6066-424	
TIME STAR	 'PM

OMB Approval No.: 1205-0460 Expiration Date: 11/30/2009

TRADE ADJUSTMENT ASSISTANCE STUDY (TAA)

BASELINE SURVEY

SAS VARIABLE NAME MASTER

SECTION A – INTRODUCTION, FIRST CONTACT, SCREENING, CALLBACK

Hello (A1)

May I speak with [fill SAMPLE MEMBER NAME]?

- 1 SPEAKING TO [fill FirstName] [GO TO A3a OR A3b BASED ON SAMPLE GROUP]
- 2 PERSON ASKS WHAT CALL IS ABOUT [GO TO What about (Q2)]
- 3 NOT A GOOD TIME, SCHEDULE CALLBACK [GO TO Callback]
- 4 [fill FirstName] HAS A HEALTH PROBLEM [GO TO HealthProb (Q3)]
- 5 [fill FirstName] IS IN AN INSTITUTION [GO TO Institution (Q10)]
- 6 [fill FirstName] HAS MOVED [GO TO Know Where (Q17)]
- 7 [fill FirstName] DOES NOT SPEAK ENGLISH [GO TO Lang (Q20)]
- 8 NEVER HEARD OF [fill FullName]/ WRONG NUMBER [GO TO Thanks (Q36) Status 530]
- 9 HUNG UP DURING INTRODUCTION [Status 640] RF [Status 220]

What about (Q2)

I'm calling from Mathematica Policy Research and we're conducting a survey for the U.S. Department of Labor. [fill SAMPLE MEMBER NAME] participated in a program funded by the Department of Labor and I need to speak to [fill HIM/HER] about [fill HIS/HER] experiences. [fill FirstName] should have received a letter from the Labor Department. When is a good time to reach [fill FirstName]?

- 1 [fill FIRST NAME] COMES TO THE PHONE [GO TO A3a OR A3b BASED ON SAMPLE GROUP]
- 2 NOT A GOOD TIME, SCHEDULE CALLBACK [GO TO Callback]
- 3 [fill FirstName] HAS A HEALTH PROBLEM/IS DECEASED [GO TO HealthProb (Q3)]
- 4 [fill FirstName] IS IN AN INSTITUTION [GO TO Institution (Q10)]
- 5 [fill FirstName] HAS MOVED [GO TO Know Where (Q17)]
- 6 [fill FirstName] DOES NOT SPEAK ENGLISH [GO TO Lang (Q20)]
- 7 ASKS ABOUT LETTER [GO TO Q13a OR Q13b BASED ON EXPERIMENTAL STATUS]
- 8 NEVER HEARD OF [fill FullName]/ WRONG NUMBER [GO TO Thanks (Q36) Status 530]
- 9 HUNG UP DURING INTRODUCTION [Status 640]
- 10 SUPERVISOR REVIEW [Status 380] RF [Status 220]

HealthProb (Q3)

ENTER TYPE OF HEALTH PROBLEM.

- 1 HEARING PROBLEM [GO TO AmpTTY (Q4)]
- 2 SPEECH PROBLEM [GO TO AmpTTY (Q4)]
- 3 PHYSICAL PROBLEM [GO TO CallLater (Q8)]
- 4 COGNITIVE PROBLEM [GO TO Thanks (Q36) Status 410]
- 5 TOO OLD / FRAIL [GO TO CallLater (Q8)]
- 6 IN A COMA [GO TO Thanks (Q36) Status 410]
- 7 DECEASED [GO TO Deceased (Q9)] RF [Status 210]

AmpTTY (Q4)

I can get on a phone that will amplify my voice or [fill FirstName]'s voice, or we could use a TTY service. Would either of these enable [fill HimHer] to complete the interview?

- 1 YES USE AMPLIFIER PHONE [GO TO RespAvail (Q5)]
- 2 YES USE TTY CAPABILITY [GO TO RespAvail (Q5)]
- 3 NO [GO TO Thanks (Q36) Status 411] DK [GO TO Callback] RF [Status 210]

RespAvail (Q5)

Is [fill FirstName] available now?

- 1 YES [GO TO if AmpTTY (Q4) = 1 then AmpPhone (Q6) else CallTTY (Q7)]
- 0 NO [GO TO Callback]

AmpPhone (Q6)

Please hold while I get the amplifier phone.

INTERVIEWER: SET UP AMPLIFIER/WEAK SPEECH EQUIPMENT AND ASK GATEKEEPER TO CALL [fill FirstName] TO THE PHONE.

- 1 [fill FirstName] COMES TO THE PHONE [GO TO SampMemb (Q31)]
- 2 CALLBACK [GO TO Callback]

CallTTY (Q7)

I will call back in a few minutes after I have the help of the TTY operator.

- 1 ARRANGE CALL WITH OPERATOR [GO TO SampMemb (Q31)]
- 2 IF UNSUCCESSFUL SET CALLBACK [GO TO Callback]

CallLater (Q8)

Will [fill FirstName] be able to talk on the telephone if I call back in the next few weeks?

- 1 YES/MAYBE CALLBACK [GO TO Callback]
- 2 NO [GO TO Thanks (Q36) Status 419]
 DK [GO TO Callback]
 RF [Status 210]

Deceased (Q9)

I am very sorry to hear that [fill HeShe] passed away. I am calling about a survey we are conducting for the U.S. Department of Labor. When did [fill HeShe] pass away?

Thank you. Please accept my condolences. Goodbye.

DATE:	
DK	
RF	
[Status 440]	l

Institution (Q10)

ENTER TYPE OF INSTITUTION.

- 1 HOSPITAL [GO TO HomeSoon (Q11)]
- 2 NURSING HOME
- 3 ASSISTED LIVING FACILITY
- 4 GROUP HOME
- 5 JAIL OR PRISON [GO TO Thanks (Q36) Status 421]

HomeSoon (Q11)

Do you expect [Fill FirstName] to come home from the hospital within a month or so?

- 1 YES, ARRANGE CALLBACK [GO TO Callback]
- 2 NO [GO TO Thanks (Q36) Status 410]

KNOW Where (Q17)

Do you or anyone there know how we can reach [fill FirstName]?

- 1 YES [GO TO New Phone (Q18)]
- 0 NO

DK

RF

[GO TO Thanks (Q36) Status S30]

	one (Q18) ease have [fill HisHer] telephone number?
	PHONE NUMBER: DK RF [GO TO New Addr (Q19)]
New Add May I ple	dr (Q19) ease have [fill HisHer] address?
	ADDRESS:
	DK RF [GO TO A8]
complete	Free# ive you a toll-free number where [fill SAMPLE MEMBER] can reach someone to the survey and receive [\$25/\$50/\$75 DEPENDENT ON INCENTIVE EXPERIMENT for participating. The toll-free number is 888-633-8354. Thank you.
	[GO TO Thanks (Q36) if New Phone equals DK/RF then Status 530, else Status 899]
Lang (Q2 CODE L	20) ANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN.
2 3 4 5 6	SPANISH [GO TO Thanks (Q36) Status 401] FRENCH CHINESE RUSSIAN GERMAN OTHER LANGUAGE DK [GO TO Thanks (Q36) Status 400]
OtherLar SPECIF	ng (Q21) Y OTHER LANGUAGE.

LANGUAGE: __

[GO TO else Thanks (Q36) Status 400]

[SampMemb]

READ IF RESPONDENT IS A TAA SAMPLE MEMBER (GROUPS A&C)

A3a. My name is (NAME) and I'm calling from Mathematica Policy Research in Princeton, New Jersey. Recently, you should have received a letter about a survey we are conducting for the U.S. Department of Labor. We are calling people who received unemployment insurance and who were eligible to receive Trade Adjustment Assistance or NAFTA-TAA services and need to hear about your experiences. This survey is for research purposes only and will help to improve services for trade affected workers in the future. All of the information you provide will be kept strictly confidential. The interview takes about 30 minutes and we will mail you a check for [\$25/\$50/\$75 DEPENDENT ON INCENTIVE EXPERIMENT GROUP] when the survey is completed.

IF HAS QUESTIONS/DON'T KNOW WHAT WE'RE TALKING ABOUT/NEVER PARTICIPATED IN TAA – SEE FAQ (Alt/F1) [GO TO TAAFAQ.TXT]

- 1 BEGIN INTERVIEW [GO TO (A4) Screener/Survey]
- 2 NOT A GOOD TIME, SCHEDULE CALLBACK [GO TO Callback]
- 3 HUNG UP DURING INTRODUCTION [Status 640]
- 4 NEVER COLLECTED UNEMPLOYMENT [GO TO (Q32)]
- 5 ASKS ABOUT LETTER [GO TO Q12a OR Q12b BASED ON EXPERIMENTAL STATUS]
- 6 SUPERVISOR REVIEW [Status 380] RF [Status 200]

[SampMemb]

READ IF RESPONDENT IS A COMPARISON GROUP SAMPLE MEMBER (GROUPS B&D)

A3b. My name is (NAME) and I'm calling from Mathematica Policy Research in Princeton, New Jersey. Recently, you should have received a letter about a survey we are conducting for the U.S. Department of Labor. We are calling people who filed for unemployment benefits and need to hear about your experiences. This survey is for research purposes only and will help to improve services for workers in the future. All of the information you provide will be kept strictly confidential. The interview takes about 30 minutes and we will mail you a check for [\$25/\$50/\$75 DEPENDENT ON INCENTIVE EXPERIMENT GROUP] when the survey is completed.

IF HAS QUESTIONS/DON'T KNOW WHAT WE'RE TALKING ABOUT/NEVER PARTICIPATED IN TAA – SEE FAQ (Alt/F1) [GO TO TAAFAQ.TXT]

- 1 BEGIN INTERVIEW [GO TO (A4) Screener/Survey]
- 2 NOT A GOOD TIME, SCHEDULE CALLBACK [GO TO Callback]
- 3 HUNG UP DURING INTRODUCTION [Status 640]
- 4 NEVER COLLECTED UNEMPLOYMENT [GO TO (Q32)]
- 5 ASKS ABOUT LETTER [GO TO Q12a OR Q12b BASED ON EXPERIMENTAL STATUS]
- 6 SUPERVISOR REVIEW [Status 380] RF [Status 200]

Never Collected (Q32)

According to [fill STATE] Unemployment Insurance Agency records, you filed for unemployment benefits on [fill INITIAL UI CLAIM DATE].

- 1 YES, BEGIN INTERVIEW [GO TO (A4) Screener]
- 2 NO, SUPERVISOR REVIEW [Status 380]
- 3 NOT A GOOD TIME, SCHEDULE CALLBACK [GO TO Callback]
- 4 HUNG UP DURING INTRODUCTION [Status 640] RF [Status 200]

Screener (A4)

BLAISE SCREEN: SHOW DOB FROM UI CLAIMS RECORDS.

To get started I need to verify that I am speaking with the correct person. Could you please tell me your date of birth?

IF NECESSARY: READ DOB ALOUD AND	CONFIRM.
RECORD: _ / _ _ / _ _ _ MONTH DAY YEAR	[GO TO IF MATCH SAMPLE INFO— Start Survey (B1), IF DOES NOT
<r> REFUSED [GO TO (A5)]</r>	MATCH SAMPLE INFO, ASK (A5)]
(A5) BLAISE SCREEN: SHOW LAST 4 DIGITS OF SS What are the last four digits of your social security n	
IF NECESSARY: READ LAST 4-DIGITS ALC	OUD.
_ LAST FOUR SSN DIGITS	[GO TO IF MATCH SAMPLE INFO— Start Survey (B1), IF DOES NOT MATCH
<d> DON'T KNOW <r> REFUSED</r></d>	SAMPLE INFO, ASK (A9)]
(A9) I am sorry. Before I continue with the interview I will you for your time.	I need to check with my supervisor. Thank
GO TO END	

Thanks (Q36)

Thank you very much for your time.

ENTER 1 TO CONTINUE

READ IF RESPONDENT IS A TAA SAMPLE MEMBER (GROUPS A&C)

12a. The letter was from XXXXXX, Federal Project Officer for the U.S. Department of Labor, and addressed to you. The letter explained that this study is sponsored by the U.S. Department of Labor and the study's purpose is to help the government provide better services offered by the Trade Adjustment Assistance and NAFTA-TAA Programs. It also mentioned that we would be mailing you a check for [\$25/\$50/\$75 DEPENDENT ON INCENTIVE EXPERIMENT GROUP] when the survey is completed.

May we begin the interview?

IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.

- 1 BEGIN INTERVIEW [GO TO (A4) Screener/Survey]
- 2 NOT A GOOD TIME, SCHEDULE CALLBACK [GO TO Callback]
- 3 HUNG UP DURING INTRODUCTION [Status 640]
- 4 SUPERVISOR REVIEW [Status 380] RF [Status 200]
- 5 REQUESTS ANOTHER LETTER [AddrCheck]

READ IF RESPONDENT IS A COMPARISON SAMPLE MEMBER (GROUPS B&D)

12b. The letter was from XXXXXX, Federal Project Officer for the U.S. Department of Labor, and addressed to you. The letter explained that this study is sponsored by the U.S. Department of Labor and the study's purpose is to help the government provide better services to jobseekers in the future. It also mentioned that we would be mailing you a check for [\$25/\$50/\$75 DEPENDENT ON INCENTIVE EXPERIMENT GROUP] when the survey is completed.

May we begin the interview?

IF NECESSARY: The letter was sent from The U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.

- 1 BEGIN INTERVIEW [GO TO (A4) Screener/Survey]
- 2 NOT A GOOD TIME, SCHEDULE CALLBACK [GO TO Callback]
- 3 HUNG UP DURING INTRODUCTION [Status 640]
- 4 SUPERVISOR REVIEW [Status 380] RF [Status 200]
- 5 REQUESTS ANOTHER LETTER [AddrCheck]

READ IF RESPONDENT IS A TAA SAMPLE MEMBER (GROUPS A&C)

13a. The letter was from XXXXXX, Federal Project Officer for the U.S. Department of Labor, and addressed to (fill SAMPLE MEMBER NAME). The letter explained that this study is sponsored by the U.S. Department of Labor and the study's purpose is to help the government provide better services offered by the Trade Adjustment Assistance and NAFTA-TAA Programs. It also mentioned that we would be mailing (FILL SM FirstName LastName) a check for [\$25/\$50/\$75 DEPENDENT ON INCENTIVE EXPERIMENT GROUP] when the survey is completed.

May I speak to (fill SAMPLE MEMBER NAME)?

IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.

- 1 BEGIN INTERVIEW [GO TO (A4) Screener/Survey]
- 2 NOT A GOOD TIME, SCHEDULE CALLBACK [GO TO Callback]
- 3 HUNG UP DURING INTRODUCTION [Status 640]
- 4 SUPERVISOR REVIEW [Status 380] RF [Status 200]

READ IF RESPONDENT IS A COMPARISON SAMPLE MEMBER (GROUPS B&D)

13b. The letter was from XXXXXX, Federal Project Officer for the U.S. Department of Labor, and addressed to (fill SAMPLE MEMBER NAME). The letter explained that this study is sponsored by the U.S. Department of Labor and the study's purpose is to help the government provide better services to jobseekers in the future. It also mentioned that we would be mailing (FILL SM FirstName LastName) a check for [\$25/\$50/\$75 DEPENDENT ON INCENTIVE EXPERIMENT GROUP] when the survey is completed.

May I speak to (fill SAMPLE MEMBER NAME)?

IF NECESSARY: The letter was sent from the U.S. Department of Labor, and was printed on letterhead with the U.S. Department of Labor's name on the top.

- 1 BEGIN INTERVIEW [GO TO (A4) Screener/Survey]
- 2 NOT A GOOD TIME, SCHEDULE CALLBACK [GO TO Callback]
- 3 HUNG UP DURING INTRODUCTION [Status 640]
- 4 SUPERVISOR REVIEW [Status 380] RF [Status 200]

CALLBACK SCREENS

Hello (Q101)

Hello, my name is [fill IntvName]. I am calling from Mathematica on behalf of the U.S. Department of Labor. May I please speak to [fill FullName]?

- 1 SPEAKING TO [fill FirstName]
- 2 [fill FirstName] COMES TO THE PHONE
- 3 PERSON ASKS WHAT CALL IS ABOUT [GO TO WhatAbout (Q102)]
- 4 NEED TO CALLBACK [GO TO Callback]
- 5 NEVER HEARD OF [fill FullName]/WRONG NUMBER [GO TO PhoneCheck (Q106)] RF [Status 220 if not sample member] [if sample member then GO TO SampMemb (Q103)]

WhatAbout (Q102)

[if SampleMember then]

I'm calling to finish the interview we are conducting with [fill SMem.FirstName].

When is a good time to reach [fill FirstName]?

- 1 [fill FirstName COMES TO THE PHONE
- 2 NEED TO CALLBACK [GO TO Callback]
- 3 SUPERVISOR REVIEW [Status 380]
 RF [Status 220 if not sample member]
 [if sample member then GO TO SampMemb (Q103)]

SampMemb (Q103)

[if Hello eq 2 or WhatAbout = 1 then] Hello, my name is [fill IntvName]. [endif]

I'm calling to finish the interview we are conducting about improving services to people who are eligible [fill: For groups A&C (for Trade Adjustment Assistance (TAA) services); For groups B&D (to collect unemployment insurance benefits). Is now a good time?

- 1 CONTINUE INTERVIEW [GO TO Screener/Survey]
- 2 NOT A GOOD TIME [GO TO Callback]
- 3 SUPERVISOR REVIEW [Status 380] RF [Status 200]

PhoneCheck (Q106)

I'm sorry, I must have misdialed. I thought I dialed [fill Phone]. Can you tell me what number I've reached to see what kind of mistake I made?

- 1 RIGHT NUMBER, NO SUCH PERSON [GO TO WrongNumber (Q107)]
- 2 WRONG CONNECTION/MISDIAL [GO TO Thanks (Q108)]
- 3 SUPERVISOR REVIEW REQUIRED [Status 380]
- 4 REFUSED TO CONFIRM NUMBER [GO TO Thanks (Q108)]

WrongNumber (Q107)

I'm [fill IntvName] from Mathematica Policy Research in Princeton, New Jersey. I thought we'd recently spoken to someone there and according to the information I have, we were supposed to call back to interview [fill FullName]. There must have been some mistake. Thank you for your help. I'll turn this over to my supervisor.

