# NATIONAL BENEFICIARY SURVEY

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SECTION A: SCREENER - FINAL DRAFT 19

A01_a. CLUSTERED SAMPLE (01 = YES; 02 = NO) FYI: ONLY NON CLUSTERED = OUTCOMES ONLY PARTICIPANTS
A01_b. SAMPLE GROUP (01 = BENEFICIARY; 02 = TTW PARTICIPANT)
A01_c. REGION – VALUES = 01 – 07
A01_d. PSU – VALUES = 01010 – 55018
A01_e. SDATE (DATE SAMPLE PULLED)
A02. ROUND OF DATA COLLECTION (values = 1, 2, 3, 4)
A03. PHASE - VALUES = 1, 2, 3
A04_a. FULLNAME
A04_b. FIRST NAME
A04_c. LASTNAME
A04_d. BIRTHDATE
A04_e. GENDER
A04_f. BSTATUS (BENEFIT TYPE = 1,2,3)
A04_g. SSIAGE
A04_h. TSTATUS (TICKET STATUS AS OF DATE SAMPLE PULLED 1 = PARTICIPANT, 2 = NONPARTICIPANT)
A04_i. LOCALPAA (LOCAL PROTECTION & ADVOCACY GROUPS)
A04_j. ENSAMPLE (EN TICKET ASSIGNED TO AT TIME SAMPLE DRAWN)
A04_k. STATE MED (STATE NAME FOR MEDICAID)
A04_l. VRNAME (STATE NAME FOR VRA)
A04_m. BENEFICIARY'S ADDRESS (ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP - AT TIME SAMPLE DRAWN
A04_n. PHONE (AT TIME SAMPLE DRAWN)
CALL SCREEN. PROGRAMMER, DISPLAY: INTERVIEWER: YOU ARE CALLING...(ONE ONLY)  NOTE: 01, 04, 07 THROUGH 15 ARE SET IN OVERNIGHT PROCESSING. 02, 03, 05 AND 06 WOULD BE IN THE FRONT END FOR THE INTERVIEWER TO SELECT. DOUG – I NEED TO DISCUSS WITH THE FRONT END PROGRAMMER.

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CALL TO RESPONDENT

<A0 = 01 OR 04 >

A1. Hello, my name is _________, calling on behalf of the Social Security Administration. May I please speak with (NAME)?

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

PROGRAMMER: IF A0 = 03 DISPLAY: CAPI INTERVIEWER: DO NOT READ INTRODUCTION. CODE “CAPI CASE ... 18” BELOW AND CONTINUE.

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

SPEAKING..................................................... 01 (A10)
WANTS MORE INFORMATION ....................... 02 (A10)
(NAME) COMES TO PHONE.......................... 03 (A10)
CALL BACK LATER..................................... 04 SET A100 = 01 (A100)
(NAME) MOVED ........................................ 05 (A30)
POSSIBLE PARTICIPATION PROBLEM ...... 06 (A13)
HOSPITALIZED ........................................ 07 (A27a)
(NAME) DECEASED..................................... 08 SET A103 = 01 (A103)
(NAME) INCARCERATED.............................. 09 SET A103 = 02 (A103)
LANGUAGE BARRIER (NOT SPANISH).............. 10 (A3)
INSTITUTIONALIZED ................................. 11 (A27a)
MILITARY DUTY...................................... 12 SET A103 = 03 (A103)
SWITCH TO AMPLIFIER / CONTINUE .......... 13 (A10)
NO SUCH PERSON AT THIS NUMBER ......... 14 SET A102 = 01 (A102)
OTHER: SUPERVISOR REVIEW NEEDED ...... 15 SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION ........... 16 SET STATUS = 640 (END)
UNAVAILABLE DURING FIELD PERIOD..... 17 SET A104 = 06 (A104)
LIVING OUTSIDE USA......................... 19 SET A103 = 04 (A103)
REFUSED............................................. r SET A105 = 02 (A105)
REQUESTS INFORMATION

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

NAME SPEAKING ........................................ 01 (A10)

(NAME) COMES TO PHONE............................ 03 (A10)

CALL BACK LATER....................................... 04 SET A100 = 01 (A100)

(NAME) MOVED ....................................... 05 (A30)

POSSIBLE PARTICIPATION PROBLEM ................ 06 (A13)

HOSPITALIZED ........................................... 07 (A27a)

(NAME) DECEASED .................................... 08 SET A103 = 01 (A103)

(NAME) INCARCERATED ............................. 09 SET A103 = 02 (A103)

LANGUAGE BARRIER (NOT SPANISH) ............. 10

INSTITUTIONALIZED ................................. 11 (A27a)

MILITARY DUTY ........................................... 12 SET A103 = 03 (A103)

SWITCH TO AMPLIFIER / CONTINUE ............... 13 (A10)

NO SUCH PERSON AT THIS NUMBER .............. 14 SET A102 = 01 (A102)

OTHER: SUPERVISOR REVIEW NEEDED .......... 15 SET A106 = 05 (A106)

HUNG UP DURING INTRODUCTION ................ 16 SET STATUS = 640 (END)

UNAVAILABLE DURING FIELD PERIOD ............ 17 SET A104 = 06 (A104)

LIVING OUTSIDE USA ............................... 19 SET A103 = 04 (A103)

REFUSED ................................................ 20 SET A105 = 02 (A105)

LANGUAGE BARRIER

A3. Can someone there speak English?

PERSON COMES TO PHONE ......................... 01

CALL BACK LATER ...................................... 02 SET A100 = 09 (A100)

NO ONE SPEAKS ENGLISH ............................ 03 SET A106 = 01 (A106)

REFUSED/HUNG UP .................................... 20 SET A106 = 01 (A106)

POSSIBLE TRANSLATOR COMES TO PHONE

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

YES ...................................................... 01 (A4b)
NO ....................................................... 00

REFUSED/HUNG UP ................................... 20 SET A106 = 01 (A106)

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

YES, PERSON COMES TO PHONE ................. 01

CALL BACK LATER .................................... 02 (A6)

NO ONE SPEAKS ENGLISH ........................... 03 SET A106 = 01 (A106)

REFUSED/HUNG UP ................................... 20 SET A106 = 01 (A106)
A4b. IF A0=15 or A4a=01 FILL {Hello, my name is ____________, calling on behalf of the Social Security Administration. Social Security recently sent (NAME) a letter saying (he/she) was selected to participate in an important health survey we are conducting for them. It is called the National Beneficiary Survey. We are looking for an interpreter who is 18 years or older to help (him/her) with the interview.} Would you be able to help (NAME) by interpreting the interview?

IF NEEDED: We are not selling anything or asking for contributions.

YES.......................................................... 01
CALL BACK LATER................................. 02 (A6)
NO ONE SPEAKS ENGLISH ....................... 03 SET A106 = 01 (A106)
(NAME) MOVED....................................... 04 (A30)
POSSIBLE PARTICIPATION PROBLEM ...... 05 (A13)
HOSPITALIZED ..................................... 06 (A27a)
(NAME) DECEASED............................... 07 SET A103 = 01 (A103)
(NAME) INCARCERATED......................... 08 SET A103 = 02 (A103)
INSTITUTIONALIZED.......................... 09 (A27a)
MILITARY DUTY................................. 10 SET A103 = 03 (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 = 04 (A103)
REQUESTS IN-PERSON INTERVIEW........ 15 (A39)
REFUSED.......................................... r  SET A105 = 02 (A105)

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

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

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

INTERVIEWER IF PERSON IS RELUCTANT TO GIVE NAME, SAY: The first name is all we need. IF NAME IS REFUSED, PRESS r AND CONTINUE

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

PROGRAMMER: STORE INTERPRETER NAME IN LOCATOR
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

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 ___________________, calling on behalf of the Social Security Administration. May I please speak to
(INTERPRETER’S NAME)?

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

SPEAKING .............................................01
INTERPRETER COMES TO PHONE ..............02
CALL BACK LATER .................................03 SET A100 = 03 (A100)
HUNG UP DURING INTRODUCTION ..........04 SET STATUS = 640 (END)
INTERPRETER REFUSED .........................r SET A105 = 02 (A105)

A9. (IF A8 = 02 DISPLAY: Hello, my name is ________________, calling on behalf of the Social Security Administration.) When
we spoke with you recently, 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?

INTERVIEWER, READ IF NEEDED: If you or (NAME) get tired or need a break at any time, please tell me and we will call
back later to finish the interview.

YES, CONTINUE .................................01
CALL BACK LATER .................................03 SET A100 = 03 (A100)
HUNG UP DURING INTRODUCTION ..........04 SET STATUS = 640 (END)
INTERPRETER REFUSED .........................05 SET A105 = 02 (A105)

SPEAKING TO NAME OR INTERPRETER / NAME OR INTERPRETER COMES TO PHONE / TO NAME AFTER REMAIL
<A0 = 04, 07 OR 08 OR 09; OR A1 = 01, 03 OR 13; OR A2 = 01, 03, OR 13; OR A7a = 02; OR A9 = 01}
A10. (PROGRAMMER, IF A7a = 02 DISPLAY “Please tell (NAME) that I said…” (IF A0 = 07 OR 08, OR 09; A1 = 03; OR A2 = 03
OR 13 DISPLAY Hello, my name is ________________, calling on behalf of the Social Security Administration.) Recently,
Social Security sent you (PROGRAMMER IF A0 = 04 USE another) a letter explaining an important survey we are conducting
for them. (IF A2 = 01 BEGIN HERE) The National Beneficiary Survey is about your health, daily activities, any jobs you may
have, and any Social Security programs and services you may use. Congress requires that Social Security conduct this
survey. I’m calling to ask you to participate. The information you and other participants give us will be used to help evaluate
Social Security’s programs for disability beneficiaries.

INTERVIEWER, READ IF NEEDED: We are not selling anything or asking for a contribution.
The interview (IF A0 = 08 FILL will take around 2 - 3 hours because we are using TTY / IF A0 = 07 FILL will take around 2 - 3 hours because we are using Relay / IF A0 = 04 or A1 = 01, 03 OR 13; OR A2 = 01 OR 03 OR 13 FILL: will take between 45 and 60 minutes.) DISPLAY FOR ALL. In appreciation for your time, we will mail you a check for $10.00 when we finish the interview. The questions are easy. If you get tired or need a break at any time, please tell me and we will call back later to finish the interview. Let’s start now.

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

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

NAME OR UNKNOWN INFORMANT CALLS IN
<A0=02, 05, OR 06>

A11. INTERVIEWER: CODE BASED ON SUPERVISOR INSTRUCTION.

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

<A11 = 01, 02 OR 03>

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

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

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 (A39)
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?

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

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

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

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

PROBE FOR DON'T KNOW.

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

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

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

INTERVIEWER READ LIST AND CODE ONE ONLY. IF MORE THAN ONE MENTIONED, ASK WHAT IS 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 A01_a = 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, A01_a
= 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)

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

A16. INTERVIEWER: WHO ARE YOU SPEAKING WITH?
NAME............................................................. 01
INFORMANT / POSSIBLE PROXY............... 02 (A18)

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

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

SM AVAILABLE, SWITCH (TTY)
IN A FEW MINUTES.............................. 01 SET A100 = 04 (A100)
SWITCH AVAILABLE, SWITCH (RELAY)
IN A FEW MINUTES.............................. 02 SET A100 = 05 (A100)
CALL LATER (TTY)............................... 03 SET A100 = 04 (A100)
CALL LATER (RELAY)............................ 04 SET A100 = 05 (A100)
PROGRAMMER: DISPLAY NAME FROM PRELOADS
INTERVIEWER: IF NAME OR ADDRESS IS INACCURATE, PLEASE CODE 00 AND UPDATE INFORMATION ON THIS SCREEN.

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

YES ................................................. 01 SET A109 = 01 (A109)
NO, NEEDS UPDATE ............................ 00 (A23)
REFUSED/HUNG UP ............................. r SET A105 = 01 (A105)

PROGRAMMER: WAS A22 NAME UPDATED?

YES ................................................. 01
NO .................................................... 00 (A25)

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) in our records?

YES, SAME ........................................ 01
NO, DIFFERENT ............................... 00 SET A102 = 04 (A102)
REFUSED/HUNG UP ............................. r SET A106 = 05 (A106)

A21. You should receive the letter 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)

A20. The letter said that you were selected from a list of all adults who currently receive Social Security benefits and that someone would call to ask you to participate. The National Beneficiary Survey asks about your health, your daily activities, and any jobs you might have. It also asks about any Social Security programs and services you might use. If you get tired or need a break at any time, please tell me and we will call back later to finish the interview. Let’s start now.

CONTINUE ............................................. 01 (A64)
CALL BACK LATER ................................... 02 SET A100 = 01 (A100)
NO, WANTS LETTER .............................. 00
REFUSED ........................................... r SET A105 = 01 (A105)
A25. PROGRAMMER CHECK: IS UPDATED STATE OUTSIDE THE UNITED STATES AND DC?

YES.................................................................. 01
NO.................................................................. 00 SET A109 = 01 (A109)

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, ADDRESS OUTSIDE USA .............. 01 SET A103 = 04 (A103)
REFUSED .................................................. r SET A106 = 05 (A106)

PROGRAMMER: STORE CHANGED NAME IN LOCATOR

NAME INSTITUTIONALIZED / HOSPITALIZED

A27a. I’m sorry to hear that. How much longer will (NAME) be staying there?

INTERVIEWER SELECT

DAYS .......................................................... 01
WEEKS .......................................................... 02
MONTHLY ..................................................... 03
PERMANENTLY ............................................. 04
DON'T KNOW ................................................ d CONTINUE
REFUSED .................................................. r CONTINUE

A27b. I understand that (NAME) is not able to be at home just now. In order to help (him/her) participate, we could.... READ BELOW. What would work?

INTERVIEWER: CODE ONE ONLY

IF A27 = 01 OR 02 DISPLAY:
    Call after (he/she) returns home and is
    feeling better ........................................... 01 SET A100 = 01 (A100)
ELSE DISPLAY
    If (NAME) is well enough, we can call (him/her)
    at the (IF A1 = 11, A2 = 11, A4b = 09 OR A13
    = 07 FILL institution / IF A1 = 07, A2 = 07,
    A4b = 06, OR A13 = 08 FILL hospital ...... 02
    (PROGRAMMER, DISPLAY 03 IF SAMPLE
    TYPE = CLUSTERED A04_a = 1) We could
    send an interviewer to visit (him/her) at the
    (IF A1 = 11, A2 = 11, A4b = 09 OR A13 = 07
    FILL institution / IF A1 = 07, A2 = 07,
    A4b = 06, OR A13 = 08 FILL hospital). ...... 03 (A29)
    NAME TOO ILL / SEEK PROXY ............... 04 (A46)
    DON'T KNOW .......................................... d (A46)
    REFUSED ................................................. r SET A105 = 02 (A105)
Please tell me the name and phone number of the institution / hospital, where I can contact (NAME). If you don’t have all the information, please tell me what you can.

NAME OF INSTITUTION / HOSPITAL
PHONE NUMBER: \(\text{__ __ __)}\ \text{__ __ __ __ __ __ __ __ __ __ __ __ __ __ \ A100 = 08 (A100)\)

NAME OF INSTITUTION / HOSPITAL
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
PHONE NUMBER: \(\text{__ __ __)}\ \text{__ __ __ __ __ __ __ __ __ __ __ __ __ __ \ A107 = 01 (A107)\)
REFUSED ...................................................... r \ A106 = 05 (A106)

NAME:  PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
DON’T KNOW ................................................ d
REFUSED ...................................................... r

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

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

YES................................................................ 01 SET A103 = 04 (A103)
NO.................................................................. 00 GO BACK TO A31; AFTER STATE IS UPDATED GO TO A34.

Please give me {NAME}’s new phone number, with the area code first.

TELEPHONE: |  |  |  |  | |  |  |  | |
DON’T KNOW ................................................ d
REFUSED ...................................................... r

DELETED

PROGRAMMER CHECK: DOES A34 CONTAIN A VALID PHONE NUMBER?

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

PROGRAMMER: STORE {NAME} CONTACT DATA IN LOCATOR

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)

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

For the telephone number, please give me the 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)
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; A10 = 06; OR A12 = 04) AND
SAMPLE TYPE = CLUSTERED (A01_a = 01)) .......................... 01 (A42)
NAME REQUEST IN PERSON (A4b = 15 OR A10 = 06 OR A12 = 04
AND SAMPLE TYPE = UNCLUSTERED (A01_a = 02)) ............... 02
NAME/INFORMANT REQUESTS PROXY (A10 = 05 OR A12 = 03 OR
A14 = 06, 08 OR d) AND SAMPLE TYPE CLUSTERED
(A01_a = 01) ............................................................................. 03 (A43)
NAME REQUEST PROXY (A10 = 05 OR A12 = 03 OR A14 = 06, 08, d)
AND SAMPLE TYPE = UNCLUSTERED (A01_a = 02) .................. 04 (A41)

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

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

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

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

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

CONTINUE .................................................... 01 (A64)
NO, PREFERENCES PROXY ........................................ 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 (A01_a = 01)
A14 = 04 OR A39=01>

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

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

A43. Our interviewer will be working in {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01; FILL your / IF A14 = 06; OR A14 = d AND A13 = 02 FILL (NAME)’s area} shortly. If it would help {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01; FILL you / IF A14 = 06; OR A14 = d AND A13 = 02 FILL (him/her)} to answer for {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01 FILL yourself / IF A14 = 06; OR A14 = d AND A13 = 02 FILL (himself/herself)}, we can send an interviewer to interview {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = d AND A13 = 01; FILL you / IF A14 = 06; OR A14 = d AND A13 = 02 FILL (NAME)} at home. If {IF A10 = 5; OR A12 = 03; OR A14 = 08; OR A14 = 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 the interview. Will that help?
Let me confirm your address. Is it still… READ BELOW

PROGRAMMER: DISPLAY NAME'S CONTACT INFORMATION FROM PRELOADED INFORMATION

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

YES.................................................. 01 (A45)
NO................................................. 00
REFUSED........................................... r IF A13 = 01 SET A105 = 01 (A105) / IF A13 = 02 SET A105 = 03 (A105)

IF A13 = 01 SET A105 = 01 (A105) / IF A13 = 02 SET A105 = 03 (A105)

SEEKING PROXY

PROGRAMMER: STORE UPDATED INFORMATION IN LOCATING DATABASE

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)
A46 = 03

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

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

DON'T KNOW ................................................ d SET A106 = 05 (A106)
REFUSED ...................................................... r IF A40 = 02 OR d OR A41 = 02 OR d OR A43 = O2 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 so we can call back and ask for them by name?

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

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

PROGRAMMER: STORE PROXY NAME IN LOCATING DATABASE.

SET A100 = 02 (A100)

PROXY COMES TO PHONE

<A46=01 OR 02>

A48. (IF A46 = 02 USE Hello, my name is __________________, calling on behalf of the Social Security Administration.) {NAME} has been selected to participate in an important national health study we are conducting for SSA. Congress requires Social Security to conduct the National Beneficiary Survey. The information we collect will be used to evaluate Social Security’s programs for disability beneficiaries. Are you the person who is most knowledgeable about {NAME’s} health, daily activities, any jobs (he/she) may have, and about any Social Security programs and services (he/she) might use?

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

<A48 = 02>

A49. Social Security recently sent {NAME} a letter saying that we would be calling to ask (him/her) to participate in an important national health study we are conducting for Social Security. I work for Mathematica Policy Research, a nationally recognized research firm based in Princeton, New Jersey. We are conducting a scientific study. We are not selling anything or asking for contributions.

CONTINUE .................................................... 01 (A53)
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) might 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 tell me the telephone number with the area code first.

TELEPHONE: I__I__I__I – I__I__I__I – I__I__I__I

DON’T KNOW .............................................. d

REFUSED ................................................... r

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

<A51 = ANSWER>

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

YES......................................................... 01 SET A101 = 02 (A101)

NO......................................................... 00 SET A102 = 06 (A102)

SPEAKING WITH PROXY

<A48 = 01; OR A49 = 01>

A53. The interview will take from 45 to 60 minutes. In appreciation for your time, we will send you a check for $10.00 when we finish the interview. If you get tired or need a break at any time, please tell me and we will call back later to finish the interview. Let’s start now.

CONTINUE ................................................. 01

CALL BACK LATER................................. 02

PROXY WANTS LETTER...................... 03 (A58)

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

<A53 = 01 OR 02>

A54. (IF A53 = 01 USE Before we start) please tell me your name (IF A53 = 02 USE so we can call back and ask for you.) PROBE: Your first name is fine.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

REFUSED ................................................... r CONTINUE

PROGRAMMER STORE PROXY NAME IN DATABASE

<A54 = ANSWER OR r>

A55. PROGRAMMER: IF...

IF A53 = 01 .................................................. 01 (A64)

IF A53 = 02 .................................................. 02 SET A100 = 02 (A100)
CALLING FOR IDENTIFIED PROXY / PROXY AFTER REMAIL

\(A0 = 10 \text{ OR } 11 \text{ OR } 13\)

A56. Hello, my name is ________________, calling on behalf of the Social Security Administration. May I please speak with (PROXY NAME)?

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

\[
\begin{align*}
\text{PROXY SPEAKING} & \quad 01 \quad \text{IF } A0 = 13 (A85) / \text{ELSE CONTINUE} \\
\text{PROXY COMES TO PHONE} & \quad 02 \quad \text{IF } A0 = 13 (A85) / \text{ELSE CONTINUE} \\
\text{CALL BACK LATER (PROXY)} & \quad 03 \quad \text{SET } A100 = 02 (A100) \\
\text{(PROXY) MOVED} & \quad 04 \quad (A61) \\
\text{(PROXY) DECEASED} & \quad 05 \quad \text{SET } A106 = 03 (A106) \\
\text{LANGUAGE BARRIER (NOT SPANISH)} & \quad 06 \quad \text{SET } A104 = 07 (A104) \\
\text{NO SUCH PERSON AT THIS NUMBER} & \quad 07 \quad \text{SET } A102 = 05 (A105) \\
\text{OTHER: SUPERVISOR REVIEW NEEDED} & \quad 08 \quad \text{SET } A106 = 05 (A106) \\
\text{HUNG UP DURING INTRODUCTION} & \quad 09 \quad \text{SET STATUS = 640 (END)} \\
\text{REFUSED} & \quad r \quad \text{SET } A105 = 03 (A105)
\end{align*}
\]

PROXY COMES TO PHONE

\(A56 = 01 \text{ OR } 02\)

A57. (IF (PROXY) COMES TO PHONE \((A56=02)\), USE Hello, my name is ________________, calling on behalf of the Social Security Administration.) Recently, Social Security sent (IF A0 = 10 FILL \(\text{name}\) / IF A0 = 11 FILL you) letter explaining that \(\text{he/she}\) had been selected to participate in an important survey we are conducting for them. The National Beneficiary Survey is \(\text{name's}\) health, daily activities, daily activities, any jobs \(\text{he/she}\) might have, and about any Social Security programs or services \(\text{he/she}\) might use. Congress requires that Social Security conduct this survey. We were told that you are the most knowledgeable person to respond to the survey on behalf of \(\text{name}\).

The interview will take from 45 to 60 minutes. In appreciation for your time, we will send you a check for $10.00 when we finish the interview. Would you be able to help us?

\[
\begin{align*}
\text{CONTINUE} & \quad 01 \quad (A64) \\
\text{CALL BACK LATER} & \quad 02 \quad \text{SET } A100 = 02 (A100) \\
\text{SEEK ANOTHER PROXY} & \quad 03 \quad (A60) \\
\text{PROGRAMMER: DISPLAY THIS OPTION} \\
\text{ONLY IF A0 = 10 WANTS LETTER SENT...} & \quad 04 \\
\text{DON'T KNOW} & \quad d \quad (A59) \\
\text{REFUSED} & \quad r \quad \text{SET } A105 = 03 (A105)
\end{align*}
\]

\(A57 = 04\)

A58. The letter explained that \(\text{name}\) was selected from a list of all adults currently receiving Social Security benefits and that someone would be calling to ask \(\text{him/her}\) to participate in an interview. Social Security is required by Congress to conduct this survey. The information we collect will be used to help evaluate Social Security's programs for disability beneficiaries. If you need a break, let me know and we will call back later to finish the interview. Let's start now.

\[
\begin{align*}
\text{CONTINUE} & \quad 01 \quad (A64) \\
\text{CALL BACK LATER} & \quad 02 \quad \text{SET } A100 = 02 (A100) \\
\text{WANTS LETTER SENT} & \quad 03 \\
\text{DON'T KNOW} & \quad d \quad (A59) \\
\text{REFUSED} & \quad r \quad \text{SET } A105 = 03 (A105)
\end{align*}
\]

\(A58 = 03\)

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

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIPCODE
SEEK ANOTHER PROXY - CONTACT INFORMATION

A60. Can you give me the name and phone number for someone else who might be knowledgeable about {NAME’s} health, daily activities, any jobs (he/she) might have, and any Social Security programs or services (he/she) might use?

