

OMB No. 0960-0800
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NATIONAL BENEFICIARY SURVEY

October, 2018

General Waves Round 7

Representative Beneficiary and Successful Worker Combined Questionnaire

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0960-0800. The time required to complete this information collection is estimated to average 50 to 70 minutes per response.

**NATIONAL BENEFICIARY SURVEY
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SECTION A: SCREENER

PRELOADED INFORMATION

- S1 (A01_a) CLUSTERED SAMPLE
YES = 01
NO = 00
- S9 (A04_b) FIRSTNAME (original – may be updated in another block: Current First Name)—CREATE NAME USING FIRSTNAME AND LASTNAME
- S10 (A04_c) LASTNAME (original – may be updated in another block: Current Last Name)
- S11 (A04_d) BIRTHDATE (original – may be updated in another block: Current Birth Date)
- S13 (A04_f) BSTATUS (Benefit Type)
BSTATUS = 01 – SSI ONLY BENEFITS
BSTATUS = 02 – SSDI ONLY BENEFITS
BSTATUS = 03 – CONCURRENT (BOTH SSI AND SSDI) BENEFITS
- S14 (A04_g) SSIAGE (from SSI records –age first received SSI benefits)—CREATE SSIAGE FROM DATE OF BIRTH AND DATE FIRST RECEIVED SSI
- S18 (A04_k) STATE MED (STATE NAME FOR MEDICAID) (based on state of residence at A67a)
- S19 (A04_l) VRNAME (STATE NAME FOR VRA) (based on state of residence at A67a)
- S20 (A04_m) Sample Member’s Address at time sample was drawn (may be updated in Section A)
- S21 (A04_n) Sample Member’s Phone Number at time sample was drawn
- SampGrp Sample Group (Sample Group Type)
SampGrp=01– Representative Beneficiary Sample
SampGrp=02 – Successful Worker Sample
- LongSamp Successful Worker Sample, Longitudinal Case
LongSamp=01 – Successful Worker Longitudinal Case
LongSamp=00 – Not a Successful Worker Longitudinal Case

STORING KEY SCREENER VARIABLES IN KEY ITEMS UPON ANSWERING:

(NOTE: Once answered in screener and stored, the stored answers will remain, even if the instrument takes a different path, so stored answers MAY have conflicting data. An example would be if SM says "DK" to A68 (birth month), the next question will be A69 (age). The A68 and A69 will be recorded in the KeyItems. If the age is off by more than 2 years, the case will exit and we will need to try for a proxy. When Proxy answers A68, A68a, A68b with a full birth date, the birthdate recorded in A68, A68a & A68b will be stored in KeyItems. Since A69 is no longer on route and A69 already has an answer, the A69 answer will still be stored in KeyItems.

A68

A68a

A68b

A69

A73b

A74

A76

A77

A77a

A78

A78a

Also added to Key Items

SMCognitiveFail (if this flag = 1, then SM failed Cognitive Barrier questions A74-A78a)

Also adding up to 3 Proxy names for Proxy's that fail Cognitive Barrier questions

BadProxyFullName1

BadProxyFullName2

BadProxyFullName3

SECTION A: SCREENER

RTYPE: Set at A110 or A110a.

PROGRAMMER: A CURRENT CONTACT BLOCK WILL STORE ANY UPDATES TO S8, S9, S10, S11, S20, and S21. UPDATES TO THE OTHER CURRENT CONTACT BLOCK CAN COME FROM THE SCREENER OR LOCATING.

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

PROGRAMMER: POPLULATE KEY ITEMS VARIABLE FOR EACH PROXY NAME ENTERED IN CASE.

PROGRAMMER: IF RTYPE=PROXY ALREADY, LEAVE AS PROXY. DO NOT RE-SET TO SAMPLE MEMBER

PROGRAMMER: ON CALL HISTORY SCREEN:

IF RTYPE=PROXY, SHOW THIS TEXT: **THIS CASE REQUIRES A PROXY**

IF RTYPE=PROXY AND PROXY FAILED SCREENER, SHOW THIS TEXT: **THIS CASE REQUIRES A PROXY OTHER THAN {NAME1, [NAME2]}.**

PROGRAMMER: ON "FINISHED" SCREEN:

IF RTYPE=PROXY, SHOW THIS TEXT: **THIS CASE REQUIRES A PROXY. PLEASE INCLUDE CLEAR NOTES ABOUT PROXY.**

IF RTYPE=PROXY AND PROXY FAILED SCREENER, SHOW THIS TEXT: **THIS CASE REQUIRES A PROXY OTHER THAN {NAME1, [NAME2]}. PLEASE INCLUDE CLEAR NOTES ABOUT PROXY.**

(All)

A0. **CALL SCREEN.** PROGRAMMER, DISPLAY: INTERVIEWER: YOU ARE CALLING...(ONE ONLY) **NOTE:** 01, 04, 07 THROUGH 15 ARE SET IN OVERNIGHT PROCESSING. 02, 03, 05 AND 06 WOULD BE IN THE FRONT END FOR THE INTERVIEWER TO SELECT.

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

SECTION A: SCREENER

CALL TO RESPONDENT

(A0 = 01, 04, OR 09)

A1. Hello, my name is _____. I'm calling on behalf of the Social Security Administration. May I please speak with {IF RTYPE=PROXY AND WE DON'T HAVE PROXY NAME: someone who can answer questions about {NAME's} health, daily activities, and any jobs {he/she} might have?}, else: {FIRST NAME} {LAST NAME}?

INTERVIEWER: We are not selling anything or asking for money.

- SPEAKING 01 (A10)
- WANTS MORE INFORMATION..... 02
- {RESPONDENT NAME} COMES TO PHONE 03 (A10)
- CALL BACK LATER 04 IF RTYPE = SM, SET A100 = 01
(A100), IF RTYPE=PROXY, SET A100 = 2
- {NAME} MOVED..... 05 (A30)
- POSSIBLE PARTICIPATION PROBLEM..... 06 (A13)
- HOSPITALIZED..... 07 (A27a)
- {NAME} DECEASED 08 (A103a)
- {NAME} INCARCERATED 09 SET A103 = 01(A103)
- LANGUAGE BARRIER (NOT SPANISH) 10 (A3)
- INSTITUTIONALIZED 11 (A27a)
- MILITARY DUTY 12 SET A103 = 02 (A103)
- SWITCH TO AMPLIFIER / CONTINUE..... 13 (A10)
- NO SUCH PERSON AT THIS NUMBER..... 14 SET A102 = 01 (A102)
- OTHER: SUPERVISOR REVIEW NEEDED..... 15 SET A106 = 05 (A106)
- HUNG UP DURING INTRODUCTION 16 SET STATUS = 1240 (END)
- UNAVAILABLE DURING FIELD PERIOD 17 SET A104 = 06 (A104)
- LIVING OUTSIDE USA 18 SET A103 = 03 (A103)
- REFUSED r SET A105 = 02 (A105)

SECTION A: SCREENER

REQUESTS INFORMATION

(A1=02)

A2. Social Security just sent {NAME} a letter about an important national health study. I work for Mathematica Policy Research, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. This is a scientific study. We are not selling anything or asking for money.

(IF LongSamp=1): We may have spoken to {NAME} around two years ago, but we'd like to speak to {NAME} again about what may have changed since then.

PROBE: (IF PREPAY=1): Social Security sent a letter with a \$5 gift card as a thank you. We will send you a \$15 gift card after you complete the survey.

INTERVIEWER INSTRUCTION (PRE-PAY=1): IF SAMPLE MEMBER SAYS HE/SHE DID NOT RECEIVE GIFT CARD AND WILL NOT COMPLETE THE INTERVIEW UNTIL WE SEND A GIFT CARD, SCHEDULE APPOINTMENT TO CALL BACK.

Table with 2 columns: Description and Code. Includes items like {NAME} SPEAKING, {NAME} COMES TO PHONE, CALL BACK LATER, etc.

LANGUAGE BARRIER

(A1 = 10) OR (A2 = 10)

A3. Can someone there speak English?

INTERVIEWER NOTE: IF THIS CASE REQUIRES A SPANISH-SPEAKING INTERVIEWER, RETURN TO PREVIOUS QUESTION. CLICK THE FLAG AT THE TOP OF THE SCREEN TO CHANGE LANGUAGE TO SPANISH AND SCHEDULE A CALL BACK LATER. DO NOT CODE LANGUAGE BARRIER IF THIS CASE REQUIRES A SPANISH-SPEAKING INTERVIEWER

Table with 2 columns: Description and Code. Includes items like PERSON COMES TO PHONE, CALL BACK LATER, NO ONE SPEAKS ENGLISH, etc.

POSSIBLE INTERPRETER COMES TO PHONE

SECTION A: SCREENER

(A3 = 01)

A4. Hello, my name is _____. I'm calling on behalf of the Social Security Administration. Social Security just sent {NAME} a letter about an important national health survey. I work for Mathematica Policy Research, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. We are looking for someone who is 18 years or older to help {him/her} by interpreting the survey for us. Are you 18 years of age or older?

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

PROBE (PREPAY=1): Social Security recently sent a letter with a \$5 gift card as thank you. We will send you a \$15 gift card after you complete the survey.

(A4 = 00)

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

- YES, PERSON COMES TO PHONE 01
- CALL BACK LATER 02 (A6)
- NO ONE SPEAKS ENGLISH 03 SET A106 = 01 (A106)
- REFUSED/HUNG UP r SET A106 = 01 (A106)

(A0 = 15) OR (A4 = 01) OR (A4a = 01)

A4b. IF (A0=15) or (A4a=01) FILL {Hello, my name is _____. I'm calling on behalf of the Social Security Administration. Social Security just sent {NAME} a letter about an important national health study. I work for Mathematica Policy Research, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. We are looking for an interpreter who is 18 years or older to help {him/her} with the survey.} Would you be able to help {NAME} by interpreting the questions?

PROBE: We are not selling anything or asking for money.

PROBE (PREPAY=1): Social Security sent a letter with a \$5 gift card as a thank you. We will send you a \$15 gift card after you complete the survey.

- YES 01
- CALL BACK LATER 02 (A6)
- NO ONE +18 SPEAKS ENGLISH 03 SET A106 = 01 (A106)
- {NAME} MOVED 04 (A30)
- POSSIBLE PARTICIPATION PROBLEM 05 (A13)
- HOSPITALIZED 06 (A27a)
- {NAME} DECEASED 07 (A103a)
- {NAME} INCARCERATED 08 SET A103 = 01 (A103)
- INSTITUTIONALIZED 09 (A27a)
- MILITARY DUTY 10 SET A103 = 02 (A103)
- NO SUCH PERSON AT THIS NUMBER 11 SET A102 = 01 (A102)
- OTHER: SUPERVISOR REVIEW NEEDED 12 SET A106 = 05 (A106)
- UNAVAILABLE DURING FIELD PERIOD 13 SET A104 = 06 (A104)
- LIVING OUTSIDE USA 14 SET A103 = 03 (A103)
- REQUESTS IN-PERSON INTERVIEW 15 (A39)
- REFUSED r SET A105 = 02 (A105)

(A4b = 01)

A5. If {NAME} is available and you are ready to interpret, we can begin now. If you or {NAME} get tired or need a break at any time, please tell me, and we will call back later to finish.

- CONTINUE 01
- CALL BACK LATER 02
- INTERPRETER REFUSED r SET A105 = 02 (A105)

(A4a = 02) OR (A4b = 02) OR (A5 = 01 OR 02)

A6. {IF A5 = 01 DISPLAY Before we begin, please tell me your name.}

{IF A4a = 02 DISPLAY Please tell me that person's name so we can ask for them when we call back later /

SECTION A: SCREENER

IF A5 = 02 OR A4b = 02 DISPLAY: Please tell me your name so we can ask for you when we call back later}.

PROBE: IF PERSON IS RELUCTANT TO GIVE NAME, SAY: The first name is all we need.

IF NAME IS REFUSED, CODE AS REFUSED AND CONTINUE

FIRST, MIDDLE, LAST
 DON'T KNOW d
 REFUSED r

PROGRAMMER: STORE INTERPRETER NAME IN S25 AND LOCATOR

(A6 = ANSWER OR r)

A7. And, what is {IF A5 = 01 OR 2) OR (A4b = 02) FILL your / IF A4a = 02 FILL their} relationship to {NAME}?

{NAME'S} SPOUSE..... 01
 NAME'S} MOTHER 02
 {NAME'S} FATHER 03
 {NAME'S} CHILD 04
 GRANDPARENT OF {NAME} 05
 BROTHER/SISTER (NATURAL/STEP) OF {NAME} 06
 AUNT/UNCLE OF {NAME} 07
 OTHER RELATIVE 08
 NOT RELATED 09
 STAFF AT RESIDENCE 10
 DON'T KNOW d
 REFUSED r

(A7 = ANSWER OR d OR r)

A7a. PROGRAMMER:

IF A5 = 01 (CONTINUE)..... 01 (A10)
 ELSE CALLBACK TO INTERPRETER 02 SET A100 = 03 (A100)

CALLBACK TO NAMED INTERPRETER

(A0=14)

A8. Hello, my name is _____. I'm calling on behalf of the Social Security Administration. May I please speak to {INTERPRETER'S NAME}?

PROBE: We are not selling anything or asking for money.

SPEAKING 01
 INTERPRETER COMES TO PHONE 02
 CALL BACK LATER 03 SET A100 = 03 (A100)
 HUNG UP DURING INTRODUCTION 04 SET STATUS = 1640 (END)
 INTERPRETER REFUSED r SET A105 = 02 (A105)

(A8 =01 OR 02)

A9. {IF A8 = 02 DISPLAY: Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} When we last spoke with you, you said this would be a good time for you to interpret the National Beneficiary Survey for {NAME}. Are you and {NAME} ready to begin?

PROBE: If you or {NAME} get tired or need a break at any time, please tell me, and we will call back later to finish.

YES, CONTINUE..... 01
 CALL BACK LATER 03 SET A100 = 03 (A100)
 HUNG UP DURING INTRODUCTION 04 SET STATUS = 1640 (END)
 INTERPRETER REFUSED 05
 SET A105 = 02 (A105)

SECTION A: SCREENER

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

IF PREPAY = 1, USE FILLS IN QUESTION TEXT. (A0 = 07 OR 08) OR (A1 = 01, 03 OR 13) OR (A2 = 01, 03, OR 13) OR (A7a = 01) OR (A9 = 01)

IF PREPAY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$30.

PROGRAMMER: REMOVE RTYPE CODE HERE [PREVIOUSLY CODED IF ((A0 = 07 or 08) OR (A1 = 01, 03 or 13) OR (A2 = 01, 03 or 13)) THEN RType & KeyItems.RType = SM ELSE RType & KeyItems.RType = Proxy]

A10. {PROGRAMMER, IF A7a = 01 DISPLAY "Please tell {NAME} that I said...."} {(IF A0 = 07 OR 08, OR 09) OR (A1 = 03) OR (A2 = 03 OR 13) DISPLAY Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} {IF A2 = 01 or A2=13 BEGIN HERE} Social Security just sent (you/NAME) {PROGRAMMER IF A0 = 04 USE another} a letter about an important national health study. I work for Mathematica Policy Research, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. The National Beneficiary Survey is about (your/NAME'S) health, daily activities, and any jobs (you/NAME) may have. It also asks about Social Security programs and services (you/NAME) may use. I'm calling to ask you to take part (on behalf of NAME). The answers you and other people give us will be used to help Social Security learn how well its programs meet the needs of people with disabilities.

(IF LongSamp=1): We may have spoken to {you/NAME} around two years ago, but we'd like to speak to {you/NAME} again about what may have changed since then.

PROBE: We are not selling anything or asking for money.

The interview {IF A0 = 08 FILL will take around 2 to 3 hours because we are using TTY / IF A0 = 07 FILL will take around 2 to 3 hours because we are using Relay. / IF (A0 = 04) OR (A1 = 01, 03 OR 13) OR (A2 = 01 OR 03 OR 13) FILL: will take about 60 minutes. But it may be shorter or longer based on the questions you answer.} {IF PREPAY = 0: To thank you for your time, we will mail you a gift card for \$30 when you finish the interview. / IF PREPAY = 1: Security sent a letter with a gift card for \$5 as a thank you. We will send you a \$15 gift card after you complete the survey.} The questions are easy. If you get tired or need a break at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

INTERVIEWER INSTRUCTION (PREPAY=1): IF SAMPLE MEMBER SAYS HE/SHE DID NOT RECEIVE GIFT CARD AND WILL NOT COMPLETE THE INTERVIEW UNTIL WE SEND A GIFT CARD, SCHEDULE APPOINTMENT TO CALL BACK.

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

SECTION A: SCREENER

NAME OR UNKNOWN INFORMANT CALLS IN
IF PREPAY = 1, USE FILLS IN QUESTION TEXT.
IF PREPAY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$30.
(A0=02, 05, OR 06)

A11. **INTERVIEWER:** CODE BASED ON SUPERVISOR INSTRUCTION.

- SAMPLE MEMBER 01
- SAMPLE MEMBER USING TTY 02
- SAMPLE MEMBER USING RELAY 03
- INFORMANT / POSSIBLE PROXY 04 (A13a)

(A11 = 01, 02, OR 03)

A12. Hello, my name is _____. I'll be your interviewer today. I work for Mathematica Policy Research a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. The National Beneficiary Survey is about your health, daily activities, and any jobs you may have. It also asks about Social Security programs and services you may use. The answers you and other people give us will help Social Security learn how well its programs meet the needs of people with disabilities.

The interview {PROGRAMMER, IF A11 = 01 FILL will take about 60 minutes. But it may be shorter or longer based on the questions that you answer/ IF A11 = 02 USE will take around 2 to 3 hours because we are using TTY / IF A11 = 03 FILL will take around 2 to 3 hours because we are using Relay.} {IF PREPAY=0 To thank you, we will mail you a \$30 gift card when we finish the interview/ IF PREPAY=1: Social Security sent you a letter with a gift card for \$5 as a thank you. We will send you a \$15 gift card after you complete the survey.} The questions are easy. If you get tired or need a break at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

INTERVIEWER INSTRUCTION (PREPAY=1): IF SAMPLE MEMBER SAYS HE/SHE DID NOT RECEIVE GIFT CARD AND WILL NOT COMPLETE THE INTERVIEW UNTIL WE SEND A GIFT CARD, SCHEDULE APPOINTMENT TO CALL BACK.

- CONTINUE..... 01 (A64)
- WANTS TO SCHEDULE INTERVIEW 02 IF A11 = 01 SET A100 = 01 (A100)
IF A11 = 02 SET A100 = 04 (A100)
IF A11 = 03 SET A100 = 05 (A100)
- NEEDS PROXY 03
- NEEDS IN-PERSON 04 (A39)
- POSSIBLE PARTICIPATION PROBLEM..... 05 (A13)
- REFUSED r IF A11 = 01, 02, 03 SET A105 = 01 (A105)
IF A11 = 04 SET A105 = 02 (A105)

DIFFICULTY PARTICIPATING (SPEAKING WITH NAME / INFORMANT / UNKNOWN PROXY WHO CALLS IN)
(A1 = 06) OR (A2 = 06) OR (A4b = 05) OR (A10 = 07) OR (A11 = 04) OR (A12 = 05)

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

INTERVIEWER NOTE: IF SM COGNITIVE FAIL FLAG=1 AND INTERVIEWER ANSWERS 1 TO THIS QUESTION, PLEASE DISPLAY HARD CHECK WITH THE FOLLOWING TEXT: **“SAMPLE MEMBER FAILED COGNITIVE SCREENER. THIS INTERVIEW MUST BE COMPLETED BY PROXY”**

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

SECTION A: SCREENER

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

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

{PROGRAMMER: IF A11 = 04, USE: PROBE: Thank you very much for calling and offering to help.

IF NEEDED: What problem does {NAME} have that might prevent {him/her} from taking part for {himself/herself}?

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

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

PROBE: (IF LongSamp=1): We may have spoken to {you/NAME} around two years ago, but we'd like to speak to {you/NAME} again about what may have changed since then.

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

HEARING DIFFICULTY	01	
SPEECH DIFFICULTY	02	
COGNITIVE BARRIER.....	03	(A46)
PHYSICAL BARRIER.....	04	
INCARCERATED	06	SET A103 = 01 (A103)
INSTITUTIONALIZED	07	(A27a)
HOSPITALIZED	08	(A27a)
DECEASED.....	09	(A103a)
SERVING IN MILITARY	10	SET A103 = 02 (A103)
LIVING OUTSIDE USA	11	SET A103 = 03 (A103)
DON'T KNOW	d	
REFUSED	r	SET A105 = 02 (A105)

SECTION A: SCREENER

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

A14. Social Security just sent {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}} a letter about an important national health survey.} I work for Mathematica Policy Research, a well-known research company based in Princeton, New Jersey that was hired by Social Security to conduct this survey. {IF A12 = 05 START HERE} We would like {IF A13 = 01 FILL you to have / IF A13 = 02 FILL {NAME} to have} the chance to answer the questions for {IF A13 = 01 FILL yourself / IF A13 = 02 FILL himself / herself} if at all possible. I'm going to read some ways that we can arrange for {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}} to take part in the study.

PROBE: What would work best?

PROBE (PREPAY=1): Social Security sent a letter with a \$5 gift card as a thank you. We will send {you/NAME} a \$15 gift card after {you/NAME} complete the survey.

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

- We can break the interview into a few short calls to {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}} 01 (A64)
- We can use Relay or TTY for the interview 02 (A16)
- {PROGRAMMER, DISPLAY 03 ONLY IF A13a = 01} I can switch to a phone amplifier now 03 (A64)
- {PROGRAMMER, DISPLAY 04 ONLY IF A13a = 01} We can call later using a phone amplifier..... 04 SET A100 = 06 (A100)
- {PROGRAMMER, DISPLAY 05 ONLY IF IN CLUSTERED SAMPLE S1 = 01 We could send an interviewer to {{IF A13 = 01 FILL your / IF A13 = 02 FILL {his/her} home 05 (A42)
- {PROGRAMMER DISPLAY 06 ONLY IF A13 = 02} INFORMANT OFFERS TO BE PROXY 06 (A39)
- {PROGRAMMER, DISPLAY 07 ONLY IF SAMPLE TYPE = UNCLUSTERED, S1 = 02 AND A13 = 01} {NAME} REQUESTS IN-PERSON INTERVIEW 07 (A40)
- {PROGRAMMER DISPLAY 08 ONLY IF A13 = 01} {NAME} REQUESTS PROXY 08 (A39)
- PHYSICAL PROBLEM: {NAME} UNABLE TO PARTICIPATE 09 (A46)
- SUGGESTS ANOTHER WAY {SPECIFY__} 10
- DON'T KNOW d (A39)
- REFUSED r IF A13 = 01 SET A105 = 01 (A105) / IF A13 = 02 SET A105 = 02 (A105)

(A14 = 10)

A14a. What is that way?

- <OPEN _____
- DON'T KNOW d
- REFUSED r

(A14 = 10)

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

SET A106 = 05 (A106)

SECTION A: SCREENER

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

A16. **INTERVIEWER:** WHO ARE YOU SPEAKING WITH?

INTERVIEWER NOTE: IF SM COGNITIVE FAIL FLAG=1 AND INTERVIEWER ANSWERS 1 TO THIS QUESTION, PLEASE DISPLAY HARD CHECK WITH THE FOLLOWING TEXT: **“SAMPLE MEMBER FAILED COGNITIVE SCREENER. THIS INTERVIEW MUST BE COMPLETED BY PROXY”**

NAME 01
INFORMANT / POSSIBLE PROXY 02 (A18)

(A16 = 01)

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

PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

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

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

(A16 = 02)

A18. Can you help set up a time when we can call {NAME} and complete the interview using either TTY or Relay? My supervisor will call you back later to find out what time you set up for {NAME} to be interviewed.

PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

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

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

A19 DELETED

SECTION A: SCREENER

NAME REQUESTS LETTER

(A10 = 04)

A20. The letter from Social Security said you were chosen from a list of all adults who receive or used to receive Social Security benefits. It said someone from Mathematica would call to ask you to take part in this survey. I work for Mathematica Policy Research, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. The National Beneficiary Survey asks about your health, daily activities, and any jobs you may have. It also asks about Social Security programs or services you may use. The letter included the Privacy Act statement. It said that taking part in the survey is your choice and that your benefits will not be affected by your decision to answer the survey questions. It also said that the answers you give will be used only for research purposes to improve Social Security programs. If you get tired or need a break at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

PROBE (PREPAY=1): Social Security sent a letter with a \$5 gift card as a thank you. We will send you a \$15 gift card after you complete the survey.

PROBE:(IF LongSamp=1): We may have spoken to you around two years ago, but we'd like to speak to you again about what may have changed since then. CONTINUE 01 (A64)
CALL BACK LATER 02 SET A100 = 01 (A100)
NO, WANTS LETTER 00
REFUSED r SET A105 = 01 (A105)

(A20 = 00)

A21. You should receive the letter from Social Security in about a week. Or, I can read it to you now, and we can start the interview.

READ LETTER, CONTINUE 01 (A64)
NO, SEND LETTER 00
REFUSED r SET A105 = 01 (A105)

(A2=19 or A21 = 00)

A22. I want to make sure we have your correct name and address. The records show (READ BELOW). Is this correct?

PROGRAMMER: DISPLAY NAME AND ADDRESS FROM PRELOADS

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
YES 01 SET A109 = 01 (A109)
NO 00 (A23)
REFUSED/HUNG UP r SET A105 = 01 (A105)

PROGRAMMER: DO NOT SET RTYPE BASED ON QUESTION A22 (Remove RType code after A22 from R6)

(A22 = 00)

A23. PROGRAMMER: WAS A22 NAME UPDATED?

YES 01
NO 00 (A25)

PROGRAMMER: STORE CHANGED NAME IN S8 UPDATE

(A23 = 01)

A24. This name is different from the name in our records. Perhaps you married or changed your name. Can you confirm that you are the same {NAME} as in our records?

YES 01

SECTION A: SCREENER

NO 00 SET A102 = 04 (A102)
 REFUSED/HUNG UP r SET A106 = 05 (A106)

(A22 = 00) OR (A24 = 01)

A25. **PROGRAMMER:** CHECK: IS UPDATED STATE OUTSIDE THE UNITED STATES AND DC?

YES 01
 NO 00 SET A109 = 01 (A109)

(A25 = 01)

A26. I might have recorded your address wrong. Are you now living outside the United States?

INTERVIEWER: IF NO (ADDRESS IS IN THE USA), GO BACK TO A22 AND CORRECT STATE.

YES 01 SET A103 = 04 (A103)
 NO 00
 REFUSED r SET A106 = 05 (A106)

NAME INSTITUTIONALIZED / HOSPITALIZED

(A1 = 07 OR 11) OR (A2 = 07 OR 11) OR (A4b = 06 OR 09) OR (A13a = 07 OR 08)

A27a. I'm sorry to hear that. How much longer will {NAME} be staying there?

INTERVIEWER: ENTER THE NUMBER OF DAYS, WEEKS OR MONTHS

INTERVIEWER: (NEXT QUESTION SPECIFIES THE UNITS – DAYS, WEEKS OR MONTHS)

INTERVIEWER: ENTER 997 IF PERMANENTLY

 |_|_|
 DON'T KNOW d (A27b)
 REFUSED r (A27b)

A27aa. Units.

DAYS 01
 WEEKS 02
 MONTHLY 03

SECTION A: SCREENER

(A27a = ANSWER OR d OR r)

A27b. I understand that {NAME} is not able to be at home just now. In order to help {him/her} take part, we could

PROBE: READ BELOW. What would work?

INTERVIEWER: CODE ONE ONLY

IF A27a = 01 AND DAYS LESS THAN 30 OR A27a=02
and WEEKS LESS THAN 4 OR A27a=03
(MONTHS) and MONTHS = 1 DISPLAY: call
after {he/she} returns home and is feeling better 01 SET A100 = 01 (A100)
ELSE DISPLAY
If {NAME} is well enough, we can call {him/her} at the
{IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR
(A13a = 07) FILL institution / IF (A1 = 07 AND
A2 = 07 AND A4b = 06) OR (A13a = 08) FILL
hospital..... 02
{PROGRAMMER, DISPLAY 03 IF SAMPLE TYPE =
CLUSTERED S1 = 01) We could send an
interviewer to visit {him/her} at the {(IF A1 = 11
AND A2 = 11 AND A4b = 09) OR (A13a = 07)
FILL institution / (IF A1 = 07 AND A2 = 07 AND
A4b = 06) OR (A13 = 08) FILL hospital}..... 03 (A29)
NAME TOO ILL / SEEK PROXY 04 (A46)
DON'T KNOW d (A46)
REFUSED r SET A105 = 02 (A105)

(A27b = 02)

A28. Please tell me the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13a = 07) FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13a = 08) FILL hospital}, where I can contact {NAME}. If you don't have all the information, please tell me what you can.

NAME OF INSTITUTION / HOSPITAL

Please tell me the telephone number with the area code first.

PHONE NUMBER: |_|_|_|_|-|_|_|_|_|-|_|_|_|_| SET A100 = 08 (A100)

<p>PROGRAMMER: STORE NAME OF HOSPITAL OR INSTITUTION AND PHONE NUMBER IN LOCATOR IF REFUSED SET A106 = 05 (A106)</p>

SECTION A: SCREENER

(A27b = 03)

A29. Please tell me the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13 = 07) FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13 = 08) FILL hospital} where I can contact {NAME}. If you don't have all the information, please tell me what you can.

NAME OF INSTITUTION / HOSPITAL
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

Please tell me the telephone number with the area code first.

TELEPHONE: |_|_|_|-|_|_|-|_|_|_| SET A107 = 01 (A107)
REFUSED r SET A106 = 05 (A106)

**PROGRAMMER: STORE NAME AND ALL CONTACT
INFORMATION FOR HOSPITAL OR INSTITUTION IN LOCATOR
IF REFUSED SET A106 = 05 (A106)**

**NEW CONTACT INFORMATION FOR NAME
(A1 = 05) OR (A2 = 05) OR (A4b = 04)**

A30. Do you know how I can reach {NAME}?

YES 01
NO 00 (A37)
REFUSED r SET A105 = 02 (A105)

**PROGRAMMER: DO NOT SET RTYPE BASED ON A30 (remove RType code from R6)
(A30 = 01)**

A31. Please tell me {his/her} new address and phone number. Also, if {NAME'S} name has changed, please tell me the new name.

PROBE: If you don't have all the information, please tell me what you can.

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

Please tell me the telephone number with the area code first.

TELEPHONE: |_|_|_|-|_|_|-|_|_|_|
DON'T KNOW d
REFUSED r

(A31 = ANSWER OR d OR r)

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

YES (OUTSIDE USA)..... 01
NO (INSIDE USA) 02 (A36)

SECTION A: SCREENER

(A32 = 01)

A33. I may have recorded something incorrectly. Is {NAME} now living outside the United States?

INTERVIEWER: IF NO (ADDRESS IS INSIDE THE USA), GO BACK TO A31 AND UPDATE STATE.

PROGRAMMER AFTER A31 IS UPDATED, GO TO A36.

YES 01 SET A103 = 04 (A103)
NO 00

GO BACK TO A31; AFTER STATE IS UPDATED GO TO A36.

A34 IS DELETED

A35 IS DELETED

A36. **PROGRAMMER:** CHECK: DOES A31 CONTAIN A VALID PHONE NUMBER?

YES 01 SET A101 = 01(A101)
NO 00 SET A102 = 02 (A102)

PROGRAMMER: STORE {NAME} CONTACT DATA IN LOCATOR

LEAD INFORMATION

(A30 = 00)

A37. Is there someone else who might know how to reach {NAME}?

YES 01
NO 00 SET A102 = 03 (A102)
DON'T KNOW d SET A102 = 03 (A102)
REFUSED r SET A105 = 02 (A105)

(A37 = 01)

A38. What's that person's name and phone number?

PROBE: If you don't have all the information, please tell me what you can.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

Please give me the telephone number, area code first.

TELEPHONE: |_|_|_|-|_|_|-|_|_|_|_|

DON'T KNOW d
REFUSED r

**PROGRAMMER: STORE NAME AND PHONE INFORMATION IN LOCATOR = LEADS;
SET A101 = 03 (A101)
IF MISSING/INVALID PHONE NUMBER SET A106 = 05 (A106)**

SECTION A: SCREENER

CHECK FOR POSSIBLE IN-PERSON INTERVIEW

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

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

- NAME REQUEST IN PERSON (A4b = 15) OR
(A10 = 06) OR (A12 = 04) AND SAMPLE
TYPE = CLUSTERED (S1 = 01)..... 01 (A42)
- NAME REQUEST IN PERSON (A4b = 15) OR
(A10 = 06) OR (A12 = 04) AND SAMPLE
TYPE = UNCLUSTERED (S1 = 02)..... 02
- NAME/INFORMANT REQUESTS PROXY (A10 = 05)
OR (A12 = 03) OR (A14 = 06, 08 OR d) AND
SAMPLE TYPE CLUSTERED (S1 = 01)..... 03 (A43)
- NAME REQUEST PROXY (A10 = 05) OR (A12 = 03)
OR (A14 = 06, 08, d) AND SAMPLE TYPE =
UNCLUSTERED (S1 = 02) 04 (A41)

NAME REQUESTS IN PERSON INTERVIEW AND NOT IN CLUSTERED SAMPLE (S1 = 02)

(A14 = 07 OR A39 = 02)

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

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

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

(A39=04)

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

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

NAME REQUESTED IN PERSON AND IN CLUSTERED SAMPLE (S1 = 01)

(A14 = 05) OR (A39=01)

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

GO TO A44

SECTION A: SCREENER

NAME REQUESTED PROXY AND IN CLUSTERED SAMPLE (S1 = 01)

(A39=03)

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

YES 01
 NO, PREFER PROXY 02 (A46)
 DON'T KNOW d (A46)
 REFUSED r IF A13 = 01 SET A105 = 01 (A105)
 IF A13 = 02 SET A105 = 03 (A105)

(A42 = ANSWER OR d OR r) OR (A43 = 01)

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

PROGRAMMER: DISPLAY NAME'S CONTACT INFORMATION FROM PRELOADED INFORMATION (S20)

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

YES 01 (A45)
 NO 00
 REFUSED r PROGRAMMER BOX A44

PROGRAMMER: DO NOT SET RTYPE BASED ON A44 (please remove RType code from R6)

PROGRAMMER BOX A44

IF (A44 = r) AND (SampGrp = 02) AND (LongSamp = 0): A73a
 IF (A44 = r) AND (SampGrp = 02) AND (LongSamp = 1) AND (A13 = 01): SET A105 = 01 (A105)
 IF (A44 = r) AND (SampGrp = 02) AND (LongSamp = 1) AND (A13 = 02): SET A105 = 03 (A105)
 IF (A44 = r) AND (SampGrp = 01) AND (A13 = 01): SET A105 = 01 (A105)
 IF (A44 = r) AND (SampGrp = 01) AND (A13 = 02): SET A105 = 03 (A105)

SECTION A: SCREENER

(A44 = 00)

A44a. **INTERVIEWER** – UPDATE ADDRESS (A45)

(A44 = 01) AND (A44a = ANSWER)

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

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

NO CHANGE.....	01	PROGRAMMER BOX A45
ADDRESS OR PHONE WILL CHANGE	02	PROGRAMMER BOX A45
DON'T KNOW	d	PROGRAMMER BOX A45
REFUSED	r	PROGRAMMER BOX A45

<p>PROGRAMMER: STORE UPDATED INFORMATION IN UPDATE ADDRESS BLOCK</p>

SECTION A: SCREENER

PROGRAMMER BOX A45

IF SampGrp = 02 AND (LongSamp =0): A73a
 IF (SampGrp = 02) AND (LongSamp =1) AND (A45 = 01, 02, OR d): SET A107 = 01 (A107)
 IF (SampGrp = 02) AND (LongSamp =1) AND (A45 = r) AND (A13 = 01): SET A105 = 01 (A105)
 IF (SampGrp = 02) AND (LongSamp =1) AND (A45 = r) AND (A13 = 02): SET A105 = 03 (A105)
 IF (SampGrp = 01) AND (A45 = 01, 02, OR d): SET A107 = 01 (A107)
 IF (SampGrp = 01) AND (A45 = r) AND (A13 = 01): SET A105 = 01 (A105)
 IF (SampGrp = 01) AND (A45 = r) AND (A13 = 02): SET A105 = 03 (A105)

SEEKING PROXY

(A13a = 03) OR (A14 = 09) OR (A27 = 04, OR d) OR (A40 = 02 OR d) OR (A41 = 02 OR d AND A14=8 OR d) OR (A43 = 02 OR d)

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

- INFORMANT WILL SERVE AS PROXY 01 (A48)
- PROXY COMES TO PHONE 02 (A48)
- PROXY NOT AVAILABLE NOW 03
- PROXY LIVES ELSEWHERE 04 (A51)
- {NAME} HOSPITALIZED: NO PROXY 05 SET A104 = 01 (A104)
- {NAME} INSTITUTIONALIZED: NO PROXY... 06 SET A104 = 02 (A104)
- {NAME} HAS COGNITIVE BARRIER:
- NO PROXY 07 SET A104 = 03 (A104)
- {NAME} HAS HEARING / SPEECH BARRIER/
- NO PROXY 08 SET A104 = 04 (A104)
- {NAME} HAS PHYSICAL BARRIER:
- NO PROXY 09 SET A104 = 05 (A104)
- DON'T KNOW d SET A106 = 03 (A106)
- REFUSED r IF A40 = 02 OR d OR A41 = 02 OR d OR A43 = 02 OR d SET A105 = 01 (A105) / IF A13a = 03 OR A14 = 09 OR A27 = 04 OR d SET A105 = 03 (A105)

(A46 = 03)

A47. What is that person's name and phone number so we can call back and ask for that person by name?

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

Please give me the telephone number, area code first.

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

- DON'T KNOW d SET A106 = 05 (A106)
- REFUSED r SET A106 = 05 (A106)

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

SECTION A: SCREENER

PROXY COMES TO PHONE

(A14=06 AND A41=02 OR d) OR (A46=01 OR 02)

A48. {IF (A46 = 02) USE Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} {NAME} has been chosen to take part in an important national health study. Social Security just sent a letter to {NAME} about the study. I work for Mathematica Policy Research, a well-known research company based on Princeton, New Jersey. Are you the person who knows the most about {NAME's} health, daily activities, any jobs {he/she} may have, and Social Security programs and services {he/she} may use or has used in the past?

- YES 01 (A53)
- WANTS MORE INFORMATION..... 02
- NO 00 (A50)
- DON'T KNOW d (A50)
- REFUSED r SET A105 = 03 (A105)

(A48 = 02)

A49. The National Beneficiary Survey is about {NAME's} health, daily activities, any jobs {he/she} may have. It also asks about Social Security programs or services {he/she} may use. This is a scientific study. We are not selling anything or asking for money. The information we collect will be used to help Social Security learn how well its programs meet the needs of people with disabilities.

PROBE (PREPAY=1): Social Security sent a letter with a \$5 gift card as a thank you. We will send you a \$15 gift card after you complete the interview.

- CONTINUE..... 01 (A53)
- FIND ANOTHER PROXY 02
- REQUESTS LETTER..... 03 (A58)
- REFUSED r SET A105 = 03 (A105)

(A48 = 00 OR d) OR (A49 = 02)

A50. Is there someone else who knows about {NAME's} health, daily activities, and any jobs {he/she} may have?

- YES 01
- NO OTHER PROXY AVAILABLE..... 02 SET A106 = 03 (A106)
- REFUSED 00 SET A105 = 03 (A105)

ANOTHER PROXY LIVES ELSEWHERE

(A50 = 01)

A51. What is this person's name and phone number?

PROBE: If you don't have all the information, please tell me what you have.

- PREFIX, FIRST, MIDDLE, LAST, SUFFIX
- DON'T KNOW d
- REFUSED r

Please give me the telephone number, area code first.

TELEPHONE: |_|_|_|-|_|_|-|_|_|_|_|

- DON'T KNOW d
- REFUSED r

**PROGRAMMER: STORE PROXY CONTACT INFORMATION IN LOCATING DATABASE AND GO TO A52.
IF BOTH NAME AND PHONE NUMBER REFUSED SET A106 = 05 (A106)**

SECTION A: SCREENER

(A51 = ANSWER)

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

YES 01 SET A101 = 02 (A101)
NO 00 SET A102 = 06 (A102)

SPEAKING WITH PROXY

(A48 = 01) OR (A49 = 01)

IF PREPAY = 1, USE FILLS IN QUESTION TEXT.

IF PREPAY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$30.

