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MATHEMATICA
Policy Research, Inc.

**National Beneficiary
Survey Round 2
(Volume 2 of 3):
Data Cleaning and
Identification of Data
Problems**

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ERRATA

(Updated December 20, 2016)

The SF-8 mental component summary (MCS) and physical component summary (PCS) scores provided in the original National Beneficiary Survey (NBS) data files were calculated incorrectly. The original values excluded an intercept constant needed to scale the scores to general population norms. The intercept constant values are -10.11675 for the MCS, and -9.36839 for the PCS.

Because the intercept constants were not applied, the scores provided in the original data files were too high relative to what they should be on the population-based scale. Thus, if comparing NBS respondents to the general population, NBS respondents would appear healthier than they should. However, within the NBS respondent sample, the scores still appropriately represented greater or lesser mental and physical health according to the design of the SF-8.

The MCS and PCS variables included in the current data files have been corrected and are now valid for comparisons to other populations.

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ACRONYMS

ADLs:	Activities of Daily Living
CAPI:	Computer-assisted personal interviewing
CATI:	Computer-assisted telephone interviewing
ENs:	Employment Networks
IADLs:	Instrumental Activities of Daily Living
ICD-9:	International Classification of Diseases - 9th revision
IWP:	Individual Work Plan
MPR:	Mathematica Policy Research
NAICS:	North American Industry Classification System
NBS:	National Beneficiary Survey
SOC:	Standard Occupational Classification
SSA:	Social Security Administration
SSDI:	Social Security Disability Insurance (Title II of the Social Security Act)
SSI:	Supplemental Security Income (Title XVI of the Social Security Act)
SVRA:	State Vocational Rehabilitation Agency (also called VRA or VR)
TTY:	Teletypewriter
TTW:	Ticket to Work
TRS:	Telecommunications Relay Service

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I. INTRODUCTION

As part of an evaluation of the Ticket to Work and Self-Sufficiency program (TTW), Mathematica Policy Research, Inc. (MPR) conducted the second round of the National Beneficiary Survey (NBS) in 2005. The survey, sponsored by the Social Security Administration's (SSA) Office of Disability and Income Security Programs, collected data from a national sample of SSA disability beneficiaries (hereafter referred to as the Representative Beneficiary Sample) and a sample of TTW participants (hereafter referred to as the Ticket Participant Sample). MPR collected data using computer-assisted telephone interviewing (CATI) with computer-assisted personal interviewing (CAPI) follow-up for telephone nonrespondents and for those who preferred or needed an in-person interview to accommodate their disability.

A voluntary employment program for people with disabilities, TTW was authorized by the Ticket to Work and Work Incentives Improvement Act of 1999 (TTWIIA). The legislation was designed to create market-driven services to help disability beneficiaries become economically self-sufficient. Under the program itself, SSA provides beneficiaries with a "Ticket," or coupon, that they may use to obtain employment-support services, including vocational rehabilitation, from an approved provider of their choice (called Employment Networks or ENs).¹

A. NBS SAMPLE DESIGN OVERVIEW

SSA implemented the TTW program in three phases spanning three years, with each phase corresponding to about one-third of the states. The initial NBS survey design called for four national cross-sectional surveys (called rounds) of Ticket-eligible SSA disability beneficiaries—one each in 2003, 2004, 2005, and 2006—and cross-sectional surveys of Ticket participants in

¹ For more information on the Ticket to Work Program, see Thornton et al. (2004).

each of three groups of states (Phase 1, Phase 2, and Phase 3 states)—defined by the year in which the program was rolled out (Bethel and Stapleton 2002).² In addition, the design called for the first TTW participant cohort in each group of Ticket roll-out states to be followed longitudinally until 2006. This design was subsequently revised to accommodate Phase 1 data collection starting in 2004 rather than 2003. In addition, the final round was postponed to address the experiences of TTW participants under the new TTW regulations; implemented in July 2008. The fourth round will include a cross-sectional Representative Beneficiary survey as well as a survey of new Ticket Participants and is planned for 2009. Details of the sample design for round 4 are not yet determined; in a change from the original design, Ticket participants from previous rounds will not be re-interviewed at round 4. Table I.1 gives the original planned sample sizes for all rounds of data collection. Actual sample sizes and number of completes cases is provided in Table I.2.

² The Ticket to Work program, implemented in 2002, was phased in nationwide over three years. In 2002, the first year of the program, SSA distributed Tickets in the following 13 states, known as the “Phase 1” states: Arizona, Colorado, Delaware, Florida, Illinois, Iowa, Massachusetts, New York, Oklahoma, Oregon, South Carolina, Vermont, and Wisconsin. The Phase 2 roll-out ran from November 2002 through September 2003, during which time SSA distributed Tickets in the following 20 “Phase 2” states and the District of Columbia: Alaska, Arkansas, Connecticut, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, South Dakota, Tennessee, Virginia, and the District of Columbia. The Phase 3 roll-out ran from November 2003 through September 2004, during which time SSA distributed Tickets in 17 “Phase 3” states: Alabama, California, Hawaii, Idaho, Maine, Maryland, Minnesota, Nebraska, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Utah, Washington, West Virginia, and Wyoming, as well as in American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands.

TABLE I.1
NATIONAL BENEFICIARY AND TTW PARTICIPANT SAMPLE SIZES

Sample ^a	Year 1	Year 2	Year 3	Year 4	All Years ^c	
National Beneficiary Samples	7,200	4,800	2,400	1,500	15,900	
Longitudinal TTW Participant Samples	Phase 1 Cohorts (1) ^b	1,000	922	850	784	3,556
		(2)	1,000			1,000
	Phase 2 Cohorts (1)	1,000	922	850		2,772
		(2)		1,000		1,000
	Phase 3 Cohorts (1)			1,000	922	1,922
		(2)			1,000	1,000
	Total	1,000	2,922	3,772	3,556	11,250
Total Sample Size	8,200	7,722	6,172	5,056	27,150	

Source: NBS Sample Design Report (Bethel and Stapleton 2002).

^a Sample sizes refer to number of completed interviews

^b(1)=TTW participant longitudinal sample and (2)=TTW participant cross-sectional supplement

^c This column is a tabulation of the number of interviews, not the number of sample members. Longitudinal cases may be included multiple times in these counts, depending upon the number of completed interviews for the sample member in question.

TABLE I.2
ROUND 2 SAMPLE SIZES, TARGET COMPLETES, AND ACTUAL COMPLETES

Sampling Strata	Sample Size	Target Completes	Actual Completes
Representative Beneficiary Sample	6,712	4,800	4,864
Ticket Participant Sample	4,555	2,922	3,242
Phase 1 Longitudinal Participant Sample	1,466	922	1,019
Phase 1 Supplemental Participant Sample	1,739	1,000	1,230
Phase 2 Ticket Participant Sample	1,350	1,000	993
Total Sample Size	11,267	7,722	8,106

Source: NBS, round 2.

The NBS used a multi-stage sampling design (which was used for all survey rounds) with a supplemental single-stage sample for some Ticket participant populations. For the multi-stage design, data from SSA on the counts of eligible beneficiaries in each county were used to form the primary sampling units (PSUs) consisting of one or more counties. The sample of all SSA beneficiaries (the Representative Beneficiary Sample) was selected from among beneficiaries residing in these PSUs (or, in two counties with a large number of beneficiaries, secondary sampling units) using age-defined sampling strata. Separate samples of Ticket participants within each phase in the original sample design were selected from all Ticket participants in these PSUs. The Ticket Participant Sample was divided into three strata (within each phase) according to the type of payment system under which SSA paid a service provider: the traditional vocational rehabilitation payment system, the milestone-outcome payment system, and the outcome-only payment system.³ The supplemental single stage sample for some Ticket participant populations was drawn from all Ticket participants, not just those in the PSUs, with stratification based upon payment type and whether the participant was in a PSU or not. The round 2 User's Guide (Wright, et al. 2008) contains more information on the round 2 sampling design.

In round 1 (2004), two surveys were fielded: the first national survey of all beneficiaries (the Representative Beneficiary Sample) and the first cross-sectional survey of Ticket participants in the Phase 1 states (the Ticket Participant Sample). Three cross-sectional surveys were fielded in round 2 (2005):

³ ENs may choose to be paid under the traditional payment system or under one of two other payment systems developed specifically for the Ticket program: (a) an outcome-only payment system or (b) a milestone-outcome payment system. Under both new payment systems, SSA will make up to 60 monthly payments to the EN for each assigned beneficiary who is not receiving SSDI or SSI payments because of work or earnings. Under the milestone-outcome payment system, SSA pays smaller monthly payments in the event that the beneficiary leaves cash benefits but will also pay the EN for up to four milestones achieved by a beneficiary.

1. The second national survey of all beneficiaries (The Representative Beneficiary Sample),
2. The second cross-sectional survey of Ticket participants who resided in a Phase 1 state at the time of Ticket assignment (The Phase 1 Cross-Sectional Ticket Participant Sample), and
3. The first cross-sectional survey of Ticket participants who resided in a Phase 2 state at the time of Ticket assignment (The Phase 2 Cross-Sectional Ticket Participant Sample).

At round 2, we also attempted to re-interview Phase 1 Ticket Participants who were selected into the sample at round 1, whether or not they had been interviewed in round 1 (the Phase 1 Longitudinal Sample). The original sample design called for re-interviewing only those longitudinal cases that had completed the previous round. However, based on MPR's recommendation, interviews were attempted with all longitudinal cases.

B. NBS OBJECTIVES

The NBS is one of several components of an evaluation of the impact of TTW relative to the current system, the SSA Vocational Rehabilitation Reimbursement Program, which has been in place since 1981. The evaluation includes a process analysis as well as an impact and a participation analysis. Along with the NBS, the data sources include SSA administrative records and interviews with program stakeholders. The NBS collects data needed for the TTW evaluation that are not available from SSA administrative data or other sources.

The NBS has five objectives:

1. To provide critical data on the work-related activities of Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) beneficiaries, particularly as these activities relate to TTW implementation
2. To collect data on the characteristics and program experiences of beneficiaries who use their Ticket
3. To gather information about beneficiaries who do not use their Ticket and the reasons for this choice

4. To collect data that will allow us to evaluate the employment outcomes of Ticket users and other SSI and SSDI beneficiaries
5. To collect data on service use, barriers to work, and beneficiary perceptions about TTW and other SSA programs designed to help SSA beneficiaries with disabilities find and keep jobs

Round 2 NBS data will be combined with SSA administrative data to provide critical information on access to jobs and on employment outcomes for beneficiaries, including those who participate in the TTW program and those who do not. Though some sections of the NBS target beneficiary activity directly related to TTW, most of the survey captures more general information on SSA beneficiaries, including their disabilities, interest in work, use of services, and employment. As a result, SSA and external researchers who are interested in disability and employment issues can use the survey data for other policymaking and program-planning efforts.

C. ROUND 2 DATA COLLECTION OVERVIEW

Round 2 CATI data collection for both samples began in February 2005. Beginning in May 2005, MPR conducted in-person CAPI interviews with beneficiaries who did not respond to the CATI interview, as well as those who could not be located (and whose names and other information were sent to field interviewers for additional locating), or who requested an in-person interview to facilitate their participation in the survey. The survey instrument was identical in each mode. When possible, the interview was attempted with the sample person. If the sample person was unable to complete either a telephone or in-person interview, a proxy respondent was sought. Proxy interviews were attempted only when the sample member was unable to complete the survey himself or herself due to his/her disability. To promote response among Hispanic populations, the questionnaire was available in Spanish. For languages other than English or Spanish, interpreters conducted interviews. A number of additional accommodations were made available for those with hearing and/or speech impairments

including teletypewriter (TTY), Telecommunications Relay Service (TRS), amplifiers, and instant messaging technology.

As shown in Table I.2, the NBS round 2 sample comprised 6,712 cases selected for the Representative Beneficiary Sample and 4,555 cases for the Ticket Participant Sample (for a total of 11,267 cases).

The round 2 CATI and CAPI data collection was completed in September 2005. Interviews were completed with 4,864 individuals in the Representative Beneficiary Sample and with 3,242 people in the Ticket Participant Sample, for a total of 8,106 cases completed.⁴ An additional 375 beneficiaries and 63 Ticket participants were determined to be ineligible for the survey.⁵ Across both samples, 6,371 cases were completed by telephone, and 1,735 were completed by CAPI. Proxy interviews were completed for 1,793 sample members. There were 207 cases in which the sample member was unable to participate and a proxy could not be identified. The weighted response rate for the Representative Beneficiary Sample was 78.7 percent. The weighted response rate for the Ticket Participant Sample was 80.4 percent. More information about the sample selection and sampling weights can be found in Grau et al. (2008).

D. NBS DATA DOCUMENTATION REPORTS

The following reports make up the complete documentation describing the NBS, the round 2 data collection, and the data files:

⁴Because the clustered and unclustered samples of the Ticket Participant Sample were independent, it was not uncommon for individuals to be chosen for both samples. It was also possible for a sample member to be chosen for both the Representative Beneficiary Sample and the Ticket Participant Sample. Interviews for these duplicate cases were conducted only once but recorded twice (once for each sample). The counts given above include these duplicates as separate cases.

⁵Ineligible sample members include those who were deceased, incarcerated; those no longer living in the continental United States; and those whose benefit status was pending. For the Ticket Participant Sample, ineligibles also included sample members who left the program after sampling was completed (although those who were in the round 1 sample and subsequently left the program were eligible for the Phase 1 longitudinal sample).

- ***Editing, Coding, Imputation, and Weighting Report*** (Grau, et al. 2008). This report summarizes the editing, coding, imputation, and weighting procedures as well as the development of standard errors for the round 2 NBS. It includes an overview of the variable naming, coding, and construction conventions used in the data files and accompanying codebooks; describes how the initial sampling weights were computed to the final post-stratified analysis weight for both the Representative Beneficiary Sample and the Ticket Participant Sample (and describes the procedures for combining these samples); describes the procedures used to impute missing responses; and discusses procedures that should be used to estimate sampling variances for the NBS.
- ***Cleaning and Identification of Data Problems Report*** (current report). This report describes the data processing procedures performed for round 2 of the NBS. It outlines the data coding and cleaning procedures and describes the data problems identified, their origins, and the corrections implemented to create the final data file. The report describes the data issues by sections of the interview and concludes with a summary of types of problems encountered and general recommendations.
- ***User's Guide for Restricted and Public Use Data Files*** (Wright, et al. 2008). This report is designed to provide users with information about the restricted and public use data files including construction of the files; weight specification and variance estimation; masking procedures employed in the creation of the Public Use File; and a detailed overview of the questionnaire design, sampling, and NBS data collection. The report also contains information covered in the two reports mentioned above including procedures for data editing, coding of open-ended responses, and variable construction; and a description of the imputation and weighting procedures and development of standard errors for the survey.

In addition the following supplemental materials are available from MPR or SSA upon request:

- ***NBS Questionnaire***. This document contains all items on the round 2 survey and includes documentation of skip patterns, question universe specifications, text fills, interviewer directives, and consistency and range checks.
- ***NBS Restricted Access and Public Use File Codebooks***. The codebooks provide extensive documentation for each variable on the file including variable name, label, position, variable type and format, question universe, question text, number of cases eligible to receive each item, constructed variable specifications, and user notes. Frequency distributions and means are also included, as appropriate.

In the discussion that follows, we describe the data processing procedures MPR performed for round 2 of the NBS. An extensive review of the NBS data was conducted in order to identify

data problems prior to analysis. This report outlines the data coding and cleaning procedures and describes the data problems identified, their origins, and the corrections implemented to create the final data file. We begin with a brief overview of the NBS instrument. We then describe data issues by sections of the interview, and conclude with a summary of types of problems encountered and general recommendations.

