

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**

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Prepared for:  
The SPHERE INSTITUTE

1. Including yourself, how many people usually live in your household ? 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:
- IF ONLY ONE PERSON, SKIP TO SECTION II, Page 4

Now I have a few questions about any other adults who usually live in your household.

2. Besides yourself, are any of the people you just counted, 18 years of age or older? 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 SECTION II) Page 4.....2
3. Please tell me only the first names of the adults who live here, so we can refer to them as we talk. Let's begin with the oldest? **ENTER NAMES OF ALL ADULT HOUSEHOLD MEMBERS ON BOOKMARK #1. If necessary, we don't want last names on the questionnaire in order to protect your confidentiality. PROBE:** Are there any other adults who usually live here? **FINAL PROBE:** Have we listed all the adults? **PROBE:** Where do you fit in?
4. Now I would like to find out a little more about the adults who live here. What is {NAME}'s relationship to you? **RECORD ON BOOKMARK, #1, LINE 2.**

ADULT RELATIONSHIP CODES:	
00. RESPONDENT	10. DAUGHTER (INCLUDING BIOLOGICAL, STEP, ADOPTIVE AND FOSTER)
01. HUSBAND	11. SON (INCLUDING BIOLOGICAL, STEP, ADOPTIVE AND FOSTER)
02. WIFE	12. MOTHER IN-LAW
03. PARTNER	13. FATHER IN-LAW
04. MOTHER (INCLUDING STEP- AND ADOPTIVE)	14. SISTER IN-LAW
05. FATHER (INCLUDING STEP- AND ADOPTIVE)	15. BROTHER IN-LAW
06. SISTER (INCLUDING HALF, STEP, ADOPTIVE, AND FOSTER)	16. DAUGHTER IN-LAW
07. BROTHER (INCLUDING HALF, STEP, ADOPTIVE, AND FOSTER)	17. SON IN-LAW
08. GRANDMOTHER (INCLUDING BIOLOGICAL AND SOCIAL AS WELL AS GREAT)	18. DAUGHTER OF PARTNER
09. GRANDFATHER (INCLUDING BIOLOGICAL AND SOCIAL AS WELL AS GREAT)	19. SON OF PARTNER
	20. OTHER FEMALE RELATIVE
	21. OTHER MALE RELATIVE
	22. OTHER UNRELATED FEMALE
	23. OTHER UNRELATED MALE

5. How old was {NAME} on his/her last birthday? **ASK FOR EACH ADULT. RECORD ON BOOKMARK #1. LINE 3.**

## Section II. CHILDREN

Now I have a few questions about children.

6. Are there any babies or other children under 18 years of age who are living or staying in your household? YES.....1  
Only include the children for whom you are responsible. NO...(SKIP TO Q34, PAGE 12).....2
7. Please tell me the first names of the children so we can refer to them as we talk. Let's begin with the oldest. **RECORD NAMES ON BOOKMARK #2 FROM OLDEST TO YOUNGEST.**

**FINAL PROBE:** Have we listed all the children? **ADD ANY ADDITIONAL CHILDREN TO BOOKMARK #2.**

- 
8. Now please tell me how ({CHILD}/each child) is related to you. ® ®  
**(ENTER RELATIONSHIP CODE UNDER CHILD'S NUMBER ON NEXT PAGE.)**

- 
- 8a. And how old was {CHILD} on (his/her) last birthday? ® ® ®  
**(ENTER AGE UNDER CHILD'S NUMBER ON NEXT PAGE.)**

- 
9. Now, just a couple of questions about (your child's/each child's) medical insurance and health. (Are any of your children/ Is {CHILD}) currently covered by a plan that helps pay for (their/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? **IF NONE COVERED, CIRCLE NONE AND SKIP TO Q10.** ®

- 
- 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 or yourself, ® ® ® ® ®
- d. some other government health plan, such as CHAMPUS or Medicare? ® ®

