

# NATIONAL BENEFICIARY SURVEY: ROUND 5 (2015)

June 2014

## NATIONAL BENEFICIARY SURVEY - TABLE OF CONTENTS -

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#### **SECTION A: SCREENER**

#### PRELOADED INFORMATION

S1 (A01\_a) CLUSTERED SAMPLE

YES = 01 NO = 02

- S9 (A04\_b) FIRSTNAME (original may be updated in another block: Current First Name)—CREATE NAME USING FIRSTNAME AND LASTNAME
- 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)
- 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)—CREATE SSIAGE FROM DATE OF BIRTH AND DATE FIRST RECEIVED SSI
- S18 (A04\_k) STATE MED (STATE NAME FOR MEDICAID) (based on state of residence at A67a)
- S19 (A04\_I) 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

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)Hello, my name is \_\_\_\_\_, calling on behalf of the Social Security Administration. May I please speak with A1. **INTERVIEWER:** We are not selling anything or asking for a contribution. SPEAKING ...... 01 (A10) CALL BACK LATER ...... 04 SET A100 = 01 (A100) 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)

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

A-3

#### 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 \$5 gift card as a token of appreciation. We will send you an additional \$15 gift card after you complete the interview.

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

\{\text{NAME}\} \text{SPEAKING} \qquad 01  (A10) \\ \{\text{NAME}\} \text{COMES TO PHONE} \qquad 03  (A10) \\ \text{CALL BACK LATER} \qquad 04  \text{SET A100} = 01  (A10) \\ \{\text{NAME}\} \qquad \text{MOVED} \qquad 05  (A30) \\ \text{POSSIBLE PARTICIPATION PROBLEM} \qquad 06  (A13)	
CALL BACK LATER	
{NAME} MOVED	
	0)
POSSIBLE PARTICIPATION PROBLEM	
HOSPITALIZED07 (A27a)	
{NAME} DECEASED	
{NAME} INCARCERATED	3)
LANGUAGE BARRIER (NOT SPANISH)10	
INSTITUTIONALIZED 11 (A27a)	
MILITARY DUTY 12 SET A103 = 02 (A103	3)
SWITCH TO AMPLIFIER / CONTINUE 13 (A10)	,
NO SUCH PERSON AT THIS NUMBER 14 SET A102 = 01 (A102	2)
OTHER: SUPERVISOR REVIEW NEEDED 15 SET A106 = 05 (A106	•
HUNG UP DURING INTRODUCTION 16 SET STATUS = 640 (	•
UNAVAILABLE DURING FIELD PERIOD 17 SET A104 = 06 (A104	. ,
LIVING OUTSIDE USA	,
DID NOT RECEIVE LETTER 19 A22	•
REFUSED r SET A105 = 02 (A105	5)
LANGUAGE BARRIER (A1 = 10) OR (A2 = 10) A3. Can someone there speak English?	
PERSON COMES TO PHONE	
CALL BACK LATER	))
NO ONE SPEAKS ENGLISH	
REFUSED/HUNG UPr SET A106 = 01 (A106	,
POSSIBLE INTERPRETER COMES TO PHONE (A3 = 01)	,
A4. Hello, my name is, calling on behalf of the Social Security Administration. So recently sent {NAME} a letter saying {he/she} was selected to participate in an important health so conducting for them. It is called the National Beneficiary Survey. We are looking for someone who or older to help {him/her} by interpreting the interview for us. Are you 18 years of age or older?	survey we are
PROBE (PREPAY=1): We recently sent a letter which included a \$5 gift card as a token of app will send you an additional \$15 gift card after you complete the interview.	reciation. We
YES 01 (A4b)	
NO 00	
r SET A106 = 01 (A106	3)

(A4 =	00)		
A4a.	Is there someone else who is 18 years or older who could come to t	he pl	none and help with the interview?
	YES, PERSON COMES TO PHONE CALL BACK LATER NO ONE SPEAKS ENGLISH REFUSED/HUNG UP	02 03	SET A106 = 01 (A106)
(A0 =	15) OR (A4 = 01) OR (A4a = 01)	•	01 (1100)
A4b.	IF (A0=15) or (A4a=01) FILL {Hello, my name is, Administration. Social Security recently sent {NAME} a letter saying important health survey we are conducting for them. It is called t looking for an interpreter who is 18 years or older to help {him/her} help {NAME} by interpreting the interview?	{he/s he N	he} was selected to participate in an ational Beneficiary Survey. We are
	PROBE: We are not selling anything or asking for contributions.		
	PROBE (PREPAY=1): We recently sent a letter which included a \$ will send you an additional \$15 gift card after you comp	-	
	YES	01	
	CALL BACK LATER	02	(A6)
	NO ONE +18 SPEAKS ENGLISH	03	SET A106 = 01 (A106)
	{NAME} MOVED		(A30)
	POSSIBLE PARTICIPATION PROBLEM	05	(A13)
	HOSPITALIZED	06	(A27a)
	{NAME} DECEASED	07	(A103a)
	{NAME} INCARCERATED	80	SET A103 = 01 (A103)
	INSTITUTIONALIZED	09	(A27a)
	MILITARY DUTY	10	SET A103 = 02 (A103)
	NO SUCH PERSON AT THIS NUMBER	11	SET A102 = 01 (A102)
	OTHER: SUPERVISOR REVIEW NEEDED	12	SET A106 = 05 (A106)
	UNAVAILABLE DURING FIELD PERIOD	13	SET A104 = 06 (A104)
	LIVING OUTSIDE USA	14	SET A103 = 03 (A103)
	REQUESTS IN-PERSON INTERVIEW	15	(A39)
	REFUSED	r	SET A105 = 02 (A105)
(A4b =	•		
A5.	If {NAME} is available and you are ready to interpret, we can begin unbreak at any time, please tell me and we will call back later to finish		
	CONTINUE	01	
	CALL BACK LATER		

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)And, what is {IF A5 = 01 OR 2) OR (A4b = 02) FILL your / IF A4a = 02 FILL their} relationship to {NAME}? A7. {NAME'S} SPOUSE.......01 BROTHER/SISTER (NATURAL/STEP) OF {NAME}....... 06 DON'T KNOW ..... REFUSED ..... (A7 = ANSWER OR d OR r)PROGRAMMER: A7a. CALLBACK TO NAMED INTERPRETER (A0=14)A8. calling on behalf of the Social Security Administration. May I Hello, my name is please speak to {INTERPRETER'S NAME}? PROBE: We are not selling anything or asking for contributions. SPEAKING ...... 01 HUNG UP DURING INTRODUCTION ...... 04 SET STATUS = 640 (END) INTERPRETER REFUSED ...... r SET A105 = 02 (A105)

•	1 OR 02)	
A9.	{IF A8 = 02 DISPLAY: Hello, my name is, calling on behalf of the Social Section Administration.} When we spoke with you recently, you said this would be a good time for you to interpret National Beneficiary Survey for {NAME}. Are you and {NAME} ready to begin?	
	<b>PROBE:</b> If you or {NAME} get tired or need a break <u>at any time</u> , please tell me and we will call back to finish the interview.	ater
	YES, CONTINUE	
	ING TO NAME OR INTERPRETER / NAME OR INTERPRETER COMES TO PHONE / TO NAME AFT	ΓER
REMA ( <b>A0 = (</b>	L 7 OR 08) OR (A1 = 01, 03 OR 13) OR (A2 = 01, 03, OR 13) OR (A7a = 01) OR (A9 = 01)	
IF PRE	PAY = 1, USE FILLS IN QUESTION TEXT.	
	PAY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$20. PAY = 0 AND SM CALLS IN (MAKECALLDIAL = 4) OR PROXY CALLS IN (MAKECALLDIAL =7), U	ICE
IF PRE	THESE FILLS:	JOE
	PAY = 0 AND FLAG_EXPER = 0 (control group): \$20	
IF PRI	EPAY = 0 AND FLAG_EXPER = 1 AND DATE<= 3/5/15 (early differential, completing during 21	day
IF PRE	experiment period): \$30 PAY = 0 AND FLAG_EXPER = 1 AND DATE>3/6/15 (early differential, completing after 21 day experim	ıenf
	period): \$20	CIII
IF PRI	EPAY = 0 AND FLAG_EXPER = 2 AND DATE <4/10/15 (late differential, completing before 21	day
IE DDE	experiment period): \$20 PAY = 0 AND FLAG_EXPER = 2 AND [DATE>= 4/10/15 AND DATE <= 5/1/15] (late differential, completed)	tina
IFFRE	during 21 day experiment period): \$30	ung
IF PRE	PAY = 0 AND FLAG_EXPER = 2 AND DATE >5/2/15 (late differential, completing after 21 day experim	ent
440	period): \$20	0.0
A10.	{PROGRAMMER, IF A7a = 01 DISPLAY "Please tell {NAME} that I said"} {(IF A0 = 07 OR 08, OR 09) (A1 = 03) OR (A2 = 03 OR 13) DISPLAY Hello, my name is, calling on behalf of the Sc Security Administration.} Recently, Social Security sent you {PROGRAMMER IF A0 = 04 USE another} a leexplaining an important survey we are conducting for them. {IF A2 = 01 BEGIN HERE} The Nation Beneficiary Survey is about your health, daily activities, any jobs you may have, and any Social Security programs and services you may use. I'm calling to ask you to participate. The information you and oparticipants give us will be used to help evaluate Social Security's programs for disability beneficiaries.	ocial etter onal urity
	<b>PROBE:</b> 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 take around 2 - 3 hours because we are using Relay. / IF (A0 = 04) OR (A1 = 01, 03 OR 13) OR (A2 = 01 03 OR 13) FILL: will take between 45 and 60 minutes.} IF PRE-PAY=0: {In appreciation for your time, we mail you a gift card for \$[20.00/ 30.00] when we finish the interview}/ IF PRE-PAY=1: {As a toker appreciation, we recently mailed you a gift card for \$5. We will send you an additional \$15 gift card after complete the interview.} The questions are easy. If you get tired or need a break <u>at any time</u> , please tell and we will call back later to finish the interview. This interview may be recorded for quality assurance. L start now.	OR will n of you me _et's
	<b>INTERVIEWER INSTRUCTION (PREPAY=1):</b> If sample member says he/she did not receive gift card will not complete the interview until we send a check, schedule appointment to call back.	ano

			(A100))
	DID NOT RECEIVE LETTER/DOES NOT		
	RECALL LETTER  REQUESTS PROXY  REQUESTS IN-PERSON INTERVIEW  POSSIBLE PARTICIPATION PROBLEM  REFUSED	05 06 07	(A39) (A39) (A13)
		•	A2 = 01, 03, A13A; OR A0 = 07, 08, 09 SET A105 = 01 (A105) / IF A7a = 01 OR A9 = 01 SET A105 = 02 (A105)
	OR UNKNOWN INFORMANT CALLS IN 5, <b>05, OR 06)</b>		
-	INTERVIEWER: CODE BASED ON SUPERVISOR INS	TRI	JCTION.
	{NAME}		
	{NAME} USING TTY {NAME} USING RELAY		
	INFORMANT / POSSIBLE PROXY		(A13a)
	01, 02, OR 03)		
IF PRE	PAY = 1, USE FILLS IN QUESTION TEXT. PAY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$2		DDOWY CALLS IN (MAKECALL DIAL -7) LIGE
IF PRE	PAY = 0 AND SM CALLS IN (MAKECALLDIAL = 4) O THESE FILLS:	RP	PROXY CALLS IN (MAKECALLDIAL =7), USE
	PAY = 0 AND FLAG_EXPER = 0 ( <i>control group</i> ): \$20 :PAY = 0 AND FLAG_EXPER = 1 AND DATE<= 3/5/1	5 (	early differential, completing during 21 day
	experiment period): \$30		
IF PRE	PAY = 0 AND FLAG_EXPER = 1 AND DATE>3/6/15 (early	y di	fferential, completing after 21 day experiment
IF PRE	period): \$20 EPAY = 0 AND FLAG_EXPER = 2 AND DATE <4/10/	15	(late differential, completing before 21 day
IF PRE	experiment period): \$20 PAY = 0 AND FLAG_EXPER = 2 AND [DATE>= 4/10/15 A	ND	DATE <= 5/1/15] (late differential, completing
IF PRE	during 21 day experiment period): \$30 PAY = 0 AND FLAG_EXPER = 2 AND DATE >5/2/15 (late period): \$20	e di	fferential, completing after 21 day experiment
A12.	Hello, my name is I'll be Survey is about your health, daily activities, and any jobs Security programs and services. The information you a evaluate Social Security's programs for disability benefici	you and	might have. It also asks about your use of Social other participants give us will be used to help
	The interview {PROGRAMMER, IF A11 = 01 FILL will tak take around 2 - 3 hours because we are using TTY / IF we are using Relay.}IF PRE-PAY=0: {In appreciation for ywhen we finish the interview.}/ IF PREPAY=1: {As a toke for \$5. We will send you an additional \$15 gift card after yell you get tired or need a break at any time, please tell retains interview may be recorded for quality assurance. Let	A11 you n o you ne a	= 03 FILL will take around 2 - 3 hours because r time, we will mail you a \$[20.00/ 30.00] gift card f appreciation, we recently mailed you a gift card complete the interview. The questions are easy. and we will call back later to finish the interview.
	<b>INTERVIEWER INSTRUCTION (PREPAY=1):</b> If sample will not complete the interview until we send a gift card, s		
	CONTINUEWANTS TO SCHEDULE INTERVIEW		
			IF A11 = 03 SET A100 = 05 (A100)
	NEEDS PROXY	03	

A-8

POSSIBLE PARTICIPATION PROBLEM....... 05 (A13) r IF A11 = 01, 02, 03 SET A105 = 01 (A105) IF A11 = 04 SET A105 = 02 (A105) 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) **INTERVIEWER: WHO ARE YOU SPEAKING WITH?** A13. {NAME} / INTERPRETER ..... 01 (A11 = 04) OR (A13 = 01 OR 02)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 Why {IF A13 = 01 FILL would you/ IF A13 = 02 FILL would {NAME}} have a problem participating PROBE: 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 PHYSICAL BARRIER.......04 INSTITUTIONALIZED ...... 07 (A27a) HOSPITALIZED ...... 08 (A27a) 

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

DON'T KNOW ...... d

#### (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 gift card for \$5 as a token of appreciation. We will send you an additional \$15 gift card after you complete the interview.

**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	04	(ACA)
	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 can switch to a phone amplifier now	03	(A64)
	{PROGRAMMER, DISPLAY 04 ONLY IF A13a = 01}		(13.1)
	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 A13 = 02 FILL {his/her} home	05	(A42)
	{PROGRAMMER DISPLAY 06 ONLY IF A13 = 02}	00	(/142)
	INFORMANT OFFERS TO BE PROXY	06	(A39)
	{PROGRAMMER, DISPLAY 07 ONLY IF SAMPLE		
	TYPE = UNCLUSTERED, S1 = 02 AND A13		
	= 01} {NAME} REQUESTS IN-PERSON		(4.40)
	INTERVIEW	07	(A40)
	{PROGRAMMER DISPLAY 08 ONLY IF A13 = 01} {NAME} REQUESTS PROXY	ΛR	(430)
	PHYSICAL PROBLEM: {NAME} UNABLE TO	00	(A39)
	PARTICIPATE	09	(A46)
	SUGGESTS ANOTHER WAY (SPECIFY )		
	DON'T KNOW		(A39)
	REFUSED	r	IF A13 = 01 SET A105 = 01 (A105) /
			IF A13 = 02 SET A105 = 02 (A105)
A14 = 1	•		
A14a.	What is that way?		
	<open< td=""><td></td><td></td></open<>		
	DON'T KNOW d		
	REFUSEDr		
A14 = 1	,		
<del>1</del> 15.	Thank you. I will ask my supervisor if that would work. We will call	you	back and let you know.

**SET A106 = 05 (A106)** 

(A13a = 01, 02, 04, OR d) OR (A14 = 02)

A16. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

(A16 = 01)

A17. We can start the interview <u>in a few minutes</u>, by switching to our TTY or to a Relay operator and having them contact you. Alternatively, we can call 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.

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 at any time, please tell me and we will call back later to finish the interview. This interview may be recorded for quality assurance. Let's start now.

PROBE (PREPAY=1): We recently sent a letter which included a gift card for \$5 as a token of appreciation. We will send you an additional \$15 gift card after you complete the interview.			
	CONTINUE CALL BACK LATER NO, WANTS LETTER REFUSED	02 00	SET A100 = 01 (A100)
( <b>A20 =</b> ) A21.	You should receive the letter in about a week. Or, I can read it to y	/OU n	now and we can start the interview
	READ LETTER, CONTINUE	01 00	(A64)
A22.	I want to make sure we have your correct name and address. To correct?	he r	ecords show (READ BELOW). Is this
	PROGRAMMER: DISPLAY NAME FROM PRELOADS		
(822 -	NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP YES	00	(A23)
( <b>A22</b> = 0 A23.	PROGRAMMER: WAS A22 <u>NAME</u> UPDATED?		
	YES		(A25)
(A23 =	•		
A24.	This name is different from the name in our records – perhaps yo confirm that you are the same {NAME} as in our records?	u ma	irried or changed your name. Can you
(A22 = (	YES	00	
A25.	PROGRAMMER: CHECK: IS UPDATED STATE OUTSIDE THE	UNI	TED STATES AND DC?
	YESNO		SET A109 = 01 (A109)

```
(A25 = 01)
      I might have recorded your address wrong. Are you now living outside the United States?
A26.
      INTERVIEWER: IF NO (ADDRESS IS IN THE USA), GO BACK TO A22 AND CORRECT STATE.
            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
                  I \quad I \quad I \quad I
            DON'T KNOW ...... d (A27b)
            REFUSED .....r (A27b)
A27aa. Units.
            DAYS...... 01
            WEEKS ...... 02
            MONTHLY...... 03
(A27a = ANSWER OR d OR r)
     I understand that {NAME} is not able to be at home just now. In order to help {him/her} participate, we could
A27b.
      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)
```

r SET A105 = 02 (A105)

(A27b	= 02)	
A28.	FILL institution	be the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13a = 07) on / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13a = 08) FILL hospital}, where I can contact but don't have all the information, please tell me what you can.
	NAME OF IN	ISTITUTION / HOSPITAL
	Please tell m	e 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)
( <b>A27b</b> A29.	Please tell m	the the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13 = 07) on / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13 = 08) FILL hospital}, where I can contact but 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 m	e the telephone number with the area code first.
		EPHONE:        -                  SET A107 = 01 (A107)  FUSED
		PROGRAMMER: STORE NAME AND ALL CONTACT INFORMATION FOR HOSPITAL OR INSTITUTION IN LOCATOR IF REFUSED SET A106 = 05 (A106)
	05) OR (A2 = 0	ORMATION FOR NAME  5) OR (A4b = 04)  how I can reach {NAME}?
	NO	S
( <b>A30 =</b> A31.	01)	e {his/her} new address and phone number. Also, if {NAME'S} name has changed please tell me
	PROBE: If y	ou don't have all the information please tell me what you can.
	NAME: PRE	FIX, FIRST, MIDDLE, LAST, SUFFIX
		ADDRESS 1 ADDRESS 2 CITY, STATE, ZIP
	Please tell m	e the telephone number with the area code first.
		TELEPHONE:
	_	N'T KNOW d

( <b>A31 =</b> A32.	ANSWER OR d OPPROGRAMME	OR r) R: CHECK A31: IS STATE OUTSIDE THE UNITED	ST/	ATES AND DC?
		YES (OUTSIDE USA)		
(A32 =	01)			( 1 1)
A33.	I may have reco	orded something incorrectly. Is {NAME} now living ou	ıtside	the United States?
	INTERVIEWER	: IF NO (ADDRESS IS INSIDE THE USA), GO BAC	KTO	D A31 AND UPDATE STAT
	PROGRAMME	R AFTER A31 IS UPDATED, GO TO A36.		
				SET A103 = 04 (A103)
		GO BACK TO A31; AFTER STATE IS UPDATED	GO	TO A36.
A34 IS	DELETED			
A35 IS	DELETED			
A36.	PROGRAMME	R: CHECK: DOES A31 CONTAIN A VALID PHONE	E NU	MBER?
				, ,
		PROGRAMMER: STORE {NAME} CONTACT DAT	A IN	LOCATOR
LEAD I (A30 = A37.	-	ne else who might know how to reach {NAME}?		
	YES NO DON'T	KNOW	00 d	SET A102 = 03 (A102) SET A102 = 03 (A102) SET A105 = 02 (A105)
(A37 =				021 7(100 - 02 (7(100)
A38.	What's that pers	son's name and phone number?		
	PROBE: If y	ou don't have all the information, please tell me wha	t you	can.
		PREFIX, FIRST, MIDDLE, LAST, SUFFIX		
	Please give me	the telephone number, area code first.		
		TELEPHONE:	_ _	_
		KNOW	d r	
	PROGRAM	IMER: STORE NAME AND PHONE INFORMATIO SET A101 = 03 (A101) IF MISSING/INVALID PHONE NUMBER SET A10		·

#### CHECK FOR POSSIBLE IN-PERSON INTERVIEW

#### (A10 = 05 OR 06) OR (A12 = 03 OR 04) OR (A4b = 15) OR (A14 = 06, 08, d)

A39. PROGRAMMER: CHECK FOR POSSIBLE IN-PERSON INTERVIEW. DID...?

## NAME REQUESTS IN PERSON INTERVIEW AND NOT IN CLUSTERED SAMPLE (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. This interview may be recorded for quality assurance. Let's start now.

CONTINUE	01	(A64)
NO / SEEK PROXY		` '
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. This interview may be recorded for quality assurance. Let's start now.

CONTINUE	01	(A64)
NO, PREFERS PROXY	02	IF A14 = 06 (A48) ELSE (A46)
DON'T KNOW	d	IF A14 = 06 (A48) ELSE (A46)
REFUSED	r	SET A105 = 01 (A105)

## 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 {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

IF A13 = 02 SET A105 = 03 (A105)

#### 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	` ,
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	SET A104 = 03 (A104)
(NAME) HAS HEARING / SPEECH BARRIER/	
NO PROXY	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

Please give me the telephone number, area code first.

PHONE NUMBER:            -         -           -	_ _	_
DON'T KNOW		,

PROGRAMMER: STORE PROXY NAME IN UPDATE ADDRESS BLOCK. SET A100 = 02 (A100)

	COMES TO PHONE AND A41=02 OR d) OR (A46=01 OR 02)
A48.	{IF (A46 = 02) USE Hello, my name is, calling on behalf of the Social Security Administration.} {NAME} has been selected to participate in an important national health study we are conducting for SSA. The information we collect will be used to evaluate Social Security's programs for disability beneficiaries. Are you the person who is most knowledgeable about {NAME's} health, daily activities, any jobs {he/she} may have, and about any Social Security programs and services {he/she} might use?
(A48 =	YES
A49.	Social Security recently sent {NAME} a letter saying that we would be calling to ask {him/her} to participate in an important national health study we are conducting for Social Security. I work for Mathematica Policy Research, a nationally recognized research firm based in Princeton, New Jersey. We are conducting a scientific study. We are not selling anything or asking for contributions.
	PROBE (PREPAY=1): As a token of appreciation, we recently mailed {NAME} a gift card for \$5. We will send you an additional \$15 gift card after you complete the interview.
	CONTINUE
(A48 =	REFUSED r SET A105 = 03 (A105)  O OR d) OR (A49 = 02)
A50.	Is there someone else who knows about {NAME's} health, daily activities, and any jobs {he/she} might have?
	YES 01
	NO OTHER PROXY AVAILABLE
ANOTH	ER PROXY LIVES ELSEWHERE 1)
A51.	What is this person's name and phone number?
	PROBE: If you don't have all the information, please tell me what you have.
	PREFIX, FIRST, MIDDLE, LAST, SUFFIX DON'T KNOW d REFUSED r
	Please give me the telephone number, area code first.
	TELEPHONE:   <u>       -       -     </u>
	DON'T KNOW d REFUSED r
	PROGRAMMER: STORE PROXY CONTACT INFORMATION IN LOCATING DATABASE AND GO TO A52.

IF BOTH NAME AND PHONE NUMBER REFUSED SET A106 = 05 (A106)

#### (A51 = ANSWER)

A52. **PROGRAMMER:** IS THERE A VALID PHONE NUMBER AT A51?

#### **SPEAKING WITH PROXY**

(A48 = 01) OR (A49 = 01)

IF PREPAY = 1, USE FILLS IN QUESTION TEXT.

IF PREPAY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$20.