ENTER 1 TO CONTINUE [Status 380]

Thanks (Q108)
Thank you for your time.

ENTER 1 TO CONTINUE [GO TO Backup (Q109)]

Backup (Q109)
BACKUP AND REDIAL PHONE NUMBER.

FREQUENTLY ASKED QUESTIONS

WHAT IS THE PURPOSE OF THE STUDY?

For TAA group. Our goal is to learn about the training and employment experiences of workers who lost their jobs for trade-related reasons and who were eligible for Trade Adjustment Assistance (TAA) or NAFTA-TAA services. This study is very important for improving services to jobseekers in the future.

For Comparison group. Our goal is to learn about the training and employment experiences of workers who received unemployment benefits. This study is very important for improving services to jobseekers in the future. It will allow us to understand what works well and what doesn't.

FOR THE TAA GROUP. I AM NO LONGER IN TAA TRAINING/I NEVER PARTICIPATED IN TAA/I NEVER HEARD OF TAA.

We are calling people whom the U.S. Department of Labor were notified to be eligible to receive Trade Adjustment Assistance or NAFTA-TAA services, even if these people never actually received services, are no longer receiving services, or never heard of the TAA program. Your responses and views are important in that it helps us gain perspective from those who participated in the TAA program as well as from those who did not.

IF DISSATISFIED WITH TAA TRAINING PROGRAM.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor wants to have feedback from people who were satisfied **and** people who were dissatisfied with their experiences.

I DON'T COLLECT UNEMPLOYMENT BENEFITS ANYMORE/I COLLECTED THEM FOR A VERY SHORT TIME.

We are calling a group of people who filed for unemployment benefits. You may have never collected, collected for a short time, or collected benefits during the past several years. The interview goes very quickly.

I'M DISSATISFIED WITH MY UNEMPLOYMENT BENEFITS.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor needs to hear from people who were satisfied and people who were dissatisfied with their experiences while collecting unemployment benefits.

IF DISSATISFIED WITH LOCAL UNEMPLOYMENT AGENCIES SAY.

I understand. Your comments will be especially important to the research. The U.S. Department of Labor wants to have feedback from people who were satisfied **and** people who were dissatisfied with their experiences.

HOW DID YOU GET MY NAME?

Your name was scientifically selected from among persons in your state who filed for unemployment insurance compensation or were eligible for Trade Adjustment Assistance (TAA) services in the last several years.

FAQs - continued

IS THE SURVEY CONFIDENTIAL?

Your responses are protected from disclosure by federal statue (P.L. 107-347, Title V Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA). Your answers will be combined with those of others and your name will never be used in reporting the results of the study. Your answers to questions will not affect your eligibility for any public program.

I DON'T HAVE THE TIME.

We can do the survey in more than one call, if necessary. I'd like to begin now and do as much as we can. Then, if you need to stop, I can call you back at your convenience to finish. Or, I can schedule a more convenient time to call you back. Which do you prefer?

WHAT HAPPENS IF I DON'T PARTICIPATE IN THE SURVEY?

Your participation is voluntary and will not affect your eligibility to receive unemployment or other benefits. However, your experience and opinions are very important to the success and improvement of programs that help unemployed workers find jobs.

I'M NOT INTERESTED.

Let me reassure you that we are not selling anything. The questions we ask are designed to help the U.S. Department of Labor improve services to people who are unemployed and seeking jobs. There are no right or wrong answers. We're interested in your experiences and opinions. Your answers will be combined with those of others and your name will never be included in any report.

HOW LONG WILL THIS TAKE?

The length of the interview is different for different people, but it usually takes about 30 minutes.

WHO GAVE YOU THE AUTHORITY TO CONDUCT THE STUDY?

This study is being sponsored by the U.S. Department of Labor and has been approved by the U.S. Office of Management and Budget under OMB control number 1205-0460. Without this approval we would not be able to conduct this survey. Questions regarding any aspect of this survey may be directed to the U.S. Department of Labor, Office of Policy Development, Evaluation and Research, Room N-5637, Washington, DC 20210 (Paperwork Reduction Project 1205-0460).

WILL I BE PAID?

Yes, we will mail you a check in the amount of [\$25/\$50/\$75 DEPENDENT ON INCENTIVE EXPERIMENT GROUP] within 2 weeks of completing the survey.

FAQs - continued

WILL THERE BE A REPORT ON THE FINDINGS THAT I CAN READ? WHERE/WHEN CAN I SEE A PUBLISHED REPORT ABOUT THE NATIONAL EVALUATION OF THE TAA PROGRAM?

Survey results will be reported in several interim reports starting in 2010. Once these reports are cleared by the U.S. Department of Labor for public release, they will be available at the MPR Web address at www.mathematica-mpr.com.

WHAT ARE YOU GOING TO DO FOR ME NOW? ARE YOU GOING TO HELP ME FIND A JOB? ARE YOU GOING TO SEND ME FOR MORE TRAINING?

Mathematica Policy Research is a private, independent research firm. Our firm is conducting an evaluation for the U.S. Department of Labor, and this survey is part of this evaluation. Our staff, however, are NOT directly involved in the provision of unemployment compensation, job search assistance or training services. If you need further assistance, you should contact the appropriate program staff in your local area.

I'M ON THE NATIONAL "DO NOT CALL LIST/REGISTRY." WHY ARE YOU CALLING ME?

I understand how the law may be confusing, but legitimate <u>research</u> calls are not included in the law that applies to telemarketing calls. Lawmakers recognize the value of legitimate research and the need for the public to participate. We will not sell you anything, nor will we ask for money. Your privacy will be respected, and your cooperation is appreciated.

I can provide you with a Web site address so you can get more information on who is included and excluded on the do not call list. The Web address is www.donotcall.gov.

DOES THE MONEY I RECEIVE FOR COMPLETING THIS SURVEY COUNT TOWARDS MY INCOME FOR THIS YEAR?

No, the money received for completing this survey is not considered employment income. Employment income is generated from an employment contract. This is a one-time payment for volunteering to take part in the survey.

SECTION B - UI CLAIM DATE AND HISTORY

- B1. The first few questions I have are about the dates of your unemployment benefits. According to [fill STATE's] Unemployment Insurance Agency records, you filed for unemployment benefits on or about [fill UI CLAIM DATE]. Is that correct?
 - <1> YES [GO TO CATI INSTRUCTIONS BEFORE B3]
 - <0> NO
 - <d> DON'T KNOW
 - <r> REFUSED

B2. When around [fill UI CLAIM DATE], did you file for or start collecting unemployment benefits?

PROBE: If you filed more than once during that period, please tell me about the first of

those times that you filed for benefits.

PROBE, IF NECESSARY: Did you file for or start collecting unemployment benefits

around [FILL UI CLAIM YEAR]?

RECORD MONTH, DAY, AND YEAR. IF SAMPLE MEMBER CANNOT GIVE EXACT DATE, PROBE FOR BEGINNING (CODE DAY 1), MIDDLE (CODE DAY 15), OR END OF MONTH (CODE DAY 30).

[CATI: REPLACE SAMPLE DATA UI CLAIM DATE WITH THIS DATE FOR SUBSEQUENT QUESTIONS.]

<1>	ENTER DATE		
	/ <u> </u> / H DAY		[GO TO CATI INSTRUCTIONS BEFORE B3] B2_Date
<2>	DID NOT FILE/	COLLECT [T	HANKS AND END]
<d></d>	DON'T KNOW REFUSED [TH	IANKS AND E	END]

CATI CHECK: IF COMPARISON SAMPLE (B AND D) \rightarrow GO TO B7. IF TRA INDICATED IN TAA SAMPLE MEMBER'S DATA (A) \rightarrow ASK B3, OTHERWISE (C) GO TO B3a.

- B3. Unemployment Insurance Agency records for the state of [fill STATE] show that you also collected TRA, or Trade Readjustment Allowances, which were monetary benefits that you received after exhausting your basic unemployment insurance. These records indicate that you started receiving these TRA benefits on or about [fill TRA CLAIM DATE]. Is that correct?
 - <1> YES **[GO TO B5]**
 - <0> NO [GO TO B4]
 - <3> NEVER COLLECTED TRA [GO TO B7]
 - <d> DON'T KNOW | GO TO B4]

- B3a. Have you received TRA or Trade Readjustment Allowances since [fill B1/B2 UI CLAIM DATE]? These are monetary benefits that you may have received after exhausting your basic unemployment insurance.
 - <1> YES
 - <0> NO, NEVER COLLECTED TRA [GO TO B7]
 - <d> DON'T KNOW
 - <r> REFUSED
- B4. When (around [fill TRA CLAIM DATE],) did you start collecting TRA or Trade Readjustment Allowances?

CATI NOTE: THE FILL DATE IS ONLY RELEVANT FOR THOSE WITH TRA INDICATED IN SAMPLE MEMBER'S DATA—I.E., THOSE WITH B3 = <0>,<d>, <r>. IF B3 NOT ASKED, ASK: "When did you..."

THIS DATE BECOMES TRA DATE, REPLACING DATE FROM SAMPLE INFORMATION.

<1> ENTER DATE

RECORD: | | | | | | | | | | | B4_Date

MONTH DAY YEAR

- <2> NEVER COLLECTED [GO TO B7]
- <d> DON'T KNOW
- <r> REFUSED

B5. When did you stop receiving TRA benefits?

> RECORD MONTH, DAY, AND YEAR. IF SAMPLE MEMBER CANNOT GIVE EXACT DATE, PROBE FOR BEGINNING (CODE DAY 1), MIDDLE (CODE DAY 15), OR END OF MONTH (CODE DAY 30).

<1> **ENTER DATE** RECORD: |__|_| / |__| / |__| B5_Date MONTH DAY YEAR <2> CURRENTLY RECEIVING/DID NOT STOP [GO TO C1] DON'T KNOW <d> **REFUSED** <r> Why did you stop collecting TRA benefits? **PROBE:** Any other reasons? **CODE ALL THAT APPLY** <1> BENEFITS RAN OUT/EXHAUSTED <2> RE-EMPLOYED/FOUND A JOB/STARTED OWN BUSINESS <3> DID NOT COMPLETE TRAINING WAIVER EXPIRED/DISQUALIFIED <4> <5> **VOLUNTARILY OUT OF LABOR FORCE** <6> ILLNESS/DISABILITY <7> TOO MUCH TROUBLE/HASSLE DEALING WITH/REACHING TAA/ TRA/UI OFFICE DID NOT WANT TRA ANYMORE <8> <9> **MOVED** WAS NOT ELIGIBLE FOR TRA IN THE FIRST PLACE/DENIED BENEFITS/ B6 10 <10> **NEVER COLLECTED** B6_11 <11> STILL COLLECTING B6 12 <12> OTHER (SPECIFY) [specify] DON'T KNOW <d> REFUSED <r> B6 13 BACK ON UNEMPLOYMENT/CONGRESS ENACTED BILL TO

GO TO C1

BENEFITS/CHECKS STOPPED - NO REASON SPECIFIED

B6.

B6 1

B6 2

B6 3

B6 4

B6 5 B6 6

B6_7

B6 8

B6 9

B6 14

B6 15

EXTEND UI BENEFITS

COMPLETED SCHOOL/TRAINING

- B7. When did you stop receiving unemployment insurance benefits? When did your UI benefits run out?
 - INTERVIEWER: IF SAMPLE MEMBER FILED MORE THAN ONCE DURING THAT PERIOD, ASK THEM THE DATE UI BENEFITS RAN OUT FOR THE TIME THEY FILED ON (FILL UI CLAIM DATE).

RECORD MONTH, DAY, AND YEAR. IF SAMPLE MEMBER CANNOT GIVE EXACT DATE, PROBE FOR BEGINNING (CODE DAY 1), MIDDLE (CODE DAY 15), OR END OF MONTH (CODE DAY 30).

<1>	ENTER DATE
RECO	RD: _ / / _ _ B7_Date MONTH DAY YEAR
<2>	CURRENTLY RECEIVING/DID NOT STOP [GO TO C1]
	DON'T KNOW REFUSED

B8. Why did you stop collecting unemployment insurance benefits from your initial claim filed around [fill INITIAL CLAIM DATE]?

CODE ONLY ONE

- <1> BENEFITS RAN OUT/EXHAUSTED
- <2> RE-EMPLOYED/FOUND A JOB/STARTED OWN BUSINESS
- <3> DISQUALIFIED
- <4> VOLUNTARILY OUT OF LABOR FORCE/WENT TO SCHOOL
- <5> ILLNESS/DISABILITY
- <6> TOO MUCH TROUBLE/HASSLE DEALING WITH/REACHING UI OFFICE
- <7> DID NOT WANT UI ANYMORE
- <8> MOVED
- <9> WAS NOT ELIGIBLE FOR UI IN THE FIRST PLACE/DENIED BENEFITS/ NEVER COLLECTED [TERMINATE INTERVIEW]
- <10> STILL COLLECTING
- <11> OTHER (SPECIFY) [specify]

- <d> DON'T KNOW
- <r> REFUSED
- <12> DID NOT WANT TO WORK 40 HOURS PER WEEK
- <13> COMPANY MOVED OUT OF STATE
- <14> FINISHED SCHOOL
- <15> GOT BACK IMMIGRATION PAPERS/HAD LOST THEM
- <16> RECEIVED WORKMAN'S COMP/HAD CASE PENDING
- <17> WENT INTO MILITARY
- <18> RETIRED/RECEIVED SOCIAL SECURITY
- <19> BENEFITS/CHECKS STOPPED NO REASON SPECIFIED

SECTION C – PRE-UI EMPLOYMENT

PART I: INFORMATION ON THE JOB THAT LED TO THE UI CLAIM/TAA ELIGIBILITY

C1. Now, I'd like to ask you about the job you had just before you filed for unemployment benefits on [fill B1/B2 UI CLAIM DATE]. What kind of company did you work for at that time—what did they make, do, or sell?

PROBE, IF NECESSARY: What was the major product or service of the job you had

that made you eligible to collect unemployment insurance

benefits.

- <1> (SPECIFY) [specify]
- <d> DON'T KNOW
- <r> REFUSED

CATI: IF COMPARISON GROUP SAMPLE, GO TO C3

- C2. IF TAA SAMPLE (A AND C) ASK: My computer screen indicates that you worked at [fill NAME OF COMPANY FROM SAMPLE]. Is this correct?
 - <1> YES [GO TO C4]
 - <0> NO
 - <d> DON'T KNOW
 - <r> REFUSED
- C3. What was the name of this company? Who was your employer?
 - <1> (SPECIFY) [specify]
 - <d> DON'T KNOW
 - <r> REFUSED

C4. What was your job title? What did you do there? FOR EXAMPLE: ELECTRICAL ENGINEER, STOCK CLERK, SEWING MACHINE OPERATOR, LONG HAUL TRUCK DRIVER, SHORT HALL TRUCK DRIVER.

- <1> (SPECIFY) [specify]
- DON'T KNOW <d>
- **REFUSED** <r>
- C5. Did you belong to a union on that job?
 - YES <1>
 - <0> NO
 - DON'T KNOW <d>
 - REFUSED <r>
- <mark>C6</mark>. How many employees did this company have in your location?
 - PROBE: Please consider only the location where you worked. Your best estimate is
 - fine.
 - INTERVIEWER: IF SAMPLE MEMBER STATES COMPANY DOWNSIZED AND
 - LAID OFF EMPLOYEES, SAY: We want to know the number of
 - employees at your location before the layoffs.
 - THIS IS THE NUMBER OF EMPLOYEES IN THE COMPANY'S **INTERVIEWER:**
 - LOCATION WHERE THE SAMPLE MEMBER WORKED. NOT JUST
 - IN THEIR BUILDING IF THE COMPANY HAD MULTIPLE
 - **BUILDINGS IN THAT LOCATION.**
 - INTERVIEWER: IF THE SAMPLE MEMBER SAYS THEY ARE SELF-EMPLOYED,
 - ASK: "How many employees did you have in your location, including yourself?" If sample member says nobody works for them, then code
 - the answer as "1."



21

<r>

C6a. Would you say the number was . . . <1> under 10 employees, <2> 10 to under 50, <3> 50 to under 100. <4> 100 to under 500, <5> 500 to under 1,000, <6> 1,000 to under 2,500, or <7> 2,500 or more employees? <8> SELF-EMPLOYED DON'T KNOW <d> **REFUSED** <r> C7. When did you **first** start working for [fill C2/C3 EMPLOYER NAME]? ADJUST DATE, IF NECESSARY. **PROBE:** Your best estimate would be fine. INTERVIEWER: ENTER DATE IN MM/DD/YYYY FORMAT. CATI: DATE MUST BE BEFORE CLAIM DATE. |__|_|/|__|/|_|_|_| **[GO TO C9]** MONTH DAY YEAR DON'T KNOW

REFUSED

INTERVIEWER: IF RESPONDENT TAKES

TOO LONG TO ANSWER CODE DON'T KN <d> <r> TOO LONG TO ANSWER, CODE DON'T KNOW **AND GO TO C81** C8. How long ago did you first start working for [fill C2/C3 EMPLOYER NAME]? **PROBE:** How many months and years ago? Your best estimate would be fine. RECORD NUMBER OF YEARS HERE AND NUMBER OF INTERVIEWER: MONTHS ON NEXT SCREEN (NUMERICAL). | | RECORD YEARS C8 Year | | RECORD MONTHS C8 Month DON'T KNOW <d>

<r>

REFUSED

C9. And what was the **last** date that you worked on that job before you applied for unemployment insurance benefits around [fill INITIAL CLAIM DATE]?

PROBE, IF NECESSARY: How long before [fill INITIAL CLAIM DATE] did that job

end?

DATE SHOULD BE **BEFORE** INITIAL CLAIM DATE, BUT MAY NOT BE.

INTERVIEWER: IF RESPONDENT SAYS HOURS WERE REDUCED, SAY: Tell me

the date the reduced hours started.

INTERVIEWER: ENTER DATE IN MM/DD/YYYY FORMAT.

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

<d> DON'T KNOW

<r> REFUSED

CATI: ALWAYS FILL C9 DATE, IF KNOWN, FOR JOB END DATE. IF UNKNOWN, USE B1/B2 UI CLAIM DATE.

