

CASE ID#:

START TIME (am/pm):

END TIME (am/pm):

INTERVIEWER ID#:

DATE:    -    -

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**The Bay Area Family Well-Being Survey**

**A Study of Welfare Leavers  
in Alameda and Contra Costa Counties**

**12-Month Follow-up Interview**

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Prepared for:  
The SPHERE INSTITUTE

**I. HOUSEHOLD ROSTER UPDATE**

The first few questions are about the people in your household.

1. Including yourself, how many people usually live in your household? **PROBE:** Please include any babies, small children, foster children, and anyone who is temporarily away, such as someone in school, traveling, in the hospital, in a correctional facility or other institution.
- NUMBER OF PEOPLE LIVING IN HOUSEHOLD:**
- |\_|\_|

**INTERVIEWER: REFER TO BOOKMARK #1 FOR ADULTS IN HOUSEHOLD FROM THE BASELINE INTERVIEW.**

- 1a. First of all, we have your age listed as {AGE}, is that correct? **RECORD CURRENT AGE ON ROSTER #1, PAGE 4.**

|   |                                     |
|---|-------------------------------------|
| <b>INTERVIEWER CHECK: ARE ANY OTHER ADULTS LISTED ON BOOKMARK #1?</b> | YES..... 1                          |
|   | NO...(SKIP TO Q2, NEXT PAGE)..... 2 |

When we talked with you in {MONTH OF LAST SURVEY}(of this year/of last year) we listed the adults who were members of your household. Now I would like to update that information.

I am going to read the names of the adults we listed the last time we talked. Please tell me if each adult is still living with you.

Is {NAME OF ADULT} still living with you? **IF YES, ASK 1b AND 1c. IF NO, RECORD RELATIONSHIP CODE 99 ON ROSTER #1 AND REPEAT FOR EACH ADULT LISTED ON BOOKMARK #1. IF NO OTHER ADULTS, SKIP TO Q2.**

- 1b. And {NAME}'s relationship to you is {READ RELATIONSHIP}, is that correct? **RECORD RELATIONSHIP CODE ON LINE 4a ON ROSTER #1.**
- 1c. And we have (his/her) age listed as {AGE}, is that correct? **RECORD AGE ON LINE 5a ON ROSTER #1. REPEAT 1b AND 1c FOR EACH ADULT LISTED ON BOOKMARK #1. IF NO OTHER ADULTS, CONTINUE WITH Q2.**

2. Are there any other people, 18 years or older, (living in your household?/living in your household that we didn't just mention?)  
**PROBE:** Please include anyone who is temporarily away, such as someone who is working at a job out of town, traveling, in a hospital, in a correctional facility or other institution?

YES..... 1  
NO (SKIP TO INT CK BEFORE Q6a) . 2

2a. Not counting yourself and the adults we just talked about, how many other people who usually live in your household are 18 years of age or older?

**NUMBER OF OTHER ADULTS LIVING IN R'S HOUSEHOLD:**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

## ADULT RELATIONSHIP CODES:

|  |   |
|--|---|
| 00. RESPONDENT   | 11. SON (INCLUDING BIOLOGICAL, STEP, ADOPTIVE AND FOSTER) |
| 01. HUSBAND  | 12. MOTHER IN-LAW   |
| 02. WIFE   | 13. FATHER IN-LAW   |
| 03. PARTNER  | 14. SISTER IN-LAW   |
| 04. MOTHER (INCLUDING STEP- AND ADOPTIVE)                          | 15. BROTHER IN-LAW  |
| 05. FATHER (INCLUDING STEP- AND ADOPTIVE)                          | 16. DAUGHTER IN-LAW                                       |
| 06. SISTER (INCLUDING HALF, STEP, ADOPTIVE, AND FOSTER)            | 17. SON IN-LAW  |
| 07. BROTHER (INCLUDING HALF, STEP, ADOPTIVE, AND FOSTER)           | 18. DAUGHTER OF PARTNER                                   |
| 08. GRANDMOTHER (INCLUDING BIOLOGICAL AND SOCIAL AS WELL AS GREAT) | 19. SON OF PARTNER  |
| 09. GRANDFATHER (INCLUDING BIOLOGICAL AND SOCIAL AS WELL AS GREAT) | 20. OTHER FEMALE RELATIVE                                 |
| 10. DAUGHTER (INCLUDING BIOLOGICAL, STEP, ADOPTIVE AND FOSTER)     | 21. OTHER MALE RELATIVE                                   |
|  | 22. OTHER UNRELATED FEMALE                                |
|  | 23. OTHER UNRELATED MALE                                  |
|  | 99. NO LONGER LIVING IN HOUSEHOLD                         |

3. Please tell me the first names of the other adults who live here, so we can refer to them as we talk. Let's begin with the oldest? **ENTER NAMES OF ALL NEW ADULT HOUSEHOLD MEMBERS ON ROSTER #1. PROBE:** Are there any other adults who usually live here? **FINAL PROBE:** Have we listed all the adults?

Now I would like to find out a little more about these adults who live here.

**INTERVIEWER: ASK Q4 AND Q5 FOR EACH NEW ADULT.**

4. What is {NAME}'s relationship to you? **RECORD BELOW ON LINE 4A.**
5. How old was {NAME} on (his/her) last birthday? **RECORD BELOW ON LINE 5A.**

| <b>ROSTER 1: ADULTS UPDATE</b> |               |   |   |   |   |   |   |   |
|--------------------------------|---------------|---|---|---|---|---|---|---|
| ADULT NO:                      | $\frac{R}{1}$ | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 4a.<br>RELATIONSHIP TO R:      | 00            |   |   |   |   |   |   |   |
| 5a.<br>AGE:                    |               |   |   |   |   |   |   |   |

**II. CHILDREN**

|   |                        |   |
|---|------------------------|---|
| <b>INTERVIEWER CHECK: ARE ANY CHILDREN LISTED ON BOOKMARK #2?</b> | YES.....               | 1 |
|   | NO...(SKIP TO Q6)..... | 2 |

When we talked with you in {MONTH OF LAST SURVEY}(of this year/of last year) we listed the children who were members of your household. Now I would like to update that information.

I am going to read the names of the children we listed the last time we talked. Please tell me if each child is still living with you.

6a. Is {NAME OF CHILD} still living with you? **IF YES, ASK 6b AND 6c. IF NO, RECORD RELATIONSHIP CODE 99 ON ROSTER #2 AND REPEAT FOR EACH CHILD LISTED ON BOOKMARK #2. IF NO OTHER CHILDREN, SKIP TO Q6.**

6b. And {CHILD’S NAME}’s relationship to you is {READ RELATIONSHIP}. Is that correct? **RECORD RELATIONSHIP CODE ON LINE Q8 ON ROSTER #2.**

6c. And we have (his/her) age listed as {AGE}, is that correct? **RECORD AGE ON LINE Q8a ON ROSTER #2. REPEAT FOR EACH CHILD LISTED ON BOOKMARK #2**

6. Are there any other children under 18 years of age who are (living or staying in your household?/living or staying in your household that we didn’t just mention?)

|                               |   |
|-------------------------------|---|
| YES (SKIP TO Q7, PAGE 6)..... | 1 |
| NO (SKIP TO Q9, PAGE 6).....  | 2 |

|   |
|---|
| <b>INTERVIEWER CHECK: IF NO CHILDREN LISTED ON ROSTER #2, SKIP TO SECTION III Q34, PAGE 15.</b> |
|---|

7. Please tell me the first names of the other children who live with you, so we can refer to them as we talk. Let's begin with the oldest? **ENTER NAMES OF ALL NEW CHILDREN ON ROSTER #2. PROBE:** Are there any other children who usually live here? **FINAL PROBE:** Have we listed all the children?

Now I would like to find out a little more about these children who live here.