- 
10. (Does your child/do any of your children) have an illness or disability that demands a lot of your attention and that makes it hard for you to work or go to school? **IF NONE, CIRCLE NONE SKIP TO Q11.**  
**IF ILLNESS/DISABILITY, ASK:** Which child? ® ® ®

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

CHILD NUMBER								
1								
2								
3								
4								
5								
6								
7								
8								
Q8 Relationship?	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□
Q8a Age?	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□
Q9  Has Insurance?  NONE	1	2	3	4	5	6	7	8

Q9a								
Medi-Cal	1	1	1	1	1	1	1	1
Healthy Families	2	2	2	2	2	2	2	2
Private	3	3	3	3	3	3	3	3
Gov't Plan Covered	4	4	4	4	4	4	4	4
Not covered	5	5	5	5	5	5	5	5
Q10 Which Child?	1	2	3	4	5	6	7	8
None								

## SELECT FOCAL CHILD

**INTERVIEWER: USE THE RANDOM NUMBER TABLE TO SELECT A FOCAL CHILD, NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT A CHILD I HAVE RANDOMLY SELECTED.**

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

- |     |                                                                                                                                                                                                                                                         |          |     |                           |   |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|---------------------------|---|
| 11. | Let's start with some questions about { <b>NAME OF FOCAL CHILD</b> }’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)..... | 2 |
| 12. | This school year, have you gotten to speak with any of { <b>NAME OF FOCAL CHILD</b> }’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 { <b>MONTH/YEAR</b> }, (has { <b>NAME OF FOCAL CHILD</b> })                                                                                                                                            |          | 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 { <b>NAME OF FOCAL CHILD</b> }. . .                                                                                                                                                                                           |          |     |                           |   |
| a.  | Taken part in activities <u>outside</u> of school with an <u>adult supervising</u> ? Some examples are ( <b>READ SLOWLY</b> ) sports teams; athletic, music, or dance lessons; or activities at a recreation or community center or youth organization. |          | YES | NO                        |   |
| 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 { <b>NAME OF FOCAL CHILD</b> }.                                                                                                  |          |     |                           |   |
| a.  | Being suspended, excluded, or expelled from school?.....                                                                                                                                                                                                |          | YES | NO                        |   |
| 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                         |   |

<b>INTERVIEWER: IF FOCAL CHILD IS UNDER 11 YEARS OLD, SKIP TO Q16.</b>
------------------------------------------------------------------------

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

<b>INTERVIEWER: IF CHILD IS 14 YEARS OR OLDER SKIP TO Q22, Page 9</b>
-----------------------------------------------------------------------

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....

- 17 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?..... Hours per Week  
 YES.....1  
 NO.....2
- |\_|\_|

- 17b In a day group care center, pre-school, a nursery school, a pre-kindergarten, or other formal program other than Head Start?..... Hours per Week  
 YES.....1  
 NO.....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?... Hours per Week  
 YES.....1  
 NO.....2
- |\_|\_|

- 17d By an adult relative other than your spouse/partner or the child's father?..... Hours per Week  
 YES.....1  
 NO.....2
- |\_|\_|

- 17e In a family day care home or by a babysitter not related to (him/her)?..... Hours per Week  
 YES.....1  
 NO.....2
- |\_|\_|

- 17f By an older brother, sister or other relative under age 18?..... Hours per Week  
 YES.....1  
 NO.....2
- |\_|\_|

<b>INTERVIEWER: HOW MANY ARRANGEMENTS ARE USED?</b>  _ _
----------------------------------------------------------

<b>IF NONE USED, SKIP TO Q 22.(Page 9)</b>
--------------------------------------------

<b>IF ONLY ONE ARRANGEMENT SKIP TO Q 19.</b>
----------------------------------------------

<b>IF MORE THAN ONE CONTINUE TO Q. 18.</b>
--------------------------------------------



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 Q 19..... 1  
 NO ..... 2

18a If NO, 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 Page 9**

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. DO NOT READ [PROBE: What was the most important reason?]**
- 
- 
- 

