

Appendix A

Baseline Survey

SURVEY PROMPTS – The following messages should display through the survey where appropriate. Exceptions to these rules are noted in the annotated survey.

Message	When Appropriate	Hard – cannot move on without addressing; Soft – can move on after warning notification
Required.	Interviewer moves on without fully answering the question	Hard
Enter [response/number] or RF/DK.	Interviewer enters both answer response and either RF or DK.	Hard
Specify when other is selected.	Interviewer selects “Other, please specify” option but does not specify answer	Hard
Enter a number between [Range].	Interviewer answers a numerical question outside of the appropriate range.	Hard
Invalid Date.	Interviewer enters an invalid date or a date in the wrong format.	Hard

AUDIO RECORDING (AR)

AR-1. With your permission, I would like to record this interview to help us recall what was said. Is that okay?

YES 1 (DISPLAY PERMISSION = YES, GO TO AR-2)
 NO 2 (DISPLAY PERMISSION = NO, GO TO CI-1)

PERMISSION = YES: Thank you. I'll start the audio recording now. [INTERVIEWER: START THE RECORDING FEATURE IN myDay.]

PERMISSION = NO: That's fine. The interview will not be recorded.

AR-2. For the purposes of the recording, do I have your permission to record this interview?

YES 1 (DISPLAY RECORDED PERMISSION = YES, GO TO CI-1)
 NO 2 (DISPLAY RECORDED PERMISSION = NO, GO TO CI-1)

RECORDED PERMISSION = YES: Okay let's get started.

RECORDED PERMISSION = NO: That's fine. The interview will not be recorded.

BENEFICIARY CONTACT INFORMATION (CI)

CI-1. Are you planning to move in the next 3 months?

- YES 1
- NO 2 (CI-6)
- REFUSED 7
- DON'T KNOW 9

CI-2. What will your new address be?

_____ (100 Char)
 STREET ADDRESS

_____ (100 Char)
 CITY

_____ (2 Char)
 STATE

_____ (10 Char)
 ZIP CODE

- REFUSED 7
- DON'T KNOW 9

CI-3. When will you move to this new address?

|_|_| / |_|_| / |_|_|_|_|
 MONTH DAY YEAR

- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: IF THE RESPONSE IS ANY DATE PRIOR TO THE DATE OF THE INTERVIEW (TODAYS DATE), DISPLAY THE FOLLOWING: "The date entered should be in the future."

CI-4. Will you keep the same telephone number?

- YES 1 (CI-6)
- NO 2
- REFUSED 7
- DON'T KNOW 9

CI-5. What will your new telephone number be?

|_|_|_| - |_|_|_| - |_|_|_|_|
 TELEPHONE NUMBER

- REFUSED 7
- DON'T KNOW 9

CI-6. We'd like the names, addresses and phone numbers of 2 people who will know where you are if we have trouble contacting you during this study. We will not contact these people except to have them help us locate you to speak with you again, should that be necessary. If we do contact them, we will not discuss any of your personal information with them.

_____ (50 Char)

CONTACT 1 NAME

_____ (100 Char)

STREET ADDRESS

_____ (100 Char)

CITY

_____ (2 Char)

STATE

_____ (10 Char)

ZIP CODE

_____ (10 Char)

RELATIONSHIP

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

TELEPHONE NUMBER

REFUSED 7

DON'T KNOW 9

_____ (50 Char)

CONTACT 2 NAME

_____ (100 Char)

STREET ADDRESS

_____ (100 Char)

CITY

_____ (2 Char)

STATE

_____ (10 Char)

ZIP CODE

_____ (10 Char)

RELATIONSHIP

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

TELEPHONE NUMBER

REFUSED 7

DON'T KNOW 9

DEMOGRAPHICS (DM)

Now I would like to ask you some questions about yourself.

DM-1. What is your date of birth?

MONTH		DAY		YEAR							

REFUSED	7
DON'T KNOW	9

PROGRAMMER VALIDATION FOR DM-1: IF YEAR IS LESS THAN 1966, DISPLAY THE FOLLOWING SOFT EDIT: "The year entered is outside the expected range. Please verify data entered. Click Continue to move to the next screen."

DM-2. [INTERVIEWER: CODE GENDER.]

MALE	1
FEMALE	2
REFUSED	7
DON'T KNOW	9

DM-3. Are you of Hispanic, Latino, or Spanish origin?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DM-4. What race do you consider yourself to be? Please select one or more of the following categories:

[INTERVIEWER: SELECT ALL THAT APPLY.]

White,	1
Black or African-American,	2
Asian,	3
American Indian or Alaskan Native, or	4
Native Hawaiian or Pacific Islander?	5
Other (SPECIFY) _____	91
REFUSED	7
DON'T KNOW	9

DM-5. What languages do you usually speak?

English only,	1
Spanish only,	2
Both English and Spanish,	3
Both English and some other language, or....	4
Some other language only? (SPECIFY)	
_____	91
REFUSED	7
DON'T KNOW	9

DM-6. What is your marital status? [INTERVIEWER: IF RESPONDENT ANSWERS "SINGLE" PROBE FOR ONE OF THE RESPONSE OPTIONS BELOW.]

Never married,	1
Married,	2
Living as married,	3
Separated,	4
Divorced, or	5
Widowed?.....	6
REFUSED	7
DON'T KNOW	9

DM-7. What is the highest level of education you have completed?

NO FORMAL SCHOOLING.....	11
SOME ELEMENTARY SCHOOLING	12
COMPLETED 8 TH GRADE	13
SOME HIGH SCHOOL.....	14
COMPLETED HIGH SCHOOL OR GED	15
SOME COLLEGE OR TECHNICAL SCHOOL	16
COMPLETED ASSOCIATE'S DEGREE	17
COMPLETED BACHELOR'S DEGREE	18
SOME GRADUATE SCHOOL.....	19
COMPLETED MASTER'S DEGREE.....	20
COMPLETED DOCTORAL DEGREE	21
OTHER (SPECIFY) _____ (50 Char)	91
REFUSED	7
DON'T KNOW	9

DM-8. Have you ever served on active duty in the U.S. Armed Forces, or in the Reserves or National Guard?

YES	1
NO	2

DM-9. Which of following best describes where you have been living during the past 30 days? Would you say...

- At one address in an apartment or house,..... 1
- At more than one address in apartments or houses, but with the same people at each address, 2
- At more than one address in apartments or houses, with different people at each address, 3 (DM-14)
- In a homeless shelter or homeless with no particular address, or 4 (DM-14)
- Some other place? (SPECIFY) _____ (50 Char) 91
- REFUSED 7
- DON'T KNOW 9

DM-10. Describe who you have been living with during the past 30 days. Do not include part-time residents. [INTERVIEWER – ALLOW RESPONDENTS TO INCLUDE CHILDREN WHO DO NOT LIVE THERE ALL THE TIME BECAUSE OF JOINT CUSTODY.]

- LIVING ALONE 1 (DM-14)
- LIVING WITH SPOUSE/SIGNIFICANT OTHER ONLY 2
- LIVING WITH CHILDREN ONLY 3
- LIVING WITH SPOUSE/SIGNIFICANT OTHER AND CHILDREN 4
- LIVING WITH PARENTS..... 5
- LIVING WITH OTHER RELATIVES (OTHER THAN SPOUSE, CHILDREN, OR PARENTS)..... 6
- LIVING WITH FRIENDS..... 7 (DM-14)
- LIVING WITH OTHER NON-RELATED ADULTS (NOT NECESSARILY FRIENDS)..... 8 (DM-14)
- OTHER (SPECIFY) _____ (50 Char) 91
- REFUSED 7
- DON'T KNOW 9

DM-11. How many people, not counting yourself, have you been living with during the past 30 days? Do not include part-time residents. [INTERVIEWER – ALLOW RESPONDENTS TO INCLUDE CHILDREN WHO DO NOT LIVE THERE ALL THE TIME BECAUSE OF JOINT CUSTODY.]

NUMBER OF PEOPLE

- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: DM-11; IF THE RESPONSE IS OUTSIDE 0-10, DISPLAY THE FOLLOWING SOFT EDIT: "The response entered is outside the expected range. Please verify data entered. Click Continue to move to the next screen."

DM-12. Starting with the oldest person in the household, please let me know each person's age, gender, highest level of education and relationship to you.

DM-12a. How old is the [oldest/next oldest/youngest] person in the household?

____|____|____|

REFUSED 7
 DON'T KNOW 9

DM-12b. And is this person male or female?

MALE 1
 FEMALE 2
 REFUSED 7
 DON'T KNOW 9

DM-12c. And what is this person's highest level of education?

NO FORMAL SCHOOLING 11
 SOME ELEMENTARY SCHOOLING 12
 COMPLETED 8TH GRADE 13
 SOME HIGH SCHOOL 14
 COMPLETED HIGH SCHOOL OR GED 15
 SOME COLLEGE OR TECHNICAL SCHOOL 16
 COMPLETED ASSOCIATE'S DEGREE 17
 COMPLETED BACHELOR'S DEGREE 18
 SOME GRADUATE SCHOOL 19
 COMPLETED MASTER'S DEGREE 20
 COMPLETED DOCTORAL DEGREE 21
 OTHER (SPECIFY) _____ (50 Char) 91
 REFUSED 77
 DON'T KNOW 99

DM-12d. And what is this person's relationship to you?

SPOUSE 1
 SON OR DAUGHTER 2
 SIBLING 3
 PARENT 4
 GRANDCHILD 5
 PARENT-IN-LAW 6
 SON-IN-LAW OR DAUGHTER-IN-LAW 7
 OTHER RELATIVE 8
 ROOMER OR BOARDER 9
 HOUSEMATE OR ROOMMATE 10
 UNMARRIED PARTNER 11
 FOSTER CHILD 12
 OTHER NONRELATIVE 13
 REFUSED 7
 DON'T KNOW 9

REPEAT 12A-12D FOR EACH HOUSEHOLD MEMBER, USING NEXT OLDEST FOR EACH UNTIL LAST, WHICH IS YOUNGEST.

DM-13. Just to confirm, there {is 1 person/are XX people} living with you. Is that correct? READ ROSTER.

[INTERVIEWER: THE X HH MEMBERS ENTERED ARE LISTED BELOW. REVIEW LIST AND UPDATE, DELETE OR ADD ROWS AS NEEDED.]

PROGRAMMER INSTRUCTION: IN DM-14 AND DM-15 DISPLAY "OR ANY MEMBER OF THIS HOUSEHOLD" IF DM-10>0.

DM-14. In the past 12 months, did you {or any member of this household} receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

DM-15. In the past 12 months, did you {or any member of this household} receive benefits from TANF (Temporary Assistance for Needy Families), also known as cash welfare?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

DM-16. Do you always have access to reliable transportation when you need it? This may include your own personal vehicle, rides provided by family or friends, or public transportation, as long as you are always able to get around when you need to.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

DM-17. In the past 3 months, how many days have you been living in a shelter or on the street?

- |_|_| (0-90)
- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: DM-16; IF RESPONSE IS OUTSIDE OF 0-90, DISPLAY: "Enter a number between 0-90."

WORK HISTORY AND INCOME (WI)

Now I'd like to ask you some questions about your work history.

WI-1. Have you ever worked at a job or business for pay?

- YES 1
- NO 2 (WI-19)
- REFUSED 7
- DON'T KNOW 9

WI-2. Have you worked at a job or business for pay in the past 2 years?

- YES 1
- NO 2 (WI-19)
- REFUSED 7
- DON'T KNOW 9

WI-3. Are you currently working at a job or business for pay?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

Now, I am going to ask you some questions about your work history in the past 2 years starting with your {current/most recent} job. If you {have/had} more than one job in the same time period, tell me about the main job first. Also, if you have held more than one position within the same company, you should tell me about those positions as separate jobs. You should include part-time and full-time jobs, but only include jobs or positions you have held for pay.

Before we can begin, I need to get a list of all jobs you have held in the last 2 years. Let's start with the most recent. Please tell me the job title for each job you held in the last 2 years. Let's start with the most recent.

What {is/was} your job title? / What job did you do before that?

[INTERVIEWER: PLEASE MAKE SURE EACH JOB TITLE IS UNIQUE.]

JOB TITLE
<i>Enter Job Title...</i>

ASK WI-4 TO WI-17 FOR EACH JOB HELD IN THE PAST TWO YEARS.

WI-4. Job Title [**PROGRAMMER INSTRUCTION:** Display JOB TITLE from roster.]

WI-5. On what date did you begin that job?

____/____/____ (WI-6)
MONTH DAY YEAR

REFUSED 7 (WI-6)
DON'T KNOW 9

WI-5A. Was it closer to the beginning of the month, or the end of the month?

Let's look at this calendar.

Give me your best guess of when you began that job.

____/____/____
MONTH DAY YEAR

REFUSED 7
DON'T KNOW 9

WI-6. On what date did that job end?

____/____/____ (WI-7)
MONTH DAY YEAR

CURRENTLY WORKING MAIN JOB 95 (WI-7)
CURRENTLY WORKING SECOND JOB 96 (WI-7)
REFUSED 77
DON'T KNOW 99 (WI-7)

WI-6A. Was it closer to the beginning of the month, or the end of the month?

Let's look at this calendar.

Give me your best guess of when you ended that job.

____/____/____
MONTH DAY YEAR

REFUSED 7
DON'T KNOW 9

WI-7. How many hours per day {do/did} you usually work at that job?

____ (0-24)
HOURS

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: WI-7; IF RESPONSE IS OUTSIDE OF 0-24, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 0-24." IF RESPONSE IS BETWEEN 15-24, DISPLAY THE FOLLOWING SOFT EDIT: "The response entered is outside the expected range. Please verify data entered. Click Continue to move to the next screen."

WI-8. How many days per week {do/did} you usually work at that job?

|__| (0-7)
 DAYS

REFUSED 7
 DON'T KNOW 9

PROGRAMMER VALIDATION: WI-8; IF RESPONSE IS OUTSIDE OF 0-7, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 0-7."

WI-9. How many weeks per month {do/did} you usually work at that job?

|__| (0-4)
 WEEKS

REFUSED 7
 DON'T KNOW 9

PROGRAMMER VALIDATION: WI-9; IF RESPONSE IS OUTSIDE OF 0-4, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 0-4."

WI-10. What {are/were} your main activities or duties on this job?

_____ (1,000 Char)
 JOB DUTIES

REFUSED 7
 DON'T KNOW 9

WI-11. What {is/was} the name of the organization or company you {work/worked} for?

_____ (75 Char)
 NAME OF ORGANIZATION/COMPANY

CASUAL LABOR/SELF-EMPLOYED 95
 REFUSED 7
 DON'T KNOW 9

WI-12. What type of business {is/was} it, that is what type of product {is/was} made or what type of service {is/was} provided?

_____ (75 Char)
 TYPE OF BUSINESS

REFUSED 7
 DON'T KNOW 9

WI-13. Is it possible that you {are/were} paid a piece rate? That is, your pay {is/was} not based on an hourly rate but on the number of items that you {produce/produced}?