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

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 tell me the telephone number with the area code first.

TELEPHONE NUMBER: I__I__I__I – I__I__I__I – I__I__I__I__I

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)

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

A64. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

NAME ....................................................... 01
PROXY ....................................................... 02

A65. DELETED
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 A04_a.

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

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 WITH

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 LOCATING DATABASE.

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)

PROGRAMMER STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT A04_m

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 _ _ _
(1 – 12)
DAY _ _
(1 - 31)
YEAR _ _ _ _ _
(1937 – 1986)

ANSWERED ........................................... 01 (A71)
DON’T KNOW ........................................... d
REFUSED............................................... r IF A64 = 01 SET A105 = 01 (A105)
IF A64 = 02 SET A105 = 03 (A105)
<A68 = d>

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

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

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

<A69 = ANSWER OR d>

A70. PROGRAMMER CHECK: IS A69 AGE = +2 OR – 2 YEARS OF NAME’S CURRENT AGE (A04_g)?

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 (A04_d) OR IS A70 = 01?

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

<A65 = ANSWER; OR A66 = 01 OR 02 OR 00 OR d AND A70 = 01; OR A71 => 02>

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

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

NAME/PROXY COGNITIVE TEST

<A72 = 01>

A73. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

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

<A73 = 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 explanations were 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 NAME/PROXY SAYS “DON’T KNOW” RECORD AS “LISTS NONE” ....00

LISTS NONE ............................................... 00
LISTS 1 TOPIC ........................................... 01
LISTS 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
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" ....04

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

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 and you can stop the interview at any time you choose. Whether you choose to take part or not, (your/NAME’s) disability benefits will not be affected in any way.

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

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

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

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

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)

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 and you can stop the interview at any time you choose. Whether you choose to take part or not, (your/NAME’s) disability benefits will not be affected in any way.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)
A80 = 02
A81. What is that person's name so we can call back and ask for them?

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

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

A80 = 03
A82. Do you have that person's name and phone number?

YES............................................................ 01
NO............................................................ 00  SET A102 = 07 (A102)

A82 = 01
A83. Please give me that person's name. PROBE: If you don't have all the information, please tell me what you can.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

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

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

TELEPHONE NUMBER:  I__I__I__I – I__I__I__I – I__I__I__I__I

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

PROGRAMMER: STORE 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)

CALL TO NEW PROXY/NEW PROXY COMES TO PHONE
A85. (IF A56 = 01 OR 02; OR A80 = 01 USE Hello, my name is ________________, calling on behalf of the Social Security Administration.) Recently, Social Security contacted (NAME) about an important survey we are conducting for them. The National Beneficiary Survey is about beneficiaries' health, daily activities, and any jobs they might have. Congress requires that Social Security conduct this survey. I've been told that you are knowledgeable about these topics and are the best person to answer the survey on behalf of (NAME).

The interview will take from 45 to 60 minutes. In appreciation for your time, we will send you a check for $10.00 when we finish the interview. Would you be able to help us?

YES............................................................ 01
CALL BACK LATER......................................... 02  SET A100 = 02 (A100)
DON'T KNOW ............................................... d  SET A106 = 03 (A106)
REFUSED ..................................................... r  SET A105 = 03 (A105)
NEW PROXY/ NEW PROXY COMES-TO-PHONE COGNITIVE TEST

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

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

INTERVIEWER: IF PROXY SAYS “DON’T KNOW” RECORD AS “LISTS NONE”...00

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

A87 IS DELETED

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

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

INTERVIEWER: IF PROXY SAYS “DON’T KNOW” RECORD AS “LISTS NONE”...04

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

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 and you can stop interview at any time you choose. Whether you choose to take part or not, {NAME’s} disability benefits will not be affected in any way.

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

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

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

INTERVIEWER: IF PROXY SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER”...02

ACCURATE ANSWER................................. 01 (A90)
INACCURATE ANSWER............................. 02
REFUSED...................................................... r SET A105 = 03 (A105)
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 and you can stop the interview at any time you choose. Whether you choose to take part or not, (NAME’s) disability benefits will not be affected in any way.

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

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

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

INTERVIEWER: IF PROXY SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER” …02

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

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

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

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

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

INTERVIEWER: IF PROXY SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER” …02

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

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

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

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

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

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

INTERVIEWER: IF PROXY SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER” …02 QUESTION.

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

A91 IS DELETED
A92. Thanks for your patience. There seems to be a problem and I need to check with my supervisor about what to do next. My supervisor will get back to you.

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

CALL BACK LATER TO SAME NUMBER (INTERIM)
<A1 = 04; OR A3 = 02; A5 = 02; OR A7a = 01; OR A8 = 03; OR A9 = 03; OR A10 = 03; OR A12 = 02; OR A14 = 04; OR A17 = 01, 02, 03 OR 04; OR A20 = 02; OR A27b = 01; OR A28 = ANSWER; OR A47 = ANSWER; OR A52 = 01; OR A55 = 02; OR A56 = 03; OR A57 = 02; OR A58 = 02; OR A81 = ANSWER; OR A84 = 01; OR A85 = 02>

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

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

START NEXT SCREENER AT...

{you/NAME} ................................................... 01  A0 = 01
{PROXY NAME}............................................. 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.

GOTO END

NEW PHONE NUMBER FOR NAME/PROXY/LEAD TO NAME/LEAD TO PROXY
<A36 = 01; OR A38 = ANSWER; OR A52 = 01; OR A62 = 03, 05, OR 09; A84 = 03, 05, OR 09>

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

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

START NEXT SCREENER AT...

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

A.101a. PROGRAMMER: GOT TO END.

SEND TO LOCATING: NAME OR PROXY (INTERIM)
<A1 = 14; OR A2 = 14; OR A4b = 11; OR A24 = 00; OR A36 = 00; A37 = 00 OR d; OR A52 = 00; OR A56 = 07; OR A62 = 01, 02; OR A72 = 00; OR A82 = 00; OR A84 = 01, 02, 04, 05, 07, OR 08>
A102. Thank you very much. Goodbye.

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

INTERVIEWER: PRESS ENTER TO CONTINUE

START NEXT SCREENER AT...
(NAME): NO SUCH PERSON HERE ............01 SET STATUS = 530 (END) A0 = 01
(NAME): NEED PHONE NUMBER ONLY .....02 SET STATUS = 530 (END) A0 = 01
(NAME) NEED ALL CONTACT
INFORMATION ............................................03 SET STATUS = 530 (END) A0 = 01
(NAME) FAILED VERIFICATION –
FIND NAME .............................................04 SET STATUS = 530 (END) A0 = 01
(PROXY): NO SUCH PERSON HERE ..........05 SET STATUS = 380 (END) A0 = 13
(PROXY): NEED PHONE NUMBER .............06 SET STATUS = 380 (END) A0 = 13

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

INELIGIBLE (INTERIM / POSSIBLE FINAL)
<A1 = 08, 09, 12, OR 19; OR A2 = 08, 09, 12, OR 19; OR A4b = 07, 08,10, OR 14; OR A13a = 06, 09, 10 OR 11; OR A26 = 01; OR A33 = 01>

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

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

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

INTERVIEWER: PRESS ENTER TO CONTINUE

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

<A103 = 01>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
</tr>
</tbody>
</table>

DON’T KNOW ............................................d
REFUSED .................................................. r

Thank you. Please accept my condolences. Goodbye.

PROGRAMMER: SET STATUS = 440 GOTO END
BARRIERS TO PARTICIPATION – (INTERIM NON-RESPONSE / POSSIBLE FINAL NON-RESPONSE)

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Set Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalized</td>
<td>420 (END)</td>
</tr>
<tr>
<td>Institutionalized</td>
<td>420 (END)</td>
</tr>
<tr>
<td>Cognitive Barrier</td>
<td>412 (END)</td>
</tr>
<tr>
<td>Hearing/Speech Barrier</td>
<td>411 (END)</td>
</tr>
<tr>
<td>Physical Barrier</td>
<td>410 (END)</td>
</tr>
<tr>
<td>Unavailable during FP</td>
<td>430 (END)</td>
</tr>
<tr>
<td>Final Language Barrier</td>
<td>400 (END)</td>
</tr>
</tbody>
</table>

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...

<table>
<thead>
<tr>
<th>Reason</th>
<th>Set Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name) Refused</td>
<td>200 (END)</td>
</tr>
<tr>
<td>(Unknown) Refused</td>
<td>220 (END)</td>
</tr>
<tr>
<td>(Proxy) Refused</td>
<td>210 (END)</td>
</tr>
</tbody>
</table>

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

SUPERVISOR REVIEW (INTERIM)

A106. Thank you for your time. Goodbye.

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Set Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible Language Problem</td>
<td>380 (END)</td>
</tr>
<tr>
<td>Call Informant to Set TTY/</td>
<td>380 (END)</td>
</tr>
<tr>
<td>Relay Call Back Time</td>
<td>380 (END)</td>
</tr>
<tr>
<td>Need to Locate New Proxy</td>
<td>380 (END)</td>
</tr>
<tr>
<td>Proxy Failed Cognitive Test</td>
<td>380 (END)</td>
</tr>
<tr>
<td>No Other Proxy Available</td>
<td>380 (END)</td>
</tr>
</tbody>
</table>
OTHER SUPERVISOR REVIEW .................. 05 SET STATUS = 380 (END)
CALL LEAD FOR NAME/PROXY INFO .......... 06 SET STATUS = 380 (END)

HOLD FOR CAPI (INTERIM - REQUIRES SUPERVISOR REVIEW)
<A14 = 05; OR A29 = ANSWER; OR A45 = 01 OR 02>

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

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

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

INTERVIEWER: PRESS ENTER TO CONTINUE

HOLD FOR CAPI ........................................... 01 SET STATUS = 860 (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.) We are available days, evenings, and weekends. If you call after hours, please leave a message and we will get back to you the next day.

INTERVIEWER: PRESS ENTER TO CONTINUE

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

REQUEST FOR LETTER (INTERIM)
<A22 = 01; OR A25 = 01; OR A26 = 00; OR A59 = 02>

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

INTERVIEWER: PRESS ENTER TO CONTINUE

START NEXT SCREENER AT...
(NAME) REQUESTS LETTER....................... 01 SET STATUS = 831 (END) A0 = 04
PROXY REQUESTS LETTER ...................... 02 SET STATUS = 831 (END) A0 = 11

CONTINUE WITH INTERVIEW
<A78a = 01; OR A90a = 01>

A110. RESPONDENT CHECK SCREEN

INTERVIEWER: WE SHOW THE RESPONDENT IS

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

INTERVIEWER: IS THIS INFORMATION CORRECT?

YES....................................................... 01 (B1)
NO..................................................... 00
A110a. INTERVIEWER: WHO IS THE RESPONDENT?

(NAME)......................................................... 01 (B1)
PROXY ......................................................... 02 (B1)
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.

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

(B1=01)
B2. What physical or mental condition is the main reason (you are/NAME is) limited?

INTERVIEWER: ENTER VERBATIM RESPONSE
PROBE 1: By what name do doctors call (your/NAME’s) health condition?
PROBE 2: What causes this condition?

<OPEN>_______________________________________________________________________

DON’T KNOW.............................................. d
REFUSED...................................................... r

(B1=01)
B3. (Do you/Does NAME) have any other physical or mental conditions that limit the kind or amount of work or other daily activities (you/he/she) can do?

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

YES................................................................ 01
NO.................................................................. 00 (B18_ age)
DON’T KNOW.............................................. d (B18_ age)
REFUSED...................................................... r (B18_ age)

(B1=01 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) eligible for disability benefits?

INTERVIEWER: ENTER VERBATIM RESPONSE
PROBE 1: By what name do doctors call (your/NAME’s) health condition?
PROBE 2: What causes this condition?

<OPEN>_______________________________________________________________________

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 make (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

(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?

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.

END CALL. STATUS "SUPERVISOR REVIEW 380."
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)

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?

<OPEN>_______________________________________________________________________

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

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)

B14. What are those conditions?

INTERVIEWER: ENTER VERBATIM RESPONSE
PROBE 1: By 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

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 name did doctors call (your/NAME’s) health condition?
PROBE 2: What caused this condition?

<OPEN>_______________________________________________________________________

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

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

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

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 SINCE BIRTH, ENTER '0' IN AGE.

|___|___|   (B20 IF AGE 0-98)
AGE
(0-99)

SINCE BIRTH ..................................................00 (B20)
DON'T KNOW..................................................d (B19)
REFUSED......................................................... r (B19)

B18_year.

READ IF NECESSARY: In what year?

|___|___|___|___|___|___|
YEAR
(1933-2004)
(B20)

DON'T KNOW.................................................. d
REFUSED......................................................... r
B18. {(you/NAME) become limited before the age of 18 or after age 18?} (B18_age=d,r) or (B18_age=99 and B18_year=d,r)

PROBE: Your best guess is fine.

LESS THAN 18 .............................................. 01
18 OR OLDER ............................................... 02
DON'T KNOW ................................................ d
REFUSED ..................................................... r

(B20. SOFT EDIT: [AGE OF ONSET (B18_age) SHOULD NOT EXCEED CURRENT AGE.] IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that (you are/NAME is) now (CURRENT AGE), and (you/he/she) became limited when (you were/(he/she) was) (B18_age). Should I change (your/NAME’s) current age or change the age when (you/NAME) first became limited?

CHANGE CURRENT AGE ......................... 01 (CHANGECURR AGE)
CHANGE AGE WHEN FIRST BECAME LIMITED ......................................................... 02 (CHANGE B18_age)
SUPPRESS ................................................... 03

B21. CHECK: HAS (NAME) BEEN LIMITED SINCE ADULTHOOD (AGE FROM B18_age IS 18 OR OLDER OR B19=02)?

YES................................................................ 01
NO.................................................................. 00 (B24)

(B21=01)

B22. {Were you/Was NAME} working at a job for pay when (you/he/she) first became limited?

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

(B21=01 and B22=01)

B23. Did the job (you/NAME) had at that time require (you/him/her) to use a computer?

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

CURRENT WORK STATUS

(All)

B24. These next questions are about (your/NAME’s) personal goals and (your/his/her) current work-related activities.

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

YES................................................................ 01 (B30)
NO.................................................................. 00
DON'T KNOW ................................................ d (B28)
REFUSED ...................................................... r (B28)
(B24=00)

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

(Are you/ Is NAME) not working because …

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

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

(B24=00)

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES</th>
<th>NO</th>
<th>DON'T</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01</td>
<td>00</td>
<td>(B28)</td>
<td></td>
</tr>
</tbody>
</table>

(B24=00 and B26=01)

B27. What are they?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>_____________________________________________________________________

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES</th>
<th>NO</th>
<th>DON'T</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>d</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>r</td>
<td></td>
</tr>
</tbody>
</table>

(B24=00,d,r)

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES</th>
<th>NO</th>
<th>DON'T</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01</td>
<td>00</td>
<td>(B30)</td>
<td></td>
</tr>
</tbody>
</table>

11/11/2004   B-6   ROUND 1 VERSION
Next, I am going to read you a list of things that some people do to look for work. Please tell me whether or not (you/NAME) did any of these things during the last four weeks.

To look for work in the last four weeks did (you/he/she):

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Contact (your/his/her) state’s unemployment office? ...................................... 01 00 d r
b. Ask friends or relatives? ................................................................. 01 00 d r
c. Look through job advertisements in a newspaper or on the internet? ...................... 01 00 d r
d. Contact the State Vocational Rehabilitation Agency or (VRNAME FROM (NAME’S) CURRENT STATE)? ...................................... 01 00 d r
e. Contact a local independent living center? ............................................. 01 00 d r
f. Contact a private employment agency or program? ..................................... 01 00 d r
g. Contact any employers in person, by mail, or by phone? ........................... 01 00 d r
h. Do anything else that I didn’t mention? .................................................. 01 00 d r

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

INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

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

Did (you/NAME) work at a job or business for pay or profit anytime in 2003?

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

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

YES......................................................... 01
NO......................................................... 00 (B33)

CHECK: WAS (NAME) WORKING WHEN LIMITATION BEGAN (B22=01)?

YES......................................................... 01 (B37)
NO......................................................... 00
DON'T KNOW ............................................. d
REFUSED ...................................................... r
B34. CHECK: IS (NAME) CURRENTLY WORKING (B24=01)?

YES......................................................... 01 (B37)
NO......................................................... 00

B35. CHECK: DID (NAME) WORK IN 2003 (B30=01)?

YES......................................................... 01 (B37)
NO......................................................... 00

B36. (Have you/Has NAME) ever worked for pay?

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

B37. Do (your/NAME's) personal goals include (IF B36=00) getting a job, moving up in a job or learning new job skills?

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

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

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)

B39. Who (do you/does NAME) discuss (your/his/her) work goals with the most?

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)
CASE WORKER/COUNSELOR/PROGRAM STAFF ............ 07 (B40)
B39_oth. Who was it?

INTERVIEWER: PLEASE SPECIFY

<OPEN>

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

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?

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

{Your/NAME's} {RESPONSE FROM B39} thinks {your/NAME's} personal goals should include working at a job, moving up in a job, or learning new job skills.

B41. Do you/Does NAME discuss {your/his/her} work goals with anyone else?

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

B42. Who else do you/does NAME discuss {your/his/her} work goals with?

INTERVIEWER: MARK ONLY ONE.

PARENT/GUARDIAN ......................................................... 01 (B43)
SPOUSE/PARTNER .......................................................... 02 (B43)
FRIEND ................................................................. 03 (B43)
JOB COACH ...................................................................... 04 (B43)
EMPLOYER/SUPERVISOR .............................................. 05 (B43)
OTHER RELATIVE .................................................... 06 (B43)
CASE WORKER/COUNSELOR/PROGRAM STAFF .................................. 07 (B43)
MEDICAL PROVIDER ...................................................... 08 (B43)
OTHER ........................................................................ 09
DON'T KNOW.......................................................... d (B47)
REFUSED......................................................... r (B47)
B42_oth. Who was it?

INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

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

B43. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree?

STRONGLY AGREE AGREE DISAGREE STRONGLY DISAGREE DON'T KNOW REFUSED

(Your/NAME's) (RESPONSE FROM B42) thinks your/NAME's personal goals should include
working at a job, moving up in a job, or learning new
job skills.................................................................

01 02 03 04 d      r

B44. (Do you/Does NAME) discuss (your/his/her) work goals with anyone else?

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

B45. Who else (do you/does NAME) discuss (your/his/her) work goals with?

INTERVIEWER: MARK ONLY ONE.

PARENT/GUARDIAN ................................................................. 01 (B46)
SPOUSE/PARTNER................................................................. 02 (B46)
FRIEND ................................................................. 03 (B46)
JOB COACH................................................................. 04 (B46)
EMPLOYER/SUPERVISOR .................................................. 05 (B46)
OTHER RELATIVE ......................................................... 06 (B46)
CASE WORKER/COUNSELOR/PROGRAM STAFF.............  07 (B46)
MEDICAL PROVIDER ....................................................... 08 (B46)
OTHER ........................................................................... 09
DON'T KNOW ................................................................. d (B47)
REFUSED................................................................. r (B47)

B45_oth. Who was it?

INTERVIEWER: PLEASE SPECIFY

<OPEN>________________________________________

DON'T KNOW ................................................ d
REFUSED ...................................................... r
B46. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree?

 STRONGLY AGREE AGREE DISAGREE STRONGLY DISAGREE DON'T KNOW REFUSED

{(Your/NAME’s) (RESPONSE FROM B45) thinks (your/NAME’s) personal goals should include working at a job, moving up in a job, or learning new job skills........................................................................}

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

 a. You see (yourself/NAME) [(IF B24=01) continuing to work/ (IF B24=00,d,r) working] for pay in the next year. ...

 b. (ASK B47a IF B47a=01,02, OTHERWISE GO TO B47c)

 You see (yourself/NAME) working and earning enough to stop receiving disability benefits in the next year...........

 c. You see (yourself/NAME) [(IF B24=01) continuing to work/ (IF B24=00,d,r) working] for pay in the next five years. ..........................................................

 d. (ASK B47d IF B47c=01,02, OTHERWISE GO TO B48)

 You see (yourself/NAME) working and earning enough to stop receiving disability benefits in the next FIVE years...

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

 YES......................................................... 01 (C1)
 NO......................................................... 00

(B48=00)

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

 YES.........................................................01 (D1)
 NO.........................................................00 (E1)
SECTION C: CURRENT EMPLOYMENT

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

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

_______ NUMBER OF JOBS (1-5)
(1-15)

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

PROGRAMMER: C2 THROUGH C14 ASKED FOR ALL JOBS WHEN C1>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: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women’s shoe store.
PROBE: What are {your/NAME’S} main activities or duties? What else do you do? What else? Do you supervise anyone?

<OPEN>_______________________________________________________________________

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

C3. What kind of business is this?

INTERVIEWER: ENTER VERBATIM RESPONSE
PROBE: For what type of organization or industry do you work? For example: accounting firm, daycare center, educational facility, food services.
PROBE: What do they make, sell, or do where {you work/NAME works}?

<OPEN>_______________________________________________________________________

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

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

INTERVIEWER: ENTER YEAR
PROBE: Your best estimate is fine.

|__|__|__|__| (1980-2004)
|__|__|   (1950-2004)
YEAR

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

C5. SOFT EDIT: YEAR RESPONDENT 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: 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 (C4yr), which means {you/NAME} started working at this job when {you were/he was/she was} (PROGRAMMER CALCULATE AND FILL AGE: C4YR – YEAR OF BIRTH) years old. Is that correct?

YES.......................................................... 01
NO............................................................ 02 (CHANGE C4YR)
SUPPRESS ............................................... 03

C5a. Beneficiaries do not always know that they should report a change in work status to Social Security. Around that time did {you/NAME or his/her representative} 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 or his/her representative} tell Social Security {you were/(he/she) was} working?

PROBE: Your best estimate is fine.

WEEKS......................................................... 01 (C5BWeek)
MONTHS ....................................................... 02 (C5BMonth)
DON'T KNOW ............................................... d (C6)
REFUSED ...................................................... r (C6)
C5bWeek.

**INTERVIEWER: ENTER NUMBER OF WEEKS**

|   |   | WEEKS
|---|---|---
| (1-52)

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

C5bMonth.

**INTERVIEWER: ENTER NUMBER OF MONTHS**

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

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

C6. (Are you/Is NAME) self-employed at this job?

PROBE: Self-employed means that {you work/NAME works} for {yourself/himself/herself} or {own your/owns his/her} own business.

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

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

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

PROBE: There are 52 weeks in a year.
PROBE: Please include time off for vacation and holidays if (you are/NAME is) paid for that time.
PROBE: If (you have/NAME has) worked less than a year, please answer for the number of weeks (you expect/NAME expects to work.

|____|____| WEEKS PER YEAR (1-52) |
|DON'T KNOW | r | REFUSED |

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)

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

GO TO C14.
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

C12hop.

INTERVIEWER: ENTER HOW OFTEN PAID

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

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

C13hop.

