

New York's Four Month Follow-up Survey with Family Assistance Applicants
J:\projects\nyapp\FIELDVERSION

QUESTIONNAIRE INSTRUCTIONS

I. **TYPOGRAPHIC CONVENTIONS**

[Off-script interviewer instructions are in square brackets]

{Programmer instructions are in curly brackets}

Notes to and questions for client are shown in bold face type

Changes where words are omitted from the text are noted in ~~striketrough~~

- June 4, 2000 document has been modified

Changes where words are added to the text are noted in underline

Question responses that should be read to respondents are noted in lower case

Question responses that should not be read to respondents are noted in UPPER CASE

II. **GENERAL QUESTIONNAIRE FORMATTING**

{MUL=#} indicates the number of available answer choices

{NUM=#} indicates the number of available digits for numerical keypunching

Responses in ALL CAPS are not to be read to the respondent by the interviewer

In responses requiring open-ended numeric responses, acceptable range of responses allowed by CAI system are specified

All "other" answer categories are coded as "77" and an open-ended "specify" response is always collected

III. **SAMPLE FILE REQUIREMENTS**

Variables needed from the Sample File:

<input type="checkbox"/> Respondent First Name	{FNAME}
<input type="checkbox"/> Respondent Last Name	{LNAME}
<input type="checkbox"/> Respondent Date of Birth	{DOB}
<input type="checkbox"/> Respondent Social Security Number	{SSN}
<input type="checkbox"/> Address of Respondent	{ADDRESS}
<input type="checkbox"/> Telephone Number of Respondent	{PHONE}
<input type="checkbox"/> Diversion status	{DIVERTED}
<input type="checkbox"/> Calculated Amount	{CALCULATED AMOUNT}
<input type="checkbox"/> District Code	{DISTRICT}
<input type="checkbox"/> District name	{DISTRICT NAME}
<input type="checkbox"/> Flag for whether person is NYC or upstate	{UPSTATE}

DIVERTED=0 (Diverted Sample)

DIVERTED=1 (Non-diverted Sample)

Note: DIVERTED VARIABLE WILL BE INCLUDED IN SAMPLE FILE – BUT MAY BE UPDATED IN THE QUESTIONNAIRE

SECTION A: INTRODUCTION

PREA1 Hi. May I please speak with {RESPONDENT FULL NAME}?

PREA.1.1 YES

PREA.1.2 RESPONDENT UNAVAILABLE {Probe for time to callback}
{Disposition Screen}

PREA.1.3 WRONG NUMBER – TRACKING NECESSARY
{Disposition Screen}

PREA.1.4 NEW PHONE NUMBER {Disposition Screen}

PREA.1.5 OTHER NEW CONTACT INFORMATION
{Disposition Screen}

INTRODUCTION A: SHOULD BE ADMINISTERED TO SAMPLE MEMBERS IN UPDATE DISTRICTS AS IDENTIFIED IN THE SAMPLE

{IF UPSTATE=1}

Hi, I'm [INTERVIEWER'S NAME]. I'm calling on behalf of New York State about a special study of the welfare cash assistance program.

[INTERVIEWER PROMPT: This is also known as Family Assistance.]

Your participation is very important. We would like to offer you \$20 as a thank you for participating in this study.

Several months ago, you visited a welfare office. As a result, you have been randomly selected to participate in this study about New York's welfare programs.

Recently, you should have received a reminder letter from ORC Macro and New York State explaining this study.

The questions I will ask you are about your experiences applying for the state's welfare cash assistance programs. Everything we talk about will be kept confidential, and will not affect any benefits you receive.

[IF NECESSARY: Most people find participating in the study a good way to share their opinions on issues that are important to the State. Your answers will help the State develop better programs and policies in the future.]

[IF NECESSARY: The incentive payment is a postal money order that you may cash, free of charge, at any Post Office.]

{IF UPSTATE=0}

Hi, I'm [INTERVIEWER'S NAME]. I'm calling on behalf of New York State about a special study of the welfare cash assistance program.

[INTERVIEWER PROMPT: This is also known as Family Assistance.]

Your participation is very important. We would like to offer you \$20 as a thank you for participating in this study.

Several months ago, you visited a welfare office where you spoke with an interviewer about a special study being conducted by New York State, and you filled out a form that told us how to contact you.

Recently, you should have received a reminder letter from ORC Macro and New York State explaining this study.

The questions I will ask you are about your experiences applying for the state's welfare cash assistance programs. Everything we talk about will be kept confidential, and will not affect any benefits you receive.

[IF NECESSARY: Most people find participating in the study a good way to share their opinions on issues that are important to the State. Your answers will help the State develop better programs and policies in the future.]

[IF NECESSARY: The incentive payment is a postal money order that you may cash, free of charge, at any Post Office.]

SECTION B: SCREENER

B.2 Before I begin, I need to verify that I am speaking with the person selected for this survey. What are the first four digits of your social security number?

[INTERVIEWER PROMPT: This is strictly to verify you are the person selected for the study. I cannot see your social security number. It is inside the computer. When I type in the first four digits the computer checks to make sure it matches the information we have.]

B.2.1 [SSN] {NUM=4}
B.2.9999 [REFUSED]

{IF B.2.1=SSN GOTO B.3}

B.2A [INTERVIEWER VERIFICATION SCREEN]

[THE SSN YOU ENTERED DOES NOT MATCH THE SAMPLE FILE. PLEASE VERIFY THIS INFORMATION WITH THE RESPONDENT.]

[SSN TYPED PREVIOUSLY: {RECALL SSN}]

B.2A.1 SSN CORRECT AS IS {RESET B.2} {SKIP TO B.3}
B.2A.2 SSN INCORRECT

B.2B [INTERVIEWER NOTE: RESPONDENT IDENTITY CANNOT BE VERIFIED]

Thank you. Before we continue with the survey, I need to check some information. I may contact you again in the near future. Is there a good time to call?

[LEAVE CALL BACK INFORMATION IN THE MESSAGE FIELD]

{TERMINATE CALL – SET INTERNAL DISPOSITION AND QUOTA}

B.3 “Thank you. I would like to continue with the interview now. As I mentioned, we are doing these interviews to give the State a better idea of the effects of recent changes in the Family Assistance Program. All of your answers will be confidential. You may also refuse to answer any question I ask. After you have completed the survey we will be sending you \$20 to thank you for your time.

[IS THIS INTERVIEW BEING COMPLETED BY:]

B.3.1 TELEPHONE – YOU CALLED THE RESPONDENT
B.3.2 CELL PHONE
B.3.3 CAPI
B.3.4 1-800 NUMBER CALL IN (NOT WITH FIELD INTERVIEWER)

B.4 [IS THIS INTERVIEW BEING COMPLETED IN]

B.4.1 [ENGLISH]
B.4.2 [SPANISH] {SKIP TO SPANISH QUESTIONNAIRE}

SECTION C: RESPONDENT SCREENING

C.1 [IF UPSTATE=0 ASK] Do you remember visiting the welfare office to apply for cash assistance during March or April?

[IF UPSTATE =1 ASK:] Do you remember visiting the welfare office to apply for cash assistance during February or March?

C.1.1 YES

C.1.2 NO {SKIP TO C.4}

C.1.88 [DK] {SKIP TO C.4}

C.1.99 [REFUSED] {SKIP TO NO PERSON TERMINATION SCREEN }

C.1A [IF UPSTATE=0] In which month did you visit the office **for the first time** ?

[Probe: Do you remember coming in around that time? If R remembers coming in but can't recall which of the two months, ask if we can "call it" March.]

C.1A.1 MARCH {SET MONTH TO "MARCH"}

C.1A.2 APRIL {SET MONTH TO "APRIL"

C.1A.88 [DK] {SKIP TO NO PERSON TERMINATION SCREEN}

C.1A.99 [REFUSED] {SKIP TO NO PERSON TERMINATION SCREEN}

{GOT C.7A}

C.1B [IF UPSTATE=1] In which month did you visit the office **for the first time** ?

[Probe: Do you remember coming in around that time? If R remembers coming in but can't recall which of the two months, ask if we can "call it" March.]

C.1B.1 FEBRUARY {SET MONTH TO "FEBRUARY"}

C.1B.2 MARCH {SET MONTH TO "MARCH"}

C.1B.88 [DK] {SKIP TO NO PERSON TERMINATION SCREEN}

C.1B.99 [REFUSED] {SKIP TO NO PERSON TERMINATION SCREEN}

{GOT C.7A}

C.4 [UPSTATE=0] Did another adult in your family or household go to the welfare office in March or April?

[IF UPSTATE=1] Did another adult in your family or household go to the welfare office in February or March?

C.4.1 YES

C.4.2 NO {SKIP TO NO PERSON TERMINATION SCREEN}

C.4.88 [DK] {SKIP TO NO PERSON TERMINATION SCREEN}

C.4.99 [REFUSED] {SKIP TO NO PERSON TERMINATION SCREEN}

C.5 Who visited the office?

C.5.1 [NAME] {SET OTHERNAME}

C.5.99 [REFUSED] {SKIP TO NO PERSON TERMINATION SCREEN}

C.6 Do you have an address and phone number where I could reach {RECALL OTHERNAME}?

- C.6.1 [STREET ADDRESS]
- C.6.2 [CITY]
- C.6.3 [STATE]
- C.6.4 [ZIP CODE]
- C.6.5 [PHONE NUMBER]
- C.6.88 [DK]
- C.6.99 [REFUSED]

{GOTO NO PERSON TERMINATION SCREEN}

- C.7A I would like you to think back to the time when you visited the welfare office in {RECALL MONTH}. Before you visited the office, what types of programs or services did you think you might be eligible for? I am going to name some possible types of programs, and I want you to tell me “yes” or “no” if you thought you were eligible for them.

Welfare cash assistance in the form of regular payments to you each month.

- C.7A.1 YES
- C.7A.2 NO
- C.7A.88 [DK]
- C.7A.99 [REFUSED]

- C.7B [I would like you to think back to the time when you visited the welfare office in {RECALL MONTH}. Before you visited the office that day and spoke with someone at the office, what types of programs or services did you think you might be eligible for?]

A “one shot” to help you with rent, heating bills, or an emergency need

[INTERVIEWER PROMPT: ”One shots” are one-time payments given to people to help them cope with temporary needs or emergencies. Usually, a one-shot helps people avoid going on welfare.]

- C.7B.1 YES
- C.7B.2 NO
- C.7B.88 [DK]
- C.7B.99 [REFUSED]

- C.7C [I would like you to think back to the time when you visited the welfare office in {RECALL MONTH}. Before you visited the office that day and spoke with someone at the office, what types of programs or services did you think you might be eligible for?]

Medicaid, Child Health Plus, Growing Up Healthy, or other medical assistance program

[INTERVIEWER PROMPT: These programs pay for doctor visits, prescriptions and other medical services that you or your children might need.]

- C.7C.1 YES
- C.7C.2 NO
- C.7C.88 [DK]
- C.7C.99 [REFUSED]

- C.7D [I would like you to think back to the time when you visited the welfare office in {RECALL MONTH}. Before you visited the office that day and spoke with someone at the office, what types of programs or services did you think you might be eligible for?]

Food stamps

C.7D.1	YES
C.7D.2	NO
C.7D.88	[DK]
C.7D.99	[REFUSED]

- C.7E [I would like you to think back to the time when you visited the welfare office in {RECALL MONTH}. Before you visited the office that day and spoke with someone at the office, what types of programs or services did you think you might be eligible for?]

Safety net assistance or Home Relief

[INTERVIEWER PROMPT: The Safety Net or Home Relief programs provide regular cash payments to adults without children or to families that do not qualify for other welfare programs.]

C.7E.1	YES
C.7E.2	NO
C.7E.88	[DK]
C.7E.99	[REFUSED]

- C.7F [I would like you to think back to the time when you visited the welfare office in {RECALL MONTH}. Before you visited the office that day and spoke with someone at the office, what types of programs or services did you think you might be eligible for?]

The home energy assistance program or HEAP

[Prompt: HEAP is the Home Energy Assistance Program; it helps people with heating costs during cold months.]

C.7F.1	YES
C.7F.2	NO
C.7F.88	[DK]
C.7F.99	[REFUSED]

- C.8 I would like you to think back to the time **before** you visited the welfare office in {RECALL MONTH}. Did you ever receive regular public assistance payments at any time before {RECALL MONTH} in New York, any other state, or Puerto Rico?

[INTERVIEWER NOTE: This program may have been known as AFDC or Family Assistance. TANF stands for Temporary Assistance for Needy Families.]

[Interviewer prompt: Cash assistance is sometimes called welfare and is where you receive a cash or electronic payment once or twice a month.]

C.8.1	YES	
C.8.2	NO	{SKIP TO C.9}
C.8.88	[DK]	{SKIP TO C.9}
C.8.99	[REFUSED]	{SKIP TO C.9}

C.8A Where did you receive regular public assistance payments? Was it in:

- C.8A.1 New York
- C.8A.2 Some other state
- C.8A.3 Puerto Rico
- C.8A.88 [DK]
- C.8A.99 [REFUSED]

C.8B When was the first time you received welfare cash assistance?

[INTERVIEWER PROMPT: This is for yourself, and not as a child on your parent's case?]

[INTERVIEWER PROMPT: Welfare cash assistance is regular payments from a program such as AFDC, or Family Assistance.]

[INTERVIEWER NOTE: IF RESPONDENT CANNOT REMEMBER PRECISE MONTH, INDICATE MONTH AS 00 AND ENTER EXACT YEAR]

- C.8B.1 [MM/YYYY {SET DATE} {Range: Month 1 to 12}
{Range: Year 1960 to 2000}
- C.8B.888888 [DK]
- C.8B.999999 [REFUSED]

C.8C Altogether, how many years or months have you received welfare cash assistance in New York?

[INTERVIEWER PROMPT: Your best estimate is fine.]

- C.8C.1 [MONTHS] {Range 1 to 11}
- C.8C.2 [YEARS] {Range: 1 to 35}
- C.8C.88 [DK]
- C.8C.99 [REFUSED]

C.8D Since {RECALL DATE}, have you ever left welfare cash assistance for two months or more?

- C.8D.1 YES
- C.8D.2 NO {SKIP TO C.9}
- C.8D.88 [DK] {SKIP TO C.9}
- C.8D.99 [REFUSED] {SKIP TO C.9}

C.8E Since {RECALL DATE}, how many times have you left for two months or more?

- C.8E.1 [SPECIFY] {Range: 1 to 10}
- C.8E.88 [DK]
- C.8E.99 [REFUSED]

C.8F When was the last time you received regular public assistance payments before your visit in {RECALL MONTH}?

- C.8F.1 [MM/YYYY] {Range cannot come after RECALL MONTH}
- C.8F.888888 [DK]
- C.8F.999999 [REFUSED]

C.9 When you applied for welfare cash assistance in {RECALL MONTH}, was there at least one child living with you who you took care of?

[Prompt: By welfare cash assistance I mean regular payments from the Family Assistance program, not the Safety Net Assistance program.]

- C.9.1 YES {SKIP TO C.10}
- C.9.2 NO
- C.9.88 [DK]
- C.9.99 [REFUSED]

C.9A Just to verify this, in {RECALL DATE} when you went to the welfare office and applied for cash assistance, there were no children living with you whom you took care of?"

- C.9A.1 YES {SKIP TO TERMINATION SCREEN}
- C.9A.2 NO

C.9B So, when you applied for welfare cash assistance in {RECALL MONTH}, there was a child living with you whom you took care of?

- C.9B.1 YES
- C.9B.2 NO {SKIP TO TERMINATION SCREEN}

C.10 Thinking back to when you applied for public assistance in {RECALL MONTH}, how many children under the age of 18 who you took care of were living with you?

[Prompt: Please do not count children who lived with you, but who you did not take care of. For example, grandchildren who lived with you but were primarily cared for by your son or daughter.]

- C.0.1 [NUMBER] {Range: 1 to 15}
- C.0.88 [DK]
- C.0.99 [REFUSED]

C.11 Was anyone in your household receiving Supplemental Security Income, or SSI or SSDI, when you applied for welfare in {RECALL MONTH}?

- C.11.1 YES
- C.11.2 NO {SKIP TO D.1}
- C.11.88 [DK] {SKIP TO D.1}
- C.11.99 [REFUSED] {SKIP TO D.1}

C.12 How many people in your household were receiving SSI or SSDI?

- C.12.1 [NUMBER] {Range: 1 to 15}
- C.12.88 [DK]
- C.12.99 [REFUSED]

SECTION D: REASONS FOR NEEDING PA

D.1 Why did you apply for public assistance in {RECALL MONTH}?

[Interviewer prompt: Any other reason?]

{MUL=37}

[DO NOT READ LIST]

JOB AVAILABILITY OR HOURS ISSUES

- D.1.2 NOT WORKING/ LOST JOB/ TEMPORARY JOB ENDED
- D.1.3 FULL TIME JOB NOT AVAILABLE, NOT ENOUGH HOURS OFFERED
- D.1.4 WANTS TO WORK FEWER HOURS
- D.1.5 OTHER SOURCE OF INCOME/ DOES NOT NEED TO WORK [SPECIFY]
- D.1.6 HOURS INFLEXIBLE OR INCONVENIENT

JOB BENEFITS OR CONDITIONS ISSUES

- D.1.7 JOB DOES NOT PAY ENOUGH
- D.1.8 INADEQUATE HEALTH OR OTHER BENEFITS
- D.1.9 TOO MANY JOB-RELATED EXPENSES (TOOLS, GAS, CLOTHES, BONDING, INSURANCE, ETC.)
- D.1.10 DOESN'T WANT TO WORK
- D.1.11 DOESN'T WANT TO LOSE ASSSITANCE OTHER THAN CASH
- D.1.12 WORK TOO HARD, TOO COMPLICATED, TOO STRESSFUL, TOO DANGEROUS
- D.1.13 WORK NOT INTERESTING OR REWARDING/KIND OF WORK R WANTS NOT AVAILABLE
- D.1.14 DISCRIMINATION OR HARRASSMENT
- D.1.15 OTHER ISSUES WITH BOSS, COWORKERS, CLIENTS

TRAINING ISSUES

- D.1.16 IN SCHOOL OR TRAINING
- D.1.17 DOES NOT HAVE APPROPRIATE TRAINING/SKILLS
- D.1.18 LANGUAGE PROBLEM

TRANSPORTATION ISSUES

- D.1.19 TRANSPORTATION OR GOOD TRANSPORTATION NOT AVA ILABLE
- D.1.20 COST OF TRANSPORTATION

HOUSING ISSUES

- D.1.21 HOUSING PROBLEM

FAMILY OR PERSONAL ISSUES

- D.1.22 CHILDCARE OR GOOD CHILDCARE NOT AVAILABLE AT ANY PRICE
- D.1.23 CAN'T AFFORD CHILDCARE
- D.1.24 WOULD BE LEAVING CHILD(REN) ALONE AND DOES NOT WANT TO DO THAT
- D.1.25 WANTS TO STAY HOME WITH CHILD(REN)
- D.1.26 RESPONDENT HEALTH PROBLEMS
- D.1.27 RESPONDENT PREGNANT OR JUST HAD BABY
- D.1.28 RESPONDENT DRUG OR ALCOHOL PROBLEM
- D.1.29 CARING FOR A CHILD OR ADULT WITH HEALTH PROBLEMS OR DISABILITY
- D.1.30 SUPERVISING A CHILD WITH BEHAVIORAL OR SCHOOL PROBLEMS
- D.1.31 SPOUSE/PARTNER IS AGAINST R WORKING OR WORKING FULL TIME
- D.1.32 OTHER FAMILY MEMBER IS AGAINST R WORKING OR WORKING FULL TIME
- D.1.33 DOMESTIC VIOLENCE OR DISCORD
- D.1.34 INVOLVEMENT WITH CHILD PROTECTIVE SERVICES (CWA OR BCW IN NYC)
- D.1.35 IMMIGRATION PROBLEMS
- D.1.36 OTHER LEGAL PROBLEMS
- D.1.37 DISABILITY OR INJURY

- D.1.77 OTHER [SPECIFY]
- D.1.88 [DK]
- D.1.99 [REFUSED]

{IF MORE THAN ONE REASON GIVEN IN D.1}

D.1A Of the reasons you just mentioned, what was the most important reason you applied for public assistance in {RECALL MONTH}?

{MUL=1}

{RECALL REASONS GIVEN IN D.1}

SECTION E: HOUSEHOLD COMPOSITION

{IF INTERVIEW IS SUSPENDED DURING THIS SECTION – RESTART THE SECTION AT THE BEGINNING}

E.1 Now I would like to talk to you about your household.

My next few questions are about the people who lived in the same household with you at least half of the time during {RECALL PRIOR MONTH}

First, how many people lived in your household at least half of the time during { PRIOR MONTH}, including yourself?

[Prompt: By household, I mean individuals who lived or stayed with you in your home at least half of the time during { RECALL PRIOR MONTH}. These individuals do not necessarily have to be related to you.]

E.1.1	[NUMBER]	{SET HH#}	{SKIP TO E.1C}
			{RANGE: 1 TO 10}
E.1.88	[DK]		{SKIP TO E.1B}
E.1.99	[REFUSED]		{SKIP TO E.1B}

{IF HH#=1}

E.1A Just to verify my information, are you the only person who lived in your household during {RECALL PRIOR MONTH}?