YES 1
 NO 2
 CASUAL LABOR/SELF-EMPLOYED 3
 REFUSED 7
 DON'T KNOW 9

WI-14. {Is/Was} this a temporary position?

YES 1
 NO 2 (WI-15)
 REFUSED 7
 DON'T KNOW 9

WI-14a. When {will/did} you end the job?

____/____/____
 MONTH DAY YEAR

REFUSED 7
 DON'T KNOW 9

WI-14b. {Is/Was} this a seasonal job or a transitional job?

SEASONAL JOB 1
 TRANSITIONAL JOB 2
 OTHER JOB (SPECIFY) _____ (50 Char) 91
 REFUSED 7
 DON'T KNOW 9

WI-15. From whom {do/did} you receive your paycheck or cash payment? Would you say...

The employer, 11 (WI-16)
 A temp agency, 12 (WI-16)
 A mental health or rehabilitation agency, 13
 Or someone else? (SPECIFY) _____ 15 (WI-16)
 CASUAL LABOR/SELF-EMPLOYED 14 (WI-16)
 REFUSED 7
 DON'T KNOW 9

**HEALTH STATUS (HS)
SF-12**

The first question is about your health now. First I will ask about your health now.

Please try to answer as accurately as you can.

HS-1. In general, would you say your health is...

- Excellent 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5
- REFUSED 7
- DON'T KNOW 9

Now I'm going to read a list of activities that you might do during a typical day.

As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

HS-2. ...moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all? *[READ RESPONSE CHOICES ONLY AS NECESSARY].*

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]

- A lot, 1
- A little, or 2
- Not at all? 3
- REFUSED 7
- DON'T KNOW 9

HS-3. ...climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all? *[READ RESPONSE CHOICES ONLY AS NECESSARY].*

- A lot, 1
- A little, or 2
- Not at all? 3
- REFUSED 7
- DON'T KNOW 9

The following two questions ask about your physical health and your daily activities.

HS-4. During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of your physical health?

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- REFUSED 7
- DON'T KNOW 9

HS-5. During the past 4 weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- REFUSED 7
- DON'T KNOW 9

The following two questions ask about any emotional problems and your daily activities.

HS-6. During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

[INTERVIEWER: SHOW HS CARD.]

- All of the time 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- REFUSED 7
- DON'T KNOW 9

HS-7. During the past 4 weeks, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious?

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- REFUSED 7
- DON'T KNOW 9

HS-8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere . . .

- Not at all, 1
- A little bit, 2
- Moderately, 3
- Quite a bit, or 4
- Extremely? 5
- REFUSED 7
- DON'T KNOW 9

These next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, some of the time, a little or the time, or none of the time?

HS-9. How much of the time during the past 4 weeks ... have you felt calm and peaceful?

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- REFUSED 7
- DON'T KNOW 9

HS-10. How much of the time during the past 4 weeks ... did you have a lot of energy?

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- REFUSED 7
- DON'T KNOW 9

HS-11. How much of the time during the past 4 weeks ... have you felt downhearted and depressed?

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- REFUSED 7
- DON'T KNOW 9

HS-12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives? Has it interfered ...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5
- REFUSED 7
- DON'T KNOW 9

COLORADO SYMPTOM INDEX (CSI)

Now I am going to ask you some questions about any psychological or emotional difficulties that you may have had. For these questions, I am going to ask you how often you experienced certain problems during the past month. Some of the questions may sound similar to other questions I've asked you.

For each problem I mention, I'll ask you to look at this list of choices and pick one that best describes how often you have had the problem in the **past month**. The responses vary from "At least every day" to "Not at all." If you have experienced the problem at least once in the past month you would choose "Once during the month." If you have experienced the problem more often, you would choose "Several times during the month." Do you have any questions about what the choices mean?

CSI-1 In the past month, how often have you felt nervous, tense, worried, frustrated, or afraid?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-2 In the past month, how often have you felt depressed?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-3 In the past month, how often have you felt lonely?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-4 In the past month, how often have others told you that you acted “paranoid” or “suspicious”?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-5. In the past month, how often did you hear voices, or hear or see things that other people didn't think were there?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-6. [INTERVIEWER: READ SLOWLY] In the past month, how often did you have trouble making up your mind about something, like deciding where you wanted to go or what you wanted to do, or how to solve a problem?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-7 [INTERVIEWER: READ SLOWLY] In the past month, how often did you have trouble thinking straight, or concentrating on something you needed to do like worrying so much, or thinking about problems so much that you can't remember or focus on other things?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-8. In the past month, how often did you feel that your behavior or actions were strange or different from that of other people?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-9. In the past month, how often did you feel out of place or like you did not fit in?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-10. In the past month, how often did you forget important things?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-11. In the past month, how often did you have problems with thinking too fast (thoughts racing)?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-12. In the past month, how often did you feel suspicious or paranoid?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-13. In the past month, how often did you feel like hurting or killing yourself?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

CSI-14. In the past month, how often have you felt like seriously hurting someone else?

[INTERVIEWER: SHOW CSI CARD. READ RESPONSE OPTIONS IF NEEDED.]

- NOT AT ALL 1
- ONCE DURING THE MONTH..... 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5
- REFUSED 7
- DON'T KNOW 9

SATISFACTION WITH LIFE (SL)

This is called the Delighted-Terrible Scale.

[INTERVIEWER: POINT TO THE QL CARD AND READ THE POINTS ON THE SCALE.]

SL-1. I want you to use it to tell me how you feel about your life in general. All you need to do is point to the label on the scale that best describes how you feel. How do you feel about your life in general?

- TERRIBLE 1
- UNHAPPY 2
- MOSTLY DISSATISFIED 3
- MIXED 4
- MOSTLY SATISFIED 5
- PLEASED 6
- DELIGHTED 7
- REFUSED 7
- DON'T KNOW 9

ALCOHOL, DRUGS, AND TOBACCO USE (SA)

These next questions are about smoking and tobacco use.

SA-1. In the last week, how many days did you smoke cigarettes or use tobacco in other forms such as cigars, pipes, hookahs, vaporizers or e-cigarettes, or chewing tobacco?

|_|_| (0-7)
DAYS

PROGRAMMER INSTRUCTION: IF SA-1 IS >0, CONTINUE TO SA-2. OTHERWISE, SKIP TO SA-7.
PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-1 IS OUTSIDE OF 0-7, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 0-7."

SA-2. What form or forms of tobacco did you use in the last week? Was it...

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
SA-2a. Cigarettes.....	1	2	7	9
SA-2b. Cigars.....	1	2	7	9
SA-2c. Pipes, hookahs, or vaporizers or e-cigarettes	1	2	7	9
SA-2d. Chewing tobacco.....	1	2	7	9

PROGRAMMER INSTRUCTION: IF SA-2A = YES, ASK SA-3; IF SA-2B = YES, ASK SA-4; IF SA-2C = YES, ASK SA-5; IF SA-2D = YES, ASK SA-6.

SA-3. How many cigarettes did you smoke in a typical day in the past week?

|_|_|_| (1-99)
CIGARETTES

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-3 IS OUTSIDE OF 1-99, DISPLAY: "Enter a number 1-99."

SA-4. How many cigars did you smoke in a typical day in the past week?

|_|_|_| (1-99)
CIGARS

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-4 IS OUTSIDE OF 1-99, DISPLAY: "Enter a number 1-99."

SA-5. How many pipes full of tobacco did you smoke in a typical day in the past week?

|_|_|_| (1-99)
PIPES

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-5 IS OUTSIDE OF 1-99, DISPLAY: "Enter a number 1-99."

SA-5a. How many hookah, vaporizer, or e-cigarette smoking sessions did you have in a typical day in the past week?

____|____| (1-99)
SESSIONS

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-5a IS OUTSIDE OF 1-99, DISPLAY: "Enter a number 1-99."

SA-6. How many times did you use chewing tobacco in a typical day in the past week?

____|____| (1-99)
TIMES

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-6 IS OUTSIDE OF 1-99, DISPLAY: "Enter a number 1-99."

SA-7. You just told me that in the past week you [SUMMARIZE SMOKING HABITS]. Now think about the past 3 months. Was this past week typical of all the other weeks in the past 3 months, or were there weeks you used more or used less than this?

[SHOW CALENDAR]

TYPICAL 1
SOME WEEKS MORE 2
SOME WEEKS LESS 3
SOME WEEKS MORE/SOME LESS..... 4
REFUSED 7
DON'T KNOW 9

PROGRAMMER INSTRUCTION: FOR SA-7 TO SUMMARIZE SMOKING HABITS...
IF SA-1 = 0 THEN DISPLAY "never smoked"
IF SA-1 > 0 THEN DISPLAY "smoked..." [DISPLAY LIST FROM SA-2]

The following questions concern information about your possible involvement with drugs not including alcoholic beverages **during the past 12 months.**

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

Remember, all your answers are confidential and will not be traced back to you.

These questions refer to drug use **in the past 12 months**. Please answer Yes or No.

SA-8. Have you used drugs other than those required for medical reasons?

- YES 1
- NO 2 (INTRO TO SA-18)
- REFUSED 7
- DON'T KNOW 9

SA-9. Do you abuse more than one drug at a time?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

SA-10. Are you always able to stop using drugs when you want to?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

SA-11. Have you ever had blackout or flashbacks as a result of drug use?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

SA-12. Do you ever feel guilty about your drug use?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

SA-13. Does your spouse (or parents) ever complain about your involvement with drugs?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SA-14. Have you neglected your family because of your use of drugs?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SA-15. Have you engaged in illegal activities in order to obtain drugs?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SA-16. Have you experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SA-17. Have you had medical problems as a result of your drug use (for example, memory loss, hepatitis, convulsions, bleeding)?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

Now I am going to ask you some questions about your use of alcoholic beverages **during this past year**. One alcoholic beverage is equal to one bottle of beer, a glass of wine, or a shot of spirits (such as whisky, vodka, or rum).

SA-18. How often do you have a drink containing alcohol?

Never	0 (SA-26)
Monthly or less	1
2 to 4 times a month	2
2 to 3 times a week.....	3
4 or more times a week	4
REFUSED	7
DON'T KNOW	9

SA-19. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2 0
- 3 or 4 1
- 5 or 6 2
- 7, 8, or 9 3
- 10 or more 4
- REFUSED 7
- DON'T KNOW 9

SA-20. How often do you have six or more drinks on one occasion?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- REFUSED 7
- DON'T KNOW 9

IF SA-19 = 0 AND SA-20 = 0 THEN GO TO SA-26.

SA-21. How often during the last year have you found that you were not able to stop drinking once you had started?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- REFUSED 7
- DON'T KNOW 9

SA-22. How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- REFUSED 7
- DON'T KNOW 9

SA-23. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- REFUSED 7
- DON'T KNOW 9

SA-24. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- REFUSED 7
- DON'T KNOW 9

SA-25. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- REFUSED 7
- DON'T KNOW 9

SA-26. Have you or someone else been injured as a result of your drinking?

- No 0
- Yes, but not in the last year 2
- Yes, during the last year 4
- REFUSED 7
- DON'T KNOW 9

SA-27. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

- No 0
- Yes, but not in the last year 2
- Yes, during the last year 4
- REFUSED 7
- DON'T KNOW 9

BMI

BMI-1. How tall are you without shoes?

(3-7) (0-11)
 FEET INCHES

REFUSED 7
 DON'T KNOW 9

PROGRAMMER VALIDATION: BMI-1; IF RESPONSE TO FEET IS OUTSIDE OF 3-7, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 3-7." IF RESPONSE TO INCHES IS OUTSIDE OF 0-11, DISPLAY: "Enter a number 0-11."

BMI-2. How much do you weigh without shoes?

(50-450)
 POUNDS

REFUSED 7
 DON'T KNOW 9

PROGRAMMER VALIDATION: BMI-2; IF THE RESPONSE IS OUTSIDE OF 50-450, DISPLAY: "Enter a number 50-450."

HEALTH CARE COVERAGE AND SERVICE UTILIZATION (HC)

A. HEALTH CARE COVERAGE

HC-1. Next, I am going to read you a list of health insurance types. Please tell me what types of health insurance or health coverage plans you currently have.

- Medicaid, medical assistance, or any kind of government-assistance plan for those with low incomes or a disability; 1
- Insurance through healthcare.gov or a state exchange (marketplace); 2
- Insurance through a current or former employer or union (of yours or another family member); 3
- Insurance purchased directly from an insurance company (by you or another family member); 4
- Medicare, for people 65 and older, or people with certain disabilities; 5
- VA (including those who have ever used or enrolled for VA health care);. 6
- TRICARE, TRICARE for life or other military health care; or 7
- Indian Health Service 8
- NO HEALTH INSURANCE 9
- OTHER (SPECIFY) _____ 10
- REFUSED 77
- DON'T KNOW 99

PROGRAMMER INSTRUCTION: HC-1; "NO HEALTH INSURANCE" CANNOT BE SELECTED WITH ANY OTHER ANSWER OPTION.

[INTERVIEWER INSTRUCTION: ASK HC-2 ONLY IF NO INSURANCE SELECTED IN HC-1. IF INSURANCE WAS SELECTED IN HC-1, SELECT "NOT APPLICABLE"]]

HC-2. Just to confirm, you are not currently covered by Medicare, Medicaid, VA, TRICARE, or any other health insurance. Is that correct?

- YES, CURRENTLY HAVE NO HEALTH INSURANCE 1
- NO, CURRENTLY HAVE HEALTH INSURANCE 2 (GO BACK TO HC-1)
- NOT APPLICABLE 3
- REFUSED 7
- DON'T KNOW 9

B. HEALTH CARE SERVICE UTILIZATION

HC-3. During the **past 12 months**, did you receive any care in a hospital emergency room? Please do not include care at an urgent care facility. We will ask about that later.

- YES 1
- NO 2 (HC-10)
- REFUSED 7
- DON'T KNOW 9

I would like to get more information about your emergency room visits. Let's begin with the most recent time you visited an emergency room and work backwards over the **past 12 months**.

ASK HC-4 TO HC-9 ABOUT EACH EMERGENCY ROOM VISIT IN PAST 12 MONTHS.

HC-4. [INTERVIEWER: FOR FIRST ROW READ]
When did you go on your most recent visit?

[INTERVIEWER: ALL OTHER ROWS]
When did you go before that?

[INTERVIEWER: ENTER 99/9998 FOR REFUSED AND 99/9999 FOR DON'T KNOW

Date of Visit
MM/YYYY
MM/YYYY
<i>Enter visit date...</i>

HC-5. Where did you go?