A53. The interview will take about 60 minutes. But it may be shorter or longer based on the questions you answer. {IF PREPAY = 0: To thank you for your time, we will mail you a gift card for \$30 when we finish the interview/ IF PREPAY = 1: Social Security sent a letter with a \$5 gift card as a thank you. We will send you a \$15 gift card after you complete the interview/} If you get tired or need a break at any time, please tell me, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

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

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

(A53 = 01 OR 02)

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

PROBE: Your first name is fine.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
DON'T KNOW d
REFUSED r
CONTINUE

PROGRAMMER STORE PROXY NAME IN DATABASE

(A54 = ANSWER OR r)

A55. **PROGRAMMER:** IF

IF A53 = 01 01 (A64)
IF A53 = 02 02 SET A100 = 02 (A100)

SECTION A: SCREENER

CALLING FOR IDENTIFIED PROXY / PROXY AFTER REMAIL

(A0 = 10 OR 11 OR 13)

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

PROBE: We are not selling anything or asking for money.

PROXY SPEAKING..... 01 IF A0 = 13 (A85) / ELSE CONTINUE
PROXY COMES TO PHONE 02 IF A0 = 13 (A85) / ELSE CONTINUE
CALL BACK LATER (PROXY) 03 SET A100 = 02 (A100)
{PROXY} MOVED 04 (A61)
{PROXY} DECEASED..... 05 SET A106 = 03 (A106)
LANGUAGE BARRIER (NOT SPANISH) 06 SET A104 = 07 (A104)
NO SUCH PERSON AT THIS NUMBER..... 07 SET A102 = 05 (A105)
OTHER: SUPERVISOR REVIEW NEEDED ... 08 SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION 09 SET STATUS = 1640 (END)
REFUSED r SET A105 = 03 (A105)

PROXY COMES TO PHONE

(A56 = 01 OR 02)

IF PREPAY= 1, USE FILLS IN QUESTION TEXT.

IF PREPAY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$30.

A57. {IF {PROXY} COMES TO PHONE (A56=02), USE Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} Social Security just sent {IF (A0 = 10) FILL {NAME} / IF (A0 = 11) FILL you} a letter explaining that {he/she} has been chosen to take part in an important national health study. I work for Mathematica Policy Research, a well-known research company based in Princeton, New Jersey. We were hired by Social Security to conduct this survey. The National Beneficiary Survey is about {NAME's} health, daily activities, and any jobs {he/she} may have. It also asks about Social Security programs or services {he/she} may use. We were told you are the best person to answer questions on behalf of {NAME}. The survey will take about 60 minutes. But it may be shorter or longer based on the questions you answer. [IF PREPAY = 0: To thank you for your time, we will mail you a gift card for \$30 when we finish the interview/ IF PREPAY = 1: Social Security sent a letter with a \$5 gift card as a thank you. We will send {NAME} a \$15 gift card after {he/she} completes the interview.] Would you be able to help us?

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

CONTINUE..... 01 (A64)
CALL BACK LATER 02 SET A100 = 02 (A100)
SEEK ANOTHER PROXY 03 (A60)
PROGRAMMER: DISPLAY THIS OPTION
ONLY IF A0 = 10 WANTS LETTER SENT 04
DON'T KNOW d (A59)
REFUSED r SET A105 = 03 (A105)

SECTION A: SCREENER

(A57 = 04)

A58. The letter from Social Security said that {NAME} was chosen from a list of all adults who receive benefits or have received benefits in the past. It said someone from Mathematica would be calling to ask {him/her} to take part in an interview. The information we collect will be used to help Social Security learn how well its programs meet the needs of people with disabilities. The letter included the Privacy Act statement. It said that taking part in the survey is {NAME's} choice and that {NAME's} benefits will not be affected by {his/her} decision to answer the survey questions. It also said that the answers you give will be used only for research purposes to improve Social Security programs. If you need a break, let me know, and we will call back later to finish. This interview may be recorded for quality assurance. Let's start now.

PROBE (PREPAY=1): Social Security sent a letter with a \$5 gift card as a thank you. We will send you a \$15 gift card after you complete the survey.

INTERVIEWER INSTRUCTION IF PREPAY=1: IF SAMPLE MEMBER SAYS HE/SHE DID NOT RECEIVE GIFT CARD AND WILL NOT COMPLETE THE INTERVIEW UNTIL WE SEND A GIFT CARD, SCHEDULE APPOINTMENT TO CALL BACK.

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

(A58 = 01 OR 02)

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

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
REFUSED r
CONTINUE

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

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

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

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP CODE

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

SECTION A: SCREENER

SEEK ANOTHER PROXY - CONTACT INFORMATION

(A57 = 03)

A60. Can you give me the name and phone number for someone else who knows about {NAME's} health, daily activities, any jobs {he/she} may have, and about any Social Security programs or services {he/she} may use or has used in the past?

- YES 01
- NO 00 SET A106 = 03
- (A106)
- DON'T KNOW d SET A106 = 03
- (A106)
- REFUSED r SET A105 = 02
- (A105)

(A60 = 1)

A61. What is that person's name and telephone number?

PROBE FOR A60 = 01 ONLY: If you don't have all the information, please tell me what you have.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

- DON'T KNOW d
- REFUSED r

Please give me the telephone number, area code first.

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

- DON'T KNOW d
- REFUSED r

**PROGRAMMER: STORE PROXY INFORMATION IN LOCATING DATABASE AND GO TO A62.
IF NAME AND PHONE NUMBER REFUSED SET A105 = 02 (A105)**

(A61 = ANSWER)

A62. **PROGRAMMER:** WHAT KIND OF PROXY CONTACT INFORMATION DOES A61 CONTAIN?

- NO PHONE NUMBER..... 01 SET A102 = 06
- (A102)
- INVALID PHONE NUMBER 02 SET A102 = 06
- (A102)
- VALID PHONE NUMBER..... 03 SET A101 = 02
- (A101)

A63 DELETED

RESPONDENT VERIFICATION

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

A64. **INTERVIEWER:** WHO ARE YOU SPEAKING WITH?

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

INTERVIEWER NOTE: IF SM COGNITIVE FAIL FLAG=1 AND INTERVIEWER ANSWERS 1 TO THIS QUESTION, PLEASE DISPLAY HARD CHECK WITH THE FOLLOWING TEXT: **"SAMPLE MEMBER FAILED COGNITIVE SCREENER. THIS INTERVIEW MUST BE COMPLETED BY PROXY"**

- NAME 01
- PROXY 02

A65 DELETED

SECTION A: SCREENER

(A64 = ANSWER)

A66. Before we start, I need to confirm that I've reached the right person. Is {IF (A64 = 01) FILL your/IF (A64 = 02) FILL {NAME's}} full name?

PROGRAMMER: IF A0 = 03, DISPLAY: CAPI **INTERVIEWER:** DO NOT READ QUESTION; CODE 01, OR 02 AS APPROPRIATE.

PROGRAMMER: DISPLAY SAMPLE MEMBER'S FULL NAME BELOW FROM S8.

YES 01 (A67a)
YES, NAME NOW CHANGED 02
NO 00 (A72)
DON'T KNOW d (A72)
REFUSED r IF A64 = 01 SET A105 = 01 (A105)
IF A64 = 02 SET A105 = 03 (A105)

(A66 = 02)

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

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

NEW NAME
DON'T KNOW d (A72)
REFUSED r IF A64 = 01 SET A105 = 01 (A105)
IF A64 = 02 SET A105 = 03 (A105)

PROGRAMMER STORE NAME CHANGE IN NAME UPDATE BLOCK.

(A65 = 01) OR (A66 = 01) OR (A67 = ANSWER OR r)

A67a. {PROGRAMMER: IF A22 OR A44 CONTAIN UPDATED STATE, GO TO A68, ELSE CONTINUE} And in what state {IF (A64 = 01) FILL are you / IF (A64 = 02) FILL IS {NAME}} now living?

CAPI INTERVIEWER: DO NOT READ QUESTION: RECORD STATE BELOW AND CONTINUE.

STATE REFUSED r IF A64 = 01 SET A105 = 01 (A105)
IF A64 = 02 SET A105 = 03 (A105)
DON'T KNOW d

PROGRAMMER: CHECK AREA CODE AND RECORD STATE.

PROGRAMMER STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT STATE UPDATE BLOCK (S20).

(A67a = ANSWER OR r)

A68. What is {your/NAME'S} date of birth?

PROGRAMMER: IF (A0 = 03) DISPLAY: CAPI **INTERVIEWER:** DO NOT READ QUESTION. RECORD DATE OF BIRTH OR d AND CONTINUE.

|_|_| / |_|_| / |_|_|_|_|_|
MONTH DAY YEAR
(1 - 12) (1 - 31) (1937 - 2001)
[A68] [A68a] [A68b]

ANSWERED 01 (A71)
DON'T KNOW d
REFUSED r IF A64 = 01 SET A105 = 01 (A105)
IF A64 = 02 SET A105 = 03 (A105)

SECTION A: SCREENER

(A68 = d)

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

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

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

(A69 = ANSWER OR d)

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

YES 01
 NO 00

(A68 = ANSWER) OR (A70 = ANSWER)

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

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

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

A72 **PROGRAMMER CHECK: IS {NAME'S} IDENTITY VERIFIED (NAME VERIFIED {A66 = 01 OR 02} AND IS BIRTHDATE VERIFIED (A70 = 01) OR (A71 = 02 OR 03)?**

YES (VERIFIED) 01
 NO (FAILED VERIFICATION) 00 SET A102 = 04 (A102)

PROGRAMMER: CALCULATE AGE AT INTERVIEW (CURRENTAGE) USING DATE OF INTERVIEW - SELF-REPORTED DATE OF BIRTH GIVEN IN A68 (TO BE USED IN SECTION E). DO NOT RE-CALCULATE UPON RE-ENTRY.

(SampGrp = 02) AND (LongSamp = 0) AND (A72 = 1 OR A45 = ANSWERED OR A44 = r)

A73a. The survey we are conducting is only for people who have worked recently so, [IF A45 = ANSWERED OR A44 = r: before we begin,] I need to know if {you/NAME} have worked recently. Please note that answering any question is completely voluntary and you can refuse to answer any question. Whether you choose to answer or not, {your/NAME's} disability benefits will not be affected in any way, and we will keep any answers you provide completely confidential.

{Are you/Is NAME} currently working at a job or business for pay or profit?

PROBE: We are interested in both full-time and part-time work for pay or profit

YES 01 Programmer box A73c
 NO 00 A73b
 DON'T KNOW d A73b
 REFUSED r A73b

(SampGrp=02) AND (LongSamp =0) AND (A73a = 0, d, r)

A73b. Did {you/NAME} work for pay or profit at any time during the last 6 months?

PROBE: We are interested in both full-time and part-time work for pay or profit.

YES 01 Programmer box A73c
 NO 00 A73c
 DON'T KNOW d A73c
 REFUSED r A73c

SECTION A: SCREENER

(SampGrp=02) AND (LongSamp =0) AND (A73a=00, d, or r) AND (A73b=00, d, OR r)

A73c. I'm sorry, we are only interviewing people who are working now or worked in the past 6 months. Thank you for your help.

INTERVIEWER NOTE: IF YOU SUSPECT THE RESPONDENT DID NOT UNDERSTAND THE QUESTIONS AS YOU READ THEM, CODE 02 BELOW.

PRESS 1 TO CONTINUE..... 01
 END CALL. STATUS "INELIGIBLE" 2460.
 POSSIBLE COGNITIVE ISSUE, SUPERVISOR TO REVIEW 02
 SET STATUS 1380

PROGRAMMER BOX A73c

IF A72 = 1: GO TO A73
 IF (A45 = 01, 02, OR d): SET A107 = 01 (A107)
 IF (A45 = r) OR (A44 = r) AND (A13 = 01): SET A105 = 01 (A105)
 IF (A45 = r) OR (A44 = r) AND (A13 = 02): SET A105 = 03 (A105)

NAME/PROXY COGNITIVE TEST

(A72 = 01)

A73. **INTERVIEWER:** WHO ARE YOU SPEAKING WITH?

INTERVIEWER NOTE: IF SM COGNITIVE FAIL FLAG=1 AND INTERVIEWER ANSWERS 1 TO THIS QUESTION, PLEASE DISPLAY HARD CHECK WITH THE FOLLOWING TEXT: **"SAMPLE MEMBER FAILED COGNITIVE SCREENER. THIS INTERVIEW MUST BE COMPLETED BY PROXY"**

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

NAME – CATI OR CAPI INTERVIEW 01
 NAME, TTY INTERVIEW 02 SET A110 = 01
 NAME, RELAY INTERVIEW 03 SET A110 = 01
 PROXY (CATI) 04
 PROXY (CAPI) 05

(A73=4 OR 5 AND WE HAVEN'T ASKED FOR RTYPE NAME YET)

A73x. Before we start, please tell me your name.

FIRST, MIDDLE, LAST
 DON'T KNOW d
 REFUSED r

(A73=01, 02, 03, 04 OR 05)

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

Here's the first explanation. The survey asks about {IF (A73 = 03) FILL your / IF (A73 = 04 OR 05) FILL {NAME's}} health, daily activities, and any jobs {IF (A73 = 03) FILL you / IF (A73 = 04 OR 05) FILL {NAME}} might have. Please tell me in your own words what the survey is about.

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

LISTS NONE 00
 LISTS ONLY 1 TOPIC 01
 LISTS ANY 2 TOPICS 02 (A77)
 LISTS 3 TOPICS 03 (A77)
 REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
 IF A73 = 04 OR 05 SET A105 = 03 (A105)

A75 IS DELETED

SECTION A: SCREENER

(A74 = 00 OR 01)

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

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

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

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

(A74 = 02 OR 03) OR (A76=02 OR 03)

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

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

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

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

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

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

(A77=02)

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

Let's try that again. Taking part in the survey is completely voluntary. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like. You can also stop the interview at any time. Whether you choose to take part or not, {your/NAME's} disability benefits will not be affected in any way. When I say your taking part is completely voluntary, what does that mean to you?

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

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

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

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

SECTION A: SCREENER

(A77 = 01 OR A77a = 01)

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

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

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

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

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

(A78 = 02)

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

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

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

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

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

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

ACCURATE ANSWER 01 IF A73 = 03 SET A110 = 01 (A110) /
IF A73 = 04 OR 05 SET A110 = 02 (A110)
INACCURATE ANSWER - FAILED 02
REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
IF A73 = 04 OR 05 SET A105 = 03 (A105)

A79 IS DELETED

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

PROGRAMMER: IF RTYPE=SM AT THE TIME OF THE FAILED SCREENER, CHANGE RTYPE TO PROXY AND DO NOT ALLOW TO SWITCH BACK TO SAMPLE MEMBER.

(A76 = 00 OR 01) OR (A77a = 02 OR A78a = 02)

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

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

YES, PROXY COMES TO PHONE 01 (A85)
YES, CALL BACK PROXY LATER..... 02
YES, PROXY LIVES ELSEWHERE 03 (A82)
NO PROXY AVAILABLE 04 SET A106 = 04 (A106)
DON'T KNOW d SET A106 = 04 (A106)
REFUSED r IF A73 = 03 SET A105 = 01 (A105) /
IF A73 = 04 OR 05 SET A105 = 03 (A105)

SECTION A: SCREENER

PROGRAMMER: SET RTYPE AT A80 (IF A80# LOGICALLY SKIPPED, SET RTYPE TO PROXY)

(A80 = 02)

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

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

**PROGRAMMER: RECORD NAME LOCATING DATABASE
SET A100 = 02 (A100)**

(A80 = 03)

A82. Do you have that person's name and/or telephone number? If you don't have all the information, please tell me what you can.

YES 01
NO 00 SET A102 = 07 (A102)

(A82 = 01)

A83.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
DON'T KNOW d
REFUSED r

Please give me the telephone number, area code first.

TELEPHONE NUMBER: |_|_|_|-|_|_|-|_|_|_|_|
DON'T KNOW d
REFUSED r

**PROGRAMMER: STORE 3 PROXY NAME AND PHONE NUMBER IN LOCATING DATABASE.
IF BOTH NAME AND PHONE NUMBER REFUSED, SET A106 = 05 (A106)**

(A83 = ANSWER)

A84. **PROGRAMMER:** WHAT KIND OF PROXY CONTACT INFORMATION DOES A83 CONTAIN?

VALID PHONE NUMBER 01 SET A101 = 02 (A101)
INVALID PHONE NUMBER 02 SET A106 = 05 (A106)
NO PHONE NUMBER 03 SET A106 = 05 (A106)

SECTION A: SCREENER

CALL TO NEW PROXY/NEW PROXY COMES TO PHONE

(A1 = 13) OR (A56 = 01 OR 02) OR (A80 = 01)

IF PREPAY = 1, USE FILLS IN QUESTION TEXT.

IF PREPAY = 0 AND INTERVIEWER IS CALLING OUT, FILL \$30.

A85. {IF (A56 = 01 OR 02) OR (A80 = 01) USE Hello, my name is _____. I'm calling on behalf of the Social Security Administration.} Social Security just sent {NAME} a letter about an important national health survey. I work for Mathematica Policy Research, a well-known research company that was hired by Social Security to conduct this survey. The National Beneficiary Survey is about beneficiaries' health, daily activities, and any jobs they may have. It also asks about Social Security programs or services {he/she} may use. I've been told that you know about these topics and are the best person to answer the survey on behalf of {NAME}.

The interview will take about 60 minutes. But it may be shorter or longer based on the questions you answer. [IF PREPAY = 0: To thank you for your time, we will mail you a gift card for \$30 when we finish the interview./ IF PREPAY = 1: Social Security sent {NAME} a letter with a \$5 gift card as a thank you. We will send {NAME} a \$15 gift card after you complete the survey.] Would you be able to help us?

INTERVIEWER INSTRUCTION (PREPAY=1): IF PROXY SAYS SAMPLE MEMBER DID NOT RECEIVE GIFT CARD AND WILL NOT COMPLETE INTERVIEW UNTIL WE SEND GIFT CARD, SCHEDULE APPOINTMENT.

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

(A85=01)

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

FIRST, MIDDLE, LAST
DON'T KNOW d
REFUSED r

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

(A85 = 01)

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

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

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

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

A87 IS DELETED

SECTION A: SCREENER

(A86 = 00 OR 01)

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

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

INTERVIEWER: EXAMPLES OF ACCURATE ANSWERS ARE: health, my disability, health problems; daily activities, things I do every day; jobs, whether I work or not

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

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

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

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

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

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

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

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

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

(A89 = 02)

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

Let's try that again. Taking part in the survey is completely voluntary. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like. You can also stop the interview at any time. Whether you choose to take part or not, {NAME}'s disability benefits will not be affected in any way. When I say your taking part is completely voluntary, what does that mean to you?

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

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

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

ACCURATE ANSWER 01
INACCURATE ANSWER 02 (A92)
REFUSED r SET A105 = 03 (A105)

SECTION A: SCREENER

(A89a = 01)

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

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

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

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

ACCURATE ANSWER 01 SET A110 = 02 (A110)
INACCURATE ANSWER 02
REFUSED r SET A105 = 03 (A105)

(A90 = 02)

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

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

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

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

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

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

ACCURATE ANSWER 01 SET A110 = 02 (A110)
INACCURATE ANSWER 02 (A92)
REFUSED r SET A105 = 03 (A105)

A91 IS DELETED

(A88 = 00 OR 01) OR (A89a = 02) OR (A90a = 02)

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

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

SECTION A: SCREENER

CALL BACK LATER TO SAME NUMBER (INTERIM)

(A1 = 04) OR (A3 = 02) OR (A5 = 02) OR (A7a = 01) OR (A8 = 03) OR (A9=03) OR (A10 = 03) OR (A12 = 02) OR (A14 = 04) OR (A17 = 01, 02, 03 OR 04) OR (A18=01 or 02 or 03) OR (A20 = 02; OR A27b = 01) OR (A28 = ANSWER) OR (A47 = ANSWER) OR (A52 = 01) OR (A55 = 02) OR (A56 = 03) OR (A57 = 02) OR (A58 = 02) OR (A81 = ANSWER) OR (A84 = 01) OR (A85 = 02)

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

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

START NEXT SCREENER AT...

{YOUR NAME}	01	A0 = 01
{PROXY NAME}.....	02	A0 = 10
{INTERPRETER NAME}	03	A0 = 14
{NAME} using TTY	04	A0 = 08
{NAME} using Relay.....	05	A0 = 07
{NAME} using a phone amplifier	06	A0 = 09
{NEW PROXY NAME} AFTER FIRST PROXY FAILED COGNITIVE TEST	07	A0 = 10
{NAME} at {IF A1 = 07; OR A2 = 07; OR A4b = 07; OR A13a = 08 FILL HOSPITAL NAME FROM A28/ IF A1 = 11; OR A2 = 11; OR A4b = 09; OR A13a = 07 FILL INSTITUTION NAME FROM A28	08	A0 = 01
IF A4a = 02 AND A6 = ANSWER {NEW INTERPRETER NAME}	09	A0 = 15

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

GO TO END

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

(A36 = 01) OR (A38 = ANSWER) OR (A52 = 01) OR (A62 = 03, 05, OR 09) OR (A84 = 03, 05, OR 09)

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

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

START NEXT SCREENER AT...

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

(A106)

SECTION A: SCREENER

A101a. **PROGRAMMER:** GO TO END.

SEND TO LOCATING: NAME OR PROXY (INTERIM)

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

A102. Thank you very much. Goodbye.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

INTERVIEWER: PRESS 1 TO CONTINUE

START NEXT SCREENER AT...

{NAME}: NO SUCH PERSON HERE	01	SET STATUS = 1530 (END) A0 = 01
{NAME}: NEED PHONE NUMBER ONLY	02	SET STATUS = 1530 (END) A0 = 01
{NAME} NEED ALL CONTACT INFORMATION	03	SET STATUS = 1530 (END) A0 = 01
{NAME} FAILED VERIFICATION – FIND NAME ...	04	SET STATUS = 1380 (END) A0 = 01
{PROXY}: NO SUCH PERSON HERE	05	SET STATUS = 1380 (END) A0 = 13
{PROXY}: NEED PHONE NUMBER	06	SET STATUS = 1380 (END) A0 = 13

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

INELIGIBLE (INTERIM / POSSIBLE FINAL)

(A1 = 09, 12, OR 18) OR (A2 = 09, 12, OR 18) OR (A4b = 08,10, OR 14) OR (A13a = 06, 10 OR 11) OR (A26 = 01) OR (A33 = 01)

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

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

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

INTERVIEWER: PRESS ENTER TO CONTINUE

INCARCERATED	01	SET STATUS = 1421 (END)
IN ACTIVE MILITARY	02	SET STATUS = 1422 (END)
LIVING OUTSIDE THE USA	03	SET STATUS = 1450 (END)

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

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

 |_|_| / |_|_| / |_|_|_|_|
 MONTH DAY YEAR
 (1 – 12) (1 – 31) (2000 – 2019)

DON'T KNOW	d
REFUSED	r

Thank you. Please accept my condolences. Goodbye.

**PROGRAMMER: SET STATUS = 2440.
GO TO END**

SECTION A: SCREENER

**BARRIERS TO PARTICIPATION – (INTERIM NON-RESPONSE / POSSIBLE FINAL NON-RESPONSE)
(A1 = 17) OR (A2 = 17) OR (A4b = 13) OR (A46 = 05, 06, 07, 08, OR 09) OR (A56 = 06)**

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

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

PROGRAMMER, THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW.
THEY WILL NOT CYCLE

THROUGH THE SCREENER AGAIN UNLESS SUPERVISOR/PROGRAMMER RESETS
CASE STATUS.

INTERVIEWER: PRESS ENTER TO CONTINUE

HOSPITALIZED	01	SET STATUS = 1420 (END)
INSTITUTIONALIZED	02	SET STATUS = 1420 (END)
COGNITIVE BARRIER.....	03	SET STATUS = 1412 (END)
HEARING/SPEECH BARRIER	04	SET STATUS = 1411 (END)
PHYSICAL BARRIER.....	05	SET STATUS = 1410 (END)
UNAVAILABLE DURING FP	06	SET STATUS = 1430 (END)
FINAL LANGUAGE BARRIER	07	SET STATUS = 1400 (END)

REFUSALS (INTERIM / FINAL)

(IF ANY OF THE FOLLOWING QUESTIONS = r: A1, A2, A4b, A5, A8, A9, A10, A12, A13a, A14, A17, A18, A20, A21, A22, A27b, A29, A30, A37, A40, A41, A43, A44, A45, A46, A48, A49, A50, A53, A56, A57, A58, A60, A61, A66, A67, A67a, A68, A74, A76, A77, A78, A78a, A80, A85, A86, A88, A89, A89a, A90, A90a)

A105. Thank you for your time. Goodbye.

PROGRAMMER: GO TO REFUSAL SCREEN SO INTERVIEWER CAN RECORD REASON FOR REFUSAL. WHILE THE CASE IS STILL IN INTERIM STATUS, THESE CASES WILL BE SUBJECT TO CALL SCHEDULER RULES THAT WILL DETERMINE WHETHER AND WHEN TO START THE NEXT SCREENER CALL (A0 – 01 OR A0 = 10) OR SET AS 860 (END) (REVIEW NEEDED FOR FIELD BY SUPERVISOR , AKA HOLD FOR CAPI)

START NEXT SCREENER AT:

{NAME} REFUSED.....	01	SET STATUS = 1200 (REFUSAL SCREEN) A0 = 01
{UNKNOWN} REFUSED	02	SET STATUS = 1220 (REFUSAL SCREEN) A0 = 01
{PROXY} REFUSED	03	SET STATUS = 1210 (REFUSAL SCREEN) A0 = 10

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

SUPERVISOR REVIEW (INTERIM)

(A1 = 15) OR (A2 = 15) OR (A3 = 03 OR r) OR (A4 = r) OR (A4a = 03 OR r) OR (A4b = 03 OR 12) OR (A15 = ANSWER) OR (A18 = 05 OR d) OR (A24 = r) OR (A26=r) OR (A28 = r) OR (A29 = r) OR (A47 = d OR r) OR (A50 = 2) OR (A51 = r) OR (A56 = 05 OR 08) OR (A60 = 00 OR d) OR (A80 = 04 OR d) OR (A101 = 03)

A106. Thank you for your time. Goodbye.

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

POSSIBLE LANGUAGE PROBLEM	01	SET STATUS = 1380 (END)
CALL INFORMANT TO SET TTY/RELAY CALL BACK TIME.....	02	SET STATUS = 1380 (END)
NEED TO LOCATE NEW PROXY	03	SET STATUS = 1380 (END)
PROXY FAILED COGNITIVE TEST / NO OTHER PROXY AVAILABLE.....	04	SET STATUS = 1380 (END)
OTHER SUPERVISOR REVIEW	05	SET STATUS = 1380 (END)
CALL LEAD FOR NAME/PROXY INFO	06	SET STATUS = 1380 (END)

SECTION A: SCREENER

HOLD FOR CAPI (INTERIM - REQUIRES SUPERVISOR REVIEW)

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

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

PROGRAMMER: IN ADDITION TO THESE CASES BEING HELD FOR CAPI, REFUSALS AND UNLOCATABLES WILL ALSO BE HELD FOR CAPI UNDER CERTAIN CIRCUMSTANCES THAT THE SUPERVISORS WILL DECIDE. NOTE ALSO THAT ALL CAPI CASES WILL START THE CAPI SCREENER AT A0 = 01.

INTERVIEWER: PRESS 1 TO CONTINUE

HOLD FOR CAPI 0 SET STATUS = 1860 (END) A0 = 01

RESPONDENT WILL CALL MPR (INTERIM)

(A10 = 02) OR (A17 = 05 OR 06)

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

INTERVIEWER: PRESS ENTER TO CONTINUE

{NAME} WILL CALL 01 SET STATUS = 1830 (END) A0 = 02
{NAME} WILL CALL/TTY..... 02 SET STATUS = 1830 (END) A0 = 08
{NAME} WILL CALL/RELAY..... 03 SET STATUS = 1830 (END) A0 = 07

REQUEST FOR LETTER (INTERIM)

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

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

INTERVIEWER: PRESS 1 TO CONTINUE

START NEXT SCREENER AT...

{NAME} REQUESTS LETTER 01 SET STATUS = 1831 (END) A0 = 04
PROXY REQUESTS LETTER 02 SET STATUS = 1831 (END) A0 = 11

CONTINUE WITH INTERVIEW

(A78a = 01) OR (A90a = 01)

A110. RESPONDENT CHECK SCREEN

INTERVIEWER: WE SHOW THE RESPONDENT IS

(IF A73 = 01, 02; OR A73 = 03 AND A78a = 01 FILL {NAME})

(IF A73 = 04 OR 05 AND A78a = 01; OR A90a = 01 FILL PROXY

INTERVIEWER: IS THIS INFORMATION CORRECT?

YES 01 (B1)
NO 00

(A110 = 00)

A110a. **INTERVIEWER:** WHO IS THE RESPONDENT?

SAMPLE MEMBER 01 (B1)
PROXY 02

SECTION B: DISABILITY AND CURRENT WORK STATUS

DISABILITY STATUS

(All)

B1. First, I have some questions about how {your/NAME's} health affects {your/his/her} daily activities. Does a physical or mental condition limit the kind or amount of work or other daily activities {you/NAME} can do?

PROBE 1: In other words, are there things {you/NAME} can't do as much or can't do at all that people the same age can?

PROBE 2: Daily activities include cooking, shopping, getting around the home, paying bills, or working at a job.

PROBE 3: (IF LongSamp=1): We may have spoken about {your/NAME's} health the last time we spoke, but we would like to re-ask these questions.

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

(B1=01)

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

INTERVIEWER: ENTER VERBATIM RESPONSE

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

PROBE 2: What causes this condition?

PROBE 3: (IF LongSamp=1): We may have spoken about {your/NAME's} health the last time we spoke, but we would like to re-ask this question.

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(B1=01)

B3. {Do you/Does NAME} have any other physical or mental conditions that limit the kind or amount of work or other daily activities {you/he/she} can do?

PROBE 1: In other words, are there things {you/NAME} can't do as much or can't do at all that people the same age can?

PROBE 2: Daily activities include cooking, shopping, getting around the home, paying bills, or working at a job.

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

SECTION B: DISABILITY AND WORK STATUS

(B1=01 and B3=01)

B4. What are those conditions?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

PROBE 2: What causes this condition?

<OPEN> _____

DON'T KNOW d
REFUSED r

GO TO B18_age

(B1=00, d, r)

B5. {Are you/Is NAME} currently receiving disability benefits from Social Security?

YES 01
NO 00 (B9)
DON'T KNOW d (B9)
REFUSED r (B9)

(B1=00, d, r and B5=01)

B6. What physical or mental condition is the main reason {you are/NAME is} became eligible for disability benefits?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

PROBE 2: What causes this condition?

PROBE 3: (IF LongSamp=1): We may have spoken about {your/NAME's} health the last time we spoke, but we would like to re-ask this question.

<OPEN> _____

DON'T KNOW d
REFUSED r

(B1=00, d, r and B5=01)

B7. {Do you/Does NAME} have any other physical or mental conditions that made {you/him/her} eligible for disability benefits?

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

(B1=00, d, r and B5=01 and B7=01)

B8. What are those conditions?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

PROBE 2: What causes this condition?

<OPEN> _____

DON'T KNOW d
REFUSED r

GO TO B18_age

SECTION B: DISABILITY AND WORK STATUS

(B1=00, d, r and B5=00, d, r)

B9. {Have you/Has NAME} received disability benefits from Social Security at any time during the last five years?

IF LONGSAMP=1 **INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS NO OR DOES NOT REMEMBER RECEIVING BENEFITS, READ:** When we last spoke {you/NAME} noted that {you/NAME} had received disability benefits within the last few years. To confirm, {have you/has NAME} received disability benefits from Social Security at any time during the last few years?

YES 01 (B11)
NO 00
DON'T KNOW d
REFUSED r

(B1=00, d, r and B5=00, d, r and B9=00, d, r)

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

PRESS 1 TO CONTINUE..... 01
END CALL. STATUS "SUPERVISOR REVIEW 1380."

(B1=00, d, r and B5=00, d, r and B9=01)

B11. {Do you/Does NAME} still have the physical or mental conditions that made {you/him/her} eligible for Social Security disability benefits?

YES 01
NO 00 (B15)
DON'T KNOW d (B15)
REFUSED r (B15)

(B1=00, d, r and B5=00, d, r and B9=01 and B11=01)

B12. What physical or mental condition is the main reason {you were/NAME was} eligible for disability benefits?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

PROBE 2: What causes this condition?

PROBE 3: (IF LongSamp=1): {You/NAME} might have answered this question the last time we spoke, but we would like to re-ask these questions again.

<OPEN> _____

DON'T KNOW d
REFUSED r

(B1=00, d, r and B5=00, d, r and B9=01 and B11=01)

B13. {Do you/Does NAME} have any other physical or mental conditions that made {you/him/her} eligible for disability benefits?

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

SECTION B: DISABILITY AND WORK STATUS

(B1=00, d, r and B5=00, d, r and B9=01 and B11=01 and B13=01)

B14. What are those conditions?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

PROBE 2: What causes this condition?

<OPEN> _____

DON'T KNOW d
REFUSED r

GO TO B18_age

(B1=00, d, r and B5=00, d, r and B9=01 and B11=00, d, r)

B15. What physical or mental condition was the main reason {you were/NAME was} limited when {you/he/she} first started getting disability benefits from Social Security?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

PROBE 2: What caused this condition?

<OPEN> _____

DON'T KNOW d
REFUSED r

(B1=00, d, r and B5=00, d, r and B9=01 and B11=00, d, r)

B16. Did {you/NAME} have any other physical or mental conditions that limited the kind or amount of work or other daily activities {you/he/she} could do when {you/he/she} first started getting disability benefits?

PROBE: Daily activities include cooking, shopping, getting around the home, or paying bills.

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

(B1=00, d, r and B5=00, d, r and B9=01 and B11=00, d, r and B16=01)

B17. What were those conditions?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

PROBE 2: What caused this condition?

<OPEN> _____

DON'T KNOW d
REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(All)

B18_age. How old {were you/was NAME} when {you/he/she} first became limited in the kind or amount of work or other daily activities {you/he/she} could do? Your best estimate is fine.

INTERVIEWER: IF AGE IS NOT KNOWN, ENTER '99' TO PROBE FOR A YEAR.

INTERVIEWER: IF LESS THAN ONE YEAR OR SINCE BIRTH, ENTER '0' IN AGE.

____ (B20 IF AGE 0-64)

AGE

(0-64) (or '99' to probe for year)

SINCE BIRTH..... 00 (B20)

DON'T KNOW d (B19)

REFUSED r (B19)

PROGRAMMER: SET 99 (AGE NOT KNOWN) TO MISSING (.M) IN DATA

(B18_age=99)

B18_year.

PROBE: READ IF NECESSARY: In what year?

YEAR

(1933-2019) (B20)

DON'T KNOW d

REFUSED r

(B18_age=d, r) or (B18_age=99 and B18_year=d, r)

B19. Did {you/NAME} become limited before the age of 18 or after age 18?

PROBE: Your best guess is fine.

LESS THAN 18 01

18 OR OLDER 02

DON'T KNOW d

REFUSED r

PROGRAMMER: CALCULATE AGE OF ONSET BASED ON B18_AGE AND B18_YEAR:

If B18_age=0-64, then B18_age_calc=B18_age. Else if B18_age=99 and B18_yr ≠ d or r and B18_year=A68b, B18_age_calc=0. Else if B18_age=99 and B18_yr ≠ d or r and B18_year ≠ A68b, B18_age_calc= B18yr - A68b. Else, if B18_age=99 and B18_yr=d or r, B18_age_calc= B18_yr. Else, if B18_age=d or r, B18_age_calc=B18_age.

B20. SOFT EDIT: B18_age_calc SHOULD NOT EXCEED CURRENT AGE. IF B18_age_calc>CURRENTAGE_ TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: **INTERVIEWER:** AGE OF DISABILITY ONSET IS GREATER THAN CURRENT AGE. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. I show that {you are/NAME is} now (CURRENTAGE), and {you/he/she} became limited when {you were/(he/she) was} (B18_age_calc). Should I change {your/NAME's} the age when {you/NAME} first became limited?

CHANGE AGE WHEN FIRST BECAME LIMITED..... 01

(CHANGE B18_age) SUPPRESS..... 02

B21. CHECK: HAS {NAME} BEEN LIMITED SINCE ADULTHOOD (B18_age_calc NE D OR R, AND B18_age_calc IS > OR = 18) OR (IF B18_age_calc=D OR R and B19=02)?

YES 01

NO 00 (B24)

SECTION B: DISABILITY AND WORK STATUS

(B21=01)

B22. {Were you/Was NAME} working at a job for pay or profit before {you/he/she} started receiving disability benefits?

- YES 01
- NO 00 (B24)
- DON'T KNOW d (B24)
- REFUSED r (B24)

(B22=01)

BP1. {Are you/Is NAME} now able to do the same kind of work {you/he/she} did before {you/he/she} started receiving Social Security disability benefits? (NSHA WS-56 modified)

PROBE: {Are you/Is NAME} able to do the same type of job activities {you were/he was/she was} doing before?

- YES 01 (B24)
- NO 00 (BP1b)
- DON'T KNOW d (B24)
- REFUSED r (B24)

(BP1=00)

BP1b. Why {are you/is NAME} no longer able to do the kind of work {you/he/she} did before {you/he/she} started receiving Social Security disability benefits?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- HEALTH CONDITION DOES NOT ALLOW JOB PERFORMANCE..... 01 (B23)
- LACKS THE PHYSICAL ENERGY, STRENGTH OR STAMINA REQUIRED..... 02 (B23)
- PAIN INTERFERES WITH A JOB OR WORK SCHEDULE 03 (B23)
- JOB IS TOO STRESSFUL 04 (B23)
- MEDICAL AND THERAPY APPOINTMENTS INTERFERE WITH A REGULAR WORK SCHEDULE 05 (B23)
- THE TIME NEEDED FOR PERSONAL CARE AND MAINTAINING HEALTH IS TOO SUBSTANTIAL/INTERFERES WITH A REGULAR WORK SCHEDULE 06 (B23)
- HEALTH GOES UP AND DOWN IN UNPREDICTABLE WAYS 07 (B23)
- UNABLE TO GET THE MEDICAL TREATMENT NEEDED TO IMPROVE YOUR HEALTH ENOUGH TO GO TO WORK 08 (B23)
- UNABLE TO GET MEDICAL DEVICE NEEDED TO WORK..... 09 (B23)
- OTHER (SPECIFY) 10 (BP1B_oth)

(BP1b=10)

BP1b_oth. What other reason?

- <OPEN> _____ (B23)
- DON'T KNOW d (B23)
- REFUSED r (B23)

SECTION B: DISABILITY AND WORK STATUS

(B21=01 and B22=01)

B23. Did the job {you/NAME} had before {you/he/she} started receiving Social Security disability require {you/him/her} to use a computer?

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

CURRENT WORK STATUS

(All)

IF SampGrp = 02 AND LongSamp =0 AND A73a = 01, FILL: "Earlier you mentioned {you were/NAME was} currently working at a job or business for pay or profit. I just want to confirm."

IF SampGrp = 02 AND LongSamp =0 AND A73a = 00, d, OR r, FILL: "Earlier you mentioned {you were/NAME was} not currently working at a job or business for pay or profit. I just want to confirm."

B24. These next questions are about {your/NAME's} personal goals and {your/his/her} current work-related activities. {Earlier you mentioned {you were/NAME was} {not} currently working at a job or business for pay or profit. I just want to confirm.} {Are you/Is NAME} currently working at a job or business for pay or profit?

PROBE: We are interested in both full-time and part-time work for pay or profit

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

(B24 = 0, d, r)

IF SampGrp = 02 AND LongSamp =0 AND A73b = 01, FILL: "Earlier you mentioned {you have/NAME has} worked for pay or profit during the last 6 months. I just want to confirm."

B24b. {Earlier you mentioned {you have/NAME has} worked for pay or profit during the last 6 months. I just want to confirm.} Did {you/NAME} work for pay or profit at any time during the last 6 months?

PROBE: We are interested in both full-time and part-time work for pay or profit.

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

(B24=00, d, or r and B24b=00, d, or r and SampGrp=02 AND LongSamp =0)

B24c. I'm sorry, we are only interviewing people who are working now or worked in the past 6 months. Thank you for your help.

PRESS 1 TO CONTINUE..... 01
END CALL. STATUS "INELIGIBLE": 2460

B25. ITEM MOVED TO FOLLOW B29_10_Other

B26. ITEM MOVED TO FOLLOW B25

B27. ITEM MOVED TO FOLLOW B26

SECTION B: DISABILITY AND WORK STATUS

(B24=00, d, r or B24b=01, 00, d, or r)

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

- YES 01
- NO 00 (B25, new position)
- DON'T KNOW d (B25, new position)
- REFUSED r (B25, new position)

(B28=01)

B28a. Are {you/NAME} looking for part-time or full-time work?