E.1A.1	YES	{SKIP TO E.12}
E.1A.2	NO	{RESET TO E.1}

E.1B Now, I am going to ask about each individual who lived in your household during {PRIOR MONTH}. You will not have to provide any personal information about persons living in your household or their names if you choose not to.

During {RECALL PRIOR MONTH}, how many individuals lived or stayed with you at least half of the time? These individuals do not necessarily have to be related to you.

E.1B.1	[NUMBER GIVEN]	{SKIP TO E.1}
E.1B.88	[DK]	{SET HH#=1} {SKIP TO E.12}
E.1B.99	[REFUSED]	{SET HH#=1} {SKIP TO E.12}

E.1C. Did a spouse or partner live with you at least half of the time during {RECALL PRIOR MONTH}?

E.1C.1	YES, SPOUSE	{SET PARTNER=1}
E.1C.2	YES, PARTNER	{SET PARTNER=1}
E.1C.3	NO	{SKIP TO LABEL E.2} {SET PARTNER=0}
E.1C.88	[DK]	{SKIP TO LABEL E.2} {SET PARTNER=0}
E.1C.99	[REFUSED]	{SKIP TO LABEL E.2} {SET PARTNER=0}

E.1D. What is his or her name?

E.1D.1	[NAME]	{SET SPOUSENAME}
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E.1E. How old was {RECALL SPOUSENAME} in {RECALL PRIOR MONTH}?

[Enter 888 for DK & 999 for Refused]

E.1E.1 [AGE] {Range: 216 to 299} {SET SPOUSEAGE}

LABEL E.2 {IF HH#=2 AND PARTNER=1 GOTO E.12}

{GOTO E.2}

PREE2 {Let's start the list again, just to make sure I have it correct}

E.2 {IF HH#=2 OR (HH#=3 AND PARTNER=1)}

Who is the other person who lived with you during {RECALL PRIOR MONTH}?

{IF HH#>2} I want to make sure I have everyone who lived or stayed in your home at least halftime during the {RECALL PRIOR MONTH}.

Now, who is the youngest person who lived with you during {RECALL PRIOR MONTH}?

[Interviewer note: If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.2.1 [NAME] {SET HHMEMB1}

E.2A How old was {HHMEMB1} in {RECALL PRIOR MONTH}?

[888 for DK and 999 for REFUSED]

E.2A.1 [MONTHS OLD] {SET AGE1} {Range: 101 TO 111, with 100 noting less than 1 month}

E.2A.2 [YEARS OLD] {SET AGE1} {Range: 201 to 299}

E.2B How is {HHMEMB1} related to you?

{MUL=1}

E.2B.3 SON

E.2B.4 DAUGHTER

E.2B.5 FATHER

E.2B.6 MOTHER

E.2B.7 BROTHER

E.2B.8 SISTER

E.2B.9 GRANDFATHER

E.2B.10 GRANDMOTHER

E.2B.11 UNCLE

E.2B.12 AUNT

E.2B.13 COUSIN

E.2B.14 NEPHEW

E.2B.15 NIECE

E.2B.16 OTHER ADULT MALE RELATIVE OR IN-LAW

E.2B.17 OTHER ADULT FEMALE RELATIVE OR IN-LAW

E.2B.18	UNRELATED FEMALE - WHO IS NOT A PARTNER
E.2B.19	UNRELATED MALE - WHO IS NOT A PARTNER
E.2B.20	UNRELATED MALE CHILD_ WHO IS NOT A FOSTER CHILD
E.2B.21	UNRELATED FEMALE CHILD- WHO IS NOT A FOSTER CHILD
E.2B.22	GRANDSON
E.2B.23	GRANDDAUGHTER
E.2B.24	FOSTER CHILD
E.2B.88	[DK]
E.2B.99	[REFUSED]

{IF HH#=2 OR (HH#=3 AND PARTNER=1) GOTO E.11}

E.3 Who is the next oldest person who lived with you during {RECALL PRIOR MONTH}?

[If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.3.1 [NAME] {SET HHMEMB2}

E.3A How old was {HHMEMB2} in { PRIOR MONTH}?

[888 for DK and 999 for REFUSED]

E.3A.1 [MONTHS OLD] {SET AGE2}
 {Range: 101 TO 111, with 100 noting less than 1 month}

E.3A.2 [YEARS OLD] {SET AGE2} {Range: 201 to 299}

E.3B How is {HHMEMB2} related to you?

E.3B.3	SON
E.3B.4	DAUGHTER
E.3B.5	FATHER
E.3B.6	MOTHER
E.3B.7	BROTHER
E.3B.8	SISTER
E.3B.9	GRANDFATHER
E.3B.10	GRANDMOTHER
E.3B.11	UNCLE
E.3B.12	AUNT
E.3B.13	COUSIN
E.3B.14	NEPHEW
E.3B.15	NIECE
E.3B.16	OTHER ADULT MALE RELATIVE OR IN-LAW
E.3B.17	OTHER ADULT FEMALE RELATIVE OR IN-LAW
E.3B.18	UNRELATED FEMALE - WHO IS NOT A PARTNER
E.3B.19	UNRELATED MALE - WHO IS NOT A PARTNER
E.3B.20	UNRELATED MALE CHILD – WHO IS NOT A FOSTER CHILD
E.3B.21	UNRELATED FEMALE CHILD – WHO IS NOT A FOSTER CHILD
E.3B.22	GRANDSON
E.3B.23	GRANDDAUGHTER
E.3B.24	FOSTER CHILD
E.3B.88	[DK]
E.3B.99	[REFUSED]

{IF HH#=3 OR (HH#=4 AND PARTNER=1) GOTO E.11}

E.4 Who is the next oldest person who lived with you during {RECALL MONTH}?

[If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.4.1 [NAME] {SET HHMEMB3}

E.4A How old was {HHMEMB3} in {PRIOR MONTH}?

[888 for DK and 999 for REFUSED]

E.4A.1 [MONTHS OLD] {SET AGE3} {Range: 101 TO 111, with 100 noting less than 1 month}

E.4A.2 [YEARS OLD] {SET AGE3} {Range: 201 to 299}

E.4B How is {HHMEMB3} related to you?

- E.4B.3 SON
- E.4B.4 DAUGHTER
- E.4B.5 FATHER
- E.4B.6 MOTHER
- E.4B.7 BROTHER
- E.4B.8 SISTER
- E.4B.9 GRANDFATHER
- E.4B.10 GRANDMOTHER
- E.4B.11 UNCLE
- E.4B.12 AUNT
- E.4B.13 COUSIN
- E.4B.14 NEPHEW
- E.4B.15 NIECE
- E.4B.16 OTHER ADULT MALE RELATIVE OR IN-LAW
- E.4B.17 OTHER ADULT FEMALE RELATIVE OR IN-LAW
- E.4B.18 UNRELATED FEMALE - WHO IS NOT A PARTNER
- E.4B.19 UNRELATED MALE - WHO IS NOT A PARTNER
- E.4B.20 UNRELATED MALE CHILD – WHO IS NOT A FOSTER CHILD
- E.4B.21 UNRELATED FEMALE CHILD – WHO IS NOT A FOSTER CHILD
- E.4B.22 GRANDSON
- E.4B.23 GRANDDAUGHTER
- E.4B.24 FOSTER CHILD
- E.4B.88 [DK]
- E.4B.99 [REFUSED]

{IF HH#=4 OR (HH#=5 AND PARTNER=1) GOTO E.11}

E.5 Who is the next oldest person who lived with you during {RECALL MONTH}?

[If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.5.1 [NAME] {SET HHMEMB4}

E.5A How old was {HHMEMB4} in {PRIOR MONTH}?

[888 for DK and 999 for REFUSED]

E.5A.1 [MONTHS OLD] {SET AGE4}
{Range: 101 TO 111, with
100 noting less than 1
month}
E.5A.2 [YEARS OLD] {SET AGE4}
{Range: 201 to 299}

E.5B How is {HHMEMB4} related to you?

E.5B.3 SON
E.5B.4 DAUGHTER
E.5B.5 FATHER
E.5B.6 MOTHER
E.5B.7 BROTHER
E.5B.8 SISTER
E.5B.9 GRANDFATHER
E.5B.10 GRANDMOTHER
E.5B.11 UNCLE
E.5B.12 AUNT
E.5B.13 COUSIN
E.5B.14 NEPHEW
E.5B.15 NIECE
E.5B.16 OTHER ADULT MALE RELATIVE OR IN-LAW
E.5B.17 OTHER ADULT FEMALE RELATIVE OR IN-LAW
E.5B.18 UNRELATED FEMALE - WHO IS NOT A PARTNER
E.5B.19 UNRELATED MALE - WHO IS NOT A PARTNER
E.5B.20 UNRELATED MALE CHILD – WHO IS NOT A FOSTER
CHILD
E.5B.21 UNRELATED FEMALE CHILD – WHO IS NOT A
FOSTER CHILD
E.5B.22 GRANDSON
E.5B.23 GRANDDAUGHTER
E.5B.24 FOSTER CHILD
E.5B.88 [DK]
E.5B.99 [REFUSED]

{IF HH#=5 OR (HH#=6 AND PARTNER=1) GOTO E.11}

E.6 Who is the next oldest person who lived with you during {PRIOR MONTH}?

[If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.6.1 [NAME] {SET HHMEMB5}

E.6A How old was {HHMEMB5} in {-PRIOR MONTH}?

[888 for DK and 999 for REFUSED]

E.6A.1 [MONTHS OLD] {SET AGE5}
{Range: 101 TO 111, with
100 noting less than 1
month}
E.6A.2 [YEARS OLD] {SET AGE5}
{Range: 201 to 299}

- E.6B How is {HHMEMB5} related to you?
- E.6B.3 SON
 - E.6B.4 DAUGHTER
 - E.6B.5 FATHER
 - E.6B.6 MOTHER
 - E.6B.7 BROTHER
 - E.6B.8 SISTER
 - E.6B.9 GRANDFATHER
 - E.6B.10 GRANDMOTHER
 - E.6B.11 UNCLE
 - E.6B.12 AUNT
 - E.6B.13 COUSIN
 - E.6B.14 NEPHEW
 - E.6B.15 NIECE
 - E.6B.16 OTHER ADULT MALE RELATIVE OR IN-LAW
 - E.6B.17 OTHER ADULT FEMALE RELATIVE OR IN-LAW
 - E.6B.18 UNRELATED FEMALE - WHO IS NOT A PARTNER
 - E.6B.19 UNRELATED MALE - WHO IS NOT A PARTNER
 - E.6B.20 UNRELATED MALE CHILD – WHO IS NOT A FOSTER CHILD
 - E.6B.21 UNRELATED FEMALE CHILD – WHO IS NOT A FOSTER CHILD
 - E.6B.22 GRANDSON
 - E.6B.23 GRANDDAUGHTER
 - E.6B.24 FOSTER CHILD
 - E.6B.88 [DK]
 - E.6B.99 [REFUSED]

{IF HH#=6 OR (HH#=7 AND PARTNER=1) GOTO E.11}

- E.7 Who is the next oldest person who lived with you during {RECALL MONTH}?
 [If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.7.1 [NAME] {SET HHMEMB6}

- E.7A How old was {HHMEMB6} in {PRIOR MONTH}?

[888 for DK and 999 for REFUSED]

- E.7A.1 [MONTHS OLD] {SET AGE6}
 {Range: 101 TO 111, with 100 noting less than 1 month}
- E.7A.2 [YEARS OLD] {SET AGE6}
 {Range: 201 to 299}

- E.7B How is {HHMEMB6} related to you?

- E.7B.3 SON
- E.7B.4 DAUGHTER
- E.7B.5 FATHER
- E.7B.6 MOTHER

E.7B.7	BROTHER
E.7B.8	SISTER
E.7B.9	GRANDFATHER
E.7B.10	GRANDMOTHER
E.7B.11	UNCLE
E.7B.12	AUNT
E.7B.13	COUSIN
E.7B.14	NEPHEW
E.7B.15	NIECE
E.7B.16	OTHER ADULT MALE RELATIVE OR IN-LAW
E.7B.17	OTHER ADULT FEMALE RELATIVE OR IN-LAW
E.7B.18	UNRELATED FEMALE - WHO IS NOT A PARTNER
E.7B.19	UNRELATED MALE - WHO IS NOT A PARTNER
E.7B.20	UNRELATED MALE CHILD – WHO IS NOT A FOSTER CHILD
E.7B.21	UNRELATED FEMALE CHILD – WHO IS NOT A FOSTER CHILD
E.7B.22	GRANDSON
E.7B.23	GRANDDAUGHTER
E.7B.24	FOSTER CHILD
E.7B.88	[DK]
E.7B.99	[REFUSED]

{IF HH#=7 OR (HH#=8 AND PARTNER=1) GOTO E.11}

E.8 Who is the next oldest person who lived with you during {RECALL MONTH}?

[If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.8.1 [NAME] {SET HHMEMB7}

E.8A How old was {HHMEMB7} in {PRIOR MONTH}?
[888 for DK and 999 for REFUSED]

E.8A.1	[MONTHS OLD]	{SET AGE7} {Range: 101 TO 111, with 100 noting less than 1 month}
E.8A.2	[YEARS OLD]	{SET AGE7} {Range: 201 to 299}

E.8B How is {HHMEMB7} related to you?

E.8B.3	SON
E.8B.4	DAUGHTER
E.8B.5	FATHER
E.8B.6	MOTHER
E.8B.7	BROTHER
E.8B.8	SISTER
E.8B.9	GRANDFATHER
E.8B.10	GRANDMOTHER
E.8B.11	UNCLE
E.8B.12	AUNT
E.8B.13	COUSIN
E.8B.14	NEPHEW
E.8B.15	NIECE

E.8B.16	OTHER ADULT MALE RELATIVE OR IN-LAW
E.8B.17	OTHER ADULT FEMALE RELATIVE OR IN-LAW
E.8B.18	UNRELATED FEMALE - WHO IS NOT A PARTNER
E.8B.19	UNRELATED MALE - WHO IS NOT A PARTNER
E.8B.20	UNRELATED MALE CHILD - WHO IS NOT FOSTER CHILD
E.8B.21	UNRELATED FEMALE CHILD – WHO IS NOT FOSTER CHILD
E.8B.22	GRANDSON
E.8B.23	GRANDDAUGHTER
E.8B.24	FOSTER CHILD
E.8B.88	[DK]
E.8B.99	[REFUSED]

{IF HH#=8 OR (HH#=9 AND PARTNER=1) GOTO E.11}

E.9 Who is the next oldest person who lived with you during {RECALL MONTH}?

[If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.9.1 [NAME] {SET HHMEMB8}

E.9A How old was {HHMEMB7} in {PRIOR MONTH}?

[888 for DK and 999 for REFUSED]

E.9A.1 [MONTHS OLD] {SET AGE8}
 {Range: 101 TO 111, with 100 noting less than 1 month}

E.9A.2 [YEARS OLD] {SET AGE8}
 {Range: 201 to 299}

E.9B How is {HHMEMB7} related to you?

E.9B.3	SON
E.9B.4	DAUGHTER
E.9B.5	FATHER
E.9B.6	MOTHER
E.9B.7	BROTHER
E.9B.8	SISTER
E.9B.9	GRANDFATHER
E.9B.10	GRANDMOTHER
E.9B.11	UNCLE
E.9B.12	AUNT
E.9B.13	COUSIN
E.9B.14	NEPHEW
E.9B.15	NIECE
E.9B.16	OTHER ADULT MALE RELATIVE OR IN-LAW
E.9B.17	OTHER ADULT FEMALE RELATIVE OR IN-LAW
E.9B.18	UNRELATED FEMALE - WHO IS NOT A PARTNER
E.9B.19	UNRELATED MALE - WHO IS NOT A PARTNER
E.9B.20	UNRELATED MALE CHILD - WHO IS NOT FOSTER CHILD
E.9B.21	UNRELATED FEMALE CHILD – WHO IS NOT FOSTER CHILD
E.9B.22	GRANDSON

E.9B.23	GRANDDAUGHTER
E.9B.24	FOSTER CHILD
E.9B.88	[DK]
E.9B.99	[REFUSED]

{IF HH#=9 OR (HH#=10 AND PARTNER=1) GOTO E.11}

E.10 Who is the next oldest person who lived with you during {RECALL MONTH}?

[If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.10.1 [NAME] {SET HHMEMB9}

E.10A How old was {HHMEMB7} in {PRIOR MONTH}?

[888 for DK and 999 for REFUSED]

E.10A.1	[MONTHS OLD]	{SET AGE9} {Range: 101 TO 111, with 100 noting less than 1 month}
E.10A.2	[YEARS OLD]	{SET AGE9} {Range: 201 to 299}

E.10B How is {HHMEMB7} related to you?

E.10B.3	SON
E.10B.4	DAUGHTER
E.10B.5	FATHER
E.10B.6	MOTHER
E.10B.7	BROTHER
E.10B.8	SISTER
E.10B.9	GRANDFATHER
E.10B.10	GRANDMOTHER
E.10B.11	UNCLE
E.10B.12	AUNT
E.10B.13	COUSIN
E.10B.14	NEPHEW
E.10B.15	NIECE
E.10B.16	OTHER ADULT MALE RELATIVE OR IN-LAW
E.10B.17	OTHER ADULT FEMALE RELATIVE OR IN-LAW
E.10B.18	UNRELATED FEMALE - WHO IS NOT A PARTNER
E.10B.19	UNRELATED MALE - WHO IS NOT A PARTNER
E.10B.20	UNRELATED MALE CHILD - WHO IS NOT FOSTER CHILD
E.10B.21	UNRELATED FEMALE CHILD - WHO IS NOT FOSTER CHILD
E.10B.22	GRANDSON
E.10B.23	GRANDDAUGHTER
E.10B.24	FOSTER CHILD
E.10B.88	[DK]
E.10B.99	[REFUSED]

E11 To verify my information I am going to read the list of people you just provided. Please tell me if I have missed anyone who lived with you at least half time during {RECALL PRIOR MONTH}.

[READ LIST]

E.13.99 [REFUSED]

{GOTO E.18}

E.14 Earlier you mentioned that there were {RECALL HH#} of people, including yourself, living in your household during {RECALL PRIOR MONTH}. How many people lived in your household DURING {RECALL MONTH}?

E.14.1 [NUMBER] {SET HH#2} {Range: 1 to 15}

E.14.88 [DK] {SKIP TO E.18}

E.14.99 [REFUSED] {SKIP TO E.18}

PREE.15 Now I would like to ask about the individuals who have moved out of your household since {RECALL MONTH}

{RUN E.15 LOOP FOR HH#ADD TIMES}

E.15 {FOR FIRST LOOP} Who is the oldest person who has moved out of your household since {RECALL MONTH}?

{FOR SUBSEQUENT LOOPS} Who is the next oldest person who has moved out of your household since {RECALL MONTH}?

[If respondent is hesitant about giving a name, encourage them to provide you with another label]

E.15.1 [NAME] {SET HHADD#}

E.15A How old is {HHADD#}?

[888 for DK and 999 for REFUSED]

E.15A.1 [MONTHS OLD] {SET AGEADD#}
{Range: 101 TO 111, with 100 noting less than 1 month}

E.15A.2 [YEARS OLD] {SET AGEADD#} {Range: 201 to 299}

E.15B How is {HHADD#} related to you?

E.15B.3 SON

E.15B.4 DAUGHTER

E.15B.5 FATHER

E.15B.6 MOTHER

E.15B.7 BROTHER

E.15B.8 SISTER

E.15B.9 GRANDFATHER

E.15B.10 GRANDMOTHER

E.15B.11 UNCLE

E.15B.12 AUNT

E.15B.13 COUSIN

E.15B.14 NEPHEW

E.15B.15 NIECE

E.15B.16 OTHER ADULT MALE RELATIVE OR IN-LAW

E.15B.17	OTHER ADULT FEMALE RELATIVE OR IN-LAW
E.15B.18	UNRELATED FEMALE - WHO IS NOT A PARTNER
E.15B.19	UNRELATED MALE - WHO IS NOT A PARTNER
E.15B.20	UNRELATED MALE CHILD – WHO IS NOT A FOSTER CHILD
E.15B.21	UNRELATED FEMALE CHILD – WHO IS NOT A FOSTER CHILD
E.15B.22	GRANDSON
E.15B.23	GRANDDAUGHTER
E.15B.24	FOSTER CHILD
E.15B.88	[DK]
E.15B.99	[REFUSED]

{END LOOP}

E.16 To verify my information I am going to read the list of people who have moved out of your household since {RECALL MONTH}. Please tell me if I have missed anyone who has moved out since {RECALL MONTH}.

[READ LIST]

{RECALL HHADD#}{RECALL AGEADD#}{RECALL E.15B}

E.17 Did I miss anyone or is any information I read incorrect?

E.17.66	INCORRECT INFORMATION	{SKIP TO PREE.15}
E.17.77	ALL INFORMATION IS CORRECT	

E.18 Do you have any children under the age of 18 who do not currently live with you?