[INTERVIEWER: ENTER NAME OF EMERGENCY ROOM. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

_____ (100 Char)
NAME OF EMERGENCY ROOM

HC-6. There may be more than one reason for this visit. Please tell us all the reasons for this visit. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-4) AND NAME OF PLACE (HC-5) IN BRACKETS AND IN ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- A physical health problem, 1
- A mental health problem,..... 2
- An alcohol problem,..... 3
- A drug problem, or 4
- Some other problem? (SPECIFY)
- _____ (50 Char) 91
- REFUSED 7
- DON'T KNOW 9

HC-7. Were you admitted to the hospital following this emergency room visit? By admitted to the hospital, we mean did you stay overnight in a hospital room after being seen in the ER examination room?

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-4) AND NAME OF PLACE (HC-5) IN BRACKETS AND IN ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- YES 1
- NO 2 (NEXT VISIT OR HC-10)
- REFUSED 7
- DON'T KNOW 9

HC-8. There may be more than one reason why you were admitted to the hospital following this emergency room visit. Please tell us all the reasons for this admission into the hospital. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-4) AND NAME OF PLACE (HC-5) IN BRACKETS AND IN ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- A physical health problem, 1
- A mental health problem,..... 2
- An alcohol problem,..... 3
- A drug problem, or 4
- Some other problem? (SPECIFY)
_____ (50 Char) 91
- REFUSED 7
- DON'T KNOW 9

HC-9. How many nights did you stay in the hospital?

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-4) AND NAME OF PLACE (HC-5) IN BRACKETS AND IN ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- |_|_|_| NIGHTS (1-365)
- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: HC-9; IF RESPONSE IS OUTSIDE OF 1-365, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 1-365."

HC-10. During the **past 12 months**, have you stayed overnight in a hospital [other than the ones you mentioned in the previous questions]?

- YES 1
- NO 2 (HC-15)
- REFUSED 7
- DON'T KNOW 9

I'd like to get more information about your hospital stays over the **past 12 months** other than the ones you mentioned earlier. Let's begin with the most recent time you were in the hospital and work backwards over the past year.

ASK HC-11 TO HC-14 ABOUT EACH HOSPITAL VISIT IN PAST 12 MONTHS.

HC-11. [INTERVIEWER: FOR FIRST ROW READ]

When did you stay in the hospital?

[INTERVIEWER: ALL OTHER ROWS]

When did you stay before that?

[INTERVIEWER: ENTER 99/9998 FOR REFUSED AND 99/9999 FOR DON'T KNOW

Date of Hospital Stay
MM/YYYY
MM/YYYY
<i>Enter visit date...</i>

HC-12. Where did you stay?

[INTERVIEWER: ENTER NAME OF HOSPITAL. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

_____ (100 Char)
NAME OF HOSPITAL

HC-13. There may be more than one reason for this hospital stay. Please tell us all the reasons for your admission. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-11) AND NAME OF PLACE (HC-12) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- A physical health problem, 1
- A mental health problem,..... 2
- An alcohol problem,..... 3
- A drug problem, or 4
- Some other problem? (SPECIFY)
- _____ (50 Char) 91
- REFUSED 7
- DON'T KNOW 9

HC-14. How many nights did you stay in the hospital?

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-11) AND NAME OF PLACE (HC-12) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- |_|_|_| NIGHTS (1-365)
- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: HC-14; IF RESPONSE IS OUTSIDE OF 1-365, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 1-365."

HC-15. Sometimes people get surgery or have other medical procedures. During the **past 12 months**, have you had any surgeries or medical procedures where you had anesthesia that did not require an overnight hospital stay, that you did not already tell me about? Include any major dental procedures.

- YES 1
- NO 2 (HC-19)
- REFUSED 7
- DON'T KNOW 9

I would like to get more information about these visits. Let's begin with the most recent time visit and work backwards over the **past 12 months**.

ASK HC-16 – HC-18 ABOUT EACH NON-ROUTINE OUTPATIENT VISIT

HC-16. [INTERVIEWER: FOR FIRST ROW READ]
When did you receive care?

[INTERVIEWER: ALL OTHER ROWS]
When did you receive care before that?

[INTERVIEWER: ENTER 99/9998 FOR REFUSED AND 99/9999 FOR DON'T KNOW

Date of Hospital Visit
MM/YYYY
MM/YYYY
<i>Enter visit date...</i>

HC-17. Where did you receive care?

[INTERVIEWER: ENTER NAME OF OUTPATIENT CENTER/CLINIC. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

_____ (100 Char)
NAME OF CENTER/CLINIC

HC-18. There may be more than one reason for this visit. Please tell us all the reasons for your visit. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-16) AND NAME OF PLACE (HC-17) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- Preventative care..... 1
- A physical health problem, 2
- A mental health problem,..... 3
- An alcohol problem,..... 4
- A drug problem, or 5
- Some other problem? (SPECIFY)
_____ (50 Char) 91
- REFUSED 7
- DON'T KNOW 9

Next, I want to ask you about outpatient visits in the past month to doctors or other health care professionals to get help for an emotional or psychiatric problem, or for an alcohol or drug problem. Be sure not to count the same service in more than one category.

HC-19. In the past month, did you have an outpatient visit with a **psychiatrist** for an emotional or psychiatric problem, or for an alcohol or drug problem? This is the doctor who might prescribe you medication. Include all visits, even if you just visited to discuss medications.

- YES 1
- NO 2 (HC-20)
- REFUSED 7
- DON'T KNOW 9

HC-19a. How many times did you have an outpatient visit with a psychiatrist?

- |_|_| VISITS (1-31)
- REFUSED 7
 - DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-19b. On average, how long did each visit last?

- |_|_|_| MINUTES (1-999)
- REFUSED 7
 - DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-999, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-999."

HC-20. In the past month, did you have an outpatient visit with **some other mental health professional (for example, social worker, psychologist, therapist, nurse, etc.)** for an emotional or psychiatric problem, or for an alcohol or drug problem? Do not include any visits you already told me about.

- YES 1
- NO 2 (HC-21)
- REFUSED 7
- DON'T KNOW 9

HC-20a. How many times did you have an outpatient visit with another mental health professional?

VISITS (1-31)

- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
 "Enter a number 1-31."

HC-20b. On average, how long did each visit last?

MINUTES (1-999)

- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-999, DISPLAY THE FOLLOWING MESSAGE:
 "Enter a number 1-999."

HC-21. In the past month, did you meet with a self-help group or a meeting for peer support or peer counseling for an emotional or psychiatric problem, or for an alcohol or drug problem? Do not include any visits you already told me about.

- YES 1
- NO 2 (HC-22)
- REFUSED 7
- DON'T KNOW 9

HC-21a. How many times did you meet with a self-help group?

VISITS (1-31)

- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
 "Enter a number 1-31."

HC-21b. On average, how long did each meeting last?

|_|_| MINUTES (1-999)

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-999, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-999."

HC-22. In the past month, did you have any outpatient visits with a **professional** other than a mental health professional (such as a family doctor) for an emotional or psychiatric problem, or for an alcohol or drug problem? Do not include any visits you already told me about.

YES 1
NO 2 (HC-23)
REFUSED 7
DON'T KNOW 9

HC-22a. How many times did you have outpatient visits with a professional other than a mental health professional?

|_|_| VISITS (1-31)

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-22b. On average, how long did each visit last?

|_|_|_| MINUTES (1-999)

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-999, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-999."

Now, I'm going to read a list of some places from which you may have received medical services **not** related to an emotional or psychiatric problem or to an alcohol or drug problem. That is, other medical problems that you have not already told me about.

HC-23. In the past month, have you visited a private medical doctor or other private health care professional (for example, a primary care provider, a nurse practitioner, or a physician's assistant) for outpatient medical services?

- YES 1
- NO 2 (HC-24)
- REFUSED 7
- DON'T KNOW 9

HC-23a. How many times did you visit a private medical doctor or clinic?

VISITS (1-31)

- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
 "Enter a number 1-31."

HC-24. In the past month, have you visited an outpatient clinic (such as a public, walk-in, or VA clinic, urgent care, or a community health center) for medical services? Do not include any visits you already told me about.

- YES 1
- NO 2 (HC-25)
- REFUSED 7
- DON'T KNOW 9

HC-24a. How many times did you visit a public clinic for outpatient medical services?

VISITS (1-31)

- REFUSED 7
- DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
 "Enter a number 1-31."

HC-25. In the past month, have you visited anywhere else for outpatient medical services that you have not already told me about?

- YES 1
- NO 2 (HC-26)
- REFUSED 7
- DON'T KNOW 9

HC-25a. How many times did you visit somewhere else for outpatient medical services?

VISITS (1-31)

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-26. In the past month, have you received services to help you find employment or improve your education, vocational, or job skills?

YES 1
NO 2 (NEXT SECTION)
REFUSED 7
DON'T KNOW 9

HC-26a. How many times did you receive these services?

TIMES (1-31)

REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-26b. Where did you receive these services?

REFUSED 7
DON'T KNOW 9

HC-26c. What kinds of services did you receive? Did you receive services to help you...

[INTERVIEWER: SELECT ALL THAT APPLY.]

Get additional education or training? 1
Find a job? 2
Keep a job? 3
REFUSED 7
DON'T KNOW 9

HEALTH CONDITIONS/COMORBIDITIES (CM)

The next questions are about different medical conditions you may have.

CM-1. Have you ever been told by a doctor or other health professionals that you had hypertension, also called high blood pressure?

YES	1
NO	2 (CM-3)
REFUSED	7
DON'T KNOW	9

CM-2. Were you told on 2 or more different visits that you had hypertension, also called high blood pressure?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-2a. Do you receive treatment for hypertension?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-2b. Does your hypertension limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-3. Have you ever been told by a doctor or other health professional that you had diabetes? [INTERVIEWER – IF ASKED, DO NOT INCLUDE GESTATIONAL DIABETES.]

YES	1
NO	2 (CM-4)
BORDERLINE OR PREDIABETES	3
REFUSED	7
DON'T KNOW	9

CM-3a. Do you receive treatment for diabetes?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-3b. Does your diabetes limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-4. Have you ever been told by a doctor or other health professional that you had congestive heart failure?

YES	1
NO	2 (CM-5)
REFUSED	7
DON'T KNOW	9

CM-4a. Do you receive treatment for congestive heart failure?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-4b. Does your congestive heart failure limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-5. Have you ever been told by a doctor or other health professional that you had coronary heart disease?

YES	1
NO	2 (CM-6)
REFUSED	7
DON'T KNOW	9

CM-5a. Do you receive treatment for your heart disease?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-5b. Does your heart disease limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-6. Have you ever been told by a doctor or other health professional that you had asthma, emphysema, chronic bronchitis, or a lung disease?

- YES 1
- NO 2 (CM-7)
- REFUSED 7
- DON'T KNOW 9

CM-6a. Do you receive treatment for your asthma, emphysema, chronic bronchitis, or lung disease?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

CM-6b. Does your lung disease limit any of your activities?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

CM-7. Have you ever been told by a doctor or other health professional that you had an ulcer or stomach disease?

- YES 1
- NO 2 (CM-8)
- REFUSED 7
- DON'T KNOW 9

CM-7a. Do you receive treatment for your ulcer or stomach disease?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

CM-7b. Does your ulcer or stomach disease limit any of your activities?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

CM-8. Have you ever been told by a doctor or other health professional that you had anemia or some other blood disorder?

- YES 1
- NO 2 (CM-9)
- REFUSED 7
- DON'T KNOW 9

CM-8a. Do you receive treatment for your blood disorder?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-8b. Does your blood disorder limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-9. Have you ever been told by a doctor or other health professional that you had a stroke?

YES	1
NO	2 (CM-10)
REFUSED	7
DON'T KNOW	9

CM-9a. Do you receive treatment for strokes?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-9b. Does your stroke history limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-10. Have you ever been told by a doctor or other health professional that you had Chronic Obstructive Pulmonary Disease (COPD)?

YES	1
NO	2 (CM-11)
REFUSED	7
DON'T KNOW	9

CM-10a. Do you receive treatment for your COPD?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-10b. Does your COPD limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-11. Have you ever been told by a doctor or other health professional that you had a thyroid problem?

YES	1
NO	2 (CM-12)
REFUSED	7
DON'T KNOW	9

CM-11a. Do you receive treatment for your thyroid problem?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-11b. Does your thyroid problem limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-12. Have you ever been told by a doctor or other health professional that you had a liver disease or any other kind of liver problem?

YES	1
NO	2 (CM-13)
REFUSED	7
DON'T KNOW	9

CM-12a. Do you receive treatment for your liver problem?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-12b. Does your liver problem limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-13. Have you ever been told by a doctor or other health professional that you had a kidney disease or weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.

YES	1
NO	2 (CM-14)
REFUSED	7
DON'T KNOW	9

CM-13a. Do you receive treatment for your kidney problem?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-13b. Does your kidney problem limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-14. Have you ever been told by a doctor or other health professional that you had osteoarthritis or degenerative arthritis?

YES	1
NO	2 (CM-15)
REFUSED	7
DON'T KNOW	9

CM-14a. Do you receive treatment for your arthritis?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-14b. Does your arthritis limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-15. Have you ever been told by a doctor or other health professional that you had rheumatoid arthritis?

YES	1
NO	2 (CM-16)
REFUSED	7
DON'T KNOW	9

CM-15a. Do you receive treatment for your arthritis?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-15b. Does your arthritis limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-16. Have you ever been told by a doctor or other health professional that you had cancer?

YES	1
NO	2 (CM-17)
REFUSED	7
DON'T KNOW	9

CM-16a. Do you receive treatment for your cancer?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-16b. Does your cancer limit any of your activities?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-17. Have you ever seen a doctor or other health professional because you had back pain?

YES	1
NO	2 (CM-18)
REFUSED	7
DON'T KNOW	9

CM-17a. Do you receive treatment for your back pain?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CM-17b. Does your back pain limit any of your activities?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CM-18. Have you ever been told by a doctor or other health professional that you had HIV?

YES 1
NO 2 (CM-19)
REFUSED 7
DON'T KNOW 9

CM-18a. Do you receive treatment for your HIV?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CM-18b. Does your HIV limit any of your activities?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CM-19. Do you have any other health conditions?

YES 1
NO 2 (NEXT SECTION)
REFUSED 7
DON'T KNOW 9

CM-19a. Please tell me about the other health conditions that you have.

[OPEN TEXT BOX] _____ (200 Char)

CM-19b. Do you receive treatment for your [OTHER TEXT]?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CM-19c. Does your [OTHER TEXT] limit any of your activities?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

PRESCRIPTION MEDICATION (PM)

The next questions are about prescription medications.

PM-1. Have you obtained any prescription medicines in the last 3 months? For example, have you had any new prescriptions or a refill of a prescription? Please include any on-line prescriptions.

YES 1
NO 2 (PM-3)
REFUSED 7
DON'T KNOW 9

PM-2. What health problem are these medicines prescribed for?

PROBE: Any other health problems?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

- [1. Medical Condition]
- [2. Medical Condition]
- [3. Medical Condition]

PM-3. Have you obtained any prescription medicines in the 3 months before that ([MONTH] to [MONTH])? For example, have you had any new prescriptions or a refill of a prescription? Please include any on-line prescriptions and include all prescriptions from ([MONTH] to [MONTH]) even if you just told me about them.