IF PREPAY = 0 AND SM CALLS IN (MAKECALLDIAL = 4) OR PROXY CALLS IN (MAKECALLDIAL =7), USE THESE FILLS:

IF PREPAY = 0 AND FLAG EXPER = 0 (control group): \$20

- IF PREPAY = 0 AND FLAG\_EXPER = 1 AND DATE<= 3/5/15 (early differential, completing during 21 day experiment period): \$30
- IF PREPAY = 0 AND FLAG\_EXPER = 1 AND DATE>3/6/15 (early differential, completing after 21 day experiment period): \$20
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND DATE <4/10/15 (late differential, completing before 21 day experiment period): \$20
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND [DATE>= 4/10/15 AND DATE <= 5/1/15] (late differential, completing during 21 day experiment period): \$30
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND DATE >5/2/15 (late differential, completing after 21 day experiment period): \$20
- A53. The interview will take from 45 to 60 minutes. IF PREPAY=0: {In appreciation for your time, we will mail you a gift card for \$[20.00/ 30.00] when we finish the interview.}/ IF PREPAY=1: {As a token of appreciation, we recently mailed {NAME} a gift card for \$5. We will send you an additional \$15 gift card after you complete the interview.} 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. This interview may be recorded for quality assurance. Let's start now.

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

CONTINUE	01	
CALL BACK LATER	02	
PROXY WANTS LETTER	03	(A58)
REFUSED	r	SET A105 = 03 (A105)

#### (A53 = 01 OR 02)

A54. {IF A53 = 01 USE Before we start} please tell me your name (IF A53 = 02 USE so we can call back and ask for you.}

PROBE: Your first name is fine.

#### PROGRAMMER STORE PROXY NAME IN DATABASE

#### (A54 = ANSWER OR r)

A55. **PROGRAMMER:** IF

CALLING FOR <u>IDENTIFIED</u> PROXY / PROXY AFTER REMAIL

(A0 = 10 OR 11 OR 13)

A56. Hello, my name is \_\_\_\_\_\_, calling on behalf of the Social Security Administration. May I please speak with {PROXY NAME}?

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

PROXY SPEAKING 01	IF A0 = 13 (A85) / ELSE CONTINUE
PROXY COMES TO PHONE 02	IF A0 = 13 (A85) / ELSE CONTINUE
CALL BACK LATER (PROXY)	SET A100 = 02 (A100)
{PROXY} MOVED	(A61)
{PROXY} DECEASED	SET A106 = 03 (A106)
LANGUAGE BARRIER (NOT SPANISH) 06	SET A104 = 07 (A104)
NO SUCH PERSON AT THIS NUMBER 07	SET A102 = 05 (A105)
OTHER: SUPERVISOR REVIEW NEEDED 08	SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION 09	SET STATUS = 640 (END)
REFUSEDr	SET A105 = 03 (A105)

PROXY COMES TO PHONE

(A56 = 01 OR 02)

- IF PREPAY = 1, USE FILLS IN QUESTION TEXT.
- IF PREPAY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$20.
- IF PREPAY = 0 AND SM CALLS IN (MAKECALLDIAL = 4) OR PROXY CALLS IN (MAKECALLDIAL =7), USE THESE FILLS:
- IF PREPAY = 0 AND FLAG EXPER = 0 (control group): \$20
- IF PREPAY = 0 AND FLAG\_EXPER = 1 AND DATE<= 3/5/15 (early differential, completing during 21 day experiment period): \$30
- IF PREPAY = 0 AND FLAG\_EXPER = 1 AND DATE>3/6/15 (early differential, completing after 21 day experiment period): \$20
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND DATE <4/10/15 (late differential, completing before 21 day experiment period): \$20
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND [DATE>= 4/10/15 AND DATE <= 5/1/15] (late differential, completing during 21 day experiment period): \$30
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND DATE >5/2/15 (late differential, completing after 21 day experiment period): \$20
- 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.. 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 gift card for \$[20.00/ 30.00] when we finish the interview."/ IF PREPAY=1: As a token of appreciation, we recently mailed {NAME} a gift card for \$5.We will send you an additional \$15 gift card after you complete the interview. Would you be able to help us?

**INTERVIEWER INSTRUCTION (PREPAY =1):** If proxy says sample member did not receive gift card and will not complete interview until we send gift card, 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. 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. This interview may be recorded for quality assurance. Let's start now.

**PROBE (PREPAY=1):** We recently sent a letter which included a gift card for \$5 as a token of appreciation. We will send you an additional \$15 gift card after you complete the interview.

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

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

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
		REFUSEDr
		CONTINUE
		IF A58=01 GO TO A64
		IF A58=02 SET A100 = 02 (A100)
		PROGRAMMER STORE PROXY NAME IN DATABASE
	OR (A58 = 0	•
A59.	Please tell m	e 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
		OTT, OTTL, ZII GODE
		PROGRAMMER STORE PROXY INFORMATION IN LOCATING
		DATABASE SET A109 = 02 (A109)
		021 A100 02 (A100)
SEEK A		DXY - CONTACT INFORMATION
A60.	•	me the name and phone number for someone else who might be knowledgeable about {NAME's}
		activities, any jobs {he/she} might have, and about any Social Security programs or services
	{He/SHe} Hilgi	
		YES
		NO
		DON'T KNOW d SET A106 = 03
		(A106)
		REFUSED r SET A105 = 02
/ACO - /	4.	(A105)
( <b>A60 = </b> 2	•	person's name and telephone number?
	PROBE FOR	A60 = 01 ONLY: If you don't have all the information, please tell me what you have.
	PRE	EFIX, FIRST, MIDDLE, LAST, SUFFIX
		DON'T KNOW d
		REFUSEDr
	Please give r	me the telephone number, area code first.
	TEL	EPHONE NUMBER:
		DON'T KNOW d REFUSED r
		PROGRAMMER: STORE PROXY INFORMATION IN LOCATING DATABASE AND
		GO TO A62.  IF NAME AND PHONE NUMBER REFUSED SET A105 = 02 (A105)
/AC4 =	A NOWED)	IF NAME AND PHONE NUMBER REPUSED SET A105 - 02 (A105)
A62.	ANSWER) PROGRAMN	MER: WHAT KIND OF PROXY CONTACT INFORMATION DOES A61 CONTAIN?
		NO PHONE NUMBER
		(A102)
		INVALID PHONE NUMBER 02 SET A102 = 06 (A102)

	VALID PHONE NUMBER	1 = 02
	ETED  DENT VERIFICATION  OR (A10 = 1) OR (A12 = 01) OR (A14 = 01 OR 03) OR (A40 = 01) OR (A41 = 01) OR (A55 = 01  O1) OR (A58 = 01)  NTERVIEWER: WHO ARE YOU SPEAKING WITH?	) OR (A57 =
	NTERVIEWER: IF YOU ARE SPEAKING WITH AN INTERPRETER, CODE SPEAKING WITH	{NAME}.
	NAME	
A65 DEI ( <b>A64 = A</b> A66.		F (A64 = 02)
	PROGRAMMER: IF A0 = $03$ , DISPLAY: CAPI INTERVIEWER: DO NOT READ QUESTION; CO $02$ AS APPROPRIATE.	ODE 01, OR
	PROGRAMMER: DISPLAY SAMPLE MEMBER'S FULL NAME BELOW FROM S8.	
	YES	
( <b>A66 = 0</b> A67.	•	)
PROGR	For the record, what is {your/NAME's} new name?  MMER: IF A0 = 03 DISPLAY: CAPI INTERVIEWER: DO NOT READ QUESTION: RECO AND CONTINUE.	ORD NAME
	NEW NAME DON'T KNOW	
	PROGRAMMER STORE NAME CHANGE IN NAME UPDATE BLOCK.	
( <b>A65 = 0</b> A67a.	) OR (A66 = 01) OR (A67 = ANSWER OR r) PROGRAMMER: IF A22 OR A44 CONTAIN UPDATED STATE, GO TO A68, ELSE CONTIN what state {IF (A64 = 01) FILL are you / IF (A64 = 02) FILL IS {NAME}} now living?	NUE} And in
	CAPI INTERVIEWER: DO NO READ QUESTION: RECORD STATE BELOW AND CONTINUE	<u>:</u> .
	STATE REFUSED r IF A64 = 01 SET A105 = 01 (A105) IF A64 = 02 SET A105 = 03 (A105) DON'T KNOW d	
	PROGRAMMER: CHECK AREA CODE AND RECORD STATE.	
	PROGRAMMER STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT STATE UPDATE BLOCK (S20).	
( <b>A67a =</b> A68.	NSWER OR r) What is {your/NAME'S} date of birth?	
	PROGRAMMER: IF (A0 = 03) DISPLAY: CAPI INTERVIEWER: DO NOT READ QUESTION DATE OF BIRTH OR d AND CONTINUE.	. RECORD
	_ _ / _ _ / _ _	

			(1 – 12)	DAY (1 – 31) [A68a]	(1937 – 1986)	)	
		DON"	T KNOW			d	(A71)  IF A64 = 01 SET A105 = 01 (A105)  IF A64 = 02 SET A105 = 03 (A105)
( <b>A68 = c</b> A69.	•	{IF (A6	64 = 01) FILI	₋ are you/IF (	A64 = 02) FILL is	. {N	AME}? PROBE: Your best guess is fine.
	PROGRA			B DISPLAY:	CAPI <b>intervie</b> )	ΝE	R: DO NOT READ QUESTION, RECORD AGE
	ANSWER PROGRA	DON" OR d)	T KNOW			d	YEARS (16 – 67)  ARS OF NAME'S AGE?
<b>(A68 = A</b> A71.	PROGR	NO ) <b>OR</b> ( <i>i</i> <b>AMME</b>	<b>A70 = ANSV</b> <b>R</b> CHECK B	 VER) SIRTHDATE:		00	/EAR OF BIRTH AT A68 = MONTH, DAY, AND
<b>A65 = A</b> A72	PROGR	1 MA <sup>-</sup> 2 MA <sup>-</sup> 3 MA <sup>-</sup> OR (A AMME	TCHES TCH TCH 166 = 01,00, RCHECK:	OR d AND A		01 02 03 <b>1 =</b> FIE	> <b>02) OR (A67 = d)</b> ED (NAME VERIFIED {A66 = 01 OR 02} AND IS
		YES (	VERIFIED) .			01	SET A102 = 04 (A102)
PROGR	AMMER:	REP	ORTED DAT		GIVEN IN A68 (		GE) USING DATE OF INTERVIEW - SELF- BE USED IN SECTION E). DO NOT

#### 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

#### (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  $\{IF (A73 = 03) FILL you / IF (A73 = 04 OR 05) FILL {NAME}\} might have</u>. Please tell me in your own words, what the survey is about.</u>$ 

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

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

#### (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 0°	(A78)	
INACCURATE ANSWER 02		
REFUSED	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"

ACCURATE ANSWER	01	
INACCURATE ANSWER	02	(A80)
REFUSED	r	IF A73 = 03 SET A105 = 01 (A105) /
		IF A73 = 04 OR 05 SET A105 = 03 (A105)

#### (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, PROXY COMES TO PHONE...... 01 (A85)

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 SET A100 = 02 (A100)

(A80 = 0)	3)
A82.	Do you have that person's name and/or telephone number? If you don't have all the information please tel
	me what you can.
	YES 01
	NO
(A82 = 0)	1)
A83.	
	PREFIX, FIRST, MIDDLE, LAST, SUFFIX
	DON'T KNOW d
	REFUSED r
	Please give me the telephone number, area code first.
	TELEPHONE NUMBER:   <u>                     </u>
	DON'T KNOW d
	REFUSEDr
	DROODANIAS OTODS O DROVANIAMS AND BUOMS MUMBER IN LOCATING
	PROGRAMMER: STORE 3 PROXY NAME AND PHONE NUMBER IN LOCATING DATABASE.
	IF BOTH NAME AND PHONE NUMBER REFUSED, SET A106 = 05 (A106)
/A00 - A	
(A83 = A A84.	PROGRAMMER: WHAT KIND OF PROXY CONTACT INFORMATION DOES A83 CONTAIN?
	VALID PHONE NUMBER 01 SET A101 = 02 (A101)
	INVALID PHONE NUMBER
	NO PHONE NUMBER
	NO FITONE NOWIBER
CALL TO	NEW PROXY/NEW PROXY COMES TO PHONE
	OR (A56 = 01 OR O2) OR (A80 = 01)
	AY = 1, USE FILLS IN QUESTION TEXT.
IF PREP	AY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$20.
IF PREP	AY = 0 AND SM CALLS IN (MAKECALLDIAL = 4) OR PROXY CALLS IN (MAKECALLDIAL =7), USE
	THESE FILLS:
	AY = 0 AND FLAG_EXPER = 0 (control group): \$20
	AY = 0 AND FLAG_EXPER = 1 AND DATE<= 3/5/15 (early differential, completing during 21 day
	experiment period): \$30
	AY = 0 AND FLAG_EXPER = 1 AND DATE>3/6/15 (early differential, completing after 21 day experiment
	period): \$20
	AY = 0 AND FLAG_EXPER = 2 AND DATE <4/10/15 (late differential, completing before 21 day
	experiment period): \$20
	AY = 0 AND FLAG_EXPER = 2 AND [DATE>= 4/10/15 AND DATE <= 5/1/15] (late differential, completing during 21 day experiment period): \$30
	during 21 day experiment period): \$30 AY = 0 AND FLAG_EXPER = 2 AND DATE >5/2/15 (late differential, completing after 21 day experimen
	period): \$20
	(IF (A56 = 01 OR 02) OR (A80 = 01) USE Hello, my name is, calling on behalf of the
	Social Security Administration.} Recently, Social Security contacted {NAME} about an important survey we
	are conducting for them. The National Beneficiary Survey is about beneficiaries' health, daily activities, and
	any jobs they might have I've been told that you are knowledgeable about these topics and are the bes
	person to answer 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 gift card for \$[20.00/ 30.00] when we finish the interview.}/IF PREPAY=1: {As a token of appreciation, we recently mailed {NAME} a gift card for \$5.. We will send you an additional \$15 gift card after you complete the

A-29

interview. Would you be able to help us?

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

YES ...... 01 CALL BACK LATER ...... 02 SET A100 = 02 (A100) DON'T KNOW ...... d SET A106 = 03 (A106) REFUSED ...... r SET A105 = 03 (A105)

#### (A85=01)

A85a. Before we start, please tell me your name.

> FIRST, MIDDLE, LAST DON'T KNOW ...... d REFUSED .....

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} 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 LISTS 3 TOPICS ...... 03 (A89) REFUSED ...... r SET A105 = 03 (A105)

#### A87 IS DELETED

#### (A86 = 00 OR 01)

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

Let's try that again. The survey asks about {NAME}'s 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 3 TOPICS ...... 03 REFUSED ...... r SET A105 = 03 (A105)

#### (A86 = 02 OR 03) OR (A88 = 02 OR 03)

Here is the next explanation. Taking part in the survey is completely voluntary. Completely voluntary means A89. 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"

ACCURATE ANSWER ...... 01 (A90) INACCURATE ANSWER ...... 02 REFUSED ...... r SET A105 = 03 (A105)

(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"

ACCURATE ANSWER ...... 01

INACCURATE ANSWER ...... 02 (A92)

REFUSED ...... r SET A105 = 03 (A105)

(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"

ACCURATE ANSWER ...... 01 SET A110 = 02 (A110)

INACCURATE ANSWER ...... 02

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;		
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...

**SECTION A UNIVERSE: ALL** 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) Thank you very much. Goodbye. A102. PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW. **INTERVIEWER: PRESS 1 TO CONTINUE** START NEXT SCREENER AT... {NAME} NEED ALL CONTACT INFORMATION .... 03 SET STATUS = 530 (END) A0 = 01 {NAME} FAILED VERIFICATION – FIND NAME ... 04 SET STATUS = 530 (END) A0 = 01 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)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** (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? MONTH DAY YEAR

