

# TANF CASELOAD SURVEY

## COMMON INSTRUMENT

*Final Version*

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## SECTION A: INTRODUCTION

A1. Hello, may I please speak with [SAMPLE MEMBER]?

(My name is [INTERVIEWER'S FULL NAME], and I'm calling from [ORGANIZATION] about a study we are conducting for the state of [STATE] about peoples experiences with work and looking for work.)

SAMPLE MEMBER AVAILABLE .....01

SAMPLE MEMBER NOT AVAILABLE .....00 →

When would be a good time to call back and speak with (her/him)? (We sent (her/him) a letter explaining the study and that we would be calling to talk with (her/him) about (her/his) experiences.

**RECORD CALLBACK TIME AND THANK SAMPLE MEMBER. TERMINATE CALL.**

### AFTER REACHING SAMPLE MEMBER

A2. My name is [INTERVIEWER'S FULL NAME]. I'm calling from [ORGANIZATION] about a study we are conducting for the state of [STATE].

You should have received a letter from [STATE] explaining that we are calling to find out about your experiences with work and looking for work. I will ask you some questions that will take about 40 minutes. You will receive [ ] for completing the interview. The information you provide will be kept confidential and will in no way affect any benefits you may be receiving. Your participation will be important in helping [STATE] improve programs and services for residents.

**PROBE:** Would this be a good time to begin?

YES.....01 → **GO TO A3**

NO .....00 →

When would be a good time to call back and do the interview?  
**RECORD CALLBACK TIME AND THANK SAMPLE MEMBER. TERMINATE CALL.**

**A3.** To begin I just need to verify that I am speaking with the correct person. Could I please have your date of birth?

Nebraska

/    /      
 MONTH DAY YEAR

DON'T KNOW.....-1  
 REFUSED.....-3

} → **GO TO A4**

**A3a.**

Nebraska

**INTERVIEWER CHECK: DOES D.O.B. MATCH OUR RECORDS?**

YES.....01 → **GO TO B1**  
 NO.....00

**A4.** And what are the last 4-digits of your Social Security number?

Nebraska

DON'T KNOW.....-1  
 REFUSED.....-3

} → **GO TO A5**

**A4a.**

Nebraska

**INTERVIEWER CHECK: DO LAST 4 DIGITS OF THE SOCIAL SECURITY NUMBER MATCH OUR RECORDS?**

YES.....01 → **GO TO B1**  
 NO.....00

**A5.** Do you live at or have you ever lived at [READ ORIGINAL ADDRESS FROM OUR RECORDS]?

Iowa  
CORE

YES.....01 → **GO TO B1**  
 NO.....00

**A6.** I'm sorry, but we can only interview people who were selected for this study.

Nebraska

Thank you for your time. **END CALL, TERMINATE INTERVIEW.**

## SECTION B: EMPLOYMENT

RECORD INTERVIEW START TIME: |\_|\_|:|\_|\_| AM.....01  
 PM.....02

B1. First, I'd like to ask about your work experience. Please think about paid jobs you may have had, both now and in the past. These can include self employment, babysitting, housekeeping and other temporary jobs.

Nebraska

Have you ever worked for pay at all?

- YES.....01
  - NO .....00
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO B23**

B2. Since turning 18, about how much of the time would you say you have been employed at a paying job . . . **(READ CATEGORIES)**

Nebraska

CIRCLE ONE ONLY

- Most of the time, .....01
  - About three-quarters, .....02
  - About half the time, .....03
  - About one-quarter, or .....04
  - Hardly at all? .....05
  - NONE OF THE TIME .....00
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **RECODE B1 AS NO, AND SKIP TO B23**

B3. Are you currently working for pay?

Nebraska

- YES.....01
  - NO .....00
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO B5**

B4. And how many different jobs do you currently have, including self-employment?

Nebraska

**PROBE:** Please count babysitting or housekeeping for different families as one job. Count work at different companies for a single temporary agency as one job.

\_\_\_\_ # OF JOBS

DON'T KNOW.....-1

REFUSED.....-3

**ALL GO TO B7**

B5. What do you think are the main reasons why you are not currently working?

WES  
Modified

**PROBE:** Any other reason?

CIRCLE ALL THAT APPLY

- NEED MORE EDUCATION .....01
- NEED MORE WORK EXPERIENCE .....02
- NO JOBS .....03
- CRIMINAL RECORD .....04
- TRANSPORTATION PROBLEMS .....05
- PAYING OR FINDING CHILD CARE.....06
- PREFER/NEED TO STAY HOME WITH CHILDREN .....07
- PREGNANT/MATERNITY LEAVE.....08
- OWN ILL HEALTH, DISABILITY .....09
- DEPRESSED OR OVERWHELMED .....10
- OWN DRINKING/DRUG PROBLEM.....11
- OTHER FAMILY RESPONSIBILITIES (E.G., HEALTH OF CHILDREN OR OTHER FAMILY MEMBERS).....12
- IN SCHOOL OR OTHER TRAINING .....13
- WAGES TOO LOW.....14
- JOBS DON'T OFFER HEALTH BENEFITS .....15
- HUSBAND/PARTNER OBJECTED .....16
- OTHER (SPECIFY) .....96
- \_\_\_\_\_
- \_\_\_\_\_
- DON'T KNOW.....-1
- REFUSED.....-3

B5a.

<b>INTERVIEWER CHECK B5: IS MORE THAN ONE REASON CIRCLED?</b>	
YES .....	01
NO .....	00 → GO TO B6

B5b. Which of those reasons is the most important reason why you are not currently working?

WES  
Modified

CIRCLE ONE ONLY

- NEED MORE EDUCATION .....01
- NEED MORE WORK EXPERIENCE .....02
- NO JOBS .....03
- CRIMINAL RECORD .....04
- TRANSPORTATION PROBLEMS .....05
- PAYING OR FINDING CHILD CARE.....06
- PREFER/NEED TO STAY HOME WITH CHILDREN .....07
- PREGNANT/MATERNITY LEAVE.....08
- OWN ILL HEALTH, DISABILITY .....09
- DEPRESSED OR OVERWHELMED .....10
- OWN DRINKING/DRUG PROBLEM.....11
- OTHER FAMILY RESPONSIBILITIES (E.G., HEALTH OF CHILDREN OR OTHER FAMILY MEMBERS).....12
- IN SCHOOL OR OTHER TRAINING .....13
- WAGES TOO LOW.....14
- JOBS DON'T OFFER HEALTH BENEFITS .....15
- HUSBAND/PARTNER OBJECTED .....16
- OTHER (SPECIFY) .....96
- \_\_\_\_\_
- \_\_\_\_\_
- DON'T KNOW.....-1
- REFUSED.....-3



B6. Did you work at any job for pay in the past 12 months, including self-employment, babysitting, housekeeping, or any other temporary jobs?

Nebraska

- YES.....01
  - NO .....00
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO B9**

B7. About how many months during the past 12 months did you work for pay?

Nebraska

\_\_\_\_ RECORD ANY NUMBER 1-12. IF RESPONDENT SAYS "ALL", RECORD AS 12.

- DON'T KNOW.....-1
- REFUSED.....-3

B8. How many different jobs have you held in the past 12 months? Please include any job or jobs you may now have, including self-employment.

Nebraska

**PROBE:** Please count babysitting or housekeeping for different families as one job. Count work at different companies for a single temporary agency as one job.

\_\_\_\_

- DON'T KNOW.....-1
- REFUSED.....-3

**INTERVIEWER NOTE: THROUGHOUT SECTION, IF CURRENTLY WORKING, READ FIRST WORD OR PHRASE IN PARENTHESES. IF NOT CURRENTLY WORKING, READ SECOND PHRASE IN PARENTHESES.**

B9. Now I'd like to ask you some questions about (your current job/the job you held most recently). (If you have more than one job, please think about the one you consider to be your main job). First . . .

Nebraska

**INTERVIEWER, IF ASKED, SAY:** By main job we mean the job where you worked the most hours.

In what month and year did you start working at this job?

**PROBE:** Your best estimate is fine.

_ _	/	_ _ _ _
MONTH		YEAR

DON'T KNOW.....-1  
 REFUSED.....-3

B10. And in what month and year did you stop working at this job?