YES 1
NO 2 (J1-1)
REFUSED 7
DON'T KNOW 9

PM-4. What health problem are these medicines prescribed for?

PROBE: Any other health problems?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

- [1. Medical Condition]
- [2. Medical Condition]
- [3. Medical Condition]

JUSTICE INVOLVEMENT (JI)

These final questions are about your possible involvement with the justice system.

- Jl-1. Not counting minor traffic violations, have you ever been arrested and booked for breaking the law? Being "booked" means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

YES 1
NO 2 (JI-6)
REFUSED 7
DON'T KNOW 9

- Jl-2. Not counting minor traffic violations, in the past 12 months, how many times have you been arrested and booked for breaking the law?

(0-365)
REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF THE RESPONSE IS OUTSIDE OF 0-365, DISPLAY: "Enter a number 0-365."

- Jl-3. In the past 12 months, have you been convicted of any misdemeanors?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

- Jl-4. In the past 12 months, have you been convicted of any felonies?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

- Jl-5. In the past 12 months, how many nights did you spend in jail, prison, or a correctional facility?

(0-365)
REFUSED 7
DON'T KNOW 9

PROGRAMMER VALIDATION: IF THE RESPONSE IS OUTSIDE OF 0-365, DISPLAY: "Enter a number 0-365." IF RESPONSE IS BETWEEN 300-365 PLEASE DISPLAY THE FOLLOWING SOFT EDIT: "The response entered is outside the expected range. Please verify data entered. Click Continue to move to the next screen."

Jl-6 In the past 12 months, were you on probation at any time?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

DIGIT SYMBOL TEST (DS)

[INTERVIEWER: ADMINISTER THE PAPER-PENCIL DIGIT SYMBOL TEST. SCORE THE TEST AFTER YOU HAVE FINISHED INTERVIEWING THE RESPONDENT AND RECORD THE SCORE IN THE MANAGEMENT INFORMATION SYSTEM.]

WORK DISABILITY FUNCTIONAL ASSESSMENT BATTERY (FAB)

[INTERVIEWER: ADMINISTER THE WORK DISABILITY FUNCTIONAL ASSESSMENT BATTERY¹ USING THE ONLINE COMPUTERIZED ADAPTIVE TESTING SOFTWARE.]

¹ The WD-FAB is administered using computerized adaptive testing (CAT) methodology, where an item is initially presented from the mid-range of a defined list of items and then selects subsequent items at an appropriate level based on the respondent's previous answers. Typically, if the test-taker is answering the first questions correctly or in accordance with preset or expected response algorithms, the next questions will be more difficult until the level appropriate for the examinee performance is best reached or the test is completed. If one does not answer the first questions correctly or as typically expected, then easier questions would generally be presented to the test-taker. CAT estimates scores of the test-taker after each response to a question and adjusts the administration of the next question accordingly. CAT software tailors an assessment by asking only the most informative questions, based on a person's response to previous questions, thus, fewer questions, in total, are needed to achieve an accurate and precise assessment. Attachment A includes the full item pool for the WD-FAB.

Appendix B

Quarterly Survey

PARTICIPANT REACHED

Hello, may I speak with [PARTICIPANT'S NAME]? My name is [INTERVIEWER'S NAME]. This is a follow up interview for your participation in the Supported Employment Demonstration, a research study by the Social Security Administration.

We will do this interview with you every three months until the end of the study. The interview will take about [IF QUARTERLY=20 minutes; IF ANNUAL =30 minutes], and afterwards you will receive [IF QUARTERLY = \$25; IF ANNUAL = \$40] on your debit card as a thank you for your time.

Your participation in this interview is voluntary. There is no penalty for choosing not to participate.

During this interview, you can take a break, skip any section, or stop the interview if any questions make you uncomfortable. If you become particularly upset, I may offer to refer you to crisis management services that you can use if you wish. However, if you tell us that you are planning to hurt yourself or someone else, this will be reported to the appropriate authorities.

Do you have any questions before we begin? [USE FAQs TO ANSWER QUESTIONS]

OK let's begin.

VOICEMAIL AFTER 4 CALLS

Hello. This is a message for [PARTICIPANT'S NAME]. I'm calling about the Supported Employment Demonstration, a research study by the Social Security Administration.

We will call back another time, or you may call our toll-free number, 1-855-837-2411, to schedule an appointment for this important study. When you call, please reference your ID number so that we can locate your case. Your ID number is [PARTICIPANT ID].

We look forward to speaking with you soon. Thank you.

QUARTERLY SURVEY

SURVEY PROMPTS – The following messages should display through the survey where appropriate. Exceptions to these rules are noted in the annotated survey.		
Message	When Appropriate	Hard – cannot move on without addressing; Soft – can move on after warning notification
Required.	Interviewer moves on without fully answering the question	Hard
Enter [response/number] or RF/DK.	Interviewer enters both answer response and either RF or DK.	Hard
Specify when other is selected.	Interviewer selects “Other, please specify” option but does not specify answer	Hard
Enter a number between [Range].	Interviewer answers a numerical question outside of the appropriate range.	Hard
Invalid Date.	Interviewer enters an invalid date or a date in the wrong format.	Hard

CONTACT INFORMATION (CI)

CI-1. Just to confirm, are you still living at {ADDRESS}?

YES..... 1
 NO [INTERVIEWER, EDIT ADDRESS] 2

CI-2. And, just to confirm, is your phone number still {PHONE}?

YES..... 1
 NO [INTERVIEWER, EDIT PHONE NUMBER] 2

CI-2a. Is this a cell phone?

YES 1 (CI-2c)
 NO 2

CI-2b. What is your cell phone number?

□□□□ - □□□□ - □□□□

- REFUSED
- DON'T KNOW

CI-2c. What is your email address?

- REFUSED
- DON'T KNOW

CI-3. Are you planning to move in the next 3 months?

YES 1
 NO 2 (CI-8)

- REFUSED (CI-8)
- DON'T KNOW (CI-8)

CI-4. What will your new address be?

_____ (Char 100)
 STREET ADDRESS
 _____ (Char 100)
 CITY
 _____ (Char 2)
 STATE
 _____ (Char 10)
 ZIP CODE

- REFUSED
- DON'T KNOW

CI-5. When will you move to this new address?

□□□ / □□□ / □□□□□
 MONTH DAY YEAR

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF THE RESPONSE IS ANY DATE PRIOR TO THE DATE OF THE INTERVIEW (TODAYS DATE), DISPLAY THE FOLLOWING: "The date entered should be in the future."

CI-6. Will you keep the same telephone number?

YES 1 (CI-8)
 NO 2

- REFUSED (CI-8)
- DON'T KNOW (CI-8)

CI-7. What will your new telephone number be?

____-____-_____
TELEPHONE NUMBER

- REFUSED
- DON'T KNOW

CI-8. We'd like the names, addresses and phone numbers of 2 people who will know where you are if we have trouble contacting you during this study. We will not contact these people except to have them help us locate you to speak with you again, should that be necessary. If we do contact them, we will not discuss any of your personal information with them.

CI-8a. [IF INFO EXISTS FROM PREVIOUS INTERVIEW: Last time, you provided information about {INFO FROM CI-6 PERSON ONE OR INFO FROM CI-8 PERSON ONE }, do you need to update any of that information?]

[IF RF/DK IN PREVIOUS INTERVIEW: Is there a person we can contact if we have trouble locating you?]

- YES (DISPLAY FIELDS TO ENTER CONTACT INFORMATION FOR PERSON ONE)
- NO (IF DK/RF IN PREVIOUS INTERVIEW, SKIP TO WO SECTION; ELSE GO TO CI-8b)
- DK (IF DK/RF IN PREVIOUS INTERVIEW, SKIP TO WO SECTION; ELSE GO TO CI-8b)
- RF (IF DK/RF IN PREVIOUS INTERVIEW, SKIP TO WO SECTION; ELSE GO TO CI-8b)

_____ (Char 50)

CONTACT 1 NAME

_____ (Char 100)

STREET ADDRESS

_____ (Char 100)

CITY

_____ (Char 2)

STATE

_____ (Char 10)

ZIP CODE

_____ (Char 10)

RELATIONSHIP

____-____-_____
TELEPHONE NUMBER

- REFUSED
- DON'T KNOW

CI-8b. [IF INFO EXISTS FROM PREVIOUS INTERVIEW: Last time, you provided information about {INFO FROM CI-6 PERSON TWO OR INFO FROM CI-8 PERSON TWO}, do you need to update any of that information?]

[IF RF/DK IN PREVIOUS INTERVIEW: Is there another person we can contact if we have trouble locating you?]

- YES (DISPLAY FIELDS TO ENTER CONTACT INFORMATION FOR PERSON TWO)
- NO (SKIP TO WO SECTION)
- DK (SKIP TO WO SECTION)
- RF (SKIP TO WO SECTION)

_____ (Char 50)
CONTACT 2 NAME

_____ (Char 100)
STREET ADDRESS

_____ (Char 100)
CITY

_____ (Char 2)
STATE

_____ (Char 10)
ZIP CODE

_____ (Char 10)
RELATIONSHIP

|_|_|_|-|_|_|_|-|_|_|_|
TELEPHONE NUMBER

- REFUSED
- DON'T KNOW

EMPLOYMENT OUTCOMES (EO)

A. WORK HISTORY

Now I'd like to ask you some questions about your work experience since the last time we talked. That would be the time period from {INSERT DATE FROM LAST INTERVIEW} to today.

EO-1. Have you worked at a job or business for pay since {INSERT DATE FROM LAST INTERVIEW}?

YES 1
NO 2 (EO-18)

- REFUSED (EO-18)
- DON'T KNOW (EO-18)

EO-2. Are you currently working at a job or business for pay?

YES 1
NO 2 (INTRO BEFORE EO-3)

- REFUSED
- DON'T KNOW

EO2a. [ASK ONLY IF R WAS WORKING AT LAST INTERVIEW] Last time we spoke, you were working as a [CURRENT JOB TITLE FROM PREVIOUS INTERVIEW (WI-4/EO-3) at [CURRENT COMPANY FROM PREVIOUS INTERVIEW (WI-11/EO-10)]. Is that still true?

YES 1
NO 2

- REFUSED
- DON'T KNOW

Now, I am going to ask some questions about your work history since {DATE OF LAST INTERVIEW} starting with your {current/ most recent} job. If you {have/had} more than one job in the same time period, tell me about the main job first. Also, if you have held more than one position within the same company, you should tell me about those positions as separate jobs. You should include part-time and full-time jobs, but only include jobs or positions you have held for pay.

Before we can begin I need to get a list of all jobs you have held since {DATE OF LAST INTERVIEW}. Please tell me the job title for each job you held since {DATE OF LAST INTERVIEW}. Let's start with the most recent.

What {is/was} your job title? / What job did you do before that?

[INTERVIEWER: PLEASE MAKE SURE EACH JOB TITLE IS UNIQUE.]

[PROGRAMMER INSTRUCTION: IF EO2a = 1, PREFILL JOB TITLE FROM WI-11]

JOB TITLE
<i>Enter Job Title...</i>

ASK EO-3 TO EO-16 FOR EACH JOB HELD SINCE LAST INTERVIEW.

EO-3. Job Title [PROGRAMMER INSTRUCTION: Display JOB TITLE from roster.]

EO-4. [FOR CURRENT JOB, IF EO-2a = 1, ASK: Just to confirm, you began that job on {DATE FROM WI-5}]
[ELSE ASK: On what date did you begin that job?]

|_|_|/|_|_|/|_|_|_|_| (EO-5)
DAY MONTH YEAR

- REFUSED (EO-5)
- DON'T KNOW

EO-4A. Was it closer to the beginning of the month, or the end of the month?

If you have a calendar, that might help.

Give me your best guess of when you began that job.

____ / ____ / _____
DAY MONTH YEAR

- REFUSED
- DON'T KNOW

EO-5. One what date did that job end?

____ / ____ / _____ (EO-6)
DAY MONTH YEAR

CURRENTLY WORKING MAIN JOB..... 95 (EO-6)
 CURRENTLY WORKING SECOND JOB 96 (EO-6)

- REFUSED (EO-6)
- DON'T KNOW

EO-5A. Was it closer to the beginning of the month, or the end of the month?

If you have a calendar, that might help.

Give me your best guess of when you ended that job.

____ / ____ / _____
DAY MONTH YEAR

- REFUSED
- DON'T KNOW

EO-6. How many hours per day {do/did} you usually work at that job?

____ (0-24)
HOURS

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: EO-6; IF RESPONSE IS OUTSIDE OF 0-24, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 0-24." IF RESPONSE IS BETWEEN 15-24, DISPLAY THE FOLLOWING SOFT EDIT: "The response entered is outside the expected range. Please verify data entered. Click Continue to move to the next screen."

EO-7. How many days per week {do/did} you usually work at that job?

|_| (0-7)
DAYS

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: EO-7; IF RESPONSE IS OUTSIDE OF 0-7, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 0-7."

EO-8. How many weeks per month {do/did} you usually work at that job?

|_| (0-4)
WEEKS

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: EO-8; IF RESPONSE IS OUTSIDE OF 0-4, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 0-4."

EO-9. [FOR CURRENT JOB, IF EO-2a = 1 ASK: Are your main activities or duties on this job still {DUTIES FROM LAST INTERVIEW}?]

[ELSE ASK: What {are/were} your main activities or duties on this job?

_____ (1,000 Char)

JOB DUTIES

- REFUSED
- DON'T KNOW

EO-10. [PROGRAMMER: SKIP IF EO-2a = 1]

What {is/was} the name of the organization or company you {work/worked} for?

_____ (75 Char)

NAME OF ORGANIZATION/COMPANY

CASUAL LABOR/SELF-EMPLOYED 95

- REFUSED
- DON'T KNOW

EO-11. [PROGRAMMER: SKIP IF EO-2a = 1]

What type of business {is/was} it, that is what type of product {is/was} made or what type of service {is/was} provided?

_____ (75 Char)

TYPE OF BUSINESS

- REFUSED
- DON'T KNOW

EO-12. Is it possible that you {are/were} paid a piece rate? That is, your pay {is/was} not based on an hourly rate but on the number of items that you {produce/produced}?

- YES 1
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

- REFUSED
- DON'T KNOW

EO-13. {Is/was} this a temporary position?

- YES 1
- NO 2 (EO-14)

- REFUSED (EO-14)
- DON'T KNOW (EO-14)

EO-13b. When {will/did} you end the job?

____/____/____
DAY MONTH YEAR

- REFUSED
- DON'T KNOW

EO-13c. {Is/was} this a seasonal job or a transitional job?

- SEASONAL JOB 1
- TRANSITIONAL JOB 2
- OTHER JOB (SPECIFY) _____ (50 Char) 91

- REFUSED
- DON'T KNOW

EO-16. {Are/Were} the following benefits available to you at your job as (a/an) {INSERT JOB TITLE FROM EO-3}?