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II. DESCRIPTION OF THE NBS INSTRUMENT

The NBS collects data on a wide range of topics including employment, disability, experience with SSA programs, employment services used in the past year, health and functional status, health insurance, income and other assistance, and socio-demographic information. The survey items were developed and initially pre-tested as part of a separate contract held by Westat. Revisions were made by MPR to prepare the instrument for CATI/CAPI programming, and additional minor wording changes were made after pre-testing. More information about the questionnaire can be found in the Round 2 User's Guide (Wright, et al. 2008). The survey instrument is available from MPR upon request.

To promote response among Hispanic populations, the questionnaire was translated into Spanish. In some cases, because the Spanish speaker was more familiar with a word or term in English than in Spanish, the term was provided in both languages so that interviewers could reinforce the question by using the second language as a probe, if necessary.⁶ Measurements were treated in a similar way. Thus, questions that mentioned a specific weight also mentioned the kilogram equivalent.⁷ Interpreters were used as needed to conduct interviews in languages other than Spanish.

A. SUMMARY OF MODULES

The questionnaire is divided into 13 sections, labeled A through M:

⁶ For example, on item L-5: Did {you/NAME} receive any food stamps last month? Spanish: Recibió {usted/NAME} food stamps o cupones de alimentos el mes pasado?

⁷ For example, on item Jb-10: {Do you/Does NAME} have any difficulty lifting and carrying something as heavy as 10 pounds, such as a full bag of groceries? Spanish: Tiene {usted/NAME} cualquier dificultad en levantar y cargar algo que pesa hasta unas 10 libras {4½ kilos}, tal como una bolsa llena con compras del mercado?

- Section A—Introduction and Screener
- Section B—Disability and Current Work Status
- Section C—Current Employment
- Section D—Jobs/Other Jobs During 2004
- Section E—Awareness of SSA Work Incentive Programs and Ticket to Work
- Section F—Ticket Non-Participants in 2004
- Section G—Employment-Related Services and Supports Used in 2004
- Section H—Ticket Participants in 2004
- Section I—Health and Functional Status
- Section J—Health Insurance
- Section K—Income and Other Assistance
- Section L—Sociodemographic Information
- Section M—Closing Information and Observations

Descriptions of each section are provided below.

1. Section A—Screener

This section confirms that the correct sample person has been contacted and verifies that the sample person is still eligible for the survey. In addition, the screener allowed interviewers to:

- Identify any barriers to participation and, if needed, identify a proxy respondent. The sample member was offered every opportunity to complete the interview himself or herself, and a proxy was only accepted if necessary
- Identify the need for an interpreter for a respondent who spoke a language other than English or Spanish
- Administer a cognitive assessment to ensure that the respondent would be capable of completing the survey.

Due to the complexity of the survey, a cognitive assessment was administered to respondents (both sample persons and proxy respondents) prior to the interview. Respondents were read three questions (a brief description of what it meant that the survey was confidential,

what it meant that the survey was voluntary, and an overview of the study topics) and asked to reiterate the concepts in his or her own words. If the respondent was not able to restate a concept, the question was read a second time. If the respondent could not restate a concept after being asked a second time, he or she was asked if there was someone else who could answer questions about his or her health, daily activities, and any jobs he or she might have (such as a friend, parent, caseworker, or payee). An interview was then pursued with the proxy respondent. To minimize bias in reporting, attitudinal and opinion items were skipped: proxy respondents were not asked to provide subjective assessments on behalf of the sample person; for example, regarding satisfaction with jobs or programs. The constructed variable C_Rtype indicates whether the sample person or a proxy completed most of the interview.

2. Section B—Disability and Current Work Status

This section collects information on the beneficiary's limiting physical or mental condition(s) and current employment status. If the beneficiary is not currently employed, the section explores reasons for not working. This section also includes questions designed to determine the job characteristics that are important to beneficiaries and collects information about work-related goals and expectations.

3. Section C—Current Employment

Questions in this section collect detailed information about the beneficiary's current job(s). Respondents are asked about the type of work performed, type of employer, hours worked, benefits offered, and wages earned. The section also asks about work-related accommodations—those received, as well as those needed but not received. Other questions solicit information about job satisfaction.

4. Section D—Jobs/Other Jobs During 2004

This section collects information about employment during the 2004 calendar year, including type(s) of employer(s), hours worked, wages earned, and reasons for leaving employment, if applicable. Other questions ask whether beneficiaries worked or earned less than they could have (and if so, the reasons why) and collect information about experiences related to Social Security benefit adjustments due to work.

5. Section E—Awareness of SSA Work Incentive Programs and Ticket to Work

This section includes questions designed to assess whether the beneficiary is aware of, or is participating in, specific SSA work incentive programs and services. For the TTW program, information is collected on how beneficiaries learned about the program and the names and dates they signed up with their current service providers.

6. Section F—Ticket Nonparticipants in 2004

This section is administered to beneficiaries not participating in the TTW program and collects data on reasons for nonparticipation. It asks whether the beneficiary has attempted to learn about employment opportunities (including TTW), problems the beneficiary may have had with Employment Networks or other employment agencies, and how those problems were handled or resolved.

7. Section G—Employment-Related Services and Supports Used in 2004

Questions in this section ask beneficiaries about their use of employment-related services in calendar year 2004, including the types of services received, the types of providers used, how long they received services, how the services were paid for, and reasons for and satisfaction with service utilization. Other questions ask about sources of information about services and the nature of any services that were needed but not received.

8. Section H—Ticket Participants in 2004

This section asks 2004 Ticket participants about their experiences with the program, including information related to their decision to participate in the Ticket program, the kinds of information they used to pick their current service providers, development of their individual work plan (IWP), and any problems experienced with services provided by an Employment Network. The section also includes a series of questions about how problems with Employment Networks were resolved, and overall satisfaction with the TTW program.

9. Section I—Health and Functional Status

This section includes questions about the beneficiary's health status and everyday functioning, including the need for special equipment or assistive devices. Information is solicited regarding general health status (via the SF-8^{TM8} scale), difficulties with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), a variety of functional limitations, substance abuse/dependence, and treatment for mental health conditions.

10. Section J—Health Insurance

Questions in this section collect information about the sources of health insurance coverage the beneficiary has, both at the time of interview and during calendar year 2004.

11. Section K—Income and Other Assistance

Questions in this section ask about sources of income, including income received from earnings, Social Security, workers' compensation, and other government programs and sources.

⁸ SF-8TM is a trademark of QualityMetric, Inc..

12. Section L—Sociodemographic Information

This section collects basic demographic information about the beneficiary, such as race, ethnicity, education, parental education, marital status, living arrangements, and household income.

13. Section M—Closing Information and Observations

In this section, address information is collected for the sample person, and telephone information for up to two contact people is collected for participants who may be selected for future survey rounds. The interviewer also records reasons a proxy or assistance was required, if appropriate, and documents special circumstances.

B. INSTRUMENT PATHING AND PRELOADED DATA

Sample members in the Representative Beneficiary Sample and the Ticket Participant Sample received the same version of the NBS questionnaire. Pathing to questions about participation in the TTW program was not based on sample type, but rather to answers given to items in previous sections (awareness of the program and use of Ticket). Similarly, both CATI and CAPI respondents received the same questionnaire. The NBS took, on average, 47 minutes to administer. The interview length ranged from 15 to 168 minutes excluding TTY, TRS, and instant messaging interviews.

All respondents were asked questions from sections A, B, E, G, I, J, K, L, and M. Only respondents who reported that they were currently working were asked questions from section C. Similarly, only respondents who reported working in 2004 were asked questions in section D. Section F was asked of respondents who reported that they had never tried to get a Ticket from SSA, had never tried to use a Ticket to sign up with a provider, or were not signed up with a provider in 2004. Only respondents who reported using their Ticket to sign up with a provider in

2004 were asked questions from section H. See Table II.1 for a summary description of the main questionnaire pathing.

TABLE II.1
NBS INSTRUMENT SECTIONS

Section	Title of Section	Respondents Receiving the Section
A	Screener	All respondents
B	Disability/Current Work Status	All respondents
C	Current Employment	Respondents who answer (B24 = YES) Question B24: Are you currently working at a job or business for pay or profit?
D	Jobs/Other Jobs During 2004	Respondents who answer (B30 = YES) Question B30: Did you work at a job or business for pay or profit anytime in 2004?
E	Awareness of SSA Work Incentive Programs and Ticket to Work	All respondents
F	Ticket Nonparticipants in 2004	Respondents who answer (E35 = NO, DON'T KNOW, OR REFUSED) Question E35: Did you ever try to get a Ticket from Social Security or anywhere else? OR Respondents who answer (E36 = NO, DON'T KNOW, OR REFUSED) Question E36: Have you ever used your Ticket to sign up with an Employment Network? OR Respondents who answer (E37 = NO, DON'T KNOW, OR REFUSED) Question E37: Were you signed up with any Employment Network or a State Vocational Rehabilitation Agency at any time in 2004?
G	Employment-Related Services and Supports Used in 2004	All respondents
H	Ticket Participants in 2004	Respondents who answer (E37 = YES) Question E37: Were you signed up with any Employment Network or a State Vocational Rehabilitation Agency at any time in 2004? OR Respondents who answered (round 1 E41 or round 1 E45 = YES) Question E41 and Question E45: Are you currently (in 2004) signed up with an Employment Network?
I	Health and Functional Status	All respondents
J	Health Insurance	All respondents
K	Income and Other Assistance	All respondents
L	Sociodemographic Information	All respondents
M	Closing Information and Observations	All respondents

Source: NBS, round 2.

The NBS instrument, which is programmed in Blaise, is complex and involves numerous integrated skips, within and across sections. Further complexities in questionnaire pathing are introduced by the utilization of preloaded SSA administrative data and allowances for proxy participation. Preloaded data about respondents' disability-benefits status (SSI, SSDI, or both), the phase of TTW program roll-out, age at which they first received SSI benefits, and TTW participant status, determine pathing for certain survey items. Other administrative variables are used as fills at particular items to provide respondents with local names of programs or to prompt recognition of program participation. See Table II.2 for a complete list and description of preloaded variables. Phase of TTW roll-out was not included as a preload at round 2 since the item that referenced phase at round 1 was deleted at round 2.

Finally, since proxies are necessary when the sample member's disability precludes participation, the instrument was programmed to fill in the proper pronoun or name in the question text after the interviewer indicated who the survey respondent would be (sample member or proxy). Additionally, attitudinal and opinion items were skipped for proxy respondents to minimize bias in reporting. (See Table II.3 for a complete list of items that were not asked of proxy respondents.) Proxy interviews were completed for 1,793 cases.

TABLE II.2
SURVEY PRELOADS

Variable	Definition	Purpose
Bstatus	SSA benefit type (SSI only, SSDI only, or SSI and SSDI) received by sample member.	Used to determine pathing for awareness of SSA work incentive items. Only respondents who received SSDI benefits were asked items E3-E13. Only respondents who received SSI were asked items E15-E18.
DOB	Sample member date of birth.	Reported date of birth (or age) was matched with administrative data to verify that the correct person was contacted in the screener portion of the survey.
ENsample	Name of the Employment Network (EN) to which the sample member's ticket was assigned at the time the TTW Participant Sample was drawn.	Used as a fill at E24 to prompt TTW participants who responded that they had never heard of the TTW program. This item reminds respondents that according to SSA, the sample person's ticket was assigned to this EN (as of the date the sample frame was drawn).
LocalPAA	Name of Local Protection and Advocacy Group in the sample member's state of residence (as reported at time of survey).	Used at items H52, H53, H54, and H55 to identify, by name, the Protection and Advocacy Group in the respondent's area.
SDate	Date sample frame drawn for TTW participants.	Used as fill at E24 to prompt TTW participants who responded that they had never heard of the TTW program. This item reminds respondents that according to SSA, the sample person's ticket was assigned to an EN (as of the date the sample frame was drawn).
SSIage	Age at which sample member first received SSI benefits.	Used to determine pathing at items E11 and E12. Only respondents who received SSI before the age of 22 (and who were also 25 or younger) received these items.
StateMed	State name for Medicaid. Based on state of residence reported at time of survey.	Used at item J2 to identify, by name, the Medicaid program in the respondent's state.
Tstatus	Ticket status at the time the sample frame was drawn.	Used to determine pathing at item E24. Only respondents identified by SSA as being Ticket participants, and who indicated that they had never heard of the TTW program, were asked this item.
VRname	State name for Vocational Rehabilitation Agency. Based on state of residence reported at time of survey.	Used at items B29, E28, E30, E32, F2, F6, F8, F10, F20, F29, H7, H12, H16, H18, H21, and H52 to identify, by name, the Vocational Rehabilitation Agency in the respondent's state.

Source: NBS, round 2.

TABLE II.3

ITEMS SKIPPED FOR PROXY RESPONDENTS

Survey Item	Question Text
C18	Taking all things into account, how satisfied are you with your {main/current} job? Would you say very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?
C39a-C39l	Thinking about your {main/current} job, how much do you agree with each of the following statements? Would you say you strongly agree, agree, disagree, or strongly disagree?
C39a	The pay is good.
C39b	The benefits are good.
C39c	The {job security is good/work is steady}.
C39d	You have a chance for promotion.
C39e	You have a chance to develop abilities.
C39f	You have recognition or respect from others.
C39g	You can work on your own in your job if you want to.
C39h	You can work with others in a group or team if you want to.
C39i	Your work is interesting or enjoyable.
C39j	Your work gives you a feeling of accomplishment or contribution.
C39k	Your supervisor is supportive.
C39l	Your co-workers are friendly and supportive.
H10a-H10d	Now I'm going to read you some statements about the Ticket to Work Program. For each statement, please tell me if it is something you knew before today or not. Is this something you knew before today or not:
H10a	Participation in the Ticket to Work program is voluntary and you do not have to participate to keep your disability benefits.
H10b	You can, during any month, take back your Ticket and give it to another Employment Network or participating provider.
H10c	To remain in the program, you must participate in the activities described in your individual work plan during the first few years, and work for 3 to 6 months each year during the later years of your participation.
H10d	While you are working, you can keep your Medicare and /or Medicaid benefits.
H11	Before you started participating, how much would you say you knew about the Ticket to Work Program? Would you say a lot, some, a little, or nothing?
H45	Overall, how satisfied are you with the Ticket to Work program? Would you say very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?
H58	How satisfied are you with how the problem (with the SVR/EN) was solved? Would you say very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?
H59	Overall, how satisfied are you with the helpfulness of the {State VR/EN} in trying to solve this problem? Would you say very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?

Source: NBS, round 2.

C. CHANGES MADE TO SURVEY INSTRUMENT AT ROUND 2

Some changes were made to the survey instrument at round 2 to update it for administration in 2005, including: (1) changing reference periods from 2003 to 2004, (2) revising questions that had administration problems at round 1, (3) adding pre-defined response categories to some open-ended items, and (4) making revisions to accommodate longitudinal respondents who had completed a round 1 interview. These changes are briefly described below.

1. Changes to Reference Periods

Questions that referenced calendar year 2003 during the round 1 survey were changed to 2004. Items affected included those asking about jobs held in 2003, Ticket use in 2003, services received in 2003, TTW participation in 2003, and insurance coverage in 2003. In a few cases, response categories were also edited to reflect the new data collection period.

2. Revisions to Question Wording

In the course of conducting interviewer monitoring and debriefings for the round 1 survey, we identified questions that appeared to be confusing to respondents. We worked with SSA and the analysts to make minor revisions to these items. Appendix A summarizes all of the changes in question content.

3. Changes to Response Categories

During coding of round 1 open-ended items, we identified responses that were commonly given to questions eliciting a verbatim answer. In some cases, these responses were revised or added as pre-defined response options to the survey item. These additions are summarized in Table II.4.