C10. How many hours per week, including regular overtime hours, did you usually work on that job?

(1-80)

| | HOURS PER WEEK

<d> DON'T KNOW

<r> REFUSED

C11. And how much did you usually make, **before taxes and other deductions**, when that job ended? Please include tips, commissions, bonuses, and regular overtime.

IF BACK TO WORK AT [FILL C2/C3 EMPLOYER NAME], PROBE: What was your rate of pay when you lost the job just before you filed for benefits?

ACCEPT	MOST	CONVEN	IIENT D	AV	DEBIOD
AUGERI	MOSI	CONVEN	HEN I P	AI	PERIOD

\$		C_11
C11_F	^P er	
<1>	PER HOUR	
<2>	PER WEEK	
<3>	ONCE EVERY TWO WEEKS	
<4>	TWICE A MONTH	
<5>	PER MONTH	
<6>	PER YEAR	
<7>	IN-KIND ONLY	
<8>	OTHER (SPECIFY) [specify]	
_		
<d></d>	DON'T KNOW	
<r></r>	REFUSED	
<9>	PER DAY	

C12. Were any of the following benefits available to you at that job?

INTERVIEWER: CODE "YES" IF AVAILABLE, BUT NOT USED.

		YES	NO	DON'T KNOW	REFUSED
C12_a. Health insurance o PPO plan?	r membership in an HMO or	1	0	d	r
C12_b. Paid vacation?		1	0	d	r
C12_c. Paid holidays?		1	0	d	r
C12_d. Paid sick leave?		1	0	d	r
C12_e. Retirement or pens	sion benefits?	1	0	d	r

C13. Why did you stop working at that job: were you laid off, did you quit, retire, were you fired, or was there some other reason?

PROBE: The time just before you filed for unemployment benefits around [fill INITIAL CLAIM DATE].

PROBE ANY "OTHER REASON" (FOR EXAMPLE, LACK OF WORK, COMPANY/PLANT MOVED/CLOSED, REORGANIZATION, LABOR DISPUTE) FOR TYPE OF JOB SEPARATION): What was the reason?

CODE ONE ONLY

IF SAMPLE MEMBER ANSWERS: "I was forced to resign." Please code the answer as quit.

<1> LAID OFF (INCLUDE JOB COMPLETED/TEMP. WORK/SEASONAL WORK/WORK PERIOD ENDED/REORGANIZATION/DOWNSIZING/COMPANY SOLD/COMPANY MOVED/ COMPANY WENT OUT OF BUSINESS/END OF TERM IN SERVICE/ENLISTMENT UP/ REDUCTION IN FORCE OR RIF'ED) <2> **QUIT [GO TO C18]** <3> RETIRED [GO TO C21] <4> FIRED [GO TO C19] <5> ILLNESS/PREGNANCY/LEAVE OF ABSENCE -|GO TO C21| <6> STRIKE STILL WORKING BUT REDUCED HOURS [GO TO C23] <7> <8> INJURY ON JOB <9> OTHER (SPECIFY) [specify] → [GO TO C21] DON'T KNOW <d> REFUSED <r>

STILL WORKING (NO MENTION OF REDUCED HOURS)

25

<10>

<11>

<12>

<13>

<14>

<15>

ARRESTED/INCARCERATION

TEMPORARY COMPANY SHUTDOWN

SEXUAL HARASSMENT/DISCRIMINATION

BANKRUPTCY

DOWNSIZING

C14. Which of the following best describes the reason that you were laid off?

READ ALL CATEGORIES BEFORE ACCEPTING ANSWER.

CODE ONE ONLY

- <1> The company moved or closed
- <2> The plant or facility moved or closed
- <3> Your job or shift was eliminated
- <4> There was a lack of work
- <5> There was a strike, or
- <6> Was there some other reason? (SPECIFY) [specify]
- <7> EMPLOYER SAID RESPONDENT COULDN'T DO JOB ANYMORE [GO TO C21]
- <8> TEMPORARILY CLOSED/CLOSED FOR INVENTORY
- <d> DON'T KNOW
- <r> REFUSED
- <9> TEMPORARY WORKER
- <10> DISPUTE WITH MANAGEMENT
- <11> POOR WORK PERFORMANCE
- <12> WEATHER
- <13> COMPANY DOWNSIZING
- <14> COMPANY BOUGHT/SOLD/MERGED OR REORGANIZED/RESTRUCTURED
- <15> OUTSOURCED/JOB SENT OVERSEAS
- <16> COMPANY FINANCES/BUDGET CUTS/BANKRUPT

C15. At the time that you were laid off, did you expect to go back to that job?

PROBE: Did you think it would be a temporary layoff?

- <1> YES
- <0> NO [GO TO C17]
- <d> DON'T KNOW
- <r> REFUSED

C16. When you were laid off, were you given a specific date to return to work?

- <1> YES
- <0> NO
- <d> DON'T KNOW
- <r> REFUSED

C17. Did you actually go back to that job?

PROBE: Since (FILL UI CLAIM DATE).

- <1> YES
- <0> NO
- <d> DON'T KNOW
- <r> REFUSED

GO TO C21

C18. Which of the following best describes the reason that you quit?

INTERVIEWER: READ ALL CHOICES BEFORE ACCEPTING ONE ANSWER

- <1> Health, personal, or family reasons,
- <2> To accompany spouse or partner,
- <3> Unsatisfactory working arrangements or you disliked the job,
- <4> You knew the plant or company was going to close or move,
- <5> Commuting became too difficult or expensive,
- <6> You moved away,
- <7> You changed careers/went back to school, or
- <8> Was there some other reason? (SPECIFY) [specify]
- <d> DON'T KNOW
- <r> REFUSED
- <9> DID NOT GET ALONG WITH SUPERVISOR
- <10> DANGEROUS WORKING CONDITIONS
- <11> FOUND BETTER JOB
- <12> DID NOT MAKE ENOUGH MONEY

GO TO C21

C19. What was the main reason why you were fired?

INTERVIEWER: READ ALL CHOICES BEFORE ACCEPTING ONE ANSWER

- <1> Employer said you were not working or were not doing job well
- <2> Employer said you couldn't do job anymore
- <3> Absences, arrive late, or leave early
- <4> Dispute with employer
- <5> Labor dispute
- <6> Job eliminated or company reorganization
- <7> Salary too high and company cutting expenses, or
- <8> Was there some other reason? (SPECIFY) [specify]
- <d> DON'T KNOW
- <r> REFUSED
- <9> POSITIVE DRUG TEST
- <10> ACCIDENT WORK-RELATED
- <11> DISPUTE WITH CO-WORKER(S)
- <12> FALSIFYING APPLICATIONS OR RECORDS
- <13> HUSBAND AND WIFE CANNOT WORK AT SAME PLACE
- <14> FAILURE TO ABIDE BY COMPANY POLICY
- <15> HEALTH ISSUES
- <16> WHISTLE BLOWER

C20. How long before you were fired, did your employer officially notify you that this would happen?

INTERVIEWER: RECORD NUMBER. MARK DAYS OR WEEKS.

	NUMBER

C20 Per

- <0> NO ADVANCE NOTICE [GO DIRECTLY TO C21]
- <1> DAYS
- <2> WEEKS
- <d> DON'T KNOW
- <r> REFUSED

- C21. When that job ended, did you receive severance pay, a buyout or some other payment?
 - <1> YES
 - <0> NO
 - <d> DON'T KNOW
 - <r> REFUSED
- C22. And when that job ended, did you look for work?
 - <1> YES
 - <0> NO
 - <d> DON'T KNOW
 - <r> REFUSED

PART II: EMPLOYMENT DURING THE 3 YEARS PRIOR TO THE PRE-UI CLAIM JOB

CATI: CY = CALENDAR YEAR OF JOB END YEAR.

C23. The next few questions are about your employment and earnings experiences before you left your job at [fill C2/C3 EMPLOYER NAME] in [fill JOB END MONTH/YEAR].

About how many jobs did you have between [fill CY-3] and [fill CY-1]? Please **include** your job at [fill C2/C3 EMPLOYER NAME] in your response if you were at that job in [fill CY-1].

- | | | NUMBER
- <d> DON'T KNOW
- <r> REFUSED

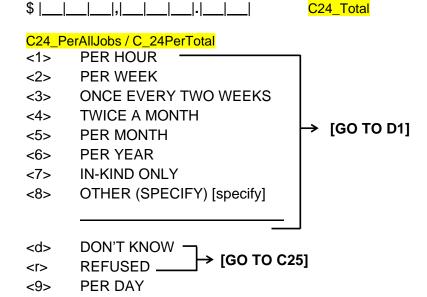
CATI: CAN'T BE "0."

C24. What were your total earnings from all paid jobs you had in [fill (CY-1)]?

PROBE: Please include any part-time, self-employment, temporary jobs, odd jobs, side jobs, under-the-table jobs, or other types of paid jobs that you had.

- \$ | | | |,| | | PER YEAR [GO TO D1] C24 AllJobs
- <1> ENTER TOTAL EARNINGS
- <2> CANNOT GIVE EXACT TOTAL

IF CAN'T GIVE EXACT TOTAL EARNINGS, ASK: About how much did you make, before taxes and other deductions, for all your paid jobs in [fill (CY-1)]?



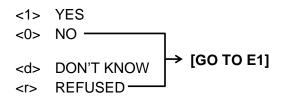
- C25. Would you say your total earnings in [fill (CY-1)] were less than \$30,000 or \$30,000 or more?
 - <1> LESS THAN \$30,000 [GO TO C27]
 - <2> \$30,000 OR MORE
 - <d> DON'T KNOW
 - <r> REFUSED
- C26. Would you say they were . . .
 - <1> \$30,000 to under \$45,000,
 - <2> \$45,000 to under \$60,000,
 - <3> \$60,000 to under \$75,000,
 - <4> \$75,000 to under \$90,000,
 - <5> \$90,000 to under \$105,000, or
 - <6> \$105,000 or more?
 - <d> DON'T KNOW
 - <r> REFUSED

GO TO D1

- C27. Would you say they were . . .
 - <1> less than \$5,000,
 - <2> \$5,000 to under \$10,000,
 - <3> \$10,000 to under \$15,000,
 - <4> \$15,000 to under \$20,000,
 - <5> \$20,000 to under \$25,000, or
 - <6> \$25,000 to under \$30,000?
 - <d> DON'T KNOW
 - <r> REFUSED

SECTION D - RAPID RESPONSE

D1. When your job at [fill C3 EMPLOYER] ended, did someone come to your place of work or talk with you at another location about how to file for unemployment insurance claims and to describe the reemployment services available in your community?



D2. Who talked to you? Was it . . .

READ ALL ITEMS.

CODE ALL THAT APPLY

ASK: "Anyone else?" **UNTIL RESPONDENT INDICATES NO OTHERS.**

- D2_1 <1> your employer,
- D2_2 <2> One-Stop Career Center, or Rapid Response staff,
- D2_3 <3> unemployment insurance staff,
- D2_4 <4> state employment services staff,
- D2_5 <5> TAA staff,
- D2_6 <6> union representatives, or
- D2_7 <7> someone else? (SPECIFY) [specify]
 - <d> DON'T KNOW
 - <r> REFUSED
- D2 8 <8> COLLEGES AND TRADE SCHOOL
- D2 9 <9> COMMUNITY AGENCIES
- D2 10 <10> PRIVATE COMPANIES
- D2 11 <11> JOB FAIR
- D2 12 <12> TEMP AGENCIES
- D2 13 <13> GOVERNMENT OFFICIALS
- D2 14 <14> RELATIVE/FRIENDS/CO-WORKERS

SECTION E – NOTIFICATION OF TRADE ADJUSTMENT ASSISTANCE ELIGIBILITY/KNOWLEDGE OF TAA/APPLICATION

CATI: ASK THIS SECTION OF THE TAA SAMPLE ONLY (GROUPS A AND C).

PART I: Notification of TAA Eligibility

E1. Now I would like to ask you about the TAA or Trade Adjustment Assistance Program. You may also know it as NAFTA-TAA or ATAA. These are government programs which offer assistance to workers who have lost their jobs because of trade with foreign countries.

How did you find out about the TAA program?

PROBE: NAFTA stands for North American Free Trade Agreement. ATAA stands for Alternative Trade Adjustment Assistance. You may also know it as the Trade Act.

IF SAMPLE MEMBER SAYS "AT WORK," PROBE: Did you find out through a meeting at your employer or by seeing a notice posted, a letter, or did you hear about it from your co-workers or through your union? **CODE ANSWER.**

CODE ALL THAT APPLY. READ LIST IF NECESSARY.

ASK: "Any other ways?" UNTIL RESPONDENT INDICATES NO OTHERS.

- E1 1 <1> MEETING AT FORMER EMPLOYER E1 2 <2> CO-WORKERS E1 3 <3> NOTICE POSTED AT WORK E1 4 <4> EMPLOYMENT/JOB SERVICE OFFICE E1 5 <5> UNEMPLOYMENT OFFICE/UNEMPLOYMENT STAFF E1 6 <6> ONE-STOP CENTER E1 7 <7> FRIENDS (NOT CO-WORKERS) E1 8 <8> NEWSPAPERS/RADIO/TV/INTERNET E1 9 <9> UNION REPRESENTATIVE E1 10 <10> LETTER E1 11 <11> SCHOOL E1 12 <12> NEVER FOUND OUT ABOUT TAA [GO TO F1] E1 13 <13> OTHER (SPECIFY) [specify] <d> DON'T KNOW
 - <r> REFUSED
- E1 14 <14> FAMILY MEMBER
- E1_15 <15> GOVERNMENT REP OTHER THAN UNEMPLOYMENT STAFF
- E1_16 <16> TAA REP

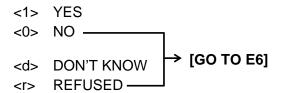
E2. CATI: IF "<10> LETTER" CODED IN E1, ASK:

Was the letter from . . .

- <1> the state of [fill STATE NAME], [GO TO E4]
- <2> your union,
- <3> your employer, or
- <4> some other organization? (SPECIFY) [specify]

<d> DON'T KNOW

- <r> REFUSED
- <5> COLLEGE
- <6> MPR
- <7> TAA
- E3. Did you also get a letter from the state saying that you might be eligible for Trade Adjustment Assistance benefits?



- E4. When did you receive this letter? Was it . . .
 - <1> before you left your job, or [GO TO E6]
 - <2> after you left your job?
- E5. Did you receive the letter . . .
 - <1> within a month after you left your job,
 - <2> one to six months after you left your job, or
 - <3> six months or longer after you left your job?
 - <d> DON'T KNOW
 - <r> REFUSED

E6. Did you attend a TAA orientation or meet with a TAA representative to find out more about TAA?

PROBE: Did you have a meeting with a TAA representative where you were told about all of the services you may be eligible for?

- <1> YES
- <0> NO [GO TO E8]
- <d> DON'T KNOW
- <r> REFUSED
- E7. Where did this meeting take place? Was it . . .

READ ALL ANSWERS BEFORE ACCEPTING ANSWER(S).

- E7_1 <1> at the state unemployment or employment office or One-Stop Career Center,
- E7_2 <2> at your former employer,
- E7_3 <3> at your union's office,
- E7_4 <4> by telephone, or
- E7_5 <5> at some other location? (SPECIFY) [specify]
 - <d> DON'T KNOW
 - <r> REFUSED
- E7_6 <6> CHURCH
- E7 7 <7> COLLEGE/SCHOOL
- E7_8 <8> GOVERNMENT BUILDING/COMMUNITY CENTER

PART II: KNOWLEDGE OF TAA SERVICES

CATI: IF B3a = "NO," "DK" OR "R," ASK E8.
OTHERWISE GO TO CATI CHECK BEFORE E9.

E8. Were you told or did you know that under the Trade Adjustment Assistance program, you could be eligible to receive TRA payments after you used up your unemployment insurance benefits?

PROBE: This is supplemental unemployment insurance payments.

PROBE: TRA stands for Trade Readjustment Allowance.



CATI: IF TRA SAMPLE, OR B3a = "YES" OR E8 = "YES," ASK E9:

E9. Were you aware that in order to get TRA benefits you had to enter a training program or receive a waiver by a specific deadline?

PROBE: This deadline was about 8 to 16 weeks or 2 to 4 months after your layoff.

PROBE: A waiver excuses you from having to take part in training, in order to maintain eligibility for TRA.

<1> YES

<0> NO

<d> DON'T KNOW

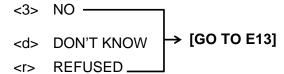
<r> REFUSED

E10. Were you told or did you know that under the Trade Adjustment Assistance program you might have been eligible for [INSERT a – d]?

		CODE YES OR NO FOR EACH			OR EACH
				DON'T	
		YES	NO	KNOW	REFUSED
E10_a	Training paid for by TAA to acquire new skills?	1	0	d	r
E10_b	having your travel and living expenses paid if you attended a training program in another area?	1	0	d	r
E10_c	having your travel and living expenses paid while you looked for work in another area?	1	0	d	r
E10_d	having your moving expenses paid if you got a job in another area?	1	0	d	r

PART III: APPLICATION FOR TAA SERVICES

- E11. Did you complete an application form to determine your eligibility, or otherwise formally apply for TAA or TRA services?
 - <1> YES, RESPONDENT APPLIED
 - <2> YES, EMPLOYER/UNION/STATE REPRESENTATIVE APPLIED FOR RESPONDENT (INTERVIEWER NOTE: RESPONDENT VOLUNTEERS THIS INFORMATION)



E12. Why did you apply for TAA? What about the program interested you the most?

CODE ALL THAT APPLY

ASK: "Anything else?" UNTIL RESPONDENT INDICATES NO OTHER REASONS.

- E12 1 <1> TRAINING/SCHOOLING
- E12_2 <2> HCTC (HEALTH CARE TAX CREDIT)
- E12_3 <3> ATAA (ALTERNATIVE TAA)
- E12 4 <4> TRA BENEFITS
- E12 5 <5> JOB SEARCH OR RELOCATION ALLOWANCES
- E12_6 <6> OTHER (SPECIFY) [specify]
 - <d> DON'T KNOW
 - <r> REFUSED
- E12 7 <7> UNEMPLOYMENT BENEFITS ENDED
- E12 8 <8> BETTER JOB
- E12 9 <9> LEARN ENGLISH
- E12_10 <10> EMPLOYER APPLIED
- E12_11 <11> DIDN'T KNOW WHAT ELSE TO DO/NEEDED HELP/ SEEMED LIKE A GOOD IDEA
- E12_12 <12> RECOMMENDED/NO CHOICE

GO TO F1

E13. Why didn't you apply for TAA services?