- 
8. What is {CHILD'S NAME}'s relationship to you? ® ® ®
- 
- 8a. How old was {CHILD'S NAME} on (his/her) last birthday? ® ® ®
- 
9. Now, just a couple of questions about (your child's/each child's) medical insurance and health. Is {CHILD} currently covered by a plan that helps pay for his/her medical care, such as Medi-Cal or Medicaid, Healthy Families, which is also called "Medi-Cal for Kids", a private insurance plan, such as a plan provided by an employer or one you pay for yourself, or some other government health plan, such as CHAMPUS or Medicare? ® ® ® ®
- 
- 9a. What type of medical insurance plan is {CHILD} currently covered by? Is it
- a. Medi-Cal or Medicaid, ® ® ® ® ®
  - b. Healthy Families, which is also called "Medi-Cal for Kids," ® ® ®
  - c. a private insurance plan such as a plan provided by an employer or one you pay for yourself, ®
- PROBE:** What kind of private insurance ® ® ® ®
- d. some other government health plan, such as CHAMPUS or Medicare? ® ®
- 
10. Does {CHILD} have an illness or disability that demands a lot of your attention and makes it hard for you to work or go to school? ® ® ® ®

| FOR Q 8: CHILD RELATIONSHIP CODES |                                   |
|-----------------------------------|-----------------------------------|
| MALE CHILDREN IN HOUSEHOLD        | FEMALE CHILDREN IN HOUSEHOLD      |
| 01. SON                           | 02. DAUGHTER                      |
| 03. SPOUSE/PARTNER'S SON          | 04. SPOUSE/PARTNER'S DAUGHTER     |
| 05. GRANDSON                      | 06. GRANDDAUGHTER                 |
| 07. NEPHEW                        | 08. NIECE                         |
| 09. BROTHER                       | 10. SISTER                        |
| 11. MALE FOSTER CHILD             | 12. FEMALE FOSTER CHILD           |
| 13. OTHER MALE RELATIVE           | 14. OTHER FEMALE RELATIVE         |
| 15. OTHER MALE NON-RELATIVE       | 16. OTHER FEMALE NON-RELATIVE     |
|                                   | 99. NO LONGER LIVING IN HOUSEHOLD |

| ROSTER 2: CHILD NUMBER           |                     |                     |                     |                     |                     |                     |                     |                     |
|----------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
|                                  | 1                   | 2                   | 3                   | 4                   | 5                   | 6                   | 7                   | 8                   |
| Q8<br>Relationship?              | ____                | ____                | ____                | ____                | ____                | ____                | ____                | ____                |
| Q8a<br>Age?                      | ____                | ____                | ____                | ____                | ____                | ____                | ____                | ____                |
| Q9<br>Has Insurance?             | Yes<br>1<br>Ask Q9a | Yes<br>1<br>Ask Q9a | Yes<br>1<br>Ask Q9a | Yes<br>1<br>Ask Q9a | Yes<br>1<br>Ask Q9a | Yes<br>1<br>Ask Q9a | Yes<br>1<br>Ask Q9a | Yes<br>1<br>Ask Q9a |
|                                  | No<br>2             | No<br>2             | No<br>2             | No<br>2             | No<br>2             | No<br>2             | No<br>2             | No<br>2             |
| Q9a                              |                     |                     |                     |                     |                     |                     |                     |                     |
| Medi-Cal                         | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   |
| Healthy Families                 | 2                   | 2                   | 2                   | 2                   | 2                   | 2                   | 2                   | 2                   |
| Private<br>Specify               | 3                   | 3                   | 3                   | 3                   | 3                   | 3                   | 3                   | 3                   |
| Gov't Plan                       | 4                   | 4                   | 4                   | 4                   | 4                   | 4                   | 4                   | 4                   |
| Q10<br>Illness or<br>disability? | Yes<br>1            | Yes<br>1            | Yes<br>1            | Yes<br>1            | Yes<br>1            | Yes<br>1            | Yes<br>1            | Yes<br>1            |
|                                  | No<br>2             | No<br>2             | No<br>2             | No<br>2             | No<br>2             | No<br>2             | No<br>2             | No<br>2             |



**SELECT FOCAL CHILD**

**INTERVIEWER: SELECT THE SAME FOCAL CHILD AS YOU SELECTED FOR THE BASELINE INTERVIEW. CIRCLE THE NUMBER ON PAGE 7 ABOVE THE SELECTED FOCAL CHILD. IF FOCAL CHILD NO LONGER LIVES WITH R, GO TO Q25, PAGE 13.**

Now, I would like to ask some questions about a child I randomly selected the last time I interviewed you.

**INTERVIEWER: IF FOCAL CHILD RELATIONSHIP CODE = 99, SKIP TO Q 24a, PAGE 13.**

**INTERVIEWER: IF FOCAL CHILD IS LESS THAN 5 YEARS OLD, SKIP TO QUESTION 16, Page 10.**

- |     |   |            |                                      |
|-----|---|------------|--------------------------------------|
| 11. | Let's start with some questions about {NAME OF FOCAL CHILD}'s education. Is (he/she) currently enrolled in kindergarten or a higher grade in school? <b>IF CURRENTLY ON SCHOOL BREAK, COUNT AS ENROLLED, IF IN SCHOOL DURING LAST TERM.</b> | YES..... 1 | NO...(SKIP TO Q14, NEXT PAGE)..... 2 |
| 12. | This school year, have you gotten to speak with any of {NAME OF FOCAL CHILD}'s teachers about his/her progress or behavior in school?   | YES..... 1 | NO ..... 2                           |
| 13. | At any time in the last 6 months, that is, since {MONTH/YEAR}, has {NAME OF FOCAL CHILD}  |            |                                      |
|     |   | YES        | NO                                   |
| a.  | Been in a school program for gifted or talented students?.....  | 1          | 2                                    |
| b.  | Received special education because of a physical, emotional, behavioral, or other problem? .....  | 1          | 2                                    |
| c.  | Been on the honor roll or received other <u>academic</u> awards at school? .....  | 1          | 2                                    |
| d.  | Received any <u>other</u> awards at school, such as for sports or attendance? ..  | 1          | 2                                    |
| e.  | Received poor grades at school? .....   | 1          | 2                                    |
| f.  | Taken part in school-sponsored activities outside of regular classes, such as clubs, sports, after-school tutoring, or an "extended-day" program at school? .....   | 1          | 2                                    |

14. In the last 6 months, has **{NAME OF FOCAL CHILD}**. . .

- |    |  |          |         |
|----|--|----------|---------|
| a. | Taken part in activities <u>outside</u> of school with an <u>adult supervising</u> .<br>Some examples are: sports teams, athletics, music, or dance lessons, or activities at a recreation or community center or youth organization. .... | YES<br>1 | NO<br>2 |
| b. | Done anything to earn money, such as babysitting, washing cars, collecting cans and bottles, or doing any other kind of work for pay? .....  | 1        | 2       |

15. Raising children can be difficult these days. In the last 6 months, have there been any of the following problems with **{NAME OF FOCAL CHILD}**:

- |    |   | YES | NO |
|----|---|-----|----|
| a. | Being suspended, excluded, or expelled from school? ..... | 1   | 2  |
| b. | Getting into trouble with the police? .....               | 1   | 2  |
| c. | Having a problem with alcohol or drugs? .....             | 1   | 2  |
| d. | Doing something illegal to get money? .....               | 1   | 2  |

**INTERVIEWER: IF FOCAL CHILD IS UNDER 11 YEARS OLD, SKIP TO Q16, NEXT PAGE.**

- |    |  |   |   |
|----|--|---|---|
| e. | Dropping out of school before graduating? .....          | 1 | 2 |
| f. | Getting pregnant or getting someone else pregnant? ..... | 1 | 2 |

**INTERVIEWER: IF CHILD IS 14 YEARS OR OLDER SKIP TO Q22, Page 12.**

16. These next questions are about child care arrangements you may have made for **{NAME OF FOCAL CHILD}** in the last month. I am going to read a list of different kinds of arrangements people may make for the care of their children when the children are not with them. Please tell me if you used any of these arrangements for **{NAME OF FOCAL CHILD}** during the last month.

Was he/she cared for . . .

In the last month, how many hours was he/she cared for in this arrangement during a typical week?