	<u>YES</u>	<u>NO</u>	
a. Medical insurance?	1	2	RF DK
b. Vacation leave?	1	2	RF DK
c. Sick leave?	1	2	RF DK
d. Any other benefits? (SPECIFY) _____	1	2	RF DK

ASK EO-17 FOR CURRENT OR MOST RECENT JOB ONLY.

EO-17. Taking everything into consideration, how do you feel about your {current/most recent} job as a whole? Would you say...

Extremely dissatisfied	1
Slightly dissatisfied	2
Neither dissatisfied nor satisfied	3
Slightly satisfied, or	4
Extremely satisfied?	5

- REFUSED
- DON'T KNOW

EO-18. Have you worked at a volunteer job in the past month?

YES	1
NO	2

- REFUSED
- DON'T KNOW

IF RESPONDENT IS CURRENTLY WORKING (EO-2 = 1) THEN GO TO EO-20.

EO-19. Which of the following best describes your current work status? Would you say...

Have a job but currently not at work (for instance on a leave of absence or suspended),	1
Looking for work,	2
Keeping house or caregiving,	3
Going to school,	4
Doing volunteer work,	5
In vocational training,	6
Retired,	7
Unable to work, or	8
Something else? (SPECIFY) _____	91

- REFUSED
- DON'T KNOW

B. CURRENT INCOME SOURCES

EO-20. Please tell me how much money you received from the following sources during the **past month, that is since {MONTH, DAY}**. We will be asking about different sources of income separately. Remember, everything you tell me will be kept private.

[PROGRAMMER: PLEASE ALLOW A DK OR RF RESPONSE FOR EACH ITEM.]

- a. Any earned income or money from all paid employment, including tips or commissions. Please tell me the take home amount..... \$|_|_|,|_|_|_|_|.|_|_|_|
- b. VA or other armed services disability benefits \$|_|_|,|_|_|_|_|.|_|_|_|
- c. Food Stamp Program or SNAP (the Supplemental Nutritional Assistance Program) \$|_|_|,|_|_|_|_|.|_|_|_|
- d. Temporary Assistance for Needy Families (TANF), also known as cash welfare \$|_|_|,|_|_|_|_|.|_|_|_|
- e. Vocational program such as Vocational Rehabilitation, the Job Training Partnership Act, or Easter Seal \$|_|_|,|_|_|_|_|.|_|_|_|
- f. Social Security Retirement or Survivors Benefits..... \$|_|_|,|_|_|_|_|.|_|_|_|
- g. Unemployment compensation \$|_|_|,|_|_|_|_|.|_|_|_|
- h. Other state or county social welfare benefits such as general assistance or public aid \$|_|_|,|_|_|_|_|.|_|_|_|
- i. Retirement, pension (including military), investing, or savings income that you receive regular payments from..... \$|_|_|,|_|_|_|_|.|_|_|_|
- j. Alimony and child support..... \$|_|_|,|_|_|_|_|.|_|_|_|
- k. Money from family members including gifts, loans, or bill payments..... \$|_|_|,|_|_|_|_|.|_|_|_|
- l. Social Security Disability Income \$|_|_|,|_|_|_|_|.|_|_|_|
- m. Supplemental Security Income (SSI) \$|_|_|,|_|_|_|_|.|_|_|_|

EO-21. Sometimes people’s income is increased through other sources that are not reported to the government. The kinds of things I’m referring to include money received by doing odd jobs such as babysitting or yard work, helping in a business, or doing work “under the table.” Did you receive any income this way last month that you have not already told me about? Remember, what you tell me will be kept private.

- YES 1
- NO 2 (EO-23)

- REFUSED (EO-23)
- DON’T KNOW (EO-23)

EO-22. How much did you receive that you have not already told me about?

\$|_|_|,|_|_|_|_|.|_|_|_|

- REFUSED
- DON’T KNOW

EO-23. About how much was your total household income last month? Household income means the total amount of money that everyone in your household, *including yourself*, received during the past month. Include all income you just told me about, and all income from everyone in your household who we talked about at the beginning of this interview. Your best estimate is fine.

\$[][] , [][][][] . [][][] (NEXT SECTION)

[PROGRAMMER: IF EO-23 IS LESS THAN TOTAL OF EO-20, TRIGGER SOFT EDIT CHECK: Are you sure? This includes all the sources of income we just talked about a minute ago.]

- REFUSED (NEXT SECTION)
- DON'T KNOW (EO-24a)

EO24a. Ok, let's try to estimate your total household income last month. Was it...

[INTERVIEWER begin with category including sum of EO-20 and EO-22.] [PROGRAMMER – DISPLAY SUM]

Less than \$500,	1
\$500 to \$999,	2
\$1,000 to \$1,499,	3
\$1,500 to \$1,999,	4
\$2,000 to \$2,499,	5
\$2,500 to \$2,999,	6
\$3,000 to \$3,499,	7
\$3,500 to \$3,999,	8
\$4,000 to \$4,499,	9
\$4,500 to \$4,999,	10
\$5,000 to \$5,499,	11
\$5,500 to \$5,999,	12
\$6,000 to \$6,499,	13
\$6,500 to \$6,999, or.....	14
\$7,000 or more	15

- REFUSED
- DON'T KNOW

HEALTH STATUS (HS)
SF-12
[ONLY ASK EVERY FOUR QUARTERS]

The next few questions ask about your health and how well you are able to do your usual activities. First I will ask about your health now. Please try to answer the question as accurately as you can.

HS-1. In general, would you say your health is...

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5

- REFUSED
- DON'T KNOW

Now, I'm going to ask about activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

HS-2. Does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Does it limit you...

- A lot, 1
- A little, or 2
- Not at all? 3

- REFUSED
- DON'T KNOW

HS-3. Does your health now limit you in climbing several flights of stairs? Does it limit you...

- A lot, 1
- A little, or 2
- Not at all? 3

- REFUSED
- DON'T KNOW

The next 2 questions ask about your physical health and your daily activities.

HS-4. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of your physical health? Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

- REFUSED
- DON'T KNOW

HS-5. During the past 4 weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health? Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

- REFUSED
- DON'T KNOW

Now I will ask about any emotional problems and your daily activities.

HS-6. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

- REFUSED
- DON'T KNOW

HS-7. During the past 4 weeks, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

- REFUSED
- DON'T KNOW

HS-8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere.

- Not at all,..... 1
- A little bit, 2
- Moderately, 3
- Quite a bit, or 4
- Extremely? 5

- REFUSED
- DON'T KNOW

These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give me the one answer that comes closest to the way you have been feeling.

HS-9. During the past 4 weeks, how much of the time have you felt calm and peaceful? Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

- REFUSED
- DON'T KNOW

HS-10. During the past 4 weeks, how much of the time did you have a lot of energy? Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

- REFUSED
- DON'T KNOW

HS-11. During the past 4 weeks, how much of the time have you felt downhearted and depressed? Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

- REFUSED
- DON'T KNOW

HS-12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives? Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

- REFUSED
- DON'T KNOW

COLORADO SYMPTOM INDEX (CSI)
[ONLY ASK EVERY FOUR QUARTERS]

Now I am going to ask you some questions about any psychological or emotional difficulties that you may have had. I am going to ask you how often you experienced certain problems during the past month. For each problem I mention, please let me know how often you have had the problem in the past month. The responses are "At least every day," "Several times a week," "Several times during the month," "Once during the month," and "Not at all." If you have experienced the problem at least once in the past month you would choose "Once during the month." If you have experienced the problem more often, you would choose "Several times during the month." Do you have any questions about what the choices mean?

CSI-1. In the past month, how often have you felt nervous, tense, worried, frustrated, or afraid?

- Not at all..... 1
- Once during the month 2
- Several times during the month 3
- Several times a week..... 4
- At least every day 5

- REFUSED
- DON'T KNOW

CSI-2. In the past month, how often have you felt depressed?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-3. In the past month, how often have you felt lonely?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-4. In the past month, how often have others told you that you acted "paranoid" or "suspicious"?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-5. In the past month, how often did you hear voices, or hear or see things that other people didn't think were there?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-6. [INTERVIEWER: READ SLOWLY] In the past month, how often did you have trouble making up your mind about something, like deciding where you wanted to go or what you wanted to do, or how to solve a problem?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-7. [INTERVIEWER: READ SLOWLY] In the past month, how often did you have trouble thinking straight, or concentrating on something you needed to do like worrying so much, or thinking about problems so much that you can't remember or focus on other things?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-8. In the past month, how often did you feel that your behavior or actions were strange or different from that of other people?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-9. In the past month, how often did you feel out of place or like you did not fit in?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-10. In the past month, how often did you forget important things?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-11. In the past month, how often did you have problems with thinking too fast (thoughts racing)?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-12. In the past month, how often did you feel suspicious or paranoid?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-13. In the past month, how often did you feel like hurting or killing yourself?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

CSI-14. In the past month, how often have you felt like seriously hurting someone else?

[INTERVIEWER INSTRUCTION: READ RESPONSES AS NECESSARY.]

- NOT AT ALL 1
- ONCE DURING THE MONTH 2
- SEVERAL TIMES DURING THE MONTH..... 3
- SEVERAL TIMES A WEEK 4
- AT LEAST EVERY DAY 5

- REFUSED
- DON'T KNOW

SATISFACTION WITH LIFE (SL)
[ONLY ASK EVERY FOUR QUARTERS]

The next question is about how you feel about your life in general. I am going to read you a list of options called the Delighted-Terrible scale. Please tell me which best describes how you feel.

SL-1. How do you feel about your life in general?

- Terrible..... 1
- Unhappy 2
- Mostly dissatisfied..... 3
- Mixed 4
- Mostly satisfied 5
- Pleased, or..... 6
- Delighted..... 7

- REFUSED
- DON'T KNOW

ALCOHOL, DRUGS, AND TOBACCO USE (SA)
[ONLY ASK EVERY FOUR QUARTERS]

These next questions are about smoking and tobacco use.

SA-1. In the last week, how many days did you smoke cigarettes or use tobacco in other forms such as cigars, pipes, hookahs, vaporizers or e-cigarettes, or chewing tobacco?

|_| (0-7)
DAYS

- REFUSED (SA-8)
- DON'T KNOW (SA-8)

PROGRAMMER INSTRUCTION: IF SA-1 IS >0, CONTINUE TO SA-2. OTHERWISE, SKIP TO SA-7.
PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-1 IS OUTSIDE OF 0-7, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 0-7."

SA-2. What form or forms of tobacco did you use in the last week? Was it...

		YES	NO	REFUSED	DON'T KNOW
SA-2a	Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SA-2b	Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SA-2c	Pipes, hookahs, or vaporizers or e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SA-2d	Chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER INSTRUCTION: IF SA-2A = YES, ASK SA-3; IF SA-2B = YES, ASK SA-4; IF SA-2C = YES, ASK SA-5 and SA-5a; IF SA-2D = YES, ASK SA-6

SA-3. How many cigarettes did you smoke in a typical day in the past week?

|_|_| (1-99)
CIGARETTES

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-3 IS OUTSIDE OF 1-99, DISPLAY: "Enter a number 1-99."

SA-4. How many cigars did you smoke in a typical day in the past week?

|_|_| (1-99)
CIGARS

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-4 IS OUTSIDE OF 1-99, DISPLAY: "Enter a number 1-99."

SA-5. How many pipes full of tobacco did you smoke in a typical day in the past week?

|_|_| (1-99)
PIPES

- REFUSED
- DON'T KNOW

SA-5a. How many hookah, vaporizer, or e-cigarette smoking sessions did you have in a typical day in the past week?

|_|_| (1-99)
SESSIONS

- REFUSED
- DON'T KNOW

SA-6. How many times did you use chewing tobacco in a typical day in the past week?

|_|_| (1-99)
TIMES

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF THE RESPONSE TO SA-6 IS OUTSIDE OF 1-99, DISPLAY: "Enter a number 1-99."

SA-7. You just told me that in the past week you [SUMMARIZE SMOKING HABITS]. Now think about the past 3 months. Was this past week typical of all the other weeks in the past 3 months, or were there weeks you used more or used less than this?

[SHOW CALENDAR]

- | | |
|--------------------------------|---|
| TYPICAL..... | 1 |
| SOME WEEKS MORE | 2 |
| SOME WEEKS LESS | 3 |
| SOME WEEKS MORE/SOME LESS..... | 4 |

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION: FOR SA-7 TO SUMMARIZE SMOKING HABITS...

IF SA-1 = 0 THEN DISPLAY "never smoked"
IF SA-1 > 0 THEN DISPLAY "smoked..." [DISPLAY LIST FROM SA-2]

The following questions concern information about your possible involvement with drugs not including alcoholic beverages **during the past 12 months**.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

Remember, all your answers are confidential and will not be traced back to you.

These questions refer to drug use **in the past 12 months**. Please answer Yes or No.

SA-8. Have you used drugs other than those required for medical reasons?

YES..... 1
NO 2 (INTRO TO SA-18)

- REFUSED (INTRO TO SA-18)
- DON'T KNOW

SA-9. Do you abuse more than one drug at a time?

YES..... 1
NO 2

- REFUSED
- DON'T KNOW

SA-10. Are you always able to stop using drugs when you want to?

YES..... 1
NO 2

- REFUSED
- DON'T KNOW

SA-11. Have you ever had blackout or flashbacks as a result of drug use?

YES..... 1
NO 2

- REFUSED
- DON'T KNOW

SA-12. Do you ever feel guilty about your drug use?

YES..... 1
NO 2

- REFUSED
- DON'T KNOW

SA-13. Does your spouse (or parents) ever complain about your involvement with drugs?

YES..... 1
NO 2

- REFUSED
- DON'T KNOW

SA-14. Have you neglected your family because of your use of drugs?

YES..... 1
NO 2

- REFUSED
- DON'T KNOW

SA-15. Have you engaged in illegal activities in order to obtain drugs?

YES..... 1
NO 2

- REFUSED
- DON'T KNOW

SA-16. Have you experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

YES..... 1
NO 2

- REFUSED
- DON'T KNOW

SA-17. Have you had medical problems as a result of your drug use (for example, memory loss, hepatitis, convulsions, bleeding)?

YES..... 1
NO 2

- REFUSED
- DON'T KNOW

Now I am going to ask you some questions about your use of alcoholic beverages **during this past year**. One alcoholic beverage is equal to one bottle of beer, a glass of wine, or a shot of spirits (such as whisky, vodka, or rum).

SA-18. How often do you have a drink containing alcohol?

- Never 0 (SA-26)
- Monthly or less..... 1
- 2 to 4 times a month 2
- 2 to 3 times a week..... 3
- 4 or more times a week..... 4

- REFUSED (SA-26)
- DON'T KNOW

SA-19. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2..... 0
- 3 or 4..... 1
- 5 or 6..... 2
- 7, 8, or 9..... 3
- 10 or more 4

- REFUSED
- DON'T KNOW

SA-20. How often do you have six or more drinks on one occasion?