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**

```
HEARING/SPEECH BARRIER ..... 04
               SET STATUS = 411 (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 CAPI)

#### START NEXT SCREENER AT:

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

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

#### SUPERVISOR REVIEW (INTERIM)

(A1 = 15) OR (A2 = 15) OR (A3 = 03 OR r) OR (A4 = r) OR (A4a = 03 OR r) OR (A4b = 03 OR 12) OR (A15 = 15) OR (A2 = 15) OR (A3 = 15) OANSWER) 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 05	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)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** HOLD FOR CAPI....... 0 SET STATUS = 860 (END) A0 = 01 RESPONDENT WILL CALL MPR (INTERIM) (A10 = 02) OR (A17 = 05 OR 06)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.} [CONFIRM NUMBERS] 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?

#### **SECTION B: DISABILITY AND CURRENT WORK STATUS**

### DISABILITY STATUS

(AII)

- 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></open>	
DON'T KNOWREFUSED	d 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)

<b>(B1=01</b> B4.	and B3=01) What are those	conditions?		
		: ENTER VERBATIM RESPONSE		
	PROBE 1: By	what name do doctors call {your/NAME's} health condition?		
	PROBE 2: Wh	at causes this condition?		
	<open< td=""><td>N&gt;</td><td></td><td></td></open<>	N>		
		DON'T KNOW		
		REFUSED	r	
		GO TO B18_age		
( <b>B1=00</b> , B5.	-	ME} currently receiving disability benefits from Social Security?		
		YES NO DON'T KNOW	00 d	(B9) (B9) (B9)
=	d, r and B5=01)			, ,
B6.		r mental condition is the main reason (you are/NAME is) eligible for	or as	sability benefits?
		: ENTER VERBATIM RESPONSE		
	-	what name do doctors call {your/NAME's} health condition?		
	_	at causes this condition?		
	<open< td=""><td>N&gt;</td><td></td><td></td></open<>	N>		
		DON'T KNOWREFUSED		
<b>(B1=00,</b> B7.	d, r and B5=01) {Do you/Does N disability benefit	NAME} have any other physical or mental conditions that mak		ou/him/her} eligible for
		YES NO	00 d	(B18_age)
<b>(B1=00,</b> B8.	d, r and B5=01 What are those	and B7=01)	·	(2.0_090)
	INTERVIEWER	: ENTER VERBATIM RESPONSE		
	PROBE 1: By	what name do doctors call {your/NAME's} health condition?		
	PROBE 2: Wh	at causes this condition?		
	<open< td=""><td>V&gt;</td><td></td><td></td></open<>	V>		
		DON'T KNOWREFUSED		

GO TO B18\_ age

(B1=00,	d, r and B5=00,d, r)		
B9.	thm:lem:lem:lem:lem:lem:lem:lem:lem:lem:le	e dui	ring the last five years?
	YES NO	00 d	(B11)
<b>(B1=00,</b> B10.	d, r and B5=00,d, r and B9=00,d, r) We are only interviewing people who have received disability benefits in the past with my supervisor and get back to you. Thank you for your help.	five	years. I need to check
<b>(B1=00,</b> B11.	PRESS 1 TO CONTINUE END CALL. STATUS "SUPERVISOR REVIEW 380."  d, r and B5=00,d, r and B9=01)  {Do you/Does NAME} still have the physical or mental conditions that made {you. Security disability benefits?		/her} eligible for Social
	YES	00 d	(B15)
( <b>B1=00</b> , B12.	d, r and B5=00,d, r and B9=01 and B11=01) What physical or mental condition is the main reason (you were/NAME was) eligib	ıle fo	or disability benefits?
	INTERVIEWER: ENTER VERBATIM RESPONSE		
	PROBE 1: By what name do doctors call {your/NAME's} health condition?		
	PROBE 2: What causes this condition?		
	<open></open>		
<b>(B1=00,</b> B13.	DON'T KNOW	d r	ou/him/her} eligible for
	YES NO DON'T KNOW REFUSED	00 d	(B18_age)
<b>(B1=00,</b> B14.	d, r and B5=00, d, r and B9=01 and B11=01 and B13=01) What are those conditions?		
	INTERVIEWER: ENTER VERBATIM RESPONSE		
	PROBE 1: By what name do doctors call {your/NAME's} health condition?		
	PROBE 2: What causes this condition?		
	<open></open>		
	DON'T KNOWREFUSED		
	GO TO B18_age		

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

(B1=00, B15.	What physic	·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} limited when {you/he/she} first ing disability benefits from Social Security?
	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&gt;</td></c<>	PEN>
<b>(B1=00,</b> B16.	Did {you/NA	DON'T KNOW
<b>(B1=00,</b> B17.		YES
	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&gt;</td></c<>	PEN>
		DON'T KNOW d REFUSED r
B18_age		{were you/was NAME} when {you/he/she} <u>first</u> became limited in the kind or amount of work or y activities {you/he/she} could do? Your best estimate is fine.
	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 AGE.
<b>(B18_a</b> g B18_yea	ar.	_   (B20 IF AGE 0-64)  AGE (0-64) (or '99' to probe for year)  SINCE BIRTH
	PRUBE: R	EAD IF NECESSARY: In what year?
		 YEAR (1933-2014) (B20)
		DON'T KNOW d REFUSED r

<b>(B18_a</b> ( B19.		B18_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 . r	
	PROGRAM	MER: CALCULATE AGE OF ONSET BASED ON B18_AGE AND B	18_YI	EAR:
B18_ag	e_calc=0. El	nen B18_age_calc=B18_age. Else if B18_age=99 and B18_yr ≠ o lse if B18_age=99 and B18_yr ≠ d or r and B18_year ≠ A68b, B18_ag B18_yr=d or r, B18_age_calc= B18_yr. Else, if B18_age=d or r, B18_	e_ca	lc= B18yr - A68b. Else
B20.	TRIGGER I GREATER incorrect ar	E: B18_age_calc SHOULD NOT EXCEED CURRENT AGE. IF B18_EDIT AND DISPLAY FOLLOWING TEXT: <b>INTERVIEWER:</b> AGE THAN CURRENT AGE. CHECK ENTRY. IF NECESSARY READ aswer. I show that {you are/NAME is} now (CURRENTAGE), and {were/(he/she) was} (B18_age_calc). Should I change {your/NAME's is limited?	OF [ : I m you/h	DISABILITY ONSET IS nust have recorded an ne/she} became limited
		CHANGE AGE WHEN FIRST BECAME LIMITED(CHANGE B18_age) SUPPRESS		
B21.		IAS {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
		YESNO		(B23_2)
(B21=01	•	A/aa NANATiaulina aa aa iala fau mayyyda au (yayyllaa laba) fiirat laa aaraa	1::4-	. 40
B22.	{vvere you/\	Was NAME} working at a job for pay when {you/he/she} first became		ed ?
		YES NO DON'T KNOW REFUSED	. 00 . d	(B23_2)
/B21-04	1 and B22=0	14)		
B23.		{you/NAME} had at that time require {you/him/her} to use a computer	?	
		YES NO DON'T KNOW REFUSED	. 00 . d	
NEW IT	EM			
( <b>ALL</b> ) B23_2.	How often o	do you (IF B23=01 {now}) use a computer to access the Internet?		
		Never Daily A few times a week Once a week Less than once a week DON'T KNOW REFUSED	. 02 . 03 . 04 . 05 . d	

NEW IT		or 5)				
(B23_2 B23_3.	Have	you ever used a computer to access information about your dis ation via the Internet?	sability, se	rvices,	or work-rela	ated
		YES		01		
		NO				
		DON'T KNOW REFUSED				
			•••••	'		
(All)	ENI WC	PRK STATUS				
B24.		next questions are about {your/NAME's} personal goals es. {Are you/Is NAME} <u>currently</u> working at a job or business for			} current v	vork-related
		YES		01	(B30)	
		NO			,	
		DON'T KNOW				
		REFUSED		r		
B25. IT	EM MC	VED TO FOLLOW B29_10_Other				
B26. I7	EM MO	VED TO FOLLOW B25				
B27. IT		VED TO FOLLOW B26				
B28.	{Have	you/Has NAME} been looking for work during the last four week	eks?			
		YES		01		
		NO		00	(B25, new	position)
		DON'T KNOW			•	
(B28=0	1)	REFUSED		r	(B25, new	position)
B28a.	•	ou/NAME} looking for part-time or full-time work?				
		FULL-TIME			(B29)	
		PART-TIME DON'T KNOW			(P20)	
		REFUSED			` ,	
(B28=0	1 and I				(==0)	
B28b.	About	how many hours per week would {you/NAME} like to work?				
		<u> </u>   (1-60) (1-168) HOURS				
		DON'T KNOW		d		
		REFUSED		r		
(B28=0	-					
B29.	not {y	I am going to read you a list of things that some people do to I ou/NAME} did any of these things during the last four weeks. T IAME}:				
					DON'T	
			YES	NO	KNOW	REFUSED
	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	01	00	d	r

Internet?

d. Contact the State Vocational Rehabilitation Agency or

{VRNAME FROM {NAME'S} CURRENT STATE}?

r

d

01

00

e.	Contact a local independent living center?	01	00	d	r
f.	Contact a private employment agency or program?	01	00	d	r
f1.	Contact a former employer in person, by mail or email, or by phone?	01	00	d	r
g.	Contact any other employers in person, by mail or email, 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** 

	<upen></upen>		
	DON'T KNOW		
(B28=01)	REFUSED	ſ	
` ,	{Have/Has} {you/NAME} received any job offers within the past four weeks?		

 NO
 00 (B29\_7)

 DON'T KNOW
 d (B25, new position)

 REFUSED
 r (B25, new position)

(B29\_1a=01)

B29\_1b. Did {you/NAME} turn any of these job offers down?

YES	01	
NO	00	(B30)
DON'T KNOW		
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.	Job did n	ot pay enough.		01	00	d	r
g		d not offer health insurance benefits		01	00	d	r
h. {	You/NAM she needs	E} would have lost benefits (you need / I ) like Social Security, disability insurance tion, or Medicaid, if [you/he/she] accepted	e, workers'	01	00	d	r
		anything else that I did not mention t E} turn down a recent job offer	that made	01	00	d	r
•	29_2_i=01 9_2_i_Oth	) . What other reasons?					
	<open></open>	•					
		DON'T KNOW					
(B29_1a=01 and	1 R29 1h=	REFUSED			r		
. –	_	{NAME} A PROXY RESPONDENT (RTY	PE=2)?				
_		YES	,		01	(B29 5CHECK)	
		NO				( = ,	
. –	_	<b>=01 AND RTYPE=01)</b> REASON RESPONDENT DID NOT ACCE	EPT JOB (B2	9_2f=0^	1)?		
		YES				` _ ′	
(B29_2f=01 ANI	D DTVDE-	NO			00	(B29_3b)	
B29_3a. You sai	d that one	of the reasons you did not accept a job y t wage or salary you would have accepte			becau	se it did not pay e	enough
		Read only if necessary, otherwise code:	·				
		\$   _   _   ,   _   _   .   _	ı				
		DON'T KNOW	. d (B29_				
B29	9_3ahop.	Is this:	` _		,		
DZ.	o_oanop.	HOURLY01 (1-25)	(1.200)	/P2	) FCU	ECK)	
		DAILY02 (1-384)	` '	•	9_5CH 9_4a)	ECK)	
		WEEKLY03 (1-1,923)	(1-9,615)	(B2	9_4a)		
		BI-WEEKLY04 (1-4,166) TWICE A MONTH05 (1-4,166)	(1-20,833)	•	9_4a)		
		MONTHLY06 (1-8,333)			9_4a) 9_4a)		
		ANNUALLY07 (1-100,000)					
		DON'T KNOW	. d (B29_	4a)			
(D00 05-00 d (	OD AND	REFUSED	. r (B29_	4a)			
	id get a jo	KTYPE=01)  b offer that matched your current needs a  c accept for such a job?	and abilities, v	vhat is t	he low	est wage or salaı	y you
	_	If they hesitate or seem to be having diffi	culty add: If	vou hav	ve no id	dea just sav so	
		Read only if necessary, otherwise code:	ouity, add. II	you na	VC 110 K	aca, jast say so.	
		\$   _   _   ,   _   _   .   _	ı				
				- DOO	50L:5		
		DON'T KNOW	\ I	to B29_ to B29_		•	
R20	9_3bhop	Is this:	. (5,,,,,,		<b>.</b>	- <del>-</del> /	
DZ:	o_oonop	HOURLY01 (1-25)	(1-300)	(B2	9_5CH	ECK)	

		WEEKLY. BI-WEEKL TWICE A M MONTHLY	Y MONTH	02 (1-384) 03 (1-1,923) 04 (1-4,166) 05 (1-4,166) 06 (1-8,333) 07 (1-100,000)	(1-9,61 (1-20,8 (1-20,8 (1-41,6	15) 333) 333) 666)	(B29_ (B29_ (B29_ (B29_ (B29_	4a) 4a) 4a) 4a)	
					,	(B29_4a) (B29_4a)			
PROGRAMMER	R NOTE:	OLLOWIN	G SOFT CH	ECK IF B29_3ah	op or B2	.9_3bhop	OUT	OF F	RANGE
B29_3check:	you wo		ccepted for			-			nat the wage or salary op) OR (B29_3b and
									(CHANGE B29_3a OR B29_3b)
									(CHANGE B29_3ahop OR B29_3bhop)
		5, 06, d or	r) or (B29_3	Bbhop=02, 03, 04 expect to work for	, 05, 06,	, d, or r)		03	
		<u> </u>   <u> </u>   HOURS (1-99)	(Skip to B29	9_5CHECK)					
									· — /
<b>(B29_4a=d or r</b> ) B29_4b. Wo	•		t full-time or					'	(B20_48)
		PART-TIM DON'T KN	E OW					02 d	
(B29_1a=01 and B29_5CHECK.	_		S REASON I	DID NOT ACCEP	T JOB (I	B29_h=1	)?		
lost Med son orga	benefits (ydicaid. The ne people anizations.	you/he/she) ere are man call the Soc Did {you/l	needed suc y ways peop ial Security o NAME} conf	h as Social Secu le find out about office, some searc	rity, disal how wor ch the Inf lo any d	bility insuking will ternet, are these	urance, affect t nd othe	worl their ers co	ou/he/she) would have kers' compensation, or benefits. For example, ontact disability service order to find out how
		NO DON'T KN	OW					00 d	
(B29_2 h=1)		REFUSED						r	
. – .	enefits (we	ere/was} {yo	ou/NAME} m	ost worried about	losing?				
INTER'	VIEWER:	MARK ALL	THAT APP	LY					
		WORKERS	S' COMPEN	INSURANCE SATIONS				02	

MEDICARE	04
MEDICAID	05
SSA DISABILITY BENEFITS	06
PUBLIC ASSISTANCE OR WELFARE	07
FOOD STAMPS	08
PERSONAL ASSISTANCE SERVICES (PAS)	09
UNEMPLOYMENT BENEFITS	10
OTHER STATE DISABILITY BENEFITS	11
OTHER GOVERNMENT PROGRAMS	12
OTHER	13
(B29_6=13) B29_6_Other: What other benefits?	
<open></open>	
DON'T KNOW	d
REFUSED	r
GO TO B30	

### (B29\_1a=00)

B29\_7. Now, I am going to read you a list of reasons why people are sometimes unable to find a job. Please tell me if any of these are reasons why {you/NAME} {have/has} not found a job that {you/he/she} {think/thinks} is right 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> why (you/Name) (have/has) not been able to find a job?	01	00	d	r

(B29\_7\_k=01)

B29\_7\_k\_Oth. What other reasons?

		<open></open>	>				
			DON'T KNOW				
(B29_1a=	00)		TEL 0025				
B29_7CH	ECK.	CHECK	: IS {NAME} A PROXY R	ESPONDENT (R	RTYPE=2)?		
			YES			01	(B29_9CHECK)
(B20, 4a=6	00 AND	DTVDE	NO			00	
( <b>B29_1a=</b> (			=01) A REASON RESPONDE	NT DID NOT AC	CEPT JOB (B2	9 7a=1)?	
220_00111	_0		YES				(B29_8a)
			NO			00	(B29_8b)
( <b>B29_7g=</b> B29_8a.			: <b>01)</b> one of the reasons you ar	e unable to find a	ioh is that the i	iohe that are	available do not nav
D23_0a.	enoug		is the lowest wage or sa				
	INTER	RVIEWEF	R: Read only if necessar	y, otherwise code	e:		
			\$   _ ,	<u>   .   </u>	_		
			DON'T KNOW				. –
			REFUSED			r	(B29_9CHECK)
	B29	_8ahop.	Is this:				
			HOURLY	01 (1-25)		(B29_9CH	IECK)
			DAILY	02 (1-384)			
			WEEKLY BI-WEEKLY	03 (1-1,923) 04 (1-4,166)	•	(B29_8c) (B29_8c)	
				05 (1-4,166)	• •	(B29_8c)	
			MONTHLY	06 (1-8,333)	•	(B29_8c)	
			ANNUALLY	07 (1-100,000)	(1-500,000)	(B29_8c)	
			DON'T KNOW				
(B29_7g=	00, d, C	R r AND	RTYPE=01)				(B29_60)
	If you o	did get a	job offer that matched you		and abilities, w	hat is the lo	west wage or salary
	INTER	VIEWER	t: IF R HESITATES OR say so.	R SEEMS TO BE	HAVING DIFFI	ICULTY: If	you have no idea, just
			IF R SAYS HAS NO I	NTEREST IN W	ORKING, CODE	E AS DON'T	KNOW.
	INTER	VIEWER	Read only if necessar				
			\$    ,	<u> </u>   •	_l		
			DON'T KNOW			d	(B29_9CHECK)
			REFUSED			r	(B29_9CHECK)
	B29	_8bhop.	Is this:				
			HOURLY	01 (1-25)	(1-300)	(B29_9CH	ECK)
			DAILY	02 (1-384)		(B29_8c)	
			WEEKLY	03 (1-1,923)	(1-9,615)	(B29_8c)	
			BI-WEEKLY TWICE A MONTH	04 (1-4,166) 05 (1-4,166)	(1-20,833) (1-20,833)	(B29_8c) (B29_8c)	
			MONTHLY	06 (1-8,333)	(1-41,666)	(B29_8c)	
			ANNUALLY	07 (1-100,000)	, ,	(B29_8c)	
			DON'T KNOW				(B29_8c)

PROGRA	AMMER NOTE: FOLLOWING SOFT CHECK IF B29_8ahop or B29_8bhop) OUT	OF	RANGE
B29_8ch	neck: Soft edit: "Let me make sure I did not make a mistake. You just indicated to would have accepted for this job is [insert ((B29_8a and B29_B29_8hop)). Is this correct?"		
	CHANGE LOWEST WAGE OR SALARY	01	(CHANGE B29_8a OR B29_8b)
	CHANGE PAY PERIOD	02	
	SUPPRESS	03	_ ',
_	(Skip TO B29_9CHECK) HOURS (1-99)		
	DON'T KNOWREFUSED		,
<b>(B29_8c</b> B29_8d.	<b>=d or r)</b> Would you expect to work full-time or part-time?		· - /
	FULL-TIME  PART-TIME  DON'T KNOW  REFUSED	02 d	
<b>(B29_1a</b> B29_9Cl	•		
(B29_7=	YESNO		` = /
B29_9.	You said that one of the reasons {you/NAME} {have/has} not been able to find a j would lose benefits (you need / he needs / she needs) such as Social Security, di compensation, or Medicaid if {you/he/she} did get a job. There are many ways working will affect their benefits. For example, some people call the Social Secu Internet, and others contact disability service organizations. {Have/Has} {you/Nadone any of these things in order to find out how {your/his/her} benefits will be affet to work?	sabi peo rity o AME ecte	lity insurance, workers' ple find out about how office, some search the contacted anyone or
	NO		
	DON'T KNOW		
	REFUSED	r	

(B29_7=j)		
B29_10.	What benefits {are/is} {you/NAME} most worried about losing?	
	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
(B29_10=1	3)	
B29_10_0t	ther: What other benefits?	
	<open>_</open>	
	DON'T KNOW	d

### (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} <u>not</u> 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.

GO TO B30

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
B28=00.		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).  r) OR (B29_1a=d or r) OR (B29_1b=d or r)	01	00	d	r
		ere any other reasons why {you are/NAME is} not working that I di	d not me	ntion'	?	
		YES  NO  DON'T KNOW  REFUSED		00 d	(B29_11CHEC (B29_11CHEC (B29_11CHEC	CK)
(B26=01)	)	1121 0025		•	(525_1101120	,,,
B27.	What	are they?				
	INTEF	RVIEWER: ENTER VERBATIM RESPONSE				
		<open></open>				
		DON'T KNOWREFUSED				
		r) OR (B29_1a=d or r) OR (B29_1b=d or r)  K. IS LOSING BENEFITS REASON DID NOT ACCEPT JOB (B25	i=01)?			
_		YES	,	01	(B29_11a)	
		NO			` _ /	CK)
(If B25i=	•			,		, .
B29_11a	doe: insu will a and	said that one of the reasons {you/he/NAME} {are/is} not working s} not want to lose benefits (you need / he needs / she needs irance, workers' compensation, or Medicaid. There are many way affect their benefits. For example, some people call the Social Sec others contact disability service organizations. Did {you/NAME} gs in order to find out how {your/his/her} benefits would be affected	) such a s people urity offic contact	s Soo find o e, sor anyo	cial Security, dout about how we me search the line or do any c	isability working nternet, of these
		YES NO DON'T KNOW		00 d		
(If B25i=	04)	REFUSED		r		
•	•	at benefits {were/was} {you/NAME} most worried about losing?				
	INT	ERVIEWER: MARK ALL THAT APPLY.				
		PRIVATE DISABILITY INSURANCE		02 03 04		
		SSA DISABILITY BENEFITS				

PUBLIC ASSISTANCE OR WELFARE ...... 07

		FOOD STAMPS				
		PERSONAL ASSISTA	,	,		
		UNEMPLOYMENT BI OTHER STATE DISA				
		OTHER GOVERNME				
		OTHER				
(B29_11b=13) B29_11b_Other:	What o	ther benefits?				
	<open< td=""><td><b>\&gt;</b></td><td></td><td></td><td></td><td></td></open<>	<b>\&gt;</b>				
		DON'T KNOW REFUSED				
		REFUSED 29_1a=d or r) OR (B29_ K: IS {NAME} A PROXY	_1b=d or r)		Г	
		YES			01 (B30)	
		NO			, ,	
B29_8CHECK: D	ID RES	<b>29_1a= d or r) OR (B2</b> 9 PONDENT GIVE CONE B25_f, B25_g, B25_h, B	ITION AS ONLY RE	EASON NOT WO	. –	
		YES			` ,	
//D0504	/DOE 1-	NO				
((B25_a=01 and AND (R)		, B25_c, B25_d, B25_f, 01))	B25_g, B25_n, B25	_i, B25_j, B25_i	I, B25_M, B25_N,	or B25_0=01))
_	_	a job offer that matche willing to accept for suc		s and abilities, w	hat is the lowest	wage or salary
INTER	RVIEWE	ER: IF R HESITATES (	OR SEEMS TO BE I		•	
INTER	RVIEWE	ER: Read only if necess	sary, otherwise code	:		
		\$   _ ,				
		DON'T KNOWREFUSED			, ,	
					1 (150)	
B29_12	2ahop.	Is this:				
		HOURLY	01 (1-25)			
		DAILY WEEKLY	02 (1-384)			
		BI-WEEKLY	03 (1-1,923) 04 (1-4,166)	•	. – .	
		TWICE A MONTH	05 (1-4,166)	• •	. – .	
		MONTHLY	06 (1-8,333)	, ,	· — /	
		ANNUALLY	07 (1-100,000)	, ,	· — /	
		DON'T KNOW REFUSED				
PROGRAMMER	NOTE:	FOLLOWING SOFT CI	HECK IF B29 12aho	p OUT OF RAN	IGE	
B29_12check	Soft ed	lit: "Let me make sure ould have accepted for the	I did not make a mi	stake. You just i	ndicated that the	
		CHANGE LOWEST V	VAGE OR SALARY.		01 (CHAN	GE B29 12a)
		CHANGE PAY PERIO			,	_ ′
		SUPPRESS			,	,
( <b>B29_12ahop=02</b> B29_12b. How		I, 05, 06, d, or r) ours per week would yo	u expect to work for	this amount of p	pay?	
		<u> </u>	<u>   </u> (B30)			

	HOURS		
	(1-99)		(200 40 )
	DON'T KNOW		
	REFUSED	. r	(B29_12c)
(B29_12 B29_12	b=d or r) c. Would you expect to work full-time or part-time?		
	FULL-TIME	01	
	PART-TIME		
	DON'T KNOW		
	REFUSED		
(All)			
B30.	Did {you/NAME} work at a job or business for pay or profit anytime in 2014?		
	YES	. 01	
	NO	. 00	
	DON'T KNOW	. d	
	REFUSED	. r	
PROGR.	AMMER NOTE: If B24=1 or B30=1, go to B33. Else, go to B30_b.		
	d, r and B30=0, d, r)		
•	{Have you/Has NAME} worked for pay since {you/NAME} started receiving disabilities of the control of the contro	lity b	enefits?
	YES	. 01	(B37)
	NO	. 00	
	DON'T KNOW	. d	
	REFUSED	. r	
( <b>AII</b> ) B33.	CHECK: WAS {NAME} WORKING WHEN LIMITATION BEGAN (B22=01)?		
	YES	01	(B37)
	NO		(D37)
(B33=00		. 00	
B34	CHECK: IS {NAME} CURRENTLY WORKING (B24=01)?		
	YES	. 01	(B37)
	NO	. 00	
( <b>B33=00</b> B35.	and B34=00) CHECK: DID {NAME} WORK IN 2014 (B30=01)?		
	VEC	04	(D07)
	YES		(B37)
(D20b=0	NO	. 00	
B36.	{Have you/Has NAME} ever worked for pay?		
	YES	. 01	
	NO		
	DON'T KNOW		
	REFUSED		
( <b>AII</b> ) B37.	Do {your/NAME's} personal goals include working at a job, moving up in a job, or	learr	ning new job skills?
			J j 2
	YES		
	NO		
	DON'T KNOW		
	REFUSED	. r	
<b>(AII)</b> B37a.	Do {your/NAME's} personal goals include someday working and earning enough Security disability benefits?	to sto	op receiving Social
	. ,	<b>~</b> 4	

# SECTION B UNIVERSE: ALL WHO PASSED SECTION A QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE

PRELOADED VARIABLES: NONE DON'T KNOW ...... d REFUSED..... (All) B38. {Do you/Does NAME} ever discuss work and career goals with family, friends, or anyone else? DON'T KNOW ...... d (B47) REFUSED ...... r (B47) (B38=01)Who {do you/does NAME} discuss {your/his/her} work goals with the most? B39. INTERVIEWER: MARK ONLY ONE. SPOUSE/PARTNER ...... 02 (B40) JOB COACH...... 04 (B40) OTHER RELATIVE....... 06 (B40) CASEWORKER/COUNSELOR/PROGRAM STAFF ...... 07 (B40) OTHER NON-RELATIVE ...... 10 DON'T KNOW ...... d (B47) REFUSED ...... r (B47) (B38=01 and B39=09) B39 oth. Who was it? **INTERVIEWER: PLEASE SPECIFY** <OPEN> DON'T KNOW ...... d REFUSED..... (B38=01 and B39=01-09) B40. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree? {Your/NAME's} {RESPONSE FROM B39} thinks {your/NAME's} personal goals should include working at a job, moving up in a job, or learning new job skills. STRONGLY AGREE ...... 01 DON'T KNOW ...... d REFUSED .....r (B38=01 and B39=01-09) {Do you/Does NAME} discuss {your/his/her} work goals with anyone else? B41. YES ...... 01 DON'T KNOW ...... d (B47) REFUSED ...... r (B47) (B38=01 and B39=01-09 and B41=01) B42. Who else {do you/does NAME} discuss {your/his/her} work goals with? INTERVIEWER: MARK ONLY ONE.

