NATIONAL BENEFICIARY SURVEY

February 8, 2012
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SECTION A: SCREENER

PRELOADED INFORMATION

S1 (A01_a) CLUSTERED SAMPLE
  YES = 01
  NO = 02 (00, if you prefer) FYI: ONLY NON CLUSTERED = OUTCOMES ONLY PARTICIPANTS

Sampgrp SAMPLE GROUP
  1 = EN or VR as EN
  2 = VR in-use
  0/Blank=Other (Non-Ticket Participant)

S3 (A01_c) REGION – VALUES = 01 – 08, where Region 8 = unclustered sample, that is where S1 = 02

S4 (A01_d) PSU – VALUES = 01010 – 55018; PSU=0 is unclustered sample, aka Region 8

S5 (A01_e) SDATE (DATE SAMPLE PULLED – June 2009)

S6 (A02) ROUND OF DATA COLLECTION
  Round 1 = 01
  Round 2 = 02
  Round 3 = 03 (This is Round 3)
  Round 4 = 04

S8 (A04_a) FULLNAME (original – may be updated in another block: Current Full Name)

S9 (A04_b) FIRST NAME (original – may be updated in another block: Current First Name)

S10 (A04_c) LASTNAME (original – may be updated in another block: Current Last Name)

S11 (A04_d) BIRTHDATE (original – may be updated in another block: Current Birth Date)

S11a CURRENT AGE: IF A71 = 02 OR 03, USE A68 OR A69 TO CALCULATE CURRENT AGE

S12 (A04_e) GENDER

S13 (A04_f) BSTATUS (Benefit Type)
  BSTATUS = 01 – SSI ONLY BENEFITS
  BSTATUS = 02 – SSDI ONLY BENEFITS
  BSTATUS = 03 – CONCURRENT (BOTH SSI AND SSDI) BENEFITS

S14 (A04_g) SSIAGE (from SSI records – age first received SSI benefits)

S15 (A04_h) TSTATUS (TICKET STATUS AS OF DATE SAMPLE PULLED)
  TSTATUS = 01 PARTICIPANT TSTATUS = 02 NONPARTICIPANT

S17 (A04_j) ENSAMPLE (NAME OF EN TICKET ASSIGNED TO AT TIME SAMPLE DRAWN)

S18 (A04_k) STATE MED (STATE NAME FOR MEDICAID) (based on state of residence at A67a)

S19 (A04_l) VRNAME (STATE NAME FOR VRA) (based on state of residence at A67a)

S20 (A04_m) Sample Member’s Address at time sample was drawn (may be updated in Section A)

S21 (A04_n) Sample Member’s Phone Number at time sample was drawn

S22 PROXY – FULL NAME

S23 PROXY – PHONE NUMBER

S24 PROXY – ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP

S25 INTERPRETER NAME – RETAIN SAMPLE MEMBER PHONE NUMBER ASSOCIATED WITH INTERPRETER.
**RTPY**: Set at A110 or A110a.

**PROGRAMMER**: INSTITUTE A PARALLEL BLOCK THAT ALLOWS THE INTERVIEWER TO SWITCH RESPONDENT FROM SAMPLE MEMBER TO PROXY OR FROM PROXY TO SAMPLE MEMBER AT ANY POINT IN THE INTERVIEW. UPDATE RTPY BASED ON THE PARALLEL BLOCK.

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

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

(All)

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

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<th>SITUATION</th>
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<th>GO TO</th>
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<td>01 NEW SCREENER FOR NAME</td>
<td>CALL TO {NAME}</td>
<td>A1</td>
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<td>02 CATI CALL-IN</td>
<td>{NAME} CALLING IN</td>
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<td>03 CAPI INTERVIEW</td>
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<td>04 CALL NAME AFTER REMAIL</td>
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<td>{NAME} – TTY</td>
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<td>09 CALL NAME USING AMPLIFIER</td>
<td>{NAME) – AMPLIFIER</td>
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<td>10 CALL TO IDENTIFIED PROXY</td>
<td>PROXY NAME</td>
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<td>11 CALLBACK TO PROXY AFTER REMAIL</td>
<td>PROXY NAME</td>
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<tr>
<td>12 INFORMANT/PROXY CALL IN</td>
<td>PROXY NAME</td>
<td>A11</td>
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<td>13 CALL TO NEW PROXY</td>
<td>PROXY NAME</td>
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<td>14 CALL INTERPRETER</td>
<td>INTERPRETER NAME</td>
<td>A8</td>
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<td>15 CALL TO NEW / UNNAMED INTERPRETER</td>
<td>INTERPRETER NAME</td>
<td>A4b</td>
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SECTION A UNIVERSE: ALL

CALL TO RESPONDENT

(A0 = 01, 04, OR 09)

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

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

SPEAKING ................................................................. 01 (A10)
WANTS MORE INFORMATION ..................................... 02
{NAME} COMES TO PHONE ........................................ 03 (A10)
CALL BACK LATER ..................................................... 04 SET A100 = 01 (A100)
{NAME} MOVED .......................................................... 05 (A30)
POSSIBLE PARTICIPATION PROBLEM ....................... 06 (A13)
HOSPITALIZED .......................................................... 07 (A27a)
{NAME} DECEASED ..................................................... 08 (A103a)
{NAME} INCARCERATED .............................................. 09 SET A103 = 01 (A103)
LANGUAGE BARRIER (NOT SPANISH) ......................... 10 (A3)
INSTITUTIONALIZED ................................................... 11 (A27a)
MILITARY DUTY .......................................................... 12 SET A103 = 02 (A103)
SWITCH TO AMPLIFIER / CONTINUE ......................... 13 (A10)
NO SUCH PERSON AT THIS NUMBER ......................... 14 SET A102 = 01 (A102)
OTHER: SUPERVISOR REVIEW NEEDED ....................... 15 SET A106 = 05 (A106)
HUNG UP DURING INTRODUCTION .............................. 16 SET STATUS = 640 (END)
UNAVAILABLE DURING FIELD PERIOD ....................... 17 SET A104 = 06 (A104)
LIVING OUTSIDE USA ............................................... 18 SET A103 = 03 (A103)
REFUSED ................................................................. r SET A105 = 02 (A105)
A2. Social Security recently sent (NAME) a letter saying that we would be calling to ask (him/her) to participate in an important national health study we are conducting for them. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a scientific study. We are not selling anything or asking for contributions.

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

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

NAME SPEAKING.............................................................. 01 (A10)
(NAME) COMES TO PHONE ............................................. 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 (A103a)
(NAME) INCARCERATED............................................... 09 SET A103 = 01 (A103)
LANGUAGE BARRIER (NOT SPANISH) ............................. 10
INSTITUTIONALIZED ..................................................... 11 (A27a)
MILITARY DUTY ............................................................ 12 SET A103 = 02 (A103)
SWITCH TO AMPLIFIER / CONTINUE ......................... 13 (A10)
NO SUCH PERSON AT THIS NUMBER ......................... 14 SET A102 = 01 (A102)
OTHER: SUPERVISOR REVIEW NEEDED ....................... 15 SET A106 = 01 (A106)
HUNG UP DURING INTRODUCTION ............................... 16 SET STATUS = 640 (END)
UNAVAILABLE DURING FIELD PERIOD ....................... 17 SET A104 = 06 (A104)
LIVING OUTSIDE USA ............................................... 18 SET A103 = 03 (A103)
DID NOT RECEIVE LETTER ......................................... 19 A22
REFUSED ........................................................................... r SET A105 = 02 (A105)

LANGUAGE BARRIER

(A1 = 10) OR (A2 = 10)

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 .................................................. r SET A106 = 01 (A106)

POSSIBLE INTERPRETER COMES TO PHONE

(A3 = 01)

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?

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

YES ................................................................. 01 (A4b)
NO ................................................................. 00
REFUSED/HUNG UP ............................................... r SET A106 = 01 (A106)
(A4 = 00)
A4a. Is there someone else who is 18 years or older who could come to the phone and help with the interview?

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

(A0 = 15) OR (A4 = 01) OR (A4a = 01)
A4b. IF (A0=15) or (A4a=01) FILL {Hello, my name is _____________, calling on behalf of the Social Security Administration. Social Security recently sent {NAME} a letter saying {he/she} was selected to participate in an important health survey we are conducting for them. It is called the National Beneficiary Survey. We are looking for an interpreter who is 18 years or older to help {him/her} with the interview.} Would you be able to help {NAME} by interpreting the interview?

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

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

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

(A4b = 01)
A5. If {NAME} is available and you are ready to interpret, we can begin now. If you or {NAME} get tired or need a break at any time, please tell me and we will call back later to finish 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}.

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

**IF NAME IS REFUSED, CODE AS REFUSED AND CONTINUE**

- FIRST, MIDDLE, LAST
- DON’T KNOW ................................................................. d
- REFUSED ........................................................................... r

**PROGRAMMER:** STORE INTERPRETER NAME IN S25 AND LOCATOR

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

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

(A7 = ANSWER OR d OR r)

A7a. **PROGRAMMER:**

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

CALLBACK TO NAMED INTERPRETER

(A0=14)

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

**PROBE:** We are not selling anything or asking for 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?

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

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

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

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

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

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

The interview (IF A0 = 08 FILL will take around 2 - 3 hours because we are using TTY / IF A0 = 07 FILL will take around 2 - 3 hours because we are using Relay. / IF (A0 = 04) OR (A1 = 01, 03 OR 13) OR (A2 = 01 OR 03 OR 13) FILL: will take between 45 and 60 minutes.) IF PRE-PAY=0: {In appreciation for your time, we will mail you a check for $10.00 when we finish the interview} / IF PRE-PAY=1: {As a token of appreciation, we recently mailed you a check for $10. The questions are easy. If you get tired or need a break **at any time**, please tell me and we will call back later to finish the interview. Let’s start now.}

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

CONTINUE................................................................. 01  
(NAME) WILL CALL MPR ............................................. 02  
CALL BACK LATER..................................................... 03  
(IF A1 = 01, 03, 13 OR A2 = 01, 03, A13A; OR A0 = 07, 08, 09 SET A100 = 01 (A100)  
IF A7a = 01 OR A9 = 02 SET A100 = 03 (A100))

DID NOT RECEIVE LETTER/DOES NOT

RECALL LETTER..................................................... 04  
REQUESTS PROXY............................................. 05  
REQUESTS IN-PERSON INTERVIEW......... 06  
POSSIBLE PARTICIPATION PROBLEM...... 07  
REFUSED..........................................................  r  
(IF A1 = 01, 03, 13 OR A2 = 01, 03, A13A; OR A0 = 07, 08, 09 SET A105 = 01 (A105) / IF A7a = 01 OR A9 = 01 SET A105 = 02 (A105)
SECTION A UNIVERSE: ALL

NAME OR UNKNOWN INFORMANT CALLS IN

(A0=02, 05, OR 06)

A11. INTERVIEWER: CODE BASED ON SUPERVISOR INSTRUCTION.

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

(A11 = 01, 02, OR 03)

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

The interview {PROGRAMMER, IF A11 = 01 FILL will take between 45 and 60 minutes / IF A11 = 02 USE will take around 2 - 3 hours because we are using TTY / IF A11 = 03 FILL will take around 2 - 3 hours because we are using Relay,} IF PRE-PAY=0: {In appreciation for your time, we will mail you a check for $10.00 when we finish the interview. }/ IF PREPAY=1: {As a token of appreciation, we recently mailed you a check for $10. The questions are easy. If you get tired need a break at any time, please tell me and we will call back later to finish the interview. Let’s start now.

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

CONTINUE..................................................... 01 (A64)
WANTS TO SCHEDULE INTERVIEW ............  02 IF A11 = 01 SET A100 = 01 (A100)
                                          IF A11 = 02 SET A100 = 04 (A100)
                                          IF A11 = 03 SET A100 = 05 (A100)

NEEDS PROXY ............................................. 03
NEEDS IN-PERSON ....................................... 04 (A39)
POSSIBLE PARTICIPATION PROBLEM........  05 (A13)
REFUSED .................................................... r IF A11 = 01, 02, 03 SET A105 = 01 (A105)
                                          IF A11 = 04 SET A105 = 02 (A105)

DIFFICULTY PARTICIPATING (SPEAKING WITH NAME / INFORMANT / UNKNOWN PROXY WHO CALLS IN)

(A1 = 06) OR (A2 = 06) OR (A4b = 05) OR (A10 = 07) OR (A11 = 04) OR (A12 = 05)
A13. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

(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.

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

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

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

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

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

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<td>01</td>
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<tr>
<td>SPEECH DIFFICULTY</td>
<td>02</td>
</tr>
<tr>
<td>COGNITIVE BARRIER</td>
<td>03   (A46)</td>
</tr>
<tr>
<td>PHYSICAL BARRIER</td>
<td>04</td>
</tr>
<tr>
<td>INCARCERATED</td>
<td>06   SET A103 = 01 (A103)</td>
</tr>
<tr>
<td>INSTITUTIONALIZED</td>
<td>07   (A27a)</td>
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<tr>
<td>HOSPITALIZED</td>
<td>08   (A27a)</td>
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<tr>
<td>DECEASED</td>
<td>09   (A103a)</td>
</tr>
<tr>
<td>SERVING IN MILITARY</td>
<td>10   SET A103 = 02 (A103)</td>
</tr>
<tr>
<td>LIVING OUTSIDE USA</td>
<td>11   SET A103 = 03 (A103)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r    SET A105 = 02 (A105)</td>
</tr>
</tbody>
</table>
A14. Recently, Social Security sent {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME} a letter saying {IF A13 = 01 FILL you were/ IF A13 = 02 FILL {him/her} he/she was} selected to take part in an important health survey we are conducting for them.} {IF A12 = 05 START HERE} We would like {IF A13 = 01 FILL you to have / IF A13 = 02 FILL {NAME} to have} the chance to answer the questions for {IF A13 = 01 FILL yourself / IF A13 = 02 FILL himself / herself} if at all possible. I’m going to read some ways that we can arrange for {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}} to take part in the study.

**PROBE:** What would work best?

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

**INTERVIEWER:** Read list and code one only. If more than one mentioned, ask what is easiest for {NAME}.

We can break the interview into a few short calls to {IF A13 = 01 FILL you / IF A13 = 02 FILL {NAME}} ....

We can use Relay or TTY for the interview ..............

{PROGRAMMER, DISPLAY 03 ONLY IF A13a = 01} I can switch to a phone amplifier now ..............

{PROGRAMMER, DISPLAY 04 ONLY IF A13a = 01} We can call later using a phone amplifier...........

{PROGRAMMER, DISPLAY 05 ONLY IF IN CLUSTERED SAMPLE S1 = 01 We could send an interviewer to {{IF A13 = 01 FILL your / IF A13 = 02 FILL {his/her} home ..................}

{PROGRAMMER DISPLAY 06 ONLY IF A13 = 02} INFORMANT OFFERS TO BE PROXY ..............

{PROGRAMMER, DISPLAY 07 ONLY IF SAMPLE TYPE = UNCLUSTERED, S1 = 02 AND A13 = 01} {NAME} REQUESTS IN-PERSON INTERVIEW ..................................

{PROGRAMMER DISPLAY 08 ONLY IF A13 = 01} {NAME} REQUESTS PROXY ........................

PHYSICAL PROBLEM: {NAME} UNABLE TO PARTICIPATE ........................................

SUGGESTS ANOTHER WAY (SPECIFY__) .............

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

REFUSED ............................................................

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

(A14 = 10)

A14a. What is that way?

<OPEN

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

REFUSED .............................................

(A14 = 10)

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

**SET A106 = 05 (A106)**
(A13a = 01, 02, 04, OR d) OR (A14 = 02)

A16. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

NAME ..............................................................................  01
INFORMANT / POSSIBLE PROXY ........................................  02 (A18)

(A16 = 01)

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

PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

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

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

(A16 = 02)

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

PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

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

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

A19 DELETED
A20. The letter said that you were selected from a list of all adults who currently receive Social Security benefits and that someone would call to ask you to participate. The National Beneficiary Survey asks about your health, your daily activities, any jobs you might have, and any Social Security programs or services you might use. If you get tired or need a break at any time, please tell me and we will call back later to finish the interview. Let’s start now.

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

CONTINUE .......................................................................... 01 (A64)
CALL BACK LATER ......................................................... 02 (A100)
NO, WANTS LETTER ..................................................... 00
REFUSED .................................................................  r SET A105 = 01 (A105)

(A20 = 00)
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)

(A2=19 or A21 = 00)
A22. I want to make sure we have your correct name and address. The records show (READ BELOW). Is this correct?

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

(A22 = 00)
A23. PROGRAMMER: WAS A22 NAME UPDATED?
YES ................................................................................. 01
NO ................................................................................... 00 (A25)

(A23 = 01)
A24. This name is different from the name in our records – perhaps you married or changed your name. Can you confirm that you are the same (NAME) as in our records?

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

(A22 = 00) OR (A24 = 01)
A25. PROGRAMMER: CHECK: IS UPDATED STATE OUTSIDE THE UNITED STATES AND DC?
YES ................................................................................. 01
NO ................................................................................... 00 SET A109 = 01 (A109)
(A25 = 01)

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

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

YES ............................................................... 01 SET A103 = 04 (A103)

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

REFUSED ....................................................... r SET A106 = 05 (A106)

**PROGRAMMER:** STORE CHANGED NAME IN S8 UPDATE

**NAME INSTITUTIONALIZED / HOSPITALIZED**

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

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

**INTERVIEWER:** ENTER THE NUMBER OF DAYS, WEEKS OR MONTHS

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

**INTERVIEWER:** ENTER 997 IF PERMANENTLY

|__|__|__|

DON'T KNOW ............................................... d (A27b)

REFUSED ...................................................... r (A27b)

A27aa. Units.

DAYS ............................................................. 01

WEEKS .......................................................... 02

MONTHLY ...................................................... 03

(A27a = ANSWER OR d OR r)

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

**PROBE:** READ BELOW. What would work?

**INTERVIEWER:** CODE ONE ONLY

IF A27a = 01 AND DAYS LESS THAN 30 OR A27a=02 
and WEEKS LESS THAN 4 OR A27a=03 
(MONTHS) and MONTHS = 1 DISPLAY: call 
after (he/she) returns home and is feeling better .... 01 SET A100 = 01 (A100)

ELSE DISPLAY
If {NAME} is well enough, we can call {him/her} at the 
{IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR 
(A13a = 07) FILL institution / IF (A1 = 07 AND 
A2 = 07 AND A4b = 06) OR (A13a = 08) FILL 
hospital}....................................................... 02

(PROGRAMMER, DISPLAY 03 IF SAMPLE TYPE = 
CLUSTERED S1 = 01) We could send an 
interviewer to visit {him/her} at the {}(IF A1 = 11 
AND A2 = 11 AND A4b = 09) OR (A13a = 07) 
FILL institution / (IF A1 = 07 AND A2 = 07 AND 
A4b = 06) OR (A13 = 08) FILL hospital}.............. 03 (A29)

NAME TOO ILL / SEEK PROXY ............................ 04 (A46)

DON'T KNOW .................................................. d (A46)

REFUSED ....................................................... r SET A105 = 02 (A105)
Please tell me the name and phone number of the {IF (A1 = 11 AND A2 = 11 AND A4b = 09) OR (A13a = 07) FILL institution / IF (A1 = 07 AND A2 = 07 AND A4b = 06) OR (A13a = 08) FILL hospital}, where I can contact {NAME}. If you don’t have all the information, please tell me what you can.

**NAME OF INSTITUTION / HOSPITAL**

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

**PHONE NUMBER:**  

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

SET A100 = 08 (A100)

**PROGRAMMER: STORE NAME OF HOSPITAL OR INSTITUTION AND PHONE NUMBER IN LOCATOR**

**PROGRAMMER: STORE NAME AND ALL CONTACT INFORMATION FOR HOSPITAL OR INSTITUTION IN LOCATOR**

NEW CONTACT INFORMATION FOR NAME

(A1 = 05) OR (A2 = 05) OR (A4b = 04)

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

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

NO ................................................................. 00 (A37)

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

(A30 = 01)

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

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

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

**ADDRESS 1**
**ADDRESS 2**
**CITY, STATE, ZIP**

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

**TELEPHONE:**  

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

REFUSED ....................................................... r
(A31 = ANSWER OR d OR r)

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

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

(A32 = 01)

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

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

   **PROGRAMMER** AFTER A31 IS UPDATED, GO TO A36.

   YES ....................................................................................  01 SET A103 = 04 (A103)
   NO ......................................................................................  00

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

A34 IS DELETED

A35 IS DELETED

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

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

   **PROGRAMMER:** STORE {NAME} CONTACT DATA IN LOCATOR

LEAD INFORMATION

(A30 = 00)

A37. Is there someone else who might know how to reach (NAME)?

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

(A37 = 01)

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

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

   PREFIX, FIRST, MIDDLE, LAST, SUFFIX

   Please give me the telephone number, area code first.

   TELEPHONE: ____________| |__________| |__________| |__________| |__________| |__________| |__________| |__________| |__________| |
   DON'T KNOW ....................................................................  d
   REFUSED ..........................................................................  r

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

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

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

NAME REQUEST IN PERSON (A4b = 15) OR
(A10 = 06) OR (A12 = 04) AND SAMPLE
TYPE = CLUSTERED (S1 = 01)...................... 01 (A42)

NAME REQUEST IN PERSON (A4b = 15) OR
(A10 = 06) OR (A12 = 04) AND SAMPLE
TYPE = UNCLUSTERED (S1 = 02)............... 02

NAME/INFORMANT REQUESTS PROXY (A10 = 05)
OR (A12 = 03) OR (A14 = 06, 08 OR d) AND
SAMPLE TYPE CLUSTERED (S1 = 01).............. 03 (A43)

NAME REQUEST PROXY (A10 = 05) OR (A12 = 03)
OR (A14 = 06, 08, d) AND SAMPLE TYPE =
UNCLUSTERED (S1 = 02).............................. 04 (A41)

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

(A14 = 07 OR A39 = 02)

A40. I'm sorry, but we have no field representatives working in your area. We can break the phone interview into as many short calls as you would like so the interview will not be tiring. Will that help {NAME/you} to participate? If you get tired or need a break 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 (S1 = 02)

(A39=04)

A41. If at all possible, we'd like (IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL {NAME} to answer for (IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL yourself / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL himself/herself). We can break the interview into a few short calls so 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, PREFERS PROXY................................. 02 IF A14 = 06 (A48) ELSE (A46)
DON'T KNOW................................................. d IF A14 = 06 (A48) ELSE (A46)
REFUSED..................................................... r SET A105 = 01 (A105)

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

(A14 = 05) OR (A39=01)

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

GO TO A44
SECTION A UNIVERSE: ALL

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

(A39=03)

A43. Our interviewer will be working in (IF (A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL your / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL (NAME’s area) shortly. If it would help (IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL (him/her) to answer for (IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL yourself / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL (himself/herself), we can send an interviewer to interview (IF A10 = 5) OR (A12 = 03) OR (A14 = 08) OR (A14 = d AND A13 = 01) FILL you / IF (A14 = 06) OR (A14 = d AND A13 = 02) FILL (NAME) at home. If (IF A10 = 5) OR (A12 = 03) OR (A14 = 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?

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

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

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

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

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

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

(A44 = 00)

A44a. INTERVIEWER – BACK UP TO A44 AND EDIT ALL CHANGES (A45)

(A44 = 01) AND (A44a = ANSWER)

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

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

NO CHANGE...................................................... 01 SET A107 = 01 (A107)
ADDRESS OR PHONE WILL CHANGE .......... 02 SET A107 = 01 (A107)
DON’T KNOW ................................................... d SET A107 = 01 (A107)
REFUSED ......................................................... r IF A13 = 01 SET A105 = 01 (A105) / IF A13 = 02 SET A105 = 03 (A105)

PROGRAMMER: STORE UPDATED INFORMATION IN UPDATE ADDRESS BLOCK
SEEKING PROXY

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

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

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

(A46 = 03)
A47. What is that person’s name and phone number so we can call back and ask for that person by name?

NAME:  PREFIX, FIRST, MIDDLE, LAST, SUFFIX

Please give me the telephone number, area code first.

PHONE NUMBER:  |___|___|___|___|___|___|___|___|___|

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

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

PROXY COMES TO PHONE

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

A48. {IF (A46 = 02) USE Hello, my name is __________________, 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.

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

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 give me the telephone number, area code first.

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

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

(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. IF PREPAY=0: {In appreciation for your time, we will mail you a check for $10.00 when we finish the interview.}  IF PREPAY=1:  {As a token of appreciation, we recently mailed {NAME} a check for $10.  If you get tired or need a break at any time, please tell me and we will call back later to finish the interview.  Let’s start now.

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

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

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

  **PROBE:** Your first name is fine.

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

  CONTINUE

  **PROGRAMMER STORE PROXY NAME IN DATABASE**

(A54 = ANSWER OR r)
A55.  **PROGRAMMER:** IF

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

**CALLING FOR IDENTIFIED PROXY / PROXY AFTER REMAIL**

(A0 = 10 OR 11 OR 13)
A56.  Hello, my name is ________________, calling on behalf of the Social Security Administration. May I please speak with (PROXY NAME)?

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

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

(A56 = 01 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 {NAME} / IF (A0 = 11) FILL you) a letter explaining that (he/she) had been selected to participate in an important survey we are conducting for them. The National Beneficiary Survey is about {NAME's} health, daily activities, any jobs (he/she) might have, and about any Social Security programs or services (he/she) might use. Congress requires that Social Security conduct this study. We were told that you are the most knowledgeable person to respond to the survey on behalf of (NAME). The interview will take from 45 to 60 minutes. IF PREPAY=0: {In appreciation for your time, we will mail you a check for $10.00 when we finish the interview.} IF PREPAY=1: As a token of appreciation, we recently mailed (NAME) a check for $10. Would you be able to help us?

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

CONTINUE ....................................................... 01 (A64)
CALL BACK LATER ......................................... 02 SET A100 = 02 (A100)
SEEK ANOTHER PROXY ............................ 03 (A60)

PROGRAMMER: DISPLAY THIS OPTION
ONLY IF A0 = 10 WANTS LETTER SENT ...... 04
DON'T KNOW .................................................. d (A59)
REFUSED ...................................................... r SET A105 = 03 (A105)

(A57 = 04)

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

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

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

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

(A58 = 01 OR 02)

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

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

IF A58=01 GO TO A64
IF A58=02 SET A100 = 02 (A100)
PROGRAMMER STORE PROXY NAME IN DATABASE
(A57 = d) OR (A58 = 03 or d)
A59. Please tell me your name and address so we can mail the letter to you.

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

SEEK ANOTHER PROXY - CONTACT INFORMATION

(A57 = 03)
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 about 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)

(A60 = 1)
A61. What is that person’s name and telephone number?

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

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

Please give me the telephone number, area code first.

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

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

(A61 = ANSWER)
A62. PROGRAMMER: WHAT KIND OF PROXY CONTACT INFORMATION DOES A61 CONTAIN?

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

A63 DELETED
RESPONDENT VERIFICATION

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

A64. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

INTERVIEWER: IF YOU ARE SPEAKING WITH AN INTERPRETER, CODE SPEAKING WITH (NAME).

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

A65 DELETED

(A64 = ANSWER)

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

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

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

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

(A66 = 02)

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

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

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

PROGRAMMER STORE NAME CHANGE IN NAME UPDATE BLOCK.

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

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

CAPI INTERVIEWER: DO NO READ QUESTION: RECORD STATE BELOW AND CONTINUE.

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

PROGRAMMER: CHECK AREA CODE AND RECORD STATE.

PROGRAMMER STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT STATE UPDATE BLOCK (S20).
A67a = ANSWER OR r
A68. What is {your/NAME’S} date of birth?