New

**PROBE:** Your best estimate is fine.

_ _	/	_ _ _ _
MONTH		YEAR

STILL AT JOB.....-4  
 DON'T KNOW.....-1  
 REFUSED.....-3

**B11.** Including overtime, how many hours per week (do/did) you usually work on this job?

Nebraska

\_\_\_\_|\_\_\_\_| # OF HOURS PER WEEK

DON'T KNOW.....-1  
REFUSED.....-3

GO TO B11a

**GO TO B12**

**B11a.** (Is/Was) the number of hours per week you usually (work/worked) less than 20 hours, 20 to 34 hours, or 35 hours or more?

Nebraska

LESS THAN 20 HOURS PER WEEK .....01  
20 - 34 HOURS PER WEEK.....02  
35 OR MORE HOURS PER WEEK.....03  
DON'T KNOW.....-1  
REFUSED.....-3

**B12.** (Is/Was) this a temporary or seasonal job? That is, when you took the job were you told it would only last for a short amount of time?

Nebraska

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

B13. On what shift or time of the day (do/did) you work?

Nebraska

**PROBE IF TEMPORARY JOB:** During your (current/last) assignment?

CIRCLE ONE ONLY

- REGULAR DAY TIME SHIFT  
(ROUGHLY 9am TO 5pm).....01
  - AFTERNOON SHIFT (ROUGHLY 12 TO 8pm) ...02
  - REGULAR EVENING SHIFT  
(ROUGHLY 4pm TO 12 midnight) .....03
  - REGULAR NIGHT SHIFT (12 midnight TO  
8am).....04
  - ROTATING SHIFT (CHANGES REGULARLY  
FROM DAYS TO EVENINGS OR NIGHTS).....05
  - SPLIT SHIFT (CONSISTS OF TWO DISTINCT  
PERIODS EACH DAY) .....06
  - IRREGULAR SCHEDULE (CHANGES FROM  
DAY TO DAY).....07
  - WEEKENDS ONLY .....08
  - REGULAR SCHEDULE WITH SOME  
WEEKEND WORK .....09
  - OTHER (SPECIFY) .....96
- 
- DON'T KNOW.....-1
  - REFUSED.....-3

→ GO TO B13a

**GO TO B14**

B13a. Do you usually work the same days each week?

New

- YES.....01
- NO .....00
- DON'T KNOW.....-1
- REFUSED.....-3

B14. What kind of company (do/did) you work for? What (do/did) they make or sell?

Nebraska

**RECORD VERBATIM RESPONSE. PROBE FOR TYPE OF PRODUCT OR SERVICE.**

---

---

DON'T KNOW.....-1

REFUSED.....-3

B15. And what (do/did) you do there? What (is/was) your job title?

Nebraska

**RECORD VERBATIM RESPONSE. PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES AND JOB TITLE.**

---

---

DON'T KNOW.....-1

REFUSED.....-3

B16. What (is/was) your hourly rate of pay (just before you left that job) before taxes and deductions?

Nebraska

**WATCH THE DECIMAL POINT.**

**IF TEMPORARY AGENCY, PROBE:** How much were you paid at your (current/most recent) assignment?

\$ |\_\_|\_\_|. |\_\_|\_\_| PER HOUR

UNPAID OR WORK EXPERIENCE.....-4

DOES NOT KNOW OR NOT PAID PER HOUR.....-1

REFUSED.....-3

→ GO TO B17

**GO TO B18**

B17.

Nebraska

How much (are/were) your weekly or monthly earnings, before taxes and other deductions (just before you left that job)? Please **include** tips, commissions, and regular overtime pay.

**ACCEPT MOST CONVENIENT TIME PERIOD. BE SURE TO CODE TIME PERIOD.**

**IF TEMPORARY AGENCY, PROBE:** How much were you paid at your (current/most recent) assignment?

\$ |\_\_|,|\_\_|\_\_|\_\_|.|\_\_|\_\_| RECORD DOLLAR AMOUNT

CODE ONE ONLY

- PER DAY .....01
  - PER WEEK.....02
  - ONCE EVERY TWO WEEKS .....03
  - TWICE A MONTH.....04
  - PER MONTH .....05
  - PER YEAR.....06
  - OTHER (SPECIFY) .....07
- 
- DON'T KNOW.....-1
  - REFUSED.....-3

B18.

Nebraska Modified

Which of the following benefits (are/were) available to you on your job, even if you (are/were) not receiving them **(READ EACH ITEM)** . . .

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Paid sick days? .....	01	00	-1	-3
b. Paid vacation?.....	01	00	-1	-3
c. Paid Holidays? .....	01	00	-1	-3
d. A health plan or medical insurance? .....	01	00	-1	-3
e. A retirement program? .....	01	00	-1	-3

Nebraska

B19. Thinking about workers at your position or level at your (current/most recent) employer, how much opportunity do you think there (is/was) for advancement or promotion to a higher position that pays more? Do you think there (is/was) . . .

- A great deal of opportunity,.....01
- Some, .....02
- A little, or.....03
- No opportunity for advancement or promotion?.....04
- DON'T KNOW.....-1
- REFUSED.....-3

B20.

<b>INTERVIEWER, CHECK B3: IS SAMPLE MEMBER CURRENTLY WORKING?</b>	
YES .....	01 → <b>GO TO B22</b>
NO .....	00

B21. Why did you leave your most recent job?

TANF  
Leavers

**PROBE:** Any other reason?

CIRCLE ALL THAT APPLY

**HOURS/SCHEDULE**

- DID NOT LIKE SCHEDULE/SHIFT ..... 01
- WANTED TO WORK MORE HOURS ..... 02
- WANTED TO WORK FEWER HOURS ..... 03

**JOB SATISFACTION**

- DID NOT LIKE WORK/WORKING
- CONDITIONS TOO STRESSFUL ..... 04
- BENEFITS NOT GOOD ENOUGH ..... 05
- SALARY NOT GOOD ENOUGH ..... 06
- PROBLEMS WITH CO-WORKERS..... 07
- PROBLEMS WITH BOSS..... 08

**HEALTH/FAMILY**

- MATERNITY LEAVE OR PREGNANCY ..... 09
- SAMPLE MEMBER INJURED ON THE JOB ..... 10
- SAMPLE MEMBER'S OTHER HEALTH  
PROBLEM ..... 11
- OTHER FAMILY MEMBER'S HEALTH  
PROBLEM ..... 12
- OTHER FAMILY OR PERSONAL PROBLEMS ..... 13

**CHILDREN/CHILDCARE**

- CHILD CARE PROBLEM OR COULD NOT  
AFFORD CHILD CARE ..... 14
- WANTED TO SPEND MORE TIME WITH  
CHILDREN..... 15

**TRANSPORTATION/LOCATION**

- TRANSPORTATION PROBLEM ..... 16
- WANTED TO WORK CLOSER TO HOME..... 17
- SAMPLE MEMBER MOVED ..... 18

**ANOTHER OPPORTUNITY**

- TOOK ANOTHER JOB ..... 19
- RETURNED TO SCHOOL OR TRAINING ..... 20

**OTHER**

- DID NOT NEED TO WORK ..... 21
- TEMPORARY/SHORT-TERM ASSIGNMENT ENDED..... 22
- FIRED ..... 23
- LAI D OFF ..... 24
- OTHER (SPECIFY)..... 96



B21a.

**INTERVIEWER, CHECK B21: IS MORE THAN ONE REASON CIRCLED?**

YES .....	01
NO .....	00 → GO TO B22

B21b. Which of those reasons is the most important reason why you left your most recent job?

CIRCLE ONE ONLY

**HOURS/SCHEDULE**

DID NOT LIKE SCHEDULE/SHIFT .....	01
WANTED TO WORK MORE HOURS .....	02
WANTED TO WORK FEWER HOURS .....	03

**JOB SATISFACTION**

DID NOT LIKE WORK/WORKING	
CONDITIONS TOO STRESSFUL .....	04
BENEFITS NOT GOOD ENOUGH .....	05
SALARY NOT GOOD ENOUGH .....	06
PROBLEMS WITH CO-WORKERS.....	07
PROBLEMS WITH BOSS.....	08

**HEALTH/FAMILY**

MATERNITY LEAVE OR PREGNANCY .....	09
SAMPLE MEMBER INJURED ON THE JOB .....	10
SAMPLE MEMBER'S OTHER HEALTH PROBLEM .....	11
OTHER FAMILY MEMBER'S HEALTH PROBLEM .....	12
OTHER FAMILY OR PERSONAL PROBLEMS .....	13

**CHILDREN/CHILDCARE**

CHILD CARE PROBLEM OR COULD NOT AFFORD CHILD CARE .....	14
WANTED TO SPEND MORE TIME WITH CHILDREN.....	15

**TRANSPORTATION/LOCATION**

TRANSPORTATION PROBLEM .....	16
WANTED TO WORK CLOSER TO HOME.....	17
SAMPLE MEMBER MOVED .....	18

**ANOTHER OPPORTUNITY**

TOOK ANOTHER JOB .....	19
RETURNED TO SCHOOL OR TRAINING .....	20

**OTHER**

DID NOT NEED TO WORK .....	21
TEMPORARY/SHORT-TERM ASSIGNMENT ENDED.....	22
FIRED .....	23
LAI D OFF .....	24
OTHER (SPECIFY).....	96

B22. Next, please think about all the jobs you have ever held. How often did any of them require you to . . .