- Never 0
- Less than monthly..... 1
- Monthly 2
- Weekly 3
- Daily or almost daily..... 4

- REFUSED
- DON'T KNOW

IF SA-19 = 0 AND SA-20 = 0 THEN GO TO SA-26.

SA-21. How often during the last year have you found that you were not able to stop drinking once you had started?

- Never 0
- Less than monthly..... 1
- Monthly 2
- Weekly 3
- Daily or almost daily..... 4

- REFUSED
- DON'T KNOW

SA-22. How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never 0
- Less than monthly..... 1
- Monthly 2
- Weekly 3
- Daily or almost daily..... 4

- REFUSED
- DON'T KNOW

SA-23. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never 0
- Less than monthly..... 1
- Monthly 2
- Weekly 3
- Daily or almost daily..... 4

- REFUSED
- DON'T KNOW

SA-24. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never 0
- Less than monthly..... 1
- Monthly 2
- Weekly 3
- Daily or almost daily..... 4

- REFUSED
- DON'T KNOW

SA-25. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never 0
- Less than monthly..... 1
- Monthly 2
- Weekly 3
- Daily or almost daily..... 4

- REFUSED
- DON'T KNOW

SA-26. Have you or someone else been injured as a result of your drinking?

No 0
Yes, but not in the last year 2
Yes, during the last year 4

- REFUSED
- DON'T KNOW

SA-27. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

No 0
Yes, but not in the last year 2
Yes, during the last year 4

- REFUSED
- DON'T KNOW

BMI

[ONLY ASK EVERY FOUR QUARTERS]

BMI-1. How tall are you without shoes?

|_| (3-7) |_|_| (0-11)
FEET INCHES

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: BMI-1; IF RESPONSE TO FEET IS OUTSIDE OF 3-7, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 3-7." IF RESPONSE TO INCHES IS OUTSIDE OF 0-11, DISPLAY: "Enter a number 0-11."

BMI-2. How much do you weigh without shoes?

|_|_|_| (50-450)
POUNDS

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: BMI-2; IF THE RESPONSE IS OUTSIDE OF 50-450, DISPLAY: "Enter a number 50-450."

HEALTH CARE COVERAGE AND SERVICE UTILIZATION (HC)

A. HEALTH CARE COVERAGE

Now I'd like to ask you some questions about health insurance. In the previous interview, you reported that you {receive health care coverage through LIST OF INSURANCES FROM PREVIOUS INTERVIEW/were uninsured}.

[PROGRAMMER: IF INSURANCE WAS REFUSED OR DK IN PREVIOUS INTERVIEW, SKIP TO HC-4.]

HC-1. Have you gained or lost health insurance coverage since then?

GAINED OR LOST COVERAGE -> UPDATED INSURANCE INFORMATION
BELOW 1
NO -> CLICK CONTINUE 2

- REFUSED -> CLICK CONTINUE
- DON'T KNOW -> CLICK CONTINUE

HC-2. [IF INSURANCE INFO FROM PREVIOUS INTERVIEW, DISPLAY: Since you had a change in health insurance coverage since {DATE OF LAST INTERVIEW}, let's review your current. Coverage. What types of health insurance or health coverage plans are you currently covered by?]

[IF INSURANCE WAS REFUSED OR DON'T KNOW IN PREVIOUS INTERVIEW: What types of health insurance or health coverage plans are you currently covered by?]

[INTERVIEWER: REVIEW COVERAGE AND UPDATE AS NEEDED.]

- Medicaid, medical assistance, or any kind of government-assistance plan for those with low incomes or a disability;
- Insurance through healthcare.gov or a state exchange (marketplace);
- Insurance through a current or former employer or union (of yours or another family member);
- Insurance purchased directly from an insurance company (by you or another family member);
- Medicare, for people 65 and older, or people with certain disabilities;
- VA (including those who have ever used or enrolled for VA health care);
- TRICARE, TRICARE for life or other military health care; or
- Indian health service
- OTHER SPECIFY _____
- REFUSED
- DON'T KNOW

B. HEALTH CARE SERVICE UTILIZATION

HC-3. Since {DATE OF LAST INTERVIEW}, did you receive any care in a hospital emergency room? Please do not include care at an urgent care facility. We will ask about that later.

YES 1
 NO 2 (HC-13)

- REFUSED (HC-13)
- DON'T KNOW (HC-13)

I would like to get more information about your emergency room visits. Let's begin with the most recent time you visited an emergency room and work backwards to {DATE OF LAST INTERVIEW}.

ASK HC-7 TO HC-12 ABOUT EACH EMERGENCY ROOM VISIT SINCE LAST INTERVIEW.

HC-4. [INTERVIEWER: FOR FIRST ROW READ]

When did you go on your most recent visit?

[INTERVIEWER: ALL OTHER ROWS]

When did you go before that?

[INTERVIEWER: ENTER 99/9998 FOR REFUSED AND 99/9999 FOR DON'T KNOW]

Date of Visit
MM/YYYY
MM/YYYY
<i>Enter visit date...</i>

HC-5. Where did you go?

[INTERVIEWER: ENTER NAME OF EMERGENCY ROOM. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

_____ (100 Char)
 NAME OF EMERGENCY ROOM

HC-6. There may be more than one reason for this visit. Please tell us all the reasons for this visit. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-7) AND NAME OF PLACE (HC-8) IN BRACKETS AND IN ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- A physical health problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) (50 Char) 91

- REFUSED
- DON'T KNOW

HC-7. Were you admitted to the hospital following this emergency room visit? By admitted to the hospital, we mean did you stay overnight in a hospital room after being seen in the ER examination room?

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-7) AND NAME OF PLACE (HC-8) IN BRACKETS AND IN ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- YES 1
- NO 2 (NEXT VISIT OR HC-13)

- REFUSED
- DON'T KNOW

HC-8. There may be more than one reason why you were admitted to the hospital following this emergency room visit. Please tell us all the reasons for this admission into the hospital. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-7) AND NAME OF PLACE (HC-8) IN BRACKETS AND IN ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) (50 Char) 91

- REFUSED
- DON'T KNOW

HC-9. How many nights did you stay in the hospital?

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-7) AND NAME OF PLACE (HC-8) IN BRACKETS AND IN ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

|_|_|_| NIGHTS (1-365)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: HC-12; IF RESPONSE IS OUTSIDE OF 1-365, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 1-365."

HC-10. Since {DATE OF LAST INTERVIEW}, have you stayed overnight in a hospital (other than the ones you mentioned in the previous questions)?

YES 1
 NO 2 (HC-18)

- REFUSED (HC-18)
- DON'T KNOW (HC-18)

I'd like to get more information about your hospital stays since {DATE OF LAST INTERVIEW} other than the ones you mentioned earlier. Let's begin with the most recent time you were in the hospital and work backwards since {DATE OF LAST INTERVIEW}.

ASK HC-14 TO HC-17 ABOUT EACH HOSPITAL VISIT SINCE {DATE OF LAST INTERVIEW}

HC-11. [INTERVIEWER: FOR FIRST ROW READ]

When did you stay in the hospital?

[INTERVIEWER: ALL OTHER ROWS]

When did you stay before that?

[INTERVIEWER: ENTER 99/9998 FOR REFUSED AND 99/9999 FOR DON'T KNOW]

Date of Hospital Stay
MM/YYYY
MM/YYYY
<i>Enter visit date...</i>

HC-12. Where did you stay?

[INTERVIEWER: ENTER NAME OF HOSPITAL. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

_____ (100 Char)
NAME OF HOSPITAL

HC-13. There may be more than one reason for this hospital stay. Please tell us all the reasons for your admission. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-14) AND NAME OF PLACE (HC-15) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ (50 Char) 91

- REFUSED
- DON'T KNOW

HC-14. How many nights did you stay in the hospital?

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-14) AND NAME OF PLACE (HC-15) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT

|_|_|_| NIGHTS (1-365)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: HC-17; IF RESPONSE IS OUTSIDE OF 1-365, DISPLAY THE FOLLOWING MESSAGE: "Enter a number 1-365."

HC-15. Sometimes people get surgery or have other medical procedures. Since {DATE OF LAST INTERVIEW}, have you had any surgeries or medical procedures where you had anesthesia that did not require an overnight hospital stay, that you did not already tell me about? Include any major dental procedures.

YES 1
 NO 2 (HC-22)

- REFUSED (HC-22)
- DON'T KNOW (HC-22)

I would like to get more information about these visits. Let's begin with the most recent visit and work backwards to {DATE OF LAST INTERVIEW}.

ASK HC-19 – HC-22 ABOUT EACH NON-ROUTINE OUTPATIENT VISIT SINCE {DATE OF LAST INTERVIEW}.

HC-16. [INTERVIEWER: FOR FIRST ROW READ]

When did you receive care?

[INTERVIEWER: ALL OTHER ROWS]

When did you receive care before that?

[INTERVIEWER: ENTER 99/9998 FOR REFUSED AND 99/9999 FOR DON'T KNOW]

Date of Outpatient Visit
MM/YYYY
MM/YYYY
<i>Enter visit date...</i>

HC-17. Where did you receive care?

[INTERVIEWER: ENTER NAME OF OUTPATIENT CENTER/CLINIC. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

_____ (100 Char)
 NAME OF CENTER/CLINIC

HC-18. There may be more than one reason for this visit. Please tell us all the reasons for your visit. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

PROGRAMMER INSTRUCTION: DISPLAY DATE (HC-19) AND NAME OF PLACE (HC-20) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.

- Preventative care..... 1
- A physical problem, 2
- A mental health problem, 3
- An alcohol problem, 4
- A drug problem, or 5
- Some other problem? (SPECIFY) (50 Char) 91

- REFUSED
- DON'T KNOW

Next, I want to ask you about outpatient visits in the past month to doctors or other health care professionals to get help for an emotional or psychiatric problem, or for an alcohol or drug problem. Be sure not to count the same service in more than one category.

HC-19. In the past month, did you have an outpatient visit with a **psychiatrist** for an emotional or psychiatric problem, or for an alcohol or drug problem? This is the doctor who might prescribe you medication. Include all visits, even if you just visited to discuss medications.

- YES 1
- NO 2 (HC-23)

- REFUSED (HC-23)
- DON'T KNOW (HC-23)

HC-19a. How many times in the past month did you have an outpatient visit with a psychiatrist?

[_] [_] VISITS (1-31)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-19b. On average, how long did each visit last?

|_|_|_| MINUTES (1-999)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-999, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-999."

HC-20. In the past month, did you have an outpatient visit with **some other mental health professional (for example, social worker, psychologist, therapist, nurse, etc.)** for an emotional or psychiatric problem, or for an alcohol or drug problem? Do not include any visits you already told me about.

YES 1
NO 2 (HC-24)

- REFUSED (HC-24)
- DON'T KNOW (HC-24)

HC-20a. How many times in the past month did you have an outpatient visit with another mental health professional?

|_|_| VISITS (1-31)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-20b. On average, how long did each visit last?

|_|_|_| MINUTES (1-999)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-999, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-999."

HC-21. In the past month, did you meet with a self-help group or a meeting for peer support or peer counseling for an emotional or psychiatric problem, or for an alcohol or drug problem? Do not include any visits you already told me about.

YES 1
NO 2 (HC-25)

- REFUSED (HC-25)
- DON'T KNOW (HC-25)

HC-21a. How many times in the past month did you meet with a self-help group?

|_|_| VISITS (1-31)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-21b. On average, how long did each meeting last?

|_|_|_| MINUTES (1-999)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-999, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-999."

HC-22. In the past month, did you have any outpatient visits with a **professional** other than a mental health professional (such as a family doctor) for an emotional or psychiatric problem, or for an alcohol or drug problem? Do not include any visits you already told me about.

YES 1
NO 2 (HC-26)

- REFUSED (HC-26)
- DON'T KNOW (HC-26)

HC-22a. How many times in the past month did you have outpatient visits with a professional other than a mental health professional?

__|__| VISITS (1-31)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-22b. On average, how long did each visit last?

__|__|__| MINUTES (1-999)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-999, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-999."

Now, I'm going to read a list of some places from which you may have received medical services **not** related to an emotional or psychiatric problem or to an alcohol or drug problem. That is, other medical problems that you have not already told me about.

HC-23. In the past month, have you visited a private medical doctor or other private health care professional (for example, a primary care provider, a nurse practitioner, or a physician's assistant) for outpatient medical services?

YES 1
 NO 2 (HC-27)

- REFUSED (HC-27)
- DON'T KNOW (HC-27)

HC-23a. How many times in the past month did you visit a private medical doctor or clinic?

__|__| VISITS (1-31)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-24. In the past month, have you visited an outpatient clinic (such as a public, walk-in, or VA clinic, urgent care, or a community health center) for medical services? Do not include any visits you already told me about.

YES 1
NO 2 (HC-28)

- REFUSED (HC-28)
- DON'T KNOW (HC-28)

HC-24a. How many times in the past month did you visit a public clinic for outpatient medical services?

|_|_| VISITS (1-31)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-25. In the past month, have you visited anywhere else for outpatient medical services that you have not already told me about?

YES 1
NO 2 (HC-29)

- REFUSED (HC-29)
- DON'T KNOW (HC-29)

HC-25a. How many times in the past month did you visit somewhere else for outpatient medical services?

|_|_| VISITS (1-31)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
"Enter a number 1-31."

HC-26. In the past month, have you received services to help you find employment or improve your education, vocational, or job skills?

YES 1
NO 2 (NEXT SECTION)

- REFUSED (NEXT SECTION)
- DON'T KNOW (NEXT SECTION)

HC-26a. How many times in the past month did you receive these services?

|_|_| TIMES (1-31)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF RESPONSE IS OUTSIDE OF 1-31, DISPLAY THE FOLLOWING MESSAGE:
 "Enter a number 1-31."

HC-26b. Where did you receive these services?

|_|_|

- REFUSED
- DON'T KNOW

HC-26c. What kinds of services did you receive? Did you receive services to help you...

[INTERVIEWER: SELECT ALL THAT APPLY.]

- Get additional education or training? 1
- Find a job? 2
- Keep a job? 3

- REFUSED
- DON'T KNOW

HEALTH CONDITIONS/COMORBIDITIES (CM)
 [ONLY ASK EVERY FOUR QUARTERS]

The next questions are about different medical conditions you may have.

PROGRAMMER INSTRUCTION:
 FOR PREVIOUS INTERVIEW:
 IF CM-1 = 1 AND CM-2 = 2, RF, OR DK, GO TO CM-2.
 IF CM-1 = 1 AND CM-2 = 1, GO TO CM-2a;
 ELSE GO TO CM-1.

CM-1. Have you ever been told by a doctor or other health professionals that you had hypertension, also called high blood pressure?