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

| | | |
| | | |
MONTH | DAY | YEAR |

[A68] [A68a] [A68b]

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

(A68 = d)
A69. How old {IF (A64 = 01) FILL are you/IF (A64 = 02) FILL is {NAME}? PROBE: Your best guess is fine.

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

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

(A69 = ANSWER OR d)
A70. PROGRAMMER CHECK S11: IS A69 AGE = +2 OR – 2 YEARS OF NAME’S AGE?

YES .............................................................. 01
NO ............................................................... 00

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

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

A65 = ANSWER) OR (A66 = 01,00, OR d AND A70 = 01) OR (A71 => 02) OR (A67 = d)
A72 PROGRAMMER CHECK: IS {NAME’S} IDENTITY VERIFIED (NAME VERIFIED {A66 = 01 OR 02} AND IS
BIRTHDATE VERIFIED (A70 = 01) OR (A71 = 01 OR 02)?

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

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

(A72 = 01)

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

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

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

(A73=01, 04 OR 05)

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

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

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “LISTS NONE"

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

A75 IS DELETED

(A74 = 00 OR 01)

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

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

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “LISTS NONE"

  - LISTS NONE .................................................... 00 (A80)
  - LISTS ONLY 1 TOPIC ...................................... 01 (A80)
  - LISTS ANY 2 TOPICS ...................................... 02
  - LISTS 3 TOPICS .............................................. 03
  - REFUSED ........................................................ r IF A73 = 03 SET A105 = 01 (A105) / IF A73 = 04 OR 05 SET A105 = 03 (A105)
(A74 = 02 OR 03) OR (A76=02 OR 03)

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

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

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

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

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

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>INACCURATE ANSWER</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 (A78)</td>
<td>02</td>
<td>r IF A73 = 03 SET A105 = 01 (A105) / IF A73 = 04 OR 05 SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>

(A77=02)

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

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

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

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

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

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>INACCURATE ANSWER</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 (A80)</td>
<td>02</td>
<td>r IF A73 = 03 SET A105 = 01 (A105) / IF A73 = 04 OR 05 SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>

(A77 = 01 OR A77a = 01)

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

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

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

INTERVIEWER: IF RESPONDENT SAYS: “DON’T KNOW,” RECORD AS “INACCURATE ANSWER”

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>INACCURATE ANSWER</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 (A110)</td>
<td>02</td>
<td>r IF A73 = 03 SET A105 = 01 (A105) / IF A73 = 04 OR 05 SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>
A78a. **INTERVIEWER:** YOU ARE ASKING THIS QUESTION FOR THE SECOND AND LAST TIME.

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

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

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

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

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER”

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>01 IF A73 = 03 SET A110 = 01 (A110)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IF A73 = 04 OR 05 SET A110 = 02 (A110)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INACCURATE ANSWER - FAILED</th>
<th>02</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>01 IF A73 = 03 SET A105 = 01 (A105)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>IF A73 = 04 OR 05 SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>

A79 IS DELETED

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER”

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>01 IF A73 = 03 SET A110 = 01 (A110)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IF A73 = 04 OR 05 SET A110 = 02 (A110)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INACCURATE ANSWER - FAILED</th>
<th>02</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>01 IF A73 = 03 SET A105 = 01 (A105)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IF A73 = 04 OR 05 SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER”

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>01 IF A73 = 03 SET A110 = 01 (A110)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IF A73 = 04 OR 05 SET A110 = 02 (A110)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INACCURATE ANSWER - FAILED</th>
<th>02</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER”

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>01 IF A73 = 03 SET A105 = 01 (A105)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IF A73 = 04 OR 05 SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>

A80. **INTERVIEWER:** 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 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.

<table>
<thead>
<tr>
<th>YES, PROXY COMES TO PHONE</th>
<th>01 (A85)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, CALL BACK PROXY LATER</td>
<td>02</td>
</tr>
<tr>
<td>YES, PROXY LIVES ELSEWHERE</td>
<td>03 (A82)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO PROXY AVAILABLE</th>
<th>04 SET A106 = 04 (A106)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
<td>d SET A106 = 04 (A106)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r IF A73 = 03 SET A105 = 01 (A105)</td>
</tr>
<tr>
<td></td>
<td>IF A73 = 04 OR 05 SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>

A81. **INTERVIEWER:** What is that person’s name so that we can call back and ask for them?

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

**PROGRAMMER:** RECORD NAME LOCATING DATABASE

| SET A100 = 02 (A100) |
Do you have that person's name and/or telephone number? If you don’t have all the information please tell me what you can.

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

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

Please give me the telephone number, area code first.

TELEPHONE NUMBER: ___________ ___________ ___________ ___________ __

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

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

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

{IF (A56 = 01 OR 02) OR (A80 = 01)
A55. {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 study. 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. IF PREPAY=0: {In appreciation for your time, we will mail you a check for $10.00 when we finish the interview.} IF PREPAY=1: {As a token of appreciation, we recently mailed (NAME) a check for $10. Would you be able to help us?

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

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

Before we start, please tell me your name.

FIRST, MIDDLE, LAST
DON’T KNOW ..................................................  d
REFUSED .........................................................  r
NEW PROXY / NEW PROXY COMES-TO-PHONE COGNITIVE TEST

(A85 = 01)

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

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

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW,” RECORD AS “LISTS NONE”

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

A87 IS DELETED

(A86 = 00 OR 01)

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

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

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “LISTS NONE”

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

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

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

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

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

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

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW,” RECORD AS “INACCURATE ANSWER”

- ACCURATE ANSWER ........................................ 01 (A90)
- INACCURATE ANSWER .............................. 02
- REFUSED ...................................................  r  SET A105 = 03 (A105)
(A89 = 02)

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

Let's try that again. Taking part in the survey is 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?

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

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

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW” RECORD AS “INACCURATE ANSWER”

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>01</th>
</tr>
</thead>
<tbody>
<tr>
<td>INACCURATE ANSWER</td>
<td>02 (A92)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>

(A89a = 01)

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

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

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

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW,” RECORD AS “INACCURATE ANSWER”

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>01 SET A110 = 02 (A110)</th>
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<tbody>
<tr>
<td>INACCURATE ANSWER</td>
<td>02</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>

(A90 = 02)

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

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

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

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

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

**INTERVIEWER:** IF RESPONDENT SAYS “DON’T KNOW,” RECORD AS “INACCURATE ANSWER”

<table>
<thead>
<tr>
<th>ACCURATE ANSWER</th>
<th>01 SET A110 = 02 (A110)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INACCURATE ANSWER</td>
<td>02</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r SET A105 = 03 (A105)</td>
</tr>
</tbody>
</table>
A91 IS DELETED

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

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

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

CALL BACK LATER TO SAME NUMBER (INTERIM)

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

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

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

START NEXT SCREENER AT…

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

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

GO TO END

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

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

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

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

START NEXT SCREENER AT…

{Name} ...................................................................................... 01 A0 = 01
{PROXY WHO LIVES ELSEWHERE} ........................................ 02 A0 = 10
LEAD .......................................................................................... 03 SET A106 = 06 (A106)
A101a. **PROGRAMMER:** GO TO END.

SEND TO LOCATING: NAME OR PROXY (INTERIM)

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

A102. Thank you very much. Goodbye.

**PROGRAMMER:** DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

**INTERVIEWER:** PRESS 1 TO CONTINUE

START NEXT SCREENER AT...

{NAME}: NO SUCH PERSON HERE ................. 01 SET STATUS = 530 (END) A0 = 01

{NAME}: NEED PHONE NUMBER ONLY ............ 02 SET STATUS = 530 (END) A0 = 01

{NAME} NEED ALL CONTACT INFORMATION ..... 03 SET STATUS = 530 (END) A0 = 01

{NAME} FAILED VERIFICATION – FIND NAME ... 04 SET STATUS = 530 (END) A0 = 01

{PROXY}: NO SUCH PERSON HERE ................ 05 SET STATUS = 380 (END) A0 = 13

{PROXY}: NEED PHONE NUMBER ................. 06 SET STATUS = 380 (END) A0 = 13

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

INELIGIBLE (INTERIM / POSSIBLE FINAL)

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

OR

(A33 = 01)

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

**PROGRAMMER:** DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

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

**INTERVIEWER:** PRESS ENTER TO CONTINUE

INCARCERATED ................................................... 01 SET STATUS = 421 (END)

IN ACTIVE MILITARY ............................................ 02 SET STATUS = 422 (END)

LIVING OUTSIDE THE USA .................................. 03 SET STATUS = 461 (END)

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

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

|__|__|  /  |__|__|__|__|
MONTH    DAY         YEAR

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

Thank you. Please accept my condolences. Goodbye.

**PROGRAMMER:** SET STATUS = 440.

GO TO END
SECTION A UNIVERSE: ALL

BARRIERS TO PARTICIPATION – (INTERIM NON-RESPONSE / POSSIBLE FINAL NON-RESPONSE)

(A1 = 17) OR (A2 = 17) OR (A4b = 13) OR (A46 = 05, 06, 07, 08, OR 09) OR (A56 = 06)

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

PROGRAMMER: DISPLAY ONLY APPROPRIATE TEXT AND VALUE BELOW.

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

INTERVIEWER: PRESS ENTER TO CONTINUE

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

REFUSALS (INTERIM / FINAL)


A105. Thank you for your time. Goodbye.

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

START NEXT SCREENER AT:

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

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

SUPERVISOR REVIEW (INTERIM)

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

A106. Thank you for your time. Goodbye.

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

POSSIBLE LANGUAGE PROBLEM ............... 01 SET STATUS = 380 (END)
CALL INFORMANT TO SET TTY/RELAY
CALL BACK TIME .................................... 02 SET STATUS = 380 (END)
NEED TO LOCATE NEW PROXY .............. 03 SET STATUS = 380 (END)
PROXY FAILED COGNITIVE TEST / NO
OTHER PROXY AVAILABLE .................... 04 SET STATUS = 380 (END)
OTHER SUPERVISOR REVIEW .............. 05 SET STATUS = 380 (END)
CALL LEAD FOR NAME/PROXY INFO ........ 06 SET STATUS = 380 (END)
Thank you very much. Our field interviewer will call to arrange a time for the interview.

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

INTERVIEWER: PRESS 1 TO CONTINUE

HOLD FOR CAPI .............................................. 0 SET STATUS = 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 = 00) OR (A26 = r) OR (A59 = 02)

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

INTERVIEWER: PRESS 1 TO CONTINUE

START NEXT SCREENER AT...

{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

(A110 = 00)

A110a. INTERVIEWER: WHO IS THE RESPONDENT?

SAMPLE MEMBER .......................................... 01 (B1)

PROXY ........................................................... 02
SECTION B: DISABILITY AND CURRENT WORK STATUS

DISABILITY STATUS

(All)

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

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

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

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

(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
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

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

PRESS 1 TO CONTINUE ........................................................... 01
END CALL. STATUS "SUPERVISOR REVIEW 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 what name do doctors call {your/NAME's} health condition?

PROBE 2: What causes this condition?

<OPEN>

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

GO TO B18_age
(B1=00, d, r and B5=00, d, r and B9=01 and B11=00, d, r)

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

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: By what name did doctors call (your/NAME’s) health condition?

PROBE 2: What caused this condition?

<OPEN>____________________________________________________

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

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

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

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

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

B17. What were those conditions?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: By what name did doctors call (your/NAME’s) health condition?

PROBE 2: What caused this condition?

<OPEN>____________________________________________________

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

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

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

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

|   | (B20 IF AGE 0-64)
AGE
(0-64) (or ‘99’ to probe for year)
SINCE BIRTH ................................................................. 00 (B20)
DON'T KNOW ................................................................. d (B19)
REFUSED ................................................................. r (B19)

(B18_age=99)

B18_year.

PROBE: READ IF NECESSARY: In what year?

|   | (B20)
YEAR
(1933-2009) (B20)
DON'T KNOW ................................................................. d
REFUSED ................................................................. r
(B18_age=d, r) or (B18_age=99 and B18_year=d, r)
B19. Did (you/NAME) become limited before the age of 18 or after age 18?

PROBE: Your best guess is fine.
- LESS THAN 18 ................................................................. 01
- 18 OR OLDER ................................................................. 02
- DON'T KNOW ................................................................. d
- REFUSED ........................................................................... r

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

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

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

- CHANGE AGE WHEN FIRST BECAME LIMITED ..................... 01
  (CHANGE B18_age) SUPPRESS .............................................. 02

B21. CHECK: HAS (NAME) BEEN LIMITED SINCE ADULTHOOD (B18_age_calc NE D OR R, AND B18_age_calcIS > OR = 18) OR (IF B18_age_calc=D OR R and B19=02)?

- YES ..................................................................................... 01
- NO ...................................................................................... 00 (B23_2)

(B21=01)

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

- YES ..................................................................................... 01
- NO ...................................................................................... 00 (B23_2)
- DON'T KNOW ................................................................. d (B23_2)
- REFUSED ........................................................................... r (B23_2)

(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

NEW ITEM

(ALL)

B23_2. How often do you (IF B23=01 {now}) use a computer to access the Internet or World Wide Web?

- Never ................................................................................... 01 (B24)
- Daily ..................................................................................... 02
- A few times a week............................................................. 03
- Once a week......................................................................... 04
- Less than once a week.......................................................... 05
- DON'T KNOW ................................................................. d (B24)
- REFUSED ........................................................................... r (B24)
NEW ITEM
(B23_2=2, 3, 4, or 5)
B23_3. Have you ever used a computer to access information about your disability, services, or work-related information via the Internet?

YES ............................................................................................ 01  (B23)
NO .............................................................................................. 00  (B23)
DON'T KNOW ............................................................................ d (B23)
REJECTED ................................................................................ r (B23)

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 (B24)
NO .............................................................................................. 00 (B24)
DON'T KNOW ............................................................................ d (B24)
REJECTED ................................................................................ r (B24)

B25. ITEM MOVED TO FOLLOW B29_10_Other
B26. ITEM MOVED TO FOLLOW B25
B27. ITEM MOVED TO FOLLOW B26

(B24=00, d, r)
B28. {Have you/Has NAME} been looking for work during the last four weeks?

YES ............................................................................................ 01 (B28)
NO .............................................................................................. 00 (B28)
DON'T KNOW ............................................................................ d (B28)
REJECTED ................................................................................ r (B28)

(B28=01)
B28a. Are {you/NAME} looking for part-time or full-time work?

FULL-TIME ................................................................................ 01 (B28a)
PART-TIME ............................................................................. 02 (B28a)
DON'T KNOW ........................................................................... d (B28a)
REJECTED ................................................................................ r (B28a)

(B28=01 and B28a=2)
B28b. About how many hours per week would {you/NAME} like to work?

<table>
<thead>
<tr>
<th></th>
<th>(1-60)</th>
<th>(1-168)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOURS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DON'T KNOW ........................................................................... d (B28b)
REJECTED ................................................................................ r (B28b)
SECTION B UNIVERSE: ALL WHO PASSED SECTION A
QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE
PRELOADED VARIABLES: NONE

(B28=01)
B29. Next, I am going to read you a list of things that some people do to look for work. Please tell me whether or not (you/NAME) did any of these things during the last four weeks. To look for work in the last four weeks did (you/NAME):

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

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

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

INTERVIEWER: PLEASE SPECIFY

<OPEN>

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

(B28=01)
B29_1a. {Have/Has} (you/NAME) received any job offers within the past four weeks?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>................................................................. 01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>................................................................. 00 (B29_7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>................................................................. d (B25, new position)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>................................................................. r (B25, new position)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(B29_1a=01)
B29_1b. Did (you/NAME) turn any of these job offers down?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>................................................................. 01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>................................................................. 00 (B30)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>................................................................. d (B25, new position)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>................................................................. r (B25, new position)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B29_2. Now, I am going to read you a list of reasons why people sometimes do not accept a job offer. Please tell me if any of these are reasons why {you/NAME} did not accept a job that {you/he/she} {were/was} offered in the past four weeks.

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

(B29_2_i=01)
B29_2_i_Oth. What other reasons?

<OPEN>

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

(B29_1a=01 and B29_1b=01)
B29_2CHECK.CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?

YES ......................................................................................... 01 (B29_5CHECK)
NO ......................................................................................... 00

(B29_1a=01 and B29_1b=01 AND RTYPE=01)
B29_3CHECK: IS PAY A REASON RESPONDENT DID NOT ACCEPT JOB (B29_2f=01)?

YES ......................................................................................... 01 (B29_3a)
NO ......................................................................................... 00 (B29_3b)
SECTION B UNIVERSE: ALL WHO PASSED SECTION A
QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE
PRELOADED VARIABLES: NONE

(B29_2f=01 AND RTYPE=01)

B29_3a. You said that one of the reasons you did not accept a job you were offered was because it did not pay enough.

INTERVIEWER: Read only if necessary, otherwise code:

$ |__|__| , |__|__| , __|

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

B29_3ahop. Is this:

HOURLY ....................... 01 (1-25) (1-300) (B29_5CHECK)
DAILY ............................ 02 (1-384) (1-1,922) (B29_4a)
WEEKLY ....................... 03 (1-1,923) (1-9,615) (B29_4a)
BI-WEEKLY ................... 04 (1-4,166) (1-20,833) (B29_4a)
TWICE A MONTH ........... 05 (1-4,166) (1-20,833) (B29_4a)
MONTHLY ....................... 06 (1-8,333) (1-41,666) (B29_4a)
ANNUALLY ..................... 07 (1-100,000) (1-500,000) (B29_4a)

DON'T KNOW ......................................... d (B29_4a)
REFUSED ............................................... r (B29_4a)

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

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

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

INTERVIEWER: Read only if necessary, otherwise code:

$ |__|__| , |__|__| , __|

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

B29_3bhop Is this:

HOURLY ....................... 01 (1-25) (1-300) (B29_5CHECK)
DAILY ............................ 02 (1-384) (1-1,922) (B29_4a)
WEEKLY ....................... 03 (1-1,923) (1-9,615) (B29_4a)
BI-WEEKLY ................... 04 (1-4,166) (1-20,833) (B29_4a)
TWICE A MONTH ........... 05 (1-4,166) (1-20,833) (B29_4a)
MONTHLY ....................... 06 (1-8,333) (1-41,666) (B29_4a)
ANNUALLY ..................... 07 (1-100,000) (1-500,000) (B29_4a)

DON'T KNOW ......................................... d (B29_4a)
REFUSED ............................................... r (B29_4a)

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

B29_3check: Soft edit: “Let me make sure I did not make a mistake. You just indicated that the wage or salary you would have accepted for this job is [insert ((B29_3a and B29_3ahop) OR (B29_3b and B29_3bhop)). Is this correct?”

CHANGE LOWEST WAGE OR SALARY................................. 01 (CHANGE B29_3a OR B29_3b)
CHANGE PAY PERIOD ..................................................... 02 (CHANGE B29_3ahop OR B29_3bhop)
SUPPRESS ................................................................. 03
SECTION B UNIVERSE: ALL WHO PASSED SECTION A
QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE
PRELOADED VARIABLES: NONE

(B29_3ahop=02, 03, 04, 05, 06, d or r) or (B29_3bhop=02, 03, 04, 05, 06, d, or r)
B29_4a. How many hours per week would you expect to work for this amount of pay?

[ ] [ ] [ ] (Skip to B29_5CHECK)

HOURS (1-99)

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

(B29_4a=d or r)
B29_4b. Would you expect to work full-time or part-time?

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

(B29_1a=01 and B29_1b=01)
B29_5CHECK. IS LOSING BENEFITS REASON DID NOT ACCEPT JOB (B29_h=1)?

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

(B29_2 h=1)
B29_5. You said that one of the reasons (you/NAME) did not accept a job was because (you/he/she) would have
lost benefits (you/he/she) needed such as Social Security, disability insurance, workers’ compensation,
or Medicaid. There are many ways people find out about how working will affect their benefits. For
example, some people call the Social Security office, some search the Internet, and others contact
disability service organizations. Did (you/NAME) contact anyone or do any of these things in order to
find out how [your/his/her] benefits would be affected if (you/he/she) went to work?

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

(B29_2 h=1)
B29_6. What benefits {were/was} (you/NAME) most worried about losing?

INTERVIEWER: MARK ALL THAT APPLY

PRIVATE DISABILITY INSURANCE ........................................... 01
WORKERS’ COMPENSATION .............................................. 02
VETERANS’ BENEFITS ...................................................... 03
MEDICARE ........................................................................... 04
MEDICAID .......................................................................... 05
SSA DISABILITY BENEFITS ............................................. 06
PUBLIC ASSISTANCE OR WELFARE ................................. 07
FOOD STAMPS ..................................................................... 08
PERSONAL ASSISTANCE SERVICES (PAS) ......................... 09
UNEMPLOYMENT BENEFITS ............................................. 10
OTHER STATE DISABILITY BENEFITS .............................. 11
OTHER GOVERNMENT PROGRAMS ................................. 12
OTHER ............................................................................... 13
B29_6=13
B29_6_Other: What other benefits?

<OPEN>

| DON'T KNOW | d |
| REFUSED | r |

B29_7a=00
B29_7. Now, I am going to read you a list of reasons why people are sometimes unable to find a job. Please tell me if any of these are reasons why {you/NAME} {have/has} not found a job that {you/he/she} {think/thinks} is right for {you/him/her}.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

a. {You/NAME} would need special equipment or medical devices to work which {you do /he does /she does} not currently have

b. [You/NAME] [do/does] not have the personal assistance [you/he/she] [need/needs] to get ready for work each day (Example if needed: This includes things like dressing and bathing)

c. {You/NAME} cannot get the help that {you need/ he needs/ she needs} caring for children or others

d. {You/NAME} [do/does] not have reliable transportation to and from work

e. The jobs that are available do not offer a flexible enough schedule.

f. {You/NAME} cannot find a job {you are/he is/she is} qualified for.

g. The jobs that are available do not pay enough

h. Employers will not give {you/NAME} a chance to show that {you/he/she} can work.

i. The jobs that are available do not offer health insurance benefits.

j. {You/NAME} would lose benefits (you need / he needs / she needs) like Social Security, disability insurance, workers’ compensation, or Medicaid if {you/he/she} took a job

k. Is there anything else that I did not mention that is a reason why (you/Name) (have/has) not been able to find a job?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

B29_7k=01
B29_7k_Oth. What other reasons?

<OPEN>

| DON'T KNOW | d |
| REFUSED | r |
**SECTION B UNIVERSE: ALL WHO PASSED SECTION A**

**QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE**

**PRELOADED VARIABLES: NONE**

---

**(B29_1a=00)**

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

- \(01\) \(\text{YES}.........................\) (B29_9CHECK)
- \(00\) \(\text{NO}.........................\)

**(B29_1a=00 AND RTYPE=01)**

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

- \(01\) \(\text{YES}.........................\) (B29_8a)
- \(00\) \(\text{NO}.........................\) (B29_8b)

**(B29_7g=1 AND RTYPE=01)**

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

**INTERVIEWER:** Read only if necessary, otherwise code:

- \(\text{DON'T KNOW}.........................\) \(d\) (B29_9CHECK)
- \(\text{REFUSED}.........................\) \(r\) (B29_9CHECK)

**B29_8ahop.** Is this:

- \(\text{HOURLY} \quad 01 \ (1-25) \ (1-300) \) (B29_9CHECK)
- \(\text{DAILY} \quad 02 \ (1-384) \ (1-1,922) \) (B29_8c)
- \(\text{WEEKLY} \quad 03 \ (1-1,923) \ (1-9,615) \) (B29_8c)
- \(\text{BI-WEEKLY} \quad 04 \ (1-4,166) \ (1-20,833) \) (B29_8c)
- \(\text{TWICE A MONTH} \quad 05 \ (1-4,166) \ (1-20,833) \) (B29_8c)
- \(\text{MONTHLY} \quad 06 \ (1-8,333) \ (1-41,666) \) (B29_8c)
- \(\text{ANNUALLY} \quad 07 \ (1-100,000) \ (1-500,000) \) (B29_8c)

- \(\text{DON'T KNOW}.........................\) \(d\) (B29_8c)
- \(\text{REFUSED}.........................\) \(r\) (B29_8c)

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

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

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

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

**INTERVIEWER:** Read only if necessary, otherwise code:

- \(\text{DON'T KNOW}.........................\) \(d\) (B29_9CHECK)
- \(\text{REFUSED}.........................\) \(r\) (B29_9CHECK)

**B29_8bhop.** Is this:

- \(\text{HOURLY} \quad 01 \ (1-25) \ (1-300) \) (B29_9CHECK)
- \(\text{DAILY} \quad 02 \ (1-384) \ (1-1,922) \) (B29_8c)
- \(\text{WEEKLY} \quad 03 \ (1-1,923) \ (1-9,615) \) (B29_8c)
- \(\text{BI-WEEKLY} \quad 04 \ (1-4,166) \ (1-20,833) \) (B29_8c)
- \(\text{TWICE A MONTH} \quad 05 \ (1-4,166) \ (1-20,833) \) (B29_8c)
- \(\text{MONTHLY} \quad 06 \ (1-8,333) \ (1-41,666) \) (B29_8c)
- \(\text{ANNUALLY} \quad 07 \ (1-100,000) \ (1-500,000) \) (B29_8c)

- \(\text{DON'T KNOW}.........................\) \(d\) (B29_8c)
- \(\text{REFUSED}.........................\) \(r\) (B29_8c)
PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29_8ahop or B29_8bhop) OUT OF RANGE

B29_8check: Soft edit: "Let me make sure I did not make a mistake. You just indicated that the wage or salary you would have accepted for this job is [insert ((B29_8a and B29_8ahop) OR (B29_8b and B29_8bhop)). Is this correct?"

CHANGE LOWEST WAGE OR SALARY.......................... 01 (CHANGE B29_8a OR B29_8b)

CHANGE PAY PERIOD ........................................... 02 (CHANGE B29_8ahop OR B29_8bhop)

SUPPRESS ....................................................... 03

(B28_8ahop=02, 03, 04, 05, 06, d, or r) or (B28_8bhop=02, 03, 04, 05, 06, d, or r)

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

|___| (Skip TO B29_9CHECK)

HOURS
(1-99)

DON'T KNOW ...................................................... d (B29_8d)

REFUSED ......................................................... r (B29_8d)

(B29_8c=d or r)

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

FULL-TIME ....................................................... 01

PART-TIME ....................................................... 02

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

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

(B29_1a=00)

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

YES ............................................................... 01 (B29_9)

NO ................................................................. 00 (B30)

(B29_7=j)

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

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

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

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

REFUSED ......................................................... r
(B29_7=j)
B29_10. What benefits {are/is} {you/NAME} most worried about losing?

INTERVIEWER: MARK ALL THAT APPLY

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

(B29_10=13)
B29_10_Other: What other benefits?

<OPEN>

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

GO TO B30
(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)

**B25.** Other beneficiaries have said that they are not working for a number of reasons. I am going to read you a list of these reasons. For each, please tell me if it is a reason why {you are/NAME is} not currently working. **PROBE:** I need to read the entire list even though some of the reasons may not apply to {you/NAME}. If a reason does not apply to {you/NAME}, please just say so.

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A physical or mental condition prevents {you/NAME} 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 is /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 children or others</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>e. ITEM DELETED</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 wants / 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 {you need / he needs / she needs} like Social Security, disability insurance, workers' 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>k. ITEM DELETED</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>
<tr>
<td>n. {You/NAME} does not have the special equipment or medical devices that {you/he/she} would need in order to work</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>o. You/NAME} cannot get the personal assistance {you need / he needs / she needs} in order to get ready for work each day (Example if needed: This includes things like dressing and bathing).</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>
(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)

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

YES ............................................................................................ 01  
NO .............................................................................................. 00 (B29_11CHECK)  
DON'T KNOW ............................................................................ d (B29_11CHECK)  
REFUSED .................................................................................. r (B29_11CHECK)

(B26=01)

B27. What are they?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> 

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

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

B29_11CHECK. Is losing benefits reason did not accept job (B25i=01)?