WES

**PROBE:** Would that be daily, weekly, monthly, or never?

	<u>DAILY</u>	<u>WEEKLY</u>	<u>MONTHLY</u>	<u>NEVER</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Talk with customers face to face--daily, weekly, monthly, or never?.....	01	02	03	04	-1	-3
b. Talk with customers over the phone?.....	01	02	03	04	-1	-3
c. Read instructions or reports? .....	01	02	03	04	-1	-3
d. Write letters or memos--(daily, weekly, monthly, or never)? .....	01	02	03	04	-1	-3
e. Work with a computer, such as word processing or data entry?.....	01	02	03	04	-1	-3
f. Work with another electronic machine such as cash register, bar code scanner, or calculator? .....	01	02	03	04	-1	-3
g. Do arithmetic, including making change? .....	01	02	03	04	-1	-3
h. Fill out forms? .....	01	02	03	04	-1	-3
i. Keep a close watch over gauges, dials, or instruments of any kind? .....	01	02	03	04	-1	-3
j. Supervise other people who report to you? .....	01	02	03	04	-1	-3

**ALL GO TO C1**

B23. What are the main reasons why you've never worked for pay?

WES

**PROBE:** Any other reason?

CIRCLE ALL THAT APPLY

- NEED MORE EDUCATION .....01
- NEED MORE WORK EXPERIENCE .....02
- NO JOBS .....03
- CRIMINAL RECORD .....04
- TRANSPORTATION PROBLEMS .....05
- PAYING OR FINDING CHILD CARE.....06
- PREFER/NEED TO STAY HOME WITH CHILDREN .....07
- PREGNANT/MATERNITY LEAVE.....08
- OWN ILL HEALTH, DISABILITY .....09
- DEPRESSED OR OVERWHELMED .....10
- OWN DRINKING/DRUG PROBLEM.....11
- OTHER FAMILY RESPONSIBILITIES (E.G., HEALTH OF CHILDREN OR OTHER FAMILY MEMBERS).....12
- IN SCHOOL OR OTHER TRAINING .....13
- WAGES TOO LOW.....14
- JOBS DON'T OFFER HEALTH BENEFITS .....15
- HUSBAND/PARTNER OBJECTED .....16
- OTHER (SPECIFY) .....96
- \_\_\_\_\_
- \_\_\_\_\_
- DON'T KNOW.....-1
- REFUSED.....-3

B23a.

**INTERVIEWER, CHECK B23: IS MORE THAN ONE REASON CIRCLED?**

- YES .....01
- NO .....00 → **GO TO C1**

B23b. Which of those reasons is the most important reason why you've never worked for pay?

WES

CIRCLE ONE ONLY

- NEED MORE EDUCATION .....01
- NEED MORE WORK EXPERIENCE .....02
- NO JOBS .....03
- CRIMINAL RECORD .....04
- TRANSPORTATION PROBLEMS .....05
- PAYING OR FINDING CHILD CARE.....06
- PREFER/NEED TO STAY HOME WITH CHILDREN .....07
- PREGNANT/MATERNITY LEAVE.....08
- OWN ILL HEALTH, DISABILITY .....09
- DEPRESSED OR OVERWHELMED .....10
- OWN DRINKING/DRUG PROBLEM.....11
- OTHER FAMILY RESPONSIBILITIES (E.G., HEALTH OF CHILDREN OR OTHER FAMILY MEMBERS).....12
- IN SCHOOL OR OTHER TRAINING .....13
- WAGES TOO LOW.....14
- JOBS DON'T OFFER HEALTH BENEFITS .....15
- HUSBAND/PARTNER OBJECTED .....16
- OTHER (SPECIFY) .....96
- \_\_\_\_\_
- \_\_\_\_\_
- DON'T KNOW.....-1
- REFUSED.....-3

## SECTION C: JOB TRAINING, JOB SEARCH ACTIVITIES AND EDUCATION

C1. The next questions are about education and job training programs. At any time during the past 12 months did you do any of the following training activities. . .  
**(READ EACH ITEM)**

CPS

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Attend GED classes or receive training to prepare for the GED exam, or to improve basic reading or math skills? .....	01	00	-1	-3
b. Attend job readiness training to learn about resume writing, job interviewing, or building self-esteem? .....	01	00	-1	-3
c. Attend a job search program or job club, or use a job resource center to get lists of jobs and employers, to schedule interviews, or to fill out job applications? .....	01	00	-1	-3
d. Attend a training program to learn a specific job skill, such as computer word processing, auto mechanics, nursing, providing child care, or a skill for some other job or vocation? .....	01	00	-1	-3
e. Participate in a work experience program such as a community service job in order to receive cash assistance? .....	01	00	-1	-3

C1a. During the past 12 months, have you taken any college classes?

New

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

C2. Do you have a . . . (READ EACH ITEM)

Washington State

CIRCLE ONE FOR EACH

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. High school diploma?.....	01	00	-1	-3
b. GED or high school equivalency certificate?.....	01	00	-1	-3
c. Vocational, technical or trade school diploma or certificate?.....	01	00	-1	-3
d. 2- or 4-year college degree?.....	01	00	-1	-3
e. Any other degrees? (SPECIFY).....	01	00	-1	-3
_____				
_____				

C3. What is the highest grade or year of school that you have already completed?

Nebraska

**DO NOT READ CATEGORIES. CIRCLE ONE CODE FOR APPROPRIATE YEAR.**

**NOTE: IF RESPONDENT ANSWERS GED, ASK:** Before you received your GED, what was the highest grade of school you completed?

GRADE LEVEL

NONE .....	0								
ELEMENTARY, MIDDLE, OR JR. HIGH SCHOOL.....	1	2	3	4	5	6	7	8	
HIGH SCHOOL.....	9	10	11	12					
COLLEGE OR VOCATIONAL SCHOOL (after HS).....	13	14	15	16					
POST COLLEGE/GRADUATE SCHOOL.....	17	18	19	20+					
DON'T KNOW.....	-1								
REFUSED.....	-3								

C4. Next, I'd like to ask you about experiences you may have had when in school and how some of these issues might be affecting your life today. First . . .  
**(READ EACH ITEM)**



	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Did you have any problems learning in middle school or junior high? .....	01	00	-1	-3
b. Do you have problems working from a test booklet to an answer sheet? .....	01	00	-1	-3
c. Do you have difficulty working with numbers in columns? .....	01	00	-1	-3
d. Do you have trouble judging distances? ...	01	00	-1	-3
e. Do any of your family members have learning problems? .....	01	00	-1	-3
f. Did you have any problems learning in elementary school? .....	01	00	-1	-3
g. Do you have difficulty or experience problems mixing mathematical signs, for example, addition and multiplication signs? .....	01	00	-1	-3
h. Do you have difficulty filling out forms? ....	01	00	-1	-3
i. Do you experience difficulty memorizing numbers? .....	01	00	-1	-3
j. Do you have difficulty remembering how to spell simple words you know? .....	01	00	-1	-3
k. Do you have difficulty or experience problems taking notes? .....	01	00	-1	-3
l. Do you have difficulty adding and subtracting small numbers in your head? .....	01	00	-1	-3
m. Were you ever in a special education program or given extra help in school? ...	01	00	-1	-3

## SECTION D: DEMOGRAPHICS, HOUSEHOLD COMPOSITION AND HOUSING

D1. The next questions are about your background

New

**INTERVIEWER: CODE WITHOUT ASKING IF KNOWN.**

**IF NOT SURE, ASK:** Are you male or female?

MALE .....01  
 FEMALE .....02  
 DON'T KNOW.....-1  
 REFUSED.....-3

D2. Do you consider yourself to be of Hispanic or Latino origin?

