03)

G7_oth. INTERVIEWER: PLEASE SPECIFY

REFUSED r (NEXT PROVIDER OR G10)

(G1=01 and G7=01)

G8. CHECK: WAS {PROVIDER FROM G2} A STATE AGENCY (G7 = 01)?

YES 01

/ARI	ABLE	S: BI	RTH1	/FAR

(04.04	and C7 04 and C0 0	4)		
(G1=01 G9.	and G7=01 and G8=0 Was this place a:	'1)		
	A vocational A welfare as A mental he Some other Workforce of Some other DON'T KNOREFUSED.	I rehabilitation agency,	02 03 04 06 05 d	(NEXT PROVIDER OR G10) (NEXT PROVIDER OR G10) (G9_oth1) (NEXT PROVIDER OR G10)* (G9_oth2) (NEXT PROVIDER OR G10) (NEXT PROVIDER OR G10) (NEXT PROVIDER OR G10)
*Note:	across rounds.	added at R2 and R3; value of "other" cat	egoi	ry (G9=5) maintained for comparability
•	G7=01 and G8=01 an	•		
	<open></open>			(NEXT PROVIDER OR G10)
		N'T KNOW		
,	G7=01 and G8=01 and C8=01 and Care Care Care Care Care Care Care Care	,		
	<open></open>			(NEXT PROVIDER OR G10)
		N'T KNOWFUSED		
(AII) G10.	Sometimes people g	et training to help them learn new skills so th	ney c	can get a new job or change careers.
	•	ORE AGE 16 (B18_AGE < 16 OR IF BIRT		· · · · · · · · · · · · · · · · · · ·
	•	GE 16 OR LATER (B18_AGE 16 OR IF E {have you/has NAME} received any traini		**
	PROBE: Please of	lo not include places you already told me ab	out.	
	NC DC	S) N'T KNOW FUSED		

(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 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.

PROBE 2: (IF E36=01 OR E36b=1)

This includes services {you/NAME} received from an Employment Network or State Vocational Rehabilitation Agency.

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>
REFUSED

PROGRAMMER: FOR EACH PROVIDER LISTED IN G11 DISPLAY G12

(G10=01)

G12. INTERVIEWER: DID THE RESPONDENT MENTION (PROVIDER LISTED IN G11) AT G2?

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS

HAVE BEEN MENTIONED YET.

INTERVIEWER: PROVIDERS MENTIONED AT G2 INCLUDE (DISPLAY PROVIDERS FROM G2):

PROGRAMMER: ASK G13 THROUGH G14 FOR EACH NEW PROVIDER LISTED IN G11.

(G10=01)

G13. Thinking about {NEW PROVIDER FROM G11}, was this place:

Some other type of place 03 (G13_oth)

*Note: G13=4 is a category added at R2 and R3; value of "other" category (G13=3) maintained for comparability across rounds.

(G10=01 and G13=03)

G13_oth. INTERVIEWER: PLEASE SPECIFY

١	V	Δ	١F	21/	٩R	ΙF	S٠	RI	RT	Ή	YF	Δ	R

VARIABI	LES: BIRTHY	EAR		
-	1 and G13=0 Was this pla			
	A v A u So No DO	vocational rehabilitation agency,	02 03 04 05 d	(NEXT PROVIDER OR G15) (NEXT PROVIDER OR G15) (G14_oth) (NEXT PROVIDER OR G15)
		1 and G14=04) WER: PLEASE SPECIFY		
	<c< td=""><td>PEN></td><td></td><td> (NEXT PROVIDER OR G15)</td></c<>	PEN>		(NEXT PROVIDER OR G15)
		DN'T KNOW		(NEXT PROVIDER OR G15) (NEXT PROVIDER OR G15)
(All) G15.		people with disabilities receive medical services to itly. Some examples of these services are physical or devices.	-	
	•	ED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRT nas NAME) received any medical services to implify?		,,
	becoming d	ED AT AGE 16 OR LATER (B18_AGE≥ 16 OR IF isabled, {have you/has NAME} received any medica independently?		
	PROBE:	Please do not include places you already told me al	bout.	
		YES NO DON'T KNOW REFUSED		00 (G19) d (G19)
(G15=0	•			
G16.	What was th	ne name of the place {you/NAME} went to for those r	medi	cal services?
		lease do not include any places you already told me		
	PROGRAM	MER: DISPLAY Anyplace else? ON SCREEN FOR	RPR	OVIDERS 2 THROUGH 8
	INTERVIEV	VER: PRESS 'ENTER' FOR NO OTHER PLACE		
	PROBE 1:	IF RESPONDENT DOESN'T KNOW NAME: I nee the place {you/NAME} received these services from help us identify this place later? Street name, accolor of the building would help identify it.	m in	later questions. What could I enter to
	PROBE 2:	(IF E36=01)This includes services {you/NAME} rec	eive	d from an Employment Network.
	PROVIDER	1 <string=240></string=240>		

PROVIDER 4 < STRING=240>_____

REFUSED.....r

PROVIDER 5 < STRING=240>_____ PROVIDER 6 < STRING=240>_____ PROVIDER 7 < STRING=240>______

PROVIDER 8 < STRING=240>_____

VARIABLES: BIRTHYEAR

PROGRAMMER: FOR EACH PROVIDER LISTED IN G16 DISPLAY G17.

(G15=01)

G17. INTERVIEWER: DID THE RESPONDENT MENTION {PROVIDER LISTED IN G16} AT G2 OR G11?

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS

HAVE BEEN MENTIONED YET.

INTERVIEWER: PROVIDERS MENTIONED AT G2 OR G11 INCLUDE (DISPLAY PROVIDERS FROM G2

AND G11}:

PROGRAMMER: ASK KINDPLACE FOR EACH NEW PROVIDER LISTED IN G16.

(G15=01)

G18. Thinking about {NEW PROVIDER FROM G16}, was this place:

 A clinic,
 01 (NEXT PROVIDER OR G19)

 A hospital
 02 (NEXT PROVIDER OR G19)

 A doctor's office, or
 03 (NEXT PROVIDER OR G19)

 Some other type of place?
 04 (G18_oth)

(G15=01 and G18=04)

G18_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>______(NEXT PROVIDER OR G19)

DON'T KNOW d (NEXT PROVIDER OR G19)
REFUSED r (NEXT PROVIDER OR G19)

(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_AGE16 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?

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 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.

PROBE 2: 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>	
REFUSEDr	ſ

PROGRAMMER: FOR EACH PROVIDER LISTED IN G20 DISPLAY G21.

(G19=01)

G21. INTERVIEWER: DID THE RESPONDENT MENTION (PROVIDER LISTED IN G20) AT G2, G11 OR G16?

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS

HAVE BEEN MENTIONED YET.

 $\textbf{INTERVIEWER:} \ \ \mathsf{PROVIDERS} \ \ \mathsf{MENTIONED} \ \ \mathsf{AT} \ \ \mathsf{G2}, \ \ \mathsf{G11}, \ \ \mathsf{OR} \ \ \mathsf{G16} \ \ \mathsf{INCLUDE} \ \ \{\mathsf{DISPLAY} \ \ \mathsf{PROVIDERS}$

FROM G2, G11, AND G16}:

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

(G19=01)

G22. Thinking about {NEW PROVIDER FROM G20}, was this place:

A mental health agency,	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)
Some other type of place?	05	(G22_oth)
DON'T KNOW	d	(NEXT PROVIDER OR G23)
REFUSED	r	(NEXT PROVIDER OR G23)

(G19=01 and G22=05)

G22_oth. INTERVIEWER: PLEASE SPECIFY

(All)

G23. **PROGRAMMER:** (IF DISABLED BEFORE AGE 16 (C_DISAGE <16)) Since age 16, {have you/has NAME} enrolled in school or taken any classes to help {you/him/her} get a new job or change careers? Please do not include any training you have already told me about.

(IF DISABLED AT AGE 16 OR LATER (C_DISAGE≥ 16)) Since becoming disabled, {have you/has NAME} enrolled in school or taken any classes to help {you/him/her} get a new job or change careers? Please do not include any training you have already told me about.

- **PROBE 1:** This could include vocational training in high school, college classes, or other instructional programs.
- **PROBE 2:** Please don't include places you already told me about.

In 2009, did {you/NAME} enroll in school or take any classes to help {you/him/her} get a new job or change careers?

Please do not include any training you have already told me about.

- **PROBE 1:** This could include vocational training in high school, college classes, or other instructional programs.
- PROBE 2: Please don't include places you already told me about.

YES	01	
NO	00	(G29a)
DON'T KNOW	d	(G29a)
REFUSED	r	(G29a)

(G23=01)

G24. Where did {you/NAME} enroll in school or take classes?

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 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.

PROBE 2: (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>	
REFUSED	r

PROGRAMMER: FOR EACH PROVIDER LISTED IN G24 DISPLAY G25.

(G23=01)

G25. INTERVIEWER: DID THE RESPONDENT MENTION {PROVIDER LISTED IN G24} AT G2, G11, G16, OR G20?

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS

HAVE BEEN MENTIONED YET.

INTERVIEWER: PROVIDERS MENTIONED AT G2, G11, G16, OR G20 INCLUDE {DISPLAY PROVIDERS FROM G2, G11, G16, AND G20}:

(G10=01 or G23=01)

G26. {Are you/Is NAME} currently enrolled in school or taking any classes?

YES	01	
NO	00	(G29a)
DON'T KNOW	d	(G29a)
REFUSED	r	(G29a)

(G10=01 or G23=01 and G26=01)

G27. {Are you/Is NAME} working toward a degree, a certificate or license, or {are you/is (he/she)} just taking classes?

WORKING TOWARD DEGREE	01	
WORKING TOWARD CERTIFICATE/ LICENSE	02	
ONLY TAKING CLASSES	03	(G29a)
DON'T KNOW	d	(G29a)
REFUSED	r	(G29a)

(G10=0′ G28.		626=01 and G27=01,02) : IF G27=01 USE "DEGREE" AND IF G27=02 USE "CERTIFIC <i>A</i>	TE (OR LICENSE	,
	Toward what type	e of {degree/certificate or license} {are you/is NAME} working?			
	INTERVIEWER:	CODE ONE ONLY.			
		GED OR HIGH SCHOOL EQUIVALENCE PROGRAM/COURSES VOCATIONAL PROGRAM ASSOCIATE DEGREE PROGRAM (AA DEGREE) UNDERGRADUATE DEGREE PROGRAM (BA, BS DEGREE) GRADUATE DEGREE PROGRAM (e.g., MA, MS, MD, EdD) OTHER DON'T KNOW REFUSED	02 03 04 05 06 d	(G29) (G29) (G29) (G28f_oth) (G29)	
•		G26=01 and G27=01,02 and G28=02) R: PLEASE SPECIFY			
	<open:< td=""><td>></td><td></td><td></td><td>(G29)</td></open:<>	>			(G29)
		DON'T KNOW		• •	
•	h. INTERVIEWE	G26=01 and G27=01,02 and G28=06) R: PLEASE SPECIFY			
	<open:< td=""><td>></td><td></td><td></td><td></td></open:<>	>			
		DON'T KNOW			
(G10=0 ⁷ G29.		G26=01 and G27=01 or 02) E} a full-time or part-time student?			
		FULL-TIME PART-TIME DON'T KNOW REFUSED	02 d		
DE-DUF	PLICATION OF TH	IE LIST OF PROVIDERS			
(All) G29a.	CHECK: DID {N	AME} RECEIVE ANY SERVICES (G1=1 OR G10=1 OR G15=1 O	01	(G30_1)	
		NO	02	(G29bCHEC	K)
(G29a=0	02)				
G29b.	CHECK: DID {N E37b=1)	IAME} USE A TICKET OR RECEIVE SERVICES FROM AN	SVR	A IN 2009 (E	E37=1 o
		YESNO	-	(G48)	

VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, E36, E36b, E37, E39 PRELOADED VARIABLES: BIRTHYEAR

NI	F١	ΛI	 F	NЛ

G29a=02 and	I G29bCHECK=01)
-------------	-----------------

G29b. Earlier you said that you (IF E37b≠1) {used a Ticket to sign up with an Employment Network}/(IF E37b=1) {were signed up with a State Vocational Rehabilitation Center} in 2009, but you just reported that in 2009 you did not receive any employment services to help improve your ability to work or live independently. Is this correct?

YES	01	
NO	02	(GO BACK TO G1
		AND RECORD
		SERVICES RECEIVED)

NEW ITEM

(G29b=01)

G29c. Did you not receive services in 2009 because...

	YES	NO	DON'T KNOW	REFUSED
a. you received all of your services before 2009?	01	00	d	r
b. you did not receive services until this year, in 2010?	01	00	d	r
c. no services were offered to you?	01	00	d	r
 d. your medical condition or other personal circumstances kept you from fully participating in the services? PROBE: This might include problems such as transportation or childcare. 	01	00	d	r
e. Services were promised to you but never actually provided.	01	00	d	r
f. Are there any other reasons you did not receive services?	01	00	d	r

(G29c_f=01)

G29_c_Other. What are the reasons you did not receive services?

<open></open>	
DON'T KNOW	d
REFUSED	r

(G29a=01)

G30_1. PROGRAMMER: LIST PROVIDERS FROM G2, G11, G16, AND G20.

INTERVIEWER: IF A PROVIDER APPEARS ON THE LIST BELOW MORE THAN ONCE, ENTER THE

NUMBER IN FRONT OF <u>ONE</u> OF THE PROVIDER NAMES TO DELETE IT FROM THE

LIST. DO NOT MARK BOTH PROVIDER NAMES AS DUPLICATES.

INTERVIEWER: ONCE A PROVIDER NAME HAS BEEN DELETED, IT WILL APPEAR IN TEAL.

(G29a=01	١
1G29a=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: IF A PROVIDER APPEARS ON THE LIST BELOW MORE THAN ONCE, ENTER THE

NUMBER IN FRONT OF <u>ONE</u> OF THE PROVIDER NAMES TO DELETE IT FROM THE

LIST. DO NOT MARK BOTH PROVIDER NAMES AS DUPLICATES.

INTERVIEWER: ONCE A PROVIDER NAME HAS BEEN DELETED, IT WILL APPEAR IN TEAL.

PROGRAMMER: IF ALL PROVIDERS DELETED, DISPLAY, YOU HAVE DELETED ALL PROVIDERS.

RETURN TO G30 AND DELETE DUPLICATES ONLY.

ONCE YOU HAVE SELECTED THE APPROPRIATE PROVIDER FOR DELETION (OR SELECTED 'NONE/DONE') SUPPRESS THE SECOND ERROR MESSAGE TO CONTINUE.

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.

(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} <u>last</u> receive services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST}? Was it in 2010, in 2009, or before 2009?

IN 2010	01	(NEXT PROVIDER OR G35)
IN 2009	02	(NEXT PROVIDER OR G36)
BEFORE 2009	03	(NEXT PROVIDER OR G48)
DON'T KNOW	d	
REFUSED	r	

(G29a=01 and G33=d, r)

G34. Was it:

Within the last 2 years	01	
2 to 5 years ago,	02	(NEXT PROVIDER OR G48)
5 to 10 years ago, or	03	(NEXT PROVIDER OR G48)
More than 10 years ago?	04	(NEXT PROVIDER OR G48)
DON'T KNOW	d	(NEXT PROVIDER OR G48)
REFUSED	r	(NEXT PROVIDER OR G48)

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

G35. Did {you/NAME} receive services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST} at any time in 2009?