INTERVIEWER: ENTER HOW OFTEN PAID

DAILY........................................................................ 01 (1-346) (1-1,730)
WEEKLY..................................................................... 02 (1-1,730) (1-9,653)
BI-WEEKLY............................................................ 03 (1-3,750) (1-18,750)
TWICE A MONTH ................................................. 04 (1-3,750) (1-18,750)
MONTHLY ................................................................ 05 (1-7,500) (1-37,500)
ANNUALLY ............................................................ 06 (1-90,000) (1-450,000)
DON'T KNOW ...................................................... d
REFUSED ............................................................. r
SOFT EDIT: AMOUNT OF TAKE-HOME PAY (C13) MUST BE LESS THAN OR EQUAL TO AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS (C12). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. You said that [you are/NAME is] paid (C12amt) per (C12hop) before taxes and other deductions and that (C13amt) per (C13hop) is left as take-home pay after taxes and other deductions. Should I change the amount [you are/NAME is] paid before taxes and other deductions or the amount [you take/NAME takes] home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS .......................................................................................... 01 (CHANGE C12)
CHANGE AMOUNT OF TAKE-HOME PAY.............................................. 02 (CHANGE C13)
SUPPRESS .............................................................................................. 03

CHECK: IS [NAME] SELF EMPLOYED (C6=01)?

YES.................................................. 01 (C17)
NO...................................................... 00

(All) CHECK: IS [NAME] A PROXY RESPONDENT (RTYPE=2)?

YES.................................................. 01 (C19)
NO...................................................... 00

(All) CHECK: IS [NAME] SELF EMPLOYED (C6=01)?
Now, I'd like to ask you a few more questions about your job. I am going to read to you a list of benefits that some employers offer their employees. Please tell me whether or not your employer offers any of these benefits.

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

Does your employer offer you…

PROBE: Please answer ‘yes’ if you are eligible for the benefit but haven’t yet started to receive it.

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

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

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

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

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

(All) C23. What kind of special equipment (do you/does NAME) use?

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>YES</th>
<th>No</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRACE</td>
<td>01</td>
<td>(C24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANE/CRUTCHES/WALKER</td>
<td>02</td>
<td>(C24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHEELCHAIR</td>
<td>03</td>
<td>(C24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MODIFIED COMPUTER HARDWARE</td>
<td>04</td>
<td>(C24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MODIFIED COMPUTER SOFTWARE</td>
<td>05</td>
<td>(C24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td>06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>d</td>
<td>(C24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
<td>(C24)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(C22=01 and C23=06)

C23_Other. What kind of other special equipment?

<OPEN>

DON’T KNOW ................................................ d
REFUSED ................................................... r

(C22=01)

C24. Who paid for the equipment {you use/NAME uses}?

PROBE: For example, {you or your family/NAME or (his/her) family}, insurance or Medicaid, or someone else?

INTERVIEWER: CODE ALL THAT APPLY.

{NAME}....................................................................................................... 01 (C26amt)
FAMILY....................................................................................................... 02 (C26amt)
HEALTH INSURANCE ............................................................................... 03 (C25)
MEDICARE ................................................................................................ 04 (C25)
MEDICAID .................................................................................................. 05 (C25)
EMPLOYER................................................................................................ 06 (C25)
STATE VOCATIONAL REHABILITATION AGENCY.................................. 07 (C25)
NON-PROFIT ORGANIZATION SERVING PEOPLE WITH DISABILITIES  08 (C25)
WORKER’S COMPENSATION ................................................................ 09 (C25)
DISABILITY INSURANCE ........................................................................ 10 (C25)
OTHER ...................................................................................................... 11
DON’T KNOW............................................................................................. d (C25)
REFUSED .................................................................................................. r (C25)

(C22=01 and C24=11)

C24_Other. Who else paid for the equipment use?

<OPEN>

DON’T KNOW ................................................ d
REFUSED ................................................... r

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

C25. (Do you or your/Does NAME or (his/her)) family have to pay for any part of the cost of the equipment {you use/(he/she) uses}?

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

(C22=01) and (C24=01 or 02) or (C25=01)

C26amt. How much (do you or your/does NAME or (his/her)) family have to pay?

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

$|___|___|___|___|___|___|___|___| . 00

DON’T KNOW ......................................................... d
REFUSED ................................................................. r
PROBE: How much (do you or your/does NAME or (his/her)) family have to pay?
READ IF NECESSARY: Is that a one-time payment, per week, per month, or per year?

INTERVIEWER: ENTER HOW OFTEN PAID

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Code</th>
<th>Amount Range 1</th>
<th>Amount Range 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE TIME PAYMENT</td>
<td>01</td>
<td>(1-25,000)</td>
<td>(1-99,000)</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>02</td>
<td>(1-480)</td>
<td>(1-1,903)</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>03</td>
<td>(1-2,083)</td>
<td>(1-8,250)</td>
</tr>
<tr>
<td>PER YEAR</td>
<td>04</td>
<td>(1-2,500)</td>
<td>(1-99,000)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(All)

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

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

(C27=01)

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

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB COACH</td>
<td>01</td>
<td>(C29)</td>
</tr>
<tr>
<td>SIGN LANGUAGE INTERPRETER</td>
<td>02</td>
<td>(C29)</td>
</tr>
<tr>
<td>READER/INTERPRETER FOR THE BLIND</td>
<td>03</td>
<td>(C29)</td>
</tr>
<tr>
<td>PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT</td>
<td>04</td>
<td>(C29)</td>
</tr>
<tr>
<td>OTHER</td>
<td>05</td>
<td>(C29)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
<td>(C29)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
<td>(C29)</td>
</tr>
</tbody>
</table>

(C27=01 and C28=05)

C28_Other. What is the other kind of personal assistant services {you/NAME} use?

<OPEN>_______________________________________________________________________

DON'T KNOW........................................ d (C29)
REFUSED.............................................. r (C29)

(C27=01)

C29. Who paid for the personal assistance services {you use/NAME uses}?

PROBE: For example, {you or your family/NAME or (his/her) family}, insurance or Medicaid, or someone else?

INTERVIEWER: READ LIST IF NEEDED.

INTERVIEWER: CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(NAME)</td>
<td>01</td>
<td>(C31)</td>
</tr>
<tr>
<td>FAMILY</td>
<td>02</td>
<td>(C31)</td>
</tr>
<tr>
<td>HEALTH INSURANCE</td>
<td>03</td>
<td>(C30)</td>
</tr>
</tbody>
</table>
C29. Other. Who else paid for the personal assistance services {you use/NAME uses}?

<OPEN>_______________________________________________________________________

DON’T KNOW ........................................... d
REFUSED ................................................ r

C30. {Do you or your/Does NAME or (his/her)} family have to pay for any part of the cost of the personal assistance services {you use/(he/she) uses}?

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

C31amt. How much {do you or your/does NAME or (his/her)} family have to pay?

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

$|___|___|___| ,|___|___|___| . 00

DON’T KNOW ........................................... d
REFUSED ................................................ r

C31hop. PROBE: How much {do you or your/does NAME or (his/her)} family have to pay?

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

INTERVIEWER: ENTER HOW OFTEN

ONE TIME PAYMENT ........................................ 01 (1-25,000) (1-99,000)
PER WEEK .................................................... 02 (1-480) (1-1,903)
PER MONTH .................................................. 03 (1-2,083) (1-8,250)
PER YEAR ..................................................... 04 (1-25,000) (1-99,000)
DON’T KNOW ........................................... d
REFUSED ................................................ r

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

YES......................................................... 01 (C34)
NO.......................................................... 00
PROGRAMMER: USE “MAIN” IF C1>01, OTHERWISE USE “CURRENT.”

Please tell me whether or not (your/NAME’s) (main/current) employer has made any of these changes because of (your/his/her) physical or mental condition.

Has (your/NAME’s) employer because of (your/his/her) physical or mental condition...

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

a. Provided (you/NAME) with any special equipment or assistive technology? (PROBE: For example special tools or equipment, software, or devices to accommodate (your/NAME’s) condition in the workplace.) ................................................................. 01 00 02 d r

b. Made any changes in (your/NAME’s) work schedule? (PROBE: For example, working fewer hours, changing the time (you arrive or leave/(he/she) arrives or leaves), or taking more breaks to accommodate (your/NAME’s) condition in the workplace.) ................................................................. 01 00 02 d r

c. Made any changes to the tasks (you were/NAME was) assigned or how they are performed? (PROBE: For example, a light duty job or less demanding job tasks to accommodate (your/NAME’s) condition in the workplace.) ................................................................. 01 00 02 d r

d. Made any changes to the physical work environment to make things easier for (you/NAME)? (PROBE: For example, modifying (your/his/her) work area, improving accessibility in the building, or providing assigned parking to accommodate (your/NAME’s) condition in the workplace.) ................................................................. 01 00 02 d r

e. Arranged for co-workers or others to assist (you/NAME)? (PROBE: For example, providing a personal care attendant, interpreter, or job coach while at work.) ................................................................. 01 00 02 d r

f. Made any other changes that I didn’t mention to accommodate your/NAME’s)condition in the workplace? ................................................................. 01 00 02 d r

PROGRAMMER: IF C33f=01, GO TO C33f_Other, ELSE GO TO C34.

(C32=00 and C33f=01)
C33f_Other. What other changes?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

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

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

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

YES................................................................. 01
NO................................................................. 00 (C38)
DON’T KNOW ................................................ d (C38)
REFUSED ...................................................... r (C38)
C35. What are those changes?

PROBE: Anything else?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>_______________________________________________________________________

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

C36. CHECK: IS (NAME) SELF EMPLOYED (C6=01)?

YES..............................................................  01  (C38)
NO..............................................................  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

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

YES..............................................................  01  (C40)
NO..............................................................  00
Again, thinking about your {main/current} job, how much do you agree with each of the following statements? Would you say you strongly agree, agree, disagree, or strongly disagree?

**PROGRAMMER:** USE “MAIN” IF C1>01, OTHERWISE USE “CURRENT.”

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>NA</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The pay is good</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>b. The benefits are good</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c. IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): The job security is good</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>IF {NAME} IS SELF-EMPLOYED (C6=01): The work is steady</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): You have a chance for promotion</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>ELSE: SKIPTO C39e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. You have a chance to develop your abilities</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>f. You have recognition or respect from others</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>g. You can work on your own in your job if you want to</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>h. You can work with others in a group or team if you want to</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>i. Your work is interesting or enjoyable</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>j. Your work gives you a feeling of accomplishment or contribution</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>k. IF {NAME} IS NOT SELF-EMPLOYED (C6=00, d, or r): Your supervisor is supportive</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>ELSE: SKIPTO C39i</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Your co-workers are friendly and supportive</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

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

**YES................................................................ 01 (D1)**

**NO.................................................................. 00 (E1)**
SECTION D: JOBS/OTHER JOBS DURING 2003

(All)
D1. Now, I will ask you about jobs (you/NAME) had during 2003. When answering these questions, please include both part-time and full-time jobs, but only include jobs (you/NAME) held for pay or profit for one month or longer.

PROGRAMMER: IF C1=01 AND C4 YEAR ≤ 2003, ASK:
Other than (your/NAME’s) current job that you already told me about, in 2003 did (you/NAME) work for pay at any other jobs for longer than a month?
PROGRAMMER: IF C1>01 AND C4 YEAR < 2003 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:
Other than (your/NAME’s) current jobs that you already told me about, in 2003 did (you/NAME) work for pay at any other jobs for longer than a month?
ELSE:
In 2003 did (you/NAME) work for pay at any jobs for longer than a month?

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

(D1=00, d, or r)
D2. SOFT EDIT: IF (NAME) WORKED IN 2003 (B30=01) AND (NAME) DID NOT WORK IN 2003 (D1=0,d,r) INTERVIEWER READ: “Earlier you said that (you/NAME) worked for pay in 2003. Let me repeat the question I just read and verify your response.”

PROGRAMMER: IF C1=01 AND C4 YEAR ≤ 2003, ASK:
Other than (your/NAME’s) current job that you already told me about, in 2003 did (you/NAME) work for pay at any other jobs for longer than a month?
PROGRAMMER: IF C1>01 AND C4 YEAR < 2003 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:
Other than (your/NAME’s) current jobs that you already told me about, in 2003 did (you/NAME) work for pay at any other jobs for longer than a month?
ELSE:
In 2003 did (you/NAME) work for pay at any jobs for longer than a month?

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

(D1=01)
D3. PROGRAMMER: IF C1=01 AND C4 YEAR < 2003, ASK:
Other than (your/NAME’s) current job that you already told me about, how many other jobs did (you/NAME) hold for at least one month in 2003?
PROGRAMMER: IF C1>01 AND C4 YEAR < 2003 FOR ONE OR MORE CURRENT JOBS IN SECTION C, ASK:
Other than (your/NAME’s) current jobs that you already told me about, how many other jobs did (you/NAME) hold for at least one month in 2003?
ELSE:
How many jobs did (you/NAME) hold for at least one month in 2003?

|___|___| NUMBER OF JOBS (1-5) (1-15)
DON’T KNOW................................................ d
REFUSED...................................................... r
PROGRAMMER: D4 THROUGH D23 ASKED FOR ALL JOBS WHEN D3>01

(D1=01)
D4. PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:
Let us start with (your/NAME's) main job in 2003 – 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 2003. 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: For example, a child-care provider at a private preschool; geometry teacher in a public high school; sales clerk in a women's shoe store.
PROBE: What are (your/NAME'S) main activities or duties? What else do you do? What else? Do you supervise anyone?

<OPEN>_______________________________________________________________________

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

(D1=01)
D5. What kind of business was this?

INTERVIEWER: ENTER VERBATIM RESPONSE
PROBE: For what type of organization or industry do you work? For example: accounting firm, daycare center, educational facility, food services.
PROBE: What do they make, sell, or do where (you/NAME) worked?

<OPEN>_______________________________________________________________________

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

(D1=01)
D6th. 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)

D6yr. PROBE: In what month and year did (you/NAME) start working there?
PROBE: Your best estimate is fine.

INTERVIEWER: ENTER YEAR


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

(D1=01)

D7. SOFT EDIT: YEAR RESPONDENT 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)

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)

D8yr. PROBE: In what month and year did (you/NAME) stop working there?
PROBE: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

|   |   |   |   | (1980-2004)  
|   |   |   |   | (1950-2004)

DON'T KNOW ................................................ d
REFUSED .................................................... r
(D1=01)

D9. **SOFT EDIT: DATE RESPONDENT STOPPED WORKING AT THIS JOB (D8 MONTH, D8 YEAR) SHOULD BE LATER THAN DATE RESPONDENT 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 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)

D10. **SOFT EDIT: IF DATE RESPONDENT STOPPED WORKING AT THIS JOB (D8 MONTH, D8 YEAR) AND DATE RESPONDENT 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)

D11. **SOFT EDIT: IF YEAR RESPONDENT STOPPED WORKING AT THIS JOB (D8 YEAR) IS BEFORE 2003, 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 2003. Is this correct?**

YES, JOB ENDED BEFORE 2003............................................................ 01
NO, JOB DID NOT END BEFORE 2003................................................... 02
SUPPRESS ........................................................................................... 03

(D1=01)

D12. **CHECK: DID RESPONDENT WORK AT THIS JOB FOR LESS THAN ONE MONTH (D10=01)?**

YES................................................................. 01 (D23)
NO................................................................. 00

(D12=00)

D13. **CHECK: DID THIS JOB END BEFORE 2003 (D11=01)?**

YES................................................................. 01 (D23)
NO................................................................. 00

(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
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

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

D17. How many weeks per year did {you/NAME} usually work at this job, including paid vacation and holidays?

PROBE: Please include time off for vacations and holidays if {you were/NAME was} paid for that time.
PROBE: There are 52 weeks in a year.

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

DON’T KNOW.............................................. d
REFUSED.................................................... r

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

PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC, JOB:
For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} {second/third/fourth} job in 2003. On {your/NAME’s} {second/third/fourth} job {were you/was (he/she) paid by the hour?
ELSE (D3=01):
For the purpose of this survey, it is important to obtain some information on how much {you were/NAME was} paid on {your/(his/her)} job in 2003. On {your/NAME’s} job {were you/was (he/she) paid by the hour?

YES............................................................. 01
NO............................................................. 00 (D20)
DON’T KNOW................................................ d (D20)
REFUSED...................................................... r (D20)
D19. What was your 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 D23

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

PROBE: Were you paid daily, weekly, bi-weekly, twice a month, monthly, or annually?
INTERVIEWER: ROUND TO NEAREST DOLLAR

$|__|__|__| |__|__| |__|__| 00

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

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

PROBE: Were you paid daily, weekly, bi-weekly, twice a month, monthly, or annually?
INTERVIEWER: ENTER HOW OFTEN PAID

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

D21amt. For this job, about how much was left as take-home pay after taxes and other deductions?

PROBE: Were you paid daily, weekly, bi-weekly, twice a month, monthly, or annually?
INTERVIEWER: ROUND TO NEAREST DOLLAR

$|__|__|__| |__|__| |__|__| 00

DON'T KNOW ........................................... d
REFUSED ................................................. r
D21hop. For this job, about how much was left as take-home pay after taxes and other deductions?

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

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

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

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

D23. Why did {you/NAME} stop working at this job?
INTERVIEWER: ASK 'Any other reason?' UNTIL RESPONDENT INDICATES NO OTHER REASONS. IF RESPONDENT SAYS QUIT, ASK FOR THE REASON.

INTERVIEWER: CODE ALL THAT APPLY.

LAYOFF, FIRED, RETIRED:
LAYOFF, PLANT CLOSED .................................................. 01 (D24)
FIRED ............................................................................. 02 (D24)
RETIRED/OLD AGE ...................................................... 03 (D24)
JOB WAS TEMPORARY AND ENDED .................................. 04 (D24)

PROBLEMS WITH JOB:
DID NOT LIKE SUPERVISOR OR CO-WORKERS ..................... 05 (D24)
DID NOT LIKE JOB DUTIES ............................................ 06 (D24)
DID NOT LIKE JOB EARNINGS ....................................... 07 (D24)
DID NOT LIKE BENEFITS ............................................... 08 (D24)
DID NOT LIKE OPPORTUNITIES FOR ADVANCEMENT .......... 09 (D24)
DID NOT LIKE LOCATION ............................................... 10 (D24)
DID NOT GET ACCOMMODATIONS THAT WERE NEEDED ....... 11 (D24)

OTHER PROBLEMS:
TRANSPORTATION PROBLEMS ...................................... 12 (D24)
DECIDED TO GO TO SCHOOL .......................................... 13 (D24)
CHILD CARE RESPONSIBILITIES (PREGNANT) ..................... 14 (D24)
OTHER FAMILY OR PERSONAL REASONS ......................... 15 (D24)

DISABILITY:
DISABILITY GOT WORSE .................................................. 16 (D24)
BECAME DISABLED ...................................................... 17 (D24)
OTHER .............................................................................. 18
DON'T KNOW ......................................................... d (D24)
REFUSED ................................................................. r (D24)
(D1=01 and D23=18)

D23. Other. What is the other reason?

<OPEN>_______________________________________________________________________

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

(D1=01)

D24. CHECK: DID (NAME) HOLD MORE THAN ONE JOB DURING 2003 (D3 > 01)?

  YES ................................................................ 01 (REPEAT D4 THROUGH D23 FOR
  EACH JOB)

  NO ................................................................ 00

(D1=01)

D25. Sometimes people work fewer hours or earn less money than they could in order to care for family members, keep cash
benefits, or just to have more free time. In 2003, did you work fewer hours or earn less money than you could have for any
reason?

  YES ................................................................ 01

  NO ................................................................ 00 (D26)

  DON'T KNOW .................................................. d (D26)

  REFUSED ...................................................... r (D26)

(D1=01 and D25=01)

D25a. Did you work fewer hours or earn less money than you could have because you…

  PROBE: I need to ask everyone in our study the same questions, even if they don’t seem to apply to you.

a. {Were/Was} taking care of somebody else? ................................................................. 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 such as disability or workers
  compensation? ................................................................................................. 01 00 d r
e. Just didn’t want to work more?.............................................................................. 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 2003?......................... 01 00 d r

PROGRAMMER: IF D25f=01 GO TO D25f_Other, ELSE SKIP TO D26

(D1=01 and D25=01 and D25f=01)

D25f. Other. What other reason?

<OPEN>_______________________________________________________________________

  DON'T KNOW .................................................. d
  REFUSED ...................................................... r
(D1=01)

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Help caring for (your/his/her) children or others in the household?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
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<tr>
<td>b. Help with (your/his/her) own personal care such as bathing,</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>dressing preparing meals, and doing housework?</td>
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<tr>
<td>..................................................</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
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<tr>
<td>c. Reliable transportation to and from work?</td>
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<tr>
<td>..................................................</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
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<tr>
<td>d. Better job skills?</td>
<td></td>
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<tr>
<td>..................................................</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
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<tr>
<td>e. A job with a flexible work schedule?</td>
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<tr>
<td>..................................................</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>f. Help with finding and getting a better job?</td>
<td></td>
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<tr>
<td>..................................................</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>g. Any special equipment or medical devices?</td>
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<td></td>
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<tr>
<td>..................................................</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>h. Is there anything else that I didn’t mention that would have helped</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>{you/NAME} to work or earn more during 2003?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

PROGRAMMER: IF D26g=01, GO TO D26g_Other, ELSE GO TO D26h.

(D1=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 and D26h=01)

D26h_Other. What else?

<OPEN>_________________________________________________________________

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

REFUSED ...................................................... r

(D1=01)

D27. One last question about when {you were/NAME was} working in 2003. 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 (D29)

NO ......................................................... 00 (D29)

DON'T KNOW ................................................ d (D29)

REFUSED ...................................................... r (D29)

(D1=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 2003?

YES ......................................................... 01

NO ......................................................... 00

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

REFUSED ...................................................... r
D29. In 2003, {were you/was NAME} ever asked to re-pay benefits because the Social Security Administration overpaid {you/him/her}?

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

(D1=01 and D29=01)
D30. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/(he/she) was} working while receiving benefits?

YES................................................................. 01
NO................................................................. 00
DON'T KNOW.................................................. d
REFUSED....................................................... r
SECTION E: AWARENESS OF SSA WORK INCENTIVE PROGRAMS AND TICKET TO WORK

AWARENESS OF SSA WORK INCENTIVES

(All)
E1. 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 ever heard of these incentives or supports or used any of them.

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 ever heard of a Plan for Achieving Self-Support or a PASS Plan? This is a Social Security incentive that lets beneficiaries set aside money to be used to help reach a work goal. The money set aside does not affect benefits.

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

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

YES................................................................ 01
NO.................................................................. 00 (E5)
DON'T KNOW ................................................ 03 (E5)
REFUSED ...................................................... r (E5)

(E2=01 and E3=01)
E4. Have you ever used a Plan for Achieving Self-Support or a PASS Plan?

YES................................................................ 01
NO.................................................................. 00
DON'T KNOW ................................................ 03
REFUSED ...................................................... r
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: {Have you/Has NAME} ever heard of this exclusion?
PROBE: If you’re not sure, please just say so.

INTERVIEWER: IF ‘NOT SURE’, CODE AS DON’T KNOW

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

(E2=01 and E5=01)
E6. {Have you/Has NAME} ever used the earned income exclusion or the 1 for 2 earnings exclusion?

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

(E2=01)
E7. {Have you/Has NAME} ever heard of **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 (E9)
DON'T KNOW........................................... d (E9)
REFUSED............................................... r (E9)
```

(E2=01 and E7=01)
E8. {Have you/Has NAME} ever used **Property Essential to Self-Support** or PESS?

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

(E2=01)
E9. {Have you/Has NAME} ever heard of **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 (E11)
DON'T KNOW........................................... d (E11)
REFUSED............................................... r (E11)
```
(E2=01 and E9=01)
E10. (Have you/Has NAME) ever used Continued Medicaid Eligibility or 1619(b) coverage?

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

(E2=01)
E11. CHECK: IS (NAME) 25 OR YOUNGER (SAMPLEAGE ≤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 $1,340 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 (E14)
DON'T KNOW .............................................. d (E14)
REFUSED ..................................................... r (E14)

(E2=01 and E11=01 and E12=01)
E13. (Have you/Has NAME) ever used the student earned-income exclusion?

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

(All)
E14. CHECK: IS (NAME) A SSDI BENEFICIARY (BSTATUS=02,03)?

YES................................................................. 01
NO............................................................... 00 (E19)

(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 $800 per month for nine months without losing (your/their) benefits.

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

YES................................................................. 01
NO............................................................... 00 (E17)
DON'T KNOW .............................................. d (E17)
REFUSED ..................................................... r (E17)
(E14=01 and E15=01)

E16. {Have you/Has NAME} ever used a Trial Work Period?