Missouri

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

D3. Do you consider yourself White, Black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander? You may select one or more categories.

Nebraska  
Modified

CIRCLE ALL THAT APPLY

WHITE .....01  
 BLACK OR AFRICAN AMERICAN .....02  
 ASIAN .....03  
 AMERICAN INDIAN OR ALASKA NATIVE.....04  
 NATIVE HAWAIIAN OR OTHER  
 PACIFIC ISLANDER.....05  
 OTHER (SPECIFY) .....96

---

DOES NOT KNOW .....-1  
 REFUSED.....-3



D4. Are you currently married, separated, divorced, widowed, or have you never been married?

Nebraska

CIRCLE ONE ONLY

- MARRIED .....01 → **GO TO D6**
- SEPARATED .....02
- DIVORCED .....03
- WIDOWED .....04
- NEVER BEEN MARRIED .....05
- MARRIED/SPOUSE NOT PRESENT .....06
- DOES NOT KNOW .....-1
- REFUSED .....-3

D5. Are you currently living together as a couple with someone?

Nebraska

- YES .....01
- NO .....00
- DON'T KNOW .....-1
- REFUSED .....-3

D6. The next questions are about you and the people living with you in your household. How many people live with you now, not including yourself? Please count people who normally live with you for at least 2 nights per week.

Iowa TANF Leavers

**INTERVIEWER: IF "NONE," PROBE:** Do you have any children who live with you?

- NUMBER OF PEOPLE  
IN HOUSEHOLD .....|\_|\_|
- NONE OR SAMPLE MEMBER  
LIVES ALONE .....00 → **GO TO D13**
- DON'T KNOW .....-1
- REFUSED .....-3

D7. How many people in your household are adults, age 18 or older, not including yourself?

Iowa TANF  
Leavers

- NUMBER OF ADULTS  
IN HOUSEHOLD .....|\_|\_|
- ZERO/NONE .....00 → **GO TO D8**
- DON'T KNOW.....-1
- REFUSED.....-3

D7a. And how is (this/each) person age 18 or older related to you?

Health Link  
Modified

CIRCLE ALL THAT APPLY

- SPOUSE.....01
- PARTNER.....02
- OWN CHILDREN (INCLUDING STEP,  
FOSTER) .....03
- MOTHER (INCLUDES STEPMOTHER).....04
- FATHER (INCLUDES STEPFATHER) .....05
- FOSTER PARENTS .....06
- BROTHER(S) OR SISTER(S) .....07
- GRANDPARENT(S).....08
- OTHER RELATIVE(S) .....09
- FRIEND(S)/BOARDER(S)/ROOMMATE(S) .....10
- OTHER (SPECIFY) .....96
- \_\_\_\_\_
- \_\_\_\_\_
- DON'T KNOW.....-1
- REFUSED.....-3

D8. And how many people in your household are children under age 18?

Iowa TANF  
Leavers

- NUMBER OF CHILDREN  
IN HOUSEHOLD .....|\_|\_|
- ZERO/NONE .....00 → **GO TO D13**
- DON'T KNOW.....-1
- REFUSED.....-3

	CHILD 1	CHILD 2	CHILD 3
D8a. How old is (this/each) child (under age 18 who lives in your household)?  <b>INTERVIEWER: ENTER AGES FOR ALL CHILDREN IN HOUSEHOLD FIRST. THEN ASK D9 AND D10 FOR EACH CHILD.</b>	 AGE  MONTHS..... 01 YEARS ..... 02	 AGE  MONTHS..... 01 YEARS ..... 02	 AGE  MONTHS..... 01 YEARS ..... 02
D9. And how is (this/the) child (aged [AGE]) related to you?  <b>INTERVIEWER: IF OWN CHILD (01) CODED, SKIP D10 AND GO TO NEXT CHILD. IF NO MORE CHILDREN, GO TO D11.</b>	OWN CHILD..... 01 GRANDCHILD..... 02 PARTNER'S CHILD . 03 BROTHER/SISTER.. 04 NIECE/NEPHEW..... 05 COUSIN ..... 06 UNRELATED CHILD 07 OTHER (SPECIFY).. 96 _____	OWN CHILD..... 01 GRANDCHILD ..... 02 PARTNER'S CHILD . 03 BROTHER/SISTER.. 04 NIECE/NEPHEW ..... 05 COUSIN ..... 06 UNRELATED CHILD 07 OTHER (SPECIFY).. 96 _____	OWN CHILD..... 01 GRANDCHILD ..... 02 PARTNER'S CHILD . 03 BROTHER/SISTER.. 04 NIECE/NEPHEW ..... 05 COUSIN ..... 06 UNRELATED CHILD 07 OTHER (SPECIFY).. 96 _____
D10. Do you have primary responsibility for this child?  <b>PROBE:</b> By primary we mean financial responsibility.	YES ..... 01 NO ..... 00 DON'T KNOW ..... -1 REFUSED ..... -3	YES ..... 01 NO ..... 00 DON'T KNOW ..... -1 REFUSED ..... -3	YES ..... 01 NO ..... 00 DON'T KNOW ..... -1 REFUSED ..... -3

CHILD 4	CHILD 5	CHILD 6	CHILD 7					
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MONTHS .....01 YEARS .....02	MONTHS .....01 YEARS .....02	MONTHS .....01 YEARS .....02	MONTHS .....01 YEARS .....02					
OWN CHILD .....01 GRANDCHILD .....02 PARTNER'S CHILD .03 BROTHER/SISTER ..04 NIECE/NEPHEW .....05 COUSIN .....06 UNRELATED CHILD 07 OTHER (SPECIFY) ..96	OWN CHILD .....01 GRANDCHILD .....02 PARTNER'S CHILD .03 BROTHER/SISTER ..04 NIECE/NEPHEW .....05 COUSIN .....06 UNRELATED CHILD 07 OTHER (SPECIFY) ..96	OWN CHILD .....01 GRANDCHILD .....02 PARTNER'S CHILD .03 BROTHER/SISTER ..04 NIECE/NEPHEW .....05 COUSIN .....06 UNRELATED CHILD 07 OTHER (SPECIFY) ..96	OWN CHILD .....01 GRANDCHILD .....02 PARTNER'S CHILD ..03 BROTHER/SISTER ..04 NIECE/NEPHEW .....05 COUSIN .....06 UNRELATED CHILD 07 OTHER (SPECIFY) ..96					
YES .....01 NO .....00 DON'T KNOW .....-1 REFUSED .....-3	YES .....01 NO .....00 DON'T KNOW .....-1 REFUSED .....-3	YES .....01 NO .....00 DON'T KNOW .....-1 REFUSED .....-3	YES .....01 NO .....00 DON'T KNOW .....-1 REFUSED .....-3					

D11. Now, thinking about your own (child/children), (does your child/do any of your children) have a health, behavioral or other special need?

Nebraska

- YES.....01
  - NO .....00
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO D12**

D11a. During the past 12 months, was this ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

Nebraska

- YES.....01
- NO .....00
- DON'T KNOW.....-1
- REFUSED.....-3

D12. Besides your (child/children) who (lives/live) with you, do you have any other children currently under age 18?

Illinois

- YES.....01 → **GO TO D14**
- NO .....00 → **GO TO D15**

D13. Do you have any children currently under age 18 who do not live with you?

Illinois

- YES.....01
- NO .....00 → **GO TO D15**

D14. How many of your children currently under age 18 do not live with you?

Illinois

- NUMBER OF CHILDREN NOT LIVING WITH SAMPLE MEMBER.....|\_|\_|
- ALL CHILDREN DECEASED .....-4
- DON'T KNOW.....-1
- REFUSED.....-3

D15. The next questions are about housing. How many bedrooms are there in the place you're living or staying in now?

Alameda

|\_|\_| # OF BEDROOMS

DON'T KNOW.....-1  
REFUSED.....-3

D16. Is your housing owned by a public housing authority, or do you (or someone you live with) receive a rent subsidy, or do you pay a lower rent because the government pays part of the cost?

Nebraska

YES, PUBLIC HOUSING .....01  
YES, RECEIVE RENT SUBSIDY OR  
GOVERNMENT PAYS PART OR  
ALL OF RENT .....02  
NO, OR NONE OF THESE.....00  
DON'T KNOW.....-1  
REFUSED.....-3

D17. How many times did you move in the last 12 months?

Alameda

**PROBE:** This includes any temporary or short moves.

|\_|\_| TIMES

NONE/ZERO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

D18. Have you been evicted at any time during the last year?