YES ............................................................................................ 01 (B29_11a)
NO .............................................................................................. 00 (B29_12CHECK)

(If B25i=01)

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

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

(If B25i=01)

B29_11b. What benefits (were/was) (you/NAME) most worried about losing?

INTERVIEWER: MARK ALL THAT APPLY.

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

(B29_11b=13)

B29_11b_Other: What other benefits?

<OPEN> 

DON'T KNOW ............................................................................ d
REFUSED .................................................................................. r
(B28=00, d, or r) OR (B29_1a=d or r) OR (B29_1b=d or r)

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

YES ............................................................................................ 01 (B30)
NO .............................................................................................. 00

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

B29_8CHECK: DID RESPONDENT GIVE CONDITION AS ONLY REASON NOT WORKING (B25_a=01 and
(B25_b, B25_c, B25_d, B25_f, B25_g, B25_h, B25_i, B25_j, B25_l, B25_m, B25_n, B25_o=00, d, OR r)?

YES ............................................................................................ 01 (B30)
NO .............................................................................................. 00 (B29_12a)

((B25_a=01 and (B25_b, B25_c, B25_d, B25_f, B25_g, B25_h, B25_i, B25_j, B25_l, B25_m, B25_n, or B25_o=01))
AND (RTYPE=01))

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

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

INTERVIEWER: Read only if necessary, otherwise code:

$ |_________ , |_________ |_________

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

B29_12ahop. Is this:

|_________ |_________ |_________ |_________

HOURS
1-99

DON'T KNOW ................................................................. d (B29_12b)
REFUSED ................................................................. r (B29_12b)

PROGRAMMER NOTE: FOLLOWING SOFT CHECK IF B29_12ahop OUT OF RANGE

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

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

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

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

|_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |_________ |____
(B29_12b=d or r)
B29_12c. Would you expect to work full-time or part-time?

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

(All)
B30. Did (you/NAME) work at a job or business for pay or profit anytime in 2009?

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

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

NEW ITEM
(B24=0, d, r and B30=0, d, r)
B30_b. (Have you/Has NAME) worked for pay since (you/NAME) started receiving disability benefits?

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

(All)
B33. CHECK: WAS (NAME) WORKING WHEN LIMITATION BEGAN (B22=01)?

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

(B33=00)
B34 CHECK: IS (NAME) CURRENTLY WORKING (B24=01)?

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

(B33=00 and B34=00)
B35. CHECK: DID (NAME) WORK IN 2009 (B30=01)?

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

(B30b=0, d, or r) or (B33=00 and B34=00 and B35=00)
B36. (Have you/Has NAME) ever worked for pay?

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

(All)
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
(All)
B37a. Do (your/NAME’s) personal goals include someday working and earning enough to stop receiving Social Security disability benefits?

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

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

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

(B38=01)
B39. Who (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)
CASEWORKER/COUNSELOR/PROGRAM STAFF ................. 07 (B40)
MEDICAL PROVIDER ..................................................................... 08 (B40)
OTHER NON-RELATIVE .............................................................. 10
OTHER .............................................................................................. 09
DON’T KNOW ................................................................................... d (B47)
REFUSED .......................................................................................... r (B47)

(B38=01 and B39=09)
B39_oth. Who was it?

INTERVIEWER: PLEASE SPECIFY

<OPEN>

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

(B38=01 and B39=01-09)
B40. Please tell me how much you agree or disagree with the following statement. Would you say you strongly agree, agree, disagree, or strongly disagree? (Your/NAME’s) (RESPONSE FROM B39) thinks (your/NAME’s) personal goals should include working at a job, moving up in a job, or learning new job skills.

STRONGLY AGREE ........................................................................ 01
AGREE............................................................................................... 02
DISAGREE ........................................................................................ 03
STRONGLY DISAGREE ............................................................... 04
DON’T KNOW ................................................................................... d
REFUSED .......................................................................................... r
SECTION B UNIVERSE: ALL WHO PASSED SECTION A
QUESTIONS NEEDED FROM SECTION A: RTYPE, CURRENT AGE
PRELOADED VARIABLES: NONE

(B38=01 and B39=01-09)
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)

(B38=01 and B39=01-09 and B41=01)
B42. Who else {do you/does NAME} discuss {your/his/her} work goals with?

   INTERVIEWER: MARK ONLY ONE.

   PARENT/GUARDIAN .................................................................  01 (B43)
   SPOUSE/PARTNER ..................................................................  02 (B43)
   FRIEND ...................................................................................... 03 (B43)
   JOB COACH............................................................................... 04 (B43)
   EMPLOYER/SUPERVISOR .......................................................  05 (B43)
   OTHER RELATIVE .................................................................  06 (B3)
   CASEWORKER/COUNSELOR/PROGRAM STAFF ..............  07 (B43)
   MEDICAL PROVIDER ................................................................ 08 (B43)
   OTHER NON-RELATIVE ........................................................... 10
   OTHER ....................................................................................... 09
   DON'T KNOW ............................................................................ d (B47)
   REFUSED .................................................................................. r (B47)

(B38=01 and B39=01-09 and B41=01 and B42=01-09)
B42_oth. Who was it?

   INTERVIEWER: PLEASE SPECIFY

   <OPEN>

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

(B38=01 and B39=01-09 and B41=01 and B42=01-09)
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? {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.

   STRONGLY AGREE ..................................................................  01
   AGREE .......................................................................................  02
   DISAGREE ................................................................................. 03
   STRONGLY DISAGREE ............................................................  04
   DON'T KNOW ............................................................................ d
   REFUSED .................................................................................. r

(B38=01 and B39=01-09 and B41=01 and B42=01-09)
B44. {Do you/Does NAME} discuss {your/his/her} work goals with anyone else?

   YES ............................................................................................  01
   NO .............................................................................................. 00 (B47)
   DON'T KNOW ............................................................................ d (B47)
   REFUSED .................................................................................. r (B47)
(B38=01 and B39=01-09 and B41=01 and B42=01-09 and B44=01)

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)
- CASEWORKER/COUNSELOR/PROGRAM STAFF .................. 07 (B46)
- MEDICAL PROVIDER ................................................................ 08 (B46)
- OTHER NON-RELATIVE ........................................................... 10
- OTHER ....................................................................................... 09
- DON'T KNOW ............................................................................ d (B47)
- REFUSED .................................................................................. r (B47)

(B38=01 and B39=01-09 and B41=01 and B42=01-09 and B44=01 and B45=09)

B45_oth. Who was it?

INTERVIEWER: PLEASE SPECIFY

<OPEN>

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

(B38=01 and B39=01-09 and B41=01 and B42=01-09 and B44=01 and B45=01-09)

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? {Your/NAME's} {RESPONSE FROM B5} thinks {your/NAME's} personal goals should include working at a job, moving up in a job, or learning new job skills.

- STRONGLY AGREE .................................................................. 01
- AGREE....................................................................................... 02
- DISAGREE.................................................................................. 03
- STRONGLY DISAGREE ............................................................ 04
- DON'T KNOW ............................................................................ d
- REFUSED .................................................................................. r
B47. Please tell me how much you agree with the following statements. 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>

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

(ASK B47b IF B47a=01,02, OTHERWISE GO TO B47c)

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

{ASK B47d IF B47c=01,02, OTHERWISE GO TO B48}

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

(All)

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

YES............................................................................................................. 01 (C1)

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

(B48=00)

B49. CHECK: WAS {NAME} WORKING IN 2009 (B30 = 01)?

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

NO............................................................................................. 00
SECTION C: CURRENT EMPLOYMENT

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

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

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

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

PROGRAMMER: C2 THROUGH C14 ASKED FOR ALL JOBS WHEN C1>01

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

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

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

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

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

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

ELSE (C1=01):

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

INTERVIEWER: ENTER VERBATIM RESPONSE

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

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

<OPEN>

DON'T KNOW .............................................................. d
REFUSED ................................................................. r
(All)  
C3. What kind of business is this?  
INTERVIEWER: ENTER VERBATIM RESPONSE  
PROBE 1: For what type of organization or industry do you work? For example: accounting firm, daycare center, educational facility, food services.  
PROBE 2: What do they make, sell, or do where {you work}/NAME works)?  
PROBE 3: Is this mainly manufacturing (making a product), wholesale trade (selling to other businesses), or retail trade (selling to customers) or something else?  
<OPEN>__________________________________________________________  
DON'T KNOW ............................................................................  d  
REFUSED ..................................................................................  r  

(All)  
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  

(All)  
C4yr. PROBE 1: In what month and year did {you/NAME} start working there?  
INTERVIEWER: ENTER YEAR  
PROBE 2: Your best estimate is fine.  
|___|___| (1981-2010)  
YEAR (1951-2010)  
DON'T KNOW ............................................................................  d  
REFUSED ..................................................................................  r  

(All)  
C5. SOFT EDIT: YEAR {NAME} STARTED WORKING AT THIS JOB (C4yr) SHOULD BE GREATER THAN OR EQUAL TO YEAR OF BIRTH (A04_d) PLUS 14 YEARS. IF RESPONDENT FAILS EDIT, INTERVIEWER READ: 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} let Social Security know that {you were/(he/she) was} working?

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

(C5a=01)
C5B. How soon after {you/NAME} started this job did {you/NAME} tell Social Security {you were/(he/she) was} working?

PROBE: Your best estimate is fine.

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

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

(C5a=01 and C5b=01)
C5BWeek. INTERVIEWER: ENTER NUMBER OF WEEKS

|___|___| WEEKS
(1-52)

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

(C5a=01 and C5b=02)
C5BMonth. INTERVIEWER: ENTER NUMBER OF MONTHS

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

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

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

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

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

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

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

**PROBE 1:** There are 52 weeks in a year.

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

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

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

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

**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

$ | | | | | | | | . 00

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

**GO TO C15**

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
(C10=d, or r)

**INTERVIEWER:** ENTER HOW OFTEN PAID

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

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

- If C10=1, and C11 and C8 \neq d or r, C\_JobMnthPay(1)=c11\*c8\*4.35.
- If C10=1 and C8 or C11=d, C\_JobMnthPay(1)=d.
- If C10=1 and C8 or C11=r and neither are d, C\_JobMnthPay(1)=r.
- If C10=0, d, or r and C12amt or C12hop=d, C\_JobMnthPay(1)=d.
- If C10=0, d, or r and C12amt or C12hop=r, and neither are d, C\_JobMnthPay(1)=r.
- If C10=0, d, or r and C12hop=1, C\_JobMnthPay(1)=c12amt\*21.74.
- If C10=0, d, or r and C12hop=2, C\_JobMnthPay(1)=c12amt\*4.35.
- If C10=0, d, or r and C12hop=3, C\_JobMnthPay(1)=c12amt\*2.17.
- If C10=0, d, or r and C12hop=4, C\_JobMnthPay(1)=c12amt\*2.
- If C10=0, d, or r and C12hop=5, C\_JobMnthPay(1)=c12amt.
- If C10=0, d, or r and C12hop=6, C\_JobMnthPay(1)=c12amt/12.

(C10=00, d, or r)

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

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

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

- **DONT KNOW** .................................................... \texttt{d}
- **REFUSED** ............................................................ \texttt{r}

(C10=00, d, or r)

**INTERVIEWER:** ENTER HOW OFTEN PAID

- **DAILY** ................................................................. \texttt{01} (1-346) \ (1-1,730)
- **WEEKLY** .......................................................... \texttt{02} (1-1,730) \ (1-8,653)
- **BI-WEEKLY** ...................................................... \texttt{03} (1-3,750) \ (1-18,750)
- **TWICE A MONTH** ............................................. \texttt{04} (1-3,750) \ (1-18,750)
- **MONTHLY** .......................................................... \texttt{05} (1-7,500) \ (1-37,500)
- **ANNUALLY** ....................................................... \texttt{06} (1-90,000) \ (1-450,000)
- **DON'T KNOW** .................................................... \texttt{d}
- **REFUSED** ............................................................ \texttt{r}
PROGRAMMER: CALCULATE MONTHLY TAKE HOME PAY FOR EACH JOB BASED ON C13AMT AND C13HOP:

If C10=1 and C11 and C8≠d or r, C_JobMnthPayTH(1)=C11*C8*4.35.

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

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

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

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

If C10=0, d, or r and C13hop=1, C_JobMnthPayTH(1)=C13amt*21.74.

If C10=0, d, or r and C13hop=2, C_JobMnthPayTH(1)=C13amt*4.35.

If C10=0, d, or r and C13hop=3, C_JobMnthPayTH(1)=C13amt*2.17.

If C10=0, d, or r and C13hop=4, C_JobMnthPayTH(1)=C13amt*2.

If C10=0, d, or r and C13hop=5, C_JobMnthPayTH(1)=C13amt.

If C10=0, d, or r and C13hop=6, C_JobMnthPayTH(1)=C13amt/12.

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

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

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS ............................................................. 01 CHANGE C12amt)

CHANGE AMOUNT OF TAKE-HOME PAY ...................................... 02 (CHANGE C13amt)

SUPPRESS ................................................................................ 03
SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

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

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

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

PROGRAMMER: CALCULATE TOTAL MONTHLY PAY FROM ALL JOBS COMBINED (TO BE USED LATER IN SECTION K):
If C_JobMnthPay(1) or C_JobMnthPay(2) or C_JobMnthPay(3) (for all jobs listed)=d, C_CurMnthPay=d.
If C_JobMnthPay(1) or C_JobMnthPay(2) or C_JobMnthPay(3) (for all jobs listed)=r, and none=d, C_CurMnthPay=r. Else, C_CurMnthPay=Sum of (C_JobMnthPay(1) AND C_JobMnthPay(2) AND C_JobMnthPay(3), etc. (for all jobs listed)).

(All)
C15. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?
YES......................................................................................... 01 (C17)
NO......................................................................................... 00

(C15=00)
C16. {Have you/Has NAME} received any promotions at this job during the past 12 months?
YES......................................................................................... 01
NO......................................................................................... 00
DON'T KNOW........................................................................... d
REFUSED................................................................................. r

(All)
C17. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=2)?
YES......................................................................................... 01 (C19)
NO......................................................................................... 00

(C17=00)
C18. Taking all things into account, how satisfied are you with your (main/current) job? Would you say:

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

VERY SATISFIED,................................................................. 01
SOMewhat SATISFIED......................................................... 02
NOT VERY SATISFIED, OR.................................................. 03
NOT AT ALL SATISFIED?...................................................... 04
DON'T KNOW........................................................................... d
REFUSED............................................................................... r
C19. CHECK: IS {NAME} SELF EMPLOYED (C6=01)?

YES ................................................................. 01 (C21)
NO ........................................................................ 00

(C19=00)

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

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

Does {your/NAME’s} employer offer {you/NAME}:

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

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Health care insurance? (IF NECESSARY: medical and/or hospital)</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</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>

(All)

C21. 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/his/her} disability that helps {you/him/her} work at {your/his/her} job(s), for example a brace, cane, wheelchair, modified computer hardware or modified computer software?

YES ................................................................................. 01
NO .................................................................................. 00 (C27)
DON'T KNOW .................................................................. d (C27)
REFUSED .......................................................................... r (C27)
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>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brace</td>
<td>01</td>
</tr>
<tr>
<td>Canes/ Crutches/Walkers</td>
<td>02</td>
</tr>
<tr>
<td>Wheelchair</td>
<td>03</td>
</tr>
<tr>
<td>Modified Computer Hardware</td>
<td>04</td>
</tr>
<tr>
<td>Modified Computer Software</td>
<td>05</td>
</tr>
<tr>
<td>Hearing Aid/Device</td>
<td>07</td>
</tr>
<tr>
<td>Special Glasses</td>
<td>08</td>
</tr>
<tr>
<td>Special Chair/Back Support</td>
<td>09</td>
</tr>
<tr>
<td>Special Shoes/Stockings</td>
<td>10</td>
</tr>
<tr>
<td>Other</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>

(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/he/she uses}?  

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

INTERVIEWER: CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>Who Paid</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>01</td>
</tr>
<tr>
<td>Family</td>
<td>02</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>03</td>
</tr>
<tr>
<td>Medicare</td>
<td>04</td>
</tr>
<tr>
<td>Medicaid</td>
<td>05</td>
</tr>
<tr>
<td>Employer</td>
<td>06</td>
</tr>
<tr>
<td>State Vocational Rehabilitation Agency</td>
<td>07</td>
</tr>
<tr>
<td>Non-Profit Organization Serving People</td>
<td>08</td>
</tr>
<tr>
<td>Disabilities</td>
<td>09</td>
</tr>
<tr>
<td>Worker's Compensation</td>
<td>10</td>
</tr>
<tr>
<td>Disability Insurance</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>d</td>
</tr>
<tr>
<td>Refused</td>
<td>r</td>
</tr>
</tbody>
</table>

(C22=01 and C24=11)

C24_Other. Who else paid for the equipment {you use/NAME uses}?

<OPEN>

| Don't Know                              | d    |
| Refused                                 | r    |
SECTION C UNIVERSE: CURRENTLY WORKING (B24=01)
VARIABLES NEEDED FROM OTHER SECTIONS: CURRENTLY WORKING (B24), WORKED IN 2009 (B30), RTYPE, BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

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

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

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

(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

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

C26hop.

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

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

INTERVIEWER:  ENTER HOW OFTEN PAID

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

(All)

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

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

(C27=01)

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

PROBE:  Anything else?

INTERVIEWER:  CODE ALL THAT APPLY.

JOB COACH ............................................................................... 01 (C29)
SIGN LANGUAGE INTERPRETER .......................................... 02 (C29)
READER/INTERPRETER FOR THE BLIND ......................... 03 (C29)
PERSONAL CARE ATTENDANT/PERSONAL ASSISTANT .... 04 (C29)
OTHER ....................................................................................... 05
DON'T KNOW ............................................................................ d (C29)
REFUSED .................................................................................. r (C29)
C28. Other. What is the other kind of personal assistance services {you/NAME} use?

<OPEN>

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

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.

{NAME} ...........................................................................  01 (C31amt)
FAMILY ...........................................................................  02 (C31amt)
HEALTH INSURANCE ......................................................  03 (C30)
MEDICARE .........................................................................  04 (C30)
MEDICAID ..........................................................................  05 (C30)
EMPLOYER.........................................................................  06 (C30)
STATE VOCATIONAL REHABILITATION AGENCY .............  07 (C30)
NON-PROFIT ORGANIZATION SERVING PEOPLE WITH DISABILITIES ..............................................  08 (C30)
WORKER’S COMPENSATION ............................................  09 (C30)
DISABILITY INSURANCE ....................................................  10 (C30)
OTHER .............................................................................  11
DON'T KNOW .................................................................  d (C30)
REFUSED ...........................................................................  r (C30)

C29. Other. Who else paid for the personal assistant 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
C31. CHECK: IS NAME SELF EMPLOYED (C6=01)?

YES................................................................................................. 01 (C34)
NO............................................................................................... 00
C33.  PROGRAMMER: USE "MAIN" IF C1>01, OTHERWISE USE "CURRENT."

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

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

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

<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. 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.)

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.)

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.)

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.)

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.)

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

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

(C32=00 and C33f=01)

C33f_Other.  What other changes?

<OPEN>

<table>
<thead>
<tr>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.”

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

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

YES............................................................................................ 01 (C38)
NO.............................................................................................. 00 (C38)
DON’T KNOW ................................................................................ d (C38)
REFUSED .................................................................................. r (C38)

(C34=01)

C35. What are those changes?

PROBE: Anything else?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>__________________________________________________________

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

(AII)

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

YES............................................................................................ 01 (C38)
NO.............................................................................................. 00

(C34=01 and C36=00)

C37. Did (you/NAME) or anyone else ask (your/his/her) employer for (any of) these changes?

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

(AII)

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

YES............................................................................................ 01 (C39a2)
NO.............................................................................................. 00
C39. Again, thinking about your (main/current) job, how much do you agree with each of the following statements? Would you say you strongly agree, agree, disagree, or strongly disagree?

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

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

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

<table>
<thead>
<tr>
<th></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></td>
<td>IF (NAME) IS SELF-EMPLOYED (C6=01): The work is steady</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</td>
</tr>
<tr>
<td>d. IF (NAME) IS NOT SELF-EMPLOYED (C6=00, d, or r): You have a chance for promotion</td>
<td>ELSE: SKIP TO C39e</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</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>ELSE: SKIP TO C39l</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>d</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)

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

- YES ............................................................................................................ 01
- NO ............................................................................................... 00 (C39_1)
- DON’T KNOW .................................................................................. d (C39_1)
- REFUSED ......................................................................................... r (C39_1)
C39b. (Do you/Does NAME) work fewer hours or earn less money than (you/he/she) could because (you/he/she)…

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

<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. (Are/Is) taking care of children or others?  

b. (Are/Is) enrolled in school or a training program?  

c. Want(s) to keep Medicare or Medicaid coverage?  

d. Want(s) to keep cash benefits (you/he/she) need such as disability or workers compensation?  

e. Just (do/does) not want to work more?  

f. Are there any reasons I didn’t mention why (you are/NAME is) working or earning less than (you/he/she) could?

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

(C39b_f=01)

C39f_Other  What other reason?

<OPEN>

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

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

(All)

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

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

NO ..............................................................................................  00  (C39_3)

DON’T KNOW ............................................................................  d  (C39_3)

REFUSED ..................................................................................  r  (C39_3)

(C39_1=01)

C39_2  What benefits have been reduced or ended as a result of {your/NAME’s} (main/current) job?

INTERVIEWER: MARK ALL THAT APPLY.

PRIVATE DISABILITY INSURANCE ........................................................  01

WORKERS’ COMPENSATION ............................................................  02

VETERANS’ BENEFITS ...................................................................  03

MEDICARE ..................................................................................  04

MEDICAID ...................................................................................  05

SSA DISABILITY BENEFITS..............................................................  06

PUBLIC ASSISTANCE OR WELFARE ............................................  07

FOOD STAMPS .............................................................................  08

PERSONAL ASSISTANCE SERVICES (PAS) ......................................  09

UNEMPLOYMENT BENEFITS .........................................................  10

OTHER STATE DISABILITY BENEFITS ..........................................  11

OTHER GOVERNMENT PROGRAMS ..............................................  12

OTHER .......................................................................................  13
C39_3. Now, I am going to read you a list of things that sometimes help people to work more hours or earn more money. If any of these do not apply to you, please just say so. At your (main/current) job, do you think that you could work or earn more if you had:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Help caring for children or others in the household?</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>b. Help with own personal care such as bathing, dressing, preparing meals, and doing housework?</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c. Reliable transportation to and from work?</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>d. Better job skills?</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>e. A job with a flexible work schedule?</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>f. Help with finding and getting a better job?</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>g. Any special equipment or medical devices?</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

**PROGRAMMER:** IF C39_3g=01, GO TO C39_3g_Other, ELSE GO TO C39_3h.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>h. Is there anything else that I didn’t mention that would help you work or earn more?</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

**PROGRAMMER:** IF C39_3h=01, GO TO C39_3h_Other, ELSE GO TO C39_4.

C39_4. One last question about your (main/current) job. Because of your work, has Social Security needed to make any changes to the amount of your disability benefits?

**PROBE:** Did your benefit amount decrease or did you lose benefits altogether?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01</td>
<td>00</td>
<td>(C39_5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>00</td>
<td>00</td>
<td>(C39_5)</td>
<td></td>
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<tr>
<td></td>
<td>01</td>
<td>00</td>
<td>d (C39_5)</td>
<td></td>
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<tr>
<td></td>
<td>00</td>
<td>00</td>
<td>d (C39_5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01</td>
<td>00</td>
<td>r (C39_5)</td>
<td></td>
</tr>
</tbody>
</table>
(C39_4=01)

C39_4a. Because of these changes has the Social Security Administration paid {you/NAME} the wrong benefit amount?

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

C39_5. {Were you/Was NAME} asked to re-pay benefits because the Social Security Administration overpaid {you/him/her}?

YES ................................................................. 01
NO ................................................................. 00 (C40)
DON'T KNOW .................................................... d (C40)
REFUSED ........................................................ r (C40)

(All)

C39_6. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/(he was /she was} working while receiving benefits?

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

(C39_5=01)

C40. CHECK: WAS {NAME} WORKING IN 2009 (B30 = 01)?

YES ................................................................. 01 (D1)
NO ................................................................. 00 (E1)
SECTION D: JOBS/OTHER JOBS DURING 2009

(All)

D1. Now, I will ask you about jobs {you/NAME} had during 2009. When answering these questions, please include both part-time and full-time jobs, but only include jobs {you/NAME} held for pay or profit for one month or longer.

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

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

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

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

ELSE:

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

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

(D1=00, d, or r)

D2. SOFT EDIT: IF {NAME} WORKED IN 2009 (B30=01) AND {NAME} DID NOT WORK IN 2009 (D1=0, d, r)

**INTERVIEWER READ:** "Earlier you said that {you/NAME} worked for pay in 2009. Let me repeat the question I just read and verify your response."

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

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

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

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

ELSE:

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

YES ............................................................................................ 01 (E1)
NO .............................................................................................. 00 (E1)
DON'T KNOW ............................................................................ d (E1)
REFUSED .................................................................................. r (E1)
SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1), START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

(D1=01 or D2=01)
D3. PROGRAMMER: IF C1=01 AND C4 YEAR ≤ 2009, ASK:

Other than (your/NAME’s) current job that you already told me about, how many other jobs did (you/NAME) hold for at least one month in 2009?

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

Other than (your/NAME’s) current jobs that you already told me about, how many other jobs did (you/NAME) hold for at least one month in 2009?

ELSE:

How many jobs did (you/NAME) hold for at least one month in 2009?

|___| NUMBER OF JOBS (1-5)

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

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

PROGRAMMER: D4 THROUGH D23 ASKED FOR ALL JOBS WHEN D3>01

(D1=01 or D2=01)
D4. PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

Let us start with (your/NAME’s) main job in 2009 – that is, the job at which (you worked/(he/she) worked) the most hours.

What kind of work (did you/did NAME) do, that is, what was (your/NAME’s) occupation?

PROGRAMMER: IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

Now I would like to ask about (your/NAME’S) {second/third/fourth} job in 2009.

What kind of work (did you/did NAME) do, that is, what was (your/NAME’S) occupation?

ELSE (D3=01):

What kind of work (did you/did NAME) do, that is, what was (your/NAME’S) occupation?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

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

<OPEN> ....................................................................................

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

REFUSED .............................................................................. r
D5. What kind of business was this?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

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

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

<OPEN>

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

(D1=01 or D2=01)

D6mth. In what month and year did {you/NAME} start working there?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

[ ] [ ] (1-12)
MO

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

(D1=01 or D2=01)

D6yr. PROBE 1: In what month and year did {you/NAME} start working there?

PROBE 2: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

[ ] [ ] [ ] [ ] (1981-2009)

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

(D1=01 or D2=01)

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

YES ............................................................................................ 01
NO .............................................................................................. 02 (CHANGE D6 YEAR)
SUPPRESS ................................................................................ 03
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

D8yr. PROBE 1: In what month and year did {you/NAME} stop working there?

PROBE 2: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

|   |   |   |   |   (1981-2010)

YEAR (1951-2010)

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

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

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

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

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

D11. SOFT EDIT: IF YEAR {NAME} STOPPED WORKING AT THIS JOB (D8 YEAR) IS BEFORE 2009, 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 2009. Is this correct?