TABLE II.4

RESPONSE OPTIONS ADDED AT ROUND 2

Survey Item	Response Option Added
G9. Was this place a:	“Workforce Center or Employment/ Unemployment Office” was added
G13. Thinking about {NEW PROVIDER FROM G11}, was this place:	“School or College” was added
G45. In 2004, who paid for the services {you/NAME} received from {PROVIDER NAME IF USED IN 2004}?	Response category changed from “Health Insurance” to “Health Insurance / Other Insurance”
G53. The next few questions are about why {you/NAME} decided to use the employment, medical, and therapy services {you/he/she} used in 2004.	Response category changed from “To Improve Health” to “To Improve Health / Well-Being” and category “To be more Independent” was added.
G56. How did {your/NAME’s} {FILL PERSON(S) FROM G55} pressure {you/him/her} to use these services?	Response category changed from “Would Not Take ‘No’ for an Answer” to “Encouraged / Would Not Take ‘No’ for an Answer”
I32. What devices, equipment, or other types of assistance {do you/does NAME} use?	Response category changed from “Personal Care Attendant” to “Personal Care Assistant”
M14. Why was an assistant/proxy needed?	“Respondent Failed Cognitive Test” was added

4. Changes Made to Accommodate the Longitudinal Participant Sample

Revisions to questionnaire pathing and question wording were made to accommodate longitudinal cases that responded to the survey in round 1. These included revising introductory and transitional text as well as skipping items that it was not necessary to ask again. These revisions are summarized in Appendix B.

III. ROUND 2 DATA PROCESSING

A. CODING OF OPEN-ENDED AND VERBATIM RESPONSES

The NBS questionnaire includes a number of questions designed to elicit open-ended responses. To make it easier to use the data connected with these responses in an analysis, we grouped the responses and assigned them numeric codes when possible. The methodology used to code each variable depended upon the content of the variable. Three kinds of questions (described below) on the NBS did not have designated response categories; rather, the response to these questions was recorded verbatim:

1. *Open-ended questions* have no response options specified (such as E43—Why are you no longer receiving services from your employment network?). For these items, interviewers recorded the verbatim response. Using common responses, we developed categories and reviewed them with analysts. Coders then attempted to code the verbatim response into an established category. If the response did not fit into one of these categories, it was coded as “other.”
2. *“Other/Specify”* is a response option for questions that have a finite number of possible answers that may not necessarily capture *all* possible responses. A good example is: “Did you do anything else to look for work in the last four weeks that I didn’t mention?” For these questions of this type, respondents are asked to specify an answer to the question “anything else?” or “anyone else?”
3. *Field-coded Responses* are answers coded by interviewers into a pre-defined response category without reading the categories aloud to the respondent. If none of the response options seem to apply, interviewers select an “other specify” category and type in the response.

As part of data processing, we examined a portion of all verbatim responses in an attempt to uncover dominant themes for each question. Based on this initial review, we developed a list of categories and decision rules for coding verbatim responses to open-ended items. In addition, supplemental response categories were added to some field-coded or other/specify items to facilitate coding if there were enough such responses and they could not be back-coded into pre-

existing categories. Chapter IV indicates which items in each instrument section required coding and lists all additional response categories created during coding. Thus we categorized verbatim responses for quantitative analyses by coding responses that clustered together (for open-ended and “other/specify” responses) or by back-coding responses into existing response options if appropriate (for “field-coded” and “other/specify” items). Categories developed during round 1 coding were applied at round 2. Additional categories were added at round 2 for a small number of items if there were a significant number of common responses that did not fit into previously developed categories.

If during coding, it became apparent that changes to the coding scheme were necessary (for example adding additional categories or clarifying coding decisions), new decision rules were discussed and documented. Verbatim responses were sorted alphabetically by item for coders and could be filtered by coding status so that new decision rules could be easily applied to cases that had been previously coded. When it was impossible to code a response, when responses were invalid, or when they could not be coded into a given category, we assigned a two-digit supplemental code to the response (see Table III.1). The verbatim responses themselves are excluded from the data files. Chapter IV indicates which items in each instrument section required coding and lists any additional response categories created during coding.

B. DATA CLEANING

Once coded data were incorporated, a preliminary data file was created. A systematic review of the frequency counts of the individual questionnaire items was then conducted. Frequency counts were reviewed by each questionnaire path to identify possible skip pattern errors. Additionally, interviewer notes and comments were reviewed as a means to flag and correct individual cases.

TABLE III.1
SUPPLEMENTAL CODES FOR OTHER, SPECIFY CODING

Code	Label	Description
94	Invalid Response	Indicates this response should not be counted as an “other” response but should be deleted.
95	Refused	Used only if verbatim indicates respondent refused to answer the question.
96	Duplicate Response	Indicates the verbatim response has already been selected in a ‘code all that apply’ item.
98	Don’t Know	Used only if the verbatim indicates that the respondent does not know the answer.
99	Not Codeable	Indicates that a code cannot be assigned based on the verbatim response.

Source: NBS, round 2.

While data entry ranges were set in the CATI instrument to prevent the entry of improbable responses, these ranges were intentionally set to encompass a wide range of values to account for the diversity expected in this population, and so that the interview could continue in most situations. Several consistency edit checks were also included throughout the NBS instrument to flag potential problems during the course of the interview. To minimize respondent burden, however, all consistency edit checks encountered during the interview were suppressible. While the interviewer was instructed to probe such responses, the interview could continue past the item if the respondent could not resolve the problem. A data processing program was created at round 2, based on our experience cleaning the file at round 1, which identified and flagged consistency problems as well as cases outside preset upper and lower values for all items with fixed field numeric responses (such as number of weeks, number of jobs, dollar amounts, and so on). Flagged cases were reviewed and set to missing (.D) if it appeared that an error had been made. In consultation with SSA and research analysts, we took the general approach of editing only those cases where there appeared to be an obvious data entry or respondent error. As a

result, while a substantial amount of time was spent meticulously reviewing individual responses, some suspect values remain on the file.

During data processing we created several constructed variables to combine data across items. For these items, we reviewed the specifications and all data values for the constructed variables based on the composite variable responses and frequencies.

For open-ended items that were assigned numeric codes, we examined frequencies to ensure that valid values were assigned. For health condition coding, we also examined codes to verify that the same codes had not been assigned to both main and secondary conditions. Cases coded incorrectly were recoded based on the original verbatim response.

C. IDENTIFICATION OF DATA PROBLEMS

The data problems we identified in the course of checking the data file can be characterized as either measurement error or processing error. Measurement error is the difference between the observed value of a variable and the true, but unobserved, value of that variable. Sources of measurement error can include the questionnaire itself (including design, format, and content), the data collection mode, the interviewer, and the respondent. As we will discuss below, it is likely that the questionnaire, interviewer, and respondent all contributed to data problems identified in the NBS. Processing errors discussed in this report consist of incorrect specification or implementation of a complicated skip pattern or edit. In this report we discuss programming errors that resulted in incorrect skip patterns in the NBS. This report focuses on the identification of measurement errors and processing errors at the individual item level.

The identification of data problems on the NBS file occurred at several steps during the data cleaning and data preparation process. Many errors were identified through the systematic review of the frequency counts of the individual questionnaire items and the identification of cases flagged by the data processing program. Other data problems were identified during the

development of the constructed variables and the implementation of the imputation procedures. Chapter IV describes the results of the review by instrument section. Recommendations to improve the quality of future data files are also made.

The majority of data problems identified in the National Beneficiary Survey: Round 1 Identification of Data Problems Report (Wright and Barrett 2007) were corrected at round 2. No new data problems were identified. However, some issues, while improved, persisted at round 2, including errors by interviewers in identifying and de-duplicating employment-related service providers. While there was far less missing data at round 2 than at round 1, due to improvements to the interviewing screen and intensive training, some errors were still made. In addition, corrections made to fix the programming errors at item K3 did not cover all cases, thus some cases incorrectly skipped this item for part of the round 2 data collection period. A summary of these problems is presented in Table III.2. These issues are described in more detail in Chapter IV.

TABLE III.2
MAIN PROBLEMS ENCOUNTERED

Item	Description of Problem
G13-G14 (Type of provider supplying job training)	To aid in the recall of employment-related services received in 2004, respondents were first asked if they had ever received employment services, job training, medical services, or counseling to improve their ability to work or live independently. For each type of service, respondents were asked to list up to eight providers or places where the service was received (at G2, G11, G16, and G20). Provider type then was collected for each provider mentioned. To minimize respondent burden by avoiding the need to ask provider type again, interviewers could indicate that a provider already had been mentioned at G12, thus skipping the provider type follow-up questions. In some cases, however, interviewers indicated that a provider already had been mentioned, when it had not. This resulted in missing data on the provider type questions. In these cases, G13 and G14 were coded as .M (20 cases). This problem is discussed in more detail in Chapter IV, Section G.1.
G18 (Type of provider supplying medical services)	As for G13 and G14, in some cases, interviewers incorrectly indicated at G17 that a provider already had been mentioned when it had not. For this reason, provider type is missing for 42 cases at item G18. These cases are coded as .M in the data file. This problem is discussed in more detail in Chapter IV, Section G.1.

TABLE III.2 (continued)

Item	Description of Problem
G22 (Type of provider supplying mental health services)	As for G13, and G14, interviewers incorrectly indicated at G21 that a provider already had been mentioned when it had not. For this reason, G22 is missing for 34 cases. These cases are coded as .M in the data file. This problem is discussed in more detail in Chapter IV, Section G.1.
G33 and G34 (When last received services from providers)	Once a list of providers was obtained, respondents were asked when they last had received services from each provider. Follow-up questions regarding specific services received, number of visits, duration of visits, cost of services, and usefulness of services received in 2004 were asked about each provider from whom services were received in 2004. Before asking when services were received, the list of providers given at items G2, G11, G16, and G20 was compiled for the interviewer, who was asked to verify if any of the providers on the list were duplicates. The interviewer also was asked to verify with the respondent if any of the providers on the list were the same. Providers marked as duplicates were removed from the list and the provider-specific follow-up information was not obtained. There were some cases in which providers were marked as duplicates, but did not appear to be duplicates based on an examination of provider name and type. These cases were coded as .M in items G33 G34, since the follow-ups regarding when services were received were not asked of these providers. These cases are coded as .L in G36-G47_year_34. Across all providers, there are 277 instances in which this data is missing. This problem is discussed in more detail in Chapter IV, Section G.1.
K3 (Earnings last month before taxes and deductions)	To avoid asking K3 of respondents who already had indicated in Section B that they had never worked, or who had indicated in Section C that they had not worked in the month before the interview, a series of checks were programmed to skip this item for respondents not working last month. However, these checks were based on B24 (currently working) and B36 (ever worked) only. They did not take into account respondents who indicated in B30 (worked in 2004) or in B22 (worked when limited) that they had worked. These respondents should have been asked item K2A, "Did you work last month?" but instead inappropriately skipped to items K3 (how much earned last month), and K3a (how much was left after taxes and deductions). This programming error affected 2,653 cases. Cases with this problem are coded as .M (missing due to error) in item K2a. They are coded as .L (logical skip) in K3 and K4. This problem is discussed in more detail in Chapter IV, Section K.1.

Source: NBS, round 2.

IV. SECTION-BY-SECTION DESCRIPTION OF FINDINGS

A. SECTION A—SCREENER

The NBS screener was designed to identify and gain the cooperation of the respondent in addition to verifying that the sample person was still eligible for the survey. It was also used to determine if the sample member was capable of completing the interview and if the sample member required special accommodations such as TTY, TRS, or an in-person interview.

1. Date of Birth

Sample member name and date of birth from SSA records were used to verify that the correct person had been contacted. If two of the three date of birth elements provided by SSA matched the self-reported information (for example month and year matched), the interview continued. If one or fewer elements matched, the interview was terminated and the case sent to locating. If the respondent could not provide a date of birth, the age of the sample member was requested. If the age was within two years (plus or minus), the interview continued.

Of the successfully screened respondents, there were 42 cases in which the date of birth collected was different from the date of birth provided by SSA. In 42 percent of these cases (n=18), the year of birth was off by one year. In 24 percent of cases (n=10), the year was off by two to nine years. These discrepancies were not edited and remain on the file. For cases that differed by 10 or more years (14 cases), the year of birth was set to equal the year of birth from SSA records since these appeared to be the result of data entry errors. Additionally, for four cases in which age was provided in lieu of date of birth (six cases), the date of birth from SSA records was used to populate self-reported date of birth (A68, A68a, and A68b).

2. Discrepancies in Respondent Type

Three screener items were used to determine if the sample member was cognitively able to participate in the survey process. These items addressed key elements of informed consent—the study topics, the voluntary nature of participation, and confidentiality. If the sample member did not pass any of the three items (within two attempts), a proxy respondent was sought. In order for the proxy to complete the survey on the sample member’s behalf, the proxy was also required to pass the cognitive screener. Additionally, interviewers could complete the interview with a proxy if a knowledgeable informant indicated that the sample person would not be able to participate even with an accommodation, or if it became clear during the course of the interview that the sample person was not capable of responding. Interviewing the beneficiary instead of a proxy when possible was strongly favored because sample members generally provide more complete and more accurate information than proxy respondents.

At the end of Section A, the interviewer was asked to indicate whether the respondent to the survey was a sample member or a proxy. This information was used to create the constructed variable, C_Rtype (Respondent Type). At the end of an NBS interview, the interviewer recorded whether the sample member or proxy completed the majority of the survey. In most cases, these two items were congruent. However, in 113 cases they were discrepant. That is, a sample member began the interview and a proxy completed the majority of it, or vice versa. Switching respondents was anticipated. It was expected that a small number of sample members would pass the cognitive screener but would be unable to recall or report information for the vast majority of questions in the survey. Cases where there were discrepancies were reviewed to determine if an interviewer error was made in coding the respondent. In general, we considered the interviewer data collected at the time the survey was completed as the most accurate for the purposes of

creating this construct. That is, if the sample member began the interview, but the interviewer indicated that the proxy completed most of it, respondent type was recoded to proxy.

In terms of the survey questions, perception and attitudinal questions were asked only of sample members. These questions focus on overall job satisfaction and satisfaction with various work characteristics, awareness of and satisfaction with the TTW program, and satisfaction with state vocational rehabilitation services. Specific items skipped for proxies include C18, C39, H10, H11, H45, H58, and H59. In round 2, there are cases in which the sample member answered some of the sample member-only items and then a proxy stepped in and completed the rest of the survey. As described above, in this case, respondent type was recoded as proxy. To avoid confusion in following instrument pathing, we recoded the sample member-only questions for these respondents to equal logical skip.

B. SECTION B—DISABILITY AND WORK STATUS

Section B contained questions on the sample member's limiting physical or mental condition(s) and employment status. This section also included questions designed to determine what job characteristics were important to sample members and collected information about work-related goals and expectations.

1. Health Condition Coding

In Section B of the questionnaire, each respondent was asked to cite the main and secondary physical or mental conditions that limit the kind or amount of work or daily activities they can do. Main conditions could be reported at one of four items: B2 (main reason limited), B6 (main Reason eligible for benefits), B12 (main reason formally eligible for benefits if not currently eligible), and B15 (main reason limited when first started getting disability benefits). The majority of respondents (91 percent) reported a main limiting condition at B2. The main purpose

of items B6, B12, and B15 was to collect information on a health condition from people who reported no limiting conditions in B2. For example, if respondents said that they had no limiting conditions, they were asked if they were currently receiving benefits from Social Security. If they answered “yes,” they were asked for the main reason that made them eligible for benefits (B6). If respondents said that they were not currently receiving benefits, they were asked whether they had received disability benefits in the last five years. If they answered “yes,” they were asked for the condition that made them eligible for Social Security benefits (B12) or for the reason that first made them eligible if they no longer had that condition (B15)⁹. If respondents said that they had not received disability benefits in the last five years, they were screened out of the survey and coded as ineligible. Each response to B2, B6, B12, and B15 was assigned a value for the three constructs. Although respondents were asked to cite one “main” condition in B2, B6, B12, or B15, many listed more than one. These additional responses were maintained under the main condition variable and coded in the order in which they were recorded.