Alameda  
Modified

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

D19.

New

During the past 12 months, was your housing situation ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

## SECTION E: EARNINGS, INCOME, AND CHILD SUPPORT

E1. Now I have some questions about the various sources of income and support you and other members of your household may now receive. Again, I want to assure you that none of your answers will be discussed with anyone, nor will they affect your benefits in any way.

Nebraska  
Modified

Last month, did you have a job or work for pay?

- YES.....01
  - NO .....00
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO E2**

E1a. Last month, how much was your take home pay from all your jobs, including odd jobs?

Nebraska  
Modified

**PROBE:** Your best estimate is fine.

\$ |\_|,|\_|\_|\_|\_|.|\_|\_| RECORD DOLLAR AMOUNT

- NONE .....00
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO E1b**

**GO TO E2**

E1b. Would you say it was more or less than \$800?

Nebraska  
Modified

- MORE THAN \$800 .....01 → **GO TO E1d**
  - LESS THAN \$800 .....02
  - EQUAL TO \$800.....03
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO E2**



E1c. Would you say it was . . .

Nebraska  
Modified

\$600 to under \$800,.....	01
\$400 to under \$600,.....	02
\$200 to under \$400, or.....	03
Less than \$200? .....	04
DON'T KNOW.....	-1
REFUSED.....	-3

**ALL GO TO E2**

E1d. Would you say it was . . .

Nebraska  
modified

\$800 to under \$1,000,.....	01
\$1,000 to under \$1,200,.....	02
\$1,200 to under \$1,400, or.....	03
Greater than \$1,400?.....	04
DON'T KNOW.....	-1
REFUSED.....	-3

E2. Did any other adult in your household have a job or work for pay last month?

WES

YES.....	01
NO .....	00
DON'T KNOW.....	-1
REFUSED.....	-3

E3.

Nebraska  
Modified

Now please think about all the money coming into your household from all sources during the past **month**, and for all members of your household who live with you, including yourself.

During the past month, did you (or anyone in your household) receive . . .  
**(READ EACH ITEM)**

**PROBE:** Please include electronically transferred benefits.

**INTERVIEWER: READ DOWN LIST FIRST, THEN FOR EACH YES RESPONSE, ASK E4.**

E4. How much money, in total, did you (and others in your household) receive from [SOURCE] last month?

**PROBE:** Your best estimate is fine.

	<u>YES</u>	<u>NO</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Money from jobs?.....	01	00	\$  _ ,  _ _ _ _ .  _ _	-1	-3
b. Cash assistance from [STATE TANF PROGRAM]? .....	01	00	\$  _ ,  _ _ _ _ .  _ _	-1	-3
c. Food Stamp benefits? .....	01	00	\$  _ ,  _ _ _ _ .  _ _	-1	-3
d. SSI (Supplemental Security Income) or disability insurance? ...	01	00	\$  _ ,  _ _ _ _ .  _ _	-1	-3
e. Any other money such as W.I.C., child support, unemployment benefits, alimony payments, or money from friends or relatives? .....	01	00	\$  _ ,  _ _ _ _ .  _ _	-1	-3
(SPECIFY) _____					
<b>E5. TOTAL MONEY FOR LAST MONTH .....</b>			\$  _ ,  _ _ _ _ .  _ _	-1	-3

E5a.

**INTERVIEWER: ADD ALL MONEY FROM E4 COLUMN AND RECORD TOTAL IN BOX ABOVE AT E5.**

E5b. I have recorded that you and others in your household received about [TOTAL AMOUNT IN E5] from all sources last month. Does that sound right to you?

- YES.....01 → **GO TO E6**
- NO .....00
- DON'T KNOW.....-1
- REFUSED.....-3

E5c. What is your best estimate of all the money coming into your household last month?

New

**PROBE:** Your best estimate is fine.

\$ |\_\_|,|\_\_|\_\_|\_\_|.|\_\_|\_\_| AMOUNT OF TOTAL HOUSEHOLD INCOME

DON'T KNOW.....-1

REFUSED.....-3

E6. During the past 12 months did you receive any child support payments?

Nebraska Modified

**PROBE:** This includes any child support that you or your dependent children received directly from their other parent or from the welfare or child support agency.

YES.....01

NO .....00

DON'T KNOW.....-1

REFUSED.....-3

→ **GO TO F1**

E7. Did you receive child support payments on a regular basis during the past 12 months?

New

YES.....01

NO .....00

DON'T KNOW.....-1

REFUSED.....-3

## SECTION F: CHILD CARE AND OTHER FAMILY BARRIERS

F1.  
Nebraska

**INTERVIEWER: CHECK D8a. DOES RESPONDENT LIVE WITH CHILDREN YOUNGER THAN 15 YEARS OLD?**

YES..... 01

NO ..... 00 → **GO TO F5**

F1a.  
NHES/SIPP  
Modified

Now I'd like to ask about child care arrangements and how they may affect your ability to work or participate in education or training activities. During the past 12 months, have any of your children received child care from someone other than their parent or guardian on a regular basis? Please include care provided before or after school.

**PROBE:** Include care whether or not there is a charge or fee, but do not include occasional babysitting or care by the father.

YES.....01

NO .....00

DON'T KNOW.....-1

REFUSED.....-3

F1b.  
Nebraska

During the past 12 months, was child care or lack of child care ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

YES.....01

NO .....00

DON'T KNOW.....-1

REFUSED.....-3

} → **GO TO F3**

F2. What were the problems you had with child care or lack of child care?

WES  
MODIFIED

**PROBE:** Any other problems?

CIRCLE ALL THAT APPLY

- COST TOO MUCH .....01
- COULDN'T FIND CHILD CARE FOR  
TIMES YOU NEEDED .....02
- TOO FAR FROM WORK OR HOME .....03
- CAREGIVER UNAVAILABLE OR  
NOT RELIABLE .....04
- WORRY ABOUT CHILD ABUSE OR  
UNSAFE ENVIRONMENT .....05
- CHILD SICK OR DISABLED.....06
- SUBSIDY PAYMENT LATE, SO  
LOST PROVIDER.....07
- OTHER (SPECIFY) .....96
- \_\_\_\_\_
- \_\_\_\_\_
- DON'T KNOW.....-1
- REFUSED.....-3

F3.

Nebraska

**INTERVIEWER, CHECK F1a: IS ANSWER "YES" (01)?**

YES..... 01

NO ..... 00 → GO TO F5

F4. During the past 12 months have you received help in paying for child care from a welfare or social service agency?

Nebraska

- YES.....01
- NO .....00
- DON'T KNOW.....-1
- REFUSED.....-3

F5.

Nebraska

Next I'd like to ask about some other things that may make it hard for people to find and keep a good job, or to participate in work-related activities such as training, education or job search programs.

Please tell me if any of the following applies to you. Do you . . . **(READ EACH ITEM)**

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Have an elderly, disabled, or sick family member or friend you are caring for? .....	01	00	-1	-3
b. Have difficulties speaking, reading or writing English because it is not your native language?.....	01	00	-1	-3
c. Have a past criminal record? .....	01	00	-1	-3

F6.

**INTERVIEWER, CHECK F5: WERE ANY ANSWERS CODED YES (01)?**

YES..... 01

NO ..... 00 → **GO TO G1**

F6a.

Nebraska

During the last 12 months were any of these situations ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

YES.....01

NO .....00

DON'T KNOW.....-1

REFUSED.....-3

} → **GO TO G1**

F7.

**INTERVIEWER, CHECK F5: IS MORE THAN ONE ITEM CIRCLED YES (01)?**

YES .....01

NO .....00 → **GO TO G1**

Nebraska

F7a. Which of these situations kept you from working or participating in education or training activities?

CIRCLE ALL THAT APPLY

- a. ELDERLY, DISABLED, OR SICK  
FAMILY MEMBER OR FRIEND .....02
- b. HAVE DIFFICULTY SPEAKING,  
READING OR WRITING ENGLISH  
BECAUSE IT IS NOT MY  
NATIVE LANGUAGE.....03
- c. HAVE A PAST CRIMINAL RECORD .....04

## SECTION G: PHYSICAL AND MENTAL HEALTH

G1. Next I'd like you to think about your health. In general, would you say your overall health is . . .