- |    |                                                                         |    |
|----|-------------------------------------------------------------------------|----|
| 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 { <b>NAME OF THE FOCAL CHILD</b> } stayed by (himself/herself) on a regular basis even for a small amount of time? | YES .....                           | 1 |
|     |                                                                                                                                                                                                                                                                  | NO.. ...(SKIP TO Q25) Page 10.....  | 2 |
|     |                                                                                                                                                                                                                                                                  | DK, REFUSED .....(SKIP TO Q25)..... | 9 |
- 
- |     |                                                                                                 |                   |                                                                |
|-----|-------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------|
| 23. | In the last month, how many hours did { <b>NAME OF FOCAL CHILD</b> } stay by (himself/herself)? | HOURS LAST MONTH: | <input type="text"/> <input type="text"/> <input type="text"/> |
|-----|-------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------|
- 
- |     |                                                                                                                                           |                      |   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---|
| 24. | In the last month, did { <b>NAME OF FOCAL CHILD</b> } usually stay by (himself/herself) in your home, some other home, or someplace else? | Child's home .....   | 1 |
|     |                                                                                                                                           | Other home .....     | 2 |
|     |                                                                                                                                           | Someplace else ..... | 3 |
|     |                                                                                                                                           | DK, REFUSED .....    | 9 |

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.  
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
- DK, REFUSED .....9

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

- 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

**Section III EDUCATION AND TRAINING PROGRAMS**

34. 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. In the last 6 months, that is, since {MONTH, YEAR} have you taken any vocational training, high school or college courses, classes to prepare for the GED test, adult basic education classes, or classes to learn English? EXCLUDE RECREATIONAL CLASSES LIKE EXERCISE OR HOBBIES, ON-THE-JOB TRAINING, AND UNPAID WORK EXPERIENCE.

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

35. At any time in the last 6 months, have you attended classes or gotten regular assistance that lasted for a few weeks on preparing resumes and job applications, or calling employers? This activity is sometimes called “job club” or “job search.” (IF YES TO Q34: Please do not include a job club that was part of a vocational education program.)

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

36. Which, if any, of the following certificates, degrees, diplomas do you hold: (INCLUDE EVEN IF OBTAINED IN 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
d. (IF 36a AND 36b BOTH = “NO”, SKIP TO Q 37) 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.....|\_|\_|

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**Section IV EMPLOYMENT**

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

38. <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/part-time job you have/ type of paid work that you do on your own)? <b>(IF MORE THAN ONE IN A CATEGORY, RECORD HOURS FOR EACH.)</b>	
<b>FULLTIME</b>			
38a People may do a variety of things to make ends meet... 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? #jobs _____	38a.  NO            YES 2              1  [Q 40a,      [Q 39a, OPPOSITE    THIS PAGE]        PAGE]	39a.  _____ HOURS/WEEK  _____ HOURS/WEEK  _____ HOURS/WEEK	[Q38b, THIS PAGE]
<b>PART-TIME</b>			
38b 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? #jobs _____	38b.  NO            YES 2              1  [Q 40b,      [Q 39b, OPPOSITE    THIS PAGE]        PAGE]	39b.  _____ HOURS/WEEK  _____ HOURS/WEEK  _____ HOURS/WEEK	[Q38c, THIS PAGE]
<b>ON OWN</b>			
38c 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. In the last month or so, have <u>you</u> been doing anything like this to help make ends meet? #jobs _____	38c.  NO            YES 2              1  [Q 40c,      [Q 39c, OPPOSITE    THIS PAGE]        PAGE]	39c.  _____ HOURS/WEEK  _____ HOURS/WEEK  _____ HOURS/WEEK	[INT. CHKPT. 1, THIS PAGE]

<b>INTERVIEWER CHECKPOINT 1</b>	
<b>SEE Q's 38-39. IS R CURRENTLY DOING PAID WORK...</b>	
<b>YES .....</b>	<b>1</b>
<b>NOT AT ALL?... (SKIP TO INTERVIEWER CHECKPOINT 2, OPPOSITE PAGE).....</b>	<b>2</b>