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 2009

(G29a=01 and G33=01.0.1 and G34=01 and G33=01	(G29a=01 and G33=01,d, r and G34=01	and G35=01
---	-------------------------------------	------------

G35a. CHECK: DID {NAME} RECEIVE SERVICES FROM ANY PROVIDER IN 2009 ON DE-DUPLICATED LIST (G33=02 OR G35=01) OR (THERE ARE DE-DUPLICATED PROVIDERS LISTED IN G30_1) 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 2009 (G33=02 OR G35=01) OR (THERE ARE DE-DUPLICATED PROVIDERS LISTED IN G30_1)

(G35a=01 or G33=02)

G36. In 2009, please tell me if {you/NAME} received any of the following services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009}. Did {you/he/she} receive:

PROBE: from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009 for G36_a thru G36_m}.

		YES	NO	NA	DON'T KNOW	REF
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)
e.	Special equipment or devices?	01	00	02	d	r (G36e_oth)
f.	Personal counseling or therapy?	01	00	02	d	r (G37)
g.	Group therapy?	01	00	02	d	r (G37)
d.	Medical services?	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)

*Note: G36d moved to after G36g at R2 and R3.

(G35a=01 or G33=02 and G36e=01)

G36e_oth. INTERVIEWER: PLEASE SPECIFY

<open></open>	<u> </u>	
	DON'T KNOW	d
	REFUSED	r

			•••			_							ľ
١	1 4	R	IΔ	RI	F	ς.	R	R.	ГΗ	ΥF	Δ	R	

	<open></open>		

DUPLIC	o, how many times did {y	2009}? You can tell me either the	s from {PROVIDER FROM G30_1 total number of times in 2009 or the
PROBE	How many times did 2009?	{you/NAME} go to the place or I	nave contact with the service provide
	TIMES PER WE TIMES PER MO DON'T KNOW .	IN 2009 EEK DNTH	
	with the service provider i	-	u/NAME} go to the place or have cor
		GO TO G39	
35a=01 or G3 7_Tweek.	3=02 and G37=02) PROBE: READ IF NECE with the service provider p		u/NAME} go to the place or have co
	 (1-7) (1-99)		
35a=01 or G3 88_week.	3=02 and G37=02) In 2009, about how many	weeks did {you/NAME} get these	services?
	_ WEEKS (1-52)		

VAINABLEO	MEEDED IN
VARIABLES:	BIRTHYEAR

(G35a=01 or G3 G37_Tmonth.	3=02 and G37=03) PROBE: READ IF NECESSARY: However with the service provider per month?	w many times did {you	/NAME} go to the	place or have contact
	 (1-31) (1-99)			
	DON'T KNOW REFUSED			
(G35a=01 or G3 G38_month.	3=02 and G37=03) In 2009, about how many months did	{you/NAME} get these	services?	
	MONTHS (1-52) (1-12)			
	DON'T KNOW REFUSED			
(G35a=01 or G3 G39. About IN 200	ow long did each service session with	{PROVIDER FROM G	30_1 DE-DUPLI	CATED LIST IF USED
	MINUTES		01	(G39_min)
	HOURS			
	DAYS DON'T KNOW			
	REFUSED			` ,
•	3=02 and G39=01) RVIEWER: ENTER NUMBER OF MIN	UTES.		
	 (1-59) (1-240)			
	DON'T KNOW REFUSED			
	GG	O TO G40		
	3=02 and G39=02) VIEWER: ENTER NUMBER OF HOU	RS.		
	 (1-59) (1-24)			
	DON'T KNOW REFUSED			
	GG	O TO G40		
(G35a=01 or G3 G39_day.	3=02 and G39=03) INTERVIEWER: ENTER NUMBER C	OF DAYS.		
	_ (1-3) (1-90)			
	DON'T KNOW REFUSED			

١	V	1	ΔΙ	RI	Δ	R	ı	F	S٠	R	IR	T	H'	ΥF	Δ	R	,

(G35a=0)1	or	G33=0)2

G40. How useful to {you/NAME} were the services provided by {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009}? Would you say they were:

Very useful,	01	(G49)
Somewhat useful,	02	(G49)
Not very useful, or	03	
Not at all useful?	04	
DON'T KNOW	d	(G49)
REFUSED	r	(G49)

NEW ITEM

(G35a=01 or G33=02) and G40=03 or 04)

G40_1. Were the services provided to you by {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009} not useful because...

				DON'T	I
					N
					Ф
		YES	NO		WREFUSED
a.	you had not received all of your services yet?	01	00	d	r
b.	you did not receive enough services?	01	00	d	r
C.	the services you received did not fit your needs?	01	00	d	r
d.	your medical condition or other personal circumstances kept you from fully participating in the services?	01	00	d	r
	PROBE: This might include problems such as transportation or childcare.				
e.	The services provided were of poor quality.	01	00	d	r
f.	Are there any other reasons the services provided to you were not				
	useful?	01	00	d	r
(G	40_1_f=01)				
G4	0_1_Other. What were the reasons the services were not useful?				
	<open></open>				
	DON'T KNOW			d	

REFUSEDr

G43. DELETED

G44. DELETED

G45. DELETED

G45_oth. DELETED

G46. DELETED

G47. DELETED

G47_we	ek.DELETE	EDG47_month.DELETEDG47_year. DELETED	
(AII) G48.	CHECK: W	VAS {NAME} A TICKET PARTICIPANT IN 2009 (E37=01)?	
		YES	
MONEY	RECEIVED	D FROM EMPLOYMENT NETWORK IN 2009	(002)
(G48=0	1)		
(G46=0 G49.	•	MMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38)	- 1)
	In 2009, dic	d any Employment Network give {you/NAME} money to use for any reason	on?
	PROGRAM	MMER: OTHERWISE USE	
	In 2009, dic	d {EMPLOYMENT NETWORK IN 2009 (E39 give {you/NAME} money to	use for any reason?
	PROBE:	This includes money to purchase services, equipment, or use in any ot	her way.
		YES	00 (G52) d (G52)
(G48=0 G50.	1 and G49=0 PROGRAM	01) MMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>	-1)
	In 2009, ho	ow much money did {you/NAME} receive from all Employment Networks?	•
	PROGRAM	MMER: OTHERWISE USE	
	In 2009, ho	ow much money did {you/NAME} receive from {EMPLOYMENT NETWOR	RK IN 2009 (E39)}?
	PROBE 1:	You can tell me the total amount per week or per month.	
	PROBE 2:	Your best estimate is fine.	
	INTERVIEV	WER: ROUND TO NEAREST DOLLAR	
		TOTAL AMOUNT IN	02 (G50_Tweek) 03 (G50_Tmonth) d (G52)
(G48=0 G50_T2		01 and G50=01) OGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009	9 (E38>1)
	PROBE:	READ IF NECESSARY In 2009, how much money did {you/N Employment Networks?	IAME} receive from al
	PROGRAM	MMER: OTHERWISE USE	
	PROBE:	READ IF NECESSARY: In 2009, how much money did {yo {EMPLOYMENT NETWORK IN 2009 (E39)}?	ou/NAME} receive from
		\$ _,, .00 (1-3,500) (1-20,000) (G52)	
		DON'T KNOW	d (G52)

		1 and G50=02) RAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1)
	PROBE:	READ IF NECESSARY: In 2009, how much money did {you/NAME} receive from all Employment Networks per week?
	PROGRAM	MER: OTHERWISE USE
	PROBE:	READ IF NECESSARY In 2009, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2009 (E39 } per week?
		\$, .00 (1-65) (1-385) (G51_weeks)
		DON'T KNOW
	eks. PRO	1 and G50=02 and G50_Tweek≠d, r) GRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1) weeks in 2009 {did you/did NAME} receive this money from {your/his/her} Employment
	PROGRAM	MER: OTHERWISE USE
	About how 2009 (E39 i	many weeks in 2009 did {you/NAME} receive this money from {{EMPLOYMENT NETWORK IN n 2009)?
		WEEKS (G52) (1 – 52) (1-12)
		DON'T KNOW
(G48=0 ⁻ G50_Tm		1 and G50=03) COGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1)
	PROBE:	READ IF NECESSARY In 2009, how much money did {you/NAME} receive from all Employment Networks per month?
	PROGRAM	MER: OTHERWISE USE
	PROBE:	READ IF NECESSARY In 2009, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2009 (E39 per month?
		\$, .00 (1-300) (1-1,700) (G51_months)
		DON'T KNOW
(G48=0 ² G51_mc	onths.	1 and G50=03 and G50_Tmonth≠d, r)
	PROGRAM	MER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1)
	How many Networks?	months in 2009 (did you/did NAME) receive this money from {your/his/her} Employment
	PROGRAM	MER: OTHERWISE USE
	About how 2009 (E39)}	many months in 2009 did $\{you/NAME\}$ receive this money from $\{EMPLOYMENT\ NETWORK\ IN\ in 2009?$
		_ MONTHS (1-52) (1-12)
		DON'T KNOW d REFUSED r

WHY USED SERVICES IN 2009

(AII) G52.	•	IAME} USE ANY SERVICES IN 2009 (G33=02 OR G35=01 ROVIDERS ON LIST) FOR ANY PROVIDER IN DE-DUPLICATE	•	•
		YESNO		(G58)
(G52=0 ² G53.	The next few qu	estions are about why {you/NAME} decided to use the employ she} used in 2009.	mer	nt, medical, or therapy
	Thinking only about to use these serv	out the services {you/NAME} used in 2009, what are the main rearices?	sons	s {you/he/she} decided
	INTERVIEWER:	CODE ALL THAT APPLY.		
		TO FIND A JOB/GET A BETTER JOB	02 03 04 05 06 07 08 d	(G54) (G54) (G54) (G54) (G55) (G54)
•	1 and G53=08) th. INTERVIEWE	R: PLEASE SPECIFY		
_		>		
		DON'T KNOW		
(G52=0 ² G54.	1 and G53=01-05, Did anybody pres	07,08,d, r) ssure {you/NAME} to use any services when {you/NAME} did not	wan	t to?
		YES	00 d	(G58)

	• •								
١	,	۸ ۵	1 ^	DI	EC.	DID.	ТШ	VE	۸D

VARIABLES: BIRTHYEAR		
(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		, ,
SSA LETTER		
SSA STAFF		, ,
WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM OR		(/
BENEFIT SPECIALIST	11	(G56)
HEALTH CARE PROFESSIONAL		, ,
COURT/POLICE		, ,
OTHER		(300)
DON'T KNOW		(G56)
REFUSED		
ILI OOLD	•	(030)
(G52=01 and G54=01 and G55=12) G55_oth. INTERVIEWER: PLEASE SPECIFY		
<open></open>		
DON'T KNOW		
(G52=01 and G54=01) G56. How did {your/NAME's} {FILL PERSON(S) FROM G55} pressure {you/him/her} to	use	these services?
PROBE: What did they say or do that made {you/NAME} feel pressured?		
INTERVIEWER: CODE ALL THAT APPLY.		
SAID {NAME} WOULD LOSE DISABILITY AND/OR HEALTH		
INSURANCE BENEFITS	01	(G57)
ENCOURAGED/WOULD NOT TAKE "NO" FOR AN	٠.	(33.)
ANSWER	02	(G57)
THREATENED TO WITHHOLD SERVICES		
THREATENED TO TAKE AWAY OTHER SUPPORT (E.G.,	03	(037)
KICK OUT OF THE HOUSE)	04	(CE7)
THREATENED HOSPITALIZATION/JAIL		
OTHER		(337)
		(057)
DON'T KNOW		(G57)
REFUSED	r	(G57)
(G52=01 and G54=01 and G56=05)		
G56_oth. INTERVIEWER: PLEASE SPECIFY		
<open></open>		

DON'T KNOW d REFUSEDr

G-20

SECTION G UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, E36, E36b, E37, E39 PRELOADED

VARIAB	LES: BIRTHYEAR		
-	1 and G54=01)		
G57.	Now that {you have/NAME has} used these services, listen to this statement agree, agree, disagree, or strongly disagree. Being pressured to use these serbest interest.		
	INTERVIEWER: READ IF NECESSARY.		
	STRONGLY AGREE	01	
	AGREE		
	DISAGREE, OR	-	
	STRONGLY DISAGREE	04	
	DON'T KNOW	d	
	REFUSED	r	
INFOR	MATION ABOUT SERVICES IN 2009		
(AII)			
G58.	Now I want to ask you about how easy it is to get information about services. {you/NAME} used and did not use.	Γhis	includes both services
	Thinking only about 2009, did {you/NAME} or {your/his/her} representative coinformation about services to help {you/NAME} work or live independently?	ntac	anyone to try to get
	YES	01	
	NO	00	(G60)
	DON'T KNOW	d	(G60)
	REFUSED	r	(G60)
(050.0			
(G58=0 G59.	 In general, how easy was it for {you/NAME} or {your/his/her} representative to ge wanted about these services? Was it: 	t the	information {you/they}
	Very easy,	01	
	Somewhat easy,		
	Not very easy, or		
	Not at all easy?		
	DON'T KNOW	d	
	REFUSED	r	
SERVIC	CES NEEDED BUT NOT RECEIVED IN 2009		
(All)			
G60.	In 2009, were there any services, equipment, or other supports that {you/NAME} that would have improved {your/his/her} ability to work or live independently?	nee	ded but did not receive
	YES	01	
	NO	-	(G62)
	DON'T KNOW		(G62)
	REFUSED		(G62)
10 s =			
(G60=0 G61.	1) Why {were you/was NAME} unable to get these services?		

DON'T KNOW d REFUSEDr

<OPEN>_

SECTION G UNIVERSE: ALL VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, E36, E36b, E37, E39 PRELOADED VARIABLES: BIRTHYEAR

(AII)			
G62.	CHECK: WAS {NAME} A TICKET PARTICIPANT IN 2009 (E37=01)?		
	YES	01	(H1)
	NO	00	
(AII)			
` '	CHECK: DID {NAME} RECEIVE SERVICES THROUGH VR IN 2009 (E37b=1)?		
	YES	01	(H36)
	NO	$\cap \cap$	(11)

SECTION H UNIVERSE: ALL UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01) VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr PRELOADED VARIABLES: VRNAME, IDATE

SECTION H: TICKET PARTICIPANTS IN 2009

(E37=0	01) OR (E21=1 or E	24=1 or E25=1)	
H1.	CHECK: DID {NA	AME) START PARTICIPATING IN TICKET TO WORK IN 2009	
	AND {NAME} ST	ARTED WITH AT LEAST ONE EN IN 2009 (E40YR = 2009 FOR	R ANY EN IN
	E39) AND {NAME	E} DID NOT START WITH ANY EN BEFORE 2009 ().	
		YES	01
		NO	00 (H35a)
(E37=0	01 (andH1=01)		
H2.	Now, I'm going to Work program.	o ask you some questions about {your/NAME's} experiences p	articipating in the Ticket to
		PRESS 1 TO CONTINUE01	
PROGI	RAM EXPERIENCE	ES OF FIRST-TIME TICKET PARTICIPANTS IN 2009	
(E37=0	01) and (H1=01 and	I H2=01)	
H3.		ME} decide to participate in the Ticket to Work program?	
	INTERVIEWER:	ENTER VERBATIM RESPONSE	
<	<open></open>		
		DON'T KNOW	d
		REFUSED	r
H4. DE	ELETED		
H5. DE	ELETED		

H6. DELETED

UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr
PRELOADED VARIABLES: VRNAME, IDATE

(E37=01) and (H1=01 and H2=01)

H7. Thinking only about 2009, whom did {you/NAME or (his/her) representative} contact to get information about the Ticket to Work program?