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
NO............................................................. 00 (E19)
DON'T KNOW ............................................ 03 (E19)
REFUSED ................................................... r (E19)

(E14=01 and E17=01)

E18. {Have you/Has NAME} ever used an Extended Period of Eligibility for Medicare?

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 (E20a)
DON'T KNOW ............................................ d (E20a)
REFUSED ................................................... r (E20a)

(E19=01)

E20. {Have you/Has NAME} ever used exclusions for Impairment-Related Work Expenses or Blind Work Expenses?

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

(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 (E20c)
NOT SURE .................................................. 03 (E20c)
REFUSED ................................................... r (E20c)
E20b. {Have you/Has NAME} ever used Expedited Reinstatement?

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

E20c. {Have you/Has NAME} ever heard of benefit specialists or BPAOs? These are programs funded by Social Security to provide information to beneficiaries about how their benefits are affected by work.

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

PROBE: BPAO stands for Benefits Planning, Assistance and Outreach

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

E20d. {Have you/Has NAME} ever used a benefit specialist or BPAO?

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

AWARENESS OF TICKET TO WORK

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

E22. {Have you/Has NAME} heard of any new programs in the last few years that allow beneficiaries who receive disability benefits from Social Security to get services to help them go to work or earn more, and Social Security pays for those services?

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

E23. CHECK: DID {NAME} HAVE A TICKET ASSIGNED AT THE TIME OF SAMPLE SELECTION (TSTATUS=01)?

YES................................................................. 01
NO................................................................. 00
(E21=00,d,r and E22=00,d,r and E23=01)

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

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

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

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

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

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

E26. PROGRAMMER: IF (NAME) HEARD OF TICKET TO WORK PROGRAM (E21=01) ASK: In what year did (you/NAME or his/her representative) first hear about the Ticket to Work program? Was it...

PROGRAMMER: OTHERWISE (E21=00,d,r) ASK: The program is usually called the Ticket to Work program. I’m going to call it the Ticket to Work program in the next few questions. In what year did (you/NAME or his/her representative) first hear about the Ticket to Work program? Was it...

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

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

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

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

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

E28. Who sent (you/NAME or his/her representative) the information?

INTERVIEWER: CODE ALL THAT APPLY.

SOCIAL SECURITY ADMINISTRATION................................................. 01 (E29)
MAXIMUS............................................................................... 02 (E29)
STATE VOCATIONAL REHABILITATION AGENCY, OR (VRNAME)........... 03 (E29)
CURRENT/FORMER EMPLOYER.................................................. 04 (E29)
FRIEND/FAMILY MEMBER....................................................... 05 (E29)
INDEPENDENT LIVING CENTER.................................................. 06 (E29)
EMPLOYMENT NETWORK........................................................... 07
OTHER AGENCY/ORGANIZATION.............................................. 08 (E28h_Other)
HEALTH CARE PROVIDER....................................................... 09 (E28i_Other)
OTHER.................................................................................. 10 (E28j_Other)
DON'T KNOW............................................................................ d (E29)
REFUSED................................................................................ r (E29)
(E21=01 or E24=01 or E25=01 and E26=02 and E27=01 and E28=07)
E28g_Other. What Employment Network sent {you/NAME} the information?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED .................................................... r

(E21=01 or E24=01 or E25=01 and E26=02 and E27=01 and E28=08)
E28h_Other. What other Agency/Organization sent {you/NAME} the information?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED .................................................... r

(E21=01 or E24=01 or E25=01 and E26=02 and E27=01 and E28=09)
E28i_Other. What Health Care Provider sent {you/NAME} the information?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED .................................................... r

(E21=01 or E24=01 or E25=01 and E26=02)
E29. Did somebody call {you/NAME or his/her representative}? 

YES................................................................ 01
NO.................................................................. 00 (E31)
DON’T KNOW ................................................ d (E31)
REFUSED .................................................... r (E31)

(E21=01 or E24=01 or E25=01 and E26=02)
E30. Who called {you/NAME or his/her representative}?

INTERVIEWER: CODE ALL THAT APPLY.

SOCIAL SECURITY ADMINISTRATION .................................................. 01 (E31)
MAXIMUS ................................................................................... 02 (E31)
STATE VOCATIONAL REHABILITATION AGENCY, OR (VRNAME) .......... 03 (E31)
CURRENT/FORMER EMPLOYER ............................................... 04 (E31)
FRIEND/FAMILY MEMBER ....................................................... 05 (E31)
INDEPENDENT LIVING CENTER .............................................. 06 (E31)
EMPLOYMENT NETWORK ....................................................... 07 (E31)
OTHER AGENCY/ORGANIZATION ........................................... 08 (E30h_Other)
HEALTH CARE PROVIDER .................................................... 09 (E30i_Other)
OTHER .............................................................................. 10 (E30j_Other)
DON’T KNOW ...................................................... d (E31)
REFUSED ..................................................... r (E31)
(E21=01 or E24=01 or E25=01 and E26=02 and E29=01 and E30=07)
E30g_Other. What Employment Network called (you/NAME)?

<OPEN>_______________________________________________________________________

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

(E21=01 or E24=01 or E25=01 and E26=02 and E29=01 and E30=08)
E30h_Other. What other Agency/Organization called (you/NAME)?

<OPEN>_______________________________________________________________________

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

(E21=01 or E24=01 or E25=01 and E26=02 and E29=01 and E30=09)
E30i_Other. What Health Care Provider called (you/NAME)?

<OPEN>_______________________________________________________________________

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

(E21=01 or E24=01 or E25=01 and E26=02)
E31. Did somebody talk to (you/NAME or his/her representative) about the program in-person?

YES................................................................ 01 (E33)
NO.................................................................. 00 (E33)
DON'T KNOW ................................................ d (E33)
REFUSED...................................................... r (E33)

(E21=01 or E24=01 or E25=01 and E26=02)
E32. Who talked to (you/NAME or his/her representative) about the program?

INTERVIEWER: CODE ALL THAT APPLY.

SOCIAL SECURITY ADMINISTRATION ................................................................. 01 (E33)
MAXIMUS ......................................................................................................... 02 (E33)
STATE VOCATIONAL REHABILITATION AGENCY, OR (VRNAME)..................... 03 (E33)
CURRENT/FORMER EMPLOYER .................................................................. 04 (E33)
FRIEND/FAMILY MEMBER .......................................................................... 05 (E33)
INDEPENDENT LIVING CENTER .................................................................. 06 (E33)
EMPLOYMENT NETWORK __________________________________________________ 07
OTHER AGENCY/ORGANIZATION _________________________________________ 08 (E32h_Other)
HEALTH CARE PROVIDER ____________________________________________ 09 (E32i_Other)
OTHER ......................................................................................................... 10 (E32j_Other)
DON'T KNOW ................................................................................................. d (E33)
REFUSED....................................................................................................... r (E33)
(E21=01 or E24=01 or E25=01 and E26=02 and E31=01 and E32=07)
E32g. Other. What Employment Network talked to {you/NAME}?

<OPEN>____________________________________________________________________________

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

(E21=01 or E24=01 or E25=01 and E26=02 and E31=01 and E32=08)
E32h. Other. What other Agency/Organization talked to {you/NAME}?

<OPEN>____________________________________________________________________________

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

(E21=01 or E24=01 or E25=01 and E26=02 and E31=01 and E32=09)
E32i. Other. What Health Care Provider talked to {you/NAME}?

<OPEN>____________________________________________________________________________

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

(E21=01 or E24=01 or E25=01 and E26=02 and E31=01 and E32=10)
E32j. Other. Who talked to {you/NAME}?

<OPEN>____________________________________________________________________________

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

(E21=01 or E24=01 or E25=01 and E26=02)
E33. Did {you/NAME or his/her representative} learn about the program on a web site?

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

(E21=01 or E24=01 or E25=01)
E34. PROGRAMMER: IF PROXY RESPONDENT, USE {NAME}
    Do you recall {NAME} getting a Ticket in the mail from Social Security? It looks like a certificate with blue and red writing and the title says 'Ticket to Work and Self-Sufficiency'.

YES................................................................ 01 (E36)
NO.................................................................. 00
DON'T KNOW ................................................ d
REFUSED ...................................................... r

(E21=01 or E24=01 or E25=01 and E34=00,d,r)
E35. Did {you/NAME} ever try to get a Ticket from Social Security or anywhere else?

YES................................................................ 01 (F31)
NO.................................................................. 00 (F31)
DON'T KNOW ................................................ d (F31)
REFUSED ...................................................... r (F31)
EVER USED TICKET
(E21=01 or E24=01 or E25=01 and E34=01 or E35=01)
E36. (Have you/Has NAME) ever used (your/his/her) Ticket to sign up with an Employment Network? Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work Program.

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

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

TICKET USE IN 2003
(E21=01 or E24=01 or E25=01 and E36=01)
E37. (Were you/Was NAME) signed up with any Employment Network at any time in 2003?

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

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

(E21=01 or E24=01 or E25=01 and E36=01 and E37=01)
E38. How many Employment Networks (were you/was NAME) signed up with in 2003?

EMPLOYMENT NETWORKS IN 2003
(1-2)
(1-5)

DON’T KNOW........................................... d
REFUSED.................................................. r

(E21=01 or E24=01 or E25=01 and E36=01 and E37=01)
E39. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1), USE (FIRST, SECOND, THIRD, ETC.)
What was the name of the (first, second, third, fourth, fifth) Employment Network (you were/ NAME was) signed up with in 2003?

INTERVIEWER: ENTER VERBATIM RESPONSE

E39a (EN#1 2003) <STRING=240 > ____________________________
E39b (EN#2 2003) <STRING=240 > ____________________________
E39c (EN#3 2003) <STRING=240 > ____________________________
E39d (EN#4 2003) <STRING=240 > ____________________________
E39e (EN#5 2003) <STRING=240 > ____________________________
DON’T KNOW........................................... d
REFUSED.................................................. r

PROGRAMMER: ASK E40- E43 FOR EACH EMPLOYMENT NETWORK LISTED IN E39
E40mth. The Ticket to Work program started in 2001. In what month and year did (you/NAME) first use (your/his/her) ticket with (EN IN 2003 FROM E39)?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

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

E40yr. PROBE: The Ticket to Work program started in 2001. In what month and year did (you/NAME) first use your ticket with (EN IN 2003 FROM E39)?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

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YE

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

E41. (Are you/Is NAME) currently signed up with (EN IN 2003 FROM E39)?

YES.............................................................. 01 (NEXT EN OR E44)
NO............................................................... 00
DON'T KNOW................................................ d
REFUSED...................................................... r

E42mth. In what month and year did (you/NAME) stop receiving services from (EN IN 2003 FROM E39)?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AN YEAR ON NEXT SCREEN

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DON'T KNOW................................................ d
REFUSED...................................................... r
E42yr. PROBE: In what month and year did {you/NAME} stop receiving services from (EN IN 2003 FROM E39)?
PROBE: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

__________ (2001-2004)

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

E43. Why {are you/is NAME} no longer receiving services from (EN IN 2003 FROM E39)?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>_____________________________________________________________________

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

CURRENT TICKET USE

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

E44. CHECK: IS (NAME) CURRENTLY SIGNED UP WITH AN EMPLOYMENT NETWORK FROM 2003 (E41=01 FOR ANY EN)?
YES................................................................. 01 (E48)
NO................................................................. 00

(E21=01 or E24=01 or E25=01 and E36=01 and E44=00)

E45. (Are you/is NAME) currently signed up with an Employment Network?

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

YES................................................................. 01
NO................................................................. 00 (E48)
DON'T KNOW ................................................ d (E48)
REFUSED ....................................................... r (E48)

(E21=01 or E24=01 or E25=01 and E36=01 and E44=00 and E45=01)

E46. What is the name of the Employment Network {you are/NAME is} currently signed up with?

INTERVIEWER: ENTER VERBATIM RESPONSE

CURRENT EN #1 <STRING=240> ______________________________________________

DON'T KNOW ................................................ d
REFUSED ....................................................... r
E47mth. The Ticket to Work program started in 2001. In what month and year did {you/NAME} use {your/his/her} ticket with (CURRENT EN FROM E46)?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

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

E47yr. PROBE: The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} ticket with (CURRENT EN FROM E46)?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

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<th>(2001-2004)</th>
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<tr>
<td>YEAR</td>
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DON'T KNOW ................................................ d
REFUSED ...................................................... r

OTHER EMPLOYMENT NETWORKS NOT PREVIOUSLY DISCUSSED

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

E48. {Have you/Has NAME} ever used {your/his/her} Ticket to sign up with any other Employment Networks that we haven’t yet talked about?

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

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

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

E49. How many other Employment Networks {have you/has NAME} been signed up with?

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<td>OTHER EMPLOYMENT NETWORKS</td>
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<td>(1-5)</td>
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DON'T KNOW ................................................. d
REFUSED ...................................................... r
The Ticket to Work program started in 2001. In what month and year did (you/NAME) first use (your/his/her) Ticket to sign up with an Employment Network?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

|____|____|   (1-12)

MO

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

The Ticket to Work program started in 2001. In what month and year did (you/NAME) first use (your/his/her) Ticket to sign up with an Employment Network?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER YEAR


YEAR

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

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

YES................................................................. 01 (F1)
NO................................................................. 00 (G1)
SECTION F: TICKET NON-PARTICIPANTS IN 2003

TRIED TO GET INFORMATION OR PARTICIPATE IN 2003 (E51=01)

F1. During 2003, did (you/NAME or his/her representative) contact, or try to contact, anyone to find out more about the Ticket to Work program or to participate in the program?

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

(E51=01 and F1=01)

F2. Thinking only about 2003, who did (you/NAME or his/her representative) contact to get information about the Ticket to Work program?

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

<table>
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<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
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<td>a.</td>
<td>01</td>
<td>00</td>
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<td>d</td>
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PROBE: Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work program. Employment Networks can be public or private and can include the State Vocational Rehabilitation Agency.

PROGRAMMER: IF F2h=01 GO TO F2h_OTHER, ELSE GO TO F2i

i. Another Agency or Organization .................................................... 01 00 d r

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

(E51=01 and F1=01 and F2h=01)

F2h_Other. What other Employment Network?

<OPEN>___________________________________________________________________ (F2i)

DON'T KNOW.......................................... d (F2i)
REFUSED ........................................... r (F2i)
F2. In general, how easy was it for {you/NAME or his/her representative} to get the information {you/they} wanted about the Ticket to Work program? Was it:

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

INFORMATION ABOUT EMPLOYMENT NETWORKS

F4. Now I'd like to ask you about Employment Networks. During 2003, did {you/NAME or his/her representative} get any information about the Employment Networks that serve {your/NAME's} area?

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

- YES................................................................ 01
- NO.................................................................. 00 (F12)
- DON'T KNOW ................................................ d (F12)
- REFUSED ...................................................... r (F12)

F5. How did {you/NAME} receive this information about Employment Networks? Did {you/NAME or his/her representative} receive information in the mail?

- YES ........................................................................ 01
- NO ....................................................................... 00 (F7)
- DON'T KNOW ................................................ d (F7)
- REFUSED ...................................................... r (F7)

F6. Who sent {you/NAME or his/her representative} the information about Employment Networks?

INTERVIEWER: CODE ALL THAT APPLY.

- a. SOCIAL SECURITY ADMINISTRATION................................. 01 (F7)
- b. MAXIMUS.................................................................................. 02 (F7)
- c. STATE VOCATIONAL REHABILITATION AGENCY or (VRNAME).... 03 (F7)
- d. A BENEFITS PLANNING AND ASSISTANCE ORGANIZATION (BPAO) ................................................................. 04 (F7)
- e. A BENEFITS SPECIALIST OR CASEWORKER................................. 05 (F7)
- f. FRIEND/FAMILY MEMBER................................................................. 06 (F7)
- g. INDEPENDENT LIVING CENTER ...................................................... 07 (F7)
- h. EMPLOYMENT NETWORK ................................................................. 08
- i. OTHER AGENCY/ORGANIZATION.................................................... 09 (F6i_Other)
- j. OTHER................................................................................................ 10 (F6j_Other)
k. DON'T KNOW ................................................................. d (F7)
l. REFUSED .............................................................................. r (F7)

(E51=01 and F1=01 and F4=01 and F5=01 and F6=08)
F6h_Other. What other Employment Network?

<OPEN>_______________________________________________________________________

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

(E51=01 and F1=01 and F4=01 and F5=01 and F6=09)
F6i_Other. What other Agency/Organization?

<OPEN>_______________________________________________________________________

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

(E51=01 and F1=01 and F4=01 and F5=01 and F6=10)
F6j_Other. What Other place?

<OPEN>_______________________________________________________________________

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

(E51=01 and F1=01 and F4=01)
F7. Did somebody call {you/NAME or his/her representative} to talk about Employment Networks?

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

(E51=01 and F1=01 and F4=01 and F7=01)
F8. Who called {you/NAME or his/her representative}?

INTERVIEWER: CODE ALL THAT APPLY.

a. SOCIAL SECURITY ADMINISTRATION................................. 01 (F9)
b. MAXIMUS................................................................................. 02 (F9)
c. STATE VOCATIONAL REHABILITATION AGENCY or (VRNAME) ......................................................... 03 (F9)
d. A BENEFITS PLANNING AND ASSISTANCE ORGANIZATION (BPAO) ......................................................... 04 (F9)
e. A BENEFITS SPECIALIST OR CASEWORKER......................... 05 (F9)
f. FRIEND/FAMILY MEMBER.......................................................... 06 (F9)
g. INDEPENDENT LIVING CENTER .................................................. 07 (F9)
h. EMPLOYMENT NETWORK ............................................................ 08
i. OTHER AGENCY/ORGANIZATION.................................................. 09 (F8i_Other)
j. OTHER...................................................................................... 10 (F8_jOther)
k. DON'T KNOW .............................................................................. d
l. REFUSED...................................................................................... r
(E51=01 and F1=01 and F4=01 and F7=01 and F8=08)
F8h_Other. What other Employment Network?

<OPEN>_______________________________________________________________________

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

(E51=01 and F1=01 and F4=01 and F7=01 and F8=09)
F8i_Other. What other Agency /Organization?

<OPEN>_______________________________________________________________________

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

(E51=01 and F1=01 and F4=01 and F7=01 and F8=10)
F8j_Other. What Other place?

<OPEN>_______________________________________________________________________

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

(E51=01 and F1=01 and F4=01)
F9. Did somebody talk to {you/NAME or his/her representative} about Employment Networks in-person?

YES................................................................ 01
NO.................................................................. 00 (F11)
DON'T KNOW ................................................ d (F11)
REFUSED ..................................................... r (F11)

(E51=01 and F1=01 and F4=01 and F9=01)
F10. Who talked to {you/NAME or his/her representative} about Employment Networks?

INTERVIEWER: CODE ALL THAT APPLY.

a. SOCIAL SECURITY ADMINISTRATION............................................... 01 (F11)
b. MAXIMUS......................................................................................... 02 (F11)
c. STATE VOCATIONAL REHABILITATION AGENCY or (VRNAME)... 03 (F11)
d. A BENEFITS PLANNING AND ASSISTANCE ORGANIZATION
   (BPAO).............................................................................................. 04 (F11)
e. A BENEFITS SPECIALIST OR CASEWORKER................................. 05 (F11)
f. FRIEND/FAMILY MEMBER............................................................... 06 (F11)
g. INDEPENDENT LIVING CENTER ..................................................... 07 (F11)
h. EMPLOYMENT NETWORK................................................................. 08
i. OTHER AGENCY/ORGANIZATION............................................... 09 (F10i_OTHER)
j. OTHER................................................................. 10 (F10j_OTHER)
k. DON'T KNOW ................................................................. d (F11)
l. REFUSED ................................................................. r (F11)

(E51=01 and F1=01 and F4=01 and F9=01 and F10=08)
F10h_Other. What other Employment Network?

<OPEN>_______________________________________________________________________

DON'T KNOW ................................................ d
REFUSED ..................................................... r
(E51=01 and F1=01 and F9=01 and F10=09)
F10i. Other. What other Agency/Organization?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

(E51=01 and F1=01 and F9=01 and F10=10)
F10j. Other. What Other place?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

(E51=01 and F1=01 and F4=01)
F11. Did (you/NAME or his/her representative) learn about Employment Networks on a web site?

YES................................................................ 01
NO.................................................................. 00
DON’T KNOW ................................................ d
REFUSED ...................................................... r

CONTACT WITH STATE VR AGENCIES
(E51=01 and F1=01)
F12. The next questions are about trying to use a Ticket with the vocational rehabilitation agency in {your/NAME’s} state. In {your/NAME’s} state the vocational rehabilitation agency is called {STATE NAME FOR VR AGENCY}. I’m going to refer to this as {your/NAME’s} State VR agency. In 2003, did (you/NAME or his/her representative) contact {your/his/her} State VR agency to use {your/his/her} Ticket or to talk about getting services from them?

YES................................................................ 01
NO.................................................................. 00 (F20)
DON’T KNOW ................................................ d (F20)
REFUSED ...................................................... r (F20)

(E51=01 and F1=01 and F12=01)
F13. In 2003, did {you/NAME or his/her representative} try to use {your/NAME’s} Ticket to sign up with {your/NAME’s} State VR agency?

YES................................................................ 01 (F15)
NO.................................................................. 00
DON’T KNOW ................................................ d (F20)
REFUSED ...................................................... r (F20)

(E51=01 and F1=01 and F12=01 and F13=00)
F14. Why didn’t {you/NAME or his/her representative} try to use {your/NAME’s} Ticket with the State VR agency in 2003?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>_______________________________________________________________________ (F20)

DON’T KNOW ................................................ d (F20)
REFUSED ...................................................... r (F20)
F15. In 2003, did {your/NAME’s} State VR agency accept {your/his/her} Ticket?

YES................................................................. 01 (F17)
NO................................................................. 00
DON’T KNOW ................................................. d (F20)
REFUSED ....................................................... r (F20)

F16. Why didn’t the State VR agency accept {your/NAME’s} Ticket in 2003?

INTERVIEWER: CODE ALL THAT APPLY.

NOT TAKING TICKETS WHEN CONTACTED................................. 01 (F17)
DID NOT OFFER SERVICES {NAME} NEEDED ............................. 02 (F17)
DID NOT SERVE PEOPLE WITH {NAME’S} DISABILITY/NEEDS ....... 03 (F17)
{NAME} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH HOURS......................................................... 04 (F17)
{NAME} NOT WILLING TO GO OFF OF DISABILITY BENEFITS .......... 05 (F17)
OTHER ................................................................................. 06
DON’T KNOW ................................................................. d (F17)
REFUSED ................................................................. r (F17)

F16_Other. What other reason?

<OPEN>__________________________________________________________________ (F20)

DON’T KNOW ................................................. d
REFUSED ....................................................... r

F17. CHECK: WAS TICKET ASSIGNED TO STATE VR AGENCY IN 2003 (F15=01)?

YES................................................................. 01
NO................................................................. 00 (F20)

F18. SOFT EDIT: You said that {your/NAME’s} State VR agency accepted {your/his/her} Ticket some time in 2003 (F15=01), but I show that you told me earlier {you/NAME} had not assigned {your/his/her} Ticket in 2003 (F15=00).  Is it correct that {you/NAME} participated in the Ticket to Work program in 2003 through {your/his/her} State VR agency?

YES, DID PARTICIPATE IN 2003.................. 01
NO, DID NOT PARTICIPATE IN 2003........... 00 (F20)
DON’T KNOW ................................................. d (F20)
REFUSED ....................................................... r (F20)

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

INTERVIEWER: GO TO PARALLEL BREAKOFF BLOCK, END INTERVIEW AND STATUS SUPERVISOR REVIEW 380.
CONTACT WITH EMPLOYMENT NETWORKS OTHER THAN THE STATE VR AGENCY
(E51=01 and F1=01)

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

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

YES....................................................... 01
NO....................................................... 00 (F28)
DON’T KNOW........................................... d (F28)
REFUSED................................................. r (F28)

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

F21. How many other Employment Networks did (you/NAME) contact in 2003?

PROBE: Your best guess is fine.

| | | NUMBER (1-2) |
| | | (1-15) |

DON’T KNOW........................................... d
REFUSED................................................. r

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

F22. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN F21, READ THIS STATEMENT BEFORE F22:
{In the next few questions, I am going to ask about your overall experience with the Employment Networks that you contacted.}

PROGRAMMER: USE “ANY OF” AND “NETWORKS” IF RESPONDENT CONTACTED MORE THAN ONE EN (F21>1).