**INTERVIEWER: IN Q39, SELECT CURRENT "REFERENCE POSITION" 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 9).**

® ® ® ® ® ®

<p>40. Have you <u>ever</u> worked for pay (at a full-time job/ at a part-time job/doing odd 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/type of paid work you did on your own) most recently?  <b>(IF MORE THAN ONE IN A CATEGORY, RECORD HOURS FOR EACH.)</b></p>
<b>FULLTIME</b>		
<p>40a.</p> <p style="text-align: center;">NO                  YES 2                      1</p> <p>[Q38b, OPPOSITE PAGE]      [Q41a, THIS PAGE]</p>	<p>41a.</p> <p style="text-align: center;">NO                  YES 2                      1</p> <p>[Q38b, OPPOSITE PAGE]      [Q42a, THIS PAGE]</p>	<p>42a.</p> <p style="text-align: center;"> _ _ _  HOURS/WEEK</p> <p style="text-align: center;"> _ _ _                       [Q38b, OPPOSITE PAGE] HOURS/WEEK</p> <p style="text-align: center;"> _ _ _  HOURS/WEEK</p>
<b>PART-TIME</b>		
<p>40b</p> <p style="text-align: center;">NO                  YES 2                      1</p> <p>[Q38c, OPPOSITE PAGE]      [Q41b, THIS PAGE]</p>	<p>41b.</p> <p style="text-align: center;">NO                  YES 2                      1</p> <p>[Q38c, OPPOSITE PAGE]      [Q42b, THIS PAGE]</p>	<p>42b.</p> <p style="text-align: center;"> _ _ _  HOURS/WEEK</p> <p style="text-align: center;"> _ _ _                       [Q38c, OPPOSITE PAGE] HOURS/WEEK</p> <p style="text-align: center;"> _ _ _  HOURS/WEEK</p>
<b>ON OWN</b>		
<p>40c.</p> <p style="text-align: center;">NO                  YES 2                      1</p> <p>[INT CHKPT 1 OPPOSITE PAGE]      [Q41c, THIS PAGE]</p>	<p>41c.</p> <p style="text-align: center;">NO                  YES 2                      1</p> <p>[INT, CHKPT 1 OPPOSITE PAGE]      [Q42c, THIS PAGE]</p>	<p>42c</p> <p style="text-align: center;"> _ _ _  HOURS/WEEK</p> <p style="text-align: center;"> _ _ _                       [INT.CHKPT.1 OPPOSITE PAGE] HOURS/WEEK</p> <p style="text-align: center;"> _ _ _  HOURS/WEEK</p>

<b>INTERVIEWER CHECKPOINT 2</b>		
<b>A.</b>	<p><b>HAS R WORKED FOR PAY IN THE LAST 6 MONTHS (ANY YES IN Q41)?</b></p>	<p><b>YES..... 1</b> <b>NO.....SKIP TO Q 52, PAGE 17</b> <b>..... 2</b></p>
<b>B.</b>	<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. CURRENT, OR.....</b>	<b>1</b>
<b>RECENT (LAST 6 MONTHS) .....</b>	<b>2</b>
<b>B. FULL-TIME JOB,.....</b>	<b>1</b>
<b>PART-TIME JOB, OR.....</b>	<b>2</b>
<b>ODD JOBS OR "WORK ON OWN" .....</b>	<b>3</b>
<b>C. NUMBER OF HOURS/WEEK.....</b>	

Now I'd like to ask you about your work. That would be your (current/recent) (full-time job/part-time job/odd jobs or work on your own) at which you (work/worked) about {NUMBER OF HOURS} hours per week. **FOCAL JOB** Let's discuss the one of these at which you worked the longest.)

<b>INTERVIEWER: IF REFERENCE POSITION IS WORK "ON OWN" (FROM 38c OR 42c), SKIP TO Q44.</b>
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43.	(Currently/Just before you left), (does/did) this job provide <u>you</u> with:	YES	NO
	<b>COUNT IF BENEFIT IS OFFERED WHETHER RECEIVED OR NOT</b>		
	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)?