- 17a. **{IF CHILD IS UNDER 6 YEARS OLD}** In a Head Start program?  
 YES ..... 1      ®      Hours per week  
 NO ....**SKIP TO Q17b**.....2      | | |
- 17b. **{IF CHILD IS UNDER 6 YEARS OLD}** In a day group care center, pre-school, a nursery school, a pre-kindergarten, or other formal program other than Head Start?  
 YES ..... 1      ®      Hours per week  
 NO ....**SKIP TO Q17c**.....2      | | |
- 17c. **{IF CHILD IS ENROLLED IN SCHOOL}** In an extended day program, that is, before- or after-school care program at his/her regular school?  
 YES ..... 1      ®      Hours per week  
 NO ....**SKIP TO Q17d**.....2      | | |
- 17d. **{IF CHILD IS ENROLLED IN SCHOOL}** By an adult relative other than your spouse/partner or the child's father?  
 YES ..... 1      ®      Hours per week  
 NO.....**SKIP TO Q17e**.....2      | | |
- 17e. **{IF CHILD IS ENROLLED IN SCHOOL}** In a family day care home or by a babysitter not related to him/her?  
 YES ..... 1      ®      Hours per week  
 NO ....**SKIP TO Q17f**.....2      | | |
- 17f. **{IF CHILD IS ENROLLED IN SCHOOL}** By an older brother, sister or other relative under age 18? ....  
 YES ..... 1      ®      Hours per week  
 NO.....2      | | |

**INTERVIEWER: HOW MANY ARRANGEMENTS ARE USED?**     
**IF NONE USED, SKIP TO Q22, Page 12.**

**IF ONLY ONE ARRANGEMENT, SKIP TO Q19.**

**IF MORE THAN ONE, CONTINUE TO Q18.**

18. Of all the child care arrangements you are currently using for **{NAME OF FOCAL CHILD}**, you've told me that he/she spends the most time being cared for (in/by) **{ARRANGEMENT W/MOST HOURS}**. Do you consider this the primary child care arrangement for **{NAME OF FOCAL CHILD}**?

YES.....**SKIP TO Q19** ..... 1  
 NO ..... 2

18a. Which arrangement do you consider his/her primary arrangement?

*(Valid range for arrangement codes are a-f from question 17.)*

19. Did you receive assistance from the county welfare office or social services agency in finding or arranging for this primary childcare arrangement?

YES..... 1  
 NO ..... 2

20. During the last 6 months, how many times has the primary childcare arrangement changed for **{NAME OF FOCAL CHILD}**? This includes different babysitters who cared for him/her or different places or programs he/she attended.

Number of times changed arrangements:

**INTERVIEWER: IF Q20 IS ZERO, SKIP TO Q22, NEXT PAGE.**

21. The last time you changed the primary child care arrangement for {NAME OF FOCAL CHILD}, what was the main reason for the change? **CIRCLE ONLY ONE.** [PROBE: What was the most important reason?] **VERBATIM:**

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- a. Beginning/ending/changes in child’s school enrollment ..... 1
- b. Beginning/ending/changes in respondent’s job or school enrollment..... 2
- c. Cost ..... 3
- d. Availability or hours of care provider ..... 4
- e. Reliability of care provider ..... 5
- f. Quality of care provided ..... 6
- g. Location or accessibility of provider..... 7
- h. Found better/less expensive/more convenient provider ..... 8
- i. Never had any regular arrangement ..... 9
- j. Child outgrew arrangement..... 10
- k. No longer eligible for assistance..... 11
- l. Arrangement no longer available ..... 12
- m. Other (specify)\_\_\_\_\_ 13

22. Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school. In the last month, has {NAME OF FOCAL CHILD} stayed by himself/herself on a regular basis even for a small amount of time?

YES..... 1  
 NO .... (SKIP TO Q25, Page 13)..... 2  
 REFUSED .. (SKIP TO Q25, Page 13).... 9

23. In the last month, how many hours did {NAME OF FOCAL CHILD} stay by himself/herself?

HOURS LAST MONTH:

24. In the last month, did {NAME OF FOCAL CHILD} usually stay by himself/herself in your home, some other home, or someplace else?

Child’s home ..... 1  
 Other home ..... 2  
 Someplace else..... 3  
 REFUSED ..... 9

**INTERVIEWER: SKIP TO Q25, NEXT PAGE.**

24a. Why is {NAME OF FOCAL CHILD} no longer living in your household?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Now, I would like to talk about child care arrangements for all of your children.

25. Thinking about all of the child care arrangements you used regularly in the last month for (your child/all of your children) while you were working, in school, in an employment program or looking for work, how much altogether did you pay for child care out of your own pocket? Please count all arrangements you may have used for all of your children but don't include money that you paid but got paid back by someone else.

Out of pocket child care expenses last month:

\$|\_|\_|\_|\_|\_| . |\_|\_|\_|\_|\_|

26. **IF DON'T KNOW OR REFUSED PROMPT:**

- Less than \$100 ..... 1
- \$100 to \$199 ..... 2
- \$200 to \$299 ..... 3
- \$300 to \$399 ..... 4
- \$400 or more ..... 5

**INTERVIEWER: IF Q25 IS ZERO, SKIP TO Q28.**

**INTERVIEWER: IF ONLY HAS 1 CHILD, SKIP TO Q28.**

27. How many of your children are cared for in the arrangements that you paid for out of your own pocket last month?

NUMBER OF CHILDREN: |\_|\_|\_|

28. During the last 6 months has anyone else paid for part or all of the cost of childcare for any of your children while you were working, in school, in an employment program or looking for work? That is, did a government agency, an employer, a relative or friend, or someone else pay for all or part of your childcare?

- YES..... 1
- NO .... (GO TO Q30, Next page)..... 2
- REFUSED (GO TO Q30, Next page) .... 9

29. Who or what agency helped pay for your childcare? **CIRCLE ALL THAT APPLY.**

**PROBE:** Anyone else?

- a. Government (Federal, State, or local government agency or welfare office)..... 1
- b. Child’s other parent (parent doesn’t live with child) .....2
- c. Employer.....3
- d. Other (SPECIFY)\_\_\_\_\_ 4

**INTERVIEWER: IF Q29 IS “a” Government, SKIP TO Q32.**

30. Are you aware of any government benefits that help parents who leave welfare or try to stay off welfare pay for childcare? YES..... 1  
 NO .... (SKIP TO Q32)..... 2

31. In the last 6 months, did you apply or try to get government benefits to help pay for childcare?

- a. Yes, applied but were denied benefits because income was too high ..... 1
- b. Yes, applied but were denied benefits for other reasons .....2
- c. Yes, applied but never received benefits .....3
- d. No, never applied or tried to get benefits.....4

32. In the last six months, did you (or your spouse) lose any time from work because you couldn’t find a child care provider or your usual provider was unavailable to care for your child/children? YES..... 1  
 NO ..... 2

33. In the last six months, did you (or your spouse) lose any time from work because your child/children was/were sick and couldn’t go to your usual provider? YES..... 1  
 NO ..... 2

### III. EDUCATION & TRAINING PROGRAMS

Now, I have some questions about education and any training you might have received. These days some adults are taking classes to improve their skills or help in getting a job. The types of classes I'm talking about are vocational training, high school or college courses, classes to prepare for the GED test, adult basic education classes, or classes to learn English. Please don't think about recreational classes like exercise or hobbies, on-the-job training, and unpaid work experience.