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

YES....................................................... 01 (F24)
NO....................................................... 00
DON’T KNOW........................................... d (F24)
REFUSED................................................. r (F24)

(E51=01 and F1=01 and F20=01 and F22=00)

F23. PROGRAMMER: USE “NETWORKS” IF THE RESPONDENT CONTACTED MORE THAN ONE EN (F21>1).

Why didn’t (you/NAME or his/her representative) try to use (your/NAME’s) Ticket with the Employment Network(s) (you/he/she) contacted?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>__________________________________________________________________ (F30)
DON’T KNOW........................................... d (F30)
REFUSED................................................. r (F30)
F24. PROGRAMMER: USE "ANY OF" AND "NETWORKS" IF RESPONDENT CONTACTED MORE THAN ONE EN (F21>1).

In 2003, did {any of} Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME’s} Ticket?

YES ............................................. 01 (F26)
NO .............................................. 00
DON’T KNOW ................................ d (F30)
REFUSED .................................... r (F30)

F25. PROGRAMMER: USE "NETWORKS" IF THE RESPONDENT CONTACTED MORE THAN ONE EN (F21>1).

Overall, why didn’t the Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME’s} Ticket in 2003?

PROGRAMMER: USE "THESE" AND "NETWORKS" IF RESPONDENT CONTACTED MORE THAN ONE EN (F21>1)

PROBE: Were there any other reasons why {these/this} Employment Network(s) would not accept {your/NAME’S} Ticket in 2003?

INTERVIEWER: CODE ALL THAT APPLY.

NOT TAKING TICKETS WHEN CONTACTED............................... 01 (F26)
DID NOT OFFER SERVICES (NAME) NEEDED ................................ 02 (F26)
EMPLOYMENT NETWORK DID NOT SERVE PEOPLE
WITH {NAME’S} DISABILITY/NEEDS ........................................... 03 (F26)
{NAME} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH
HOURS................................................................................ 04 (F26)
{NAME} NOT WILLING TO GO OFF OF DISABILITY BENEFITS........... 05 (F26)
OTHER .............................................................................. 06
DON’T KNOW ......................................................... d (F26)
REFUSED ......................................................... r (F26)

F25. Other. What Other reason?

<OPEN>_______________________________________________________________________

DON’T KNOW ......................................... d
REFUSED ......................................... r

GO TO F30

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

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

YES, DID PARTICIPATE IN 2003 ............ 01
NO, DID NOT PARTICIPATE IN 2003 .......... 00 (F30)
DON’T KNOW ........................................... d (F30)
REFUSED ........................................... r (F30)
F27. I have encountered a problem with the interview and need to speak with my supervisor. I will call you back shortly. Thank you for your time.

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

RECEIVED INFORMATION BUT DID NOT CONTACT ENs IN 2003

F28. CHECK: DID NAME RECEIVE INFORMATION ABOUT EMPLOYMENT NETWORKS (F4=01) BUT DID NOT CONTACT THEM (F12=00 AND F20=00)?

YES............................................................ 01
NO............................................................ 00 (F30)

F29. After receiving information about the Employment Networks in (your/NAME’s) area including the State Vocational Rehabilitation agency or (VRNAME), why didn’t (you/NAME or his/her representative) contact any of them?

INTERVIEWER: CODE ALL THAT APPLY.

- PHYSICAL/MENTAL CONDITION............................................................................. 01 (F30)
- CHANGED MIND........................................................................................................ 02 (F30)
- FAMILY RESPONSIBILITIES .................................................................................. 03 (F30)
- FAMILY WOULD NOT SUPPORT .......................................................................... 04 (F30)
- COULD NOT GET RELIABLE TRANSPORTATION ................................................. 05 (F30)
- ECONOMIC CONDITIONS CHANGED – NO LONGER THINK JOB OPPORTUNITIES EXIST .............................................................................................................. 06 (F30)
- FEARED SERVICES WOULD ENDANGER BENEFITS .......................................... 07 (F30)
- INFORMATION TOO CONFUSING – DID NOT KNOW WHERE TO START ............ 08 (F30)
- EMPLOYMENT NETWORK (NAME) WANTED WAS NOT PARTICIPATING .......... 09 (F30)
- ENs TOO FAR AWAY............................................................................................. 10 (F30)
- COULD NOT GET IN CONTACT WITH ENs .......................................................... 11 (F30)
- NO ENs PROVIDED SERVICES (NAME) NEEDS ................................................. 12 (F30)
- NO ENs SERVE MY KIND OF DISABILITY ............................................................. 13 (F30)
- OTHER ................................................................................................................ 14
- DON’T KNOW......................................................................................................... d (F30)
- REFUSED.............................................................................................................. r (F30)

F29_Other. What other reason?

<OPEN>_____________________________________________________________________

DON’T KNOW................................................. d
REFUSED........................................................ r

FUTURE PLANS ABOUT TICKET TO WORK PARTICIPATION

F30. Do you think (you/NAME) will try to participate in the Ticket to Work program at any time in the future?

YES............................................................ 01
NO.............................................................. 00
DON’T KNOW............................................... d
REFUSED........................................................ r

GO TO F33
AWARE OF TICKET PROGRAM BUT DID NOT TRY TO GET INFORMATION OR PARTICIPATE DURING 2003

(E35=00,d,r) OR (E51=01 and F1=00,d,r)
F31. What are the main reasons you did not try to participate in the Ticket to Work program in 2003?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED...................................................... r

(E35=00,d,r) OR (E51=01 and F1=00,d,r)
F32. Do you think you will try to participate in the Ticket to Work program at any time in the future?

YES............................................................... 01
NO.................................................................. 00
DON’T KNOW ................................................ d
REFUSED...................................................... r

KNOWLEDGE OF TICKET TO WORK PROGRAM
(E35=00,d,r or E51=01)
F33. Now I’m going to read you some statements about the Ticket to Work program. For each statement, please tell me if it is something you or his/her representative knew before today or not.

PROGRAMMER: INSERT STATEMENT BELOW HERE

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

INTERVIEWER: REPEAT AS NECESSARY

<table>
<thead>
<tr>
<th>DID NOT KNOW BEFORE TODAY</th>
<th>KNEW BEFORE TODAY</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

a. Ticket to Work is a program to help people with disabilities get training or other employment services to improve their ability to work. These employment services are paid for by Social Security .................................................................

b. Ticket to Work participants are free to choose an employment service provider from among a network of employment service providers in the program .................................................................

c. [Your/NAME’s] employment service provider in the Ticket to Work program is not paid by Social Security unless (you go/[he/she] goes) back to work .................................................................

d. While participating in the Ticket to Work program, Social Security will not conduct a review of [your/NAME’s] medical eligibility for disability benefits .................................................................
SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2003

SERVICE PROVIDERS

(All)

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

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

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

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

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

(G1=01)

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

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

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

INTERVIEWER: PRESS ‘ENTER’ FOR NO OTHER PLACE

   PROVIDER 1 <STRING=240> ________________________________
   PROVIDER 2 < STRING=240> ________________________________
   PROVIDER 3 < STRING=240> ________________________________
   PROVIDER 4 < STRING=240> ________________________________
   PROVIDER 5 < STRING=240> ________________________________
   PROVIDER 6 < STRING=240> ________________________________
   PROVIDER 7 < STRING=240> ________________________________
   PROVIDER 8 < STRING=240> ________________________________
DON’T KNOW ................................................... d (G10)
REFUSED...................................................... r (G10)  

(G1=01)

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

YES................................................................. 01
NO................................................................. 00  (G7)

PROGRAMMER: REPEAT G4 THROUGH G6 ONLY FOR THE FIRST AND SECOND 2003 EMPLOYMENT NETWORKS LISTED IN E39
G4. INTERVIEWER: IS {EMPLOYMENT NETWORK IN 2003 (DISPLAY FIRST/SECOND NAME FROM E39)} ON THIS LIST (DISPLAY LIST FROM G2)?

   YES.......................................................... 01 (DISPLAY SECOND EN FROM E39 OR SKIP TO G7)
   NO.......................................................... 00

G5. In 2003, did {you/NAME} receive employment services from {FIRST/SECOND EMPLOYMENT NETWORK IN 2003 (E39)}?

   YES ............................................................... 01
   NO................................................................. 00 (G7)
   DON'T KNOW ............................................... d (G7)
   REFUSED ..................................................... r (G7)

G6. Then let me add {FIRST/SECOND EMPLOYMENT NETWORK FROM 2003 (E39)} to this list.

   INTERVIEWER: ENTER '1' TO ADD NAME OF EMPLOYMENT NETWORK TO LIST
   PRESS 1 TO CONTINUE .................................. 01

G7. PROGRAMMER: ASK G7 THROUGH G9 FOR EACH PLACE LISTED IN G2 INCLUDING EMPLOYMENT NETWORKS THAT WERE ADDED IN G6.

   Thinking about {PROVIDER FROM G2}, was this place:

      A state agency, ......................................................... 01 (G8)
      A private business, or ........................................... 02 NEXT PROVIDER OR G10
      Some other type of place? ....................................... 03
      DON'T KNOW ................................................. d (NEXT PROVIDER OR G10)
      REFUSED ..................................................... r (NEXT PROVIDER OR G10)

G7_oth. INTERVIEWER: PLEASE SPECIFY

   <OPEN>___________________________________________ (NEXT PROVIDER OR G10)

      DON'T KNOW ................................................. d (NEXT PROVIDER OR G10)
      REFUSED ..................................................... r (NEXT PROVIDER OR G10)

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

   YES................................................................. 01
   NO................................................................. 02 (NEXT PROVIDER OR G10)
(G1=01 and G7=01 and G8=01)

G9. Was this place:

- A vocational rehabilitation agency, ............................................... 01 (NEXT PROVIDER OR G10)
- A welfare agency, .............................................................. 02 (NEXT PROVIDER OR G10)
- A mental health agency ....................................................... 03 (NEXT PROVIDER OR G10)
- Some other state agency, or .............................................. 04 (NEXT PROVIDER OR G10)
- Some other type of place ..................................................... 05 (NEXT PROVIDER OR G10)
- DON'T KNOW......................................................................... d (NEXT PROVIDER OR G10)
- REFUSED.................................................................................. r (NEXT PROVIDER OR G10)

(G1=01 G7=01 and G8=01 and G9=04)

G9_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_____________________________________________ (NEXT PROVIDER OR G10)

- DON'T KNOW................................................... d (NEXT PROVIDER OR G10)
- REFUSED....................................................... r (NEXT PROVIDER OR G10)

(All)

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

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

(IF DISABLED AT AGE 16 OR LATER (B18_AGE \geq 16 OR IF BIRTHYEAR - B18_YEAR \geq 16)) Since becoming disabled, {have you/has NAME} received any training to help {you/him/her} get a new job or change careers?

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

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

(G10=01)

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

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

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

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

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

PROVIDER 1 <STRING=240> ____________________________________________
PROVIDER 2 <STRING=240> __________________________________________
PROVIDER 3 <STRING=240> __________________________________________
PROVIDER 4 <STRING=240> __________________________________________
PROVIDER 5 <STRING=240> __________________________________________
PROVIDER 6 <STRING=240> __________________________________________
PROVIDER 7 <STRING=240> __________________________________________
PROVIDER 8 <STRING=240> __________________________________________

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

PROGRAMMER: FOR EACH PROVIDER LISTED IN G11 DISPLAY G12
G12. INTERVIEWER: IS (PROVIDER LISTED IN G11) ALREADY ON THIS LIST [DISPLAY PROVIDERS FROM G2]?

YES................................................................. 01 (PROGRAMMER: DELETE ONE MENTION)
NO................................................................. 00 (NEXT PROVIDER OR G13)

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

G13. Thinking about [NEW PROVIDER FROM G11], was this place:

A state agency .................................................. 01 (G14)
A private business, or ....................................... 02 (NEXT PROVIDER OR G15)
Some other type of place? .................................. 03
DON'T KNOW ................................................ d (NEXT PROVIDER OR G15)
REFUSED ...................................................... r (NEXT PROVIDER OR G15)

(G10=01 and G13=03)
G13_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>__________________________________________ (NEXT PROVIDER OR G15)

DON'T KNOW ................................................ d (NEXT PROVIDER OR G15)
REFUSED ...................................................... r (NEXT PROVIDER OR G15)

(G10=01 and G13=01)
G14. Was this place:

A vocational rehabilitation agency, ...................... 01 (NEXT PROVIDER OR G15)
A welfare agency, ............................................ 02 (NEXT PROVIDER OR G15)
A mental health agency, ................................... 03 (NEXT PROVIDER OR G15)
Some other state agency, or ............................. 04 (NEXT PROVIDER OR G15)
None of these .................................................. 05 (NEXT PROVIDER OR G15)
DON'T KNOW ................................................ d (NEXT PROVIDER OR G15)
REFUSED ...................................................... r (NEXT PROVIDER OR G15)

(G10=01 and G13=01 and G14=04)
G14_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>__________________________________________ (NEXT PROVIDER OR G15)

DON'T KNOW ................................................ d (NEXT PROVIDER OR G15)
REFUSED ...................................................... r (NEXT PROVIDER OR 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.

(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received any medical services to improve {your/his/her} ability to work or live independently?

(IF DISABLED AT AGE 16 OR LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - B18_YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} received any medical services to improve {your/his/her} ability to work or live independently?
PROBE: Please do not include places you already told me about.

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

(G15=01)
G16. What was the name of the place {you/NAME} went to for those medical services?
PROBE: Please do not include any places you already told me about.

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

INTERVIEWER: PRESS ‘ENTER’ FOR NO OTHER PLACE

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

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

(G15=01)
G17. INTERVIEWER: IS (PROVIDER LISTED IN G16) ALREADY ON THIS LIST (DISPLAY PROVIDERS FROM G2 AND G11)?

YES................................................................. 01 (PROGRAMMER: DELETE ONE MENTION)
NO................................................................. 00 (NEXT PROVIDER OR KindPlace)

PROGRAMMER: FOR EACH PROVIDER LISTED IN G16 DISPLAY G17.

(G15=01)
KindPlace. Thinking about (NEW PROVIDER FROM G16), was this place:

A clinic, ................................................................................................. 01 (NEXT PROVIDER OR G19)
A hospital ............................................................................................ 02 (NEXT PROVIDER OR G19)
A doctor’s office, or ............................................................................. 03 (NEXT PROVIDER OR G19)
Some other type of place? ................................................................. 04
DON’T KNOW ..................................................................................... d (NEXT PROVIDER OR G19)
REFUSED ............................................................................................... r (NEXT PROVIDER OR G19)

(G15=01 and KindPlace=04)
OtherSpecify. INTERVIEWER: PLEASE SPECIFY

<OPEN>....................................................................................... (NEXT PROVIDER OR G19)

DON’T KNOW ..................................................................................... d (NEXT PROVIDER OR G19)
REFUSED ............................................................................................... r (NEXT PROVIDER OR G19)
Sometimes people go to a mental health professional to get therapy or counseling to improve their ability to work or live independently.

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

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

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

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

(G19=01)

What was the name of the place (you/NAME) went to for therapy or counseling? Anyplace else?

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

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

INTERVIEWER: PRESS ‘ENTER’ FOR NO OTHER PLACE

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

PROGRAMMER: FOR EACH PROVIDER LISTED IN G20 DISPLAY G21.
(G19=01)
KindPlace. Thinking about {NEW PROVIDER FROM G20}, was this place:

A mental health agency, ................................................................. 01 (NEXT PROVIDER OR G23)
A clinic, ........................................................................................... 02 (NEXT PROVIDER OR G23)
A hospital, ......................................................................................... 03 (NEXT PROVIDER OR G23)
A doctor’s office, or ........................................................................... 04 (NEXT PROVIDER OR G23)
Some other type of place? ................................................................ 05
DON’T KNOW .................................................................................. d (NEXT PROVIDER OR G23)
REFUSED .......................................................................................... r (NEXT PROVIDER OR G23)

(G19=01 and KindPlace=05)
OtherSpecify. INTERVIEWER: PLEASE SPECIFY

<OPEN> ____________________________________________ (NEXT PROVIDER OR G23)

DON’T KNOW ................................................ d (NEXT PROVIDER OR G23)
REFUSED ...................................................... r (NEXT PROVIDER OR G23)

(All)
G23. (IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} enrolled in school or taken any classes to help {you/him/her} get a new job or change careers? Please do not include any training you have already told me about.

(IF DISABLED AT AGE 16 OR LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - B18_YEAR ≥ 16)) Since becoming disabled, (have you/has NAME) enrolled in school or taken any classes to help (you/him/her) get a new job or change careers? Please do not include any training you have already told me about.

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

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

(G23=01)
G24. Where did {you/NAME} enroll in school or take classes?
PROBE: Please do not include any places you already told me about.

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

INTERVIEWER: PRESS ‘ENTER’ FOR NO OTHER PLACE
PROBE (IF E36=01): This includes services {you/NAME} received from an Employment Network.

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

PROGRAMMER: FOR EACH PROVIDER LISTED IN G24 DISPLAY G25.
G25. INTERVIEWER: IS (PROVIDER LISTED IN G24) ALREADY ON THIS LIST (DISPLAY PROVIDERS FROM G2, G11, G16, AND G20)?

YES ................................................................. 01  (PROGRAMMER: DELETE ONE MENTION)
NO .............................................................. 00  (NEXT PROVIDER OR G26)

(G10=01 or G23=01)
G26. (Are you/Is NAME) currently enrolled in school or taking any classes?

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

(G10=01 or G23=01 and G26=01)
G27. (Are you/Is NAME) working toward a degree, a certificate or license, or (are you/is (he/she)) just taking classes?

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

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

a. GED OR HIGH SCHOOL EQUIVALENCE PROGRAM/ COURSES ............................................................... 01  (G29)
b. VOCATIONAL PROGRAM ......................................................... 02
c. ASSOCIATE DEGREE PROGRAM (AA DEGREE) .................... 03  (G29)
d. UNDERGRADUATE DEGREE PROGRAM (BA, BS DEGREE).... 04  (G29)
e. GRADUATE DEGREE PROGRAM (e.g., MA, MS, MD, EdD)....... 05  (G29)
f. OTHER _______________________________________________ 06  (G28f_oth)
g. DON'T KNOW ................................................................. d  (G29)
h. REFUSED ............................................................... r  (G29)

(G10=01 or G23=01 and G26=01 and G27=01,02 and G28=02)
G28b_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>__________________________________________________________________ (G29)

DON'T KNOW .................................................. d  (G29)
REFUSED ....................................................... r  (G29)

(G10=01 or G23=01 and G26=01 and G27=01,02 and G28=06)
G28f_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

DON'T KNOW .................................................. d  
REFUSED ....................................................... r
(G10=01 or G23=01 and G26=01 and G27=answer)

G29. (Are you/Is NAME) a full-time or part-time student?

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

DE-DUPLICATION OF THE LIST OF PROVIDERS
(All)

G29a. CHECK: DID [NAME] RECEIVE ANY SERVICES (G1=1 OR G10=1 OR G15=1 OR G19=1)?

YES............................................................. 01
NO.............................................................. 02 (G48)

(G29a=01)

G30_1.


INTERVIEWER: ITEMS IN TEAL HAVE ALREADY BEEN DELETED.
INTERVIEWER: MARK DUPLICATES FOR DELETION (ENTER PROVIDER #1-34 TO DELETE OR ‘0’ FOR NONE).
INTERVIEWER: EACH PROVIDER SHOULD BE MENTIONED ONLY ONCE.

NONE/DONE ................................................. 00

(G29a=01)

G30_1. You said [you/NAME] received employment, medical, and therapy services from [LIST BELOW]. I want to be sure that each service provider is listed only once. Are any of these providers the same?

INTERVIEWER: ITEMS IN TEAL HAVE ALREADY BEEN DELETED.
INTERVIEWER: IF YES, MARK DUPLICATES FOR DELETION (ENTER PROVIDER #1-34 TO DELETE OR ‘0’ FOR NONE). INTERVIEWER: EACH PROVIDER SHOULD BE MENTIONED ONLY ONCE.

NONE/DONE ................................................. 00

WHEN SERVICES RECEIVED
(G29a=01)

G33_base. Next, I would like to know when [you/NAME] last received services from the places I just read and more about the kinds of services [you/he/she] received from those places.

INTERVIEWER: PRESS 1 TO CONTINUE

PROGRAMMER: ASK G33 THROUGH G35 FOR EACH PLACE LISTED IN G30_1 AFTER DE-DUPLICATION.

(G29a=01)

G33. PROBE: Next, I would like to know when (you/NAME) last received services from the places I just read and more about the kinds of services (you/he/she) received from those places.

Think about all the services (you/NAME) received from (PROVIDER FROM G30_1 DE-DUPLICATED LIST). In what year did (you/he/she) last receive services from (PROVIDER FROM G30_1 DE-DUPLICATED LIST)? Was it in 2004, in 2003, or before 2003?

IN 2004 ......................................................... 01 (NEXT PROVIDER OR G35)
IN 2003 ......................................................... 02 (NEXT PROVIDER OR G36)
BEFORE 2003 ............................................... 03 (NEXT PROVIDER OR G48)
DON’T KNOW .............................................. d
REFUSED .................................................. r
G34. Was it:

- Within the last 2 years: 01
- 2 to 5 years ago: 02
- 5 to 10 years ago: 03
- More than 10 years ago: 04
- DON'T KNOW: d
- REFUSED: r

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

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

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

(G35a=01 or G33=02)

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

- YES: 01
- NO: 00

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

(G35a=01 or G33=02)

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

PROBE: from (PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003).

<table>
<thead>
<tr>
<th>Service</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Physical therapy?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>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</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>c. Speech therapy?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>d. A medical procedure such as surgery or implants?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>e. Special equipment or devices?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>f. Personal counseling or therapy?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>g. Group therapy?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>h. A work or job assessment?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>i. Help to find a job?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>j. Training to learn a new job or skill?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>k. Advice about modifying (your/his/her) job or work place?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>l. On-the-job training, job coaching, or support services?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G37)</td>
</tr>
<tr>
<td>m. Anything else that I didn’t mention?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r (G36m_oth)</td>
</tr>
</tbody>
</table>

11/11/2004  G-10  ROUND 1 VERSION
(G35a=01 or G33=02 and G36e=01)
G36e_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

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

(G35a=01 or G33=02 and G36m=01)
G36m_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

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

(G35a=01 or G33=02)
G37. In 2003, how many times did {you/NAME} receive these services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}? You can tell me either the total number of times in 2003 or the total number of times per week or per month.

PROBE: How many times did {you/NAME} go to the place or have contact with the service provider in 2003?

TOTAL TIMES IN 2003 .................................. 01 (G37_T2003)
TIMES PER WEEK ........................................ 02 (G37_Tweek)
TIMES PER MONTH ...................................... 03 (G37_Tmonth)
DON'T KNOW ................................................ d (G39)
REFUSED ...................................................... r (G39)

(G35a=01 or G33=02 and G37=01)
G37_T2003. PROBE: READ IF NECESSARY: How many times did {you/NAME} go to the place or have contact with the service provider in 2003?

|__|__|__|
| (1-99) (1-999)

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

(G35a=01 or G33=02 and G37=02)
G37_Tweek. PROBE: READ IF NECESSARY: How many times did {you/NAME} go to the place or have contact with the service provider per week?

|__|__|__|
| (1-7) (1-99)

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

(G35a=01 or G33=02 and G37=02)
G38_week. In 2003, about how many weeks did {you/NAME} get these services?

|__|__|__| WEEKS
| (1-52)

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

GO TO G39
(G35a=01 or G33=02 and G37=03)
G37_Tmonth. PROBE: READ IF NECESSARY: How many times did {you/NAME} go to the place or have contact with the service provider per month?

|__|__|__|
(1-31) (1-99)

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

(G35a=01 or G33=02 and G37=03)
G38_month. In 2003, about how many months did {you/NAME} get these services?

|__|__| MONTHS
(1-52) (1-12)

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

(G35a=01 or G33=02)
G39. About how long did each service session with {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003} last?