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

INTERVIEWER: REPEAT STEM AS NECESSARY

	·					
			YES	NO	DON'T KNOW	REFUSED
	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 work incentives planning and assistance program or a benefits specialist?	01	00	d	r (H8)
	e.	A 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?				
	PRC	BE: 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 (H7h_other)
	i.	Another agency or organization?	01	00	d	r (H7i_Other)
	j.	Anyone else?	01	00	d	r (H7j_Other)
		H1=01 and H2=01 and H7h=1) nat Employment Network did you contact?				
		<open></open>				
		DON'T KNOW				
		REFUSED			r	
		H1=01 and H2=01 and H7i=1) at other Agency or Organization?				
		<open></open>				
		DON'T KNOWREFUSED				
(E37=01) and (H1=01 and H2=01 and H7j=01) H7j_Other Who else?						
		<open></open>				
		DON'T KNOW				

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

PRELOADED VARIABLES: VRNAME, IDATE

(E37=01) and (H1=01 and H2=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 and H2=01)

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

YES	01	(H12)
NO	00	

DID NOT

(E37=01) and (H1=01 and H2=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?

			5.5		i I
		KNEW	KNOW		
		BEFORE	BEFORE	DON'T	
		TODAY	TODAY	KNOW	REFUSED
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.	After the first year, you must work at certain levels to remain in the program,	01	02	d	r
d.	While you are working, you can keep your Medicaid and/or Medicare benefits.	01	02	d	r
NEV	V ITEM				
e.	{You/NAME} can get services from your State Vocational Rehabilitation Agency without giving them your Ticket	01	02	d	r
NEV	V ITEM				
f.	{You/NAME} can use your Ticket to get follow-up services somewhere else after you finish getting services from the State Vocational Rehabilitation Agency				
	, 1901107	01	02	d	r

SECTION H UNIVERSE: ALL

UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)

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

PRELOADED VARIABLES: VRNAME, IDATE

(E37=01) and (H1=01 and H2=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	03
Nothing?	04
DON'T KNOW	d
REFUSED	r

INFORMATION ABOUT EMPLOYMENT NETWORKS

(E37=01) and (H1=01 and H2=01)

H12. Now, I'd like to ask you about Employment Networks. 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.

<u>Before</u> {you/NAME or (his/her) representative} used {your/NAME's} Ticket in 2009, 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=01and (H1=01 and H2=01 and H12=01)

H13. How did {you/NAME or (his/her) representative} receive information about Employment Networks?

PROBE: For example, did you get information through the mail, by phone, via the Internet, in-person, or in some other way?

INTERVIEWER NOTE: CODE ALL THAT APPLY.

MAIL	01	(H14)
PHONE		
INTERNET	03	(H14)
IN-PERSON MEETING	04	(H14)
OTHER (specify)	05	
DON'T KNOW	d	(H21)
REFUSED	r	(H21)

(H13=05)

H13_otherspec. Other specify:

<OPEN>____

DON'T KNOW d
REFUSED r

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

PRELOADED VARIABLES: VRNAME, IDATE (E37=01and (H1=01 and H2=01 and H12=01 and H13=01) H14. Who did {you/NAME or (his/her) representative} get information from about Employment Networks? INTERVIEWER: CODE ALL THAT APPLY. STATE VOCATIONAL REHABILITATION AGENCY or {VRNAME} 03 (H20) A WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM OR BENEFITS SPECIALIST...... 04 (H20) DON'T KNOW d (H20) REFUSED r (H20) (E37=01) and (H1=01 and H2=01 and H12=01 and H13=01 and H14=08) H14h_Other. What Employment Network? <OPEN> DON'T KNOW d REFUSED (E37=01) and (H1=01 and H2=01 and H12=01 and H13=01 and H14=09) H14i_Other. What other Agency or Organization? <OPEN>_ DON'T KNOW d REFUSED (E37=01) and (H1=01 and H2=01 and H12=01 and H13=01 and H14=10) H14j_Other. Who else? <OPEN>_ DON'T KNOW d REFUSED H15. **DELETED** H16. **DELETED** H16h_Other. **DELETED** H16i_Other. **DELETED** H16j_Other. **DELETED** H17. **DELETED** H18. DELETED H18h_Other. **DELETED** H18i_Other. **DELETED**

H19.

H18j_Other.

DELETED

DELETED

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

PRELOADED VARIABLES: VRNAME, IDATE

(E37=01) and (H1=01 and H2=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 and H2=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. In2009, 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?

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

(E37=01) and (H1=01 and H2=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 2009?

YES	. 01	(H24)
NO	. 00	
DON'T KNOW	. d	(H24)
REFUSED	. r	(H24)

H23. DELETED

(E37=01) and (H1=01 and H2=01 and H21=01 and H22=01,d, r)

H24. Did the State VR agency accept {your/NAME'S} Ticket in 2009?

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

(E37=01) and (H1=01 and H2=01 and H21=01 and H22=01,d, r and H24=00)

H25. Why didn't the State VR agency accept {your/NAME's} Ticket in 2009?

INTERVIEWER: CODE ALL THAT APPLY.

NOT TAKING TICKETS WHEN CONTACTED	01	(H26)
DID NOT OFFER SERVICES {NAME} NEEDED	02	(H26)
DID NOT SERVE PEOPLE WITH {NAME'S}		
DISABILITY/NEEDS	03	(H26)
{NAME} NOT WILLING/ABLE TO WORK FULL-		
TIME/ENOUGH HOURS	04	(H26)
{NAME} NOT WILLING TO GO OFF OF DISABILITY		
BENEFITS	05	(H26)
OTHER		
DON'T KNOW	d	(H26)
REFUSED	r	(H26)

SECTION H UNIVERSE: ALL
UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr
PRELOADED VARIABLES: VRNAME, IDATE

	1) (H1=01 and H2= her. What Other re	=01 and H22=01,d, r and H24=00 and H25=06) eason?		
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW		
CONTA	CT WITH OTHER	EMPLOYMENT NETWORKS		
(E37=0 ⁻ H26.		an the Employment Network {you/NAME} assigned {your/his/her sentative} contact any other Employment Networks to use {your/l	-	
		YES	00 d	• •
(E37=0 [.] H27.		H2=01 and H26=01) Employment Networks did {you/NAME} contact in 2009?		
	PROBE: Your be	st guess is fine.		
		_ NUMBER (1-2) (1-15)		
		DON'T KNOW		
(E37=0 ⁻ H28.		H2=01 and H26=01) USE "ANY OF" AND "NETWORKS" IF {NAME} CONTACTED I	MOF	RE THAN ONE EN
	Did (you/NAME o	or (his/her) representative} try to use {your/NAME's} Ticket to sign	n up	with {any of) the other
	Network(s) {you/l	NAME or (his/her) representative} contacted in 2009?		
		YES	00 d	,
H29. DE	ELETED			

UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)

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

PRELOADED VARIABLES: VRNAME, IDATE

(E37=01) and (H1=01 and H2=01 and H26=01 and H28=01) PROGRAMMER: USE "ANY OF" AND "NETWORKS" IF {NAME} CONTACTED MORE THAN ONE EN H31. (H27>1).Why didn't (any of) the other Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME's} Ticket in 2009? INTERVIEWER: CODE ALL THAT APPLY. NOT TAKING TICKETS WHEN CONTACTED 01 (H32) EMPLOYMENT NETWORK DID NOT SERVE PEOPLE {NAME} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH HOURS 04 (H32) OTHER (SPECIFY) <OPEN> 06 (H31 Other) DON'T KNOW d (H32) REFUSED r (H32) E37=01 OR and H1=01 and H2=01 and H26=01 and H28=01 and H31=06 H31 Other. What Other reason? <OPEN>_ DON'T KNOW d REFUSEDr E37=01 OR and H1=01 and H2=01 Is there any information {you/NAME or (his/her) representative} needed, but didn't get when {you/they} were H32. choosing an Employment Network? YES 01 DON'T KNOW d (H33a) REFUSED r (H33a) (E37=01) and (H1=01 and H2=01 and H32=01) H33. What information did {you/NAME} need but didn't get? **INTERVIEWER: ENTER VERBATIM RESPONSE** <OPEN> DON'T KNOW d REFUSED ((E37=01) and (H1=01 and H2=01 H33a) CHECK: DID {NAME} ANSWER DON'T KNOW OR REFUSE TO E40MTH, E40YR ORE42MTH, E42YR FOR ANY EMPLOYMENT NETWORK IN 2009 (E40mth=d, r or E40yr=d, r or E42mth=d, r or E42yr=d, r) FOR ANY EMPLOYMENT NETWORK IN 2009)?

> YES....... 01

SECTION H UNIVERSE: ALL

UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)

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

PRELOADED VARIABLES: VRNAME, IDATE

((E37=01) and (H1=01 and H2=01 and H33a=01)

H33b. Earlier you said that you were signed up with the following Employment Networks in 2009 {LIST EN'S FROM E39}.

In 2009, which of these employment networks were you signed up with the longest?

PROBE: Your best estimate is fine.

PROGRAMMER; DISPLAY IF NO ROUND 2 EN FILLED: **INTERVIEWER:** RESPONSE 1 IS NOT A VALID CHOICE

PROGRAMMER: ALLOW INTERVIEWER TO CHECK ONE EMPLOYMENT NETWORK. THIS EMPLOYMENT NETWORK SHOULD BE USED AS THE LONGEST EMPLOYMENT NETWORK IN 2009 FOR QUESTIONS H34, H35, H36, H37, H40, H41, H42.

((E37=01) and (H1=01 and H2=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 2009}. 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	DON'T KNOW	REFUSED
a.	{You/NAME and (his/her) representative} helped develop {your/NAME's} individual work plan.	01	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.	The activities and services in {your/NAME's} work plan are likely to help {you/NAME} meet {your/his/her} work goals.	01	02	03	04	d	r
d.	{{LONGEST} EMPLOYMENT NETWORK IN 2009} 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

SECTION H UNIVERSE: ALL

UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)

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

PRELOADED VARIABLES: VRNAME, IDATE

((E37=01) and (H1=01 and H2=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 2009}?

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)
KNEW ABOUT THEM/REFERRED TO THEM	80	(H35a)
FINANCIAL COMPENSATION	09	(H35a)
OTHER	07	
DON'T KNOW	d	(H35a)
REFUSED	r	(H35a)

((E37=01) and (H1=01 and H2=01 and H35=07)

H35_Other. What Other reason?

<OPEN>

DON'T KNOW d
REFUSED r

PROGRAM EXPERIENCES OF ALL PARTICIPANTS AND IN-USE VR IN 2009

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

H35a. CHECK: DID {NAME} ANSWER DON'T KNOW OR REFUSE TO E40mth, E40yr OR E42mth, E42yr FOR ANY EMPLOYMENT NETWORK IN 2009 (IF E40mth=d, r or E40yr=d, r or E42mth=d, or E42yr=d, r FOR ANY EMPLOYMENT NETWORK IN 2009))?

((E37=01) and (H1=01 or H1=00) and H35a=01

H35b. Earlier you said that you were signed up with the following Employment Networks in 2009.

In2004, 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 2009 FOR

QUESTIONS H36, H37, H40, H41, H42.

SECTION H UNIVERSE: ALL

UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)

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

PRELOADED VARIABLES: VRNAME, IDATE

(E37=01) OR (E37b=1)

H36. **PROGRAMMER:** (IF E38>1) ,FILL NAME OF 2009 EMPLOYMENT NETWORK (FROM E39 THAT {NAME} WAS SIGNED UP WITH THE LONGEST IN 2009.

IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 THEN CALCULATE TIME WITH EACH EN DURING 2009 ONLY. IF TWO ENS HAVE SAME LENGTH, USE EN SIGNED UP WITH MOST RECENTLY (LATEST END MONTH IN 2009).

IF (E37=01 AND E41=00)) THEN USE (STOP DATE (E42mth, E42yr) -START DATE (E40mth, E40yr)).

IF E37=01 AND E41=01 THEN USE ((12, 2009) - START DATE (E40mth, E40yr)).

IF STOP DATE (E42mth, E42yr) OR START DATE (E40mth, E40yr) ARE MISSING OR STOP DATES<2009, USE FILL AT H33b or H35b.

PROGRAMMER: IF H1=00 AND E37b≠1, USE QUESTION BELOW

PROGRAMMER: IF (IF E38>1) OR (IF E37a=01 and E37b=01) OR (IF E38>1) USE "THE LONGEST"

Now I'm going to focus on the services {you/NAME} received from the Employment Network {you were/NAME was} with {the longest} in 2009, {{LONGEST} EMPLOYMENT NETWORK IN 2009}. For each of the following statements about {{LONGEST} EMPLOYMENT NETWORK IN 2009}, please tell me if you strongly agree, agree, disagree, or strongly disagree. If the statement does not apply just say so.

PROGRAMMER: OTHERWISE USE

For each of the following statements about {{LONGEST} EMPLOYMENT NETWORK IN 2009} in 2009, please tell me if you strongly agree, agree, disagree, or strongly disagree.

PROGRAMMER: IF H1=00 AND E37b=1, USE:

Now I'm going to focus on the services {you/NAME} received from the State Vocational Rehabilitation Agency you were with in 2009. For each of the following statements about {FILL FROM E39} in 2009, please tell me if you strongly agree, agree, disagree, or strongly disagree.