34. In the last 6 months, that is, since {MONTH, YEAR} have you taken any of these types of classes? YES..... 1  
NO ..... 2

35. At any time in the last 6 months, have you attended classes or gotten regular assistance that lasted for more than one week on preparing resumes and job applications, or calling employers? This activity is sometimes called "job club" or "job search." YES..... 1  
NO .... (SKIP TO Q36) ..... 2

35a. Was this assistance part of a vocational education program? YES..... 1  
NO ..... 2

36. Which, if any, of the following certificates, degrees, or diplomas do you hold. Please include any you received in a foreign country.

|    |   | YES | NO |
|----|---|-----|----|
| a. | A GED certificate? .....                      | 1   | 2  |
| b. | A regular high school diploma? .....          | 1   | 2  |
| c. | A trade license or training certificate?..... | 1   | 2  |

**IF 36a AND 36b BOTH = "NO", SKIP TO Q37**

|    |   |   |   |
|----|---|---|---|
| d. | An associate's degree from a two-year college?..... | 1 | 2 |
| e. | A degree from a four-year college?.....             | 1 | 2 |

37. And what is the highest grade or year in school that you have completed? HIGHEST GRADE .....



### IV. EMPLOYMENT

Now let's talk about jobs you may hold and other things you may do to earn money.

|   |  |   |
|---|--|---|
| 38.<br><b>QUESTIONS FLOW ACROSS.</b>  |  | 39. On average, how many hours per week do you <u>usually</u> work (at each full-time job you have/at each part-time job you have/ altogether at the paid work that you do on your own)?<br><br><b>(IF MORE THAN ONE IN A CATEGORY, RECORD HOURS FOR EACH.)</b> |
| <b>FULLTIME</b>   |  |   |
| 38a.<br>People may do a variety of things to make ends meet...<br><br>Are you currently employed for pay at a full-time job, that is, a job in which you <u>usually</u> work 30 hours a week or more?   | 38a.<br>NO YES<br>2 1<br>How many jobs?<br>[Q 40a, OPPOSITE PAGE] [Q 39a, THIS PAGE] | 39a.<br>_____<br>HOURS/WEEK<br><br>_____<br>HOURS/WEEK<br><br>_____<br>HOURS/WEEK<br><br>[Q38b, THIS PAGE]  |
| <b>PART-TIME</b>  |  |   |
| 38b.<br>Are you currently (also) employed for pay at one or more <u>part-time</u> jobs, that is, jobs in which you usually work <u>less than</u> 30 hours per week?   | 38b.<br>NO YES<br>2 1<br>How many jobs?<br>[Q 40b, OPPOSITE PAGE] [Q 39b, THIS PAGE] | 39b.<br>_____<br>HOURS/WEEK<br><br>_____<br>HOURS/WEEK<br><br>_____<br>HOURS/WEEK<br><br>[Q38c, THIS PAGE]  |
| <b>ON OWN</b>   |  |   |
| 38c.<br>These days people may also do small jobs or paid work at home or in other people's homes. Some examples are babysitting, home repairs, housecleaning, cooking and catering, sewing, doing nails or hair, picking up odd jobs, or doing other paid work on their own.<br><br>In the last month or so, have you been doing anything like this to help make ends meet? | 38c.<br>NO YES<br>2 1<br>[Q 40c, OPPOSITE PAGE] [Q 39c, THIS PAGE]                   | 39c.<br>_____<br>HOURS/WEEK<br><br>[INT. CHKPT. 1, THIS PAGE]   |

|   |                         |
|---|-------------------------|
| <b>INTERVIEWER CHECKPOINT 1</b>   |                         |
| <b>SEE Q's 38-39. IS R CURRENTLY DOING PAID WORK</b>  |                         |
| YES.....  | (GO TO BOX BELOW).....1 |
| NOT AT ALL?... (SKIP TO INTERVIEWER CHECKPOINT 2, OPPOSITE PAGE) .....  | 2                       |
| <b>INTERVIEWER: IN Q39, SELECT CURRENT "FOCAL JOB" BY CIRCLING GREATEST NUMBER OF HOURS ENTERED. IF A TIE, CIRCLE ENTRY HIGHEST ON THE LIST. THEN SKIP TO INTERVIEWER CHECKPOINT 3 (TOP OF PAGE 18)</b> |                         |

® ® ® ® ® ® ®

|  |   |   |
|--|---|---|
| <p>40. Have you <u>ever</u> worked for pay (at a full-time job/ at a part-time job/doing small jobs or working on your own)?</p> | <p>41. And how about in the last 6 months, that is, since {MONTH/YEAR}?</p>           | <p>42. On average, how many hours per week did you <u>usually</u> work at the (full-time job you had/part-time job you had/paid work you did on your own) most recently?</p> <p><b>(IF MORE THAN ONE IN A CATEGORY, RECORD HOURS FOR EACH.)</b></p> |
| <p><b>FULLTIME</b></p>   |   |   |
| <p>40a. NO 2 YES 1</p> <p>[Q38b, OPPOSITE PAGE]</p>  | <p>41a. NO 2 YES 1</p> <p>[Q38b, OPPOSITE PAGE]</p> <p>[Q42a, THIS PAGE]</p>          | <p>42a. _____ HOURS/WEEK</p> <p>_____ HOURS/WEEK [Q38b, OPPOSITE PAGE]</p> <p>_____ HOURS/WEEK</p>  |
| <p><b>PART-TIME</b></p>  |   |   |
| <p>40b. NO 2 YES 1</p> <p>[Q38c, OPPOSITE PAGE]</p>  | <p>41b. NO 2 YES 1</p> <p>[Q38c, OPPOSITE PAGE]</p> <p>[Q42b, THIS PAGE]</p>          | <p>42b. _____ HOURS/WEEK</p> <p>_____ HOURS/WEEK [Q38c, OPPOSITE PAGE]</p> <p>_____ HOURS/WEEK</p>  |
| <p><b>ON OWN</b></p>   |   |   |
| <p>40c. NO 2 YES 1</p> <p>[INT. CHKPT. 1, OPPOSITE PAGE]</p>   | <p>41c. NO 2 YES 1</p> <p>[INT. CHKPT. 1, OPPOSITE PAGE]</p> <p>[Q42c, THIS PAGE]</p> | <p>42c. _____ HOURS/WEEK</p> <p>[INT. CHKPT. 1, OPPOSITE PAGE]</p>  |

| <p><b>INTERVIEWER CHECKPOINT 2</b></p> |   |  |
|--|---|--|
| <p><b>A.</b></p>                       | <p><b>HAS R WORKED FOR PAY IN THE LAST 6 MONTHS (ANY “YES” IN Q41)?</b></p>   | <p><b>YES.....(GO TO BOX BELOW)...1</b><br/> <b>NO.....(SKIP TO Q52, PAGE 20 ).....2</b></p> |
| <p><b>B.</b></p>                       | <p><b>IN Q42, SELECT RECENT “FOCAL JOB” BY CIRCLING GREATEST NUMBER OF HOURS ENTERED. (IF A TIE, CIRCLE HIGHEST HOURS ON THE LIST.) THEN CONTINUE TO INTERVIEWER CHECKPOINT 3 (TOP OF NEXT PAGE).</b></p> |  |

| <b>INTERVIEWER CHECKPOINT 3</b>              |  |
|--|--|
| <b>SUMMARIZE “FOCAL JOB” IN A, B, AND C:</b> |  |
| <b>A.</b>                                    | <b>CURRENT, OR..... 1</b>  |
|  | <b>RECENT (LAST 6 MONTHS) ..... 2</b>  |
| <b>B.</b>                                    | <b>FULL-TIME JOB,..... 1</b>   |
|  | <b>PART-TIME JOB, OR..... 2</b>  |
|  | <b>SMALL JOBS OR “WORK ON OWN” ..... 3</b>   |
| <b>C.</b>                                    | <b>NUMBER OF HOURS/WEEK.....</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> |

Now I'd like to ask you about your work. That would be your (current/recent) (full-time job/part-time job/work on your own) at which you (work/worked) about {NUMBER OF HOURS} hours per week.

**INTERVIEWER: IF FOCAL JOB IS WORK “ON OWN” (FROM 38c OR 42c), SKIP TO Q44.**

43. (Currently/Just before you left), (does/did) this job offer you any of the following benefits? Please tell me if the benefit is/was offered to you whether you received it or not.

| (Does/did) this job offer <u>you</u> :                            | YES | NO |
|---|-----|----|
| a. Sick days with full pay? .....                                 | 1   | 2  |
| b. Paid vacation? .....   | 1   | 2  |
| c. A health plan or medical insurance for yourself?.....          | 1   | 2  |
| d. A health plan or medical insurance that covers children? ..... | 1   | 2  |

44. In what kind of business or industry (are/were) you working? For example, what do they make or do there? **(PROBE FOR COMPLETE DESCRIPTION.)** Well, how would you describe a business that makes or does the things you (do/did)? **VERBATIM**

---



---

45. What kind of work (do/did) you do, that is, what is the job or type of work called and what (are/were) your usual activities or duties? (**PROBE FOR COMPLETE DESCRIPTION. IF NEEDED: What is the name for that type of work?**) **VERBATIM**

POSITION NAME:

USUAL DUTIES:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

46. How long (have you been/were you) (in this job/doing this work on your own)?

WEEKS.....|\_|\_|

**OR**

MONTHS.....|\_|\_|

**OR**

YEARS.....|\_|\_|

47. What (is/was) your (current/most recent) base hourly wage for this work? ( before taxes and other deductions) (**IF “WORK ON OWN”:** Please deduct the cost of any supplies you (pay/paid) for yourself.) (**IF PIECEWORK OR OTHER WORK PAID BY THE JOB, PROBE FOR USUAL GROSS EARNINGS.**)

BASE HOURLY WAGE\$|\_|\_|. |\_|\_|

**OR**

AMOUNT...\$|\_|\_|\_|\_|\_|. |\_|\_|

PER UNIT TIME:

- DAY ..... 1
- WEEK ..... 2
- MONTH..... 3
- YEAR..... 4
- OTHER (SPECIFY) \_\_\_\_\_ 5

48. (Do/Did) you regularly receive any other compensation such as overtime pay, tips, bonuses, or commissions?