- FULL-TIME 01 (B29)
- PART-TIME 02
- DON'T KNOW d (B29)
- REFUSED r (B29)

(B28=01 and B28a=2)

B28b. About how many hours per week would {you/NAME} like to work?

- (1-60) (1-168)
HOURS
- DON'T KNOW d
- REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(B28=01)

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

	YES	NO	DON'T KNOW	REFUSED
a. Contact {your/NAME'S} state's unemployment office?	01	00	d	r
b. Ask friends or relatives?	01	00	d	r
c. Look through job advertisements in a newspaper or on the Internet?	01	00	d	r
d. Contact the State Vocational Rehabilitation Agency or {VRNAME FROM {NAME'S} CURRENT STATE}?	01	00	d	r
e. Contact a local independent living center?	01	00	d	r
f. Contact a private employment agency or program?	01	00	d	r
f1. Contact a former employer in person, by mail or email, or by phone?	01	00	d	r
g. Contact any other employers in person, by mail or email, or by phone?	01	00	d	r
h. Do anything else that I didn't mention?	01	00	d	r

PROGRAMMER: IF B29h=01, GO TO B29h_other. OTHERWISE, GO TO B29_1a.

(B28=01 and B29_h=01)

B29h_Other. What was it?

INTERVIEWER: PLEASE SPECIFY

<OPEN>

DON'T KNOW d
 REFUSED r

(B28=01)

B29_1a. {Have/Has} {you/NAME} received any job offers within the past four weeks?

YES 01
 NO 00 (B29_7)
 DON'T KNOW d (B25, new position)
 REFUSED r (B25, new position)

(B29_1a=01)

B29_1b. Did {you/NAME} turn any of these job offers down?

YES 01
 NO 00 (B30)
 DON'T KNOW d (B25, new position)
 REFUSED r (B25, new position)

SECTION B: DISABILITY AND WORK STATUS

(B29_1a=01 and B29_1b=01)

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

	YES	NO	DON'T KNOW	REFUSED
a. {You/NAME} would have needed special equipment or medical devices that {you do / he does / s he does} not currently have in order to do the work	01	00	d	r
b. [You/NAME] did not have the personal assistance [you/he/she] needed to get ready for work each day (EXAMPLE IF NEEDED: This includes things like dressing and bathing)	01	00	d	r
c. {You/NAME} could not get the help that {you/he/she} needed caring for children or others	01	00	d	r
d. {You/NAME} did not have reliable transportation to and from the job	01	00	d	r
e. The job did not offer a flexible enough schedule	01	00	d	r
f. Job did not pay enough.	01	00	d	r
g. The job did not offer health insurance benefits	01	00	d	r
h. {You/NAME} would have lost benefits (you need / he needs / she needs) like Social Security, disability insurance, workers' compensation, or Medicaid, if [you/he/she] accepted the job	01	00	d	r
i. Is there anything else that I did not mention that made {you/NAME} turn down a recent job offer	01	00	d	r

(B29_2_i=01)

B29_2_i_Oth. What other reasons?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(B29_1a=01 and B29_1b=01)

B29_2CHECK.CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES 01 (B29_5CHECK)
 NO 00

(B29_1a=01 and B29_1b=01 AND RTYPE=01)

B29_3CHECK: IS PAY A REASON RESPONDENT DID NOT ACCEPT JOB (B29_2f=01)?

YES 01 (B29_3a)
 NO 00 (B29_3b)

SECTION B: DISABILITY AND WORK STATUS

(B29_2f=01 AND RTYPE=01)

B29_3a. You said that one of the reasons you did not accept a job you were offered was because it did not pay enough. What is the lowest wage or salary you would have accepted for this job?

INTERVIEWER: Read only if necessary, otherwise code:

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

DON'T KNOW d (B29_5CHECK)
 REFUSED r (B29_5CHECK)

B29_3ahop. Is this:

HOURLY	01	(1-25)	(1-300)	(B29_5CHECK)
DAILY	02	(1-384)	(1-1,922)	(B29_4a)
WEEKLY	03	(1-1,923)	(1-9,615)	(B29_4a)
BI-WEEKLY (EVERY TWO WEEKS)	04	(1-4,166)	(1-20,833)	(B29_4a)
TWICE A MONTH	05	(1-4,166)	(1-20,833)	(B29_4a)
MONTHLY	06	(1-8,333)	(1-41,666)	(B29_4a)
ANNUALLY.....	07	(1-100,000)	(1-500,000)	(B29_4a)
DON'T KNOW	d			(B29_4a)
REFUSED	r			(B29_4a)

(B29_2f=00, d, OR r AND RTYPE=01)

B29_3b. If you did get a job offer that matched your current needs and abilities, what is the lowest wage or salary you would be willing to accept for such a job?

INTERVIEWER: If they hesitate or seem to be having difficulty, add: If you have no idea, just say so.

INTERVIEWER: Read only if necessary, otherwise code:

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

DON'T KNOW d (Skip to B29_5CHECK)
 REFUSED r (Skip to B29_5CHECK)

B29_3bhop. Is this:

HOURLY	01	(1-25)	(1-300)	(B29_5CHECK)
DAILY	02	(1-384)	(1-1,922)	(B29_4a)
WEEKLY	03	(1-1,923)	(1-9,615)	(B29_4a)
BI-WEEKLY (EVERY TWO WEEKS)	04	(1-4,166)	(1-20,833)	(B29_4a)
TWICE A MONTH	05	(1-4,166)	(1-20,833)	(B29_4a)
MONTHLY	06	(1-8,333)	(1-41,666)	(B29_4a)
ANNUALLY.....	07	(1-100,000)	(1-500,000)	(B29_4a)
DON'T KNOW	d			(B29_4a)
REFUSED	r			(B29_4a)

SECTION B: DISABILITY AND WORK STATUS

PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29_3ahop or B29_3bhop OUT OF RANGE

B29_3check: Soft edit: "Let me make sure I did not make a mistake. You just indicated that the wage or salary you would have accepted for this job is [insert ((B29_3a and B29_3ahop) OR (B29_3b and B29_3hop)). Is this correct?"

- CHANGE LOWEST WAGE OR SALARY..... 01 (CHANGE B29_3a OR B29_3b)
- CHANGE PAY PERIOD 02 (CHANGE B29_3ahop OR B29_3bhop)
- SUPPRESS 03

(B29_3ahop=02, 03, 04, 05, 06, 07, d or r) or (B29_3bhop=02, 03, 04, 05, 06, 07, d, or r)

B29_4a. How many hours per week would you expect to work for this amount of pay?

|_|_| (Skip to B29_5CHECK)
HOURS
(1-99)

- DON'T KNOW d (B29_4b)
- REFUSED r (B29_4b)

(B29_4a=d or r)

B29_4b. Would you expect to work full-time or part-time?

- FULL-TIME 01
- PART-TIME 02
- DON'T KNOW d
- REFUSED r

(B29_1a=01 and B29_1b=01)

B29_5CHECK. IS LOSING BENEFITS REASON DID NOT ACCEPT JOB (B29_h=01)?

- YES 01 (B29_5)
- NO 00 (B30)

(B29_2 h=01)

B29_5. You said that one of the reasons {you/NAME} did not accept a job was because (you/he/she) would have lost benefits (you/he/she) needed such as Social Security, disability insurance, workers' compensation, or Medicaid. There are many ways people find out about how working will affect their benefits. For example, some people call the Social Security office, some search the Internet, and others contact disability service organizations. Did {you/NAME} contact anyone or do any of these things in order to find out how [your/his/her] benefits would be affected if {you/he/she} went to work?

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

SECTION B: DISABILITY AND WORK STATUS

(B29_2 h=01)

B29_6. What benefits {were/was} {you/NAME} most worried about losing?

INTERVIEWER: CODE ALL THAT APPLY

PRIVATE DISABILITY INSURANCE.....	01
WORKERS' COMPENSATION	02
VETERANS' BENEFITS.....	03
MEDICARE.....	04
MEDICAID	05
SSA DISABILITY BENEFITS.....	06
PUBLIC ASSISTANCE OR WELFARE	07
FOOD STAMPS	08
PERSONAL ASSISTANCE SERVICES (PAS).....	09
UNEMPLOYMENT BENEFITS.....	10
OTHER STATE DISABILITY BENEFITS.....	11
OTHER GOVERNMENT PROGRAMS	12
OTHER (SPECIFY)	13 (B29_6_oth)

(B29_6=13)

B29_6_Oth: What other benefits?

<OPEN>

DON'T KNOW	d
REFUSED	r

GO TO B30

SECTION B: DISABILITY AND WORK STATUS

(B29_1a=00)

B29_7. Now, I am going to read you a list of reasons why people are sometimes unable to find a job. Please tell me if any of these are reasons why {you/NAME} {have/has} not found a job that {you/he/she} {think/thinks} is right for {you/him/her}.

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

(B29_7_k=01)

B29_7_k_Oth. What other reasons?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(B29_1a=00)

B29_7CHECK. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES 01 (B29_9CHECK)
 NO 00

(B29_1a=00 AND RTYPE=01)

B29_8CHECK: IS PAY A REASON RESPONDENT DID NOT ACCEPT JOB (B29_7g=1)?

YES 01 (B29_8a)
 NO 00 (B29_8b)

SECTION B: DISABILITY AND WORK STATUS

(B29_7g=01 AND RTYPE=01)

B29_8a. You said that one of the reasons you are unable to find a job is that the jobs that are available do not pay enough. What is the lowest wage or salary you would accept for a job that matched your current needs and abilities?

INTERVIEWER: Read only if necessary, otherwise code:

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

DON'T KNOW d (B29_9CHECK)
 REFUSED r (B29_9CHECK)

B29_8ahop. Is this:

HOURLY	01	(1-25)	(1-300)	(B29_9CHECK)
DAILY	02	(1-384)	(1-1,922)	(B29_8c)
WEEKLY	03	(1-1,923)	(1-9,615)	(B29_8c)
BI-WEEKLY (EVERY TWO WEEKS)	04	(1-4,166)	(1-20,833)	(B29_8c)
TWICE A MONTH	05	(1-4,166)	(1-20,833)	(B29_8c)
MONTHLY	06	(1-8,333)	(1-41,666)	(B29_8c)
ANNUALLY	07	(1-100,000)	(1-500,000)	(B29_8c)
DON'T KNOW				d (B29_8c)
REFUSED				r (B29_8c)

(B29_7g=00, d, OR r AND RTYPE=01)

B29_8b. If you did get a job offer that matched your current needs and abilities, what is the lowest wage or salary you would be willing to accept for such a job?

INTERVIEWER: IF R HESITATES OR SEEMS TO BE HAVING DIFFICULTY: If you have no idea, just say so.

IF R SAYS HAS NO INTEREST IN WORKING, CODE AS DON'T KNOW.

INTERVIEWER: Read only if necessary, otherwise code:

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

DON'T KNOW d (B29_9CHECK)
 REFUSED r (B29_9CHECK)

B29_8bhop. Is this:

HOURLY	01	(1-25)	(1-300)	(B29_9CHECK)
DAILY	02	(1-384)	(1-1,922)	(B29_8c)
WEEKLY	03	(1-1,923)	(1-9,615)	(B29_8c)
BI-WEEKLY (EVERY TWO WEEKS)	04	(1-4,166)	(1-20,833)	(B29_8c)
TWICE A MONTH	05	(1-4,166)	(1-20,833)	(B29_8c)
MONTHLY	06	(1-8,333)	(1-41,666)	(B29_8c)
ANNUALLY	07	(1-100,000)	(1-500,000)	(B29_8c)
DON'T KNOW				d (B29_8c)
REFUSED				r (B29_8c)

SECTION B: DISABILITY AND WORK STATUS

PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29_8ahop or B29_8bhop) OUT OF RANGE

B29_8check: Soft edit: "Let me make sure I did not make a mistake. You just indicated that the wage or salary you would have accepted for this job is [insert ((B29_8a and B29_8ahop) OR (B29_8b and B29_8hop)). Is this correct?"

- CHANGE LOWEST WAGE OR SALARY..... 01 (CHANGE B29_8a OR B29_8b)
- CHANGE PAY PERIOD 02 (CHANGE B29_8ahop OR B29_8bhop)
- SUPPRESS 03

(B29_8ahop=02, 03, 04, 05, 06, 07, d, or r) or (B29_8bhop=02, 03, 04, 05, 06, 07, d, or r)

B29_8c. How many hours per week would you expect to work for this amount of pay?

____ (Skip TO B29_9CHECK)
HOURS
(1-99)

- DON'T KNOW d (B29_8d)
- REFUSED r (B29_8d)

(B29_8c=d or r)

B29_8d. Would you expect to work full-time or part-time?

- FULL-TIME 01
- PART-TIME 02
- DON'T KNOW d
- REFUSED r

(B29_1a=00)

B29_9CHECK. IS LOSING BENEFITS REASON DID NOT ACCEPT JOB (B29_7=j)?

- YES 01 (B29_9)
- NO 00 (B30)

(B29_7j=01)

B29_9. You said that one of the reasons {you/NAME} {have/has} not been able to find a job is because {you/he/she} would lose benefits (you need / he needs / she needs) such as Social Security, disability insurance, workers' compensation, or Medicaid if {you/he/she} did get a job. There are many ways people find out about how working will affect their benefits. For example, some people call the Social Security office, some search the Internet, and others contact disability service organizations. {Have/Has} {you/NAME} contacted anyone or done any of these things in order to find out how {your/his/her} benefits will be affected if {you/he/she} did go to work?

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

SECTION B: DISABILITY AND WORK STATUS

(B29_7j=01)

B29_10. What benefits {are/is} {you/NAME} most worried about losing?

INTERVIEWER: MARK ALL THAT APPLY

- PRIVATE DISABILITY INSURANCE..... 01
- WORKERS' COMPENSATION 02
- VETERANS' BENEFITS..... 03
- MEDICARE..... 04
- MEDICAID 05
- SSA DISABILITY BENEFITS..... 06
- PUBLIC ASSISTANCE OR WELFARE 07
- FOOD STAMPS 08
- PERSONAL ASSISTANCE SERVICES (PAS)..... 09
- UNEMPLOYMENT BENEFITS..... 10
- OTHER STATE DISABILITY BENEFITS..... 11
- OTHER GOVERNMENT PROGRAMS 12
- OTHER (SPECIFY) 13 (B29_10_oth)

(B29_10=13)

B29_10_Oth: What other benefits?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

GO TO B30

SECTION B: DISABILITY AND WORK STATUS

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

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

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

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

	YES	NO	DON'T KNOW	REFUSED
a. A physical or mental condition prevents {you/NAME} from working	01	00	d	r
b. {You/NAME} cannot find a job that {you are/ he is /she is} qualified for	01	00	d	r
c. {You do/NAME does} not have reliable transportation to and from work	01	00	d	r
d. {You are/NAME is} caring for children or others	01	00	d	r
e. ITEM DELETED	01	00	d	r
f. {You/NAME} cannot find a job {you want / he wants / she wants}	01	00	d	r
g. {You are/NAME is} waiting to finish school or a training program	01	00	d	r
h. Workplaces are not accessible to people with {your/NAME's} disability	01	00	d	r
i. {You do/NAME does} not want to lose benefits (you need / he needs / she needs) like Social Security, disability insurance, workers' compensation, or Medicaid	01	00	d	r
j. {Your/NAME's} previous attempts to work have been discouraging	01	00	d	r
k. ITEM DELETED	01	00	d	r
l. Others do not think {you/NAME} can work	01	00	d	r
m. Employers will not give {you/NAME} a chance to show that {you/he/she} can work	01	00	d	r
n. {You/NAME} does not have the special equipment or medical devices that {you/he/she} would need in order to work	01	00	d	r
o. {You/NAME} cannot get the help {you need / he needs / she needs} with personal care. This includes things like help dressing and bathing to get ready for work or eating lunch and using the restroom at work.	01	00	d	r
p. {You/NAME} cannot get help {you need/he needs/she needs} with tasks you would do at work. This includes having someone help you with things like writing, reading, lifting or reaching.	01	00	d	r

SECTION B: DISABILITY AND WORK STATUS

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

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

- YES 01 (B27)
- NO 00 (B29_11aCHECK)
- DON'T KNOW d (B29_11aCHECK)
- REFUSED r (B29_11aCHECK)

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) AND (B26=01)

B27. What are they?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____

- DON'T KNOW d
- REFUSED r

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

B29_11aCHECK. IS PHYSICAL OR MENTAL CONDITION REASON NOT WORKING (B25a=01)?

- YES 01 (BP3)
- NO 00 (B29_11CHECK)

((B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) AND (B25_a=01)

BP3. You said that one of the reasons {you are/NAME is} not working is because a physical or mental health condition prevents {you/him/her} from working. I am going to read you a list of reasons why some people say their health prevents them from working. For each, please tell me "yes" if it is a reason why {your/NAME's} health prevents {you/him/her} from working. You may say yes to more than one reason.

	YES	NO	DON'T KNOW	REFUSED
a. {Your/NAME's} health would interfere with job performance	01	00	d	r
b. {You do/NAME does} not have the physical energy or stamina required to work at a job	01	00	d	r
c. {You experience/NAME experiences} severe pain that interferes with a job or work schedule	01	00	d	r
d. Working at a job is too stressful	01	00	d	r
e. Work would be physically harmful to {your/NAME's} health	01	00	d	r
f. Medical and therapy appointments {you need/NAME needs} for your health condition interfere with a regular work schedule	01	00	d	r
g. The time {you need/NAME needs} for personal care and to take care of {your/his/her} health interferes with a regular work schedule	01	00	d	r
h. {Your/NAME's} health goes up and down in unpredictable ways	01	00	d	r
i. {You are/NAME is} unable to get the medical treatment {you need/he needs/she needs} to improve {your/his/her} health enough to go to work	01	00	d	r
j. Any other reasons not mentioned?	01	00	d	r

(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) and (BP3_j=01)

BP3_Oth What other reasons?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

SECTION B: DISABILITY AND WORK STATUS

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

B29_11CHECK. IS LOSING BENEFITS REASON NOT WORKING (B25i=01)?

YES 01 (B29_11a)
 NO 00 (B29_12CHECK)

((B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) AND (B25i=01)

B29_11a. You said that one of the reasons {you/he/NAME} {are/is} not working is because {you do / he does / she does} not want to lose benefits (you need / he needs / she needs) such as Social Security, disability insurance, workers' compensation, or Medicaid. There are many ways people find out about how working will affect their benefits. For example, some people call the Social Security office, some search the Internet, and others contact disability service organizations. Did {you/NAME} contact anyone or do any of these things in order to find out how {your/his/her} benefits would be affected if {you/he/she} went to work?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

((B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) AND (B25i=01) AND B29_11a=response

B29_11b. What benefits {were/was} {you/NAME} most worried about losing?

INTERVIEWER: MARK ALL THAT APPLY.

PRIVATE DISABILITY INSURANCE 01
 WORKERS' COMPENSATION 02
 VETERANS' BENEFITS 03
 MEDICARE 04
 MEDICAID 05
 SSA DISABILITY BENEFITS 06
 PUBLIC ASSISTANCE OR WELFARE 07
 FOOD STAMPS 08
 PERSONAL ASSISTANCE SERVICES (PAS) 09
 UNEMPLOYMENT BENEFITS 10
 OTHER STATE DISABILITY BENEFITS 11
 OTHER GOVERNMENT PROGRAMS 12

OTHER (SPECIFY) 13 (B29_11b_oth)

((B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r) AND (B25i=01) AND (B29_11b=13)

B29_11b_Oth: What other benefits?

<OPEN> _____

DON'T KNOW d
 REFUSED r

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

B29_12CHECK. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES 01 (B30)
 NO 00

SECTION B: DISABILITY AND WORK STATUS

((B28=00, d, or r) OR (B29_1a= d or r) OR (B29_1b=d or r) AND (RTYPE=01)

B29_8CHECK: DID RESPONDENT GIVE PHYSICAL OR MENTAL CONDITION AS ONLY REASON NOT WORKING ((B25_b, B25_c, B25_d, B25_f, B25_g, B25_h, B25_i, B25_j, B25_l, B25_m, B25_n, B25_o=00, d, OR r) and (B26 0, d, r)?

YES 01 (B30)
 NO 00 (B29_12a)

RTYPE = 1 AND ((at least one item in B25_b, B25_c, B25_d, B25_f, B25_g, B25_h, B25_i, B25_j, B25_l, B25_m, B25_n, B25_o= 1) or B26 = 1)

B29_12a. If you did get a job offer that matched your current needs and abilities, what is the lowest wage or salary you would be willing to accept for such a job?

INTERVIEWER: IF R HESITATES OR SEEMS TO BE HAVING DIFFICULTY: If you have no idea, just say so. IF R SAYS HAS NO INTEREST IN WORKING, CODE AS DON'T KNOW.

INTERVIEWER: Read only if necessary, otherwise code:

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

DON'T KNOW d (B30)
 REFUSED r (B30)

B29_12ahop. Is this:

HOURLY 01 (1-25) (1-300) (B30)
 DAILY 02 (1-384) (1-1,922) (B29_12b)
 WEEKLY 03 (1-1,923) (1-9,615) (B29_12b)
 BI-WEEKLY (EVERY TWO WEEKS) 04 (1-4,166) (1-20,833) (B29_12b)
 TWICE A MONTH 05 (1-4,166) (1-20,833) (B29_12b)
 MONTHLY 06 (1-8,333) (1-41,666) (B29_12b)
 ANNUALLY 07 (1-100,000) (1-500,000) (B29_12b)
 DON'T KNOW d (B29_12b)
 REFUSED r (B29_12b)

PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29_12ahop OUT OF RANGE

B29_12check Soft edit: "Let me make sure I did not make a mistake. You just indicated that the wage or salary you would have accepted for this job is [insert ((B29_12a and B29_12ahop). Is this correct?"

CHANGE LOWEST WAGE OR SALARY 01 (CHANGE B29_12a)
 CHANGE PAY PERIOD 02 (CHANGE B29_12ahop)
 SUPPRESS 03

(B29_12ahop=02, 03, 04, 05, 06, 07, d, or r)

B29_12b. How many hours per week would you expect to work for this amount of pay?

| | | | (B30)
 HOURS
 (1-99)

DON'T KNOW d (B29_12c)
 REFUSED r (B29_12c)

(B29_12b=d or r)

B29_12c. Would you expect to work full-time or part-time?

FULL-TIME 01
 PART-TIME 02
 DON'T KNOW d
 REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(All)

B30. Did {you/NAME} work at a job or business for pay or profit anytime in 2018?

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

PROGRAMMER NOTE: If B24=01 or B24b = 1 or B30=01, go to B33. Else, go to B30_b.

(B24 = 0, d, r, AND B24b=0, d, r AND B30=0, d, r)

B30_b. {Have you/Has NAME} worked for pay or profit since {you/NAME} started receiving disability benefits?

PROGRAMMER NOTE: If LongSamp=1, do not ask B30_b. Set B30_b=01 and go to B36check1.

- YES 01 (B36check1)
- NO 00 (B33)
- DON'T KNOW d (B33)
- REFUSED r (B33)

(All)

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

- YES 01 (B37)
- NO 00

(B33=00)

B34 CHECK: IS {NAME} CURRENTLY WORKING (B24=01) OR WORKED IN PAST 6 MONTHS (B24b=01)?

- YES 01 (B37)
- NO 00

(B33=00 and B34=00)

B35. CHECK: DID {NAME} WORK IN 2018 (B30=01)?

- YES 01 (B37)
- NO 00

(B30b=00, d, or r) or (B33=00 and B34=00 and B35=00)

B36. {Have you/Has NAME} ever worked for pay or profit?

- YES 01 (B36b)
- NO 00 (B37)
- DON'T KNOW d (B37)
- REFUSED r (B37)

(B30_b=01)

B36check1.

IF LONGSAMP =0 GO TO B37.

IF LONGSAMP = 1 READ: Last time we spoke, in 2017, {you/NAME} mentioned {you were/he was/she was}working for pay.

GO TO B36b

SECTION B: DISABILITY AND WORK STATUS

((B36=01) or (LongSamp=1 and B_30_b=1))

B36b. In what year did {you/NAME} last work for pay or profit?

PROBE: We are interested in both full-time and part-time work for pay or profit.

PROBE: Did {you/NAME} last work for pay or profit more than 5 years ago? More than 10 years ago? More than 20 years ago?

..... (B36check2)
 YEAR (1933-2019)
 DON'T KNOW d (B36check2)
 REFUSED r (B36check2)

(B36b= year, d, r)

B36check2. IF LONGSAMP =0 GO TO B37.
 IF LONGSAMP = 1 GO TO B36c.
 (NEW)

(LongSamp=1 and B30_b=01)

B36c. I'm going to ask you about reasons {you/NAME} might have left {your/his/her} last job. Did {you/NAME} leave this job because of {your/NAME's} health, for example, because of worsening illness or the need to go to medical appointments? (NEW)

YES 01 (B36c_1)
 NO 00 (B36d)
 DON'T KNOW d (B36d)
 REFUSED r (B36d)

(LongSamp=1 and B36c=01)

B36c_1. What was it about {your/NAME's} health that made {you/him/her} leave this job? (NEW)

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

EXISTING HEALTH PROBLEM GOT WORSE 01
 NEW HEALTH PROBLEM STARTED 02
 GOT INJURED 03
 JOB HAD A NEGATIVE IMPACT ON HEALTH 04
 NEEDED TO BE HOSPITALIZED 05
 NEEDED TIME TO GO TO MEDICAL APPOINTMENTS 06
 GOT FIRED FOR MISSING TOO MUCH TIME FOR
 APPOINTMENTS OR HOSPITALIZATION 07
 HEALTH INTERFERED WITH JOB PERFORMANCE 08
 DID NOT HAVE THE STRENGTH, PHYSICAL ENERGY
 OR STAMINA REQUIRED TO WORK 09
 PAIN INTERFERED WITH WORKING A SET
 SCHEDULE 10
 PERSONAL CARE AND GETTING READY FOR
 WORK TOOK TOO LONG 11
 HEALTH STATUS FLUCTUATES UNPREDICTABLY 12
 DID NOT HAVE SPECIAL EQUIPMENT OR MEDICAL
 DEVICES NEEDED IN ORDER TO WORK 13
 WORK WAS TOO TIRING OR STRESSFUL 14
 OTHER 15 (B36c_1_oth.)
 DON'T KNOW d
 REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(B36c_1=15)

B36c_1_oth. **INTERVIEWER:** PLEASE SPECIFY (NEW) [STRING 250]

Other (SPECIFY)_____

DON'T KNOW..... d

REFUSED..... r

(LongSamp=1 and B30_b=01)

B36d. Did {you/NAME} leave {your/his/her} last job because of {your/his/her} job, for example because of the need for accommodations or problems with {your/his/her} co-workers? (NEW)

YES..... 01 (B36d_1)

NO..... 00 (B36e)

DON'T KNOW..... d (B36e)

REFUSED..... r (B36e)

(LongSamp=1 and B36d=01)

B36d_1. What was it about {your/NAME's} job that made {you/him/her} leave it? (NEW)

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

JOB DID NOT PAY ENOUGH..... 01

JOB DID NOT OFFER HEALTH INSURANCE
BENEFITS..... 02

NEEDED A DIFFERENT SCHEDULE OR SHIFT..... 03

NEEDED TIME TO GO TO MEDICAL APPOINTMENTS 04

GOT FIRED FOR MISSING TOO MUCH TIME FOR
APPOINTMENTS OR HOSPITALIZATION..... 05

HEALTH INTERFERED WITH JOB PERFORMANCE ... 06

DID NOT HAVE THE STRENGTH, PHYSICAL
ENERGY OR STAMINA REQUIRED TO WORK..... 07

PAIN INTERFERED WITH WORKING A SET
SCHEDULE..... 08

PERSONAL CARE AND GETTING READY FOR
WORK TOOK TOO LONG 09

DID NOT HAVE SPECIAL EQUIPMENT OR MEDICAL
DEVICES NEEDED IN ORDER TO WORK..... 10

PERSONALITY CONFLICTED WITH OTHERS AT
THE JOB 11

GOT FIRED FOR BEHAVIOR AT THE JOB..... 12

FOUND ANOTHER JOB 20

WORK SCHEDULE 22

SEASONAL/TEMPORARY JOB 23

OTHER..... 13 (B36d_1_oth.)

DON'T KNOW..... d

REFUSED r

(B36d_1=13)

B36d_1_oth. **INTERVIEWER:** PLEASE SPECIFY (NEW) [STRING 250]

Other (SPECIFY)_____

DON'T KNOW..... d

REFUSED..... r

SECTION B: DISABILITY AND WORK STATUS

(LongSamp=1 and B30_b=01)

B36e. Did {you/NAME} leave {your/his/her} last job because of {your/his/her} personal circumstances, for example because {you/he/she} needed childcare, didn't have reliable transportation, or worried about losing other benefits? (NEW)

YES..... 01 (B36e_1)
 NO..... 00 (B36f)
 DON'T KNOW..... d (B36f)
 REFUSED..... r (B36f)

(LongSamp=1 and B36e=01)

B36e_1. What was it about {your/NAME's} personal circumstances that made {you/him/her} leave {your/his/her} last job? (NEW)

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

NEED HELP CARING FOR CHILDREN OR OTHERS. 01
 NEED PERSONAL ASSISTANCE TO GET READY
 FOR WORK EACH DAY 02
 GET INJURED 03
 MIGHT LOSE BENEFITS SUCH AS SOCIAL
 SECURITY, SNAP, MEDICAID/MEDICARE 04
 DO NOT HAVE RELIABLE TRANSPORTATION TO
 AND FROM WORK..... 05
 DRUG/ALCOHOL RELAPSE 06
 WOULD RATHER DO OTHER THINGS THAN WORK 07
 DO NOT LIKE WORKING 08
 INCREASE IN INCOME FROM ANOTHER SOURCE.. 09
 MOVED TO ANOTHER AREA 19
 LOSS OR POTENTIAL LOSS OF GOVERNMENT
 BENEFITS 21
 OTHER..... 10 (B36e_1_oth.)
 DON'T KNOW d
 REFUSED r

(B36e=10)

B36e_1_oth. **INTERVIEWER:** PLEASE SPECIFY (NEW) [STRING 250]

Other (SPECIFY) _____
 DON'T KNOW..... d
 REFUSED..... r

(LongSamp=1 and B30_b=01)

B36f. Are there any other reasons that we haven't talked about why {you/NAME} left {your/his/her} last job? (NEW)

YES..... 01 (B36f_oth)
 NO..... 00 (B37)
 DON'T KNOW..... d (B37)
 REFUSED..... r (B37)

SECTION B: DISABILITY AND WORK STATUS

(LongSamp=1 and B36f=01)

B36f_oth. What other things made {you/NAME} leave this job? (NEW)

- Other (SPECIFY) _____
- DON'T KNOW d
- REFUSED r

(All)

B37. Do {your/NAME's} personal goals include working at a job, moving up in a job, or learning new job skills?

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

(All)

B37a. Do {your/NAME's} personal goals include someday working and earning enough to stop receiving Social Security disability benefits?

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

(All)

B38. {Do you/Does NAME} ever discuss work and career goals with family, friends, or anyone else?

- YES 01
- NO 00 (B47)
- DON'T KNOW d (B47)
- REFUSED r (B47)

(B38=01)

B39. Who is the main person {you discuss/NAME discusses} work goals with?

INTERVIEWER: MARK ONLY ONE.

- PARENT/GUARDIAN 01 (B40)
- SPOUSE/PARTNER 02 (B40)
- FRIEND 03 (B40)
- JOB COACH..... 04 (B40)
- EMPLOYER/SUPERVISOR 05 (B40)
- OTHER RELATIVE..... 06 (B40)
- CASEWORKER/COUNSELOR/PROGRAM STAFF 07 (B40)
- MEDICAL PROVIDER..... 08 (B40)
- OTHER NON-RELATIVE (SPECIFY)..... 10 (B39_oth)
- OTHER (SPECIFY) 09 (B39_oth)
- DON'T KNOW d (B47)
- REFUSED r (B47)

(B38=01 and (B39=09 OR B39=10))

B39_oth. Who was it?

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

- DON'T KNOW d
- REFUSED r

SECTION B: DISABILITY AND WORK STATUS

(B38=01 and B39=01-10)

B40. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree? {Your/NAME's} {RESPONSE FROM B39 OR B39_oth} thinks {your/NAME's} personal goals should include working at a job, moving up in a job, or learning new job skills.

- STRONGLY AGREE..... 01 (B47)
- AGREE..... 02 (B47)
- DISAGREE..... 03 (B47)
- STRONGLY DISAGREE..... 04 (B47)
- DON'T KNOW d (B47)
- REFUSED r (B47)

(All)

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

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. You see {yourself/NAME} {(IF B24=01) continuing to work/ (IF B24=00,d, r) working} for pay in the next two years.	01	02	03	04	d	r
(ASK B47b IF B47a=01,02, OTHERWISE GO TO B47c)						
b. You see {yourself/NAME} working and earning enough to stop receiving disability benefits in the next two years.	01	02	03	04	d	r
c. You see {yourself/NAME} {(IF B24=01) continuing to work/ (IF B24=00,d, r) working} for pay in the next <u>five</u> years.	01	02	03	04	d	r
{ASK B47d IF B47c=01,02, OTHERWISE GO TO B48)						
d. You see {yourself/NAME} working and earning enough to stop receiving disability benefits in the next <u>five</u> years	01	02	03	04	d	r

SECTION B: DISABILITY AND WORK STATUS

(B47_a=3 OR 4) AND (B47c=3 OR 4)

BP4a1. You said that you don't see {yourself/NAME} working in the near future. {Do you/Does NAME} have any problems with {your/NAME's} health, that may prevent {you/him/her} from working in the near future?

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

(BP4a1=1)

BP4a1_1. What is it about {your/NAME's} health that may prevent {you/NAME} from working?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

- EXISTING HEALTH PROBLEM GETS WORSE 01
- GET INJURED..... 02
- WORK HAS A NEGATIVE IMPACT ON HEALTH..... 03
- NEED TIME TO GO TO MEDICAL APPOINTMENTS..... 04
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION 05
- HEALTH INTERFERES WITH JOB PERFORMANCE..... 06
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK 07
- PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG..... 08
- HEALTH STATUS FLUCTUATES UNPREDICTABLY 09
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK 10
- WORK IS TOO STRESSFUL 11
- OTHER (SPECIFY) 12 (Bp4a1_oth)
- DON'T KNOW d
- REFUSED r

(BP4a1_1=12)

BP4a1_oth. **INTERVIEWER:** PLEASE SPECIFY

- <OPEN> _____
- DON'T KNOW d
 - REFUSED r

(B47_a=3 OR 4) AND (B47c=3 OR 4)

BP4a2. {Do you/Does NAME} have any job related problems that may prevent {you/him/her} from working in the near future?

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

SECTION B: DISABILITY AND WORK STATUS

(BP4a2=1)

BP4a2_1. What was it about a job that may prevent {you/NAME} from working?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY

NEED TIME TO GO TO MEDICAL APPOINTMENTS.....	01
HEALTH INTERFERES WITH JOB PERFORMANCE	02
DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK	03
PAIN INTERFERES WITH WORKING A SET SCHEDULE	04
PERSONAL CARE AND GETTING READY FOR WORK TAKE TOO LONG	05
DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK	06
PERSONALITY CONFLICTS WITH OTHERS AT WORK.....	07
OTHER (SPECIFY)	08 (Bp4a2_oth)
DON'T KNOW	d
REFUSED	r

(BP4a2_1=08)

BP4a2_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(B47_a=3 OR 4) AND (B47c=3 OR 4)

BP4a3. {Do you/ Does NAME} have any problems with {your/NAME's} personal circumstances, that may prevent {you/him/her} from working in the near future?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

SECTION B: DISABILITY AND WORK STATUS

(BP4a3=1)

BP4a3_1. What was it about {your/NAME's} personal circumstances that may prevent {you/NAME} from working?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY

- NEED TO CARE FOR CHILDREN OR OTHERS 01
- NEED PERSONAL ASSISTANCE TO GET READY FOR
WORK EACH DAY 02
- MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY,
SNAP, MEDICAID/MEDICARE..... 03
- DO NOT HAVE RELIABLE TRANSPORTATION TO
AND FROM WORK 04
- DRUG/ALCOHOL RELAPSE 05
- WOULD RATHER DO OTHER THINGS THAN WORK 06
- DO NOT LIKE WORKING 07
- WORK IS TOO STRESSFUL 08
- MOVED TO ANOTHER AREA (NEW)..... 19
- LOSS OR POTENTIAL LOSS OF
GOVERNMENT BENEFITS (NEW)..... 21
- OTHER (SPECIFY) 09 (Bp4a3_oth)
- DON'T KNOW d
- REFUSED r

(BP4a3_1=09)

BP4a3_oth.. **INTERVIEWER: PLEASE SPECIFY**

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(If B47a=01 OR 02 and B47_b=03 OR 04) OR (B47_c=01 OR 02 and B47_d=03 OR 04)

BP4b1. You said that you don't see {yourself/NAME} working enough to stop receiving disability benefits in the near future. {Do you/Does NAME} have any problems with {your/NAME's} health, that may cause {you/him/her} to not work enough to leave benefits?

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

SECTION B: DISABILITY AND WORK STATUS

(BP4b1=1)

BP4b1_1. What is it about {your/NAME's} health that may cause {you/NAME} to not work enough to leave benefits?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

- EXISTING HEALTH PROBLEM GETS WORSE 01
- GET INJURED..... 02
- WORK HAS A NEGATIVE IMPACT ON HEALTH..... 03
- NEED TIME TO GO TO MEDICAL APPOINTMENTS..... 04
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION 05
- HEALTH INTERFERES WITH JOB PERFORMANCE 06
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK 07
- PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG..... 08
- HEALTH STATUS FLUCTUATES UNPREDICTABLY 09
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK 10
- WORK IS TOO STRESSFUL 11
- OTHER (SPECIFY) 12 (Bp4b1_oth)
- DON'T KNOW d
- REFUSED r

(BP4b1_1=12)

BP4b1_oth. **INTERVIEWER:** PLEASE SPECIFY

- <OPEN> _____
- DON'T KNOW d
 - REFUSED r

(If B47a=01 OR 02 and B47_b=03 OR 04) OR (B47_c=01 OR 02 and B47_d=03 OR 04)

BP4b2. {Do you/Does NAME} have any job-related problems {your/NAME's}, that may cause {you/him/her} to not work enough to leave benefits?

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

SECTION B: DISABILITY AND WORK STATUS

(BP4b2=1)

BP4b2_1. What is it about a job that may cause {you/NAME} to not work enough to leave benefits?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

- NEED TIME TO GO TO MEDICAL APPOINTMENTS..... 01
- HEALTH INTERFERES WITH JOB PERFORMANCE 02
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY
OR STAMINA REQUIRED TO WORK 03
- PAIN INTERFERES WITH WORKING A SET SCHEDULE 04
- PERSONAL CARE AND GETTING READY FOR WORK
TAKE TOO LONG 05
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL
DEVICES NEEDED IN ORDER TO WORK 06
- PERSONALITY CONFLICTS WITH OTHERS AT WORK..... 07
- OTHER (SPECIFY) 08 (Bp4b2_oth)
- DON'T KNOW d
- REFUSED r

(BP4b2_1=08)

BP4b2_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN>_____

- DON'T KNOW d
- REFUSED r

(If B47a=01 OR 02 and B47_b=03 OR 04) OR (B47_c=01 OR 02 and B47_d=03 OR 04)

BP4b3. {Do you/Does NAME} have any problems with {your/NAME's} personal circumstances that may cause {you/him/her} to not work enough to leave benefits?

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

SECTION B: DISABILITY AND WORK STATUS

(BP4b3=1)

BP4b3_1. What is it about {your/NAME's} personal circumstances that may cause {you/NAME} to not work enough to leave benefits?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

- NEED TO CARE FOR CHILDREN OR OTHERS 01
- NEED PERSONAL ASSISTANCE TO GET READY FOR
WORK EACH DAY 02
- MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY,
SNAP, MEDICAID/MEDICARE..... 03
- DO NOT HAVE RELIABLE TRANSPORTATION TO
AND FROM WORK 04
- DRUG/ALCOHOL RELAPSE 05
- WOULD RATHER DO OTHER THINGS THAN WORK 06
- DO NOT LIKE WORKING 07
- WORK IS TOO STRESSFUL 08
- MOVED TO ANOTHER AREA (NEW)..... 19
- LOSS OR POTENTIAL LOSS OF
GOVERNMENT BENEFITS (NEW)..... 21
- OTHER (SPECIFY) 09 (Bp4b3_oth)
- DON'T KNOW d
- REFUSED r

(BP4b3_1=09)

BP4b3_oth.. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(All)

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

- YES 01 (C1)
- NO 00

(B48=00)

B48a. CHECK: WAS (NAME) WORKING IN THE LAST 6 MONTHS (B24b=01)?