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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

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

YES.....1

NO...(SKIP TO Q51).....2

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

49. What type of extra compensation (do/did) you receive? (CIRCLE ALL THAT APPLY.) THAT

OVERTIME PAY.....1

TIPS.....2

BONUSES.....3

COMMISSIONS.....4

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.**)

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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?

	NO PROBLEM	A SMALL PROBLEM	A PRETTY BIG PROBLEM	A VERY BIG PROBLEM
a. <b>(NO CHILDREN "SKIP TO b")</b> Making sure your children are okay while you're at work? .....	1	2	3	4
b. Traveling 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 to get to work? YES.....1  
 NO.....2  
 NOT SURE.....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 20) ..... 2
		DON'T KNOW...(SKIP To SECTION V Page 20)..... 9
59.	In the last year, have you used the Earned Income Tax Credit on a federal or state tax return?	YES..... 1
		NO..... 2
		DON'T KNOW ..... 9

**Section 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 or your family/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.

60. In the last month, did you or anyone else in your family receive income from ...

60a. Working at a job including all regular, temporary and odd jobs

YES.....1  
 NO.....SKIP TO Q63.....2

61. How much did you and your family earn in total during **{PRIOR MONTH}**? If DK, skip to Q61a.

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

61a. **IF DK:** Was it closer to ...

\$100..... 1  
 \$200..... 2  
 \$400..... 3  
 \$600..... 4  
 \$800..... 5  
 \$1000..... 6  
 \$1500..... 7  
 \$2000..... 8  
 \$2500 or more..... 9

**62. Is this amount before or after taxes and other deductions?**

Before.....1  
 After.....2  
 No taxes/deductions.....3

63. Cash aid from welfare such as CalWORKs/TANF/AFDC or general assistance, not counting any child support money or childcare payments received from the welfare department?

YES.....1  
 NO.....SKIP TO Q64.....2

63a. How much did you and your family receive in total during **{PRIOR MONTH}**?

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

63b. **IF DK:** Was it closer to ...

\$100..... 1  
 \$200..... 2  
 \$400..... 3  
 \$600..... 4  
 \$800..... 5  
 \$1000..... 6  
 \$1500..... 7  
 \$2000..... 8  
 \$2500 or more..... 9

64. Food Stamps

YES.....1  
 NO.....SKIP TO Q65.....2

64a. How much did you and your family receive in total during **{PRIOR MONTH}**?

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

64b. **IF DK:** Was it closer to ...

\$100..... 1  
 \$200..... 2  
 \$400..... 3  
 \$600..... 4  
 \$800..... 5  
 \$1000..... 6  
 \$1500..... 7  
 \$2000..... 8  
 \$2500 or more..... 9

65. WIC, that is, Women, Infants, and Children Nutrition Program?

YES.....1  
NO .....SKIP TO Q66....2

65a. How much did you and your family receive in total during **{PRIOR MONTH}**?

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

65b. **IF DK:** Was it closer to ...

\$100.....1  
\$200.....2  
\$400.....3  
\$600.....4  
\$800.....5  
\$1000.....6  
\$1500.....7  
\$2000.....8  
\$2500 or more .....9

---

66. Refugee assistance?

YES.....1  
NO.....SKIP TO Q67....2

66a. How much did you and your family receive in total during **{PRIOR MONTH}**?

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

66b. **IF DK:** Was it closer to ...

\$100.....1  
\$200.....2  
\$400.....3  
\$600.....4  
\$800.....5  
\$1000.....6  
\$1500.....7  
\$2000.....8  
\$2500 or more .....9

---

67. SSI, that is, Supplemental Security Income for the disabled?

YES.....1  
NO.....SKIP TO Q68....2

67a. How much did you and your family receive in total during **{PRIOR MONTH}**?