YES..... 1

NO...(**SKIP TO Q51, Page 20**)..... 2

49. What type of extra compensation (do/did) you receive? (Do/did) you receive:

**(CIRCLE ALL THAT APPLY.)**

OVERTIME PAY ..... 1

TIPS..... 2

BONUSES..... 3

COMMISSIONS..... 4

OTHER (SPECIFY) \_\_\_\_\_ 5

50a. How many weeks out of a typical month (do/did) you usually receive {**TYPE(S)**}? (**IF UNSURE:** Well, what would be your best guess?)

WEEKS PER MONTH.....|\_|

50b. In an average week that you (receive/received) **{TYPE(S)}**, about how much did you usually earn in **{TYPE(S)}** before taxes and other deductions? WEEKLY ADDITIONAL COMPENSATION  
 ..... \$|\_|\_|\_|\_|\_|. |\_|\_|

51. In what city (do/did) you work at this job?  
 \_\_\_\_\_  
**(IF WORK IN MULTIPLE LOCATIONS ASK FOR PLACE WHERE SPENT THE MOST HOURS.)**  
 \_\_\_\_\_

52. Have you been doing anything to find (other) work during the last four weeks? YES..... 1  
 NO ...**(SKIP TO Q55)**..... 2

53. Have you interviewed or spoken directly with any employers or temporary agencies within the last 4 weeks? YES..... 1  
 NO...**(SKIP TO Q55)**..... 2

54. How many in the last 4 weeks? # OF EMPLOYERS/AGENCIES ..|\_|\_|

55. How many, if any, other people in your household aged 18 or older are currently...**(IF NONE, ENTER ZERO.)**

a. Working at a full-time job, that is, 30 hours a week or more?.....|\_|\_|

b. Working at a part-time job? .....|\_|\_|

c. Doing odd jobs or other paid work on their own? .....|\_|\_|

56. Some people encounter various problems when they go to work full-time while others don't. How big a problem (does/would) full-time work create for you with each of the following: no problem, a small problem, a pretty big problem, or a very big problem?
- |    |   | A PRETTY<br>NO<br>PROBLEM | A SMALL<br>PROBLEM | BIG<br>PROBLEM | A VERY<br>BIG<br>PROBLEM |
|----|---|---------------------------|--------------------|----------------|--------------------------|
| a. | <b>(NO CHILDREN "SKIP TO "b")</b><br>Making sure your children are okay while you're at work? ..... | 1                         | 2                  | 3              | 4                        |
| b. | Getting to and from work?.....  | 1                         | 2                  | 3              | 4                        |
| c. | Losing any benefits you may have been receiving because you make too much money? .....              | 1                         | 2                  | 3              | 4                        |
57. Do you have access to a car you (can/could) use regularly to get to work?
- |               |   |
|---------------|---|
| YES.....      | 1 |
| NO .....      | 2 |
| NOT SURE..... | 9 |
- 57a. How do you usually get to (school/work/training)? **CHECK ALL THAT APPLY.**
- |   |   |
|---|---|
| Own vehicle .....                         | 1 |
| Travel in friend/relative's vehicle ..... | 2 |
| Ride the bus/light rail.....              | 3 |
| Walk.....                                 | 4 |
| Work at home.....                         | 5 |
| Other (SPECIFY).....                      | 9 |
- 57b. What help is the welfare department giving you for getting to and from (school/work/training)? **CHECK ALL THAT APPLY.**
- |  |   |
|--|---|
| None.....                                | 1 |
| Money for transportation each month..... | 2 |
| Bus passes.....                          | 3 |
| Help in getting car fixed.....           | 4 |
| Other (SPECIFY).....                     | 9 |
58. The government has a rule called the Earned Income Tax Credit that allows low-income workers to pay lower income taxes or receive payments from the government. Have you heard of it?
- |   |   |
|---|---|
| YES.....  | 1 |
| NO...(SKIP TO SECTION V, Page 23) .....         | 2 |
| DON'T KNOW...(SKIP TO SECTION V, Page 23) ..... | 9 |

|     |  |                 |   |
|-----|--|-----------------|---|
| 59. | In the last year, have you used the Earned<br>Income Tax Credit on a federal or state tax<br>return? | YES.....        | 1 |
|     |  | NO .....        | 2 |
|     |  | DON'T KNOW..... | 9 |

## V. MATERIAL WELL-BEING AND INCOME

Now I have a few questions about getting by these days. I'd like to ask you about some of the kinds of income people might rely on. That is, the income you and other members of your household may have received in **{PRIOR MONTH}**. Again, I want to assure you that none of your answers will be discussed with anyone. We need this information for statistical purposes only. For these questions I want you to think about all the people who live with you and who share income or expenses with you, including yourself.

In **{PRIOR MONTH}**, did you or anyone else living with you receive income from ...

|  |   |   |
|--|---|---|
| <p>60. Working at a job including all regular, temporary and small jobs and working on your/their own?</p> <p>YES..... 1</p> <p>NO...(SKIP TO Q63)..... 2</p>  | <p>61. How much did you and your household earn in total during <b>{PRIOR MONTH}</b>? <b>IF DK, SKIP TO Q61A.</b></p> <p>\$ _ _ _ _ _ .  _ _ _ _ _ </p> | <p>61a. <b>IF DK:</b> Was it closer to ...</p> <p>\$100..... 1</p> <p>\$200..... 2</p> <p>\$400..... 3</p> <p>\$600..... 4</p> <p>\$800..... 5</p> <p>\$1000..... 6</p> <p>\$1500..... 7</p> <p>\$2000..... 8</p> <p>\$2500 or more ..... 9</p> |
| <p>62. Is this amount before or after taxes and other deductions?</p> <p>Before..... 1</p> <p>After..... 2</p> <p>No taxes/deductions ..... 3</p>  |   |   |
| <p>63. Cash aid from welfare such as CalWORKs/ TANF/AFDC or general assistance, <u>not</u> counting any child support money or childcare payments received from the welfare department?</p> <p>YES..... 1</p> <p>NO...(SKIP TO Q64)..... 2</p> | <p>63a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?</p> <p>\$ _ _ _ _ _ .  _ _ _ _ _ </p>                         | <p>63b. <b>IF DK:</b> Was it closer to ...</p> <p>\$100..... 1</p> <p>\$200..... 2</p> <p>\$400..... 3</p> <p>\$600..... 4</p> <p>\$800..... 5</p> <p>\$1000..... 6</p> <p>\$1500..... 7</p> <p>\$2000..... 8</p> <p>\$2500 or more ..... 9</p> |
| <p>64. Food Stamps</p> <p>YES..... 1</p> <p>NO (SKIP TO Q65, NEXT PAGE)..... 2</p>   | <p>64a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?</p> <p>\$ _ _ _ _ _ .  _ _ _ _ _ </p>                         | <p>64b. <b>IF DK:</b> Was it closer to ...</p> <p>\$100..... 1</p> <p>\$200..... 2</p> <p>\$400..... 3</p> <p>\$600..... 4</p> <p>\$800..... 5</p> <p>\$1000..... 6</p> <p>\$1500..... 7</p> <p>\$2000..... 8</p> <p>\$2500 or more ..... 9</p> |