E.18.1	YES	
E.18.2	NO	{SKIP TO LABEL E.18C}
E.18.88	[DK]	{SKIP TO LABEL E.18C}
E.18.99	[REFUSED]	{SKIP TO LABEL E.18C}

E.18A How many of your children under the age of 18 do not currently live with you?

[ENTER 88 FOR DON'T KNOW AND 99 FOR REFUSED]

E.18A.1 [NUMBER] {Range: 1 to 9}

E.18B With whom do these children live?

[MUL=8]

E.18B.1 CUSTODIAL OR BIOLOGICAL PARENT

- E.18B.2 GRANDPARENT(S)
- E.18B.3 RELATIVES OTHER THAN GRANDPARENTS
- E.18B.4 FOSTER CARE HOME, GROUP HOME, RESIDENTIAL CARE
- E.18B.5 JUVENILE CORRECTION FACILITY
- E.18B.77 OTHER [SPECIFY]
- E.18B.88 [DK]
- E.18B.99 [REFUSED]

LABEL E.18C {IF PARTNER=0 GO TO F.1}

E.18C Does {RECALL SPOUSENAME} have any children under the age of 18 who do not currently live with you?

- E.18C.1 YES
- E.18C.2 NO
- E.18C.88 [DK]
- E.18C.99 [REFUSED]

SECTION F: CHILDCARE

{IF CHILDCARE=0 THEN GOT TO G.1}

{SECTION TO MATCH LEAVERS CHILDCARE SECTION}

F.1A Since {RECALL MONTH}, have problems finding or keeping adequate childcare ever:

Stopped you from taking or accepting a job

F.1A.1 YES

F.1A.2 NO

F.1A.88 [DK]

F.1A.99 [REFUSED]

F.1B [Since {RECALL MONTH}, have problems finding or keeping adequate childcare ever:]

Made it difficult for you to look for a job

F.1B.1 YES

F.1B.2 NO

F.1B.88 [DK]

F.1B.99 [REFUSED]

F.1C [Since {RECALL MONTH}, have problems finding or keeping adequate childcare ever:]

Caused you to have to quit or be fired from a job

F.1C.1 YES

F.1C.2 NO

F.1C.88 [DK]

F.1C.99 [REFUSED]

F.1D What would you say has been the most difficult childcare problem you have faced since applying for welfare cash assistance in {RECALL MONTH}?

F.1D.1 [SPECIFY]

F.1D.88 [DK]

F.1D.99 [REFUSED]

{IF HH#=1 THEN GOTO LABEL F.11}

{IF CCARE=0 GOTO LABEL F.11}

F.2 Now I would like to talk with you about the types of childcare you may use while you are working, going to school or training, or looking for work.

{IF CHILDCARE=1}

First, have you used any sort of childcare service or arrangement that looked after your child while you were working, looking for a job, or going to school during {RECALL PRIOR MONTH}?

{IF CHILDNUM>1} First, have you used any sort of childcare service or arrangement that looked after your children while you were working, looking for a job, or going to school during {RECALL PRIOR MONTH}?

F.2.1 YES
F.2.2 NO {SKIP TO F.11}
F.2.88 [DK] {SKIP TO F.11}
F.2.99 [REFUSED] {SKIP TO F.11}

F.3 {IF CHILDNUM=1} Where was your child taken care of during {RECALL PRIOR MONTH} while you were working, looking for a job, or going to school? Was it at a:

{IF CHILDNUM>1} Where was the youngest child in your household taken care during {RECALL PRIOR MONTH} while you were working, looking for a job, or going to school? Was it at a:

[INTERVIEWER NOTE: If the respondent answers "daycare " probe to determine what kind of daycare arrangement it is: day care center, through work, in someone's home, etc. and code it appropriately.]

{MUL=12}

F.3.1 Head Start Program
F.3.2 Preschool, nursery school, or day care center
F.3.3 A before- or after-school care arrangement
F.3.4 A family day care home
F.3.5 A summer camp program
F.3.6 A baby-sitter not related to the child
F.3.7 The child's other parent
F.3.8 By a relative, other than the child's other parent
F.3.9 Through after-school activities
F.3.10 Community center
F.3.11 Childcare center at work
F.3.12 TAKES CARE OF HIMSELF OR HERSELF ALONE
F.3.66 OTHER B SPECIFY
F.3.88 [DK]
F.3.99 [REFUSED]

F.5 {IF CHILDNUM=1} During {RECALL PRIOR MONTH}, how much did you pay out of your own pocket for the childcare you used while you were working, looking for a job, or going to school?

{IF CHILDNUM>1} Altogether, during {RECALL PRIOR MONTH}, how much did you pay out of your own pocket for the childcare you used while you were working, looking for a job, or going to school?

[If this amount varies, probe for average]

F.5.1 [AMOUNT] {Range: 1 to 1500}
F.5.88 [DK]
F.5.99 [REFUSED]

F.6 {IF CHILDNUM=1} Altogether, in a typical week during {RECALL PRIOR MONTH} how much did you pay out of your own pocket for the childcare you used while you were working, looking for a job, or going to school?

{IF CHILDNUM>1} Altogether, in a typical week during {RECALL PRIOR MONTH} how much did you pay out of your own pocket for the childcare you used while you were working, looking for a job, or going to school?

F.6.1 [AMOUNT PER WEEK] {Range: 1 to 1500}
F.6.88 [DK]
F.6.99 [REFUSED]

F.7 Did you receive any assistance from the government, a community agency, or someone else with paying for this childcare? This type of payment may be considered a subsidy or a prorated payment where the amount you pay is based on a sliding scale.

[INTERVIEWER NOTE: A “prorated payment” is one in which the amount the person pays is proportional to their income: that is the lower your income the less you pay, and vice versa.]

F.7.1 YES
F.7.2 NO {SKIP TO F.8}
F.7.88 [DK] {SKIP TO F.8}
F.7.99 [REFUSED] {SKIP TO F.8}

F.7A Who helped you pay for childcare?

[MUL=1]

F.7A.1 STATE OR COUNTY WELFARE ORGANIZATION
F.7A.2 EMPLOYER
F.7A.3 NONCUSTODIAL PARENT
F.7A.4 COMMUNITY AGENCY OR OTHER TYPE OF COMMUNITY
SOCIAL SERVICES ORGANIZATION
F.7A.77 OTHER [SPECIFY]
F.7A.88 [DK]
F.7A.99 [REFUSED]

F.8 {IF CHILDNUM=1} During {RECALL PRIOR MONTH} how many hours per week was
your child left in childcare?

{IF CHILDNUM>1} Altogether, during {RECALL PRIOR MONTH} how many hours per
week were your children under the age of 13 left in childcare?

[INTERVIEWER NOTE: Here we are looking for the total number of hours in childcare.
For example, if there are 2 children left in childcare for 20 hours each, the total is 40
hours.]

F.8.1 [HOURS] {Range: 1 to 400}
F.8.888 [DK]
F.8.999 [REFUSED]

F.9

{IF CHILDNUM=1} How satisfied are you with the childcare your child receives?

{IF CHILDNUM>1} How satisfied are you with the childcare **your youngest** child receives?

[Read list]

F.9.1 Very satisfied
F.9.2 Satisfied
F.9.3 Dissatisfied
F.9.4 Very dissatisfied
F.9.88 [DK]
F.9.99 [REFUSED]

LABEL F.11 {IF CHILDREN=0 GOTO G.1}

F.11 Now I'd like to talk with you about child support.

{IF CHILDREN=1}

Does the parent of your child live outside of your household?

{IF CHILDREN>1}

Does the parent of any of your children live outside of your household?

F.11.1	YES
F.11.2	NO
F.11.88	[DK]
F.11.99	[REFUSED]

F.12 {IF CHILDREN=1}

Do you have a court order of child support for your child?

F.16.1	YES	{SKIP TO F.15}
F.16.2	NO	{SKIP TO LABEL F.20}
F.16.88	[DK]	{SKIP TO LABEL F.20}
F.16.99	[REFUSED]	{SKIP TO LABEL F.20}

F.13 {IF CHILDREN>1}

Do you have a court order of child support for

[READ LIST]

F.13.1	All of your children	
F.13.2	Some of your children	
F.13.3	None of your children	{SKIP TO F.17}
F.13.88	[DK]	{SKIP TO LABEL F.20}
F.13.99	[REFUSED]	{SKIP TO LABEL F.20}

F.15 How often did you or the child support unit receive the payments on time?

[READ LIST]

F.15.1	Every time they were due
F.15.2	Most of the time they were due
F.15.3	Some of the time they were due
F.15.4	Almost never
F.15.88	[DK]
F.15.99	[REFUSED]

F.16 When these payments were received were they usually for the full amount due?

- F.16.1 YES
- F.16.2 NO
- F.16.88 [DK]
- F.16.99 [REFUSED]

F.17 Since {RECALL MONTH}, were you ever concerned that you might have to apply for welfare cash assistance because you were not receiving child support money from a non-custodial parent?

- F.17.1 YES
- F.17.2 NO
- F.17.88 [DK]
- F.17.99 [REFUSED]

LABEL F.20 {IF F.11=2,88,99 GOTO F.21}

F.20 {IF CHILDREN=1}

Do you ever get money, food, or other things from your child's other parent that is outside of any court ordered child support you might receive?

{IF CHILDREN>1}

Do you ever get money, food, or other things from your children's other parent, that is outside any court ordered child support you might receive?

- F.20.1 YES
- F.20.2 NO
- F.20.88 DON'T KNOW
- F.20.99 REFUSED

F.21 Sometimes a partner such as a boyfriend or girlfriend who lives outside your home will help out with providing for children even if they are not the children's biological parent.

Do you currently have a partner living outside of your home?

- F.21.1 YES
- F.21.2 NO {SKIP TO G.1}
- F.21.88 [DK] {SKIP TO G.1}
- F.21.99 REFUSED {SKIP TO G.1}

F.22 {IF CHILDREN=1}

Does your partner ever provide food, money or other things to help support you and your child?

{IF CHILDREN>1}

Does your partner ever provide food, money or other things to help support you and your children?

F.22.1	YES
F.22.2	NO
F.22.88	DON'T KNOW
F.22.99	REFUSED

**SECTION G: CLIENT EFFORTS TO AVOID WELFARE AT TIME OF APPLICATION /
CLIENT AWARENESS OF CASH ASSISTANCE REQUIREMENTS**

G.1 Did you do any of the following things during the 2 weeks before you applied for public assistance in {RECALL MONTH}?

Look for a relative or friend you could move in with

- G.1.1 YES
- G.1.2 NO
- G.1.88 [DK]
- G.1.99 [REFUSED]

G.2 [Did you do any of the following things during the 2 weeks before you applied for public assistance in {RECALL MONTH} ?]

Look for a new apartment or home of your own

- G.2.1 YES
- G.2.2 NO
- G.2.88 [DK]
- G.2.99 [REFUSED]

G.3 [Did you do any of the following things during the 2 weeks before you applied for public assistance in {RECALL MONTH} ?]

Look for a job

- G.3.1 YES
- G.3.2 NO
- G.3.88 [DK]
- G.3.99 [REFUSED]

G.4 [Did you do any of the following things during the 2 weeks before you applied for public assistance in {RECALL MONTH} ?]

Submit any job applications

- G.4.1 YES
- G.4.2 NO
- G.4.88 [DK]
- G.4.99 [REFUSED]

G.5 [Did you do any of the following things during the 2 weeks before you applied for public assistance in {RECALL MONTH} ?]

Try to get your hours increased at the job you were working at

- G.5.1 YES
- G.5.2 NO
- G.5.88 [DK]
- G.5.99 [REFUSED]

{IF CCARE=1 GOT TO G.7}

G.6 [Did you do any of the following things during the 2 weeks before you applied for public assistance in {RECALL MONTH}?:]

Try to find or change childcare arrangements so you could take a job or work more hours

G.6.1 YES

G.6.2 NO

G.6.88 [DK]

G.6.99 [REFUSED]

G.7 Think back to the first time that you went into the welfare office to apply for public assistance in {RECALL MONTH}.

Did you know about the requirements for receiving welfare cash assistance before you applied in {RECALL MONTH}?

G.7.1 YES

G.7.2 NO

G.7.88 [DK]

G.7.99 [REFUSED]

G.8 Think back to the first time that you went into the welfare office to apply for public assistance in {RECALL MONTH}.

After you first visited the welfare office in {RECALL MONTH}, did you go back in the 30 days that followed?

[INTERVIEWER Probe: You didn't return to the office at all within the first month of your visit?]

G.8.1 YES

G.8.2 NO {SKIP TO G.9}

G.8.88 [DK] {SKIP TO G.9}

G.8.99 [REFUSED] {SKIP TO G.9}

G.8.A After you first visited in {RECALL MONTH}, how many times did you return before your application was approved, denied or you chose to withdraw it.

G.8.A.1 [NUMBER] {Range: 1 to 30}

G.8.A.88 [DK]

G.8.A.99 [REFUSED]

When you visit a welfare office, there are a lot of different ways that you might come to know about programs and policies. For example: you might see a poster, pick up a pamphlet, overhear people talking in line, a case worker might tell you, you might receive a packet of information from someone working in the office, an employment counselor might mention it to you, or by some other means. Keeping this in mind:

G.9 The first time you were in the welfare office in {RECALL MONTH}, did you learn or receive information about work or other requirements for receiving welfare cash assistance?

- G.9.1 YES {SKIP TO G.10}
- G.9.2 NO
- G.9.88 [DK]
- G.9.99 [REFUSED]

G.9.AA How many times did you go to the welfare office before you learned or received information about the requirements for receiving welfare?

- G.9.AA.1 [NUMBER] {Range: 1 to 30} {SKIP TO G.10}
- G.9.A.88 [DK] {SKIP TO G.10}
- G.9.AA.99 [REFUSED] {SKIP TO G.10}

G.10 How did you learn or receive information about requirements for receiving welfare cash assistance?

G.10A Were they explained in a group orientation session?

- G.10A.1 YES
- G.10A.2 NO
- G.10A.88 [DK]
- G.10A.99 [REFUSED]

]

G10B Did a caseworker, financial planner, or employment counselor explain the requirements for receiving welfare cash assistance in a one-on-one interview?

- G.10B.1 YES
- G.10B.2 NO
- G.10B.88 [DK]
- G.10C.99 [REFUSED]

G.10C Did you receive a brochure, information package, or another piece of written material that explained the requirements for receiving welfare cash assistance?

- G.10C.1 YES
- G.10C.2 NO
- G.10C.88 [DK]
- G.10C.99 [REFUSED]

G.11 When you learned about the requirements for receiving public assistance, did you:

Start looking for a job?

- G.11.1 YES
- G.11.2 NO {SKIP TO G.14}
- G.11.88 [DK] {SKIP TO G.14}
- G.11.99 [REFUSED] {SKIP TO G.14}

G.12 [When you learned about the requirements for receiving public assistance, did you:]

Spend more time looking for work?

- G.12.1 YES
- G.12.2 NO
- G.125.88 [DK]
- G.12.99 [REFUSED]

G.13 [When you learned about the requirements for receiving public assistance, did you:]

Look for a different kind of job than you usually look for?

- G.13.1 YES
- G.13.2 NO
- G.13.88 [DK]
- G.13.99 [REFUSED]

G.14 [When you learned about the requirements for receiving public assistance, did you:]

Decide not to apply for public assistance, but to just get Medicaid or Food Stamps?

- G.14.1 YES
- G.14.2 NO
- G.14.88 [DK]
- G.14.99 [REFUSED]

G.15 [When you learned about the requirements for receiving public assistance, did you:]

Talk with family or friends to see if they could help you make ends meet, so you wouldn't need public assistance?

- G.15.1 YES
- G.15.2 NO
- G.15.88 [DK]
- G.15.99 [REFUSED]

SECTION H: DIVERSION SERVICES

H.1 Now I would like to talk with you about some activities in which you may have participated during your first visit or the 30 days that followed {RECALL MONTH}.

The first activity is employment counseling where you meet with a welfare case manager, financial planner, or employment-office counselor to talk about your “work skills”, interests, and strengths.

During your first visit or the 30 days that followed, in {RECALL MONTH}, did you meet with a caseworker or employment office counselor to get this kind of employment counseling?

H.1.1 YES

H.1.2 NO

H.1.88 [DK]

H.1.99 [REFUSED]

H.1a [During your first visit or the 30 days that followed in {RECALL MONTH},]

Did you have to attend this type of class before your application would be approved?

H.1a.1 YES

H.1a.2 NO

H.1a.88 [DK]

H.1a.99 [REFUSED]

H.2 The next activity is job readiness training where you learn how to complete job applications, interview for jobs, and what employers expect on the job. You may also learn about household budgeting or other life skills.

During your first visit or the 30 days that followed in {RECALL MONTH}, did you attend job readiness classes or go to a job readiness lab?

[Prompt, if necessary: Sometimes this type of training is called “world of work” or life skills training.]

H.2.1 YES

H.2.2 NO

H.2.88 [DK]

H.2.99 [REFUSED]

H.3 Did you have to attend this type of class in order for your application would be approved?

H.3.1 YES

H.3.2 NO

H.3.88 [DK]

H.3.99 [REFUSED]

H.4 The next activity is a supervised job search where you make phone calls to employers, send out letters, or fill out job applications at the welfare or employment office.

During your first visit or the 30 days that followed in {RECALL MONTH}, did you participate in a supervised job search?

- H.4.1 YES
- H.4.2 NO
- H.4.88 [DK]
- H.4.99 [REFUSED]

H.4a Did you have to attend this type of class before your application would be approved?

- H.4a.1 YES
- H.4a.2 NO
- H.4a.88 [DK]
- H.4a.99 [REFUSED]

{IF CCARE=O GOT TO H.8}

H.5 The last activity is finding childcare.

During your first visit or the 30 days that followed in {RECALL MONTH}, did a caseworker, financial planner, or employment counselor talk with you to learn if you needed childcare in order to work?

- H.5.1 YES
- H.5.2 NO
- H.5.88 [DK]
- H.5.99 [REFUSED]

H.6 Did one of these individuals give you the name of one or more childcare providers?

- H.6.1 YES
- H.6.2 NO
- H.6.88 [DK]
- H.6.99 [REFUSED]

H.7 Did you have to visit childcare providers in order for your cash assistance application to be approved?

- H.7.1 YES
- H.7.2 NO
- H.7.88 [DK]
- H.7.99 [REFUSED]

SECTION J: APPLICATION OUTCOME

J.1 When you visited the welfare office for the first time in {RECALL MONTH}, did you put in a written application to receive regular cash assistance payments?

- J.1.1 YES {SKIP TO J.1B}
- J.1.2 NO
- J.1.88 [DK]
- J.1.99 [REFUSED]

{IF VISIT =1, SKIP TO K.1}

J.1A Did you put in a written application to receive regular cash assistance payments when you returned the welfare office after that first visit?

- J.1A.1 YES
- J.1A.2 NO {SKIP TO K.1}
- J.1A.88 [DK] {SKIP TO K.1}
- J.1A.99 [REFUSED] {SKIP TO K.1}

J.1B Was the application for welfare cash assistance in {RECALL MONTH} approved?

- J.1B.1 YES {SKIP TO K.1}
- J.1B.2 NO
- J.1B.88 [DK]
- J.1B.99 [REFUSED]

J.2 Just to confirm, was the application for welfare, or monthly cash assistance, you submitted to the welfare office in {RECALL MONTH} was denied or withdrawn? [Note: the denial or withdrawal could occur at anytime during the 30 days after R's first visit.]

- J.2.1 YES
- J.2.2 NO {SKIP TO K.1}

J.2A Was it denied or did you withdraw it?

[If necessary prompt with: Denial means that you thought you could get cash assistance but the welfare office notified you that you weren't eligible. Withdrawal means that you agreed not to continue with the application.]

- J.2A.1 WITHDRAWN {SKIP TO J.5A}
- J.2A.2 DENIED
- J.2A.88 [DK] {SKIP TO K.1}
- J.2A.99 [REFUSED] {SKIP TO K.1}

J.3 Was your application denied because you or your household had too much money?

- J.3.1 YES {INCOME2=1}
- J.3.2 NO {INCOME2=0}
- J.3.88 [DK] {INCOME2=0}
- J.3.99 [REFUSED] {INCOME2=0}

J.3A Was your application in {RECALL MONTH} denied because you had quit a job within 90 days of your visit and weren't allowed to receive to cash assistance?

- J.3A.1 YES {INCOME2=1}
- J.3A.2 NO {INCOME2=0}
- J.3A.88 [DK] {INCOME2=0}
- J.3A.99 [REFUSED] {INCOME2=0}

J.3B Was your application in {RECALL MONTH} denied because you didn't go to all of the appointments for which you were scheduled?

- J.3B.1 YES
- J.3B.2 NO
- J.3B.88 [DK]
- J.3B.99 [REFUSED]

J.3C Was your application in {RECALL MONTH} denied because you didn't comply with requirements to participate in work readiness training or a job club?

- J.3C.1 YES
- J.3C.2 NO
- J.3C.88 [DK]
- J.3C.99 [REFUSED]

J.3D Was your application in {RECALL MONTH} denied because you didn't comply with requirements to look for a job?

- J.3D.1 YES
- J.3D.2 NO
- J.3D.88 [DK]
- J.3D.99 [REFUSED]

J.3E Was your application in {RECALL MONTH} denied because you didn't comply with requirements to find childcare?