YES, JOB ENDED BEFORE 2009 ............................................. 01
NO, JOB DID NOT END BEFORE 2009 .............................. 02
SUPPRESS ................................................................................ 03
D12. CHECK: DID {NAME} WORK AT THIS JOB FOR LESS THAN ONE MONTH (D10=01)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

D13. CHECK: DID THIS JOB END BEFORE 2009 (D11=01)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

D14. {(Were you/Was NAME} self-employed at this job?

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</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>
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</table>

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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</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>

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)
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>(1-168)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

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

PROBE 1: Please include time off for vacations and holidays if {you were/NAME was} paid for that time.

PROBE 2: There are 52 weeks in a year.

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

<table>
<thead>
<tr>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>
D18. **PROGRAMMER:** IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

For the purpose of this survey, it is important to obtain some information on how much (you were/NAME was) paid on (your/(his/her)) main job in 2009. On (your/NAME’s) main job {were you/was (he/she) paid by the hour?

**PROGRAMMER:** IF MORE THAN ONE JOB (D3>01) AND SECOND, THIRD, FOURTH, ETC. JOB:

For the purpose of this survey, it is important to obtain some information on how much (you were/NAME was) paid on (your/(his/her)) {second/third/fourth} job in 2009. On (your/NAME’s) {second/third/fourth} job {were you/was (he/she) paid by the hour?

ELSE (D3=01): For the purpose of this survey, it is important to obtain some information on how much (you were/NAME was) paid on (your/(his/her)) job in 2009. On (your/NAME’s) job {were you/was (he/she) paid by the hour?

**PROGRAMMER:** IF MORE THAN ONE JOB (D3>01) AND FIRST JOB:

**PROBE:** (Your/NAME’s) main job in 2009 was the job at which {you worked/(he/she) worked} the most hours.

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

D19. What was (your/NAME’s) regular hourly pay, including tips and commissions?

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

$ |___|___|___| PER HOUR              (1 - 25.00)
(1 - 300.00)

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

**INTERVIEWER:** ROUND TO NEAREST DOLLAR

$|____|____|_____ . 00

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

GO TO D23
D20hop. Before taxes and other deductions how much {were you/was NAME} paid on this job, including tips and commissions?

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

**INTERVIEWER:** ENTER HOW OFTEN PAID

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
<th>Range</th>
</tr>
</thead>
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<tr>
<td>Daily</td>
<td>01</td>
<td>(1-384)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1-1,922)</td>
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<tr>
<td>Weekly</td>
<td>02</td>
<td>(1-1,923)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1-9,615)</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>03</td>
<td>(1-4,166)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1-20,833)</td>
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<tr>
<td>Twice a Month</td>
<td>04</td>
<td>(1-4,166)</td>
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<tr>
<td></td>
<td></td>
<td>(1-20,833)</td>
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<tr>
<td>Monthly</td>
<td>05</td>
<td>(1-8,333)</td>
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<td>Annually</td>
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<td></td>
<td>(1-500,000)</td>
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<tr>
<td>Don’t Know</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>r</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**INTERVIEWER:** ROUND TO NEAREST DOLLAR

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

Don’t Know ................................................................. d

Refused ................................................................. r
D21hop. For this job, about how much was left as take-home pay after taxes and other deductions?

PROBE: (Were you/NAME) paid daily, weekly, bi-weekly, twice a month, monthly, or annually?

INTERVIEWER: ENTER HOW OFTEN PAID.

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>CODE</th>
<th>AMOUNT RANGES</th>
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<tbody>
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<td>DAILY</td>
<td>01</td>
<td>(1-346) (1-1,730)</td>
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<tr>
<td>WEEKLY</td>
<td>02</td>
<td>(1-1,730) (1-8,653)</td>
</tr>
<tr>
<td>BI-WEEKLY</td>
<td>03</td>
<td>(1-3,750) (1-18,750)</td>
</tr>
<tr>
<td>TWICE A MONTH</td>
<td>04</td>
<td>(1-3,750) (1-18,750)</td>
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<tr>
<td>MONTHLY</td>
<td>05</td>
<td>(1-7,500) (1-37,500)</td>
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<tr>
<td>ANNUALLY</td>
<td>06</td>
<td>(1-90,000) (1-450,000)</td>
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<tr>
<td>DON'T KNOW</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
<td></td>
</tr>
</tbody>
</table>

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

If D18=1 and D19 and D16≠d or r, C_Job2009MnthPayTH(1)=D19*D16*4.35.

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

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

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

If D18=0, d, or r and D21amt or D21hop=r, and neither are d, C_Job2009MnthPayTH(1)=r.

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

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

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

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

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

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

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

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

D22. SOFT EDIT: AMOUNT OF CALCULATED MONTHLY TAKE-HOME PAY MUST BE LESS THAN OR EQUAL TO CALCULATED MONTHLY PRE-TAX PAY. IF AMOUNT OF MONTHLY TAKE HOME PAY (C_Job2009MnthPayTH(1)) NE D OR R, AND AMOUNT OF PRE-TAX MONTHLY PAY (C_Job2009MnthPay(1)) NE D OR R, AND C_Job2009MnthPayTH(1) > C_Job2009MnthPay(1), TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, AMOUNT OF CALCULATED MONTHLY TAKE HOME PAY IS GREATER THAN AMOUNT OF CALCULATED MONTHLY PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that {you were/NAME was} paid (D20) per (D20 AMOUNT), which would be about (C_Job2009MnthPay(1)) before taxes and other deductions and that (D21) per (D21 AMOUNT), or about (C_Job2009MnthPayTH(1)) was left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay was more than your pre-tax pay. Should I change the amount {you were/NAME was} paid before taxes and other deductions or the amount {you took/NAME took} home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER

DEDUCTIONS ................................................................. 01 (CHANGE D20amt)

CHANGE AMOUNT OF TAKE-HOME PAY .............................. 02 (CHANGE D21amt)

SUPPRESS ........................................................................ 03
SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1), START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

((D1=01 or D2=01) and D12=00 and D13=00 and D18=00, d, r) and (D20hop=01, 02, 03, 04, 05, or 06) and (D21hop=01, 02, 03, 04, 05, or 06)

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

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
DEDUCTIONS ........................................................................ 01 (CHANGE D20amt)
CHANGE AMOUNT OF TAKE-HOME PAY ........................................ 02 (CHANGE D21amt)
SUPPRESS ................................................................................. 03

(D1=01 or D2=01)

D23. Why did (you/NAME) stop working at this job?

INTERVIEWER: ASK ‘Any other reason?’ UNTIL RESPONDENT INDICATES NO OTHER REASONS. IF RESPONDENT SAYS QUIT, ASK FOR THE REASON.

INTERVIEWER: CODE ALL THAT APPLY.

LAYOFF, FIRED, RETIRED:
LAYOFF, PLANT CLOSED ........................................................... 01 (D24)
FIRED ...................................................................................... 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 (D23_other)
DON’T KNOW ......................................................................... d (D24)
REFUSED................................................................................. r (D24)
SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1), START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

((D1=01 or D2=01) and D23=18)

D23_Other. What is the other reason?

<OPEN>__________________________________________

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

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

D25a. Did (you/NAME) work fewer hours or earn less money than (you/he/she) could have because (you/he/she)...

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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>b.</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c.</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>d.</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>e.</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
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<tr>
<td>f.</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
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</tbody>
</table>

PROGRAMMER: IF D25f=01 GO TO D25f_Other, ELSE SKIP TO D25_1

((D1=01 or D2=01) and D25=01 and D25f=01)

D25f_Other. What other reason?

<OPEN>__________________________________________

DON’T KNOW ................................................................. d
REFUSED ............................................................................... r
D25_1. Were any of (your/NAME’s) disability-related benefits reduced or ended as a result of (your/his/her) working in 2009?

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

(D25_1=01)

D25_2. What benefits were reduced or ended as a result of (your/NAME’s) job in 2009?

INTERVIEWER: MARK ALL THAT APPLY.

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

(D25_2=13)

D25_2_Other: What other benefits?

<OPEN>  

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

(D25_2=13)
D26. Now, I am going to read you a list of things that sometimes help people to work more hours or earn more money. If any of these do not apply to (you/NAME), please just say so.

In 2009, do you think (you/NAME) could have worked or earned more if (you/he/she) had…

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</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>
</tr>
<tr>
<td>b. Help with (your/his/her) own personal care such as bathing, dressing, preparing meals, and doing housework?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c. Reliable transportation to and from work?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>d. Better job skills?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>e. A job with a flexible work schedule?</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>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>
<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.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>h. Is there anything else that I didn’t mention that would have helped (you/NAME) to work or earn more during 2009?</td>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

PROGRAMMER: IF D26h=01, GO TO D26h_Other, ELSE GO TO D27

(D1=01 or D2=01) and D26g=01

D26g_Other What other special equipment or medical devices?

<OPEN> (D26h)

DON'T KNOW ................................................................. d (D26h)
REFUSED ........................................................................... r (D26h)

(D1=01 or D2=01) and D26h=01

D26h_Other What else?

<OPEN>

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

(D1=01 or D2=01)

D27. One last question about when (you were/NAME was) working in 2009. 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?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ................................................................. 01</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>NO .......................................................................... 00 (D29)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ................................................................. d (D29)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>REFUSED ........................................................................... r (D29)</td>
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</table>
SECTION D UNIVERSE: WORKED IN 2009 (B30=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, WORKED IN 2009 (B30), NUMBER OF CURRENT JOBS (C1),
START DATES OF CURRENT JOBS (C4mth, C4yr), BIRTH YEAR (A04_d)
PRELOADED VARIABLES: NONE

((D1=01 or D2=01) and D27=01)
D28. Because of these changes did the Social Security Administration pay {you/NAME} the wrong benefit amount
at any time during 2009?

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

((D1=01 or D2=02=1)
D29. In 2009, {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 or D2=01) and D29=01)
D30. {Were you/Was NAME} asked to re-pay the Social Security Administration because {you were/(he/she) was}
working while receiving benefits?

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

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

PROBE 1: (Have you/NAME) ever heard of this plan?

PROBE 2: If you’re not sure, please just say so.

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

YES ............................................................................................ 01
NO .............................................................................................. 00 (E5)
DON’T KNOW ................................................................. d (E5)
REFUSED .............................................................................. r (E5)

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

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

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

(E2=01)
E5. (Have you/NAME) ever heard of the earned income exclusion or the 1 for 2 earnings exclusion? This is a Social Security incentive where one-half of (your/a beneficiary’s) earnings over $85 are not counted when Social Security figures (your/the) benefit.

PROBE 1: (Have you/NAME) ever heard of this exclusion?

PROBE 2: If you’re not sure, please just say so.

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

YES ............................................................................................ 01
NO .............................................................................................. 00 (E7)
DON’T KNOW ................................................................. d (E7)
REFUSED .............................................................................. r (E7)
SECTION E UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE
PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMGRP

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

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

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

(E2=01)
E7. {Have you/Has NAME} ever heard of Property Essential to Self-Support, or PESS? This is a Social Security incentive where the dollar value of tools, equipment, or other property needed for (your/a beneficiary’s) work is excluded when Social Security figures (your/the) benefit.

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

YES ............................................................................................  01
NO ..............................................................................................  00 (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?

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

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

(E2=01)
E9. {Have you/Has NAME} ever heard of Continued Medicaid Eligibility or 1619(b) coverage? This is a Social Security incentive that lets {you/beneficiaries} keep {your/their} Medicaid insurance after {you/they} go to work, even if {your/their} benefits have stopped.

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

YES ............................................................................................  01
NO ..............................................................................................  00 (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?

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

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

(E2=01)
E11. CHECK: IS {NAME} 25 OR YOUNGER {C_Intage < or = 25} AND DID {NAME} RECEIVE SSI BENEFITS BEFORE AGE 22 {SSIAGE < 22}?

YES ............................................................................................  01
NO ..............................................................................................  00 (E14)
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 E12=01)

E13. *(Have you/Has NAME) ever used the student earned-income exclusion?*

**INTERVIEWER:** IF ‘NOT SURE’ OR ‘NEVER HEARD OF’ CODE AS DON’T KNOW

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

(E2=01 and E12=01)

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?*

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

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

(E14=01)

E17. *(Have you/Has NAME) ever heard of an Extended Period of Eligibility for Medicare? This is a Social Security incentive that lets *(you/beneficiaries) keep Medicare coverage when *(you/they) go to work, even if *(your/their) benefits have stopped.*

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

- YES ............................................................................................ 01
- NO .............................................................................................. 00 (E19)
- DON’T KNOW ............................................................................ d (E19)
- REFUSED .................................................................................. r (E19)
SECTION E UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE
PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAM PGRP

(E14=01 and E17=01)

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

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

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

(ALL)

E19. {Have you/Has NAME} ever heard of exclusions for Impairment-Related Work Expenses or Blind Work Expenses? This is a Social Security incentive where the value of certain impairment-related items is not counted when figuring {your/a person’s} benefits and eligibility.

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

YES ................................................................. 01
NO ................................................................. 00 (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?

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

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)
DON’T KNOW .................................................. d (E20c)
REFUSED ......................................................... r (E20c)

(E20a=01)

E20b. {Have you/Has NAME} ever used Expedited Reinstatement?

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

YES ................................................................. 01
NO ................................................................. 00
DON’T KNOW .................................................. d
REFUSED ......................................................... r
(ALL)
E20c. {Have you/Has NAME} ever heard of Work Incentive and Planning Assistance programs? These are local organizations that give beneficiaries information about Ticket to Work and other programs and help them understand how their Social Security benefits are affected by work.

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

PROBE: These are sometimes called WIPAs.

YES ................................................................. 01
NO ................................................................. 00 (E20e_1)
DON’T KNOW ...................................................... d (E20e_1)
REFUSED ......................................................... r (E20e_1)

(E20c=01)
E20d. {Have you/Has NAME} ever used a Work Incentive and Planning Assistance program?

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

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

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

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

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

NEW ITEM
(E20e_1=01)
E20f_1. {Have you/Has NAME} ever attended a Work Incentive Seminar Event?

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

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

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

YES ................................................................. 01
NO ................................................................. 00 (E21)
DON’T KNOW ......................................................  d (E21)
REFUSED .........................................................  r (E21)
NEW ITEM
(E20e=01)
E20. Have you/Has NAME ever used Protection and Advocacy for Beneficiaries of Social Security or PABSS?

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

AWARENESS OF TICKET TO WORK

(All)
E21. Have you/Has NAME ever heard of the Ticket to Work program?

PROBE: The Ticket to Work program provides services to help disability beneficiaries achieve steady, long-term employment by providing them greater choices and opportunities to go to work if they want to.

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

(E21=00,d, r)
E22. Have you/Has NAME heard of any Social Security programs in the last few years that allow disability beneficiaries to get services to help them go to work or earn more?

YES .................................................................  01 (E25)
NO ...............................................................  00
DON'T KNOW ...............................................  d
REFUSED ......................................................  r

(E21=00,d, r and E22=00,d, r)
E23. CHECK: DID NAME HAVE A TICKET ASSIGNED AT THE TIME OF SAMPLE SELECTION (sampgrp=1)?

YES .................................................................  01 (E24b)
NO ...............................................................  00
DON'T KNOW ...............................................  d (E36b)
REFUSED ......................................................  r (E36b)

(E23=0)
E24b. CHECK DID NAME HAVE AN IN-USE TICKET WITH AN SVRA AT THE TIME OF SAMPLE SELECTION (sampgrp=02)?

YES .................................................................  01 (E36b)
NO ...............................................................  00 (G1)

(E22=01)
E25. Does the program you/he/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 (E36check)
DON'T KNOW ...............................................  d (E36check)
REFUSED ......................................................  r (E36check)
(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 2010 .......................................................... 01
In 2009 .......................................................... 02
BEFORE 2009 .................................................. 03 (E34)
DON’T KNOW ................................................. d (E34)
REFUSED ......................................................... r (E34)

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

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

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

**INTERVIEW NOTE:** CODE ALL THAT APPLY.

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

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

E27_otherspec. Other specify:

((E21=01 or E24=01 or E25=01) and (E26=1 or E26=02) and (E27=01, 2, 3, 4 or 5) and (E28=07))

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

**INTERVIEWER:** CODE ALL THAT APPLY.

SOCIAL SECURITY ADMINISTRATION ...................... 01 (E34)
MAXIMUS ....................................................... 02 (E34)
STATE VOCATIONAL REHABILITATION AGENCY, OR
(VRNAME) .................................................. 03 (E34)
CURRENT/FORMER EMPLOYER .......................... 04 (E34)
FRIEND/FAMILY MEMBER ................................ 05 (E34)
INDEPENDENT LIVING CENTER .......................... 06 (E34)
EMPLOYMENT NETWORK ................................ 07 (E28g_other)
OTHER AGENCY/ORGANIZATION ........................ 08 (E28h_Other)
HEALTH CARE PROVIDER ................................ 09 (E28i_Other)
OTHER ........................................................... 10 (E28j_Other)
DON’T KNOW ................................................. d (E34)
REFUSED ......................................................... r (E34)

((E21=01 or E24=01 or E25=01) and (E26=1 or E26=02) and (E27=01, 2, 3, 4 or 5) and (E28=07))

E28g_Other. What Employment Network sent (you/NAME) the information?

<OPEN>

DON’T KNOW ................................................. d
REFUSED ......................................................... r
E28h. What other Agency/Organization sent {you/NAME} the information?

<OPEN>

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

E28i. What Health Care Provider sent {you/NAME} the information?

<OPEN>

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

E28j. Who sent {you/NAME} the information?

<OPEN>

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

DELETED:

E29
E30
E30g_Other
E30h_Other
E30i_Other
E30j_Other
E31
E32
E32g_Other
E32h_Other
E32i_Other
E32j_Other
E33

(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/STATE VR AGENCY

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

(E25=0, d, or r) OR (E36=0, d, or r)
E36CHECK.

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

YES ............................................................................................  01
NO ..............................................................................................  00 (E36bcheck)

NEW ITEM

(E36CHECK=01)
E36b. {Have you/Has NAME} ever received any services from a State Vocational Rehabilitation agency? In your state, this agency is known as {VRNAME}.

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

(E36b=0, d, r) or (E36CHECK=00)
E36bCHECK: DID {NAME} HAVE AN IN-USE TICKET WITH AN SVRA AT THE TIME OF SAMPLE SELECTION (sampgrp=2)?

YES ............................................................................................  01
NO ..............................................................................................  00 (E51)

NEW ITEM

(E36bCHECK=1)
E36c. {Are you/Is NAME} aware that, according to Social Security, {you are/(he/she) is} signed up with the State Vocational Rehabilitation Agency {ENSAMPLE} and have been since {SDATE}?

YES ............................................................................................  01 (E37b)
NO ..............................................................................................  00 (E51)
DON'T KNOW ...............................................................................  d (E51)
REFUSED ..................................................................................  r (E51)
E37a. {Were you/Was NAME} signed up with a State Vocational Rehabilitation Agency at any time in 2009?

YES ................................................................. 01 (E39)
NO ................................................................. 00 (E51)
DON'T KNOW ...................................................... d (E51)
REFUSED ........................................................... r (E51)

E37b. {Were you/Was NAME} signed up with any Employment Networks or a State Vocational Rehabilitation Agency at any time in 2009?

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

YES ................................................................. 01 (E38)
NO ................................................................. 00 (E45)
DON'T KNOW ...................................................... d (E45)
REFUSED ........................................................... r (E45)

E38. How many Employment Networks {were you/was NAME} signed up with in 2009?

|__|__|
EMPLOYMENT NETWORKS IN 2009
(1-2) (1-5)
DON'T KNOW ...................................................... d
REFUSED ........................................................... r

E39. PROGRAMMER: (IF E37=1 AND IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1) OR (IF E37a=01 and E37b=01) OR (IF E38>1)), USE {FIRST, SECOND, THIRD, ETC.}

(IF E37=1) What was the name of the {first, second, third, fourth, fifth} Employment Network {you were/NAME was} signed up with in 2009?

(IF E37b=1) What was the name of the Vocational Rehabilitation Agency {you were/NAME was} signed up with in 2009?

INTERVIEWER: IF NAME OF VR IS NOT KNOW, ENTER “STATE VR AGENCY”.

INTERVIEWER: ENTER VERBATIM RESPONSE

E39a (EN#1 2009) <STRING=240 > ______________________________________________
E39b (EN#2 2009) <STRING=240 > ______________________________________________
E39c (EN#3 2009) <STRING=240 > ______________________________________________
E39d (EN#4 2009) <STRING=240 > ______________________________________________
E39e (EN#5 2009) <STRING=240 > ______________________________________________
DON'T KNOW ............................................................................ d
REFUSED .................................................................................. r
SECTION E UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE
PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPGRP

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

PROGRAMMER: ASK E40- E43 FOR EACH EMPLOYMENT NETWORK LISTED IN E39 (WHERE E37=1).

((E21=01 or E24=01 or E25=01) and E37=01)

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 2009 FROM E39}?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

|   |   |   |   (1-12)
| MO

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

((E21=01 or E24=01 or E25=01) and E37=01)

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 2009 FROM E39}?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

|   |   |   |   |   (2001-2009)
| YEAR

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

E41. (Are you/Is NAME) currently signed up with {EN IN 2009 FROM E39}?

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

((E21=01 or E24=01 or E25=01) and E37=01 and E41=00,d, r)

E42mth. In what month and year did {you/NAME} stop receiving services from {EN IN 2009 FROM E39}?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AN YEAR ON NEXT SCREEN

|   |   |   |   (1-12)
| MO

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

((E21=01 or E24=01 or E25=01) and E37=01 and E41=00,d, r)

E42yr. PROBE 1: In what month and year did {you/NAME} stop receiving services from {EN IN 2009 FROM E39}?

PROBE 2: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

|   |   |   |   |   (2001-2010)
| YEAR (2009-2010)

DON'T KNOW ................................................................. d
REFUSED ................................................................. r
SECTION E UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE
PRELOADED VARIABLES: BSTATUS, SSIAGE, SAMPLE AGE, TSTATUS, ENSAMPLE, SDATE, VRNAME, SAMPGRP

((E21=01 or E24=01 or E25=01) and E37=01 and E41=00,d, r) and (E42yr<2009))

E42yr. SOFT EDIT: [YEAR STOPPED RECEIVING SERVICES (E42yr) SHOULD BE 2009 OR 2010] IF (NAME) Fails Edit, INTERVIEWER READ: Earlier you reported (you/NAME was) signed up with [EN IN 2009 FROM E39] in 2009. I recorded (you/NAME) stopped receiving services in (E42yr).

Is this correct?

YES ............................................................................................ 01
NO .............................................................................................. 02 (CHANGE E42yr)
SUPPRESS ................................................................................ 03

((E21=01 or E24=01 or E25=01) and E37=01 and E41=00,d, r))

E43. Why (are you/is NAME) no longer receiving services from [EN IN 2009 FROM E39]?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>_______________________________________________
DON'T KNOW ............................................................. d
REFUSED .............................................................................. r

CURRENT TICKET USE

(E41=1)

E44. CHECK: IS (NAME) CURRENTLY SIGNED UP WITH AN EMPLOYMENT NETWORK FROM 2009 {E37=01 or E41=01 FOR ANY EN}?

YES ............................................................................................ 01 (E48))
NO .............................................................................................. 00

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

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

E47mth. 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 MONTH HERE AND YEAR ON NEXT SCREEN

|   | (1-12)
MO

DON'T KNOW ............................................................. d
REFUSED .............................................................................. r
E47yr. **PROBE 1:** The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} ticket with {CURRENT EN FROM E46}?

**PROBE 2:** Your best estimate is fine.

**INTERVIEWER:** ENTER YEAR

|___|___|___|___| (2001-2006)

YEAR

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

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

**OTHER EMPLOYMENT NETWORKS NOT PREVIOUSLY DISCUSSED**

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)

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

|___|___|

OTHER EMPLOYMENT NETWORKS

(1-2)

(1-5)

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

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

**PROBE:** Your best estimate is fine.

**INTERVIEWER:** ENTER MONTH HERE AND YEAR ON NEXT SCREEN

|___|___| (1-12)

MO

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

REFUSED ................................................................. r
(E21=01 or E24=01 or E25=01) and E36=01 and E48=01

E50yr. PROBE: The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} Ticket to sign up with an Employment Network?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER YEAR

__ __ __ __ (2001-2006)

YEAR

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

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

(E21=01 or E24=01 or E25=01) or (E36=00, d, r)

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

NEVER USED TICKET (E36=00, d, r) OR WAS A TICKET NON-PARTICIPANT IN 2009 (E37=00, d, r) OR
NEVER USED AN SVRA (E36b=0, d, r) OR NEVER USED AN SVRA IN 2009 (E37b=0, d, r)]

OR WAS NAME AWARE OF TICKET [(E21=01, OR E24=01 OR E25=01) AND USED AN SVRA IN 2009 (E37b=1)].

YES ................................................................. 01 (F1)

NO ................................................................. 00 (G1)
SECTION F: TICKET NON-PARTICIPANTS IN 2009

TRIED TO GET INFORMATION OR PARTICIPATE IN 2009

(E51=01)
F1. During 2009, did {you/NAME or his/her representative} contact, or try to contact, anyone to find out more about the Ticket to Work program or to participate in the program?

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

(E51=01 and F1=01)
F2. Thinking only about 2009, who did {you/NAME or his/her representative} contact to get information about the Ticket to Work program?

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
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a. The Social Security Administration?

b. Maximus?

c. The State Vocational Rehabilitation Agency or {VRNAME}?  

d. A Work Incentive and Planning Assistance program or benefit specialist

e. A caseworker?

f. A friend or family member?

g. An Independent Living Center?

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.

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

i. Another Agency or Organization

PROGRAMMER: IF F2i=01 GO TO F2i_OTHER, ELSE GO TO F3
SECTION F UNIVERSE: TICKET NON-PARTICIPANTS IN 2009 (E35=00, d or E51=01)
VARIABLES FROM OTHER SECTIONS: RTYPE
PRELOADED INFORMATION: VRNAME (NAME FOR STATE VR AGENCY)

(E51=01, F1=01 and F2h=01)
F2h_Other. What other Employment Network?

<OPEN>............................................................................ (F2i)

DON’T KNOW ............................................................................ d (F2i)
REFUSED .................................................................................. r (F2i)

(E51=01, F1=01 and F2i=01)
F2i_Other. What other Agency or Organization?

<OPEN>............................................................................

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

(E51=01 and F1=01)
F3. 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

(E51=01 and F1=01)
F4. Now I’d like to ask you about Employment Networks. During 2009, did {you/NAME or his/her representative} get any information about the Employment Networks that serve {your/NAME’s} area?

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

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

(E51=01 and F1=01 and F4=01)
F5. How did {you/NAME} receive this information about Employment Networks?

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

INTERVIEWER NOTE: Code all that apply.

MAIL ........................................................................................... 01 (F6)
PHONE ........................................................................................ 02 (F6)
INTERNET .................................................................................. 03 (F6)
IN-PERSON MEETING .............................................................. 04 (F6)
OTHER (specify) ........................................................................ 05
DON’T KNOW ............................................................................ d (F6)
REFUSED .................................................................................. r (F6)
F6. Who did {you/NAME or his/her representative} get information from about Employment Networks?