CODE ALL THAT APPLY

E13 1	· <1>	WASN'T INTERESTED IN TRAINING
	<u> </u>	

- E13_2 <2> GOT A JOB/BEGAN WORKING
- E13 3 <3> DIDN'T THINK I WOULD BE ELIGIBLE
- E13 4 <4> RECALLED TO WORK BY FORMER EMPLOYER
- E13_5 <5> EXPECTED TO BE RECALLED BY FORMER EMPLOYER
- E13 6 <6> DIDN'T KNOW HOW TO APPLY FOR TAA SERVICES
- E13 7 <7> RULES TOO COMPLICATED
- E13 8 <8> MOVED/LEFT THE AREA
- E13_9 <9> OTHER (SPECIFY) [specify]

- <d> DON'T KNOW
- <r> REFUSED
- E13_10 <10> AGE (TOO OLD)/RETIREMENT
- E13_11 <11> HEALTH
- E13 12 <12> DID NOT KNOW ABOUT TAA
- E13_13 <13> DIDN'T THINK I WOULD BENEFIT/NOT INTERESTED

SECTION F - REEMPLOYMENT SERVICES

F1. After you left your job at [fill C2/C3 EMPLOYER NAME], did you receive any of the following services at a local unemployment office, One-Stop Career Center or other organization providing reemployment services: (INSERT a – g)

CATI: ROTATE START

READ STEM FIRST TIME THEN AS NECESSARY.

	SERVICES	YES	NO	DON'T KNOW	REFUSED
F1a.	Assistance in searching for work?	1	0	d	r
F1b.	Referrals to jobs or employers?	1	0	d	r
F1c.	Help with your resume?	1	0	d	r
F1d.	Information on how to change careers?	1	0	d	r
F1e.	Tests to see what jobs you were qualified or suited for?	1	0	d	r
F1f.	Labor market information about what occupations were in demand in your local area?	1	0	d	r
F1g.	Information on education or job training programs?	1	0	d	r

F2. Did you ever receive counseling to help you determine if training was appropriate?

<1> YES

<0> NO

<d> DON'T KNOW

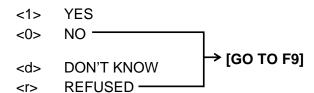
<r> REFUSED

F3. Did you ever receive counseling to help you select a training program or provider?



<mark>F4</mark> .	How many meetings did you have with your counselor to help you make a training decision?				
	<u> _</u>	# OF MEETINGS			
	<d></d>	DON'T KNOW REFUSED			
CATI:		OR MORE SERVICES IN F1 ANSWERED "YES," OR F2 OR F3 ANSWERED ASK F5. OTHERWISE GO TO F6.			
<mark>F5</mark> .	Where Was it	did you receive the majority of the reemployment services we just discussed? at			
	CODE	ONE ONLY. READ ALL ANSWERS BEFORE ACCEPTING ANSWER.			
	<1>	the state unemployment or employment office, or the One-Stop Career Center,			
	<2>	another government agency,			
	<3>	your employer,			
	<4>	a school, training provider, college or university,			
	<5>	a placement agency,			
	<6>	Internet, or			
	<7>	some other location? (SPECIFY) [specify]			
	<8>	DID MOST EVERYTHING WITHOUT HELP			
	<9>	PHONE/MAIL/NEWSPAPER			
	<10>	UNION			
	<d></d>	DON'T KNOW			
	<r></r>	REFUSED			
<mark>F6</mark> .		receive a letter stating that you needed to participate in a reemployment service ive unemployment insurance benefits?			
		YES NO			
	-	DON'T KNOW REFUSED			

F7. Did you receive payment for travel and living expenses while you attended a training program in another area?

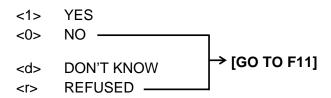


F8. How much did you receive in total for this?

```
$ | __|,| __| ROUND TO THE NEAREST DOLLAR AMOUNT  
<d> DON'T KNOW
```

<r> REFUSED

F9. Did you receive payment for travel and living expenses while you looked for work in another area?



F10. How much did you receive in total for this?

REFUSED

<r>

```
$ | ___|, | ___ | ROUND TO THE NEAREST DOLLAR AMOUNT  
<d> DON'T KNOW
```

F11. Did you receive payment for moving expenses if you got a job in another area?

```
<1> YES
<0> NO 

<d> DON'T KNOW | GO TO CATI INSTRUCTIONS | BEFORE F13]
```

- 12.	. How much did you receive in total for this?				
	\$, _ ROUND TO THE NEAREST DOLLAR AMOUNT			
	-	DON'T KNOW REFUSED			

CATI: IF ONE OR MORE SERVICES IN F1 ANSWERED "YES," OR F2 OR F3 ANSWERED "YES," ASK F13. OTHERWISE, GO TO G19.

F13. Thinking about all the services we've discussed, how helpful (was/were) the service(s) you received in [fill TASK]? Would you say the service(s) (was/were) very helpful, moderately helpful, a little bit helpful, or not at all helpful?

	TASKS	VERY HELPFUL	MODERATELY HELPFUL	LITTLE BIT HELPFUL	NOT AT ALL HELPFUL	STILL IN SCHOOL/ TRAINING	DON'T KNOW	REFUSED
F13a.	finding a job?	1	2	3	4	5	d	r
F13b.	identifying a suitable education or training program?	1	2	3	4	5	d	r

SECTION G – EDUCATION AND TRAINING SERVICES

G1-G18 OMITTED IN BASELINE

G19. Now I'd like to ask you about education, school, and job training programs and courses you may have attended since [fill JOB END DATE]. Please include training programs that helped you learn job skills or prepare for an occupation, as well as general educational programs, such as regular high school, adult basic education or GED courses, and college.

Since you left your job at [fill C3 COMPANY NAME], did you participate in any education and training programs and courses?

- YES [GO TO G21] <1>
- <0> NO
- <d> DON'T KNOW-
- → [GO TO H1] REFUSED -<r>

G20. Why didn't you participate in any education and training?

CODE ALL THAT APPLY

G20_1 <1>	GOT A JOB/BEGAN WORKING
G20_2 <2>	COULD NOT AFFORD TRAINING
G20_3 <3>	SUITABLE TRAINING NOT AVAILABLE/ COULDN'T GET INTO TRAINING I WANTED
G20_4 <4>	NOT INTERESTED/CHOSE NOT TO PARTICIPATE/ DID NOT WANT TO PURSUE TRAINING
G20_5 <5>	COST/MONEY/FINANCIAL REASONS
G20_6 <6>	HEALTH ISSUES/SICK
G20_7 <7>	FAMILY ISSUES/CHILD CARE
G20_8 <8>	TRANSPORTATION PROBLEMS
G20_9 <9>	OTHER (SPECIFY) [specify]
G20_10<10>	DIDN'T THINK I COULD GET TRAINING/ DIDN'T THINK I WAS ELIGIBLE FOR TRAINING
G20_11<11>	DIDN'T THINK I QUALIFIED/WAS ELIGIBLE FOR TAA/TRA
G20_12<12>	ALREADY HAD DEGREE/SKILLS/TRAINING
G20_13<13>	LANGUAGE BARRIER/LITERACY PROBLEMS
G20_14<14>	LOOKING FOR JOB ON OWN
<mark>G20_15</mark> <15>	EXPECT TO BE CALLED BACK
<d></d>	DON'T KNOW
<r></r>	REFUSED

GO TO H1

G21. How many different education and training programs did you enroll in since [fill JOB END DATE]?

(1-10)

|__|__| #

<d> DON'T KNOW
<r> REFUSED

CATI:	ALLOW FOR 5 PROGRAMS. ASK G22 ACROSS FIRST, THEN ASK G23-G41 FOR EACH PROGRAM.	#1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	#2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)
G22.	What (is/are) the name(s) of the training and education program(s) you attended since [fill JOB END DATE], starting with the first one you attended?	G22 School 1	G22 School 2
	What's the next program you attended?		
G22a.	Let me verify that since [fill JOB END DATE] you attended [fill G22 NAMES].	CORRECT 1	CORRECT1
	Is this correct, or are there any other education or job training programs or courses you may have attended?	NOT CORRECT DON'T KNOW d	NOT CORRECT DON'T KNOWd
	IF CORRECT, ENTER "1" AND CONTINUE.	REFUSEDr	REFUSEDr
	IF THIS IS NOT CORRECT, GO BACK TO G21 AND G22 TO ENTER CORRECT NUMBER AND NAMES OF PROGRAMS ATTENDED.		
G23.	When did you start attending [fill PROGRAM/THE FIRST/ SECOND] program after you worked for [FILL C3 COMPANY NAME] [fill JOB END DATE]?	_ / / _ G23_1 MONTH DAY YEAR DON'T KNOW(ASK G23a) d REFUSED(ASK G23a)r	_ / / _ _ G23_2 MONTH DAY YEAR DON'T KNOW (ASK G23a)
G23a.	Do you recall what year you started attending [fill PROGRAM/THE FIRST/ SECOND] program after [fill JOB END DATE]?	<u> </u> _ _ YEAR <mark>G23a_1</mark>	<u> </u> <u> </u> YEAR <mark>G23a_2</mark>
G24.	And when did you stop attending (the/that) program?	_ / / _ _ YEAR G24_Date_1 G24_1 STILL IN PROGRAM	_ / / _ _
G24a.	Do you recall what year you stopped attending (the/that) program?	YEAR <mark>G24a_1</mark>	YEAR G24a_2
G25.	How many hours per week (did/do) you attend that program?	HOURS PER WEEK G25_1	HOURS PER WEEK G25_2
	RESPONDENT SHOULD NOT INCLUDE TIME SPENT OUTSIDE OF CLASS STUDYING OR DOING HOMEWORK, ONLY ATTENDING CLASS SHOULD BE INCLUDED.	DON'T KNOW d REFUSED r	DON'T KNOWd REFUSEDr
G26.	While in the [fill G22 NAME] (are/were) you being trained in some skill or occupation, or (are/were) you taking a general education program?	G26_1 SKILL/OCCUPATION (GO TO G28)1 GENERAL EDUCATION	G26_2 SKILL/OCCUPATION(GO TO G28) 1 GENERAL EDUCATION

#3 (THIRD SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	#4 (FOURTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	#5 (FIFTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)
G22 School 3	G22 School 4	G22 School 5
CORRECT1	CORRECT 1	CORRECT1
NOT CORRECT	NOT CORRECT	NOT CORRECT
DON'T KNOWd	DON'T KNOW d	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
<mark>G23_3</mark> / / _ /	G23_4	G23_5
MONTH DAY YEAR DON'T KNOW (ASK G23a)d	MONTH DAY YEAR DON'T KNOW (ASK G23a) d	MONTH DAY YEAR DON'T KNOW(ASK G23a)d
REFUSED (ASK G23a)r	REFUSED (ASK G23a) r	REFUSED (ASK G23a)r
YEAR G23a_3	YEAR G23a_4	YEAR G23a_5
/ _ / _ - MONTH DAY YEAR G24_Date_3	_ / _ / _ _ MONTH DAY YEAR G24_Date_4	/ / / MONTH DAY YEAR G24 Date 5
G24_Date_3 G24_3 STILL IN PROGRAM2	G24_Bale_4 G24_4 STILL IN PROGRAM2	G24_5 STILL IN PROGRAM2
DON'T KNOW (ASK G24a)d REFUSED (ASK G24a)r	DON'T KNOW (ASK G24a) d REFUSED (ASK G24a) r	DON'T KNOW (ASK G24a)d REFUSED (ASK G24a)r
_ _ YEAR G24a_3	_ YEAR G24a_4	_ _ YEAR G24a_5
HOURS PER WEEK G25_3	<u> </u>	HOURS PER WEEK G25_5
DON'T KNOWd	DON'T KNOW d	DON'T KNOWd
REFUSEDr	REFUSEDr	REFUSEDr
G26_3 SKILL/OCCUPATION (GO TO G28)1 GENERAL EDUCATION	G26_4 SKILL/OCCUPATION (GO TO G28) 1 GENERAL EDUCATION	G26_5 SKILL/OCCUPATION(GO TO G28)1 GENERAL EDUCATION

		#1	#2
		G27_1	G27_2
		(FIRST SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	(SECOND SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)
G27.	What kind of general education (are/were) you taking? (Is/Was) it	regular high school,	regular high school,
	INTERVIEWER: READ CATEGORIES.	ESL-English as a second language,3 non-credit adult education,4	ESL-English as a second language, 3 non-credit adult education, 4
	CODE ONE ONLY	a two-year program at a community college,5	a two-year program at a community college,5
		a four-year program at a college or university,6 a graduate or professional program, or7	a four-year program at a college or university, 6 a graduate or professional program, or 7
		something else? (SPECIFY) [specify]8	something else? (SPECIFY) [specify] 8
		COMPUTER CLASSES	COMPUTER CLASSES
		VOTECH/TRADE11	VOTECH/TRADE11
		UNSPECIFIED COURSE/SESSION12	UNSPECIFIED COURSE/SESSION 12
		DON'T KNOWd	DON'T KNOW d
		REFUSEDr	REFUSEDr
		GO TO G29	GO TO G29
G28.	What kind of job (are/were) you being trained for or what (are/were) you learning to do in that program?	G28 1	G28 2
	PROBE FOR SPECIFICS.		
G29.		G29_1 PREPARE FOR NEW OCCUPATION1 IMPROVE SELF IN OCCUPATION2	G29_2 PREPARE FOR NEW OCCUPATION 1 IMPROVE SELF IN OCCUPATION 2
	your occupation as [fill C4	NEITHER3	NEITHER 3
	OCCUPATION]?	BOTH4	BOTH4
		DON'T KNOWd REFUSEDr	DON'T KNOW d REFUSEDr
G30.	Where (do/did) you go to get that training?	G30_1 PRIVATE COMPANY THAT PROVIDES TRAINING (SPECIFY) [specify]1	G30_2 PRIVATE COMPANY THAT PROVIDES TRAINING (SPECIFY) [specify]
	CODE ONE ONLY		
	(READ CHOICES IF NECESSARY)	COMMUNITY COLLEGE/ 2 YEAR COLLEGE2	COMMUNITY COLLEGE/ 2 YEAR COLLEGE2
		4 YEAR COLLEGE OR UNIVERSITY3	4 YEAR COLLEGE OR UNIVERSITY 3
		VOCATIONAL TRAINING CENTER4 ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL	VOCATIONAL TRAINING CENTER 4 ADULT ED/COMMUNITY SCHOOL/ ADULT HS/NIGHT SCHOOL
		COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT	COMMUNITY BASED ORGANIZATION OR OTHER NON-PROFIT
		PRIVATE AGENCY6 BUSINESS SCHOOL7	PRIVATE AGENCY 6 BUSINESS SCHOOL 7
		COMPANY8	COMPANY8
		SOME PLACE	SOME PLACE
		ELSE? (SPECIFY) [specify]9	ELSE? (SPECIFY) [specify]9
		STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE OR ONE-STOP CAREER CENTER10	STATE UNEMPLOYMENT OR EMPLOYMENT OFFICE OR ONE-STOP CAREER CENTER10
		GOVERNMENT AGENCY/MILITARY11	GOVERNMENT AGENCY/MILITARY 11
		ONLINE	ONLINE
		DON'T KNOWd	DON'T KNOW d
		REFUSEDr	REFUSEDr

шо	ша	ие
#3 <mark>G27_3</mark>	#4 G27_4	#5 <mark>G27_5</mark>
(THIRD SCHOOL OR TRAINING	(FOURTH SCHOOL OR TRAINING	(FIFTH SCHOOL OR TRAINING
PROGRAM AFTER JOB END DATE)	PROGRAM AFTER JOB END DATE)	PROGRAM AFTER JOB END DATE)
regular high school,	regular high school,1	regular high school,
GED classes,	GED classes,	GED classes,
ESL-English as a second language, 3	ESL-English as a second language,3	ESL-English as a second language, 3
non-credit adult education,	non-credit adult education,4	non-credit adult education, 4
a two-year program at a community college,5	a two-year program at a community college,5	a two-year program at a community college,
a four-year program at a college	a four-year program at a college	a four-year program at a college
or university,6	or university,6	or university,6
a graduate or professional program, or 7	a graduate or professional program, or7	a graduate or professional program, or 7
something else? (SPECIFY) [specify] 8	something else? (SPECIFY) [specify]8	something else? (SPECIFY) [specify] 8
COMPUTER CLASSES9	COMPUTER CLASSES9	COMPUTER CLASSES9
JOB SKILLS CLASSES	JOB SKILLS CLASSES10	JOB SKILLS CLASSES
VOTECH/TRADE11	VOTECH/TRADE11	VOTECH/TRADE 11
UNSPECIFIED COURSE/SESSION 12	UNSPECIFIED COURSE/SESSION 12	UNSPECIFIED COURSE/SESSION 12
DON'T KNOWd	DON'T KNOWd	DON'T KNOW d
REFUSEDr	REFUSEDr	REFUSEDr
		22.72.22
GO TO G29	GO TO G29	GO TO G29
<mark>G28_3</mark>	<u>G28_4</u>	<u>G28_5</u>
G29_3	G29_4	G29_5
PREPARE FOR NEW OCCUPATION 1 IMPROVE SELF IN OCCUPATION 2	PREPARE FOR NEW OCCUPATION1 IMPROVE SELF IN OCCUPATION2	PREPARE FOR NEW OCCUPATION 1 IMPROVE SELF IN OCCUPATION 2
NEITHER 3	NEITHER3	NEITHER 3
BOTH4	BOTH4	BOTH 4
DON'T KNOWd	DON'T KNOWd	DON'T KNOW d
REFUSEDr	REFUSEDr	REFUSEDr
G30_3	G30_4	G30_5
PRIVATE COMPANY THAT PROVIDES	PRIVATE COMPANY THAT PROVIDES	PRIVATE COMPANY THAT PROVIDES
TRAINING (SPECIFY) [specify]1	TRAINING (SPECIFY) [specify]1	TRAINING (SPECIFY) [specify] 1
COMMUNITY COLLEGE/	COMMUNITY COLLEGE/	COMMUNITY COLLEGE/
2 YEAR COLLEGE	2 YEAR COLLEGE2	2 YEAR COLLEGE2
4 YEAR COLLEGE OR UNIVERSITY 3	4 YEAR COLLEGE OR UNIVERSITY3	4 YEAR COLLEGE OR UNIVERSITY 3
VOCATIONAL TRAINING CENTER 4	VOCATIONAL TRAINING CENTER4	VOCATIONAL TRAINING CENTER 4
ADULT ED/COMMUNITY SCHOOL/	ADULT ED/COMMUNITY SCHOOL/	ADULT ED/COMMUNITY SCHOOL/
ADULT HS/NIGHT SCHOOL5	ADULT HS/NIGHT SCHOOL5	ADULT HS/NIGHT SCHOOL5
COMMUNITY BASED ORGANIZATION	COMMUNITY BASED ORGANIZATION	COMMUNITY BASED ORGANIZATION
OR OTHER NON-PROFIT	OR OTHER NON-PROFIT	OR OTHER NON-PROFIT
PRIVATE AGENCY	PRIVATE AGENCY	PRIVATE AGENCY
BUSINESS SCHOOL7	BUSINESS SCHOOL7	BUSINESS SCHOOL
COMPANY8	COMPANY8	COMPANY8
SOME PLACE ELSE? (SPECIFY) [specify]9	SOME PLACE ELSE? (SPECIFY) [specify]9	SOME PLACE ELSE? (SPECIFY) [specify]9
STATE UNEMPLOYMENT OR	STATE UNEMPLOYMENT OR	STATE UNEMPLOYMENT OR
EMPLOYMENT OFFICE OR	EMPLOYMENT OFFICE OR	EMPLOYMENT OFFICE OR
ONE-STOP CAREER CENTER 10	ONE-STOP CAREER CENTER10	ONE-STOP CAREER CENTER 10
GOVERNMENT AGENCY/MILITARY 11	GOVERNMENT AGENCY/MILITARY 11	GOVERNMENT AGENCY/MILITARY 11
ONLINE	ONLINE	ONLINE
DON'T KNOW d	DON'T KNOWd	DON'T KNOW d
REFUSEDr	REFUSEDr	REFUSEDr