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

	FRIE	ND	03	(B43)
	JOB	COACH	04	(B43)
	EMP	LOYER/SUPERVISOR	05	(B43)
	OTH	ER RELATIVE	06	(B3)
	CAS	EWORKER/COUNSELOR/PROGRAM STAFF	07	(B43)
	MED	ICAL PROVIDER	80	(B43)
	OTH	ER NON-RELATIVE	10	. ,
	OTH	ER	09	
	DON	'T KNOW	d	(B47)
	REF	USED	r	(B47)
(B38=0	1 and B39=01-09 and B			,
B42_oth	n. Who was it?			
	INTERVIEWER: PLEA	SE SDECIEV		
	INTERVIEWER. FLEA	SE SPECIFI		
	<open></open>			
	DON	I'T KNOW	d	
		USED		
(B38=0	·	341=01 and B42=01-09)	•	
B43.		uch you agree or disagree with the following statement. W	/ould	l vou sav vou strongly
2 .0.		, or strongly disagree? {Your/NAME's} {RESPONSE FROM		
		include working at a job, moving up in a job, or learning nev		• • •
			•	
		ONGLY AGREE		
		EE		
		AGREE		
		ONGLY DISAGREE		
		I'T KNOW		
<b>(Dag a</b>	· ·—·	USED	r	
•		341=01 and B42=01-09)		
B44.	{Do you/Does NAME}	discuss {your/his/her} work goals with anyone else?		
	YES		01	
	NO		00	(B47)
	DON	'T KNOW	d	(B47)
	REF	USED	r	(B47)

(B38	=01 and B39=01-09 and B41=01 ar	nd B42=01-09	and B44=	01)			
B45.	Who else {do you/does NAME} of	discuss {your/h	is/her} wor	k goals with?			
	INTERVIEWER: MARK ONLY C	NE.					
	PARENT/GUA	RDIAN			01	(B46)	
	SPOUSE/PAR	TNER			02	(B46)	
	FRIEND				03	(B46)	
					04	` ,	
		05	` ,				
		06					
		07					
					08	` ,	
		RELATIVE				(5.0)	
	-	'				(B47)	
						(B47)	
-	e=01 and B39=01-09 and B41=01 ar oth. Who was it? INTERVIEWER: PLEASE SP	ECIFY					
	<open></open>						
	DON'T KNOW	'			d		
	REFUSED				r		
(AII)	agree, agree, disagree, or strong personal goals should include with STRONGLY A AGREE	gly disagree? { orking at a job, AGREE DISAGREE	Your/NAM moving up	E's} {RESPOI	NSE FROM B5 earning new job	i} thinks { o skills.	our/NAME's
B47.	Please tell me how much you ag disagree, or strongly disagree?	ree with the fo	llowing sta	tements. Wo		ı strongly	agree, agree
		STRONGLY			STRONGLY	DON'T	
		<u>AGREE</u>	<u>AGREE</u>	DISAGREE	<u>DISAGREE</u>	<u>KNOW</u>	REFUSED
a.	You see {yourself/NAME} {(IF B24=01) continuing to work/ (IF B24=00,d, r) working} for pay in the next two years.	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 two years.	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						

01 02 03

the next <u>five</u> years.

d r

04

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

•	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
	<u> </u>	01	02	00	0-1	u	'
(AII)							
B48.	CHECK: IS {NAME} CURRENT	LY WORKING	G (B24 = 01)	?			
	YES				01	(C1)	
	NO					` '	
(B48	=00)						
B49.	CHECK: WAS {NAME} WORKIN	IG IN 2014 (B	30 = 01)?				
	YES				01	(D1)	
	NO					, ,	

### SECTION C: CURRENT EMPLOYMENT

(AII)						
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 <u>hold</u> /NAME <u>holds</u> } rofit.				
	How many	jobs {do you/does NAME} currently have?				
		_  NUMBER OF JOBS (1-5) (1-15)				
		DON'T KNOWd REFUSEDr				
PROGE	RAMMER: (	C2 THROUGH C14 ASKED FOR ALL JOBS WHEN C1>01				
C2.	PROGRAM	IMER: IF MORE THAN ONE JOB (C1>01) AND FIRST JOB:				
	Let us start	$with \ \{your/NAME's\} \ main \ job-that \ is, \ the \ job \ at \ which \ \{you \ work/(he/she) \ works\} \ the \ most \ hours.$				
	What kind	of work {do you/does NAME} do, that is, what is {your/NAME's} occupation?				
	PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:					
	Now I would like to ask about {your/NAME'S} {second/third/fourth} job.					
	What kind of work {do you/does NAME} do, that is, what is {your/NAME's} occupation?					
	ELSE (C1=01):					
	What kind of work {do you/does NAME} do, that is, what is {your/NAME's} occupation?					
	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?				
	<(	PEN>				
		DON'T KNOW d				

( <b>AII)</b> C3.	What kind o	of business is this?	
00.		VER: ENTER VERBATIM RESPONSE	
	PROBE 1:	For what type of organization or industry do you work? For example 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 (selling to customers) or something else?	ing to other businesses), or
	<0	PEN>	
(AII)		DON'T KNOWREFUSED	=
` '	In what mo	nth and year did {you/NAME} start working there?	
	INTERVIEV	VER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN	
	PROBE: Y	our best estimate is fine.	
		(1-12) MO	
(AII)		DON'T KNOWREFUSED	
<b>(AII)</b> C4yr.	PROBE 1:	In what month and year did {you/NAME} start working there?	
	INTERVIEV	VER: ENTER YEAR	
	PROBE 2:	Your best estimate is fine.	
		(1981-2015) YEAR (1951-2015)	
		DON'T KNOWREFUSED	
<b>(AII)</b> C5.	EQUAL TO READ: I mu {you/NAME	T: YEAR {NAME} STARTED WORKING AT THIS JOB (C4yr) SHOULD YEAR OF BIRTH (A04_d) PLUS 14 YEARS. IF RESPONDENT FAUST have recorded an incorrect answer. I show that {you were/NAME} started working at this job in (C4yr), which means {you/NAME} started was/she was} (PROGRAMMER CALCULATE AND FILL AGE: C4YR correct?	ulLS EDIT, <b>INTERVIEWER</b> was} born in (A04_d) and ed working at this job when A – YEAR OF BIRTH) years
		NO	

(AII)					
C5A.		-	hat they should report a change in work status al Security know that {you were/ (he/she) was} v		
		YES		01	
		NO		00	(C6)
					` '
(C5a=0	1)	REFUSED		r	(C6)
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 I	BEFORE STARTED WORKING, CODE AS 1 V	VEE	K.
		WEEKS		01	(C5BWeek)
		MONTHS		02	(C5BMonth)
					• •
		REFUSED		r	(C6)
-	1 and C5b=01) EEK. INTERVIEW	VER: ENTER NUM	MBER OF <u>WEEKS</u>		
			WEEKS (1-52)		
		DON'T KNOW		d	(C6)
		REFUSED		r	(C6)
•	1 and C5b=02)	CO ENTED AUTO	ADED OF MONTHS		
CSBIMO	ntn. INTERVIEW	ER: ENTER NUM	MBER OF MONTHS		
			_  WEEKS/MONTHS (1-12)		
		DON'T		d	(C6)
		REFUSED		r	(C6)
(All)					
C6.	{Are you/Is NAM	IE} self-employed a	at this job?		
	PROBE: Self-er	mployed means tha	at you work for yourself/ or own your own busir	ess.	
		YES		01	
		NO		00	
				d	
		DEFLICED			

C-3

(AII)		
C7.	of a shelter	a number of special work programs available to people with disabilities. Is {your/NAME's} job part ed workshop program, transitional employment program, the Business Enterprise Program for the supported employment program?
	PROBE:	A <u>sheltered workshop</u> is a program that provides employment with subsidized wages (or special wages that would not be available in a regular job) for people with disabilities. A <u>transitional employment program</u> allows workers with disabilities to work at reduced levels while they ease back into the workplace.
		The <u>Business Enterprise Program for the blind</u> offers legally blind persons the opportunity to own their own businesses. <u>Supported employment programs</u> provide job coaches or other on-the-job supports to help individuals with disabilities get and keep jobs.
(AII)		YES
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.
		HOURS PER WEEK (1-60) (1-168)
		DON'T KNOW d REFUSED r
<b>(AII)</b> C9.	How many	weeks per year {do you/does NAME} usually work at this job, including paid vacation and holidays?
	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 weeks {you expect/NAME expects} to work.
		WEEKS PER YEAR (1-52)
		DON'T KNOW d REFUSED r

(AII) C10.	PROGRAM	IMER: IF MORE THAN ONE JOB (C1>01) AND FIRST JOB:					
	For the purp	cose of this survey, it is important to obtain some information on how much {you are/NAME is} p On {your/NAME's} main job {are you/is (he/she} paid by the hour?	oaic				
	PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:						
	For the purp on {your/(hi paid by the on how muc	cose of this survey, it is important to obtain some information on how much {you are/NAME is} pis/her)} {second/third/fourth} job. On {your/NAME's} {second/third/fourth} job {are you/is (he/s hour? ELSE (C1=01): For the purpose of this survey, it is important to obtain some information by the hour? Spaid on {your/(his/her)} current job. On {your/NAME's} current job {are you id by the hour?	she] tior				
	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 {work/(he/she) works} the most hours.	you				
		YES       01         NO       00 (C12amt)         DON'T KNOW       d (C12amt)         REFUSED       r (C12amt)					
(C10=01 C11.	-	ur/NAME's} regular hourly pay, including tips and commissions?					
		ELESS THAN \$5.00 AN HOUR: Does this include tips and commissions?					
		VER: IF ENTERING AN AMOUNT WITH CENTS, PLEASE ENTER DECIMAL POINT					
		\$   _ _ _  PER HOUR (1 – 25.00) (1 - 300.00)					
		DON'T KNOW d REFUSED r					
		GO TO C15					
-	<b>), d, or r)</b> Before taxe commission	es and other deductions how much {are you/is NAME} paid on this job, including tips a	and				
	PROBE:	Is that amount paid daily, weekly, bi-weekly, twice a month, monthly, or annually?					
	INTERVIEV	VER: ROUND TO NEAREST DOLLAR AND ENTER HOW OFTEN PAID ON NEXT SCREEN	1				
		\$ <u>   </u>					
		DON'T KNOWd REFUSEDr					

(C10=00, d, or r)				
C12hop. INTERVIEWE	R: ENTER HOW OFTEN PAID			
	V		(1-384)	(1-1,922)
	_Y	02 03	(1-1,923) (1-4,166)	(1-9,615) (1-20,833)
	A MONTH		(1-4,166)	(1-20,833)
	HLY		(1-8,333) (1-100,000)	(1-41,666) (1-500,000)
	KNOW	d	(1-100,000)	(1-300,000)
REFUS	ED	r		
PROGRAMMER: CALCU	JLATE MONTHLY PRE-TAX PAY BASED ON C12/	AMT	AND C12HOP	FOR EACH JOB:
If C10=1, and C11and C8	≠d or r, C_JobMnthPay(1)=c11*c8*4.35.			
If C10=1 and C8 or C11=	d, C_JobMnthPay(1)=d.			
If C10=1 and C8 or C11=	r and neither are d, C_JobMnthPay(1)=r.			
If C10=0, d, or r and C12a	amt or C12hop=d, C_JobMnthPay(1)=d.			
If C10=0, d, or r and C12a	amt or C12hop=r, and neither are d, C_JobMnthPay	(1)=r		
If C10=0, d, or r and c12h	op=1, C_JobMnthPay(1)=c12amt*21.74.			
If C10=0, d, or r and c12h	op=2, C_JobMnthPay(1)=c12amt*4.35.			
If C10=0, d, or r and c12h	op=3, C_JobMnthPay(1)=c12amt*2.17.			
If C10=0, d, or r and c12h	op=4, C_JobMnthPay(1)=c12amt*2.			
If C10=0, d, or r and c12h	op=5, C_JobMnthPay(1)=c12amt.			
	op=6, C_JobMnthPay(1)=c12amt/12.			
(C10=00, d, or r) C13amt. For this iob. abo	ut how much is left as take-home pay after taxes an	d oth	er deductions?	
-	at amount paid daily, weekly, bi-weekly, twice a mo			
	ROUND TO NEAREST DOLLAR AND ENTER HO		-	•
	\$   _   .   00			
	DON'T KNOW		d	
	REFUSED			
(C10=00, d, or r)	ENTER HOW OFTEN PAID			

C13hop. INTERVIEWER: ENTER HOW OFTEN PAID

DAILY WEEKLY BI-WEEKLY TWICE A MONTH MONTHLY ANNUALLY	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) (1-450,000)
ANNUALLY DON'T KNOW	06 d	, ,	(1-450,000)
REFUSED	r		

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?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER		
DEDUCTIONS	01	CHANGE C12amt)
CHANGE AMOUNT OF TAKE-HOME PAY	02	(CHANGE C13amt)
SUPPRESS	03	

# (C10=00, d, or r) and (C12hop=01, 02, 03, 04, 05, or 06) and (C13hop=01, 02, 03, 04, 05, or 06) 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? CHANGE AMOUNT PAID BEFORE TAXES AND OTHER PROGRAMMER: CALCULATE TOTAL MONTHLY PAY FROM ALL JOBS COMBINED (TO BE USED LATER IN SECTION K): If C JobMnthPay(1) or C JobMnthPay(2) or C JobMnthPay(3) (for all jobs listed)=d, C CurMnthPay=d. If C JobMnthPay(1) or C JobMnthPay(2) or C JobMnthPay(3) (for all jobs listed)=r, and none=d, C CurMnthPay=r. Else, C CurMnthPay=Sum of (C JobMnthPay(1) AND C JobMnthPay(2) AND C JobMnthPay(3), etc. (for all jobs listed)). (All) C15. CHECK: IS {NAME} SELF EMPLOYED (C6=01)? (C15=00)C16. {Have you/Has NAME} received any promotions at this job during the past 12 months? YES...... 01 DON'T KNOW ...... d REFUSED..... (All) C17. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)? (C17=00)Taking all things into account, how satisfied are you with your {main/current} job? Would you say C18. PROGRAMMER: USE "MAIN" IF C1>01. OTHERWISE USE "CURRENT." VERY SATISFIED, ...... 01 NOT AT ALL SATISFIED? ...... 04 DON'T KNOW ...... d REFUSED .....

**(AII)** C19.

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

# (C19=00)

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

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

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

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

		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	
CHEC	CHECK: DOES {NAME} HAVE MORE THAN ONE CURRENT JOB (C1>01)?					
	YES 01 (REPEAT C2 THROUGH C14 FOR FACH					

C21. (

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

(AII)

(AII)

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

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

(C22=0	1)			
C23.	=	of special equipment {do you/does NAME} use?		
	PROBE:	Anything else?		
	INTERVIE	WER: CODE ALL THAT APPLY.		
		BRACE	01	(C24)
		CANE/CRUTCHES/WALKER		` ,
		WHEELCHAIR		` '
		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=0	1 and C23=	06)		,
C23_Ot	her. Wha	at kind of other special equipment?		
	<(	OPEN>		
		DON'T KNOW	d	
		REFUSED	r	
(C22=0	1)			
C24.	Who paid	for the equipment {you use/he/she uses}?		
	PROBE:	For example, {you or your family/NAME or (his/her) family}, insurance	e or	Medicaid or someone
		else?		,
	INTERVIE	WER: CODE ALL THAT APPLY.		
		{NAME}	Ω1	(C27)
		FAMILY		, ,
		HEALTH INSURANCE		
		MEDICARE		, ,
		MEDICAID		, ,
		EMPLOYER		• •
		STATE VOCATIONAL REHABILITATION AGENCY		
		NON-PROFIT ORGANIZATION SERVING PEOPLE WITH	0,	(020)
		DISABILITIES	08	(C25)
		WORKER'S COMPENSATION		` '
		DISABILITY INSURANCE		` ,
		OTHER		()
		DON'T KNOW		(C25)
		REFUSED		(C25)
(C22=0	1 and C24=			` '
-		lse paid for the equipment {you use/NAME uses}?		
	<(	OPEN>		
		DON'T KNOW	Ь	
		REFUSED		

C-10

### (C22=01 and C24=03, 04, 05, 06, 07, 08, 09, 10, 11, d, or r)

C25. {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	00	(C27)
DON'T KNOW	d	(C27)
REFUSED	r	(C27)

(All)

C27. {Do you/Does NAME} use any personal assistance services related to {your/his/her} disability that help {you/him/her} work, for example, a job coach, a sign language interpreter, a reader or interpreter for the blind, or a personal care attendant?

YES	01	
NO	00	(C32)
DON'T KNOW	d	(C32)
REFUSED	r	(C32)

(C27=01)

C28. What kind of personal assistance services {do you/does NAME} use?

**PROBE:** Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

JOB COACH	01	(C29)
SIGN LANGUAGE INTERPRETER	02	(C29)
READER/INTERPRETER FOR THE BLIND	03	(C29)
PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT	04	(C29)
OTHER	05	
DON'T KNOW	d	(C29)
REFUSED	r	(C29)

DON'T KNOW	d r or Medicaid, or some
(C27=01) C29. Who paid for the personal assistance services {you use/NAME uses}?  PROBE: For example, {you or your family/NAME or (his/her) family}, insurance	
C29. Who paid for the personal assistance services {you use/NAME uses}?  PROBE: For example, {you or your family/NAME or (his/her) family}, insurance	or Medicaid, or somed
	or Medicaid, or somed
INTERVIEWER: READ LIST IF NEEDED.	
INTERVIEWER: CODE ALL THAT APPLY.	
\{\text{NAME}\}	02 (C32) 03 (C30) 04 (C30) 05 (C30) 06 (C30) 07 (C30) 08 (C30) 09 (C30) 0 (C30) 1
	d
REFUSED	
YES	
NO	
DON'T KNOW	, ,

( <b>AII)</b> C32.	CHEC	CK: IS {NAME} SELF EMPLOYED (C6=01)?				
		YES			(C34)	
(C32=(						
233.		GRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURREN			£ 4b b -	
	becau	e tell me whether or not {your/NAME's} <u>{main/current</u> } employer ha use of {your/his/her} physical or mental condition. Has {your/NAME his/her} physical or mental condition.				nges
	PROC	<b>GRAMMER:</b> USE PROBE IF MORE THAN ONE JOB (C1>01) AN	ID FIR	ST JOB		
	PROE	<b>BE:</b> {Your/NAME's} main job is the job we have been to {you work/(he/she) works} the most hours.	alking	about.	The one	e at which
			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 <a href="mailto:your/NAME's">your/NAME's</a> } work schedule?  (PROBE: For example, working fewer hours, changing the time <a href="mailto:you arrive">you arrive</a> or leaves, or taking more breaks to accommodate <a href="mailto:your/NAME's">your/NAME's</a> } 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 work environment to make things easier for {you/NAME}?  (PROBE: For example, modifying {your/his/her} work area, improving accessibility in the building, or providing assigned parking to accommodate {your/NAME's} condition in the workplace.)	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
	0 and 0	<b>GRAMMER:</b> IF C33f=01, GO TO C33f_Other, ELSE GO TO C34. C33f=01) What other changes?				
JJJI_C	∠αι <del>σ</del> ι. V	<open></open>				
		DON'T KNOW				_
(All)		REFUSED				

C34. Are there any changes in {your/NAME's} {main/current} job or workplace related to {your/his/her} physical or mental condition that {you need/(he/she) needs}, but that have <u>not</u> been made?

	PROGRAM	MER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."	
	PROGRAM	MER: USE PROBE IF MORE THAN ONE JOB (C1>01) AND FIRST	JOB.
	PROBE:	{Your/NAME's} main job is the job that we have been talking {you work/(he/she) works} the most hours.	about. The one at which
		YES NO DON'T KNOW REFUSED	. 00 (C38) . d (C38)
<b>(C34=01</b> C35.	•	ose changes?	
000.		Anything else?	
	INTERVIEV	VER: ENTER VERBATIM RESPONSE	
	<0	PEN>	
(AII)		DON'T KNOWREFUSED	. d
<b>(AII)</b> C36.	CHECK: IS	{NAME} SELF EMPLOYED (C6=01)?	
(C34=01	and C36=0	YES	, ,
C37.	Did {you/NA	ME} or anyone else ask {your/his/her} employer for (any of) these ch	anges?
		YES NO DON'T KNOW	. 00 . d

(All)

C38. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

### (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.

**STRONGLY** STRONGLY DON'T REF-**AGREE DISAGREE AGREE DISAGREE** NA **KNOW** 01 02 03 04 05 d a. The pay is good r 01 02 03 04 05 d b. The benefits are good r IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): The job security is good. 01 02 03 04 05 d r IF {NAME} IS SELF-EMPLOYED (C6=01): The work is steady d. IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): You 01 02 03 04 05 d r have a chance for promotion ELSE: SKIP TO C39e e. You have a chance to develop your 01 02 03 04 05 d abilities f. You have recognition or respect from 01 02 03 04 05 d r others g. You can work on your own in your job 01 02 03 04 05 d r if you want to h. You can work with others in a group 01 02 03 04 05 d or team if you want to 02 03 04 05 01 d i. Your work is interesting or enjoyable j. Your work gives you a feeling of 01 02 03 04 05 d accomplishment or contribution k. IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): Your 01 02 03 04 05 d r supervisor is supportive ELSE: SKIP TO C39I I. Your co-workers are friendly and 01 02 03 04 05 d r

#### (AII)

supportive

next five years

m. You plan to stay at this job for the

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?

01

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

02

03

04

05

d

r

(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/ls} 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?

OPEN>		
•		
	DON'T KNOW	d
	REFUSED	r
	NEI OOLD	•

(AII)

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

# (AII)

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.

			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? <b>PROGRAMMER:</b> 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
(C39_3g=	=01)	<b>GRAMMER:</b> IF C39_3h=01, GO TO C39_3h_Other, ELSE GO T  . What other special equipment or medical devices?	O C39_	4.		
		<open></open>				<u>—</u>
		DON'T KNOWREFUSED				
(C39_3h= C39_3h_0	•	What else?				
		<open></open>				<u>—</u>
		DON'T KNOWREFUSED				
(AII) C39_4.		e last question about (your / NAME's) (main/current) job. Becaus curity needed to make any changes to the amount of {your/his/he			•	as Social
	PR	OBE: Did {your/NAME's} benefit amount decrease or did {you/h	e/she} lo	se ben	efits altoget	her?
		YES			(C39_5)	
		DONUT ICHOM			(000 5)	

$(C39_4=0)$	01)			
C39_4a.	Because of the amount?	se changes has the Social Security Administration paid {you/NA	ME}	the wrong benefit
		YES		
		NO DON'T KNOW		
		REFUSED		
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	01)			
C39_6.		s NAME} asked to re-pay the Social Security Administration beca ing while receiving benefits?	ause	{you were/(he was
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
(AII)				
C40. C	CHECK: WAS {N	AME} WORKING IN 2014 (B30 = 01)?		
		YES	01	(D1)
		NO	00	(E1)

PRELOADED VARIABLES: NONE

#### **SECTION D: JOBS/OTHER JOBS DURING 2014**

(AII)

D1. Now, I will ask you about jobs {you/NAME} had during 2014. 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 ≤ 2014, ASK:

Other than (your/NAME's) current job that you already told me about, in 2014 did {you/NAME} work for pay at any other jobs for longer than a month?

**PROGRAMMER:** IF C1>01 AND C4 YEAR  $\leq$  2014 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:

Other than (your/NAME's) current jobs that you already told me about, 2014 did {you/NAME} work for pay at any other jobs for longer than a month?

ELSE:

In 2014 did {you/NAME} work for pay at any jobs for longer than a month?

Υ	ES	01	(D3)
Ν	O	00	
D	ON'T KNOW	d	
R	EFUSED	r	

## (D1=00, d, or r)

D2. SOFT EDIT: IF {NAME} WORKED IN 2014(B30=01) AND {NAME} DID NOT WORK IN 2014 (D1=0, d, r) INTERVIEWER READ: "Earlier you said that {you/NAME} worked for pay in 2014. Let me repeat the question I just read and verify your response."

PROGRAMMER: IF C1=01 AND C4 YEAR ≤ 2014, ASK:

Other than (your/NAME's) current job that you already told me about, in 2014 did {you/NAME} work for pay at any other jobs for longer than a month?

PROGRAMMER: IF C1>01 AND C4 YEAR  $\leq$  2014 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:

Other than (your/NAME's) current jobs that you already told me about, in 2014 did {you/NAME} work for pay at any other jobs for longer than a month?

ELSE:

In 2014 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)

VARIAB	LES NEEDED	E: WORKED IN 2014 (B30=01) FROM OTHER SECTIONS: RTYPE, WORKED IN 2014 (B30), NUMBER OF CURRENT JOBS (C1), JRRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOA	DED VARIAE	
( <b>D1=01</b> D3.	or D2=01)	IMER: IF C1=01 AND C4 YEAR < 2014, ASK:
D0.		
		(your/NAME's) current job that you already told me about, how many other jobs did {you/NAME} east one month in 2014?
	PROGRAM ASK:	<b>IMER:</b> IF C1>01 AND C4 YEAR $\leq$ 2014 FOR ONE OR MORE CURRENT JOBS IN SECTION C,
		(your/NAME's) current jobs that you already told me about, how many other jobs did {you/NAME} east one month in 2014?
	ELSE:	
	How many	jobs did {you/NAME} hold for at least one month in 2014?
		NUMBER OF JOBS (1-5)
		DON'T KNOW d REFUSED r
	AMMER: D or D2=01)	4 THROUGH D23 ASKED FOR ALL JOBS WHEN D3>01
D4.	PROGRAM	IMER: IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:
	Let us start most hours	with $\{your/NAME's\}$ main job in 2014 – that is, the job at which $\{you worked/(he/she) worked\}$ the .
	What kind o	of work {did you/did NAME} do, that is, what was {your/NAME's} occupation?
	PROGRAM	IMER: IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC. JOB:
	Now I would	d like to ask about {your/NAME'S} {second/third/fourth} job in 2014.
	What kind o	of work {did you/did NAME} do, that is, what was {your/NAME's} occupation?
	ELSE (D3=	01):
	What kind o	of work {did you/did NAME} do, that is, what was {your/NAME's} occupation?
	INTERVIEV	WER: 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>\_\_\_\_\_

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

SECTION D UNIVERSE: WORKED IN 2014 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2014 (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)
D5. What kind of business was this?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For what type of organization or industry did you work? For example: accounting firm, daycare center, educational facility, food services.

PROBE 2: What do they make, sell, or do where {you/NAME} worked?

PROBE 3: Is this mainly manufacturing (making a product), wholesale trade (selling to other businesses) or retail trade (selling to customers) or something else?

<open:< th=""><th>&gt;</th><th>_</th></open:<>	>	_
(54.54.55.64)	DON'T KNOW	
<b>(D1=01 or D2=01)</b> D6mth. In what month ar	nd year did {you/NAME} start working there?	
PROBE: Your be	est estimate is fine.	
INTERVIEWER:	ENTER MONTH HERE AND YEAR ON NEXT SCREEN	
	(1-12) MO	
	DON'T KNOW	d r
<b>(D1=01 or D2=01)</b> D6yr. PROBE 1: In wh	at month and year did {you/NAME} start working there?	
PROBE 2: Your	best estimate is fine.	
INTERVIEWER:	ENTER YEAR	
	_  (1981-2014) YEAR (1951-2014)	a.
	DON'T KNOW	a r
(D1=01 or D2=01)		

D7. SOFT EDIT: YEAR {NAME} STARTED WORKING AT THIS JOB (D6 YEAR) SHOULD BE GREATER THAN OR EQUAL TO YEAR OF BIRTH (A04d) PLUS 14 YEARS. IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you were/NAME was} born in (A04d) and {you/NAME} started working at this job in (D6 YEAR), which means {you/NAME} started working at this job when {you were/he was/she was} (PROGRAMMER CALCULATE AND FILL AGE: D6 YEAR – YEAR OF BIRTH) years old. Is that correct?

YES	01	
NO	02	(CHANGE D6 YEAR)
SUPPRESS	03	

(D1=01 or D2=01)

D9. SOFT EDIT: DATE {NAME} STOPPED WORKING AT THIS JOB (D8 MONTH, D8 YEAR) SHOULD BE LATER THAN DATE {NAME} STARTED WORKING AT THIS JOB (D6 MONTH, D6 YEAR). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you/NAME} started working at this job in (D6 MONTH, D6 YEAR) and that (you/NAME) stopped working at this job in (D8 MONTH, D8 YEAR). Is that correct?

REFUSED .....r

YES	01	
NO, CHANGE ANSWER TO D6	02	(CHANGE D6)
NO, CHANGE ANSWER TO D8	03	(CHANGE D8)
NO, CHANGE ANSWERS FOR BOTH D6 AND D8	04	(CHANGE D6 AND D8)
SUPPRESS	05	

(D1=01 or D2=01)

D10. SOFT EDIT: IF DATE {NAME} STOPPED WORKING AT THIS JOB (D8 MONTH, D8 YEAR ) AND DATE {NAME} STARTED WORKING AT THIS JOB (D6 MONTH, D6 YEAR) ARE THE SAME (D8 MONTH, D8 YEAR – D6 MONTH, D6 YEAR = 0), INTERVIEWER READ: You said that {you/NAME} started and stopped working at this job in (D8 MONTH, D8 YEAR). I'd like to verify that {you/NAME} worked at this job for less than one month. Is this correct?

YES, WORKED AT JOB FOR LESS THAN ONE MONTH	01
NO, WORKED AT JOB FOR MORE THAN ONE MONTH	02
SUPPRESS	03

## (D1=01 or D2=01)

D11. SOFT EDIT: IF YEAR {NAME} STOPPED WORKING AT THIS JOB (D8 YEAR) IS BEFORE 2014, INTERVIEWER READ: You said that {you/NAME} stopped working at this job in (D8 YEAR). I'd like to verify that this job ended before 2014. Is this correct?

YES, JOB ENDED BEFORE 2014	01
NO, JOB DID NOT END BEFORE 2014	02
SUPPRESS	03

	PROBE:	Self-employed means that you work for yourself or own your own business.	
		YES 01	
		NO 00	
		DON'T KNOW d	
		REFUSEDr	
((D1=01	or D2=01) a	and D12=00 and D13=00)	
D15.	-	b part of a sheltered workshop, transitional employment program, the Business d, or supported employment program?	Enterprise Progra
	PROBE:	A <u>sheltered workshop</u> is a program that provides employment with subsidize wages that would not be available in a regular job) for people with disable employment program allows workers with disabilities to work at reduced lever back into the workplace. The <u>Business Enterprise Program for the Blindersons for the opportunity to own their own businesses. Supported emprovide job coaches or other on-the-job supports to help individuals with disable jobs.</u>	ilities. A <u>transition</u> vels while they eas offers legally blir ployment program
		YES	
((D1=01	or D2=01) a	and D12=00 and D13=00)	
D16.	•	hours per week did {you/NAME} usually work at this job?	
	PROBE:	Include overtime if {you/he/she} usually worked overtime.	
		_  HOURS PER WEEK (1-60) (1-168)	
		DON'T KNOW d	
<b>((D1=01</b> D17.	•	REFUSEDr and, D12=00 and D13=00) weeks per year did {you/NAME} usually work at this job, including paid vacati	on and holidays?
	PROBE 1:	Please include time off for vacations and holidays if {you were/NAME was} p	aid for that time.
	PROBE 2:	There are 52 weeks in a year.	
		WEEKS PER YEAR (1-52)	
		DON'T KNOW d REFUSED r	

SECTION D UNIVERSE: WORKED IN 2014 (B30=01)

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2014 (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 2014. 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 2014. 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 2014. 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:

			2002 (20 01)711121			
	PROBE:	{Your/NAME's} main job in hours.	2014 was the job a	t which {you worked/	/(he/	she) worked} the most
<b>((D1=0</b> <sup>-</sup> D19.	What was	YES  NO  DON'T KNOW  REFUSED  and D12=00 and D13=00 an  (your/NAME's) regular hourly  F LESS THAN \$5.00 AN HO	<b>d D18=01)</b> / pay, including tips ar	nd commissions?	00 d r	(D20amt) (D20amt) (D20amt)
			PER HOUR	•		
		DON'T KNOWREFUSED				

((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?

SECTION D UNIVERSE: WORKED IN 2014 (B30=01)

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2014 (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 Job2014 MnthPay(1)=D19\*D16\*4.35.

If D18=1 and D19 or D16=d, C\_Job2014 MnthPay(1)=d.

If D18=1 and D19 or D16=r and neither are d, C Job2014 MnthPay(1)=r.

If D18=0, d, OR r AND D20AMT OR D20HOP=d, C\_Job2014 2014MnthPay(1)=d.

If D18=0, d, OR r AND D20AMT OR D20HOP=r AND NEITHER ARE d, C Job2014 MnthPay(1)=r.

If D18=0, d, or r and D20hop=1, C Job2014 MnthPay(1)=D20amt\*21.74.

If D18=0, d, or r and D20hop=2, C Job2014 MnthPay(1)=D20amt\*4.35.

If D18=0, d, or r and D20hop=3, C Job2014 MnthPay(1)=D20amt\*2.17.

If D18=0, d, or r and D20hop=4, C\_Job2014 MnthPay(1)=D20amt\*2.

If D18=0, d, or r and D20hop=5, C\_Job2014 MnthPay(1)=D20amt.

If D18=0, d, or r and D20hop=6, C\_Job2014 MnthPay(1)=D20amt/12.

If D18=0, d, or r and D20hop or D20amt=d, then C Job2014MnthPay(1)=d.

If D18=0, d, or r and D20hop or D20amt=r and none=d, then C Job2014 MnthPay(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
REFUSED	r

SECTION D UNIVERSE: WORKED IN 2014 (B30=01)

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2014 (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)

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\_Job2014 MnthPayTH(1)=D19\*D16\*4.35.

If D18=1 and D19 or D16=d, C\_Job2014 MnthPayTH(1)=d.

If D18=1 and D19 or D16=r and neither are d, C Job2014 MnthPayTH(1)=r.

If D18\_1=0, d, or r and D21amt or D21hop=d, C\_Job2014 MnthPayTH(1)=d.

If D18 1=0, d, or r and D21amt or D21hop=r, and neither are d, C Job2014 MnthPayTH(1)=r.

If D18=0, d, or r and D21hop=1, C\_Job2014 MnthPayTH(1)=D21amt\*21.74.

If D18=0, d, or r and D21hop=2, C\_Job2014 MnthPayTH(1) =D21amt\*4.35.

If D18=0, d, or r and D21hop=3, C Job2014 MnthPayTH(1)=D21amt\*2.17.

If D18=0, d, or r and D21hop=4, C Job2014 MnthPayTH(1)=D21amt\*2.

If D18=0, d, or r and D21hop=5, C\_Job2014 MnthPayTH(1)=D21amt.

If D18=0, d, or r and D21hop=6, C\_Job2014 MnthPayTH(1)=D21amt/12.

If D18=0, d, or r and D21hop or D21amt=d, then C Job2014 MnthPayTH(1)=d.

If D18=0, d, or r and D21hop or D21amt=r and none=d, then C Job2014 MnthPayTH(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\_Job2014 MnthPayTH(1)) NE D OR R, AND AMOUNT OF PRE-TAX MONTHLY PAY (C\_Job2014 MnthPay(1)) NE D OR R, AND C\_Job2014 MnthPayTH(1) > C\_Job2014 MnthPay(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\_Job2014 MnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT), or about (C\_Job2014 MnthPayTH(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	

PRELOADED VARIABLES: NONE

((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)

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\_Job2014 MnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C\_Job2014 MnthPay(1)) NE D OR R, AND (C\_Job2014 MnthPay(1) - C\_Job2014 MnthPayTH(1) / C\_Job2014 MnthPayTH(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\_Job2014 MnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT), or about (C\_Job2014 MnthPayTH(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	

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	02	(D24)
RETIRED/OLD AGE	03	(D24)
JOB WAS TEMPORARY AND ENDED	04	(D24)
PROBLEMS WITH JOB:		
DID NOT LIKE SUPERVISOR OR CO-WORKERS	05	(D24)
DID NOT LIKE JOB DUTIES		
DID NOT LIKE JOB EARNINGS		
DID NOT LIKE BENEFITS	80	(D24)
DID NOT LIKE OPPORTUNITIES FOR ADVANCEMENT	09	(D24)
DID NOT LIKE LOCATION	10	(D24)
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		(D24)
BECAME DISABLED	17	(D24)
OTHER		
DON'T KNOW	d	(D24)
REFUSED	r	(D24)

SECTION D UNIVERSE: WORKED IN 2014 (B30=01) VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2014 (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 D23=18) D23 Other. What is the other reason? <OPEN> DON'T KNOW ...... d REFUSED .....r (D1=01 or D2=01) D24. CHECK: DID {NAME} HOLD MORE THAN ONE JOB DURING 2014 (D3 > 01)? (REPEAT D4 THROUGH D23 FOR EACH JOB) (D1=01 or D2=01) Sometimes people work fewer hours or earn less money than they could in order to care for family D25. members, keep the cash benefits they need, or just to have more free time. In 2014, did (you/NAME) work fewer hours or earn less money than (you/he/she) could have for any reason? YES ...... 01 DON'T KNOW ...... d (D26) REFUSED ......r (D26) ((D1=01 or D2=01) and D25=01) D25a. Did (you/NAME) work fewer hours or earn less money than (you/he/she) could have because (you/he/she)... I need to ask everyone in our study the same questions, even if they don't seem to apply to (you/NAME). DON'T YES **KNOW** NO **REFUSED** 00 d {Were/Was} taking care of children or others? 01 r b. {Were/Was} enrolled in school or a training program? 01 00 d r c. Wanted to keep Medicare or Medicaid coverage? 01 Wanted to keep cash benefits (you/he/she) needed such as 01 00 disability or workers compensation? e. Just did not want to work more? 01 00 Are there any reasons I didn't mention why {you/NAME} 01 might have worked or earned less than {you/he/she} could 00

**PROGRAMMER:** IF D25f=01 GO TO D25f\_Other, ELSE SKIP TO D25\_1 ((D1=01 or D2=01) and D25=01 and D25f=01)

D25f\_Other What other reason?

have during 2014?

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

SECTION D UNIVERSE: WORKED IN 2014 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2014 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04\_d)

((D1=01	or D2=01	) and D25=01)
---------	----------	---------------

D25\_1. Were any of (your/NAME's) disability-related benefits reduced or ended as a result of {your/his/her} working in 2014?

YES	01	
NO	00	(D26)
DON'T KNOW	d	(D26)
REFUSED	r	(D26)

## (D25\_1=01)

D25\_2. What benefits were reduced or ended as a result of {your/NAME's} job in 2014?

INTERVIEWER: MARK ALL THAT APPLY.

01
02
03
04
05
06
07
80
09
10
11
12
13

# (D25\_2=13)

D25 2 Other: What other benefits?

<OPEN>\_

DON'T KNOW	Ь

REFUSED .....r

## (D1=01 or D2=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 2014, do you think {you/NAME} could have worked or earned more if {you/he/she} had...

		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? <b>PROGRAMMER:</b> 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 2014?	01	00	02	d	r

SECTION D UNIVERSE: WORKED IN 2014 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2014 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04\_d)

	10 2 D 17 (1 (1) (1	2220: 110112		
		<b>DGRAMMER:</b> IF D26h=01, GO TO D26h_Other, SE GO TO D27		
(/D1=01		and D26g=01)		
	-	other special equipment or medical devices?		
D20g_C	oulei villat	other special equipment of medical devices:		
	<(	OPEN>		(D26h)
		DON'T KNOW	4 (D36h)	
			` ,	
//D4=04	or D2=04\	REFUSED	I (D2011)	
	=	and D26h=01)		
D2011_C	Other What	eise !		
	<(	DPEN>		
		DON'T KNOW		
/D4=04	o = D0=04)	REFUSED	r	
D1=01 D27.	-	uestion about when {you were/NAME was} working in 2014. urity need to make any changes to the amount of {your/his/her		} work, did
	PROBE:	Did {your/NAME's} benefit amount decrease or did {you/he/s		ner?
		YES	01	
		NO		
		DON'T KNOW	,	
		REFUSED	, ,	
//D1=0	1 or D2=01\	and D27=01)	r (D29)	
	-		u/NIAME) the wrong bone	fit amount
D28.		f these changes did the Social Security Administration pay {yo during 2014?	u/NAME} the wrong bene	amount
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
(D1=01	or D2=02=1			
D29.		vere you/was NAME} ever asked to re-pay benefits because vou/him/her}?	e the Social Security Adr	ministration
		YES	01	
		NO		
		DON'T KNOW	` ,	
		REFUSED	` ,	
((D1=01	or D2=01)	and D29=01)	1 (=1)	
D30.	-	Was NAME} asked to re-pay the Social Security Administration	on hacausa Svou wara//ha	lsew (ads)
D00.		nile receiving benefits?	on because (you were/(ne	Jistic) was
	working wi	•		
		YES		
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	

## SECTION E: AWARENESS OF SSA WORK INCENTIVE PROGRAMS

<b>(AII)</b> E1.		I you a list of incentives and supports that Social Security offers urage them to work. Please tell me if {you have/NAME has} eve	
		PRESS 1 TO CONTINUE	01
<b>(AII)</b> E2.	CHECK: IS {NAI	ME} AN SSI BENEFICIARY (BSTATUS = 01,03)?	
		YES	
(E2=01)		NO	00 (E14)
E3.	{Have you/Has N 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: {Have	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	00
		DON'T KNOW	
		REFUSED	r
Ξ5.	a Social Security Social Security fine PROBE 1: {Have PROBE 2: If you	IAME} ever heard of the <u>earned income exclusion</u> or the <u>1 for 2</u> incentive where one-half of {your/a beneficiary's} earnings over gures {your/the} benefit.  e you/Has NAME} ever heard of this exclusion?  I're not sure, please just say so.  IF 'NOT SURE', CODE AS DON'T KNOW  YES	\$85 are not counted when 01
		DON'T KNOWREFUSED	
(E2=01	•		
E7.	incentive where t	IAME} ever heard of <u>Property Essential to Self-Support</u> , or <u>PESS</u> the 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

(E2=01)

E9.	49. {Have you/Has NAME} ever heard of <u>Continued Medicaid Eligibility</u> or <u>1619(b) coverage</u> ? This is a Security incentive that lets {you/beneficiaries} keep {your/their} Medicaid insurance after {you/they} go to even if {your/their} benefits have stopped.			
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
	•	:} 25 OR YOUNGER {C_Intage < or = 25} AND DID {NAME} SSIAGE < 22}?	RECEIVE SSI BENEFITS	
		YES	01	
		NO		
(E2=01	l and E11=01)		, ,	
E12.	where if {you are	IAME} ever heard of the <u>student earned-income exclusion</u> ? Toles a beneficiary is in school, up to \$1,730 of earnings per mor (your/the) benefit.		
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	01	
		NO	00	
		DON'T KNOW		
		REFUSED	r	
<b>(AII)</b> E14.	CHECK: IS {NA	ME} A SSDI BENEFICIARY (BSTATUS=02,03)?		
		YES	01	
		NO		
(E14=0	1)			
E15.	{you/beneficiarie	NAME} ever heard of a <u>Trial Work Period</u> ? This is a Soc s} earn above \$1,040 per month for nine months without losi		
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	01	
		NO		
		DON'T KNOW		
		REFUSED	r	
(E14=0	01)			
E17.		NAME} ever heard of an <u>Extended Period of Eligibility for Med</u> s {you/beneficiaries} keep Medicare coverage when {you/theyopped.		
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	01	
		NO	00	
		DON'T KNOW	d	
		REFUSED	r	
(ALL)				
E19.	Expenses? This	NAME} ever heard of exclusions for		

				<u> </u>
		NO		
		DON'T KNOW		
(411)		REFUSED	r	
<b>(ALL)</b> E20a.		NAME} ever heard of <u>Expedited Reinstateme</u> tart their benefits without having to complete		
	INTERVIEWER:	IF 'NOT SURE' ANSWER 'DON'T KNOW'.		
		YES	01	
		NO		
		DON'T KNOW		
		REFUSED		
(E20a=	•	IAME) averaged Evandited Deinstehamanto		
E20b.	-	NAME} ever used Expedited Reinstatement?		
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES		
		NO		
		DON'T KNOW		
(ALL)		KLI OSED		. I
E20c.	organizations th	NAME} ever heard of <i>Work Incentive and Pla</i> at give beneficiaries information about Ticke their Social Security benefits are affected by v	t to Work and oth	
	INTERVIEWER:	IF 'NOT SURE', ANSWER 'DON'T KNOW'		
	PROBE: These	are sometimes called WIPAs.		
		YES		01
		NO		
		REFUSED		
(E20c=	=01)	REFUSED		r
E20d.	•	NAME} ever used a Work Incentive and Planni	ing Assistance pro	gram?
	INTERVIEWER:	IF 'NOT SURE' OR 'NEVER HEARD OF' CO	DDE AS DON'T KN	10W
		YES		01
		NO		
		DON'T KNOW		d
		REFUSED		r
(ALL)				
E20e.		IAME} ever heard of Protection and Advocacy focused on protecting beneficiaries' rights to c		of Social Security or PABSS?
	INTERVIEWER:	IF 'NOT SURE', CODE AS DON'T KNOW		
		YES	01	
		NO	00	
		DON'T KNOW		
	• ()	REFUSED	r	
(E20e=	,	IAME) over used Protection and Advance of	r Donoficiarias of C	toold Courity or DADCCC
E20f.	{⊓ave you/⊓as N	IAME} ever used Protection and Advocacy for	Deficionaries of S	ocial Security of PABSS?
		YES		
		NO		
		DON'T KNOW		d
		PERISEII		r

**SECTION E UNIVERSE: ALL** 

VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE

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

## **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 steady, long-term employment by providing them greater choices and opportunities to go to work if they want to.

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

# SECTION F: REMOVED FROM NBS-GENERAL WAVES

## SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2014

UNIVERSE: ALL

VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, PRELOADED VARIABLES: BIRTHYEAR

## **SERVICE PROVIDERS**

(AII)

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.

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

<b>(G1=01</b> ) G7.		R: ASK G7 THROUGH G9 FOR EACH PLACE I	LISTE	ED IN G2	
	Thinking about {PROVIDER FROM G2}, was this place:				
-	A private Some DON'T REFU and G7=03)	e agency, ate business, or other type of place? KNOW SED	02 03 d	(NEXT PROVIDER OR G10) (G7_oth) (NEXT PROVIDER OR G10)	
O7_0a1.	<ope< td=""><td></td><td></td><td>(NEXT PROVIDER OR G10)</td></ope<>			(NEXT PROVIDER OR G10)	
-	DON'7 REFU and <b>G7=01</b> )	KNOW	d r	(NEXT PROVIDER OR G10) (NEXT PROVIDER OR G10)	
G8.		{PROVIDER FROM G2} A STATE AGENCY (G		1)!	
<b>(G1=01</b> G9.		G8=01)		(NEXT PROVIDER OR G10)	
	A welf A mer Some Workfood Some DON'	are agency,	02 03 04 06 05 d	(NEXT PROVIDER OR G10) (NEXT PROVIDER OR G10) (G9_oth1) (NEXT PROVIDER OR G10)	
-	rounds. G7=01 and G8=	ory added at R2 and R3; value of "other" categor  01 and G9=04)  R: PLEASE SPECIFY	y (G	9=5) maintained for comparability across	
_	<ope< td=""><td></td><td></td><td>(NEXT PROVIDER OR G10)</td></ope<>			(NEXT PROVIDER OR G10)	
-	G7=01 and G8= 2. INTERVIEWE	DON'T KNOW  REFUSED  01 and G9=05)  R: PLEASE SPECIFY		(NEXT PROVIDER OR G10) (NEXT PROVIDER OR G10)	
	<ope< td=""><td>V&gt;</td><td></td><td>(NEXT PROVIDER OR G10)</td></ope<>	V>		(NEXT PROVIDER OR G10)	
		DON'T KNOWREFUSED		(NEXT PROVIDER OR G10) (NEXT PROVIDER OR G10)	

G10. Sometimes people get training to help them learn new skills so they can get a new job or change careers.

(IF DISABLED BEFORE AGE 16 (B18\_AGE < 16 OR IF BIRTHYEAR – B18\_YEAR <16)) Since age 16, {have you/has NAME} received any training to help {you/him/her} get a new job or change careers?