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

67b. **IF DK:** Was it closer to

\$100.....1  
\$200.....2  
\$400.....3  
\$600.....4  
\$800.....5  
\$1000.....6  
\$1500.....7  
\$2000.....8  
\$2500 or more .....9

---

68. Social Security retirement benefits?

YES.....1  
NO.....SKIP TO Q69...2

68a. How much did you and your family receive in total during **{PRIOR MONTH}**?

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

68b. **IF DK:** Was it closer to

\$100.....1  
\$200.....2  
\$400.....3  
\$600.....4  
\$800.....5  
\$1000.....6  
\$1500.....7  
\$2000.....8  
\$2500 or more .....9

69. Foster child payments?  
 YES.....1  
 NO.....SKIP TO Q70.....2

69a. How much did you and your family receive in total during {PRIOR MONTH}?  
 \$|\_|\_|\_|\_|\_|. |\_|\_|\_|

69b. **IF DK:** Was it closer to ...  
 \$100.....1  
 \$200.....2  
 \$400.....3  
 \$600.....4  
 \$800.....5  
 \$1000.....6  
 \$1500.....7  
 \$2000.....8  
 \$2500 or more .....9

70. Unemployment Insurance?  
 YES.....1  
 NO.....SKIP TO Q71.....2

70a. How much did you and your family receive in total during {PRIOR MONTH}?  
 \$|\_|\_|\_|\_|\_|. |\_|\_|\_|

70b. **IF DK:** Was it closer to ...  
 \$100.....1  
 \$200.....2  
 \$400.....3  
 \$600.....4  
 \$800.....5  
 \$1000.....6  
 \$1500.....7  
 \$2000.....8  
 \$2500 or more .....9

71. Worker's Compensation?  
 YES.....1  
 NO.....SKIP TO Q72.....2

71a. How much did you and your family receive in total during {PRIOR MONTH}?  
 \$|\_|\_|\_|\_|\_|. |\_|\_|\_|

71b. **IF DK:** Was it closer to ...  
 \$100.....1  
 \$200.....2  
 \$400.....3  
 \$600.....4  
 \$800.....5  
 \$1000.....6  
 \$1500.....7  
 \$2000.....8  
 \$2500 or more .....9

72. Child support, including any child support received directly from the other parent or through the welfare or child support agency?  
 YES.....1  
 NO.....SKIP TO Q73.....2

72a. How much did you and your family receive in total during {PRIOR MONTH}?  
 \$|\_|\_|\_|\_|\_|. |\_|\_|\_|

72b. **IF DK:** Was it closer to ...  
 \$100.....1  
 \$200.....2  
 \$400.....3  
 \$600.....4  
 \$800.....5  
 \$1000.....6  
 \$1500.....7  
 \$2000.....8  
 \$2500 or more .....9



73. Money from family or friends outside your household?  
 YES ..... 1  
 NO..... SKIP TO Q74..... 2

73a. How much did you and your family receive in total during {PRIOR MONTH}?  
 \$|\_|\_|\_|\_|\_| . |\_|\_|\_|

73b. **IF DK:** Was it closer to ...  
 \$100.....1  
 \$200.....2  
 \$400.....3  
 \$600.....4  
 \$800.....5  
 \$1000.....6  
 \$1500.....7  
 \$2000.....8  
 \$2500 or more .....9

74. Money from any other sources?  
 YES ..... 1  
 NO SKIP TO Q75..... 2

74a. How much did you and your family receive in total during {PRIOR MONTH}?  
 \$|\_|\_|\_|\_|\_| . |\_|\_|\_|

74b. **IF DK:** Was it closer to ...  
 \$100.....1  
 \$200.....2  
 \$400.....3  
 \$600.....4  
 \$800.....5  
 \$1000.....6  
 \$1500.....7  
 \$2000.....8  
 \$2500 or more .....9

75. Now I'd like to ask you some questions about your housing. 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?.....	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**

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**

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 last month? \$      .