MINUTES................................. 01 (G39_min)
HOURS ...................................... 02 (G39_hr)
DAYS ......................................... 03 (G39_day)
IT VARIED ................................. 04 (G40)
DON'T KNOW .............................. d (G40)
REFUSED ................................. r (G40)

(G35a=01 or G33=02 and G39=01)
G39_min. INTERVIEWER: ENTER NUMBER OF MINUTES.

|__|__| (1-59) (1-240)

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

(G35a=01 or G33=02 and G39=02)
G39_hr. INTERVIEWER: ENTER NUMBER OF HOURS.

|__|__| (1-5) (1-24)

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

11/11/2004 G-12 ROUND 1 VERSION
(G35a=01 or G33=02 and G39=03)
G39_day.

INTERVIEWER: ENTER NUMBER OF DAYS.

|__|__| (1-3) (1-90)

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

(G35a=01 or G33=02)
G40. How useful to {you/NAME} were the services provided by {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}? Would you say they were:

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

(G35a=01 or G33=02)
G41. CHECK: WAS {NAME} A TICKET PARTICIPANT IN 2003 (E37=01)?

YES................................................................ 01
NO ................................................................. 00 (G45)

(G35a=01 or G33=02 and G41=01)
G42. CHECK: IS THE INTERVIEWER ALREADY ASKING ABOUT AN EMPLOYMENT NETWORK USED IN 2003 (SEE E39)?

YES................................................................. 01(G45)
NO ................................................................. 00

(G35a=01 or G33=02 and G41=01 and G42=00)
G43. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1)
Did {you/NAME} receive any of these services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003} during the time {your/his/her} Ticket was assigned to any Employment Networks in 2003?

PROGRAMMER: OTHERWISE USE
Did {you/NAME} receive any of these services from {EMPLOYMENT NETWORK IN 2003} during the time {your/his/her} Ticket was assigned to {EMPLOYMENT NETWORK IN 2003 (E39)}?

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

(G35a=01 or G33=02 and G41=01 and G42=00)
G44. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1)
Employment Networks often arrange services with other providers. In 2003, did any of {your/NAME’s} Employment Networks arrange for any of the services {you/he/she} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}?
Employment Networks often arrange services with other providers. In 2003, did {EMPLOYMENT NETWORK IN 2003 (E39)} arrange for any of the services {you/NAME} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}?

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

PAYMENT FOR SERVICES
(G35a=01 or G33=02)
G45. In 2003, who paid for the services {you/NAME} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}?
PROBE: Anybody else?
INTERVIEWER: CODE ALL THAT APPLY.

{NAME} ..................................................................................................... 01 (G47)
{PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003} ................................................. 02 (G46)
NO ONE .................................................................................................. 03 (G46)
FAMILY ...................................................................................................... 04 (G47)
HEALTH INSURANCE ............................................................................ 05 (G46)
EMPLOYMENT NETWORK ..................................................................... 06 (G46)
MEDICARE ................................................................................................ 07 (G46)
MEDICAID ............................................................................................... 08 (G46)
EMPLOYER ............................................................................................... 09 (G46)
NON-PROFIT ORGANIZATION SERVING PEOPLE WITH
DISABILITIES .......................................................................................... 10 (G46)
WORKER'S COMPENSATION ................................................................ 11 (G46)
DISABILITY INSURANCE ........................................................................ 12 (G46)
OTHER ....................................................................................................... 13
DON'T KNOW ........................................................................................... d
REFUSED............................................................................................... r

(G35a=01 or G33=02 and G45=13)
G45_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

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

(G35a=01 or G33=02 and G45=02,03,05-13,d,r)
G46. In 2003, did {you or your/NAME or (his/her)} family have to pay for any part of the cost of the services {you/he/she} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}?

YES................................................................ 01
NO.................................................................. 00 (G48)
DON'T KNOW.............................................. d
REFUSED................................................... r
G47. About how much did {you or your NAME or (his/her)} family have to pay in 2003? Your best estimate is fine.

INTERVIEWER: ROUND TO NEAREST DOLLAR.

PER WEEK .................................................... 01 G47_week)
PER MONTH .................................................. 02 (G47_month)
PER YEAR ..................................................... 03 (G47_year)
DON'T KNOW ................................................ d (G48)
REFUSED ...................................................... r (G48)

(G35a=01 or G33=02 and G46=01,d,r and G47=01)
G47_week.

INTERVIEWER: ROUND TO NEAREST DOLLAR.
INTERVIEWER: ENTER AMOUNT PER WEEK.

$|____|____|, |____|____|____| . 00   (1–300)   (1-999)

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

GO TO G48

(G35a=01 or G33=02 and G46=01,d,r and G47=02)
G47_month.

INTERVIEWER: ROUND TO NEAREST DOLLAR.
INTERVIEWER: ENTER AMOUNT PER MONTH.

$|____|____|, |____|____|____| . 00     (1-1,200)     (1-9,900)

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

GO TO G48

(G35a=01 or G33=02 and G46=01,d,r and G47=03)
G47_year.

INTERVIEWER: ROUND TO NEAREST DOLLAR.
INTERVIEWER: ENTER AMOUNT PER YEAR.

$|____|____|, |____|____|____| . 00     (1-14,400)     (1-99,000)

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

(All)
G48. CHECK: WAS (NAME) A TICKET PARTICIPANT IN 2003 (E37=01)?

YES............................................................. 01
NO............................................................ 00 (G52)
MONEY RECEIVED FROM EMPLOYMENT NETWORK IN 2003

(G48=01)

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

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

PROGRAMMER: OTHERWISE USE

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

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

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

(G48=01 and G49=01)

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

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

PROGRAMMER: OTHERWISE USE

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

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

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

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

G50_T2003.

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

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

PROGRAMMER: OTHERWISE USE

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

$|________| , |________| .00 (1-3,500) (1-20,000) (G52)

DON'T KNOW........................................... d (G52)
REFUSED............................................... r (G52)

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

G50_Tweek.

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

PROBE: READ IF NECESSARY In 2003, how much money did {you/NAME} receive from all Employment Network in 2003 per week?
In 2003, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2003 (E39)} in 2003 per week?

$|___|___| , |___|___|_
|.00     (1-65)     (1-385)     (G51_weeks)

DON'T KNOW.............................. d (G52)
REFUSED................................. r (G52)

(G48=01 and G49=01 and G50=02 and G50_Tweek≠d,r)
G51_weeks.

How many weeks in 2003 {did you/did NAME} receive this money from {your/his/her} Employment Network in 2003?

__|__| WEEKS (G52)
(1 – 52)     (1-12)

DON'T KNOW.............................. d (G52)
REFUSED................................. r (G52)

(G48=01 and G49=01 and G50=03)
G50_Tmonth.

How many months in 2003 {did you/did NAME} receive this money from {your/his/her} Employment Networks in 2003?

__|__| MONTHS
(1 – 52)     (1-12)

DON'T KNOW.............................. d
REFUSED................................. r
WHY USED SERVICES IN 2003

(All)

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

   YES........................................................................ 01
   NO...................................................................... 00 (G58)

(G52=01)

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

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

   INTERVIEWER: CODE ALL THAT APPLY.

   TO FIND A JOB/GET A BETTER JOB ..................................................... 01 (G54)
   TO INCREASE INCOME .......................................................................... 02 (G54)
   TO IMPROVE HEALTH ............................................................................ 03 (G54)
   TO IMPROVE ABILITY TO DO DAILY ACTIVITIES ................................. 04 (G54)
   TO AVOID A CONTINUING DISABILITY REVIEW .................................. 05 (G54)
   SOMEONE PRESSURED (NAME) TO PARTICIPATE ............................ 06 (G55)
   WANTED ACCESS TO A SPECIFIC PROGRAM/SERVICE/RESOURCE............ 07 (G54)
   OTHER .................................................................................................. 08
   DON’T KNOW ......................................................................................... d (G54)
   REFUSED ............................................................................................... r (G54)

(G52=01 and G53=08)

G53h_oth. INTERVIEWER: PLEASE SPECIFY

   <OPEN>_______________________________________________________________________

   DON’T KNOW ......................................................................................... d
   REFUSED ............................................................................................... r

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

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

   YES........................................................................ 01
   NO...................................................................... 00 (G58)
   DON’T KNOW ......................................................................................... d (G58)
   REFUSED ............................................................................................... r (G58)

(G52=01 and G54=01)

G55. Who pressured (you/NAME) to use these services?

   INTERVIEWER: CODE ALL THAT APPLY.

   PARENT/GUARDIAN ............................................................................ 01 (G56)
   SPOUSE/PARTNER ................................................................................ 02 (G56)
   OTHER FAMILY MEMBER ...................................................................... 03 (G56)
   FRIEND/CO-WORKER ........................................................................... 04 (G56)
   EMPLOYER/SUPERVISOR ...................................................................... 05 (G56)
   STAFF OF EMPLOYMENT NETWORK ................................................... 06 (G56)
   VOCATIONAL REHABILITATION CASE MANAGER ................................. 07 (G56)
   JOB COACH .......................................................................................... 08 (G56)
   SSA LETTER .......................................................................................... 09 (G56)
G55. How did {your/NAME’s} {FILL PERSON(S) FROM G55} pressure {you/him/her} to use these services?

PROBE: What did they say or do that made {you/NAME} feel pressured?

INTERVIEWER: CODE ALL THAT APPLY.

SAID (NAME) WOULD LOSE DISABILITY AND/OR HEALTH INSURANCE BENEFITS ........................................ 01 (G57)
WOULD NOT TAKE “NO” FOR AN ANSWER........................................ 02 (G57)
THREATENED TO WITHHOLD SERVICES............................................. 03 (G57)
THREATENED TO TAKE AWAY OTHER SUPPORT (E.G., KICK OUT OF THE HOUSE) ........................................ 04 (G57)
OTHER ................................................................................................. 05
DON’T KNOW ....................................................................................... d (G57)
REFUSED ............................................................................................ r (G57)

G56. How did {your/NAME’s} {FILL PERSON(S) FROM G55} pressure {you/him/her} to use these services?

INTERVIEWER: CODE ALL THAT APPLY.

SAID (NAME) WOULD LOSE DISABILITY AND/OR HEALTH INSURANCE BENEFITS ........................................ 01 (G57)
WOULD NOT TAKE “NO” FOR AN ANSWER........................................ 02 (G57)
THREATENED TO WITHHOLD SERVICES............................................. 03 (G57)
THREATENED TO TAKE AWAY OTHER SUPPORT (E.G., KICK OUT OF THE HOUSE) ........................................ 04 (G57)
OTHER ................................................................................................. 05
DON’T KNOW ....................................................................................... d (G57)
REFUSED ............................................................................................ r (G57)

G57. Now that {you have/NAME has} used these services, listen to this statement and tell me if you strongly agree, agree, disagree, or strongly disagree. Being pressured to use these services was in {my/NAME’s} best interest.

INTERVIEWER: READ IF NECESSARY.
INFORMATION ABOUT SERVICES IN 2003

(All)

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

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

YES............................................................. 01
NO.............................................................. 00 (G60)
DON’T KNOW.............................................. d (G60)
REFUSED................................................... r (G60)

(G58=01)

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

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

SERVICES NEEDED BUT NOT RECEIVED IN 2003

(All)

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

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

(G60=01)

G61. Why (were you/was NAME) unable to get these services?

<OPEN>_______________________________________________________________________

DON’T KNOW.............................................. d
REFUSED................................................... r

(All)

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

YES............................................................. 01 (H1)
NO.............................................................. 00 (I1)
SECTION H: TICKET PARTICIPANTS IN 2003

(E37=01)

H1. CHECK: DID (NAME) START PARTICIPATING IN TICKET TO WORK IN 2003 ((NAME) STARTED WITH AT LEAST ONE EN IN 2003 (E40_YR=2003 FOR ANY EN IN E39) AND (NAME) DID NOT START WITH ANY EN BEFORE 2003 (E40_YR IS NOT 2001 OR 2002 FOR ANY EN IN E39))?

YES................................................................. 01
NO................................................................. 00 (H35a)

(E37=01 and H1=01)

H2. Now, I'm going to ask you some questions about (your/NAME's) experiences participating in the Ticket to Work program.

INTERVIEWER: PRESS 1 TO CONTINUE

PROGRAM EXPERIENCES OF FIRST-TIME TICKET PARTICIPANTS IN 2003

(E37=01 and H1=01)

H3. Why did (you/NAME) decide to participate in the Ticket to Work program?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>_______________________________________________________________________

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

(E37=01 and H1=01)

H4. How soon after receiving (your/his/her) Ticket did (you/NAME) try to use it? Was it within four weeks of receiving it or after four weeks?

WITHIN FOUR WEEKS................................. 01
AFTER FOUR WEEKS................................. 00 (H7)
DON'T KNOW................................................ d
REFUSED...................................................... r

(E37=01 and H1=01 and H4=01,d,r)

H5. Before (you/NAME) received (your/his/her) Ticket, did (you/he/she) put off getting any employment services because (you were/(he/she) was) waiting to use (your/his/her) Ticket to get employment services?

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

(E37=01 and H1=01 and H4=01,d,r)

H6. Before (you/NAME) received (your/his/her) Ticket, did (you/he/she) put off working because (you were/(he/she) was) waiting to use (your/his/her) Ticket to help (you/him/her) get a job?

YES................................................................. 01
NO................................................................. 00
DON'T KNOW................................................ d
REFUSED...................................................... r
H7. Thinking only about 2003, whom did (you/NAME or (his/her) representative) contact to get information about the Ticket to Work program?

INTERVIEWER: REPEAT STEM AS NECESSARY

a. The Social Security Administration? ................................................. 01 00 d r (H8)
b. Maximus? ......................................................................................... 01 00 d r (H8)
c. The State Vocational Rehabilitation Agency or (VRNAME)? ........... 01 00 d r (H8)
d. A Benefits Planning and Assistance Organization (BPAO) .......... 01 00 d r (H8)
e. A benefits specialist or caseworker? ................................................ 01 00 d r (H8)
f. A friend or family member? .............................................................. 01 00 d r (H8)
g. An independent living center? .......................................................... 01 00 d r (H8)
h. An Employment Network?
   PROBE: Employment Networks are organizations or businesses
   that offer services to help people with disabilities work or earn more
   money as part of the Ticket to Work program. Employment
   Networks can be public or private and can include the State
   Vocational Rehabilitation Agency..................................................... 01 00 d r
   i. Another agency or organization? ..................................................... 01 00 d r (H7i_Other)
j. Anyone else? ................................................................................... 01 00 d r (H7j_Other)

H7h_Other. What Employment Network did you contact?

<OPEN>_______________________________________________________________________
DON'T KNOW ................................................ d
REFUSED ...................................................... r

H7i_Other. What other Agency or Organization?

<OPEN>_______________________________________________________________________
DON'T KNOW ................................................ d
REFUSED ...................................................... r

H7j_Other. Who else?

<OPEN>_______________________________________________________________________
DON'T KNOW ................................................ d
REFUSED ...................................................... r

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

Very easy, ................................................................. 01
Somewhat easy, .......................................................... 02
Not very easy, or ....................................................... 03
Not at all easy? .......................................................... 04
DON'T KNOW ......................................................... d
REFUSED ............................................................... r
H9. **CHECK: IS [NAME] A PROXY RESPONDENT (RTYPE=02)?**

YES............................................................... 01 (H12)
NO................................................................. 00

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

Is this something you knew before today or not?

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

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

A lot, .............................................................. 01
Some, ............................................................ 02
A little, or........................................................ 03
Nothing? ....................................................... 04
DON'T KNOW .................................................. d
REFUSED ...................................................... r

**INFORMATION ABOUT EMPLOYMENT NETWORKS**

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

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

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

YES............................................................... 01
NO................................................................. 00 (H21)
DON'T KNOW .................................................. d (H21)
REFUSED ...................................................... r (H21)
H13. Did you or (his/her) representative receive information about Employment Networks in the mail?

YES ................................................................. 01

NO .................................................................... 00 (H15)

DON'T KNOW .................................................. d (H15)

REFUSED ....................................................... r (H15)

H14. Who sent you the information about Employment Networks?

INTERVIEWER: CODE ALL THAT APPLY.

a. SOCIAL SECURITY ADMINISTRATION ........................................ 01 (H15)
b. MAXIMUS ............................................................................. 02 (H15)
c. STATE VOCATIONAL REHABILITATION AGENCY or ( VR NAME) 03 (H15)
d. A BENEFITS PLANNING AND ASSISTANCE ORGANIZATION (BPAO) .......................................................... 04 (H15)
e. A BENEFITS SPECIALIST OR CASEWORKER .................... 05 (H15)
f. FRIEND/FAMILY MEMBER .................................................. 06 (H15)
g. INDEPENDENT LIVING CENTER .......................................... 07 (H15)
h. EMPLOYMENT NETWORK ...................................................... 08

i. OTHER AGENCY/ORGANIZATION _________________________ 09 (H14i_O)

j. OTHER .............................................................................. 10 (H14j_O)

k. DON'T KNOW ............................................................... d (H15)
l. REFUSED ............................................................................ r (H15)

H14h_Other. What Employment Network?

<OPEN>_______________________________________________________________________

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

REFUSED ....................................................... r

H14i_Other. What other Agency or Organization?

<OPEN>_______________________________________________________________________

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

REFUSED ....................................................... r

H14j_Other. Who else?

<OPEN>_______________________________________________________________________

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

REFUSED ....................................................... r

H15. Did somebody call you to talk about Employment Networks?

YES .............................................................................. 01

NO .............................................................................. 00 (H17)

DON'T KNOW .................................................. d (H17)

REFUSED ....................................................... r (H17)
H16. Who called (you/NAME or (his/her) representative)?

INTERVIEWER: CODE ALL THAT APPLY.

- SOCIAL SECURITY ADMINISTRATION ........................................... 01 (H17)
- MAXIMUS ...................................................................................... 02 (H17)
- STATE VOCATIONAL REHABILITATION AGENCY OR (VRNAME) 03 (H17)
- A BENEFITS PLANNING AND ASSISTANCE ORGANIZATION (BPAO) ............................................................ 04 (H17)
- A BENEFITS SPECIALIST OR CASEWORKER ............................... 05 (H17)
- FRIEND/FAMILY MEMBER ........................................................... 06 (H17)
- INDEPENDENT LIVING CENTER .................................................... 07 (H17)
- EMPLOYMENT NETWORK .............................................................. 08
- OTHER AGENCY/ORGANIZATION _____________________________ 09 (H16i_O)
- OTHER .......................................................................................... 10 (H16i_O)
- DON’T KNOW ............................................................................... d (H17)
- REFUSED ...................................................................................... r (H17)

H16h_Other. What Employment Network?

<OPEN> __________________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

H16i_Other. What other Agency or Organization?

<OPEN> __________________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

H16j_Other. Who else?

<OPEN> __________________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

H17. Did somebody talk to (you/NAME or (his/her) representative) about Employment Networks in-person?

- YES ....................................................................................... 01
- NO ......................................................................................... 00 (H19)
- DON’T KNOW ................................................................. d (H19)
- REFUSED ................................................................. r (H19)
H18. Who talked to (you/NAME or (his/her) representative) about Employment Networks?

INTERVIEWER: CODE ALL THAT APPLY.

a. SOCIAL SECURITY ADMINISTRATION........................................... 01 (H19)
b. MAXIMUS .......................................................................................... 02 (H19)
c. STATE VOCATIONAL REHABILITATION AGENCY OR (VRNAME) 03 (H19)
d. A BENEFITS PLANNING AND ASSISTANCE ORGANIZATION
   (BPAO) ............................................................................................ 04 (H19)
e. A BENEFITS SPECIALIST OR CASEWORKER............................... 05 (H19)
f. FRIEND/FAMILY MEMBER............................................................... 06 (H19)
g. INDEPENDENT LIVING CENTER..................................................... 07 (H19)
h. EMPLOYMENT NETWORK________________________________________ 08 (H19)
i. OTHER AGENCY/ORGANIZATION________________________________ 09 (H18i_O)
j. OTHER __________________________________________________________________ 10 (H18j_O)
k. DON’T KNOW.................................................................................... d (H19)
l. REFUSED.......................................................................................... r (H19)

H18h_Other. What other Employment Network?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

H18i_Other. What other Agency or Organization?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

H18j_Other. Who else?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

H19. Did (you/NAME or (his/her) representative) learn about Employment Networks on a web site?

YES................................................................ 01
NO.................................................................. 00
DON’T KNOW........................................................................ d
REFUSED.............................................................................. r
(E37=01 and H1=01 and H12=01)
H20. In general, how useful was the information (you/NAME or (his/her) representative) received about the Employment Networks that serve (your/NAME’s) area? Was it:

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

CONTACT WITH STATE VR AGENCIES
(E37=01 and H1=01)
H21. The next questions are about the vocational rehabilitation agency in (your/NAME’s) state. In (your/NAME’s) state the vocational rehabilitation agency is called {VRNAME}. I’m going to refer to this as (your/NAME’s) State VR agency. In 2003, did (you/NAME or his/her representative) contact (your/his/her) State VR agency to use (your/his/her) Ticket or talk about getting services from them?

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

(E37=01 and H1=01 and H21=01)
H22. Did (you/NAME or (his/her) representative) try to use (your/NAME’s) Ticket to sign up with the State VR agency in 2003?

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

(E37=01 and H1=01 and H21=01 and H22=00)
H23. Why didn’t (you/NAME or his/her representative) try to use (your/NAME’s) Ticket with the State VR agency in 2003?

   INTERVIEWER: ENTER VERBATIM RESPONSE

   <OPEN> _____________________________________________ (H26)

   DON'T KNOW ............................................. d (H26)
   REFUSED ................................................... r (H26)

(E37=01 and H1=01 and H21=01 and H22=01,d,r)
H24. Did the State VR agency accept (your/NAME’S) Ticket in 2003?

   YES ............................................................. 01 (H26)
   NO .................................................................. 00 (H26)
   DON'T KNOW ............................................ d (H26)
   REFUSED ................................................... r (H26)
H25. Why didn't the State VR agency accept your NAME's Ticket in 2003?

INTERVIEWER: CODE ALL THAT APPLY.

- NOT TAKING TICKETS WHEN CONTACTED................................. 01 (H26)
- DID NOT OFFER SERVICES (NAME) NEEDED .............................. 02 (H26)
- DID NOT SERVE PEOPLE WITH (NAME'S) DISABILITY/NEEDS ...... 03 (H26)
- (NAME) NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH HOURS .................................................. 04 (H26)
- (NAME) NOT WILLING TO GO OFF OF DISABILITY BENEFITS........ 05 (H26)
- OTHER ................................................................................. 06 (H26)
- DON'T KNOW........................................................................... d (H26)
- REFUSED ................................................................................. r (H26)

H25_Other. What Other reason?

<OPEN>_______________________________________________________________________

- DON'T KNOW................................................ d (H26)
- REFUSED...................................................... r (H26)

CONTACT WITH OTHER EMPLOYMENT NETWORKS
(E37=01 and H1=01)

H26. In 2003, other than the Employment Network {you/NAME} assigned {your/his/her} Ticket to, did {you/NAME or (his/her) representative} contact any other Employment Networks to use {your/his/her} Ticket or talk about getting services from them?

- YES.............................................................................. 01 (H31)
- NO.................................................................................. 00 (H32)
- DON'T KNOW...................................................... d (H32)
- REFUSED......................................................... r (H32)

H27. How many other Employment Networks did {you/NAME} contact in 2003?

PROBE: Your best guess is fine.

| | | NUMBER
| (1-2) |
| (1-15) |

- DON'T KNOW...................................................... d (H32)
- REFUSED......................................................... r (H32)

H28. PROGRAMMER: USE "ANY OF "AND "NETWORKS" IF THE RESPONDENT CONTACTED MORE THAN ONE EN (H27>1). Did {you/NAME or (his/her) representative} try to use {your/NAME's} Ticket to sign up with {any of} the other Employment Network(s) {you/NAME or (his/her) representative} contacted in 2003?