- J.3E.1 YES
- J.3E.2 NO
- J.3E.88 [DK]
- J.3E.99 [REFUSED]

J.3F Was your application in {RECALL MONTH} denied because you didn't comply with the requirements to visit an employment office?

- J.3F.1 YES
- J.3F.2 NO
- J.3F.88 [DK]
- J.3F.99 [REFUSED]

J.3G Was your application in {RECALL MONTH} denied because you didn't completely fill out the application or complete the application process?

- J.3G.1 YES
- J.3G.2 NO
- J.3G.88 [DK]

J.3G.99 [REFUSED]

J.4 Was your application in {RECALL MONTH} denied because you had too much income or because you or someone else in your household just got a new job, more hours, or a raise?

J.4.1 YES

J.4.2 NO

J.4.88 [DK]

J.4.99 [REFUSED]

J.3H Was your application in {RECALL MONTH} denied for some other reason I haven't mentioned?

J.3H.1 YES

J.3H.2 NO {SKIP TO K.1}

J.3H.88 [DK] {SKIP TO K.1}

J.3H.99 [REFUSED] {SKIP TO K.1}

J.3I What other reason?

J.3I.1 [SPECIFY] {Allow for 250 characters}

J.3I.88 [DK]

J.3I.99 [REFUSED]

{GOTO K.1}

J.5A Did you withdraw your application for welfare cash assistance because you found a new job, or got more hours or money at your current job, and no longer needed cash assistance?

J.5A.1 YES

J.5A.2 NO

J.5A.88 [DK]

J.5A.99 [REFUSED]

J.5B Did you withdraw your application for welfare cash assistance because someone else in your household got a new job, or more hours or money at their current job, and you could get by without cash assistance?

J.5B.1 YES

J.5B.2 NO

J.5B.88 [DK]

J.5B.99 [REFUSED]

J.5C Did you withdraw your application for welfare cash assistance because you got a "one shot" or special one-time payment for rent instead?

J.5C.1 YES

J.5C.2 NO

j.5C.88 [DK]

j.5C.99 [REFUSED]

J.5D Did you withdraw your application for welfare cash assistance because you got a "one shot" or special one-time payment that paid for fuel or for another need you had other than rent?

{IF RESPONDENT GOT A SINGLE PAYMENT THAT COVERED BOTH RENT AND ANOTHER NEED, CODE "YES"}

J.5D2.1 YES
J.5D2.2 NO
J.5D2.88 [DK]
J.5D2.99 [REFUSED]

J.5E Did you withdraw your application for welfare cash assistance because the welfare office paid for tools, uniforms, or other items you needed so you could work or get a new job?

J.5E.1 YES
J.5E.2 NO
J.5E.88 [DK]
J.5E.99 [REFUSED]

J.5F Did you withdraw your application for welfare cash assistance because the welfare office paid for car repairs so you could work?

J.5F.1 YES
J.5F.2 NO
J.5F.88 [DK]
J.5F.99 [REFUSED]

J.5G Did you withdraw your application for welfare cash assistance because you got some help from family or friends so you didn't need cash assistance at that time?

J.5G.1 YES
J.5G.2 NO
J.5G.88 [DK]
J.5G.99 [REFUSED]

J.5H Did you withdraw your application for any other reason not mentioned?

J.5H.1 YES
J.5H.2 NO {SKIP TO K.1}
J.5H.77 [DK] {SKIP TO K.1}
J.5H.99 [REFUSED] {SKIP TO K.1}

J.5I Why else did you withdraw your application?

J.5I.1 [SPECIFY]
J.5I.88 [DK]
J.5I.99 [REFUSED]

SECTION K: FAMILY SELF-SUFFICIENCY

K.1 Did you receive or do you plan to receive a monthly cash assistance payment during {RECALL CURRENT MONTH}?

- K.1.1 YES {CURRENT=1} {SKIP TO K.2}
- K.1.2 NO {CURRENT=2}
- K.1.77 [DK] {CURRENT=2}
- K.1.99 [REFUSED] {CURRENT=2}

K.1A Will you or will any of your children under the age of 18 who live with you receive welfare cash assistance during {RECALL CURRENT MONTH}?

[INTERVIEWER PROMPT: By "live with" I mean children who lived or stayed with you at least half the time in the past month.]

- K.1A.1 YES {SET CHILD}
- K.1A.2 NO
- K.1A.77 [DK]
- K.1A.99 [REFUSED]

K.2 Are you, yourself currently receiving Medicaid?

- K.2.1 YES
- K.2.2 NO
- K.2.88 [DK]
- K.2.99 [REFUSED]

K.3 Are any of the children that lived with you at least half time with you {PRIOR MONTH} currently receiving Medicaid?

- K.3.1 YES
- K.3.2 NO
- K.3.88 [DK]
- K.3.99 [REFUSED]

{IF (CHILDNUM=0) AND (ADULTS=0) SET ALONE=1}
{IF CHILDNUM>0 OR ADULTS>0 SET ALONE=0}

K.4 {IF ALONE=1}

Next, I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN** true, **SOMETIMES** true, or **NEVER** true for you in the last 12 months, that is, since {RECALL CURRENT MONTH} of last year. The first statement is:

The food that I bought just didn't last, and I didn't have money to get more. Was that often, sometimes, or never true for you in the last 12 months?

{IF ALONE=0}

Next, I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN** true, **SOMETIMES** true, or **NEVER** true for your household in the last 12 months, that is, since {RECALL CURRENT MONTH} of last year. The first statement is:

The food that we bought just didn't last, and we didn't have money to get more. Was that often, sometimes, or never true for your household in the last 12 months?

- K.4.1 Often true
- K.4.2 Sometimes true
- K.4.3 Never true
- K.4.88 [DK]
- K.4.99 [REFUSED]

K.5. {IF ALONE=1}
I couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months?

{IF ALONE=0}
We couldn't afford to eat balanced meals. Was that often, sometimes, or never true for your household in the last 12 months?

- K.5.1 Often true
- K.5.2 Sometimes true
- K.5.3 Never true
- K.5.88 [DK]
- K.5.99 [REFUSED]

K.6. {IF ALONE=1}
In the last 12 months did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

{IF ALONE=0 AND ADULTS>0}
In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

{IF ALONE=0 AND ADULTS=0 SKIP TO K.8}

- K.6.1 YES
- K.6.2 NO {SKIP TO K.8}
- K.6.88 [DK] {SKIP TO K.8}
- K.6.99 [REFUSED] {SKIP TO K.8}

K.7. In the past 12 months, how often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

- K.7.1 Almost every month
- K.7.2 Some months but not every month
- K.7.3 Only 1 or 2 months
- K.7.88 [DK]
- K.7.99 [REFUSED]

K.8 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- K.8.1 YES
- K.8.2 NO
- K.8.88 [DK]
- K.8.99 [REFUSED]

K.9 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- K.9.1 YES
- K.9.2 NO
- K.9.88 [DK]
- K.9.99 [REFUSED]

K.10 Now I'd like to ask you some questions about your housing.

Do you:

{MUL=1}

[READ LIST]

- K.10.1 Own your own home {SKIP TO K10.C}
- K.10.2 Rent your own apartment or home
- K.10.3 Live with other people and contribute part of the rent
- K.10.4 Live with other people and do not pay rent
- K.10.5 Live in some other arrangement
- K.10.6 [HOMELESS AND LIVING ON THE STREET/ABANDONED BUILDINGS]
{SKIP TO K.11}
- K.10.7 [LIVING IN A SHELTER OR HOTEL FOR HOMELESS]{SKIP TO K.11}
- K.10.8 [DRUG OR OTHER TREATMENT-RELATED FACILITY] {SKIP TO K.11}
- K.10.9 [JAIL] {SKIP TO K.11}
- K.10.88 [DK]
- K.10.99 [REFUSED]

{IF K.10=6,7,8,9,88,99 GOTO K.11}

K.10A Do you currently live in public housing, that is housing for low-income residents owned or operated by a local housing authority or the government?

- K.10A.1 YES {SKIP TO K.11}
- K.10A.2 NO
- K.10A.88 [DK]
- K.10A.99 [REFUSED]

K.10B Does your household pay less rent because the government helps pay for part of it, for example, such as Section 8 housing?

- K.10B.1 YES
- K.10B.2 NO
- K.10B.88 [DK]
- K.10B.99 [REFUSED]

K.10C Not counting bathrooms, how many rooms does your current residence have?

K.10C.1 [ROOMS] {RANGE: 1 TO 10}
K.10C88 [DK]
K.10C.99 [REFUSED]

K.11 How many times have you moved in the past year?

K.11.1 [NUMBER] {Range: 1 to 10}
K.11.2 DID NOT MOVE
K.11.88 [DK]
K.11.99 [REFUSED]

K.12 {IF ALONE=1} During the past 12 months, has the gas or electricity at the place you were living been turned off because you couldn't afford to pay the bill?

{IF ALONE=0}

During the past 12 months, has your gas or electricity at the place you were living been turned off because you or someone in your household couldn't afford to pay the bill?

K.12.1 YES
K.12.2 NO
K.12.88 DON'T KNOW
K.12.99 [REFUSED]

{IF K11=2 GOTO K.14}

K.13 In the past year, did you ever stay with or move in with another household because you needed a place to live?

K.13.1 YES
K.13.2 NO
K.13.88 [DK]
K.13.99 [REFUSED]

K.14 In the past year, were you asked to leave by someone in whose home you were living?

K.14.1 YES
K.14.2 NO
K.14.88 [DK]
K.14.99 [REFUSED]

K.15 In the past year, did you ever have another person or family move in with you to help pay the rent or other expenses?

K.15.1 YES
K.15.2 NO
K.15.88 [DK]
K.15.99 [REFUSED]

{IF K.11=2 GOTO K.17}

K.16 In the past year, were you evicted from a residence, or did you ever leave your residence because you thought you were going to be evicted?

- K.16.1 YES
- K.16.2 NO
- K.16.88 [DK]
- K.16.99 [REFUSED]

K.17 In the past year were you threatened with eviction?

- K.17.1 YES
- K.17.2 NO
- K.17.88 [DK]
- K.17.99 [REFUSED]

{IF K.11=2 GOTO K.19}

K.18 In the past year, did you ever live in an emergency housing shelter or a domestic violence shelter?

- K.18.1 YES
- K.18.2 NO
- K.18.88 [DK]
- K.18.99 [REFUSED]

{IF K.11=2 GOTO KK.1}

K.19 In the past year, were you ever homeless?

- K.19.1 YES
- K.19.2 NO
- K.19.88 [DK]
- K.19.99 [REFUSED]

SECTION KK: EARNINGS AND OTHER INCOME

Now I would like you to think about all of the income you may have received during the past month, that is during {RECALL PRIORMONTH}.

Were you working for pay during {RECALL PRIORMONTH}?

[INTERVIEWER PROMPT: These would be any jobs for which you received money from someone other than the welfare office.]

- KK.1 YES {SKIP TO KK.2}
- KK.2 NO
- KK.88 [DK]
- KK.99 [REFUSED]

KK.1A "A lot of people are self-employed or have irregular jobs on the side to make ends meet such as paid babysitting, housecleaning, or yard or farm work. Have you ever held any jobs like that for pay in {RECALL PRIOR MONTH}?"

- KK.1A.1 YES
- KK.1A.2 NO {SKIP TO KK.3}

KK.2 During {RECALL PRIORMONTH}, how much did you earn before taxes and other deductions? When thinking about your earnings, please include tips, commissions, and regular overtime pay.

[Other deductions may include work expenses such as uniforms and health insurance premiums]

[Round to nearest dollar]

- KK.2.1 [EARNINGS] {SKIP TO KK.3}
- {Range 1 to 6000}
- KK.2.88 [DK]
- KK.2.99 [REFUSED]

KK.2A Do you think it was closer to:

[Read list]

- KK.2A.1 less than \$600
- KK.2A.2 \$600
- KK.2A.3 \$900
- KK.2A.4 \$1200
- KK.2A.5 \$1500
- KK.2A.6 More than \$1500
- KK.2A.88 [DK]
- KK.2A.99 [REFUSED]

KK.3 Households often have other sources of income. During {PRIORMONTH} did you receive:
Unemployment benefits or strike benefits?

KK.3.1 YES
 KK.3.2 NO {SKIP TO KK.4}
 KK.3.88 [DK] {SKIP TO KK.4}
 KK.3.99 [REFUSED] {SKIP TO KK.4}

KK.3A During {PRIORMONTH}, how much money did you receive from unemployment or strike benefits?

[Round to nearest dollar]

KK.3A.1[PRIOR MONTH EARNINGS]{SKIP TO KK.4}
 {Range 1 to 3500}

KK.3A.88 [DK]
 KK.3A.99 [REFUSED]

KK.3B Do you think it was closer to:

[Read list]

KK.3B.1 less than \$400
 KK.3B.2 \$400
 KK.3B.3 \$600
 KK.3B.4 \$800
 KK.3B.5 \$1,000
 KK.3B.6 More than \$1,000
 KK.3B.88 [DK]
 KK.3B.99 [REFUSED]

KK.4 [During {PRIORMONTH} did you receive:]

Family Assistance, cash assistance or welfare benefits?

KK.4.1 YES
 KK.4.2 NO {SKIP TO KK.5}
 KK.4.88 [DK] {SKIP TO KK.5}
 KK.4.99 [REFUSED] {SKIP TO KK.5}

KK.4A During {PRIORMONTH}, how much money did you receive from Family Assistance, or?

[Round to nearest dollar]

KK.4A.1 [PRIORMONTH EARNINGS]{SKIP TO KK.4C}
 {Range 1 to 3500}{SET FAMAS}

KK.4A.88 [DK]
 KK.4A.99 [REFUSED]

KK.4B Do you think it was closer to:

[Read list]

KK.4B.1 less than \$200

KK.5B.6 More than \$1,500
 KK.5B.88 [DK]
 KK.5B.99 [REFUSED]

KK.6 [During {PRIORMONTH} did you receive:]

Worker's Compensation payments or other payments that resulted from an injury or illness.
 Please do not count sick pay, disability insurance payments, or retirement income?

KK.6.1 YES
 KK.6.2 NO {SKIP TO KK.7}
 KK.6.88 [DK] {SKIP TO KK.7}
 KK.6.99 [REFUSED] {SKIP TO KK.7}

KK.6A During {PRIORMONTH} how much money did you receive from worker's compensation payments or other payments that resulted from an injury or illness?

[Round to nearest dollar]

KK.6A.1 [PRIORMONTH EARNINGS] {SKIP TO KK.7}
 {Range 1 to 3500}
 KK.6A.88 [DK]
 KK.6A.99 [REFUSED]

KK.6B Do you think it was closer to:

[Read list]

KK.6B.1 less than \$400
 KK.6B.2 \$400
 KK.6B.3 \$600
 KK.6B.4 \$800
 KK.6B.5 \$1,000
 KK.6B.6 More than \$1,000
 KK.6B.88 [DK]
 KK.6B.99 [REFUSED]

KK.7 [During {PRIORMONTH} did you receive:]

Court Ordered Child Support Payments

KK.7.1 YES
 KK.7.2 NO {SKIP TO KK.8}
 KK.7.88 [DK] {SKIP TO KK.8}
 KK.7.99 [REFUSED] {SKIP TO KK.8}

KK.7A During {PRIORMONTH}, how much money did you receive from court ordered child support payments?

[Round to nearest dollar]

KK.7A.1[PRIORMONTH EARNINGS]{SKIP TO KK.8} {Range 1 to 3500}
 KK.7A.88 [DK]
 KK.7A.99 [REFUSED]

KK.7B Do you think it was closer to:

[Read list]

KK.7B.1	less than \$50
KK.7B.2	\$100
KK.7B.3	\$200
KK.7B.4	\$300
KK.7B.5	\$400
KK.7B.6	More than \$400
KK.7B.88	[DK]
KK.7B.99	[REFUSED]

KK.8 [During {PRIORMONTH} did you receive:]

Military veteran's benefits or VA payments, Social Security payments, or survivor benefits such as widow's pension or insurance annuities?

KK.8.1	YES	
KK.8.2	NO	{SKIP TO KK.9}
KK.8.88	[DK]	{SKIP TO KK.9}
KK.8.99	[REFUSED]	{SKIP TO KK.9}

KK.8A During {PRIORMONTH}, how much money did you receive from Veteran's or VA payments, Social Security payments, or survivor benefits?

[Round to nearest dollar]

KK.8A.1	[PRIORMONTH EARNINGS]	{SKIP TO KK.9} {Range 1 to 3500}
KK.8A.88	[DK]	
KK.8A.99	[REFUSED]	

KK.8B Do you think it was closer to:

[Read list]

KK.8B.1	less than \$400
KK.8B.2	\$400
KK.8B.3	\$600
KK.8B.4	\$800
KK.8B.5	\$1,000
KK.8B.6	More than \$1,000
KK.8B.88	[DK]
KK.8B.99	[REFUSED]

KK.9 [During {PRIORMONTH} did you receive:]

Money from friends or relatives who do not live in your household?

[INTERVIEWER NOTE: You must probe for this question.]

KK.9.1	YES	
KK.9.2	NO	{SKIP TO KK.10}
KK.9.88	[DK]	{SKIP TO KK.10}
KK.9.99	[REFUSED]	{SKIP TO KK.10}

KK.9A During {PRIORMONTH}, how much money did you receive from friends or relatives not living in your household?

[Round to nearest dollar]

KK.9A.1	[PRIOR MONTH EARNINGS]{SKIP TO KK.10}	{Range 1 to 3500}
KK.9A.88	[DK]	
KK.9A.99	[REFUSED]	

KK.9B Do you think it was closer to:

[Read list]

KK.9B.1	less than \$100
KK.9B.2	\$100
KK.9B.3	\$200
KK.9B.4	\$300
KK.9B.5	\$400
KK.9B.6	More than \$400
KK.9B.88	[DK]
KK.9B.99	[REFUSED]

KK.10 [During {PRIORMONTH} did you receive:]

Foster care payments?

KK.10.1	YES	
KK.10.2	NO	{SKIP TO KK.10C}
KK.10.88	[DK]	{SKIP TO KK.10C}
KK.10.99	[REFUSED]	{SKIP TO KK.10C}

KK.10A During {PRIORMONTH}, how much money did you receive in foster care payments?

[Round to nearest dollar]

KK.10A.1	[PRIORMONTH EARNINGS] {SKIP TO H10C}	{Range 1 to 3500}
KK.10A.88	[DK]	
KK.10A.99	[REFUSED]	

KK.10B Do you think it was closer to:

[Read list]

KK.10B.1	less than \$400
KK.10B.2	\$400
KK.10B.3	\$600

KK.10B.4	\$800
KK.10B.5	\$1,000
KK.10B.6	More than \$1,000
KK.10B.88	[DK]
KK.10B.99	[REFUSED]

KK.10C [During {PRIORMONTH} did you receive:]

assistance from the WIC program?

KK10C.1	YES
KK.10C.2	NO
KK10C.88	[DK]
KK.10D99	[REFUSED]

KK.10CC [During {PRIORMONTH} did you receive:]

Food stamps?

KK.10CC.1	YES	
KK.10CC.2	NO	{SKIP TO PREKK10FF}
KK.10CC.88	[DK]	{SKIP TO PREKK10FF}
KK.10CC.99	[REFUSED]	{SKIP TO PREKK10FF}

KK.10D During {PRIORMONTH}, how much money did you receive from Food Stamps?

[8888 FOR DK AND 9999 FOR REFUSED]

[Round to nearest dollar]

KK.10D.1	[PRIORMONTH EARNINGS] {SKIP TO H10F} {Range 1 to 3500}
----------	--

KK.10E Do you think it was closer to:

[Read list]

KK.10E.1	less than \$100
KK.10E.2	\$100
KK.10E.3	\$150
KK.10E.4	\$200
KK.10E.5	\$250
KK.10E.6	More than \$250
KK.10E.88	[DK]
KK.10E.99	[REFUSED]

KK.10F [During {PRIORMONTH} did you receive:]

HEAP?

[Prompt: HEAP is the Home Energy Assistance Program; it helps people with their heating costs during the cold months.]

KK.10F.1	YES	
KK.10F.2	NO	{SKIP TO KK.10HH}
KK.10F.88	[DK]	{SKIP TO KK.10HH}
KK.10F.99	[REFUSED]	{SKIP TO KK.10HH}

KK.10FF During {PRIORMONTH}, how much money did you receive from HEAP?
[8888 FOR DK AND 9999 FOR REFUSED]

[Prompt: HEAP is the Home Energy Assistance Program; it helps people with their heating costs during the winter.]

[Round to nearest dollar]

KK.10FF..1	[PRIORMONTH EARNINGS] {SKIP TO KK.10HH} {Range 1 to 3500}
------------	---

KK.10. Do you think it was closer to:

[Read list]

KK.10G.1	less than \$100
KK.10G..2	\$100
KK.10G..3	\$150
KK.10G..4	\$200
KK.10G.5	\$250
KK.10G.6	More than \$250
KK.10G.88	[DK]
KK.10G.99	[REFUSED]

KK.10HH [During {PRIORMONTH} did you receive:]

Safety Net Assistance Program?