**INTERVIEWER: IF Q 75 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 does not work.....	1	2
c.	Rats, mice, roaches or other insects.....	1	2

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 Q 75 is "g" SKIP TO Q 86**

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**

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

87. The next few questions are about the food in your household. Which of these statements best describes the food eaten in your household over the last 6 months:

- Always enough food to eat.....1
- Sometimes not enough food to eat (SKIP TO Q90) .....2
- Often not enough to eat (SKIP TO Q90).....3
- DK or R (SKIP TO Q90).....4

88. Do you have enough of the kinds of food you want to eat, or do you have enough but not always the kinds of food you want to eat?

- Enough of the kinds of food you want....(SKIP TO Q 93).....1
- Enough but not always the kinds of foods you want.....2

89. Here are some reasons why people don't always have the kinds of food they want or need. For each one, please tell me if that is a reason why you don't always have the kinds of foods you want or need.

	YES	NO
a. There is not enough money for food .....	1	2
b. It's too hard to get to the store .....	1	2
c. You are on a diet .....	1	2
d. The kinds of food you want are not available .....	1	2
e. Good quality food is not available .....	1	2

<b>INTERVIEWER: SKIP TO Q 93</b>
----------------------------------

90. Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why you don't always have enough to eat.

	YES	NO
a. There is not enough money for food .....	1	2
b. It's too hard to get to the store .....	1	2
c. You are on a diet .....	1	2
d. There is no working stove or refrigerator available .....	1	2
e. You aren't able to cook because of health problems .....	1	2

91. In the last month, were there days when your household had no food, or money or food stamps to buy food? YES.....1  
NO.....2

92. In the last month, did anyone skip any meals because there wasn't enough food, or money or food stamps to buy food? YES.....1  
NO.....2

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

**Section 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? (**COUNT ONLY IF HAS COVERAGE.**)

YES.....1  
 NO .....(SKIP TO Q97).....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  
 Other government health plan.....4

97. Now I am going to read some statements that describe ways you may have felt in the last week. As I read each one, please tell me how many days in the past week you felt that way: less than one day, one or two days, three or four days, or five to seven days.

		<1 DAY	1-2 DAYS	3-4 DAYS	5-7 DAYS
a.	I felt sad.....	1	2	3	4
b.	I felt that I could not shake off the blues even with help from family or friends.....	1	2	3	4
c.	I felt lonely .....	1	2	3	4
d.	I felt depressed .....	1	2	3	4

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 drink wine, beer, or hard liquor?

- 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
- Never/None.....0 (SKIP to Q98c)

- 98b. When you drank wine, beer, or hard liquor, how many drinks would you usually have at one time? \_\_\_\_\_ drinks
- 98c. In the 6 months before this interview, about how often did you use marijuana, cocaine, heroin, or any other drugs?
- Everyday.....1  
 Nearly everyday.....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  
 Never.....0
99. Here is 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.)
- |                                                                                                                                             | 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. Are you having serious problems with a current or former (boyfriend/ girlfriend), partner, or (husband/wife)? .....                      | 1   | 2  |
| c. Has someone you are close to hit, slapped, kicked, or physically harmed you in some other way in the past 6 months? .....                | 1   | 2  |
| d. Has someone you are close to <u>threatened</u> you with physical harm in the past 6 months? .....                                        | 1   | 2  |
| e. Has someone abused you physically, emotionally, or sexually in the past 6 months? .....                                                  | 1   | 2  |
| f. <b>IF ANY OTHER ADULTS IN HOUSEHOLD (BOOKMARK # 1).</b> Does another adult in your household have a problem with alcohol or drugs? ..... | 1   | 2  |
| g. Does someone (else) you are close to have a problem with alcohol or drugs?.....                                                          | 1   | 2  |
| h. Do you have neighbors who are giving you (or the children) a pretty hard time?                                                           | 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

**Section VII. WELFARE EXPERIENCES**

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

**IF RESPONDENT IS IN APPLICANT SAMPLE, SKIP TO Q 106**

- |      |                                                                                                                                                                       |                                                                         |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 102. | When you stopped receiving CalWORKs/TANF benefits in { <b>EXIT MONTH</b> }, was it your decision to leave welfare or did the welfare department stop your cash grant? | Own decision .....1<br>Cut off by welfare dept .....2<br>(SKIP TO Q104) |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