(IF DISABLED AT AGE 16 OR LATER (B18\_AGE ≥ 16 OR IF BIRTHYEAR - B18\_YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} received any training to help {you/him/her} get a <u>new</u> job or change careers?

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

YES	01	
NO	00	(G15)
DON'T KNOW	d	(G15)
REFUSED	r	(G15)

## (G10=01)

G11. What was the name of the place {you/NAME} went to for that training?

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

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

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

PROBE 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.

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)

r

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

•	1 and G13=03) h. INTERVIEWER: PLEASE SPECIFY				
	<open></open>		(NEXT PROVIDER OR G15)		
	DON'T KNOWREFUSED		(NEXT PROVIDER OR G15) (NEXT PROVIDER OR G15)		
-	1 and G13=01) Was this place a:				
•	A vocational rehabilitation agency, A welfare agency, A mental health agency Some other state agency, or None of these DON'T KNOW REFUSED  1 and G13=01 and G14=04) h. INTERVIEWER: PLEASE SPECIFY	. 02 . 03 . 04 . 05 . d	(NEXT PROVIDER OR G15) (NEXT PROVIDER OR G15) (G14_oth) (NEXT PROVIDER OR G15) (NEXT PROVIDER OR G15)		
	<open></open>		(NEXT PROVIDER OR G15)		
(All)	DON'T KNOWREFUSED		,		
G15.	Sometimes people with disabilities receive medical services to independently. Some examples of these services are physic equipment or devices.	•	· ·		
	(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIR {have you/has NAME} received any medical services to ir independently?		_		
	//= DIGATE				

(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 medical services to improve {your/his/her} ability to

work or live independently?

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

YES	01	
NO	00	(G19)
DON'T KNOW	d	(G19)
REFUSED	r	(G19)

# (G15=01)

G16. What was the name of the place {you/NAME} went to for those medical services?

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

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

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

PROBE 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.

PROVIDER 1 <string=240>_</string=240>	
PROVIDER 2 < STRING=240>	

## (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.

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

**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.

**INTERVIEWER:** PROVIDERS MENTIONED AT G2, G11, OR G16 INCLUDE {DISPLAY 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

## (AII)

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 2014, 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)

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.

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

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} <u>currently</u> 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)

( <b>G10=0</b> 1 G28.	1 or G23=01 and G26=01 and G27=01,02) PROGRAMMER: IF G27=01 USE "DEGREE" AND IF G27=02 USE "CERTIFICA	TE (	OR LICENSE	<u>:</u> "
	Toward what type of {degree/certificate or license} {are you/is NAME} working?			
	INTERVIEWER: CODE ONE ONLY.			
	GED OR HIGH SCHOOL EQUIVALENCE PROGRAM/COURSES	02 03 04 05 06 d	(G29) (G29) (G29) (G28f_oth) (G29)	
•	1 or G23=01 and G26=01 and G27=01,02 and G28=02) th. INTERVIEWER: PLEASE SPECIFY			
	<open></open>			_(G29)
	DON'T KNOWREFUSED		` '	
•	1 or G23=01 and G26=01 and G27=01,02 and G28=06) h. INTERVIEWER: PLEASE SPECIFY			
	<open></open>			_
	DON'T KNOWREFUSED	_		
<b>(G10=0</b> 1 G29.	1 or G23=01 and G26=01 and G27=01 or 02) {Are you/Is NAME} a full-time or part-time student?			
	FULL-TIME PART-TIME DON'T KNOW REFUSED	02 d		
DE-DUP	PLICATION OF THE LIST OF PROVIDERS			
` '	CHECK: DID {NAME} RECEIVE ANY SERVICES (G1=1 OR G10=1 OR G15=1 O	OR C	319=1)?	
	YES		C49	

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 DEL	ETE	D, IT WILL APPEAR IN TEAL.		
		NONE/DONE		00		
(G29a=0	01)					
G30_1.	**	ME} received employment, medical, and theraprice provider is listed only once. Are any of the		•		
	INTERVIEWER:	IF A PROVIDER APPEARS ON THE LIST BINUMBER IN FRONT OF ONE OF THE PROVIDER NA	VIDE	R NAMES TO DELETE IT FROM THE		
	INTERVIEWER:	ONCE A PROVIDER NAME HAS BEEN DEL	ETE	D, IT WILL APPEAR IN TEAL.		
		NONE/DONE		00		
	PROGRAMMER	: IF ALL PROVIDERS DELETED, DISPLAY, Y RETURN TO G30 AND DELETE DUPLICATI				
		CTED THE APPROPRIATE PROVIDER FOR DE CONTINUE.	DELE	TION (OR SELECTED 'NONE/DONE')		
WHEN S	SERVICES RECE	VED				
(G29a=0	11)					
-	se. Next, I would	like to know when {you/NAME} last received s Is of services {you/he/she} received from those				
		R: PRESS 1 TO CONTINUE		01		
(G29a=0	•					
G33.	G33. <b>PROBE:</b> 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.					
	In what year did {	e services {you/NAME} received from {PROVII you/he/she} <u>last</u> receive services from {PROVI 2015, in 2014, or before 2014?				
	IN 2015		01	(NEXT PROVIDER OR G35)		
	IN 2014		02	(NEXT PROVIDER OR G36)		
		E 2014		(NEXT PROVIDER OR G52)		
		KNOW				
	REFUSI	ED	r			
( <b>G29a=0</b> G34.	<b>01 and G33=d, r)</b> Was it:					
	Within th	ne last 2 years	01			
		ears ago,		(NEXT PROVIDER OR G52)		
		/ears ago, or		,		
		an 10 years ago?		,		
		KNOW		,		
	_		ı	(NEXT PROVIDER OR G52)		
(G29a=01 and G33=01,d, r or G34=01) G35. Did {you/NAME} receive services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST} at any time in						
	2014?					
				(NEXT PROVIDER OR G35a)		
	_	41014		(NEXT PROVIDER OR G52)		
	_	KNOW		(NEXT PROVIDER OR G52)		
	REFUSI	ED	r	(NEXT PROVIDER OR G52)		

# SPECIFIC SERVICES RECEIVED FROM PROVIDERS AND SERVICE-RELATED EXPERIENCES IN 2014 (G29a=01 and G33=01,d, r and G34=01 and G35=01)

G35a.	CHECK: DID {NAME} RECEIVE SERVICES FROM ANY PROVIDER IN 2014 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	(G52)

**PROGRAMMER:** ASK G36 THROUGH G40\_1 FOR EACH PROVIDER LISTED IN G30\_1 (AFTER DEDUPLICATION) IF USED IN 2014(G33=02 OR G35=01) OR (THERE ARE DE-DUPLICATED

PROVIDERS LISTED IN G30 1)

## (G35a=01 or G33=02)

G36. In 2014, please tell me if {you/NAME} received any of the following services from {PROVIDER FROM G30\_1 DE-DUPLICATED LIST IF USED IN 2014}. Did {you/he/she} receive:

PROBE: from {PROVIDER FROM G30\_1 DE-DUPLICATED LIST IF USED IN 2014 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.	e. Special equipment or devices?		00	02	d	r (G36e_oth)
f.	f. Personal counseling or therapy?		00	02	d	r (G37)
g.	g. Group therapy?		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.	k. Advice about modifying {your/his/her} job or work place?		00	02	d	r (G37)
l.	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>	·	
	DON'T KNOW	d
	REFUSED	r

<b>G35a=01 or G33=0</b> G36m_oth. <b>INTER</b>	<b>)2 and G36m=01)</b> X <b>VIEWER</b> : PLEASE SP	ECIFY		
<(	OPEN>			
DUPLICAT	ow many times did {yo	ou/NAME} receive these servic 014}? You can tell me either the nonth.	-	
PROBE:	How many times did 2014?	{you/NAME} go to the place or	have contact with	the service provide
	TIMES PER WE TIMES PER MOI DON'T KNOW	N 2014 EKNTH		(G37_Tweek) (G37_Tmonth) (G39)
_	•	SSARY: How many times did {y 2014?	ou/NAME} go to the	place or have cor
	DON'T KNOW			
		GO TO G39		
_	•	SSARY: How many times did {yer week?	ou/NAME} go to the	place or have cor
	_  (1-7) (1-99)			
<b>G35a=01 or G33=0</b> G38_week. In 2	•	veeks did {you/NAME} get these	e services?	
	_  WEEKS (1-52)			
		GO TO G30		

•	3=02 and G37=03)			
G37_Tmonth.	PROBE: READ IF NECES with the service provider pe	SARY: How many times did {you/NAME} go r month?	to the	e place or have contact
	<u> </u>   <u> </u>   (1-31) (1-99)			
( <b>G35a=01 or G3</b> G38_month.	3 <b>=02 and G37=03)</b> In 2014, about how many	months did {you/NAME} get these services?		
	_  MONTHS (1-52) (1-12)			
	REFUSED			
( <b>G35a=01 or G3</b> G39. About h IN 2014	now long did each service se	ession with {PROVIDER FROM G30_1 DE-D	UPLI	CATED LIST IF USED
	HOURS DAYS DON'T KNOW		. 02 . 03 . d	(G39_hr) (G39_day) (G40)
-	3=02 and G39=01) RVIEWER: ENTER NUMBE	R OF MINUTES.		
	<u>_</u>  _  (1-59) (1-240)			
		GO TO G40		
	3=02 and G39=02) VIEWER: ENTER NUMBER	R OF HOURS.		
	<u>  </u> (1-59) (1-24)			
		GO TO G40		
<b>(G35a=01 or G3</b> G39_day.	3=02 and G39=03) INTERVIEWER: ENTER N	NUMBER OF DAYS.		
	_  (1-3) (1-90) DON'T KNOW		. d	

## (G35a=01 or G33=02)

G40. How useful to {you/NAME} were the services provided by {PROVIDER FROM G30\_1 DE-DUPLICATED LIST IF USED IN 2014}? Would you say they were:

Very useful,	01	(G52)
Somewhat useful,	02	(G52)
Not very useful, or	03	
Not at all useful?	04	
DON'T KNOW	d	(G52)
REFUSED	r	(G52)

## **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 2014} not useful because...

		YES	NO	DON'T KNOW	REFUSED
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
	<b>PROBE:</b> 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

## (G40\_1\_f=01)

G40\_1\_Other. What were the reasons the services were not useful?

<open></open>	
DON'T KNOW	. d
REFLISED	r

G43. DELETED

G44. DELETED

G45. DELETED

G45\_oth. DELETED

G46. DELETED

G47. DELETED

# G47\_week.DELETEDG47\_month.DELETEDG47\_year. DELETED

WHY U	SED SERVICES I	N 2014							
<b>(All)</b> G52.	CHECK: DID {NAME} USE ANY SERVICES IN 2014 (G33=02 OR G35=01) OR (THERE ARE DE- DUPLICATED PROVIDERS ON LIST) FOR ANY PROVIDER IN DE-DUPLICATED LIST USED IN 2014)?								
( <b>G52=0</b> G53.	The next few queservices (you/he Thinking only ab	YES  NO  Juestions are about why {you/NAME} decided to use the employ/she} used in 2014.  Out the services {you/NAME} used in 2014, what are the main resonant in the services are the s	00 ymei	nt, medical, or therapy					
	to use these ser	vices?  CODE ALL THAT APPLY.							
-	o <b>1 and G53=08</b> ) oth. <b>INTERVIEW</b> I	TO FIND A JOB/GET A BETTER JOB TO INCREASE INCOME TO IMPROVE HEALTH/ WELL BEING TO IMPROVE ABILITY TO DO DAILY ACTIVITIES TO AVOID A CONTINUING DISABILITY REVIEW SOMEONE PRESSURED {NAME} TO PARTICIPATE WANTED ACCESS TO A SPECIFIC PROGRAM/SERVICE/ RESOURCE OTHER DON'T KNOW REFUSED	02 03 04 05 06 07 08 d	(G54) (G54) (G54) (G54) (G55) (G54)					
	<open< td=""><td>&gt;</td><td></td><td></td></open<>	>							
		DON'T KNOW							
(G52=01 and G53=01-05,07,08,d, r) G54. Did anybody pressure {you/NAME} to use any services when {you/NAME} did not want to?									
		YES		(G58)					

# (G52=01 and G54=01) G55. Who pressured {you/NAME} to use these services? **INTERVIEWER:** CODE ALL THAT APPLY. JOB COACH ...... 08 (G56) SSA LETTER ...... 09 (G56) WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM OR BENEFIT SPECIALIST ...... 11 (G56) COURT/POLICE ...... 14 (G56) DON'T KNOW ...... d (G56) REFUSED ...... r (G56) (G52=01 and G54=01 and G55=12) G55 oth. INTERVIEWER: PLEASE SPECIFY <OPEN> DON'T KNOW ..... REFUSED ..... (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 ANSWER ...... 02 (G57) THREATENED TO TAKE AWAY OTHER SUPPORT (E.G., DON'T KNOW ...... d (G57) REFUSED ...... r (G57) (G52=01 and G54=01 and G56=05) G56\_oth. INTERVIEWER: PLEASE SPECIFY <OPEN> DON'T KNOW ...... d REFUSED .....

-	01 and G54=01)	wa/NAME has used these convices listen to this statement	and tall ma if you atrangly agree
G57.	**	ve/NAME has} used these services, listen to this statement a or strongly disagree. Being pressured to use these serv	
	INTERVIEWER:	READ IF NECESSARY.	
		STRONGLY AGREE	01
		AGREE	02
		DISAGREE, OR	
		STRONGLY DISAGREE	
		DON'T KNOW	
INFOR	MATION ABOUT		r
	RIMATION ABOUT	SERVICES IN 2014	
<b>(AII)</b> G58.		sk you about how easy it is to get information about serviced and did not use.	es. This includes both service
		out 2014, did {you/NAME} or {your/his/her} representativt services to help {you/NAME} work or live independently?	e contact anyone to try to ge
		YES	01
		NO	00 (G60)
		DON'T KNOW	d (G60)
		REFUSED	r (G60)
(G58=			
G59.		easy was it for {you/NAME} or {your/his/her} representative to see services? Was it:	to get the information {you/they
		Very easy,	01
		Somewhat easy,	02
		Not very easy, or	
		Not at all easy?	
		DON'T KNOW	
SEDVI	ICES NEEDED BII	NOT RECEIVED IN 2014	1
	ICES NEEDED BO	NOT RECEIVED IN 2014	
( <b>AII)</b> G60.		ere any services, equipment, or other supports that {you/NAmproved {your/his/her} ability to work or live independently?	
		YES	01
		NO	
		DON'T KNOW	` ,
		REFUSED	, ,
(G60=	01)		
G61.	Why {were you/v	as NAME} unable to get these services?	
	<opfn< td=""><td>&gt;</td><td></td></opfn<>	>	

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

# SECTION H: REMOVED FROM NBS GENERAL WAVES

#### **SECTION I: HEALTH AND FUNCTIONAL STATUS**

#### **GENERAL HEALTH STATUS**

(ITEMS I1 through I8 constitute the SF-8)

1	,	۱	ı	ı	١
l	r		ı	ı	,

l1.	The next questions are about {your/NAME's} healt	th.
-----	--	-----

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

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

# (AII)

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

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

# (AII)

I3. During the past 4 weeks, how much difficulty did {you/NAME} have doing {your/his/her} daily work, both at home and away from home, because of {your/his/her} physical health?

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

# (All)

I4. How much bodily pain {have you/has NAME} had in the past 4 weeks?

None,	01
Very mild,	02
Mild,	03
Moderate,	04
Severe, or	05
Very severe?	06
DON'T KNOW	d
REFUSED	r

PRELOADED INFORMATION: THIS MONTH, LAST YEAR

<b>(AII)</b> 15.	During the past 4 weeks, how much energy did {you/NAME} have?	
	Very much,	01
	Quite a lot,	
	Some,	
	A little, or	
	None?	
	DON'T KNOW	
	REFUSED	r
(All)	11 00LD	•
16.	During the past 4 weeks, how much did {your/NAME's} physical health or {your/his/her} usual social activities with family or friends?	emotional problems limit
	Not at all,	01
	Very little,	02
	Somewhat,	03
	Quite a lot, or	04
	Could {you/he/she} not do social activities?	
	DON'T KNOW	
	REFUSED	
(AII)		
17.	During the past 4 weeks, how much {have you/has NAME} been bothered by en feeling anxious, depressed or irritable?)	<u>notional</u> problems (such as
	Not at all,	01
	Slightly,	02
	Moderately	03
	Quite a lot, or	
	Extremely?	05
	DON'T KNOW	d
	REFUSED	r
(AII)		
18.	During the past 4 weeks, how much did personal or emotional problems kee {your/his/her} usual work, school or other daily activities?	p {you/NAME} from doing
	Not at all,	01
	Very little,	
	Somewhat,	
	Quite a lot, or	
	Could {you/he/she} not do daily activities?	05
	DON'T KNOW	
	REFUSED	r
<b>(AII</b> )		
<b>(AII)</b> 19.	Compared to {THIS MONTH, LAST YEAR}, how would you rate {your/NAME's} he	ealth in general now?
	Much better now,	
	Somewhat better now,	
	About the same,	03
	Somewhat worse now, or	04
	Much worse now?	05
	DON'T KNOW	d
	REFUSED	r
(AII)	(B) (B) NAMES (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
I10.	{Do you/Does NAME} take any prescription medications for any ongoing physical	nealth conditions?

	PROBE: Please	do not include over the counter medication such as cold or heada	ache	medication.
		YES	01	
		NO		
		DON'T KNOW		
(AII)		REFUSED	r	
111.	(Do you/Does N	AME} take any prescription medications for any ongoing mental o	r em	otional conditions?
		YES	01	
		NO	00	
		DON'T KNOW		
(AII)		REFUSED	r	
<b>(AII)</b> I12.	•	NTH, LAST YEAR}, {have you/has NAME} received any treatments spital, clinic, or doctor's office?	nt foi	r a mental or emotional
	PROBE: Do not	include medications.		
		YES	01	(I17a)
		NO		` ,
		DON'T KNOW		(I17a)
		REFUSED	r	(I17a)
<b>ADI 1</b>	AND FUNCT	IONAL LIMITATIONS		
(AII)	IDL, AND I UNCT	IONAL LIMITATIONS		
117a.	has} doing these	sk you some questions about everyday activities and how much activities. Our study requires that all beneficiaries be asked the swer even if the questions don't seem to apply to {you/NAME}.		
<b>(All)</b> l17b.	{Are you/Is NAM glasses?	E} blind or do {you/ does he/she} have serious difficulty seeing ev	ven v	when wearing
		YES	01	(I19)
		NO		(121)
		DON'T KNOW		
		REFUSED	r	
( <b>I17b=</b> ) I19.		I <b>,d, r)</b> AME} use any devices, special equipment, or other special assistelescopic lenses, adapted computer equipment, Braille, a guide of		-
	PROBE: Do not	include glasses or contact lenses.		
		YES	01	
		NO		` ,
		DON'T KNOW		, ,
		REFUSED	r	(I21)
( <b>I17b=0</b> 120.	11,d, r and I18=01 What devices, ed	<b>,d, r and I19=01)</b> quipment, or other types of assistance {do you/does NAME} use?	•	
	PROBE: Any	thing else?		
	INTERVIEWER:	CODE ALL THAT APPLY.		
		TELESCOPIC LENSES	01	(I21)
		ADAPTED COMPUTER EQUIPMENT		
		BRAILLE		` ,
		READERS		• •
		GUIDE DOG	05	(IZT)

	WHITE CANE	06	(121)
	OTHER SEEING ASSISTANCE		(121)
	MAGNIFYING GLASS		(I21)
	SCREEN READERS		(121)
	TEXT-TO-VOICE DEVICES		(I21)
	DON'T KNOW	d	(I21)
	REFUSED		` '
	=01,d, r and I18=01,d, r and I19=01 and I20=07)		
120_0	ther. What other seeing assistance?		
	<open></open>		
	DON'T KNOW		
	REFUSED	r	
(AII)			
I21.	{Are you/is NAME} deaf or do {you/he/she} have serious difficulty hearing?		
	YES		
	NO	00	(125)
	DON'T KNOW	d	
	REFUSED	r	
(121=0	01,d, r)		
122.	{Are you/Is NAME} able to hear what is said in normal conversation at all?		
	YES	01	
	NO	00	
	DON'T KNOW	d	
	REFUSED	r	
(121=0	01,d, r)		
I23.	{Do you/Does NAME} use any devices, special equipment, or other special assist hearing? This includes a hearing aide, a phone amplifier, TTY or teletype Relasignaling device, or an interpreter.		•
	INTERVIEWER NOTE: If person reports cochlear implant, code '01'.		
	YES	01	
	NO	00	(125)
	DON'T KNOW	d	(125)
	REFUSED	r	(125)

( <b>I21=0</b> I24.	<b>1,d, r and I2</b> What devi	<b>3=01)</b> ces, equipment, or other types of assistance {do you/does NAME} use	?	
	PROBE:	Anything else?		
	INTERVIE	WER: CODE ALL THAT APPLY.		
		HEARING AID  PHONE AMPLIFIER  TYY OR TELETYPE / TTD  CLOSED CAPTION TV  ASSISTIVE LISTENING/SIGNALING DEVICE  INTERPRETER  OTHER HEARING ASSISTANCE	02 04 05 06	(125) (125) (125) (125)
		INSTANT MESSAGINGSKYPE OR OTHER VIDEO MESSAGINGDON'T KNOWREFUSED	10 d	` '
		B=01 and I24=08) ner hearing assistance?		
	<open></open>			
		DON'T KNOWREFUSED		
<b>(All)</b> 125.		oes NAME} have any difficulty having {your/his/her} speech under or problem?	rstood	d because of a health
		YES  NO  DON'T KNOW  REFUSED	00 d	(129)
(125=0	1,d, r)			
126.	{Are you/Is	NAME} able to have {your/his/her} speech understood at all?		
	PROBE:	This applies only to spoken speech and does not include sign langu YES NO DON'T KNOW	01 00 d	speech'.
(125=0	-			
127.		oes NAME} use any devices, special equipment, or other special ass or having {your/his/her} speech understood, such as a voice synthesize		•
		YES NO DON'T KNOW REFUSED	00 d	(129) (129) (129)

	What devices, equipment, or other types of assistance {do you/does NAI	•	
	PROBE: Anything else?		
	INTERVIEWER: CODE ALL THAT APPLY.		
	VOICE SYNTHESIZER	01	(129)
	VOICE AMPLIFIER		
	SIGN LANGUAGE INTERPRETER	03	(129)
	OTHER SPEECH ASSISTANCE	04	
	DON'T KNOW	d	(129)
	REFUSED	r	(129)
(125=0	01,d, r and I27=01 and I28=04)		
128_C	Other. What other speech assistance?		
	<open></open>		
	DON'T KNOW	d	
	REFUSED	r	
(AII)			
129.	{Do you/Does NAME} have serious difficulty walking or climbing stairs?		
	YES	01	
	NO	00	(135)
	DON'T KNOW	d	
	REFUSED	r	
(129=0	01,d, r)		
130.	{Are you/Is NAME} able to walke without assistance at all?		
	YES	01	
	NO	00	
	DON'T KNOW	d	
	REFUSED	r	
(133=0	01,d, r)		
134.	{Are you/Is NAME} able to climb stairs at all?		
	YES	01	
	NO	00	
	DON'T KNOW	d	
	REFUSED	r	
(129=0	01,d, r)		
I31.	{Do you/Does NAME} use any devices, special equipment, or other spe		
	walking, such as a cane, walker, wheelchair, scooter, prosthetic device,	or a personal	care attendant?
	YES	01	
	NO	00	(135)
	DON'T KNOW		(135)
	REFUSED	r	(135)

PRELOADED INFORMATION: THIS MONTH, LAST YEAR

•	11,d, r and I3 What devi	<b>1=01)</b> ces, equipment, or other types of assistance {do you/does NAME} use	e?	
	PROBE:	Anything else?		
(I29=01,d I32_Othe <o (AII) I35.</o 	INTERVIE	WER: CODE ALL THAT APPLY.		
		BRACES, CRUTCHES, CANE, OR WALKER	01	(135)
		WHEELCHAIR OR SCOOTER	02	(135)
		PROSTHETIC DEVICE	03	(135)
		SPECIAL CHAIR (NOT WHEELCHAIR)	04	(135)
		PERSONAL CARE ASSISTANT	05	(135)
		VEHICLE HAND CONTROLS	06	(135)
		LIFT (HOME OR VEHICLE)	07	(135)
		SPECIAL SHOES OR INSERTS	09	(135)
		BREATHING DEVICES	10	(135)
		OTHER MOBILITY ASSISTANCE	08	
		DON'T KNOW	d	(135)
		REFUSED	r	(135)
	<open></open>	DON'T KNOW		
		REFUSED	r	
AII)				
35.	(Do you/D bag of gro	oes NAME} have any difficulty lifting and carrying something as heavy ceries?	/ as 10	0 pounds, such as a
		YES	01	
		NO		(137)
		DON'T KNOW		(107)
		REFUSED		
		TALL GOLD		
		s NAME} able to lift and carry 10 pounds at all?		
	- <del>-</del>	YES	<b>0</b> 1	
		NO		
		DON'T KNOW		
		REFUSED		

(AII)			
137.	{Do you/Does NAME} have any difficulty using {your/his/her} hands and fingers	to do	things such as picking
	up a glass or grasping a pencil?		
	YES	. 01	
	NO	. 00	(139)
	DON'T KNOW	. d	
	REFUSED	. r	
(137=0	1,d, r)		
(137. u 138.	{Are you/Is NAME} able to use {your/his/her} hands and fingers to grasp and ha	ndle	at all?
	YES		
	NO		
	DON'T KNOW		
	REFUSED	. r	
(AII)			
139.	{Do you/Does NAME} have any difficulty reaching over {your/his/her} head?		
	YES	01	
	NO		(141)
	DON'T KNOW		()
	REFUSED		
(120-0	4 4 4		
(139-0 140.	<b>1,d, r)</b> {Are you/Is NAME} able to reach over {your/his/her} head at all?		
140.			
	YES	. 01	
	NO	. 00	