		#1 <mark>G31_1</mark>	#2 <mark>G31_2</mark>
		(FIRST SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	(SECOND SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)
G31.	How much (does/did) the program cost?	\$ _ ,	\$ <u> </u> ,, <u> </u>
	PROBE: Please provide the cost of	DON'T KNOW (GO TO G32) d	DON'T KNOWd
	program participation, regardless of who paid for it.	REFUSEDr	REFUSED (GO TO G32)r
	PROBE IF ASKED: Include the cost of books, uniforms, and travel.		
	PROBE: Your best estimate is fine.		
G31a.	Is this amount the	G31a_1 total cost of the program,1 the cost per semester,2	G31a_2 total cost of the program,1 the cost per semester,2
		the cost per year,3	the cost per year,3
		the cost per quarter, or5	the cost per quarter, or5
		the cost for some other period of time (SPECIFY) [specify] 4	the cost for some other period of time (SPECIFY) [specify]4
		NO COST6	NO COST6
		PER CLASS/SESSION7	PER CLASS/SESSION7
		PER COURSE8	PER COURSE8
G32.	(Do/Did) you or your family pay for all, some, or none of this training?	G32_1 PAID FOR ALL	G32_2 PAID FOR ALL
Caa	How much (do/did) you or your family	REFUSEDr G33_1	REFUSEDr G33_2
GSS.	pay for this training?	\$, <1> Total cost <2> Semester	\$ _ , _ <1> Total cost <2> Semester
G33a.	Did this payment cover	DKd <3> Year REFr <5> Quarter	DKd <3> Year REFr <5> Quarter
		<4> Other <mark>G33a_1</mark>	<4> Other <mark>G33a_2</mark>
G34.	Who (else) (pays/paid) for this training? Anyone else?	G34_1 TAA BENEFITS/TRA/TRADE ACT1	G34_2 TAA BENEFITS/TRA/TRADE ACT1
	CODE ALL THAT APPLY	OTHER GOVERNMENT AGENCY	OTHER GOVERNMENT AGENCY2 STATE UNEMPLOYMENT/ EMPLOYMENT OFFICE/ONE-STOP CAREER CENTER/WIA
		ITA VOUCHER4 EMPLOYER5	ITA VOUCHER4 EMPLOYER5
		PRIVATE ORGANIZATION OR	PRIVATE ORGANIZATION OR
		SCHOLARSHIP FUND6	SCHOLARSHIP FUND6
		PELL GRANT7	PELL GRANT7
		VA (VETERANS) ASSISTANCE8	VA (VETERANS) ASSISTANCE8
		OTHER? (SPECIFY) [specify]9	OTHER? (SPECIFY) [specify]9
		UNION	UNION10 FREE11
		GOVERNMENT/STATE UNSPECIFIED 12	GOVERNMENT/STATE UNSPECIFIED12
		DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr
G35.	CATI: CHECK G24. IS	YES (GO TO G41) 1	YES1
	RESPONDENT STILL IN PROGRAM?	NO	NO0

#3 G31_3 (THIRD SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	#4 G31_4 (FOURTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	#5 G31_5 (FIFTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)		
\$ _ ,	\$ _,	\$ <u> , </u>		
DON'T KNOW(GO TO G32)d	DON'T KNOWd	DON'T KNOWd		
REFUSEDr	REFUSED(GO TO G32) r	REFUSEDr		
G31a_3	G31a_4	G31a_5		
total cost of the program,1	total cost of the program,	total cost of the program,1		
the cost per semester,2	the cost per semester,	the cost per semester,		
the cost per year,	the cost per year,	the cost per year,		
the cost for some other	the cost for some other	the cost for some other		
period of time (SPECIFY) [specify]4	period of time (SPECIFY) [specify] 4	period of time (SPECIFY) [specify]4		
NO COST6	NO COST	NO COST6		
PER CLASS/SESSION7	PER CLASS/SESSION7	PER CLASS/SESSION7		
PER COURSE8	PER COURSE 8	PER COURSE8		
G32_3	G32_4	G32_5		
PAID FOR ALL(GO TO G35)1	PAID FOR ALL(GO TO G35) 1	PAID FOR ALL (GO TO G35)1		
PAID FOR SOME2	PAID FOR SOME2	PAID FOR SOME2		
PAID FOR NONE (GO TO G34)3	PAID FOR NONE(GO TO G34)3	PAID FOR NONE (GO TO G34)3		
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd		
REFUSEDr	REFUSEDr	REFUSEDr		
G33_3 \$, <1> Total cost	G33_4 \$ _ , _ _ <1> Total cost	G33_5 \$ _ , _ _ <1> Total cost		
<2> Semester	<2> Semester	<2> Semester		
DKd <3> Year	DK d <3> Year	DKd <3> Year		
REFr <5> Quarter	REFr <5> Quarter	REFr <5> Quarter		
<4> Other	<4> Other	<4> Other		
G33a_3	G33a_4	<mark>G33a_5</mark>		
G34_3	<mark>G34_4</mark>	<mark>G34_5</mark>		
TAA BENEFITS/TRA/TRADE ACT1	TAA BENEFITS/TRA/TRADE ACT1	TAA BENEFITS/TRA/TRADE ACT1		
OTHER GOVERNMENT AGENCY2	OTHER GOVERNMENT AGENCY 2	OTHER GOVERNMENT AGENCY2		
STATE UNEMPLOYMENT/	STATE UNEMPLOYMENT/	STATE UNEMPLOYMENT/		
EMPLOYMENT OFFICE/ONE-STOP CAREER CENTER/WIA3	EMPLOYMENT OFFICE/ONE-STOP CAREER CENTER/WIA3	EMPLOYMENT OFFICE/ONE-STOP CAREER CENTER/WIA3		
ITA VOUCHER4	ITA VOUCHER4	ITA VOUCHER4		
EMPLOYER5	EMPLOYER5	EMPLOYER5		
PRIVATE ORGANIZATION OR	PRIVATE ORGANIZATION OR	PRIVATE ORGANIZATION OR		
SCHOLARSHIP FUND6	SCHOLARSHIP FUND6	SCHOLARSHIP FUND		
PELL GRANT7	PELL GRANT7	PELL GRANT7		
VA (VETERANS) ASSISTANCE8	VA (VETERANS) ASSISTANCE8	VA (VETERANS) ASSISTANCE8		
OTHER? (SPECIFY) [specify]9	OTHER? (SPECIFY) [specify]9	OTHER? (SPECIFY) [specify]9		
UNION10	UNION10	UNION10		
FREE11	FREE11	FREE11		
GOVERNMENT/STATE UNSPECIFIED12	GOVERNMENT/STATE UNSPECIFIED 12	GOVERNMENT/STATE UNSPECIFIED12		
DON'T KNOWd	DON'T KNOW d	DON'T KNOWd		
REFUSEDr	REFUSEDr	REFUSEDr		
YES1	YES (GO TO G41) 1	YES (GO TO G41)1		
110	110	1 110		

	Did you complete the program? PROBE: Did you receive a certificate or degree? Did you receive a certificate, degree or license for completing the [fill PROGRAM/COURSE NAME]?	#1 G36_1 (FIRST SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE) YES	#2 G36_2 (SECOND SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE) YES
G38.	What was the main reason that you stopped attending (the/that)	G38_1 NOT INTERESTED/DIDN'T	G38_2 NOT INTERESTED/DIDN'T
	program? CODE ONE ONLY	LIKE PROGRAM1 DIDN'T THINK IT WOULD HELP TO FIND JOB2	LIKE PROGRAM1 DIDN'T THINK IT WOULD HELP TO FIND JOB
		FOUND JOB/REEMPLOYED3	FOUND JOB/REEMPLOYED3
		STARTED (OTHER) SCHOOL/ TRAINING4	STARTED (OTHER) SCHOOL/ TRAINING4
		DECIDED DIDN'T WANT JOB5	DECIDED DIDN'T WANT JOB5
		ILLNESS/PREGNANCY6	ILLNESS/PREGNANCY6
		CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS7	CHILD CARE/FAMILY TRANSPORTATION/ LOGISTICAL PROBLEMS
		PERSONAL PROBLEMS8	PERSONAL PROBLEMS8
		POOR GRADES9	POOR GRADES9
		COULDN'T AFFORD TO CONTINUE 10	COULDN'T AFFORD TO CONTINUE10
		COURSES OR PROGRAM POORLY TAUGHT11	COURSES OR PROGRAM POORLY TAUGHT11
		OTHER? (SPECIFY) [specify]12	OTHER? (SPECIFY) [specify]12
		STILL ATTENDING13	STILL ATTENDING13
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
G39.	NO QUESTION G39 IN THIS VERSION.		
G40.	How useful is [fill PROGRAM NAME] program to you in your current job? Is	G40_1 USEFUL1	G40_2 USEFUL1
	it useful, somewhat useful, or is it not useful?	SOMEWHAT USEFUL2	SOMEWHAT USEFUL2
		NOT USEFUL3	NOT USEFUL3
	CODE ONE ONLY	TOO SOON TO KNOW4	TOO SOON TO KNOW4
		NO CURRENT JOB5	NO CURRENT JOB5
		DON'T KNOW d	DON'T KNOWd
G41.	CATI: CHECK G22. IS THERE	REFUSEDr YES	REFUSEDr YES
	ANOTHER PROGRAM?	,	,
		NO (GO TO I1) 0	NO (GO TO I1)

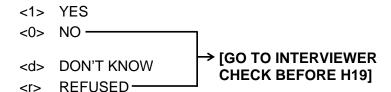
#3 <mark>G36_3</mark>	#4 <mark>G36_4</mark>	#5 <mark>G36_5</mark>	
(THIRD SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	(FOURTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	(FIFTH SCHOOL OR TRAINING PROGRAM AFTER JOB END DATE)	
YES1	YES1	YES1	
NO (GO TO G38)2	NO (GO TO G38) 2	NO (GO TO G38)2	
NO SPECIFIC	NO SPECIFIC	NO SPECIFIC	
COMPLETION (GO TO G40)	COMPLETION (GO TO G40) 3	COMPLETION (GO TO G40)3	
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd	
REFUSEDr G37_3	REFUSEDr G37 4	REFUSEDr G37_5	
YES1	YES1	YES1	
NO0	NO0	NO0	
DON'T KNOWd	DON'T KNOW d	DON'T KNOWd	
REFUSEDr	REFUSEDr	REFUSEDr	
GO TO G40	GO TO G40	GO TO G40	
G38_3	G38 4	G38 5	
NOT INTERESTED/DIDN'T LIKE PROGRAM1	NOT INTERESTED/DIDN'T LIKE PROGRAM1	NOT INTERESTED/DIDN'T LIKE PROGRAM1	
DIDN'T THINK IT WOULD HELP	DIDN'T THINK IT WOULD HELP	DIDN'T THINK IT WOULD HELP	
TO FIND JOB2 FOUND JOB/REEMPLOYED3	TO FIND JOB	TO FIND JOB2 FOUND JOB/REEMPLOYED3	
STARTED (OTHER) SCHOOL/	STARTED (OTHER) SCHOOL/	STARTED (OTHER) SCHOOL/	
TRAINING4	TRAINING 4	TRAINING4	
DECIDED DIDN'T WANT JOB5	DECIDED DIDN'T WANT JOB5	DECIDED DIDN'T WANT JOB5	
ILLNESS/PREGNANCY6	ILLNESS/PREGNANCY6	ILLNESS/PREGNANCY6	
CHILD CARE/FAMILY	CHILD CARE/FAMILY	CHILD CARE/FAMILY	
TRANSPORTATION/ LOGISTICAL PROBLEMS7	TRANSPORTATION/ LOGISTICAL PROBLEMS7	TRANSPORTATION/ LOGISTICAL PROBLEMS7	
PERSONAL PROBLEMS8	PERSONAL PROBLEMS 8	PERSONAL PROBLEMS8	
POOR GRADES9	POOR GRADES9	POOR GRADES9	
COULDN'T AFFORD TO CONTINUE10	COULDN'T AFFORD TO CONTINUE 10	COULDN'T AFFORD TO CONTINUE10	
COURSES OR PROGRAM	COURSES OR PROGRAM	COURSES OR PROGRAM	
POORLY TAUGHT11	POORLY TAUGHT11	POORLY TAUGHT11	
OTHER? (SPECIFY) [specify]12	OTHER? (SPECIFY) [specify]12	OTHER? (SPECIFY) [specify]12	
STILL ATTENDING13	STILL ATTENDING13	STILL ATTENDING13	
DON'T KNOWd	DON'T KNOW d	DON'T KNOWd	
REFUSEDr	REFUSEDr	REFUSEDr	
G40_3 USEFUL1	G40_4 USEFUL1	G40_5 USEFUL	
SOMEWHAT USEFUL2	SOMEWHAT USEFUL2	SOMEWHAT USEFUL2	
NOT USEFUL3	NOT USEFUL	NOT USEFUL3	
TOO SOON TO KNOW4	TOO SOON TO KNOW 4	TOO SOON TO KNOW4	
NO CURRENT JOB5	NO CURRENT JOB5	NO CURRENT JOB5	
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd	
REFUSEDr	REFUSEDr	REFUSED	
YES (GO TO G23)1	YES (GO TO G23) 1	YES(GO TO G23)1	
NO (GO TO I1)0	NO0	NO0	

SECTION H – JOBS SINCE PRE-CLAIM JOB

H1. The next questions are about the jobs you've held since working at [fill C3 COMPANY NAME]. Please include part-time and full-time jobs, and jobs in which you were self-employed.

Are you currently working?

- <1> YES [GO TO H4]
- <0> NO
- <d> DON'T KNOW
- <r> REFUSED
- H2. What are you currently doing? ACCEPT MULTIPLE ANSWERS
- H2_1 <1> GOING TO SCHOOL/PARTICIPATING IN AN EDUCATION OR TRAINING PROGRAM
- H2 2 <2> LOOKING FOR WORK
- H2_3
 <3> CARING FOR CHILDREN/OTHER FAMILY MEMBERS
- H2_4 <4> ILL/DISABLED
- H2 5 <5> RETIRED
- H2 6 <6> NOT LOOKING FOR WORK
- H2 7 <7> NOTHING
 - <d> DON'T KNOW
 - <r> REFUSED
- H3. Have you worked since [fill C9 MONTH/YEAR OR UI CLAIM MONTH/YEAR OTHERWISE]?



H4. How many different jobs have you had since [fill C9 DATE OR INITIAL CLAIM MONTH/YEAR]?

PROBE: How many different jobs have you had since you filed for unemployment

benefits on [fill C9 DATE] because your job at [fill COMPANY] ended?

PROBE: Treat a job interrupted by two or more unpaid weeks as separate jobs, even

if it is with the same employer. If separation is less than two weeks, treat

as one job.