SECTION H UNIVERSE: ALL
UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr
PRELOADED VARIABLES: VRNAME, IDATE

								DOES
		STRONGLY AGREE	AGREE	DISAGREE	STRON DISAGI		REF- USED	NOT APPLY
a.	Staff were courteous.	01	02	03	04	d	r	na
b.	Staff were able to answer {your/NAME's} questions	01	02	03	04	d	r	na
C.	Staff listened to {your/NAME's} opinions and concerns.	01	02	03	04	d	r	na
d.	(IF E37b≠1) {{LONGEST} EMPLOYMENT NETWORK IN 2009}/IF E37b=1 {The State Vocational Rehabilitation Agency} responded to {your/NAME's} requests for changes to {your/his/her} Individual Work Plan or Individualized Plan of Employment.	01	02	03	04	d	r	na
	PROBE: These work plans are sometimes called an IWP or IPE							
e.	(IF E37b≠1){{LONGEST} EMPLOYMENT NETWORK IN 2009}}/IF E37b=1 {The State Vocational Rehabilitation Agency} offered all the services {you/NAME} needed to meet {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 or Individualized Plan of Employment	01	02	03	04	d	r	na
	PROBE: These work plans are sometimes called an IWP or IPE							
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 goals	01	02	03	04	d	r	na
H37	7. During 2009, did {you/NAME} have any {{LONGEST} EMPLOYMENT NETWORK	•			-	eived from (IF	E37b≠1	
	YES					(1.12.5)		
	NO DON'T KNOW					(H39) (H39)		
	REFUSED					(H39)		
(E3	7=01 OR E37b=1)) and (H1=01 or H1=00) and 3. What problems did {you/NAME} have dur							
	INTERVIEWER: ENTER VERBATIM RE	SPONSE						
	<open></open>							
	DON'T KNOW REFUSED							
(E3	7=01 OR E37b=1)) and (H1=01 or H1=00) 9. CHECK: DID {NAME} WORK IN 2009 (E	330 = 01)?						
	YES				01			
	NO					(H41)		

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

PRELOADED VARIABLES: VRNAME, IDATE

(E37=01 OR E37b=1)	and (H1=01 or F	H1=00) and H39=01

H40. You told me earlier that {you/NAME} worked at a job during 2009. How much did the services provided by (IF E37₺1) {{LONGEST} EMPLOYMENT NETWORK IN 2009/(IF E37₺=1) {FILL FROM E39}} help {you/NAME} to get or keep the job or jobs {you/he/she} had in 2009? Would you say the services:

Helped a lot,	01	(H41)
Helped somewhat,	02	(H41)
Helped very little, or	03	
Didn't help at all?	04	
JOB ENDED BEFORE SERVICES STARTED	05	(H41)
DON'T KNOW	d	(H41)
REFUSED	r	(H41)

NEW ITEM

(E37=01 OR E37b=01) and (H1=01 or H1=00) and H39=01 and (H40=03 or 04)

H40_1. Why did the services received from (IF E37b≠1) {{LONGEST} EMPLOYMENT NETWORK IN 2009/(IF E37b=1 {FILL FROM E39}} not help you get or keep the jobs or jobs you had in 2009? Was it because...

				DON'T	
		YES	NO		REFUSED
a.	you were not finished with the services yet?	01	00	d	r
b.	you did not receive enough services?	01	00	d	r
C.	the services you received did not fit your needs?	01	00	d	r
d.	your medical condition or other personal circumstances kept you from fully participating in the services?	01	00	d	r
PROBE: This might include problems such as transportation or childcare.					
e.	The services were of poor quality?	01	00	d	r
f.	Are there any other reasons the services you received did not help you get or keep a job in 2009?	01	00	d	r
(H40_1_	f=01)	-			
H40_1_C	Other. What are the reasons the services did not help you get or	keep a jo	b in 200	9?	
	<open></open>				
	DON'T KNOWREFUSED				
(E37=01 OR E37b=01) and (H1=01 or H1=00) H41. In 2009, {were you/was NAME} ever pressured by (IF E36b≠1) {{LONGEST} EMPLOYMENT NETWORK 2009/(IF E36b=1) {FILL FROM E39}} staff to take a job {you/he/she} did not want?					

 YES
 01

 NO
 00

 DON'T KNOW
 d

 REFUSED
 r

UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr

(E37=0	1OR E37b=01) and (H1=01 or H1=00)				
H42.	In 2009, {were you/was NAME} ever pressured by (IF E36b≠1) { 2009/(IF E36b=1) {FILL FROM E39}} staff to work more hours the				NT NETWOR
	YES			01	
	NO DON'T KNOW				
	REFUSED				
(F37=0	1 OR E37b=01) and (H1=01 or H1=00)				
H43.	Since {you/NAME} (IF E37b≠1) {started participating in the Tiparticipating with {FILL FROM E39}}, how successful do you th {your/his/her} work goals? Would you say:				
	Very successful,			•	•
	Somewhat successful,			•	4)
	Not very successful, or Not at all successful?				
	DON'T KNOW			d (H4	4)
	REFUSED			r (H4	4)
NEW IT	EM				
•	1 or E37b=01) and (H1=01 or H1=00) and (H43=03 or 04) Why did you think you have not been successful in reaching you	r work g	oals? Is	s it becaus	e
				DON'T	
				DON	
		YES	NO		REFUSED
a.	the services you received were not a good fit for your needs?	01	00	d	r
b.	you did not receive enough services?	01	00	d	r
C.	the services were of poor quality?	01	00	d	r
d.	your medical condition or other personal circumstances kept you from fully participating in the services?	01	00	d	r
P	ROBE: This might includes problems such as transportation or childcare.				
f.	Are there any other reasons you have not been successful in				
	reaching your work goals?	01	00	d	r
(H43_1	f=01)				
	Other. What are the reasons you have not been successful in rea	achina va	our work	r anals?	
1140_1_	·			goals:	
	<open></open>				
	DON'T KNOW REFUSED			-	
	11. 100.		•••••		

SECTION H UNIVERSE: ALL

UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)

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

PRELOADED VARIABLES: VRNAME, IDATE

(E37=01 or E37b=01) and (H1=01 or H1=00) AND RTYPE=02

H45. Overall, how satisfied are you with (IF E37b≠1) {the Ticket to Work program/(IF E37b=1) {FILL FROM E38}}? Would you say:

Very satisfied,	01	(H46)
Somewhat satisfied,	02	(H46)
Not very satisfied, or	03	
Not at all satisfied?	04	
DON'T KNOW	d	(H46)
REFUSED	r	(H46)

NEW ITEM

(E37=01 or E37b=01) and (H1=01 or H1=00) and RTYPE=02 and (H45=03 or 04)

H45_1. Why are you not satisfied with the (IF E37b≠1) {Ticket to Work program/(IF E37b=1) {FILL FROM E39}}? Is it because...

	io ii booddooii.				
				DON'T	
		YES	NO		REFUSED
a.	the services you received were not a good fit for your needs?	01	00	d	r
b.	the (IF E37b=1) {Ticket to Work program/(IF E37b=1) State Vocational Rehabilitation Agency} did not offer you enough				
	services?	01	00	d	r
C.	the services provided were not available at times that fit your schedule?	01	00	d	r
d.	the services took too long to start?	01	00	d	r
e.	the services were of poor quality?	01	00	d	r
f.	your medical condition or other personal circumstances kept you from fully participating in the services? PROBE: This might include problems such as transportation or childcare.	01	00	d	r
a					
g.	Are there any other reasons you are not satisfied?	01	00	d	r
(H45_1_	g=01)				
H45_1_Other. What are the reasons you are not satisfied with the Ticket to Work Program?					
	<open></open>				
	DON'T KNOWREFUSED				

PROBLEMS WITH EMPLOYMENT NETWORKS

(E37=01 and E37b=01) and (H1=01 or H1=00)

H46. These next questions are about any problems {you/NAME} might have had with the State VR agency ({VRNNAME}) (IF E37b≠1) {or an Employment Network}. During2009, did {you/NAME} have any problems with the State VR agency (IF E37b≠1) {or an Employment Network}?

YES	01 (IF E37b=1, H48,
	E	ELSE H47)
NO	00	(I1)
DON'T KNOW	d	(I1)
REFUSED	r	(11)

SECTION H UNIVERSE: ALL
UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr
PRELOADED VARIABLES: VRNAME, IDATE

(E37=01) and (H1=01 or H1=00) AND H46=01 H47. Was the problem with the State VR agency, another Employment Network, or both?							
		STATE VR AGENCY EMPLOYMENT NETWORK BOTH DON'T KNOW REFUSED	02 03 d				
(E37=0 ² H48.	1 and E37b=01) ar What was the pro	nd (H1=01 or H1=00) AND H46=01 oblem about?					
	INTERVIEWER:	ENTER VERBATIM RESPONSE					
<(OPEN>						
		DON'T KNOWREFUSED					
H51. DE H52. D	ELETED her. DELETED ELETED her. DELETED ELETED ELETED ELETED						
(E37=0 ² H56.	or E37b=01) and Has the problem	(H1=01 or H1=00) AND H46=01 and H49=01 been solved yet?					
		YES	00 d	(I1)			
(E37=0 ² H57.		(H1=01 or H1=00) AND H46=01 and H49=01 and H56=01 ME} A PROXY RESPONDENT (RTYPE=02)?					
		YES		(I1)			
PROGR	AMMER: IF H56	=00,d, r THEN SKIP TO H59.					
(E37=0 ⁻ H58.		(H1=01 or H1=00) AND H46=01 and H49=01 and H56=01 and He you with how the problem was solved? Are you:	H57=	=00			
		Very satisfied, Somewhat satisfied, Not very satisfied, or Not at all satisfied? DON'T KNOW REFUSED	02 03 04				
H59. DE H60. DE H60_Ot							

H-16

H61. DELETED

SECTION I: HEALTH AND FUNCTIONAL STATUS

GENERAL HEALTH STATUS

The ne	ext questions are about {your/NAME's} health.	
Overal	I, how would you rate {your/NAME's} health during the past 4 weeks?	
	Excellent,	01
	Very good,	
	Good,	03
	Fair,	
	Poor, or	05
	Very poor	06
	DON'T KNOW	d
	REFUSED	r
	the past 4 weeks, how much did physical health problems limit {you es (such as walking or climbing stairs?)	r/NAME's} usual phys
	Not at all,	01
	Very little,	
	Somewhat,	
	Quite a lot, or	
	Could (you/he/she) not do physical activities?	
	DON'T KNOW	
	REFUSED	
	the past 4 weeks, how much difficulty did {you/NAME} have doing {your/hand away from home, because of {your/his/her} physical health? None at all, A little bit.	
	Some, Quite a lot, or Could {you/he/she} not do daily work? DON'T KNOW REFUSED	03 04 05 d
How m	Some,	03 04 05 d
How m	Some, Quite a lot, or Could {you/he/she} not do daily work? DON'T KNOW REFUSED	03 04 05 d r
How m	Some, Quite a lot, or	03 04 05 d r
How m	Some, Quite a lot, or	03 04 05 d r
How m	Some, Quite a lot, or. Could {you/he/she} not do daily work? DON'T KNOW REFUSED nuch bodily pain {have you/has NAME} had in the past 4 weeks? None, Very mild, Mild,	03 04 05 d r
How m	Some, Quite a lot, or. Could {you/he/she} not do daily work? DON'T KNOW REFUSED nuch bodily pain {have you/has NAME} had in the past 4 weeks? None, Very mild, Mild,	03 04 05 d r 01 02 03 04
How m	Some, Quite a lot, or	03 04 05 d r 01 02 03 04 05
How m	Some, Quite a lot, or	03 04 05 d r 01 02 03 04 05

(AII) I5.	During the past 4 week	s how much energy did (vou/NAME) have?	
13.		s, how much energy did {you/NAME} have?	04
	•	much,	
		a lot,	
		9,	
		e, or	
		?	
	_	T KNOW	
	REFU	JSED	r
(AII) I6.		eeks, how much did {your/NAME's} physical health or cial activities with family or friends?	emotional problems limit
	Not a	t all,	01
		little,	
	•	ewhat,	
		a lot, or	
		d (you/he/she) not do social activities?	
		T KNOW	
		JSED	
	KLI	,o_b	•
17.	feeling anxious, depres	·	
		t all,	
	· ·	tly,	
		rately	
		a lot, or	
		mely?	
		T KNOW	
	REFL	JSED	r
(AII) I8.		eks, how much did personal or emotional problems keerk, school or other daily activities?	ep {you/NAME} from doing
	Not a	t all,	01
	Very	little,	02
	Some	ewhat,	03
	Quite	a lot, or	04
	Could	d (you/he/she) not do daily activities?	05
	DON'	T KNOW	d
	REFL	JSED	r
(AII) I9.	Compared to {THIS MC	ONTH, LAST YEAR}, how would you rate {your/NAME's} he	ealth in general now?
	Much	better now,	01
	Some	ewhat better now,	02
	Abou	t the same,	03
	Some	ewhat worse now, or	04
	Much	worse now?	05
	DON'	T KNOW	d
	DEEL	ISED	r

(All) I10.	{Do you/Does NAME} take any prescription medications for any ongoing physical	heal	th conditions?
	PROBE: Please do not include over the counter medication such as cold or heads		
	YES NO DON'T KNOW REFUSED	01 00 d	
(All)	(Do you/Dogo NAME) take any properintion medications for any angaing mental of		estional conditions?
l11.	{Do you/Does NAME} take any prescription medications for any ongoing mental of YES	01 00 d	iotional conditions?
(AII) I12.	Since {THIS MONTH, LAST YEAR}, {have you/has NAME} received any treatment condition at a hospital, clinic, or doctor's office?	nt fo	r a mental or emotiona
	PROBE: Do not include medications.		
	YES NO DON'T KNOW REFUSED	00 d	. ,
ADL, I	ADL, AND FUNCTIONAL LIMITATIONS		
(All) I17a.	Now I'd like to ask you some questions about everyday activities and how much has} doing these activities. Our study requires that all beneficiaries be asked the me your best answer even if the questions don't seem to apply to {you/NAME}.		• •
	{Do you/Does NAME} ever wear glasses or contact lenses?		
	YES NO	00 d	(118)
(I17a=(I17b.	01,d, r) {Do you/Does NAME} have any difficulty seeing words and letters in ordinary new {your/his/her} glasses or contact lenses?	sprir	nt even when wearing
	YES NO DON'T KNOW REFUSED	00 d	
(I17a=a I18.	answer and I17b=d, r) {Do you/Does NAME} have any difficulty seeing words and letters in ordinary new	sprii	nt?
	YES NO DON'T KNOW REFUSED	01 00 d	(121)

(I17b=(I19.	=01,d, r and I18=01,d, r) {Do you/Does NAME} use any devices, special equipment, or other seeing, such as telescopic lenses, adapted computer equipment, Bra		
	PROBE: Do not include glasses or contact lenses.		
	YES NO DON'T KNOW REFUSED	00 d	(121)
(I17b=0 I20.	=01,d, r and I18=01,d, r and I19=01) What devices, equipment, or other types of assistance {do you/does	NAME} use?	
	PROBE: Anything else?		
	INTERVIEWER: CODE ALL THAT APPLY.		
120_Ot	TELESCOPIC LENSES		(I21) (I21) (I21) (I21) (I21) (I21) (I21)
•	<pre><open></open></pre>		
	REFUSED		
(All) I21.	{Do you/Does NAME} have any difficulty hearing normal convertions {you/he/she} usually wear{s} one? YES	01 00 d	
(I21=0	01,d, r)		
l22.	Are you/Is NAME} able to hear what is said in normal conversation a YES NO DON'T KNOW REFUSED		
(I21=0 ⁻ I23.	O1,d, r) {Do you/Does NAME} use any devices, special equipment, or other hearing? This includes a hearing aide, a phone amplifier, TTY or tel device, or an interpreter.		
	YES		(125)

SECTION I UNIVERSE: ALL VARIABLES FROM OTHER SECTIONS: NONE

PRELOADED INFORMATION: THIS MONTH, LAST YEAR

DON'T KNOW d (I25) REFUSEDr (I25)