In **{PRIOR MONTH}**, did you or anyone else living with you receive income from ...

|   |   |   |
|---|---|---|
| <p>65. WIC vouchers, that is, Women, Infants, and Children Nutrition Program?<br/>                     YES..... 1<br/>                     NO...(SKIP TO Q66)..... 2</p>  | <p>65a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                     \$ _ _ _ _ _ .  _ _ _ _ _ </p> | <p>65b. <b>IF DK:</b> Was it closer to ...<br/>                     \$100..... 1<br/>                     \$200..... 2<br/>                     \$400..... 3<br/>                     \$600..... 4<br/>                     \$800..... 5<br/>                     \$1000..... 6<br/>                     \$1500..... 7<br/>                     \$2000..... 8<br/>                     \$2500 or more ..... 9</p> |
| <p>66. Refugee assistance?<br/>                     YES..... 1<br/>                     NO...(SKIP TO Q67)..... 2</p>   | <p>66a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                     \$ _ _ _ _ _ .  _ _ _ _ _ </p> | <p>66b. <b>IF DK:</b> Was it closer to ...<br/>                     \$100..... 1<br/>                     \$200..... 2<br/>                     \$400..... 3<br/>                     \$600..... 4<br/>                     \$800..... 5<br/>                     \$1000..... 6<br/>                     \$1500..... 7<br/>                     \$2000..... 8<br/>                     \$2500 or more ..... 9</p> |
| <p>67. SSI/SSP, that is, Supplemental Security Income for the <u>disabled</u>?<br/>                     YES..... 1<br/>                     NO...(SKIP TO Q68)..... 2</p> | <p>67a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                     \$ _ _ _ _ _ .  _ _ _ _ _ </p> | <p>67b. <b>IF DK:</b> Was it closer to ...<br/>                     \$100..... 1<br/>                     \$200..... 2<br/>                     \$400..... 3<br/>                     \$600..... 4<br/>                     \$800..... 5<br/>                     \$1000..... 6<br/>                     \$1500..... 7<br/>                     \$2000..... 8<br/>                     \$2500 or more ..... 9</p> |
| <p>68. Social Security <u>retirement</u> benefits?<br/>                     YES..... 1<br/>                     NO (SKIP TO Q69, NEXT PAGE) ..... 2</p>                   | <p>68a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                     \$ _ _ _ _ _ .  _ _ _ _ _ </p> | <p>68b. <b>IF DK:</b> Was it closer to ...<br/>                     \$100..... 1<br/>                     \$200..... 2<br/>                     \$400..... 3<br/>                     \$600..... 4<br/>                     \$800..... 5<br/>                     \$1000..... 6<br/>                     \$1500..... 7<br/>                     \$2000..... 8<br/>                     \$2500 or more ..... 9</p> |

In **{PRIOR MONTH}**, did you or anyone else living with you receive income from ...

|   |  |   |
|---|--|---|
| <p>69. Foster child payments?<br/>                     YES..... 1<br/>                     NO...(SKIP TO Q70).....2</p>   | <p>69a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                     \$ _ _ _ _ _ _ _  .  _ _ _ _ _ </p> | <p>69b. <b>IF DK:</b> Was it closer to ...<br/>                     \$100..... 1<br/>                     \$200..... 2<br/>                     \$400..... 3<br/>                     \$600..... 4<br/>                     \$800..... 5<br/>                     \$1000..... 6<br/>                     \$1500..... 7<br/>                     \$2000..... 8<br/>                     \$2500 or more ..... 9</p> |
| <p>70. Unemployment Insurance?<br/>                     YES..... 1<br/>                     NO.....(SKIP TO Q71)....2</p>   | <p>70a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                     \$ _ _ _ _ _ _ _  .  _ _ _ _ _ </p> | <p>70b. <b>IF DK:</b> Was it closer to ...<br/>                     \$100..... 1<br/>                     \$200..... 2<br/>                     \$400..... 3<br/>                     \$600..... 4<br/>                     \$800..... 5<br/>                     \$1000..... 6<br/>                     \$1500..... 7<br/>                     \$2000..... 8<br/>                     \$2500 or more ..... 9</p> |
| <p>71. Worker's Compensation?<br/>                     YES..... 1<br/>                     NO...(SKIP TO Q72).....2</p>   | <p>71a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                     \$ _ _ _ _ _ _ _  .  _ _ _ _ _ </p> | <p>71b. <b>IF DK:</b> Was it closer to ...<br/>                     \$100..... 1<br/>                     \$200..... 2<br/>                     \$400..... 3<br/>                     \$600..... 4<br/>                     \$800..... 5<br/>                     \$1000..... 6<br/>                     \$1500..... 7<br/>                     \$2000..... 8<br/>                     \$2500 or more ..... 9</p> |
| <p>72. Child support, including any child support received directly from the other parent or through the welfare or child support agency?<br/>                     YES..... 1<br/>                     NO (SKIP TO Q73, NEXT PAGE)..... 2</p> | <p>72a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                     \$ _ _ _ _ _ _ _  .  _ _ _ _ _ </p> | <p>72b. <b>IF DK:</b> Was it closer to ...<br/>                     \$100..... 1<br/>                     \$200..... 2<br/>                     \$400..... 3<br/>                     \$600..... 4<br/>                     \$800..... 5<br/>                     \$1000..... 6<br/>                     \$1500..... 7<br/>                     \$2000..... 8<br/>                     \$2500 or more ..... 9</p> |

In **{PRIOR MONTH}**, did you or anyone else living with you receive income from ...

|   |  |   |
|---|--|---|
| <p>73. Money from family or friends outside your household?<br/>                 YES..... 1<br/>                 NO...(SKIP TO Q74)..... 2</p>                        | <p>73a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                 \$ _ _ _ _ _ _ _  .  _ _ _ _ </p> | <p>73b. <b>IF DK:</b> Was it closer to ...<br/>                 \$100..... 1<br/>                 \$200..... 2<br/>                 \$400..... 3<br/>                 \$600..... 4<br/>                 \$800..... 5<br/>                 \$1000..... 6<br/>                 \$1500..... 7<br/>                 \$2000..... 8<br/>                 \$2500 or more ..... 9</p> |
| <p>74. Money from any other sources that we haven't already talked about?<br/>                 YES..... 1<br/>                 NO (SKIP TO Q75, NEXT PAGE)..... 2</p> | <p>74a. How much did you and your household receive in total during <b>{PRIOR MONTH}</b>?<br/>                 \$ _ _ _ _ _ _ _  .  _ _ _ _ </p> | <p>74b. <b>IF DK:</b> Was it closer to ...<br/>                 \$100..... 1<br/>                 \$200..... 2<br/>                 \$400..... 3<br/>                 \$600..... 4<br/>                 \$800..... 5<br/>                 \$1000..... 6<br/>                 \$1500..... 7<br/>                 \$2000..... 8<br/>                 \$2500 or more ..... 9</p> |

**INTERVIEWER: CONTINUE TO Q75, NEXT PAGE**

75. Now I'd like to ask you some questions about your current housing situation. Do you **(READ UNTIL "YES")**

|   | YES | NO |
|---|-----|----|
| a. Own your own home.....   | 1   | 2  |
| b. Rent your own home/apartment? .....                              | 1   | 2  |
| c. Live with other people and contribute part of the rent? .....    | 1   | 2  |
| d. Live with other people and not pay rent? .....                   | 1   | 2  |
| e. Live in public housing where you pay no rent? .....              | 1   | 2  |
| f. Stay at different places with relatives or friends? .....        | 1   | 2  |
| g. Stay at one or more shelters? .....                              | 1   | 2  |
| h. Live on the streets? .....                                       | 1   | 2  |
| i. Live in some other housing arrangement? (Specify) _____<br>_____ | 1   | 2  |

76. How long have you (lived here/lived there/stayed at different places/lived in a shelter/been homeless)?

WEEKS.....|\_|\_|

**OR**

MONTHS.....|\_|\_|

**OR**

YEARS.....|\_|\_|

**INTERVIEWER CHECK: IF Q75 IS "f," "g," "h," OR "i" (HOMELESS) SKIP TO Q84, NEXT PAGE**

77. How many rooms altogether are there in your home, that is in the space occupied by everyone staying in your household? Count all of the rooms, including the kitchen but don't count bathrooms or hallways.