(1-10)
|__|__|
<d> DON'T KNOW ______ → [GO TO CATI CHECK BEFORE H19]

		JOB 1	JOB 2	
H5.	companies, organizations, and people you've worked for since your job ended	H5_Job_1 (SPECIFY) [specify]1	H5_Job_2 (SPECIFY) [specify]1	
	around [fill JOB END DATE], starting with the most recent job that you had.	DON'T KNOWd	DON'T KNOW d	
	PROBE: What was the job before that?	REFUSEDr	REFUSEDr	
H5a.	Let me verify that since [fill INITIAL CLAIM DATE] you worked at [fill H5 NAMES]. Is this correct, or are there any other jobs you may have had? IF CORRECT, ENTER "1" AND CONTINUE. IF IT IS NOT CORRECT, GO BACK	CORRECT	CORRECT	
	TO H4 AND H5 TO ENTER CORRECT NUMBER AND NAMES OF JOBS HELD.			
H6.	When did you start working for [fill JOB NAME]?	H6_1 _ / _ _ / _ _ MONTH DAY YEAR	H6_2 _ / _ _ / _ _ MONTH DAY YEAR	
	RECORD MONTH, DAY, AND YEAR. IF SAMPLE MEMBER CANNOT GIVE EXACT DATE, PROBE FOR BEGINNING (CODE DAY 1), MIDDLE (CODE DAY 15), OR END OF MONTH (CODE DAY 30).	DON'T KNOW (ASK H6a)d REFUSED (ASK H6a)r	DON'T KNOW (ASK H6a) d REFUSED (ASK H6a) r	
	INTERVIEWER: DATE USUALLY WILL BE AFTER PRE UI CLAIM JOB [fill C9 DATE] BUT IT MAY NOT BE.			
	ENTER DATE IN MM/DD/YYYY FORMAT.			
H6a.	Do you recall what year you started working for [fill JOB NAME]?	<u> </u>	<u> </u>	
Н7.	When did that job end? RECORD MONTH, DAY, AND YEAR. IF SAMPLE MEMBER CANNOT GIVE EXACT DATE, PROBE FOR BEGINNING (CODE DAY 1), MIDDLE (CODE DAY 15), OR END OF MONTH (CODE DAY 30).	H7_1 _/ _ _ / _ _ / _ MONTH DAY YEAR STILL AT JOB	H7_2	
Н7а.	Do you recall what year that job ended?	<mark>H7a_1</mark> <u> </u> YEAR	<mark>H7a_2</mark> YEAR	

JOB 3	JOB 4	JOB 5	
H5_Job_3 (SPECIFY) [specify]1	H5_Job_4 (SPECIFY) [specify]1	H5_Job_5 (SPECIFY) [specify]1	
DON'T KNOWd	DON'T KNOWd	DON'T KNOW d	
REFUSEDr	REFUSEDr	REFUSEDr	
CORRECT1	CORRECT 1	CORRECT1	
NOT CORRECT	NOT CORRECT	NOT CORRECT	
DON'T KNOWd	DON'T KNOW d	DON'T KNOWd	
REFUSEDr	REFUSEDr	REFUSEDr	
H6_3 _ / _ / _ MONTH DAY YEAR	H6_4 _ / _ / _ MONTH DAY YEAR	H6_5 _ / _ _ / MONTH DAY YEAR	
DON'T KNOWd (ASK H6a)d	DON'T KNOWd	DON'T KNOWd	
REFUSEDr	REFUSED (ASK H6a)r	REFUSEDr	
<u> </u> <u> </u> YEAR <mark>H6a_3</mark>	<u> </u> YEAR <mark>H6a_4</mark>		
H7_3 _ / _ / _	H7_4 _ / _ _ / _ _ MONTH DAY YEAR	H7_5 _ / _ _ / _ MONTH DAY YEAR	
STILL AT JOB2	STILL AT JOB2	STILL AT JOB2	
DON'T KNOWd	DON'T KNOWd	DON'T KNOW (ASK H7a) d	
REFUSEDr	REFUSED (ASK H7a)r	REFUSEDr	
H7a_3	H7a_4	H7a_5	
 YEAR	 YEAR	 YEAR	

		JOB 1	JOB 2
H8. How did you fi	nd (this/that) job?	H8_1 RECALL BY FORMER EMPLOYER1	H8_2 RECALL BY FORMER EMPLOYER1
	did you hear about it?	STATE EMPLOYER AGENCY/ STATE JOB SERVICE2	STATE EMPLOYER AGENCY/ STATE JOB SERVICE2
CODE ONE O	NLY	PRIVATE EMPLOYMENT AGENCY 3	PRIVATE EMPLOYMENT AGENCY3
		FRIENDS/RELATIVES/ COLLEAGUES4	FRIENDS/RELATIVES/ COLLEAGUES4
		WANT ADS/NEWSPAPER/ LOCAL PAPER5	WANT ADS/NEWSPAPER/ LOCAL PAPER5
		DIRECTLY WITH EMPLOYER6	DIRECTLY WITH EMPLOYER6
		UNION7	UNION7
		SELF-EMPLOYED8	SELF-EMPLOYED8
		THROUGH SCHOOL9	THROUGH SCHOOL9
		INTERNET/INTERNET JOB SERVICE/TV/CRAIG'S LIST10	INTERNET/INTERNET JOB SERVICE/TV/CRAIG'S LIST10
		OTHER (SPECIFY) [specify]11	OTHER (SPECIFY) [specify]11
		JOB FAIR12	JOB FAIR12
		COMPANY BOUGHT BY NEW COMPANY13	COMPANY BOUGHT BY NEW COMPANY13
		FOUND IT ON MY OWN – SOURCE NOT SPECIFIED14	FOUND IT ON MY OWN – SOURCE NOT SPECIFIED14
		DON'T KNOWd	DON'T KNOWd
		REFUSEDr	REFUSEDr
H9. What kind of c	ompany is [fill JOB do they make, do, or	H9_1 (SPECIFY) [specify]1	H9_2 (SPECIFY) [specify]
sell?		DON'T KNOWd REFUSEDr	DON'T KNOW d REFUSEDr
H10. What (do/did)		H10_1 (SPECIFY) [specify]1	H10_2 (SPECIFY) [specify]1
PROBE: WI	hat (are/were) your most portant duties at iis/that) job?	DON'T KNOWd REFUSEDr	DON'T KNOW d REFUSED r
H11. (Do/Did) you b	elong to a union on this	H11_1 YES1	H11_2 YES1
job?		NO0	NO0
		DON'T KNOWd	DON'T KNOW d
		REFUSEDr	REFUSEDr

JOB 3	JOB 4	JOB 5	
H8_3 RECALL BY FORMER EMPLOYER1	H8_4 RECALL BY FORMER EMPLOYER1	H8_5 RECALL BY FORMER EMPLOYER1	
STATE EMPLOYER AGENCY/ STATE JOB SERVICE2	STATE EMPLOYER AGENCY/ STATE JOB SERVICE2	STATE EMPLOYER AGENCY/ STATE JOB SERVICE2	
PRIVATE EMPLOYMENT AGENCY3	PRIVATE EMPLOYMENT AGENCY3	PRIVATE EMPLOYMENT AGENCY3	
FRIENDS/RELATIVES/ COLLEAGUES4	FRIENDS/RELATIVES/ COLLEAGUES4	FRIENDS/RELATIVES/ COLLEAGUES4	
WANT ADS/NEWSPAPER/ LOCAL PAPER5	WANT ADS/NEWSPAPER/ LOCAL PAPER5	WANT ADS/NEWSPAPER/ LOCAL PAPER5	
DIRECTLY WITH EMPLOYER6	DIRECTLY WITH EMPLOYER6	DIRECTLY WITH EMPLOYER6	
UNION7	UNION7	UNION7	
SELF-EMPLOYED8	SELF-EMPLOYED8	SELF-EMPLOYED8	
THROUGH SCHOOL9	THROUGH SCHOOL9	THROUGH SCHOOL9	
INTERNET/INTERNET JOB SERVICE/TV/CRAIG'S LIST10	INTERNET/INTERNET JOB SERVICE/TV/CRAIG'S LIST10	INTERNET/INTERNET JOB SERVICE/TV/CRAIG'S LIST10	
OTHER (SPECIFY) [specify]11	OTHER (SPECIFY) [specify]11	OTHER (SPECIFY) [specify]11	
JOB FAIR12	JOB FAIR12	JOB FAIR12	
COMPANY BOUGHT BY NEW COMPANY13	COMPANY BOUGHT BY NEW COMPANY13	COMPANY BOUGHT BY NEW COMPANY13	
FOUND IT ON MY OWN – SOURCE NOT SPECIFIED14	FOUND IT ON MY OWN – SOURCE NOT SPECIFIED14	FOUND IT ON MY OWN – SOURCE NOT SPECIFIED14	
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd	
REFUSEDr	REFUSEDr	REFUSEDr	
H9_3 (SPECIFY) [specify]1	H9_4 (SPECIFY) [specify]1	H9_5 (SPECIFY) [specify]1	
DON'T KNOWd REFUSEDr	DON'T KNOW d REFUSEDr	DON'T KNOW d REFUSEDr	
H10_3 (SPECIFY) [specify]1	H10_4 (SPECIFY) [specify]1	H10_5 (SPECIFY) [specify]1	
DON'T KNOWd	DON'T KNOWd	DON'T KNOW d	
REFUSEDr	REFUSEDr	REFUSEDr	
H11_3 YES1	H11_4 YES1	H11_5 YES1	
NO0	NO0	NO0	
DON'T KNOWd	DON'T KNOWd	DON'T KNOW d	
REFUSEDr	REFUSEDr	REFUSEDr	

		JOB 1	JOB 2		
H12.	How many hours per week, including regular overtime hours (do/did) you usually work on (this/that) job?	1-120) H12_1 # HOURS PER WEEK	(1-120) H12_2 # HOURS PER WEEK		
		DON'T KNOW d REFUSEDr	DON'T KNOWd REFUSEDr		
H13.	How much (are/were) you making before taxes and other deductions (when you left that job)? Please include tips, commissions, bonuses, and regular overtime. INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD.	\$, _ H13_1 ENTER TIME PERIOD: PER HOUR	\$ _ _ , _ _ . _ H13_2 ENTER TIME PERIOD: PER HOUR		
H14.	(Are/Were) any of the following benefits available to you at [fill JOB NAME]? INTERVIEWER: IF BENEFITS WILL BE AVAILABLE TO SAMPLE MEMBER AFTER A STANDARD PROBATIONARY PERIOD, CODE YES, EVEN IF NOT USED.	YES NO DK RF H14a_1. Health insurance or membership in an HMO or PPO plan?	YES NO DK RF H14a_2. Health insurance or membership in an HMO or PPO plan?		
H15.	CATI: CHECK H7. IS CODE "2," STILL AT JOB, CODED?	YES(GO TO NEXT JOB OR CATI INSTRUCTIONS BEFORE H19)1 NO0	YES(GO TO NEXT JOB OR CATI INSTRUCTIONS BEFORE H19)		

JOB 3	JOB 4	JOB 5	
(1-120) H12_3	(1-120) H12_4	(1-120) H12_5	
# HOURS PER WEEK	# HOURS PER WEEK	# HOURS PER WEEK	
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd	
REFUSEDr	REFUSEDr	REFUSEDr	
\$ H13_3	\$ <u> H13_4</u>	\$ <u> H13_5</u>	
ENTER TIME PERIOD:	ENTER TIME PERIOD:	ENTER TIME PERIOD:	
PER HOUR1	PER HOUR 1	PER HOUR1	
PER WEEK2	PER WEEK	PER WEEK2	
ONCE EVERY TWO WEEKS3	ONCE EVERY TWO WEEKS	ONCE EVERY TWO WEEKS3	
TWICE A MONTH4	TWICE A MONTH4	TWICE A MONTH4	
PER MONTH5	PER MONTH5	PER MONTH5	
PER YEAR6	PER YEAR6	PER YEAR6	
IN-KIND ONLY7	IN-KIND ONLY7	IN-KIND ONLY7	
OTHER (SPECIFY) [specify]8	OTHER (SPECIFY) [specify]8	OTHER (SPECIFY) [specify]8	
NOT YET PAID9	NOT YET PAID9	NOT YET PAID9	
PER DAY10	PER DAY10	PER DAY10	
PER JOB11	PER JOB11	PER JOB11	
COMMISSION12	COMMISSION12	COMMISSION12	
DON'T KNOWd	DON'T KNOWd	DON'T KNOWd	
REFUSEDr	REFUSEDr	REFUSEDr	
YES NO DK RF	YES NO DK RF	YES NO DK RF	
H14a_3. Health insurance or membership in an HMO or PPO plan? 1 0 d r	H14a_4. Health insurance or membership in an HMO or PPO plan?1 0 d r	H14a_5. Health insurance or membership in an HMO or PPO plan?1 0 d r	
		•	
H14b_3. Paid vacation? 1 0 d r	H14b_4. Paid vacation?1 0 d r	H14b_5. Paid vacation?1 0 d r	
H14c_3. Paid holidays? 1 0 d r	H14c_4. Paid holidays?1 0 d r	H14c_5. Paid holidays?1 0 d r	
H14d_3. Paid sick leave?1 0 d r	H14d_4. Paid sick leave?1 0 d r	H14d_5. Paid sick leave?1 0 d	
H14e_3. Retirement or pension benefits? 1 0 d r	H14e_4. Retirement or pension benefits?1 0 d r	H14e_5. Retirement or pension benefits?1 0 d r	
YES(GO TO NEXT	YES(GO TO NEXT		
JOB OR CATI INSTRUCTIONS BEFORE H19)1	JOB OR CATI INSTRUCTIONS BEFORE H191	YES(GO TO NEXT JOB OR CATI INSTRUCTIONS BEFORE H191	
NO0	NO0	NO0	

		JOB 1	JOB 2
H16.	Why did you stop working at that job—were you laid off, did you quit, retire, were you fired, or was there some other reason?	H16_1 LAID OFF (INCLUDE JOB COMPLETED/ TEMP. WORK/SEASONAL WORK/WORK PERIOD ENDED/REORGANIZATION/ DOWNSIZING/COMPANY SOLD/ COMPANY MOVED/COMPANY WENT OUT OF BUSINESS/END OF TERM IN SERVICE/ENLISTMENT UP)	H16_2 LAID OFF (INCLUDE JOB COMPLETED/ TEMP. WORK/SEASONAL WORK/WORK PERIOD ENDED/REORGANIZATION/ DOWNSIZING/COMPANY SOLD/ COMPANY MOVED/COMPANY WENT OUT OF BUSINESS/END OF TERM IN SERVICE/ENLISTMENT UP)
		QUIT2	QUIT2
		RETIRED3	RETIRED 3
		FIRED4	FIRED 4
		ILLNESS/PREGNANCY/ LEAVE OF ABSENCE5	ILLNESS/PREGNANCY/ LEAVE OF ABSENCE5
		STRIKE6	STRIKE 6
		INJURY ON JOB7	INJURY ON JOB 7
		OTHER (SPECIFY) [specify]8	OTHER (SPECIFY) [specify]8
		FOUND ANOTHER JOB9	FOUND ANOTHER JOB9
		FAMILY PROBLEMS10	FAMILY PROBLEMS10
		NEEDED MORE MONEY11	NEEDED MORE MONEY11
		DON'T KNOWd	DON'T KNOW d
		REFUSEDr	REFUSEDr
1147	M/box that ich and ad did you	H17_1	H17_2
H17.	When that job ended, did you	look for work,1	look for work,1
	CODE ALL THAT APPLY	begin working somewhere else,2	begin working somewhere else, 2
	READ ALL ITEMS.	attend an education or training program, 3	attend an education or training program, 3
		continue working at a different job, or4	continue working at a different job, or 4
		do something else? (SPECIFY) [specify]5	do something else? (SPECIFY) [specify] 5
		FAMILY RESPONSIBILITIES/ TOOK CARE OF CHILDREN OR ILL	FAMILY RESPONSIBILITIES/ TOOK CARE OF CHILDREN OR ILL 6
		ILLNESS/PREGNANCY7	ILLNESS/PREGNANCY7
		DID NOTHING,8	DID NOTHING, 8
		COLLECTED UNEMPLOYMENT9	COLLECTED UNEMPLOYMENT 9
		RETIRED10	RETIRED 10
		DON'T KNOWd	DON'T KNOW d
		REFUSEDr	REFUSEDr
H18.	CATI: DID RESPONDENT HAVE MORE THAN ONE POST-CLAIM	YES1	YES (GO TO H6)1
JOB? IS H4 > 1?		NO(GO TO H19 CATI INSTRUCTIONS)0	NO(GO TO H19 CATI INSTRUCTIONS)0

JOB 3	JOB 4	JOB 5	
H16_3 LAID OFF (INCLUDE JOB COMPLETED/ TEMP. WORK/SEASONAL WORK/WORK PERIOD ENDED/REORGANIZATION/ DOWNSIZING/COMPANY SOLD/ COMPANY MOVED/COMPANY WENT OUT OF BUSINESS/END OF TERM IN SERVICE/ENLISTMENT UP)	H16_4 LAID OFF (INCLUDE JOB COMPLETED/ TEMP. WORK/SEASONAL WORK/WORK PERIOD ENDED/REORGANIZATION/ DOWNSIZING/COMPANY SOLD/ COMPANY MOVED/COMPANY WENT OUT OF BUSINESS/END OF TERM IN SERVICE/ENLISTMENT UP)	H16_5 LAID OFF (INCLUDE JOB COMPLETED/ TEMP. WORK/SEASONAL WORK/WORK PERIOD ENDED/REORGANIZATION/ DOWNSIZING/COMPANY SOLD/ COMPANY MOVED/COMPANY WENT OUT OF BUSINESS/END OF TERM IN SERVICE/ENLISTMENT UP)	
QUIT2	QUIT2	QUIT2	
RETIRED3	RETIRED3	RETIRED 3	
FIRED 4	FIRED4	FIRED 4	
ILLNESS/PREGNANCY/ LEAVE OF ABSENCE	ILLNESS/PREGNANCY/ LEAVE OF ABSENCE5	ILLNESS/PREGNANCY/ LEAVE OF ABSENCE5	
STRIKE6	STRIKE6	STRIKE6	
INJURY ON JOB7	INJURY ON JOB7	INJURY ON JOB7	
OTHER (SPECIFY) [specify] 8	OTHER (SPECIFY) [specify]8	OTHER (SPECIFY) [specify]8	
FOUND ANOTHER JOB 9	FOUND ANOTHER JOB9	FOUND ANOTHER JOB9	
FAMILY PROBLEMS10	FAMILY PROBLEMS10	FAMILY PROBLEMS10	
NEEDED MORE MONEY11	NEEDED MORE MONEY11	NEEDED MORE MONEY11	
DON'T KNOW d	DON'T KNOWd	DON'T KNOWd	
REFUSEDr	REFUSEDr	REFUSEDr	
H17_3	H17_4	H17_5	
look for work,1	look for work,1	look for work,1	
begin working somewhere else,2	begin working somewhere else,2	begin working somewhere else, 2	
attend an education or training program,3	attend an education or training program, 3	attend an education or training program, 3	
continue working at a different job, or4	continue working at a different job, or4	continue working at a different job, or 4	
do something else? (SPECIFY) [specify]5	do something else? (SPECIFY) [specify]5	do something else? (SPECIFY) [specify] 5	
FAMILY RESPONSIBILITIES/ TOOK CARE OF CHILDREN OR ILL6	FAMILY RESPONSIBILITIES/ TOOK CARE OF CHILDREN OR ILL	FAMILY RESPONSIBILITIES/ TOOK CARE OF CHILDREN OR ILL 6	
ILLNESS/PREGNANCY7	ILLNESS/PREGNANCY7	ILLNESS/PREGNANCY7	
DID NOTHING,8	DID NOTHING,8	DID NOTHING, 8	
COLLECTED UNEMPLOYMENT9	COLLECTED UNEMPLOYMENT9	COLLECTED UNEMPLOYMENT 9	
RETIRED10	RETIRED10	RETIRED 10	
DON'T KNOWd	DON'T KNOWd	DON'T KNOW d	
REFUSEDr	REFUSEDr	REFUSEDr	
YES (GO TO H6) 1	YES1	YES (GO TO H6)1	
NO(GO TO H19 CATI INSTRUCTIONS)0	NO(GO TO H19 CATI INSTRUCTIONS)0	NO(GO TO H19 CATI INSTRUCTIONS)0	

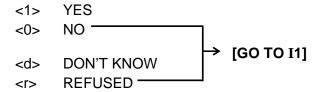
CATI CHECK: IF MORE THAN 2 JOBS IN QUESTION H4, CONTINUE ASKING SAME SERIES OF QUESTIONS ABOUT ALL 5 JOBS.