**INTERVIEWER:** CODE ALL THAT APPLY.

- SOCIAL SECURITY ADMINISTRATION .................................................. 01 (F7)
- MAXIMUS ................................................................................................. 02 (F7)
- STATE VOCATIONAL REHABILITATION AGENCY or {VRNAME} ......... 03 (F7)
- A WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM OR BENEFITS SPECIALIST ........................................................................ 04 (F7)
- A CASEWORKER .................................................................................... 05 (F7)
- FRIEND/FAMILY MEMBER ...................................................................... 06 (F7)
- INDEPENDENT LIVING CENTER............................................................. 07 (F7)
- EMPLOYMENT NETWORK ..................................................................... 08 (F7)
- OTHER AGENCY/ORGANIZATION ......................................................... 09 (F7)
- .................................................................................................................. 10 (F6j_Other)
- DON'T KNOW ........................................................................................... d (F7)
- REFUSED................................................................................................. r (F7)

(F5=01 and F1=01 and F4=01 and F5=01 and F6=10)

F6j_Other. What Other place?

**INTERVIEWER:**

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

(F5=01 and F1=01 and F4=01 and F5=01 and F6=05)

F5_other

<OPEN>

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

(F1=01 and F4=01 and F5=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/his/her} State VR agency. In 2009, 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?

**PROGRAMMER:** SKIP F12-F19 IF E37b=1

YES ............................................................................................ 01
NO .............................................................................................. 00 (F20)
DON’T KNOW ............................................................................ d (F20)
REFUSED .................................................................................. r (F20)
F13. In 2009, did (your/NAME or his/her representative) try to use (your/NAME’s) Ticket to sign up with (your/NAME’s) State VR agency?

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

F14. DELETED (E51=01 and F1=01 and F12=01 and F13=01 and E37b≠1)

F15. In 2009, did (your/NAME’s) State VR agency accept (your/his/her) Ticket?

YES ................................................................. 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 2009?

INTERVIEWER: CODE ALL THAT APPLY.

NOT TAKING TICKETS WHEN CONTACTED ........................................ 01 (F17)
DID NOT OFFER SERVICES (NAME) NEEDED .................................... 02 (F17)
DID NOT SERVE PEOPLE WITH (NAME’S) DISABILITY/NEEDS .......... 03 (F17)
(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 2009 (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 2009 (F15=01), but I show that you told me earlier (you/NAME) had not assigned (your/his/her) Ticket in 2009 (E51=01). Is it correct that (you/NAME) participated in the Ticket to Work program in 2009 through (your/his/her) State VR agency?

YES, DID PARTICIPATE IN 2009 .............................................. 01
NO, DID NOT PARTICIPATE IN 2009 ....................................... 02 (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 contact with Employment Networks, other than your state vocational rehabilitation agency, (VRNAME)/(If E37b=1 (NAME FROM E39)). In 2009, did you contact any Employment Networks other than your state VR Agency to use your 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 contact in 2009?

**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 (NAME) CONTACTED MORE THAN ONE EN (F21>1).

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

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

F23 DELETED
F24. **PROGRAMMER:** USE "ANY OF" AND "NETWORKS" IF \{NAME\} CONTACTED MORE THAN ONE EN (F21>1).

In **2009**, did \{any of\} the Employment Network(s) \{you/NAME\} tried to use \{your/his/her\} Ticket with accepted \{your/NAME's\} Ticket?

- **YES** ................................................................. 01 (F26)
- **NO** ........................................................................ 00 (F26)
- **DON'T KNOW** ........................................................ d (F30)
- **REFUSED** ............................................................. r (F30)

F25. **PROGRAMMER:** USE "NETWORKS" IF \{NAME\} CONTACTED MORE THAN ONE EN (F21>1).

Overall, why didn't the Employment Network(s) \{you/NAME\} tried to use \{your/his/her\} Ticket with accepted \{your/NAME's\} Ticket in **2009**?

**PROGRAMMER:** USE "THESE" AND "NETWORKS" IF \{NAME\} CONTACTED MORE THAN ONE EN (F21>1)

**PROBE:** Were there any other reasons why \{these/this\} Employment Network(s) would not accept \{your/NAME'S\} Ticket in **2009**?

**INTERVIEWER:** CODE ALL THAT APPLY.

- **NOT TAKING TICKETS WHEN CONTACTED** ................................. 01 (F30)
- **DID NOT OFFER SERVICES \{NAME\} NEEDED** ................................. 02 (F30)
- **EMPLOYMENT NETWORK DID NOT SERVE PEOPLE WITH \{NAME'S\} DISABILITY/NEEDS** ......................................................... 03 (F30)
- **\{NAME\} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH HOURS** ................................. 04 (F30)
- **\{NAME\} NOT WILLING TO GO OFF OF DISABILITY BENEFITS** ................................. 05 (F30)
- **OTHER** .................................................................................. 06 (F30)
- **DON'T KNOW** ........................................................................ d (F30)
- **REFUSED** ................................................................................ r (F30)

F25_Other. What Other reason?

- <OPEN>
  - **DON'T KNOW** ................................................................. d (F30)
  - **REFUSED** ................................................................................ r (F30)

**GO TO 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 2009

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 (IF E37b≠1) {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)
GOT A JOB OR IN SCHOOL .................................................... 15 (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
(E51=01 and F1=01)
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 2009
(E35=00,d, r) OR (E51=01 and F1=00,d, r)
F31. What are the main reasons {you did/NAME did} not try to participate in the Ticket to Work program in 2009?

INTERVIEWER: CODE ALL THAT APPLY:

PHYSICAL/MENTAL CONDITION ............................................. 01 (F32)
DIDN’T WANT TO ................................................................. 02 (F32)
FAMILY RESPONSIBILITIES .................................................. 03 (F32)
FAMILY WOULD NOT SUPPORT ......................................... 04 (F32)
COULD NOT GET RELIABLE TRANSPORTATION ............... 05 (F32)
ALREADY HAD A JOB ........................................................... 06 (F32)
FEARED SERVICES WOULD ENDANGER BENEFITS .......... 07 (F32)
INFORMATION TOO CONFUSING – DID NOT KNOW WHERE TO START ............................................. 08 (F32)
EMPLOYMENT NETWORK (YOU/NAME) WANTED WAS NOT PARTICIPATING ............................................. 09 (F32)
ENs TOO FAR AWAY ............................................................. 10 (F32)
COULD NOT GET IN CONTACT WITH ENs ....................... 11 (F32)
NO ENs PROVIDED SERVICES (NAME) NEEDS ............... 12 (F32)
NO ENs SERVE MY KIND OF DISABILITY ......................... 13 (F32)
IN SCHOOL ............................................................................... 14 (F32)
OTHER ....................................................................................... 15 (F31_oth)

DECIDED TO GO TO STATE VOCATIONAL REHABILITATION AGENCY (VR) ...................................... 16 (F32)
DONT KNOW ............................................................................ d (F32)
REFUSED .................................................................................. r (F32)

(F31=15)
F31_oth. 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/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
KNOWLEDGE OF TICKET TO WORK PROGRAM

(E35=00,d, r or E51=01)

F33. Now I’m going to read you some statements about the Ticket to Work program. For each statement, please tell me if it is something (you/NAME or his/her representative) knew before today or not.

PROGRAMMER: INSERT STATEMENT BELOW HERE

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

INTERVIEWER: REPEAT AS NECESSARY

<table>
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<tr>
<th>KNEW BEFORE TODAY</th>
<th>DID NOT KNOW BEFORE TODAY</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
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</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 provided without cost to you.

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.

e. (You/NAME) can get services from your State Vocational Rehabilitation Agency without giving them your Ticket.

f. (You/NAME) can use your Ticket to get follow-up services somewhere else after you finish getting services from the State Vocational Rehabilitation Agency.
SECTION G: EMPLOYMENT-RELATED SERVICES AND SUPPORTS USED IN 2009

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

SERVICE PROVIDERS

(All)

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

First, I will ask about employment services (you/NAME) may have received.

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

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

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

(G1=01)

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

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

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

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

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

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

PROVIDER 1 <STRING=240>___________________________________________
PROVIDER 2 < STRING=240>___________________________________________
PROVIDER 3 < STRING=240>___________________________________________
PROVIDER 4 < STRING=240>___________________________________________
PROVIDER 5 < STRING=240>___________________________________________
PROVIDER 6 < STRING=240>___________________________________________
PROVIDER 7 < STRING=240>___________________________________________
PROVIDER 8 < STRING=240>___________________________________________
REFUSED .......................................................................................... r

(G1=01)

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

YES ............................................................................................ 01
NO .............................................................................................. 00 (G7)
PROGRAMMER: REPEAT G4 THROUGH G6 ONLY FOR THE FIRST AND SECOND 2009 EMPLOYMENT NETWORKS LISTED IN E39

(G1=01 and G3=01)

G4. INTERVIEWER: IS {EMPLOYMENT NETWORK IN 2009 (DISPLAY FIRST/SECOND NAME FROM E39)} ON THIS LIST {DISPLAY LIST FROM G2}?

YES .............................................................. 01 (DISPLAY SECOND EN FROM E39)
NO ............................................................... 00

(G1=01 and G3=01 and G4=00)

G5. In 2009, did {you/NAME} receive employment services from {FIRST/SECOND EMPLOYMENT NETWORK IN 2009 (E39)}?

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

(G1=01 and G7=01)

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

YES .............................................................. 01
NO ............................................................... 02 (NEXT PROVIDER OR G10)
SECTION G UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, E36, E36b, E37, E39 PRELOADED
VARIABLES: BIRTHYEAR

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

G9. Was this place a:
   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, ..................................... 04 (G9_oth1)
   Workforce center or employment/unemployment office, ................................................... 06 (NEXT PROVIDER OR G10)*
   Some other type of place ...................................... 05 (G9_oth2)
   DON’T KNOW ....................................................... d (NEXT PROVIDER OR G10)
   REFUSED .................................................................. r (NEXT PROVIDER OR G10)

*Note: G9=6 is a category added at R2 and R3; value of “other” category (G9=5) maintained for comparability across rounds.

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

G9_oth1. INTERVIEWER: PLEASE SPECIFY

<OPEN>_________________________________________________(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=05)

G9_oth2. 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 ≥ 16 OR IF BIRTHYEAR − B18_YEAR ≥ 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)
G11. What was the name of the place {you/NAME} went to for that training?

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

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

INTERVIEWER: PRESS ‘ENTER’ FOR NO OTHER PLACE

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

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

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

PROVIDER 1: ______________________________________________________
PROVIDER 2: ______________________________________________________
PROVIDER 3: ______________________________________________________
PROVIDER 4: ______________________________________________________
PROVIDER 5: ______________________________________________________
PROVIDER 6: ______________________________________________________
PROVIDER 7: ______________________________________________________
PROVIDER 8: ______________________________________________________

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

PROGRAMMER: FOR EACH PROVIDER LISTED IN G11 DISPLAY G12

(G10=01)

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

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS HAVE BEEN MENTIONED YET.

INTERVIEWER: PROVIDERS MENTIONED AT G2 INCLUDE {DISPLAY PROVIDERS FROM G2}:

YES ................................................. 01 (PROGRAMMER: DELETE ONE MENTION)
NO ................................................... 00 (NEXT PROVIDER OR G13)

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

(G10=01)

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

A state agency, ............................................. 01 (G14)
A private business, ....................................... 02 (NEXT PROVIDER OR G15)
A school or college .................................... 04 (NEXT PROVIDER OR G15)*
Some other type of place ............................. 03 (G13_oth)
DON’T KNOW ......................................... d (NEXT PROVIDER OR G15)
REFUSED ................................................ r (NEXT PROVIDER OR G15)

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

(G10=01 and G13=03)

G13_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN> ______________________________________________________ (NEXT PROVIDER OR G15)
DON’T KNOW ........................................... d (NEXT PROVIDER OR G15)
REFUSED ............................................... r (NEXT PROVIDER OR G15)
SECTION G UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, E36, E36b, E37, E39 PRELOADED
VARIABLES: BIRTHYEAR

(G10=01 and G13=01)
G14. Was this place a:

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 (G14_oth)
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 1: IF RESPONDENT DOESN'T KNOW NAME: I need to enter something that will help identify the place {you/NAME} received these services from in later questions. What could I enter to help us identify this place later? Street name, address, person spoken with there, even the color of the building would help identify it.

PROBE 2: (If E36=01) This includes services {you/NAME} received from an Employment Network.

PROVIDER 1 <STRING=240>
PROVIDER 2 < STRING=240>
PROVIDER 3 < STRING=240>
PROVIDER 4 < STRING=240>
PROVIDER 5 < STRING=240>
PROVIDER 6 < STRING=240>
PROVIDER 7 < STRING=240>
PROVIDER 8 < STRING=240>
REFUSED ........................................................................... r
PROGRAMMER: FOR EACH PROVIDER LISTED IN G16 DISPLAY G17.

(G15=01)

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

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS HAVE BEEN MENTIONED YET.

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

YES ...............................................................  01  (PROGRAMMER: DELETE ONE MENTION)
NO .................................................................  00  (NEXT PROVIDER OR G18)

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

(G15=01)

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

A clinic, ..........................................................  01  (NEXT PROVIDER OR G19)
A hospital.......................................................  02  (NEXT PROVIDER OR G19)
A doctor’s office, or ........................................  03  (NEXT PROVIDER OR G19)
Some other type of place?.............................  04  (G18_oth)
DON’T KNOW ...............................................  d (NEXT PROVIDER OR G19)
REFUSED .....................................................  r (NEXT PROVIDER OR G19)

(G15=01 and G18=04)

G18_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>_____________________________________________ (NEXT PROVIDER OR G19)

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

(All)

G19. Sometimes people go to a mental health professional to get therapy or counseling to improve their ability to work or live independently.

(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received mental health therapy or counseling to improve {your/his/her} ability to work or live independently? This could include treatment for alcohol or drug abuse.

(INCLUDING AGE 16) Since becoming disabled, {have you/has NAME} received mental health therapy or counseling to improve {your/his/her} ability to work or live independently? This could include treatment for alcohol or drug abuse.

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

YES .........................................................  01
NO .........................................................  00 (G23)
DON’T KNOW ...........................................  d (G23)
REFUSED .................................................  r (G23)
(G19=01)

G20. What was the name of the place (you/NAME) went to for therapy or counseling?

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

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

INTERVIEWER: PRESS ‘ENTER’ FOR NO OTHER PLACE

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

PROBE 2: This includes services (you/NAME) received from an Employment Network.

PROVIDER 1 <STRING=240>
PROVIDER 2 < STRING=240>
PROVIDER 3 < STRING=240>
PROVIDER 4 < STRING=240>
PROVIDER 5 < STRING=240>
PROVIDER 6 < STRING=240>
PROVIDER 7 < STRING=240>
PROVIDER 8 < STRING=240>
REFUSED

PROGRAMMER: FOR EACH PROVIDER LISTED IN G20 DISPLAY G21.

(G19=01)

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

INTERVIEWER: IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS HAVE BEEN MENTIONED YET.

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

YES ............................................................... 01 (PROGRAMMER: DELETE ONE MENTION)
NO ................................................................. 00 (NEXT PROVIDER OR G22)

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

(G19=01)

G22. Thinking about (NEW PROVIDER FROM G20), was this place:

A mental health agency, ................................. 01 (NEXT PROVIDER OR G23)
A clinic, ....................................................... 02 (NEXT PROVIDER OR G23)
A hospital, .................................................... 03 (NEXT PROVIDER OR G23)
A doctor’s office, or ....................................... 04 (NEXT PROVIDER OR G23)
Some other type of place? .............................. 05 (G22_oth)
DON’T KNOW ............................................... d (NEXT PROVIDER OR G23)
REFUSED .................................................... r (NEXT PROVIDER OR G23)
(G19=01 and G22=05)

G22_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN>________________________________________________(NEXT PROVIDER OR G23)

DON'T KNOW ...............................................................  d (NEXT PROVIDER OR G23)
REFUSED .................................................................  r (NEXT PROVIDER OR G23)

(All)

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

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

**PROBE 1:** This could include vocational training in high school, college classes, or other instructional programs.

**PROBE 2:** Please don’t include places you already told me about.

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

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

**PROBE 1:** This could include vocational training in high school, college classes, or other instructional programs.

**PROBE 2:** Please don’t include places you already told me about.

YES ................................................................. 01
NO ................................................................. 00 (G29a)
DON'T KNOW ...............................................................  d (G29a)
REFUSED .................................................................  r (G29a)
G24. Where did you enroll in school or take classes?

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

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

INTERVIEWER: PRESS 'ENTER' FOR NO OTHER PLACE

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

PROBE 2: (IF E36=01) This includes services you received from an Employment Network.

PROGRAMMER: FOR EACH PROVIDER LISTED IN G24 DISPLAY G25.

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

IF THE LIST OF PROVIDERS ALREADY MENTIONED IS BLANK, NO PROVIDERS HAVE BEEN MENTIONED YET.

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

YES ................................................. 01
NO ................................................... 00 {NEXT PROVIDER OR G26}

(G10=01 or G23=01)
G25. Are you currently enrolled in school or taking any classes?

YES ................................................. 01
NO ................................................... 00 {NEXT PROVIDER OR G26}

(G10=01 or G23=01 and G26=01)
G26. Are you currently working toward a degree, a certificate or license, or just taking classes?

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

(G23=01)
G28. **PROGRAMMER:** IF G27=01 USE “DEGREE” AND IF G27=02 USE “CERTIFICATE OR LICENSE”

Toward what type of {degree/certificate or license} {are you/is NAME} working?

**INTERVIEWER:** CODE ONE ONLY.

GED OR HIGH SCHOOL EQUIVALENCE

PROGRAM/COURSES......................................................... 01 (G29)

VOCATIONAL PROGRAM.................................................. 02 (G29)

ASSOCIATE DEGREE PROGRAM (AA DEGREE) ................ 03 (G29)

UNDERGRADUATE DEGREE PROGRAM (BA, BS DEGREE) 04 (G29)

GRADUATE DEGREE PROGRAM (e.g., MA, MS, MD, EdD).... 05 (G29)

OTHER............................................................................. 06 (G29)

DON’T KNOW ............................................................. d (G29)

REFUSED .......................................................................... r (G29)

(G10=01 or G23=01 and G26=01 and G27=01,02)

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=01 or 02)

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 (G30_1)

NO............................................................................... 02 (G29bCHECK)

(G29a=02)

G29b. CHECK: DID {NAME} USE A TICKET OR RECEIVE SERVICES FROM AN SVRA IN 2009 (E37=1 or E37b=1)

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

NO............................................................................. 02 (G48)
NEW ITEM

(G29a=02 and G29bCHECK=01)

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

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

NEW ITEM

(G29b=01)

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>01</td>
<td>00</td>
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</table>

PROBE: This might include problems such as transportation or childcare.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
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</thead>
<tbody>
<tr>
<td>01</td>
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<td>01</td>
<td>00</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

(G29c_f=01)

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

<OPEN>______________________________________________________

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

(G29a=01)


INTERVIEWER: IF A PROVIDER APPEARS ON THE LIST BELOW MORE THAN ONCE, ENTER THE NUMBER IN FRONT OF ONE OF THE PROVIDER NAMES TO DELETE IT FROM THE LIST. DO NOT MARK BOTH PROVIDER NAMES AS DUPLICATES.

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

NONE/DONE............................................................................ 00
G30_1. You said {you/NAME} received employment, medical, and therapy services from {LIST BELOW}. I want to be sure that each service provider is listed only once. Are any of these providers the same?

INTERVIEWER: IF A PROVIDER APPEARS ON THE LIST BELOW MORE THAN ONCE, ENTER THE NUMBER IN FRONT OF ONE OF THE PROVIDER NAMES TO DELETE IT FROM THE LIST. DO NOT MARK BOTH PROVIDER NAMES AS DUPLICATES.

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

NONE/DONE ............................................................................. 00

PROGRAMMER: IF ALL PROVIDERS DELETED, DISPLAY, YOU HAVE DELETED ALL PROVIDERS. RETURN TO G30 AND DELETE DUPLICATES ONLY.

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

WHEN SERVICES RECEIVED

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 ...................................................... 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 2010, in 2009, or before 2009?

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

G34. Was it:

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

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

YES ................................................................. 01 (NEXT PROVIDER OR G35a)
NO ................................................................. 00 (NEXT PROVIDER OR G48)
DON'T KNOW ........................................................ d (NEXT PROVIDER OR G48)
REFUSED ................................................................. r (NEXT PROVIDER OR G48)
SECTION G UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, E36, E36b, E37, E39 PRELOADED
VARIABLES: BIRTHYEAR

SPECIFIC SERVICES RECEIVED FROM PROVIDERS AND SERVICE-RELATED EXPERIENCES IN 2009

(G29a=01 and G33=01,d, r and G34=01 and G35=01)

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

YES .............................................................................. 01
NO ................................................................................ 00 (G48)

PROGRAMMER: ASK G36 THROUGH G47 FOR EACH PROVIDER LISTED IN G30_1 (AFTER DE-DUPLICATION) IF USED IN 2009 (G33=02 OR G35=01) OR (THERE ARE DE-DUPLICATED PROVIDERS LISTED IN G30_1)

(G35a=01 or G33=02)

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>DON'T KNOW</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>02</td>
<td>d</td>
<td>r</td>
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</table>

a. Physical therapy?

b. Occupational therapy? PROBE: Occupation therapy is treatment that helps people achieve independence in all areas of their lives and can include home and job site evaluations, skills assessments, equipment recommendations, and other treatment to help improve a person's ability to perform daily activities

| 01  | 00 | 02 |  d         | r   |

c. Speech therapy?

d. Medical services?

e. Special equipment or devices?

f. Personal counseling or therapy?

| 01  | 00 | 02 |  d         | r   |

g. Group therapy?

| 01  | 00 | 02 |  d         | r   |

h. A work or job assessment?

| 01  | 00 | 02 |  d         | r   |

i. Help to find a job?

| 01  | 00 | 02 |  d         | r   |

j. Training to learn a new job or skill?

| 01  | 00 | 02 |  d         | r   |

k. Advice about modifying {your/his/her} job or work place?

| 01  | 00 | 02 |  d         | r   |

l. On-the-job training, job coaching, or support services?

| 01  | 00 | 02 |  d         | r   |

m. Anything else that I didn't mention?

| 01  | 00 | 02 |  d         | r   |

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

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

G36e_oth. INTERVIEWER: PLEASE SPECIFY

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</table>
(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 2009, how many times did {you/NAME} receive these services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2009}? You can tell me either the total number of times in 2009 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 2009?

TOTAL TIMES IN 2009 ......................................................... 01 (G37_T2009)
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_T2009. **PROBE:** READ IF NECESSARY: How many times did {you/NAME} go to the place or have contact with the service provider in 2009?

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</table>
(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?

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(1-7) (1-99)

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

(G35a=01 or G33=02 and G37=02)
G38_week. In 2009, about how many weeks did {you/NAME} get these services?

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</table>
(1-52)

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

**GO TO G39**
SECTION G UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: AGE OF DISABILITY ONSET, E36, E36b, E37, E39 PRELOADED
VARIABLES: BIRTHYEAR

(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 2009, 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 2009} last?

MINUTES ................................................................. 01 (G39_min)
HOURS ................................................................. 02 (G39_hr)
DAYS ................................................................. 03 (G39_day)
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

GO TO G40

(G35a=01 or G33=02 and G39=02)
G39_hr. INTERVIEWER: ENTER NUMBER OF HOURS.

|__|__| (1-59) (1-24)

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

GO TO G40

(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 2009}? Would you say they were:

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

NEW ITEM

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>b.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>c.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>d.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>e.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>f.</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
</tbody>
</table>

**PROBE:** This might include problems such as transportation or childcare.

(G40_1_f=01)

G40_1_Other. What were the reasons the services were not useful?

<OPEN>______________________________________________________

<table>
<thead>
<tr>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>r</td>
<td></td>
</tr>
</tbody>
</table>

G43. DELETED
G44. DELETED
G45. DELETED
G45_oth. DELETED
G46. DELETED
G47. DELETED
G47_week.DELETEDG47_month.DELETEDG47_year. DELETED

(All)

G48. CHECK: WAS {NAME} A TICKET PARTICIPANT IN 2009 (E37=01)?

YES ............................................................................................ 01
NO .............................................................................................. 00 (G52)

MONEY RECEIVED FROM EMPLOYMENT NETWORK IN 2009

(G48=01)

G49. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1)

In 2009, did any Employment Network give {you/NAME} money to use for any reason?

PROGRAMMER: OTHERWISE USE

In 2009, did {EMPLOYMENT NETWORK IN 2009 (E39 give {you/NAME} money to use for any reason?

PROBE: This includes money to purchase services, equipment, or use in any 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 2009 (E38>1)

In 2009, how much money did {you/NAME} receive from all Employment Networks?

PROGRAMMER: OTHERWISE USE

In 2009, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2009 (E39)}?

PROBE 1: You can tell me the total amount per week or per month.

PROBE 2: Your best estimate is fine.

INTERVIEWER: ROUND TO NEAREST DOLLAR

TOTAL AMOUNT IN ........................................................................... 01 (G50_T2009)
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_T2009. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1)

PROBE: READ IF NECESSARY In 2009, how much money did {you/NAME} receive from all Employment Networks?

PROGRAMMER: OTHERWISE USE

PROBE: READ IF NECESSARY: In 2009, how much money did {you/NAME} receive from {EMPLOYMENT NETWORK IN 2009 (E39)}?

$|____|____| |____|____ _| 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 2009 (E38>1)

PROBE: READ IF NECESSARY: In 2009, how much money did (you/NAME) receive from all Employment Networks per week?

PROGRAMMER: OTHERWISE USE

PROBE: READ IF NECESSARY In 2009, how much money did (you/NAME) receive from (EMPLOYMENT NETWORK IN 2009 (E39 ) per week?

$|___|___|, |___|___|. 00 (1-65) (1-385) (G51_weeks)
DON'T KNOW ................................................................. d (G52)
REFUSED ................................................................. r (G52)

(G48=01 and G49=01 and G50=02 and G50_Tweek≠d, r)
G51_weeks. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1)

How many weeks in 2009 (did you/did NAME) receive this money from {your/his/her} Employment Networks?

PROGRAMMER: OTHERWISE USE

About how many weeks in 2009 did (you/NAME) receive this money from {{EMPLOYMENT NETWORK IN 2009 (E39 in 2009)?

|__|__| WEEKS (G52)
(1 – 52) (1-12)
DON'T KNOW ................................................................. d (G52)
REFUSED ................................................................. r (G52)

(G48=01 and G49=01 and G50=03)
G50_Tmonth. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1)

PROBE: READ IF NECESSARY In 2009, how much money did (you/NAME) receive from all Employment Networks per month?

PROGRAMMER: OTHERWISE USE

PROBE: READ IF NECESSARY In 2009, how much money did (you/NAME) receive from (EMPLOYMENT NETWORK IN 2009 (E39 per month?

$|___|___| , |___|___|___|. 00 (1-300) (1-1,700) (G51_months)
DON'T KNOW ................................................................. d (G52)
REFUSED ................................................................. r (G52)

(G48=01 and G49=01 and G50=03 and G50_Tmonth≠d, r)
G51_months. PROGRAMMER: IF MORE THAN ONE EMPLOYMENT NETWORK IN 2009 (E38>1)

How many months in 2009 (did you/did NAME) receive this money from {your/his/her} Employment Networks?

PROGRAMMER: OTHERWISE USE

About how many months in 2009 did (you/NAME) receive this money from {EMPLOYMENT NETWORK IN 2009 (E39) in 2009?

|__|__| MONTHS
(1-52) (1-12)
DON'T KNOW ................................................................. d
REFUSED ................................................................. r
WHY USED SERVICES IN 2009

G52. CHECK: DID {NAME} USE ANY SERVICES IN 2009 (G33=02 OR G35=01) OR (THERE ARE DE-DUPLICATED PROVIDERS ON LIST) FOR ANY PROVIDER IN DE-DUPLICATED LIST USED IN 2009)?