Nebraska/  
SF-36

Excellent, .....01  
 Very good, .....02  
 Good, .....03  
 Fair, or .....04  
 Poor? .....05  
 DON'T KNOW.....-1  
 REFUSED.....-3

G2. **INTERVIEWER, CHECK D1: IS SAMPLE MEMBER FEMALE (CODE 02)?**

YES .....01  
 NO .....00 → **GO TO G3**

G2a. Are you currently pregnant?

Alameda  
Modified

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

G3. Do you have any chronic health or medical conditions?

WES

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

} → **GO TO G5**



G4.

What are these conditions?

WES

**PROBE:** Any other conditions?

CIRCLE ALL THAT APPLY





- ARTHRITIS/BONE PAIN .....01
  - ASTHMA/EMPHYSEMA .....02
  - BACK PROBLEM; "BAD BACK" .....03
  - CANCER.....04
  - DIABETES; "SUGAR" .....05
  - FATIGUE/TIRED .....06
  - LEARNING DISABILITY .....07
  - HEADACHES .....08
  - HEART CONDITION.....09
  - HEPATITIS/CIRRHOSIS (LIVER PROBLEMS)...10
  - HIGH BLOOD PRESSURE.....11
  - NERVES/ANXIETY/STRESS .....12
  - OBESITY .....13
  - SEIZURES.....14
  - ULCERS; "STOMACH PROBLEMS" .....15
  - OTHER (SPECIFY) .....96
- 
- DON'T KNOW.....-1
  - REFUSED.....-3

G5.

SF-36

The following items are about activities you might do during a typical day. How much does your health limit you in . . . **(READ EACH ITEM)**

**PROBE:** Would you say a lot, a little, or not at all.

	<u>A LOT</u>	<u>A LITTLE</u>	<u>NOT AT ALL</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. vigorous activities, such as running or lifting heavy objects--a lot, a little, or not at all? .....	01	02	03 	-1	-3
			<b>GO TO G5c</b>		
b. moderate activities, such as moving a table or pushing a vacuum cleaner? .....	01	02	03	-1	-3
c. lifting or carrying groceries? .....	01	02	03	-1	-3
d. climbing several flights of stairs (a lot, a little, or not at all)? .....	01	02	03 	-1	-3
			<b>GO TO G5f</b>		
e. climbing one flight of stairs? .....	01	02	03	-1	-3
f. bending, kneeling, or stooping?.....	01	02	03	-1	-3
g. walking more than one mile?.....	01	02	03 	-1	-3
			<b>GO TO G5j</b>		
h. walking several blocks?.....	01	02	03 	-1	-3
			<b>GO TO G5j</b>		
i. walking one block? .....	01	02	03	-1	-3
j. Bathing or dressing yourself? .....	01	02	03	-1	-3

G6.

Nebraska

During the past 12 months, was your physical health ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

- YES.....01
- NO .....00
- DON'T KNOW.....-1
- REFUSED.....-3

G7. Now I would like to ask about your emotional health. During the last 30 days, about how often did you feel . . . **(READ EACH ITEM)**

NSD  
Scale

Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

**INTERVIEWER: READ RESPONSE CATEGORIES AS NEEDED.**

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DON'T KNOW	REFUSED
a. depressed? .....	01	02	03	04	05	-1	-3
b. so depressed that nothing could cheer you up? .....	01	02	03	04	05	-1	-3
c. hopeless? .....	01	02	03	04	05	-1	-3
d. restless or fidgety? .....	01	02	03	04	05	-1	-3
e. so restless that you could not sit still? .....	01	02	03	04	05	-1	-3
f. tired out for no good reason? .....	01	02	03	04	05	-1	-3
g. that everything was an effort? .....	01	02	03	04	05	-1	-3
h. worthless? .....	01	02	03	04	05	-1	-3
i. nervous? .....	01	02	03	04	05	-1	-3
j. so nervous that nothing could calm you down? .....	01	02	03	04	05	-1	-3

G8. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

CIDI-  
DEP

- YES.....01
  - NO .....00
  - I WAS ON MEDICATION OR ANTI-DEPRESSANTS.....02
  - DON'T KNOW.....-1
  - REFUSED.....-3
- GO TO G9

G8a. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

CIDI-  
DEP

- ALL DAY LONG .....01
  - MOST OF THE DAY .....02
  - ABOUT HALF THE DAY .....03
  - LESS THAN HALF THE DAY .....04
  - DON'T KNOW.....-1
  - REFUSED.....-3
- GO TO G9

G8b. During those two weeks, did you feel this way every day, almost every day, or less often?

CIDI-  
DEP

- EVERY DAY .....01
  - ALMOST EVERY DAY.....02
  - LESS OFTEN .....03
  - DON'T KNOW.....-1
  - REFUSED.....-3
- GO TO G9

**GO TO G9c**

G9.

CIDI-  
DEP

During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- YES.....01
  - NO .....00
  - I WAS ON MEDICATION/  
ANTI-DEPRESSANTS.....02
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO G16e**

G9a.

CIDI-  
DEP

For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

- ALL DAY LONG.....01
  - MOST OF THE DAY .....02
  - ABOUT HALF THE DAY .....03
  - LESS THAN HALF THE DAY .....04
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO G16e**

G9b.

CIDI-  
DEP

Did you feel this way every day, almost every day, or less often during the two weeks?

- EVERY DAY .....01
  - ALMOST EVERY DAY.....02
  - LESS OFTEN .....03
  - DON'T KNOW.....-1
  - REFUSED.....-3
- } → **GO TO G16e**

**GO TO G10**

G9c. During those two weeks did you lose interest in most things like hobbies, work or activities that usually give you pleasure?

CIDI-  
DEP

- YES.....01
- NO .....00
- DON'T KNOW.....-1
- REFUSED.....-3

G10. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

CIDI-  
DEP

- YES.....01
- NO .....00
- DON'T KNOW.....-1
- REFUSED.....-3

G11. Did you gain or lose weight without trying, or did you stay about the same?

CIDI-  
DEP

- GAIN.....01
- LOSE .....02
- BOTH GAINED AND LOST  
WEIGHT .....03
- STAYED ABOUT THE SAME.....04
- WAS ON A DIET.....05
- DON'T KNOW.....-1
- REFUSED.....-3

→ GO TO G12

G11a. About how much did (you gain/you lose/your weight change)?

CIDI-  
DEP

**ACCEPT RANGE RESPONSE**

|\_|\_| to |\_|\_| POUNDS

- DON'T KNOW.....-1
- REFUSED.....-3

G11b.

**INTERVIEWER, CHECK G11a: DID RESPONDENT'S WEIGHT CHANGE BY 10 POUNDS OR MORE?**

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

G12. Did you have more trouble falling asleep than you usually do during those two weeks?

CIDI-DEP

YES.....	01	} → <b>GO TO G13</b>
NO .....	00	
DON'T KNOW.....	-1	
REFUSED.....	-3	

G12a. Did that happen every night, nearly every night, or less often during those two weeks?

CIDI-DEP

EVERY NIGHT .....	01
ALMOST EVERY NIGHT .....	02
LESS OFTEN .....	03
DON'T KNOW.....	-1
REFUSED.....	-3

G13. During those two weeks, did you have a lot more trouble concentrating than usual?

CIDI-DEP

**PROBE: IF RESPONDENT ASKS:** "Are we still talking about the same two weeks?", **ANSWER** "yes".

YES.....	01
NO .....	00
DON'T KNOW.....	-1
REFUSED.....	-3

G13a. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

CIDI-  
DEP

**PROBE: IF RESPONDENT ASKS:** “Are we still talking about the same two weeks?”, **ANSWER** “yes”.

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

G13b. Did you think a lot about death -- either your own, someone else's, or death in general during those two weeks?

CIDI-  
DEP

**PROBE: IF RESPONDENT ASKS:** “Are we still talking about the same two weeks?”, **ANSWER** “yes”.

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

G14.

**INTERVIEWER CHECK: REVIEW ANSWERS TO QUESTIONS G9c-G13b AND CIRCLE ALL THOSE WITH YES RESPONSES BELOW.**

YES

G9c. LOST INTEREST IN MOST THINGS.....01  
 G10. FELT MORE TIRED OUT OR  
 LOW ON ENERGY .....01  
 G11b. (GAINED/LOST) 10 lbs. OR MORE.....01  
 G12a. HAD MORE TROUBLE FALLING  
 ASLEEP.....01 / 02  
 G13. HAD MORE TROUBLE  
 CONCENTRATING.....01  
 G13a. FELT DOWN ON YOURSELF .....01  
 G13b. THOUGHT A LOT ABOUT DEATH.....01



G14a.