(I21=0 I24.	1,d, r and I23 What devi	B=01) ces, equipment, or other types of assistance {do you/does NAME	} use?	
	PROBE:	Anything else?	•	
	INTERVIE	WER: CODE ALL THAT APPLY.		
	INTERVIE	WER: CODE ALL THAT APPLY. HEARING AIDE	02 (I25) 03 (I25) 04 (I25) 05 (I25) 06 (I25) 07 (I25) 08 d (I25)	
•		B=01 and I24=08) her hearing assistance?		
	<open></open>			
		DON'T KNOWREFUSED		
(AII) I25.		loes NAME} have any difficulty having {your/his/her} speech or problem?	understood because of a	health
		YES NO DON'T KNOW REFUSED	00 (I29) d	
(125=0 126.	-	s NAME} able to have {your/his/her} speech understood at all?		
	PROBE:	This applies only to spoken speech and does not include sign le	anguage 'speech'.	
		YES NO DON'T KNOW REFUSED	00 d	
(125=0 127.	{Do you/D	oes NAME} use any devices, special equipment, or other special rhaving (your/his/her) speech understood, such as a voice synth		ifficulty
		YES NO DON'T KNOW	00 (I29) d (I29)	

(125=0 128.	01,d, r and I27=01) What devices, equipment, or other types of assistance {do you/does NAME} use?		
	PROBE: Anything else?		
	INTERVIEWER: CODE ALL THAT APPLY.		
	VOICE SYNTHESIZER VOICE AMPLIFIER	02 03 04 d	(129) (129) (129)
-	01,d, r and I27=01 and I28=04) Other. What other speech assistance?		
	<open></open>		
	DON'T KNOW		
(AII) I29.	{Do you/Does NAME} have any difficulty walking without assistance for a quarte blocks?	er of	a mile or about 3 city
	YES NO	00 d	(133)
(129–0	01,d, r)		
130.	{Are you/Is NAME} able to walk a quarter of a mile without assistance at all?		
	YES	00 d	
(129=0	O1,d, r)		
ì31.	{Do you/Does NAME} use any devices, special equipment, or other special assis walking, such as a cane, walker, wheelchair, scooter, prosthetic device, or a personal statement of the control of the cont		-
	YES		
	NO		• •
	DON'T KNOWREFUSED		(I33) (I33)

•	1,d, r and I31	,		
132.	What device	ces, equipment, or other types of assistance {do you/does NAME} use?	1	
	PROBE:	Anything else?		
	INTERVIE	WER: CODE ALL THAT APPLY.		
		BRACES, CRUTCHES, CANE, OR WALKER	01	(133)
		WHEELCHAIR OR SCOOTER	02	(133)
		PROSTHETIC DEVICE	03	(133)
		SPECIAL CHAIR (NOT WHEELCHAIR)	04	(133)
		PERSONAL CARE ASSISTANT	05	(133)
		VEHICLE HAND CONTROLS	06	(133)
		LIFT (HOME OR VEHICLE)	07	(133)
		SPECIAL SHOES OR INSERTS		· · ·
		BREATHING DEVICES		· · ·
		OTHER MOBILITY ASSISTANCE		,
		DON'T KNOW		(133)
		REFUSED		. ,
(129=0	1,d, r and I31	=01 and I32=08)		
32_Ot	ther. What oth	ner mobility assistance?		
	<open></open>			
		DON'T KNOW	d	
		REFUSED	r	
/ A II\				
(AII) I33.	(Πο νομ/Πα	pes NAME} have any difficulty climbing up 10 steps without resting?		
100.	(DO you/Do			
		YES		
		NO	00	(I35)
		DON'T KNOW	d	
		REFUSED	r	
(133=0	1 d r)			
(133–0 134.		s NAME} able to climb 10 steps at all?		
			0.4	
		YES	-	
		NO		
		DON'T KNOW	d	
		REFUSED	r	
(All)				
i35.	{Do you/Do	oes NAME} have any difficulty lifting and carrying something as heav	y as	10 pounds, such as a
	full bag of	groceries?		
		YES	01	
		NO	00	(137)
		DON'T KNOW		,
		REFUSED	r	
(125 2	1 d r)			
(135=0 136.	•	NAME} able to lift and carry 10 pounds at all?		
		YES	01	
		NO	00	
		DON'T KNOW		
		REFLISED	r	

(All)			
137.	{Do you/Does NAME} have any difficulty using {your/his/her} hands and fingers to	o do	things such as picking
	up a glass or grasping a pencil?		
	YES	01	
	NO	. 00	(139)
	DON'T KNOW	d	
	REFUSED	r	
(137=0	01,d, r)		
138.	{Are you/Is NAME} able to use {your/his/her} hands and fingers to grasp and ha	ndle	at all?
	YES	01	
	NO		
	DON'T KNOW		
	REFUSED		
(All)	(David (David NAME) have a second (History and History and Histo		
139.	{Do you/Does NAME} have any difficulty reaching over {your/his/her} head?		
	YES		
	NO	. 00	(141)
	DON'T KNOW	d	
	REFUSED	r	
(130-0	01,d, r)		
(139=0 140.	{Are you/Is NAME} able to reach over {your/his/her} head at all?		
	YES		
	NO		
	DON'T KNOW		
	REFUSED	r	
(AII)			
I41.	{Do you/Does NAME} have any difficulty standing or being on {your/his/her} feet	or or	ne hour?
	YES	01	
	NO	. 00	(143)
	DON'T KNOW		(1.5)
	REFUSED		
(I41=0 I42.	l1,d, r) {Are you/Is NAME} able to stand on {your/his/her} feet at all?		
142.			
	YES	-	
	NO		
	DON'T KNOW	d	
	REFUSED	r	
(AII)			
(All) 143.	{Do you/Does NAME} have any difficulty stooping, crouching or kneeling?		
	YES	01	
	NO	. 00	(145)
	DON'T KNOW		
	REFUSED		

(143=0	1,d, r)			
144.	{Are you/Is N	AME} able to stoop, crouch, or kne	el at all?	
		YES	01	
		NO	00	1
		DON'T KNOW	d	
		REFUSED	r	
(AII)				
Ì45.	(Do you/Does	NAME} have any difficulty getting	around inside {your/his/her} home?	
		YES	01	
		NO	00	(147)
		DON'T KNOW	d	
		REFUSED	r	
(145=0	1,d, r)			
Ì46.	·	NAME} need the help of another p	person in order to get around inside {	your/his/her} home?
		YES	01	
		NO	00)
		DON'T KNOW	d	
		REFUSED	r	•
(AII)				
Ì47.	{Do you/Does visit a doctor's		garound outside (your/his/her) home,	for example to shop o
		YES	01	
		NO	00	(149)
		DON'T KNOW	d	
		REFUSED	r	
(147=0	1,d, r)			
Ì48.	•	NAME} need the help of another p	person in order to get around outside	{your/his/her} home?
		YES	01	
		NO	00)
		DON'T KNOW	d	
		REFUSED	r	
(AII)				
Ì49.	{Do you/Does	NAME} have any difficulty getting	into and out of bed or a chair?	
		YES	01	
		NO	00	(I51)
		DON'T KNOW	d	
		REFUSED	r	•
(149=0	1,d, r)			
150.		NAME} need the help of another p	person in order to get into and out of l	bed or a chair?
		YES	01	
		NO	00)
		DON'T KNOW	d	
		REFUSED	r	•

(All) I51.	(Do you/Doos l	NAME} have any difficulty bathing or dressing?		
131.	{D0 you/D0es i			
		YES NO		(152)
		DON'T KNOW		(100)
		REFUSED		
(151=0	1,d, r)			
152.	{Do you/Does I	NAME} need the help of another person in order to bathe or dress	?	
		YES		
		NO		
		DON'T KNOWREFUSED		
(AII)				
153.	{Do you/Does I	NAME} have any difficulty shopping for personal items, such as to	ilet ite	ems or medicine?
		YES		
		NO		(155)
		DON'T KNOW		
		REFUSED	. г	
(153=0 154.	•	NAME} need the help of another person in order to shop for perso	nal ite	ems?
	(20)00/2000			
		YES		
		DON'T KNOW		
		REFUSED	. r	
(AII)				
155.	{Do you/Does I	NAME} have any difficulty preparing {your/his/her} own meals?		
	•	IAME} DOES NOT PREPARE MEALS: If you do not prepare mea	ıls, is	this because you have
	INTERVIEWER	R: IF RESPONDENT SAYS NO, CODE AS NO.		
		YES	. 01	
		NO	. 00	(157)
		DON'T KNOW		
		REFUSED	. r	
(155=0		NAME) pood the help of exether person in order to proper (veys//	oio/ba	arl magla?
I56.	{Do you/Does i	NAME} need the help of another person in order to prepare {your/l		er) meais?
		YES		
		NO DON'T KNOW		
		REFUSED		
(AII)				
157.	{Do you/Does I	NAME} have any difficulty eating?		
	PROBE: This is	ncludes difficulty chewing, swallowing, or using utensils.		
		YES		
		NO		(159)
		DON'T KNOW	. d	

SECTION I UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS

VARIABLES FROM OTHER SECTIONS: NONE PRELOADED INFORMATION: THIS MONTH, LAST YEAR

REFUSEDr

(157=0	1,d, r)		
Ì58.		NAME} need the help of another person in order to eat?	
		YES	. 01
		NO	• • •
		DON'T KNOW	. d
		REFUSED	. r
(AII)			
I59.	{Do you/Does I	NAME} have a lot of trouble concentrating long enough to finish ev	veryday tasks?
		YES	. 01
		NO	
		DON'T KNOW	. d
		REFUSED	. r
(AII)			
160.	(Do you/Does I	NAME} have a lot of trouble coping with day-to-day stresses?	
		YES	. 01
		NO	
		DON'T KNOW	. d
		REFUSED	. r
(AII)			
l61.	{Do you/Does friendships?	NAME} have a lot of trouble getting along with other peop	le and making or keeping
		YES	01
		NO	
		DON'T KNOW	
		REFUSED	
ALCO	HOL ABUSE		
(A II)			
(AII) I62.	· ·	estions are about {your/NAME's} use of alcohol. Please remer (you do/NAME does} not drink alcohol at all, just say so.	nber that your answers are
	In the past 12 rdrinking?	months, have {you/ friends or family} ever felt {you/NAME} ought t	o cut down on {your/his/her}
		YES	. 01
		NO	. 00
		IF VOLUNTEERED: I DON'T DRINK	. 02 (172)
		DON'T KNOW	. d
		REFUSED	. r
•	1,00,d, r)	d 1 (
163.	In the past 12 r	months, have people annoyed {you/NAME} by criticizing {your/his/	her} drinking?
		YES	. 01
		NO	
		IF VOLUNTEERED: I DON'T DRINK	, ,
		DON'T KNOW	. d
		DEELIGED	

•)

In the past 12 months, {have you/has NAME} ever felt bad or guilty about {your/his/her} drinking?

YES	01	
NO	00	
IF VOLUNTEERED: I DON'T DRINK	03	(172)
DON'T KNOW	d	
REFUSED	r	

(I62=01,00,d, r and I63=01,00,d, r and I64=01,00,d, r)

In the past 12 months, {have you/has NAME} ever had a drink first thing in the morning to steady {your/his/her} nerves, get rid of a hangover, or get the day started?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(I62=01,00,d, r and I63=01,00,d, r and I64=01,00,d, r)

I66. During the past 12 months, has {your/NAME's} doctor or another health professional advised {you/NAME} to stop using alcohol or recommended that {you/he/she} participate in a program to help {you/him/her} stop using alcohol?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(I62=01,00,d, r and I63=01,00,d, r and I64=01,00,d, r)

During the past 12 months, {have you/has NAME} received treatment or counseling for {your/his/her} use of alcohol?

YES	01	(172)
NO		
DON'T KNOW		. ,
REFUSED	r	(172)

DRUG ABUSE

(All)

The next questions are about the use of prescription and non-prescription drugs. I will be asking if {you have/NAME has} ever used these 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)

(17	2=	=0	1	١

l73.	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	

(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	
DON'T KNOW	d
REFUSED	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	
DON'T KNOW	
REFUSED	

(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	
DON'T KNOW	d
REFUSED	r

SECTION J: HEALTH INSURANCE

(AII)	Navy Pas a				
J1.	Now, I'm going to ask you about different types of health insurance coverage {you/NAME} might have.				
		NAME} currently covered by Medicare?			
		ledicare is health insurance coverage provided nationally to certain disabled people under age 65, social Security Disability Insurance beneficiaries that have been receiving benefits for more than .			
		YES 01 NO 00 DON'T KNOW d REFUSED r			
(AII) J2.	PROGRAM	MMER: IF STATEMED IS EQUAL TO "MEDICAID" USE FOLLOWING TEXT:			
		program called Medicaid that pays for health care for persons in need. {Are you/Is NAME} overed by Medicaid?			
	OTHERWI	SE USE:			
	you may a	program called Medicaid that pays for health care for persons in need. In {your/NAME'S} state, also hear it called {STATEMED FROM {NAME'S} CURRENT STATE}. {Are you/Is NAME} overed by Medicaid?			
	PROBE:	Medicaid is a state medical assistance program that serves low-income people and Social Security Income recipients with disabilities.			
		YES 01 NO 00 DON'T KNOW d REFUSED r			
(All) J4.		NAME} currently covered by military health care, through Armed Forces retirement benefits, the RE, CHAMPUS, or CHAMP-VA?			
	PROBE:	TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors. CHAMPUS is a health care program for dependents of active or retired military personnel. CHAMP-VA is health insurance for dependents or survivors of disabled veterans.			
		YES 01 NO 00 DON'T KNOW d REFUSED r			
(All) J5.		s NAME} currently covered by <u>private health insurance</u> , for example, private insurance that {you e) gets} through an employer, a family member, or that {you purchase/(he/she) purchases} on er} own?			
		YES 01 NO 00 (J7) DON'T KNOW d (J7) REFUSED r (J7)			

FRELOF	ADED VARIABLES.	STATEMED			
(J5=01)					
J6.	{Do you/Does NAME} currently receive {your/his/her} private health insurance through a present or forme employer of {yours/his/hers}, through a present or former employer of {your/his/her} spouse, partner or parent, or some other source?				
	INTERVIEWER:	IF THE RESPONDENT SAYS THAT THEY OR SOMEONE FOR THEIR HEALTH INSURANCE, CODE 'PAID BY SELF/FA			
		OWN EMPLOYER SPOUSE'S/PARTNER'S/PARENT'S EMPLOYER PAID BY SELF/FAMILY OTHER SOURCE (SPECIFY) <open> DON'T KNOW REFUSED</open>	02 03 04 d	(J7) (J7) (J6_Other) (J7)	
J6_Oth	and H6=04) er. What is the Oth				
<	OPEN>				
		DON'T KNOWREFUSED			
(All) J7.	CHECK: DOES {	NAME} HAVE ANY TYPE OF INSURANCE (J1=01 OR J2=01 O		•	
		NO		(010)	
(J7=00)					
J8.	It appears that	(you do/NAME does) not currently have any health insurance spitals, doctors, and other health professionals. Is that correct?	COV	verage to help pay fo	
		YES	01	(J10)	
		NO		(110)	
		DON'T KNOWREFUSED		(J10)	
(J7=00 J9.	and J8=00) What kinds of he	alth insurance coverage {do you/does NAME} have?			
	PROBE: Any oth	ner kind?			
	INTERVIEWER:	CODE ALL THAT APPLY.			
	MEDIC/ CHAMF INDIAN MEDI-G STATE	AID/{STATEMED} ARE PUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY HEALTH SERVICE BAP PROGRAM TE INSURANCE THROUGH OWN EMPLOYER	02 03 04 05 06	(J10) (J10) (J10) (J10) (J10)	
		E INSURANCE THROUGH SPOUSE/PARTNER/PARENT		` '	