YES............................................................................................................. 01
NO............................................................................................................ 00 (G58)

(G52=01)
G53. The next few questions are about why {you/NAME} decided to use the employment, medical, or therapy services {you/he/she} used in 2009.

Thinking only about the services {you/NAME} used in 2009, 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/ WELL BEING ....................................... 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 (G54)
DON'T KNOW .................................................................................. d (G54)
REFUSED .......................................................................................... r (G54)

(G52=01 and G53=01-05,07,08,d, r)
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)
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)
- SSA STAFF ......................................................................... 10 (G56)
- WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM OR
  BENEFIT SPECIALIST ......................................................... 11 (G56)
- HEALTH CARE PROFESSIONAL ......................................... 13 (G56)
- COURT/POLICE ..................................................................... 14 (G56)
- OTHER .................................................................................. 12
- DON’T KNOW ................................................................. d (G56)
- REFUSED ................................................................. r (G56)

(G52=01 and G54=01 and G55=12)

G55_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>

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

(G52=01 and G54=01)

G56. How did (your/NAME’s) {FILL PERSON(S) FROM G55} pressure (you/him/her) to use these services?

PROBE: What did they say or do that made (you/NAME) feel pressured?

INTERVIEWER: CODE ALL THAT APPLY.

- SAID {NAME} WOULD LOSE DISABILITY AND/OR HEALTH
  INSURANCE BENEFITS ..................................................... 01 (G57)
- ENCOURAGED/WOULD NOT TAKE “NO” FOR AN
  ANSWER ........................................................................ 02 (G57)
- THREATENED TO WITHHOLD SERVICES ............................. 03 (G57)
- THREATENED TO TAKE AWAY OTHER SUPPORT (E.G.,
  KICK OUT OF THE HOUSE) ........................................... 04 (G57)
- THREATENED HOSPITALIZATION/JAIL .............................. 06 (G57)
- OTHER ............................................................................. 05
- DON’T KNOW ............................................................... d (G57)
- REFUSED ................................................................. r (G57)

(G52=01 and G54=01 and G56=05)

G56_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>

- DON’T KNOW ............................................................... d
- REFUSED ................................................................. r
(G52=01 and G54=01)

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.

- STRONGLY AGREE .................................................. 01
- AGREE ........................................................................ 02
- DISAGREE, OR ......................................................... 03
- STRONGLY DISAGREE ........................................... 04
- DON’T KNOW ......................................................... d
- REFUSED ............................................................... r

**INFORMATION ABOUT SERVICES IN 2009**

(All)

G58. Now I want to ask you about how easy it is to get information about services. This includes both services {you/NAME} used and did not use.

Thinking only about 2009, did {you/NAME} or {your/his/her} representative contact anyone to try to get information about services to help {you/NAME} work or live independently?

- YES ............................................................................. 01
- 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 2009**

(All)

G60. In 2009, 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
G62. CHECK: WAS {NAME} A TICKET PARTICIPANT IN 2009 (E37=01)?

YES ............................................................................................ 01 (H1)
NO .............................................................................................. 00

G62a. CHECK: DID {NAME} RECEIVE SERVICES THROUGH VR IN 2009 (E37b=1)?

YES ............................................................................................ 01 (H36)
NO .............................................................................................. 00 (I1)
SECTION H: TICKET PARTICIPANTS IN 2009

(E37=01 or (E21=1 or E24=1 or E25=1))

H1. CHECK: DID (NAME) START PARTICIPATING IN TICKET TO WORK IN 2009 AND (NAME) STARTED WITH AT LEAST ONE EN IN 2009 (E40YR = 2009 FOR ANY EN IN E39) AND (NAME) DID NOT START WITH ANY EN BEFORE 2009 .

   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.

   PRESS 1 TO CONTINUE ............................................................................ 01

PROGRAM EXPERIENCES OF FIRST-TIME TICKET PARTICIPANTS IN 2009

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

H4. DELETED
H5. DELETED
H6. DELETED
**SECTION H UNIVERSE: ALL**

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

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

**PRELOADED VARIABLES: VRNAME, IDATE**

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

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

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

**INTERVIEWER:** REPEAT STEM AS NECESSARY

<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. The Social Security Administration? 01 00 d r (H8)
b. Maximus? 01 00 d r (H8)
c. The State Vocational Rehabilitation Agency or {VRNAME}? 01 00 d r (H8)
d. A work incentives planning and assistance program or a benefits specialist? 01 00 d r (H8)
e. A caseworker? 01 00 d r (H8)
f. A friend or family member? 01 00 d r (H8)
g. An independent living center? 01 00 d r (H8)
h. An Employment Network? 01 00 d r (H8)

**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 (H7h_other)
i. Another agency or organization? 01 00 d r (H7i_Other)
j. Anyone else? 01 00 d r (H7j_Other)

(E37=01) and (H1=01 and H2=01 and H7h=1)

H7h_Other What Employment Network did you contact?

<OPEN>________________________________________________________

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

(E37=01) and (H1=01 and H2=01 and H7i=1)

H7i_Other What other Agency or Organization?

<OPEN>________________________________________________________

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

(E37=01) and (H1=01 and H2=01 and H7j=01)

H7j_Other Who else?

<OPEN>________________________________________________________

DON'T KNOW .............................................................. d
REFUSED ................................................................. r
(E37=01) and (H1=01 and H2=01)

H8. In general, how easy was it for {you/NAME or (his/her) representative} to get the information {you/they} wanted about the Ticket to Work program? Was it:

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

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

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

- YES........................................................................................... 01 (H12)
- NO............................................................................................. 00

(E37=01) and (H1=01 and H2=01 and H9=00)

H10. Now I’m going to read you some statements about the Ticket to Work program. For each statement, please tell me if it is something you knew before today or not.

Is this something you knew before today or not?

<table>
<thead>
<tr>
<th>Statement</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. After the first year, you must work at certain levels to remain in the program,</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>
<tr>
<td>NEW ITEM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. {You/NAME} can get services from your State Vocational Rehabilitation Agency without giving them your Ticket</td>
<td>01</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>NEW ITEM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. {You/NAME} can use your Ticket to get follow-up services somewhere else after you finish getting services from the State Vocational Rehabilitation Agency</td>
<td>01</td>
<td>02</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>
SECTION H UNIVERSE: ALL
UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr
PRELOADED VARIABLES: VRNAME, IDATE

(E37=01 and H1=01 and H2=01 and H9=00)

H11. Before you started participating, how much would you say you knew about the Ticket to Work program? Would you say:

A lot, ................................................................................................... 01
Some, .............................................................................................. 02
A little, or ....................................................................................... 03
Nothing? ....................................................................................... 04
DON’T KNOW ................................................................................ d
REFUSED ....................................................................................... r

INFORMATION ABOUT EMPLOYMENT NETWORKS

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

H12. Now, I’d like to ask you about Employment Networks. Employment Networks are organizations or businesses that offer services to help people with disabilities work or earn more money as part of the Ticket to Work Program.

Before (you/NAME or (his/her) representative) used (your/NAME’s) Ticket in 2009, did (you/NAME or (his/her) representative) get any information about the Employment Networks that serve (your/NAME’s) area?

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

YES ........................................................................................... 01
NO ............................................................................................. 00 (H21)
DON’T KNOW ............................................................................ d (H21)
REFUSED .................................................................................. r (H21)

(E37=01 and H1=01 and H2=01 and H12=01)

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

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

INTERVIEWER NOTE: CODE ALL THAT APPLY.

MAIL ........................................................................................... 01 (H14)
PHONE ....................................................................................... 02 (H14)
INTERNET .................................................................................. 03 (H14)
IN-PERSON MEETING ............................................................. 04 (H14)
OTHER (specify) ........................................................................ 05
DON’T KNOW ............................................................................ d (H21)
REFUSED .................................................................................. r (H21)

(H13=05)

H13_otherspec. Other specify:

<OPEN>

DON’T KNOW ........................................................................... d
REFUSED ................................................................................... r
H14. Who did (you/NAME or (his/her) representative) get information from about Employment Networks?

INTERVIEWER: CODE ALL THAT APPLY.

- SOCIAL SECURITY ADMINISTRATION ..................................................  01 (H20)
- MAXIMUS .................................................................................................  02 (H20)
- STATE VOCATIONAL REHABILITATION AGENCY or (VRNAME) ........  03 (H20)
- A WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM
  OR BENEFITS SPECIALIST .................................................................  04 (H20)
- A CASEWORKER ..................................................................................  05 (H20)
- FRIEND/FAMILY MEMBER .................................................................  06 (H20)
- INDEPENDENT LIVING CENTER ..........................................................  07 (H20)
- EMPLOYMENT NETWORK ...................................................................  08 (H14h_Other)
- OTHER AGENCY/ORGANIZATION .......................................................  09 (H14i_Other)
- OTHER .................................................................................................  10 (H14j_Other)
- DON’T KNOW ...................................................................................  d (H20)
- REFUSED ............................................................................................  r (H20)

(E37=01) and (H1=01 and H2=01 and H12=01 and H13=01 and H14=08)
H14h_Other. What Employment Network?

<OPEN>_____________________________________________________________

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

(E37=01) and (H1=01 and H2=01 and H12=01 and H13=01 and H14=09)
H14i_Other. What other Agency or Organization?

<OPEN>_____________________________________________________________

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

(E37=01) and (H1=01 and H2=01 and H12=01 and H13=01 and H14=10)
H14j_Other. Who else?

<OPEN>_____________________________________________________________

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

H15. DELETED
H16. DELETED
H16h_Other. DELETED
H16i_Other. DELETED
H16j_Other. DELETED
H17. DELETED
H18. DELETED
H18h_Other. DELETED
H18i_Other. DELETED
H18j_Other. DELETED
H19. DELETED
(E37=01) and (H1=01 and H2=01 and H12=01)

H20. In general, how useful was the information {you/NAME or (his/her) representative} received about the Employment Networks that serve {your/NAME’s} area? Was it:

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

CONTACT WITH STATE VR AGENCIES

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

H21. The next questions are about the vocational rehabilitation agency in {your/NAME’s} state. In {your/NAME’s} state the vocational rehabilitation agency is called {VRNAME}. I’m going to refer to this as {your/NAME’s} State VR agency. In 2009, 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 (H26)
NO ................................................................. 00 (H26)
DON’T KNOW ............................................................ d (H26)
REFUSED ............................................................... r (H26)

(E37=01) and (H1=01 and H2=01 and H21=01)

H22. Did {you/NAME or (his/her) representative} try to use {your/NAME’s} Ticket to sign up with the State VR agency in 2009?

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

H23. DELETED

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

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

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

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

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

INTERVIEWER: CODE ALL THAT APPLY.

NOT TAKING TICKETS WHEN CONTACTED ............... 01 (H26)
DID NOT OFFER SERVICES {NAME} NEEDED .............. 02 (H26)
DID NOT SERVE PEOPLE WITH {NAME’S} DISABILITY/NEEDS ............................................ 03 (H26)
{NAME} NOT WILLING/ABLE TO WORK FULL-TIME/ENOUGH HOURS ........................................... 04 (H26)
{NAME} NOT WILLING TO GO OFF OF DISABILITY BENEFITS ...................................................... 05 (H26)
OTHER .................................................................... 06 (H25_Other)
DON’T KNOW ......................................................... d (H26)
REFUSED ............................................................... r (H26)
SECTION H UNIVERSE: ALL
UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr
PRELOADED VARIABLES: VRNAME, IDATE

(E37=01) (H1=01 and H2=01 and H22=01,d, r and H24=00 and H25=06)
H25_Other. What Other reason?

<OPEN>

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

CONTACT WITH OTHER EMPLOYMENT NETWORKS

(E37=01) and (H1=01 and H2=01)
H26. In 2009, 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 (H32)
NO .............................................................................................  00 (H32)
DON'T KNOW ............................................................................  d (H32)
REFUSED ..................................................................................  r (H32)

(E37=01) and (H1=01 and H2=01 and H26=01)
H27. How many other Employment Networks did {you/NAME} contact in 2009?

PROBE: Your best guess is fine.

|_ _ _ | NUMBER
(1-2)
(1-15)
DON'T KNOW ............................................................................  d
REFUSED ..................................................................................  r

(E37=01) and (H1=01 and H2=01 and H26=01)
H28. PROGRAMMER: USE “ANY OF” AND “NETWORKS” IF {NAME} 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 2009?

YES ............................................................................................  01 (H31)
NO .............................................................................................  00
DON'T KNOW ............................................................................  d (H32)
REFUSED ..................................................................................  r (H32)

H29. DELETED
(E37=01) and (H1=01 and H2=01 and H26=01 and H28=01)

H31. **PROGRAMMER:** Use “ANY OF” AND “NETWORKS” IF {NAME} 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 2009?

**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 (H31_Other)
- Trouble contacting EN ............................................................................ 07 (H32)
- Don’t know .......................................................................................... d (H32)
- Refused ............................................................................................... r (H32)

E37=01 OR and H1=01 and H2=01 and H26=01 and H28=01 and H31=06

H31_Other. What other reason?

<OPEN>___________________________________________________________________________

- Don’t know .......................................................................................... d
- Refused ............................................................................................... r

E37=01 OR and H1=01 and H2=01

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 (H33a)
- No ........................................................................................................... 00 (H33a)
- Don’t know .......................................................................................... d (H33a)
- Refused ............................................................................................... r (H33a)

(E37=01) and (H1=01 and H2=01 and H32=01)

H33. What information did {you/NAME} need but didn’t get?

**INTERVIEWER:** Enter verbatim response

<OPEN>___________________________________________________________________________

- Don’t know .......................................................................................... d
- Refused ............................................................................................... r

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

**CHECK:** Did {NAME} answer don’t know or refuse to E40MTH, E40YR OR E42MTH, E42YR for any employment network in 2009 (E40mth=d, r or E40yr=d, r or E42mth=d, r or E42yr=d, r) for any employment network in 2009?

- Yes .......................................................................................................... 01
- No .......................................................................................................... 00
H33b. Earlier you said that you were signed up with the following Employment Networks in 2009 (LIST EN'S FROM E39).

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

**PROBE:** Your best estimate is fine.

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

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

H34. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK (E38>1), FILL NAME OF EMPLOYMENT NETWORK (E39) THAT {NAME} WAS SIGNED UP WITH THE LONGEST (STOP DATE (E42mth, E42yr) – START DATE (E40mth, E40yr) OR INTERVIEW DATE (IDATE) - START DATE (E40mth, E40yr))

Next, I'm going to read you some statements about the individual work plan (you/NAME) developed with {{LONGEST} EMPLOYMENT NETWORK IN 2009}. An individual work plan, sometimes called an IWP, is the plan for the services and activities that (you/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></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 2009} told {you/NAME and (his/her) representative} that {you/NAME} could change {your/his/her} Individual Work Plan if {you/he/she} wanted to</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>
SECTION H UNIVERSE: ALL
UNIVERSE: (E37=01) OR (IF (E21=01 OR E24=01 OR E25=01)
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr
PRELOADED VARIABLES: VRNAME, IDATE

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

H35. **PROGRAMMER:** IF MORE THAN ONE EMPLOYMENT NETWORK (E38>1), FILL NAME OF EMPLOYMENT NETWORK ((E39) THAT {NAME} WAS SIGNED UP WITH THE LONGEST (STOP DATE (E42mth, E42yr) – START DATE (E40mth, E40yr) OR INTERVIEW DATE (IDATE) - START DATE (E40mth, E40yr))

Why did {you/NAME or (his/her) representative} choose {LONGEST} EMPLOYMENT NETWORK IN 2009?

**INTERVIEWER:** CODE ALL THAT APPLY.

- STAFF WERE MOST RESPONSIVE/COURTEOUS/KNOWLEDGEABLE ................... 01 (H35a)
- MOST WILLING TO PROVIDE THE SERVICES {NAME} WANTED .......................... 02 (H35a)
- SERVED PEOPLE WITH {NAME’S} DISABILITY/NEEDS ............................... 03 (H35a)
- WAIT FOR SERVICES WAS NOT TOO LONG ........................................... 04 (H35a)
- ONLY PROVIDER NEARBY/CLOSEST PROVIDER ..................................... 05 (H35a)
- ONLY PROVIDER WILLING TO ACCEPT TICKET ..................................... 06 (H35a)
- KNEW ABOUT THEM/REFERRED TO THEM ......................................... 08 (H35a)
- FINANCIAL COMPENSATION ................................................................ 09 (H35a)
- OTHER ................................................................................................. 07 (H35a)
- DON'T KNOW ....................................................................................... d (H35a)
- REFUSED ............................................................................................. r (H35a)

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

H35_Other. What Other reason?

<OPEN>

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

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

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

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

- YES ........................................................................................................ 01 (H36)
- NO .......................................................................................................... 00 (H36)

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

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

In2004, which of these employment networks were you signed up with the longest?

**PROBE:** Your best estimate is fine.

**PROGRAMMER:** ALLOW INTERVIEWER TO CHECK ONE EMPLOYMENT NETWORK. THIS EMPLOYMENT NETWORK SHOULD BE USED AS THE LONGEST EMPLOYMENT NETWORK IN 2009 FOR QUESTIONS H36, H37, H40, H41, H42.
(E37=01) OR (E37b=1)

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

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

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

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

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

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

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

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

**PROGRAMMER:** OTHERWISE USE

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

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

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

b. Staff were able to answer (your/NAME’s) questions  
c. Staff listened to (your/NAME’s) opinions and concerns.  
d. (IF E37b≠1) (LONGEST) EMPLOYMENT NETWORK IN 2009)/IF E37b=1 (The State Vocational Rehabilitation Agency) responded to (your/NAME’s) requests for changes to (your/his/her) Individual Work Plan or Individualized Plan of Employment.  

PROBE: These work plans are sometimes called an IWP or IPE  
e. (IF E37b≠1) (LONGEST) EMPLOYMENT NETWORK IN 2009)/IF E37b=1 (The State Vocational Rehabilitation Agency) offered all the services (you/NAME) needed to meet (you/his/her) work goals  
f. The services provided were those included in (your/NAME’s) Individual Work Plan or Individualized Plan of Employment  

PROBE: These work plans are sometimes called an IWP or IPE  
g. The services provided were available when (you/NAME) needed them  
h. Overall, the services provided helped (you/NAME) meet (you/his/her) work goals  

H37. During 2009, did (you/NAME) have any problems with the services (you/he/she) received from (IF E37b≠1) (LONGEST) EMPLOYMENT NETWORK IN 2009)/(IF E37b=1) (FILL FROM E39))?  

YES ........................................................................................................ 01  
NO ........................................................................................................ 00 (H39)  
DON’T KNOW .............................................................................................. d (H39)  
REFUSED ....................................................................................................... r (H39)  

(E37=01 OR E37b=1)) and (H1=01 or H1=00) and H37=01  

H38. What problems did (you/NAME) have during 2009?  

INTERVIEWER: ENTER VERBATIM RESPONSE  

<OPEN>  

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

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

H39. CHECK: DID (NAME) WORK IN 2009 (B30 = 01)?  

YES ........................................................................................................ 01  
NO ........................................................................................................ 00 (H41)

---

SECTION H UNIVERSE: ALL  
UNIVERSE: (E37=01) or (IF (E21=01 OR E24=01 OR E25=01)  
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, B30, E37, E38, E39, E40mth, E40yr, E42mth, E42yr  
PRELOADED VARIABLES: VRNAME, IDATE
(E37=01 OR E37b=1) and (H1=01 or H1=00) and H39=01

H40. You told me earlier that {you/NAME} worked at a job during 2009. How much did the services provided by (IF E37b≠1) {{LONGEST} EMPLOYMENT NETWORK IN 2009/(IF E37b=1) {FILL FROM E39}} help {you/NAME} to get or keep the job or jobs {you/he/she} had in 2009? Would you say the services:

<table>
<thead>
<tr>
<th>Helped a lot</th>
<th>01 (H41)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped somewhat</td>
<td>02 (H41)</td>
</tr>
<tr>
<td>Helped very little, or</td>
<td>03 (H41)</td>
</tr>
<tr>
<td>Didn't help at all</td>
<td>04 (H41)</td>
</tr>
<tr>
<td>JOB ENDED BEFORE SERVICES STARTED</td>
<td>05 (H41)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d (H41)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r (H41)</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

a. you were not finished with the services yet? 01 00 d r

b. you did not receive enough services? 01 00 d r

c. the services you received did not fit your needs? 01 00 d r

d. your medical condition or other personal circumstances kept you from fully participating in the services? 01 00 d r

PROBE: This might include problems such as transportation or childcare.

e. The services were of poor quality? 01 00 d r

f. Are there any other reasons the services you received did not help you get or keep a job in 2009? 01 00 d r

(H40_1_f=01)

H40_1_Other. What are the reasons the services did not help you get or keep a job in 2009?

<OPEN>______________________________________________________

<table>
<thead>
<tr>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

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

H41. In 2009, {were you/was NAME} ever pressured by (IF E36b≠1) {{LONGEST} EMPLOYMENT NETWORK IN 2009/(IF E36b=1) {FILL FROM E39}} staff to take a job {you/he/she} did not want?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>

(H40=03 or 04)
H42. In 2009, {were you/was NAME} ever pressured by (IF E36b≠1) {(LONGEST) EMPLOYMENT NETWORK IN 2009/(IF E36b=1) (FILL FROM E39)} staff to work more hours than {you/he/she} wanted?

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

H43. Since {you/NAME} (IF E37b≠1) {started participating in the Ticket to Work program/(IF E37b=1) started participating with (FILL FROM E39)}, how successful do you think {you have/he/she has} been in reaching {your/his/her} work goals? Would you say:

   Very successful, .................................................................  01 (H44)
   Somewhat successful, .......................................................  02 (H44)
   Not very successful, or .......................................................  03
   Not at all successful?............................................................  04
   DON’T KNOW ............................................................................  d (H44)
   REFUSED ..................................................................................  r (H44)

NEW ITEM

H43_1 Why did you think you have not been successful in reaching your work goals? Is it because…

   a. the services you received were not a good fit for your needs? 01 00 d r
   b. you did not receive enough services? 01 00 d r
   c. the services were of poor quality? 01 00 d r
   d. your medical condition or other personal circumstances kept you from fully participating in the services?
     PROBE: This might includes problems such as transportation or childcare.
     f. Are there any other reasons you have not been successful in reaching your work goals?

   01 00 d r

(H43_1_f=01)

H43_1_Other. What are the reasons you have not been successful in reaching your work goals?

   <OPEN>______________________________________________________
   DON’T KNOW ............................................................................  d
   REFUSED ..................................................................................  r

(H47=01 or E37b=01) and (H1=01 or H1=00)

H44. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=02)?

   YES ............................................................................................  01 (H46)
   NO ..............................................................................................  00
(E37=01 or E37b=01) and (H1=01 or H1=00) AND RTYPE=02
H45. Overall, how satisfied are you with (IF E37b ≠1) {the Ticket to Work program/(IF E37b=1) {FILL FROM E38}}? Would you say:

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

NEW ITEM
(E37=01 or E37b=01) and (H1=01 or H1=00) and RTYPE=02 and (H45=03 or 04)
H45_1. Why are you not satisfied with the (IF E37b ≠1) {Ticket to Work program/(IF E37b=1) {FILL FROM E39}}?

Is it because...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
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<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
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</tbody>
</table>

(H45_1_g=01)
H45_1_Other. What are the reasons you are not satisfied with the Ticket to Work Program?

<OPEN>______________________________________________________

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

PROBLEMS WITH EMPLOYMENT NETWORKS

(E37=01 and E37b=01) and (H1=01 or H1=00)
H46. These next questions are about any problems {you/NAME} might have had with the State VR agency {(VRNAME)} (IF E37b ≠1) {or an Employment Network}. During 2009, did {you/NAME} have any problems with the State VR agency (IF E37b≠1) {or an Employment Network}?

YES .................................................................................. 01 (IF E37b=1, H48, ELSE H47)
NO ................................................................................... 00 (I1)
DON'T KNOW ............................................................... d (I1)
REFUSED ................................................................. r (I1)
(E37=01 and (H1=01 or H1=00) AND H46=01)

H47. Was the problem with the State VR agency, another Employment Network, or both?

STATE VR AGENCY .......................................................... 01
EMPLOYMENT NETWORK .............................................. 02
BOTH ........................................................................ 03
DON'T KNOW ............................................................. d
REFUSED ..................................................................... r

(E37=01 and E37b=01) and (H1=01 or H1=00) AND H46=01

H48. What was the problem about?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN>

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

H49. DELETED
H50. DELETED
H50_Other. DELETED
H51. DELETED
H52. DELETED
H52_Other. DELETED
H53. DELETED
H54. DELETED
H55. DELETED

(E37=01 or E37b=01) and (H1=01 or H1=00) AND H46=01 and H49=01

H56. Has the problem been solved yet?

YES ........................................................................ 01
NO ......................................................................... 00 (I1)
DON'T KNOW ............................................................ d (I1)
REFUSED ................................................................. r (I1)

(E37=01 or E37b=01 and (H1=01 or H1=00) AND H46=01 and H49=01 and H56=01

H57. CHECK: IS {NAME} A PROXY RESPONDENT (RTYPE=02)?

YES ........................................................................ 01 (I1)
NO ......................................................................... 00

PROGRAMMER: IF H56=00,d,r THEN SKIP TO H59.

(E37=01 or E37b=01) and (H1=01 or H1=00) AND H46=01 and H49=01 and H56=01 and H57=00

H58. How satisfied are you with how the problem was solved? Are you:

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

H59. DELETED
H60. DELETED
H60_Other. DELETED
H61. DELETED
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?

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

(All)
I2. During the past 4 weeks, how much did physical health problems limit {your/NAME’s} usual physical activities (such as walking or climbing stairs?)

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

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

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

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

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

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

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 (you/NAME) from doing (your/his/her) usual work, school or other daily activities?

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

I9. Compared to (THIS MONTH, LAST YEAR), how would you rate (your/NAME’s) health in general now?

- Much better now, ................................................................. 01
- Somewhat better now, ......................................................... 02
- About the same, ................................................................. 03
- Somewhat worse now, or ......................................................... 04
- Much worse now? ................................................................. 05
- DON'T KNOW ........................................................ d
- REFUSED ................................................................. r
I10. {Do you/Does NAME} take any prescription medications for any ongoing physical health conditions?

PROBE: Please do not include over the counter medication such as cold or headache medication.

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

I11. {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 {THIS MONTH, LAST YEAR}, {have you/has NAME} received any treatment for a mental or emotional condition at a hospital, clinic, or doctor’s office?

PROBE: Do not include medications.

    YES ............................................................................................  01 (I17a)
    NO..............................................................................................  00 (I17a)
    DON'T KNOW ............................................................................  d (I17a)
    REFUSED ..................................................................................  r (I17a)

ADL, IADL, AND FUNCTIONAL LIMITATIONS

I17a. Now I’d like to ask you some questions about everyday activities and how much difficulty {you have/NAME has} doing these activities. Our study requires that all beneficiaries be asked these questions. Please give me your best answer even if the questions don’t seem to apply to {you/NAME}.

{Do you/Does NAME} ever wear glasses or contact lenses?

    YES ............................................................................................  01 (I18)
    NO..............................................................................................  00 (I18)
    DON'T KNOW ............................................................................  d
    REFUSED ..................................................................................  r

(I17a=01,d, r)

I17b. {Do you/Does NAME} have any difficulty seeing words and letters in ordinary newsprint even when wearing {your/his/her} glasses or contact lenses?

    YES ............................................................................................  01 (I19)
    NO..............................................................................................  00 (I21)
    DON'T KNOW ............................................................................  d
    REFUSED ..................................................................................  r

(I17a=answer and I17b=d, r)

I18. {Do you/Does NAME} have any difficulty seeing words and letters in ordinary newsprint?