	DON'T KNOW	. d	
	REFUSED	. r	
(AII)			
l41.	{Do you/Does NAME} have any difficulty standing or being on {your/his/her} feet	for o	ne hour?
	YES	01	
	NO		(143)
	DON'T KNOW		(140)
	REFUSED		
-	1,d, r)		
142.	{Are you/Is NAME} able to stand on {your/his/her} feet at all?		
	YES	. 01	
	NO	. 00	
	DON'T KNOW	. d	
	REFUSED	. r	
(AII)			
143.	{Do you/Does NAME} have any difficulty stooping, crouching or kneeling?		
		04	
	YES		(145)
	NO		(I <del>4</del> 0)
	DON'T KNOW		
	REFUSED	. 1	

(143 = 0)	1,d, r)				
144.	{Are you/Is NA	AME} able to stoop, cro	ouch, or kneel at all?		
		VES		Λ1	
		TEL OOLD		•	
(All)				_	
I45.	{Do you/Does	NAME} have any diffic	culty getting around inside {your/his/her} home	?	
		YES		01	
		NO		00	(147)
		DON'T KNOW		d	,
		REFUSED		r	
(145=0	1,d, r)				
(143–0 146.	· · · · ·	NAME\ need the help	of another person in order to get around insid	ام (۱۷	our/his/her\ home?
140.	(Do you/Docs		· · · · · ·		out/file/fier filefile:
		NO		00	
		DON'T KNOW		d	
		REFUSED		r	
(AII)					
. , 147.	Because of a	ohysical, mental, or emo	otional condition, {do you/does NAME} have di	ifficu	ulty doing errands alone
		g a doctor's office or sl			, 0
		_		٠.	
					(1.4.5)
					(149)
		REFUSED		r	
(147=0	1,d, r)				
I48.	{Do you/Does	NAME} need the help	of another person in order to get around outs	ide (	(your/his/her) home?
		VEQ		Ω1	
		-			
		INCI OOLD			
(AII)					
149.	{Do you/Does	NAME} have any diffic	culty getting into and out of bed or a chair?		
		YES		01	
		NO		00	(151)
					( - )
/140-0	اسلمله				
(1 <b>49=</b> 0 150.	1,d, r) {Do you/Does	NAME} need the help	of another person in order to get into and out	of b	ed or a chair?
		YES		01	
		-			
		DEFLICED		u	

# (AII)

I51.	{Do you/Does NAM	ME} have difficulty dressing or bathing?		
	,	YES	01	
	ı	NO	00	(153)
	1	DON'T KNOW		,
	I	REFUSED	r	
(151=0	1,d, r)			
152.	{Do you/Does NAM	ME} need the help of another person in order to bathe or dress?		
	•	YES	01	
	I	NO	00	
	I	DON'T KNOW	d	
	I	REFUSED	r	
(AII)				
153.	{Do you/Does NAM	ME} have any difficulty shopping for personal items, such as toil	et ite	ems or medicine?
		YES		
	I	NO	00	(155)
		DON'T KNOW		
	l	REFUSED	r	
(153=0	1,d, r)			
154.	{Do you/Does NAM	ME} need the help of another person in order to shop for person	al ite	ems?
	•	YES	01	
	I	NO	00	
		DON'T KNOW		
	I	REFUSED	r	
(AII)				
155.	{Do you/Does NAM	ME} have any difficulty preparing {your/his/her} own meals?		
		E) DOES NOT PREPARE MEALS: If you do not prepare meal with this task?	s, is	this because you have
	INTERVIEWER:	F RESPONDENT SAYS NO, CODE AS NO.		
	,	YES	Ω1	
		VO		(157)
		DON'T KNOW		(101)
		REFUSED	r	
(155=0	1 d r\			
(133 <b>–</b> 0 156.		ME} need the help of another person in order to prepare {your/h	is/he	er} meals?
	•	YES	01	
		NO		
	I	DON'T KNOW	d	
	1	REFUSED	r	
(AII)				
157.	{Do you/Does NAM	ME} have any difficulty eating?		
	PROBE: This inclu	ides difficulty chewing, swallowing, or using utensils.		
	,	YES	01	
		NO		(159)
		DON'T KNOW		` ,
	!	REFUSED	r	

(157=01	1,d, r)		
I58.	{Do you/Does	NAME} need the help of another person in order to eat?	
		YES	
		NO 00	
		DON'T KNOW	
		REFUSED	
		KEFUSED	
(AII)			
159.		a physical, mental, or emotional condition, {do you/does NAME}, remembering, or making decisions?	have serious difficulty
		YES 01	
		NO 00	
		DON'T KNOW	
		REFUSED	
		NEFOSED	
(AII)			
160.	{Do you/Does	NAME} have a lot of trouble coping with day-to-day stresses?	
		YES	
		NO 00	
		DON'T KNOW	
		REFUSED	
		KELO2ED	
(AII)			
l61.	{Do you/Does I	NAME} have a lot of trouble getting along with other people and making	
		YES 01	
		NO	
		DON'T KNOW d	
		REFUSED	•
ALCOH	IOL ABUSE		
	OL ABOOL		
(AII)			
162.	-	uestions are about {your/NAME's} use of alcohol. Please remember {you do/NAME does} not drink alcohol at all, just say so.	that your answers are
	In the past 12 drinking?	months, have {you/ friends or family} ever felt {you/NAME} ought to cu	t down on {your/his/her}
		YES 01	
		NO	
		IF VOLUNTEERED: I DON'T DRINK	
		DON'T KNOWd	` '
		REFUSED	
		NEI GGEB	
(162=01	,00,d, r)		
163.	In the past 12	months, have people annoyed {you/NAME} by criticizing {your/his/her}	-
		YES	
		NO	
		IF VOLUNTEERED: I DON'T DRINK	` '
		DON'T KNOW d	
		REFUSED	•
-	1,00,d, r and I63		
164.	In the past 12	months, {have you/has NAME} ever felt bad or guilty about {your/his/he	er} drinking?
		YES 01	
		NO 00	
		IF VOLUNTEERED: I DON'T DRINK	i (172)
		DON'T KNOWd	

		,			
		REFUSED		r	
( <b>162=0</b> 165.	In the past 12 r	=01,00,d, r and l64=0 months, {have you/has of a hangover, or get	s NAME} ever had a drink first t	hing in the morning to	o steady {your/his/her}
		NO DON'T KNOW		00 d	
( <b>162=0</b> 166.	During the pas		01,00,d, r) ur/NAME's} doctor or another h that {you/he/she} participate in		-
		NO DON'T KNOW		00 d	
<b>(162=0</b> 167.		<b>=01,00,d, r and l64=0</b> st 12 months, {have yo	01,00,d, r) ou/has NAME} received treatm	nent or counseling fo	r {your/his/her} use of
		NO DON'T KNOW		00 d	(I72)
DRUG	ABUSE				

(AII)

172. 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)

PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(172 = 01)	1
------------	---

173.	During the past 12 months, did {you/NAME} find {you/he/she} needed larger amounts of these drugs to get ar
	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	
REFUSED	r

### (172=01)

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

YES	01
NO	00
DON'T KNOW	d
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	00
DON'T KNOW	d
REFUSED	r

#### (172=01)

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

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

# **SECTION J: HEALTH INSURANCE**

(AII)		
J1.	_	oing to ask you about different types of health insurance coverage {you/NAME} might have.
	{Are you/Is	s NAME} currently covered by <u>Medicare</u> ?
		fledicare 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 24
		YES
<b>(AII)</b> J2.	PROGRAI	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} currently / Medicaid?
	OTHERW	SE USE:
	may also	program called Medicaid that pays for health care for persons in need. In {your/NAME'S} state, you hear it called {STATE MED FROM {NAME'S} CURRENT STATE}. {Are you/Is NAME} currently / 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
<b>(AII)</b> J4.	{Are you/ls	s NAME} currently covered by military health care, through Armed Forces retirement benefits, the CARE?
	PROBE:	TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors'
		YES
<b>(AII)</b> J5.		
(Are yo	gets} throu	currently covered by <u>private health insurance</u> , for example, private insurance that {you get/(he/she) gh an employer, a family member, or that {you purchase/(he/she) purchases} on {your/his/her} own private insurance through the Affordable Care Act, sometimes called HealthCare.gov or re?
		YES

REFUSED ......r (J7)

PRELOADED VARIABLES: STATEMED

(J5=01	1
10	

{Do you/Does NAME} currently receive {your/his/her} private health insurance through a present or former J6. 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 IN THEIR FAMILY PAYS FOR THEIR HEALTH INSURANCE, CODE 'PAID BY SELF/FAMILY'.

OWN EMPLOYER	01	(J7)
SPOUSE'S/PARTNER'S/PARENT'S EMPLOYER	02	(J7)
PAID BY SELF/FAMILY	03	(J7)
OTHER SOLIDCE (SDECIEV)		

OTHER SOURCE (SPECIFY)

 

 <OPEN>
 ... 04 (J6\_Other)

 DON'T KNOW
 ... d (J7)

 REFUSED .....r (J7)

#### (J5=01 and H6=04)

J6 Other. What is the Other Source?

<open></open>		
	DON'T KNOWd	

REFUSED .....r

(AII)

CHECK: DOES {NAME} HAVE ANY TYPE OF INSURANCE (J1=01 OR J2=01 OR J4=01 OR J5=01)? J7.

YES	01	(J10)
NO	00	

(J7=00)

It appears that {you do/NAME does} not currently have any health insurance coverage to help pay for services J8. from hospitals, doctors, and other health professionals. Is that correct?

YES	01	(J10)
NO	00	
DON'T KNOW	d	(J10)
REFUSED	r	(J10)

#### (J7=00 and J8=00)

What kinds of health insurance coverage {do you/does NAME} have?

PROBE: Any other kind?

INTERVIEWER: IF RESPONDENT SAYS "OBAMACARE" OR "AFFORDABLE CARE ACT"

PROBE: "Is this a plan you pay for on your own? (IF YES, CODE AS PRIVATE INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this provided through

Medicaid?" (IF YES, CODE AS MEDICAID)

INTERVIEWER: CODE ALL THAT APPLY.

MEDICAID/{STATEMED}	01	(J10)
MEDICARE	02	(J10)
TRICARE, VA, OTHER MILITARY	03	(J10)
INDIAN HEALTH SERVICE	04	(J10)
MEDI-GAP	05	(J10)
STATE PROGRAM	06	(J10)
PRIVATE INSURANCE THROUGH OWN EMPLOYER	07	(J10)
PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT	80	(J10)
PRIVATE INSURANCE PAID BY SELF/FAMILY	09	(J10)
OTHER PLAN (SPECIFY) < OPEN>	10	
DON'T KNOW	d	(J10)
REFUSED	r	(J10)

	ther. What is the Other Plan?		
	<open></open>		
	DON'T KNOW	d	
	REFUSED	r	
AII)			
J10.	Now, I'd like you to think back to 2014. In 2014, {were you/was NAME} c insurance?	overed	by any type of
	<b>PROBE:</b> Answer 'yes' if {you were/NAME was} covered for any part of the y	/ear.	
	YES	01	
	NO	00	(K1)
	DON'T KNOW	d	(K1)
	REFUSED	r	(K1)
J10=	<del>-</del> 01)		
11.	What kinds of health coverage did {you/NAME} have?		
	PROBE: Any other kind?		
	INTERVIEWER: IF RESPONDENT SAYS "OBAMACARE" OR "AFF	ORDAI	BLE CARE AC
	PROBE: "Is this a plan you pay for on your own? (IF YES, COD INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)		
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p		
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.	rovide	d through
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)	<b>rovide</b> 01	d through (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}	01 02	(K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}	01 02 03	(K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY	01 02 03 04 05	(K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY  INDIAN HEALTH SERVICE  MEDI-GAP  STATE PROGRAM	01 02 03 04 05 06	(K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY  INDIAN HEALTH SERVICE  MEDI-GAP  STATE PROGRAM  PRIVATE INSURANCE THROUGH OWN EMPLOYER	01 02 03 04 05 06	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY  INDIAN HEALTH SERVICE  MEDI-GAP  STATE PROGRAM  PRIVATE INSURANCE THROUGH OWN EMPLOYER  PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT	01 02 03 04 05 06 07	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY  INDIAN HEALTH SERVICE  MEDI-GAP  STATE PROGRAM  PRIVATE INSURANCE THROUGH OWN EMPLOYER  PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT PRIVATE INSURANCE PAID BY SELF/FAMILY	01 02 03 04 05 06 07 08	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}	01 02 03 04 05 06 07 08 09	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY  INDIAN HEALTH SERVICE  MEDI-GAP  STATE PROGRAM  PRIVATE INSURANCE THROUGH OWN EMPLOYER  PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT  PRIVATE INSURANCE PAID BY SELF/FAMILY  PRIVATE INSURANCE, NOT SPECIFIED WHO THROUGH  OTHER PLAN (SPECIFY) < OPEN>	01 02 03 04 05 06 07 08 09 11	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY  INDIAN HEALTH SERVICE  MEDI-GAP  STATE PROGRAM  PRIVATE INSURANCE THROUGH OWN EMPLOYER  PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT  PRIVATE INSURANCE PAID BY SELF/FAMILY  PRIVATE INSURANCE, NOT SPECIFIED WHO THROUGH  OTHER PLAN (SPECIFY) < OPEN>  DON'T KNOW	01 02 05 06 07 08 09 11 10	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY  INDIAN HEALTH SERVICE  MEDI-GAP  STATE PROGRAM  PRIVATE INSURANCE THROUGH OWN EMPLOYER  PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT  PRIVATE INSURANCE PAID BY SELF/FAMILY  PRIVATE INSURANCE, NOT SPECIFIED WHO THROUGH  OTHER PLAN (SPECIFY) < OPEN>  DON'T KNOW  REFUSED	01 02 05 06 07 08 09 11 10	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY  INDIAN HEALTH SERVICE  MEDI-GAP  STATE PROGRAM  PRIVATE INSURANCE THROUGH OWN EMPLOYER  PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT  PRIVATE INSURANCE PAID BY SELF/FAMILY  PRIVATE INSURANCE, NOT SPECIFIED WHO THROUGH  OTHER PLAN (SPECIFY) < OPEN>  DON'T KNOW	01 02 05 06 07 08 09 11 10	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY  INDIAN HEALTH SERVICE  MEDI-GAP  STATE PROGRAM  PRIVATE INSURANCE THROUGH OWN EMPLOYER  PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT  PRIVATE INSURANCE PAID BY SELF/FAMILY  PRIVATE INSURANCE, NOT SPECIFIED WHO THROUGH  OTHER PLAN (SPECIFY) < OPEN>  DON'T KNOW  REFUSED	01 02 05 06 07 08 09 11 10	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)
	INSURANCE PAID BY SELF/FAMILY). (IF NO), "Is this p Medicaid?" (IF YES, CODE AS MEDICAID)  INTERVIEWER: CODE ALL THAT APPLY.  MEDICAID/{STATMED}  MEDICARE  TRICARE, VA, OTHER MILITARY	01 02 03 06 07 08 09 11 10 d	(K1) (K1) (K1) (K1) (K1) (K1) (K1) (K1)

#### SECTION K: INCOME AND OTHER ASSISTANCE

(AII)				
<b>(1</b> .	THIS_YEAR]. This questions, please	lestions is about income {you/NAME} received <u>last month,</u> that is, s includes earnings from work and benefits from different prograe think only about {your/NAME's} own earnings and benefits, ar r family members may have received.	ms.	When answering these
		PRESS 1 TO CONTINUE	01	
<b>AII)</b> (2.	CHECK 1: IS {NA	ME} CURRENTLY WORKING (B24=01)?		
		YES		
		NO	00	(K2CHECK3)
K2=01)				
(2CHE		DID {NAME} START AT LEAST ONE JOB PRIOR TO OR DURINGST MONTH THIS YEAR AND C4YR = 2015) OR (C4YR < 2015)		AST MONTH ((C4MTH
		YES		` '
		NO	00	(K2A)
K2=00	THIS Y <b>and K2CHECK2=</b> CK 3. HAS {NAM	ME} EVER WORKED (B36=01, D, OR R) OR (B22=01, D, OR R) WORKED MISSING (B36=.)?	5), G OR	O TO K2A (B30=01, D, OR R) OR
		YES		` '
<b>K2CHE</b> (2A.	CK2=00 and K2C Did {you/NAME}	· · · · · · · · · · · · · · · · · · ·	00	(K4)
		YES		` '
Kache	CK3=01 and K2A	NO	00	(K4)
(3.	First thinking abo	ut the jobs {you/NAME} had last month, including all jobs {you/ l <u>ast month,</u> that is, in [INSERT LAST MONTH, THIS YEAR] bef		•
	INTERVIEWER:	ROUND TO NEAREST DOLLAR		
		\$  _,,  .00 (0-12,500) (0-40,000)		
		DON'T KNOW	d	
		REFLISED	r	

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 ....... d
REFUSED ..... r

#### (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 takehome 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	

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. 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

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

(AII)

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.

(AII)

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

PROBE: 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?

**PROBE:** Examples include child support, interest from savings or checking accounts, or dividends?

		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?	01	00	d	r	(K6_g_oth)

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?

i		st from savings	include child support, or checking accounts, or						
h.	Other	sources not or	n a regular basis?	01	00	d		r	(K6_h_oth)
<b>(K6_g</b> K6_g_		What were the	ey?						
		INTERVIEWE	R: PLEASE SPECIFY						
		<open:< td=""><td>&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td></open:<>	>						
(K6_h	-01\		DON'T KNOW REFUSED						
( <b>K6_</b> 11 K6_h_	-	What were the	ev?						
	-		R: PLEASE SPECIFY						
		<open:< td=""><td>&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td></open:<>	>						
			DON'T KNOW						
(K6=0	<b>1</b> \		REFUSED				. r		
( <b>No-</b> 0 K7.	•	w much incom	e did {you/NAME} receive	e <u>last month</u> from	n {SOURCE	FROM K6	6}?		
	IN <sup>.</sup>	TERVIEWER:	ROUND TO NEAREST	DOLLAR	•				
			\$  _,,   (1 – 1,000) (1 – 15,000)	_ .00 (GO TO	K6 FOR N	EXT SOU	RCE	OR K11)	
			DON'T KNOW				. d		
<b>(K6=0</b> K8.		I K7=d, r) as it more than	or less than \$300?				. r		
			\$300 OR MORE LESS THAN \$300 DON'T KNOW SOURCE				. 02	(K10)	
			REFUSED				. r	(K6 FOI	•
<b>(K6=0</b> K9.		I K7=d, r and I	<b>(8=01)</b> or less than \$500?					OR K11	)
			\$500 OR MORE LESS THAN \$500 DON'T KNOW REFUSED				. 02 . d		
			GO TO K6 FO	R NEXT SOUR	CE OR K11	l.			
<b>(K6=0</b> K10.		I K7=d, r and I	<b>&lt;8=02)</b> or less than \$150?						
			\$150 OR MORE LESS THAN \$150 DON'T KNOW				. 02		

		REFUSED			r	
		GO TO K6 F	OR NEXT SOURCE OR K	11.		
<b>(All)</b> K11.	only food stamps	{you/NAME} received	s <u>last month</u> ? You may know for {you/NAME} and {you nbers of [your/NAME's} hou	·/NAME's} fan		
///// O.		NO DON'T KNOW			00 d	(K13)
<b>(K11=0</b> ′ K12.	What was the do		amps {you/NAME} received ME} for {your/NAME's} fam		Ple	ease include only food
	INTERVIEWER:	ROUND TO NEARES	T DOLLAR			
		\$  ,    . (0 – 400) (0 – 950)	00			
<b>(AII)</b> K13.	Did {you/NAME} or energy assista		any other government prog	gram <u>last mon</u>	<u>th</u> ?	For example, housing
		NO DON'T KNOW			00 d	(L1)
(K13=0	•	V 1 ( (A) A A A A TO				,
K14.	INTERVIEWER:	ance did {you/NAME} re PROGRAM:	eceive?			
	<open:< td=""><td></td><td></td><td></td><td></td><td></td></open:<>					
<b>(K13=0</b> ′ K15.	•	e did {you/NAME} recei	ve <u>last month</u> from the assis	stance you jus	t tol	d me about?
	PROBE: Your be	st estimate is fine.				
	INTERVIEWER:	ROUND TO NEARES	T DOLLAR			
		\$    ,    (0 – 500) (0 – 10,000)	. 00			
					d r	

# **SECTION L: SOCIODEMOGRAPHIC INFORMATION**

(All)				
L1.	I have a few more	e questions about {you/NAME}.		
	What is {your/NA	ME's} ethnic background? {Are you/ls (he/she)}:		
		Hispanic or Latino, or 0	)1	
		Not Hispanic or Latino? 0	12	
		DON'T KNOW	d	
		REFUSED	r	
<b>(AII)</b> L2.	What is {your/NA	ME's} race? {Are you/Is (he/she)}:		
	INTERVIEWER:	CODE ALL THAT APPLY.		
		Alaska Native or American Indian, 0	)1	
		Asian, 0	)2	
		Black or African American, 0		
		Native Hawaiian or Other Pacific Islander, or 0		
		White 0	15	
		DON'T KNOW	d	
		REFUSED	r	
<b>(AII)</b> L3.	What is the <u>highe</u>	est year or grade {you/NAME} finished in school?		
	INTERVIEWER:	READ LIST IF NECESSARY. CODE ONE ANSWER.		
	INTERVIEWER:	IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH. IF NEVER ATTENDED SCHOOL, CODE AS 10.	3H SCHO	OOL, CODE AS
	INTERVIEWER:	IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.	PROBE I	FOR HIGHEST
	DID NO	T COMPLETE HIGH SCHOOL OR GED		01
	HIGH S	CHOOL: GED		02
	HIGH S	CHOOL: DIPLOMA		03
	HIGH S	CHOOL: CERTIFICATE OF COMPLETION		04
		COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES .		05
		OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR		
		CATIONAL SCHOOL DIPLOMA		
		COLLEGE DEGREE (BACHELOR'S DEGREE)		
	_	GRADUATE WORK/NO GRADUATE DEGREE		
		ATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D.,	•	
		ATTENDED SCHOOL		
	_	LEDUCATION WITH NO CERTIFICATE OF COMPLETION		
	DON'T I REFUS	KNOW		
	KEFUSI	「U		r

(AII)			
L4.	What is the <u>highe</u>	st 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 IF NEVER ATTENDED SCHOOL, CODE AS 10.	L, CODE AS 1.
	INTERVIEWER:	IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.	FOR HIGHEST
	DID NO	COMPLETE HIGH SCHOOL OR GED	01
	HIGH SO	CHOOL: GED	02
		CHOOL: DIPLOMA	
		CHOOL: CERTIFICATE OF COMPLETION	
		OLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES	05
		CATIONAL SCHOOL DIPLOMA	06
		COLLEGE DEGREE (BACHELOR'S DEGREE)	
		RADUATE WORK/NO GRADUATE DEGREE	
		ATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.)	
		ATTENDED SCHOOLL L EDUCATION WITH NO CERTIFICATE OF COMPLETION	
		NOW	
		<u> </u>	
(AII)			
L5.	What is the <u>highe</u>	st year or grade {your/NAME's} mother finished in school?	
	INTERVIEWER:	READ LIST IF NECESSARY. CODE ONE ANSWER.	
	INTERVIEWER:		L, CODE AS 1.
		IF NEVER ATTENDED SCHOOL, CODE AS 10.	
	INTERVIEWER:	IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.	FOR HIGHEST
	DID NO	COMPLETE HIGH SCHOOL OR GED	01
	HIGH SO	CHOOL: GED	02
		CHOOL: DIPLOMA	
		CHOOL: CERTIFICATE OF COMPLETION	
		OLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR	05
		CATIONAL SCHOOL DIPLOMA	06
		COLLEGE DEGREE (BACHELOR'S DEGREE)	
		GRADUATE WORK/NO GRADUATE DEGREE	
		ATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.)	
		ATTENDED SCHOOL	
		L EDUCATION WITH NO CERTIFICATE OF COMPLETION	
		ED	
(AII)	112.001		
L6ft.	How tall {are you/	is NAME}?	
	INTERVIEWER:	ENTER FEET	
		FEET (3-8)	
		DON'T KNOW d	
		REFUSED r	

(All) L6in.	(How tall {are you/is	NAME12)			
LOIII.		- ,	N E NUMBER (E.O. ENTER O FOR E 1/ IN	10111	=0.
	PROBE: KOUND I	O NEAREST WHO	DLE NUMBER (E.G., ENTER 6 FOR 5 ½ IN	NCHI	=8)
	INTERVIEWER: E	ENTER INCHES.			
		_   INCHES -12)			
<b>(AII)</b> L7.	How much {do you/o	does NAME} weigh?	?		
		POUNDS			
	DO	ON'T KNOW		d	
	RE	EFUSED		r	
(AII) L8.	{Are you/Is NAME} married?	now married, wide	owed, divorced, separated or {have you	/has	(he/she)} never been
					` '
					` '
					` '
					` '
					` '
(L8=01)	Ri	=FUSED		r	(L10)
L9.	Do {you/NAME} and	{your/his/her} spou	se live in the same household?		
	YE	ES		01	
	NO	O		00	
			GO TO L11		
(L8=02,0	03,04,05,d,r)				
L10.	{Do you/Does NAM marriage-like relation		m partner who lives in the same househ	old \	with {you/him/her} in a
	YE	ES		01	
	NO	O		00	
	DO	ON'T KNOW		d	
	DI	EELIGED		r	

<b>(AII)</b> L11.	Which of the follo	wing best describes {your/NAME's} living situation?		
L11.	INTERVIEWER:	READ LIST. CODE ONE ANSWER. 'LIVE WITH CHILDREN' SHOULD BI	F COD	)FD AS '2'
	PROGR	AMMER DISPLAY ONLY IF L9≠01 {You live/NAME lives} alone e/NAME lives} with {your/his/her} parents, guardians, a spouse/partner,		
	-	other relative	02	(L11a)
	{You live	e/NAME lives} with friends or roommates	03	(L11a)
		e/NAME lives} in another group setting with people not related to		
		u/him/her}		(L11a)
		e/NAME lives} in some other living situation		(1.44-)
		KNOW		(L11a) (L11a)
(L11=05	_		ı	(LITA)
•	•	her living situation?		