- YES 01 (C_B_1)
- NO 00

B49. CHECK: WAS {NAME} WORKING IN 2018 (B30 = 01)?

- YES 01 (D1)
- NO 00 (SC1CHECK)

SECTION C: CURRENT EMPLOYMENT

(B24=01)

C1. Now I am going to ask some questions about the jobs {you/NAME} currently {have/has}. When answering these questions, please include both part-time and full-time jobs, but only include jobs {you hold/NAME holds} for pay or profit.

How many jobs {do you/does NAME} currently have?

..... **PROBE** :(IF LongSamp=1): Please consider all jobs, even if we spoke about a job two years ago.

[_ _] NUMBER OF JOBS (1-15)

DON'T KNOW d

REFUSED r

(B24=01)

C1a. What are the main reasons {you/NAME} decided to work?

INTERVIEWER: CODE ALL THAT APPLY.

TO HAVE MORE INCOME 01 (C2)

TO FEEL BETTER ABOUT MYSELF/IMPROVE WELL BEING 02 (C2)

TO FEEL MORE INDEPENDENT 03 (C2)

TO ACHIEVE PERSONAL CAREER GOALS 04 (C2)

ENJOY WORKING/PERSONAL SATISFACTION 05 (C2)

DON'T WANT TO RELY ON BENEFITS 06 (C2)

HEALTH IMPROVED 07 (C2)

HAD MORE TIME/STOPPED DOING SOMETHING ELSE 08 (C2)

OTHER (SPECIFY) 09 (C1a_oth)

DON'T KNOW d (C2)

REFUSED r (C2)

(C1a=09)

C1a_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d

REFUSED r

SECTION C: CURRENT EMPLOYMENT

PROGRAMMER: C2 THROUGH C14 ASKED FOR ALL JOBS WHEN C1>01
(B24=01)

C2. **PROGRAMMER:** IF MORE THAN ONE JOB (C1>01) AND FIRST JOB:

Let us start with {your/NAME's} main job – that is, the job at which {you work/(he/she) works} the most hours.

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

PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

Now I would like to ask about {your/NAME'S} {second/third/fourth} job.

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

ELSE (C1=01):

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

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store.

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

PROBE 3: (IF LongSamp=1): {You/NAME} may have told me this information last time we spoke two years ago, but I need to re-ask this question in case anything has changed.

<OPEN>_____

DON'T KNOW d
REFUSED r

(B24=01)

C3. What kind of business is this?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For what type of organization or industry {do you/does NAME} work? For example: accounting firm, daycare center, educational facility, food services.

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

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

PROBE4: (IF LongSamp=1): {You/NAME} may have told me this information last time we spoke two years ago, but I need to re-ask this question in case anything has changed.

<OPEN>_____

DON'T KNOW d
REFUSED r

(B24=01)

C4mth. In what month and year did {you/NAME} start working there?

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

PROBE: Your best estimate is fine.

____ (1-12)
MO

DON'T KNOW d
REFUSED r

SECTION C: CURRENT EMPLOYMENT

(B24=01)

C4yr. **PROBE 1:** In what month and year did {you/NAME} start working there?

INTERVIEWER: ENTER YEAR

PROBE 2: Your best estimate is fine.

YEAR (1951-2019)

DON'T KNOW d
REFUSED r

(B24=01)

C5. **SOFT EDIT:** YEAR {NAME} STARTED WORKING AT THIS JOB (C4yr) SHOULD BE GREATER THAN OR EQUAL TO YEAR OF BIRTH (A04_d) PLUS 14 YEARS. IF RESPONDENT FAILS EDIT, **INTERVIEWER READ:** Let me make sure I did not make a mistake. You just indicated that you started working there in (C4yr). Is this correct?

YES 01
NO 02 (CHANGE C4YR)
SUPPRESS 03

(B24=01)

C5A. Beneficiaries do not always know that they should report a change in work status to Social Security. Around that time did {you/NAME} let Social Security know that {you were/ (he/she) was} working?

YES 01
NO 00 (C6)
DON'T KNOW d (C6)
REFUSED r (C6)

(C5a=01)

C5B. How soon after {you/NAME} started this job did {you/NAME} tell Social Security {you were/(he/she) was} working?

PROBE: Your best estimate is fine.

INTERVIEWER: IF R TOLD SSA BEFORE STARTED WORKING, CODE AS 1 WEEK.

WEEKS 01 (C5BWeek)
MONTHS 02 (C5BMonth)
DON'T KNOW d (C6)
REFUSED r (C6)

(C5a=01 and C5b=01)

C5BWEEK. **INTERVIEWER:** ENTER NUMBER OF WEEKS

WEEKS
(1-52)

DON'T KNOW d (C6)
REFUSED r (C6)

SECTION C: CURRENT EMPLOYMENT

(C5a=01 and C5b=02)

C5BMonth. **INTERVIEWER:** ENTER NUMBER OF MONTHS

|_|_| WEEKS/MONTHS
(1-12)

DON'T d (C6)
REFUSED r (C6)

(B24=01)

C6. {Are you/Is NAME} self-employed at this job?

PROBE: Self-employed means that you work for yourself/ or own your own business.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(B24=01)

C7. There are a number of special work programs available to people with disabilities. Is {your/NAME's} job part of a sheltered workshop program, transitional employment program, the Business Enterprise Program for the blind, or a supported employment program?

PROBE: A sheltered workshop is a program that provides employment with subsidized wages (or special wages that would not be available in a regular job) for people with disabilities. A transitional employment program allows workers with disabilities to work at reduced levels while they ease back into the workplace.

The Business Enterprise Program for the blind offers legally blind persons the opportunity to own their own businesses. Supported employment programs provide job coaches or other on-the-job supports to help individuals with disabilities get and keep jobs.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(B24=01)

C8. How many hours per week {do you/does NAME} usually work at this job?

PROBE: Include overtime if {you/he/she} usually {work/works} overtime.

|_|_|_| HOURS PER WEEK (1-60)
(1-168)

DON'T KNOW d
REFUSED r

(B24=01)

C9. How many weeks per year {do you/does NAME} usually work at this job, including paid vacation and holidays?

PROBE 1: There are 52 weeks in a year.

PROBE 2: Please include time off for vacation and holidays if {you are/NAME is} paid for that time.

PROBE 3: If {you have/NAME has} worked less than a year, please answer for the number of weeks {you expect/NAME expects} to work.

|_|_| WEEKS PER YEAR (1-52)

DON'T KNOW d
REFUSED r

SECTION C: CURRENT EMPLOYMENT

(B24=01)

C10. **PROGRAMMER:** IF MORE THAN ONE JOB (C1>01) AND FIRST JOB:

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

PROGRAMMER: IF MORE THAN ONE JOB (C1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on {your/(his/her)} {second/third/fourth} job. On {your/NAME's} {second/third/fourth} job {are you/is (he/she) paid by the hour? ELSE (C1=01): For the purpose of this survey, it is important to obtain some information on how much {you are/NAME is} paid on {your/(his/her)} current job. On {your/NAME's} current job {are you/is (he/she) paid by the hour?

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

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

- YES 01
- NO 00 (C12amt)
- DON'T KNOW d (C12amt)
- REFUSED r (C12amt)

(C10=01)

C11. What is {your/NAME's} regular hourly pay, including tips and commissions?

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

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

\$ |__|__|__| . |__|__| PER HOUR (1 - 25.00) (1 - 300.00)

- DON'T KNOW d
- REFUSED r

**Programmer box C11: IF C1>1 AND HAVE NOT ASKED ABOUT ALL JOBS,
LOOP BACK TO C2.
ELSE, GO TO C15**

(C10=00, d, or r)

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

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

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

\$ |__|__|__| . |__|__| . 00

- DON'T KNOW d
- REFUSED r

SECTION C: CURRENT EMPLOYMENT

(C10=00, d, or r)

C12hop. **INTERVIEWER:** ENTER HOW OFTEN PAID

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

PROGRAMMER: CALCULATE MONTHLY PRE-TAX PAY BASED ON C12AMT AND C12HOP FOR EACH JOB:

If C10=01, and C11and C8≠d or r, C_JobMnthPay(1)=c11*c8*4.35.

If C10=01 and C8 or C11=d, C_JobMnthPay(1)=d.

If C10=01 and C8 or C11=r and neither are d, C_JobMnthPay(1)=r.

If C10=00, d, or r and C12amt or C12hop=d, C_JobMnthPay(1)=d.

If C10=00, d, or r and C12amt or C12hop=r, and neither are d, C_JobMnthPay(1)=r.

If C10=00, d, or r and c12hop=1, C_JobMnthPay(1)=c12amt*21.74.

If C10=00, d, or r and c12hop=2, C_JobMnthPay(1)=c12amt*4.35.

If C10=00, d, or r and c12hop=3, C_JobMnthPay(1)=c12amt*2.17.

If C10=00, d, or r and c12hop=4, C_JobMnthPay(1)=c12amt*2.

If C10=00, d, or r and c12hop=5, C_JobMnthPay(1)=c12amt.

If C10=00, d, or r and c12hop=6, C_JobMnthPay(1)=c12amt/12.

(C10=00, d, or r)

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

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

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

\$ |_|_|_| . |_|_|_| . 00

DON'T KNOW	d
REFUSED	r

(C10=00, d, or r)

C13hop. **INTERVIEWER:** ENTER HOW OFTEN PAID

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

SECTION C: CURRENT EMPLOYMENT

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

If C10=01 and C11 and C8≠d or r, C_JobMnthPayTH(1)=c11*c8*4.35.

If C10=01 and C8_1 or C11=d, C_JobMnthPayTH(1)=d.

If C10=01 and C8_1 or C11=r and neither are d, C_JobMnthPayTH(1)=r.

If C10=00, d, or r and C13amt or C13hop=d, C_JobMnthPayTH(1)=d.

If C10=00, d, or r and C13amt or C13hop=r, and neither are d, C_JobMnthPayTH(1)=r.

If C10=00, d, or r and c13hop=1, C_JobMnthPayTH(1)=c13amt*21.74.

If C10=00, d, or r and c13hop=2, C_JobMnthPayTH(1) =c13amt*4.35.

If C10=00, d, or r and c13hop=3, C_JobMnthPayTH(1)=c13amt*2.17.

If C10=00, d, or r and c13hop=4, C_JobMnthPayTH(1)=c13amt*2.

If C10=00, d, or r and c13hop=5, C_JobMnthPayTH(1)=c13amt.

If C10=00, d, or r and c13hop=6, C_JobMnthPayTH(1)=c13amt/12.

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

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

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

SECTION C: CURRENT EMPLOYMENT

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

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

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

PROGRAMMER: CALCULATE TOTAL MONTHLY PAY FROM ALL JOBS COMBINED (TO BE USED LATER IN SECTION K):
 If C_JobMnthPay(1) or C_JobMnthPay(2) or C_JobMnthPay(3) (for all jobs listed)=d,
 C_CurMnthPay=d.
 If C_JobMnthPay(1) or C_JobMnthPay(2) or C_JobMnthPay(3) (for all jobs listed)=r, and none=d,
 C_CurMnthPay=r. Else, C_CurMnthPay=Sum of (C_JobMnthPay(1) AND C_JobMnthPay(2) AND C_JobMnthPay(3), etc. (for all jobs listed)).

Programmer box C14a: IF C1>1 AND HAVE NOT ASKED ABOUT ALL JOBS, LOOP BACK TO C2. ELSE, GO TO C15

(B24=01)

C15. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?
 YES 01 (CP4)
 NO 00 (CP2)

(C1=>1 AND C15 = 00)

CP2. How did {you/NAME} find {your/his/her} {main/current} job?

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

INTERVIEWER: CODE ALL THAT APPLY.
 THROUGH STATE'S UNEMPLOYMENT OFFICE 01 (CP2a)
 AMERICA'S WORKFORCE CENTERS 02 (CP2a)
 THROUGH FRIENDS OR RELATIVES 03 (CP2a)
 THROUGH JOB ADVERTISEMENTS IN A NEWSPAPER
 OR ON THE INTERNET 04 (CP2a)
 THROUGH THE STATE VOCATIONAL REHABILITATION
 AGENCY OR {VRSTATE FROM {NAME'S} CURRENT
 STATE} 05 (CP2a)
 THROUGH A PRIVATE EMPLOYMENT AGENCY OR
 PROGRAM..... 06 (CP2a)
 BY CONTACTING A FORMER EMPLOYER 07 (CP2a)
 BY CONTACTING ANY OTHER EMPLOYERS..... 08 (CP2a)
 OTHER (SPECIFY)..... 09 (CP2_Oth)

SECTION C: CURRENT EMPLOYMENT

(CP2=09)

CP2_Oth. What other way did {you/NAME} find this job?

- <OPEN> _____
- DON'T KNOW d
- REFUSED r

(C1=>1 AND C15 = 00)

CP2a. CHECK: DID {NAME} MENTION MORE THAN ONE WAY FOUND MAIN/CURRENT JOB IN CP2?

- YES 01 (CP2b)
- NO 00 (CP3)

(C1=>1 AND C15 = 00 AND CP2a= 01)

CP2b. What was the main way {you/NAME} found {your/his/her} {main/current} job?

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

INTERVIEWER: CODE ALL THAT APPLY.

- THROUGH STATE'S UNEMPLOYMENT OFFICE 01 (CP3)
- AMERICA'S WORKFORCE CENTERS 02 (CP3)
- THROUGH FRIENDS OR RELATIVES 03 (CP3)
- THROUGH JOB ADVERTISEMENTS IN A NEWSPAPER OR
ON THE INTERNET 04 (CP3)
- THROUGH THE STATE VOCATIONAL REHABILITATION
AGENCY OR {VRSTATE FROM {NAME'S} CURRENT
STATE} 05 (CP3)
- THROUGH A PRIVATE EMPLOYMENT AGENCY OR
PROGRAM 06 (CP3)
- BY CONTACTING A FORMER EMPLOYER 07 (CP3)
- BY CONTACTING ANY OTHER EMPLOYERS 08 (CP3)
- OTHER (SPECIFY) 09 (CP2_Oth)

(CP2b=09)

CP2_Oth. What other way did {you/NAME} find this job?

- <OPEN> _____
- DON'T KNOW d (CP3)
- REFUSED r (CP3)

SECTION C: CURRENT EMPLOYMENT

(C1=>1 AND C15 = 00)

CP3. I am going to read a list of things that some people use or receive to help them find or keep a job. Please tell me if {you/NAME} used or received each to help find or keep working at {your/his/her} {main/current} job. Did {you/NAME}...

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

	YES	NO	NOT APPLICABLE	DON'T KNOW	REFUSED
a. ...use a job coach?	01	00	02	d	r
b. ...use a sign language interpreter?	01	00	02	d	r
c. ...use a reader or interpreter for the blind?	01	00	02	d	r
d. ...use an assistant or caregiver for personal care? (IF NEEDED: This includes help bathing and dressing to get ready for work and eating lunch or using the restroom at work)	01	00	02	d	r
e. ...use a personal care assistant at work to help with job-related tasks? (IF NEEDED: This includes help with writing, reading, lifting, or reaching).			02		
f. ...receive on the job training?	01	00	02	d	r
g. ...receive counseling about how work will affect your benefits?	01	00	02	d	r
h. ...receive help with transportation?	01	00	02	d	r
i. ...receive help with child or family care?	01	00	02	d	r
j. ... use special equipment or devices?	01	00	02	d	r

(C1=>1 AND C15 = 00) AND (CP3j=01)

CP3k.1. What special equipment or devices did you use?

INTERVIEWER: CODE ALL THAT APPLY.

- BRACE 01
- CANE/CRUTCHES/WALKER..... 02
- WHEELCHAIR..... 03
- MODIFIED COMPUTER HARDWARE..... 04
- MODIFIED COMPUTER SOFTWARE 05
- HEARING AID/DEVICE 07
- SPECIAL GLASSES..... 08
- SPECIAL CHAIR/BACK SUPPORT 09
- SPECIAL SHOES/STOCKINGS 10
- OTHER (SPECIFY) _____ 06 (CP3k.1_oth)
- DON'T KNOW d
- REFUSED r

(CP3k.1=06)

CP3k.1_oth.

INTERVIEWER: PLEASE SPECIFY

- <OPEN> _____
- DON'T KNOW d
- REFUSED r

SECTION C: CURRENT EMPLOYMENT

(C1=>1 AND C15 = 00)

CP3l. Did {you/NAME} use or receive anything else to help find or keep working at {your/his/her} {main/current} job?

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

YES	01 (CP3lm_oth)
NO	00
NOT APPLICABLE.....	na
DON'T KNOW	d
REFUSED	r

(CP3l=01)

CP3lm_oth. **INTERVIEWER:** PLEASE SPECIFY

Other (SPECIFY)_____	
DON'T KNOW	d
REFUSED	r

(C1=>1 AND C15 = 00 or 01)

CP4. Did a friend, family member, coworker, caseworker, or anyone else help {you/him/her} find or keep working [IF C15=00 keep working] {your/his/her} {main/current} job?

PROBE: Help could include telling you about a job, helping you get ready for an interview, making a connection for you, or giving you support or encouragement.

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

YES	01 (CP5)
NO.....	00 (CP7)
DON'T KNOW.....	d (CP7)
REFUSED	r (CP7)

(CP4=01)

CP5. Who did {you/NAME} get help from?

CODE ALL THAT APPLY

A PARENT OR GUARDIAN	01
A SPOUSE OR PARTNER	02
ANOTHER RELATIVE	03
A FRIEND OR MENTOR.....	04
AN EMPLOYER OR SUPERVISOR.....	05
A CO-WORKER	06
A CASEWORKER OR COUNSELOR.....	07
A JOB COACH	08
A MEDICAL PROVIDER	09
OTHER (SPECIFY).....	10 (CP5_oth.)

(CP5=10)

CP5_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN>_____	
DON'T KNOW	d
REFUSED	r

SECTION C: CURRENT EMPLOYMENT

(CP4=01)

CP6. What kind of help did {you/NAME} get from this person/these people?

INTERVIEWER: CODE ALL THAT APPLY.

- HELP CARING FOR CHILDREN OR OTHERS 01
- HELP WITH PERSONAL CARE 02
- TRANSPORTATION 03
- HELP FINDING A JOB 04
- TRAINING 05
- SOMEONE TO TALK TO/GET ADVICE 06
- HELP GETTING ACCOMMODATIONS 07
- FINANCIAL ASSISTANCE 08
- OTHER (SPECIFY) 09 (CP6_oth)
- DON'T KNOW d
- REFUSED r

(CP6=09)

CP6_oth. **INTERVIEWER:** PLEASE SPECIFY

- <OPEN> _____
- DON'T KNOW d
- REFUSED r

(C1=>1 AND C15 = 00)

CP7. As far as you know does anyone at {your/NAME's} {main/current} job know that {you have/he has/she has} a disability?

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

- YES 01
- NO 00 (CP8)
- DON'T KNOW d (CP8)
- REFUSED r (CP8)

(CP7=01)

CP7a. Who at {your/NAME's} {main/current} job knows that {you have a disability}?

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

	YES	NO	NA	DON'T KNOW	REFUSED
a. {Your/NAME's} co-workers?	01	00	02	d	r
b. {Your/NAME's} manager, supervisor, or boss?	01	00	02	d	r
c. Other staff responsible for hiring or providing accommodations (such as Human Resources)?	01	00	02	d	r
d. Anyone else?	01	00	02	d	r

PROGRAMMER NOTE: If CP7a_d=01, go to CP7a_oth. Else, go to CP8.

CP7a_oth.

Who else?

- Other (SPECIFY) _____
- DON'T KNOW d
- REFUSED r

SECTION C: CURRENT EMPLOYMENT

(C1=>1 AND C15 = 00)

CP8. How comfortable or uncomfortable {do you/does NAME} feel about discussing {your/his/her} disability or health condition with others at {your/his/her} (current/main) job?

- Very comfortable, 01
- Comfortable 02
- Neither comfortable nor uncomfortable 03
- Uncomfortable 04
- Very uncomfortable 05
- DON'T KNOW d
- REFUSED r

(C1=>1 AND C15 = 00)

CP10. As far as you know, do other people with disabilities work at {your/NAME's} {main/current} job?

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

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

(C1=>1 AND C15=00)

C16. {Have you/Has NAME} received any promotions at {your/his/her} {main/current} job during the past 12 months?

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

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

(B24=01)

C17. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

- YES 01 (C19)
- NO 00

(C1>=1 AND C17=00)

C18. Taking all things into account, how satisfied are you with your {main/current} job? Would you say

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

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

SECTION C: CURRENT EMPLOYMENT

(B24=01)

C19. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?

YES 01 (C21)
 NO 00

(C1>=1 AND C19=00)

C20. I am going to read to you a list of benefits that some employers offer their employees. Please tell me whether or not {your/NAME's} {main/current} employer offers {you/him/her} any of these benefits.

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

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

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

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

(C1>=1)

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

YES 01
 NO 00

(C1>=1)

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

YES 01 (C34)
 NO 00

SECTION C: CURRENT EMPLOYMENT

(C1>=1 AND C32=00)

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

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

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

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

	YES	NO	DON'T KNOW	REFUSED
a. Provided {you/NAME} with any <u>special equipment</u> or assistive technology? (PROBE: For example special tools or equipment, software, or devices to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
b. Made any changes in {your/NAME's} <u>work schedule</u> ? (PROBE: For example, working fewer hours, changing the time {you arrive or leave/(he/she) arrives or leaves}, or taking more breaks to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
c. Made any changes to <u>the tasks {you were/NAME was} assigned</u> or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
d. Made any changes to the physical <u>work environment</u> to make things easier for {you/NAME}? (PROBE: For example, modifying {your/his/her} work area, improving accessibility in the building, or providing assigned parking to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
e. Arranged for <u>co-workers or others to assist</u> {you/NAME}? (PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.)	01	00	d	r
f. Made any other changes that I didn't mention to accommodate {your/NAME's} condition in the workplace?	01	00	d	r

PROGRAMMER: IF C33f=01, GO TO C33f_Other, ELSE GO TO C34.

(C32=00 and C33f=01)

C33f_Other. What other changes?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

SECTION C: CURRENT EMPLOYMENT

(C1>=1)

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

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

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

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

YES 01
NO 00 (CP12)
DON'T KNOW d (CP12)
REFUSED r (CP12)

(C34=01)

C35. What are those changes?

PROBE: Anything else?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____

DON'T KNOW d
REFUSED r

(C34=01)

C36. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?

YES 01 (C38)
NO 00

(C34=01 and C36=00)

C37. Did {you/NAME} or anyone else ask {your/his/her} employer for (any of) these changes?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(C1=>1)

CP12. Is there anything special about {your/NAME's} {main/current} job that helps {you/NAME} to keep working with a disability?

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

YES 01
NO 00 (CP13a)
DON'T KNOW d (CP13a)
REFUSED r (CP13a)

SECTION C: CURRENT EMPLOYMENT

(CP12=01)

CP12a. What is special about {your/NAME's} {main/current} job that helps {you/NAME} to keep working with a disability?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

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

MODIFIED JOB DUTIES.....	01
SPECIAL EQUIPMENT OR MODIFIED SPACE.....	02
FLEXIBLE SCHEDULE.....	03
WORK AT HOME.....	04
HEALTH INSURANCE.....	05
SICK LEAVE.....	06
SUPERVISOR UNDERSTANDS DISABILITY NEEDS ...	07
CO-WORKER ASSISTANCE.....	08
OTHER(SPECIFY).....	09 (CP12a_oth)
DON'T KNOW.....	d
REFUSED.....	r

(CP12a=09)

CP12a_oth. What else about {your/NAME's} {main/current} job allows {you/NAME} to keep working?

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

<OPEN>_____	
DON'T KNOW.....	d
REFUSED.....	r

(C1=>1)

CP13a. Next I am going to ask you about types of problems some people experience that could cause them to work less or stop working. During the past year, did {you/NAME} have any problems with {your/NAME's} health, that caused {you/him/her} to work less or stop working, for example worsening illness or the need to go to medical appointments?

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

SECTION C: CURRENT EMPLOYMENT

(CP13a=01)

CP13.a1.What was it about {your/NAME's} health that might have caused {you/NAME} to have to work less or stop working?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- EXISTING HEALTH PROBLEM GETS WORSE..... 01
- NEW HEALTH PROBLEM STARTS 02
- GET INJURED 03
- JOB HAS A NEGATIVE IMPACT ON HEALTH 04
- NEED TO BE HOSPITALIZED..... 05
- NEED TIME TO GO TO MEDICAL APPOINTMENTS 06
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION..... 07
- HEALTH INTERFERES WITH JOB PERFORMANCE..... 08
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK..... 09
- PAIN INTERFERES WITH WORKING A SET SCHEDULE..... 10
- PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG 11
- HEALTH STATUS FLUCTUATES UNPREDICTABLY..... 12
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK..... 13
- WORK IS TOO TIRING OR STRESSFUL 14
- OTHER (SPECIFY)..... 15 (CP13.a1_oth)
- DON'T KNOW d
- REFUSED r

(CP13.a1=15)

CP13.a1_Oth. **INTERVIEWER:** Please specify.

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(C1=>1)

CP13b. During the past year, did {you/NAME} have any problems with {your/NAME's} job, that caused {you/him/her} to work less or stop working, for example the need for accommodations, or problems with {your/NAME's} co-workers?

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

SECTION C: CURRENT EMPLOYMENT

(CP13b=01)

CP13.b1. What was it about {your/NAME's} {main/current} job that might have caused {you/NAME} to have to work less or stop working?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

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

JOB DOES NOT PAY ENOUGH.....	01	
JOB DOES NOT OFFER HEALTH INSURANCE BENEFITS....	02	
NEED A DIFFERENT SCHEDULE OR SHIFT.....	03	
NEED TIME TO GO TO MEDICAL APPOINTMENTS	04	
GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION.....	05	
HEALTH INTERFERES WITH JOB PERFORMANCE.....	06	
DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK.....	07	
PAIN INTERFERES WITH WORKING A SET SCHEDULE.....	08	
PERSONAL CARE AND GETTING READY FOR WORK TAKE TOO LONG	09	
DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.....	10	
FOUND ANOTHER JOB (NEW)	20	
WORK SCHEDULE (NEW).....	22	
DID NOT LIKE/GET ALONG WITH CO-WORKERS (NEW).....	23	
DID NOT LIKE/GET ALONG WITH MANAGER, SUPERVISOR, OR BOSS (NEW)	24	
DID NOT LIKE/GET ALONG WITH OTHER STAFF RESPONSIBLE FOR HIRING OR PROVIDING ACCOMMODATIONS (SUCH AS HUMAN RESOURCES) (NEW)	25	
OTHER (SPECIFY).....	11	(CP13b1_oth)
DON'T KNOW	d	
REFUSED	r	

(CP13.b1=11)

CP13.b1_Oth. **INTERVIEWER:** Please specify.

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(C1=>1)

CP13c. During the past year, did {you/NAME} have any problems with {Your/NAME's} personal circumstances, that caused {you/him/her} to work less or stop working, for example the need for childcare, not having reliable transportation, or worry about losing other benefits?

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

SECTION C: CURRENT EMPLOYMENT

(CP13c=01)

CP13.c1.What was it about {your/NAME's} personal circumstances that might have caused {you/NAME} to have to work less or stop working?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

NEED HELP CARING FOR CHILDREN OR OTHERS	01
NEED PERSONAL ASSISTANCE	02
GET INJURED	03
MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE	04
PERSONALITY CONFLICTS WITH OTHERS AT THE JOB	05
MIGHT GET FIRED FOR BEHAVIOR AT THE JOB	06
DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK	07
DRUG/ALCOHOL RELAPSE	08
WOULD RATHER DO OTHER THINGS THAN WORK	09
DO NOT LIKE WORKING	10
WORK IS TOO TIRING OR STRESSFUL	11
MOVED TO ANOTHER AREA (NEW)	19
LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW)	21
OTHER (SPECIFY)	12 (CP13.c1_oth)
DON'T KNOW	d
REFUSED	r

(CP13.c1=12)

CP13.c1_Oth. **INTERVIEWER:** Please specify.

<OPEN> _____

DON'T KNOW	d
REFUSED	r

SECTION C: CURRENT EMPLOYMENT

(CP13a=01 or CP13b=01 or CP13c=01)

CP14. What {did you/NAME do} or what things helped {you/NAME} to be able to keep working?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

WORKING FEWER HOURS A DAY	01	
WORKING FEWER DAYS A WEEK	02	
WORKING A DIFFERENT SHIFT	03	
A MORE FLEXIBLE SCHEDULE/ABLE TO START DAY LATER	04	
HAVING/HAVING MORE SICK OR OTHER LEAVE	05	
PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT TO HELP WITH GETTING READY AND/OR DO HOUSEHOLD TASKS.....	06	
ASSISTANCE WITH WORK TASKS.....	07	
MORE UNDERSTANDING EMPLOYER/CO-WORKERS	08	
ASSISTIVE DEVICE AT WORK.....	09	
PHYSICAL MODIFICATIONS OF WORKSPACE.....	10	
JOB COACH	11	
SIGN LANGUAGE INTERPRETER	12	
READER/INTERPRETER FOR THE BLIND.....	13	
ON THE JOB TRAINING.....	14	
BEHAVIORAL COACHING	15	
BENEFITS COUNSELING	16	
TRANSPORTATION ASSISTANCE.....	17	
CHILD/FAMILY CARE ASSISTANCE	18	
OTHER.....	19	(CP14_Oth)
DON'T KNOW	d	
REFUSED	r	

(CP14=19)

CP14_oth. What other things helped {you/NAME} be able to keep working?

Other (SPECIFY)_____	
DON'T KNOW	d
REFUSED	r

(C1>=1)

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

YES.....	01	(C39a2)
NO.....	00	

SECTION C: CURRENT EMPLOYMENT

(C1>=1 AND RTYPE=01)

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

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

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

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

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NA	DON'T KNOW	REF-USED
----------------	-------	----------	-------------------	----	------------	----------

a. You have a chance to develop your abilities	01	02	03	04	05	d	r
b. You have recognition or respect from others	01	02	03	04	05	d	r
c. You can work on your own in your job if you want to	01	02	03	04	05	d	r
d. You can work with others in a group or team if you want to	01	02	03	04	05	d	r
e. Your work is interesting or enjoyable	01	02	03	04	05	d	r
f. Your work gives you a feeling of accomplishment or contribution	01	02	03	04	05	d	r
g. IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): Your supervisor is supportive ELSE: SKIP TO C39_h	01	02	03	04	05	d	r
h. Your co-workers are friendly and supportive	01	02	03	04	05	d	r

(C1>=1)

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

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

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

SECTION C: CURRENT EMPLOYMENT

(C1>=1 AND C39a2=01)

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

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

INTERVIEWER NOTE: CODE NO IF NOT APPLICABLE

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

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

(C39b_f=01)

C39f_Other What other reason?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(C1>=1)

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

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

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

SECTION C: CURRENT EMPLOYMENT

(C1>=1 AND C39_1=01)

C39_2 What benefits have been reduced or ended as a result of {your/NAME's} {main/current} job?

INTERVIEWER: MARK ALL THAT APPLY.

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

- PRIVATE DISABILITY INSURANCE..... 01
- WORKERS' COMPENSATION 02
- VETERANS' BENEFITS..... 03
- MEDICARE 04
- MEDICAID..... 05
- SSA DISABILITY BENEFITS 06
- PUBLIC ASSISTANCE OR WELFARE 07
- FOOD STAMPS 08
- PERSONAL ASSISTANCE SERVICES (PAS) 09
- UNEMPLOYMENT BENEFITS 10
- OTHER STATE DISABILITY BENEFITS 11
- OTHER GOVERNMENT PROGRAMS 12
- OTHER (SPECIFY)..... 13

(C39_2=13)

C39_2_Oth What other benefits?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(C1>=1)

C39_3. Now, I am going to read you a list of things that sometimes help people to work more hours or earn more money. If any of these do not apply to {you/NAME}, please just say so. At {your/NAME's} {main/current} job, do you think that {you/she/he} could work or earn more if you/he/she had.

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

	YES	NO	DON'T KNOW	REFUSED
a. Help caring for {your/his/her} children or others in the household?	01	00	d	r
b. Help with {your/his/her} own personal care such as bathing, dressing, preparing meals, and doing housework?	01	00	d	r
c. Reliable transportation to and from work?	01	00	d	r
d. Better job skills?	01	00	d	r
e. A job with a flexible work schedule?	01	00	d	r
f. Help with finding and getting a better job?	01	00	d	r
g. Any special equipment or medical devices? PROGRAMMER: IF C39_3g=01, GO TO C39_3g_Other, ELSE GO TO C39_3h.	01	00	d	r
h. Is there anything else that I didn't mention that would help {you/NAME} work or earn more?	01	00	d	r

PROGRAMMER: IF C39_3h=01, GO TO C39_3h_Other, ELSE GO TO C39_4.

SECTION C: CURRENT EMPLOYMENT

(C39_3g=01)

C39_3g_Other. What other special equipment or medical devices?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(C39_3h=01)

C39_3h_Other What else?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(C1>=1)

C39_4. One last question about (your / NAME's) {main/current} job. Because of {your/his/her} work, has Social Security needed to make any changes to the amount of {your/his/her} disability benefits?

PROBE: Did {your/NAME's} benefit amount decrease or did {you/he/she} lose benefits altogether?

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

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

(C39_4=01)

C39_4a. Because of these changes has the Social Security Administration paid {you/NAME} the wrong benefit amount?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(C1>=1)

C39_5. {Were you/Was NAME} asked to re-pay benefits because the Social Security Administration overpaid {you/him/her}?

YES 01
 NO 00 (C40a)
 DON'T KNOW d (C40a)
 REFUSED r (C40a)

(C39_5=01)

C39_6. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/(he was/she was} working while receiving benefits?

YES 01
 NO 00 (C40a)
 DON'T KNOW d (C40a)
 REFUSED r (C40a)

SECTION C: CURRENT EMPLOYMENT

(C39_6=01)

CP16. Did {you/NAME} change how much {you/he/she} worked because {you were/he was/she was} asked to re-pay the Social Security Administration?

YES 01
NO 00 (C40a)
DON'T KNOW d (C40a)
REFUSED r (C40a)

(CP16=01)

CP16a. What did {you/NAME} change about the hours {you/he/she} worked? Did {you/he/she}....

Reduce {your/his/her} work hours by a little, 01
Reduce {your/his/her} work hours by a lot, 02
Increase {your/his/her} work hours by a little, or 03
Increase {your/his/her} work hours by a lot?..... 04
DON'T KNOW d
REFUSED r

(B24=01)

C40a. CHECK: WAS {NAME} WORKING DURING THE PAST 6 MONTHS (B24B = 01)?

YES 01 (C_B1)
NO 00 (C40b)

(B24=01)

C40b. CHECK: WAS {NAME} WORKING IN 2018 (B30 = 01)?

YES 01 (D1)
NO 00 (SC1)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

NOTE: This section asked of those working in the past 6 months but not currently working (B24=00 and B24b=01)

(B24=00 and B24b=01, D, or R)

C_B1. Now I am going to ask some questions about the jobs {you/NAME} had during the last 6 months. When answering these questions, please include both part-time and full-time jobs, but only include jobs {you /NAME} held for pay or profit.

How many jobs did {you/NAME} have during the past 6 months?

PROBE : (IF LongSamp=1): Please consider all jobs, even if we spoke about a job two years ago.

[_] NUMBER OF JOBS (1-15)

DON'T KNOW d

REFUSED r

(C_B1=>1)

C_B1a. What are the main reasons {you/NAME} decided to work?

INTERVIEWER: CODE ALL THAT APPLY.

TO HAVE MORE INCOME 01

TO FEEL BETTER ABOUT MYSELF/IMPROVE WELL BEING 02

TO FEEL MORE INDEPENDENT 03

TO ACHIEVE PERSONAL CAREER GOALS 04

ENJOY WORKING/PERSONAL SATISFACTION 05

DON'T WANT TO RELY ON BENEFITS 06

HEALTH IMPROVED 07

HAD MORE TIME/STOPPED DOING SOMETHING ELSE 08

OTHER 09 (C_B2a_oth)

DON'T KNOW d

REFUSED r

(C_B1a=09)

C_B2a_oth. **INTERVIEWER: PLEASE SPECIFY**

Other (SPECIFY) _____

DON'T KNOW d

REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

PROGRAMMER: C_B2 THROUGH C_B14 ASKED FOR ALL JOBS WHEN C_B1>01
(C_B1=>1)

C_B2. **PROGRAMMER:** IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB:

Let us start with {your/NAME's} main job – that is, the job at which {you/(he/she)} worked the most hours.
What kind of work did {you/ NAME} do, that is, what was {your/NAME's} occupation?

PROGRAMMER: IF MORE THAN ONE JOB (C_B1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

Now I would like to ask about {your/NAME'S} {second/third/fourth} job.
What kind of work did {you/NAME} do, that is, what was {your/NAME's} occupation?

ELSE (C_B1=01):

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

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store.

PROBE 2: What were {your/NAME'S} main activities or duties? What else did {you/NAME} do? What else? Did {you/NAME} supervise anyone?

PROBE 3: (IF LongSamp=1): {You/NAME} may have told me this information last time we spoke two years ago, but I need to re-ask this question in case anything has changed.

<OPEN>_____

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B3. What kind of business was this?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

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

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

PROBE 4: (IF LongSamp=1): {You/NAME} may have told me this information last time we spoke two years ago, but I need to re-ask this question in case anything has changed.

<OPEN>_____

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B4amth. In what month and year did {you/NAME} start working there?

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

PROBE: Your best estimate is fine.

____ (1-12)
MO

DON'T KNOW d
REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1)

C_B4ayr. **PROBE 1:** In what month and year did {you/NAME} start working there?

INTERVIEWER: ENTER YEAR

PROBE 2: Your best estimate is fine.

YEAR (1951-2019)

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B5. **SOFT EDIT:** YEAR {NAME} STARTED WORKING AT THIS JOB (C_B4ayr) SHOULD BE GREATER THAN OR EQUAL TO YEAR OF BIRTH (A04_d) PLUS 14 YEARS. IF RESPONDENT FAILS EDIT, **INTERVIEWER READ:** I must have recorded an incorrect answer. I show that {you were/NAME was} born in (A04_d) and {you/NAME} started working at this job in (C_B4ayr), which means {you/NAME} started working at this job when {you were/he was/she was} (PROGRAMMER CALCULATE AND FILL AGE: C_B4aYR – YEAR OF BIRTH) years old. Is that correct?

YES 01
NO 02 (CHANGE C_B4ayr)
SUPPRESS 03

(C_B1=>1)

C_B4bmth. In what month and year did {you/NAME} stop working there?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

____ (1-12)
MO

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B4byr. **PROBE 1:** In what month and year did {you/NAME} stop working there?

PROBE 2: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

YEAR (1951-2019)

DON'T KNOW d
REFUSED r

C_B5acheck1. **SOFT EDIT:** DATE {NAME} STOPPED WORKING AT THIS JOB (C_B4bmth, C_B4byr) SHOULD BE LATER THAN DATE {NAME} STARTED WORKING AT THIS JOB (C_B4amth, C_Ba4yr). IF RESPONDENT FAILS EDIT, **INTERVIEWER READ:** I must have recorded an incorrect answer. I show that {you/NAME} started working at this job in (C_B4amth, C_Ba4yr) and that (you/NAME) stopped working at this job in (C_B4bmth, C_B4byr). Is that correct?

YES 01
NO, CHANGE ANSWER TO C_B4b 02 (CHANGE C_B4b)
NO, CHANGE ANSWER TO CB4a 03 (CHANGE C_B4a)
NO, CHANGE ANSWERS FOR BOTH C_B4a AND CB4b 04 (CHANGE C_B4a, C_B4b)
SUPPRESS 05

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

C_B5acheck2. SOFT EDIT: IF DATE {NAME} STOPPED WORKING AT THIS JOB (C_B4bmth, C_B4byr) AND DATE {NAME} STARTED WORKING AT THIS JOB (C_B4amth, C_Ba4yr) ARE THE SAME (C_B4amth, C_Ba4yr - C_B4bmth, C_B4byr = 0), INTERVIEWER READ: You said that {you/NAME} started and stopped working at this job in (CB4a_mth, CB4a_yr). I'd like to verify that {you/NAME} worked at this job for less than one month. Is this correct?

- YES, WORKED AT JOB FOR LESS THAN ONE MONTH 01
- NO, WORKED AT JOB FOR MORE THAN ONE MONTH..... 02 (CHANGE B4b or B4a)
- SUPPRESS 03

C_B5acheck3. SOFT EDIT: IF YEAR {NAME} STOPPED WORKING AT THIS JOB MORE THAN 6 MONTHS AGO (CURRENT DATE - C_B4bmth, C_B4byr => 7), INTERVIEWER READ: You said that {you/NAME} stopped working at this job in (C_B4bmth,C_B4byr). That is more than six months ago. Is this correct?