103. Why did you decide to stop receiving cash aid? **CODE MOST IMPORTANT REASON. IF MORE THAN ONE REASON GIVEN ASK:** “What was the main reason you decided to stop receiving cash aid?” **VERBATIM**

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- |    |                                                                   |    |
|----|-------------------------------------------------------------------|----|
| A. | GOT A JOB.....                                                    | 1  |
| B. | GOT A DIFFERENT OR BETTER JOB.....                                | 2  |
| C. | WORKED MORE HOURS OR GOT A RAISE OR GOT MORE EARNINGS.....        | 3  |
| D. | MARRIED/REARRIED.....                                             | 4  |
| E. | MOVED IN WITH PARTNER WHO HELPED SUPPORT FAMILY.....              | 5  |
| F. | MOVED IN WITH FAMILY.....                                         | 6  |
| G. | MOVED TO ANOTHER COUNTY OR STATE.....                             | 7  |
| H. | WANTED TO SAVE UP SOME MONTHS ON THE TIME CLOCK.....              | 8  |
| I. | WANTED TO AVOID THE WORK OR OTHER PARTICIPATION REQUIREMENTS..... | 9  |
| J. | COULDN'T STAND THE HASSLES.....                                   | 10 |
| K. | OTHER, SPECIFY.....                                               | 11 |

**INTERVIEWER: SKIP TO Q105**

104. Why did the welfare office stop or cut off your cash aid? (**ASK OPEN-ENDED AND CODE ALL THAT APPLY AS APPROPRIATE.**) **PROBE:** Were there any other reasons you were cut off from aid by the welfare department?

**VERBATIM**

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- A. EARNINGS INCREASED AND MADE FAMILY INELIGIBLE.....1
- B. ASSETS WERE TOO HIGH.....2
- C. YOUNGEST CHILD TURNED 18.....3
- D. REACHED END OF WELFARE TIME LIMIT .....4
- E. DID NOT FOLLOW PROGRAM RULES AND WAS SANCTIONED.....5
- F. MARRIED/REARRIED/MOVED IN WITH PARTNER.....6
- G. MOVED IN WITH FAMILY .....7
- H. MOVED TO ANOTHER COUNTY OR STATE.....8
- I. NOT A U.S. CITIZEN .....9
- J. OTHER, SPECIFY .....10

105. When you stopped receiving cash aid in { **EXIT MONTH** }, did the county welfare agency or another government agency

	YES	NO
a. Help you find childcare .....	1	2
b. Help you pay for childcare .....	1	2
c. Help you find a job .....	1	2
d. Continue to provide you with health insurance .....	1	2

**SKIP TO Q107**



106. We understand that you applied for welfare in {EXIT MONTH} but had not received any payments by {FOLLOWING MONTH}. 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
- G. COULDN'T MEET PARTICIPATION/WORK REQUIREMENTS DUE TO OWN OR  
 FAMILY HEALTH PROBLEMS.....9
- I. TRANSPORTATION PROBLEMS GETTING BACK TO WELFARE OFFICE.....10
- J. MOVED OUT OF COUNTY.....11
- K. DIDN'T UNDERSTAND PROGRAM REQUIREMENTS .....12
- L. APPLICATION PROCESS WAS TOO CONFUSING.....13
- M. OTHER, SPECIFY .....14

107. Since {EXIT MONTH} , have you applied for CalWORKs or cash aid benefits? YES.....1  
 NO.....2

108. Since {EXIT MONTH} have you received any CalWORKs benefits or cash aid? YES.....1  
 NO .....2

<b>IF Q108 is YES, SKIP TO Q111</b>
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109. What is the most useful thing (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. What do you feel makes you and your family most vulnerable to losing self-sufficiency and returning to aid?

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111. .What event or series of events happened that caused you and/or your family to begin receiving cash aid since {EXIT MONTH}

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