CATI: ASK ONLY OF TAA SAMPLE (GROUPS A AND C), 50 YEARS OF AGE OR OLDER.

CATI: CHECK A4 (OR UI SAMPLE DATA IF A4 WAS REFUSED).

IF SAMPLE MEMBER WAS BORN EARLIER THAN [FILL INTERVIEW YEAR MINUS 50 YEARS], ASK H19.

H19. Were you told or did you know that under the TAA program, instead of retraining, you might have been eligible to receive a wage supplement at a new job, if that job paid less than your job at [fill C3 COMPANY NAME]?



CATI: IF E11 = 1 OR 2, ASK H20, OTHERWISE GO TO I1

H20. Did you apply for this benefit?

- <1> YES [GO TO H22]
- <0> NO
- <d> DON'T KNOW
- <r> REFUSED

H21. Why didn't you apply?

CODE ALL THAT APPLY

ASK: "Any other reasons?" UNTIL RESPONDENT CONFIRMS NO OTHERS.

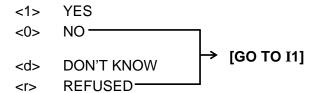
- H21 1 <1> NOT ENOUGH MONEY TO BE WORTHWHILE
- H21_2 <2> WANTED TRAINING
- H21_3 <3> COULD NOT FIND A JOB
- H21_4 <4> OTHER (SPECIFY) [specify]

H21_5 <5> RETIRED

- H21_6 <6> DID NOT UNDERSTAND PROGRAM
- H21_7 <7> NOT ELIGIBLE
- H21_8 <8> FOUND A JOB
- H21 9 <9> MISSED DEADLINE
 - <d> DON'T KNOW
 - <r> REFUSED

GO TO I1

H22. Did you receive the wage supplement?



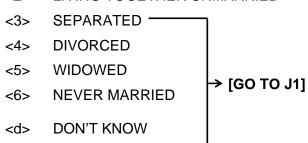
H23. How much did you receive in total?

\$ |___|__|,|___|

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

SECTION I - MARITAL STATUS

- I1. Now I have some general questions. At the time you left your job at [fill C3 COMPANY] in [fill JOB END DATE], were you married, living together unmarried, separated, divorced, widowed, or had you never been married?
 - <1> MARRIED
 - <2> LIVING TOGETHER UNMARRIED



- Was your (spouse/partner) working for pay when you left your job around [fill JOB END DATE]?
 - <1> YES

<r>

- <0> NO
- <d> DON'T KNOW

REFUSED -

<r> REFUSED

SECTION J – PRE- AND POST-CLAIM INCOME (OTHER THAN UI BENEFITS)

The next questions are about *other* sources of income and support besides unemployment benefits that you may have received during the calendar year before you left your job at [fill C3 EMPLOYER]. These questions will go very quickly.

CATI: CY = CALENDAR YEAR THE PERSON LEFT THEIR PRE-UI JOB, - MEANS "MINUS" THE NUMBER OF YEAR(S) INDICATED.

- J1. In [fill CY-1], did you or anyone else in your household receive food stamp benefits?
 - <1> YES
 - <0> NO
 - <d> DON'T KNOW
 - <r> REFUSED [GO TO SPECIAL REFUSE SCREEN]

J REF. THIS ITEM SHOULD BE PROGRAMMED LIKE AN INFO SCREEN. CATI: IF AMOUNTS RECEIVED ARE REFUSED FOR ANY SOURCE, SAY:

Your answers to these questions will help the researchers better understand the problems people face when they are unemployed. Neither your name nor any other information that would identify you is kept with your answers. Could you provide your best estimate?

- J2. In [fill CY-1], did you or anyone else in your household receive cash assistance from [fill LOCAL TANF NAME] or welfare, Supplemental Security Income (SSI), Social Security Retirement, Disability, or Survivors Benefits (SSA) or General Assistance (GA)?
 - <1> YES
 - <0> NO
 - <d> DON'T KNOW
 - <r> REFUSED

J3. What was the total income for you and all the members of your household, before taxes and other deductions in [fill CY-1]? Please include all of the sources of income we've talked about, plus any others you may have had.

PROBE, IF NEEDED: Include sources such as self-employment, regular jobs, and earnings from odd side jobs, under-the-table jobs, and other activities, social security, pensions, rent, interest and dividends, unemployment compensation, welfare, other public assistance, food stamps, child support, and money from any other sources. Your best estimate is fine.

INTERVIEWER: ACCEPT A "DON'T KNOW" ANSWER WITHOUT PRESSING RESPONDENT FOR AN ANSWER. GO TO RANGES IN J4 TO GET INCOME AMOUNT.

\$	_ , [GO TO J7]	PER MONTH PER YEAR
<d></d>	DON'T KNOW → ASK J4	

J4. Would you say your household income in [fill CY-1] was less than \$30,000 or \$30,000 or more?

PROBE: Your best estimate is fine.

INTERVIEWER: IF RESPONDENT STILL SAYS "DON'T KNOW," RECORD DON'T KNOW AS THEIR ANSWER AND MOVE ON WITHOUT PRESSING RESPONDENT FURTHER.

- <1> LESS THAN \$30,000 [GO TO J6]
- <2> \$30,000 OR MORE **[GO TO J5]**
- <d> DON'T KNOW [GO TO J7]
- <r> REFUSED [GO TO J7]

J5. Would you say it was . . .

- <1> \$30,000 to under \$45,000,
- <2> \$45,000 to under \$60,000,
- <3> \$60,000 to under \$75,000,
- <4> \$75,000 to under \$90,000,
- <5> \$90,000 to under \$105,000, or
- <6> \$105,000 or more?
- <d> DON'T KNOW
- <r> REFUSED

GO TO J7

J6. Would you say it was . . .

- <1> less than \$5,000,
- <2> \$5,000 to under \$10,000,
- <3> \$10,000 to under \$15,000,
- <4> \$15,000 to under \$20,000,
- <5> \$20,000 to under \$25,000, or
- <6> \$25,000 to under \$30,000?
- <d> DON'T KNOW
- <r> REFUSED

HOUSING

J7. At the time you left your job at [fill C2/C3 EMPLOYER NAME], did you (and your (spouse/partner)) own the residence where you lived?

PROBE: By own, I mean paying a mortgage or own outright.

- <1> YES [GO TO J9]
- <0> NO
- <d> DON'T KNOW
- <r> REFUSED
- J8. Did you rent, did you live rent-free, or did you have some other kind of arrangement?

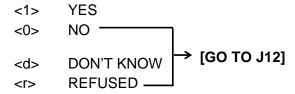
CODE ONE ONLY

- <1> RENTED (INCLUDING RENT PAID TO ANOTHER HOUSEHOLD MEMBER)
- <2> OCCUPIED RENT FREE
- <3> OCCUPIED FOR SERVICES
- <4> PUBLIC HOUSING
- <5> OTHER (SPECIFY) [specify]
- <6> BUYING HOME
- <7> HELPING WITH BILLS/UTILITIES/EXPENSES
- <d> DON'T KNOW
- <r> REFUSED

J9. Now I would like to ask you similar questions about *other* sources of income and support besides unemployment benefits that you may have received **since** you left your job at [fill C3 COMPANY]. These questions will also go very quickly. Please remember I'm asking about income **after** you left your job at [fill WITH C3 COMPANY].

PENSION

Since [fill JOB END MONTH/YEAR], did you or anyone else in your household receive pension benefits from a private or government employer or from a 401K or IRA account?



- J10. Since [fill JOB END MONTH/YEAR], for approximately how many months did you or anyone else in your household receive pension benefits?
 - <1> ENTER NUMBER

|___| # OF MONTHS J10_Months

<2> ALL THE MONTHS

<d> DON'T KNOW

<r> REFUSED

J11. How much was received each month since [fill JOB END DATE]?

IF VARIED, PROBE: Please tell me the average amount received.

ENTER AMOUNT RECEIVED FOR EACH MONTH.

J REF. THIS ITEM SHOULD BE PROGRAMMED LIKE AN INFO SCREEN.
CATI: IF AMOUNTS RECEIVED ARE REFUSED FOR ANY SOURCE, SAY:

Your answers to these questions will help the researchers better understand the problems people face when they are unemployed. Neither your name nor any other information that would identify you is kept with your answers. Could you provide your best estimate?



<d> DON'T KNOW

<r> REFUSED

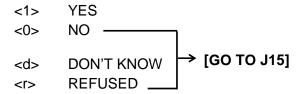
FOOD STAMP BENEFITS

J12. **READ STEM IF NECESSARY:** Since [fill JOB END MONTH/YEAR], did you or anyone else in your household receive . . .

food stamp benefits?

J REF. THIS ITEM SHOULD BE PROGRAMMED LIKE AN INFO SCREEN.
CATI: IF AMOUNTS RECEIVED ARE REFUSED FOR ANY SOURCE, SAY:

Your answers to these questions will help the researchers better understand the problems people face when they are unemployed. Neither your name nor any other information that would identify you is kept with your answers. Could you provide your best estimate?



J13. Since [fill JOB END MONTH/YEAR], for approximately how many months did you or anyone else in your household receive food stamp benefits?

IF MORE THAN 1 YEAR, FIRST ENTER NUMBER OF YEARS, THEN ENTER NUMBER OF MONTHS ON THE NEXT SCREEN.

<1>	ENTER NUMBER
_	_ # OF YEARS J13_Years
_	_ # OF MONTHS <mark>J13_Months</mark>
<2>	ALL THE MONTHS
<d></d>	DON'T KNOW
<r></r>	REFLISED

J14. How much was received each month since [fill JOB END DATE]?

IF VARIED, PROBE: Please tell me the average amount received.

ENTER AMOUNT RECEIVED FOR EACH MONTH.

J REF. THIS ITEM SHOULD BE PROGRAMMED LIKE AN INFO SCREEN. CATI: IF AMOUNTS RECEIVED ARE REFUSED FOR ANY SOURCE, SAY:

Your answers to these questions will help the researchers better understand the problems people face when they are unemployed. Neither your name nor any other information that would identify you is kept with your answers. Could you provide your best estimate?

\$ <u> </u>	<u> </u>	,	<u> </u>		PER	MONTH	

<d> DON'T KNOW

<r>

REFUSED

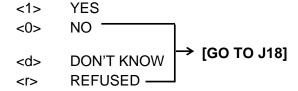
CASH ASSISTANCE

J15. READ STEM IF NECESSARY: Since [fill JOB END MONTH/YEAR], did you or anyone else in your household receive . . .

Cash assistance from [fill LOCAL TANF NAME] or welfare, Supplemental Security Income (SSI), Social Security Retirement, Disability, or Survivors Benefits (SSA) or General Assistance (GA)?

J REF. THIS ITEM SHOULD BE PROGRAMMED LIKE AN INFO SCREEN. CATI: IF AMOUNTS RECEIVED ARE REFUSED FOR ANY SOURCE, SAY:

Your answers to these questions will help the researchers better understand the problems people face when they are unemployed. Neither your name nor any other information that would identify you is kept with your answers. Could you provide your best estimate?



<mark>J16</mark> .	Since [fill JOB END MONTH/YEAR], for approximately how many months did you or anyone else in your household receive that type of cash assistance?						
	<1>	ENTER NUMBER					
	_	# OF YEARS <mark>J16_Years</mark>					
	_	# OF MONTHS J16_Months					
	<2>	ALL THE MONTHS					
	<d></d>	DON'T KNOW REFUSED					
<mark>J17</mark> .	How mu	uch was received each month since [fill JOB END MONTH/YEAR]?					
	IF VAR	IED, PROBE: Please tell me the average amount received.					
	ENTER	AMOUNT RECEIVED FOR EACH MONTH.					
J REF.	CATI: Your a proble inform	TEM SHOULD BE PROGRAMMED LIKE AN INFO SCREEN. IF AMOUNTS RECEIVED ARE REFUSED FOR ANY SOURCE, SAY: answers to these questions will help the researchers better understand the ms people face when they are unemployed. Neither your name nor any other ation that would identify you is kept with your answers. Could you provide your stimate?					
	\$ _	_ , _ PER MONTH					
	<d></d>	DON'T KNOW REFUSED					

J18. What was the total income for you and all the members of your household, before taxes and other deductions in [fill INTERVIEW YEAR-1] 2007? Please include all of the sources of income we've talked about, plus any others you may have had.

PROBE, IF NEEDED: Include sources such as self-employment, regular jobs, and earnings from odd side jobs, under-the-table jobs, and other activities, social security, pensions, rent, interest and dividends, unemployment compensation, welfare, other public assistance, food stamps, child support, and money from any other sources. Your best estimate is fine.

INTERVIEWER: ACCEPT A "DON'T KNOW" ANSWER WITHOUT PRESSING RESPONDENT FOR AN ANSWER. GO TO RANGES TO GET INCOME AMOUNT.

\$ _	, [GO TO K1]	PER MONTH PER YEAR
<d></d>	DON'T KNOW → ASK J19	

- J19. Would you say your household income in [fill INTERVIEW YEAR-1] 2007 was less than \$30,000 or \$30,000 or more?
 - <1> LESS THAN \$30,000 **[GO TO J21]**
 - <2> \$30,000 OR MORE
 - <d> DON'T KNOW
 - <r> REFUSED
- J20. Would you say it was . . .
 - <1> \$30,000 to under \$45,000,
 - <2> \$45,000 to under \$60,000,
 - <3> \$60,000 to under \$75,000,
 - <4> \$75,000 to under \$90,000,
 - <5> \$90,000 to under \$105,000, or
 - <6> \$105,000 or more?
 - <d> DON'T KNOW
 - <r> REFUSED

GO TO K1

J21. Would you say it was . . .

- <1> less than \$5,000,
- <2> \$5,000 to under \$10,000,
- <3> \$10,000 to under \$15,000,
- <4> \$15,000 to under \$20,000,
- <5> \$20,000 to under \$25,000, or
- <6> \$25,000 to under \$30,000?
- <d> DON'T KNOW
- <r> REFUSED

SECTION K - HEALTH STATUS AND HEALTH INSURANCE

K1. Now I have some questions about your health and health care insurance.

Would you say your health in general is . . .

- <1> excellent,
- <2> good,
- <3> fair, or
- <4> poor?
- <d> DON'T KNOW
- <r> REFUSED
- K2. Thinking back to the time you left your job at [fill C3 EMPLOYER], how was your health back then? Was it . . .
 - <1> excellent,
 - <2> good,
 - <3> fair, or
 - <4> poor?
 - <d> DON'T KNOW
 - <r> REFUSED
- K3. Do you have a physical, emotional, or other health condition that <u>limits</u> the amount of work you can do?

K4. What kind of work-limiting health problems do you have? Do you have . . . (READ a - e)

	YES	NO	DON'T KNOW	REFUSED
K4a. a physical disability or illness?	1	0	d	r
K4b. an emotional or mental health problem?	1	0	d	r
K4c. a problem with drugs or alcohol?	1	0	d	r
K4d. a learning disability?	1	0	d	r
K4e. any other problems? (SPECIFY) [specify]	1	0	d	r

CATI: FOR EACH "YES" ANSWER IN K4, ASK:

K5. How long have you had this [fill K4 a-e]?

INTERVIEWER: IF RESPONDENT SAYS "MY WHOLE LIFE," ENTER R'S AGE AS NUMBER AND CODE "3" FOR YEARS.

				NDICATE:	i I	
	NUMBER	WEEKS	MONTHS	YEARS	DON'T KNOW	REFUSED
K5a. A physical disability or illness?		1	2	3	d	r
K5b. An emotional or mental health problem?	_	1	2	3	d	r
K5c. A problem with drugs or alcohol?		1	2	3	d	r
K5d. A learning disability?		1	2	3	d	r
K5e. [fill K4e. text]?		1	2	3	d	r

HEALTH INSURANCE COVERAGE

- K6. Were you covered by health insurance during the year leading up to the time you left your job at [fill C3 EMPLOYER]?
 - INTERVIEWER: IF RESPONDENT STATES THAT THEIR COVERAGE WAS INTERRUPTED DURING THIS YEAR AND THEY HAD COVERAGE FOR PART OF THE YEAR, BUT NOT THE ENTIRE YEAR, ASK: "Did you have coverage for the majority of the year, that is, 6 months or more?" IF SO, CODE THE RESPONSE AS "YES," IF NOT CODE AS "NO."
 - <1> YES
 - <0> NO
 - <d> DON'T KNOW
 - <r> REFUSED
- K7. Have you been covered by health insurance at any time since you left that job around [fill JOB END DATE]?
- K8. Were you covered by health insurance for the entire period since you left that job?
 - <1> YES [GO TO K10]
 - <0> NO
 - <d> DON'T KNOW
 - <r> REFUSED

- K9. Since [fill JOB END MONTH/YEAR], for approximately how many months were you covered by health insurance?
 - <1> ENTER MONTHS
 - |__|__| NUMBER OF MONTHS K9_Month
 - <2> ALL THE MONTHS
 - <d> DON'T KNOW
 - <r> REFUSED

K10. Since [fill JOB END MONTH/YEAR], what was the main type of health insurance or health coverage that you had?