- YES, JOB ENDED MORE THAN 6 MONTHS AGO 01 (C_B5d)
- NO, JOB DID ENDED WITHIN THE PAST 6 MONTHS 02
- SUPPRESS 03

C_B5d. CHECK: DID THIS JOB END MORE THAN 6 MONTHS AGO (CB5acheck3=01)?

- YES 01 (CHANGE B24b)
- NO 00

(C_B1=>1)

C_B5A. Beneficiaries do not always know that they should report a change in work status to Social Security. Did {you/NAME} let Social Security know that {you were/ (he/she) was} working?

- YES 01
- NO 00 (C_B6)
- DON'T KNOW d (C_B6)
- REFUSED r (C_B6)

(C_B5a=01)

C_B5B. How soon after {you/NAME} started this job did {you/NAME} tell Social Security {you were/(he/she) was} working?

PROBE: Your best estimate is fine.

INTERVIEWER: IF R TOLD SSA BEFORE STARTED WORKING, CODE AS 1 WEEK.

- WEEKS 01 (C_B5BWeek)
- MONTHS 02 (C_B5BMonth)
- DON'T KNOW d (C_B6)
- REFUSED r (C_B6)

(C_B5a=01 and C_B5b=01)

C_B5B WEEK. **INTERVIEWER:** ENTER NUMBER OF WEEKS

|_|_| WEEKS
(1-52)

- DON'T KNOW d (C_B6)
- REFUSED r (C_B6)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B5a=01 and C_B5b=02)

C_B5BMonth. **INTERVIEWER:** ENTER NUMBER OF MONTHS

|_|_| MONTHS
(1-12)

DON'T d (C_B6)
REFUSED r (C_B6)

(C_B1=>1)

C_B6. {Were you/Was NAME} self-employed at this job?

PROBE: Self-employed means that you work for yourself/ or own your own business.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B7. There are a number of special work programs available to people with disabilities. Was {your/NAME's} job part of a sheltered workshop program, transitional employment program, the Business Enterprise Program for the blind, or a supported employment program?

PROBE: A sheltered workshop is a program that provides employment with subsidized wages (or special wages that would not be available in a regular job) for people with disabilities. A transitional employment program allows workers with disabilities to work at reduced levels while they ease back into the workplace.

The Business Enterprise Program for the blind offers legally blind persons the opportunity to own their own businesses. Supported employment programs provide job coaches or other on-the-job supports to help individuals with disabilities get and keep jobs.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B8. How many hours per week did {you/NAME} usually work at this job?

PROBE: Include overtime if {you/he/she} usually worked overtime.

|_|_|_| HOURS PER WEEK (1-60)
(1-168)

DON'T KNOW d
REFUSED r

(C_B1=>1)

C_B9. How many weeks per year did {you/NAME} usually work at this job, including paid vacation and holidays?

PROBE 1: There are 52 weeks in a year.

PROBE 2: Please include time off for vacation and holidays if {you were/NAME was} paid for that time.

PROBE 3: If {you/NAME} worked less than a year, please answer for the number of weeks {you/NAME} worked.

|_|_| WEEKS PER YEAR (1-52)

DON'T KNOW d
REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1)

C_B10. **PROGRAMMER:** IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB:

For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid for this job. For {your/NAME's} main job {you/he/she} held in the past six months {were you/was (he/she)} paid by the hour?

PROGRAMMER: IF MORE THAN ONE JOB (C_B1>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid for {your/(his/her)} {second/third/fourth} job. For {your/NAME's} {second/third/fourth} job {were you/was (he/she)} paid by the hour? ELSE (C_B1=01):

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB.

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

- YES 01
- NO 00 (C_B12amt)
- DON'T KNOW d (C_B12amt)
- REFUSED r (C_B12amt)

(C_B10=01)

C_B11. What was {your/NAME's} regular hourly pay, including tips and commissions?

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

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

\$ |__|__|__| . |__|__| PER HOUR (1 - 25.00) (1 - 300.00)

- DON'T KNOW d
- REFUSED r

(C_B10=00, d, or r)

C_B12amt. Before taxes and other deductions how much {were you/was NAME} paid on this job, including tips and commissions.

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

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

\$ |__|__|__| . |__|__|__| . 00

- DON'T KNOW d
- REFUSED r

(C_B10=00, d, or r)

C_B12hop. **INTERVIEWER:** ENTER HOW OFTEN PAID

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

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

PROGRAMMER: CALCULATE MONTHLY PRE-TAX PAY BASED ON C_B12AMT AND C12HOP FOR EACH JOB:

If C_B10=01, and C_B11 and C_B8≠d or r, C_B_JobMnthPay(1)=c_B11*c_B8*4.35.

If C_B10=01 and C_B8 or C_B11=d, C_B_JobMnthPay(1)=d.

If C_B10=01 and C_B8 or C_B11=r and neither are d, C_B_JobMnthPay(1)=r.

If C_B10=00, d, or r and C_B12amt or C_B12hop=d, C_B_JobMnthPay(1)=d.

If C_B10=00, d, or r and C_B12amt or C_B12hop=r, and neither are d, C_B_JobMnthPay(1)=r.

If C_B10=00, d, or r and c_B12hop=1, C_B_JobMnthPay(1)=c_B12amt*21.74.

If C_B10=00, d, or r and c_B12hop=2, C_B_JobMnthPay(1)=c_B12amt*4.35.

If C_B10=00, d, or r and c_B12hop=3, C_B_JobMnthPay(1)=c_B12amt*2.17.

If C_B10=00, d, or r and c_B12hop=4, C_B_JobMnthPay(1)=c_B12amt*2.

If C_B10=00, d, or r and c_B12hop=5, C_B_JobMnthPay(1)=c_B12amt.

If C_B10=00, d, or r and c_B12hop=6, C_B_JobMnthPay(1)=c_B12amt/12.

(C_B10=00, d, or r)

C_B13amt. For this job, about how much was left as take-home pay after taxes and other deductions?

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

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

\$ |__|__|__| . |__|__|__| . 00

DON'T KNOW d

REFUSED r

(C_B10=00, d, or r)

C_B13hop. **INTERVIEWER:** ENTER HOW OFTEN PAID

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

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

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

If C_B10=01 and C_B11 and C_B8≠d or r, C_B_JobMnthPayTH(1)=c_B11*c_B8*4.35.

If C_B10=01 and C_B8_1 or C_B11=d, C_B_JobMnthPayTH(1)=d.

If C_B10=01 and C_B8_1 or C_B11=r and neither are d, C_B_JobMnthPayTH(1)=r.

If C_B10=00, d, or r and C_B13amt or C_B13hop=d, C_B_JobMnthPayTH(1)=d.

If C_B10=00, d, or r and C_B13amt or C_B13hop=r, and neither are d, C_B_JobMnthPayTH(1)=r.

If C_B10=00, d, or r and c_B13hop=1, C_B_JobMnthPayTH(1)=c_B13amt*21.74.

If C_B10=00, d, or r and c_B13hop=2, C_B_JobMnthPayTH(1) =c_B13amt*4.35.

If C_B10=00, d, or r and c_B13hop=3, C_B_JobMnthPayTH(1)=c_B13amt*2.17.

If C_B10=00, d, or r and c_B13hop=4, C_B_JobMnthPayTH(1)=c_B13amt*2.

If C_B10=00, d, or r and c_B13hop=5, C_B_JobMnthPayTH(1)=c_B13amt.

If C_B10=00, d, or r and c_B13hop=6, C_B_JobMnthPayTH(1)=c_B13amt/12.

(C_B10=00, d, or r) and (C_B12hop=01, 02, 03, 04, 05, or 06) and (C_B13hop=01, 02, 03, 04, 05, or 06)

C_B14. SOFT EDIT: AMOUNT OF TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO PRE-TAX PAY. IF AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY (C_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF CALCULATED MONTHLY PRE-TAX PAY (C_JobMnthPay(1)) NE D OR R, AND C_JobMnthPayTH(1) > C_JobMnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CALCULATED PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you were/NAME was} paid (C_B12amt) per (C_B12hop) before taxes and other deductions which would be about (C_B_JobMnthPay(1) per month and that (C_B13amt) per (C_B13hop), or about (C_B_JobMnthPayTH(1) per month, is left as take-home pay after taxes and other deductions. Based on what I recorded, {your/NAME's} take home pay was more than {your/NAME's} pre-tax pay. Should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you/NAME} took home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER	
DEDUCTIONS	01 CHANGE C_B12amt)
CHANGE AMOUNT OF TAKE-HOME PAY	02 (CHANGE C_B13amt)
SUPPRESS.....	03

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B10=00, d, or r) and (C_B12hop=01, 02, 03, 04, 05, or 06) and (C_B13hop=01, 02, 03, 04, 05, or 06)

C_B14a. SOFT EDIT: DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF TAKE MONTHLY HOME PAY (C_B_JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C_B_JobMnthPay(1)) NE D OR R, AND $(C_B_JobMnthPay(1) - C_B_JobMnthPayTH(1) / C_B_JobMnthPayTH(1) > .30$, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you were/NAME was} paid (C_B12amt) per (C_B12hop) before taxes and other deductions which would be about (C_B_JobMnthPay(1) per month and that (C_B13amt) per (C_B13hop), or about (C_B_JobMnthPayTH(1) per month was left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you/NAME} took home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
 DEDUCTIONS 01 CHANGE C_B12amt)
 CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE C_B13amt)
 SUPPRESS..... 03

PROGRAMMER: CALCULATE TOTAL MONTHLY PAY FROM ALL JOBS COMBINED (TO BE USED LATER IN SECTION K):
 If C_B_JobMnthPay(1) or C_B_JobMnthPay(2) or C_B_JobMnthPay(3) (for all jobs listed)=d, C_B_CurMnthPay=d.
 If C_B_JobMnthPay(1) or C_B_JobMnthPay(2) or C_B_JobMnthPay(3) (for all jobs listed)=r, and none=d, C_B_CurMnthPay=r. Else, C_B_CurMnthPay=Sum of (C_B_JobMnthPay(1) AND C_B_JobMnthPay(2) AND C_B_JobMnthPay(3), etc. (for all jobs listed)).

**IF C_B1 = 1, GO TO C_B15.
 IF C_B1>1 AND HAVE NOT ASKED ABOUT ALL JOB, LOOP BACK TO C_B2.**

(C_B1=>1)

C_B15. CHECK: WAS {NAME} SELF EMPLOYED (C_B6=01)?

YES 01 (C_BP4)
 NO 00

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1 AND C_B15=00)

C_BP2. How did {you/NAME} find {your/his/her} [main] job?

PROGRAMMER: USE "MAIN" IF C_B1>01.

INTERVIEWER: CODE ALL THAT APPLY.

THROUGH STATE'S UNEMPLOYMENT OFFICE	01
AMERICA'S WORKFORCE CENTERS	02
THROUGH FRIENDS OR RELATIVES	03
THROUGH JOB ADVERTISEMENTS IN A NEWSPAPER OR ON THE INTERNET	04
THROUGH THE STATE VOCATIONAL REHABILITATION AGENCY OR {VRNAME FROM {NAME'S} CURRENT STATE}.....	05
THROUGH A PRIVATE EMPLOYMENT AGENCY OR PROGRAM	06
BY CONTACTING A FORMER EMPLOYER	07
BY CONTACTING ANY OTHER EMPLOYERS.....	08
OTHER.....	09 (C_BP2_Oth)

(C_BP2=09)

C_BP2_Oth.

What other way did {you/NAME} find this job?

Other (SPECIFY)_____	
DON'T KNOW	d (C_BP3)
REFUSED	r (C_BP3)

(C_B1=>1 AND C_B15=00)

C_BP2a. CHECK: DID {NAME} MENTION MORE THAN ONE WAY FOUND MAIN JOB?

YES	01 (C_BP2b)
NO	00 (C_BP3)

(C_BP2a = 01)

C_BP2b. What was the main way {you/NAME} found {your/his/her} [main] job?

INTERVIEWER: CODE ALL THAT APPLY.

PROGRAMMER: USE "MAIN" IF C_B1>01.

THROUGH STATE'S UNEMPLOYMENT OFFICE	01
AMERICA'S WORKFORCE CENTERS	02
THROUGH FRIENDS OR RELATIVES	03
THROUGH JOB ADVERTISEMENTS IN A NEWSPAPER OR ON THE INTERNET	04
THROUGH THE STATE VOCATIONAL REHABILITATION AGENCY OR {VRSTATE FROM {NAME'S} CURRENT STATE}.....	05
THROUGH A PRIVATE EMPLOYMENT AGENCY OR PROGRAM	06
BY CONTACTING A FORMER EMPLOYER	07
BY CONTACTING ANY OTHER EMPLOYERS.....	08
OTHER.....	09 (C_BP2_Oth)

(C_BP2b=09)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

C_BP2_Oth. What other way did {you/NAME} find this job?

Other (SPECIFY) _____
 DON'T KNOW d (C_B P3)
 REFUSED r (C_BP3)

(C_B1=>1 AND C_B15=00)

C_BP3. I am going to read a list of things that some people use or receive to help them find or keep a job. Please tell me if {you/NAME} used or received each to help find or work at {your/his/her} [main] job. Did {you/NAME}...

PROGRAMMER: USE "MAIN" IF C_B1>01.

	YES	NO	NA	DON'T KNOW	REFUSED
a. ...use a job coach?	01	00	02	d	r
b. ...use a sign language interpreter?	01	00	02	d	r
c. ...use a reader or interpreter for the blind?	01	00	02	d	r
d. ...use an assistant or caregiver for personal care (IF NEEDED: This includes help bathing or dressing to get ready for work and eating lunch or using the restroom at work)?	01	00	02	d	r
e. ...use a personal care assistant at work to help with job-related tasks? (IF NEEDED: This includes help with writing, reading, lifting, or reaching.	01	00	02	d	r
f. ...receive on the job training?	01	00	02	d	r
g. ...receive counseling about how work will affect your benefits?	01	00	02	d	r
h. ...receive help with transportation?	01	00	02	d	r
i. ...receive help with child or family care?	01	00	02	d	r
j. ... use special equipment or devices?	01	00	02	d	r

(C_BP3j=01)

C_BP3k.1. What special equipment or devices did you use?

INTERVIEWER: CODE ALL THAT APPLY.

BRACE 01
 CANE/CRUTCHES/WALKER..... 02
 WHEELCHAIR..... 03
 MODIFIED COMPUTER HARDWARE..... 04
 MODIFIED COMPUTER SOFTWARE 05
 HEARING AID/DEVICE 07
 SPECIAL GLASSES..... 08
 SPECIAL CHAIR/BACK SUPPORT 09
 SPECIAL SHOES/STOCKINGS..... 10
 OTHER _____ 06 (C_BP3k.1_oth.)
 DON'T KNOW d
 REFUSED r

(C_BP3k.1=06)

C_BP3k.1_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(C_B1=>1 AND C_B15=00)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

C_BP3I. Did {you/NAME} use or receive anything else to help find or keep working at {your/his/her} [main] job?

PROGRAMMER: USE "MAIN" IF C_B1>01.

YES	01	(C_BP3Im_oth)
NO	00	
NA	na	
DON'T KNOW	d	
REFUSED	r	

(C_BP3I=01)
C_BP3Im_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(C_B1=>1 AND C_B15=00 or 01)

C_BP4. Did a friend, family member, coworker, caseworker, or anyone else help {you/NAME} find {your/his/her} [main] job?

PROBE: Help could include telling you about a job, helping you get ready for an interview, making a connection for you, or giving you support or encouragement.

PROGRAMMER: USE "MAIN" IF C_B1>01.

YES	01	(C_BP5)
NO	00	(C_BP7)
DON'T KNOW	d	(C_BP7)
REFUSED	r	(C_BP7)

(C_BP4=01)

C_BP5. Who did {you/NAME} get help from?

INTERVIEWER: CODE ALL THAT APPLY

A PARENT OR GUARDIAN	01	
A SPOUSE OR PARTNER	02	
ANOTHER RELATIVE	03	
A FRIEND OR MENTOR.....	04	
AN EMPLOYER OR SUPERVISOR.....	05	
A CO-WORKER	06	
A CASEWORKER OR COUNSELOR.....	07	
A JOB COACH	08	
A MEDICAL PROVIDER	09	
OTHER.....	10	(C_BP5_oth)

(C_BP5=10)
C_BP5_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____
 DON'T KNOW d
 REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP4=01)

C_BP6. What kind of help did {you/NAME} get from these people?

INTERVIEWER: CODE ALL THAT APPLY.

- HELP CARING FOR CHILDREN OR OTHERS..... 01
- HELP WITH PERSONAL CARE 02
- TRANSPORTATION 03
- HELP FINDING A JOB..... 04
- TRAINING 05
- SOMEONE TO TALK TO/GET ADVICE 06
- HELP GETTING ACCOMMODATIONS 07
- FINANCIAL ASSISTANCE..... 08
- OTHER 09 (C_BP6_oth)
- DON'T KNOW d
- REFUSED r

(C_BP6=09)

C_BP6_oth.

INTERVIEWER: PLEASE SPECIFY

- <OPEN> _____
- DON'T KNOW d
- REFUSED r

(C_B1=>01 AND C_B15=00)

C_BP7. As far as you know did anyone at {your/NAME's} [main] job know that {you have/he has/she has} a disability?

PROGRAMMER: USE "MAIN" IF C_B1>01

- YES 01
- NO 00 (C_BP8)
- DON'T KNOW d (C_BP8)
- REFUSED r (C_BP8)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP7=01)

C_BP7a. Who at {your/NAME's} (main) job knew that {you have/he has/she has} a disability?

INTERVIEWER: CODE ALL THAT APPLY.

	YES	NO	NA	DON'T KNOW	REFUSED
a. {Your/NAME's} co-workers?	01	00	02	d	r
b. {Your/NAME's} manager, supervisor, or boss?	01	00	02	d	r
c. Other staff responsible for hiring or providing accommodations (such as Human Resources)?	01	00	02	d	r
d. Anyone else?	01	00	02	d	r

(C_BP7ad=01)

C_BP7a_oth. Who else?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(C_B1=>1 AND C_B15=00)

C_BP8. How comfortable or uncomfortable did {you/NAME} feel about discussing {your/his/her} disability or health condition with others at {your/his/her} [main] job?

PROGRAMMER: USE "MAIN" IF C_B1>01

Very comfortable, 01
 Comfortable 02
 Neither comfortable nor uncomfortable 03
 Uncomfortable 04
 Very uncomfortable 05
 DON'T KNOW d
 REFUSED r

(C_B1=>1 AND C_B15=00)

C_BP10. As far as you know, did other people with disabilities work at {your/NAME's} [main] job?

PROGRAMMER: USE "MAIN" IF C_B1>01

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(C_B1=>1 AND C_B15=00)

C_B16. Did {you/NAME} receive any promotions at this job?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1)

C_B17. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES..... 01 (C_B19)
 NO..... 00

(C_B17=00)

C_B18. Taking all things into account, how satisfied were you with your {main} job? Would you say

PROGRAMMER: USE "MAIN" IF C_B1 > 01

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

(C_B1=>1)

C_B19. CHECK: IS {NAME} SELF EMPLOYED (C_B6=01)?

YES..... 01 (CB_21)
 NO..... 00

(C_B19=00)

C_B20. I am going to read to you a list of benefits that some employers offer their employees. Please tell me whether or not {your/NAME's} {main} employer offered {you/him/her} any of these benefits.

PROGRAMMER: USE "MAIN" IF C_B1>01

Did {your/NAME's} (main) employer offer {you/NAME}

PROBE: Please answer 'yes' if {you were/NAME was} eligible for the benefit but didn't yet start to receive it when you stopped working at that job.

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

(C_B1=>1)

C_B32. CHECK: WAS {NAME} SELF EMPLOYED (C_B6=01)?

YES..... 01 (C_B34)
 NO..... 00

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B32=00)

C_B33. **PROGRAMMER:** USE "MAIN" IF C_B1>01.

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

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB.

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

	YES	NO	DON'T KNOW	REFUSED
a. Provide {you/NAME} with any <u>special equipment</u> or assistive technology? (PROBE: For example special tools or equipment, software, or devices to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
b. Make any changes in {your/NAME's} <u>work schedule</u> ? (PROBE: For example, working fewer hours, changing the time {you arrive or leave/(he/she) arrives or leaves}, or taking more breaks to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
c. Make any changes to <u>the tasks {you were/NAME was} assigned</u> or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
d. Make any changes to the physical <u>work environment</u> to make things easier for {you/NAME}? (PROBE: For example, modifying {your/his/her} work area, improving accessibility in the building, or providing assigned parking to accommodate {your/NAME's} condition in the workplace.)	01	00	d	r
e. Arrange for <u>co-workers or others to assist</u> {you/NAME}? (PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.)	01	00	d	r
f. Make any other changes that I didn't mention to accommodate {your/NAME's} condition in the workplace?	01	00	d	r

PROGRAMMER: IF C33f=01, GO TO C33f_Other, ELSE GO TO C34.

(C_B32=00 and C_B33f=01)

C_B33f_Other. What other changes?

<OPEN> _____

DON'T KNOW d
REFUSED r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1)

C_B34. Were there any changes in {your/NAME's} {main} job or workplace related to {your/his/her} physical or mental health condition that {you/(he/she)} needed, but that were not made?

PROGRAMMER: USE "MAIN" IF C_B1>01.

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB.

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

YES 01
NO 00 (C_BP12)
DON'T KNOW d (C_BP12)
REFUSED r (C_BP12)

(C_B34=01)

C_B35_oth. What are those changes?

PROBE: Anything else?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____
DON'T KNOW d
REFUSED r

(C_B34 = 01)

C_B36. CHECK: WAS {NAME} SELF EMPLOYED (C_B6=01)?

YES 01 (C_B38)
NO 00

(C_B34=01 and C_B36=00)

C_B37. Did {you/NAME} or anyone else ask {your/his/her} employer for (any of) these changes?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(C_B1=>1)

C_BP12. Was there anything special about {your/NAME's} [main] job that helped {you/him/her} to work with a disability?

PROGRAMMER: USE "MAIN" IF C_B1>01

YES 01
NO 00 (C_BP13a)
DON'T KNOW d (C_BP13a)
REFUSED r (C_BP13a)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP12=01)

C_BP12a. What was special about {your/NAME's} [main] job that helped {you/him/her} to work with a disability?

PROGRAMMER: USE "MAIN" IF C_B1>01

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- Modified job duties 01
- Special equipment or modified space..... 02
- Flexible schedule 03
- Work at home 04
- Health insurance 05
- Sick leave 06
- Supervisor understands disability needs 07
- Co-worker assistance..... 08
- Other 09 (C_BP12a_oth)
- DON'T KNOW d
- REFUSED r

(C_BP12a=09)

C_BP12a_oth. What else about {your/NAME's} [main] job allowed {you/him/her} to work?

PROGRAMMER: USE "MAIN" IF C_B1>01

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(C_B1=>1)

C_BP13a. You said that {you/NAME} worked at this job within the past six months, but that {you are/he is/she is} not currently working. Did {you/NAME} have any problems with {your/NAME's} health, that caused {you/him/her} to stop working, for example worsening illness or the need to go to medical appointments?

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

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP13a=01)

C_BP13a1. What was it about {your/NAME's} health that caused {you/him/her} to stop working?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- EXISTING HEALTH PROBLEM GETS WORSE..... 01
- NEW HEALTH PROBLEM STARTS 02
- GET INJURED 03
- JOB HAS A NEGATIVE IMPACT ON HEALTH 04
- NEED TO BE HOSPITALIZED..... 05
- NEED TIME TO GO TO MEDICAL APPOINTMENTS 06
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION 07
- HEALTH INTERFERES WITH JOB PERFORMANCE.... 08
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK 09
- PAIN INTERFERES WITH WORKING A SET SCHEDULE..... 10
- PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG 11
- HEALTH STATUS FLUCTUATES UNPREDICTABLY.... 12
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK 13
- WORK IS TOO TIRING OR STRESSFUL 14
- OTHER..... 15 (C_BP13.a1_oth.)
- DON'T KNOW d
- REFUSED r

(C_BP13.a1=15)

C_BP13.a1_oth.

INTERVIEWER: PLEASE SPECIFY

- <OPEN> _____
- DON'T KNOW d
- REFUSED r

(C_B1=>1)

C_BP13b. You said that {you/NAME} worked at this job within the past six months, but that {you are/he is/she is} not currently working. Did {you/NAME} have any problems with {your/NAME's} job, that caused {you/him/her} to stop working, for example the need for accommodations or problems with {your/his/her} co-workers?

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

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP13b=01)

C_BP13.b1. What was it about {your/NAME's} job that caused {you/him/her} to stop working?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- JOB DOES NOT PAY ENOUGH..... 01
- JOB DOES NOT OFFER HEALTH INSURANCE BENEFITS..... 02
- NEED A DIFFERENT SCHEDULE OR SHIFT 03
- NEED TIME TO GO TO MEDICAL APPOINTMENTS..... 04
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION..... 05
- HEALTH INTERFERES WITH JOB PERFORMANCE 06
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK..... 07
- PAIN INTERFERES WITH WORKING A SET SCHEDULE..... 08
- PERSONAL CARE AND GETTING READY FOR WORK TAKE TOO LONG..... 09
- DO NOT HAVE DEVICES NEEDED IN ORDER TO WORK..... 10
- FOUND ANOTHER JOB (NEW) 20
- WORK SCHEDULE (NEW)..... 22
- DID NOT LIKE/GET ALONG WITH CO-WORKERS (NEW) 23
- DID NOT LIKE/GET ALONG WITH MANAGER, SUPERVISOR, OR BOSS (NEW)..... 24
- DID NOT LIKE/GET ALONG WITH OTHER STAFF RESPONSIBLE FOR HIRING OR PROVIDING ACCOMMODATIONS (SUCH AS HUMAN RESOURCES) (NEW)..... 25
- OTHER..... 11 (C_BP13.b1_oth.)
- DON'T KNOW d
- REFUSED r

(C_BP13.b1=11)

C_BP13.b1_oth.

INTERVIEWER: PLEASE SPECIFY

- <OPEN> _____
- DON'T KNOW d
- REFUSED r

(C_B1=>1)

C_BP13c. You said that {you/NAME} worked at this job within the past six months, but that {you are/he is/she is} not currently working. Did {you/NAME} have any problems with {Your/NAME's} personal circumstances that caused {you/him/her} to stop working, for example the need for childcare, not having reliable transportation, or worry about losing other benefits?

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

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_BP13c=01)

C_BP13.c1.What was it about {your/NAME's} personal circumstances that caused {you/him/her} to stop working?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

NEED HELP CARING FOR CHILDREN OR OTHERS	01	
NEED PERSONAL ASSISTANCE	02	
GET INJURED	03	
MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE	04	
PERSONALITY CONFLICTS WITH OTHERS AT THE JOB	05	
MIGHT GET FIRED FOR BEHAVIOR AT THE JOB	06	
DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK	07	
DRUG/ALCOHOL RELAPSE	08	
WOULD RATHER DO OTHER THINGS THAN WORK	09	
DO NOT LIKE WORKING	10	
WORK IS TOO TIRING OR STRESSFUL	11	
MOVED TO ANOTHER AREA (NEW)	19	
LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW)	21	
OTHER.....	12	(C_BP13.c1_oth.)
DON'T KNOW	d	
REFUSED	r	

(C_BP13.C1=12)

C_BP13.c1_oth.

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____		
DON'T KNOW	d	
REFUSED	r	

(C_B1=>1)

C_B38. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES	01	(C39a2)
NO	00	

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B1=>1 AND RTYPE=01)

C_B39. Again, thinking about the {main} job {you/NAME} had within the past six months, how much do you agree or disagree with each of the following statements? Would you say you strongly agree, agree, disagree, or strongly disagree?

PROGRAMMER: USE "MAIN" IF C_B1>01.

PROGRAMMER: USE PROBE IF MORE THAN ONE JOB (C_B1>01) AND FIRST JOB.

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

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NA	DON'T KNOW	REFUSED
a. {You/NAME} had a chance to develop your abilities	01	02	03	04	05	d	r
b. {You/NAME} had recognition or respect from others	01	02	03	04	05	d	r
c. {You/NAME} could work on {your/his/her} own in {your/his/her} job if {you/he/she} wanted to	01	02	03	04	05	d	r
d. {You/NAME} could work with others in a group or team if {you/he/she} wanted to	01	02	03	04	05	d	r
e. {Your/NAME's} work was interesting or enjoyable	01	02	03	04	05	d	r
f. {Your/NAME's} work gave you a feeling of accomplishment or contribution	01	02	03	04	05	d	r
g. IF {NAME} WAS NOT SELF-EMPLOYED (C_B6=00, d, or r): {Your/NAME's} supervisor was supportive. ELSE: SKIP TO C_B39_g	01	02	03	04	05	d	r
h. {Your/NAME's} co-workers were friendly and supportive	01	02	03	04	05	d	r

(C_B1=>1)

C_B39a2. Sometimes people work fewer hours or earn less money than they could in order to care for family members, keep the cash benefits they need, or just to have more free time. In (your/NAME's) [main] job, did you/he/she work fewer hours or earn less money than (you/he/she) could for any reason?

PROGRAMMER: USE "MAIN" IF C_B1>01.

YES 01
 NO 00 (C_B39_1)
 DON'T KNOW d (C_B39_1)
 REFUSED r (C_B39_1)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B39a2=01)

C_B39b. Did (you/NAME) work fewer hours or earn less money than (you/he/she) could because (you/he/she)...

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

	YES	NO	DON'T KNOW	REFUSED
a. {Were/Was} taking care of children or others?	01	00	d	r
b. {Were/Was } enrolled in school or a training program?	01	00	d	r
c. Wanted to keep Medicare or Medicaid coverage?	01	00	d	r
d. Wanted to keep cash benefits (you/he/she) need such as disability or workers compensation?	01	00	d	r
e. Just did not want to work more?	01	00	d	r
g. {Are/is} in poor health or [have/has] health concerns? (NEW)	01	00	d	r
f. Are there any reasons I didn't mention why (you were/NAME was) working or earning less than (you/he/she) could?	01	00	d	r

PROGRAMMER: IF C_B39b_f=01 GO TO C_B39f_Other, ELSE SKIP TO C_B39_1

(C_B39b_f=01)

C_B39f_Other What other reason?

<OPEN>_____

DON'T KNOW d
 REFUSED r

(C_B1=>1)

C_B39_1 Were any of {your/NAME's} disability-related benefits reduced or ended because of {your/his/her} [main] job?

PROGRAMMER: USE "MAIN" IF C_B1>01

YES 01
 NO 00 (C_B39_3)
 DON'T KNOW d (C_B39_3)
 REFUSED r (C_B39_3)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B39_1=01)

C_B39_2 What benefits were reduced or ended as a result of {your/NAME's} [main] job?

INTERVIEWER: CODE ALL THAT APPLY.

PROGRAMMER: USE "MAIN" IF C_B1>01

- PRIVATE DISABILITY INSURANCE..... 01
- WORKERS' COMPENSATION 02
- VETERANS' BENEFITS..... 03
- MEDICARE 04
- MEDICAID..... 05
- SSA DISABILITY BENEFITS 06
- PUBLIC ASSISTANCE OR WELFARE 07
- FOOD STAMPS 08
- PERSONAL ASSISTANCE SERVICES (PAS) 09
- UNEMPLOYMENT BENEFITS 10
- OTHER STATE DISABILITY BENEFITS 11
- OTHER GOVERNMENT PROGRAMS 12
- OTHER..... 13

(C_B39_2 = 13)

C_B39_2_Other: What other benefits?

- <OPEN> _____
- DON'T KNOW d
- REFUSED r

(C_B1=>1)

C_B39_3. Now, I am going to read you a list of things that sometimes help people keep their jobs. Do you think that [you/she/he] would have kept working if (you/he/she) had...

	YES	NO	DON'T KNOW	REFUSED
a. Help caring for {your/his/her} children or others in the household?	01	00	d	r
b. Help with {your/his/her} own personal care such as bathing, dressing, preparing meals, and doing housework?	01	00	d	r
c. Reliable transportation to and from work?	01	00	d	r
d. Better job skills?	01	00	d	r
e. A job with a flexible work schedule?	01	00	d	r
f. Help with finding and getting a better job?	01	00	d	r
g. Any special equipment or medical devices? PROGRAMMER: IF C_B39_3g=01, GO TO C_B39_3g_Other, ELSE GO TO C_B39_3h.	01	00	d	r
h. Is there anything else that I didn't mention that would help [you/NAME] work or earn more?	01	00	d	r

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

PROGRAMMER: IF C3_B9_3h=01, GO TO C_B39_3h_Other, ELSE GO TO C_B39_4.

(C39_3g=01)

C_B39_3g_Other. What other special equipment or medical devices?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(C39_3h=01)

C_B39_3h_Other What else?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(C_B1=>1)

C_B39_4. One last question about (your / NAME's) [main] job. Because of {your/his/her} work, did Social Security need to make any changes to the amount of {your/his/her} disability benefits?

PROBE: Did {your/NAME's} benefit amount decrease or did {you/he/she} lose benefits altogether?

PROGRAMMER: USE "MAIN" IF C_B1>01

YES 01
 NO 00 (C_B39_5)
 DON'T KNOW d (C_B39_5)
 REFUSED r (C_B39_5) (C_B39_4=01)

(C_B39_4=01)

C_B39_4a. Because of these changes did the Social Security Administration pay {you/NAME} the wrong benefit amount?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(C_B1=>1)

C_B39_5. {Were you/Was NAME} asked to re-pay benefits because the Social Security Administration overpaid {you/him/her}?

YES 01
 NO 00 (C_B40CHECK)
 DON'T KNOW d (C_B40CHECK)
 REFUSED r (C_B40CHECK)

(C_B39_5=01)

C_B39_6. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/he was/she was} working while receiving benefits?

YES 01
 NO 00 (C_B40CHECK)
 DON'T KNOW d (C_B40CHECK)
 REFUSED r (C_B40CHECK)

SECTION C_B: EMPLOYMENT IN PAST 6 MONTHS

(C_B39_6=01)

C_BP16. Did {you/NAME} change the way {you/he/she} worked because {you were/he was/she was} asked to re-pay the Social Security Administration?

- YES 01
- NO 00 (C_B40CHECK)
- DON'T KNOW d (C_B40CHECK)
- REFUSED r (C_B40CHECK)

(C_BP16=01)

C_BP16a. What did {you/NAME} change about the way {you/he/she} worked? Did {you/he/she}....

- Reduce {your/his/her} work hours by a little, 01
- Reduce {your/his/her} work hours by a lot, 02
- Increase {your/his/her} work hours by a little, 03
- Increase {your/his/her} work hours by a lot or 04
- Something else? (SPECIFY) 05 (C_BP16a_oth.)
- DON'T KNOW d
- REFUSED r

(C_BP16a=05)

C_BP16a_oth. **INTERVIEWER: PLEASE SPECIFY**

- Other (SPECIFY) _____
- DON'T KNOW d
- REFUSED r

(C_B1=>1)

C_B40. CHECK: WAS {NAME} WORKING IN 2018 (B30 = 01)?

- YES 01 (D1)
- NO 00 (SC1CHECK)

SECTION D: JOBS/OTHER JOBS DURING 2018

(B30=01)

D1. Now, I will ask you about jobs {you/NAME} had during 2018. When answering these questions, please include both part-time and full-time jobs, but only include jobs {you/NAME} held for pay or profit for one month or longer.

PROGRAMMER: IF (C1=01 AND C4 YEAR ≤2018) or (C_B1=01 and C_B4a_yr=2018 or C_B4b_yr=2018) or (C_B1=01 and C_B4a_yr ≤2018 and C_B4b_yr>2018) ASK:

Other than (your/NAME's) job that you already told me about, in 2018 did {you/NAME} work for pay at any other jobs for longer than a month?

PROGRAMMER: IF (C1>01 AND C4 YEAR ≤ 2018) or (C_B1>1 and C_B4a_yr=2018 or C_B4b_yr=2018) or (C_B1>01 and C_B4a_yr ≤2018 and C_B4b_yr>2018) FOR ONE OR MORE CURRENT JOBS IN SECTION C or C_B, ASK:

Other than (your/NAME's) jobs that you already told me about in 2018, did {you/NAME} work for pay at any other jobs for longer than a month?

ELSE:

In 2018, did {you/NAME} work for pay at any jobs for longer than a month?

PROBE : (IF LongSamp=1): Please consider all jobs, even if we spoke about a job two years ago.

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

(D1=00, d, or r)

D2. SOFT EDIT: IF {NAME} WORKED IN 2018 (B30=01) AND {NAME} DID NOT WORK IN 2018 (D1=0, d, r) INTERVIEWER READ: "Earlier you said that {you/NAME} worked for pay in 2018. Let me repeat the question I just read and verify your response."

PROGRAMMER: IF (C1=01 AND C4 YEAR ≤ 2018) or (C_B1=01 and C_B4a_yr=2018 or C_B4b_yr=2018) ASK:

Other than (your/NAME's) jobs that you already told me about, in 2018 did {you/NAME} work for pay at any other jobs for longer than a month?

PROGRAMMER: IF (C1>01 AND C4 YEAR ≤ 2018) or (C_B1>1 and C_B4a_yr=2018 or C_B4b_yr=2018) FOR ONE OR MORE CURRENT JOBS IN SECTION C or C_B, ASK:

Other than (your/NAME's) jobs that you already told me about, in 2018 did {you/NAME} work for pay at any other jobs for longer than a month?

ELSE:

In 2018, did {you/NAME} work for pay at any jobs for longer than a month?

PROBE :(IF LongSamp=1): {You/NAME} may have told me this information last time we spoke two years ago, but I need to re-ask this question in case anything has changed.

YES 01
 NO 00 (SC1CHECK)
 DON'T KNOW d (SC1CHECK)
 REFUSED r (SC1CHECK)

(D1=01 or D2=01)

D3. **PROGRAMMER:** IF (C1=01 AND C4 YEAR ≤ 2018) or (C_B1=01 and C_B4a_yr=2018 or C_B4b_yr=2018) or (C_B1=01 and C_B4a_yr ≤ 2018 and C_B4b_yr>2018) ASK::

Other than (your/NAME's) the job that you already told me about, how many other jobs did {you/NAME} hold for at least one month in 2018?

PROGRAMMER: IF (C1>01 AND C4 YEAR ≤ 2018) or (C_B1>1 and C_B4a_yr=2018 or C_B4b_yr=2018) or (C_B1>01 and C_B4a_yr ≤ 2018 and C_B4b_yr>2018) FOR ONE OR MORE CURRENT JOBS IN SECTION C or C_B, ASK:

Other than (your/NAME's) jobs that you already told me about, how many other jobs did {you/NAME} hold for at least one month in 2018?

ELSE:

How many jobs did {you/NAME} hold for at least one month in 2018?

____ NUMBER OF JOBS (1-5)

DON'T KNOW d
 REFUSED r

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

(D1=01 or D2=01)

D4. **PROGRAMMER:** IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

Now thinking only about these jobs, let us start with {your/NAME's} main job in 2018 – that is, the job at which {you worked/(he/she) worked} the most hours.

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

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

Now I would like to ask about {your/NAME'S} {second/third/fourth} job in 2018.

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

ELSE (D3=01):

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

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store.

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

<OPEN> _____

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D5. What kind of business was this?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

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

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

<OPEN> _____

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D6mth. In what month and year did {you/NAME} start working there?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

__|__| (1-12)
 MO

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D6yr. PROBE 1: In what month and year did {you/NAME} start working there?

PROBE 2: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

__|__|__|__|
 YEAR (1951-2018)

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

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

YES 01
 NO 02 (CHANGE D6 YEAR)
 SUPPRESS 03

(D1=01 or D2=01)

D8mth. In what month and year did {you/NAME} stop working there?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

__|__| (1-12)

MO

DON'T KNOW d

REFUSED r

(D1=01 or D2=01)

D8yr. **PROBE 1:** In what month and year did {you/NAME} stop working there?

PROBE 2: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

__|__|__|__|

YEAR (1951-2019)

DON'T KNOW d

REFUSED r

(D1=01 or D2=01)

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

YES 01

NO, CHANGE ANSWER TO D6..... 02 (CHANGE D6)

NO, CHANGE ANSWER TO D8..... 03 (CHANGE D8)

NO, CHANGE ANSWERS FOR BOTH D6 AND D8..... 04 (CHANGE D6 AND D8)

SUPPRESS 05

(D1=01 or D2=01)

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

YES, WORKED AT JOB FOR LESS THAN ONE MONTH 01

NO, WORKED AT JOB FOR MORE THAN ONE MONTH..... 02

SUPPRESS 03

(D1=01 or D2=01)

D11. SOFT EDIT: IF YEAR {NAME} STOPPED WORKING AT THIS JOB (D8 YEAR) IS BEFORE 2018, INTERVIEWER READ: You said that {you/NAME} stopped working at this job in (D8 YEAR). I'd like to verify that this job ended before 2018. Is this correct?