- YES.............................................................................. 01 (H31)
- NO.................................................................................. 00
- DON'T KNOW...................................................... d (H32)
- REFUSED......................................................... r (H32)
H29. PROGRAMMER: USE "ANY OF" AND "NETWORKS" IF THE RESPONDENT CONTACTED MORE THAN ONE EN (H27>1). Why didn’t [you/NAME or (his/her) representative] try to use [your/NAME’s] Ticket with (any of) the other Employment Network(s) [you/NAME or (his/her) representative] contacted in 2003?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>__________________________________________________________________ (H32)

DON’T KNOW ................................................ d (H32)
REFUSED ..................................................... r (H32)

H31. PROGRAMMER: USE "ANY OF" AND "NETWORKS" IF THE RESPONDENT CONTACTED MORE THAN ONE EN (H27>1). Why didn’t (any of) the other Employment Network(s) [you/NAME] tried to use [your/his/her] Ticket with accept [your/NAME’s] Ticket in 2003?

INTERVIEWER: CODE ALL THAT APPLY.

NOT TAKING TICKETS WHEN CONTACTED................................. 01 (H32)
DID NOT OFFER SERVICES (NAME) NEEDED .............................. 02 (H32)
EMPLOYMENT NETWORK DID NOT SERVE PEOPLE WITH [NAME’S] DISABILITY/NEEDS ....................................................... 03 (H32)
(NAME) NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH HOURS ................................................................. 04 (H32)
(NAME) NOT WILLING TO GO OFF OF DISABILITY BENEFITS............ 05 (H32)
OTHER (SPECIFY) <OPEN> _________________________________ 06
DON’T KNOW ................................................ d (H32)
REFUSED ..................................................... r (H32)

H31_Other. What Other reason?

<OPEN>__________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ..................................................... r

H32. Is there any information [you/NAME or (his/her) representative] needed, but didn’t get when [you/they] were choosing an Employment Network?

YES ........................................................................ 01
NO ........................................................................ 00 (H34)
DON’T KNOW ................................................ d (H34)
REFUSED ..................................................... r (H34)

H33. What information did [you/NAME] need but didn’t get?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>__________________________________________________________________

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

YES............................................. 01
NO............................................. 00 (H34)

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

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

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

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

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

<table>
<thead>
<tr>
<th>statement</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. {You/NAME and (his/her) representative} helped develop {your/NAME’s} individual work plan.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>b. {You/NAME and (his/her) representative} could choose the goals {you/NAME} wanted in {your/his/her} individual work plan.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c. The activities and services in {your/NAME’s} work plan are likely to help {you/NAME} meet {your/his/her} work goals.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>d. {{LONGEST} EMPLOYMENT NETWORK IN 2003} told {you/NAME and (his/her) representative} that {you/NAME} could change {your/his/her} Individual Work Plan if {you/he/she} wanted to.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

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

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

**INTERVIEWER: CODE ALL THAT APPLY.**

- STAFF WERE MOST RESPONSIVE/COURTEOUS/KNOWLEDGEABLE ....................................................... 01 (H35a)
- MOST WILLING TO PROVIDE THE SERVICES {NAME} WANTED ...... 02 (H35a)
- SERVED PEOPLE WITH {NAME’S} DISABILITY/NEEDS .......................... 03 (H35a)
WAIT FOR SERVICES WAS NOT TOO LONG................................. 04 (H35a)
ONLY PROVIDER NEARBY/CLOSEST PROVIDER............................ 05 (H35a)
ONLY PROVIDER WILLING TO ACCEPT TICKET............................ 06 (H35a)
OTHER __________________________________________________ 07
DON'T KNOW........................................................................ d (H35a)
REFUSED.............................................................................. r (H35a)

(E37=01 and H1=01 and H35=07)
H35_O. What Other reason?

<OPEN>_______________________________________________________________________

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

PROGRAM EXPERIENCES OF ALL PARTICIPANTS IN 2003
(E37=01 and H1=01)

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

YES................................................................ 01
NO.................................................................. 00 (H36)

(E37=01 and H1=01 and H35a=01)
H35b. Earlier you said that you were signed up with the following Employment Networks in 2003 {LIST EN'S FROM E39}. In 2003, which of these employment networks were you signed up with the longest?
PROGRAMMER: ALLOW INTERVIEWER TO CHECK ONE EMPLOYMENT NETWORK. THIS EMPLOYMENT NETWORK SHOULD BE USED AS THE LONGEST EMPLOYMENT NETWORK IN 2003 FOR QUESTIONS H36, H37, H40, H41, H42.

(E37=01)
H36. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2003 (E38>1), FILL NAME OF 2003 EMPLOYMENT NETWORK (E39) THAT {NAME} WAS SIGNED UP WITH THE LONGEST IN 2003 (STOP DATE (E42mth, E42yr) - START DATE (E40mth, E40yr) OR INTERVIEW DATE (IDATE) - START DATE (E40mth, E40yr))

PROGRAMMER: IF H1=00, USE QUESTION BELOW
PROGRAMMER: IF E38>1 USE “the longest”

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

PROGRAMMER: OTHERWISE USE

For each of the following statements about {{LONGEST} EMPLOYMENT NETWORK IN 2003} in 2003, please tell me if you strongly agree, agree, disagree, or strongly disagree.
a. Staff were courteous. ........................................ 01 02 03 04 d r na
b. Staff were able to answer {your/NAME’S} questions. ........................................ 01 02 03 04 d r na
c. Staff listened to {your/NAME’s} opinions and concerns. ........................................ 01 02 03 04 d r na
d. {{LONGEST} EMPLOYMENT NETWORK IN 2003} responded to {your/NAME’s} requests for changes to {your/his/her} Individual Work Plan. PROBE: An individual work plan is sometimes called an IWP. ........................................ 01 02 03 04 d r na
e. {{LONGEST} EMPLOYMENT NETWORK IN 2003} offered all the services {you/NAME} needed to meet {your/his/her} work goals. ........................................ 01 02 03 04 d r na
f. The services provided were those included in {your/NAME’S} Individual Work Plan. PROBE: An individual work plan is sometimes called an IWP. ........................................ 01 02 03 04 d r na
g. The services provided were available when {you/NAME} needed them. ............ 01 02 03 04 d r na
h. Overall, the services provided helped {you/NAME} meet {your/his/her} work goals. ........................................ 01 02 03 04 d r na

(E37=01)
H37. During 2003, did {you/NAME} have any problems with the services {you/he/she} received from {{LONGEST} EMPLOYMENT NETWORK IN 2003}?

YES....................................................... 01
NO....................................................... 00 (H39)
DON'T KNOW.......................................... d (H39)
REFUSED............................................. r (H39)

(E37=01 and H37=01)
H38. What problems did {you/NAME} have during 2003?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN__________________________________________________________________________>

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

(E37=01)
H39. CHECK: DID {NAME} WORK IN 2003 (B30 =01)?

YES....................................................... 01
NO....................................................... 00 (H41)
H40. You told me earlier that you worked at a job during 2003. How much did the services provided by the Employment Network in 2003 help you to get or keep the job or jobs you had in 2003? Would you say the services:

- Helped a lot, .................................................. 01
- Helped somewhat, ........................................ 02
- Helped very little, or ...................................... 03
- Didn’t help at all? .......................................... 04
- Job ended before services started .................. 05
- Don’t know .................................................. d
- Refused ...................................................... r

H41. In 2003, were you ever pressured by the Employment Network in 2003 staff to take a job you did not want?

- Yes ............................................................ 01
- No ............................................................. 00
- Don’t know .................................................. d
- Refused ...................................................... r

H42. In 2003, were you ever pressured by the Employment Network in 2003 staff to work more hours than you wanted?

- Yes ............................................................ 01
- No ............................................................. 00
- Don’t know .................................................. d
- Refused ...................................................... r

H43. Since you started participating in the Ticket to Work program, how successful do you think you have been in reaching your work goals? Would you say:

- Very successful, ............................................ 01
- Somewhat successful, .................................. 02
- Not very successful, or .................................. 03
- Not at all successful? .................................... 04
- Don’t know .................................................. d
- Refused ...................................................... r

H44. Check: Is NAME a proxy respondent (RTYPE=02)?

- Yes ............................................................ 01  (H46)
- No ............................................................. 00

H45. Overall, how satisfied are you with the Ticket to Work program? Would you say:

- Very satisfied, ............................................ 01
- Somewhat satisfied, .................................... 02
- Not very satisfied, or .................................... 03
- Not at all satisfied? ....................................... 04
- Don’t know .................................................. d
- Refused ...................................................... r
PROBLEMS WITH EMPLOYMENT NETWORKS

(E37=01)

H46. These next questions are about any problems (you/NAME) might have had with the State VR agency ((VRNNAME)) or an Employment Network. During 2003, did (you/NAME) have any problems with the State VR agency or an Employment Network?

YES. ................................................................. 01
NO. ................................................................... 00 (I1)
DON'T KNOW ................................................... d (I1)
REFUSED ......................................................... r (I1)

(E37=01 and H46=01)

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

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

(E37=01 and H46=01)

H48. What was the problem about?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>_______________________________________________________________________

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

(E37=01 and H46=01)

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

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

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

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

PROBE: Anything else?

INTERVIEWER: CODE ALL THAT APPLY.

REFERRED TO DOCUMENTS/INFORMATION ABOUT PROVIDER/PROGRAM ................................................................. 01 (H51)
CONTACTED EN BY PHONE ................................................................. 02 (H51)
CONTACTED EN IN WRITING ............................................................... 03 (H51)
CONTACTED MAXIMUS BY PHONE ...................................................... 04 (H51)
CONTACTED MAXIMUS BY WRITING ................................................... 05 (H51)
CONTACTED SSA BY PHONE ............................................................... 06 (H51)
CONTACTED SSA IN WRITING ............................................................. 07 (H51)
CONTACTED OTHER STATE/LOCAL AGENCY .................................... 08 (H51)
CONTACTED (LOCAL PROTECTION & ADVOCACY AGENCY) FOR HELP ................................................................. 09 (H54)
CONTACTED CASE WORKER/JOB COACH................................. 10 (H51)
DISTRICT CASE WORKER/JOB COACH................................... 11 (H51)
DON'T KNOW...................................................................... d (H51)
REFUSED.......................................................................... r (H51)

(E37=01 and H46=01 and H49=01 and H50=11)

H50. Other. What else did you do?

<OPEN>_______________________________________________________________________

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

(E37=01 and H46=01 and H49=01 and H50=01-08 or 10,11,d,r)

H51. Did (you/NAME or (his/her) representative) ever receive information from any source about where to get help solving problems with an employment network or state VR agency?

YES................................................................. 01
NO............................................................. 00 (H53)
DON'T KNOW...................................................................... d (H53)
REFUSED.......................................................................... r (H53)

(E37=01 and H46=01 and H49=01 and H50=01-08 or 10,11,d,r and H51=01)

H52. From whom did (you/NAME) get this information?

INTERVIEWER: CODE ALL THAT APPLY.

STATE VOCATIONAL REHABILITATION AGENCY OR (VRNAME) ...... 01 (H53)
EMPLOYMENT NETWORK................................................................... 02 (H53)
MAXIMUS ......................................................................................... 03 (H53)
PROTECTION AND ADVOCACY AGENCY{LOCALPAA} ....................... 04 (H53)
BENEFITS PLANNING AND ASSISTANCE ORGANIZATION (BPAO) ... 05 (H53)
SOCIAL SECURITY ADMINISTRATION ............................................. 06 (H53)
OTHER .................................................................................................. 07
DON'T KNOW...................................................................... d (H53)
REFUSED.......................................................................... r (H53)

(E37=01 and H46=01 and H49=01 and H50=01-08 or 10,11,d,r and H51=01 and H52=07)

H52. Who else?

<OPEN>_______________________________________________________________________

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

(E37=01 and H46=01 and H49=01 and H50=01-08 or 10,11,d,r and H51=01 and H52=07)

H53. Did (you/NAME) ever contact the local protection and advocacy agency in (your/NAME's) area, called (LOCALPAA), for help?

PROBE: Social Security funds certain agencies to help beneficiaries when they are having problems with employment networks or the state VR agency. These are called Protection and Advocacy agencies. The agency in your area is called (LOCALPAA).

YES................................................................. 01
NO............................................................. 00 (H56)
DON'T KNOW...................................................................... d (H56)
REFUSED.......................................................................... r (H56)
H54. When (you/NAME or (his/her) representative) tried to get help from {LOCALPAA}, how easy was it to get in touch with someone? Was it:

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

H55. PROGRAMMER: IF H47 = 01, USE "STATE VR AGENCY", IF H47=02, USE "EMPLOYMENT NETWORK", IF H47=03, USE "STATE VR AGENCY AND THE EMPLOYMENT NETWORK"

How helpful was {LOCALPAA} in helping (you/NAME or (his/her) representative) solve the problem with the {State VR Agency/Employment Network/State VR Agency and the Employment Network}? Were they:

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

H56. Has the problem been solved yet?

YES................................................................... 01
NO.................................................................... 00 (H59)
DON'T KNOW ....................................................... d (H59)
REFUSED .................................................................. r (H59)

H57. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=02)?

YES................................................................. 01 (I1)
NO................................................................. 00

H58. How satisfied are you with how the problem was solved? Are you:

Very satisfied, ...................................................... 01
Somewhat satisfied, ........................................... 02
Not very satisfied, or ........................................... 03
Not at all satisfied? ............................................ 04
DON'T KNOW ....................................................... d
REFUSED .............................................................. r
H59. PROGRAMMER: IF H47 = 01, USE “STATE VR AGENCY”, IF H47=02, USE “EMPLOYMENT NETWORK”, IF H47=03, USE “STATE VR AGENCY AND THE EMPLOYMENT NETWORK”

Overall, how satisfied are you with the helpfulness of the (State VR Agency/Employment Network/State VR Agency and the Employment Network) in trying to solve this problem? Are you:

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

GO TO I1.

(H37=01 and H46=01 and H49=00, d, r)

H60. Why didn’t (you/NAME or (his/her) representative) do anything to try to solve the problem?

INTERVIEWER: CODE ALL THAT APPLY.

PROBLEM SOLVED ITSELF ................................................................. 01 (H61)
 WAS NOT WORTH THE BOTHER ......................................................... 02 (H61)
 DID NOT KNOW WHAT TO DO ............................................................ 03 (H61)
 HAS NOT HAD TIME TO TAKE ACTION YET .................................... 04 (H61)
 WAS AFRAID OF GETTING IN TROUBLE WITH EMPLOYMENT NETWORK ........................................................................ 05 (H61)
 DID NOT THINK IT WOULD DO ANY GOOD ........................................ 06 (H61)
 CHANGED EMPLOYMENT NETWORK BEFORE PROBLEM WAS ADDRESSED ........................................................................ 07 (H61)
 LEFT TICKET PROGRAM BEFORE PROBLEM WAS ADDRESSED ..... 08 (H61)
 OTHER .................................................................................................. 09
 DON’T KNOW ................................................................. d (H61)
 REFUSED ................................................................. r (H61)

(H37=01 and H46=01 and H49=00, d, r and H60=09)

H60_Other. What Other reason?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................................. d
REFUSED ................................................................. r

(H37=01 and H46=01 and H49=00, d, r)

H61. PROGRAMMER: IF H47 = 01, USE “STATE VR AGENCY”, IF H47=02, USE “EMPLOYMENT NETWORK”, IF H47=03, USE “STATE VR AGENCY AND THE EMPLOYMENT NETWORK”

Did (you/NAME or (his/her) representative) ever receive any information about how to get help solving problems with the (State VR Agency/Employment Network/State VR Agency and the Employment Network)?

YES ......................................................... 01
NO ........................................................................... 00
DON’T KNOW ................................................................. d
REFUSED ................................................................. r
SECTION I: HEALTH AND FUNCTIONAL STATUS

GENERAL HEALTH STATUS

(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?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>01</td>
</tr>
<tr>
<td>Very good</td>
<td>02</td>
</tr>
<tr>
<td>Good</td>
<td>03</td>
</tr>
<tr>
<td>Fair</td>
<td>04</td>
</tr>
<tr>
<td>Poor, or</td>
<td>05</td>
</tr>
<tr>
<td>Very poor</td>
<td>06</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(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)?

<table>
<thead>
<tr>
<th>Limitation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>01</td>
</tr>
<tr>
<td>Very little</td>
<td>02</td>
</tr>
<tr>
<td>Somewhat</td>
<td>03</td>
</tr>
<tr>
<td>Quite a lot</td>
<td>04</td>
</tr>
<tr>
<td>Could not do</td>
<td>05</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(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?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None at all</td>
<td>01</td>
</tr>
<tr>
<td>A little bit</td>
<td>02</td>
</tr>
<tr>
<td>Some</td>
<td>03</td>
</tr>
<tr>
<td>Quite a lot</td>
<td>04</td>
</tr>
<tr>
<td>Could not do</td>
<td>05</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>
(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

(All)

I5. 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)

I6. 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)

I7. 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
I8. During the past 4 weeks, how much did personal or emotional problems keep \(\text{you/NAME}\) from doing \(\text{your/his/her}\) usual work, school or other daily activities?

- Not at all, ....................................................... 01
- Very little, ...................................................... 02
- Somewhat, .................................................... 03
- Quite a lot, or.................................................. 04
- Could \(\text{you/he/she}\) not do daily activities? ... 05
- DON’T KNOW ............................................... d
- REFUSED ....................................................... r

I9. Compared to \(\text{THIS MONTH, LAST YEAR}\), how would you rate \(\text{your/NAME’s}\) 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

I10. \(\text{Do you/Does NAME}\) 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.

- YES................................................................ 01
- NO.................................................................. 00
- DON’T KNOW ............................................... d
- REFUSED ....................................................... r

I11. \(\text{Do you/Does NAME}\) take any prescription medications for any ongoing mental or emotional conditions?

- YES................................................................ 01
- NO.................................................................. 00
- DON’T KNOW ............................................... d
- REFUSED ....................................................... r

I12. Since \(\text{THIS MONTH, LAST YEAR}\), \(\text{have you/has NAME}\) received any treatment for a mental or emotional condition at a hospital, clinic, or doctor’s office?

PROBE: Do not include medications.

- YES................................................................ 01 (I17)
- NO.................................................................. 00 (I17)
- DON’T KNOW ............................................... d (I17)
- REFUSED ....................................................... r (I17)
ADL, IADL, AND FUNCTIONAL LIMITATIONS

(All)

I17. Now I'd like to ask you some questions about everyday activities and how much difficulty (you have/NAME has) doing these activities. Our study requires that all beneficiaries be asked these questions. Please give me your best answer even if the questions don’t seem to apply to (you/NAME).

(Do you/Does NAME) have any difficulty seeing words and letters in ordinary newsprint even when wearing glasses or contact lenses if (you/he/she) usually wear(s) them?

YES................................................................. 01
NO................................................................. 00 (I21)
DON’T KNOW................................................. d
REFUSED........................................................ r

(I17=01,d,r)

I18. (Are you/Is NAME) able to see the words and letters in ordinary newsprint at all?

YES................................................................. 01
NO................................................................. 00
DON’T KNOW................................................. d
REFUSED........................................................ r

(I17=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?

YES................................................................. 01
NO................................................................. 00 (I21)
DON’T KNOW................................................. d (I21)
REFUSED........................................................ r (I21)

(I17=01,d,r and 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
DON’T KNOW....................................................... d (I21)
REFUSED.............................................................. r (I21)

(I17=01,d,r and I19=01 and I20=07)

I20_Other. What other seeing assistance?

<OPEN>_____________________________________________________________________

DON’T KNOW....................................................... d
REFUSED.............................................................. r
(All)

I21. (Do you/Does NAME) have any difficulty hearing normal conversation even if using a hearing aid if (you/he/she) usually wear(s) one?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(I21=01,d,r)

I22. (Are you/Is NAME) able to hear what is said in normal conversation at all?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(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, an assistive listening or signaling device, or an interpreter.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th>Device</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEARING AIDE</td>
<td>01</td>
</tr>
<tr>
<td>PHONE AMPLIFIER</td>
<td>02</td>
</tr>
<tr>
<td>TDD</td>
<td>03</td>
</tr>
<tr>
<td>TTY OR TELETYPE</td>
<td>04</td>
</tr>
<tr>
<td>CLOSED CAPTION TV</td>
<td>05</td>
</tr>
<tr>
<td>ASSISTIVE LISTENING/SIGNALING DEVICE</td>
<td>06</td>
</tr>
<tr>
<td>INTERPRETER</td>
<td>07</td>
</tr>
<tr>
<td>OTHER HEARING ASSISTANCE</td>
<td>08</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(I21=01,d,r and I23=01 and I24=08)

I24_Other. What other hearing assistance?

<OPEN>_______________________________________________________________________

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<th>Option</th>
<th>Code</th>
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<tbody>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>
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
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

(I25=01,d,r and I27=01 and I28=04)

I29. {Do you/Does NAME} have any difficulty walking without assistance for a quarter of a mile or about 3 city blocks?

YES ......................................................... 01
NO .......................................................... 00 (I33)
DON’T KNOW ........................................ d
REFUSED .................................................. r

(All)
I30. (Are you/Is NAME) able to walk a quarter of a mile without assistance at all?

YES................................................................. 01
NO.................................................................. 00
DON’T KNOW ................................................. d
REFUSED ...................................................... 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 (I33)
DON’T KNOW ................................................. d (I33)
REFUSED ...................................................... r (I33)

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 (I33)
WHEELCHAIR OR SCOOTER ................................................................. 02 (I33)
PROSTHETIC DEVICE............................................................................. 03 (I33)
SPECIAL CHAIR (NOT WHEELCHAIR)..................................................... 04 (I33)
PERSONAL CARE ATTENDANT ............................................................. 05 (I33)
VEHICLE HAND CONTROLS................................................................. 06 (I33)
LIFT (HOME OR VEHICLE)................................................................. 07 (I33)
OTHER MOBILITY ASSISTANCE ......................................................... 08
DON’T KNOW ................................................................. d (I33)
REFUSED ...................................................... r (I33)

I32_Other. What other mobility assistance?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................................. d
REFUSED ...................................................... r

I33. (Do you/Does NAME) have any difficulty climbing up 10 steps without resting?

YES................................................................. 01
NO.................................................................. 00 (I35)
DON’T KNOW ................................................. d
REFUSED ...................................................... r
I34. (Are you/Is NAME) able to climb 10 steps at all?

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

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

I36. (Are you/Is NAME) able to lift and carry 10 pounds at all?

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

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

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

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

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
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

(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.  (Do you/Does NAME) have any difficulty getting around outside (your/his/her) home, for example to shop or visit a doctor’s office?

YES............................................................... 01
NO............................................................... 00 (I49)
DON’T KNOW............................................... d
REFUSED..................................................... 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

I49. {Do you/Does NAME} have any difficulty getting into and out of bed or a chair?

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

I51. {Do you/Does NAME} have any difficulty bathing or dressing?

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

I52. {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

I53. {Do you/Does NAME} have any difficulty shopping for personal items, such as toilet items or medicine?

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

I54. {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)
I55.  {Do you/Does NAME} have any difficulty preparing {your/his/her} own meals?

YES......................................................... 01  
NO......................................................... 00  (I57)  
DON'T KNOW........................................ d  
REFUSED............................................... r  

(I55=01,d,r)
I56.  {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)
I57.  {Do you/Does NAME} have any difficulty eating?

YES......................................................... 01  
NO......................................................... 00  (I59)  
DON'T KNOW........................................ d  
REFUSED............................................... r  

(I57=01,d,r)
I58.  {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)
I59.  {Do you/Does NAME} have a lot of trouble concentrating long enough to finish everyday tasks?

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

(All)
I60.  {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)
I61.  {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)

I62. These next questions are about (your/NAME’s) use of alcohol. Please remember that your answers are confidential.

In the past 12 months, have (you/ friends or family) ever felt (you/NAME) ought to cut down on (your/his/her) drinking?

YES................................................................ 01
NO.................................................................. 00
IF VOLUNTEERED: I DON'T DRINK ............. 02 (I72)
DON'T KNOW................................................ d
REFUSED...................................................... r

(I62=01,00,d,r)

I63. 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

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

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

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

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

(I72=01)

I73. 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)

I74. 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)

I75. 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)

I76. 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 EQUAL TO “MEDICAID” 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 {STATEMED 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 (J4)
DON'T KNOW......................................... d (J4)
REFUSED................................................. r (J4)

(J2=01)
J3.  {Do you/Does NAME} have to pay for any of this Medicaid coverage?

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, TRICARE, CHAMPUS, or CHAMP-VA?