For each item on a main condition, respondents were also asked to list any other, or secondary, conditions. For example, respondents reporting a main condition at B2 were asked at B4 to list other conditions that limited the kind or amount of work or daily activities they could do. Respondents reporting the main reason they were eligible for disability benefits (at B6) were asked at B8 to list other conditions that made them eligible. Finally, respondents who reported that they were not currently receiving benefits and who reported a main condition at B12 (the condition that made them eligible to receive disability benefits in the last five years) were asked at B14 for other reasons that made them eligible for benefits. Those who reported that their

⁹ Only respondents who had not completed a round 1 survey and reported not currently receiving disability benefits from Social Security at B5 were asked B12 and/or B15, along with applicable follow-up items. Longitudinal respondents who completed round 1 were presumed to have received benefits within the past five years, or would have had their prior rounds interview terminated. Longitudinal cases skipped B9 thru B23.

current main condition was not the condition that made them eligible for benefits and who were asked for the main reason they were first limited were also asked if there were any other conditions that limited them when they first started receiving benefits (B17).

The respondents' verbatim responses were coded using the International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM) five-digit coding scheme. The ICD-9 is a classification of morbidity and mortality information developed in 1950 to index hospital records by disease for data storage and retrieval. The ICD-9 was available in hard copy for each of the coders. Coders, many of whom had previous medical coding experience, attended an eight-hour training session before coding and were instructed to code to the highest level of specificity possible. Responses that were not specific enough for a five-digit code were coded to four (subcategory) or three digits (category codes). More information on coding responses to the health condition items can be found in "The National Beneficiary Survey: Round 2 Editing, Coding, Imputing, and Weighting Procedures" report (Grau et al. 2008).

Following ICD-9 coding, a series of constructed variables were created to group the health conditions reported at B1 and B2 into four different classifications of broad disease groups. A set of separate constructs was also created to summarize responses provided at B6, B12, and B15 (C_REASBECELIGICD9, C_REASBECELIGDIAGGRP, C_REASBECELIGCOLDIAGGRP, and C_REASBECELIGBODYGROUP). These constructs clarify the eligibility of sample members who indicated at B1 and B2 that they did not have a disabling condition.

a. Multiple Main Conditions

Health condition coding of respondent-provided data is complex. Often respondents do not know the name of the condition, or describe it in vague terms (for example, "he is slow" or "she has trouble breathing"). Although respondents were asked to provide one "main" condition in B2, B6, B12, or B15, many listed more than one. While this problem was reduced at round 2 due

to an increased emphasis in interviewer training on collecting one main condition, 18 percent of respondents reported more than one condition at B2 (compared with 23 percent of completes at round 1). Rather than attempting to discern which listed condition was the main condition when more than one was given, conditions were coded in the order provided by the respondent and named on the file as _1, _2, and so on.

b. Duplicate Conditions

In 184 cases (approximately 2 percent), respondents mentioned a condition twice when reporting their main condition, or reported a secondary condition that had already been reported as a main condition. During the process of coding such responses, coders identified any duplicate conditions by assigning the code 96. Additionally, during data cleaning and editing, ICD-9 codes within and across main and secondary items were compared to check for duplicate codes. Duplicates identified during coding or cleaning that followed valid codes were then dropped. In the event that the only condition reported was a duplicate of the main condition, the code was dropped and the filter item (“Do you have any other physical or mental conditions that limit the kind or amount of work or other daily activities you can do?”) was recoded to “no.”

c. Uncodeable Conditions

We anticipated that not all verbatim responses would contain enough information to allow coders to assign a specific ICD-9 code. To handle these situations, we provided coders with supplemental two-digit codes that mirrored the chapter-level headings in the ICD-9 index, to allow a general code to be assigned in these instances (see Table IV.1). Between 1 and 3 percent of the verbatim responses coded at each medical condition item could not be coded to a specific ICD-9 code and were assigned a two-digit supplemental code.

TABLE IV.1
ICD-9 CATEGORY AND SUPPLEMENTAL CODES

Code	Label	Description of ICD-9 codes	Corresponding ICD-9 codes
00	Other	Other and unspecified infectious and parasitic disease; alcohol dependence syndrome and drug dependence; learning disorders and developmental speech or language disorders; complications of medical care, not elsewhere classified	136.0-136.9, 303.00-304.90, 315.00-315.39, 999.0-999.9
01	Infectious and parasitic diseases	Borne by a bacterium or parasite and viruses that can be passed from one human to another or from an animal/insect to a human including tuberculosis, HIV, other viral diseases, and venereal diseases (excluding other and unspecified infectious and parasitic diseases)	001.0-135, 137.0-139.8
02	Neoplasms	New abnormal growth of tissue, i.e., tumors and cancer, including malignant neoplasms, carcinoma in situ, and neoplasm of uncertain behavior	140.0-239.9
03	Endocrine/nutritional disorders	Thyroid disorders, diabetes, abnormal growth disorders, nutritional disorders, and other metabolic and immunity disorders	240.0-279.9
04	Blood/blood-forming	Diseases of blood cells and spleen	280.0-289.9
05	Mental disorders	Psychoses, neurotic and personality disorders, and other non-psychotic mental disorders including mental retardation (excluding alcohol and drug dependence and learning, developmental, speech, or language disorders)	290.0-302.9, 305.00-314.9, 315.4-319
06	Diseases of nervous system	Disorders of brain, spinal cord, central nervous system, peripheral nervous system, and senses including paralytic syndromes, and disorders of eye and ear	320.0-389.9
07	Diseases of circulatory system	Heart disease, disorders of circulation, and diseases of arteries, veins, and capillaries	390-459.9
08	Diseases of respiratory system	Disorders of the nasal, sinus, upper respiratory tract, and lungs including chronic obstructive pulmonary disease	460-519.9
09	Diseases of digestive system	Diseases of the oral cavity, stomach, esophagus, and duodenum	520.0-579.9
10	Diseases of genitourinary system	Diseases of the kidneys, urinary system, genital organs, and breasts	580.0-629.9
11	Complications of pregnancy, child birth, and the puerperium	Complications related to pregnancy or delivery, and complications of the puerperium	630-677
12	Diseases of skin/subcutaneous tissue	Infections of the skin, inflammatory conditions, and other skin diseases	680.0-709.9

TABLE IV.1 (continued)

Code	Label	Description of ICD-9 codes	Corresponding ICD-9 codes
13	Diseases of musculoskeletal system	Muscle, bone, and joint problems including arthropathies, dorsopathies, rheumatism, osteopathies, and acquired musculoskeletal deformities	710.0-739.9
14	Congenital anomalies	Problems arising from abnormal fetal development, including birth defects and genetic abnormalities	740.0-759.9
15	Conditions in the perinatal period	Conditions that have origin in birth period even if disorder emerges later	760.0-779.9
16	Symptoms, signs, and ill-defined conditions	Ill-defined conditions and symptoms; used when no more specific diagnosis can be made	780.01-799.9
17	Injury and poisoning	Problems that result from accidents and injuries including fractures, brain injury, and burns (excluding complications of medical care not elsewhere classified)	800.00-998.9
18	Physical problem, NEC	The condition is physical, but no more specific code can be assigned.	No ICD-9 codes
95	Refused	Verbatim indicates respondent refused to answer the question.	No ICD-9 codes
96	Duplicate condition reported	The condition has already been coded for the respondent.	No ICD-9 codes
97	No condition reported	The verbatim does not contain or symptom to condition to code.	No ICD-9 codes
98	Don't know	The respondent reports that he/she does not know the condition.	No ICD-9 codes
99	Uncodeable	A code cannot be assigned based on the verbatim response.	No ICD-9 codes

Source: NBS, round 2.

In addition, 1 to 4 percent of the verbatim responses at each item could not be coded into either an ICD-9 code or a broader two-digit supplemental code. In these cases, responses were coded as “don't know” (code 98), “refused” (code 95), “uncodeable” (code 99), or “no condition reported” (code 97). Although this happened relatively infrequently in round 2, we recommend continuing to emphasize the importance of collecting adequate disability and medical condition information from respondents in interviewer training. This involves providing interviewers with

more guidance on obtaining codeable information and using examples of uncodeable responses from round 1 and round 2 to illustrate.

2. Back-Coding Responses to “Other/Specify” Items

Item B25 asked respondents if any one of a series of items (B25_a-B25_m) was a reason they were not currently working. Additionally, respondents were asked at B26 if there were any other reasons they were not working that had not been mentioned. If the answer was yes, a verbatim response was collected at B27. Prior to coding, verbatim responses at B27 were reviewed to determine if they could be back-coded into B25_a through B25_m, or, if not, whether they could be clustered into additional categories. Table IV.2 provides the response categories added for coding. Responses were then back-coded when possible into one of the existing or newly created categories. Responses that could not be coded were retained as “other.” If all responses could be coded, B26 was recoded to “no.” If a verbatim response could not be coded into any of the B25 categories, B26 remained coded “yes.”

TABLE IV.2
RESPONSE CATEGORIES ADDED TO SECTION B DURING CODING

Item	Question Text	Categories Added
B25	Are you not working because...	n=CAN'T FIND A JOB o=LACK SKILLS
B39	Who {do you/does NAME} discuss your work goals with the most?	10=OTHER NONRELATIVE
B42	Who else {do you/does NAME} discuss {your/his/her} work goals with?	10=OTHER NONRELATIVE
B45	Who else {do you/does NAME} discuss {your/his/her} work goals with?	10=OTHER NONRELATIVE

3. Back-Coding Field-Coded Responses

Items B39, B42, and B45 asked respondents to indicate with whom they discussed their work goals. Respondents provided a verbatim response to these questions that interviewers then attempted to code into one of eight response categories during the interview. Responses that were coded as “other” by the interviewer were reviewed by coders and back-coded into existing response options when possible. The additional response option “other nonrelative” was added to each item to capture additional responses (see Table IV.2). Verbatim responses that could not be recoded into one of these 10 categories were left coded as “other.”

C. SECTION C—CURRENT EMPLOYMENT

This section collected information about the respondent’s current job(s). Respondents were asked about the type of work performed, kind of business, hours worked, benefits offered, and wages earned. The section also asked about work-related accommodations received as well as those needed but not received. Other questions gathered information about job satisfaction.

Job specific information (items C2-C13) was collected separately for each current job held. These items are represented in the data file with an `_n` indicating which job the data are in reference to (for example, `C4mth_1` indicating month started first job, `C4mth_2` indicating month started second job, and so on). Respondents were asked to report on their main job first (that is the job at which they worked the most hours) and then to subsequently report on other jobs currently held. For the purposes of the constructed variables based on data collected in this section, constructs pertaining to the “main” job are all based on responses provided in the first job slots (`_1`).

1. Occupation and Industry Coding

Respondents were asked at item C2 to describe the kind of work they did at each of their current jobs (occupation). We used the Bureau of Labor Statistic's 2000 Standard Occupational Classification (SOC) to code verbatim responses to the occupation items.¹⁰ The SOC is a system for classifying all occupations in the economy, including private, public, and military occupations in which work is performed for pay or profit. Occupations are classified on the basis of work performed, skills, education, training, and credentials. The sample member's occupation was assigned one occupation code. The first two digits of the SOC codes classify the occupation to a major group and the third digit to a minor group. For the NBS we assigned three-digit SOC codes to describe the major group the occupation belonged to and the minor groups within that classification (using the 23 major groups and 96 minor). We also assigned three-digit SOC codes to identify the major group comprising the occupation and the minor groups within that classification.

Information about the kind of business at which the sample person was employed was collected at C3 (industry). Verbatim responses to the industry items were coded according to the 2002 North American Industry Classification System (NAICS).¹¹ The NAICS is an industry classification system which groups establishments into industrial categories based on the activities in which those establishments are primarily engaged. The NAICS uses a hierarchical coding system to classify all economic activity 20 industry sectors. For the NBS, we coded NAICS industries to three digits: the first two numbers specify the industry sector, and the third number specifies the sub-sector. Both the SOC and the NAICS coding schemes are used in most

¹⁰ See *Standard Occupational Classification Manual, 2000* or <http://www.bls.gov/soc/> for more information.

¹¹ See North American Industry Classification System, 2002 or <http://www.naics.com/info.htm> for more information.

federal surveys, thus providing uniformity and comparability across data sources. Although both of these classification systems allow coding to a greater level of specificity, based on the research needs of the project, a decision was made with SSA and the analysts to limit coding to the three-digit level. More information on coding responses to the health condition items can be found in “The National Beneficiary Survey: Round 2 Editing, Coding, Imputing, and Weighting Procedures” report (Grau et al. 2008).

The verbatim responses provided at C2 and C3 do not appear on either the restricted or public use version of the file. Rather, the coded responses to C2 for each job listed are found in the constructed variables C_MainCurJobSOC, C_CurJob2SOC, and so on and the coded responses to C4 are found in C_MainCurJobNAICS, C_CurJob2NAICS, and so on.

a. Uncodeable Occupation and Industry Verbatim Responses

We anticipated that some verbatim responses would lack enough detail to allow coding at the three-digit level. We provided coders with supplemental two-digit codes to allow a general level code to be assigned in these instances (see Table IV.3).

TABLE IV.3
TWO-DIGIT SUPPLEMENTAL CODES FOR OCCUPATION AND INDUSTRY CODING

Code	Label	Description
94	Sheltered Workshop	Code used if occupation is in sheltered workshop and the occupation cannot be coded from verbatim.
95	Refused	The respondent refuses to give his/her occupation or type of business.
97	No occupation or industry reported	No valid occupation or industry is reported in the verbatim.
98	Don't know	The respondent reports that he/she does not know the occupation or industry.
99	Uncodeable	A code cannot be assigned based on the verbatim response.

In cases where a respondent did not provide a codeable occupation, but indicated either in the verbatim response or at C7 (job part of sheltered workshop) that the occupation was a sheltered workshop position, we assigned the code 94. This code was assigned only if the occupation could not be assigned an SOC code. If the position was at a sheltered workshop, but a codeable occupation was provided, the occupation was coded using the SOC classification. When respondents indicated in C7 that their current job was a sheltered workshop position, the industry was coded as 624 (social assistance), which encompasses service for people with disabilities. If the occupation was uncodeable and there was no indication that the position was a sheltered workshop position, the code 99 (uncodeable) was assigned to occupation. In all, between 1 and 3 percent of the current occupation verbatim responses and approximately 1 percent of all industry verbatim responses for each job were uncodeable.

2. Hours Worked

At item C8, respondents were asked to provide the number of hours per week usually worked at their current job. A soft edit check was incorporated into the Blaise instrument to prompt interviewers to verify that this response was correct for any response over 60 hours per week. All responses over 60 hours a week (eight cases for job 1, for example) and under five hours a week (80 cases for job 1) were examined during data cleaning. After a review of other job-related information, including occupation and industry verbatim responses, wage rates, self-employment, and sheltered workshop indicators, we concluded that no recodes were warranted. In general, if the respondent was working in a sheltered employment setting, we determined that low values for hours worked were not unreasonable and should be retained. Similarly if the respondent occupation was consistent with a high number of hours worked per week (for example, truck driver), the values were retained. While some other values were suspect, in

general, our approach was to only recode cases that appeared to be obvious data entry or respondent errors.