YES, JOB ENDED BEFORE 2018 01

NO, JOB DID NOT END BEFORE 2018 02

SUPPRESS 03

(D1=01 or D2=01)

D12. CHECK: DID {NAME} WORK AT THIS JOB FOR LESS THAN ONE MONTH (D10=01)?

YES 01 (DP1)
 NO 00

(D12=00)

D13. CHECK: DID THIS JOB END BEFORE 2018 (D11=01)?

YES 01 (DP1)
 NO 00

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

D14. {Were you/Was NAME} self-employed at this job?

PROBE: Self-employed means that you work for yourself or own your own business.

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

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

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

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

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

D16. How many hours per week did {you/NAME} usually work at this job?

PROBE: Include overtime if {you/he/she} usually worked overtime.

____ HOURS PER WEEK (1-60)
 (1-168)
 DON'T KNOW d
 REFUSED r

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

D17. How many weeks per year did {you/NAME} usually work at this job, including paid vacation and holidays?

PROBE 1: Please include time off for vacations and holidays if {you were/NAME was} paid for that time.

PROBE 2: There are 52 weeks in a year.

____ WEEKS PER YEAR (1-52)
 DON'T KNOW d
 REFUSED r

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

D18. **PROGRAMMER:** IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} main job in 2018. On {your/NAME's} main job {were you/was (he/she) paid by the hour?

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

For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} {second/third/fourth} job in 2018. On {your/NAME's} {second/third/fourth} job {were you/was (he/she) paid by the hour?

ELSE (D3=01): For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} job in 2018. On {your/NAME's} job {were you/was (he/she) paid by the hour?

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

PROBE: {Your/NAME's} main job in 2018 was the job at which {you worked/(he/she) worked} the most hours.

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

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

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

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

\$ | | | . | | PER HOUR (1 - 25.00)
(1 - 300.00)

- DON'T KNOW d
- REFUSED r

GO TO DP1a

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

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

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

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ | | | , | | | . 00

- DON'T KNOW d
- REFUSED r

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

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

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

INTERVIEWER: ENTER HOW OFTEN PAID

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

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

If D18=01, and D19 and D16≠d or r, C_2018JobMnthPay(1)=D19*D16*4.35.

If D18=01 and D19 or D16=d, C_2018JobMnthPay(1)=d.

If D18=01 and D19 or D16=r and neither are d, C_2018JobMnthPay(1)=r.

If D18=00, d, OR r AND D20AMT OR D20HOP=d, C_2018JobMnthPay(1)=d.

If D18=00, d, OR r AND D20AMT OR D20HOP=r AND NEITHER ARE d, C_2018JobMnthPay(1)=r.

If D18=00, d, or r and D20hop=1, C_2018JobMnthPay(1)=D20amt*21.74.

If D18=00, d, or r and D20hop=2, C_2018JobMnthPay(1)=D20amt*4.35.

If D18=00, d, or r and D20hop=3, C_2018JobMnthPay(1)=D20amt*2.17.

If D18=00, d, or r and D20hop=4, C_2018JobMnthPay(1)=D20amt*2.

If D18=00, d, or r and D20hop=5, C_2018JobMnthPay(1)=D20amt.

If D18=00, d, or r and D20hop=6, C_2018JobMnthPay(1)=D20amt/12.

If D18=00, d, or r and D20hop or D20amt=d, then C_2018JobMnthPay(1)=d.

If D18=00, d, or r and D20hop or D20amt=r and none=d, then C_2018JobMnthPay(1)=r.

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

D21amt. For this job, about how much was left as take-home pay after taxes and other deductions?

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

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

DON'T KNOW d

REFUSED r

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

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

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

INTERVIEWER: ENTER HOW OFTEN PAID.

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

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

If D18=01 and D19 and D16≠d or r, C_2018JobMnthPayTH(1)=D19*D16*4.35.

If D18=01 and D19 or D16=d, C_2018JobMnthPayTH(1)=d.

If D18=01 and D19 or D16=r and neither are d, C_2018JobMnthPayTH(1)=r.

If D18_1=00, d, or r and D21amt or D21hop=d, C_2018JobMnthPayTH(1)=d.

If D18_1=00, d, or r and D21amt or D21hop=r, and neither are d, C_2018JobMnthPayTH(1)=r.

If D18=00, d, or r and D21hop=1, C_2018Job2MnthPayTH(1)=D21amt*21.74.

If D18=00, d, or r and D21hop=2, C_2018JobMnthPayTH(1) =D21amt*4.35.

If D18=00, d, or r and D21hop=3, C_2018JobMnthPayTH(1)=D21amt*2.17.

If D18=00, d, or r and D21hop=4, C_2018JobMnthPayTH(1)=D21amt*2.

If D18=00, d, or r and D21hop=5, C_2018JobMnthPayTH(1)=D21amt.

If D18=00, d, or r and D21hop=6, C_2018JobMnthPayTH(1)=D21amt/12.

If D18=00, d, or r and D21hop or D21amt=d, then C_2018JobMnthPayTH(1)=d.

If D18=00, d, or r and D21hop or D21amt=r and none=d, then C_2018JobMnthPayTH(1)=r.

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00, d, r) and (D20hop=01, 02, 03, 04, 05, or 06) and (D21hop=01, 02, 03, 04, 05, or 06)

D22. SOFT EDIT: AMOUNT OF CALCULATED MONTHLY TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO CALCULATED MONTHLY PRE-TAX PAY. IF AMOUNT OF MONTHLY TAKE HOME PAY (C_2018JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF PRE-TAX MONTHLY PAY (C_2018JobMnthPay(1)) NE D OR R, AND C_2018JobMnthPayTH(1) > C_2018JobMnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CALCULATED MONTHLY PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you were/NAME was} paid (D20) per (D20 AMOUNT), which would be about (C_2018JobMnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT), or about (C_2018JobMnthPayTH(1) was left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay was more than your pre-tax pay. Should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you took/NAME took} home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND
 OTHER DEDUCTIONS 01 (CHANGE D20amt)
 CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE D21amt)
 SUPPRESS..... 03

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00, d, r) and (D20hop=01, 02, 03, 04, 05, or 06) and (D21hop=01, 02, 03, 04, 05, or 06)

D22a. SOFT EDIT: DIFFERENCE IN AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY AND CALCULATED MONTHLY PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF MONTHLY TAKE HOME PAY (C_2018JobMnthPayTH(1)) NE D OR R, AND AMOUNT OF MONTHLY PRE-TAX PAY (C_2018JobMnthPay(1)) NE D OR R, AND (C_2018JobMnthPay(1) - C_2018JobMnthPayTH(1) / C_2018JobMnthPayTH(1) > .30, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you were/NAME was} paid (D20) per (D20 AMOUNT), which would be about (C_2018JobMnthPay(1) before taxes and other deductions and that (D21) per (D21 AMOUNT) , or about (C_2018JobMnthPayTH(1) was left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you took/NAME took} home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
 DEDUCTIONS 01 (CHANGE D20amt)
 CHANGE AMOUNT OF TAKE-HOME PAY 02 (CHANGE D21amt)
 SUPPRESS..... 03

(D1=01 or D2=01)

DP1a. I'm going to ask you about reasons {you/NAME} might have left this job. Did {you/NAME} leave this job because of {your/NAME's} health, for example, because of worsening illness or the need to go to medical appointments?

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

(DP1a=01)

DP1a_1. What was it about {your/NAME's} health that made {you/him/her} leave this job?

CODE ALL THAT APPLY.

PROBE: Anything else?

EXISTING HEALTH PROBLEM GOT WORSE	01	
NEW HEALTH PROBLEM STARTED	02	
GOT INJURED.....	03	
JOB HAD A NEGATIVE IMPACT ON HEALTH	04	
NEEDED TO BE HOSPITALIZED	05	
NEEDED TIME TO GO TO MEDICAL APPOINTMENTS	06	
GOT FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION.....	07	
HEALTH INTERFERED WITH JOB PERFORMANCE	08	
DID NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK.....	09	
PAIN INTERFERED WITH WORKING A SET SCHEDULE	10	
PERSONAL CARE AND GETTING READY FOR WORK TOOK TOO LONG.....	11	
HEALTH STATUS FLUCTUATES UNPREDICTABLY	12	
DID NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.....	13	
WORK WAS TOO TIRING OR STRESSFUL	14	
OTHER	15	(DP1a_1_oth.)
DON'T KNOW.....	d	
REFUSED.....	r	

(DP1a_1=15)

DP1a_1_oth. **INTERVIEWER:** PLEASE SPECIFY

Other (SPECIFY)_____	
DON'T KNOW	d
REFUSED	r

(D1=1 or D2=01)

DP1b. I'm going to ask you about reasons {you/NAME} might have left this job. Did {you/he/she} leave this job because of {your/NAME's} job, for example because of the need for accommodations or problems with {your/his/her} co-workers?

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

(DP1b=01)

DP1b_1. What was it about {your/NAME's} job that made {you/him/her} leave it?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

JOB DID NOT PAY ENOUGH.....	01	
JOB DID NOT OFFER HEALTH INSURANCE BENEFITS.....	02	
NEEDED A DIFFERENT SCHEDULE OR SHIFT.....	03	
NEEDED TIME TO GO TO MEDICAL APPOINTMENTS	04	
GOT FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION.....	05	
HEALTH INTERFERED WITH JOB PERFORMANCE ...	06	
DID NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK.....	07	
PAIN INTERFERED WITH WORKING A SET SCHEDULE.....	08	
PERSONAL CARE AND GETTING READY FOR WORK TOOK TOO LONG.....	09	
DID NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK.....	10	
PERSONALITY CONFLICTED WITH OTHERS AT THE JOB.....	11	
GOT FIRED FOR BEHAVIOR AT THE JOB.....	12	
FOUND ANOTHER JOB (NEW).....	20	
WORK SCHEDULE (NEW).....	22	
SEASONAL/TEMPORARY JOB (NEW).....	23	
OTHER.....	13	(DP1b_1_oth.)
DON'T KNOW.....	d	
REFUSED.....	r	

(DP1b_1=13)

DP1b_1_oth. **INTERVIEWER:** PLEASE SPECIFY

Other (SPECIFY)_____	
DON'T KNOW.....	d
REFUSED.....	r

(D1=01 or D2=01)

DP1c. I'm going to ask you about reasons {you/NAME} might have left this job. Did {you/he/she} leave this job because of {your/NAME's} personal circumstances, for example because {you/he/she} need(s) childcare, {don't/doesn't} have reliable transportation, or {worry/worries} about losing other benefits?

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

(DP1c=01)

DP1c_1. What was it about {your/NAME's} personal circumstances that made {you/him/her} leave the job?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- NEED HELP CARING FOR CHILDREN OR OTHERS. 01
- NEED PERSONAL ASSISTANCE TO GET READY FOR WORK EACH DAY 02
- GET INJURED 03
- MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE 04
- DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK 05
- DRUG/ALCOHOL RELAPSE 06
- WOULD RATHER DO OTHER THINGS THAN WORK 07
- DO NOT LIKE WORKING 08
- INCREASE IN INCOME FROM ANOTHER SOURCE.. 09
- MOVED TO ANOTHER AREA (NEW) 19
- LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW) 21
- OTHER 10 (DP1c_1_oth.)
- DON'T KNOW d
- REFUSED r

(DP1c_1=10)

DP1c_1_oth. **INTERVIEWER:** PLEASE SPECIFY

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(D1=01 or D2=01)

DP2. Are there any other reasons that we haven't talked about why {you/NAME} left this job?

- YES 01 (DP2a_oth)
- NO 00 (D24)
- DON'T KNOW d (D24)
- REFUSED r (D24)

(DP2=01)

DP2a_oth. What other things made {you/NAME} leave this job?

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(D1=01 or D2=01)

D24. CHECK: DID {NAME} HOLD MORE THAN ONE JOB DURING 2018 (D3 > 01)?

- YES 01
- (REPEAT D4 THROUGH D23 FOR EACH JOB)
- NO 00

((D1=01 or D2=01))

D25. Sometimes people work fewer hours or earn less money than they could in order to care for family members, keep the cash benefits they need, or just to have more free time. In 2018, did (you/NAME) work fewer hours or earn less money than (you/he/she) could have for any reason?

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

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

D25a. Did (you/NAME) work fewer hours or earn less money than (you/he/she) could have because (you/he/she)...

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

	YES	NO	DON'T KNOW	REFUSED
a. {Were/Was} taking care of children or others?	01	00	d	r
b. {Were/Was} enrolled in school or a training program?	01	00	d	r
c. Wanted to keep Medicare or Medicaid coverage?	01	00	d	r
d. Wanted to keep cash benefits (you/he/she) needed such as disability or workers compensation?	01	00	d	r
e. Just did not want to work more?	01	00	d	r
g. Had medical problems/complications? (NEW)	01	00	d	r
f. Are there any reasons I didn't mention why {you/NAME} might have worked or earned less than {you/he/she} could have during 2018?	01	00	d	r

PROGRAMMER: IF D25f=01 GO TO D25f_Other, ELSE SKIP TO D25_1

((D1=01 or D2=01) and D25=01 and D25f=01)

D25f_Other What other reason?

- <OPEN> _____
- DON'T KNOW d
- REFUSED r

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

D25_1. Were any of (your/NAME's) disability-related benefits reduced or ended as a result of {your/his/her} working in 2018?

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

(D25_1=01)

D25_2. What benefits were reduced or ended as a result of {your/NAME's} job in 2018?

INTERVIEWER: CODE ALL THAT APPLY.

- PRIVATE DISABILITY INSURANCE..... 01
- WORKERS' COMPENSATION..... 02
- VETERANS' BENEFITS..... 03
- MEDICARE 04
- MEDICAID..... 05
- SSA DISABILITY BENEFITS 06
- PUBLIC ASSISTANCE OR WELFARE 07
- FOOD STAMPS 08
- PERSONAL ASSISTANCE SERVICES (PAS) 09
- UNEMPLOYMENT BENEFITS 10
- OTHER STATE DISABILITY BENEFITS 11
- OTHER GOVERNMENT PROGRAMS 12
- OTHER..... 13 (D25_2_Other)

(D25_2=13)

D25_2_Other: What other benefits?

- <OPEN>_____
- DON'T KNOW..... d
- REFUSED..... r

(D1=01 or D2=01)

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

In 2018, do you think {you/NAME} could have worked or earned more if {you/he/she} had...

	YES	NO	NA	DON'T KNOW	REFUSED
a. Help caring for {your/his/her} children or others in the household?	01	00	02	d	r
b. Help with {your/his/her} own personal care such as bathing, dressing, preparing meals, and doing housework?	01	00	02	d	r
c. Reliable transportation to and from work?	01	00	02	d	r
d. Better job skills?	01	00	02	d	r
e. A job with a flexible work schedule?	01	00	02	d	r
f. Help with finding and getting a better job?	01	00	02	d	r
g. Any special equipment or medical devices? PROGRAMMER: IF D26g=01, GO TO D26g_Other, ELSE GO TO D26h.	01	00	02	d	r
h. Is there anything else that I didn't mention that would have helped {you/NAME} to work or earn more during 2018? PROGRAMMER: IF D26h=01, GO TO D26h_Other, ELSE GO TO D27	01	00	02	d	r

((D1=01 or D2=01) and D26g=01)

D26g_Other What other special equipment or medical devices?

<OPEN> _____ (D26h)

DON'T KNOW d (D26h)
 REFUSED r (D26h)

((D1=01 or D2=01) and D26h=01)

D26h_Other What else?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D27. One last question about when {you were/NAME was} working in 2018. Because of {your/his/her} work, did Social Security need to make any changes to the amount of {your/his/her} disability benefits?

PROBE: Did {your/NAME's} benefit amount decrease or did {you/he/she} lose benefits altogether?

YES 01
 NO 00 (D29)
 DON'T KNOW d (D29)
 REFUSED r (D29)

((D1=01 or D2=01) and D27=01)

D28. Because of these changes did the Social Security Administration pay {you/NAME} the wrong benefit amount at any time during 2018?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(D1=01 or D2=01)

D29. In 2018, {were you/was NAME} ever asked to re-pay benefits because the Social Security Administration overpaid {you/him/her}?

YES 01
 NO 00 (SC1CHECK)
 DON'T KNOW d (SC1CHECK)
 REFUSED r (SC1CHECK)

((D1=01 or D2=01) and D29=01)

D30. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/(he/she) was} working while receiving benefits?

YES 01
 NO 00 (SC1CHECK)
 DON'T KNOW d (SC1CHECK)
 REFUSED r (SC1CHECK)

(D30=01)

DP3. Did {you/NAME} change how much {you/he/she} worked because {you were/he was/she was} asked to re-pay the Social Security Administration?

- YES 01
- NO..... 00 (SC1CHECK)
- DON'T KNOW..... d (SC1CHECK)
- REFUSED r (SC1CHECK)

(DP3=01)

DP3a. What did {you/NAME} change about how much {you/he/she} worked? Did {you/he/she}....

- Reduce your work hours by a little..... 01
- Reduce your work hours by a lot 02
- Increase your work hours by a little, or 03
- Increase your work hours by a lot? 04
- DON'T KNOW..... d
- REFUSED r

GO TO SC1CHECK1

SECTION SC: BENEFIT SUSPENSE

SC1CHECK:

IS {NAME} CURRENTLY WORKING, WORKED IN PAST 6 MONTHS, WORKED IN 2018 (B24=01 OR B24b=01 OR B30=01) OR LONGSAMP=1

YES 01 (SC1a)
 NO 00 (EP1)

(C39_2=06 or CB39_2=06 or D25_2=06)

SC1a. Earlier you told me that {your/NAME'S} Social Security disability benefits were reduced or ended because of a recent job. During the past year, did {you/NAME} ever completely stop receiving cash disability benefits for a time because {you were/NAME was} working?

PROBE: This includes stopping cash disability benefits because {you were//NAME was} earning too much or working too many hours.

YES. 01 (SC2)
 NO..... 00 (EP1)
 DON'T' KNOW..... d (EP1)
 REFUSED..... r (EP1)

(SC1CHECK=01 and C39_2 NE 06 and CB39_2 NE 06 and D25_2 NE 06)

SC1. Now I would like to ask you about {your/NAME's} experiences working and how working has affected {your/NAME's} cash disability benefits. During the past year, did {you/NAME} ever stop receiving cash disability benefits for a time because {you were/he was/she was} working?

PROBE: This includes stopping cash benefits because {you were/he was/she was} earning too much or working too many hours.

YES. 01 (SC2)
 NO..... 00 (EP1)
 DON'T' KNOW..... d (EP1)
 REFUSED..... r (EP1)

(SC1=01 OR SC1a=01)

SC2. {Are you/Is NAME} currently receiving cash disability benefits?

YES. 01 (SA7)
 NO..... 00 (SC3)
 DON'T' KNOW..... d (SC3)
 REFUSED..... r (SC3)

(SC2 =00, d, r)

SC3. {Are you/Is NAME} in the process of getting back on cash disability benefits?

INTERVIEWER NOTE: If respondent indicates that they are planning on getting back on benefits but have not yet started the process, code as '01'.

YES. 01 (SA7)
 NO..... 00 (SA7)
 DON'T' KNOW..... d (SA7)
 REFUSED..... r (SA7)

SECTION SA: QUESTIONS APPLICABLE TO ALL EXPERIENCING RECENT SUSPENSE

(SC1a=01 or SC1=01)

Now I would like to ask you about the work that led to {you /his/her} cash benefits ending.

SA7. Did {you/NAME} know when {you/he/she} started working or earning more that {you/he/she} would stop receiving cash disability benefits from Social Security?

- YES 01 (SA8CHECK)
- NO..... 00 (SA8)
- DON'T' KNOW..... d (SA8CHECK))
- REFUSED r (SA8CHECK))

(SA7=00)

SA8. If {you/NAME} had known that {you were/ he was / she was} going to stop receiving cash benefits, would {you/he/she} still have started working or earning more?

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

SA8CHECK:

IS {NAME} STILL IN SUSPENSE AND NOT IN PROCESS OF GETTING BACK ON BENEFITS: SC2=00 AND SC3=00?

- YES 01 (SS1)
- NO 00

IS {NAME} STILL RECEIVING BENEFITS SC2=01 OR IN PROCESS OF GETTING BACK ON BENEFITS (SC3=01)?

- YES 01 (SB1)
- NO 00 (EP1)

SECTION SS. QUESTIONS APPLICABLE TO SUSPENSE SAMPLE MEMBERS IN SUSPENSE AT INTERVIEW

(SC2=00 AND SC3=00)

SS2. I'm going to ask you about things that might make {you/NAME} have to go back on cash disability benefits in the future. {Are you/Is NAME} likely to go back on cash disability benefits because of...

	YES	NO	DON'T KNOW	REFUSED
a. {Your/his/her} health, for example because of worsening illness or the need to go to medical appointments?	01	00	d	r
b. {Your/His/Her} job, for example because of a need for accommodations or problems with {your/his/her} co-workers?	01	00	d	r
c. {Your/His/Her} personal circumstances, for example because {you need/he needs/she needs} child care, {do/does} not have reliable transportation, or {worry/worries} about losing other benefits?	01	00	d	r

PROGRAMMER NOTE: IF SS2a= 0,D,R and SS2b=00,D,R and SS2c=00, D, R, GO TO SS3.

IF SS2a= 1, GO TO SS2a_1.

IF SS2b= 1, GO TO SS2b_1.

IF SS2c= 1, GO TO SS2c_1.

PROGRAMMER NOTE: SS2a_1 SHOULD BE ASKED IMMEDIATELY AFTER SS2a IF =YES. THEN CYCLE BACK TO SS2b.

(SS2a=01)

SS2a_1. What about {your/NAME's} health makes {you/NAME} think {you/he/she} might go back on benefits?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- EXISTING HEALTH PROBLEM GETS WORSE 01
- NEW HEALTH PROBLEM STARTS 02
- GET INJURED..... 03
- JOB HAS A NEGATIVE IMPACT ON HEALTH..... 04
- NEED TO BE HOSPITALIZED 05
- NEED TIME TO GO TO MEDICAL APPOINTMENTS 06
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION 07
- HEALTH INTERFERES WITH JOB PERFORMANCE 08
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK 09
- PAIN INTERFERES WITH WORKING A SET SCHEDULE 10
- PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG..... 11
- HEALTH STATUS FLUCTUATES UNPREDICTABLY 12
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK. 13
- WORK IS TOO TIRING OR STRESSFUL..... 14
- OTHER..... 15 (SS2a_1_oth)
- DON'T KNOW d
- REFUSED..... r

SECTION SS: QUESTIONS APPLICABLE TO SUSPENSE SAMPLE MEMBERS IN SUSPENSE AT INTERVIEW

(SS2a_1=15)
SS2a_1_oth.

INTERVIEWER: PLEASE SPECIFY

Other (SPECIFY) _____
 DON'T KNOW d
 REFUSED r

PROGRAMMER NOTE: SS2b_1 SHOULD BE ASKED IMMEDIATELY AFTER SS2b IF =YES. THEN CYCLE BACK TO SS2c.

(SS2b=01)

SS 2b_1. What is it about {your/NAME's} job that makes {you/NAME} think {you/he/she} might go back on benefits?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

JOB DOES NOT PAY ENOUGH..... 01
 JOB DOES NOT OFFER HEALTH INSURANCE BENEFITS 02
 NEED A DIFFERENT SCHEDULE OR SHIFT 03
 NEED TIME TO GO TO MEDICAL APPOINTMENTS 04
 GET FIRED FOR MISSING TOO MUCH TIME FOR
 APPOINTMENTS OR HOSPITALIZATION 05
 HEALTH INTERFERES WITH JOB PERFORMANCE 06
 DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY
 OR STAMINA REQUIRED TO WORK 07
 PAIN INTERFERES WITH WORKING A SET SCHEDULE 08
 PERSONAL CARE AND GETTING READY FOR WORK
 TAKE TOO LONG 09
 DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL
 DEVICES NEEDED IN ORDER TO WORK 10
 FOUND ANOTHER JOB (NEW)..... 20
 WORK SCHEDULE (NEW) 22
 DID NOT LIKE/GET ALONG WITH CO-WORKERS (NEW) 23
 DID NOT LIKE/GET ALONG WITH MANAGER, SUPERVISOR,
 OR BOSS (NEW) 24
 DID NOT LIKE/GET ALONG WITH OTHER STAFF
 RESPONSIBLE FOR HIRING OR PROVIDING
 ACCOMMODATIONS (SUCH AS HUMAN RESOURCES) (NEW) 25
 OTHER..... 11 (SS2b_1_oth)
 DON'T KNOW d
 REFUSED r

(SS2b_1=11)
SS2b_1_oth.

INTERVIEWER: PLEASE SPECIFY

Other (SPECIFY) _____
 DON'T KNOW d
 REFUSED r

PROGRAMMER NOTE: SS2c_1 SHOULD BE ASKED IMMEDIATELY AFTER SS2c IF =YES.

SECTION SS: QUESTIONS APPLICABLE TO SUSPENSE SAMPLE MEMBERS IN SUSPENSE AT INTERVIEW

(SS2c=01)

SS 2c_1. What is it about {your/NAME's} personal circumstances that makes {you/NAME} think {you/he/she} might go back on benefits?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- NEED HELP CARING FOR CHILDREN OR OTHERS 01
- NEED PERSONAL ASSISTANCE TO GET READY FOR WORK EACH DAY 02
- GET INJURED..... 03
- MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE 04
- PERSONALITY CONFLICTS WITH OTHERS AT THE JOB..... 05
- MIGHT GET FIRED FOR BEHAVIOR AT THE JOB 06
- DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK..... 07
- DRUG/ALCOHOL RELAPSE 08
- WOULD RATHER DO OTHER THINGS THAN WORK 09
- DO NOT LIKE WORKING... 10
- WORK IS TOO TIRING OR STRESSFUL..... 11
- MOVED TO ANOTHER AREA (NEW) 19
- LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW) 21
- OTHER..... 12 (SS2c_1_oth)
- DON'T KNOW d
- REFUSED. r

(SS2c_1=12)
SS2c_1_oth.

INTERVIEWER: PLEASE SPECIFY

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

(SC2=00 AND SC3=00)

SS3. Are there any other things we haven't talked about that might make {you/NAME} go back on benefits?

- YES. 01 (SS3a)
- NO..... 00 (Section E)
- DON'T' KNOW..... d (Section E)
- REFUSED..... r (Section E)

(SS3=01)

SS3a. What other things might make {you/NAME} go back on benefits?

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

GO TO SECTION E.

SECTION SB: QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW

SECTION SB. QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW

Earlier you told me that {you are/NAME is} {back on benefits/in the process of getting back} on benefits].

(SC2=01) or (SC3=01)

SB1. {Did you go/are you going/Did NAME go/Is NAME going} back on benefits because of . . .

	YES	NO	DON'T KNOW	REFUSED
a. {Your/His/Her} health, for example because of worsening illness or the need to go to medical appointments?	01	00	d	r
b. {Your/His/Her} job, for example because of the need for accommodations or problems with {your/his/her} co-workers?	01	00	d	r
c. {Your/His/Her} personal circumstances, for example because {you need/he needs/she needs} child care, {do/does} not have reliable transportation, or {worry/worries} about losing other benefits?	01	00	d	r

PROGRAMMER NOTE: IF SB1a= 0,D,R and SB1b=00,D,R and SB1c=00, D, R, GO TO SB2a_other.

IF SB1a= 1, GO TO SB1a_1.

IF SB1b= 1, GO TO SB1b_1.

IF SB1c= 1, GO TO SB1c_1.

PROGRAMMER NOTE: SB1a_1 SHOULD BE ASKED IMMEDIATELY AFTER SB1a IF =YES. THEN CYCLE BACK TO SB1b.

(SB1a=01)

SB1a_1. What was it about {your/NAME's} health that made {you/him/her} have to go back on benefits?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- EXISTING HEALTH PROBLEM GETS WORSE 01
- NEW HEALTH PROBLEM STARTS 02
- GET INJURED..... 03
- JOB HAS A NEGATIVE IMPACT ON HEALTH..... 04
- NEED TO BE HOSPITALIZED 05
- NEED TIME TO GO TO MEDICAL APPOINTMENTS 06
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION 07
- HEALTH INTERFERES WITH JOB PERFORMANCE..... 08
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK 09
- PAIN INTERFERES WITH WORKING A SET SCHEDULE 10
- PERSONAL CARE AND GETTING READY FOR WORK TAKES TOO LONG..... 11
- HEALTH STATUS FLUCTUATES UNPREDICTABLY 12
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK. 13
- WORK IS TOO TIRING OR STRESSFUL..... 14
- OTHER..... 15 (SB1a_1_oth)
- DON'T KNOW d
- REFUSED..... r

(SB1a_1=15)

SECTION SB: QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW

SB1a_1_oth. **INTERVIEWER:** PLEASE SPECIFY

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

PROGRAMMER NOTE: SB1b_1 SHOULD BE ASKED IMMEDIATELY AFTER SB1b IF =YES. THEN CYCLE BACK TO SB1c.

(SB1b=01)

SB1b_1. What was it about {your/NAME's} job that made {you/him/her} have to go back on benefits?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- JOB DOES NOT PAY ENOUGH 01
- JOB DOES NOT OFFER HEALTH INSURANCE BENEFITS 02
- NEED A DIFFERENT SCHEDULE OR SHIFT 03
- NEED TIME TO GO TO MEDICAL APPOINTMENTS 04
- GET FIRED FOR MISSING TOO MUCH TIME FOR APPOINTMENTS OR HOSPITALIZATION 05
- HEALTH INTERFERES WITH JOB PERFORMANCE 06
- DO NOT HAVE THE STRENGTH, PHYSICAL ENERGY OR STAMINA REQUIRED TO WORK 07
- PAIN INTERFERES WITH WORKING A SET SCHEDULE 08
- PERSONAL CARE AND GETTING READY FOR WORK TAKE TOO LONG 09
- DO NOT HAVE SPECIAL EQUIPMENT OR MEDICAL DEVICES NEEDED IN ORDER TO WORK 10
- FOUND ANOTHER JOB (NEW) 20
- WORK SCHEDULE (NEW) 22
- DID NOT LIKE/GET ALONG WITH CO-WORKERS (NEW) 23
- DID NOT LIKE/GET ALONG WITH MANAGER, SUPERVISOR, OR BOSS (NEW) 24
- DID NOT LIKE/GET ALONG WITH OTHER STAFF RESPONSIBLE FOR HIRING OR PROVIDING ACCOMMODATIONS (SUCH AS HUMAN RESOURCES) (NEW) 25
- OTHER 11 (SB1b_1_oth)
- DON'T KNOW d
- REFUSED r

(SB1b_1=11)

SB1b_1_oth. **INTERVIEWER:** PLEASE SPECIFY

- Other (SPECIFY)_____
- DON'T KNOW d
- REFUSED r

PROGRAMMER NOTE: SB1c_1 SHOULD BE ASKED IMMEDIATELY AFTER SB1c IF =YES.

(SB1c=01)

SB1c_1. What was it about {your/NAME's} personal circumstances that made {you/him/her} have to go back on benefits?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

- NEED HELP CARING FOR CHILDREN OR OTHERS01

SECTION SB: QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW

NEED PERSONAL ASSISTANCE TO GET READY FOR WORK EACH DAY	02
GET INJURED.....	03
MIGHT LOSE BENEFITS SUCH AS SOCIAL SECURITY, SNAP, MEDICAID/MEDICARE	04
PERSONALITY CONFLICTS WITH OTHERS AT THE JOB..	05
MIGHT GET FIRED FOR BEHAVIOR AT THE JOB	06
DO NOT HAVE RELIABLE TRANSPORTATION TO AND FROM WORK.....	07
DRUG/ALCOHOL RELAPSE	08
WOULD RATHER DO OTHER THINGS THAN WORK	09
DO NOT LIKE WORKING... ..	10
WORK IS TOO TIRING OR STRESSFUL.....	11
MOVED TO ANOTHER AREA (NEW)	19
LOSS OR POTENTIAL LOSS OF GOVERNMENT BENEFITS (NEW)	21
OTHER.....	12 (SB1c_1_oth)
DON'T KNOW	d
REFUSED.	r

(SB1c_1=12)
SB1c_1_oth.

INTERVIEWER: PLEASE SPECIFY

Other (SPECIFY)_____	
DON'T KNOW	d
REFUSED	r

(SC2=01) or (SC3=01)

SB2. Are there any other things that we haven't talked about that explain why {you went/you are going/NAME went/NAME is going} back on benefits?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(SB2=01)

SB2a_other. What (things/ SB1a, Sb1b, Sb1c=1: other things) made {you/NAME} go back on benefits?

Other (SPECIFY)_____	
DON'T KNOW	d
REFUSED	r

(SC2=01) or (SC3=01)

SB3. Is there anything that could have helped {you/NAME} to keep working and earning enough to stay off benefits?

YES	01
NO	00 (SB4)
DON'T KNOW	d (SB4)
REFUSED	r (SB4)

SECTION SB: QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW

(SB3=01)

SB3a. What might have helped {you/NAME} keep working and earning enough to stay off benefits?

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anything else?

WORKING FEWER HOURS A DAY	01
WORKING FEWER DAYS A WEEK	02
WORKING A DIFFERENT SHIFT	03
HAVING A MORE FLEXIBLE SCHEDULE	04
BEING ABLE TO START LATER IN THE DAY	05
HAVING/HAVING MORE SICK OR OTHER LEAVE.....	06
PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT TO HELP WITH GETTING READY AND/OR DO HOUSEHOLD TASKS.....	07
ASSISTANCE WITH WORK TASKS.....	08
MORE UNDERSTANDING EMPLOYER.....	09
MORE UNDERSTANDING CO-WORKERS.....	10
ASSISTIVE DEVICE AT WORK.....	11
PHYSICAL MODIFICATIONS OF WORKSPACE	12
JOB COACH.....	13
SIGN LANGUAGE INTERPRETER.....	14
READER/INTERPRETER FOR THE BLIND	15
ON THE JOB TRAINING	16
BEHAVIORAL COACHING	17
BENEFITS COUNSELING	18
TRANSPORTATION ASSISTANCE.....	19
CHILD/FAMILY CARE ASSISTANCE	20
OTHER.....	21 (SB3a_oth)
DON'T KNOW	d
REFUSED	r

(SB3a=21)

SB3a_oth. What other things might have helped {you/NAME} keep working and earning enough to stay off benefits?

Other (SPECIFY)_____

DON'T KNOW	d
REFUSED	r

(SC2=01) or (SC3=01)

IF B24=01 (currently working), fill “work and earn enough to stay off benefits”

ELSE, fill “go back to work”

SB4. {Do you/Does NAME} think {you/he/she} will {go back to work / work and earn enough to stay off benefits} in the future?

YES	01 (EP1)
NO	00 (SB4a)
DON'T KNOW	d (SB4b)
REFUSED	r (EP1)

SECTION SB: QUESTIONS APPLICABLE TO SAMPLE MEMBERS WITH RECENT SUSPENSE RECEIVING BENEFITS AT INTERVIEW

(SB4=00)

IF B24=01 (currently working), fill "work and earn enough to stay off benefits in the future"
 ELSE, fill "go back to work"

SB4a. Why {don't you/doesn't NAME} think {you/he/she} will {go back to work / work and earn enough to stay off benefits in the future}?

INTERVIEWER: CODE ALL THAT APPLY.

- HEALTH GOES UP AND DOWN 01
- HEALTH WILL NOT IMPROVE ENOUGH TO WORK 02
- NOT GETTING MEDICAL TREATMENT, EQUIPMENT, OR PERSONAL CARE NEED 03
- NOT FINDING RIGHT JOB 04
- GETTING HELP CARING FOR NOT GETTING HELP CARING FOR CHILDREN OR OTHERS 05
- NOT GETTING HEALTH INSURANCE 06
- NOT GETTING TRANSPORTATION 07
- OTHER (SPECIFY) 08 (SB4a_oth)
- DON'T KNOW d
- REFUSED r

(SB4a=08)

SB4a_oth.

INTERVIEWER: PLEASE SPECIFY

- Other (SPECIFY) _____ (EP1)
- DON'T KNOW d (EP1)
- REFUSED r (EP1)

(SB4 = d)

IF B24=01 (currently working), fill "work and earn enough to stay off benefits in the future"
 ELSE, fill "go back to work"

SB4b. Why {are you/is NAME} unsure about whether {you/he/she} will {go back to work / work and earn enough to stay off benefits in the future}?

INTERVIEWER: CODE ALL THAT APPLY.

- HEALTH GOES UP AND DOWN 01
- HEALTH MAY NOT IMPROVE ENOUGH TO WORK 02
- MAY NOT GET MEDICAL TREATMENT, EQUIPMENT, OR PERSONAL CARE NEED 03
- MAY NOT FIND RIGHT JOB 04
- MAY NOT GET HELP CARING FOR CHILDREN OR OTHERS 05
- MAY NOT GET HEALTH INSURANCE 06
- MAY NOT GET TRANSPORTATION 07
- OTHER (SPECIFY) 08 (SB4b_oth)
- DON'T KNOW d
- REFUSED r

(SB4b=08)

SB4b_oth.

INTERVIEWER: PLEASE SPECIFY

- Other (SPECIFY) _____ (EP1)
- DON'T KNOW d (EP1)
- REFUSED r (EP1)

SECTION E: AWARENESS OF SSA PROGRAMS

(All)

EP1. Now I will ask you some questions about disability benefit programs.

If {you/NAME} needed information about {your/his/her} disability benefits or how work affects {your/his/her} benefits who would {you/NAME or (his/her) representative} contact to get that information? (adapted from NBS10 QF1)

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anyone or anyplace else?

- SOCIAL SECURITY ADMINISTRATION (PHONE OR IN PERSON)..... 01
- STATE VOCATIONAL REHABILITATION 02
- AGENCY OR {VRNAME}..... 03
- BENEFIT SPECIALIST 04
- CASEWORKER 05
- FRIEND OR FAMILY MEMBER..... 06
- INDEPENDENT LIVING CENTER OR OTHER DISABILITY SUPPORT ORGANIZATION 07
- MEDICAL DOCTOR OR PROFESSIONAL..... 08
- SEARCH ON THE INTERNET (E.G., SSA WEBSITE) ... 09
- OTHER..... 10
- DON'T KNOW d
- REFUSED r

(All)

EP1a. In 2018, did {you/NAME or (his/her) representative} use any of the following to contact the Social Security Administration (SSA) for information about {your/his/her} disability benefits or how work affects {your/his/her} benefits...

	YES	NO	DON'T KNOW	REFUSED
a. telephone?	01	00	d	r
b. visiting a Social Security Administration office in person?	01	00	d	r
c. going online to the Social Security Administration's website or by email?	01	00	d	r

PROGRAMMER NOTE: IF all responses in EP1aa – EP1ac =00, D, R, GO TO B23_3.

(EP1aa=01 OR EP1ab=01 OR EP1ac=01)

EP1b. In general, how easy was it for {you/NAME or (his/her) representative} to get the information {you/they} wanted about {your/his/her} disability benefits or how work affects {your/his/her} benefits from the Social Security Administration (SSA)? Was it:

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

SECTION E: AWARENESS OF SSA PROGRAMS

(EP1aa=01 OR EP1ab=01 OR EP1ac=01)

EP1d. Overall, how helpful was the information {you/NAME} got about {your/his/her} disability benefits or how work affects {your/his/her} benefits from the Social Security Administration (SSA)? Would you say:

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

NEW ITEM

(All)

B23_3. {Have you/Has name} ever used the Internet to access information about {your/his/her} disability, services, or work from websites other than the SSA's website?

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

(All)

B23_2. How often {do you/does NAME} access the Internet?

Probe: This includes accessing the Internet by computer, smart phone, tablet, or any other means.

- Never..... 01
- Daily 02
- A few times a week..... 03
- Once a week..... 04
- Less than once a week 05
- DON'T KNOW d
- REFUSED r

(All)

E1. Next, I'm going to read you a list of incentives and supports that Social Security offers to people getting disability benefits, to encourage them to work. Please tell me if {you have/NAME has} ever {heard of these incentives or supports.

PRESS 1 TO CONTINUE..... 01

(All)

E2. CHECK: IS {NAME} AN SSI BENEFICIARY (BSTATUS = 01,03)?

- YES..... 01
- NO..... 00 (E14)

(E2=01)

E3. {Have you/Has NAME} ever heard of a Plan for Achieving Self-Support or a PASS Plan? This is a Social Security incentive that lets {you/beneficiaries} set aside money to be used to help {you/them} reach a work goal. The money set aside does not affect {your/their} benefits.