- YES 1
- NO 2 (CM-3)

- REFUSED (CM-3)
- DON'T KNOW (CM-3)

CM-2. [IF CM1 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have hypertension, also called high blood pressure. Since then, were you told on 2 or more different visits that you had hypertension, also called high blood pressure?]

[ELSE: Were you told on 2 or more different visits that you had hypertension, also called high blood pressure?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-2a. [IN PREVIOUS INTERVIEW: IF CM-1 = 1 AND CM-2 = 1: Last time, you said you have been told by a doctor or other health professional that you have hypertension, also called high blood pressure. Do you receive treatment for hypertension now?]

[ELSE: Do you receive treatment for hypertension?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-2b. [IN PREVIOUS INTERVIEW: IF CM-1 = 1 AND CM-2 = 1: Does hypertension limit any of your activities now?]

[ELSE: Does your hypertension limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-3 = 1 IN PREVIOUS INTERVIEW, GO TO CM-3a.
ELSE GO TO CM-3.

CM-3. Have you ever been told by a doctor or other health professional that you had diabetes? [INTERVIEWER – IF ASKED, DO NOT INCLUDE GESTATIONAL DIABETES.]

YES 1
NO 2 (CM-4)
BORDERLINE OR PREDIABETES 3

- REFUSED (CM-4)
- DON'T KNOW (CM-4)

CM-3a. [IF CM-3 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have diabetes. Do you receive treatment for diabetes now?]

[ELSE: Do you receive treatment for diabetes?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-3b. [IF CM-3 = 1 IN PREVIOUS INTERVIEW: Does your diabetes limit any of your activities now?]

[ELSE: Does your diabetes limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-4 = 1 IN PREVIOUS INTERVIEW, GO TO CM-4a.
ELSE GO TO CM-4.

CM-4. Have you ever been told by a doctor or other health professional that you had congestive heart failure?

YES 1
NO 2 (CM-5)

- REFUSED (CM-5)
- DON'T KNOW (CM-5)

CM-4a. [IF CM-4 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have congestive heart failure. Do you receive treatment for congestive heart failure now?]

[ELSE: Do you receive treatment for congestive heart failure?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-4b. [IF CM-4 = 1 IN PREVIOUS INTERVIEW: Does your congestive heart failure limit any of your activities now?]

[ELSE: Does your congestive heart failure limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-5 = 1 IN PREVIOUS INTERVIEW, GO TO CM-5a.
ELSE GO TO CM-5.

CM-5. Have you ever been told by a doctor or other health professional that you had coronary heart disease?

YES 1
NO 2 (CM-6)

- REFUSED (CM-6)
- DON'T KNOW (CM-6)

CM-5a. [IF CM-5 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have coronary heart disease. Do you receive treatment for your heart disease now?]

[ELSE: Do you receive treatment for your heart disease?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-5b. [IF CM-5 = 1 IN PREVIOUS INTERVIEW: Does your heart disease limit any of your activities now?]

[ELSE: Does your heart disease limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-6 = 1 IN PREVIOUS INTERVIEW, GO TO CM-6a.
ELSE GO TO CM-6.

CM-6. Have you ever been told by a doctor or other health professional that you had asthma, emphysema, chronic bronchitis, or a lung disease?

YES 1
NO 2 (CM-7)

- REFUSED (CM-7)
- DON'T KNOW (CM-7)

CM-6a. [IF CM-6 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have asthma, emphysema, chronic bronchitis, or a lung disease. Do you receive treatment for your asthma, emphysema, chronic bronchitis, or lung disease now?]

[ELSE: Do you receive treatment for your asthma, emphysema, chronic bronchitis, or lung disease?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-6b. [IF CM-6 = 1 IN PREVIOUS INTERVIEW: Does your lung disease limit any of your activities now?]

[ELSE: Does your lung disease limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-7 = 1 IN PREVIOUS INTERVIEW, GO TO CM-7a.
ELSE GO TO CM-7.

CM-7. Have you ever been told by a doctor or other health professional that you had an ulcer or stomach disease?

YES 1
NO 2 (CM-8)

- REFUSED (CM-8)
- DON'T KNOW (CM-8)

CM-7a. [IF CM-7 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have an ulcer or stomach disease. Do you receive treatment for your ulcer or stomach disease now?]

[ELSE: Do you receive treatment for your ulcer or stomach disease?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-7b. [IF CM-7 = 1 IN PREVIOUS INTERVIEW: Does your ulcer or stomach disease limit any of your activities now?]

[ELSE: Does your ulcer or stomach disease limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-8 = 1 IN PREVIOUS INTERVIEW, GO TO CM-8a.
ELSE GO TO CM-8.

CM-8. Have you ever been told by a doctor or other health professional that you had anemia or some other blood disorder?

YES 1
NO 2 (CM-9)

- REFUSED (CM-9)
- DON'T KNOW (CM-9)

CM-8a. [IF CM-8 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have anemia or some other blood disorder. Do you receive treatment for your blood disorder now?]

[ELSE: Do you receive treatment for your blood disorder?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-8b. [IF CM-8 = 1 IN PREVIOUS INTERVIEW: Does your blood disorder limit any of your activities now?]

[ELSE: Does your blood disorder limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-9 = 1 IN PREVIOUS INTERVIEW, GO TO CM-9a.
ELSE GO TO CM-9.

CM-9. Have you ever been told by a doctor or other health professional that you had a stroke?

YES 1
NO 2 (CM-10)

- REFUSED (CM-10)
- DON'T KNOW (CM-10)

CM-9a. [IF CM-9 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you had a stroke. Do you receive treatment for strokes now?]

[ELSE: Do you receive treatment for strokes?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-9b. [IF CM-9 = 1 IN PREVIOUS INTERVIEW: Does your stroke history limit any of your activities now?]

[ELSE: Does your stroke history limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-10 = 1 IN PREVIOUS INTERVIEW, GO TO CM-10a.
ELSE GO TO CM-10.

CM-10. Have you ever been told by a doctor or other health professional that you had Chronic Obstructive Pulmonary Disease (COPD)?

YES 1
NO 2 (CM-11)

- REFUSED (CM-11)
- DON'T KNOW (CM-11)

CM-10a. [IF CM-10 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have Chronic Obstructive Pulmonary Disease (COPD). Do you receive treatment for your COPD now?]

[ELSE: Do you receive treatment for your COPD?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-10b. [IF CM-10 = 1 IN PREVIOUS INTERVIEW: Does your COPD limit any of your activities now?]

[ELSE: Does your COPD limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-11 = 1 IN PREVIOUS INTERVIEW, GO TO CM-11a.
ELSE GO TO CM-11.

CM-11. Have you ever been told by a doctor or other health professional that you had a thyroid problem?

YES 1
NO 2 (CM-12)

- REFUSED (CM-12)
- DON'T KNOW (CM-12)

CM-11a. [IF CM-11 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have a thyroid problem. Do you receive treatment for your thyroid problem now?]

[ELSE: Do you receive treatment for your thyroid problem?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-11b. [IF CM-11 = 1 IN PREVIOUS INTERVIEW: Does your thyroid problem limit any of your activities now?]

[ELSE: Does your thyroid problem limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-12 = 1 IN PREVIOUS INTERVIEW, GO TO CM-12a.
ELSE GO TO CM-12.

CM-12. Have you ever been told by a doctor or other health professional that you had a liver disease or any other kind of liver problem?

YES 1
NO 2 (CM-13)

- REFUSED (CM-13)
- DON'T KNOW (CM-13)

CM-12a. [IF CM-12 = 1 IN PREVIOUS INTERVIEW: Last time, you said you had been told by a doctor or other health professional that you have a liver disease or another kind of liver problem. Do you receive treatment for your liver problem now?]

[ELSE: Do you receive treatment for your liver problem?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-12b. [IF CM-12 = 1 IN PREVIOUS INTERVIEW: Does your liver problem limit any of your activities now?]

[ELSE: Does your liver problem limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-13 = 1 IN PREVIOUS INTERVIEW, GO TO CM-13a.
ELSE GO TO CM-13.

CM-13. Have you ever been told by a doctor or other health professional that you had a kidney disease or weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.

YES 1
NO 2 (CM-14)

- REFUSED (CM-14)
- DON'T KNOW (CM-14)

CM-13a. [IF CM-13 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have kidney disease or weak or failing kidneys. Do you receive treatment for your kidney problem now?]

[ELSE: Do you receive treatment for your kidney problem?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-13b. [IF CM-13 = 1 IN PREVIOUS INTERVIEW: Does your kidney problem limit any of your activities now?]

[ELSE: Does your kidney problem limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-14 = 1 IN PREVIOUS INTERVIEW, GO TO CM-14a.
ELSE GO TO CM-14.

CM-14. Have you ever been told by a doctor or other health professional that you had osteoarthritis or degenerative arthritis?

YES 1
NO 2 (CM-15)

- REFUSED (CM-15)
- DON'T KNOW (CM-15)

CM-14a. [IF CM-14 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have osteoarthritis or degenerative arthritis. Do you receive treatment for your arthritis now?]

[ELSE: Do you receive treatment for your arthritis?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-14b. [IF CM-14 = 1 IN PREVIOUS INTERVIEW: Does your arthritis limit any of your activities now?]

[ELSE: Does your arthritis limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-15 = 1 IN PREVIOUS INTERVIEW, GO TO CM-15a.
ELSE GO TO CM-15.

CM-15. Have you ever been told by a doctor or other health professional that you had rheumatoid arthritis?

YES 1
NO 2 (CM-16)

- REFUSED (CM-16)
- DON'T KNOW (CM-16)

CM-15a. [IF CM-15 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have rheumatoid arthritis. Do you receive treatment for your arthritis now?]

[ELSE: Do you receive treatment for your arthritis?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-15b. [IF CM-15 = 1 IN PREVIOUS INTERVIEW: Does your arthritis limit any of your activities now?]

[ELSE: Does your arthritis limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-16 = 1 IN PREVIOUS INTERVIEW, GO TO CM16a.
ELSE GO TO CM-16.

CM-16. Have you ever been told by a doctor or other health professional that you had cancer?

YES 1
NO 2 (CM-17)

- REFUSED (CM-17)
- DON'T KNOW (CM-17)

CM-16a. [IF CM-16 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have cancer. Do you receive treatment for your cancer now?]

[ELSE: Do you receive treatment for your cancer?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-16b. [IF CM-16 = 1 IN PREVIOUS INTERVIEW: Does your cancer limit any of your activities now?]

[ELSE: Does your cancer limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-17 = 1 IN PREVIOUS INTERVIEW, GO TO CM-17a.
ELSE GO TO CM-17.

CM-17. Have you ever seen a doctor or other health professional because you had back pain?

YES 1
NO 2 (CM-18)

- REFUSED (CM-18)
- DON'T KNOW (CM-18)

CM-17a. [IF CM-17 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have back pain. Do you receive treatment for your back pain now?]

[ELSE: Do you receive treatment for your back pain?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-17b. [IF CM-17 = 1 IN PREVIOUS INTERVIEW: Does your back pain limit any of your activities now?]

[ELSE: Does your back pain limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTION:
IF CM-18 = 1 IN PREVIOUS INTERVIEW, GO TO CM-18a.
ELSE GO TO CM-18.

CM-18. Have you ever been told by a doctor or other health professional that you had HIV?

YES 1
NO 2 (CM-19)

- REFUSED (CM-19)
- DON'T KNOW (CM-19)

CM-18a. [IF CM-18 = 1 IN PREVIOUS INTERVIEW: Last time, you said you have been told by a doctor or other health professional that you have HIV. Do you receive treatment for your HIV now?]

[ELSE: Do you receive treatment for your HIV?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-18b. [IF CM-18 = 1 IN PREVIOUS INTERVIEW: Does your HIV limit any of your activities now?]

[ELSE: Does your HIV limit any of your activities?]

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-19. IF INFO EXISTS FOR CM-19a FROM PREVIOUS INTERVIEW: Last time you reported that you have {INFO FROM CM-19a}. Do you have any other health conditions?

[ELSE: Do you have any other health conditions?]

YES 1
NO 2 (NEXT SECTION)

- REFUSED (NEXT SECTION)
- DON'T KNOW (NEXT SECTION)

CM-19a. Please tell me about the other health conditions that you have.

[OPEN TEXT BOX] _____ (200 Char)

CM-19b. [IF INFO EXISTS FOR CM-19a FROM PREVIOUS INTERVIEW: Do you receive treatment for your {INFO FROM CM19a} or [OTHER TEXT]?

[ELSE: Do you receive treatment for your [OTHER TEXT]?

YES 1
NO 2

- REFUSED
- DON'T KNOW

CM-19c. [IF INFO EXISTS FOR CM-19a FROM PREVIOUS INTERVIEW: Does your {INFO FROM CM19a} or [OTHER TEXT] limit any of your activities?

[ELSE: Does your [OTHER TEXT] limit any of your activities?

YES 1
NO 2

- REFUSED
- DON'T KNOW

PRESCRIPTION MEDICATION (PM)
[ONLY ASK EVERY FOUR QUARTERS]

PM-1. Have you obtained any prescription medicines in the last three months? For example, have you had any new prescriptions or a refill of a prescription? Please include any on-line prescriptions

YES 1
NO 2 (NEXT SECTION)

- REFUSED (NEXT SECTION)
- DON'T KNOW (NEXT SECTION)

PM-2. What health problem are these medicines prescribed for?

PROBE: Any other health problems?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

- [1. Medical Condition]
- [2. Medical Condition]
- [3. Medical Condition]

JUSTICE INVOLVEMENT (JI)
[ONLY ASK EVERY FOUR QUARTERS]

These final questions are about your possible involvement with the justice system.

J1-1. Not counting minor traffic violations, have you ever been arrested and booked for breaking the law? Being "booked" means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

YES 1
NO 2 (JI-6)

- REFUSED (JI-6)
- DON'T KNOW

J1-2. Not counting minor traffic violations, in the past 12 months, how many times have you been arrested and booked for breaking the law?

|_|_|_| (0-365)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF THE RESPONSE IS OUTSIDE OF 0-365, DISPLAY: "Enter a number 0-365."

Jl-3. In the past 12 months, have you been convicted of any misdemeanors?

YES 1
NO 2

- REFUSED
- DON'T KNOW

Jl-4. In the past 12 months, have you been convicted of any felonies?

YES 1
NO 2

- REFUSED
- DON'T KNOW

Jl-5. In the past 12 months, how many nights did you spend in jail, prison, or a correctional facility?

|_|_|_| (0-365)

- REFUSED
- DON'T KNOW

PROGRAMMER VALIDATION: IF THE RESPONSE IS OUTSIDE OF 0-365, DISPLAY: "Enter a number 0-365." IF RESPONSE IS BETWEEN 300-365 PLEASE DISPLAY THE FOLLOWING SOFT EDIT: "The response entered is outside the expected range. Please verify data entered. Click Continue to move to the next screen."

Jl-6. In the past 12 months, were you on probation at any time?