3. Weeks per Year

At item C9, respondents were asked how many weeks per year they usually worked at their current job. Responses of fewer than 20 weeks were examined during data cleaning (95 cases). Other job-related information was reviewed in an attempt to determine whether the values were reasonable. In general if the occupation verbatim and other job-related information was consistent with the possibility of minimal weeks worked per year, the original values were retained. In some cases, it appeared that respondents had interpreted the question to be asking how many weeks they had worked if they had just started their job (despite the inclusion of the probe “If you have worked less than a year, please answer for the number of weeks you expect to work.”). Since it was not possible based on other information to determine whether these values were errors, they were retained on the data file.

4. Pay

Respondents were asked to report their pretax earnings for each current job at C11 (if reported as an hourly wage) or C12amt (if reported in another unit, such as daily, weekly, monthly, or annually) and their take-home pay at C13amt. Three constructed variables were created, one designed to combine pretax responses into an hourly wage (C_MainCurJobHrPay, C_CurJob2HrPay, and so on) and one into a monthly wage (C_MainCurJobMnthPay, C_CurJob2MnthPay, and so on) regardless of where the initial reporting occurred. A construct was also created for monthly take-home pay (C_MainCurJobPayTH, C_CurJob2MnthPayTH, and so on). In addition, a total monthly pay variable was created to sum across all jobs (C_TotCurMnthPay). Because the earning constructs were subject to imputation, there was concern that outliers might become imputation donors and exacerbate the outlier problem. This

concern prompted a detailed review of high and low values for both the source variables and constructs. Cases with very high and very low values were excluded from the donor pool for imputation.

A soft edit check was included in the Blaise instrument to prompt interviewers to verify any response over \$25 an hour at C11. This check could be suppressed, however, which resulted in 10 cases reporting hourly rates over \$25 an hour. Since other job-related information, including the verbatim occupation response, indicated that these could be valid entries, all were retained on the file. Hourly wage values of \$3 and below were also examined. In these cases, since the respondents were working in a sheltered employment setting or the verbatim job descriptions indicated that the low values for hourly wages were not unreasonable, these values were retained.

Soft edit checks were also built into the instrument to flag high entries for each of the various reporting units at C12amt and C13amt. Values that were suppressed or that were at the high and low end of the range were examined. In most cases, the verbatim occupation and industry descriptions indicated that the values could be valid, thus they were retained on the file. Generally, if the respondents were working in a sheltered employment setting or the verbatim job descriptions indicated that the low values for wages were not unreasonable, these values were retained. In six cases, where it seemed clear that an interviewer or respondent error had been made, C12amt and C13amt was set to missing (.D) to be imputed later.

During post-processing, take-home and pretax values were also compared; 77 had a difference of 30 percent or more and were flagged for verification. However, only those with the most extreme differentials whose other job-related information did not support the difference, were recoded or set to missing (.D). In round 3, a soft edit check will be added to the instrument to prompt interviewers to validate responses with a large discrepancy between pretax and take-home pay.

While many questionable values remain on the file, two flag variables were created and are included on the file to identify cases reporting total monthly pay over \$10,000 and cases reporting pay less than \$20 monthly or \$1.50 hourly. Users of the data file may choose to eliminate these cases from analyses.

5. Back-Coding Responses to “Other/Specify” Items

Items C33a_e asked whether a series of accommodations were made by the sample member’s employer. If the respondent indicated that other accommodations were made (C33_f=1), a verbatim response was collected. These responses were reviewed and back-coded into C33_a-e when possible.

Respondents were also asked whether changes were needed but not made to the sample member’s workplace (C34). If yes, a verbatim response was collected to get specific information about what changes were needed at C35. The verbatim responses were reviewed prior to coding, and five categories were created to summarize them (see Table IV.4). Responses that could not be coded into one of these five categories were retained as “other.”

6. Back-Coding Field-Coded Responses

Item C23 (what kind of special equipment was used at work), C24 (who paid for equipment used at work), and C28 (what kind of personal assistance services is used at work) were all open-ended items that interviewers attempted to code into one of several predefined response categories during the interview. Responses that were coded as “other” by the interviewer were reviewed by coders and back-coded into existing response options when possible. For item C23, additional response options were added to capture additional “other” responses (see Table IV.4). Verbatim responses that could not be recoded into one of these 10 categories were left coded as “other.”

TABLE IV.4

RESPONSE CATEGORIES ADDED TO SECTION C ITEMS DURING CODING

Item	Question Text	Categories Added
C23	What kind of special equipment {do you/does NAME} use?	7=HEARING AIDS 8=GLASSES 9=SPECIAL CHAIR / BACK SUPPORT 10=SPECIAL SHOES / SUPPORT STOCKINGS
C35	Are there any changes in {your/NAME's} {main/current} job or workplace related to {your/his/her} mental or physical condition that {you need/(he/she needs)}, but that have not been made? (IF YES) What are those changes?	a=NEED SPECIAL EQUIPMENT b=NEED CHANGES IN SCHEDULE c=NEED CHANGES TO THE TASKS d=NEED CHANGES TO ENVIRONMENT e=NEED CO-WORKERS TO ASSIST f=NEED OTHER CHANGES

D. SECTION D—JOB/OTHER JOBS DURING 2004

This section collected information about employment during the 2004 calendar year, including type(s) of employer(s), hours worked, wages earned, and reasons for leaving employment, if applicable. Other questions asked if respondents worked or earned less than they could have (and if so, the reasons why), and collected information about experiences related to Social Security benefit adjustments due to work.

As in section C, job specific information (items D2-D23) was collected for each job held in 2004. Data for each job are represented on the data file with an `_n` indicating which job the data are in reference to (for example, `D6mth_1` indicating month started first job, `D6mth_2` indicating month started second job, and so on). Respondents were asked to report first on their main job, that is, the job at which they worked the most hours, and then to subsequently report on other jobs held. To reduce respondent burden, respondents were not asked to report on any jobs held during 2004 that had previously been mentioned in section C as current employment. Rather, employment data from section C was copied to section D items during data processing for all current jobs also held during the 2004 time period. See Table IV.5 for a list of all job-specific

items that were filled in with section C data. Items in section D that had no equivalent in section C (D8mth, D8yr, D23, D23_oth) were coded as .L (indicating logical skip).

TABLE IV.5
JOB VARIABLES IN SECTIONS C AND D

Variable in C	Variable in D	Variable Description
C2	D4	Occupation
C3	D5	Industry
C4mth, C4yr	D6mth, D6yr	Start month and year of job
No equivalent item	D8mth, D8yr	Stop month and year of job
C6	D14	Self-employed status
C7	D15	Sheltered workshop status
C8	D16	Hours usually worked per week
C9	D17	Weeks usually worked per year
C10	D18	Paid by the hour
C11	D19	Hourly pay
C12amt, C12hop	D20amt, D20hop,	Amount of pre tax pay
C13amt, C13hop	D21amt, D21hop	Amount of post tax pay
No equivalent item	D23_1 thru D23_22	Reasons for stopping work

1. Including Current Jobs Held in 2004 in Section D

Jobs mentioned in section C were defined as held in 2004 if C4yr (year started current job) was earlier than or equal to 2004. Each applicable job from section C was copied into the first blank job slot in section D (for example into D6mth_2 if D6mth_1 already contained data and into D6mth_3 if both D6mth_1 and D6mth_2 already contained data). The variables C_job_from_SecC_1 through C_job_from_SecC_4 are included on the data file to indicate which jobs from section C (by job number) were copied into specific section D job slots.

2. Determining the Main Job Held in 2004

In addition to copying job data from section C to the section D items, it was necessary to determine which job held in 2004 was the main job. Prior to including the jobs from section C, the main jobs held in 2004 were stored as job 1. Since it was possible that a job reported in section C was the respondent's main job in 2004, hours worked in 2004 on each job were compared with the first job mentioned in section D once the jobs from section C were incorporated. The job with the greatest number of hours per year (numbers of hours per week multiplied by the number of weeks per year), was considered the main 2004 job¹². The variable `Main_Job_grid_num` identifies the job number of the main job held in 2004 after this analysis. This was used to create a series of variables ending with `_m` representing each job specific item listed in Table IV.5 for the main job held in 2004 (for example `D6mth_m` and `D6yr_m`). It is important to note that information related to the main job was not deleted from the `job_1-job_5` variables when this was done. For example, for a case in which three jobs are listed in section D (after copying relevant jobs from section C) and the second job is determined to be the main job, information related to hours worked on this job will be found in both `C8_m` and in `C8_2`. Therefore, `_m` jobs should not be counted as additional jobs. On the public use version of the file, only the main job variables (`_m`) are provided for jobs held in 2004.

For the purposes of the constructed variables created in this section, separate constructs were created for each job mentioned (job 1, job 2, and so on). Additional constructs were created for

¹² If hours per year could not be calculated due to missing data on either number of hours per week or number of weeks per year, it was coded as missing. If hours per year was missing for all 2004 section C jobs, job 1 in section D was counted as the main job in 2004. If there were no jobs listed in section D, and hours per year was missing for all 2004 jobs in section C, the first job listed in C that was a 2004 job was counted as the main job in 2004. If hours per year was missing for job 1 in section D, the section C job with most hours per year was counted as the main 2004 job. If there was no 2004 job from section C, or hours per year was missing for all section C 2004 jobs, job 1 in section D was counted as the main 2004 job. If hours per year was missing for all 2004 section C jobs and job 1 in section D, job 1 in section D was counted as the main job in 2004.

the “main” job (C_MainJob2004SOC, C_MainJob2004NAICS, C_MainJobHrPay2004, C_MainJobMnthPay2004, C_MainJobMnthPayTH2004, and C_MnthsMain2004Job) as identified by the variable Main_Job_grid_num. As stated above, information in the main job constructs is replicated in one of the other job slots on the restricted file and does not represent an additional job.

During data processing, we found 78 cases in which the respondent reported in B30 that he or she did not work in 2004 (B30=0) but whose reported current job start dates indicated that a job was held in 2004. These cases were recoded to B30=1 (indicating that they did work in 2004). Note that D3 (“Other than the current jobs you just told me about, how many other jobs did you hold for at least one month in 2004?”) was not recoded to reflect the number of jobs held in 2004 after including jobs from section C. To determine the total number of jobs held in 2004, the data user should sum D3 and C_Totjobcopied, a construct that indicates the number of jobs copied from Section C to Section D.

3. Occupation and Industry Coding

Respondents were asked at item D4 to describe the kind of work they did on each of the jobs they held in 2004 (occupation) and at item D5, to describe the kind of business (industry). As for the equivalent items in section C, the verbatim responses to these items were coded using the SOC and NAICS classification systems described above. The verbatim responses to D4 and D5 are not provided on the restricted or public use version of the data file. Rather, the coded responses to D4 are found in the construct C_MainJob2004SOC, C_Job12004SOC, and so on. The coded responses to D5 are found in C_MainJob2004NAICS, C_Job12004NAICS, and so on.

Uncodeable Occupation and Industry Verbatim. Coders used the same supplemental two-digit codes described above to assign general level codes when full SOC and NAICS could not be assigned. In all, between one and three percent of the 2004 occupation verbatim responses

and one percent of all industry verbatim responses for each job in section D were uncodeable for any given item.

4. Dates Worked at 2004 Job

Items D6mth, D6yr, D8mth, and D8yr collected start and stop dates for each job held in 2004. Soft edit checks were built into the Blaise instrument to verify that stop dates were later than start dates and to verify that each job was held for at least one month in 2004. If the interviewer verified that the job ended before 2004 or that the job was held for less than one month in 2004, items collecting job specific information at D14-D21hop were skipped. Occupation and industry data as well as start and stop dates for these jobs are maintained on the data file because respondents were asked other items in section D (why they stopped working at the job at D23 and general items about working in 2004 at D25-D30).

5. Hours Worked

At item D16, respondents were asked to provide the number of hours per week usually worked at their 2004 job. As in section C, a soft edit check was incorporated into the Blaise instrument to prompt interviewers to verify that this response was correct for any response entered greater than 60 hour per week. Responses over 60 hours a week (eight cases for job 1 for example) and under five hours a week (81 cases on job 1) were examined during data cleaning. After reviewing other job related information, data from all but one case were retained. D16 was recoded to missing (.D) for one respondent who reported working 168 hours per week. In general, if the respondent was working in a sheltered employment setting, we determined that low values for hours worked were not unreasonable and should be retained. Similarly if the respondent's occupation was consistent with a high number of hours worked per week, the values were retained.

6. Weeks Per Year

At item D17, respondents were asked how many weeks per year they usually worked at their 2004 job. Responses less than 20 weeks were examined during data cleaning (387 cases for job 1). As for hours, other job-related information was reviewed in an attempt to determine whether the values were reasonable. In general, if the occupation verbatim response and other job-related information were consistent with the possibility of few weeks worked per year, the original values were retained. Since it was not possible based on other information to determine whether these values were in fact errors, they were retained on the file.

7. Pay

Respondents were asked to report their pretax earnings for each 2004 job at D19 (if reported as an hourly wage) or D20amt (if reported in another unit, such as daily, weekly, monthly, or annually) and their take-home pay at D21amt. Three constructed variables were created, one designed to combine pretax responses into an hourly wage (C_MainJobHrPay2004, C_Job1HrPay2004, and so on) and one into a monthly wage (C_MainJobMnthPay2004, C_Job1MnthPay2004, and so on) regardless of where the initial reporting occurred. A construct was also created for monthly take-home pay (C_MainJobMnth PayTH2004, C_Job1Mnth PayTH2004, and so on). In addition, a total monthly pay variable was created to sum across all jobs (C_Tot2004Pay). Source variables and constructed variables were examined for extremely high and low values.

A soft edit check was incorporated into the Blaise instrument to prompt interviewers to verify any response over \$25 an hour at D19. Responses over \$25 an hour (11 cases for job 1) were closely examined. Since other job-related information, including the verbatim occupation response, indicated that these could be valid entries, all were retained on the file. Hourly wage values of \$3 and below were also examined. In all but one case, because respondents were

working in a sheltered employment setting or the verbatim job description indicated that the low values for hourly wages were not unreasonable, these values were retained.

Soft edit checks were also built into the instrument to flag high entries for each of the various reporting units at D20amt and D21amt. As for hourly wages, values that were suppressed or that were at the high and low end of the range were examined. Cases for each reporting unit were examined by looking at other job-related information. In most cases, the verbatim occupation and industry descriptions indicated that the values could be valid, thus they were retained on the file. Generally, if the respondent was working in a sheltered employment setting or the verbatim job description indicated that the low values for wages were not unreasonable, these values were retained. Recoding of data occurred only when there was an obvious data entry error or when the respondent's job characteristics were not consistent with reported earnings or pay.

In addition to examining high and low values, take-home and pretax values were compared. Many cases were found to have a difference of 30 percent or more during data processing. However, only those cases with the most extreme differentials and whose other job-related information did not support the difference were recoded or set to missing. In all, six cases were set to missing (.D) on either D20amt or D21amt. At round 3, an edit check will be added to the instrument to prompt interviewers to validate responses with a large discrepancy between pretax and take-home pay.

8. Back-Coding Responses to “Other/Specify” Items

D25_a-D25_f asked if a series of issues were reasons the sample person had worked fewer hours than they could have. Item D26 asked if any of D26a-D26h were reasons the sample member did not work or earn more. Responses coded as “other” were reviewed during data

processing. For both items, an additional category was added during coding to allow further categorization of responses (see Table IV.6).