CIDI-  
DEP

**INTERVIEWER CHECK: COUNT YES RESPONSES IN G14.**

ZERO "YES" RESPONSES.....00 → **GO TO G16e**  
ONE OR MORE "YES" RESPONSES.....01

G15.

CIDI-  
DEP

To review, you had two weeks in a row during the past 12 months when you (were sad, blue, or depressed/lost interest in most things) and also had some other feelings or problems like (READ UP TO THREE "YES" RESPONSES TO G9c-G13b). About how many weeks altogether did you feel this way during the past 12 months?

|\_\_|\_\_| # OF WEEKS

ENTIRE YEAR.....52 → **GO TO G16a**  
DON'T KNOW.....-1  
REFUSED.....-3

G15a.

CIDI-  
DEP

Think about this most recent time when you had two weeks in a row when you felt this way. How long ago was that?

|\_\_|\_\_| MONTH IN THE PAST

DON'T KNOW.....-1  
REFUSED.....-3

G16a.

CIDI-  
DEP

Did you tell a doctor about these problems? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

G16b. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

CIDI-  
DEP

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

G16c. Did you take medication or use drugs or alcohol more than once for these problems?

CIDI-  
DEP

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

G16d. How much did these problems interfere with your life or activities -- a lot, some, a little, or not at all?

CIDI-  
DEP

A LOT .....01  
SOME .....02  
A LITTLE.....03  
NOT AT ALL .....04  
DON'T KNOW.....-1  
REFUSED.....-3

G16e. During the past 12 months, was your mental health ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

NEW

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

## SECTION H: SUBSTANCE ABUSE AND DOMESTIC VIOLENCE

H1. The next questions are about how frequently you drink alcoholic beverages. By a “drink” we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink. With these definitions in mind, what is the largest number of drinks you had in any single day during the past 12 months -- none, between one and three, four to ten, eleven to twenty, or more than twenty drinks in a single day?

CIDI-AL

**PROBE: IF RESPONDENT VOLUNTEERS: “I never drink”, ACCEPT THE ANSWER AND CHECK “NONE”.**

- |                    |    |   |             |
|--------------------|----|---|-------------|
| NONE .....         | 00 | } | → GO TO H11 |
| 1 - 3.....         | 01 | } |             |
| 4 - 10.....        | 02 |   |             |
| 11 - 20.....       | 03 |   |             |
| MORE THAN 20 ..... | 04 |   |             |
| DON'T KNOW.....    | -1 |   |             |
| REFUSED.....       | -3 |   |             |

**INTERVIEWER: THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ SLOWLY.**

H2. In the past 12 months, was there ever a time when your drinking or being hung over interfered with your work at school, or a job, or at home?

CIDI-AL

- |                                   |    |   |             |
|-----------------------------------|----|---|-------------|
| YES.....                          | 01 |   |             |
| NO .....                          | 00 |   | → GO TO H4  |
| I AM A CASUAL/SOCIAL DRINKER..... | 02 |   | → GO TO H11 |
| DON'T KNOW.....                   | -1 | } | → GO TO H4  |
| REFUSED.....                      | -3 | } |             |

H3. How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

CIDI-  
AL

- ONCE OR TWICE .....01
- BETWEEN 3 AND 5 TIMES.....02
- BETWEEN 6 AND 10 TIMES.....03
- BETWEEN 11 AND 20 TIMES.....04
- MORE THAN 20 TIMES .....05
- DON'T KNOW.....-1
- REFUSED.....-3

H4. During the past 12 months, were you ever under the influence of alcohol in a situation where you could get hurt – like when driving a car or boat, using knives or guns or machinery, or anything else?

CIDI-  
AL

- YES.....01
- NO .....00
- I AM A CASUAL/SOCIAL DRINKER.....02 → GO TO H11
- DON'T KNOW.....-1
- REFUSED.....-3

H5. During the past 12 months, did you have any emotional or psychological problems from using alcohol – such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

CIDI-  
AL

- YES.....01
- NO .....00
- I AM A CASUAL/SOCIAL DRINKER.....02 → GO TO H11
- DON'T KNOW.....-1
- REFUSED.....-3

H6. During the past 12 months, did you have such a strong desire or urge to drink that you could not keep from drinking?

CIDI-AL

- YES.....01
- NO .....00
- I AM A CASUAL/SOCIAL DRINKER.....02 → **GO TO H11**
- DON'T KNOW.....-1
- REFUSED.....-3

H7. During the past 12 months, did you have a period of a month or more when you spent a great deal of time drinking or getting over the effects of alcohol?

CIDI-AL

- YES.....01
- NO .....00
- I AM A CASUAL/SOCIAL DRINKER.....02 → **GO TO H11**
- DON'T KNOW.....-1
- REFUSED.....-3

H8. During the past 12 months, did you ever have more to drink than you intended to, or did you drink much longer than you intended to?

CIDI-AL

- YES.....01
- NO .....00 → **GO TO H10**
- I AM A CASUAL/SOCIAL DRINKER.....02 → **GO TO H11**
- DON'T KNOW.....-1 → **GO TO H10**
- REFUSED.....-3 → **GO TO H10**

H9. How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

CIDI-  
AL

- ONCE OR TWICE .....01
- BETWEEN 3 AND 5 TIMES.....02
- BETWEEN 6 AND 10 TIMES.....03
- BETWEEN 11 AND 20 TIMES.....04
- MORE THAN 20 TIMES .....05
- DON'T KNOW.....-1
- REFUSED.....-3

H10. During the past 12 months, was there ever a time when you had to drink much more than you used to, to get the same effect you wanted?

CIDI-  
AL

- YES.....01
- NO .....00
- I AM A CASUAL/SOCIAL DRINKER.....02 → GO TO H11
- DON'T KNOW.....-1
- REFUSED.....-3

H10a. During the past 12 months, was your use of alcohol ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

New

- YES.....01
- NO .....00
- DON'T KNOW.....-1
- REFUSED.....-3

H11. The next questions are about your use of drugs on your own. As with the rest of the survey, your answers will be kept confidential and will not be shared with anyone. By “on your own” we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any of the following drugs on your own during the past 12 months (**READ EACH ITEM**) . . .

CIDI-  
DRUG

**PROBE:** (How about/During the past 12 months) did you use . . .

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Sedatives, including either barbiturates (bar-BIT-chew-its) or sleeping pills on your own? <b>PROBE:</b> Seconal, Halcion, or Methaqualone .....	01	00	-1	-3
b. Tranquilizers or “nerve pills” on your own? <b>PROBE:</b> Librium, Valium, Ativan, Meprobamate, or Xanax.....	01	00	-1	-3
c. Amphetamines (am-FET-ah-means) or other stimulants on your own? <b>PROBE:</b> Methamphetamine, Preludin, Dexedrine, Ritalin, Speed .....	01	00	-1	-3
d. Analgesics (an-uhl-JEEZ-icks) or other prescription painkillers on your own?..... <b>PROBE:</b> This does not include normal use of aspirin, Tylenol without codeine, etc., but <u>does</u> include use of Tylenol with codeine and other prescription painkillers like Demerol, Darvon, Percodan, codeine, Morphine, and Methadone	01	00	-1	-3
e. Inhalants that you sniff or breathe to get high or to feel good?..... <b>PROBE:</b> Amylnitrate, Freon, Nitrous Oxide, (Whippets), Gasoline or spray paint.	01	00	-1	-3
f. Marijuana (mare-ih-WAH-nah) or hashish (HASH-eesh)? .....	01	00	-1	-3
g. Cocaine (KO-kane) or crack or free base? .....	01	00	-1	-3
h. LSD or other hallucinogens (ha-LOOSE-en-oh-jens)?..... <b>PROBE:</b> PCP, angel dust, peyote, ecstasy (MDMA) or mescaline	01	00	-1	-3
i. Heroin (HAIR-oh-in)? .....	01	00	-1	-3

H12.

**INTERVIEWER: CHECK H11. ARE THERE ANY YES (O1) RESPONSES?**

YES .....01

NO .....00 → **GO TO H23**

**INTERVIEWER: THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ SLOWLY.**

H13. In the past 12 months, did your use of (NAME OF DRUG/any of these substances) ever interfere with your work at school, or a job, or at home?