DON'T KNOW d (J10) REFUSEDr (J10)

	0 and J8=00 ier. What is t	and J9=10) ne Other Plan?		
<	OPEN>			
		DON'T KNOW	d r	
(AII) J10.	Now, I'd li	ke you to think back to 2009. In 2009, {were you/was NAME} cover	ered	by any type of healt
	PROBE:	Answer 'yes' if {you were/NAME was} covered for any part of the yea	r.	
		YES NO DON'T KNOW REFUSED	00 d	(K1)
(J10=0	1)			
J11.	What kinds	s of health coverage did {you/NAME} have?		
	PROBE:	Any other kind?		
	INTERVIE	WER: CODE ALL THAT APPLY.		
	M C IN M S P P P O D	EDICAID/{STATMED} EDICARE HAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY IDIAN HEALTH SERVICE EDI-GAP. TATE PROGRAM RIVATE INSURANCE THROUGH OWN EMPLOYER RIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT. RIVATE INSURANCE PAID BY SELF/FAMILY RIVATE INSURANCE, NOT SPECIFIED WHO THROUGH THER PLAN (SPECIFY) < OPEN> ON'T KNOW EFUSED	02 03 04 05 06 07 08 09 11 10 d	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
J11_O		0) the other plan?		
<	<open></open>	DONET KNIOW	۔	
		DON'T KNOW REFUSED	d r	

SECTION K: INCOME AND OTHER ASSISTANCE

(All)				
K1.	MONTH, THIS_Y answering these	questions is about income {you/NAME} received <u>last month</u> , 'EAR]. This includes earnings from work and benefits from questions, please think only about {your/NAME's} own earnir or benefits that other family members may have received.	diffe	rent programs. When
		PRESS 1 TO CONTINUE	. 01	
(AII) K2.	CHECK 1: IS {NA	ME} CURRENTLY WORKING (B24=01)?		
		YESNO		
(K2=01)			
K2CHE		: DID $\{NAME\}$ START AT LEAST ONE JOB PRIOR TO OI $<$ OR = LAST MONTH THIS YEAR AND C4YR = 2010) OR (C4)		
		YES		` '
PROGI		ME} IS CURRENTLY WORKING (B24=01) AND STARTED J EAR - (C4MTH > LAST MONTH THIS YEAR AND C4YR =2006		
(K2=00 K2CHE	-	01) ME} EVER WORKED (B36=01, D, OR R) OR (B22=01, D, OR ER WORKED MISSING (B36=.)?	R) C	DR (B30=01, D, OR R)
		YESNO		, ,
(K2CHI K2A.	ECK2=00 and K2C Did {you/NAME}			
		YES		,
(K2CHI K3.	_	=01) out the jobs {you/NAME} had last month, including all jobs {you/ o <u>last month,</u> that is, in [INSERT LAST MONTH, THIS YEAR] be		
	INTERVIEWER:	ROUND TO NEAREST DOLLAR		
		\$, .00 (0-12,500) (0-40,000)		
		DON'T KNOW		

PRELOADED INFORMATION: LAST MONTH, THIS YEAR

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

K3b. SOFT EDIT: LAST MONTH INCOME SHOULD BE WITHIN 30% OF TOTAL CURRENT MONTHLY PAY AS REPORTED IN SECTION C. IF K3 NE D OR R AND C_CURMNTHPAY NE D OR R, AND THE ABSOLUTE VALUE OF (K3 - C_CurMnthPay/ K3 > .30) AND THE ABSOLUTE VALUE OF (C_CurMnthPay - K3/ C_CurMnthPay > .30), TRIGGER EDIT, AND DISPLAY FOLLOWING TEXT: INTERVIEWER, LAST MONTH INCOME IS AT LEAST 30% HIGHER OR LOWER THAN AMOUNT REPORTED AS TOTAL MONTHLY PAY IN SECTION C. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. Earlier we calculated that {you are/NAME is} currently paid about (C_CurMnthPay) on all jobs combined. Is this correct or should I change the amount {you/NAME} earned last month before taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER		
DEDUCTIONS	01	(CHANGE K3)
SUPPRESS	03	

(K2CHECK3=01 and K2A=01 and (K3 > or = 0 or d or r)

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

REFUSED

(K2CHECK3=01 and K2A=01 and K3 > or = 0 and K3a > 0)

K3b1. SOFT EDIT: AMOUNT OF TAKE-HOME PAY (K3a) MUST BE LESS THAN OR EQUAL TO AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS (K3). IF K3A NE D OR R AND K3 NE D OR R, AND K3A > K3, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, TAKE HOME PAY IS GREATER THAN PRE-TAX PAY. CHECK ENTRY. IF NECESSARY 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. Based on what I recorded, your take home pay is more than your pre-tax pay. 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	

(K2CHECK3=01 and K2A=01 and K3> or = 0 and K3a > 0)

K3b2. SOFT EDIT: IF K3 GREATER THAN 0, K3A SHOULD BE GREATER THAN 0. IF K3 >0 AND K3A =0, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: **INTERVIEWER:** AMOUNT OF TAKE HOME PAY=0, CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. I have recorded that you are paid (K3) before taxes and deductions but that your take home pay is 0. 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	

d

PRELOADED INFORMATION: LAST MONTH, THIS YEAR

(K2CHECK3=01 and K2A=01 and K3> 0 and K3a > 0)

K3b3. SOFT EDIT: DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF TAKE HOME PAY (K3A) NE D OR R, AND AMOUNT OF PRE-TAX PAY (K3) NE D OR R, AND (K3 – K3A) / K3A > .30, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may 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 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. Thinking about the benefits {you/NAME} received <u>last month</u>, did {you/he/she} 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.

PRELOADED INFORMATION: LAST MONTH, THIS YEAR

(All)

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

INTERVIEWER: IF RESPONDENT MENTIONS FOOD STAMPS: I will ask you about food stamps in a

separate question. Do {you/he/she} receive any other income on a regular basis that

does not come from jobs or social security?

INTERVIEWER: Examples include child support, interest from savings or checking accounts, or

dividends?

	uividends?					
		YES	NO	DON'T KNOW	REFUSED	
a.	Private disability insurance (sometimes called long-term care disability insurance)?	01	00	d	r	•
b.	Workers' compensation?	01	00	d	r	
c.	Veterans' benefits?	01	00	d	r	
d.	Public assistance or welfare payments?	01	00	d	r	
e.	Unemployment benefits?	01	00	d	r	
f.	Private pensions or government employee pensions?	01	00	d	r	
g.	Other sources on a regular basis but not from jobs or Social Security? PROBE: IF RESPONDENT MENTIONS FOOD STAMPS: I will ask you about food stamps in a separate question. Do you receive any other income on a regular basis that does not come from jobs or Social Security? PROBE: Examples include child support, interest from savings or checking accounts, or dividends?	01	00	d	r	(K6_g_oth)
h.	Other sources not on a regular basis?	01	00	d	r	(K6_h_oth)
-	S_g=01) _g_oth What were they? INTERVIEWER: PLEASE SPECIFY					
	<pre><open></open></pre>					
/1/	DON'T KNOWREFUSED			d		
•	S_h=01) _h_oth What were they?					
	INTERVIEWER: PLEASE SPECIFY					
	<open></open>					
	DON'T KNOW			d	_	

REFUSEDr

(K6=01)					
K7.	How much incom	did (you/NAME) receive last mont	h from {SOURCE FROM K6}	?	
	INTERVIEWER:	ROUND TO NEAREST DOLLAR			
		\$, , _ .00 (G (1 – 1,000) (1 – 15,000)	GO TO K6 FOR NEXT SOUR	CE (OR K11)
		DON'T KNOW			
(K6=01 a	and K7=d, r)				
K8.	Was it more than	or less than \$300?			
		\$300 OR MORE LESS THAN \$300 DON'T KNOW		02 d	(K10)
(K6=01 a	and K7=d, r and K Was it more than	=01) or less than \$500?			
		\$500 OR MORE LESS THAN \$500 DON'T KNOW REFUSED GO TO K6 FOR NEXT S		02 d	
(K6=01 a	and K7=d, r and K Was it more than	=02) or less than \$150?			
		\$150 OR MORE LESS THAN \$150 DON'T KNOW REFUSED GO TO K6 FOR NEXT S		02 d	
					
(AII) K11.	received for {you	receive any food stamps <u>last mo</u> NAME} and {your/NAME's} family. [your/NAME's} household.			
		YES NO DON'T KNOW REFUSED		00 d	(K13)

(K11=0	1)		
K12.		Ilar value of the food stamps {you/NAME} received <u>last month</u> ? Please include only for IE} received by {you/NAME} for {your/NAME's} family.	od
	INTERVIEWER:	ROUND TO NEAREST DOLLAR	
		\$, _ . 00 (0 - 400) (0 - 950)	
		DON'T KNOW d REFUSED r	
(AII)			
K13.	Did {you/NAME} or energy assista	receive assistance from any other government program <u>last month?</u> For example, hous nce.	ing
		YES 01 NO 00 (L1) DON'T KNOW d (L1) REFUSED r (L1)	
(K13=0	1)		
K14.	What other assist	ance did {you/NAME} receive?	
	INTERVIEWER:	PROGRAM:	
	<open:< td=""><td>·</td><td></td></open:<>	·	
		DON'T KNOW d REFUSED r	
(K13=0	1)		
K15.	·	e did {you/NAME} receive <u>last month</u> from the assistance you just told me about?	
	PROBE: Your be	est estimate is fine.	
	INTERVIEWER:	ROUND TO NEAREST DOLLAR	
		\$ _ , . 00 (0 – 500) (0 – 10,000)	
		DON'T KNOW d	

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(AII)				
L1.	I have a few more	e questions about {you/NAME}.		
	What is {your/NA	ME's} ethnic background? {Are you/Is (he/she)}:		
		Hispanic or Latino, or Not Hispanic or Latino? DON'T KNOW REFUSED	02 d	
(AII) L2.	What is {your/NA	ME's} race? {Are you/ls (he/she)}:		
	INTERVIEWER:	CODE ALL THAT APPLY.		
		Alaska Native or American Indian,	02 03 04 05 d	
(AII) L3.	What is the <u>highe</u>	st year or grade {you/NAME} finished in school?		
	INTERVIEWER:	READ LIST IF NECESSARY. CODE ONE ANSWER.		
	INTERVIEWER:	IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIG IF NEVER ATTENDED SCHOOL, CODE AS 10.	H SCHOO	L, CODE AS 1.
	INTERVIEWER:	IF RESPONDENT SAYS THEY WERE HOME SCHOOLED YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.	, PROBE	FOR HIGHEST
	HIGH SO HIGH SO HIGH SO SOME C 2-YEAR VO	T COMPLETE HIGH SCHOOL OR GED		02 03 04 05
	SOME (GRADUATE WORK/NO GRADUATE DEGREE		08
		ATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D		
		ATTENDED SCHOOLL L EDUCATION WITH NO CERTIFICATE OF COMPLETION		
		NOW		
	REFLISI			r

PRELOADED VARIABLES: NONE (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. 2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) 09 DON'T KNOW REFUSED (All) L5. What is the highest 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. 2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) 09 SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION..... DON'T KNOW REFUSED (All) How tall {are you/is NAME}? L6ft. **INTERVIEWER:** ENTER FEET | | FEET

(3-8)

(All)	(Llaustall Cara vas	(a NAME)O)					
L6in.	(How tall {are you		O ENTED 0 FOD 5 1/ IN	10111	E0)		
		TO NEAREST WHOLE NUMBER (E.	G., ENTER 6 FOR 5 ½ IN	ICHI	ES)		
	INTERVIEWER:	ENTER INCHES.					
		_ INCHES (0-12)					
		DON'T KNOWREFUSED					
(AII) L7.	How much {do yo	u/does NAME} weigh?					
		_ POUNDS (50-300) (50-600)					
		DON'T KNOW		d			
		REFUSED					
(AII)							
L8.	{Are you/Is NAM married?	E) now married, widowed, divorced,	separated or {have you,	/has	(he/she)}	never	been
		MARRIED		01			
		WIDOWED			. ,		
		DIVORCED			. ,		
		SEPARATED			. ,		
		NEVER MARRIED			` ,		
		DON'T KNOW			(L10)		
		KEF03ED		ı	(L10)		
(L8=01) L9.		nd {your/his/her} spouse live in the sam	ne household?				
		YES		01			
		NO		00			
		DON'T KNOW		d			
		REFUSED		r			
		GO TO L11					
(1.8–02	03,04,05,d,r)						
L10.		ME} have a long-term partner who livitionship?	ves in the same househ	old v	with {you/h	nim/her	} in a
	-	YES		01			
		NO		-			
		DON'T KNOW		d			
		REFLISED		r			

(AII) L11.	Which of the following best describes {your/NAME's} living situation?						
	INTERVIEWER: READ LIST. CODE ONE ANSWER. 'LIVE WITH CHILDREN' SHOULD BE CODED AS '2'						
		AMMER DISPLAY ONLY IF L9#01 {You live/NAME lives} alonee/NAME lives} with {your/his/her} parents, guardians, a spouse/partner,					
	or c	other relative	02	(L11a)			
	You live	e/NAME lives} with friends or roommatese/NAME lives} in another group setting with people not related to					
		u/him/her}		(L11a)			
		e/NAME lives} in some other living situation					
		(NOW		(L11a)			
	REFUSI	ED	r	(L11a)			
(L11=0: L11_Ot	•	her living situation?					
	<open></open>	>		_			
		DON'T KNOW d REFUSED r					
(AII)							
L11a.	SAME HOUSEH RESPONDENT F	SPONDENT CANNOT LIVE IN SAME HOUSEHOLD WITH SPOUSE (L9=0) HOLD WITH LONG-TERM PARTNER (L10=01) AND LIVE ALONE FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answives} in the same household with {your/his/her} spouse or partner and {your/which is correct?	(L11: er. I	=01). IF show that			
		LIVE WITH SPOUSE OR PARTNER					
		SUPPRESS					
(AII) L12.	The payt quastion	n is about the place {you live/NAME lives}. Is this place a					
LIZ.	•	CODE ONE ANSWER.					
		IF RESPONDENT SAYS TOWNHOUSE OR CONDO, CODE AS 1.					
		Single family home					
		Mobile home					
		Regular apartment					
		Supervised apartment					
		Group home					
		Halfway house					
		Personal care or board and care home 07 (L12a)					
		Assisted living facility					
		Nursing or convalescent home					