[INTERVIEWER PROMPT: Safety Net Assistance is a cash assistance program that provides support for adults with no children and for people who don't qualify for other welfare programs.]

KK.10HH.1	YES	
KK.10HH.2	NO	{SKIP TO KK.10J}
KK.10HH.88	[DK]	{SKIP TO KK.10J}
KK.10HH.99	[REFUSED]	{SKIP TO KK.10HH}

KK.10H During {PRIORMONTH}, how much money did you receive from Safety Net Assistance Program?

[INTERVIEWER PROMPT: Safety Net Assistance is a cash assistance program that provides support for some people who don't qualify for Family Assistance.]

[8888 FOR DK AND 9999 FOR REFUSED]

[Round to nearest dollar]

KK.10H.1[PRIORMONTH EARNINGS]

{SKIP TO PREKK11}
{Range 1 to 3500}

KK.10I Do you think it was closer to:

[Read list]

KK.10I.1 less than \$100
KK.10I.2 \$100
KK.10I.3 \$150
KK.10I.4 \$200
KK.10I.5 \$250
KK.10I.6 More than \$250
KK.10I.88 [DK]
KK.10I.99 [REFUSED]

KK.10J [During {RECALL PRIORMONTH} did you receive:]

Other money income that I have not already mentioned?

KK.10JK.1 YES
KK.10J.2 NO {SKIP TO PREKK11}
KK.10J.88 [DK] {SKIP TO PREKK11}
KK.10J.99 [REFUSED] {SKIP TO PREKK11}

KK.10K From where did you receive this money?

KK.10J.1 [SPECIFY] {SKIP TO PREKK.11}
KK.10J.88 [DK]
KK.10J.99 [REFUSED]

KK.10L During {RECALL PRIOR MONTH}, how much money did you receive from this other income source?"

KK.10L [SPECIFY] {Range: 1 to 3500}{SKIP TO PREKK.11}
KK.10L [DK]
KK.10L [REFUSED]

KK.10M Do you think it was closer to:

[Read list]

KK.10M.1 less than \$100
KK.10M.2 \$100
KK.10M.3 \$150
KK.10M.4 \$200
KK.10M.5 \$250
KK.10M.6 more than \$250
KK.10M.88 [DK]

KK.10M.99 [REFUSED]

PREKK11 {IF HH#=1 GOTO PREKK.25}
{IF PARTNER=0 GOTO PREKK.13}

KK.11 {IF SPOUSE} Now I would like you to think about the income your spouse may have received during {PRIORMONTH}.

{IF PARTNER} Now I would like you to think about the income your partner may have received during {PRIORMONTH}.

First, was he or she working for pay during the past month, that is during {PRIORMONTH}?

[INTERVIEWER PROMPT: These would be any jobs for which he/she received money from someone other than the welfare office.]

KK.11.1 YES {SKIP TOKK.12}
KK.11.2 NO
KK.11.88 [DK]
KK.11.99 [REFUSED]

KK.11A A lot of people are self-employed or have irregular jobs on the side to make ends meet such as paid babysitting, housecleaning, or yard or farm work. Has {RECALL SPOUSENAME} had any jobs like that for pay in {PRIORMONTH}?

KK.11A.1 YES
KK.11A.2 NO {SKIP TO PREKK13}

KK.12 During {PRIORMONTH}, approximately how much did {RECALL SPOUSE NAME} earn before taxes and other deductions? When thinking about earnings, please include tips, commissions, and regular overtime pay.

[Other deductions may include work expenses such as uniforms and health insurance premiums]

[Round to nearest dollar]

KK.12.1 [PRIORMONTH EARNINGS] {SKIP TO PREKK13}
{Range 1 to 3500}
KK.12.88 [DK]
KK.12.99 [REFUSED]

KK.12A Do you think it was closer to:

[Read list]

KK.12A.1 less than \$400

KK.12A.2	\$400
KK.12A.3	\$600
KK.12A.4	\$800
KK.12A.5	\$1,000
KK.12A.6	More than \$1,000
KK.12A.88	[DK]
KK.12A.99	[REFUSED]

PREKK13 {IF PARTNER=1 AND HH#=2 THEN GOTO KK.15}
 {IF 16WORK=0 GOTO PREKK23}

KK.13 {IF PARTNER=1} Did any individuals living in your household who are 16 years old or older, other than your spouse or partner, work for pay during {PRIORMONTH}?

{IF PARTNER=0} Did any individuals living in your household who are over 16 years old or older work for pay during {PRIORMONTH}?

[INTERVIEWER PROMPT: These would be any jobs for which he/she received money from someone other than the welfare office.]

KK.13.1	YES	{SKIP TO KK.14}
KK.13.2	NO	
KK.13.88	[DK]	
KK.13.99	[REFUSED]	

KK.13A A lot of people are self-employed or have irregular jobs on the side to make ends meet such as paid babysitting, housecleaning, or yard or farm work. Has anyone in your household 16 years old or older had any jobs like that for pay during {PRIORMONTH}?

KK.13A.1	YES	
KK.13A.2	NO	{SKIP TO KK.15}

KK.14 During {PRIORMONTH}, altogether how much did individuals in your household 16 years old or older earn before taxes and other deductions? When thinking about earnings, please include tips, commissions, and regular overtime pay.

[Other deductions may include work expenses such as uniforms and health insurance premiums]

****IF THE RESPONDENT HAS A SPOUSE/PARTNER WHO IS OVER 16 YEARS OLD, THEY SHOULD BE INCLUDED IN THE RESPONDENT'S ANSWER TO THIS QUESTION****

[Round to nearest dollar]

KK.14.1	[PRIORMONTH EARNINGS]	{SKIP TO KK.15} {Range 1 to 6000}
KK.14.88	[DK]	
KK.14.99	[REFUSED]	

KK.14A Do you think it was closer to:

[Read list]

KK.14A.1	less than \$400
----------	-----------------

- KK.14A.2 \$400
- KK.14A.3 \$600
- KK.14A.4 \$800
- KK.14A.5 \$1,000
- KK.14A.6 More than \$1,000
- KK.14A.88 [DK]
- KK.14A.99 [REFUSED]

KK.15 {PARTNER=1} Now I'd like to talk to you about other sources of income that individuals in your household may have received during {PRIORMONTH}.

When thinking about the questions, please consider income your spouse or partner may have had during the past month and the income any individuals 16 years old or older may have had during {PRIORMONTH}.

{PARTNER=0} Now I'd like to talk to you about other sources of income that individuals in your household may have received during {PRIORMONTH}.

When thinking about the questions, please consider income any individuals 16 years old or older may have had during {PRIORMONTH}.

Did anyone who lived in your household who was 16 years old or older receive unemployment compensation or strike benefits during {PRIORMONTH}?

IF THE RESPONDENT HAS A SPOUSE/PARTNER WHO IS OVER 16 YEARS OLD, THEY SHOULD BE INCLUDED IN THE RESPONDENT'S ANSWER TO THIS QUESTION

- KK.15.1 YES
- KK.15.2 NO {SKIP TO KK.16}
- KK.15.88 [DK] {SKIP TO KK.16}
- KK.15.99 [REFUSED] {SKIP TO KK.16}

KK.15A During {PRIORMONTH} how much money did they receive from unemployment or strike benefits?

[Round to nearest dollar]

- KK.15A.1 [PRIORMONTH EARNINGS] {SKIP TO KK.16}
{Range 1 to 3500}
- KK.15A.88 [DK]
- KK.15A.99 [REFUSED]

KK.15B Do you think it was closer to:

[Read list]

- KK.15B.1 less than \$400
- KK.15B.2 \$400
- KK.15B.3 \$600
- KK.15B.4 \$800
- KK.15B.5 \$1,000
- KK.15B.6 More than \$1,000

KK.15B.88 [DK]
KK.15B.99 [REFUSED]

KK.16 Did anyone who lived in your household who was 16 years old or older receive welfare cash assistance payments during {PRIORMONTH}?

[**IF THE RESPONDENT HAS A SPOUSE/PARTNER WHO IS OVER 16 YEARS OLD, THEY SHOULD BE INCLUDED IN THE RESPONDENT'S ANSWER TO THIS QUESTION**]

KK.16.1 YES
KK.16.2 NO {SKIP TO KK.17}
KK.16.88 [DK] {SKIP TO KK.17}
KK.16.99 [REFUSED] {SKIP TO KK.17}

KK.16A During {PRIORMONTH} how much money did they receive from welfare cash assistance?

[Round to nearest dollar]

KK.16A.1 [PRIORMONTH EARNINGS] {SKIP TO KK.17}
{ Range 1 to 6000}
KK.16A.88 [DK]
KK.16A.99 [REFUSED]

KK.16B Do you think it was closer to:

[Read list]

KK.16B.1 less than \$400
KK.16B.2 \$400
KK.16B.3 \$600
KK.16B.4 \$800
KK.16B.5 \$1,000
KK.16B.6 More than \$1,000
KK.16B.88 [DK]
KK.16B.99 [REFUSED]

KK.17 Did anyone who lived in your household who was 16 years old or older receive Supplemental Security Income, or SSI, Payments during {PRIORMONTH}?

[**IF THE RESPONDENT HAS A SPOUSE/PARTNER WHO IS OVER 16 YEARS OLD, THEY SHOULD BE INCLUDED IN THE RESPONDENT'S ANSWER TO THIS QUESTION**]

KK.17.1 YES
KK.17.2 NO {SKIP TO KK.18}
KK.17.88 [DK] {SKIP TO KK.18}
KK.17.99 [REFUSED] {SKIP TO KK.18}

KK.17A Altogether, during {PRIORMONTH} how much money did they receive from SSI?

[Round to nearest dollar]

KK.17A.1	[PRIORMONTH EARNINGS]	{SKIP TO KK.18} {Range 1 to 3500}
KK.17A.88	[DK]	
KK.17A.99	[REFUSED]	

KK.17B Do you think it was closer to:

[Read list]

KK.17B.1	less than \$400
KK.17B.2	\$400
KK.17B.3	\$600
KK.17B.4	\$800
KK.17B.5	\$1,000
KK.17B.6	More than \$1,000
KK.17B.88	[DK]
KK.17B.99	[REFUSED]

KK.18 Did anyone who lived in your household who was 16 years old or older receive Worker's Compensation Payments or other payments resulting from an injury or illness during {PRIORMONTH}?

When thinking about these payments please do not include sick pay, disability insurance, or retirement payments.

[**IF THE RESPONDENT HAS A SPOUSE/PARTNER WHO IS OVER 16 YEARS OLD, THEY SHOULD BE INCLUDED IN THE RESPONDENT'S ANSWER TO THIS QUESTION**]

KK.18.1	YES	
KK.18.2	NO	{SKIP TO KK.19}
KK.18.88	[DK]	{SKIP TO KK.19}
KK.18.99	[REFUSED]	{SKIP TO KK.19}

KK.18A During {PRIORMONTH} how much money did they receive from Worker's Compensation Payments or other payments resulting from an injury or illness?

[Round to nearest dollar]

KK.18A.1	[PRIORMONTH EARNINGS]	{SKIP TO KK.19} {Range 1 to 3500}
KK.18A.88	[DK]	
KK.18A.99	[REFUSED]	

KK.18B Do you think it was closer to:

[Read list]

KK.18B.1	less than \$400
KK.18B.2	\$400
KK.18B.3	\$600
KK.18B.4	\$800
KK.18B.5	\$1,000
KK.18B.6	More than \$1,000
KK.26B.88	[DK]
KK.26B.99	[REFUSED]

KK.19 Did anyone who lived in your household who was 16 years old or older receive court ordered child support payments during {PRIORMONTH}?

***IF THE RESPONDENT HAS A SPOUSE/PARTNER WHO IS OVER 16 YEARS OLD, THEY SHOULD BE INCLUDED IN THE RESPONDENT'S ANSWER TO THIS QUESTION**]

KK.19.1	YES	
KK.19.2	NO	{SKIP TO KK.20}
KK.19.88	[DK]	{SKIP TO KK.20}
KK.19.99	[REFUSED]	{SKIP TO KK.20}

KK.19A Altogether, during {PRIORMONTH} how much money did they receive from court ordered child support payments?

[Round to nearest dollar]

KK.19A.1	[PRIORMONTH EARNINGS]	{SKIP TO KK.20}
		{Range 1 to 3500}
KK.19A.88	[DK]	
KK.19A.99	[REFUSED]	

KK.19B Do you think it was closer to:

[Read list]

KK.19B.1	less than \$400
KK.19B.2	\$400
KK.19B.3	\$600
KK.19B.4	\$800
KK.19B.5	\$1,000
KK.19B.6	More than \$1,000
KK.19B.88	[DK]
KK.19B.99	[REFUSED]

KK.20 Did anyone who lived in your household who was 16 years old or older receive Veteran's or VA payments, Social Security payments, or survivor benefits such as a widow's pension or insurance annuity during {PRIORMONTH}?

***IF THE RESPONDENT HAS A SPOUSE/PARTNER WHO IS OVER 16 YEARS OLD, THEY SHOULD BE INCLUDED IN THE RESPONDENT'S ANSWER TO THIS QUESTION**]

KK.20.1	YES	
KK.20.2	NO	{SKIP TO KK.21}
KK.20.88	[DK]	{SKIP TO KK.21}
KK.20.99	[REFUSED]	{SKIP TO KK.21}

KK.20A Altogether, during {PRIORMONTH} how much money did they receive from Veteran's or VA payments, Social Security payments, or survivor benefits?

[Round to nearest dollar]

KK.20A.1	[PRIORMONTH EARNINGS]	{SKIP TO KK.21} {Range 1 to 3500}
KK.20A.88	[DK]	
KK.20A.99	[REFUSED]	

KK.20B Do you think it was closer to:

[Read list]

KK.20B.1	less than \$400
KK.20B.2	\$400
KK.20B.3	\$600
KK.20B.4	\$800
KK.20B.5	\$1,000
KK.20B.6	More than \$1,000
KK.20B.88	[DK]
KK.20B.99	[REFUSED]

KK.21 Did anyone who lived in your household who was 16 years old or older receive money from friends or relatives not living in your household during {PRIORMONTH}?

IF THE RESPONDENT HAS A SPOUSE/PARTNER WHO IS OVER 16 YEARS OLD, THEY SHOULD BE INCLUDED IN THE RESPONDENT'S ANSWER TO THIS QUESTION

KK.21.1	YES	
KK.21.2	NO	{SKIP TO KK.22}
KK.21.88	[DK]	{SKIP TO KK.22}
KK.21.99	[REFUSED]	{SKIP TO KK.22}

KK.21A Altogether, during {PRIORMONTH} how much money did they receive in regular financial assistance from friends or relatives not living in your household?

[Round to nearest dollar]

KK.21A.1	[PRIORMONTH EARNINGS]	{SKIP TO KK.22} {Range 1 to 3500}
KK.21A.88	[DK]	
KK.21A.99	[REFUSED]	

KK.21B Do you think it was closer to:

[Read list]

KK.21B.1	less than \$400
KK.21B.2	\$400
KK.21B.3	\$600
KK.21B.4	\$800
KK.21B.5	\$1,000
KK.21B.6	More than \$1,000
KK.21B.88	[DK]
KK.21B.99	[REFUSED]

KK.22 Did anyone who lived in your household who was 16 years old or older receive foster care payments, during {PRIORMONTH}?

[**IF THE RESPONDENT HAS A SPOUSE/PARTNER WHO IS OVER 16 YEARS OLD, THEY SHOULD BE INCLUDED IN THE RESPONDENT'S ANSWER TO THIS QUESTION**]

KK.22.1	YES	
KK.22.2	NO	{SKIP TO KK.22C}
KK.22.88	[DK]	{SKIP TO KK.22C3}
KK.22.99	[REFUSED]	{SKIP TO KK.22.C}

KK.22A Altogether, during {PRIORMONTH} how much money did they receive in foster care payments?

[Round to nearest dollar]

KK.22A.1	[PRIORMONTH EARNINGS]	{SKIP TO KK.22C}
		{Range 1 to 3500}
KK.22A.88	[DK]	
KK.22A.99	[REFUSED]	

KK.22B Do you think it was closer to:

[Read list]

KK.22B.1	less than \$400
KK.22B.2	\$400
KK.22B.3	\$600
KK.22B.4	\$800
KK.22B.5	\$1,000
KK.22B.6	More than \$1,000
KK.22B.88	[DK]
KK.22B.99	[REFUSED]

KK.22C [During {PRIORMONTH} did they receive:]

Assistance from the WIC program?

KK.22C.1	YES
KK.22C.2	NO
KK.22C.88	[DK]
KK.22C.99	[REFUSED]

KK.22CC [During {PRIORMONTH} did they receive:]

Food stamps?

KK.22CC.1 YES
KK.22CC.2 NO {SKIP TO KK.22F}
KK.22CC.88 [DK] {SKIP TO KK.22F}
KK.22CC.99 [REFUSED] {SKIP TO KK.22F}

KK.22D During {PRIORMONTH}, how much money did they receive from Food stamps?

[Round to nearest dollar]

KK.22D.1 [PRIORMONTH EARNINGS] {SKIP TO KK.22F}
{Range 1 to 3500}
KK.22D.88 [DK]
KK.22D.99 [REFUSED]

KK.22E Do you think it was closer to:

[Read list]

KK.22E.1 less than \$100
KK.22E.2 \$100
KK.22E.3 \$150
KK.22E.4 \$200
KK.22E.5 \$250
KK.22E.6 More than \$250
KK.22E.88 [DK]
KK.22E.99 [REFUSED]

KK.22F [During {RECALL PRIORMONTH} did they receive:]

Other money income that I have not already mentioned?

KK.22F.1 YES
KK.22F.2 NO {SKIP TO PREKK23}
KK.22F.88 [DK] {SKIP TO PREKK23}
KK.22F.99 [REFUSED] {SKIP TO PREKK3}

KK.22G During {RECALL PRIORMONTH}, how much money income did they receive?

KK.22G.1 [AMOUNT] {Range: 1 to 5000}
KK.22G.8888 [DK]
KK.22G.9999 [REFUSED]

KK.22H From where did they receive this money?

KK.22H.1 [SPECIFY]
KK.22H.8888 [DK]
KK.22H.9999 [REFUSED]

PREKK23 {IF UNDER16=0 GOTO PREKK25}

KK.23 Now I would like to ask a couple of questions about children in your household who are under the age of 16.

Did any of the children living in your household who are under the age of 16 receive Supplemental Security Income, or SSI, Payments during {PRIORMONTH}?

KK.23.1	YES	
KK.23.2	NO	{SKIP TO KK.24B}
KK.23.88	[DK]	{SKIP TO KK.24B}
KK.23.99	[REFUSED]	{SKIP TO KK.24B}

KK.24 In total, during {PRIORMONTH} how much money did children living in your household who are under the age of 16 receive in Supplemental Security Income, or SSI?

KK.24.1	[PRIORMONTH EARNINGS]	{SKIP TO KK.24B} {Range 1 to 6000}
KK.24.88	[DK]	
KK.24.99	[REFUSED]	

KK.24A Do you think it was closer to:

[Read list]

KK.24A.1	less than \$400
KK.24A.2	\$400
KK.24A.3	\$600
KK.24A.4	\$800
KK.24A.5	\$1,000
KK.24A.6	More than \$1,000
KK.24A.88	[DK]
KK.24A.99	[REFUSED]

KK.24B Did any of the children living in your household who are under the age of 16 receive Survivor Benefits from the Social Security Administration during {PRIORMONTH}?

KK.24B.1	YES	
KK.24B.2	NO	{SKIP TO PREKK25}
KK.24B.88	[DK]	{SKIP TO PREKK25}
KK.24B.99	[REFUSED]	{SKIP TO PREKK25}

KK.24C In total, during {PRIORMONTH} how much money did children living in your household who are under the age of 16 receive in Social Security Survivor Benefits

KK.24C.1	[PRIORMONTH EARNINGS]	{SKIP TO PREKK25} {Range 1 to 6000}
KK.24C.88	[DK]	
KK.24C.99	[REFUSED]	

KK.24D Do you think it was closer to:

[Read list]

KK.24D.1	less than \$400
KK.24D.2	\$400

KK.24D.3	\$600
KK.24D.4	\$800
KK.24D.5	\$1,000
KK.24D.6	More than \$1,000
KK.24D.88	[DK]
KK.24D.99	[REFUSED]

{PREKK25: {ADD ALL ABOVE MENTIONED SOURCES OF INCOME TOGETHER AND CREATE TOTINC VARIABLE}}

KK.25 According to my calculations, all of the sources of income add up to {TOTINC} in total household income during {PRIORMONTH}. Does this seem right to you?

[**THIS NUMBER MAY APPEAR INCORRECT IF THE RESPONDENT PROVIDED APPROXIMATE, NOT EXACT, DOLLAR AMOUNTS IN PREVIOUS QUESTIONS**]

KK.25.1	YES	{SKIP TO PRE KK.27}
KK.25.2	NO	
KK.25.88	[DK]	
KK.25.99	[REFUSED]	

KK.26 What is your best estimate of total household income during {PRIORMONTH}?