YES 1
NO 2

- REFUSED
- DON'T KNOW

[IF QUARTER = 4, 8, OR 12: INTERVIEWER: CONTINUE TO WD-FAB.]

[ELSE: Thank you, we have reached the end of the survey.

Your incentive will be applied to the card.

[IF PARTICIPANT REPORTS CARD LOST/STOLEN:

Please call the Supported Employment Demonstration Toll Free Number at 1-855-837-2411 to report your card lost or stolen.]

COVID-19 EXPERIENCE (CV)
[ONLY ASK FOR FINAL 12TH QUARTER]

I now have a few questions related to the coronavirus-COVID-19 pandemic.

CV-1. Did you test positive for COVID-19?

YES	1 (CV-3)
NO	2
REFUSED	7
DON'T KNOW	9

CV-2 Do you suspect you had COVID-19 but did not get tested?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CV-3. The pandemic affected many people in different ways. Efforts to contain the coronavirus have included business and school closures, social distancing, and other disruptions. Please tell me if you experienced any of the following situations. At any time during the coronavirus pandemic:

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
CV-3a. Did you telework or work at home?	1	2	7	9
CV-3b. Were you unable to work because your employer closed or lost business?	1	2	7	9
CV-3c. Were you forced to reduce the number of hours you generally work?	1	2	7	9
CV-3d. Were you unable to work because schools were closed and you had no child care?	1	2	7	9
CV-3e. Did you receive any pay from your employer for hours you did NOT work?	1	2	7	9
CV-3f. Did the coronavirus pandemic prevent you from looking for work?	1	2	7	9
CV-3g. Did you or anyone in your household need medical care for something other than coronavirus, but not get it because of the coronavirus pandemic?	1	2	7	9

CV-4. The Social Security Administration may be interested in conducting more research in the future related to the Supported Employment Demonstration. Do we have your permission to contact you in the future?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

Appendix C

Full Regression Results

C.1 Unweighted Subgroup Counts of Employment and SSA Benefit Allowance

Table C-1. Unweighted counts of number of employed participants by policy-relevant subgroups						
	Full-Service N=582		Basic-Service N=599		Usual Service N=541	
	f	n	f	n	f	n
Age						
Age 18 to 34	186	228	194	240	146	205
Age 35+	241	354	249	359	199	336
Gender						
Male	170	220	189	249	142	223
Female	257	362	254	350	203	318
Race and ethnicity						
White non-Hispanic	212	296	170	244	168	254
Black non-Hispanic	115	147	154	204	103	162
Hispanic	52	66	69	90	40	63
Two or more races non-Hispanic	37	56	36	44	25	48
Other/missing	11	17	14	17	9	14
Education						
Less than high school	76	108	65	92	57	92
Completed high school	114	154	141	188	97	168
Some college or technical	160	217	159	215	120	187
Associates degree	30	41	31	44	29	37
Bachelor's or better	47	62	47	60	42	57
Working at enrollment						
Yes	108	110	125	130	90	96
No	319	472	315	466	255	444
On probation in year prior to enrollment						
Yes	49	62	55	75	44	58
No	378	520	386	522	301	483

Notes: Unweighted counts; f=number of study participants within subgroup / study arm who were employed during study enrollment. n=the total number of participants within each subgroup / study arm.

Table C-2. Unweighted counts of number of participants with disability allowances by policy-relevant subgroups

	Full-Service N=976		Basic-Service N=987		Usual Service N=981	
	f	n	f	n	f	n
Age						
Age 18 to 34	42	411	43	422	47	414
Age 35+	101	565	101	565	105	567
Gender						
Male	51	405	75	429	66	446
Female	92	571	69	558	86	535
Race and ethnicity						
White non-Hispanic	83	503	64	440	84	478
Black non-Hispanic	26	243	47	314	40	277
Hispanic	18	114	20	137	9	113
Two or more races non-Hispanic	11	91	10	72	11	83
Other/missing	5	25	3	24	8	30
Claim type						
SSDI	100	632	97	629	106	635
SSI	43	344	47	358	46	346
Location						
Urban	130	849	132	891	130	853
Rural	13	127	12	96	22	128
Education						
Less than high school	20	197	21	175	19	176
Completed high school	40	280	40	308	45	301
Some college or technical	49	329	55	343	50	337
Associates degree	11	67	15	70	18	69
Bachelor's or better	23	103	13	91	20	98
Working at enrollment						
Currently working	17	173	22	199	20	189
Not currently working but worked in prior 2 years	69	441	61	444	65	430
Not currently working but worked prior to the past 2 years	55	328	58	317	63	328
Never worked	1	33	2	21	3	28
On probation in year prior to enrollment						
Yes	13	121	18	141	19	130
No	130	853	126	842	133	850

Notes: Unweighted counts; f=number of study participants within subgroup / study arm who received an allowance decision for SSDI and/or SSI during study enrollment. n=the total number of participants within each subgroup / study arm.

C.2 Regression Estimates for Earnings, Weeks Employed, and Hours Worked

Table C-3. Regression results predicting total earnings during 36-month study period			
Variable	Marginal effect ^a	Standard error	p-value
Study arm			
Reference group: Usual Services	--	--	--
Basic-service dummy	3,027.432	1,281.269	0.018
Full-service dummy	4,264.913	1,328.646	0.001
Work status at baseline			
Reference group: currently working	--	--	--
Not currently working but worked in prior 2 years	-12,591.740	1,906.215	<0.001
Not currently working but worked prior to the past 2 years	-17,642.360	2,215.760	<0.001
Never worked	-13,461.480	3,598.851	<0.001
Missing	-11,698.750	10,360.790	0.259
Weeks employed (past 2 years baseline)	-18.787	22.383	0.401
Total earnings (past 2 years baseline)	0.160	0.033	<0.001
Age	-16.007	66.898	0.811
Female	-2,079.396	1,150.090	0.071
Race and ethnicity			
Reference group: White non-Hispanic	--	--	--
Black non-Hispanic	-684.687	1,287.705	0.595
Hispanic	663.633	1,662.009	0.690
Two or more races non-Hispanic	-888.814	1,934.410	0.646
Other or missing	292.004	3,212.415	0.928
Education			
Reference group: less than high school	--	--	--
Completed high school	-70.441	1,474.205	0.962
Some college or technical school	2,328.224	1,538.014	0.130
Associates degree	5,044.657	2,390.809	0.035
Bachelor's degree or better	10,291.070	2,571.721	<0.001
Nights spent in jail prior to enrollment	3.981	16.176	0.806
SNAP receipt in 12 months prior to enrollment	240.915	1,144.165	0.833
TANF receipt in 12 months prior to enrollment	-2,171.610	1,939.178	0.263
MCS at baseline	130.168	64.176	0.043
PCS at baseline	193.886	63.514	0.002
Urban	1,858.170	1,846.060	0.314
WD-FAB Domains			
Basic Mobility	-124.126	159.817	0.437
Upper Body Function	10.028	158.196	0.949
Communication and Cognition	104.407	116.180	0.369
Resilience	-33.782	73.839	0.647
Mood and Emotions	-23.982	62.480	0.701
Interpersonal Interactions	90.153	75.632	0.233
Community Mobility Drive	1,191.286	685.893	0.082
County Average Weekly Wage – Private (BLS)	2.516	1.812	0.165
State Average Hospitalization Rate due to COVID (CDC)	292.508	185.142	0.114
County Average Unemployment Rate (LAUS)	412.642	490.539	0.400

Note: Results are based on multivariate Poisson regression; dependent variable=total earnings during 36-month study period.

^a Marginal effects represent average changes in earnings during the 36-month study period.

Table C-4. Regression results predicting total weeks employed during 36-month study period

Variable	Marginal effect ^a	Standard error	p-value
Study arm			
Reference group: Usual Services	--	--	--
Basic-service dummy	7.399	2.498	0.003
Full-service dummy	8.985	2.567	<0.001
Work status at baseline			
Reference group: currently working	--	--	--
Not currently working but worked in prior 2 years	-26.663	3.114	<0.001
Not currently working but worked prior to the past 2 years	-36.096	4.036	<0.001
Never worked	-22.845	8.159	0.005
Missing	-5.907	27.583	0.830
Weeks employed (past 2 years baseline)	0.151	0.042	<0.001
Total earnings (past 2 years baseline)	<0.001	<0.001	0.673
Age	-0.209	0.128	0.103
Female	0.955	2.212	0.666
Race and ethnicity			
Reference group: White non-Hispanic	--	--	--
Black non-Hispanic	-2.221	2.502	0.375
Hispanic	2.547	3.373	0.450
Two or more races non-Hispanic	-1.328	3.835	0.729
Other or missing	-2.132	5.836	0.715
Education			
Reference group: less than high school	--	--	--
Completed high school	-0.772	3.350	0.818
Some college or technical school	4.344	3.360	0.196
Associates degree	6.436	4.535	0.156
Bachelor's degree or better	10.819	4.377	0.013
Nights spent in jail prior to enrollment	0.044	0.041	0.282
SNAP receipt in 12 months prior to enrollment	-1.017	2.291	0.657
TANF receipt in 12 months prior to enrollment	-5.013	3.731	0.179
MCS at baseline	0.428	0.121	<0.001
PCS at baseline	0.480	0.125	<0.001
Urban	6.313	3.505	0.072
WD-FAB Domains			
Basic Mobility	-0.773	0.295	0.009
Upper Body Function	0.581	0.309	0.060
Communication and Cognition	-0.255	0.224	0.255
Resilience	0.001	0.141	0.992
Mood and Emotions	-0.042	0.125	0.740
Interpersonal Interactions	0.248	0.147	0.092
Community Mobility Drive	2.585	1.363	0.058
County Average Weekly Wage – Private (BLS)	-0.001	0.004	0.792
State Average Hospitalization Rate due to COVID (CDC)	0.233	0.373	0.533
County Average Unemployment Rate (LAUS)	-1.024	0.996	0.304

Note: Results are based on multivariate Poisson regression; dependent variable=total weeks employed during 36-month study period.

^a Marginal effects represent average changes in weeks employed during the 36-month study period.

Table C-5. Regression results predicting total hours worked during 36-month study period

Variable	Marginal effect ^a	Standard error	p-value
Study arm			
Reference group: Usual Services	--	--	--
Basic-service dummy	184.008	83.958	0.028
Full-service dummy	245.857	83.640	0.003
Work status at baseline			
Reference group: currently working	--	--	--
Not currently working but worked in prior 2 years	-805.439	109.686	<0.001
Not currently working but worked prior to the past 2 years	-1,148.277	133.039	<0.001
Never worked	-859.811	236.912	<0.001
Missing	-45.179	1,078.505	0.967
Weeks employed (past 2 years baseline)	1.486	1.348	0.270
Total earnings (past 2 years baseline)	0.006	0.002	0.002
Age	-6.889	4.132	0.095
Female	-95.896	73.028	0.189
Race and ethnicity			
Reference group: White non-Hispanic	--	--	--
Black non-Hispanic	-70.864	80.909	0.381
Hispanic	38.348	107.404	0.721
Two or more races non-Hispanic	-82.795	128.792	0.520
Other or missing	-6.832	221.374	0.975
Education			
Reference group: less than high school	--	--	--
Completed high school	-5.193	103.294	0.960
Some college or technical school	117.615	105.456	0.265
Associates degree	217.776	152.930	0.154
Bachelor's degree or better	387.192	146.023	0.008
Nights spent in jail prior to enrollment	0.203	1.239	0.870
SNAP receipt in 12 months prior to enrollment	65.778	73.826	0.373
TANF receipt in 12 months prior to enrollment	-126.751	128.713	0.325
MCS at baseline	9.980	4.023	0.013
PCS at baseline	16.219	4.062	<0.001
Urban	142.677	116.070	0.219
WD-FAB Domains			
Basic Mobility	-20.346	10.266	0.047
Upper Body Function	7.068	10.257	0.491
Communication and Cognition	4.600	7.781	0.554
Resilience	0.195	4.759	0.967
Mood and Emotions	1.007	4.074	0.805
Interpersonal Interactions	0.315	4.702	0.947
Community Mobility Drive	75.752	43.283	0.08
County Average Weekly Wage – Private (BLS)	-0.141	0.131	0.282
State Average Hospitalization Rate due to COVID (CDC)	21.824	11.920	0.067
County Average Unemployment Rate (LAUS)	-21.095	31.420	0.502

Note: Results are based on multivariate Poisson regression; dependent variable=total hours worked during 36-month study period.

^a Marginal effects represent average changes in total hours worked during the 36-month study period.

Table C-6. Regression results predicting earnings in past month of study enrollment (Q12)

Variable	Marginal effect ^a	Standard error	p-value
Study arm			
Reference group: Usual Services	--	--	--
Basic-service dummy	176.582	58.322	0.002
Full-service dummy	161.524	54.340	0.003
Work status at baseline			
Reference group: currently working	--	--	--
Not currently working but worked in prior 2 years	-283.065	74.117	<0.001
Not currently working but worked prior to the past 2 years	-424.350	87.869	<0.001
Never worked	-211.481	172.365	0.220
Missing	-659.830	132.419	<0.001
Weeks employed (past 2 years baseline)	0.969	0.958	0.312
Total earnings (past 2 years baseline)	0.003	0.001	0.035
Age	-2.185	2.774	0.431
Female	-114.551	53.091	0.031
Race and ethnicity			
Reference group: White non-Hispanic	--	--	--
Black non-Hispanic	-49.581	58.162	0.394
Hispanic	-21.117	74.141	0.776
Two or more races non-Hispanic	-106.388	90.988	0.242
Other or missing	47.740	130.347	0.714
Education			
Reference group: less than high school	--	--	--
Completed high school	-118.961	72.510	0.101
Some college or technical school	-58.330	76.586	0.446
Associates degree	124.872	131.554	0.343
Bachelor's degree or better	221.983	115.015	0.054
Nights spent in jail prior to enrollment	0.382	0.637	0.549
SNAP receipt in 12 months prior to enrollment	-17.713	52.274	0.735
TANF receipt in 12 months prior to enrollment	-67.024	88.536	0.449
MCS at baseline	2.064	2.952	0.485
PCS at baseline	5.915	3.007	0.049
Urban	121.176	82.254	0.141
WD-FAB Domains			
Basic Mobility	-2.597	8.454	0.759
Upper Body Function	0.143	8.119	0.986
Communication and Cognition	-2.701	5.898	0.647
Resilience	-2.324	3.440	0.499
Mood and Emotions	2.996	2.949	0.310
Interpersonal Interactions	2.735	3.484	0.432
Community Mobility Drive	58.048	30.623	0.058
County Average Weekly Wage – Private (BLS)	0.162	0.080	0.042
State Average Hospitalization Rate due to COVID (CDC)	18.200	8.329	0.029
County Average Unemployment Rate (LAUS)	14.960	26.388	0.571

Note: Results are based on multivariate Poisson regression; dependent variable=earnings in the past month (final month of study enrollment).

^a Marginal effects represent average changes in earnings in the past month.