TABLE IV.6
RESPONSE CATEGORIES ADDED TO SECTION D DURING CODING

Item	Question Text	Categories Added
D23	Why did {you/NAME} stop working at this job?	19=MOVED TO ANOTHER AREA 20=FOUND ANOTHER JOB 21=LOSS OF BENEFITS 22=WORK SCHEDULE
D25a	Did you work fewer hours or earn less money than you could have because you...	g=HAD MEDICAL PROBLEMS
D26	In 2004, do you think {you/NAME} could have worked or earned more if {you/he/she} had:	i=BETTER HEALTH/TREATMENT j=MORE SUPPORTIVE/HELPFUL EMPLOYER AND/OR COWORKER

9. Back-Coding Field-Coded Responses

Item D23 asked why the sample person quit working at the job held in 2004. Interviewers attempted to code the verbatim responses into a series of predetermined categories, if possible. Cases coded as “other reason” by interviewers were reviewed to determine if they could be back-coded into an existing category. In addition, after reviewing the verbatim responses, four additional categories were created to facilitate coding (see Table IV.6). Responses that could not be coded into one of these five categories were retained as “other.”

E. SECTION E—AWARENESS OF SSA WORK INCENTIVE PROGRAMS AND TICKET TO WORK

This section included questions designed to assess whether the beneficiary was aware of, or was participating in, specific SSA work incentive programs and services. For the TTW program, information was collected on how beneficiaries learned about the program, the names of their current service providers, and dates they signed up with them.

1. Awareness Items

By design, longitudinal respondents who completed round 1 were not asked if they had ever heard of the SSA work incentive programs at round 2, since hearing about these programs at round 1 could bias responses. Instead, longitudinal respondents were only asked if they had ever used the programs. However, in round 1, a programming error resulted in some longitudinal cases inappropriately skipping some of the awareness questions they should have been asked.¹³ To mediate the impact of this error, SSA requested that in subsequent rounds of survey administration, longitudinal respondents who inappropriately skipped E2-E10, E12-E13, and E15-E18 and were re-interviewed, be asked these items. For these cases, flag variables were created to identify longitudinal cases that had missed the awareness questions at round 1: R2_FIXE2, R2_FIXE11, and R2_FIXE14. Respondents with a value of 1 on a FIX variable were asked the appropriate items at round 2. Table IV.7 outlines the number of cases that incorrectly skipped the items at round 1 and the number of cases for which the data was collected at round 2. An attempt will be made to retrieve this data at round 3 from longitudinal cases that did not complete a round 2 interview. At round 1 a special set of weights was created to account for the missing data on items E3-E10, E12-E13, and E15-E18 to permit analysis of these items. These weights are not included on the round 2 file, since the problem was corrected midway through round 1.

¹³ See Wright and Barret (2008) for a full description of the error at round 1.

TABLE IV.7

LONGITUDINAL CASES RECEIVING AWARENESS ITEMS AT ROUND 2

Survey Item	Number of all cases incorrectly skipping item at round 1	Number of longitudinal cases for which data was retrieved at round 2
E2	2,762	314
E12	579	37
E14	2,728	426

Note: E3 asks the respondent if the beneficiary (who might be the respondent) has ever heard of a Plan for Achieving Self-Support or a PASS Plan. This is a Social Security incentive that lets beneficiaries set aside money to be used to help them reach a work goal. The money set aside does not affect their benefits. E12 asks the respondent if the beneficiary (who might be the respondent) has ever heard of the student earned-income exclusion. This is a Social Security incentive where if a beneficiary is in school, up to \$1,340 of earnings per month are not counted when Social Security figures the benefit. E15 asks the respondent if the beneficiary (who might be the respondent) has ever heard of a Trial Work Period. This is a Social Security incentive that lets beneficiaries earn above \$800 per month for nine months without losing their benefits.

2. Dates Receiving Services from ENs

There were several problems with the collection of start and stop dates for Employment Networks reported in section E. First time respondents were first asked if they had signed up with any EN in 2004. If they had, but were no longer signed up with that EN, the month and year the sample member stopped receiving services was collected in E42mth and E42yr. Longitudinal cases were asked at E37a if they were still with the EN they reported being signed up with when interviewed in 2004. If not, they were asked when they stopped receiving services in E37amth and E37ayr. Thirty-three respondents reporting leaving the first EN mentioned before 2004; nine gave dates before 2004 for the second EN, and two gave a date before 2004 for the third EN mentioned. Twenty-two longitudinal cases reported that they stopped receiving services prior to 2004. In all of these cases, E42yr was set to missing (.D).

Respondents who did not report being currently signed up with an EN that they were signed up with in 2004 (E41) were asked if they were currently signed up with any EN at E45. The month and year the sample member started receiving services from this EN was collected at

E47mth and E47yr. Although some respondents reported first receiving services in 2004 or earlier (69 cases), E37 (“Were you signed up with any Employment Network at any time in 2004?”) was not recoded to “yes” for these cases since recoding this item would have affected the skip logic in section H. Receiving questions in section H related to Ticket use in 2004 were based on E37 and E40_yr only. Additionally, respondents who had not yet reported ever using a Ticket with any other ENs were asked what month and year they first began receiving services at E50mth and E5yr. Although 7 cases reported first signing up in 2004, E37 was not recoded during data processing. These inconsistencies remain on the file.

3. Multiple Current ENs

There were also 59 cases in which the respondent reported being currently signed up with two ENs at E41, and eight cases in which the respondent reported being currently signed up with three ENs. Since this was a relatively rare problem and it was unclear which EN should be considered current, these inconsistencies were not recoded and remain on the file.

4. Back-Coding Field-Coded Responses

Items E28, E30, and E32 ask who sent, called, or talked to the sample person about the Ticket to Work program. Interviewers attempted to code the respondents’ verbatim responses into one of 10 response categories. Responses that interviewers coded as “other” were examined and back-coded when possible. Responses that could not be back-coded were retained as “other.” An additional response category was added to item E32 to assist with back-coding of other/specify responses post processing (see Table IV.8).

TABLE IV.8

RESPONSE CATEGORIES ADDED TO SECTION E DURING CODING

Item	Question Text	Response Categories Added
E32	Who talked to {you/NAME or his/her representative} about the program?	11=CASE WORKER/SOCIAL WORKER
E37a1	Why {are you/is NAME} no longer receiving services from {EN FROM ROUND 1}?	1=NEVER RECEIVED INFORMATION/CASE DROPPED/ DIDN'T HELP 2=FOUND A JOB 3=I CANNOT WORK FOR HEALTH REASONS
E43	Why {are you/is NAME} no longer receiving services from {EN IN 2004 FROM E39}?	1=NEVER RECEIVED ANY INFO 2=FOUND A JOB 3=CANNOT WORK FOR HEALTH REASONS 4=OTHER REASON RELATED TO PERSONAL CIRCUMSTANCE 5=OTHER REASON RELATED TO EN 6=OTHER

5. Coding Open-Ended Responses

Item E43 was an open-ended question that asked respondents why they were no longer receiving services from their 2004 EN. Before coding, the verbatim responses were reviewed and five categories were created to cluster responses (see Table IV.8). Responses that could not be coded into one of these categories were retained as “other.”

F. SECTION F—TICKET NONPARTICIPANTS IN 2004

This section collected information about reasons for nonparticipation in the TTW program. It asked whether the respondent had attempted to learn about employment opportunities (including TTW), problems he or she may have had with Employment Networks or other employment agencies, and how those problems were handled or resolved.

1. Back-Coding of Other/Specify Responses

Question F2 asked if the sample member contacted any of a series of agencies or individuals to get information about TTW. Two “specify” response options (an Employment Network and

Other Agency or Organization) prompted a verbatim response. During data processing, the verbatim responses were reviewed and back-coded into F2_a-F2_g when possible.

2. Back-Coding Field-Coded Responses

Items F6, F8, and F10 ask who sent information, called, or talked to the sample person about the Ticket to Work program. Item F29 asks for reasons the sample person did not contact the state VR after receiving information. Responses that interviewers coded as “other” were examined and back-coded when possible. Responses that could not be back-coded were retained as “other.” An additional response category was added to item F29 to assist with back-coding of other/specify responses post processing (see Table IV.9).

TABLE IV.9
RESPONSE CATEGORIES ADDED TO SECTION F DURING CODING

Item	Question Text	Response Categories Added
F14	Why didn't {you/NAME or his/her representative} try to use {your/NAME's} Ticket with the State VR agency in 2004?	1=AGENCY DIDN'T HELP 2=DID NOT KNOW COULD 3=WAS NOT HEALTHY ENOUGH 4=OTHER
F29	After receiving information about the Employment Networks in {your/NAME's} area including the State VR agency or {STATE NAME FOR VR}, why didn't {you/NAME or his/her representative} contact any of them?	15=GOT A JOB OR IN SCHOOL
F31	What are the main reasons {you did/NAME did} not try to participate in the Ticket to Work program in 2004?	1=HEALTH REASONS 2=HAD A JOB/IN SCHOOL 3=DID NOT KNOW ABOUT PROGRAM 4=DID NOT WANT TO/DID NOT TRY 5=OTHER 6=TRIED BEFORE W/NO SUCCESS/FRUSTRATED WITH PROGRAM 7=DID NOT WANT TO LOSE BENEFITS/MAKE LESS MONEY 8=OTHER "CAN'T WORK" RESPONSES THAT DO NO SPECIFY A PHYSICAL/MENTAL CONDITION

3. Coding Open-Ended Responses

F14 (reasons did not try to use the Ticket with a State Vocational Rehabilitation Agency in 2004), F23 (reasons did not try to use the Ticket with the EN contacted), and F31 (reasons did not try to participate in TTW in 2004) were all open-ended item to which respondents provided a verbatim response. Based on a review of the responses, categories were developed based on common responses (see Table IV.9). Coders then attempted to code the verbatim response into an established category. If the response did not fit into one of these categories, it remained as “other.” Because there were too few responses to F23 (23 cases), the responses could not be clustered and assigned numeric codes.

G. SECTION G—EMPLOYMENT-RELATED SERVICES & SUPPORT USED IN 2004

This section collected information from respondents about their use of employment-related services in 2004, including the types of services received, the types of providers used, how long they received services, how the services were paid for, and reasons for and satisfaction with service utilization. Other questions asked about sources of information about services and the nature of any services that were needed but not received.

1. Missing Provider Names

To aid in the recall of employment-related services received in 2004, respondents were first asked if they had ever received employment services, job training, medical services, or counseling to improve their ability to work or live independently. For each type of service, respondents were asked to list up to eight providers or places where the service was received (at G2, G11, G16, and G20). Provider type was then collected for each provider mentioned. In several cases, respondents did not know the name of the provider so the provider type follow-ups were not asked. In total, two percent of provider names were missing at item G2 and G11, five

percent were missing at G16, and two percent were missing at G20. This is a significant improvement from the level of data missing at round 1 and is likely attributable to disabling the option to code a provider name as “Don’t Know” within the survey instrument in round 2, and to additional interviewer training emphasizing the importance of collecting some information under provider name, even if it was a description of the place rather than the name related to gathering provider data.

To minimize respondent burden by avoiding the need to ask provider type again if a provider type was listed under two or more services, interviewers could indicate that a provider had already been mentioned, thus skipping the provider type follow-up questions. In some cases however, interviewers indicated that a provider had already been mentioned, when in fact it had not been. This resulted in missing data on the provider type questions. Cases where providers were inappropriately deleted were identified by careful examination of Section G data. For example, we examined cases in which G1=0 (no employment services received), G10=1 (received job training), but where G13_1=L. In these cases, the interviewer had indicated at G12 that the first provider given at G11 had already been mentioned (causing the provider type follow-ups to be skipped), which was not possible. In cases such as this, the provider type items (G13 and G14) were set to .M indicating an error caused the item to be skipped. Similar strategies were employed to examine providers marked as already mentioned at G17 and G20. In all, there were 20 cases in which the provider type items G13 and G14 were set to missing (.M) for a provider listed at G11, 42 cases in which provider type item G18 was set to missing (.M) for a provider listed at G16, and 34 cases in which provider type item G22 was set to missing (.M) for a provider listed at G20. As compared to round 1, there were far fewer instances of interviewers deleting providers in error. This is likely due to efforts at round 2 to simplify survey screens requiring interviewers to indicate that a provider has already been mentioned, as

well as increasing the time spent on this task during training to minimize the likelihood of providers being mistakenly marked as duplicates.

Once a list of providers ever used was obtained, respondents were asked when they last received services from each provider. Follow-up questions regarding specific services received, number of visits, duration of visits, cost of services, and usefulness of services received in 2004 were asked about each provider from whom services were received in 2004. Before asking when services were received, the list of providers listed at items G2, G11, G16, and G20 was compiled for the interviewer, and the interviewer was asked to verify if any of the providers on the list were duplicates. The interviewer was also asked to verify with the respondent if any of the providers on the list were the same. Providers marked as duplicates were removed from the list and the provider-specific follow-up information was not obtained. While this process worked relatively well, there were some cases in which providers were marked as duplicates that did not appear to be duplicates based on an examination of provider name and type. These cases were coded as .M (indicating missing due to error) on item G33 since the follow-ups regarding when services were received were not asked of these providers. Across providers, there were 277 instances in which this data was missing. For any single provider, the first provider listed under mental health services at G19 had the highest proportion of missing data with four percent (72 cases) cases coded as .M. The restricted access file includes a flag variable for each provider indicating whether the provider was marked for removal from the list (e.g. G_Del_1-G_DEL_34). Cases in which the provider name was coded as missing in G2, G11, G16, and G20, were not asked G33 or subsequent follow-ups regarding 2004 services (coded as .L=logical skip).

2. Last Received Services for Longitudinal Cases

By design, longitudinal respondents who had completed a prior round were only asked to report on employment-related services received in 2004, rather than since the time they became disabled (or the age of 16). Thus, they were not asked questions G33 through G35 at round 2, which determine if any of the services mentioned were received in 2004. During data processing, G33 was coded as 2 for any providers that remained after de-duplication.

3. Back-Coding Responses to “Other/Specify” Items

Each of the provider type questions in section G (G7 and G9, G13 and G14, G18, and G22) included an “other” option, which prompted a verbatim response. During data processing, the verbatim responses were reviewed to determine whether they could be clustered into additional categories. Table IV.10 provides the response categories added during coding. Responses were then back-coded when possible into one of the existing or newly created categories. Responses that could not be coded were retained as “other.” Cases that were back-coded as “state agency” at item G7 were also recoded at G9 to indicate the type of state agency. Cases back-coded as “state agency” at G13 were also recoded on item G14. Additionally, “other” responses at G36_a-G36_m were reviewed. Responses were reviewed and back-coded into existing response options when possible. One additional category was added during coding.

Based on the number of cases coded into additional categories created during data processing at round 1, response categories were added to the question at round 2 for G9, G13, and G53 (as discussed in Table II.4). The option “6=workforce center/employment office” was added to question G9, option “4=school or college” was added to item G13, and option “9=to be more independent” was added to item G53.

4. Back-Coding Field-Coded Responses

Items G28 (type of degree working toward), G45 (who paid for services), G53 (reasons used services), G55 (who pressured to use services), and G56 (how pressured to use services) were all open-ended items that required interviewers to attempt to code the respondent's verbatim response into a predetermined category. Responses that were coded as "other" by the interviewer were reviewed by coders and back-coded into existing response options when possible. In some cases, additional categories were added during coding to cluster "other" responses that did not fit into a predetermined category (see Table IV.10 for categories added).

5. Coding Open-Ended Items

Item G61 (reasons unable to get services needed) was an open-ended question with no response options specified. Based on a review of the responses, seven categories were developed based on common responses (see Table IV.10). Coders then attempted to code the verbatim response into an established category. If the response did not fit into one of these categories, it remained as "other."