	<open:< td=""><td>&gt;</td><td></td><td>_</td></open:<>	>		_
		DON'T KNOW d		
		REFUSEDr		
(AII)		SPONDENT CANNOT LIVE IN SAME HOUSEHOLD WITH SPOUSE (L9=		
	{you live/NAME li	FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answers in the same household with {your/his/her} spouse or partner and {you liverify which is correct?	live/NA	AME lives}
		LIVE WITH SPOUSE OR PARTNER		,
(All)	Th	is alreadable along from the ALANT time.		
L12.	·	n is about the place {you live/NAME lives}. Is this place a		
	INTERVIEWER:	CODE ONE ANSWER.		
	INTERVIEWER:	IF RESPONDENT SAYS TOWNHOUSE OR CONDO, CODE AS 1.		
		Single family home	ı <b>)</b>	
		Mobile home	i)	
		Regular apartment		
		Supervised apartment	()	
		Group home	i)	
		Halfway house	i)	
		Personal care or board and care home	i)	
		Assisted living facility	i)	
		Nursing or convalescent home	i)	
		Center for Independent Living	i)	
		Some other type of supervised group residence or facility 11 (L12a	i)	
		Something else		
		DON'T KNOW d (L12a	i)	
		REFUSEDr (L12a	ı)	

( <b>L12=</b> )	•	other type of place?		
(A.II)		DON'T KNOW		d
<b>(AII)</b> L12a.	(L12=04-11).	IF RESPONDENT FAIL	OT LIVE ALONE (L11=01) AND LIVE S EDIT, INTERVIEWER READ: I must I lone in a {FILL ANSWER FROM L12}? W	nave recorded an incorrect
		LIVE IN GROUP SET	ITING	02 (CHANGE L11)
<b>(AII)</b> L13.	CHECK: DOE	S {NAME} LIVE IN A GR	ROUP SETTING (L12 = 04 – 12)?	
(L13=	01)			
L15.	ls this place pri developmental		earing or vision impairments, mental illnes	s, intellectual disabilities, or
		NO DON'T KNOW		00 d
(All)		KEFUSED		ı
L14.	CHECK: DOE	S {NAME} LIVE ALONE	(L11 = 01) OR LIVE IN GROUP SETTING	(L12=4-12)?
				` '
( <b>L14=</b> 0 L16.	•	Its 18 years of age or old	der live in {your/NAME's} household, includ	ling Syourself/NAME\2
L10.	PROBE: This	includes all adults who	usually live there, even if they are temporal school or on military duty.	
		_  ADULTS (1	1-4)	
			-20)	
(L14=	00)	THE TOLD		'
L17.	How many chil	dren under 18 years of a	age live in {your/NAME's} household?	
		includes all children who ital, or away at school.	o usually live there, even if they are tempor	arily away on vacation, in a
		_ _  CHILDREN	(0-6) (0-20)	
		DON'T KNOWRFFUSED		d r

(L14=0	00)			
L18.	CHECK: DO N	O CHILDREN LIVE IN	THE HOUSEHOLD (L17=0)?	
		YES		01 (L20)
		NO		00
(L14=0	00 and L18=00)			
L19.	How many of the children.	hese children are {your	/NAME's} own? Please include biological	, adopted, step, and foster
		_ _  CHILDREN	(0-6) (0-20)	
				<del>-</del>
(AII)				
L20.	{Do you/Does N household?	NAME} have children of	{your/his/her} own under the age of 18 livi	ng outside of {your/his/her}
	PROBE: Pleas	se include biological, ad	opted, step, and foster children.	
		NO DON'T KNOW		00 (L22a) d (L22a)
(L20=0	<b>)1</b> )			,
L21.	How many child	dren under 18 not living	in {your/NAME's} household {do you/does	(he/she)} have?
		_ _  CHILDREN	(1-6) (1-20)	
(AII)				
L22a.	CHECK: DOES	S {NAME} HAVE ANY C	CHILDREN (L17>=1 AND L19>=1) OR (L21	>=1)?
(L22a=	•			
L22.	Are any of {you	r/NAME's} children, eith	er living with {you/him/her} or not, under th	e age of six?
		NO		00
		PEELISED		r

PRELOADED VARIABLES: NONE

ιΔι	ı	ı
171		ı

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

What was {your/NAME's} total income in 2014, before taxes or other deductions? Please include money {you/NAME} received from <u>all</u> 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 2014, 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 2014.

**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 2014, 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 2014, 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 2014.

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)

<OPEN>

L23Ahop Other.

**INTERVIEWER:** ENTER OTHER

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

**GO TO L24** 

1	1 22 A amt -	= numeric res	nonce and	I 22 Ahon	- 02	ΛZ	$\Omega$	05	UE,
١	LZO/ tarrit	- Hulliche ics	porise aria	LZO/ IIIOP	· - UZ,	oo,	υ,	oo,	UU.

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 2014?

|\_\_|\_| 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 2014 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
NLI UULD	- 1

L25. DELETED L26. DELETED

GO TO M1

# **SECTION M: CLOSING INFORMATION AND OBSERVATIONS**

<b>(All)</b> M1.	PROGRAMMER	I: 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 t	his interview. Can you please verify (your/NAME'S) current contact information?
	STREET ADDRE	AME FROM SCREENER OR PRELOADED INFORMATION} ESS 1: {FIRST LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION} ESS 2: {SECOND LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
	CITY OR TOWN STATE: {STATE ZIP CODE: {ZIP	ESS 3: {THIRD LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION} : {CITY OR TOWN FROM SCREENER OR PRELOADED INFORMATION} FROM SCREENER OR PRELOADED INFORMATION} CODE FROM SCREENER OR PRELOADED INFORMATION} JMBER: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}
		SAME AS PROVIDED
		BOX FOR DATA ENTRY. 1, 0, d, r ARE THE ONLY POSSIBLE RESPONSES; IF M1=01, UESTIONS BELOW, OTHERWISE SKIP TO M1a}
( <b>M1=01</b> ) M1_Firs	tName.	Y FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH FIRST NAME
	<open< th=""><th>&gt;</th></open<>	>
		DON'T KNOW d REFUSED r
( <b>M1=01</b> ) M1_Mid	ldleName.	
		DON'T KNOW d  REFUSED r

(M1=01) M1_LastName. NAME BOLDI Last na	ED}	Y FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH LAST NAME
	<open></open>	>
		DON'T KNOW
		Y FULL NAME} PRESS 1 TO CONTINUE
LINE 1	ESS: {DIS BOLD} and numbe	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH
INTER	VIEWER:	REFUSED AND DON'T KNOW ALLOWED, WILL SKIP REST OF ADDRESS QUESTIONS.
	<open></open>	>
		DON'T KNOW d REFUSED r
LINE 2	BOLD}	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH
PROB		IF NECESSARY: Second part of the address. >
	0. 2.1	DON'T KNOW d REFUSED r
	ESS: {DIS BOLD}	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH
PROB	E: READ	IF NECESSARY: Third part of the address.
	<open></open>	>
		DON'T KNOW d REFUSED r
( <b>M1=01</b> ) M1_City.		
ADDR CITY E Town o	BOLD}	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH
	<open></open>	>
		DON'T KNOW d  REFUSED r
(M1=01) M1_State.		

M-2

S	DDRESS: {DISI ΓΑΤΕ BOLD} ate?	PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOAD	ED INFORMATION WITH
		USE TWO CHARACTER ABBREVIATION.	
		ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTR	DV DELOW
IIN			RY BELOVV.
	<open></open>	·	
		DON'T KNOW	
		REFUSED	r
(M1=01)	_		
C		PLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED	INFORMATION WITH ZIP
	<open></open>		
		DON'T KNOW	d
		REFUSED	r
(M1=01)			
` M1_Confirr	n.		
Al	DDRESS: {DISF	PLAY FULL ADDRESS}	
IN	TERVIEWER:	PRESS 1 TO CONTINUE	
( <b>M1=01)</b> M1_Phone	Number.		
TE	ELEPHONE: {Ti	ELEPHONE NUMBER FROM SCREENER OR PRELOADED IN	FORMATION}
PI	ease give me th	e telephone number, area code first?	
	-		
		DON'T KNOW	
PROGRAM		_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED	•
(M1=01)			
M1_TimeZ	one. hat time zone is	that in?	
IIN	TERVIEWER:	CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}	
		HAWAII/ALEUTIAN TIME ZONE	
		ALASKA TIME ZONE	
		MOUNTAIN TIME ZONE	
		CENTRAL TIME ZONE	
		EASTERN TIME ZONE	• •
		ATLANTIC TIME ZONE	
		NEWFOUNDLAND TIME ZONE	09
		OTHER INTERNATIONAL TIME ZONE	98

(M1=01	•			
M1_Co		IMBER: {TELEPHONE NUMBER FROM SCREENER OR PREL	ОАГ	ED INFORMATION
		ME ZONE FROM SCREENER OR PRELOADED INFORMATIO		
	INTERVIEWER:	PRESS 1 TO CONTINUE		
(AII)				
M1a.	{Do you have/Do	es NAME have} an email address?		
		YES		
		NO DON'T KNOW		(M2A)
		REFUSED		
(M1a=0	01)			
M2	=	ME's} email address?		
	<open:< td=""><td>&gt;</td><td></td><td></td></open:<>	>		
		DON'T KNOW	d	
		REFUSED	r	
(AII)				
M2A.	CHECK: IS INTE	ERVIEWER SPEAKING WITH {NAME} OR A PROXY?		
		{NAME}		(M2CHECK)
		PROXY	02	
(M2A=	<b>02)</b> n. What is your first	name?		
	INTERVIEWER:	PRESS 1 TO CONTINUE		
( <b>M2A=</b> M2a_F	irstName.	Y PROXY'S FULL NAME FROM SCREENER OR PRELOAD OLD}	ED	INFORMATION WITH
	<open:< td=""><td>&gt;</td><td></td><td></td></open:<>	>		
		DON'T KNOWREFUSED		
(M2A=	02)			
M2a_W	MIDDLE INITIAL Middle initial?		)ED	INFORMATION WITH
	<open:< td=""><td></td><td></td><td></td></open:<>			
		DON'T KNOW	d	

(M2A=02)		
M2a_LastName.		
NAME: {DISPLA}	PROXY'S FULL NAME FROM SCREENER OR PRELOADED IN	IFORMATION WITH LAST
NAME BOLD}		
Last name?		
<open></open>	>	
	DON'T KNOW	
	REFUSED	r
(M2A=02) Confirm. NAME: {DISPLA	Y PROXY'S FULL NAME}	
INTERVIEWER:	PRESS 1 TO CONTINUE	
(M2A=02)		
M2a_Address1.		
ADDRESS:		
Street and number	er?	
INTERVIEWER:	REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF	ADDRESS QUESTIONS.
<open></open>	>	
	DON'T KNOW	d
	REFUSED	r
(M2A=02)		
M2a_Address2.		
<del>_</del>	PLAY ADDRESS1 FROM PREVIOUS QUESTION}	
PROBE: READ I	F NECESSARY: Second part of the address.	
<open></open>	>	
	DON'T KNOW	d
	REFUSED	
(M2A=02)		
M2a_Address3.		
	PLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTI	ONS}
PROBE: READ I	F NECESSARY: Third part of the address.	
<open></open>	>	
	DON'T KNOW	d
	REFUSED	
(M2A=02)		
M2a Address4.		
<b>—</b>	PLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVI	OUS QUESTIONS}
PROBE: READ I	F NECESSARY: Fourth part of the address.	
<open></open>	· -	
5. <del>_</del>	DON'T KNOW	d
	REFUSED	

(M2A=0	,			
M2a_Ci		SPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRE	ESS4 FROM P	REVIOUS
	<open:< td=""><td>&gt;</td><td></td><td>_</td></open:<>	>		_
		DON'T KNOW		
(M2A=0 M2a_St	•			
IVIZA_SI		PLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, ASTIONS}	AND TOWN/CIT	Y FROM
	INTERVIEWER:	USE TWO CHARACTER ABBREVIATION.		
	INTERVIEWER:	ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTR	RY BELOW.	
	<open:< td=""><td>&gt;</td><td></td><td>_</td></open:<>	>		_
		DON'T KNOW	=	
<b>(M2A=0</b> M2a_Ζiμ	pCode.	PLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TO S QUESTIONS}	OWN/CITY, AN	D STATE
	<open:< td=""><td><u> </u></td><td></td><td>_</td></open:<>	<u> </u>		_
		DON'T KNOW		
(M2A=0 Confirm	•			
	NAME: {DISPLAY	PROXY'S FULL ADDRESS}		
	INTERVIEWER:	PRESS 1 TO CONTINUE		
( <b>M2A=0</b> M2a_Ph	noneNumber. TELEPHONE NU	MBER: ne telephone number, area code first?		
	<open:< td=""><td>»</td><td></td><td>_</td></open:<>	»		_
		DON'T KNOW	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:			
	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	80	
	NEWFOUNDLAND TIME ZONE		
	OTHER INTERNATIONAL TIME ZONE	98	
(M2A=02)			
M2A_Confirm.			
	IMBER: {PROXY'S TELEPHONE NUMBER} 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		• -
	{NAME'S} FATHER		• -
	{NAME'S} CHILD		. – .
	GRANDPARENT OF {NAME}		. – .
	BROTHER/SISTER (NATURAL/STEP) OF {NAME}	06	(M2a_email)
	AUNT/UNCLE OF {NAME}	07	(M2a_email)
	FRIEND	11	(M2a_email)
	CASEWORKER/CAREGIVER/PAYEE	12	(M2a_email)
	GIRLFRIEND/BOYFRIEND/PARTNER		
	GUARDIAN/FOSTER/STEP PARENT		
	IN-LAW	15	(M2a_email)
	OTHER RELATIVE OF {NAME}		
	NOT RELATED		. – .– .
	STAFF AT RESIDENCE		• -
	DON'T KNOW		
	REFUSED	r	(M2a_email)
(M2A=02 and M2a_RIshp	=08)		
M2a_oth1. <b>INTERVIEW</b>	ER: PLEASE SPECIFY		
<open></open>	>		
	DON'T KNOW	d	
	REFUSED	r	
(M2A=02 and M2a_Rlshp	n=09)		
M2a_oth2. INTERVIEW	ER: PLEASE SPECIFY		
<open></open>	>		
	DON'T KNOW	d	
	PEFISED	r	

PRFI O	ADED V	ΔRIΔRI	FS: F	YPTYPE	, TSTATUS
PRELU <i>i</i>	ADED 1	AKIADL	.E3. E/	<u> </u>	, ISIAIUS

(M2A=02)		
M2a_email. Do	you have an email address?	
	YES	. 01
	NO	. 00 (M2CHECK)
	DON'T KNOW	,
	REFUSED	r (M2CHECK)
(M2A=02 and M		
M2b. What is	your email address?	
	<open></open>	
	DON'T KNOW	. d
	REFUSED	. r
(AII)		
	GRAMMER: ONLY ASK M2_PREPAY IF PREPAY = 1.	
	=8 and prepay not in (1), go to M2field_callin.	
ELSE GO TO M	3.	
IS (NIA)	ME) DART OF THE RREDAY CROHD (RREDAY =1)2	
IS {INAIN	ME} PART OF THE PREPAY GROUP (PREPAY =1)?  YES	01
	NO	
(M2CHECK=01)		
•	{you/NAME} receive a \$5 Walmart gift card in the the mail that {you/NAM	ME} can use?
MZ_1 for dy. Did		•
	YES	
	DON'T KNOW d (F	,
	REFUSED r (F	,
		,
	NOTE IF FIFT DI CONTOD CALL IN (MAKEDIAI DIIONE O)	
PROGRAMMER	NOTE: IF FIELD LOCATOR CALL-IN (MAKEDIALPHONE=8):	
_	he field locator will now give you a [\$15 Walmart gift card (if M2_prepay=	1) / \$20 Walmart gift card (if
M2	_prepay=0, .D, .R)_GO TO M2_Field_Amount.	
PROGRAMMER	NOTE: IF CAPI FIELD COMPLETE, CASE, THEN DISPLAY	TEXT BELOW INSTEAD
	_INC_FIELD:. ELSE, M3	
M2_INC_FIELD:	ARE YOU GIVING THE GIFT CARD TO THE RESPONDENT?	
	YES	MOUNT)
	00 (110)	
	No	
M2_FIELD_AMC	OUNT. WHAT IS THE AMOUNT OF THE GIFT CARD?	
	\$1501 (M10a)	)
	\$2002 (M10a	)
	, 1	,

PRELOADED VARIABLES: EXPTYPE, TSTATUS

(M2CHECK=01,00 or M2\_PrePay=ALL) AND NOT A FIELD COMPLETE

FILLS FOR GIFT CARD AMOUNT:

IF PREPAY = 1 AND M2 PREPAY = 1: \$15

IF PREPAY = 1 AND M2\_PREPAY = 00, D, R: \$20

IF PREPAY = 0 AND FLAG EXPER = 0 (control group): \$20

- IF PREPAY = 0 AND FLAG\_EXPER = 1 AND DATE<= 3/5/15 (early differential, completing during 21 day experiment period) AND MAKECALLDIAL = 4 OR 7: \$30
- IF PREPAY = 0 AND FLAG\_EXPER = 1 AND DATE<= 3/5/15 (early differential, completing during 21 day experiment period) AND MAKECALLDIAL <> 4 OR 7: \$20
- IF PREPAY = 0 AND FLAG\_EXPER = 1 AND DATE>3/6/15 (early differential, completing after 21 day experiment period): \$20
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND DATE <4/10/15 (late differential, completing before 21 day experiment period): \$20
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND [DATE>= 4/10/15 AND DATE <= 5/1/15] (late differential, completing during 21 day experiment period) AND MAKECALLDIAL = 4 OR 7: \$30
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND [DATE>= 4/10/15 AND DATE <= 5/1/15] (late differential, completing during 21 day experiment period) AND MAKECALLDIAL <> 4 OR 7: \$20
- IF PREPAY = 0 AND FLAG\_EXPER = 2 AND DATE >5/2/15 (late differential, completing after 21 day experiment period): \$20

M3. Would you like us to send the \$ (15/ 20/30)) gift card to {you/NAME} or someone else?

{YOU/NAME}	01 (M3a)
SEND GIFT CARD TO SOMEONE ELSE	02 (M3a)
DON'T KNOW	
REFUSED	r (M3a)

M3a. Would {you/ NAME} like a Walmart or an Amazon gift card?

WALMART GIFT CARD	01	(M10a)
AMAZON GIFT CARD	02	(M10a)

		2, THEN M4. ELSE, M10a.				
(WZ_PI M4.		WE WOULD LIKE THE FOLLOWING FORMAT TO BE USED FO EN (IF POSSIBLE, THIS DISPLAY SHOULD CHANGE AS THE				
	What is the name	and address of the person to whom we should send the gift card	<b>!</b> ?			
	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 d	(M4Fnam (M6)	ie)	
PROGI	RAMMER: SEE M1	FOR FORMATTING TO USE FOR BOTTOM OF SCREEN				
. –	rePay=00,d,r or M3 stname. NAME: First name?	3=02,d,r and M4=01)				
	<open></open>	<u>,                                      </u>				
		DON'T KNOW				
	ddlename.	G=02,d,r and M4=01)  FIRST NAME FROM QUESTION M4_FIRSTNAME}				
	<open></open>	·				
		DON'T KNOW	d r			
	rePay=00,d,r or M3 stname.	B=02,d,r and M4=01)				
	NAME: {DISPLA M4_MIDDLENAM Last name?	Y FIRST NAME FROM QUESTION M4_FIRSTNAME AND 1E}	MII	DDLE NA	AME	FROM
	<open></open>	·				
		DON'T KNOW				
( <b>M2_P</b> ı Confirn	٦.	3=02,d,r and M4=01)				
	•	/ NAME FROM PREVIOUS QUESTIONS}				
	INTERVIEWER:	PRESS 1 TO CONTINUE				

(M2_PrePay=00,d,r or N M4_Address1.	l3=02,d,r and M4=01)	
ADDRESS: Street and numb	ner?	
	: REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF ADDRESS QUESTION	S.
<open< td=""><td> &gt;</td><td></td></open<>	>	
01 21		
	DON'T KNOW         d           REFUSED         r	
(M2_PrePay=00,d,r or N M4_Address2.		
ADDRESS: {DIS	SPLAY ADDRESS1 FROM PREVIOUS QUESTION}	
PROBE: READ	IF NECESSARY: Second part of the address.	
<open< td=""><td>l&gt;</td><td></td></open<>	l>	
	DON'T KNOW d REFUSED r	
(M2_PrePay=00,d,r or M M4_Address3.		
ADDRESS: {DIS	SPLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIONS}	
PROBE: READ	IF NECESSARY: Third part of the address.	
<open< td=""><td>l&gt;</td><td></td></open<>	l>	
	DON'T KNOW d  REFUSED r	
(M2_PrePay=00,d,r or M M4_Address4.		
ADDRESS: {DIS	SPLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUESTIONS}	
PROBE: READ	IF NECESSARY: Fourth part of the address.	
<open< td=""><td>l&gt;</td><td></td></open<>	l>	
	DON'T KNOW d  REFUSED r	
(M2_PrePay=00,d, r or M4_City.	//3=02,d,r and M4=01)	
ADDRESS: {DI QUESTIONS} Town or city?	SPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRESS4 FROM PREVIOU	S
<open< td=""><td>J&gt;</td><td></td></open<>	J>	
	DON'T KNOW d	

	te. ADDRESS:	B <b>=02,d,r and M4=01)</b> [DISPLAY ADDRESS1, ADDRESS2, ADDRESS3 ADDRESS4, QUESTIONS}	AND TOWN/CITY	/ FROM
	State?			
	INTERVIEWER:	USE TWO CHARACTER ABBREVIATION.		
	INTERVIEWER:	ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNT	OV RELOW	
			VI BELOVV.	
	<open></open>	•		
		DON'T KNOW		
		REFUSED	r	
	-	B= <b>02,d,r and M4=01)</b> PLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, T S QUESTIONS}	OWN/CITY, AND	STATE
	<open></open>	·		
		DON'T KNOW	=	
	-	B=02,d,r and M4=01) PLAY FULL ADDRESS}		
( <b>M2_Pr</b> o M4_Tele	ePay=00,d,r or M3	PRESS 1 TO CONTINUE  8=02,d,r and M4=01)  MBER:		
	Please give me th	ne telephone number, area code first?		
	<open></open>	·		
		DON'T KNOW		
PROGR	AMMER: ASK M	1_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED		
( <b>M2_Pr</b> o M4_Tim		B=02,d,r and M4=01) s that in?		
	INTERVIEWER:	CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}		
		HAWAII/ALEUTIAN TIME ZONE	02	
		ALASKA TIME ZONE		
		PACIFIC TIME ZONE		
		MOUNTAIN TIME ZONE		
		CENTRAL TIME ZONE		
		EASTERN TIME ZONE		
		ATLANTIC TIME ZONE		
		OTHER INTERNATIONAL TIME ZONE		
		OTHER INTERNATIONAL HIVE ZUNE	90	

( <b>M2_P</b> i M4_Co	-	3=02,d,r and M4=01)		
	TELEPHONE NU	JMBER: {DISPLAY TELEPHONE NUMBER} SPLAY TIME ZONE}		
	INTERVIEWER:	PRESS 1 TO CONTINUE		
M7.	DELETED			
<b>(AII)</b> M10a.	we do, I'd like you 'it was not a goo	much for taking part in this survey. Because people like you are a to think about the survey you just participated in. On a scale fro d use of time' and ten means "it was a good use of time," which ow you feel about your experience today?	m 1 t	o 10 where one means
		<u> </u>		
		DON'T KNOWREFUSED		
<b>(All)</b> M11_T		ur cooperation. This completes the survey! Thank you again.		
		PRESS 1 TO CONTINUE	01	
INTER	VIEWER OBSERV	ATIONS		
NEW I	ГЕМ			
M11a.	How was this inte	erview conducted?		
		Over the telephone	02 03	(M11) (M11)
<b>(M11a=</b> M11a_	•			
WIIIa_		PLEASE SPECIFY		
	<open:< td=""><td>&gt;</td><td></td><td></td></open:<>	>		
M11.	INTERVIEWER:	INTERVIEWER OBSERVATIONS:		
	Who was the res	pondent to this interview?		
	INTERVIEWER:	PLEASE CODE THE PERSON WITH WHOM YOU CON INTERVIEW.	DUC	TED MOST OF THE
		{NAME} HIMSELF/HERSELFPROXY FOR {NAME}		(M13)

<b>PRELOADED</b>	VARIABL	ES: I	EXPTY	PE. TST	ATUS	

(M11=0	1)			
M12.	•	sisted by anyone during this interview? That is, did anyone helping answers?	(NA	ME} in interpreting the
		YES		(M15)
(M11=0 M13.	2 or M12=01) PROGRAMMER	: IFM12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY"		
	How is the {assis	stant/proxy} related to (NAME)?		
	INTERVIEWER:	IF MORE THAN ONE ASSISTANT OR PROXY, INDICATE TH ONE YOU CONSIDER TO BE THE MAIN ASSISTANT OR PR		
		{NAME'S} SPOUSE {NAME'S} MOTHER {NAME'S} FATHER {NAME'S} CHILD GRANDPARENT OF {NAME} BROTHER/SISTER (NATURAL/STEP) OF {NAME} AUNT/UNCLE OF {NAME} FRIEND CASEWORKER/CAREGIVER/PAYEE. GIRLFRIEND/BOYFRIEND/PARTNER GUARDIAN/FOSTER/STEP PARENT IN-LAW OTHER RELATIVE OF {NAME} NOT RELATED STAFF AT RESIDENCE DON'T KNOW REFUSED	02 03 04 05 06 07 11 12 13 14 15 08 09 10 d	(M14) (M14) (M14) (M14) (M14) (M14) (M14) (M14) (M14) (M14) (M13_h_oth) (M13_i_oth) (M14) (M14)
*Note:	M14=11 is a cate rounds.	egory added at R2; value of "other" category (M14=10) maintain	ed fo	or comparability across
-	2 or M12=01 and	M13=08) ER: PLEASE SPECIFY		
	<open:< td=""><td>&gt;</td><td></td><td></td></open:<>	>		
		DON'T KNOWREFUSED	d r	
	2 or M12=01 and oth. INTERVIEW	M13=09) IER: PLEASE SPECIFY		
	<open< td=""><td>&gt;</td><td></td><td></td></open<>	>		
		DON'T KNOW		

( <b>M11=0</b> 2 M14.	12 or M12=01) PROGRAMMER: IFM12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROGRAMMER"	OXY"	
	PROGRAMMER: ONLY DISPLAY RESPONSE OPTION 10, IF M11=02		
	Why was an {assistant/proxy} needed?		
	INTERVIEWER: MARK ONLY ONE.  {NAME} DIDN'T KNOW HOW TO ANSWER		
*Note:	M14=11 is a new category added at R2 and R3; value of "other" category comparability across rounds.	egory (M14=10) ma	intained
-	or M12=01 and M14=10) oth. INTERVIEWER: PLEASE SPECIFY		
	<open></open>		
	DON'T KNOW	d	
	REFUSED	r	
( <b>AII</b> ) M15.	In general, do you feel the respondent was intellectually capable of respondi	ing?	
	YES	01	
	NO		
	DON'T KNOW	d	
( <b>AII</b> ) M16.	In general, do you feel the respondent's answers were reasonably accurate's	?	
	YES		
	NO DON'T KNOW		
	DON I KNOW	u	
<b>(AII)</b> M17.	In general, do you feel the respondent understood the questions?		
	YES	01	
	NO		
	DON'T KNOW	d	
( <b>AII</b> ) M18.	In general, how tiring did the interview seem to be for the respondent?		
	VERY TIRING	01	
	A LITTLE TIRING		
	NOT TIRING		
	DON'T KNOW	d	

for

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

	YES	01	
	NO	00	(M21)
	DON'T KNOW	d	(M21)
1)			
In general, do yo	u feel the respondent's hearing difficulty affected the interview?		
	YES	01	
	NO	00	
	DON'T KNOW	d	
INTERVIEWER:	Record any special circumstances encountered while interviewing	ng re	esponder
			<u>-</u>
,	In general, do you	DON'T KNOW  In general, do you feel the respondent's hearing difficulty affected the interview?  YES  NO  DON'T KNOW	DON'T KNOW d