CIDI-  
DRUG

YES.....01

NO .....00

DON'T KNOW.....-1

REFUSED.....-3

→ **GO TO H15**

H14. How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

CIDI-  
DRUG

Once or twice.....01

Between 3 and 5 times .....02

Between 6 and 10 times .....03

Between 11 and 20 times .....04

More than 20 times .....05

DON'T KNOW.....-1

REFUSED.....-3

H15. During the past 12 months, were you ever under the influence of (NAME OF DRUG/any of these substances) in a situation where you could get hurt – like when driving a car or boat, using knives or guns or machinery, or anything else?

CIDI-  
DRUG

YES.....01

NO .....00

DON'T KNOW.....-1

REFUSED.....-3



H16. During the past 12 months, did you have any emotional or psychological problems from using (NAME OF DRUG/any of these substances)--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

CIDI-  
DRUG

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

H17. During the past 12 months, did you have such a strong desire or urge to use (NAME OF DRUG/any of these substances) that you could not keep from using (it/them)?

CIDI-  
DRUG

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

H18. During the past 12 months, did you have a period of a month or more when you spent a great deal of the time using (NAME OF DRUG/any of these substances) or getting over (its/their) effects?

CIDI-  
DRUG

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

H19. During the past 12 months, did you ever use much larger amounts of (NAME OF DRUG/any of these substances) than you intended to or did you use (it/them) for a longer period of time than you intended to?

CIDI-  
DRUG

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

→ **GO TO H21**

H20. How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

CIDI-  
DRUG

Once or twice .....01  
Between 3 and 5 times .....02  
Between 6 and 10 times .....03  
Between 11 and 20 times .....04  
More than 20 times .....05  
DON'T KNOW.....-1  
REFUSED.....-3

H21. During the past 12 months, was there ever a time when you had to use more (NAME OF DRUG/of any of these substances) than you used to, to get the same effect you wanted?

CIDI-  
DRUG

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

H22. During the past 12 months, was your use ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

NEW

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

H23.

**INTERVIEWER, CHECK D1: IS SAMPLE MEMBER FEMALE (CODE 02)?**

YES .....01

NO .....00 → **GO TO I1**

H24.

Nebraska

The next questions are about abuse in relationships. As with the rest of the survey, your answers are confidential and questions are the type that you can just answer with a yes or no. However, if these are questions you can't answer right now, for example, because you feel unsafe or are uncomfortable because you are not alone in the house, please let me know and we can skip this series of questions.

[While I will not ask direct questions about child abuse, you should know that [STATE] state law requires me to report any incidents of child abuse to state authorities.]

**INTERVIEWER: IF SAMPLE MEMBER HAS NO COMMENT OR OBJECTION, CODE AS 01 AND GO TO H25.**

CONTINUE WITH INTERVIEW .....01

DO NOT WANT TO ANSWER NOW .....00 →

**READ:** That's fine. Let's continue with some questions about transportation. **GO TO I1.**

H25. We are interested in learning more about women's experience of abuse in their relationships. Sometimes this can affect their work lives.

CTS  
Modified

In your current or past relationships has a husband, boyfriend, or partner, or anyone you have been in a romantic relationship with ever . . . (READ EACH ITEM)

INTERVIEWER: FOR EACH YES RESPONSE, ASK H26 IMMEDIATELY.			H26. Did this happen in the last 12 months?	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
a. threatened to hit you with a fist or anything that could hurt you?.....	01	00	01	00
b. thrown anything at you that could hurt you?.....	01	00	01	00
c. pushed, grabbed or shoved you?	01	00	01	00
d. slapped, kicked or bit you? .....	01	00	01	00
e. hit you with a fist? .....	01	00	01	00
f. hit you with an object that could hurt you?.....	01	00	01	00
g. beaten you?.....	01	00	01	00
h. choked you? .....	01	00	01	00
i. threatened to or used a weapon?	01	00	01	00
j. forced you into any sexual activity against your will? .....	01	00	01	00
k. threatened to take your children away? .....	01	00	01	00
l. threatened to harm, or harmed, your family or friends? .....	01	00	01	00
m. made you do illegal things? .....	01	00	01	00
n. threatened to turn you in to child protection or welfare if you didn't do what he wanted you to do?.....	01	00	01	00
o. harassed you at work, training, or school? .....	01	00	01	00
p. interfered with your attempts to go to work, training, or school?.....	01	00	01	00

H27. During the past 12 months, was your relationship with a current or past husband, boyfriend, or partner ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

Nebraska

YES.....01  
NO .....00  
DON'T KNOW.....-1  
REFUSED.....-3

## SECTION I: TRANSPORTATION AND NEIGHBORHOOD CHARACTERISTICS

I1. We're almost finished. I just have a few more questions about transportation and your neighborhood. How do you usually get to your job or other work-related activities or programs?

Nebraska

**READ IF NECESSARY:** Do you usually drive yourself, walk, get a ride with someone, ride a bus or take public transportation, take a cab, or does your company or program provide transportation? **IF MORE THAN ONE, ASK THEIR USUAL METHOD OF TRANSPORTATION.**

CIRCLE ONE ONLY

- DRIVE SELF .....01
  - WALK.....02
  - GET A RIDE .....03
  - BUS OR PUBLIC TRANSPORTATION .....04
  - CAB .....05
  - COMPANY PROVIDED VEHICLE.....06
  - OTHER (SPECIFY), INCLUDING  
COMBINATION .....07
- 
- DON'T GO TO JOB OR  
OTHER WORK RELATED ACTIVITY.....-4 → **GO TO I3**
  - DON'T KNOW.....-1
  - REFUSED.....-3

I2. How many minutes does it usually take you to travel, one way, from your home to your job, or other work-related activities or programs? Please include any additional time it may take you to drop off your children at school or daycare.

Nebraska  
Modified

\_\_\_\_ # OF MINUTES

- NO TIME, STAY AT HOME .....00
- DON'T KNOW.....-1
- REFUSED.....-3

I3. Do you have a valid driver's license?

Nebraska

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

I4. Do you own or usually have access to a car or vehicle that works?

Nebraska

**IF YES, PROBE TO DETERMINE OWNERSHIP.**

YES, OWN.....01  
 YES, ACCESS.....02  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

I5. During the past 12 months, was transportation ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

Nebraska

YES.....01  
 NO .....00  
 DON'T KNOW.....-1  
 REFUSED.....-3

I6.

YFC

The last few questions are about your neighborhood. By neighborhood, we mean the area right around where you live. Please tell me how much of a problem you think each of the following is in your neighborhood--a big problem, somewhat of a problem, or not a problem at all? How much of a problem is . . .  
**(READ EACH ITEM)**

	<u>BIG PROBLEM</u>	<u>SOMEWHAT OF A PROBLEM</u>	<u>NOT A PROBLEM AT ALL</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Unemployment? .....	01	02	03	-1	-3
b. Drug users or pushers? .....	01	02	03	-1	-3
c. Crime, assaults, or burglaries? .....	01	02	03	-1	-3
d. Run-down buildings and yards? .....	01	02	03	-1	-3

I7.

Illinois

Do you feel there is a safe area in your neighborhood where children can play?

**PROBE:** By neighborhood, we mean the area right around where you live.

- YES.....01
- NO .....00
- DON'T KNOW.....-1
- REFUSED.....-3



## SECTION J: CONTACT INFORMATION

- J1. Those are all the questions I have for this interview. I want to thank you for the time you've spent with me on this important study.

May I please have your name and the address where you would like me to mail your check?

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment #: \_\_\_\_\_

City: \_\_\_\_\_

State: |\_\_|\_\_|

Zip Code: |\_\_|\_\_|\_\_|\_\_|\_\_|

- J2. What is the best phone number to reach you at? We will only call you if we need to clarify any of the answers you gave.

|\_\_|\_\_||\_\_|\_|-|\_\_|\_\_|\_\_|\_|-|\_\_|\_\_|\_\_|\_\_|

J2a.

<b>INTERVIEWER: CHECK H25. WERE DOMESTIC VIOLENCE QUESTIONS ANSWERED?</b>	
YES .....	01 → <b>GO TO END</b>
NO .....	00

J3.

Nebraska

Would it be okay for me to call you back and ask you the series of questions that we skipped? **IF NECESSARY:** Questions about abuse in relationships.

YES.....01 → **SCHEDULE CALL BACK TIME AND WRITE ON CONTACT SHEET.**

NO .....00 → **SAY:** That's fine.

END.

Thank you again for participating in the study. Have a nice day/evening.

**RECORD INTERVIEW END TIME:** |\_\_| |\_\_| : |\_\_| |\_\_| AM.....01  
PM.....02