H. SECTION H—TICKET PARTICIPANTS IN 2004

This section asked 2004 TTW participants about their experiences with the program, including information related to how they decided to participate in the Ticket program, the kinds of information they used to pick their current service providers, development of their individual work plan (IWP), and any problems experienced with services provided by an Employment Network. The section also included a series of questions about how problems with Employment Networks were resolved and overall satisfaction with the TTW program.

TABLE IV.10

RESPONSE CATEGORIES ADDED TO SECTION G DURING CODING

Item	Question Text	Response Categories Added
G7	Thinking about {PROVIDER FROM G2}, was this place:	4=SCHOOL
G18	Thinking about {NEW PROVIDER FROM G16}, was this place:	5=A SCHOOL 6=A NURSING HOME/GROUP HOME 7=A GOVERNMENT AGENCY 8=IN HOME CARE 9=A MEDICAL EQUIPMENT STORE 10=A REHABILITATION CENTER 11=PHYSICAL THERAPY CENTER
G22	Thinking about {NEW PROVIDER FROM G20}, was this place:	6=RESIDENTIAL TREATMENT PROGRAM/FACILITY 7=REHAB CENTER/COUNSELING CENTER/DAY PROGRAM 8=CHURCH OR RELIGIOUS INSTITUTION
G36	In 2004, please tell me if {you/NAME} received any of the following services from {PROVIDER FROM G32 DE-DUPLICATED LIST IF USED IN 2004}. Did {you/he/she} receive:	n=SCHOLARSHIPS/GRANTS/LOANS
G45	In 2004, who paid for the services {you/NAME} received from {PROVIDER FROM G32 DE-DUPLICATED LIST IF USED IN 2004}?	14=SCHOOL/FINANCIAL AID/GRANT 15=STATE AGENCY/COUNTY/GOVERNMENT
G55	Who pressured {you/NAME} to use these services?	13=HEALTH PROVIDER 14=COURT/POLICE
G56	How did {your/NAME's} {FILL PERSON(S) FROM G55} pressure {you/him/her} to use these services?	6=THREATENED HOSPITALIZATION/JAIL
G61	Why {were you/was NAME} unable to get these services?	1=NOT ELIGIBLE/REQUEST REFUSED 2=LACK INFORMATION 3=COULD NOT AFFORD 4=DID NOT TRY 5=TOO DIFFICULT/TOO CONFUSING 6=PROBLEMS WITH THE SERVICE 7=OTHER

1. Back-Coding Responses to “Other/Specify” Items

Question H7 asked respondents if they contacted any of a series of agencies or individuals to get information about the TTW program. Two “other” response options (“other agency” and

“anyone else”) prompted a verbatim response. During data processing, the verbatim responses were reviewed and back-coded into H7_a-H7_h when possible.

2. Back-Coding Field-Coded Responses

Items H14 (who sent information about ENs), H16 (who called respondent to talk about ENs), H18 (who respondent talked to about ENs), H25 (reasons state VR did not accept ticket), H31 (reasons EN did not accept ticket), H35 (reasons respondent chose EN), H50 (what respondent did to try to solve problems), H52 (who gave information about getting help with problem), and H60 (why respondent did not try to solve problem) were all open-ended items that required interviewers to attempt to code the respondent’s verbatim response into a predetermined category. Responses that were coded as “other” by the interviewer were reviewed by coders and back-coded into existing response options when possible. In some cases, additional categories were added during coding to cluster “other” responses that did not fit into a predetermined category (see Table IV.11 for categories added).

3. Coding Open-Ended Items

Items H3 (reasons decided to participate in TTW), H23 (reasons did not try to use ticket with state VR), H29 (reasons did not try to use ticket with other ENs), H33 (what information needed but didn’t get), H38 (what problems had with EN), and H48 (what problem with EN was about) were open-ended questions with no response options specified. Based on a review of the responses, categories were developed for each item based on common responses (see Table IV.11). Coders then attempted to code the verbatim response into an established category. If the response did not fit into one of these categories, it remained as “other.”

TABLE IV.11

RESPONSE CATEGORIES ADDED TO SECTION H AS A RESULT OF CODING

Item	Question Text	Response Categories Added
H3	Why did {you/NAME} decide to participate in the Ticket to Work program?	1=WANTED TO GET A JOB/ MORE MONEY 2=WANTED TO FEEL MORE INDEPENDENT 3=OTHER 4=RECOMMENDED/TOLD TO USE IT/THOUGHT USING IT WAS REQUIRED
H23	Why didn't {you/NAME or his/her representative} try to use {your/NAME's} Ticket with the State VR agency in 2004?	1=SIGNED UP WITH OTHER AGENCY 2=ALREADY RECEIVING SERVICES 3=OTHER 4=DIDN'T UNDERSTAND TICKET/DIDN'T KNOW WHAT IT WAS FOR
H29	Why didn't {you/NAME or (his/her) representative} try to use {your/NAME's} Ticket with {any of} the other Employment Network(s) {you/NAME or (his/her) representative} contacted in 2004?	1=LOCATION 2=OTHER 3=NOT HELPFUL/DIDN'T LIKE 4=DID NOT LIKE THE JOB OFFERED
H31	Why didn't {any of} the other Employment Network(s) {you/NAME} tried to use {your/his/her} Ticket with accept {your/NAME's} Ticket in 2004?	7=TROUBLE CONTACTING EN
H33	What information did {you/NAME} need but didn't get?	1=HOW/WHERE TO USE THE TICKET 2=SERVICES PROVIDED 3=OTHER
H35	Why did {you/NAME or (his/her) representative} choose {{LONGEST} EMPLOYMENT NETWORK IN 2004}?	8=KNEW ABOUT THEM OR REFERRED TO 9=FINANCIAL COMPENSATION
H38	What problems did {you/NAME} have during 2004 (with the services you received from EN)?	1=PROBLEMS MAKING CONTACT 2=PROBLEMS NOT RECEIVING SERVICES 3=PROBLEMS WITH COUNSELOR 4=OTHER 5=TRANSPORTATION/LOCATION PROBLEMS
H48	What was the problem about?	1=PROBLEMS MAKING CONTACT 2=PROBLEMS RECEIVING SERVICES 3=OTHER
H50	What did {you/NAME} or someone else do to try to solve the problem?	12=QUIT/LOOKED FOR JOB ON OWN

I. SECTION I—HEALTH AND FUNCTIONAL STATUS

This section collects information about the respondent's health status and everyday functioning, including the need for special equipment or assistive devices. Information regarding

general health status, difficulties with ADLs and IADLs, a variety of functional limitations, substance abuse/dependence, and treatment for mental health conditions was also collected.

1. Back-Coding Responses to “Other/Specify” Items

Question I20 (equipment used for seeing), I24 (equipment used for hearing), I28 (equipment used for speaking), and I32 (equipment used for walking) were all open-ended items that required interviewers to attempt to code the respondent’s verbatim response into a predetermined category. Responses that were coded as “other” by the interviewer were reviewed by coders and back-coded into existing response options when possible. In some cases, additional categories were added during coding to cluster “other” responses that did not fit into a predetermined category (see Table IV.12 for categories added).

TABLE IV.12
RESPONSE CATEGORIES ADDED TO SECTION I AS A RESULT OF CODING

Item	Question Text	Response Categories Added
I20	What devices, equipment, or other types of assistance {do you/does NAME} use? Anything else?	8=MAGNIFYING GLASS
I32	What devices, equipment, or other types of assistance {do you/does NAME} use? Anything else?	9=SPECIAL SHOES OR INSERTS 10=DEVICES TO AIDE IN BREATHING INCLUDING OXYGEN, INHALER, ALBUTEROL, AND/OR NEBULIZER

J. SECTION J—HEALTH INSURANCE

Questions in this section collected information about the sources of health insurance coverage the beneficiary had, both at the time of the interview and during calendar year 2004.

1. Back-Coding Responses to “Other/Specify” Items

Item J6 (type of private insurance), J9 (type of health coverage), J11 (type of health coverage in 2004) were all open-ended items that required interviewers to attempt to code the

respondent’s verbatim response into a predetermined category. Responses that were coded as “other” by the interviewer were reviewed by coders and back-coded into existing response options when possible. For J11, one additional category was added during coding to cluster “other” responses that did not fit into a predetermined category (see Table IV.13 for the category added).

TABLE IV.13
RESPONSE CATEGORIES ADDED TO SECTION J AS A RESULT OF CODING

Item	Question Text	Response Categories Added
J11	Now, I’d like you to think back to 2004. In 2004, what kinds of health coverage did {you/NAME} have?	11=PRIVATE INSURANCE, NOT SPECIFIED WHO THROUGH

K. SECTION K—INCOME AND OTHER ASSISTANCE

Questions in this section asked about sources of income, including income received from earnings, Social Security, Workers’ Compensation, and other government programs and sources.

1. Earnings Last Month

Item K3 asked respondents how much they earned last month before taxes and deductions. To avoid asking this of respondents who had already indicated in section B that they had never worked or who had indicated in section C that they were not working in the month before the interview, a series of checks were programmed to skip this item for respondents not working last month. For a portion of the data collection period there was an undetected problem that did not take into account respondents who indicated in B30 (worked in 2004) or in B22 (worked when limited) that they had worked. These respondents should have been asked item K2A, “Did you work last month?” but instead inappropriately skipped this item, as well as K3 (how much earned last month), and K3a (how much was left after taxes and deductions). This programming error affected 2,653 cases. Cases with this problem are coded as .M (missing due to error) on item

K2a. Since K3 and K3a are dependent on the response to K2a, these items were set to logical skip (.L).

Soft edit checks were built into the instrument to flag high and low values. However, these were set to accept a wide range of responses. Based on the distribution of responses, we examined extremely low (less than \$50 per month) and high values (over \$5,000 per month) for both pretax and take-home pay. In most cases, we were able to evaluate the values in the context of the job-specific information provided in section C. This included considering the number of jobs the sample person currently had, the number of hours worked, the sample person's occupation, and whether the sample person was in a supported employment setting. All cases reporting less than \$50 a month were sheltered workshop cases or cases in which a self-employment activity could explain low monthly wages. In most cases where \$0 income was reported, sample persons were self-employed or were employed in seasonal work. Thus, none of these cases were edited during data processing.

We also examined differences between the pretax (K3) and post-tax pay (K3a) amounts. Some respondents reported differences in pretax (K3) and post-tax pay (K3a) that were greater than would typically be expected. For cases with differentials greater than 100 percent, the pretax or post-tax monthly income was reset to "don't know" (30 cases). Cases with differentials between 30 percent and 99 percent were examined individually and edited only if an obvious source of error could be identified. In one case K3a (post tax) was greater than K3 (pretax). K3a was set to missing (.D) for this case.

Finally, we compared the total monthly income calculated for all jobs currently held (based on section C data) and the monthly income reported in Section K. We expected to see differences in some cases, for example, in cases where sample persons had changed or just started a job, or where work was seasonal, or where the sample person was self-employed. In 250 cases, the

difference in monthly income reported in section C and section K was at least 30 percent. In many cases, it was unclear why the discrepancy existed or which monthly income value was most correct. Due to this uncertainty, most values were not edited based on this comparison, and some suspect values remain on the file. In round 3, we recommend including a soft edit check that alerts the interviewer when the respondent reports last month earnings in Section K that are not within 30 percent of the total calculated monthly earnings across all jobs reported in Section C. This item was revised at round 2 to stress that only income from jobs should be included at K3.

Due to the problems associated with this item (for example, missing data and some potentially unreliable values), values for the constructed variable C_LstMnthPay (Last Month Pay) which is based on K3, were not imputed.

2. Income From Other Sources

Soft edit checks were built into the instrument to flag high and low values for income received from each source specified (K7a-K7_h). We examined values for cases in which the edit check had been suppressed (over \$1,000 per month) and cases at the high and low ends of the distribution. High values were reviewed with analysts. Although some values exceeded the maximum benefit amounts for 2005, a decision was made to retain the values on the original items—although for the purposes of creating the imputed variable, values above the limits were not used in the calculation of the median from which the imputed values were derived. Additionally, values above \$8,000 per month for K7_g (other regular sources) were not used in the calculation of the median for the imputed variables. Similarly, values associated with K7_h (other nonregular sources) and K14 (other government assistance) were reviewed but none were edited since none could be clearly identified as data entry errors. In general, values of “0” for amounts received from other sources were not recoded.

3. Food Stamps Dollar Value

K12 asked respondents who had reported receiving food stamps last month to report the dollar value of the food stamps received. Respondents were asked to only include food stamps received by the sample person, not by other family members. The intent of the question was to include only food stamps that were received by the sample person or his/her family, not food stamps received by other members of the household. While there were some high values reported (6 values of 500 or greater), they were retained on the file.

4. Irregular SSI Income

Per SSA and the analysts' request, irregular SSI payments were included as nonregular income at K7_h (amount of income received from other sources not on a regular basis). For respondents who had not indicated receiving income from other nonregular sources but who, according to SSA administrative records, had received irregular payments from SSA, K6_h was recoded as "yes" and the overages in benefit payments from administrative data was entered at K7_h. For cases that had already reported receiving income from other sources not on a regular basis, verbatim responses at K6_h regarding the source of the income were examined to determine if any included SSA, or SSI benefits. None of the responses for these cases suggested that SSA or SSI benefits were the source, so administrative data representing overages in benefit payments was added to the amount already reported at K7_h for these cases. This recode affected 22 cases total.

5. Back-Coding Responses to "Other/Specify" Items

If respondents indicated receiving income from other sources on a regular basis (K6_g) or on a nonregular basis (K6_h), they were asked to specify the source. While additional categories could have been created during coding to cluster responses to these items, this would have

involved creating additional amount variables in K7 to appropriately code how much income was received from each source. For cases reporting more than one source, it would not have been possible to parse out amounts. Therefore, “other” responses were not back-coded for these items.

6. Coding Open-Ended Items

Item K14 (type of assistance received from other government program) was asked as an open-ended question with no response options specified. Based on a review of the responses, categories were developed based on common responses (see Table IV.14). Coders then attempted to code the verbatim response into an established category. If the response did not fit into one of these categories, it remained as “other.”

TABLE IV.14
RESPONSE CATEGORIES ADDED SECTION K AS A RESULT OF CODING

Item	Question Text	Response Categories Added
K14	What other assistance did {you/NAME} receive last month?	1=HOUSING ASSISTANCE 2=ENERGY ASSISTANCE 3=FOOD ASSISTANCE 4=OTHER

L. SECTION L—SOCIODEMOGRAPHIC INFORMATION

This section collected basic demographic information about the beneficiary, such as race, ethnicity, education, parental education, marital status, living arrangements, and household income.

1. Living Situation

Respondents were asked at L11 to indicate whether they lived alone, lived with parents, guardians, spouse/partner, or other relative, lived with friends or roommates, lived in a group setting, or lived in some other living situation. They were then asked at L12 to describe the place they lived. A soft edit check was built into the instrument to prompt interviewers to clarify

answers in which the respondent indicated that he or she lived alone at L11, but also that he or she lived in a group setting at L12: for example a supervised apartment, group home, halfway house, personal care or board and care home, assisted living facility, nursing or convalescent home, center for independent living, or some other type of supervised group residence or facility. In some cases, this edit check was suppressed (57 cases) and the inconsistency remained. For these cases L11 was recoded to 4 (“live in another group setting”).

2. Number of Children

L17 asked how many children under age 18 lived in the sample person’s household. Respondents reporting children were then asked how many of the children were their own (L19). In 45 cases, the number of own children living in the household (L19) was greater than the number of children living in the household (L17). For these cases, L19 was set to missing (.D).