    YES ............................................................................................  01
    NO..............................................................................................  00 (I21)
    DON'T KNOW ............................................................................  d
    REFUSED ..................................................................................  r
SECTION I UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS: NONE
PRELOADED INFORMATION: THIS MONTH, LAST YEAR

I19. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty seeing, such as telescopic lenses, adapted computer equipment, Braille, a guide dog, or a white cane?

**PROBE:** Do not include glasses or contact lenses.

YES ............................................................................................ 01
NO .............................................................................................. 00 (I21)
DON’T KNOW ............................................................................ d (I21)
REFUSED .................................................................................. r (I21)

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
MAGNIFYING GLASS ................................................................ 08 (I21)
DON’T KNOW ............................................................................ d (I21)
REFUSED .................................................................................. r (I21)

I20_Other. What other seeing assistance?

<OPEN>

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

(I17b=01,d, r and I18=01,d, r and I19=01)

I20. {Do you/Does NAME} have any difficulty hearing normal conversation even if using a hearing aid if {you/he/she} usually wear{s} one?

YES ............................................................................................ 01
NO .............................................................................................. 00 (I25)
DON’T KNOW ............................................................................ d
REFUSED .................................................................................. r

(I21=01,d, r)

I22. {Are you/Is NAME} able to hear what is said in normal conversation at all?

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

(I21=01,d, r)

I23. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty hearing? This includes a hearing aide, a phone amplifier, TTY or teletype, an assistive listening or signaling device, or an interpreter.

YES............................................................................................ 01
NO .............................................................................................. 00 (I25)
DON’T KNOW ................................................................. d (I25)
REFUSED ................................................................. r (I25)
I24. What devices, equipment, or other types of assistance (do you/does NAME) use?

**PROBE:** Anything else?

**INTERVIEWER:** CODE ALL THAT APPLY.

- HEARING AIDE .................................................. 01 (I25)
- PHONE AMPLIFIER ........................................... 02 (I25)
- TDD ................................................................. 03 (I25)
- TTY OR TELETYPPE ............................................ 04 (I25)
- CLOSED CAPTION TV ....................................... 05 (I25)
- ASSISTIVE LISTENING/SIGNALING DEVICE .......... 06 (I25)
- INTERPRETER ..................................................... 07 (I25)
- OTHER HEARING ASSISTANCE ....................... 08
- DON'T KNOW .................................................. d (I25)
- REFUSED .......................................................... r (I25)

I24. Other. What other hearing assistance?

<OPEN>

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

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

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

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 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.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VOICE SYNTHESIZER</td>
<td>01</td>
</tr>
<tr>
<td>VOICE AMPHIFIER</td>
<td>02</td>
</tr>
<tr>
<td>SIGN LANGUAGE INTERPRETER</td>
<td>03</td>
</tr>
<tr>
<td>OTHER SPEECH ASSISTANCE</td>
<td>04</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(All)

I28. Other. What other speech assistance?

<OPEN>

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(All)

I29. (Do you/Does NAME) have any difficulty walking without assistance for a quarter of a mile or about 3 city blocks?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>NO</td>
<td>00</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(I29=01, d, r)

I30. (Are you/Is NAME) able to walk a quarter of a mile without assistance at all?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
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<tr>
<td>NO</td>
<td>00</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(I29=01, d, r)

I31. (Do you/Does NAME) use any devices, special equipment, or other special assistance because of difficulty walking, such as a cane, walker, wheelchair, scooter, prosthetic device, or a personal care attendant?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>NO</td>
<td>00</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>
SECTION I UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS: NONE
PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(I29=01, d, r and I31=01)
I32. What devices, equipment, or other types of assistance (do you/does NAME) use?
   PROBE: Anything else?
   INTERVIEWER: CODE ALL THAT APPLY.
   BRACES, CRUTCHES, CANE, OR WALKER.......................... 01 (I33)
   WHEELCHAIR OR SCOOTER........................................... 02 (I33)
   PROSTHETIC DEVICE.................................................... 03 (I33)
   SPECIAL CHAIR (NOT WHEELCHAIR).............................. 04 (I33)
   PERSONAL CARE ASSISTANT........................................ 05 (I33)
   VEHICLE HAND CONTROLS.......................................... 06 (I33)
   LIFT (HOME OR VEHICLE)............................................. 07 (I33)
   SPECIAL SHOES OR INSERTS....................................... 09 (I33)
   BREATHING DEVICES................................................... 10 (I33)
   OTHER MOBILITY ASSISTANCE..................................... 08
   DON'T KNOW ..............................................................  d (I33)
   REFUSED ........................................................................ r (I33)

(I29=01, d, r and I31=01 and I32=08)
I32. Other. What other mobility assistance?
   <OPEN>
   DON'T KNOW ..............................................................  d
   REFUSED ........................................................................ r

(AI)
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

(I33=01, d, r)
I34. (Are you/Is NAME) able to climb 10 steps at all?
   YES ...................................................................................  01
   NO .....................................................................................  00
   DON'T KNOW ..............................................................  d
   REFUSED ........................................................................ r

(AI)
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

(I35=01, d, r)
I36. (Are you/Is NAME) able to lift and carry 10 pounds at all?
   YES ...................................................................................  01
   NO .....................................................................................  00
   DON'T KNOW ..............................................................  d
   REFUSED ........................................................................ r
**SECTION I UNIVERSE: ALL**

**VARIABLES FROM OTHER SECTIONS: NONE**

**PRELOADED INFORMATION: THIS MONTH, LAST YEAR**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>01</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>00 (I39)</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>d</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>r</td>
</tr>
<tr>
<td>(I37=01,d, r)</td>
<td></td>
</tr>
<tr>
<td>I38. Are you/Is NAME able to use (your/his/her) hands and fingers to grasp and handle at all?</td>
<td></td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>01</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>00</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>d</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>r</td>
</tr>
<tr>
<td>(All)</td>
<td></td>
</tr>
<tr>
<td>I39. Do you/Does NAME have any difficulty reaching over (your/his/her) head?</td>
<td></td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>01</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>00 (I41)</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>d</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>r</td>
</tr>
<tr>
<td>(I39=01,d, r)</td>
<td></td>
</tr>
<tr>
<td>I40. Are you/Is NAME able to reach over (your/his/her) head at all?</td>
<td></td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>01</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>00</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>d</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>r</td>
</tr>
<tr>
<td>(All)</td>
<td></td>
</tr>
<tr>
<td>I41. Do you/Does NAME have any difficulty standing or being on (your/his/her) feet for one hour?</td>
<td></td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>01</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>00 (I43)</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>d</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>r</td>
</tr>
<tr>
<td>(I41=01,d, r)</td>
<td></td>
</tr>
<tr>
<td>I42. Are you/Is NAME able to stand on (your/his/her) feet at all?</td>
<td></td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>01</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>00</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>d</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>r</td>
</tr>
<tr>
<td>(All)</td>
<td></td>
</tr>
<tr>
<td>I43. Do you/Does NAME have any difficulty stooping, crouching or kneeling?</td>
<td></td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>01</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>00 (I45)</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>d</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
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</tbody>
</table>
SECTION I UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS: NONE
PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(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

(I47=01,d,r)

I48. {Do you/Does NAME} need the help of another person in order to get around outside {your/his/her} home?

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

(All)

I49. {Do you/Does NAME} have any difficulty getting into and out of bed or a chair?

YES ............................................................................................ 01
NO .............................................................................................. 00 (I51)
DON'T KNOW ............................................................................ d
REFUSED .................................................................................. r

(I49=01,d,r)

I50. {Do you/Does NAME} need the help of another person in order to get into and out of bed or a chair?

YES ............................................................................................ 01
NO .............................................................................................. 00
DON'T KNOW ............................................................................ d
REFUSED .................................................................................. r
I51. (Do you/Does NAME) have any difficulty bathing or dressing?

YES ............................................................................................ 01
NO .............................................................................................. 00 (I53)
DON'T KNOW ............................................................................ d
REFUSED .................................................................................. r

(I51=01,d, 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

(I52=01,00,d, r)

I53. (Do you/Does NAME) have any difficulty shopping for personal items, such as toilet items or medicine?

YES ............................................................................................ 01
NO .............................................................................................. 00 (I55)
DON'T KNOW ............................................................................ d
REFUSED .................................................................................. r

(I53=01,d, r)

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

(I54=01,00,d, r)

I55. (Do you/Does NAME) have any difficulty preparing (your/his/her) own meals?

PROBE: IF (NAME) DOES NOT PREPARE MEALS: If you do not prepare meals, is this because you have difficulty with this task?

INTERVIEWER: IF RESPONDENT SAYS NO, CODE AS NO.

YES ............................................................................................ 01
NO .............................................................................................. 00 (I57)
DON'T KNOW ............................................................................ d
REFUSED .................................................................................. r

(I55=01,d, r)

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

(I56=01,d, r)

I57. (Do you/Does NAME) have any difficulty eating?

PROBE: This includes difficulty chewing, swallowing, or using utensils.

YES ............................................................................................ 01
NO .............................................................................................. 00 (I59)
DON'T KNOW ............................................................................ d
SECTION I UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS: NONE
PRELOADED INFORMATION: THIS MONTH, LAST YEAR

REFUSED .................................................................................. r
SECTION I UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS: NONE
PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(I57=01,d,r)
I58. (Do you/Does NAME) need the help of another person in order to eat?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(All)
I59. (Do you/Does NAME) have a lot of trouble concentrating long enough to finish everyday tasks?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
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</tr>
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<td>00</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(All)
I60. (Do you/Does NAME) have a lot of trouble coping with day-to-day stresses?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>NO</td>
<td>00</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>

(All)
I61. (Do you/Does NAME) have a lot of trouble getting along with other people and making or keeping friendships?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>NO</td>
<td>00</td>
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<tr>
<td>DON'T KNOW</td>
<td>d</td>
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<td>REFUSED</td>
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</tbody>
</table>

ALCOHOL ABUSE

(All)
I62. These next questions are about (your/NAME’s) use of alcohol. Please remember that your answers are confidential. If (you do/NAME does) not drink alcohol at all, just say so.

In the past 12 months, have (you/ friends or family) ever felt (you/NAME) ought to cut down on (your/his/her) drinking?

<table>
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<th>Response</th>
<th>Code</th>
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<tr>
<td>YES</td>
<td>01</td>
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<tr>
<td>NO</td>
<td>00</td>
</tr>
<tr>
<td>IF VOLUNTEERED: I DON'T DRINK</td>
<td>02 (I72)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
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</tbody>
</table>

(I62=01,00,d,r)
I63. In the past 12 months, have people annoyed (you/NAME) by criticizing (your/his/her) drinking?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>NO</td>
<td>00</td>
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<tr>
<td>IF VOLUNTEERED: I DON'T DRINK</td>
<td>02 (I72)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>
SECTION I  UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS: NONE
PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(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

(AAll)

I72. The next questions are about the use of prescription and non-prescription drugs. I will be asking if {you have/NAME has} ever used these drugs on {your/his/her} own. By 'on {your/his/her} own' I mean using non-prescription drugs or using prescription drugs in a non-prescribed manner, such as using larger quantities than prescribed or for longer periods than prescribed. Examples of non-prescription drugs are marijuana or pot, speed, crack or cocaine, LSD, or Ecstasy.

During the past 12 months, {have you/has NAME} used drugs on {your/his/her} own more than 5 times?

PROBE: Have you used drugs to get high or used drugs without a prescription or in larger amounts than prescribed?

YES ............................................................................................ 01 (J1)
NO .............................................................................................. 00 (J1)
DON'T KNOW ............................................................................ d (J1)
REFUSED .................................................................................. r (J1)
SECTION I UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS: NONE
PRELOADED INFORMATION: THIS MONTH, LAST YEAR

(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
   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

(All)

J5. {Are you/Is NAME} currently covered by private health insurance, for example, private insurance that (you get/(he/she) gets) through an employer, a family member, or that (you purchase/(he/she) purchases) on {your/his/her} own?

   YES ................................................................. 01
   NO ................................................................. 00 (J7)
   DON’T KNOW ................................................. d (J7)
   REFUSED ......................................................... r (J7)
J6. {Do you/Does NAME} currently receive {your/his/her} private health insurance through a present or former employer of {yours/his/hers}, through a present or former employer of {your/his/her} spouse, partner or parent, or some other source?

INTERVIEWER: IF THE RESPONDENT SAYS THAT THEY OR SOMEONE IN THEIR FAMILY PAYS FOR THEIR HEALTH INSURANCE, CODE ‘PAID BY SELF/FAMILY’.

OWN EMPLOYER ...................................................................... 01 (J7)
SPOUSE’S/PARTNER’S/PARENT’S EMPLOYER ..................... 02 (J7)
PAID BY SELF/FAMILY ............................................................. 03 (J7)
OTHER SOURCE (SPECIFY)
<OPEN> _____________________________________ ... 04 (J6_Other)
DON’T KNOW ............................................................................ d (J7)
REFUSED .................................................................................. r (J7)

(J5=01 and H6=04)
J6_Other. What is the Other Source?

<OPEN>

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

(J5=01)

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) <OPEN> ........................................... 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 2009. In 2009, {were you/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 (K1)
MEDICARE ................................................................. 02 (K1)
CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY ............... 03 (K1)
INDIAN HEALTH SERVICE ........................................................ 04 (K1)
MEDI-GAP ................................................................. 05 (K1)
STATE PROGRAM ................................................................. 06 (K1)
PRIVATE INSURANCE THROUGH OWN EMPLOYER ..................... 07 (K1)
PRIVATE INSURANCE THROUGH SPOUSE/PARTNER/PARENT .......... 08 (K1)
PRIVATE INSURANCE PAID BY SELF/FAMILY ............................. 09 (K1)
PRIVATE INSURANCE, NOT SPECIFIED WHO THROUGH .............. 11 (K1)
OTHER PLAN (SPECIFY) <OPEN> ................................................. 10
DON’T KNOW ................................................................. d (K1)
REFUSED ................................................................. r (K1)

(J10=01 and J11=10)

J11. Other. What is the other plan?

<OPEN>

DON’T KNOW ................................................................. d
REFUSED ................................................................. r
SECTION K: INCOME AND OTHER ASSISTANCE

(All)
K1. The next set of questions is about income {you/NAME} received last month, that is, in [INSERT LAST MONTH, THIS YEAR]. This includes earnings from work and benefits from different programs. When answering these questions, please think only about {your/NAME’s} own earnings and benefits, and don’t include earnings or benefits that other family members may have received.

PRESS 1 TO CONTINUE........................................................... 01

(All)
K2. CHECK 1: IS {NAME} CURRENTLY WORKING (B24=01)?

YES ............................................................................................ 01 (K2CHECK2)
NO .............................................................................................. 00 (K2CHECK3)

(K2=01)
K2CHECK2. CHECK 2: DID {NAME} START AT LEAST ONE JOB PRIOR TO OR DURING LAST MONTH ((C4MTH < OR = LAST MONTH THIS YEAR AND C4YR = 2010) OR (C4YR < 2010))?

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 =2006), GO TO K2A

(K2=00 and K2CHECK2=01)
K2CHECK 3. HAS {NAME} EVER WORKED (B36=01, D, OR R) OR (B22=01, D, OR R) OR (B30=01, D, OR R) OR IS EVER WORKED MISSING (B36=.)?

YES ............................................................................................ 01 (K2A)
NO .............................................................................................. 00 (K4)

(K2CHECK2=00 and K2CHECK3=01)
K2A. Did {you/NAME} work last month?

YES ............................................................................................ 01 (K3)
NO .............................................................................................. 00 (K4)

(K2CHECK3=01 and K2A=01)
K3. First thinking about the jobs {you/NAME} had last month, including all jobs {you/he/she} had, how much did {you/he/she} earn last month, that is, in [INSERT LAST MONTH, THIS YEAR] before taxes and deductions?

INTERVIEWER: ROUND TO NEAREST DOLLAR

$|____|___|____|___| . 00
(0 – 12,500)
(0 – 40,000)

DON’T KNOW ................................................................. d
REFUSED ................................................................. r
SECTION K UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS: RTYPE, B22, B24, B30, B36, C4MTH, C4YR
PRELOADED INFORMATION: LAST MONTH, THIS YEAR

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

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

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

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

K3a. Including all jobs (you/NAME) had, how much was left last month, that is in [INSERT LAST MONTH, THIS YEAR], as take-home pay after taxes and other deductions?

INTERVIEWER: ROUND TO NEAREST DOLLAR

$|___|___| , |___|___|___| . 00
(1 – 11,250)
(1 – 36,000)
DON'T KNOW ................................................................. d
REFUSED ................................................................. r

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

K3b1. SOFT EDIT: AMOUNT OF TAKE-HOME PAY (K3a) MUST BE LESS THAN OR EQUAL TO AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS (K3). IF K3A NE D OR R AND K3 NE D OR R, AND K3A > K3, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, TAKE HOME PAY IS GREATER THAN PRE-TAX PAY. CHECK ENTRY. IF NECESSARY READ: I must have recorded an incorrect answer. You said that (you are/NAME is) paid (K3) before taxes and other deductions and that (K3a) is left as take-home pay after taxes and other deductions. Based on what I recorded, your take home pay is more than your pre-tax pay. Should I change the amount (you are/NAME is) paid before taxes and other deductions or the amount (you take/NAME takes) home after taxes and other deductions?

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
DEDUCTIONS .................................................................................. 01 (CHANGE K3)
CHANGE AMOUNT OF TAKE-HOME PAY ........................................ 02 (CHANGE K3a)
SUPPRESS .................................................................................... 03

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

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

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER
DEDUCTIONS .................................................................................. 01 (CHANGE K3)
CHANGE AMOUNT OF TAKE-HOME PAY ........................................ 02 (CHANGE K3a)
SUPPRESS .................................................................................... 03
K2CHECK3=01 and K2A=01 and K3 > 0 and K3a > 0
K3b3. SOFT EDIT: DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. IF AMOUNT OF TAKE HOME PAY (K3A) NE D OR R, AND AMOUNT OF PRE-TAX PAY (K3) NE D OR R, AND (K3 – K3A) / K3A > .30, TRIGGER EDIT AND DISPLAY FOLLOWING TEXT: INTERVIEWER, DIFFERENCE IN AMOUNT OF TAKE HOME PAY AND PRE-TAX PAY IS GREATER THAN 30%. CHECK ENTRY. IF NECESSARY READ: I may have recorded an incorrect answer. You said that {you are/NAME is} paid (K3) before taxes and other deductions and that (K3A) is left as take-home pay after taxes and other deductions. Is this correct or should I change the amount {you are/NAME is} paid before taxes and other deductions or the amount {you take/NAME takes) home after taxes and other deductions

CHANGE AMOUNT PAID BEFORE TAXES AND OTHER DEDUCTIONS ................................................................................. 01 (CHANGE K3)
CHANGE AMOUNT OF TAKE-HOME PAY ........................................ 02 (CHANGE K3a)
SUPPRESS ................................................................................ 03

K4. Thinking about the benefits {you/NAME} received last month, did {you/he/she} receive any income from Social Security?

INTERVIEWER: SHOULD INCLUDE ANY SSI AND SSDI PAYMENTS

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

K5. PROGRAMMER: IF (NAME) RECEIVED INCOME FROM ANY SOURCE BELOW (K6a-h=01), ASK K7 THROUGH K10 IMMEDIATELY AFTER EACH 'YES'. OTHERWISE, ASK ABOUT NEXT SOURCE OF INCOME IN K6.
SECTION K UNIVERSE: ALL
VARIABLES FROM OTHER SECTIONS: RTYPE, B22, B24, B30, B36, C4MTH, C4YR
PRELOADED INFORMATION: LAST MONTH, THIS YEAR

(All)

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

**INTERVIEWER:** IF RESPONDENT MENTIONS FOOD STAMPS: I will ask you about food stamps in a separate question. Do {you/he/she} receive any other income on a regular basis that does not come from jobs or social security?

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
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<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
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<td>01</td>
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<td>01</td>
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<td>d</td>
<td>r</td>
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</table>

a. Private disability insurance (sometimes called long-term care disability insurance)?

b. Workers’ compensation?

c. Veterans’ benefits?

d. Public assistance or welfare payments?

e. Unemployment benefits?

f. Private pensions or government employee pensions?

g. Other sources on a regular basis but not from jobs or Social Security?

PROBE: IF RESPONDENT MENTIONS FOOD STAMPS: I will ask you about food stamps in a separate question. Do you receive any other income on a regular basis that does not come from jobs or Social Security?

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

h. Other sources not on a regular basis?

(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

(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

(K6=01 and K7=d, r and K8=01)

K11. Did {you/NAME} receive any food stamps last month? Please include only food stamps {you/NAME} received for {you/NAME} and {your/NAME’s} family. Do not include food stamps received separately by other members of {your/NAME’s} household.

YES ................................................................................. 01
NO .................................................................................. 00 (K13)
DON’T KNOW ............................................................... d (K13)
REFUSED ........................................................................... r (K13)
K12. What was the dollar value of the food stamps (you/NAME) received last month? Please include only food stamps (you/NAME) received by (you/NAME) for (your/NAME's) family.

INTERVIEWER: ROUND TO NEAREST DOLLAR

| $|___| | ___|___| . 00 |
| (0 – 400) |
| (0 – 950) |

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

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)

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 the assistance you just told me about?

PROBE: Your best estimate is fine.

INTERVIEWER: ROUND TO NEAREST DOLLAR

| $|___| | ___|___| . 00 |
| (0 – 500) |
| (0 – 10,000) |

DON'T KNOW ................................................................. d
REFUSED ........................................................................... r
SECTION L: SOCIODEMOGRAPHIC INFORMATION

(All)
L1. I have a few more questions about {you/NAME}.

What is {your/NAME’s} ethnic background? {Are you/is (he/she)}:

- Hispanic or Latino, ................................................................. 01
- Not Hispanic or Latino? ............................................................ 02
- DON’T KNOW ........................................................................  d
- REFUSED ................................................................................  r

(All)
L2. What is {your/NAME’s} race? {Are you/is (he/she)}:

INTERVIEWER: CODE ALL THAT APPLY.

- Alaska Native or American Indian, ........................................... 01
- Asian, ..................................................................................... 02
- Black or African American, .................................................... 03
- Native Hawaiian or Other Pacific Islander, or ....................... 04
- White ..................................................................................... 05
- DON’T KNOW ........................................................................  d
- REFUSED ................................................................................  r

(All)
L3. What is the highest year or grade {you/NAME} finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1.
IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

- DID NOT COMPLETE HIGH SCHOOL OR GED ........................................ 01
- HIGH SCHOOL: GED ......................................................................... 02
- HIGH SCHOOL: DIPLOMA .................................................................. 03
- HIGH SCHOOL: CERTIFICATE OF COMPLETION ................................. 04
- SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES ...... 05
- 2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE’S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA, .................................................. 06
- 4-YEAR COLLEGE DEGREE (BACHELOR’S DEGREE) .......................... 07
- SOME GRADUATE WORK/NO GRADUATE DEGREE ............................ 08
- GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) .......................... 09
- NEVER ATTENDED SCHOOL ................................................................ 10
- SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION .... 11
- DON’T KNOW ..................................................................................  d
- REFUSED ..........................................................................................  r
SECTION L UNIVERSITY: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE
PRELOADED VARIABLES: NONE

(All)
L4. What is the highest year or grade {your/NAME’s} father finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1.
IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

DID NOT COMPLETE HIGH SCHOOL OR GED ....................................................... 01
HIGH SCHOOL: GED ........................................................................................ 02
HIGH SCHOOL: DIPLOMA ................................................................................... 03
HIGH SCHOOL: CERTIFICATE OF COMPLETION ............................................... 04
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES ............... 05
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE’S DEGREE) OR
VOCATIONAL SCHOOL DIPLOMA ................................................................. 06
4-YEAR COLLEGE DEGREE (BACHELOR’S DEGREE) ....................................... 07
SOME GRADUATE WORK/NO GRADUATE DEGREE ....................................... 08
GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) .... 09
NEVER ATTENDED SCHOOL ............................................................................ 10
SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION ................... 11
DON’T KNOW .................................................................................................... d
REFUSED .......................................................................................................... r

(All)
L5. What is the highest year or grade {your/NAME’s} mother finished in school?

INTERVIEWER: READ LIST IF NECESSARY. CODE ONE ANSWER.

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1.
IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

DID NOT COMPLETE HIGH SCHOOL OR GED ....................................................... 01
HIGH SCHOOL: GED ........................................................................................ 02
HIGH SCHOOL: DIPLOMA ................................................................................... 03
HIGH SCHOOL: CERTIFICATE OF COMPLETION ............................................... 04
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES ............... 05
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE’S DEGREE) OR
VOCATIONAL SCHOOL DIPLOMA ................................................................. 06
4-YEAR COLLEGE DEGREE (BACHELOR’S DEGREE) ....................................... 07
SOME GRADUATE WORK/NO GRADUATE DEGREE ....................................... 08
GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., J.D., M.D.) .... 09
NEVER ATTENDED SCHOOL ............................................................................ 10
SPECIAL EDUCATION WITH NO CERTIFICATE OF COMPLETION ................... 11
DON’T KNOW .................................................................................................... d
REFUSED .......................................................................................................... r

(All)
L6ft. How tall {are you/is NAME}? 

INTERVIEWER: ENTER FEET

|__| FEET
(3-8)

DON’T KNOW .................................................................................................... d
REFUSED .......................................................................................................... r
(All)
L6in.  (How tall (are you/is NAME)?)

PROBE:  ROUND TO NEAREST WHOLE NUMBER (E.G., ENTER 6 FOR 5 ½ INCHES)

INTERVIEWER:  ENTER INCHES.

|__|__|  INCHES  
(0-12)

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

(All)
L7.  How much (do you/does NAME) weigh?

|__|__|__|  POUNDS  
(50-300)

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

(L8=02,03,04,05,d,r)
L10.  {Do you/Does NAME} have a long-term partner who lives in the same household with {you/him/her} in a marriage-like relationship?

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

GO TO L11
Which of the following best describes your living situation?

INTERVIEWER: READ LIST. CODE ONE ANSWER. ‘LIVE WITH CHILDREN’ SHOULD BE CODED AS ‘2’

PROGRAMMER DISPLAY ONLY IF L≠01 (You live alone). ............... 01 (L11a)
(You live with your parents, guardians, a spouse/partner, or other relative) ................................................................................................... 02 (L11a)
(You live with friends or roommates) ........................................................................... 03 (L11a)
(You live in another group setting with people not related to you) ........................................... 04 (L11a)
(You live in some other living situation) ................................................................. 05
DON’T KNOW ............................................................................................................ d (L11a)
REFUSED .................................................................................................................. r (L11a)

(L11=05)
L11_Other. What is the other living situation?

<OPEN>

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

(L11=05)
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 in the same household with your spouse or partner and you alone? Could you verify 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. Is this place a…

INTERVIEWER: IF RESPONDENT SAYS TOWNHOUSE OR CONDO, CODE AS 1.

INTERVIEWER: READ LIST. 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)
Center for Independent Living ................................................ 10 (L12a)
Some other type of supervised group residence or facility ...... 11 (L12a)
Something else .......................................................................... 12
DON’T KNOW ............................................................................. d (L12a)
REFUSED .................................................................................. r (L12a)
(L12=12)
L12_Other. What is the other type of place?

<OPEN>

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

(All)
L12a. SOFT EDIT: RESPONDENT CANNOT LIVE ALONE (L11=01) AND LIVE IN A GROUP SETTING (L12=04-11). IF RESPONDENT FAILS EDIT, INTERVIEWER READ: I must have recorded an incorrect answer. I show that {you/NAME} live alone in a {FILL ANSWER FROM L12}? Which is correct?