Number of rooms.....|\_|\_|

78. How many of these rooms are bedrooms?                      Number of bedrooms .....|\_|\_|

**INTERVIEWER CHECK: IF Q75 IS "d" OR "e" (DID NOT PAY RENT) SKIP TO Q83, NEXT PAGE**

79. Altogether, (how much rent did you pay/how much was your house payment) last month?                      \$|\_|\_|\_|\_|. |\_|\_|

80. Altogether, how much did you pay in utilities such as water, gas, electricity, sewer last month? \$ 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

 . 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**INTERVIEWER: IF Q75 IS “a” (OWN HOME) SKIP TO Q83.**

81. Are you or your household paying lower rent because the federal, state, or local government is paying part of the rent, such as in Section 8 housing? YES..... 1  
NO ..... 2

82. Is this house in a public housing project, that is, owned by a local housing authority or other public agency? YES..... 1  
NO ..... 2

83. Now I am going to read some housing conditions that sometimes cause people difficulty. In the place where you live now, do you have . . .

|   | YES | NO |
|---|-----|----|
| a. A leaky roof or ceiling .....  | 1   | 2  |
| b. A toilet, hot water heater or other plumbing that <u>does not work</u> ..... | 1   | 2  |
| c. Rats, mice, roaches or other insects.....                                    | 1   | 2  |

**ASK EVEN IF R OWNS HOME OR RENTS**

84. During the last 6 months, did you or your children move in with other people, even for a little while, because you did not have a place to live? YES..... 1  
NO ..... 2

**INTERVIEWER CHECK: IF Q75 IS “g” SKIP TO Q86**

**ASK EVEN IF R OWNS HOME OR RENTS**

85. In the last six months, have you spent any nights in a homeless shelter? YES..... 1  
NO ..... 2

**INTERVIEWER CHECK: IF Q75 IS “h” SKIP TO Q87, NEXT PAGE**

**ASK EVEN IF R OWNS HOME OR RENTS**

86. In the last six months, have you spent any nights on the street, or in another place that was not designed for sleeping, such as in a public building or in a car or vehicle? YES..... 1  
NO ..... 2

The next few questions are about the food eaten in your household in the last 6 months and whether you were able to afford the food you need.

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 6 months.

- |     |  |  |
|-----|--|--|
| 87. | “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.” Was that <u>often</u> , <u>sometimes</u> , or <u>never</u> true for (you/your household) in the last 6 months? | Often true ..... 1<br>Sometimes true ..... 2<br>Never true..... 3<br>DK or REFUSED..... 9                                  |
| 88. | “(I/We) couldn’t afford to eat balanced meals.” Was that <u>often</u> , <u>sometimes</u> , or <u>never</u> true for (you/your household) in the last 6 months?   | Often true ..... 1<br>Sometimes true ..... 2<br>Never true..... 3<br>DK or REFUSED..... 9                                  |
| 89. | In the last 6 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?  | YES ..... 1<br>NO ( <b>SKIP to Q91</b> ) ..... 2<br>DK or REFUSED ( <b>SKIP to Q91</b> ) ..... 9                           |
| 90. | How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?   | Almost every month..... 1<br>Some months but not every month ..... 2<br>Only 1 or 2 months ..... 3<br>DK or REFUSED..... 9 |
| 91. | In the last 6 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?  | YES ..... 1<br>NO..... 2<br>DK or REFUSED..... 9   |
| 92. | In the last 6 months, were you ever hungry but didn’t eat because you couldn’t afford enough food?   | YES ..... 1<br>NO..... 2<br>DK or REFUSED..... 9   |

93. In the last six months, did you get food from a food pantry, food bank, church, or soup kitchen? YES..... 1  
NO ..... 2
94. In the last six months, have you received free clothes or household goods from a church or other charitable organization? YES..... 1  
NO ..... 2

## VI. PHYSICAL HEALTH AND PSYCHOSOCIAL WELL-BEING

Now I'd like to ask you a few questions about medical insurance and health.

95. Are you yourself currently covered by any sort of plan that helps pay for your medical care, such as Medicaid or private health insurance? YES..... 1  
NO ... (SKIP TO Q96a)..... 2
96. What type of medical insurance plan are you currently covered by? Is it Medi-Cal or Medicaid, Medicare, a private insurance plan, such as a plan provided by an employer or one you pay for yourself, or some other government health plan, such as CHAMPUS or military health? (CIRCLE ONLY ONE.) Medi-Cal, Medicaid ..... 1  
Medicare..... 2  
Private Insurance ..... 3  
SPECIFY \_\_\_\_\_  
Other government health plan..... 4

96a. Next, I would like to ask you about the health of you and your family members.

|   | YES | NO | Don't Know |
|---|-----|----|------------|
| a. Do you have an illness or disability that limits your ability to go to school or work? .....   | 1   | 2  | 9          |
| b. Do any members of your family have a health or developmental problem that requires frequent medical attention, frequent use of medications, or the use of special equipment such as a wheelchair?..... | 1   | 2  | 9          |

96b. How would you rate:

|  | Excellent | Very good | Good | Fair | Poor | Don't Know |
|--|-----------|-----------|------|------|------|------------|
| a. Your health?.....                             | 1         | 2         | 3    | 4    | 5    | 9          |
| b. Your (child's/children's) health? .....       | 1         | 2         | 3    | 4    | 5    | 9          |
| c. Your medical care?.....                       | 1         | 2         | 3    | 4    | 5    | 9          |
| d. Your (child's/children's) medical care? ..... | 1         | 2         | 3    | 4    | 5    | 9          |



- 96c. Where do you and your family usually go for medical care? **CHECK ALL THAT APPLY**
- Doctor’s office ..... 1
  - Clinic/public health ..... 2
  - Emergency room ..... 3
  - Other, please specify \_\_\_\_\_ 4
  - Don’t know/never needed..... 9

97. Next is a list of sentences that describe how you may have felt or behaved in the past week. After each sentence please tell me how many days since last (DAY OF WEEK) you felt this way.

How many days since last (DAY OF WEEK) did that describe you?

|  | <1 Day | 1-2 Days | 3-4 Days | 5-7 Days |
|--|--------|----------|----------|----------|
| a. You did not feel like eating; your appetite was poor..... | 1      | 2        | 3        | 4        |
| b. You felt depressed.....                                   | 1      | 2        | 3        | 4        |
| c. You felt that everything you did was an effort .....      | 1      | 2        | 3        | 4        |
| d. Your sleep was restless .....                             | 1      | 2        | 3        | 4        |
| e. You were happy .....                                      | 1      | 2        | 3        | 4        |
| f. You felt lonely .....                                     | 1      | 2        | 3        | 4        |
| g. People were unfriendly .....                              | 1      | 2        | 3        | 4        |
| h. You enjoyed life.....                                     | 1      | 2        | 3        | 4        |
| i. You felt sad.....   | 1      | 2        | 3        | 4        |
| j. You felt that people disliked you .....                   | 1      | 2        | 3        | 4        |
| k. You could not “get going” .....                           | 1      | 2        | 3        | 4        |

**INTERVIEWER:**  
**PROBES: LESS THAN ONE DAY – (RARELY OR NONE OF THE TIME)**  
**1-2 DAYS – (SOME OR A LITTLE OF THE TIME)**  
**3-4 DAYS – (OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME)**  
**5-7 DAYS – (MOST OR ALL OF THE TIME)**

Many people use alcohol or drugs in one form or another to relax or enjoy time with friends.

|      |   |                                   |
|------|---|-----------------------------------|
| 98a. | In the 6 months before this interview, about how often did you have 5 or more drinks – that is, any combination of cans of beer, glasses of wine, or hard liquor – at one time? | Everyday..... 1                   |
|      |   | Nearly every day..... 2           |
|      |   | 3 or 4 times a week..... 3        |
|      |   | Once or twice a week..... 4       |
|      | 5 drinks = 5 12 oz. cans of beer  | 2 or 3 times a month ..... 5      |
|      | 2 ½ King cans of beer   | About once a month..... 6         |
|      | 1 ¾ quarts of beer  | 6-11 times a year ..... 7         |
|      | 1 ½ 40-oz. bottles of beer  | 1-5 times a year..... 8           |
|      | ¾ of a bottle of wine   | REFUSED ..... 9                   |
|      | ¼ of a fifth of liquor  | None in the last 6 months ..... 0 |
|      | ½ of a pint of liquor   |                                   |

**98b. LEFT INTENTIONALLY BLANK**

|      |  |                                   |
|------|--|-----------------------------------|
| 98c. | In the 6 months before this interview, about how often did you use marijuana, cocaine, heroin, or any other drugs? | Everyday..... 1                   |
|      |  | Nearly every day..... 2           |
|      |  | 3 or 4 times a week..... 3        |
|      |  | Once or twice a week..... 4       |
|      |  | 2 or 3 times a month ..... 5      |
|      |  | About once a month..... 6         |
|      |  | 6-11 times a year ..... 7         |
|      |  | 1-5 times a year..... 8           |
|      |  | REFUSED ..... 9                   |
|      |  | None in the last 6 months ..... 0 |

99. I am going to read a list of problems people sometimes have. Please just tell me “yes” or “no” for each one. Remember, your answers will not be discussed with anyone.