KK.26.1	[AMOUNT]	{Range 1 to 8,000}	{RESET TOTINC}
KK.26.88	[DK]		
KK.26.99	[REFUSED]		

PRE KK.27 {IF TOTINC >400 GOTO KK.28}

KK.27 Based on the total monthly income of {RECALL TOTINC} that you just mentioned it must be difficult for you to make ends meet. What types of things do you do to make ends meet?

[INTERVIEWER PROMPT: What types of things do you do to make your money go further?]

KK.27.1	[SPECIFY]	{Allow for 250 characters}
KK.27.88	[DK]	
KK.27.99		

KK.28 Do you feel as if you have more, less, or about the same amount of money available to you now as compared to when you visited the welfare office in {RECALL MONTH}?

KK.28.1	MORE
KK.28.2	ABOUT THE SAME
KK.28.3	LESS
KK.28.88	[DK]
KK.28.99	[REFUSED]

SECTION L: PARENT HEALTH AND WELL-BEING

L.1. The next questions are about you and your family's health.

Overall, how would you rate your own physical health? Is it:

- L.1.1 Excellent
- L.1.2 Very Good
- L.1.3 Good
- L.1.4 Fair
- L.1.5 Poor
- L.1.88 [DK]
- L.1.99 [REFUSED]

L.2. In the past year, other than to have a baby, how many different times have you been hospitalized overnight for a physical or mental health condition?

[INTERVIEWER PROMPT: Not total days but how many different times did you have to be admitted to a hospital and stay overnight.]

- L.2.1 [NUMBERS] {Range: 0 to 20}
- L.2.88 [DK]
- L.2.99 [REFUSED]

L.3. In the past year, did you see a mental health professional such as a psychiatrist, psychologist, or social worker for any emotional or personal problems?

- L.3.1 YES
- L.3.2 NO
- L.3.88 [DK]
- L.3.99 [REFUSED]

L.4. Have you ever been an inpatient at a psychiatric hospital or a psychiatric ward of a general hospital?

- L.4.1 YES
- L.4.2 NO [SKIP TO L.6]
- L.4.88 [DK] [SKIP TO L.6]
- L.4.99 [REFUSED] [SKIP TO L.6]

L.5. When were you most recently an inpatient at a psychiatric hospital or psychiatric ward of a general hospital?

[INTERVIEWER NOTE: IF RESPONDENT CANNOT REMEMBER PRECISE MONTH AFTER PROBING USE 00 AND ENTER EXACT YEAR]

- L.5.1 [MM/YYYY] {Range: Month 1 to 12
Year 1940 to 2000}
- L.5.888888 [DK]
- L.5.999999 [REFUSED]

L.6. When you applied for cash assistance in {Recall month} did you have a physical, mental or other health condition that limits the kind or amount of work you can do?

- L.4.1 YES
- L.4.2 NO [SKIP TO L.9]
- L.4.88- [DK] [SKIP TO L.9]
- L.4.99 [REFUSED] [SKIP TO L.9]

L.7. Could you describe the health problems or conditions you had that limited your ability to work?

[PROMPT: Anything else?]

{MUL=32}

[DO NOT READ LIST]

- L.7.1 ALCOHOL ABUSE
- L.7.2 ALLERGIES/ ASTHMA
- L.7.3 AUTO-IMMUNE DISEASE
- L.7.4 BACK PAINS/ PROBLEMS
- L.7.5 BIRTH OR PREGNANCY
- L.7.6 BLOOD DISORDER/ ANEMIA
- L.7.7 BROKEN BONES
- L.7.8 CANCER
- L.7.9 CHEST PAINS
- L.7.10 DEPRESSION
- L.7.11 DIABETES
- L.7.12 ANXIETY, STRESS
- L.7.13 DRUG ADDICTION
- L.7.14 EAR INFECTION
- L.7.15 EYE PROBLEMS/ SIGHT LOSS
- L.7.16 FLU SYMPTOMS
- L.7.17 FOOD POISONING
- L.7.18 FOOT PROBLEMS
- L.7.19 HEARING LOSS/ DEAFNESS
- L.7.20 HEART PROBLEMS/ DISEASES
- L.7.21 HEPATITIS
- L.7.22 HIGH BLOOD PRESSURE/ HYPERTENSION
- L.7.23 HIV POSITIVE/ AIDS
- L.7.24 KNEE PROBLEMS
- L.7.25 LIVER PROBLEMS
- L.7.26 MENTAL DISORDERS/ ILLNESS

- L.7.27 MENTAL RETARDATION/ DOWNS SYNDROM
- L.7.28 NERVE DISORDERS/ DEGENERATIVE NERVE DISORDERS
- L.7.29 SKIN DISORDER
- L.7.30 STOMACH DISORDER
- L.7.31 VIRUS/ UNSPECIFIED
- L.7.32 HEADACHE OR MIGRAINE
- L.7.33 ARTHRITIS
- L.7.77 OTHER [SPECIFY]
- L.7.88 [DK]
- L.7.99 [REFUSED]

L.8. Were you receiving treatment from a doctor, therapist, or other specialist for your health condition?

- L.8.1 YES
- L.8.2 NO
- L.8.88 [DK]
- L.8.99 [REFUSED]

L-9. Since {RECALL MONTH} have you developed any physical, mental or other health condition that limits the kind or amount of work you can do?

- L.9.1 YES
- L.9.2 NO [SKIP TOPRE M.1]
- L.9.88 [DK] [SKIP TOPRE M.1]
- L.9.99 [REFUSED] [SKIP TO PREM.1]

L.10. Could you describe the new health problems or conditions that you now have that limit your ability to work?

[PROMPT: Anything else?]

{MUL=32}

[DO NOT READ LIST]

- L.10.1 ALCOHOL ABUSE
- L.10.2 ALLERGIES/ ASTHMA
- L.10.3 AUTO-IMMUNE DISEASE
- L.10.4 BACK PAINS/ PROBLEMS
- L.10.5 BIRTH OR PREGNANCY
- L.10.6 BLOOD DISORDER/ ANEMIA
- L.10.7 BROKEN BONES
- L.10.8 CANCER
- L.10.9 CHEST PAINS

- L.10.10 DEPRESSION
- L.10.11 DIABETES
- L.10.12 ANXIETY, STRESS
- L.10.13 DRUG ADDICTION
- L.10.14 EAR INFECTION
- L.10A.15EYE PROBLEMS/ SIGHT LOSS
- L.10.16 FLU SYMPTOMS
- L.10.17 FOOD POISONING
- L.10.18 FOOT PROBLEMS
- L.10A.19HEARING LOSS/ DEAFNESS
- L.10.20 HEART PROBLEMS/ DISEASES
- L.10.21 HEPATITIS
- L.10.22 HIGH BLOOD PRESSURE/ HYPERTENSION
- L.10.23 HIV POSITIVE/ AIDS
- L.10.24 KNEE PROBLEMS
- L.10.25 LIVER PROBLEMS
- L.10.26 MENTAL DISORDERS/ ILLNESS
- L.10.27 MENTAL RETARDATION/ DOWNS SYNDROM

- L.10.28 NERVE DISORDERS/ DEGENERATIVE NERVE DISORDERS
- L.10.29 SKIN DISORDER
- L.10.30 STOMACH DISORDER
- L.10.31 VIRUS/ UNSPECIFIED
- L.10.32 HEADACHE OR MIGRAINE
- L.10.33 ARTHRITIS
- L.10.77 OTHER [SPECIFY]
- L.10.88[DK]
- L.10.99 [REFUSED]

- L.12. Thinking about the physical mental or other health conditions that you have right now, what kinds of work do you think you could do right now?

- [INTERVIEWER PROMPT: Anything else?]

- {MUL = 3}

- L.12.1 [SPECIFY 1]
- L.12.2 [SPECIFY2]
- L.12.3 [SPECIFY3]
- L.12.88 [DK]
- L.12.99 [REFUSED]

L.13. What is the most number of hours per week you could do this work?

L.13.1 [HOURS] {Range: 1 to 70}
L.13.88 [DK]
L.13.99 [REFUSED]

SECTION LL: CHILD WELL-BEING

{IF CHILDNUM=0 GOTO L.8}

PRELL.1 My next questions are about how well the children in your household are doing.

{IF CHILDNUM =1} Overall, how happy would you say your child is?

{IF CHILDNUM>1} Overall, how happy would you say your children are?

[RESPONDENT PROMPT IF RESPONDENT SAYS IT DEPENDS ON THE CHILD: For this question just tell me how happy you think they are overall. There are some other questions that will get at the situations of individual children

[READ LIST]

PRELL.1.1 Very Happy
PRELL.1.2 Happy
PRELL.1.3 Unhappy
PRELL.1.4 Very Unhappy
PRELL.1.88 [DK]
PRELL.1.99 [REFUSED]

PRELL.2 {IF CHILDNUM=1} Overall, how would you rate your child's physical health?

{IF CHILDNUM>1}

Overall, how would you rate your children's physical health?

[PROMPT IF RESPONDENT SAYS IT DEPENDS ON THE CHILD: For this question just tell me what you think their average overall health is. There are some other questions that will get at the situations of individual children]

[READ LIST]

PRELL.1.1 Excellent
PRELL.1.2 Very Good
PRELL.1.3 Good
PRELL.1.4 Fair
PRELL.1.5 Poor
PRELL.1.88 [DK]
PRELL.1.99 [REFUSED]

LL.1 {IF CHILDREN=1} Does the child in your household have a physical, learning, or mental health condition that makes it difficult for you to work or attend work preparation activities?

{IF CHILDREN>1} Do any of the children in your household have a physical, learning, or mental health condition that makes it difficult for you to work or attend work preparation activities?

LL.1.1 YES {IF CHILDNUM=1 SET DISAB=1}
LL.1.2 NO [SKIP TO LL.6]
LL.1.88 [DK] [SKIP TO LL.6]
LL.1.99 [REFUSED] [SKIP TO LL.6]

LL.1A {IF (CHILDNUM >1) AND (L.1=1)} How many children in your household have a physical, learning, or mental health condition?

LL.1A.1 [NUMBER] {Range: 1 to 10} {SET DISAB}
LL.1A.88 [DK] {GO TO LL.6}
LL.1A.99 [REFUSED] {GO TO LL.6}

LL.2. {IF DISAB =1} What conditions does this child have?

{IF DISAB>1} What conditions do these children have?

{MUL=3}

LL.2.1 [SPECIFY 1] {SET PROBLEM}
LL.2.2 [SPECIFY 2]
LL.2.3 [SPECIFY 3]
LL.2.88 [DK]
LL.2.99 [REFUSED]

LL.3. {IF DISAB=1}
Is this child receiving treatment from a doctor, therapist, or other specialist for {RECALL PROBLEM}}?

{IF DISAB>1}
Are any of these children receiving treatment from a doctor, therapist, or other specialist for their health problems?

LL.3.1 YES
LL.3.2 NO
LL.3.88 [DK]
LL.3.99 [REFUSED]

LL.4. {IF DISAB=1}
Does the problem or disability keep this child from attending regular day care or regular school?

{IF DISAB>1}
Do these problems or disabilities keep any of the children from attending regular day care or regular school?

LL.4.1 YES
LL.4.2 NO
LL.4.88 [DK]
LL.4.99 [REFUSED]

LL.5. {IF DISAB=1 OR CHILDNUM=1}
Do you receive Supplemental Security Income, SSI, or SSDI for this child?

{IF CHILDNUM>1}
Do you receive Supplemental Security Income, SSI, or SSDI for any of these children?

- LL.5.1 YES
- LL.5.2 NO
- LL.5.88 [DK]
- LL.5.99 [REFUSED]

LL.6. {IF CHILDNUM=1}
Has the child in your household stayed overnight in the hospital in the past year?

{IF CHILDNUM>1}
Have any of the children in your household stayed overnight in the hospital in the past year?

- LL.6.1 YES
- LL.6.2 NO
- LL.6.88 [DK]
- LL.6.99 [REFUSED]

{IF THERE ARE NO CHILDREN IN HOUSEHOLD OLDER THAN AGE 5 GOTO LL.8}

PRELL.7. {IF CHILDNUM=1}
In the last year, has the child in your household experienced any of the following problems?

{IF CHILDNUM>1}
In the last year, have any of the children in your household experienced any of the following problems?

LL.7.A {IF CHILDNUM=1}
Does the child receive a lot of failing grades in school?

{IF CHILDNUM>1}
Do any of the children receive a lot of failing grades in school?

- LL.7A.1 YES
- LL.7A.2 NO
- LL.7A.88 [DK]
- LL.7A.99 [REFUSED]

LL.7B {IF CHILDNUM=1} Does the child skip school a lot or have other kinds of school-related behavior problems?

{IF CHILDNUM>1} Do any of the children skip school a lot or have other kinds of school-related behavior problems?

- LL.7B.1 YES
- LL.7B.2 NO

LL.7B.88 [DK]
LL.7B.99 [REFUSED]

{IF THERE ARE NO CHILDREN IN THE HOUSEHOLD OLDER THAN AGE 10 GOTO LL.8}

LL.7C {IF CHILDNUM=1}
Does the child drink too much alcohol or get high a lot?

{IF CHILDNUM>1}
Do any of the children drink too much alcohol or get high a lot?

LL.7C.1 YES
LL.7C.2 NO
LL.7C.88 [DK]
LL.7C.99 [REFUSED]

LL.7D {IF CHILDNUM=1}
Is the child pregnant or a teenage parent?

{IF CHILDNUM>1}
Is any child in your household pregnant or a teenage parent?

LL.7D.1 YES
LL.7D.2 NO
LL.7D.88 [DK]
LL.7D.99 [REFUSED]

LL.7E {IF CHILDNUM=1}
Has the child ever been arrested or picked up by the police?

{IF CHILDNUM>1}
Have any of the children ever been arrested or picked up by the police?

LL.7E.1 YES
LL.7E.2 NO
LL.7E.88 [DK]
LL.7E.99 [REFUSED]

LL.7F {IF CHILDNUM=1}
Does the child participate in a gang or other illegal activities?

{IF CHILDNUM>1}
Do any of the children participate in a gang or other illegal activities?

LL.7F.1 YES
LL.7F.2 NO
LL.7F.88 [DK]
LL.7F.99 [REFUSED]

LL.10 Have you ever been involved with Child Protective Services?

[INTERVIEWER PROMPT: Child Protective Services may also be known as CPS, CWA, or BCA]

LL.10.1	YES		
LL.10.2	NO		{SKIP TO PREM.1}
LL.10.88		[DK]	{SKIP TO PREM.1}
LL.10.99		[REFUSED]	{SKIP TO PREM.1}

LL.11. Are you currently involved with Child Protective Services?

LL.11.1	YES		
LL.11.2	NO		
LL.11.88		[DK]	
LL.11.99		[REFUSED]	

SECTION M: ALCOHOL AND DRUG USE

PREM.1 The next questions are about alcohol and drug use. All of your responses to these questions will be kept confidential.

In the 3 years before you applied for welfare cash assistance in {recall month} did you ever drink alcohol or take drugs?

[INTERVIEWER PROMPT: Not even for a special occasion like New Year's, a birthday, or some other holiday to celebrate?]

- PREM.1.1 YES
- PREM.1.2 NO {SKIP TO O.1}
- PREM.1.88[DK]
- PREM.1.99 [REFUSED]

M.2. In the 3 years before you applied in {recall month} did using alcohol or drugs ever prevent you from getting or keeping a job?

- M.2.1 YES
- M.2.2 NO
- M.2.88 [DK]
- M.2.99 [REFUSED]

M.3 In the 3 years before you applied in {recall month}, did using alcohol or drugs ever affect your ability to participate in job training or meet work requirements?

- M.3.1 YES
- M.3.2 NO
- M.3.88 [DK]
- M.3.99 [REFUSED]

SECTION O: DOMESTIC VIOLENCE

O.1 The next questions are about domestic violence. We are asking everyone these questions. Your answers are strictly confidential and you may also refuse to answer any question I ask.

Have you ever been in a relationship with a spouse or a boyfriend or girlfriend in which:

- O.1A a spouse or partner ever verbally threatened you in a way that made you afraid?
 - O.1A.1 YES
 - O.1A.2 NO
 - O.1A.88 [DK]
 - O.1A.99 [REFUSED]

O.5 Have you ever thought about calling the police or getting a restraining order because of violence or the threat of violence by a spouse or partner?

O.5.1 YES
O.5.2 NO
O.5.88 [DK]
O.5.99 [REFUSED]

O.6. Have you had a restraining order against a spouse or partner in effect in the past 12 months, or past year?

O.6.1 YES
O.6.2 NO
O.6.88 [DK]
O.6.99 REFUSED

SECTION P: EMPLOYMENT INFORMATION

{IF KK.1=1 THEN GOTO P.2}

P.1 Next I would like to ask you about paid jobs you have now or may have had in the past.

These will be any jobs for which you received pay from someone other than the welfare office.
Have you ever worked at a job for pay?

P.1.1 YES {SKIP TO P.2} {EVERWORK=1}
 P.1.2 NO
 P.1.88 [DK]
 P.1.99 [REFUSED]

P.1A A lot of people are self-employed or have irregular jobs on the side to make ends meet such as paid babysitting, housecleaning, or yard or farm work. Have you ever held any jobs like that for pay?

P.1A.1 YES {EVERWORK=1}
 P.1A.2 NO {SKIP TO P.18} {EVERWORK=2}
 P.1A.88 [DK] {SKIP TO P.18} {EVERWORK=2}
 P.1A.99 [REFUSED] {SKIP TO P.18} {EVERWORK=2}

P.2. Are you currently working at a job for pay?

P.2.1 YES {SET WORK=1}
 P.2.2 NO {SKIP TO P.2.B}{SET WORK=0}
 P.2.88 [DK] {SKIP TO P.2.B} {SET WORK=0}
 P.2.99 [REFUSED] {SKIP TO P.2.B} {SET WORK=0}

P.2A How many jobs do you currently have? Please count each employer as a separate job.

[INTERVIEWER NOTE: Count employment with a Temp Agency as 1 Job]

P.2A.1 [NUMBER] {Range: 1 to 10} {SET JOB#}
 P.2A.88 [DK]
 P.2A.99 [REFUSED]

{GOTO P.2E}

P.2B When is the last month and year in which you worked for pay?

[If respondent cannot recall exact month enter 00]

P.2B.1 [MMYYYY] {Range: Month 1 to 12
 Year 1970 to 2000}
 P.2B.1888888 [DK]
 P.2B.999999 [REFUSED]

P.2C Why are you currently not working?

[DO NOT READ LIST]

{MUL=38}

JOB AVAILABILITY OR HOURS ISSUES

- P.2C.1 TOOK ANOTHER JOB
- P.2C.2 LOST JOB/ TEMPORARY JOB ENDED
- P.2C.3 FULL TIME JOB NOT AVAILABLE
- P.2C.4 WANTS TO WORK FEWER HOURS
- P.2C.5 OTHER SOURCE OF INCOME/ DOES NOT NEED TO WORK
[SPECIFY]
- P.2C.6 HOURS INFLEXIBLE OR INCONVENIENT

JOB BENEFITS OR CONDITIONS ISSUES

- P.2C.7 JOB DOES NOT PAY ENOUGH
- P.2C.8 INADEQUATE HEALTH OR OTHER BENEFITS
- P.2C.9 TOO MANY JOB-RELATED EXPENSES (TOOLS, GAS, CLOTHES,
BONDING, INSURANCE, ETC.)
- P.2C.10 DOESN'T WANT TO LOSE CASH ASSISTANCE
- P.2C.11 DOESN'T WANT TO LOSE OTHER ASSSITANCE BENEFITS
- P.2C.12 WORK TOO HARD, TOO COMPLICATED, TOO STRESSFUL, TOO
DANGEROUS
- P.2C.13 WORK NOT INTERESTING OR REWARDING/ KIND OF WORK R
WANTS NOT AVAILABLE
- P.2C.14 DISCRIMINATION OR HARRASSMENT
- P.2C.15 OTHER ISSUES WITH BOSS, COWORKERS, CLIENTS

TRAINING ISSUES

- P.2C.16 IN SCHOOL OR TRAINING
- P.2C.17 DOES NOT HAVE APPROPRIATE TRAINING/SKILLS
- P.2C.18 LANGUAGE PROBLEM

TRANSPORTATION ISSUES

- P.2C.19 TRANSPORTATION OR GOOD TRANSPORTATION NOT
AVAILABLE
- P.2C.20 COST OF TRANSPORTATION

HOUSING ISSUES

- P.2C.21 HOUSING PROBLEM

FAMILY OR PERSONAL ISSUES

- P.2C.22 CHILDCARE OR GOOD CHILDCARE NOT AVAILABLE AT NY
PRICE
- P.2C.23 CAN'T AFFORD CHILDCARE
- P.2C.24 WOULD BE LEAVING CHILD(REN) ALONE AND DOES NOT
WANT TO DO THAT
- P.2C.25 WANTS TO STAY HOME WITH CHILD(REN)
- P.2C.26 RESPONDENT HEALTH PROBLEMS
- P.2C.27 RESPONDENT PREGNANT OR JUST HAD BABY

- P.2C.28 RESPONDENT DRUG OR ALCOHOL PROBLEM
- P.2C.29 CARING FOR A CHILD OR ADULT WITH HEALTH PROBLEMS OR DISABILITY
- P.2C.30 SUPERVISING A CHILD WITH BEHAVIORAL OR SCHOOL PROBLEMS
- P.2C.31 SPOUSE/PARTNER IS AGAINST R WORKING OR WORKING FULL TIME
- P.2C.32 OTHER FAMILY MEMBER IS AGAINST R WORKING OR WORKING FULL TIME
- P.2C.33 DOMESTIC VIOLENCE OR DISCORD
- P.2C.34 INVOLVEMENT WITH CHILD PROTECTIVE SERVICES (CWA OR BCW IN NYC)
- P.2C.35 IMMIGRATION PROBLEMS
- P.2C.36 OTHER LEGAL PROBLEMS
- P.2C.37 DISABILITY OR INJURY

- P.2C.77 OTHER [SPECIFY]
- P.2C.88 [DK]
- P.2C.99 [REFUSED]

{IF P.2C HAS MORE THAN ONE RESPONSE}

P.2D Of the reasons you just mentioned, what is the most important reason why you aren't currently working?