PROBE: TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors. CHAMPUS is a health care program for dependents of active or retired military personnel. CHAMP-VA is health insurance for dependents or survivors of disabled veterans.

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

   YES................................................................  01
   NO...................................................................... 00 (J7)
   DON'T KNOW.................................................. d (J7)
   REFUSED...................................................... r (J7)

(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?

   OWN EMPLOYER ................................................................. 01 (J7)
   SPOUSE'S/PARTNER'S/PARENT'S EMPLOYER .................. 02 (J7)
   PAID BY SELF/FAMILY ..................................................... 03 (J7)
   OTHER SOURCE (SPECIFY) _______________________________ 04
   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)

(J7=00 and J8=00)

J9. What kinds of health insurance coverage (do you/does NAME) have?

   PROBE: Any other kind?

   INTERVIEWER: CODE ALL THAT APPLY.

   MEDICAID/(STATEMED) .................................................. 01 (J10)
   MEDICARE....................................................................... 02 (J10)
   CHAMPUS/CHAMP-VA, 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) ........................................... 10
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 2003. In 2003, {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)

(J10=01)
J11. What kinds of health coverage did {you/NAME} have?
PROBE: Any other kind?

INTERVIEWER: CODE ALL THAT APPLY.

MEDICAID/(STATMED) ...................................................... 01 (J12)
MEDICARE ......................................................... 02 (J12)
CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY .... 03 (J12)
INDIAN HEALTH SERVICE .......................................... 04 (J12)
MEDI-GAP ............................................................. 05 (J12)
STATE PROGRAM ...................................................... 06 (J12)
PRIVATE INSURANCE THROUGH OWN EMPLOYER ........ 07 (J12)
PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/ PARENT ......................................................... 08 (J12)
PRIVATE INSURANCE PAID BY SELF/FAMILY .................. 09 (J12)
OTHER PLAN (SPECIFY) ........................................... 10
DON'T KNOW .................................................. d (J12)
REFUSED ...................................................... r (J12)

(J10=01 and J11=10)
J11_Other. What is the other plan?

<OPEN>_______________________________________________________________________

DON'T KNOW .............................................. d
REFUSED .................................................. r
J12. CHECK: DID (NAME) HAVE MEDICAID COVERAGE IN 2003 (J11=01)?

YES.............................................................................. 01
NO............................................................................. 00 (K1)

(J10=01 and J12=01)

J13. Did (you/NAME) have to pay for any of this Medicaid coverage?

YES................................................................. 01
NO................................................................. 00
DON'T KNOW.................................................. d
REFUSED......................................................... r
SECTION K: INCOME AND OTHER ASSISTANCE

(All)
K1. Now, I’m going to ask you about the 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 (B24=01)?

YES................................................................. 01 (K2CHECK 2)
NO................................................................. 00 (K2CHECK 3)

(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 < OR = 2004)?

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 =2004), GO TO K2A

(K2=00 and K2CHECK2=01)
K2CHECK 3. HAS (NAME) EVER WORKED (B36=01)?

YES................................................................. 01 (K2A)
NO................................................................. 00 (K4)

(K2CHECK2=00 and K2CHECK3=01)
K2a. Did you work last month?

YES................................................................. 01 (K3)
NO................................................................. 00 (K4)

(K2CHECK3=01 and K2A=01)
K3. Including all jobs (you/NAME) 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
(K2CHECK3=01 and K2A=01 and K3 > 0)

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

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

(REFUSED)............................................. r

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

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

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

CHANGE AMOUNT OF TAKE-HOME PAY .................................................................................. 02 (CHANGE K3a)

SUPPRESS ........................................................................................................ 03

(All)

K4. Last month did (you/NAME) receive any income from Social Security?

INTERVIEWER: SHOULD INCLUDE ANY SSI AND SSDI PAYMENTS

YES...................................................... 01

NO....................................................... 00

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

(REFUSED)............................................. r

(All)

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

(All)

K6. Last month did (you/NAME) receive any income from...

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

11/11/2004 K-2 ROUND 1 VERSION
(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

(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? This only includes food stamps received by {you/NAME}, not other family members.

YES .......................................................... 01
NO ............................................................. 00 (K13)
DON'T KNOW ................................................ d (K13)
REFUSED ...................................................... r (K13)

(K11=01)

K12. What was the dollar value of the food stamps {you/NAME} received last month? Please include only food stamps received by {you/NAME}, not by other family members.

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 (L1)
DON'T KNOW ................................................ d (L1)
REFUSED ...................................................... r (L1)

(K13=01)

K14. What other assistance did {you/NAME} receive?

INTERVIEWER: PROGRAM:

<OPEN>_______________________________________________________________________

DON'T KNOW ................................................ d
REFUSED ...................................................... r
K15. How much income did (you/NAME) receive last month from this other assistance?

INTERVIEWER: ROUND TO NEAREST DOLLAR

$|____|, |____|____|. 00
(0-500)
(0-10,000)

DON'T KNOW ................................................ d
REFUSED ...................................................... r
SECTION L: SOCIODEMOGRAPHIC INFORMATION

### L1. What is (your/NAME’s) ethnic background? (Are you/Is (he/she)):

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Hispanic or Latino, or .....................................</td>
</tr>
<tr>
<td>02</td>
<td>Not Hispanic or Latino?..................................</td>
</tr>
<tr>
<td>d</td>
<td>DON’T KNOW ................................................</td>
</tr>
<tr>
<td>r</td>
<td>REFUSED ....................................................</td>
</tr>
</tbody>
</table>

### L2. What is (your/NAME’s) race? (Are you/Is (he/she)):

INTERVIEWER: CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Alaska Native or American Indian</td>
</tr>
<tr>
<td>02</td>
<td>Asian</td>
</tr>
<tr>
<td>03</td>
<td>Black or African American</td>
</tr>
<tr>
<td>04</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>05</td>
<td>White</td>
</tr>
<tr>
<td>d</td>
<td>DON’T KNOW ................................................</td>
</tr>
<tr>
<td>r</td>
<td>REFUSED ....................................................</td>
</tr>
</tbody>
</table>

### L3. What is the highest year or grade (you/NAME) finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.


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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>DID NOT COMPLETE HIGH SCHOOL OR GED</td>
</tr>
<tr>
<td>02</td>
<td>HIGH SCHOOL: GED</td>
</tr>
<tr>
<td>03</td>
<td>HIGH SCHOOL: DIPLOMA</td>
</tr>
<tr>
<td>04</td>
<td>HIGH SCHOOL: CERTIFICATE OF COMPLETION</td>
</tr>
<tr>
<td>05</td>
<td>SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES</td>
</tr>
<tr>
<td>06</td>
<td>2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE’S DEGREE)</td>
</tr>
<tr>
<td>07</td>
<td>4-YEAR COLLEGE DEGREE (BACHELOR’S DEGREE)</td>
</tr>
<tr>
<td>08</td>
<td>SOME GRADUATE WORK/NO GRADUATE DEGREE</td>
</tr>
<tr>
<td>09</td>
<td>GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.)</td>
</tr>
</tbody>
</table>
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 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

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 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)
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}?
INTERVIEWER: ENTER INCHES

|__|__| INCHES
(1-12)

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, widowed, divorced, separated or {have you/has (he/she)} never been married?

MARRIED ...................................................... 01
WIDOWED..................................................... 02 (L10)
DIVORCED .................................................... 03 (L10)
SEPARATED ................................................. 04 (L10)
NEVER MARRIED ........................................... 05 (L10)
DON'T KNOW............................................... d (L10)
REFUSED......................................................... r (L10)

(L8=01)
L9. Do {you/NAME} and {your/his/her} spouse live in the same household?

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

GO TO L11.
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

L11. Which of the following best describes {your/NAME's} living situation?

INTERVIEWER: READ LIST. CODE ONE ANSWER.

PROGRAMER 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
DON'T KNOW........................................ d (L11a)
REFUSED.......................................... r (L11a)

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/NAME) alone? Which is correct?

LIVE WITH SPOUSE OR PARTNER........... 01 (CHANGE L9 OR L10)
LIVE ALONE......................................... 02 (CHANGE L11)
SUPPRESS.......................................... 03

L12. The next question is about the place (you live/NAME lives). Is this place a…

INTERVIEWER: CODE ONE ANSWER.

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)
L12. Center for Independent Living

Some other type of supervised group residence or facility

Something else

DON'T KNOW

REFUSED

(L12=12)

L12_Other. What is the other type of place?

<OPEN>

DON'T KNOW

REFUSED

(All)

L12a. SOFT EDIT: RESPONDENT CANNOT LIVE ALONE (L11=01) AND LIVE IN A GROUP SETTING (L12=04-12). 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

LIVE IN GROUP SETTING

SUPPRESS

(All)

L13. CHECK: DOES {NAME} LIVE IN A GROUP SETTING (L12 = 04 – 12)?

YES

NO

DON'T KNOW

REFUSED

(L13=01)

L15. Is this place primarily for people with hearing or vision impairments, mental illness, mental retardation, or developmental disabilities?

YES

NO

DON'T KNOW

REFUSED

(All)

L14. CHECK: DOES {NAME} LIVE ALONE (L11 = 01) OR LIVE IN GROUP SETTING (L12=4-12)?

YES

NO

DON'T KNOW

REFUSED

(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.

<table>
<thead>
<tr>
<th>ADULTS</th>
<th>(1-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1-10)</td>
</tr>
</tbody>
</table>

DON'T KNOW

REFUSED
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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>CHILDREN (0-6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(0-20)</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>r</td>
<td></td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>CHILDREN (0-6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(0-20)</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>r</td>
<td></td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

(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?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>CHILDREN (1-6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(1-20)</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>r</td>
<td></td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

(All)

L22a. CHECK: DOES (NAME) HAVE ANY CHILDREN (L17>=1 AND L19>=1) OR (L21>=1)>

YES...................................................... 01
NO....................................................... 00 (L23Aamt)
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

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

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

PROGRAMMER: IF L11=02, or 05, d, r, ASK:
What was the total combined income of all members of {your/NAME's} household in 2003, before taxes or other deductions? Please include money all members of {your/NAME's} household received from 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 2003.

INTERVIEWER: ROUND TO NEAREST DOLLAR

$|___|___|___|, |___|___|___|. 00 AMOUNT
(10,000-75,000)
(0-50,000)

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

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

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

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

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

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

INTERVIEWER: ENTER HOW OFTEN PAID

ANNUALLY ................................................... 01 (M1)
MONTHLY ................................................... 02 (L23b)
TWICE A MONTH.......................................... 03 (L23b)
WEEKLY.................................................... 04 (L23b)
BI-WEEKLY............................................... 05 (L23b)
DAILY...................................................... 06 (L23b)
OTHER .................................................... 07
L23Ahop_Other.

INTERVIEWER: ENTER OTHER

<OPEN>________________________________________

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

GO TO L24.

(L23Aamt = numeric response and L23Ahop = 02, 03, 04, 05, 06)
L23b. PROGRAMMER: USE "{YOUR/NAME'S} HOUSEHOLD" IF L11=02 OR 05, OTHERWISE USE "{YOUR/NAME}"

How many (days/weeks/months) did {{you/NAME}/(your household/NAME's household)} receive this income in 2003?

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

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

GO TO M1.

(L23Aamt =d,r or L23Ahop=07)
L24. PROGRAMMER: USE "HOUSEHOLD" IF L11=02 OR 05
Could you please tell me if {your/NAME'S} annual (household) income before taxes and other deductions in 2003 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

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}

INTERVIEWER: IF INFORMATION IS THE SAME AS DISPLAYED ABOVE, CODE AS 0

INTERVIEWER: IF INFORMATION IS NOT THE SAME AS DISPLAYED ABOVE, OR NO INFORMATION IS DISPLAYED ABOVE CODE AS 1 AND ENTER CORRECT INFORMATION

SAME AS PROVIDED .............................................................................. 00 (M1a)
INCORRECT INFORMATION ABOVE, NEED TO ENTER NEW INFORMATION....................................................................................... 01 (M1_Fname)
DON’T KNOW ........................................................................................... d (M1a)
REFUSED ...................................................................................................... r (M1a)

M1 (PROVIDE BOX FOR DATA ENTRY. 1, 2, D, R ARE THE ONLY POSSIBLE RESPONSES; IF M1=01, THEN GO TO QUESTIONS BELOW, OTHERWISE SKIP TO M1a)

(M1=01)

M1_FName. What is (your/their) first name?
<OPEN>_______________________________________________________________________
DON’T KNOW ................................................ d
REFUSED ...................................................... r

(M1=01)

M1_MName. Middle initial?
<OPEN>_______________________________________________________________________
DON’T KNOW ................................................ d
REFUSED ...................................................... r
(M1=01)
M1_LName. Last name?

<OPEN>______________________________________________

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

(M1=01)
M1_Address1. Street address #1?

<OPEN>______________________________________________

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

(M1=01)
M1_Address2. Street address #2?

<OPEN>______________________________________________

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

(M1=01)
M1_Address3. Street address #3

<OPEN>______________________________________________

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

(M1=01)
M1_City. City?

<OPEN>______________________________________________

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

(M1=01)
M1_State. State?

<OPEN>______________________________________________

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

(M1=01)
M1_Zip5. Zip code?

<OPEN>______________________________________________

DON'T KNOW ................................................ d
REFUSED ...................................................... r
M1_Zip4. Zip code extension?

<OPEN>_______________________________________________________________________

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

M1_Telephone. What is (your/NAME's) telephone number?

INTERVIEWER: ENTER AREACODE, EXCHANGE, AND NUMBER

<OPEN>_______________________________________________________________________

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

M1a. {Do you have/Does NAME have} an email address?

YES ................................................................ 01
NO .................................................................. 00 (M2CHECK)
DON'T KNOW ................................................ d (M2CHECK)
REFUSED ...................................................... r (M2CHECK)

M2. What is (your/NAME's) email address?

EMAIL ADDRESS: <OPEN> _______________________________________________________

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

M2_Check. PROGRAMMER: ONLY ASK M2_PREPAY OF THE TREATMENT GROUP EXPTYPE=01, ELSE GO TO M4 IS (NAME) PART OF THE TREATMENT GROUP (EXPTYPE=01)?

YES ................................................................ 01
NO .................................................................. 00 (M4)

M2_PrePay. Did (you/NAME) receive a check for $10.00 in the mail that (you/NAME) can cash?

YES ................................................................ 01 (M6)
NO, COLLECT ADDRESS AND SEND ANOTHER CHECK ...................................... 00 (M4)
DON'T KNOW ................................................ d (M4)
REFUSED ...................................................... r (M4)

M4. Would you like the check made out to (you/NAME) or someone else?

{YOU/NAME} ...................................................... 01 (M6)
MAKE CHECK OUT TO SOMEONE ELSE ... 02
DON'T KNOW ................................................ d
REFUSED ...................................................... r
What is the name and address of the person to whom we should send the $10.00 check?

NAME: {FULL NAME FROM M1}
STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM M1}
STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM M1}
STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM M1}
CITY OR TOWN: {CITY OR TOWN FROM M1}
STATE: {STATE FROM M1}
ZIP CODE: {ZIP CODE FROM M1}
TELEPHONE NUMBER: {TELEPHONE NUMBER FROM M1}

INTERVIEWER: IF INFORMATION IS THE SAME AS DISPLAYED ABOVE, CODE AS 0

INTERVIEWER: IF INFORMATION IS NOT THE SAME AS DISPLAYED ABOVE, OR NO INFORMATION IS DISPLAYED ABOVE CODE AS 1 AND ENTER CORRECT INFORMATION

SAME AS PROVIDED .............................................................................. 00 (M6)
INCORRECT INFORMATION ABOVE, NEED TO ENTER NEW INFORMATION ............................................................................... 01 (M3Fname)
DON'T KNOW ................................................................................... d (M6)
REFUSED ......................................................................................... r (M6)

PROGRAMMER: SEE M1 FOR FORMATTING TO USE FOR BOTTOM OF SCREEN

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_Fname. What is the first name?

<OPEN>_______________________________________________________________________
DON'T KNOW ................................................ d
REFUSED ...................................................... r

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_Mname. Middle initial?

<OPEN>_______________________________________________________________________
DON'T KNOW ................................................ d
REFUSED ...................................................... r

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_Lname. Last name?

<OPEN>_______________________________________________________________________
DON'T KNOW ................................................ d
REFUSED ...................................................... r
(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_Address1. Street address #1?

<OPEN>_______________________________________________________________________

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

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_Address2. Street address #2?

<OPEN>_______________________________________________________________________

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

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_Address3. Street address #3?

<OPEN>_______________________________________________________________________

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

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_City. City?

<OPEN>_______________________________________________________________________

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

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_State. State?

<OPEN>_______________________________________________________________________

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

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_Zip5. Zip code?

<OPEN>_______________________________________________________________________

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

(M2_PrePay=00,d, r or M4=02,d,r and M3=01)
M3_Zip4. Zip code extension?

<OPEN>_______________________________________________________________________

DON'T KNOW ............................................. d
REFUSED ................................................ r
M3_Telephone. What is the telephone number?

INTERVIEWER: ENTER AREACODE, EXCHANGE, AND NUMBER

<OPEN>_____________________________________________________________________

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

(AAll)
M6. CHECK: IS (NAME) PART OF THE PARTICIPANT SAMPLE (TSTATUS=01)?

YES........................................................... 01
NO............................................................ 00 (M11_Thanks)

(M6=01)
M7. Finally, in about one year the Social Security Administration may wish to contact (you/NAME) to follow-up on (your/NAME'S) health and other circumstances. In case we have trouble reaching (you/NAME), what is the name, address, and phone number of a close relative or friend who is not living with (you/NAME) and is likely to know (your/NAME'S) location in the future? For example, a mother, father, brother, sister, aunt, uncle, or close friend. (Do you/Does NAME) have a contact person?

PROGRAMMER: PLEASE USE SAME FORMATTING AS M1 FOR SCREENS WHEN GATHERING CONTACT PERSON INFORMATION

CONTACT PERSON

YES, HAS CONTACT PERSON .......... 01 (CP1_Fname)
NO CONTACT PERSON ............... 00 (M11_Thanks)
DON'T KNOW ..................................... d (M11_Thanks)
REFUSED ........................................... r (M11_Thanks)

(M6=01 and M7=01)
CP1_FName. What is the their first name?

<OPEN>_____________________________________________________________________

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

(M6=01 and M7=01)
CP1_MName. Middle initial?

<OPEN>_____________________________________________________________________

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

(M6=01 and M7=01)
CP1_LName. Last name?

<OPEN>_____________________________________________________________________

DON'T KNOW ................................................ d
REFUSED ..................................................... r
(M6=01 and M7=01)
CP1_Address1. Street address #1?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

(M6=01 and M7=01)
CP1_Address2. Street address #2?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

(M6=01 and M7=01)
CP1_Address3. Street address #3?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

(M6=01 and M7=01)
CP1_City. City?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

(M6=01 and M7=01)
CP1_State. State?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

(M6=01 and M7=01)
CP1_Zip5. Zip code?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r

(M6=01 and M7=01)
CP1_Zip4. Zip code extension?

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r
CP1_Telephone. What is their telephone number?

INTERVIEWER: ENTER AREACODE, EXCHANGE, AND NUMBER

<OPEN>_______________________________________________________________________

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

M8. How is that person related to {you/NAME}, if at all?

{(NAME'S) SPOUSE ................................................................. 01 (M9)
(NAME'S) MOTHER ............................................................................... 02 (M9)
(NAME'S) FATHER ............................................................................... 03 (M9)
(NAME'S) CHILD ................................................................................ 04 (M9)
GRANDPARENT OF (NAME) ................................................................. 05 (M9)
BROTHER/SISTER (NATURAL/STEP) OF (NAME) ................................. 06 (M9)
AUNT/UNCLE OF (NAME) ................................................................. 07 (M9)
OTHER RELATIVE OF (NAME) ........................................................... 08
NOT RELATED .................................................................................... 09 (M9_i_oth)
STAFF AT RESIDENCE ..................................................................... 10 (M9)
DON'T KNOW ................................................................................... d
REFUSED ......................................................................................... r

M8_h_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

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

M8_i_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

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

M9. Can you give me the name, address, and phone number of another person?

CONTACT PERSON

2

YES ................................................................. 01 (CP2_Fname)
NO ............................................................................... 00 (M11_Thanks)
DON'T KNOW ................................................ d (M11_Thanks)
REFUSED ...................................................... r (M11_Thanks)
(M6=01 and M7=01 and M9=01)
CP2_FName. What is their first name?

<OPEN>_______________________________________________________________________

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

(M6=01 and M7=01 and M9=01)
CP2_MName. Middle initial?

<OPEN>_______________________________________________________________________

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

(M6=01 and M7=01 and M9=01)
CP2_LName. Last name?

<OPEN>_______________________________________________________________________

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

(M6=01 and M7=01 and M9=01)
CP2_Address1. Street address #1?

<OPEN>_______________________________________________________________________

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

(M6=01 and M7=01 and M9=01)
CP2_Address2. Street address #2?

<OPEN>_______________________________________________________________________

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

(M6=01 and M7=01 and M9=01)
CP2_Address3. Street address #3?

<OPEN>_______________________________________________________________________

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

(M6=01 and M7=01 and M9=01)
CP2_City. City?

<OPEN>_______________________________________________________________________

DON'T KNOW ................................................ d
REFUSED ...................................................... r
(M6=01 and M7=01 and M9=01)
CP2_State. State?

<OPEN>

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

(M6=01 and M7=01 and M9=01)
CP2_Zip5. Zip code?

<OPEN>

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

(M6=01 and M7=01 and M9=01)
CP2_Zip4. Zip code extension?

<OPEN>

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

(M6=01 and M7=01 and M9=01)
CP2_Telephone. What is their telephone number?

INTERVIEWER: ENTER AREACODE, EXCHANGE, AND NUMBER

<OPEN>

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

(M6=01 and M9=01)
M10. How is that person related to {you/NAME}, if at all?

{NAME'S} SPOUSE ................................................. 01 (M11_Thanks)
{NAME'S} MOTHER ............................................... 02 (M11_Thanks)
{NAME'S} FATHER ............................................... 03 (M11_Thanks)
{NAME'S} CHILD .................................................. 04 (M11_Thanks)
GRANDPARENT OF (NAME) ................................. 05 (M11_Thanks)
BROTHER/SISTER (NATURAL/STEP) OF (NAME) .... 06 (M11_Thanks)
AUNT/UNCLE OF (NAME) ...................................... 07 (M11_Thanks)
OTHER RELATIVE OF (NAME) ............................... 08
NOT RELATED ..................................................... 09 (M10_i_oth)
STAFF AT RESIDENCE ......................................... 10 (M11_Thanks)
DON'T KNOW .................................................... d (M11_Thanks)
REFUSED ......................................................... r (M11_Thanks)

(M6=01 and M7=01 and M9=01 and M10=08)
M10_h_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>

DON'T KNOW ................................................ d
REFUSED ......................................................... r
M10_i_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

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

(All)
M11_Thanks. Thank you for your cooperation. This completes the survey! Thank you again.

CONTINUE .................................................... 01

INTERVIEWER OBSERVATIONS:

(All)
M11. 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 the respondent assisted by anyone during this interview? That is, did anyone help the respondent in interpreting the questions or giving answers?

YES......................................................... 01
NO.......................................................... 00 (M15)

(M11=answer and M12=01)
M13. 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)
OTHER RELATIVE OF (NAME) ............................ 08
NOT RELATED ............................................. 09 (M13_i_oth)
STAFF AT RESIDENCE ................................ 10 (M14)
DON’T KNOW ............................................. d (M14)
REFUSED .................................................. r (M14)

(M11=answer, M12=01, and M13=08)
M13_h_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_______________________________________________________________________

DON’T KNOW ................................................ d
REFUSED ...................................................... r
M13_i_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>

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

(M11=02 or M12=01)

M14. Why was an assistant/proxy needed?

INTERVIEWER: CODE ALL THAT APPLY.

(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)
OTHER NON-HEALTH RELATED REASON ........................................... 10
DON'T KNOW ....................................................................................... d (M15)
REFUSED ............................................................................................... r (M15)

(M11=answer and 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
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

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

M21. INTERVIEWER: Record any special circumstances encountered while interviewing respondent.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________