LIVE ALONE ....................................................................... 01 (CHANGE L12)
LIVE IN GROUP SETTING .................................................... 02 (CHANGE L11)
SUPPRESS ........................................................................ 03

(All)
L13. CHECK: DOES {NAME} LIVE IN A GROUP SETTING (L12 = 04 – 12)?

YES .................................................................................. 01
NO ...................................................................................... 00 (L14)

(L13=01)
L15. Is this place primarily for people with hearing or vision impairments, mental illness, mental retardation, or developmental disabilities?

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

(All)
L14. CHECK: DOES (NAME) LIVE ALONE (L11 = 01) OR LIVE IN GROUP SETTING (L12=4-12)?

YES .................................................................................. 01 (L20)
NO ...................................................................................... 00

(L14=00)
L16. How many adults 18 years of age or older live in {your/NAME’s} household, including {yourself/NAME}?

PROBE: This includes all adults who usually live there, even if they are temporarily away on business, vacation, in a hospital, away at school or on military duty.

|__|__| ADULTS (1-4)
(1-20)
DON’T KNOW ................................................................. d
REFUSED ................................................................. r

(L14=00)
L17. How many children under 18 years of age live in {your/NAME’s} household?

PROBE: This includes all children who usually live there, even if they are temporarily away on vacation, in a hospital, or away at school.

|__|__| CHILDREN (0-6)
(0-20)
DON’T KNOW ................................................................. d
REFUSED ................................................................. r
(L14=00)
L18. CHECK: DO NO CHILDREN LIVE IN THE HOUSEHOLD (L17=0)?

YES........................................................................................................ 01 (L20)
NO........................................................................................................ 00

(L14=00 and L18=00)
L19. How many of these children are {your/NAME's} own? Please include biological, adopted, step, and foster children.

|__|__| CHILDREN (0-6) |
|__|__| CHILDREN (0-20) |

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

(All)
L20. {Do you/Does NAME} have children of {your/his/her} own under the age of 18 living outside of {your/his/her} household?

PROBE: Please include biological, adopted, step, and foster children.

YES ............................................................................................ 01
NO .............................................................................................. 00 (L22a)
DON'T KNOW ....................................................................... d (L22a)
REFUSED ............................................................................... r (L22a)

(L20=01)
L21. How many children under 18 not living in {your/NAME's} household {do you/does (he/she)} have?

|__|__| CHILDREN (1-6) |
|__|__| CHILDREN (1-20) |

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

(All)
L22a. CHECK: DOES {NAME} HAVE ANY CHILDREN (L17>=1 AND L19>=1) OR (L21>=1)?

YES ............................................................................................ 01
NO........................................................................................................ 00 (L23Aamt)

(L22a=01)
L22. Are any of {your/NAME's} children, either living with {you/him/her} or not, under the age of six?

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

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

What was {your/NAME’s} total income in 2009, before taxes or other deductions? Please include money {you/NAME} received from all sources.

**PROGRAMMER:** IF L11=02, or 05, d, r, ASK:

What was the total combined income of all members of {your/NAME’s} household in 2009, before taxes or other deductions? Please include money all members of {your/NAME’s} household received from 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 2009.

**INTERVIEWER:** **ROUND TO NEAREST DOLLAR**

$|___|___|___| , |___|___|___| . 00 AMOUNT
(10,000-75,000)
(0-500,000)

DON’T KNOW ................................................................. d (L24)
REFUSED ................................................................. r (L24)

(L23Aamt = numeric response)

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

What was {your/NAME’s} total income in 2009, before taxes or other deductions? Please include money {you/NAME} received from all sources.

**PROBE:** **PROGRAMMER:** IF L11=02, or 05, d, r, DISPLAY:

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

**PROBE:** **IF RESPONDENT CANNOT PROVIDE AN ANNUAL AMOUNT:** If it is hard to calculate an annual amount can you tell me what your household income was per day, week, bi-weekly, twice a month or monthly in 2009.

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

**INTERVIEWER:** **ENTER HOW OFTEN PAID**

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

(L23Aamt = numeric response and L23Ahop =07)

**L23Ahop.**  **Other.**

**INTERVIEWER:** **ENTER OTHER**

<OPEN>

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

GO TO L24
L23b. **PROGRAMMER:** Use "{YOUR/NAME’S} HOUSEHOLD" if L11=02 OR 05, OTHERWISE USE "{YOUR/NAME}"

How many (days/weeks/months) did {{you/NAME}/(your household/NAME’s household)} receive this income in 2009?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>DAYS/WEEKS/MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-365</td>
<td>1-52</td>
<td>1/12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**GO TO L25**

(L23Aamt = d, r or L23Ahop=07)

L24. **PROGRAMMER:** Use “HOUSEHOLD” IF L11=02 OR 05

Could you please tell me if {your/NAME’S} annual (household) income before taxes and other deductions in 2009 was...

$2,500 or less, ................................................................. 01

$2,501 to $5,000 ...................................................................... 02

$5,001 to $10,000 .................................................................... 03

$10,001 to $20,000 .................................................................. 04

$20,001 to $30,000 .................................................................. 05

$30,001 to $40,000 .................................................................. 06

$40,001 to $50,000 .................................................................. 07

$50,001 to $75,000 .................................................................. 08

$75,001 to $100,000, or ......................................................... 09

More than $100,000? ............................................................ 10

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

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

L25. DELETED

L26. DELETED

**GO TO M1**
SECTION M: CLOSING INFORMATION AND OBSERVATIONS

(All)
M1. PROGRAMMER: IF WE HAVE NAME, ADDRESS, AND PHONE NUMBER FROM EITHER THE SCREENER OR FROM THE OTHER PRELOADED INFORMATION DISPLAY THAT NAME, ADDRESS, AND PHONE NUMBER.

That concludes this interview. Can you please verify (your/NAME’S) current contact information?

NAME: {FULL NAME FROM SCREENER OR PRELOADED INFORMATION}
STREET ADDRESS 1: {FIRST LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
STREET ADDRESS 2: {SECOND LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
STREET ADDRESS 3: {THIRD LINE OF ADDRESS FROM SCREENER OR PRELOADED INFORMATION}
CITY OR TOWN: {CITY OR TOWN FROM SCREENER OR PRELOADED INFORMATION}
STATE: {STATE FROM SCREENER OR PRELOADED INFORMATION}
ZIP CODE: {ZIP CODE FROM SCREENER OR PRELOADED INFORMATION}
TELEPHONE NUMBER: {TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION}

SAME AS PROVIDED................................................................. 00 (M1a)
INCORRECT INFORMATION ABOVE, NEED TO ENTER NEW INFORMATION ........................................... 01 (M1_Firstname)
DON'T KNOW ................................................................. d (M1a)
REFUSED ........................................................................... r (M1a)

M1 {PROVIDE BOX FOR DATA ENTRY. 1, 0, d, r ARE THE ONLY POSSIBLE RESPONSES; IF M1=01, THEN GO TO QUESTIONS BELOW, OTHERWISE SKIP TO M1a}

(M1=01)
M1_FirstName.
NAME: {DISPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH FIRST NAME BOLDED}
First name?

<OPEN>________________________________________________________

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

(M1=01)
M1_MiddleName.
NAME: {DISPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH MIDDLE INITIAL BOLDED}
Middle initial?

<OPEN>________________________________________________________

DON'T KNOW ................................................................. d
REFUSED ........................................................................... r
SECTION M UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, {NAME'S} ADDRESS FROM SECTION A
PRELOADED VARIABLES: EXPTYPE, TSTATUS

(M1=01)
M1_LastName.

NAME: {DISPLAY FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH LAST NAME BOLDED}
Last name?

<OPEN>

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

(M1=01)
M1_Confirm.

NAME: {DISPLAY FULL NAME}
INTERVIEWER: PRESS 1 TO CONTINUE

(M1=01)
M1_Address1.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 1 BOLD}
Street and number?

INTERVIEWER: REFUSED AND DON'T KNOW ALLOWED, WILL SKIP REST OF ADDRESS QUESTIONS.

<OPEN>

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

(M1=01)
M1_Address2.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 2 BOLD}

PROBE: READ IF NECESSARY: Second part of the address.

<OPEN>

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

(M1=01)
M1_Address3.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH LINE 3 BOLD}

PROBE: READ IF NECESSARY: Third part of the address.

<OPEN>

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

(M1=01)
M1_City.

ADDRESS: {DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH CITY BOLD}
Town or city?

<OPEN>
DON'T KNOW .................................................................  d
REFUSED .................................................................  r
SECTION M UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, {NAME'S} ADDRESS FROM SECTION A
PRELOADED VARIABLES: EXPTYPE, TSTATUS

(M1=01)
M1_State.

ADDRESS: (DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH STATE BOLD)
State?

INTERVIEWER: USE TWO CHARACTER ABBREVIATION.

INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.

<OPEN>

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

(M1=01)
M1_ZipCode.

ADDRESS: (DISPLAY ENTIRE ADDRESS FROM SCREENER OR PRELOADED INFORMATION WITH ZIP CODE BOLD)
Zip code?

<OPEN>

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

(M1=01)
M1_Confirm.

ADDRESS: (DISPLAY FULL ADDRESS)

INTERVIEWER: PRESS 1 TO CONTINUE

(M1=01)
M1_PhoneNumber.

TELEPHONE: (TELEPHONE NUMBER FROM SCREENER OR PRELOADED INFORMATION)
Please give me the telephone number, area code first?

<OPEN>

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

PROGRAMMER: ASK M1_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED

(M1=01)
M1_TimeZone.

What time zone is that in?

INTERVIEWER: CURRENT TIME ZONE: (DISPLAY TIME ZONE BASED ON)

HAWAII/ALEUTIAN TIME ZONE .................................................. 02
ALASKA TIME ZONE ............................................................. 03
PACIFIC TIME ZONE ............................................................ 04
MOUNTAIN TIME ZONE ......................................................... 05
CENTRAL TIME ZONE ............................................................ 06
EASTERN TIME ZONE ............................................................ 07
ATLANTIC TIME ZONE ........................................................... 08
NEWFOUNDLAND TIME ZONE ............................................... 09
OTHER INTERNATIONAL TIME ZONE ..................................... 98
INTERVIEWER: PRESS 1 TO CONTINUE

M1a. (Do you have/Does NAME have) an email address?

YES ................................................................. 01
NO ................................................................. 00 (M2A)
DON'T KNOW .................................................. d
REFUSED ......................................................... r

M2a. What is {your/NAME’s} email address?

<OPEN>__________________________________________

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

M2a. CHECK: IS INTERVIEWER SPEAKING WITH (NAME) OR A PROXY?

(NAME) ........................................................... 01 (M2CHECK)
PROXY .......................................................... 02

Confirm. What is your first name?

INTERVIEWER: PRESS 1 TO CONTINUE

M2a. First name?

<OPEN>__________________________________________

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

M2a. Middle initial?

<OPEN>__________________________________________

DON'T KNOW .................................................. d
REFUSED ......................................................... r
SECTION M UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, {NAME’S} ADDRESS FROM SECTION A
PRELOADED VARIABLES: EXPTYPE, TSTATUS

(M2A=02)
M2a_LastName.
   NAME: {DISPLAY PROXY’S FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH LAST NAME BOLD}
   Last name?
   <OPEN>
   DON’T KNOW .................................................................  d
   REFUSED .......................................................................  r

(M2A=02)
Confirm. NAME: {DISPLAY PROXY’S FULL NAME}

INTERVIEWER: PRESS 1 TO CONTINUE

(M2A=02)
M2a_Address1.
   ADDRESS:
   Street and number?
   INTERVIEWER: REFUSED OR DON’T KNOW ALLOWED. WILL SKIP REST OF ADDRESS QUESTIONS.
   <OPEN>
   DON’T KNOW .................................................................  d
   REFUSED .......................................................................  r

(M2A=02)
M2a_Address2.
   ADDRESS: {DISPLAY ADDRESS1 FROM PREVIOUS QUESTION}
   PROBE: READ IF NECESSARY: Second part of the address.
   <OPEN>
   DON’T KNOW .................................................................  d
   REFUSED .......................................................................  r

(M2A=02)
M2a_Address3.
   ADDRESS: {DISPLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIONS}
   PROBE: READ IF NECESSARY: Third part of the address.
   <OPEN>
   DON’T KNOW .................................................................  d
   REFUSED .......................................................................  r

(M2A=02)
M2a_Address4.
   ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUESTIONS}
   PROBE: READ IF NECESSARY: Fourth part of the address.
   <OPEN>
   DON’T KNOW .................................................................  d
   REFUSED .......................................................................  r
(M2A=02)
M2a_City.
ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRESS4 FROM PREVIOUS
QUESTIONS}
Town or City?

<OPEN>

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

(M2A=02)
M2a_State.
ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, AND TOWN/CITY FROM
PREVIOUS QUESTIONS}
State?
INTERVIEWER: USE TWO CHARACTER ABBREVIATION.
INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.

<OPEN>

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

(M2A=02)
M2a_ZipCode.
ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TOWN/CITY, AND STATE
FROM PREVIOUS QUESTIONS}
Zip code?

<OPEN>

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

(M2A=02)
Confirm.
NAME: {DISPLAY PROXY’S FULL ADDRESS}
INTERVIEWER: PRESS 1 TO CONTINUE

(M2A=02)
M2a_PhoneNumber.
TELEPHONE NUMBER:
Please give me the telephone number, area code first?

<OPEN>

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

PROGRAMMER: ASK M2A_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED
(M2A=02)
M2A_TimeZone.

What time zone is that in?

INTERVIEWER:  CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}

HAWAII/ALEUTIAN TIME ZONE ................................................  02
ALASKA TIME ZONE ..................................................................  03
PACIFIC TIME ZONE ..................................................................  04
MOUNTAIN TIME ZONE ............................................................  05
CENTRAL TIME ZONE ..............................................................  06
EASTERN TIME ZONE ..............................................................  07
ATLANTIC TIME ZONE ..............................................................  08
NEWFOUNDLAND TIME ZONE ................................................  09
OTHER INTERNATIONAL TIME ZONE .....................................  98

(M2A=02)
M2A_Confirm.

TELEPHONE NUMBER: (PROXY’S TELEPHONE NUMBER)
TIME ZONE: (PROXY’S TIME ZONE)

INTERVIEWER:  PRESS 1 TO CONTINUE

(M2A=02)
M2a_Rlshp. How are you related to {NAME}?

{NAME’S} SPOUSE ....................................................................  01
{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
FRIEND ......................................................................................  11
CASEWORKER/CAREGIVER/PAYEE .......................................  12
GIRLFRIEND/BOYFRIEND/PARTNER ......................................  13
GUARDIAN/FOSTER/STEP PARENT .......................................  14
IN-LAW .......................................................................................  15
OTHER RELATIVE OF {NAME} .................................................  08
NOT RELATED ..........................................................................  09
STAFF AT RESIDENCE .............................................................  10
DON’T KNOW ...........................................................................  d
REFUSED ..................................................................................  r

(M2A=02 and M2a_Rlshp=08)
M2a_oth1.  INTERVIEWER:  PLEASE SPECIFY

<OPEN>

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

(M2A=02 and M2a_Rlshp=09)
M2a_oth2.  INTERVIEWER:  PLEASE SPECIFY

<OPEN>

DON’T KNOW ...........................................................................  d
REFUSED ..................................................................................  r
(M2A=02)
M2a_email. Do you have an email address?

YES ............................................................................................  01
NO ..............................................................................................  00 (M2CHECK)
DON'T KNOW ............................................................................  d (M2CHECK)
REFUSED ..................................................................................  r (M2CHECK)

(M2A=02 and M2a_email=01)
M2b. What is your email address?

<OPEN>

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

(All)
M2CHECK. PROGRAMMER: ONLY ASK M2_PREPAY IF PREPAY = 1. ELSE GO TO M3.
IS (NAME) PART OF THE PREPAY GROUP(PREPAY =1)?

YES ............................................................................................  01
NO ..............................................................................................  00 (M3)

(M2CHECK=01)
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 (M3)
DON'T KNOW ............................................................................  d (M3)
REFUSED ..................................................................................  r (M3)

PROGRAMMER: IF CAPI CASE, THEN DISPLAY TEXT BELOW INSTEAD:

INTERVIEWER: ARE YOU GIVING THE CHECK TO THE RESPONDENT?

YES ............................................................................................  01 (M6)
NO, COLLECT ADDRESS AND SEND ANOTHER CHECK.....  00 (M3)

(M2CHECK=01,00 or M2_PrePay=00,d,r)
M3. 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
SECTION M UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, {NAME’S} ADDRESS FROM SECTION A
PRELOADED VARIABLES: EXPTYPE, TSTATUS

(M2_PrePay=00,d,r or M3=02,d,r)
M4.  PROGRAMMER: WE WOULD LIKE THE FOLLOWING FORMAT TO BE USED FOR THE DISPLAY ON TOP HALF OF SCREEN (IF POSSIBLE, THIS DISPLAY SHOULD CHANGE AS THE INTERVIEWER ENTERS NEW INFORMATION):

What is the name and address of the person to whom we should send the $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}
SAME AS PROVIDED ................................................................. 00 (M6)
INCORRECT INFORMATION ABOVE, NEED TO ENTER NEW INFORMATION ................................................. 01 (M4Fname)
DON'T KNOW ................................................................. d (M6)
REFUSED ............................................................................. r (M6)

PROGRAMMER: SEE M1 FOR FORMATTING TO USE FOR BOTTOM OF SCREEN

(M2_PrePay=00,d,r or M3=02,d,r and M4=01)
M4_Firstname.
NAME:
First name?

<OPEN>

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

(M2_PrePay=00,d,r or M3=02,d,r and M4=01)
M4_Middlename.
NAME: {DISPLAY FIRST NAME FROM QUESTION M4_FIRSTNAME}
Middle initial?

<OPEN>

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

(M2_PrePay=00,d,r or M3=02,d,r and M4=01)
M4_Lastname.
NAME: {DISPLAY FIRST NAME FROM QUESTION M4_FIRSTNAME AND MIDDLE NAME FROM M4_MIDDLENAME}
Last name?

<OPEN>

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

(M2_PrePay=00,d,r or M3=02,d,r and M4=01)
Confirm.
NAME: {DISPLAY NAME FROM PREVIOUS QUESTIONS}

INTERVIEWER: PRESS 1 TO CONTINUE
M4_Address1.
ADDRESS:
Street and number?

INTERVIEWER:  REFUSED OR DON'T KNOW ALLOWED. WILL SKIP REST OF ADDRESS
QUESTIONS.

<OPEN>__________________________

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

M4_Address2.
ADDRESS: (DISPLAY ADDRESS1 FROM PREVIOUS QUESTION)

PROBE: READ IF NECESSARY: Second part of the address.

<OPEN>__________________________

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

M4_Address3.
ADDRESS: (DISPLAY ADDRESS1 AND ADDRESS2 FROM PREVIOUS QUESTIONS)

PROBE: READ IF NECESSARY: Third part of the address.

<OPEN>__________________________

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

M4_Address4.
ADDRESS: (DISPLAY ADDRESS1, ADDRESS2, AND ADDRESS3 FROM PREVIOUS QUESTIONS)

PROBE: READ IF NECESSARY: Fourth part of the address.

<OPEN>__________________________

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

M4_City.
ADDRESS: (DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, AND ADDRESS4 FROM PREVIOUS
QUESTIONS)

Town or city?

<OPEN>_____________________________________

DON'T KNOW ................................................................. d
REFUSED ........................................................................... r
SECTION M UNIVERSE: ALL
VARIABLES NEEDED FROM OTHER SECTIONS: RTYPE, {NAME’S} ADDRESS FROM SECTION A
PRELOADED VARIABLES: EXPTYPE, TSTATUS

(M2_PrePay=00,d,r or M3=02,d,r and M4=01)
M4_State. ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3 ADDRESS4, AND TOWN/CITY FROM PREVIOUS QUESTIONS}

State?

INTERVIEWER: USE TWO CHARACTER ABBREVIATION.

INTERVIEWER: ENTER ZZ TO ENTER INTERNATIONAL CITY AND COUNTRY BELOW.

<OPEN>____________________________________________________

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

(M2_PrePay=00,d,r or M3=02,d,r and M4=01)
M4_Zip. ADDRESS: {DISPLAY ADDRESS1, ADDRESS2, ADDRESS3, ADDRESS4, TOWN/CITY, AND STATE FROM PREVIOUS QUESTIONS}

Zip code?

<OPEN>____________________________________________________

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

(M2_PrePay=00,d,r or M3=02,d,r and M4=01)
Confirm. ADDRESS: {DISPLAY FULL ADDRESS}

INTERVIEWER: PRESS 1 TO CONTINUE

(M2_PrePay=00,d,r or M3=02,d,r and M4=01)
M4_Telephone.

TELEPHONE NUMBER:

Please give me the telephone number, area code first?

<OPEN>____________________________________________________

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

PROGRAMMER: ASK M4_TIMEZONE IF TIME ZONE IS NOT CURRENTLY ENTERED

(M2_PrePay=00,d,r or M3=02,d,r and M4=01)
M4_TimeZone.

What time zone is that in?

INTERVIEWER: CURRENT TIME ZONE: {DISPLAY TIME ZONE BASED ON}

HAWAII/ALEUTIAN TIME ZONE ........................................... 02
ALASKA TIME ZONE ......................................................... 03
PACIFIC TIME ZONE ......................................................... 04
MOUNTAIN TIME ZONE .................................................... 05
CENTRAL TIME ZONE ....................................................... 06
EASTERN TIME ZONE ....................................................... 07
ATLANTIC TIME ZONE ...................................................... 08
NEWFOUNDLAND TIME ZONE .......................................... 09
OTHER INTERNATIONAL TIME ZONE ................................. 98
(M2_PrePay=00,d,r or M3=02,d,r and M4=01)

M4_Confirm.

TELEPHONE NUMBER: {DISPLAY TELEPHONE NUMBER}
TIME ZONE: {DISPLAY TIME ZONE}

INTERVIEWER: PRESS 1 TO CONTINUE

(All)

M6. CHECK: IS {NAME} PART OF THE PARTICIPANT SAMPLE (TSTATUS=01)?

YES ............................................................................................ 01 (M10a)
NO .............................................................................................. 00 (M10a)

M7. DELETED

(All)

M10a. Thank you very much for taking part in this survey. Because people like you are such a valued part of what we do, I'd like you to think about the survey you just participated in. On a scale from 1 to 10 where one means 'it was not a good use of time' and ten means "it was a good use of time," which number between 1 and 10 best describes how you feel about your experience today?

[ ] [ ]
(01-10)

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

(All)

M11_Thanks.
Thank you for your cooperation. This completes the survey! Thank you again.

PRESS 1 TO CONTINUE .......................................................... 01

INTERVIEWER OBSERVATIONS

NEW ITEM

(All)

M11a. How was this interview conducted?

Over the telephone................................................................. 01 (M11)
In person .................................................................................... 02 (M11)
Using TTY................................................................................... 03 (M11)
Other: Specify............................................................................. 04 (M11a_Other)

(M11a=04)
M11a_Other.

INTERVIEWER: PLEASE SPECIFY

<OPEN>____________________________________________________________________

M11. INTERVIEWER: INTERVIEWER OBSERVATIONS:

Who was the respondent to this interview?

INTERVIEWER: PLEASE CODE THE PERSON WITH WHOM YOU CONDUCTED MOST OF THE INTERVIEW.

{NAME} HIMSELF/HERSELF......................................................... 01
PROXY FOR {NAME}.................................................................... 02 (M13)
M14 NBS ROUND 4 INSTRUMENT

(M11=01)

M12. Was (NAME) assisted by anyone during this interview? That is, did anyone help (NAME) in interpreting the questions or giving answers?

YES ................................................................. 01
NO ................................................................. 00 (M15)

(M11=02 or M12=01)

M13. PROGRAMMER: IF M12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY"

INTERVIEWER: IF MORE THAN ONE ASSISTANT OR PROXY, INDICATE THE RELATIONSHIP OF THE ONE YOU CONSIDER TO BE THE MAIN ASSISTANT OR PROXY.

{NAME'S} SPOUSE ................................................................. 01 (M14)
{NAME'S} MOTHER ............................................................... 02 (M14)
{NAME'S} FATHER ............................................................... 03 (M14)
{NAME'S} CHILD ................................................................. 04 (M14)
GRANDPARENT OF (NAME) .............................................. 05 (M14)
BROTHER/SISTER (NATURAL/STEP) OF (NAME) .............. 06 (M14)
AUNT/UNCLE OF (NAME) ................................................. 07 (M14)
FRIEND ............................................................................... 11 (M14)
CASEWORKER/CAREGIVER/PAYEE .................................... 12 (M14)
GIRLFRIEND/BOYFRIEND/PARTNER ................................ 13 (M14)
GUARDIAN/FOSTER/STEP PARENT .................................... 14 (M14)
IN-LAW ............................................................................... 15 (M14)
OTHER RELATIVE OF (NAME) ......................................... 08 (M13_h_oth)
NOT RELATED ...................................................................... 09 (M13_i_oth)
STAFF AT RESIDENCE .................................................... 10 (M14)
DON'T KNOW ....................................................................... d (M14)
REFUSED ............................................................................... r (M14)

*Note: M14=11 is a category added at R2; value of "other" category (M14=10) maintained for comparability across rounds.

(M11=02 or M12=01 and M13=08)

M13_h_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>

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

(M11=02 or M12=01 and M13=09)

M13_i_oth. INTERVIEWER: PLEASE SPECIFY

<OPEN>

DON'T KNOW ................................................................. d
REFUSED ............................................................................... r
(M11=02 or M12=01)

M14. **PROGRAMMER:** IF M12=01 FILL "ASSISTANT" AND IF M11=02 FILL "PROXY"

**PROGRAMMER:** ONLY DISPLAY RESPONSE OPTION 10, IF M11=02

Why was an {assistant/proxy} needed?

**INTERVIEWER:** CODE 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)
{NAME} FAILED COGNITIVE TEST .................................... 11 (M15)*
OTHER NON-HEALTH RELATED REASON .......................... 10
DON’T KNOW ...................................................................... 0 d (M15)
REFUSED .............................................................................. 0 r (M15)

*Note: M14=11 is a new category added at R2 and R3; value of "other" category (M14=10) maintained for comparability across rounds.

(M11=02 or M12=01 and M14=10)

M14_j_oth. **INTERVIEWER:** PLEASE SPECIFY

<OPEN>

DON’T KNOW ................................................................. 0 d
REFUSED ................................................................. 0 r

(All)

M15. In general, do you feel the respondent was intellectually capable of responding?

YES ...................................................................................... 01
NO ........................................................................................ 00
DON’T KNOW ................................................................. 0 d

(All)

M16. In general, do you feel the respondent’s answers were reasonably accurate?

YES ...................................................................................... 01
NO ........................................................................................ 00
DON’T KNOW ................................................................. 0 d

(All)

M17. In general, do you feel the respondent understood the questions?

YES ...................................................................................... 01
NO ........................................................................................ 00
DON’T KNOW ................................................................. 0 d

(All)

M18. In general, how tiring did the interview seem to be for the respondent?

VERY TIRING ................................................................. 01
A LITTLE TIRING ........................................................ 02
NOT TIRING ................................................................. 03
DON’T KNOW ................................................................. 0 d
(All)
M19. In general, did the respondent have difficulty hearing you during the interview?

YES ............................................................................................  01
NO ..............................................................................................  00 (M21)
DON'T KNOW ............................................................................  d (M21)

(M19=01)
M20. In general, do you feel the respondent's hearing difficulty affected the interview?

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

(All)
M21. **INTERVIEWER:** Record any special circumstances encountered while interviewing respondent.

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