{RECALL REASONS GIVEN IN P.2C}

P.2E {IF WORK = 1 AND (JOB#=1 OR JOB#=88 OR JOB#=99)}
Where do you work?

{IF WORK =1 JOB#>1}
Where do you usually work the most hours?

{IF WORK=0}
Where did you work most recently?

[INTERVIEWER NOTE: IF RESPONDENT DOES NOT WANT TO GIVE PLACE OF WORK, TYPE IN "CURRENT JOB"]

P.2D.1 [SPECIFY] {SET CURRENTJOB}

P.3 I'd like to talk about your job at {RECALL CURRENT JOB}

When did you begin working at {RECALL CURRENT JOB}?

[INTERVIEWER NOTE: WORKING FOR A TEMP AGENCY SHOULD BE CONSIDERED ONE LONG ASSIGNMENT WITH THE START DATE BEING THE START OF THE FIRST ASSIGNMENT AND THE END DATE BEING THE END OF THE LAST ASSIGNMENT AT THE AGENCY]

[PROBE, IF NECESSARY, FOR APPROXIMATE DATE IF THEY CANNOT REMEMBER. IF CANNOT REMEMBER EXACT MONTH, USE 00 FOR MONTH AND ENTER YEAR]

P.3.1 SPECIFY [MM/YYYY] {Range: Month 1 to 12}

2000}

P.3.88/8888 [DK]
P.3.99/99999 [REFUSED]

{IF WORK=1 GOTO P.5}

P.4. When did you stop working at {RECALL CURRENT JOB}?

[INTERVIEWER NOTE: WORKING FOR A TEMP AGENCY SHOULD BE CONSIDERED ONE LONG ASSIGNMENT WITH THE START DATE BEING THE START OF THE FIRST ASSIGNMENT AND THE END DATE BEING THE END OF THE LAST ASSIGNMENT AT THE AGENCY]

[PROBE, IF NECESSARY, FOR APPROXIMATE DATE IF THEY CANNOT REMEMBER. IF CANNOT REMEMBER EXACT MONTH, USE 00 FOR MONTH AND ENTER YEAR]

P.4.1 SPECIFY [MM/YYYY] {Range: Month 1 to 12
Year 1960 to 2000}

P.4.88.888888 [DK]
P.4.99 9999 [REFUSED]

P.5 {IF WORK=1} What type of work do you do at {RECALL CURRENTJOB}?

{IF WORK=0} What type of work did you do at {RECALL CURRENTJOB}?

[DO NOT READ LIST]

{MUL=1}

- P.5.1 AGRICULTURE/ FISHING /FORESTRY
- P.5.2 CLEANING AND BUILDING SERVICES
- P.5.3 CLERICAL/ ADMINISTRATIVE
- P.5.4 CONSTRUCTION
- P.5.5 DRIVER/ OPERATOR
- P.5.6 ENTERTAINMENT
- P.5.7 FOOD AND BEVERAGE SERVICE
- P.5.8 GARMENT/ TEXTILE WORKER
- P.5.9 MACHINE OPERATOR/ ASSEMBLER
- P.5.10 MECHANIC/ REPAIR WORK
- P.5.11 MEDICAL/ HEALTH OCCUPATION
- P.5.12 MILITARY
- P.5.13 MOTOR VEHICLE RELATED LABOR
- P.5.14 PERSONAL SERVICES
- P.5.15 PROFESSIONAL
- P.5.16 PROTECTIVE SERVICES

P.5.17 SALES AND MARKETING

P.5.77 OTHER [SPECIFY]

P.5.88 [DK]

P.5.99 [REFUSED]

{IF P.5=2}

P.5A [ENTER SPECIFIC OCCUPATION – CLEANING & BUILDING SERVICES]

[DO NOT READ LIST]

{MUL=1}

P.5A.1 ELEVATOR OPERATOR

P.5A.2 GARDENER/ GROUNDSKEEPING

P.5A.3 HOUSEKEEPER/ MAID

P.5A.4 JANITOR/ BUILDING MAINTENANCE

P.5A.5 LAUNDRY/ IRONER

P.5A.88 OTHER CLEANING & BUILDING SERVICES

{IF P.5=3}

P.5B [ENTER SPECIFIC OCCUPATION – CLERICAL & ADMINISTRATIVE]

[DO NOT READ LIST]

{MUL=1}

P.5B.1 COMPUTER OPERATOR/ DATA ENTRY

P.5B.2 GENERAL OFFICE CLERK

P.5B.3 LIBRARY CLERK

P.5B.4 RECEPTIONIST

P.5B.5 RECORD CLERK – BILLING/BOOKKEEPING/ FILING

P.5B.6 SECRETARY/ STENOGRAPHER/ TYPIST

P.5B.7 TEACHERS' AIDE

P.5B.8 TELEPHONE OPERATOR

P.5B.88 OTHER CLERICAL/ ADMINISTRATIVE

{IF P.5=4}

P.5C [ENTER SPECIFIC OCCUPATION – CONSTRUCTION]

[DO NOT READ LIST]

{MUL=1}

P.5C.1 CARPENTER

P.5C.2 ELECTRICIAN/ ELECTRICAL INSTALLER

P.5C.3 GENERAL CONSTRUCTION WORKER

P.5C.4 PAINTER/ PAPERHANGER

P.5C.5 PAVING/ SURFACING/ EQUIPMENT OPERATOR

P.5C.6 PLUMBER/ PIPEFITTER

P.5C.7 ROOFER

P.5C.88 OTHER CONSTRUCTION

{IF P.5=5}

P.5D [ENTER SPECIFIC OCCUPATION – DRIVER/ OPERATOR]

[DO NOT READ LIST]

{MUL=1}

P.5D.1 BUS DRIVER

P.5D.2 TAXI DRIVER/ CHAUFFEUR

P.5D.3 TRUCK DRIVER

P.5D.88 OTHER MOTOR VEHICLE OPERATOR

{IF P.5=7}

P.5E [ENTER SPECIFIC OCCUPATION – FOOD & BEVERAGE SERVICE]

[DO NOT READ LIST]

{MUL=1}

P.5E.1 BARTENDER

P.5E.2 CHEF/ COOK

P.5E.3 FOOD AND BEVERAGE SERVER/ CASHIER

P.5E.4 KITCHEN WORKER/ BUSBOY/ DISHWASHER

P.5E.5 SUPERVISOR, FOOD PREP AND SERVICE

P.5E.6 WAITRESS/ WAITER

P.5E.88 OTHER FOOD & BEVERAGE WORKER

{IF P.5=8}

P.5F [ENTER SPECIFIC OCCUPATION – GARMENT & TEXTILE]

[DO NOT READ LIST]

{MUL=1}

P.5F.1 GARMENT BUYER

P.5F.2 CHECKER/ QUALITY CONTROL WORKER

P.5F.3 FREIGHT/ MATERIAL HANDLER

P.5F.4 HAND DECORATOR

P.5F.5 HAND FABRIC CUTTER

P.5F.6 HAND FINISHER

P.5F.7 SEAM WORKER

P.5F.8 HAND PACKAGER/ BAGGER

P.5F.9 HAND SEWER/ BUTTON SEWER

P.5F.10 GARMENT/ TEXTILE MACHINE OPERATOR

P.5F.11 PRESSER

P.5F.88 OTHER GARMENT/ TEXTILE WORKER

{IF P.5=9}

P.5G [ENTER SPECIFIC OCCUPATION – MACHINE OPERATOR]

[DO NOT READ LIST]

{MUL=1}

- P.5G.1 ASSEMBLER
- P.5G.2 FABRICATING MACHINE OPERATOR
- P.5G.3 HAND CUTTING/ MOLDING/ CASTING/ FORMING/ PAINTING/ ENGRAVING/
DECORATING
- P.5G.4 METAL/ PLASTIC MACHINE OPERATOR
- P.5G.5 PRINTING MACHINE OPERATOR
- P.5G.6 PRODUCTION GRADER/ TESTER/ SAMPLER/ WEIGHER
- P.5G.7 SOLDERER/ BLAZER
- P.5G.8 WELDER/ CUTTER
- P.5G.9 WOODWORKING MACHINE OPERATOR

P.5G.77 OTHER MACHINE OPERATOR

{IF P.5=10}

P.5H [ENTER SPECIFIC OCCUPATION – MECHANIC & REPAIR]

[DO NOT READ LIST]

{MUL=1}

- P.5H.1 ELECTRICAL REPAIR/ TELEPHONE INSTALLER
- P.5H.2 HEATING & AIR CONDITIONING MECHANICS
- P.5H.3 MOTOR VEHICLE MECHANIC
- P.5H.4 OFFICE MACHINE REPAIR

P.5H.77 OTHER MECHANIC OR REPAIRER

{IF P.5=11}

P.5I [ENTER SPECIFIC OCCUPATION – MEDICAL/ HEALTH OCCUPATION]

[DO NOT READ LIST]

{MUL=1}

- P.5I.1 CHIROPRACTOR
- P.5I.2 DENTAL ASSISTANT
- P.5I.3 DENTIST
- P.5I.4 DIETITIAN
- P.5I.5 HEALTH AIDE – EXCEPT NURSING
- P.5I.6 HEALTH DIAGNOSING PRACTITIONER
- P.5I.7 LPN (LICENSED PRACTICAL NURSE)
- P.5I.8 NURSING AIDE, ORDERLY, ATTENDANT
- P.5I.9 PHARMACIST
- P.5I.10 PHYSICIAN
- P.5I.11 PHYSICIANS' ASSISTANT
- P.5I.12 PSYCHIATRIST / PSYCHOLOGIST
- P.5I.13 REGISTERED NURSE
- P.5I.14 THERAPIST (OCCUPATIONAL, PHYSICAL)

P.5I.77 OTHER HEALTH SPECIALIST

{IF P.5=13}

P.5J [ENTER SPECIFIC OCCUPATION – MOTOR VEHICLE LABOR]

[DO NOT READ LIST]

{MUL=1}

- P.5J.1 FREIGHT MATERIAL HANDLER
- P.5J.2 GARAGE/ SERVICE STATION ATTENDANT
- P.5J.3 GARBAGE COLLECTOR
- P.5J.4 HAND PACKER/ PACKAGER /STOCK HANDLER
- P.5J.5 PARKING LOT ATTENDANT
- P.5J.6 VEHICLE WASHER/ EQUIPMENT CLEANER

- P.5J.77 OTHER MOTOR VEHICLE LABORER

{IF P.5=14}

P.5K [ENTER SPECIFIC OCCUPATION – PERSONAL SERVICES]

[DO NOT READ LIST]

{MUL=1}

- P.5K.1 ANIMAL CARETAKER – EXCEPT FARM
- P.5K.2 BARBER/ HAIRDRESSER/ COSMETOLOGIST
- P.5K.3 CHILDCARE WORKER

- P.5K.66 OTHER PERSONAL SERVICE WORKER

{IF P.5=15}

P.5L [ENTER SPECIFIC OCCUPATION – PROFESSIONAL]

[DO NOT READ LIST]

{MUL=1}

- P.5L.1 COMPUTER/ MATH/ OPERATIONAL SCIENTIST
- P.5L.2 ENGINEER
- P.5L.3 EXECUTIVE/MANAGEMENT
- P.5L.4 LAWYER/ JUDGE
- P.5L.5 SOCIAL SCIENTIST
- P.5L.6 SOCIAL/ HUMAN SERVICES WORKER
- P.5L.7 TEACHER/ LIBRARIAN/ SCHOOL COUNSELOR

- P.5L.77 OTHER PROFESSIONAL

{IF P.5=16}

P.5M [ENTER SPECIFIC OCCUPATION – PROTECTIVE SERVICES]

[DO NOT READ LIST]
{MUL=1}

- P.5M.1 CORRECTIONAL OFFICER
- P.5M.2 FIREFIGHTER
- P.5M.3 LAW ENFORCEMENT OFFICER
- P.5M.4 SECURITY GUARD

P.5M.77 OTHER PROTECTIVE WORKER

{IF P.5=17}

P.5N [ENTER SPECIFIC OCCUPATION – SALES & MARKETING]

[DO NOT READ LIST]

{MUL=1}

- P.5N.1 BANK TELLER
- P.5N.2 GUIDE/ USHER/ FLIGHT ATTENDANT
- P.5N.3 HOTEL SERVICES WORKER
- P.5N.4 INSURANCE AGENT/ BROKER
- P.5N.5 POSTAL CLERK/ MAIL CARRIER
- P.5N.6 RETAIL SALES WORKER
- P.5N.7 SERVICE SALES WORKER
- P.5N.8 TRAVEL AGENT

P.5N.77 OTHER SALES WORKER

P.6 {IF WORK=1} Including overtime, how many hours per week, do you usually work at {RECALL CURRENT JOB}?

{IF WORK=0} Including overtime, how many hours per week did you usually work at {RECALL CURRENT JOB}?

[INTERVIEWER NOTE: IF THE RESPONDENT WORKED A VARYING SCHEDULE, ASK FOR THE AVERAGE NUMBER OF HOURS PER WEEK]

- | | | | | |
|--------|-----------|------------------|------------------|-----------------|
| P.6.1 | SPECIFY | [HOURS PER WEEK] | {Range: 0 to 70} | {SET CURRHOURS} |
| P.6.77 | [DK] | | | {CURRHOURS=0} |
| P.6.99 | [REFUSED] | | | {CURRHOURS=0} |

{IF WORK=0 SET TOTHR=CURRHOURS=0 AND GO TO P.7}
{IF JOB#=1 SET TOTHR=CURRHOURS AND GO TO P.7}

{IF WORK=0 GOTO P.7}

- P.6A {If JOB# > 1 AND JOB# < 88}
Earlier you mentioned that you are currently working at more than one job. Including overtime, how many hours per week do you work at your jobs other than {RECALL CURRENT JOB}?

{If JOB# = 88 or 99}
Earlier I asked about working more than one job. Including overtime, how many hours per week do you work at your jobs other than {RECALL CURRENT JOB}?

P.6A.1 [HOURS] {SET ALLHOURS} {Range: 0 to 70}
P.6A.88 [DK] {ALLHOURS=0}
P.6A.99 [REFUSED] {ALLHOURS=0}

{SET TOTHOURLS=CURRHOURS+ALLHOURS}

P.6B Just to confirm, do you work approximately {RECALL TOTHOURLS} hours per week between all of your jobs?

P.6B.1 YES
P.6B.2 NO {GO TO P.6}

{IF KK.1=1 ANDKK.2=1-3500 OR KK.2A=1-6, THEN GOTO P7B}

P.7 {IF WORK=1}
During {RECALL PRIOR MONTH} how much were your earnings at {RECALL CURRENT JOB}, before taxes and other deductions? Please include tips, commissions, and regular overtime pay.

{IF WORK=0}
How much were your earnings before taxes and other deductions at {RECALL CURRENT JOB} just before you left? Please include tips, commissions, and regular overtime pay.

[INTERVIEWER PROMPT: IF R SAYS EARNINGS VARY, PROBE FOR TYPICAL WEEK DURING THE LAST FEW MONTHS.]

[INTERVIEWER NOTE: ENTER DOLLAR AMOUNT]

P.7.1 [HOUR]
P.7.2 [DAY]
P.7.3 [WEEK]
P.7.4 [PER TWO WEEKS]
P.7.5 [TWICE A MONTH]
P.7.6 [PER MONTH]
P.7.7 [PER OTHER UNIT – SPECIFY UNIT]
P.7.88 [DK] {LABEL P.8}
P.7.99 [REFUSED] {LABEL P.8}

P.7A Just to verify, is that before taxes?

P.7A.1 BEFORE
P.7A.2 AFTER {RESET P.7}

{IF P7=2 THEN ASK, ELSE GOTO P.8}

P.7B {IF WORK=1}
How many days per week do you work at {RECALL CURRENT JOB}?

[PROMPT IF DAYS VARY: How many days per week average in the past month?]

{IF WORK=0}

How many days per week did you usually work at {RECALL CURRENT JOB}?

P.7B.1 [NUMBER OF DAYS] {Range: 1 to 7}

P.7B.88 [DK]

P.7B.99 [REFUSED]

LABEL P.8

{IF WORK=1}

Does your employer at {RECALL CURRENT JOB} offer any of the following benefits to you?

{IF WORK=0}

Did your employer at {RECALL CURRENT JOB} offer any of the following benefits to you?

P.8A Sick days with full pay

P.8A.1 YES

P.8A.2 NO

P.8A.88 [DK]

P.8A.99 [REFUSED]

P.8B Paid vacation

P.8B.1 YES

P.8B.2 NO

P.8B.88 [DK]

P.8B.99 [REFUSED]

P.8C A retirement program or retirement plan

P.8C.1 YES

P.8C.2 NO

P.8C.88 [DK]

P.8C.99 [REFUSED]

P.8D {If WORK=1 and P.8C=1}

Are you participating in the retirement program or retirement plan?

{If WORK=0 and P.8C=1}

Did you participate in the retirement program or retirement plan?

P.8D.1 YES

P.8D.2 NO

P.8D.88 [DK]

P.8D.99 [REFUSED]

P.8E {If WORK=1}

Does your employer offer a health or medical insurance plan for yourself?

{If WORK=0}

Did your employer offer a health or medical insurance plan for yourself?

P.8E.1 YES

P.8E.2 NO

P.8E.88 [DK]

P.8E.99 [REFUSED]

P.8F {If WORK=1 and P.8E=1}
Are you participating in the health or medical insurance plan for yourself?

{If WORK=0 and P.8E=1}
Did you participate in the health or medical insurance plan for yourself?

P.8F.1 YES

P.8F.2 NO

P.8F.88 [DK]

P.8F.99 [REFUSED]

P.8G {If WORK =1}
Do your family and children participate in the health and medical insurance plan offered by your employer?

{If WORK=0}
Did your family and children participate in the health and medical insurance plan offered by your employer?

P.8G.1 YES

P.8G.2 NO

P.8G.88 [DK]

P.8G.99 [REFUSED]

P.8H {If WORK=1 and P.8G=1}
Are you participating in the health or medical insurance plan for your family or children?

{If WORK=0 and P.8G=1}
Did you participate in the health or medical insurance plan for your family or children?

P.8H.1 YES

P.8H.2 NO

P.8H.88 [DK]

P.8H.99 [REFUSED]

{IF TOTHOURS < 35 GOTO LABEL P.12}

{IF WORK=0 GOTO LABEL P.12}

P.9 What are the reasons you aren't currently working full-time?

[INTERVIEWER PROMPT: Anything else?]