PROBE 1: {Have you/Has NAME} ever heard of this plan?

PROBE 2: If you're not sure, please just say so.

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

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

SECTION E: AWARENESS OF SSA PROGRAMS

(E2=01)

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

PROBE 1: {Have you/Has NAME} ever heard of this exclusion?

PROBE 2: If you're not sure, please just say so.

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(E2=01)

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

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(E2=01)

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

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(E2=01)

E11. CHECK: IS {NAME} 25 OR YOUNGER {C_Intage < or = 25} AND DID {NAME} RECEIVE SSI BENEFITS BEFORE AGE 22 {SSIAGE ≤ 22}?

YES 01
 NO 00 (E14)

(E2=01 and E11=01)

E12. {Have you/Has NAME} ever heard of the student earned-income exclusion? This is a Social Security incentive where if {you are/a beneficiary is} in school, up to \$1,870 of earnings per month are not counted when Social Security figures {your/the} benefit.

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

SECTION E: AWARENESS OF SSA PROGRAMS

(All)

E14. CHECK: IS {NAME} A SSDI BENEFICIARY (BSTATUS=02,03)?

YES 01
NO 00 (E19)

(E14=01)

E15a. Most people receiving Social Security disability benefits will lose their cash benefits if they work and earn more than \$1,220 in a month for more than nine months. Is this something {you/NAME} knew before today?

KNEW BEFORE TODAY 01
DID NOT KNOW BEFORE TODAY 00
DON'T KNOW d
REFUSED r

(E14=01)

E15. {Have you/Has NAME} ever heard of a Trial Work Period? This is a Social Security incentive that lets {you/beneficiaries} earn above \$880per month for nine months without losing {your/their} benefits.

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

(E14=01)

E17. {Have you/Has NAME} ever heard of an Extended Period of Eligibility for Medicare? This is a Social Security incentive that lets {you/beneficiaries} keep Medicare coverage when {you/they} go to work, even if {your/their} benefits have stopped.

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

YES 01 (E19)
NO 00
DON'T KNOW d
REFUSED r

(E9=00, d, r OR E17=00, d, r)

EP3. Most people who start working and lose their disability benefits are able to keep their health insurance. Is this something {you/NAME} knew before today?

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

E19. {Have you/Has NAME} ever heard of exclusions for Impairment-Related Work Expenses or Blind Work Expenses? This is a Social Security incentive where the value of certain impairment-related items is not counted when figuring {your/a person's} benefits and eligibility.

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

SECTION E: AWARENESS OF SSA PROGRAMS

(All)

E20a. {Have you/Has NAME} ever heard of Expedited Reinstatement? This is a Social Security incentive that lets beneficiaries restart their benefits without having to complete a new application if their attempts at work are not successful.

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

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

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

PROBE: These are sometimes called WIPAs.

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

(E20c=01)

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

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

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

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

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

(E20e=01)

E20f. {Have you/Has NAME} ever used Protection and Advocacy for Beneficiaries of Social Security or PABSS?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

E21. {Have you/Has NAME} ever heard of the Ticket to Work program?

PROBE: The Ticket to Work program provides services to help disability beneficiaries achieve steady, long-term employment by providing them greater choices and opportunities to go to work if they want to.

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

SECTION F: REMOVED FROM NBS-GENERAL WAVES

SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2018

SERVICE PROVIDERS

(All)

G1. Next, I will ask about different types of services that people with disabilities sometimes get in order to improve their ability to work or live independently. Please think only about services {you/NAME} received in 2018.

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

(All)

G2. In 2018, did {you/he/she} receive:

	YES	NO	NA	DON'T KNOW	REF
a. a work or job assessment to determine if a job is a good fit for {you/him/her}?	01	00	02	d	r
b. help to find a job?	01	00	02	d	r
c. advice about modifying {your/his/her} job or work place?	01	00	02	d	r
d. job coaching or support services?	01	00	02	d	r
e. any other employment support services to help {you/NAME} get a job or live independently?	01	00	02	d	r

(G2_e=01)

G2_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d
 REFUSED r

G2Check: WAS ANY EMPLOYMENT SERVICE RECEIVED (G2a or G2b or G2c or G2d or G2E=01)?

YES 01 (GO TO G7)
 NO 00 (GO TO G10)

(G2a or G2b or G2c or G2d or G2e=01)

G7. Where did {you/NAME} go to get these employment services? Please think about all of the places {you/NAME} went in 2018. Did {you/NAME} go to a:

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anywhere else?

- Vocational rehabilitation agency or {VRNAME FROM {NAME'S} CURRENT STATE}, 01 (G10)
- Welfare agency 02 (G10)
- Mental health agency, 03 (G10)
- Some other state agency,..... 04 (G7_oth1)
- Workforce center or employment/unemployment office,..... 05 (G10)
- A private business 06 (G10)
- A school or college, or 07 (G10)
- Some other type of place? 08 (G7_oth2)
- DON'T KNOW d (G10)
- REFUSED r (G10)

(G7=08)

G7_oth1. **INTERVIEWER:** PLEASE SPECIFY THE OTHER TYPE OF PLACE

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(G7=04)

G7_oth2. **INTERVIEWER:** PLEASE SPECIFY THE OTHER STATE AGENCY

<OPEN> _____ (G10)

- DON'T KNOW d (G10)
- REFUSED r (G10)

(All)

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

PRESS 1 TO CONTINUE..... 1

(All)

G11. In 2018, did {you/he/she} receive:

	YES	NO	NA	DON'T KNOW	REF
a. training to learn a new job or skill?	01	00	02	d	r
b. on-the-job training?	01	00	02	d	r
c. any other training or certification to help {you/NAME} learn new skills or get a job that I didn't mention?	01	00	02	d	r

(G11c = 01)

G11_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d
 REFUSED r

G10Check: WAS ANY EMPLOYMENT TRAINING RECEIVED (G11a or G11b or G11c=01)?

YES 01 (GO TO G13)
 NO 00 (GO TO G15)

(G11a or G11b, or G11c=01)

G13. Where did {you/NAME} go to get this training? Please think about all of the places {you/NAME} went in 2018. Did {you/NAME} go to a:

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anywhere else?

Vocational rehabilitation agency or {VRSTATE FROM {NAME'S} CURRENT STATE}, 01 (G15)
 Welfare agency..... 02 (G15)
 Mental health agency, 03 (G15)
 Some other state agency,..... 04 (G13_oth1)
 Workforce center or employment/unemployment office,..... 05 (G15)
 A private business, 06 (G15)
 A school or college, 07 (G15)*
 On the job training (unspecified) or (NEW)..... 09 (G15)
 Some other type of place? 08 (G13_oth2)
 DON'T KNOW d (G15)
 REFUSED r (G15)

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

(G13=04)

G13_oth1. **INTERVIEWER:** PLEASE SPECIFY THE OTHER STATE AGENCY

<OPEN> _____

DON'T KNOW d
 REFUSED r

(G13=08)

G13_oth2. **INTERVIEWER:** PLEASE SPECIFY THE OTHER TYPE OF PLACE

<OPEN> _____ (G15)

DON'T KNOW d (G15)
 REFUSED r (G15)

(All)

G15. Sometimes people with disabilities receive medical services to improve their ability to work or help them live independently. Some examples of these services are physical therapy, surgery, and help getting special equipment or devices.

PRESS 1 TO CONTINUE..... 1

SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2018

(All)

G16. In 2018, did {you/he/she} receive:

	YES	NO	NA	DON'T KNOW	REF
a. physical therapy?	01	00	02	d	r
b. occupational therapy? PROBE: Occupation therapy is treatment that helps people achieve independence in all areas of their lives and can include home and job site evaluations, skills assessments, equipment recommendations, and other treatment to help improve a person's ability to perform daily activities	01	00	02	d	r
c. speech therapy?	01	00	02	d	r
d. special equipment or devices?	01	00	02	d	r
e. prescription medications? PROBE: Prescription medications are medications prescribed by a doctor and do not include over-the-counter medications.	01	00	02	d	r
f. any other medical services to improve {your/NAME's} ability to work or live independently that I didn't mention?	01	00	02	d	r

(G16f=01)

G16_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____
 DON'T KNOW d
 REFUSED r

G16Check: WAS ANY MEDICAL SERVICE RECEIVED (G16a or G16b or G16c or G16d or G16e or G16f=01)?

YES 01 (GO TO G18)
 NO 00 (GO TO G20)

(G16a or G16b or G16c or G16d or G16e or G16f=01)

G18. Where did {you/NAME} go to receive these medical services? Please think about all of the places {you/NAME} went in 2018. Did {you/NAME} go to:

INTERVIEWER: CODE ALL THAT APPLY.

PROBE: Anywhere else?

A clinic or doctor's office, 01 (G20)
 A hospital, 02 (G20)
 A rehabilitation/counseling center (NEW) 10 (G20)
 A physical therapy center, or (NEW) 11 (G20)
 Some other type of place? 03 (G18_oth)
 DON'T KNOW d (G20)
 REFUSED r (G20)

(G18=03)

G18_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____ (G20)
 DON'T KNOW d (G20)
 REFUSED r (G20)

(All)

SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2018

G20. Sometimes people go to a mental health professional to get therapy or counseling to improve their ability to work or live independently. In 2018, did {you/he/she} receive:

	YES	NO	NA	DON'T KNOW	REF
a. personal counseling or therapy?	01	00	02	d	r
b. group therapy?	01	00	02	d	r
c. any other mental health services to help {you/NAME} work or live independently that I didn't mention?	01	00	02	d	r

(G20c=01)

G20_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d
 REFUSED r

G20Check: WAS ANY MENTAL HEALTH SERVICE RECEIVED (G20a or G20b or G20c =01)?

YES 01 (GO TO G22)
 NO 00 (GO TO G23)

(G20a or G20b or G20c=01)

G22. Where did {you/NAME} receive this mental health therapy or counseling? Please think about all of the places {you/NAME} went in 2018. Did {you/NAME} go to:

INTERVIEWER: CODE ALL THAT APPLY.

A mental health agency, 01 (G23)
 A clinic or doctor's office, 02 (G23)
 A hospital, 03 (G23)
 A residential treatment program or facility, (NEW) 06 (G23)
 A rehab center, counseling center, or day program, (NEW) 07 (G23)
 A church or other religious institution, or (NEW) 08 (G23)
 Some other type of place? 04 (G22_oth)
 DON'T KNOW d (G23)
 REFUSED r (G23)

(G22=04)

G22_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____ (G23)

DON'T KNOW d (G23)
 REFUSED r (G23)

(All)

G23. At any time in 2018, did {you/ NAME} enroll in school or take any classes to help {you/him/her} get a new job or change careers? Please do not include any training you have already told me about.

PROBE 1: This could include vocational training in high school, college classes, or other instructional programs.

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

(G23=01)

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

- YES 01 (G27)
- NO 00 (G52)
- DON'T KNOW d (G52)
- REFUSED r (G52)

(G26=01)

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

- WORKING TOWARD DEGREE 01 (G28)
- WORKING TOWARD CERTIFICATE/LICENSE 02 (G28)
- ONLY TAKING CLASSES 03 (G52)
- DON'T KNOW d (G52)
- REFUSED r (G52)

(G27=01,02)

G28. **PROGRAMMER:** IF G27=01 USE "DEGREE" AND IF G27=02 USE "CERTIFICATE OR LICENSE"

Toward what type of {degree/certificate or license} {are you/is NAME} working?

INTERVIEWER: CODE ONE ONLY.

- GED OR HIGH SCHOOL EQUIVALENCE PROGRAM/COURSES 01 (G29)
- VOCATIONAL PROGRAM 02 (G28b_oth)
- ASSOCIATE DEGREE PROGRAM (AA DEGREE) 03 (G29)
- UNDERGRADUATE DEGREE PROGRAM (BA, BS DEGREE) 04 (G29)
- GRADUATE DEGREE PROGRAM (e.g., MA, MS, MD, EdD).... 05 (G29)
- OTHER 06 (G28f_oth)
- DON'T KNOW d (G29)
- REFUSED r (G29)

(G28=02)

G28b_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____ (G29)

- DON'T KNOW d (G29)
- REFUSED r (G29)

(G28=06)

G28f_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____ (G29)

DON'T KNOW d (G29)
 REFUSED r (G29)

(G27=01, 02)

G29. {Are you/Is NAME} a full-time or part-time student?

FULL-TIME 01 (G52)
 PART-TIME 02 (G52)
 DON'T KNOW d (G52)
 REFUSED r (G52)

G43. DELETED

G44. DELETED

G45. DELETED

G45_oth. DELETED

G46. DELETED

G47. DELETED

G47_week.DELETEDG47_month.DELETEDG47_year. DELETED

WHY USED SERVICES IN 2018

(All)

G52. CHECK: DID {NAME} USE ANY SERVICES IN 2018 (at least one item in G2=01 or G11=01 or G16=01 or G20=01 or G23=01)

YES 01 (G53)
 NO 00 (G58)

(G52=01)

G53. The next question is about why {you/NAME} decided to use the employment, job training, medical, or therapy services {you/he/she} used in 2018.

Thinking only about the services {you/NAME} used in 2018, what are the main reasons {you/he/she} decided to use these services?

INTERVIEWER: CODE ALL THAT APPLY.

TO FIND A JOB/GET A BETTER JOB 01 (G58)
 TO INCREASE INCOME 02 (G58)
 TO IMPROVE HEALTH/ WELL BEING 03 (G58)
 TO IMPROVE ABILITY TO DO DAILY ACTIVITIES 04 (G58)
 TO AVOID A CONTINUING DISABILITY REVIEW 05 (G58)
 SOMEONE PRESSURED {NAME} TO PARTICIPATE 06 (G58)
 WANTED ACCESS TO A SPECIFIC PROGRAM/SERVICE/
 RESOURCE 07 (G58)
 OTHER 08 (G53h_oth)
 DON'T KNOW d (G58)
 REFUSED r (G58)

(G52=01 and G53=08)

G53h_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____ (G58)

DON'T KNOW d
 REFUSED r

INFORMATION ABOUT SERVICES IN 2018

(All)

G58. Now I want to ask you about how easy it is to get information about services. This includes both services {you/NAME} used and did not use.

Thinking only about 2018, did {you/NAME} or {your/his/her} representative contact anyone to try to get information about services to help {you/NAME} work or live independently?

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

SERVICES NEEDED BUT NOT RECEIVED IN 2018

(All)

G60. In 2018, were there any services, equipment, or other supports that {you/NAME} needed but did not receive that would have improved {your/his/her} ability to work or live independently?

- YES 01
- NO 00 (I1)
- DON'T KNOW d (I1)
- REFUSED r (I1)

(G60=01)

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

<OPEN> _____ (I1)

- DON'T KNOW d (I1)
- REFUSED r (I1)

SECTION H: REMOVED FROM NBS GENERAL WAVES

SECTION I: HEALTH AND FUNCTIONAL STATUS

GENERAL HEALTH STATUS

(ITEMS I1 through I8 constitute the SF-8)

(All)

I1. The next questions are about {your/NAME's} health.

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

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

(All)

I2. During the past 4 weeks, how much did physical health problems limit {your/NAME's} usual physical activities (such as walking or climbing stairs?)

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

(All)

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

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

(All)

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

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

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

15. During the past 4 weeks, how much energy did {you/NAME} have?
- | | |
|--------------------|----|
| Very much, | 01 |
| Quite a lot, | 02 |
| Some, | 03 |
| A little, or | 04 |
| None? | 05 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

16. During the past 4 weeks, how much did {your/NAME's} physical health or emotional problems limit {your/his/her} usual social activities with family or friends?
- | | |
|--|----|
| Not at all, | 01 |
| Very little, | 02 |
| Somewhat, | 03 |
| Quite a lot, or | 04 |
| Could {you/he/she} not do social activities? | 05 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

17. During the past 4 weeks, how much {have you/has NAME} been bothered by emotional problems (such as feeling anxious, depressed or irritable?)
- | | |
|-----------------------|----|
| Not at all, | 01 |
| Slightly, | 02 |
| Moderately | 03 |
| Quite a lot, or | 04 |
| Extremely? | 05 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

18. During the past 4 weeks, how much did personal or emotional problems keep {you/NAME} from doing {your/his/her} usual work, school or other daily activities?
- | | |
|---|----|
| Not at all, | 01 |
| Very little, | 02 |
| Somewhat, | 03 |
| Quite a lot, or | 04 |
| Could {you/he/she} not do daily activities? | 05 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

- IP1. {Do you/Does NAME} have a physical or mental health condition that gets worse every now and then that requires more than a few days to recover from?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

IP9. Compared to {THIS MONTH, LAST YEAR}, how would you rate {your/NAME's} health in general now?

- Much better now, 01
- Somewhat better now, 02
- About the same, 03
- Somewhat worse now, or 04
- Much worse now? 05
- DON'T KNOW d
- REFUSED r

Unmet Health Needs

(All)

IP2. Sometimes people delay or skip getting the health care they need for different reasons. Please tell me if any time in the past 12 months {you/NAME} delayed or skipped getting . . . (NHIS 2011 AAU section and NHIS 1996 access questions modified)

	YES	NO	DON'T KNOW	REFUSED
a. prescription medicines	01	00	d	r
b. special equipment or medical devices	01	00	d	r
c. mental health care or counseling	01	00	d	r
d. any other type of medical care I didn't mention	01	00	d	r

(All)

IP5. During the past 12 months, about how many days did illness or injury keep {you/NAME} in bed more than half of the day (include days while an overnight patient in a hospital)? (NHIS 2011 item AHS 050)

INTERVIEWER: ENTER THE NUMBER OF DAYS

INTERVIEWER: IF '0' DAYS, ENTER 0.

PROBE: Half a day means more than half of the time you are awake.

(0-365)

SECTION I: HEALTH AND FUNCTIONAL STATUS

Informal Supports

(All)

IP7. People sometimes look to others for support. For each of the following kinds of support, please tell me how often {you are/NAME is} able to get it when {you need/he needs/she needs} it. Would you say . . . none of the time, a little of the time, some of the time, most of the time, or all of the time?

	NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME	NA	DON'T KNOW	REFUSED
a. Someone to help {you/NAME} with bathing, dressing, or preparing meals if {you/NAME} needed it	01	02	03	04	05	06	d	r
b. Someone to give {you/NAME} good advice about a crisis or a personal problem if {you/NAME} needed it	01	02	03	04	05	06	d	r
c. Someone to take {you/NAME} to the doctor if {you/he/she} needed it	01	02	03	04	05	06	d	r
d. Someone to help {you/NAME} with {your/his/her} daily chores if {you/NAME} needed it	01	02	03	04	05	06	d	r
e. Someone to help {you/NAME} with {your/his/her} expenses if {you/NAME} needed it	01	02	03	04	05	06	d	r

(All)

IP8a. In a typical week, how many times {do you/does NAME} talk on the telephone with family, friends, or neighbors?

INTERVIEWER: ENTER THE NUMBER OF CONTACTS

INTERVIEWER: IF '0' CONTACTS, ENTER 0.

____ (0-99)

(All)

IP8b. In a typical week, how often {do you/does NAME} get together with friends or relatives?

PROBE: I mean things like going out together or visiting in each other's homes.

INTERVIEWER: ENTER THE NUMBER OF CONTACTS

INTERVIEWER: IF '0' TIMES, ENTER 0.

____ (0-99)

(All)

IP8c. In a typical week, how often {do you/does NAME} attend church or religious services?

INTERVIEWER: ENTER THE NUMBER OF TIMES

INTERVIEWER: IF '0' TIMES, ENTER 0.

____ (0-99)

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

IP8d. In a typical week, how often {do you/does NAME} attend meetings of clubs or organizations {you belong/he belongs/she belongs} to?

PROBE: These include church groups, unions, fraternal or athletic groups or school groups.

INTERVIEWER: ENTER THE NUMBER OF TIMES

INTERVIEWER: IF '0' TIMES, ENTER 0.

____ (0-99)

(All)

IP9. Can {you/NAME} drive {yourself/himself/herself} when {you need/he needs/she needs} to go places?

- YES 01 (IP10)
- NO 00
- DON'T KNOW d (IP10)
- REFUSED r (IP10)

(IP9=00)

IP9.a. {Do you/Does NAME} have some way of getting to places when {you need/he needs/she needs} to go such as having someone else drive or using public transportation?

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

(All)

IP10. Overall, how satisfied or dissatisfied {are you/is NAME} with {your/his/her} ability to get transportation when {you need/he needs/she needs} it? Would you say . . .

- Very satisfied, 01
- Somewhat satisfied, 02
- Somewhat dissatisfied, or 03
- Very dissatisfied 04
- DON'T KNOW d
- REFUSED r

(All)

I10. {Do you/Does NAME} take any prescription medications for any ongoing physical health conditions?

PROBE: Please do not include over the counter medication such as cold or headache medication, vitamins, or herbal supplements.

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

(All)

I11. {Do you/Does NAME} take any prescription medications for any ongoing mental or emotional conditions?

PROBE: Please do not include over the counter medication such as cold or headache medication, vitamins, or herbal supplements.

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

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

I12. Since {THIS MONTH, LAST YEAR}, {have you/has NAME} received any treatment for a mental or emotional condition at a hospital, clinic, or doctor's office?

PROBE: Do not include medications.

YES 01 (I17a)
NO 00 (I17a)
DON'T KNOW d (I17a)
REFUSED r (I17a)

ADL, IADL, AND FUNCTIONAL LIMITATIONS

(All)

I17a. Now I'd like to ask you some questions about everyday activities and how much difficulty {you have/NAME has} doing these activities. Our study requires that all beneficiaries be asked these questions. Please give me your best answer even if the questions don't seem to apply to {you/NAME}.

PRESS 1 TO CONTINUE..... 1

(All)

I17b. {Are you/Is NAME} blind or do {you/ does he/she} have serious difficulty seeing even when wearing glasses?

YES 01
NO 00 (I21)
DON'T KNOW d
REFUSED r

(I17b=01,d, r)

I19. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty seeing, such as telescopic lenses, adapted computer equipment, Braille, a guide dog, or a white cane?

PROBE: Do not include glasses or contact lenses.

YES 01
NO 00 (I21)
DON'T KNOW d (I21)
REFUSED r (I21)

(I19=01)

I20. What devices, equipment, or other types of assistance {do you/does NAME} use?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

TELESCOPIC LENSES 01 (I21)
ADAPTED COMPUTER EQUIPMENT 02 (I21)
BRAILLE 03 (I21)
READERS 04 (I21)
GUIDE DOG 05 (I21)
WHITE CANE 06 (I21)
OTHER SEEING ASSISTANCE 07 (I20_Other)
MAGNIFYING GLASS 08 (I21)
SCREEN READERS 09 (I21)
TEXT-TO-VOICE DEVICES 10 (I21)
DON'T KNOW d (I21)
REFUSED r (I21)

SECTION I: HEALTH AND FUNCTIONAL STATUS

(I20=07)

I20_Other. What other seeing assistance?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(All)

I21. {Are you/is NAME} deaf or do {you/he/she} have serious difficulty hearing?

YES 01
 NO 00 (I25)
 DON'T KNOW d
 REFUSED r

(I21=01,d, r)

I22. {Are you/Is NAME} able to hear what is said in normal conversation at all?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I21=01,d, r)

I23. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty hearing? This includes a hearing aide, a phone amplifier, TTY or teletype Relay, an assistive listening or signaling device, or an interpreter.

INTERVIEWER NOTE: If person reports cochlear implant, code '01'.

YES 01
 NO 00 (I25)
 DON'T KNOW d (I25)
 REFUSED r (I25)

(I21=01,d, r and I23=01)

I24. What devices, equipment, or other types of assistance {do you/does NAME} use?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

HEARING AID 01 (I25)
 PHONE AMPLIFIER..... 02 (I25)
 TTY OR TELETYPE / TTD 04 (I25)
 CLOSED CAPTION TV 05 (I25)
 ASSISTIVE LISTENING/SIGNALING DEVICE 06 (I25)
 INTERPRETER 07 (I25)
 OTHER HEARING ASSISTANCE 08 (I24_Other)
 INSTANT MESSAGING 09 (I25)
 SKYPE OR OTHER VIDEO MESSAGING 10 (I25)
 DON'T KNOW d (I25)
 REFUSED r (I25)

(I21=01,d, r and I23=01 and I24=08)

I24_Other. What other hearing assistance?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

I25. {Do you/Does NAME} have any difficulty having {your/his/her} speech understood because of a health condition or problem?

YES 01
 NO 00 (I29)
 DON'T KNOW d
 REFUSED r

(I25=01,d, r)

I26. {Are you/Is NAME} able to have {your/his/her} speech understood at all?

PROBE: This applies only to spoken speech and does not include sign language 'speech'.

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I25=01,d, r)

I27. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty speaking or having {your/his/her} speech understood, such as a voice synthesizer or voice amplifier?

YES 01
 NO 00 (I29)
 DON'T KNOW d (I29)
 REFUSED r (I29)

(I25=01,d, r and I27=01)

I28. What devices, equipment, or other types of assistance {do you/does NAME} use?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

VOICE SYNTHESIZER 01 (I29)
 VOICE AMPLIFIER 02 (I29)
 SIGN LANGUAGE INTERPRETER..... 03 (I29)
 OTHER SPEECH ASSISTANCE..... 04 (I28_Other)
 DON'T KNOW d (I29)
 REFUSED r (I29)

(I25=01,d, r and I27=01 and I28=04)

I28_Other. What other speech assistance?

<OPEN>_____

DON'T KNOW d
 REFUSED r

(All)

I29. {Do you/Does NAME} have serious difficulty walking or climbing stairs?

YES 01
 NO 00 (I35)
 DON'T KNOW d
 REFUSED r

SECTION I: HEALTH AND FUNCTIONAL STATUS

(I29=01,d, r)

I30. {Are you/Is NAME} able to walk without assistance at all?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I29=01,d, r)

I34. {Are you/Is NAME} able to climb stairs at all?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(I29=01,d, r)

I31. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty walking, such as a cane, walker, wheelchair, scooter, prosthetic device, or a personal care attendant?

YES 01
 NO 00 (I35)
 DON'T KNOW d (I35)
 REFUSED r (I35)

(I29=01,d, r and I31=01)

I32. What devices, equipment, or other types of assistance {do you/does NAME} use?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

BRACES, CRUTCHES, CANE, OR WALKER..... 01 (I35)
 WHEELCHAIR OR SCOOTER..... 02 (I35)
 PROSTHETIC DEVICE 03 (I35)
 SPECIAL CHAIR (NOT WHEELCHAIR) 04 (I35)
 PERSONAL CARE ASSISTANT 05 (I35)
 VEHICLE HAND CONTROLS 06 (I35)
 LIFT (HOME OR VEHICLE) 07 (I35)
 SPECIAL SHOES OR INSERTS 09 (I35)
 BREATHING DEVICES 10 (I35)
 OTHER MOBILITY ASSISTANCE..... 08 (I32_Other)
 DON'T KNOW d (I35)
 REFUSED r (I35)

(I29=01,d, r and I31=01 and I32=08)

I32_Other. What other mobility assistance?

<OPEN>_____

DON'T KNOW d
 REFUSED r

(All)

I35. {Do you/Does NAME} have any difficulty lifting and carrying something as heavy as 10 pounds, such as a full bag of groceries?

YES 01
 NO 00 (I37)
 DON'T KNOW d
 REFUSED r

SECTION I: HEALTH AND FUNCTIONAL STATUS

(I35=01,d, r)

- I36. {Are you/Is NAME} able to lift and carry 10 pounds at all?
- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r

(All)

- I37. {Do you/Does NAME} have any difficulty using {your/his/her} hands and fingers to do things such as picking up a glass or grasping a pencil?
- YES 01
 - NO 00 (I39)
 - DON'T KNOW d
 - REFUSED r

(I37=01,d, r)

- I38. {Are you/Is NAME} able to use {your/his/her} hands and fingers to grasp and handle at all?
- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r

(All)

- I39. {Do you/Does NAME} have any difficulty reaching over {your/his/her} head?
- YES 01
 - NO 00 (I41)
 - DON'T KNOW d
 - REFUSED r

(I39=01,d, r)

- I40. {Are you/Is NAME} able to reach over {your/his/her} head at all?
- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r

(All)

- I41. {Do you/Does NAME} have any difficulty standing or being on {your/his/her} feet for one hour?
- YES 01
 - NO 00 (I43)
 - DON'T KNOW d
 - REFUSED r

(I41=01,d, r)

- I42. {Are you/Is NAME} able to stand on {your/his/her} feet at all?
- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r

(All)

- I43. {Do you/Does NAME} have any difficulty stooping, crouching or kneeling?
- YES 01
 - NO 00 (I45)
 - DON'T KNOW d
 - REFUSED r

SECTION I: HEALTH AND FUNCTIONAL STATUS

(I43=01,d, r)

- I44. {Are you/Is NAME} able to stoop, crouch, or kneel at all?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

- I45. {Do you/Does NAME} have any difficulty getting around inside {your/his/her} home?
- | | |
|------------------|----------|
| YES | 01 |
| NO | 00 (I47) |
| DON'T KNOW | d |
| REFUSED | r |

(I45=01,d, r)

- I46. {Do you/Does NAME} need the help of another person in order to get around inside {your/his/her} home?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

- I47. Because of a physical, mental, or emotional condition, {do you/does NAME} have difficulty doing errands alone such as visiting a doctor's office or shopping?
- | | |
|------------------|----------|
| YES | 01 |
| NO | 00 (I49) |
| DON'T KNOW | d |
| REFUSED | r |

(I47=01,d, r)

- I48. {Do you/Does NAME} need the help of another person in order to get around outside {your/his/her} home?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

- I49. {Do you/Does NAME} have any difficulty getting into and out of bed or a chair?
- | | |
|------------------|----------|
| YES | 01 |
| NO | 00 (I51) |
| DON'T KNOW | d |
| REFUSED | r |

(I49=01,d, r)

- I50. {Do you/Does NAME} need the help of another person in order to get into and out of bed or a chair?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

SECTION I: HEALTH AND FUNCTIONAL STATUS

(All)

151. {Do you/Does NAME} have difficulty dressing or bathing?
- | | |
|------------------|----------|
| YES | 01 |
| NO | 00 (I53) |
| DON'T KNOW | d |
| REFUSED | r |

(I51=01,d, r)

152. {Do you/Does NAME} need the help of another person in order to bathe or dress?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

153. {Do you/Does NAME} have any difficulty shopping for personal items, such as toilet items or medicine?
- | | |
|------------------|----------|
| YES | 01 |
| NO | 00 (I55) |
| DON'T KNOW | d |
| REFUSED | r |

(I53=01,d, r)

154. {Do you/Does NAME} need the help of another person in order to shop for personal items?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

155. {Do you/Does NAME} have any difficulty preparing {your/his/her} own meals?
- PROBE: IF {NAME} DOES NOT PREPARE MEALS: If you do not prepare meals, is this because you have difficulty with this task?
- INTERVIEWER:** IF RESPONDENT SAYS NO, CODE AS NO.

- | | |
|------------------|----------|
| YES | 01 |
| NO | 00 (I57) |
| DON'T KNOW | d |
| REFUSED | r |

(I55=01,d, r)

156. {Do you/Does NAME} need the help of another person in order to prepare {your/his/her} meals?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

157. {Do you/Does NAME} have any difficulty eating?
- PROBE: This includes difficulty chewing, swallowing, or using utensils.
- | | |
|------------------|----------|
| YES | 01 |
| NO | 00 (I59) |
| DON'T KNOW | d |
| REFUSED | r |

SECTION I: HEALTH AND FUNCTIONAL STATUS

(I57=01,d, r)

158. {Do you/Does NAME} need the help of another person in order to eat?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

159. Because of a physical, mental, or emotional condition, {do you/does NAME} have serious difficulty concentrating, remembering, or making decisions?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

160. {Do you/Does NAME} have a lot of trouble coping with day-to-day stresses?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

(All)

161. {Do you/Does NAME} have a lot of trouble getting along with other people and making or keeping friendships?
- | | |
|------------------|----|
| YES | 01 |
| NO | 00 |
| DON'T KNOW | d |
| REFUSED | r |

ALCOHOL ABUSE

(All)

162. These next questions are about {your/NAME's} use of alcohol. Please remember that your answers are confidential. If {you do/NAME does} not drink alcohol at all, just say so.
- In the past 12 months, have {you/ friends or family} ever felt {you/NAME} ought to cut down on {your/his/her} drinking?

- | | |
|-------------------------------------|----------|
| YES | 01 |
| NO | 00 |
| IF VOLUNTEERED: I DON'T DRINK | 02 (I72) |
| DON'T KNOW | d |
| REFUSED | r |

(I62=01,00,d, r)

163. In the past 12 months, have people annoyed {you/NAME} by criticizing {your/his/her} drinking?
- | | |
|-------------------------------------|----------|
| YES | 01 |
| NO | 00 |
| IF VOLUNTEERED: I DON'T DRINK | 02 (I72) |
| DON'T KNOW | d |
| REFUSED | r |

SECTION I: HEALTH AND FUNCTIONAL STATUS

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

I64. In the past 12 months, {have you/has NAME} ever felt bad or guilty about {your/his/her} drinking?

- YES 01
- NO 00
- IF VOLUNTEERED: I DON'T DRINK 03 (I72)
- DON'T KNOW d
- REFUSED r

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

I65. In the past 12 months, {have you/has NAME} ever had a drink first thing in the morning to steady {your/his/her} nerves, get rid of a hangover, or get the day started?

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

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

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

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

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

I67. During the past 12 months, {have you/has NAME} received treatment or counseling for {your/his/her} use of alcohol?

- YES 01 (I72)
- NO 00 (I72)
- DON'T KNOW d (I72)
- REFUSED r (I72)

DRUG ABUSE

(All)

I72. The next questions are about the use of prescription and non-prescription drugs. I will be asking if {you have/NAME has} ever used these drugs on {your/his/her} own. By 'on {your/his/her} own' I mean using non-prescription drugs or using prescription drugs in a non-prescribed manner, such as using larger quantities than prescribed or for longer periods than prescribed. Examples of non-prescription drugs are marijuana or pot, speed, crack or cocaine, LSD, or Ecstasy.

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

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

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

SECTION I: HEALTH AND FUNCTIONAL STATUS

(I72=01)

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

(I72=01)

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

(I72=01)

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

(I72=01)

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

SECTION J: HEALTH INSURANCE

(All)

J1. Now, I'm going to ask you about different types of health insurance coverage {you/NAME} might have.

{Are you/Is NAME} currently covered by Medicare?

PROBE: Medicare is health insurance coverage provided nationally to certain disabled people under age 65, including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

J2. **PROGRAMMER:** IF STATEMED IS BLANK USE FOLLOWING TEXT:

There is a program called Medicaid that pays for health care for persons in need. {Are you/Is NAME} currently covered by Medicaid?

OTHERWISE USE:

There is a program called Medicaid that pays for health care for persons in need. In {your/NAME'S} state, you may also hear it called {STATE MED FROM {NAME'S} CURRENT STATE}. {Are you/Is NAME} currently covered by Medicaid?

PROBE: Medicaid is a state medical assistance program that serves low-income people and Social Security Income recipients with disabilities.

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

J4. {Are you/Is NAME} currently covered by military health care, through Armed Forces retirement benefits, the VA, or TRICARE?

PROBE: TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors'

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

J5. {Are you/Is NAME} currently covered by private health insurance, for example, private insurance that {you get/(he/she) gets} through an employer, a family member, or that {you purchase/(he/she) purchases} on {your/his/her} own including private insurance through the Affordable Care Act, sometimes called HealthCare.gov or ObamaCare?

YES 01
 NO 00 (J7)
 DON'T KNOW d (J7)
 REFUSED r (J7)

SECTION J: HEALTH INSURANCE

(J5=01)

J6. {Do you/Does NAME} currently receive {your/his/her} private health insurance through a present or former employer of {yours/his/hers}, through a present or former employer of {your/his/her} spouse, partner or parent, or some other source?

INTERVIEWER: IF THE RESPONDENT SAYS THAT THEY OR SOMEONE IN THEIR FAMILY PAYS FOR THEIR HEALTH INSURANCE, CODE 'PAID BY SELF/FAMILY'.

- OWN EMPLOYER 01 (J7)
- SPOUSE'S/PARTNER'S/PARENT'S EMPLOYER..... 02 (J7)
- PAID BY SELF/FAMILY 03 (J7)
- OTHER SOURCE (SPECIFY) 04 (J6_Other)
- DON'T KNOW d (J7)
- REFUSED r (J7)

(J5=01 and H6=04)

J6_Other. What is the Other Source?

<OPEN>_____

- DON'T KNOW d
- REFUSED r

(All)

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

- YES 01 (J10)
- NO 00

(J7=00)

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

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

PROGRAMMER NOTE: IF STATEMED IS BLANK, PLEASE DISPLAY "MEDICAID" FOR RESPONSE OPTION 1

SECTION J: HEALTH INSURANCE

(J7=00 and J8=00)

J9. What kinds of health insurance coverage {do you/does NAME} have?

PROBE: Any other kind?

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

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

INTERVIEWER: CODE ALL THAT APPLY.

- MEDICAID/{STATEMED}..... 01 (J10)
- MEDICARE 02 (J10)
- TRICARE, VA, OTHER MILITARY 03 (J10)
- INDIAN HEALTH SERVICE 04 (J10)
- MEDI-GAP..... 05 (J10)
- STATE PROGRAM 06 (J10)
- PRIVATE INSURANCE THROUGH OWN EMPLOYER 07 (J10)
- PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT..... 08 (J10)
- PRIVATE INSURANCE PAID BY SELF/FAMILY 09 (J10)
- OTHER PLAN (SPECIFY) <OPEN>..... 10 (J9_Other)
- DON'T KNOW d (J10)
- REFUSED r (J10)

(J7=00 and J8=00 and J9=10)

J9_Other. What is the Other Plan?

<OPEN>_____

- DON'T KNOW d
- REFUSED r

(All)

J10. Now, I'd like you to think back to 2018. In 2018, {were you/was NAME} covered by any type of health insurance?

PROBE: Answer 'yes' if {you were/NAME was} covered for any part of the year.

- YES 01
- NO 00 (K1)
- DON'T KNOW d (K1)
- REFUSED r (K1)

PROGRAMMER NOTE: IF STATEMED IS BLANK, PLEASE DISPLAY "MEDICAID" FOR RESPONSE OPTION 1

SECTION J: HEALTH INSURANCE

(J10=01)

J11. What kinds of health coverage did {you/NAME} have?

PROBE: Any other kind?

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

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

INTERVIEWER: CODE ALL THAT APPLY.

- MEDICAID/{STATMED} 01 (K1)
- MEDICARE 02 (K1)
- TRICARE, VA, OTHER MILITARY 03 (K1)
- INDIAN HEALTH SERVICE 04 (K1)
- MEDI-GAP 05 (K1)
- STATE PROGRAM 06 (K1)
- PRIVATE INSURANCE THROUGH OWN EMPLOYER 07 (K1)
- PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT 08 (K1)
- PRIVATE INSURANCE PAID BY SELF/FAMILY 09 (K1)
- PRIVATE INSURANCE, NOT SPECIFIED WHO THROUGH 11 (K1)
- OTHER PLAN (SPECIFY) <OPEN> 10 (J11_Other)
- DON'T KNOW d (K1)
- REFUSED r (K1)

(J10=01 and J11=10)

J11_Other. What is the other plan?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

SECTION K: INCOME AND OTHER ASSISTANCE

(All)

K1. The next set of questions is about income {you/NAME} received last month, that is, in [INSERT LAST MONTH, THIS_YEAR]. This includes earnings from work and benefits from different programs. When answering these questions, please think only about {your/NAME's} own earnings and benefits, and don't include earnings or benefits that other family members may have received.

PRESS 1 TO CONTINUE..... 01

(All)

K2. CHECK 1: IS {NAME} CURRENTLY WORKING (B24a=01)?

YES 01 (K2CHECK2)
 NO 00 (K2CHECK3)

(K2=01)

K2CHECK2. CHECK 2: DID {NAME} START AT LEAST ONE JOB PRIOR TO OR DURING LAST MONTH ((C4MTH < OR = LAST MONTH THIS YEAR AND C4YR = 2018) OR (C4YR < 2018))?

YES 01 (K3)
 NO 00 (K2A)

PROGRAMMER: IF {NAME} IS CURRENTLY WORKING (B24=01) AND STARTED JOB AFTER LAST MONTH THIS YEAR - (C4MTH > LAST MONTH THIS YEAR AND C4YR =2018), GO TO K2A

(K2=00 and K2CHECK2=01)

K2CHECK3. HAS {NAME} EVER WORKED (B36=01, D, OR R) OR (B22=01, D, OR R) OR (B30=01, D, OR R) OR IS EVER WORKED MISSING (B36=.)?

YES 01 (K2A)
 NO 00 (K4)

(K2CHECK2=00 and K2CHECK3=01)

K2A. Did {you/NAME} work last month?