**INTERVIEWER: IF NO DRUGS OR ALCOHOL IN PAST 6 MONTHS, SKIP a AND GO TO b.**

|   | YES | NO |
|---|-----|----|
| a. Do you find people complaining about your use of alcohol or drugs, or have you been having any problems because of it?.....                | 1   | 2  |
| b. <b>IF ANY OTHER ADULTS IN HOUSEHOLD (BOOKMARK # 1).</b><br>Does another adult in your household have a problem with alcohol or drugs?..... | 1   | 2  |
| c. Does someone else you are close to have a problem with alcohol or drugs?.....  | 1   | 2  |
| d. Do you have neighbors who are giving you or the children a pretty hard time? .....   | 1   | 2  |

99a. The next questions are about things that sometimes happen in relationships. Before we begin, I want to remind you that all your answers are confidential.

In the past 6 months, has any current or former boyfriend, husband, or partner ever...

|  | YES | NO |
|--|-----|----|
| a. Made you think that they might hurt you? .....  | 1   | 2  |
| b. Destroyed or taken your possessions or things of value to you?.....   | 1   | 2  |
| c. Hit, slapped, or kicked you? .....  | 1   | 2  |
| d. Thrown or shoved you onto the floor, against the wall, or down the stairs?.....   | 1   | 2  |
| e. Tried to keep you from seeing or talking with your friends or family? ....  | 1   | 2  |
| f. Hurt you badly enough that you went to a doctor or clinic?.....   | 1   | 2  |
| g. Used a gun, knife, or other object in a way that made you afraid? .....   | 1   | 2  |
| h. Forced you to have sex or engage in sexual activity against your will? ...  | 1   | 2  |
| i. Consistently told you that you were worthless or called you names in order to make you feel bad about yourself as a person? ..... | 1   | 2  |
| j. Tried to control your every move? .....   | 1   | 2  |
| k. Threatened to take your children or to do things that might cause your children to be taken away from you? .....                  | 1   | 2  |
| l. Harassed you at work, training, or school, or interfered with your attempt to go to work, training, or school? .....              | 1   | 2  |

100. In the past 6 months, how many times have the police had to come to your home due to a disturbance involving someone living or staying in your household: Was it...  
Never,..... 1  
Once or twice,..... 2  
Three to five times, or ..... 3  
More than five times? ..... 4
101. Have you ever been convicted of a crime?  
YES..... 1  
NO ..... 2

**VII. WELFARE EXPERIENCES**

Finally, I have a few questions about your experiences with welfare programs.

- 102. Since {**MONTH AND YEAR OF LAST INTERVIEW**}, have you applied for CalWORKs or cash aid benefits? YES..... 1  
NO (**SKIP TO Q109, PAGE 38**)..... 2

- 103. I would like to read a list of reasons people have for applying for welfare. Please think about the most recent time you applied for welfare. Tell me any reason you had for applying for welfare at the time. (**CIRCLE ALL THAT APPLY.**) **PROBE:** Were there any other reasons?  
**VERBATIM:**

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- a. You lost your job or couldn't find a job ..... 1
- b. Your spouse or partner lost his/her job ..... 2
- c. You couldn't afford to take a job because of the cost of child care ..... 3
- d. You had a job, but the pay was low ..... 4
- e. You were sick or disabled, or had a health problem..... 5
- f. Your child or other family member was sick or disabled ..... 6
- g. You had or were expecting a newborn child ..... 7
- h. You separated or divorced from a spouse or the person you were living with ..... 8
- i. Child support from your (child's/children's) absent parent stopped or was reduced..... 9
- j. You left someone who was violent or threatening to you ..... 10
- k. Your medical insurance ended or you needed medical insurance..... 11
- l. Your extended child care coverage ended or you needed child care..... 12
- m. You just learned about the program or just got around to applying ..... 13
- n. Any other reason (specify ) \_\_\_\_\_ ..... 14

- 104. What was the most important reason? Number.....     
**ENTER NUMBER OR REASON SELECTED** Reason: \_\_\_\_\_

- 105. Since {**MONTH AND YEAR OF LAST INTERVIEW**} have you received any CalWORKs benefits or cash aid? YES (**SKIP to Q109, PAGE 38**)..... 1  
NO ..... 2

106. Can you please tell me the reasons you applied but did not receive benefits at that time? **(CIRCLE ALL THAT APPLY.) PROBE:** Were there any other reasons?  
**VERBATIM**

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- a. Found a job..... 1
- b. Got married/started living with a partner..... 2
- c. Children no longer in household ..... 3
- d. County welfare office told me I was not eligible ..... 4
- e. I thought that I was not eligible ..... 5
- f. Too many hassles or requirements/required too much of my time/benefits not worth the trouble ..... 6
- g. Moved in with family ..... 7
- h. Couldn't meet participation/work requirements due to lack of childcare..... 8
- i. Couldn't meet participation/work requirements due to own or family health problems ..... 9
- j. Transportation problems getting back to welfare office..... 10
- k. Moved out of county ..... 11
- l. Didn't understand program requirements ..... 12
- m. Application process was too confusing ..... 13
- n. Other, (specify) \_\_\_\_\_ 14

107. What did you do to get by instead of going on welfare? **(CODE ALL THAT APPLY)**

- a. Cut back on necessities..... 1
- b. Cut back on extras ..... 2
- c. Delayed or stopped paying bills ..... 3
- d. Got a job..... 4
- e. Got money from friends or family ..... 5
- f. Got (more) child support from father..... 6
- g. Got benefits from another program..... 7
- h. Got help from charity..... 8
- i. Got cheaper housing, moved in with others..... 9
- j. Put child(ren) in someone else's care..... 10
- k. Went to a shelter..... 11
- l. Other (specify) \_\_\_\_\_ 12

**108. LEFT INTENTIONALLY BLANK**

109. What is the most useful thing the (Alameda/Contra Costa) Social Services Agency or the County Welfare Department has done to help you and your family towards self-sufficiency?

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110. Is there anything in particular, that might threaten your financial independence (known as self-sufficiency) and cause you to go back on aid?

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**111. LEFT INTENTIONALLY BLANK**

**INTERVIEWER: SKIP TO Q112, NEXT PAGE**

112. Is there anything else we haven't already talked about that you would like us to know about you and your experiences with AFDC, CalWORKs, the (Alameda/Contra Costa) Social Services Department or the County Welfare Office?

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**TIME ENDED:** \_\_\_\_\_



## **INTERVIEWER OBSERVATIONS**

113. How well did the respondent appear to understand the questions asked?

Very well ..... 1

Fairly well..... 2

Not very well ..... 3

Not at all well..... 4

114. How cooperative was the respondent in answering the questions?

Very cooperative ..... 1

Fairly cooperative ..... 2

Not very cooperative..... 3

Not at all cooperative ..... 4

115. Did the respondent ask or express concerns or doubts about the privacy or confidentiality of his/her answers, use of the data, or consequences of participating?

More than once..... 1

Once..... 2

Not at all..... 3

116. Please note anything else you feel is helpful or important for understanding the interview.

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