[DO NOT READ LIST]

{MUL=38}

JOB AVAILABILITY OR HOURS ISSUES

P.9.1 TOOK ANOTHER JOB

P.9.2 LOST JOB/ TEMPORARY JOB ENDED

P.9.3 FULL TIME JOB NOT AVAILABLE

P.9.4 WANTS TO WORK FEWER HOURS

P.9.5 OTHER SOURCE OF INCOME/ DOES NOT NEED TO WORK

[SPECIFY]

P.9.6 HOURS INFLEXIBLE OR INCONVENIENT

JOB BENEFITS OR CONDITIONS ISSUES

- P.9.7 JOB DOES NOT PAY ENOUGH
- P.9.8 INADEQUATE HEALTH OR OTHER BENEFITS
- P.9.9 TOO MANY JOB-RELATED EXPENSES (TOOLS, GAS, CLOTHES, BONDING, INSURANCE, ETP.)
- P.9.10 DOESN'T WANT TO LOSE CASH ASSISTANCE
- P.9.11 DOESN'T WANT TO LOSE OTHER ASSSITANCE BENEFITS
- P.9.12 WORK TOO HARD, TOO COMPLICATED, TOO STRESSFUL, TOO DANGEROUS
- P.9.13 WORK NOT INTERESTING OR REWARDING/ KIND OF WORK R WANTS NOT AVAILABLE
- P.9.14 DISCRIMINATION OR HARRASSMENT
- P.9.15 OTHER ISSUES WITH BOSS, COWORKERS, CLIENTS

TRAINING ISSUES

- P.9.16 IN SCHOOL OR TRAINING
- P.9.17 DOES NOT HAVE APPROPRIATE TRAINING/SKILLS
- P.9.18 LANGUAGE PROBLEM

TRANSPORTATION ISSUES

- P.9.19 TRANSPORTATION OR GOOD TRANSPORTATION NOT AVAILABLE
- P.9.20 COST OF TRANSPORTATION

HOUSING ISSUES

- P.9.21 HOUSING PROBLEM

FAMILY OR PERSONAL ISSUES

- P.9.22 CHILDCARE OR GOOD CHILDCARE NOT AVAILABLE AT NY PRICE
- P.9.23 CAN'T AFFORD CHILDCARE
- P.9.24 WOULD BE LEAVING CHILD(REN) ALONE AND DOES NOT WANT TO DO THAT
- P.9.25 WANTS TO STAY HOME WITH CHILD(REN)
- P.9.26 RESPONDENT HEALTH PROBLEMS
- P.9.27 RESPONDENT PREGNANT OR JUST HAD BABY
- P.9.28 RESPONDENT DRUG OR ALCOHOL PROBLEM
- P.9.29 CARING FOR ACHILD OR ADULT WITH HEALTH PROBLEMS OR DISABILITY
- P.9.30 SUPERVISING A CHILD WITH BEHAVIORAL OR SCHOOL PROBLEMS
- P.9.31 SPOUSE/PARTNER IS AGAINST R WORKING OR WORKING FULL TIME
- P.9.32 OTHER FAMILY MEMBER IS AGAINST R WORKING OR WORKING FULL TIME
- P.9.33 DOMESTIC VIOLENCE OR DISCORD
- P.9.34 INVOLVEMENT WITH CHILD PROTECTIVE SERVICES (CWA OR BCW IN NYC)
- P.9.35 IMMIGRATION PROBLEMS
- P.9.36 OTHER LEGAL PROBLEMS
- P.9.37 DISABILITY OR INJURY

P.9.77 OTHER [SPECIFY]

P.9.88 [DK]
P.9.99 [REFUSED]

{IF P.9 HAS MORE THAN ONE RESPONSE}

P.9A Of the reasons you just mentioned, what is the most important reason why you aren't currently working full-time?

{RECALL REASONS GIVEN IN P.9}

LABEL P.12 {IF WORK=1 GOTO P.17}

P.13 Why did you leave your job at {RECALL CURRENT JOB}?

[READ LIST]

{MUL=1}

P.13.1 quit
P.13.2 the job ended
P.13.3 seasonal work
P.13.4 laid off
P.13.5 fired
P.13.77 OTHER [SPECIFY]
P.13.88 [DK]
P.13.99 [REFUSED]

IF WORK=1 AND STARTDATE IS BEFORE APPLICATION MONTH THEN GO TO R.1, ELSE GET THIS SECTION

P15. At the time when you applied for welfare in {recall month} were you working at a job for pay?

P.15.1 YES {SKIP TO P.19}
P.15.2 NO
P.15.88 [DK] {SKIP TO P.19}
P.15.99 [REFUSED] {SKIP TO P.19}

P.16 Why weren't you working in {RECALL MONTH}? At that time, what were the reasons you were not working?

[DO NOT READ LIST]

{MUL=38}

JOB AVAILABILITY OR HOURS ISSUES

P.16.1 TOOK ANOTHER JOB
P.16.2 LOST JOB/ TEMPORARY JOB ENDED
P.16.3 FULL TIME JOB NOT AVAILABLE
P.16.4 WANTS TO WORK FEWER HOURS

- P.16.5 OTHER SOURCE OF INCOME/ DOES NOT NEED TO WORK
[SPECIFY]
- P.16.6 HOURS INFLEXIBLE OR INCONVENIENT

JOB BENEFITS OR CONDITIONS ISSUES

- P.16.7 JOB DOES NOT PAY ENOUGH
- P.16.8 INADEQUATE HEALTH OR OTHER BENEFITS
- P.16.9 TOO MANY JOB-RELATED EXPENSES (TOOLS, GAS, CLOTHES,
BONDING, INSURANCE, ETC.)
- P.16.10 DOESN'T WANT TO LOSE CASH ASSISTANCE
- P.16.11 DOESN'T WANT TO LOSE OTHER ASSISTANCE BENEFITS
- P.2C.12 WORK TOO HARD, TOO COMPLICATED, TOO STRESSFUL, TOO
DANGEROUS
- P.16.13 WORK NOT INTERESTING OR REWARDING/ KIND OF WORK R
WANTS NOT AVAILABLE
- P.16.14 DISCRIMINATION OR HARRASSMENT
- P.16.15 OTHER ISSUES WITH BOSS, COWORKERS, CLIENTS

TRAINING ISSUES

- P.16.16 IN SCHOOL OR TRAINING
- P.16.17 DOES NOT HAVE APPROPRIATE TRAINING/SKILLS
- P.16.18 LANGUAGE PROBLEM

TRANSPORTATION ISSUES

- P.16.19 TRANSPORTATION OR GOOD TRANSPORTATION NOT
AVAILABLE
- P.16.20 COST OF TRANSPORTATION

HOUSING ISSUES

- P.16.21 HOUSING PROBLEM

FAMILY OR PERSONAL ISSUES

- P.16.22 CHILDCARE OR GOOD CHILDCARE NOT AVAILABLE AT NY
PRICE
- P.16.23 CAN'T AFFORD CHILDCARE
- P.16.24 WOULD BE LEAVING CHILD(REN) ALONE AND DOES NOT
WANT TO DO THAT
- P.16..25 WANTS TO STAY HOME WITH CHILD(REN)
- P.16..26 RESPONDENT HEALTH PROBLEMS
- P.16.27 RESPONDENT PREGNANT OR JUST HAD BABY
- P.16.28 RESPONDENT DRUG OR ALCOHOL PROBLEM
- P.16.29 CARING FOR ACHILD OR ADULT WITH HEALTH PROBLEMS OR
DISABILTY
- P.16.30 SUPERVISING A CHILD WITH BEHAVIORAL OR SCHOOL
PROBLEMS
- P.16.31 SPOUSE/PARTNER IS AGAINST R WORKING OR WORKING
FULL TIME
- P.16.32 OTHER FAMILY MEMBER IS AGAINST R WORKING OR
WORKING FULL TIME
- P.16.33 DOMESTIC VIOLENCE OR DISCORD
- P.16.34 INVOLVEMENT WITH CHILD PROTECTIVE SERVICES (CWA OR
BCW IN NYC)
- P.16.35 IMMIGRATION PROBLEMS
- P.16.36 OTHER LEGAL PROBLEMS

P.16.37 DISABILITY OR INJURY

P.16.77 OTHER [SPECIFY]

P.16.88 [DK]

P.16.99 [REFUSED]

{IF P.16. HAS MORE THAN ONE RESPONSE}

P.16A Of the reasons you just mentioned, what is the most important reason you weren't working?

{RECALL REASONS GIVEN IN P.2C}

P17. At the time you applied for welfare cash assistance in {recall month} how long had it been since you last worked?

P.17.1 [MONTHS] {Range: 1-11}

P.17.2 [YEARS] {Range: 1-10}

P.17.888888 [DK]

P.17.999999 [REFUSED]

{GOTO P.19}

P.18 Why have you never worked for pay?

P.18.1 [SPECIFY]

P.18.88 [DK]

P.18.99 [REFUSED]

{GOTO R.1}

LABEL P.19

P.19. Have you actively looked for a job in the past 4 weeks?

[INTERVIEWER PROMPT: By actively looking for work, I mean did you try to find a job by checking with state or private employment agencies, asking friends or relatives about job openings, looking at or answering ads in newspapers, or applying for jobs.]

P.19.1	YES	
P.19.2	NO	{SET LOOK=2}
P.19.88	[DK]	{SET LOOK=2}
P.19.99	[REFUSED]	{SET LOOK=2}

SECTION R: PARENT BARRIERS TO EMPLOYMENT

R.1 Please consider your education, training and work experience when answering the following questions.

How well do you think you would do at a job that required you to do a lot of math?

[INTERVIEWER PROMPT: for example, such as a waitress, sales clerk, or other job where you need to use math or work with money]

[READ LIST]

- R.1.1 Very well
- R.1.2 Well
- R.1.3 Not too well
- R.1.4 Poorly
- R.1.88 [DK]
- R.1.99 [REFUSED]

R.2 How well do you think you would do at a job that required you to fill out forms with specific written instructions?

[READ LIST]

- R.2.1 Very well
- R.2.2 Well
- R.2.3 Not too well
- R.2.4 Poorly
- R.2.88 [DK]
- R.2.99 [REFUSED]

R.3 How well do you think you would do at a job that required a lot of reading, such as a job where you had to read manuals and follow the instructions?

[READ LIST]

- R.3.1 Very well
- R.3.2 Well
- R.3.3 Not too well
- R.3.4 Poorly
- R.3.88 [DK]
- R.3.99 [REFUSED]

R.4 How well do you think you would do at a job that required you to operate or learn to operate a personal or office computer?

[READ LIST]

- R.4.1 Very well
- R.4.2 Well
- R.4.3 Not too well
- R.4.4 Poorly

R.4.88 [DK]
R.4.99 [REFUSED]

SECTION S: ACCESS TO TRANSPORTATION

S.1 Do you own or lease a vehicle such as a car, truck, or van that you and your family currently use to get around?

- S.1.1 YES {SKIP TO S.3}
- S.1.2 NO
- S.1.88 [DK] {SKIP TO S.3}
- S.1.99 [REFUSED] {SKIP TO S.3}

S.2 Do you have access to someone else's vehicle if you need it?

- S.2.1 YES
- S.2.2 NO
- S.2.88 [DK]
- S.2.99 [REFUSED]

S.3 Do you have access to public transportation in your community such as public buses, subways, or trains?

- S.3.1 YES
- S.3.2 NO {SKIP TO T.4A}
- S.3.88 [DK] {SKIP TO T.4A}
- S.3.99 [REFUSED] {SKIP TO T.4A}

S.3A How far from your home or apartment is the nearest bus, subway, or train stop?

- S.3A.1 [NUMBER OF BLOCKS] {Range: 1 to 15}
- S.3A.2 [NUMBER OF MILES] {Range: 1 to 5}
- S.3A.3 LESS THAN A BLOCK
- S.3A.88 [DK]
- S.3A.99 [REFUSED]

SECTION T: CHILDCARE

Now, I would like to change the subject and talk about your childcare arrangements.

- T.4A {IF CHILDNUM=1} What type of childcare do you prefer to use for your child?
{IF CHILDNUM>1} What type of childcare do you prefer to use for your youngest child?

- T.4A.1 CHILD'S FATHER/ MOTHER/ STEP PARENT
- T.4A.2 CHILD'S BROTHER OR SISTER
- T.4A.3 CHILD'S GRANDPARENT
- T.4A.4 ANOTHER RELATIVE
- T.4A.5 FRIEND
- T.4A.6 BABY-SITTER WHO IS NOT FRIEND OR RELATIVE
- T.4A.7 FAMILY DAY CARE PROVIDER (A PERSON WHO CARES FOR 2 OR MORE CHILDREN IN THEIR HOME)
- T.4A.8 HEAD START OR EVEN START
- T.4A.9 DAY CARE CENTER.
- T.4.A.10 NURSERY SCHOOL OR PRESCHOOL PROGRAM
- T.4.A.11 SUMMER CAMP
- T.4A.12 AFTER SCHOOL/ COMMUNITY CENTER PROGRAM
- T.4AA.77 OTHER [SPECIFY]
- T.4A.88 [DK]
- T.4A.99 [REFUSED]

SECTION U: PARENT EMPLOYMENT SUPPORTS

U.1 In the past year, have family or friends ever helped or encouraged you to find a job or go to work?

- U.1.1 YES
- U.1.2 NO
- U.1.88 [DK]
- U.1.99 [REFUSED]

U.2. In the past year, have family, friends, or other members of the community ever referred you to jobs?

- U.2.1 YES
- U.2.2 NO
- U.2.88 [DK]
- U.2.99 [REFUSED]

U.3. In the past year, have family or friends ever helped with childcare or transportation so you could find a job, take a job, or keep a job?

- U.3.1 YES
- U.3.2 NO
- U.3.88 [DK]
- U.3.99 [REFUSED].

U.4. In the past year, have family or friends ever helped or encouraged you to participate in work activities required by the welfare office?

- U.4.1 YES
- U.4.2 NO
- U.4.88 [DK]
- U.4.99 [REFUSED]

U.5. In the past year, have family or friends ever discouraged or prevented you from working or participating in work-related activities?

- U.5.1 YES
- U.5.2 NO
- U.5.88 [DK]
- U.5.99 [REFUSED]

{IF CHILDNUM=0 GOTO V.1}

U.6 {IF CHILDNUM=1}
If you were working and the child in your household had an emergency or your childcare arrangements didn't work, is there a family member or friend who could take care of the child until you were able to come home?

{IF CHILDNUM>1}

If you were working and one of the children in your household had an emergency or your childcare arrangements didn't work, is there a family member or friend who could take care of the children until you were able to come home?

[INTERVIEWER PROMPT: An emergency may be that the child is ill or childcare arrangements fell through]

U.6.1	YES
U.6.2	NO
U.6.88	[DK]
U.6.99	[REFUSED]

SECTION W: RESPONDENT DEMOGRAPHICS, EDUCATION, AND TRAINING

PREW.1 [INTERVIEWER ENTER RESPONDENT'S SEX DO NOT ASK.]

PRES.1 MALE
PREW.2 FEMALE

PREW.2 Before I end the survey, I need to get some final information about you.

How old are you?

PREW2.1 1 [YEARS]
PREW2.88 [DK]
PREW2.99 [REFUSED]

W.1 First, Have you ever been married?

W.1A.1 YES
W.1A.2 NO {SKIP TO W.1C}
W.1A.88 [DK] {SKIP TO W.1C}
W.1A.99 [REFUSED] {SKIP TO W.1C}

W.1B. Are you currently:

[READ LIST]
W.1B.2.1 Married and living with your spouse
W.1B.2.2 Married and living apart from your spouse
W.1B.2.3 divorced
W.1B.4 widowed
W.1B.88 [DK]
W.1B.99 [REFUSED]

W.1C {IF PREW.1=2} Are you currently pregnant?

W.1C.1 YES
W.1C.2 NO
W.1C.88 [DK]
W.1C.99 [REFUSED]

W.2 Are you of Hispanic or Latino origin?

W.2.1 YES
W.2.2 NO
W.2.88 [DK]
W.2.99 [REFUSED]

W.2B Do you consider yourself to be:

[READ LIST]
W.2B.1 White
W.2B.2 Black or African American

- W.2B.3 Asian or Pacific Islander
- W.2B.4 Native American or Alaskan Native
- W.2B.5 MIXED OR MULIRACIAL
- W.2B.77 OTHER [SPECIFY]
- W.2B.88 [DK]
- W.2B.99 [REFUSED]

W.3 Are there any other languages spoken in your home besides English?

- W.3.1 YES
- W.3.2 NO {SKIP TO W.8}
- W.3.88 [DK] {SKIP TO W.8}
- W.3.99 [REFUSED] {SKIP TO W.8}

W.4 What language do you speak most often in your home?

- W.4.1 ENGLISH
- W.4.2 SPANISH
- W.4.3 RUSSIAN
- W.4.77 OTHER [SPECIFY]
- W.4.88 [DK]
- W.4.99 [REFUSED]

W.5 Do you have a problem reading things like newspapers or magazines that are written in English?

- W.5.1 YES
- W.5.2 NO
- W.5.88 [DK]
- W.5.99 [REFUSED]

W.6 Have you ever had an English as a Second Language, or ESL, course or other classroom instruction to help you speak or read English better?

- W.6.1 YES
- W.6.2 NO
- W.6.88 [DK]
- W.6.99 [REFUSED]

W.8 Were you born in the United States, Puerto Rico, Guam or the Virgin Islands?

- W.8.1 YES {SKIP TO W.10}
- W.8.2 NO
- W.8.88 [DK]
- W.8.99 [REFUSED]

W.9 For how many years have you lived in the United States?

- W.9.1 [YEARS] {Range: 1 to 75}
- W.9.88 [DK]
- W.9.99 [REFUSED]

{IF CHILDNUM=0 GOTO W.11}

W.10 How old were you when your first child was born?

W.10.1 [YEARS] {Range: 10 to 50}
W.10.88 [DK]
W.10.99 [REFUSED]

W.11. Do you have a GED or high school diploma?

W.11.1 HIGH SCHOOL DIPLOMA {Skip to W.13}
W.11.2 GED {Skip to W.12B}
W.11.3 NEITHER
W.11.88 [DK]
W.11.99 [REFUSED]

W.12A What is the highest grade or year of school you have completed?

W.12A.1 [GRADE] {Range: 1 to 12}
W.12A.88 [DK]
W.12A.99 [REFUSED]

{GOTO W.13}

W.12B What is the highest grade in school you completed before getting your GED?

W.12B.1 [GRADE] {Range: 1 to 12}
W.12B.88 [DK]
W.12B.99 [REFUSED]

W.13. Do you have a vocational, technical or trade school certificate or diploma?

W.13.1 YES
W.13.2 NO
W.13.88 [DK]
W.13.99 [REFUSED]

W.14. Did you ever take special education classes or participate in other programs to help you catch-up in school?

[INTERVIEWER PROMPT: Such programs or classes are designed to help overcome learning difficulties a student may have or help them if they are behind other students.]

- W.14.1 YES
- W.14.2 NO
- W.14.88 [DK]
- W.14.99 [REFUSED]

{If W.11=3, 88,99 GOTO W.17}

W.15 Have you attended a two- or four-year college?

- W.15.1 YES
- W.15.2 NO {Skip to W.17}
- W.15.88 [DK] {Skip to W.17}
- W.15.99 [REFUSED] {Skip to W.17}

W.16. {IF F.24=1} What is the highest level of college that you completed?

- W.16.1 SOME COLLEGE
- W.16.2 1 YEAR DEGREE
- W.16.3 ASSOCIATE DEGREE, 2 YEAR DEGREE
- W.16.3 BACHELOR DEGREE
- W.16.5 MASTERS DEGREE OR HIGHER
- W.16.88 [DK]
- W.16.99 [REFUSED]

W.17 Those are all the questions I have for you. Are there any comments on your experiences with New York's welfare cash assistance program that you would like to share with the State?

W.17.1 [YES-SPECIFY] {Range: allow for 250 characters }

W.17.2 NO

W.18 Thank you for completing the survey. We really appreciate your time.

I need to get your name, address and phone number so we can mail you your \$20 for finishing the survey. Just so you know, the money order will come in an envelope from ORC Macro – be careful not to think it's "junk mail." Also, someone else from Macro may contact you in the future to verify that I completed this survey with you.

[IF ASKED: You can expect to receive your payment within 2 weeks]

[USE ALL CAPS WHEN TYPING INFORMATION]

W.18.1 {RECALL RESPONDENT NAME}

W.18.2 [STREET ADDRESS]

W.18.3 [CITY]

W.18.4 [STATE]

W.18.5 [ZIP]

W.18.6 [PHONE NUMBER AT WHICH THEY CAN BEST BE REACHED IN FUTURE]

INT.1. INTERVIEWER: PLEASE RATE THE RESPONDENTS ABILITY TO SPEAK ENGLISH.

- INT.1.1 CONVERSES EASILY AND UNDERSTANDABLY IN ENGLISH
- INT.1.2 SOMETIMES HAS DIFFICULTY EXPRESSING SELF IN ENGLISH OR BEING UNDERSTOOD
- INT.1.3 CAN'T COMMUNICATE IN ENGLISH

INT2. PLEASE RATE THE RESPONDENT'S ABILITY TO UNDERSTAND QUESTIONS.

- INT.2.1 ABLE TO UNDERSTAND MOST QUESTIONS WITHOUT DIFFICULTY
- INT.2.2 SOME DIFFICULTY UNDERSTANDING QUESTIONS
- INT.2.3 COULDN'T UNDERSTAND MANY QUESTIONS

INT3. PLEASE RATE THE RESPONDENT'S COOPERATIVENESS.

- INT.3.1 PATIENT/ COOPERATIVE
- INT.3.2 AVERAGE PATIENCE FOR THIS SORT OF THING
- INT.3.3 IMPATIENT/UNCOOPERATIVE

INT4. PLEASE RATE THE RESPONDENT'S INTEREST.

- INT.4.1 APPEARED INTERESTED IN PROVIDING RELEVANT AND ACCURATE ANSWERS.
- INT.4.2 NORMAL/AVERAGE INTEREST FOR THIS SORT OF THING
- INT.4.3 DID NOT APPEAR INTERESTED IN RELEVANT AND ACCURATE ANSWERS

INT5 BASED ON WHAT YOU HEARD ON THE TELEPHONE WERE THERE OTHER PEOPLE PRESENT IN THE ROOM WITH THE RESPONDENT DURING THE INTERVIEW?

- INT5.1 YES [SKIP TO INT.6]
- INT5.2 NO {SKIP TO INT.7}
- INT5.8 [DK]

INT6 DO YOU THINK THAT THESE OTHER PEOPLE INFLUENCED HOW THE RESPONDENT ANSWERED QUESTIONS?

- INT6.1 YES, ALL OF THE QUESTIONS
- INT6.2 YES, SOME OF THE QUESTION\
- INT6.3 NO, NONE OF THE QUESTIONS
- INT6.8 [DK]