YES 01 (K3)
 NO 00 (K4)

(K2CHECK3=01 and K2A=01)

K3. First thinking about the jobs {you/NAME} had last month, including all jobs {you/he/she} had, how much did {you/he/she} earn last month, that is, in [INSERT LAST MONTH, THIS YEAR] before taxes and deductions?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$|_|_|, |_|_|_| . 00
 (0 – 12,500)
 (0 – 40,000)

DON'T KNOW d
 REFUSED r

SECTION K: INCOME AND OTHER ASSISTANCE

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

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

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

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

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

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$|_|_| , |_|_|_| . 00
 (1 – 11,250)
 (1 – 36,000)

DON'T KNOW d
 REFUSED r

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

K3b1. SOFT EDIT: AMOUNT OF TAKE-HOME PAY (K3a) MUST BE LESS THAN OR EQUAL TO AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS (K3). IF K3A NE D OR R AND K3 NE D OR R, AND K3A > K3, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, TAKE HOME PAY IS GREATER THAN PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you are/NAME is} paid (K3) before taxes and other deductions and that (K3a) is left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay is more than your pre-tax pay. Should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions?

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

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

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

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

SECTION K: INCOME AND OTHER ASSISTANCE

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

K3b3. SOFT EDIT: DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF TAKE HOME PAY (K3A) NE D OR R, AND AMOUNT OF PRE-TAX PAY (K3) NE D OR R, AND $(K3 - K3A) / K3A > .30$, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you are/NAME is} paid (K3) before taxes and other deductions and that (K3A) is left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes} home after taxes and other deductions

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

(All)

K4. Thinking about the benefits {you/NAME} received last month, did {you/he/she} receive any income from Social Security?

INTERVIEWER: SHOULD INCLUDE ANY SSI AND SSDI PAYMENTS

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

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

SECTION K: INCOME AND OTHER ASSISTANCE

(All)

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

PROBE: IF RESPONDENT MENTIONS FOOD STAMPS: I will ask you about food stamps in a separate question. Do {you/he/she} receive any other income on a regular basis that does not come from jobs or social security?

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

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

(K6_g=01)

K6_g_oth What were they?

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d

REFUSED r

(K6_h=01)

K6_h_oth What were they?

INTERVIEWER: PLEASE SPECIFY

<OPEN> _____

DON'T KNOW d

REFUSED r

SECTION K: INCOME AND OTHER ASSISTANCE

(K6=01)

K7. How much income did {you/NAME} receive last month from {SOURCE FROM K6}?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$|_|_|_|, |_|_|_|_| . 00 (GO TO K6 FOR NEXT SOURCE OR K11)
 (1 – 1,000)
 (1 – 15,000)

DON'T KNOW d
 REFUSED r

(K6=01 and K7=d, r)

K8. Was it more than or less than \$300?

\$300 OR MORE 01 (K9)
 LESS THAN \$300 02 (K10)
 DON'T KNOW d (K6 FOR NEXT SOURCE OR K11)
 REFUSED r (K6 FOR NEXT SOURCE OR K11)

(K6=01 and K7=d, r and K8=01)

K9. Was it more than or less than \$500?

\$500 OR MORE 01
 LESS THAN \$500 02
 DON'T KNOW d
 REFUSED r

GO TO K6 FOR NEXT SOURCE OR K11.

(K6=01 and K7=d, r and K8=02)

K10. Was it more than or less than \$150?

\$150 OR MORE 01
 LESS THAN \$150 02
 DON'T KNOW d
 REFUSED r

GO TO K6 FOR NEXT SOURCE OR K11.

(All)

K11. Did {you/NAME} receive any food stamps last month? You may know this as SNAP benefits. Please include only food stamps {you/NAME} received for {you/NAME} and {your/NAME's} family. Do not include food stamps received separately by other members of [your/NAME's] household.

YES 01
 NO 00 (K13)
 DON'T KNOW d (K13)
 REFUSED r (K13)

SECTION K: INCOME AND OTHER ASSISTANCE

(K11=01)

K12. What was the dollar value of the food stamps {you/NAME} received last month? Please include only food stamps {you/NAME} received by {you/NAME} for {your/NAME's} family.

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

(0 – 400)

(0 – 950)

DON'T KNOW d

REFUSED r

(All)

K13. Did {you/NAME} receive assistance from any other government program last month? For example, housing or energy assistance.

YES 01

NO 00 (KP1)

DON'T KNOW d (KP1)

REFUSED r (KP1)

(K13=01)

K14. What other assistance did {you/NAME} receive?

INTERVIEWER: PROGRAM:

<OPEN> _____

DON'T KNOW d

REFUSED r

(K13=01)

K15. How much income did {you/NAME} receive last month from the assistance you just told me about?

PROBE: Your best estimate is fine.

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

(0 – 500)

(0 – 10,000)

DON'T KNOW d

REFUSED r

(All)

KP1. Which of the following best describes {your/NAME's} current financial situation? (NOD Harris 2010 item Q1430)

INTERVIEWER: CODE ONE ONLY.

Struggling to meet {your/his/her} basic needs 01

Meeting {your/his/her} basic needs, but not able to save or improve {your/his/her} standard of living 02

Able to save a little, but not completely financially comfortable 03

Financially comfortable with few worries about money.... 04

DON'T KNOW d

REFUSED r

SECTION K: INCOME AND OTHER ASSISTANCE

(All)

KP2. If {you/NAME} had to support {yourself/himself/herself} for three months without any income or gifts from others, would {you/he/she} have enough money in savings to get by? (NOD Harris 2010 item Q1435 modified)

PROBE: By income I mean money from earnings, disability benefits, or from any other source except savings.

PROBE: Your best estimate is fine.

YES 01
NO 00
DON'T KNOW d
REFUSED r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L1. I have a few more questions about {you/NAME}.

What is {your/NAME's} ethnic background? {Are you/Is (he/she)}:

- Hispanic or Latino, or..... 01
- Not Hispanic or Latino? 02
- DON'T KNOW d
- REFUSED r

(All)

L2. What is {your/NAME's} race? {Are you/Is (he/she)}:

PROBE: IF RESPONDENT STATES HIS OR HER RACE IS HISPANIC OR PROVIDES A SPECIFIC ETHNICITY LIKE CUBAN OR ITALIAN: I understand. However, for the purposes of this survey, race is different from origin or ethnicity. This question is only asking about race. REREAD QUESTION.

INTERVIEWER: IF RESPONDENT DOES NOT SELECT ONE OR MORE RACES OR INSISTS ON "OTHER RACE" AFTER USING ABOVE PROBE, ENTER REFUSED.

INTERVIEWER: CODE ALL THAT APPLY.

- Alaska Native or American Indian,..... 01
- Asian, 02
- Black or African American, 03
- Native Hawaiian or Other Pacific Islander, or 04
- White 05
- DON'T KNOW d
- REFUSED r

(All)

L3. What is the highest year or grade {you/NAME} finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

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

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

- DID NOT COMPLETE HIGH SCHOOL OR GED..... 01
- HIGH SCHOOL: GED 02
- HIGH SCHOOL: DIPLOMA 03
- HIGH SCHOOL: CERTIFICATE OF COMPLETION 04
- SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES 05
- 2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA..... 06
- 4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE) 07
- SOME GRADUATE WORK/NO GRADUATE DEGREE 08
- GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) 09
- NEVER ATTENDED SCHOOL 10
- SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION..... 11
- DON'T KNOW d
- REFUSED r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L4. What is the highest year or grade {your/NAME's} father finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

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

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

- DID NOT COMPLETE HIGH SCHOOL OR GED..... 01
- HIGH SCHOOL: GED 02
- HIGH SCHOOL: DIPLOMA 03
- HIGH SCHOOL: CERTIFICATE OF COMPLETION 04
- SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES 05
- 2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA..... 06
- 4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE) 07
- SOME GRADUATE WORK/NO GRADUATE DEGREE 08
- GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) 09
- NEVER ATTENDED SCHOOL 10
- SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION..... 11
- DON'T KNOW d
- REFUSED r

(All)

L5. What is the highest year or grade {your/NAME's} mother finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

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

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

- DID NOT COMPLETE HIGH SCHOOL OR GED..... 01
- HIGH SCHOOL: GED 02
- HIGH SCHOOL: DIPLOMA 03
- HIGH SCHOOL: CERTIFICATE OF COMPLETION 04
- SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES 05
- 2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA..... 06
- 4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE) 07
- SOME GRADUATE WORK/NO GRADUATE DEGREE 08
- GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) 09
- NEVER ATTENDED SCHOOL 10
- SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION..... 11
- DON'T KNOW d
- REFUSED r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L6ft. How tall {are you/is NAME}?

INTERVIEWER: ENTER FEET

__|__ FEET
(3-8)

DON'T KNOW d
REFUSED r

(All)

L6in. (How tall {are you/is NAME}?)

PROBE: ROUND TO NEAREST WHOLE NUMBER (E.G., ENTER 6 FOR 5 ½ INCHES)

INTERVIEWER: ENTER INCHES.

__|__| INCHES
(0-12)

DON'T KNOW d
REFUSED r

(All)

L7. How much {do you/does NAME} weigh?

__|__|__| POUNDS (50-300)
(50-600)

DON'T KNOW d
REFUSED r

(All)

L8. {Are you/Is NAME} now married, partnered (but not married), widowed, divorced, separated, or {have you/has (he/she)} never been married?

INTERVIEWER: UNMARRIED PARTNER MEANS A MARRIAGE-LIKE RELATIONSHIP.

MARRIED 01
UNMARRIED PARTNER..... 06
WIDOWED 02 (L10)
DIVORCED..... 03 (L10)
SEPARATED..... 04 (L10)
NEVER MARRIED..... 05 (L10)
DON'T KNOW d (L10)
REFUSED r (L10)

(L8=01, 06)

L9. Do {you/NAME} and {your/his/her} {spouse/unmarried partner} live in the same household?

INTERVIEWER: IF UNMARRIED PARTNERS (MEANING, A MARRIAGE-LIKE RELATIONSHIP) LIVE IN THE SAME HOUSEHOLD, CODE AS YES.

YES 01
NO 00
DON'T KNOW d
REFUSED r

GO TO L11

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(L8=02, 03, 04, 05, d, r)

L10. {Do you/Does NAME} have a long-term partner who lives in the same household with {you/him/her} in a marriage-like relationship?

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

(All)

L11. Which of the following best describes {your/NAME's} living situation?

INTERVIEWER: READ LIST. CODE ONE ANSWER. 'LIVE WITH CHILDREN' SHOULD BE CODED AS '2'

- PROGRAMMER DISPLAY ONLY IF L9≠01 {You live/NAME lives}**
- alone. 01 (L11a)
 - {You live/NAME lives} with {your/his/her} parents, guardians, a spouse/partner, or other relative 02 (L11a)
 - {You live/NAME lives} with friends or roommates 03 (L11a)
 - {You live/NAME lives} in another group setting with people not related to {you/him/her} 04 (L11a)
 - {You live/NAME lives} in some other living situation..... 05 (L11_Other)
 - DON'T KNOW d (L11a)
 - REFUSED r (L11a)

(L11=05)

L11_Other. What is the other living situation?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(All)

L11a. SOFT EDIT: RESPONDENT CANNOT LIVE IN SAME HOUSEHOLD WITH SPOUSE (L9=01) OR LIVE IN SAME HOUSEHOLD WITH LONG-TERM PARTNER (L10=01) AND LIVE ALONE (L11=01). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you live/NAME lives} in the same household with {your/his/her} spouse or partner and {you live/NAME lives} alone? Could you verify which is correct?

- LIVE WITH SPOUSE OR PARTNER 01 (CHANGE L9 OR L10)
- LIVE ALONE..... 02 (CHANGE L11)
- SUPPRESS 03

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L12. The next question is about the place {you live/NAME lives}. Is this place a...

INTERVIEWER: CODE ONE ANSWER.

INTERVIEWER: IF RESPONDENT SAYS TOWNHOUSE OR CONDO, CODE AS 1.

- Single family home 01 (L12a)
- Mobile home 02 (L12a)
- Regular apartment..... 03 (L12a)
- Supervised apartment 04 (L12a)
- Group home..... 05 (L12a)
- Halfway house 06 (L12a)
- Personal care or board and care home 07 (L12a)
- Assisted living facility 08 (L12a)
- Nursing or convalescent home 09 (L12a)
- Center for Independent Living 10 (L12a)
- Some other type of supervised group residence or facility 11 (L12a)
- HOMELESS (NEW)..... 13 (L12a)
- Something else 12 (L12_Other)
- DON'T KNOW d (L12a)
- REFUSED r (L12a)

(L12=12)

L12_Other. What is the other type of place?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(All)

L12a. SOFT EDIT: RESPONDENT CANNOT LIVE ALONE (L11=01) AND LIVE IN A GROUP SETTING (L12=04-11). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you/NAME} live alone in a {FILL ANSWER FROM L12}? Which is correct?

- LIVE ALONE..... 01 (CHANGE L12)
- LIVE IN GROUP SETTING 02 (CHANGE L11)
- SUPPRESS 03

(All)

L13. CHECK: DOES {NAME} LIVE IN A GROUP SETTING (L12 = 04 – 12)?

- YES 01
- NO 00 (L14)

(L13=01)

L15. Is this place primarily for people with hearing or vision impairments, mental illness, intellectual disabilities, or developmental disabilities?

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

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(L12=01, 02, 03, 04, 12, d, r)

L21b. {Do you/Does NAME} own or rent {your/his/her} home?

Interviewer note: If respondent says they pay a mortgage, code as '01'.

OWN..... 01
RENT..... 02
LIVE WITH OTHERS RENT FREE 03
Don't know..... d
Refused r

(All)

L14. CHECK: DOES {NAME} LIVE ALONE (L11 = 01) OR LIVE IN GROUP SETTING (L12=4-12)?

YES..... 01 (L20)
NO 00

(L14=00)

L16. How many adults 18 years of age or older live in {your/NAME's} household, including {yourself/NAME}?

PROBE: This includes all adults who usually live there, even if they are temporarily away on business, vacation, in a hospital, away at school or on military duty.

||| ADULTS (1-4)
(1-20)
DON'T KNOW d
REFUSED r

(L14=00)

L17. How many children under 18 years of age live in {your/NAME's} household?

PROBE: This includes all children who usually live there, even if they are temporarily away on vacation, in a hospital, or away at school.

||| CHILDREN (0-6)
(0-20)
DON'T KNOW d
REFUSED r

(L14=00)

L18. CHECK: DO NO CHILDREN LIVE IN THE HOUSEHOLD (L17=0)?

YES..... 01 (L20)
NO..... 00

(L14=00 and L18=00)

L19. How many of these children are {your/NAME's} own? Please include biological, adopted, step, and foster children.

||| CHILDREN (0-6)
(0-20)
DON'T KNOW d
REFUSED r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

L20. {Do you/Does NAME} have children of {your/his/her} own under the age of 18 living outside of {your/his/her} household?

PROBE: Please include biological, adopted, step, and foster children.

YES 01
 NO 00 (L22a)
 DON'T KNOW d (L22a)
 REFUSED r (L22a)

(L20=01)

L21. How many children under 18 not living in {your/NAME's} household {do you/does (he/she)} have?

CHILDREN (1-20)

DON'T KNOW d
 REFUSED r

(All)

L21_CHECK

SOFT EDIT: IF L21 CHILDREN > 6, INTERVIEWER READ: Let me make sure I did not make a mistake. You just indicated that you have [FILL] children under 18 not living in your household. Is this correct?

NO (CHANGE L21)
 SUPPRESS

(All)

L22a. CHECK: DOES {NAME} HAVE ANY CHILDREN (L17>=1 AND L19>=1) OR (L21>=1)?

YES 01
 NO 00 (LP23)

(L22a=01)

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

LP23. {Have you/Has NAME} ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? (ACS)

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)

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

What was {your/NAME's} total income in 2018, before taxes or other deductions? Please include money {you/NAME} received from all sources.

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

What was the total combined income of all members of {your/NAME's} household in 2018, before taxes or other deductions? Please include money all members of {your/NAME's} household received from all sources.

PROBE: IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT: If it is hard to calculate an annual amount can you tell me what your income was per day, week, bi-weekly, twice a month or monthly in 2018.

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$|_|_|_|_|_| , |_|_|_|_|_| .00 AMOUNT
(10,000-75,000)
(0-500,000)

DON'T KNOW d (L24)

REFUSED r (L24)

(L23Aamt = numeric response)

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

What was {your/NAME's} total income in 2018, before taxes or other deductions? Please include money {you/NAME} received from all sources.

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

What was the total combined income of all members of {your/NAME's} household in 2018, before taxes or other deductions? Please include money all members of {your/NAME's} household received from all sources.

PROBE: IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT: If it is hard to calculate an annual amount can you tell me what your household income was per day, week, bi-weekly, twice a month or monthly in 2018.

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

INTERVIEWER: ENTER HOW OFTEN PAID

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

SECTION L: SOCIODEMOGRAPHIC INFORMATION

(L23Amt = numeric response and L23Ahop =07)

L23Ahop_Other.

INTERVIEWER: ENTER OTHER

<OPEN> _____

DON'T KNOW d
 REFUSED r

GO TO L24

(L23Amt = numeric response and L23Ahop = 02, 03, 04, 05, 06)

L23b. **PROGRAMMER:** USE "{YOUR/NAME'S} HOUSEHOLD" IF L11=02 OR 05, OTHERWISE USE "{YOUR/NAME}"

How many {days/weeks/months} did {{you/NAME}/{your household/NAME's household}} receive this income in 2018?

____ DAYS/WEEKS/MONTHS
 (1-365) (1-52) (1/12)

DON'T KNOW d
 REFUSED r

GO TO L25

(L23Amt =d, r or L23Ahop=07)

L24. **PROGRAMMER:** USE "HOUSEHOLD" IF L11=02 OR 05

Could you please tell me if {your/NAME'S} annual (household) income before taxes and other deductions in 2018 was...

\$2,500 or less, 01
 \$2, 501 to \$5,000, 02
 \$5,001 to \$10,000, 03
 \$10,001 to \$20,000, 04
 \$20,001 to \$30,000, 05
 \$30,001 to \$40,000, 06
 \$40,001 to \$50,000, 07
 \$50,001 to \$75,000, 08
 \$75,001 to \$100,000, or 09
 More than \$100,000? 10
 DON'T KNOW d
 REFUSED r

L25. DELETED

L26. DELETED

GO TO M1

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(All)

M1. **PROGRAMMER:** IF WE HAVE NAME, ADDRESS, AND PHONE NUMBER FROM EITHER THE SCREENER OR FROM THE OTHER PRELOADED INFORMATION DISPLAY THAT NAME, ADDRESS, AND PHONE NUMBER.

That concludes this interview. Can you please verify (your/NAME'S) current contact information?

NAME: {FULL NAME FROM SCREENER OR PRELOADED INFORMATION}

STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}

STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}

STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}

CITY OR TOWN: {CITY OR TOWN FROM SCREENER OR PRELOADED INFORMATION}

STATE: {STATE FROM SCREENER OR PRELOADED INFORMATION}

ZIP CODE: {ZIP CODE FROM SCREENER OR PRELOADED INFORMATION}

TELEPHONE NUMBER: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}

SAME AS PROVIDED..... 00 (M1a)

INCORRECT INFORMATION ABOVE, NEED TO ENTER

NEW INFORMATION 01 (M1_Firstname)

DON'T KNOW d (M1a)

REFUSED r (M1a)

M1 {PROVIDE BOX FOR DATA ENTRY. 1, 0, d, r ARE THE ONLY POSSIBLE RESPONSES; IF M1=01, THEN GO TO QUESTIONS BELOW, OTHERWISE SKIP TO M1a}

(M1=01)

M1_FirstName.

NAME: {DISPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH FIRST NAME BOLDED}

First name?

<OPEN> _____

DON'T KNOW d

REFUSED r

(M1=01)

M1_MiddleName.

NAME: {DISPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH MIDDLE INITIAL BOLDED}

Middle initial?

<OPEN> _____

DON'T KNOW d

REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M1=01)

M1_LastName.

NAME: {DISPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH LAST NAME BOLD}

Last name?

<OPEN>_____

DON'T KNOW d

REFUSED r

(M1=01)

M1_Confirm.

NAME: {DISPLAY FULL NAME}

INTERVIEWER: PRESS 1 TO CONTINUE

(M1=01)

M1_Address1.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 1 BOLD}

Street and number?

INTERVIEWER: REFUSED AND DON'T KNOW ALLOWED, WILL SKIP REST OF ADDRESS QUESTIONS.

<OPEN>_____

DON'T KNOW d

REFUSED r

(M1=01)

M1_Address2.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 2 BOLD}

PROBE: READ IF NECESSARY: Second part of the address.

<OPEN>_____

DON'T KNOW d

REFUSED r

(M1=01)

M1_Address3.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 3 BOLD}

PROBE: READ IF NECESSARY: Third part of the address.

<OPEN>_____

DON'T KNOW d

REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M1=01)

M1_City.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH CITY BOLD}

Town or city?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M1=01)

M1_State.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH STATE BOLD}

State?

INTERVIEWER: USE TWO CHARACTER ABBREVIATION.

INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.

<OPEN>_____

DON'T KNOW d
REFUSED r

(M1=01)

M1_ZipCode.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH ZIP CODE BOLD}

Zip code?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M1=01)

M1_Confirm.

ADDRESS: {DISPLAY FULL ADDRESS}

INTERVIEWER: PRESS 1 TO CONTINUE

(M1=01)

M1_PhoneNumber.

TELEPHONE: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}

Please give me the telephone number, area code first?

<OPEN>_____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

PROGRAMMER: ASK M1_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED

(M1=01)

M1_TimeZone.

What time zone is that in?

INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}

- HAWAII/ALEUTIAN TIME ZONE..... 02
- ALASKA TIME ZONE 03
- PACIFIC TIME ZONE 04
- MOUNTAIN TIME ZONE 05
- CENTRAL TIME ZONE 06
- EASTERN TIME ZONE 07
- ATLANTIC TIME ZONE..... 08
- NEWFOUNDLAND TIME ZONE 09
- OTHER INTERNATIONAL TIME ZONE..... 98

(M1=01)

M1_Confirm.

TELEPHONE NUMBER: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}

TIME ZONE: {TIME ZONE FROM SCREENER OR PRELOADED INFORMATION}

INTERVIEWER: PRESS 1 TO CONTINUE

(All)

M1a. {Do you have/Does NAME have} an email address?

- YES 01
- NO 00 (M2A)
- DON'T KNOW d
- REFUSED r

(M1a=01)

M2_. What is {your/NAME's} email address?

<OPEN>_____

- DON'T KNOW d
- REFUSED r

(All)

M2A. CHECK: IS INTERVIEWER SPEAKING WITH {NAME} OR A PROXY?

- {NAME}..... 01 (M2CHECK)
- PROXY 02

(M2A=02)

Confirm. What is your first name?

INTERVIEWER: PRESS 1 TO CONTINUE

(M2A=02)

M2a_FirstName.

NAME: {DISPLAY PROXY'S FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH FIRST NAME BOLD}

First name?

<OPEN>_____

- DON'T KNOW d
- REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M2A=02)

M2a_MiddleName.

NAME: {DISPLAY PROXY'S FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH MIDDLE INITIAL BOLD}

Middle initial?

<OPEN> _____

DON'T KNOW d

REFUSED r

(M2A=02)

M2a_LastName.

NAME: {DISPLAY PROXY'S FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH LAST NAME BOLD}

Last name?

<OPEN> _____

DON'T KNOW d

REFUSED r

(M2A=02)

Confirm. NAME: {DISPLAY PROXY'S FULL NAME}

INTERVIEWER: PRESS 1 TO CONTINUE

(M2A=02)

M2a_Address1.

ADDRESS:

Street and number?

INTERVIEWER: REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF ADDRESS QUESTIONS.

<OPEN> _____

DON'T KNOW d

REFUSED r

(M2A=02)

M2a_Address2.

ADDRESS: {DISPLAY ADDRESS1 FROM PREVIOUS QUESTION}

PROBE: READ IF NECESSARY: Second part of the address.

<OPEN> _____

DON'T KNOW d

REFUSED r

(M2A=02)

M2a_Address3.

ADDRESS: {DISPLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIONS}

PROBE: READ IF NECESSARY: Third part of the address.

<OPEN> _____

DON'T KNOW d

REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M2A=02)

M2a_Address4.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUESTIONS}

PROBE: READ IF NECESSARY: Fourth part of the address.

<OPEN>_____

DON'T KNOW d
REFUSED r

(M2A=02)

M2a_City.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRESS4 FROM PREVIOUS QUESTIONS}

Town or City?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M2A=02)

M2a_State.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, AND TOWN/CITY FROM PREVIOUS QUESTIONS}

State?

INTERVIEWER: USE TWO CHARACTER ABBREVIATION.

INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.

<OPEN>_____

DON'T KNOW d
REFUSED r

(M2A=02)

M2a_ZipCode.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TOWN/CITY, AND STATE FROM PREVIOUS QUESTIONS}

Zip code?

<OPEN>_____

DON'T KNOW d
REFUSED r

(M2A=02)

Confirm.

NAME: {DISPLAY PROXY'S FULL ADDRESS}

INTERVIEWER: PRESS 1 TO CONTINUE

(M2A=02)

M2a_PhoneNumber.

TELEPHONE NUMBER:

Please give me the telephone number, area code first?

<OPEN>_____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

PROGRAMMER: ASK M2A_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED

(M2A=02)

M2A_TimeZone.

What time zone is that in?

INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}

- HAWAII/ALEUTIAN TIME ZONE..... 02
- ALASKA TIME ZONE 03
- PACIFIC TIME ZONE 04
- MOUNTAIN TIME ZONE 05
- CENTRAL TIME ZONE 06
- EASTERN TIME ZONE 07
- ATLANTIC TIME ZONE..... 08
- NEWFOUNDLAND TIME ZONE 09
- OTHER INTERNATIONAL TIME ZONE 98

(M2A=02)

M2A_Confirm.

TELEPHONE NUMBER: {PROXY'S TELEPHONE NUMBER}

TIME ZONE: {PROXY'S TIME ZONE}

INTERVIEWER: PRESS 1 TO CONTINUE

(M2A=02)

M2a_Rlshp. How are you related to {NAME}?

- {NAME'S} SPOUSE..... 01 (M2a_email)
- {NAME'S} MOTHER 02 (M2a_email)
- {NAME'S} FATHER 03 (M2a_email)
- {NAME'S} CHILD 04 (M2a_email)
- GRANDPARENT OF {NAME} 05 (M2a_email)
- BROTHER/SISTER (NATURAL/STEP) OF {NAME} 06 (M2a_email)
- AUNT/UNCLE OF {NAME} 07 (M2a_email)
- FRIEND 11 (M2a_email)
- CASEWORKER/CAREGIVER/PAYEE 12 (M2a_email)
- GIRLFRIEND/BOYFRIEND/PARTNER 13 (M2a_email)
- GUARDIAN/FOSTER/STEP PARENT 14 (M2a_email)
- IN-LAW 15 (M2a_email)
- OTHER RELATIVE OF {NAME} 08
- NOT RELATED 09 (M2a_Rlshp_oth2)
- STAFF AT RESIDENCE 10 (M2a_email)
- DON'T KNOW d (M2a_email)
- REFUSED r (M2a_email)

(M2A=02 and M2a_Rlshp=08)

M2a_oth1. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(M2A=02 and M2a_Rlshp=09)

M2a_oth2. **INTERVIEWER:** PLEASE SPECIFY

<OPEN> _____

- DON'T KNOW d
- REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M2A=02)

M2a_email. Do you have an email address?

YES 01
 NO 00 (M2CHECK)
 DON'T KNOW d (M2CHECK)
 REFUSED r (M2CHECK)

(M2A=02 and M2a_email=01)

M2b. What is your email address?

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(SampGrp=02 Successful worker sample members)

M2c. Are you planning to move within the next two years?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(SampGrp=02 Successful worker sample members)

(M2c = 1)

M2c1. Where will you be moving to?

Probe: Can you tell me the city and state?

Street Address 1

(STRING 200)

Street Address 2

(STRING 200)

City

(STRING 200)

State/Territory

(INSERT STATE DROPDOWN)

Zip

(STRING 10)

NO RESPONSE M

(All)

M2CHECK. **PROGRAMMER:** ONLY ASK M2_PREPAY IF PREPAY = 1.

If makedialphone=8 and prepay not in (1), go to M2field_callin.

ELSE GO TO M3.

IS {NAME} PART OF THE PREPAY GROUP (PREPAY =1)?

YES 01
 NO 00

(M2CHECK=01)

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

M2_PrePay. Did {you/NAME} receive a \$5 Walmart gift card in the mail that {you/NAME} can use?

- YES 01 (Programmer note)
- NO 00 (Programmer note)
- DON'T KNOW d (Programmer note)
- REFUSED r (Programmer note)

PROGRAMMER NOTE: IF FIELD LOCATOR CALL-IN (MAKEDIALPHONE=8):

M2field_callin. The field locator will now give you a [\$15 Walmart gift card (if M2 prepay = 1) / \$30 gift card. Please read me the last four digits listed on the front of your gift card. (if M2_prepay=0, .D, .R)]_GO TO M2_Field_Amount.

____|____|

PROGRAMMER NOTE: IF CAPI FIELD COMPLETE, CASE, THEN DISPLAY TEXT BELOW INSTEAD M2_INC_FIELD:. ELSE, M3

M2_INC_FIELD: ARE YOU GIVING THE GIFT CARD TO THE RESPONDENT?

- YES 01
- NO 00 (M3)

M2_FIELD_AMOUNT. WHAT IS THE AMOUNT OF THE GIFT CARD?

- \$1501 (M10a)
- \$3002 (M10a)

(M2CHECK=01,00 or M2_PrePay=ALL) AND NOT A FIELD COMPLETE FILLS FOR GIFT CARD AMOUNT:

- IF PREPAY = 1 AND M2_PREPAY = 1: \$15**
- IF PREPAY = 1 AND M2_PREPAY = 00, D, R: \$20**
- IF PREPAY = 0: \$30**

(M2_INC_FIELD=00)

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

- {YOU/NAME}.....01 (M3a)
- SEND GIFT CARD TO SOMEONE ELSE02 (M3a)
- DON'T KNOW d (M3a)
- REFUSED r (M3a)

(M3 = ANSWER OR d OR r)

M3_a. PROGRAMMER:

- IF SWIFT FLAG = 0..... 01 (M3a)
- IF SWIFT FLAG = 1..... 02 SET M3a = 03 (M10a)

(M2CHECK=01,00 or M2_PrePay=ALL) AND NOT A FIELD COMPLETE

M3a. ****DO NOT READ THIS QUESTION. SELECT WALMART GIFT CARD****

- WALMART GIFT CARD 01 (M10a)

(IF M3 = 1)

Confirm1: I would like to confirm the name and address where we should send the payment. Is it:

- Yes 01

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

No 02
Fix this name/address d
New name/address..... r

PROGRAMMER: IF M3=2, THEN M4. ELSE, M10a.

(M2_PrePay=00,d,r or M3=02,d,r)

M4. **PROGRAMMER:** WE WOULD LIKE THE FOLLOWING FORMAT TO BE USED FOR THE DISPLAY ON TOP HALF OF SCREEN (IF POSSIBLE, THIS DISPLAY SHOULD CHANGE AS THE INTERVIEWER ENTERS NEW INFORMATION):

What is the name and address of the person to whom we should send the gift card?

NAME: {FULL NAME FROM M1}
STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM M1}
STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM M1}
STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM M1}
CITY OR TOWN: {CITY OR TOWN FROM M1}
STATE: {STATE FROM M1}
ZIP CODE: {ZIP CODE FROM M1}
TELEPHONE NUMBER: {TELEPHONE NUMBER FROM M1}

SAME AS PROVIDED..... 00 (M6)
INCORRECT INFORMATION ABOVE, NEED TO ENTER
NEW INFORMATION 01 (M4Fname)
DON'T KNOW d (M6)
REFUSED r (M6)

PROGRAMMER: SEE M1 FOR FORMATTING TO USE FOR BOTTOM OF SCREEN

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

M4_Firstname.

NAME:
First name?

<OPEN>_____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

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

M4_Middlename.

NAME: {DISPLAY FIRST NAME FROM QUESTION M4_FIRSTNAME}

Middle initial?

<OPEN>_____

DON'T KNOW d
REFUSED r

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

M4_Lastname.

NAME: {DISPLAY FIRST NAME FROM QUESTION M4_FIRSTNAME AND MIDDLE NAME FROM M4_MIDDLENAME}

Last name?

<OPEN>_____

DON'T KNOW d
REFUSED r

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

Confirm.

NAME: {DISPLAY NAME FROM PREVIOUS QUESTIONS}

INTERVIEWER: PRESS 1 TO CONTINUE

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

M4_Address1.

ADDRESS:

Street and number?

INTERVIEWER: REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF ADDRESS QUESTIONS.

<OPEN>_____

DON'T KNOW d
REFUSED r

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

M4_Address2.

ADDRESS: {DISPLAY ADDRESS1 FROM PREVIOUS QUESTION}

PROBE: READ IF NECESSARY: Second part of the address.

<OPEN>_____

DON'T KNOW d
REFUSED r

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

M4_Address3.

ADDRESS: {DISPLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIONS}

PROBE: READ IF NECESSARY: Third part of the address.

<OPEN>_____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

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

M4_Address4.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUESTIONS}

PROBE: READ IF NECESSARY: Fourth part of the address.

<OPEN>_____

DON'T KNOW d
REFUSED r

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

M4_City.

ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRESS4 FROM PREVIOUS QUESTIONS}

Town or city?

<OPEN>_____

DON'T KNOW d
REFUSED r

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

M4_State. ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3 ADDRESS4, AND TOWN/CITY FROM PREVIOUS QUESTIONS}

State?

INTERVIEWER: USE TWO CHARACTER ABBREVIATION.

INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.

<OPEN>_____

DON'T KNOW d
REFUSED r

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

M4_Zip. ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TOWN/CITY, AND STATE FROM PREVIOUS QUESTIONS}

Zip code?

<OPEN>_____

DON'T KNOW d
REFUSED r

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

Confirm. ADDRESS: {DISPLAY FULL ADDRESS}

INTERVIEWER: PRESS 1 TO CONTINUE

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

M4_Telephone.

TELEPHONE NUMBER:

Please give me the telephone number, area code first?

<OPEN>_____

DON'T KNOW d
REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

PROGRAMMER: ASK M4_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED

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

M4_TimeZone.

What time zone is that in?

INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}

- HAWAII/ALEUTIAN TIME ZONE..... 02
- ALASKA TIME ZONE 03
- PACIFIC TIME ZONE 04
- MOUNTAIN TIME ZONE 05
- CENTRAL TIME ZONE 06
- EASTERN TIME ZONE 07
- ATLANTIC TIME ZONE..... 08
- NEWFOUNDLAND TIME ZONE 09
- OTHER INTERNATIONAL TIME ZONE..... 98

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

M4_Confirm.

TELEPHONE NUMBER: {DISPLAY TELEPHONE NUMBER}

TIME ZONE: {DISPLAY TIME ZONE}

INTERVIEWER: PRESS 1 TO CONTINUE

M7. DELETED

(All)

M10a. Thank you very much for taking part in this survey. Because people like you are such a valued part of what we do, I'd like you to think about the survey you just participated in. On a scale from 1 to 10 where one means 'it was not a good use of time' and ten means "it was a good use of time," which number between 1 and 10 best describes how you feel about your experience today?

(01-10)

- DON'T KNOW d
- REFUSED r

(All)

M11_Thanks.

Thank you for your cooperation. This completes the survey! Thank you again.

PRESS 1 TO CONTINUE 01

INTERVIEWER OBSERVATIONS

NEW ITEM

(All)

M11a. How was this interview conducted?

- Over the telephone 01 (M11)
- In person 02 (M11)
- Using TTY..... 03 (M11)
- Other: Specify 04 (M11a_Other)

(M11a=04)

M11a_Other.

INTERVIEWER: PLEASE SPECIFY

<OPEN>_____

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

M11. **INTERVIEWER:** INTERVIEWER OBSERVATIONS:

Who was the respondent to this interview?

INTERVIEWER: PLEASE CODE THE PERSON WITH WHOM YOU CONDUCTED MOST OF THE INTERVIEW.

- {NAME} HIMSELF/HERSELF 01
- PROXY FOR {NAME}..... 02 (M13)

(M11=01)

M12. Was {NAME} assisted by anyone during this interview? That is, did anyone help {NAME} in interpreting the questions or giving answers?

- YES 01
- NO 00 (M15)

(M11=02 or M12=01)

M13. **PROGRAMMER:** IFM12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY"

How is the {assistant/proxy} related to (NAME)?

INTERVIEWER: IF MORE THAN ONE ASSISTANT OR PROXY, INDICATE THE RELATIONSHIP OF THE ONE YOU CONSIDER TO BE THE MAIN ASSISTANT OR PROXY.

- {NAME'S} SPOUSE..... 01 (M14)
- {NAME'S} MOTHER 02 (M14)
- {NAME'S} FATHER 03 (M14)
- {NAME'S} CHILD 04 (M14)
- GRANDPARENT OF {NAME} 05 (M14)
- BROTHER/SISTER (NATURAL/STEP) OF {NAME} 06 (M14)
- AUNT/UNCLE OF {NAME} 07 (M14)
- FRIEND 11 (M14)
- CASEWORKER/CAREGIVER/PAYEE 12 (M14)
- GIRLFRIEND/BOYFRIEND/PARTNER 13 (M14)
- GUARDIAN/FOSTER/STEP PARENT 14 (M14)
- IN-LAW 15 (M14)
- OTHER RELATIVE OF {NAME} 08 (M13_h_oth)
- NOT RELATED 09 (M13_i_oth)
- STAFF AT RESIDENCE 10 (M14)
- DON'T KNOW d (M14)
- REFUSED r (M14)

*Note: M14=11 is a category added at R2; value of "other" category (M14=10) maintained for comparability across rounds.

(M11=02 or M12=01 and M13=08)

M13_h_oth. **INTERVIEWER:** PLEASE SPECIFY

- <OPEN> _____
- DON'T KNOW d
 - REFUSED r

(M11=02 or M12=01 and M13=09)

M13_i_oth. **INTERVIEWER:** PLEASE SPECIFY

- <OPEN> _____
- DON'T KNOW d
 - REFUSED r

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(M11=02 or M12=01)

M14. **PROGRAMMER:** IFM12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY"

PROGRAMMER: ONLY DISPLAY RESPONSE OPTION 10, IF M11=02

Why was an {assistant/proxy} needed?

INTERVIEWER: CODE ONLY ONE.

- {NAME} DIDN'T KNOW HOW TO ANSWER..... 01 (M15)
- {NAME} HOSPITALIZED 02 (M15)
- {NAME} INSTITUTIONALIZED 03 (M15)
- {NAME} HAS HEARING PROBLEM..... 04 (M15)
- {NAME} HAS SPEECH PROBLEM 05 (M15)
- {NAME} HAS LANGUAGE PROBLEM 06 (M15)
- {NAME} HAS POOR MEMORY OR CONFUSION 07 (M15)
- {NAME} HAS OTHER MENTAL CONDITION 08 (M15)
- {NAME} HAS PHYSICAL ILLNESS OR DISABILITY 09 (M15)
- {NAME} FAILED COGNITIVE TEST 11 (M15)*
- OTHER NON-HEALTH RELATED REASON 10
- DON'T KNOW d (M15)
- REFUSED r (M15)

*Note: M14=11 is a new category added at R2 and R3; value of "other" category (M14=10) maintained for comparability across rounds.

(M11=02 or M12=01 and M14=10)

M14_j_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN>_____

- DON'T KNOW d
- REFUSED r

(All)

M15. In general, do you feel the respondent was intellectually capable of responding?

- YES 01
- NO 00
- DON'T KNOW d

(All)

M16. In general, do you feel the respondent's answers were reasonably accurate?

- YES 01
- NO 00
- DON'T KNOW d

(All)

M17. In general, do you feel the respondent understood the questions?

- YES 01
- NO 00
- DON'T KNOW d

(All)

M18. In general, how tiring did the interview seem to be for the respondent?

- VERY TIRING..... 01
- A LITTLE TIRING 02
- NOT TIRING..... 03
- DON'T KNOW d

SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(All)

M19. In general, did the respondent have difficulty hearing you during the interview?

- YES 01
- NO 00 (M21)
- DON'T KNOW d (M21)

(M19=01)

M20. In general, do you feel the respondent's hearing difficulty affected the interview?

- YES 01
- NO 00
- DON'T KNOW d

(All)

M21. **INTERVIEWER:** Record any special circumstances encountered while interviewing respondent.