	<open< th=""><th>l></th><th></th><th></th></open<>	l>					
(All) L12a.	(L12=04-11). IF	RESPONDENT FAIL	OT LIVE ALONE (L11=01) AND LIVE S EDIT, INTERVIEWER READ: I must lone in a {FILL ANSWER FROM L12}? W	have recorded an incorrect			
		LIVE IN GROUP SET	ITING	. 02 (CHANGE L11)			
(AII) L13.	CHECK: DOES	{NAME} I IVE IN A GR	ROUP SETTING (L12 = 04 – 12)?				
	31.23111 2 3 2 3	YES					
(L13=0	01)						
L15.	Is this place pridevelopmental of		hearing or vision impairments, mental illi	ness, mental retardation, c			
		NO DON'T KNOW		. 00 . d			
(AII) L14.	CHECK: DOES	{NAME} LIVE ALONE	(L11 = 01) OR LIVE IN GROUP SETTING	G (L12=4-12)?			
				` '			
(L14=0	00)						
L16.	How many adult	How many adults 18 years of age or older live in {your/NAME's} household, including {yourself/NAME}?					
			o usually live there, even if they are tem at school or on military duty.	porarily away on business			
		_ ADULTS (1-4)				
		DON'T KNOW	-20)				
(L14=0	00)						
L17.	How many child	ren under 18 years of a	age live in {your/NAME's} household?				
		ncludes all children who al, or away at school.	o usually live there, even if they are tempo	rarily away on vacation, in a			
		_ CHILDREN	(0-6) (0-20)				
		DON'T KNOW		. d			
		REFLISED		r			

(L14=0	•			
L18.	CHECK: DO NO	CHILDREN LIVE IN	THE HOUSEHOLD (L17=0)?	
		YES		. 01 (L20)
		NO		. 00
(L14=0	0 and L18=00)			
L19.	How many of th children.	ese children are {you	r/NAME's} own? Please include biologica	al, adopted, step, and foster
		_ CHILDREN	(0-6) (0-20)	
(All)				
L20.	{Do you/Does National Notes of the content of the c	AME} have children of	f {your/his/her} own under the age of 18 liv	ring outside of {your/his/her]
	PROBE: Please	e include biological, ac	dopted, step, and foster children.	
		YES		. 01
		NO		. 00 (L22a)
				, ,
		REFUSED		. r (L22a)
(L20=0	1)			
L21.	How many child	ren under 18 not living	in {your/NAME's} household {do you/does	(he/she)} have?
		_ CHILDREN	(1-6) (1-20)	
		DON'T KNOW		. d
		REFUSED		. r
(All) L22a.	CHECK: DOES	{NAME} HAVE ANY (CHILDREN (L17>=1 AND L19>=1) OR (L2	1>=1)?
	020 2020			
(L22a=	:01)			
L22.	Are any of {your,	/NAME's} children, eith	ner living with {you/him/her} or not, under t	ne age of six?
		YES		. 01
		NO		. 00
		REFUSED		. r

PRELOADED VARIABLES: NONE

(All)

L23Aamt. PROGRAMMER: IF L11=01, 03, or 04, ASK:

What was {your/NAME's} total income in 2009, 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 2009, before taxes or other deductions? Please include money all members of {your/NAME's} household received from <u>all</u> sources.

PROBE: <u>IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT</u>: 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 2009.

INTERVIEWER: ROUND TO NEAREST DOLLAR

(L23Aamt = numeric response)

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

What was {your/NAME's} total income in 2009, 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 2009, 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 household income was per day, week, bi-weekly, twice a month or monthly in 2009.

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

INTERVIEWER: ENTER HOW OFTEN PAID

ANNUALLY	01	(L25)
MONTHLY	02	(L23b)
TWICE A MONTH	03	(L23b)
WEEKLY	04	(L23b)
BI-WEEKLY	05	(L23b)
DAILY	06	(L23b)
OTHER	07	

(L23Aamt = numeric response and L23Ahop =07)

L23Ahop_Other.

INTERVIEWER: ENTER OTHER

GO TO L24

PRELOADED VARIABLES: NONE

(L23Aamt = numeric response and L23Ahop = 02, 03, 04, 05, 06	3)
--	----

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 2009?

|__|_| DAYS/WEEKS/MONTHS (1-365) (1-52) (1/12)

DON'T KNOW d
REFUSED r

GO TO L25

(L23Aamt =d, r or L23Ahop=07)

L24. **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 2009 was...

\$2,500 or less,	01
\$2, 501 to \$5,000,	02
\$5,001 to \$10,000,	03
\$10,001 to \$20,000,	04
\$20,001 to \$30,000,	05
\$30,001 to \$40,000,	06
\$40,001 to \$50,000,	07
\$50,001 to \$75,000,	80
\$75,001 to \$100,000, or	09
More than \$100,000?	10
DON'T KNOW	d
REFUSED	r

L25. DELETED L26. DELETED

GO TO M1

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(AII)		
M1.	PROGRAMMER:	IF WE HAVE NAME, ADDRESS, AND PHONE NUMBER FROM EITHER THE SCREENER OR FROM THE OTHER PRELOADED INFORMATION DISPLAY THAT NAME, ADDRESS, AND PHONE NUMBER.
	That concludes thi	s interview. Can you please verify (your/NAME'S) current contact information?
		ME FROM SCREENER OR PRELOADED INFORMATION} SS 1: {FIRST LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
	STREET ADDRES	SS 2: {SECOND LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
	STREET ADDRES	SS 3: {THIRD LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
	STATE: {STATE F ZIP CODE: {ZIP C	CITY OR TOWN FROM SCREENER OR PRELOADED INFORMATION} ROM SCREENER OR PRELOADED INFORMATION} ODE FROM SCREENER OR PRELOADED INFORMATION} //BER: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}
	1	SAME AS PROVIDED
		DON'T KNOW d (M1a) REFUSED r (M1a)
	M1 {PROVIDE BC THEN GO TO QUI	DX FOR DATA ENTRY. 1, 0, d, r ARE THE ONLY POSSIBLE RESPONSES; IF M1=01, ESTIONS BELOW, OTHERWISE SKIP TO M1a}
(M1=01) M1_Firs	tName.	FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH FIRST NAME
	<open></open>	
		DON'T KNOW d REFUSED r
(M1=01) M1_Mid	dleName.	FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH MIDDLE
	<open></open>	
		DON'T KNOW d REFUSED r

	FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH LAST NAME
<open></open>	
	DON'T KNOW d REFUSED r
NAME: {DISPLA}	FULL NAME} PRESS 1 TO CONTINUE
	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH
INTERVIEWER:	REFUSED AND DON'T KNOW ALLOWED, WILL SKIP REST OF ADDRESS QUESTIONS.
<open></open>	<u> </u>
	DON'T KNOW
	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH
PROBE: READ I	F NECESSARY: Second part of the address.
<open></open>	
	DON'T KNOW d REFUSED r
	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH
PROBE: READ I	F NECESSARY: Third part of the address.
<open></open>	
	DON'T KNOW d REFUSED r
CITY BOLD}	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH
Town or city? <open></open>	·

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

DON'T KNOW	d
REFUSED	r

ADDRESS: (DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH STATE BOLD) State? INTERVIEWER: USE TWO CHARACTER ABBREVIATION. INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW. <pre></pre>	(M1=01)		
STATE BOLD) State? INTERVIEWER: USE TWO CHARACTER ABBREVIATION. INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW. <pre></pre>	M1_State.	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOAD	ED INFORMATION WITH
Interviewer: Use Two Character Abbreviation.		EAT ENTINE ADDITION TOWN SOMEENER ON THEEOAD	LD IN ORWANON WITH
INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.			
COPEN DON'T KNOW	INTERVIEWER:	USE TWO CHARACTER ABBREVIATION.	
DON'T KNOW	INTERVIEWER:	ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTR	RY BELOW.
DON'T KNOW	<open></open>		
M1=01) M1_ZipCode. ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH ZIP CODE BOLD} Zip code? COPEN>			d
M1_ZipCode. ADDRESS: (DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH ZIP CODE BOLD) Zip code? <pre></pre>			
M1_ZipCode. ADDRESS: (DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH ZIP CODE BOLD) Zip code? <pre></pre>	(M1-01)		
ADDRESS: (DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH ZIP CODE BOLD) Zip code? COPEN> DON'T KNOW	•		
Zip code?		PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOAD	ED INFORMATION WITH
COPEN>		}	
DON'T KNOW	Zip code?		
REFUSED	<open></open>		
(M1=01) M1_Confirm.		DON'T KNOW	d
M1_Confirm. ADDRESS: {DISPLAY FULL ADDRESS} INTERVIEWER: PRESS 1 TO CONTINUE (M1=01) M1_PhoneNumber. TELEPHONE: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION} Please give me the telephone number, area code first? <open></open>		REFUSED	r
M1_Confirm. ADDRESS: {DISPLAY FULL ADDRESS} INTERVIEWER: PRESS 1 TO CONTINUE (M1=01) M1_PhoneNumber. TELEPHONE: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION} Please give me the telephone number, area code first? <open></open>	(M1=01)		
INTERVIEWER: PRESS 1 TO CONTINUE (M1=01) M1_PhoneNumber. TELEPHONE: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION} Please give me the telephone number, area code first? <open></open>	M1_Confirm.		
(M1=01) M1_PhoneNumber. TELEPHONE: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION} Please give me the telephone number, area code first? <open></open>	ADDRESS: {DISF	PLAY FULL ADDRESS}	
M1_PhoneNumber. TELEPHONE: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION} Please give me the telephone number, area code first? <pre></pre>	INTERVIEWER:	PRESS 1 TO CONTINUE	
M1_PhoneNumber. TELEPHONE: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION} Please give me the telephone number, area code first? <pre></pre>	(M1=01)		
Please give me the telephone number, area code first? <pre></pre>	M1_PhoneNumber.		
Please give me the telephone number, area code first? <pre></pre>	TELEPHONE: {TI	ELEPHONE NUMBER FROM SCREENER OR PRELOADED IN	FORMATION}
OPEN DON'T KNOW	Please give me th	ne telephone number, area code first?	
DON'T KNOW	-		
REFUSED r PROGRAMMER: ASK M1_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED (M1=01) M1_TimeZone. What time zone is that in? INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON} HAWAII/ALEUTIAN TIME ZONE 02 ALASKA TIME ZONE 03 PACIFIC TIME ZONE 04 MOUNTAIN TIME ZONE 05 CENTRAL TIME ZONE 06 EASTERN TIME ZONE 07 ATLANTIC TIME ZONE 08 NEWFOUNDLAND TIME ZONE 09	COI EIV		
PROGRAMMER: ASK M1_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED (M1=01) M1_TimeZone. What time zone is that in? INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON} HAWAII/ALEUTIAN TIME ZONE 02 ALASKA TIME ZONE 03 PACIFIC TIME ZONE 04 MOUNTAIN TIME ZONE 05 CENTRAL TIME ZONE 06 EASTERN TIME ZONE 07 ATLANTIC TIME ZONE 08 NEWFOUNDLAND TIME ZONE 09			
(M1=01) M1_TimeZone. What time zone is that in? INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON} HAWAII/ALEUTIAN TIME ZONE			I
M1_TimeZone. What time zone is that in? INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON} HAWAII/ALEUTIAN TIME ZONE	PROGRAMMER: ASK M1	_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED	
What time zone is that in? INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON} HAWAII/ALEUTIAN TIME ZONE 02 ALASKA TIME ZONE 03 PACIFIC TIME ZONE 04 MOUNTAIN TIME ZONE 05 CENTRAL TIME ZONE 06 EASTERN TIME ZONE 07 ATLANTIC TIME ZONE 08 NEWFOUNDLAND TIME ZONE 09	(M1=01)		
INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON} HAWAII/ALEUTIAN TIME ZONE 02 ALASKA TIME ZONE 03 PACIFIC TIME ZONE 04 MOUNTAIN TIME ZONE 05 CENTRAL TIME ZONE 06 EASTERN TIME ZONE 07 ATLANTIC TIME ZONE 08 NEWFOUNDLAND TIME ZONE 09	M1_TimeZone.		
HAWAII/ALEUTIAN TIME ZONE 02 ALASKA TIME ZONE 03 PACIFIC TIME ZONE 04 MOUNTAIN TIME ZONE 05 CENTRAL TIME ZONE 06 EASTERN TIME ZONE 07 ATLANTIC TIME ZONE 08 NEWFOUNDLAND TIME ZONE 09	What time zone is	s that in?	
ALASKA TIME ZONE 03 PACIFIC TIME ZONE 04 MOUNTAIN TIME ZONE 05 CENTRAL TIME ZONE 06 EASTERN TIME ZONE 07 ATLANTIC TIME ZONE 08 NEWFOUNDLAND TIME ZONE 09	INTERVIEWER:	CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}	
PACIFIC TIME ZONE 04 MOUNTAIN TIME ZONE 05 CENTRAL TIME ZONE 06 EASTERN TIME ZONE 07 ATLANTIC TIME ZONE 08 NEWFOUNDLAND TIME ZONE 09		HAWAII/ALEUTIAN TIME ZONE	02
MOUNTAIN TIME ZONE 05 CENTRAL TIME ZONE 06 EASTERN TIME ZONE 07 ATLANTIC TIME ZONE 08 NEWFOUNDLAND TIME ZONE 09			
CENTRAL TIME ZONE 06 EASTERN TIME ZONE 07 ATLANTIC TIME ZONE 08 NEWFOUNDLAND TIME ZONE 09			
EASTERN TIME ZONE			
ATLANTIC TIME ZONE			
NEWFOUNDLAND TIME ZONE 09			
OTTICIA INTERNATIONAL TIME ZONE		OTHER INTERNATIONAL TIME ZONE	

(M1=01	•			
M1_Cor		IMBER: {TELEPHONE NUMBER FROM SCREENER OR PREL	$\bigcap \Delta \Gamma$	NED INFORMATIONS
		ME ZONE FROM SCREENER OR PRELOADED INFORMATIO		DED IN CIVILATION,
	INTERVIEWER:	PRESS 1 TO CONTINUE		
(AII)				
M1a.	{Do you have/Do	es NAME have} an email address?		
		YES		(1.10.1.)
		NO		(M2A)
		REFUSED	-	
(M1a=0	1)			
M2	What is {your/NA	ME's} email address?		
	<open></open>	·		
		DON'T KNOW	d	
		REFUSED	r	
(All)				
M2A.	CHECK: IS INTE	RVIEWER SPEAKING WITH {NAME} OR A PROXY?		
		{NAME}		(M2CHECK)
		PROXY	02	
(M2A=0 Confirm	02) . What is your first	name?		
	INTERVIEWER:	PRESS 1 TO CONTINUE		
(M2A=0	12)			
M2a_Fi	rstName.			
	NAME: {DISPLA FIRST NAME BC First name?	Y PROXY'S FULL NAME FROM SCREENER OR PRELOAD PLD}	ÞÞ	INFORMATION WITH
	<open></open>	<u> </u>		
		DON'T KNOW	d	
		REFUSED	r	
(M2A=0 M2a_Mi	iddleName.	Y PROXY'S FULL NAME FROM SCREENER OR PRELOAD BOLD}	ED	INFORMATION WITH
	<open></open>	>		
		DON'T KNOW	d	
		REFLISED	r	