READ IF NECESSARY.

IF SAMPLE MEMBER GIVES MORE THAN ONE, PROBE: "Out of those, what was the **primary** coverage you had?"

IF SAMPLE MEMBER TELLS YOU THE NAME OF THEIR HEALTH INSURANCE PLAN, READ ANSWER CHOICES AND STRESS THAT THE QUESTION IS ASKING WHAT TYPE OF HEALTH INSURANCE THEY HAD, NOT THE NAME OF THEIR INSURANCE CARRIER.

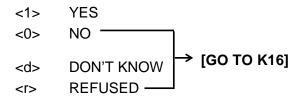
CODE ONLY ONE

- <1> A HEALTH INSURANCE PLAN FROM YOUR CURRENT OR FORMER EMPLOYER, UNION, OR SCHOOL,
- <2> A HEALTH INSURANCE PLAN FROM YOUR SPOUSE'S CURRENT OR FORMER EMPLOYER, UNION, OR SCHOOL,
- <3> A HEALTH INSURANCE PLAN BOUGHT ON YOUR OWN, INCLUDING THOSE FROM PROFESSIONAL ASSOCIATIONS,
- <4> A HEALTH INSURANCE PLAN PROVIDED BY SOMEONE WHO DOES NOT LIVE IN YOUR HOUSEHOLD,
- <5> MEDICARE, THE HEALTH INSURANCE PLAN FOR PEOPLE 65 YEARS OLD AND OLDER OR PERSONS WITH CERTAIN DISABILITIES,
- <6> MEDICAID, THE GOVERNMENT ASSISTANCE PROGRAM THAT PAYS FOR HEALTH CARE,
- <7> ANOTHER STATE SPECIFIC PLAN,
- <8> VA, CHAMPUS, CHAMP-VA, TRICARE, OR SOME OTHER MILITARY CARE, OR
- <9> INDIAN HEALTH SERVICE?
- <10> OTHER (SPECIFY) [specify]
- <11> NO INSURANCE
- <12> HCTC
- <d> DON'T KNOW
- <r> REFUSED

CATI: ASK K11-K15 ONLY OF TAA SAMPLE.

K11. Were you told or did you know that under the TAA program, you might be eligible for a federal Health Coverage Tax Credit or HCTC, equal to 65 percent of the premiums you would pay for qualified health coverage for you and your family members?

PROBE: A Health Coverage Tax Credit provided to those eligible for TAA services.



K12. Did you apply for a Health Coverage Tax Credit?

- <1> YES [GO TO K14]
- <0> NO
- <d> DON'T KNOW
- <r> REFUSED

K13. Why didn't you apply for a Health Coverage Tax Credit?

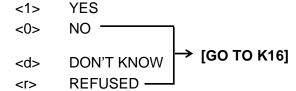
READ IF NECESSARY. CODE ONE ONLY.

- <1> NOT ELIGIBLE FOR THE TAX CREDIT
- <2> DESIRED HEALTH PLAN WAS NOT A QUALIFIED PLAN
- <3> ALREADY HAD HEALTH COVERAGE THROUGH MEDICARE
- <4> ALREADY HAD HEALTH COVERAGE THROUGH MEDICAID OR S-CHIP
- <5> ALREADY HAD HEALTH COVERAGE FROM FORMER EMPLOYER
- <6> ALREADY HAD HEALTH COVERAGE FROM SPOUSE'S EMPLOYER
- <7> DESIRED HEALTH PLAN WAS STILL TOO EXPENSIVE, EVEN AFTER TAX CREDIT/COULDN'T AFFORD IT/COST OF INSURANCE TOO EXPENSIVE
- <8> PROGRAM RULES WERE TOO COMPLICATED/ DID NOT UNDERSTAND THEM
- <9> WORRIED WOULD NOT GET REIMBURSED
- <10> DIDN'T THINK THE TAX CREDITS WOULD LAST LONG ENOUGH
- <11> OTHER (SPECIFY) [specify]

- <12> PAPERWORK
- <13> DID NOT KNOW ABOUT IT
- <14> DID NOT THINK THEY WOULD QUALIFY
- <15> NOT INTERESTED NON-SPECIFIC
- <16> HAD OTHER COVERAGE NON-SPECIFIC
- <d> DON'T KNOW
- <r> REFUSED

GO TO K16

K14. Did you ever receive a Health Coverage Tax Credit?



K15. About how much was the tax credit that you received?

\$ |__|_|

<d> DON'T KNOW

<r> REFUSED

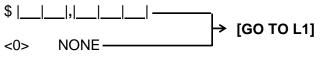
K16. During the past 12 months, about how much did (you/your family) spend out-of-pocket for medical care? Do not include the cost of dental care, health insurance premiums, or any costs that were paid by your health insurance.

PROBE: Your best estimate is fine.

PROBE: Include out-of-pocket expenses for prescription drugs, co-payments, and

deductibles, but do not include health insurance premiums, dental costs, or

any other costs paid by your health insurance.



<d> DON'T KNOW

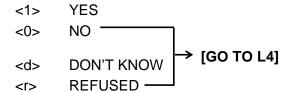
<r> REFUSED

- K17. Would you say you spent . . .
 - <0> nothing,
 - <1> less than \$500,
 - <2> \$500 to \$1,999,
 - <3> \$2,000 to \$2,999,
 - <4> \$3,000 to \$4,999, or
 - <5> \$5,000 or more?
 - <d> DON'T KNOW
 - <r> REFUSED

SECTION L - DEMOGRAPHICS

- L1. What was the highest diploma or degree you had received at the time you left your job at [fill C3 EMPLOYER] in [fill C9 MONTH/YEAR OR UI CLAIM MONTH/YEAR]?
 - <1> NONE
 - <2> LESS THAN HIGH SCHOOL GRADUATE
 - <3> HIGH SCHOOL DIPLOMA
 - <4> HIGH SCHOOL EQUIVALENCY/GED
 - <5> VOCATIONAL/TECHNICAL/BUSINESS
 - <6> ASSOCIATE'S (2 YEARS)
 - <7> BACHELOR'S (4 YEARS)
 - <8> MASTERS
 - <9> DOCTORATE/Ph.D.
 - <10> SOME COLLEGE
 - <11> OTHER (SPECIFY) [specify]

- <d> DON'T KNOW
- <r> REFUSED
- L2. Has the highest diploma or degree you have received changed since then?



- L3. What is the highest diploma or degree you currently have?
 - <1> NONE
 - <2> LESS THAN HIGH SCHOOL GRADUATE
 - <3> HIGH SCHOOL DIPLOMA
 - <4> HIGH SCHOOL EQUIVALENCY/GED
 - <5> VOCATIONAL/TECHNICAL/BUSINESS
 - <6> ASSOCIATE'S (2 YEARS)
 - <7> BACHELOR'S (4 YEARS)
 - <8> MASTERS
 - <9> DOCTORATE/Ph.D.
 - <10> SOME OR MORE COLLEGE
 - <11> OTHER (SPECIFY) [specify]

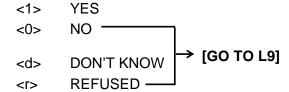
- <d> DON'T KNOW
- <r> REFUSED
- L4. Do you consider yourself to be of Hispanic or Latino origin?

IF SAMPLE MEMBER ASKS WHAT HISPANIC OR LATINO ORIGIN MEANS OR SAYS THEY DON'T KNOW OR ARE NOT SURE, PROBE: "Are you of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin?"

- <1> YES
- <0> NO
- <d> DON'T KNOW
- <r> REFUSED

- L5. What race do you consider yourself? Would you say you are . . .
- L5_1 <1> White,
- L5_2 <2> Black or African American,
- L5_3 <3> American Indian or Alaska Native,
- L5 4 <4> Asian, or
- L5_5 <5> Native Hawaiian or Other Pacific Islander?
- L5_6 <6> SOME OTHER RACE (SPECIFY) [specify]
- L5 7 <7> BI-RACIAL/MULTI-RACIAL
- L5 8 <8> AMERICAN
- L5 9 <9> LATINO/HISPANIC
- L5 10 <10> MEDIUM COMPLEXION
 - <d> DON'T KNOW
 - <r> REFUSED
- L6. Do you speak a language other than English at home?

INTERVIEWER: IF THE RESPONDENT LIVES ALONE BUT SAYS THEY CAN SPEAK ANOTHER LANGUAGE, OR SPEAK ANOTHER LANGUAGE OUTSIDE THE HOME, CODE RESPONSE AS "YES."



L7. What language other than English do you speak at home?

CODE ALL THAT APPLY

- L7 1 <1> SPANISH
- L7 2 <2> ASIAN LANGUAGE
- L7 3 <3> FRENCH
- L7 4 <4> RUSSIAN
- L7 5 <5> POLISH
- L7 6 <6> ITALIAN
- L7 7 <7> GREEK
- L7 8 <8> GERMAN
- L7_9 <9> OTHER (SPECIFY) [specify]
- L7_10 <10> ARABIC
- L7_11 <11> HINDI
- L7_12 <12> OTHER EUROPEAN LANGUAGE
- L7_13 <13> OTHER MIDDLE EASTERN/AFRICAN LANGUAGE
- L7 14 <14> AMERICAN SIGN LANGUAGE
 - <d> DON'T KNOW
 - <r> REFUSED

L8. How well do you speak English?

- <1> Very well
- <2> Well
- <3> Not well
- <4> Not at all
- <d> DON'T KNOW
- <r> REFUSED

L9. INTERVIEWER: CODE WITHOUT ASKING.

PROBE: Are you male or female?

- <1> MALE
- <2> FEMALE
- <d> DON'T KNOW
- <r> REFUSED

SECTION M - HOUSEHOLD SIZE AND NUMBER OF CHILDREN

M1. How many people, including yourself, lived or stayed with you at the time you left your job at [fill C3 EMPLOYER] on [fill C9 MONTH/YEAR OR UI CLAIM MONTH/YEAR]?

PROBE: Please include people who were temporarily away, for example, at school or in the hospital and people not related to you.

ENTER NUMBER OF PEOPLE IN HOUSEHOLD.

(1-20)	
_	_ PEOPLE IN HOUSEHOLD
<d></d>	DON'T KNOW
<r></r>	REFUSED → [GO TO N1]

M2. How many children under 18 were financially dependent upon you at that time?

ENTER NUMBER OF CHILDREN UNDER 18.

(0-20)

|___|__| # CHILDREN UNDER 18

<d> DON'T KNOW

<r> REFUSED

SECTION N - MOBILITY

Now I would like you to think back to [fill C9 MONTH/YEAR OR UI CLAIM MONTH/YEAR]. According to my information, you lived in [fill STATE] at that time. Is that correct?

<1> YES [GO TO N3]

<0> NO

<d> DON'T KNOW

<r> REFUSED

N2. In what state did you live?

STATE NAME: _____

<d> DON'T KNOW

<r> REFUSED

N3. Since then, have you lived, worked, or gone to school or training in a different state or country?

N4. In what (other) states or countries have you lived, worked, or gone to school in since [fill JOB END DATE]?

PROBE: Do not include vacations or short visits.

OTHER (SPECIFY) [specify]

STATE/COUNTRY 1:_____

STATE/COUNTRY 2:_____

STATE/COUNTRY 3:_____

STATE/COUNTRY 4:

<d> DON'T KNOW

<r> REFUSED

SECTION O – TRACKING INFORMATION

O1.	We plan to contact you again	next year and I need to know how to ge	et in touch with you.
O2.	(What is/Is TELEPHONE NUMBER) your telephone number?	TELEPHONE NUMBER SAME AS SAMPLE INFORMATION	
		NO TELEPHONE	о ¬
		DON'T KNOW	d → [GO TO O7
		REFUSED	Ј
O3.	Is that number listed in your name	SAMPLE MEMBER'S	1 [GO TO O7]
	or is it in someone else's?	OTHER'S	2
O4.	Could you spell the first name for me please?	NAME	
	Do they have a middle initial?	DON'T KNOW	d
	Could you spell their last name for me please?	REFUSED	r
	CONFIRM NAME WITH RESPONDENT THEN PRESS ENTER.		
O5.	What is (his/her/their) address?	HOUSE NUMBER/STREET NAME APT	.#
		CITY STATE ZIP (CODE
		SAME AS SAMPLE MEMBER'S	1
		DON'T KNOW	d
		REFUSED	r

O6.	What is (his/her/their) relationship	SPOUSE/PARTNER	1
	to you?	MOTHER	2
	CODE ALL THAT APPLY	FATHER	3
		SISTER	4
		BROTHER	5
		GRANDMOTHER	6
		GRANDFATHER	7
		AUNT	8
		UNCLE	9
		FRIEND	10
		DAUGHTER	12
		SON	13
		OTHER (SPECIFY)	11
			<u></u>
		DON'T KNOW	d
		REFUSED	r
			٦
		GO TO 011	
O7.	Can you give me a different phone	Please give me the telephone number, area code	first.
	number where you can be reached,	NEW TELEPHONE	
	perhaps a cell phone number?	NUMBER: - -	
	YES or NO	AREA CODE	
		NO TELEPHONE	0 [GO TO O11]
		DON'T KNOW	d
		REFUSED	r [GO TO O11]
			-
		NEW SCREEN:	
		PHONE	
		NUMBER: _ _ - _ - _ - _	
		CONFIRM THE INFO ABOVE WITH RESPONDI	ENT THEN PRESS
O8.	Whose telephone is that?		
.	oo tolophono lo tilat.	NAME	
		SAMPLE MEMBER'S	1 [GO TO O11]
		DON'T KNOW	d
		REFUSED	r

O9.	What is (his/her/their) address?	House Number/Street	APT. #			
		CITY	STATE	ZIP CODE		
		DON'T KNOW		d		
		REFUSED		r		
O10.	What is (his/her/their) relationship	SPOUSE/PARTNER		1		
	to you?	MOTHER		2		
	CODE ALL THAT APPLY	FATHER		3		
		SISTER 4				
		BROTHER		5		
		GRANDMOTHER		6		
		GRANDFATHER		7		
		AUNT		8		
		UNCLE		9		
		FRIEND		10		
		DAUGHTER		12		
		SON		13		
		OTHER (SPECIFY)		11		
		DON'T KNOW		d		
		REFUSED		r		

O11. As part of our study, we will be contacting you next year to see how things are going for you. In case you move, we would like to have the name, address, and phone number of two people who do not live with you who will know how to reach you. We would only contact these people if we have trouble getting in touch with you directly.

CATI INSTRUCTION: FOR ALL CONTACT INFORMATION, A "DON'T KNOW" RESPONSE CAN BE ACCEPTED IN ANY ADDRESS FIELD TO ALLOW FOR PARTIAL ADDRESSES, I.E. THE RESPONDENT KNOWS IN WHICH CITY THE CONTACT LIVES, BUT NOT THE EXACT STREET ADDRESS. IF A "DON'T KNOW" RESPONSE IS ENTERED IN ANY "NAME" FIELD, IN THE CONTACT SECTION, THE INTERVIEWER SHOULD BE TAKEN DIRECTLY TO THE CLOSING "THANK YOU."

OTHER RELATIVE'S NAME, ADDRESS, AND TELEPHONE O12. What is the name of the first person NUMBER who would always know how to get in touch with you? OTHER RELATIVE'S FULL NAME PROBE FOR FULL NAMES. **INCLUDING MIDDLE INITIALS.** HOUSE NUMBER/STREET NAME APT.# PROBE FOR SPOUSE'S NAME. PROBE FOR CORRECT CITY ZIP CODE STATE SPELLING. PHONE NUMBER: | | | |-| | | |-| | | | | Could you spell their first name for me please? SPOUSE'S NAME (IF APPLICABLE) Do you have a middle initial? Could you spell their last name for RELATIONSHIP TO SAMPLE MEMBER me please? DON'T KNOWd **CONFIRM THE NAME ABOVE** WITH RESPONDENT THEN REFUSEDr PRESS ENTER. DOES NOT HAVE OTHER RELATIVES.......0 What is their relationship to you? SAME AS SAMPLE MEMBER'Ss What is their full address and home NO OTHER CONTACTS.....n telephone number? PROBE: Can you spell the street name for me please? Is there an apartment number? Besides the PO Box do you have a street address? CONFIRM INFO. In whose name is that phone listed?

O13. What is the name, address and phone number of another relative or close friend who will always know how to get in touch with you?

PROBE FOR FULL NAMES, INCLUDING MIDDLE INITIALS.

PROBE FOR SPOUSE'S NAME.

PROBE FOR CORRECT SPELLING.

	NE NUMBER				
Full Nan	ME				
HOUSE NUMBER/STREET NAME	APT.#				
CITY STATE	ZIP CODE				
PHONE NUMBER: _ -	- -				
SPOUSE'S NAME (IF APPLICABLE)					
RELATIONSHIP TO SAMPLE MEMB	BER (IF APPLICABLE)				
DON'T KNOW	d				
REFUSED	r				
DOES NOT HAVE OTHER RELAT	ΓΙVES 0				
SAME AS SAMPLE MEMBER'Ss					

NO OTHER CONTACTS.....n

O15. At the start of the interview I mentioned that we had sent you a letter about this study. Did you receive this letter?

•	<2> <3> <4> <5> <6>	_			
	<d> <r></r></d>	DON'T KNOW REFUSED			
		be mailing you a check in a couple dress where we should send the pa			s and I would like to confirm the name
ı	INTER	VIEWER: VERIFY SPELLING OF	NAMI	E.	
	CATI:	ALLOW FOR NAME CHANGES			
I	HOUSE	NUMBER/STREET NAME:			
(APT.: CITY: STATE ZIP CC	: DDE:	_		
	<d> <r></r></d>	_			
Thank y	ou for	your cooperation. This completes	the su	ırve	y! Thank you again.
Int_Lang	l	SPECIFY LANGUAGE INTERVIE	w col	MP	LETED IN:
•	<1><2><3><4><6><4><6><6><7><6><8><9><				POLISH PORTUGUESE
		DON'T KNOW REFUSED			
I	Intervie	wer:			
Ī	Date:				
					ME ENDED: _ : AM/PM APSED TIME: : _ AM/PM HOUR MINUTE

O16. About when did you receive it?

Today

<1>