(M2A=02) M2a_LastName.		
	Y PROXY'S FULL NAME FROM SCREENER OR PRELOADED INFORMA	ATION WITH
LAST NAME BOL	LD}	
Last name?		
<open></open>	>	
	DON'T KNOW d REFUSED r	
(M2A=02) Confirm. NAME: {DISPLA	AY PROXY'S FULL NAME}	
	PRESS 1 TO CONTINUE	
(M2A=02)		
M2a_Address1.		
ADDRESS:		
Street and number	er?	
INTERVIEWER:	REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF QUESTIONS.	ADDRESS
<open:< td=""><td>></td><td></td></open:<>	>	
	DON'T KNOW d REFUSED r	
(M2A=02)		
M2a_Address2. ADDRESS: {DISF	PLAY ADDRESS1 FROM PREVIOUS QUESTION}	
PROBE: READ I	IF NECESSARY: Second part of the address.	
<open></open>	>	
	DON'T KNOW d REFUSED r	
(M2A=02)		
M2a_Address3. ADDRESS: {DISF	PLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIONS}	
PROBE: READ I	IF NECESSARY: Third part of the address.	
<open:< td=""><td>></td><td></td></open:<>	>	
	DON'T KNOW d REFUSED r	
(M2A 02)		
(M2A=02) M2a_Address4.		
·	PLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUEST	IONS}
	IF NECESSARY: Fourth part of the address.	
<open:< td=""><td>></td><td></td></open:<>	>	
	DON'T KNOW d REFUSED r	

(M2A=0 M2a_Ci	•			
IVIZA_CI	-	SPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRE	SS4 FROM PR	REVIOUS
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW		
(M2A=0 M2a_St				
	ADDRESS: {DIS PREVIOUS QUE State?	SPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, ASTIONS}	AND TOWN/CIT	Y FROM
	INTERVIEWER:	USE TWO CHARACTER ABBREVIATION.		
	INTERVIEWER:	ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTR	Y BELOW.	
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW		
(M2A=0 M2a_Zi _l	pCode.	PLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TO S QUESTIONS}	OWN/CITY, AND) STATE
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	d	
(M2A=0 Confirm	•			
	NAME: {DISPLA`	Y PROXY'S FULL ADDRESS}		
	INTERVIEWER:	PRESS 1 TO CONTINUE		
(M2A=0 M2a_Ph	noneNumber. TELEPHONE NU	IMBER: ne telephone number, area code first?		
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOWREFUSED	d r	
PROGR	RAMMER: ASK M	2A_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED		

(M2A=02)				
M2A_TimeZone.				
What time zone is	s that in?			
INTERVIEWER:	CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}			
	HAWAII/ALEUTIAN TIME ZONE	02		
	ALASKA TIME ZONE	03		
	PACIFIC TIME ZONE	04		
	MOUNTAIN TIME ZONE	05		
	CENTRAL TIME ZONE	06		
	EASTERN TIME ZONE	07		
	ATLANTIC TIME ZONE			
	NEWFOUNDLAND TIME ZONE			
	OTHER INTERNATIONAL TIME ZONE			
(M2A=02)				
M2A_Confirm.				
TELEPHONE NU	IMBER: {PROXY'S TELEPHONE NUMBER}			
TIME ZONE: {PR	OXY'S TIME ZONE}			
INTERVIEWER:	PRESS 1 TO CONTINUE			
(M2A=02)				
M2a_Rlshp. How are you	related to {NAME}?			
	{NAME'S} SPOUSE	01	(M2a_email)	
	{NAME'S} MOTHER	02	(M2a_email)	
	{NAME'S} FATHER	03	(M2a_email)	
	{NAME'S} CHILD			
	GRANDPARENT OF {NAME}			
	BROTHER/SISTER (NATURAL/STEP) OF {NAME}			
	AUNT/UNCLE OF {NAME}			
	FRIEND			
	CASEWORKER/CAREGIVER/PAYEE	12		
	GIRLFRIEND/BOYFRIEND/PARTNER			
	GUARDIAN/FOSTER/STEP PARENT			
	IN-LAW			
	OTHER RELATIVE OF {NAME}		· – /	
	NOT RELATED		(M2a Rlshp	oth2)
	STAFF AT RESIDENCE			,
	DON'T KNOW			
	REFUSED			
(M2A=02 and M2a_Rlshp=	=08)			
M2a_oth1. INTERVIEW	ER: PLEASE SPECIFY			
<open:< td=""><td>></td><td></td><td></td><td></td></open:<>	>			
	DON'T KNOW	d		
	REFUSED	r		
(M2A=02 and M2a_Rlshp=	=09)			
M2a_oth2. INTERVIEW				
<open:< td=""><td>></td><td></td><td></td><td></td></open:<>	>			
	DON'T KNOW	d		
	REFUSED	r		

(M2A=02)			
M2a_email. Do you have a	an email address?		
,	YES	01	
	NO		
	DON'T KNOW		(M2CHECK)
	REFUSED	r	(M2CHECK)
(M2A=02 and M2a_email=0 M2b. What is your email			
<open></open>			
	DON'T KNOW	-	
(AII)			
M2CHECK. PROGRAMME	R: ONLY ASK M2_PREPAY IF PREPAY = 1. ELSE GO TO M OF THE PREPAY GROUP(PREPAY =1)?	3.	
	YES	01	
	NO	00	(M3)
(M2CHECK=01)	IE} receive a check for \$10.00 in the mail that {you/NAME} can o	rach	2
	YES NO, COLLECT ADDRESS AND SEND ANOTHER CHECK		` '
	DON'T KNOW		` '
	REFUSED		` '
PROGRAMMER: IF CAPI	CASE, THEN DISPLAY TEXT BELOW INSTEAD:		
INTERVIEWER: ARE YOU	J GIVING THE CHECK TO THE RESPONDENT?		
,	YES	01	(M6)
	NO, COLLECT ADDRESS AND SEND ANOTHER CHECK		, ,
(M2CHECK=01,00 or M2_F			
M3. Would you like the	check made out to {you/NAME} or someone else?		
	{YOU/NAME}		(M6)
	MAKE CHECK OUT TO SOMEONE ELSE		
	DON'T KNOW	-	

(M2_Pr€ M4.		WE WOULD LIKE THE FOLLOWING FORMAT TO BE USED SCREEN (IF POSSIBLE, THIS DISPLAY SHOULD CHANGE			
	What is the name	and address of the person to whom we should send the \$10.00	check?		
	STREET ADDRE STREET ADDRE CITY OR TOWN: STATE: {STATE ZIP CODE: {ZIP (SS 1: {FIRST LINE OF ADDRESS FROM M1} SS 2: {SECOND LINE OF ADDRESS FROM M1} SS 3: {THIRD LINE OF ADDRESS FROM M1} {CITY OR TOWN FROM M1}			
		SAME AS PROVIDED	01 (M d (M	4Fname) 6)	
PROGR	AMMER: SEE M1	FOR FORMATTING TO USE FOR BOTTOM OF SCREEN			
(M2_Pr∈ M4_Firs		=02,d,r and M4=01)			
	<open></open>	·			
		DON'T KNOW			
-	dlename.	=02,d,r and M4=01) / FIRST NAME FROM QUESTION M4_FIRSTNAME}			
	<open:< td=""><td>></td><td></td><td></td><td></td></open:<>	>			
		DON'T KNOW			
(M2_Pre M4_Las	tname.	=02,d,r and M4=01)			
	NAME: {DISPLA M4_MIDDLENAM Last name?	Y FIRST NAME FROM QUESTION M4_FIRSTNAME AND 1E}	MIDD	LE NAME	FROM
	<open:< td=""><td>·</td><td></td><td></td><td></td></open:<>	·			
		DON'T KNOW			
(M2_Pre		B=02,d,r and M4=01)			
	-	/ NAME FROM PREVIOUS QUESTIONS} PRESS 1 TO CONTINUE			
	IN I EK VIEWEK.	EREGO LIU GUN HINUE			

(M2_PrePay=00,d,r or M3= M4 Address1.	=02,d,r and M4=01)
ADDRESS:	
Street and number	r?
INTERVIEWER:	REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF ADDRESS QUESTIONS.
<open></open>	·
	DON'T KNOW
(M2_PrePay=00,d,r or M3=M4_Address2.	
•	PLAY ADDRESS1 FROM PREVIOUS QUESTION}
	F NECESSARY: Second part of the address.
<open></open>	·
	DON'T KNOW
	NEI OGED
(M2_PrePay=00,d,r or M3= M4_Address3.	=02,d,r and M4=01) PLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIONS}
•	F NECESSARY: Third part of the address.
	,
COPENS	DON'T KNOW d
	REFUSED r
(M2_PrePay=00,d,r or M3=M4_Address4.	=02,d,r and M4=01)
ADDRESS: {DISF	PLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUESTIONS}
PROBE: READ I	F NECESSARY: Fourth part of the address.
<open></open>	·
	DON'T KNOW
(M2_PrePay=00,d, r or M3 M4_City.	=02,d,r and M4=01)
	PLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRESS4 FROM PREVIOUS
Town or city?	
<open></open>	
	DON'T KNOW d REFUSED r

(M2 PrePay=00,d,r or M3=02,d,r and M4=01) M4 State. ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3 ADDRESS4, AND TOWN/CITY FROM PREVIOUS QUESTIONS) State? INTERVIEWER: USE TWO CHARACTER ABBREVIATION. INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW. <OPEN> DON'T KNOW d REFUSEDr (M2_PrePay=00,d,r or M3=02,d,r and M4=01) M4_Zip. ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TOWN/CITY, AND STATE FROM PREVIOUS QUESTIONS} Zip code? <OPEN>__ DON'T KNOW d REFUSED (M2_PrePay=00,d,r or M3=02,d,r and M4=01) Confirm. ADDRESS: {DISPLAY FULL ADDRESS} INTERVIEWER: PRESS 1 TO CONTINUE (M2_PrePay=00,d,r or M3=02,d,r and M4=01) M4 Telephone. **TELEPHONE NUMBER:** Please give me the telephone number, area code first? <OPEN> DON'T KNOW d REFUSED PROGRAMMER: ASK M4_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED (M2_PrePay=00,d,r or M3=02,d,r and M4=01) M4 TimeZone. What time zone is that in? **INTERVIEWER:** CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON} ALASKA TIME ZONE 03 EASTERN TIME ZONE 07

		=02,d,r and M4=01)	
M4_Co	TELEPHONE NU	MBER: {DISPLAY TELEPHONE NUMBER}	
	TIME ZONE: {DIS	SPLAY TIME ZONE}	
	INTERVIEWER:	PRESS 1 TO CONTINUE	
(All) M6.	CHECK: IS {NAM	ME} PART OF THE PARTICIPANT SAMPLE (TSTATUS=01)?	
		YES	01 (M10a)
		NO.	,
M7.	DELETED		
(All)			
M10a.	we do, I'd like yo means 'it was no	nuch for taking part in this survey. Because people like you are to think about the survey you just participated in. On a scatt a good use of time' and ten means "it was a good use of time scribes how you feel about your experience today?	ale from 1 to 10 where one
		<u> </u> (01-10)	
		DON'T KNOW	
(AII) M11_TI	hanks.		
	Thank you for you	ur cooperation. This completes the survey! Thank you again.	
		PRESS 1 TO CONTINUE	.01
INTER	VIEWER OBSERV	ATIONS	
NEW IT	ГЕМ		
(AII) M11a.	How was this inte	erview conducted?	
		Over the telephone	. 01 (M11)
		In person	. 02 (M11)
		Using TTY Other: Specify	
(M11a= M11a_0	•		
_		PLEASE SPECIFY	
	<open></open>	<u> </u>	
M11.	INTERVIEWER:	INTERVIEWER OBSERVATIONS:	
	Who was the resp	pondent to this interview?	
	INTERVIEWER:	PLEASE CODE THE PERSON WITH WHOM YOU CON INTERVIEW.	DUCTED MOST OF THE
		{NAME} HIMSELF/HERSELFPROXY FOR {NAME}	

(M11=0	•			
M12.	Was {NAME} ass questions or giving	sisted by anyone during this interview? That is, did anyone he ng answers?	p {NA	ME} in interpreting the
		YES	01	
		NO	00	(M15)
(M11=0 M13.	02 or M12=01) PROGRAMMER	: IFM12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY	""	
	How is the {assis	tant/proxy} related to (NAME)?		
	INTERVIEWER:	IF MORE THAN ONE ASSISTANT OR PROXY, INDICAT THE ONE YOU CONSIDER TO BE THE MAIN ASSISTANT		
		{NAME'S} SPOUSE	01	(M14)
		{NAME'S} MOTHER	02	(M14)
		{NAME'S} FATHER	03	(M14)
		{NAME'S} CHILD	04	(M14)
		GRANDPARENT OF {NAME}	05	(M14)
		BROTHER/SISTER (NATURAL/STEP) OF {NAME}	06	(M14)
		AUNT/UNCLE OF {NAME}	07	(M14)
		FRIEND	11	(M14)
		CASEWORKER/CAREGIVER/PAYEE	12	(M14)
		GIRLFRIEND/BOYFRIEND/PARTNER	13	(M14)
		GUARDIAN/FOSTER/STEP PARENT	14	(M14)
		IN-LAW	15	(M14)
		OTHER RELATIVE OF {NAME}	08	(M13_h_oth)
		NOT RELATED	09	(M13_i_oth)
		STAFF AT RESIDENCE	10	(M14)
		DON'T KNOW	d	(M14)
		REFUSED	r	(M14)
*Note:	M14=11 is a cate rounds.	egory added at R2; value of "other" category (M14=10) maintai	ned fo	or comparability across
-	02 or M12=01 and I _oth. INTERVIEW	M13=08) ER: PLEASE SPECIFY		
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	d	
		REFUSED		
	02 or M12=01 and I oth. INTERVIEW	M13=09) ER: PLEASE SPECIFY		
	<open:< td=""><td>></td><td></td><td></td></open:<>	>		
		DON'T KNOW	d	

REFUSEDr

(M11=0 M14.	2 or M12=01) PROGRAMMER:	: IFM12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY"			
		ONLY DISPLAY RESPONSE OPTION 10, IF M11=02			
	Why was an {ass				
	INTERVIEWER:	CODE ALL THAT APPLY. {NAME} DIDN'T KNOW HOW TO ANSWER	02 03 04 05 06 07 08 09 11 10 d	(M15) (M15) (M15) (M15) (M15) (M15) (M15) (M15) (M15)	
*Note:	M14=11 is a ne comparability acr	ew category added at R2 and R3; value of "other" category oss rounds.	(M ²	14=10) maintained fo	r
	2 or M12=01 and Noth. INTERVIEWE	M14=10) R: PLEASE SPECIFY			
	<open:< td=""><td>></td><td></td><td></td><td></td></open:<>	>			
		DON'T KNOW			
(All) M15.	In general, do yo	u feel the respondent was intellectually capable of responding?			
		YES	00		
(All) M16.	In general, do yo	u feel the respondent's answers were reasonably accurate?			
		YES NO	00		
(AII) M17.	In general, do yo	u feel the respondent understood the questions?			
		YES NO	00		
(AII) M18.	In general, how ti	ring did the interview seem to be for the respondent?			
		VERY TIRINGA LITTLE TIRING	02 03		

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

(All)				
M19.	In general, did the	e respondent have difficulty hearing you during the interview?		
		YES		(M21)
		DON'T KNOW	d	(M21)
(M19=0	1)			
M20.	In general, do you	u feel the respondent's hearing difficulty affected the interview?		
		YES	01	
		NO		
		DON'T KNOW		
(All)				
M21.	INTERVIEWER:	Record any special circumstances encountered while interviewing	ng re	spondent.
				<u></u>
				