3. Reporting of Household Income

Item L23Aamt asked respondents to provide their total income in 2004, or the total combined income of their household, before taxes and other deductions. Respondents for whom it was difficult to calculate an annual amount could report their income in monthly, twice a month, weekly, bi-weekly, or daily units (recorded at L23Ahop). The amount of item nonresponse was higher for L23Aamt than other items in the survey (34 percent). Those answering “don’t know” or “refused” to this item were asked to indicate which of a series of ranges described their income (L24). Of the respondents who did not respond to L23Aamt, 58 percent (1,606 cases) provided income data at L24.

The construct, C_HhInc2004, was created to combine responses provided in various units into an annual amount. We first examined high and low values on L23Aamt by unit reported (L23Ahop) and then examined high and low values on C_HhInc2004 to determine if any

appeared to be invalid. There were 17 cases reporting an annual income of less than \$100. With the exception of three cases, none of these respondents reported having worked in 2004. In the three cases where the sample member was working in 2004, c_hhinc2004 was reset to “don’t know.” We suspect that some respondents may have thought we were asking for earnings income only rather than total income from all sources. After consulting with analysts, we decided not to set the values for the other 14 cases to missing, but to retain them on the file. While household income was not imputed due to this issue, a more general construct, C_FEDPOVERTYLEVEL_ CAT1 (Household Poverty Level), which was based on reported income and household size was created and imputed. Other cases were examined on a case-by-case basis by reviewing household size and work related variables in 2004. Generally, most cases reporting a household income of \$200,000 or more were edited. In some cases, it appeared that an extra “0” had been entered or that a “1” had been entered at the value rather than “1” being entered at the next item to indicate unit. These cases were corrected. In other cases, we concluded that there was an error in the unit entered, which was corrected. In all, 13 cases were edited.

4. Back-Coding Responses to “Other/Specify” Items

As mentioned above, item L11 asked respondents to indicate which of a series of items best described their living situation. Responses coded as “some other living situation” were reviewed and back-coded when possible. “Other” responses to L23ahop (how often paid) were also reviewed, although most could not be back-coded into an existing category.

5. Back-Coding Field-Coded Responses

Item L12 (type of place respondent lives) was an open-ended item that required interviewers to attempt to code the respondent’s verbatim response into a predetermined category. Responses

that were coded as “other” by the interviewer were reviewed by coders and back-coded into existing response options when possible. Responses were not coded from “other” to a nongroup setting living situation (L12=1 through 3), however, since this would have affected instrument pathing.

M. SECTION M—CLOSING INFORMATION AND OBSERVATIONS

In this section, updated contact information was collected for the sample member, and telephone information was collected for up to two contact persons for individuals in the Ticket Participant Sample. The interviewer also recorded reasons a proxy or assistance was required if appropriate, and documented special circumstances.

1. Back-Coding Responses to “Other/Specify” Items

M2a_rlshp asked interviewers to indicate the relationship of the proxy respondent to the sample person. Responses coded as “other relative” or “other not related” were reviewed and back-coded when possible. Five additional categories were created during coding to cluster these responses (see Table IV.15).

TABLE IV.15

RESPONSE CATEGORIES ADDED TO SECTION M AS A RESULT OF CODING

Item	Question Text	Response Categories Added
M2a_rlshp	How are you related to {NAME}?	11=FRIEND 12=CASEWORKER/CAREGIVER/PAYEE 13=GIRLFRIEND/BOYFRIEND/PARTNER 14=GUARDIAN/FOSTER PARENT/STEP PARENT 15=IN-LAW
M8	How is the contact related to {you/NAME}?	11=FRIEND 12=CASEWORKER/CAREGIVER/REP PAYEE 13=GIRLFRIEND/BOYFRIEND/PARTNER 14=GUARDIAN/FOSTER PARENT/STEP PARENT 15=IN-LAW
M10	How is that person related to {you/NAME}?	11=FRIEND 12=CASEWORKER/CAREGIVER/REP PAYEE 13=GIRLFRIEND/BOYFRIEND/PARTNER 14=GUARDIAN/FOSTER PARENT/STEP PARENT 15=IN-LAW
M13	How is the assistant/proxy related to {you/NAME}?	11=FRIEND 12=CASEWORKER/CAREGIVER/REP PAYEE 13=GIRLFRIEND/BOYFRIEND/PARTNER 14=GUARDIAN/FOSTER PARENT/STEP PARENT 15=IN-LAW

2. Back-Coding Field-Coded Responses

Items M8 (how first contact related to sample person), M10 (how second contact related to sample person), M13 (how assistant/proxy related to sample person), and M14 (why assistant/proxy needed) were open-ended items that required interviewers to attempt to code the respondent's verbatim response into a predetermined category. Responses that were coded as "other" by the interviewer were reviewed by coders and back-coded into existing response options when possible. In some cases, additional categories were created during coding to cluster responses (see Table IV.15). At round 2 the response category "failed cognitive test" was added to the question text for item M14.

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V. ITEMS SKIPPED FOR LONGITUDINAL RESPONDENTS

Several items in the round 2 survey were not asked of longitudinal respondents who had completed the prior round. These items were skipped because they were no longer relevant, because answers should be stable across time (for example race), or because the information obtained would overlap with previous responses. In most cases, these items were coded as .N (not applicable) for longitudinal cases eligible to receive the item. However, in some instances, respondents' answers to the item at round 1 were used to populate the round 2 data. Decisions about which items to code in this way were made in consultation with analysts. Table V.1 provides a summary of items that were not asked of longitudinal respondents who completed round 1 and describes how each item was coded for these cases. It should be noted that the data file does not include a flag indicating which cases are coded using round 1 data, however, analysts can use the variable R2_statusR1R2 (Response Status-Round 1 and Round 2) to determine which cases are coded with round 1 data for longitudinal participants on a given item (R2_statusR1R2=2). Constructed variables such as C_disage, C_evrworked, and C_adultChild_Onset incorporate these edits. Appendix B provides the rationale for why each item was not asked for longitudinal cases.

TABLE V.1

ITEMS SKIPPED FOR LONGITUDINAL RESPONDENTS WHO COMPLETED ROUND 1

Variable	Variable Label	Description of Coding
B9	Received benefits in last 5 years	Coded as .N if R2_statusR1R2=2 and B5=0
B11	Still have conditions that made eligible	Coded as .N if R2_statusR1R2 =2 and B5=0 and B9=1
B13	Previously eligible for other reasons	Coded as .N if R2_statusR1R2 =2 and B5=0 and B9=1 and B11=1
B18_age	Age first became limited	If R2_statusR1R2 =2, populated with round 1 data
B18_year	Year first became limited	If R2_statusR1R2=2, populated with round 1 data
B19	Limited before 18	If R2_statusR1R2=2, populated with round 1 data
B22	Working for pay when first limited	If R2_statusR1R2=2, populated with round 1 data
B23	Job when first limited required computer use	If R2_statusR1R2=2, populated with round 1 data
B36	Ever worked for pay	If R2_statusR1R2=2, and (B22=0, .D., or .R and B24=0, .D., or .R and B30=0, .D, or .R) or (B22=.L and B24=0, .D, or .R and B30=0), B36=round 1 C_evrworked
E3	Ever heard of PASS	Coded as .N if (Orgsampinfo_bstatus=1 or 3) and R2_statusR1R2=2 and FIXE2=00 and E3 = (.) and E5 = (.) and E7 = (.) and E9 in (.)
E5	Ever heard of earned income exclusion	Coded as .N if (Orgsampinfo_bstatus=1 or 3) and R2_statusR1R2=2 and FIXE2=00 and E3 = (.) and E5 = (.) and E7 = (.) and E9 in (.)
E7	Ever heard of PESS	Coded as .N if (Orgsampinfo_bstatus=1 or 3) and R2_statusR1R2=2 and FIXE2=00 and E3 = (.) and E5 = (.) and E7 = (.) and E9 = (.)
E9	Ever heard of Continued Medicaid Eligibility	Coded as .N if (Orgsampinfo_bstatus=1 or 3) and R2_statusR1R2=2 and FIXE2=00 and E3 = (.) and E5 = (.) and E7 = (.) and E9 = (.)
E12	Ever heard of student earned-income exclusion	Coded as .N if (Orgsampinfo_bstatus=1 or 3) and Orgsampinfo_age is <=25 and SSIAGE<=22 and R2_statusR1R2=2 and FIXE2=00 and E12 = (.)
E15, E17	Ever heard of Trial Work Period	Coded as .N if (Orgsampinfo_bstatus=1 or 3) and R2_statusR1R2=2 and FIXE14=00 and E15 = (.) and E17 = (.)
E17	Ever heard of Extended Period of Eligibility for Medicare	Coded as .N if (Orgsampinfo_bstatus=1 or 3) and R2_statusR1R2=2 and FIXE14=00 and E15 = (.) and E17 = (.)

TABLE V.1 (continued)

Variable	Variable Label	Description of Coding
E19, E20a, E20c	Ever heard of Impairment-Related Work Expenses	Coded as .N if R2_statusR1R2=2 and E19 = (.) and E20a = (.) and E20c = (.) .
E20a	Ever heard of Expedited Reinstatement	Coded as .N if R2_statusR1R2=2 and E19 = (.) and E20a = (.) and E20c = (.) .
E20c	Ever heard of BPAOs	Coded as .N if R2_statusR1R2=2 and E19 = (.) and E20a = (.) and E20c = (.) .
E26	Year heard about TTW	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E27	Received info in the mail about TTW	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E28_1-10	Who sent TTW info	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E29	Someone called about TTW	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E30_1-10	Who called about TTW	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E31	Someone talked to about TTW	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E32_1-10	Who talked to about TTW	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E33	Learned about TTW on website	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E34	Got Ticket in mail	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E35	Tried to get Ticket	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1).
E36	Ever used ticket	Coded as .N if R2_statusR1R2=2 and (E21=1 or E24=1 or E25=1) and (E34=1 or E35=1).
E48	Ever used Ticket with any other EN	Coded as .N if R2_statusR1R2=2 and E37a ne 1 and E41_1-E41_4 ne 1 and E21=1 or E24=1 or E25=1.
E49	Number ENs ever signed up with	Coded as .N if R2_statusR1R2=2, and E37a ne 1 and E41_1-E41_4 ne 1 and E21=1 or E24=1 or E25=1.
E50mth	Month first used Ticket with other EN	Coded as .N if R2_statusR1R2=2 and E37a ne 1 and E41_1-E41_4 ne 1 and E21=1 or E24=1 or E25=1.
E50yr	Year first used Ticket with other EN	Coded as .N if R2_statusR1R2=2 and E37a ne 1 and E41_1-E41_4 ne 1 and E21=1 or E24=1 or E25=1.
L1	Ethnicity	If R2_statusR1R2=2, then field populated with R1 data. If R1_final=19 or R1_final=29, then field populated with .D.

TABLE V.1 (continued)

Variable	Variable Label	Description of Coding
L2	Race	If R2_statusR1R2=2, then field populated with R1 data. If R1_final=19 or R1_final=29, then field populated with .D.
L4	Highest grade mother completed	If R2_statusR1R2=2, then field populated with R1 data. If R1_final=19 or R1_final=29, then field populated with .D.
L5	Highest grade father completed	If R2_statusR1R2=2, then field populated with R1 data. If R1_final=19 or R1_final=29, then field populated with .D.

VI. CONCLUSIONS

This report has highlighted data quality issues identified during the NBS round 2 data editing and cleaning process. In summation, both programming errors and interviewer errors resulted in the loss of some survey data, however, the vast majority of errors were corrected between round 1 and round 2, which resulted in far less missing data than reported at round 1 (Wright and Barrett 2008).

In general, while survey data processing could be made more efficient to help reach the analytic goals of the survey through the introduction of stricter range checks for values that are unusually high or low, we are hesitant to employ checks that may overwhelm and frustrate the respondent by rejecting survey responses during the interview. However, adding select consistency checks could lead to fewer data problems during the implementation of the postsurvey processing procedures. In light of this, the survey instrument was reviewed and survey items that might benefit from additional range or consistency checks during the interview were identified. While we were not able to include these checks at round 2 due to the fielding schedule, such checks have been added at round 3 (for example, consistency checks between pre- and after-tax earnings and between earnings reported section in C (current employment) and last month income reported in section K). Adding checks must also be balanced with complicating the survey instrument with programming to account for known complexities in data being collected versus addressing data complexities after the survey is completed.

Interviewer training was also strengthened at rounds 2 and 3 to emphasize areas of the questionnaire where data problems were identified in this round of the survey. These areas include the use of screens to mark providers as already mentioned in section G, stressing the importance of correct data entry on job specific items, probing for sufficient information on

open-ended items, and avoiding suppressing edit checks without entering comments. The goal of the improved training is to sensitize interviewers to areas of the questionnaire that are particularly error-prone or to survey concepts that are particularly difficult.

A review of questionnaire design decisions and pre- and postsurvey processing is also an area where improvements can be identified. Prior to fielding the round 2 survey, items that caused confusion were reviewed and reworked as necessary. Given the amount of time spent specifying and checking constructed variables, we also reviewed the constructed variables to be created at round 2 and eliminated some that had not been used in analyses at round 1.

Finally, time permitting, additional pretesting of the survey instrument at subsequent rounds and the paths through the instrument would help identify programming and logic errors. Additional testing is always useful, but one needs to recognize that because of the many and varied paths through the questionnaire, in combination with the large number of variables, it is very unlikely that all paths can be tested and all potential errors found.

In conclusion, the NBS data file provides a rich array of data. The data cleaning, editing, and processing tasks identified a number of places in the data file where micro-level errors were obvious. The identification of the errors suggested ways in which they can be reduced and data quality improved in the future. Future administrations of this survey will greatly benefit from the lessons learned in collecting, processing, and analyzing data from the round 2 NBS.

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APPENDIX A

CHANGES IN QUESTIONNAIRE CONTENT BETWEEN ROUNDS 1 AND 2

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APPENDIX A

CHANGES IN QUESTIONNAIRE CONTENT BETWEEN ROUNDS 1 AND 2

I-1

Round 1 Item	Problem / Issue	Revision
Section B		
B25. I am going to read you a list of reasons why some people do not work. For each of these, please tell me if it is a reason why {you are/NAME is} not currently working. PROBE: I know {you are/NAME is} not able to work, but the study rules require use to ask all beneficiaries the same questions.	Despite the probe included at round 1, several respondent complained about this question because they felt that their health was the main reason they were not able to work.	The round 1 probe was replaced with the following, “I need to read the entire list even though some of the reasons may not apply to you. If a reason does not apply to you, please just say so.”
B31. CHECK: Did {NAME} work for pay in 2003 (B30=01) and was {NAME} in Phase 3 state (Phase=3)? (Yes / No)	Questions B31 and B32 attempt to determine whether sample members in Phase III states were working before the program rollout.	These items were only relevant in round 1 and thus were dropped from round 2.
B32. Did {you/NAME} work for pay before November 1, 2003? (Yes / No / Don’t Know / Refused)		
Section E		
E22. {Have you/Has NAME} heard of any new programs in the last few years that allow beneficiaries who receive disability benefits from Social Security to get services to help them go to work or earn more, and Social Security pays for those services?	The question proved to be awkward and wordy during telephone administration.	This question was revised to read, “{Have you/Has NAME} heard of any new Social Security programs in the last few years that allow disability beneficiaries to get services to help them go to work or earn more?”
Section F		
F6. Who sent {you/NAME or his/her representative} the information about Employment Networks?	For these questions, up to three “other/specify” responses were allowed (i.e., separate specify responses for “employment network”, other agency/organization”, and “other”). A review of the frequencies revealed that the use of the other/specify responses was extremely low.	We eliminated the other/specify fields for “employment network” and “other agency/organization” but kept the field for “other”
F8. Who called {you/NAME or his/her representative}? Interviewer: Code all that apply.		
F10. Who talked to {you/NAME or his/her representative} about Employment Networks? Interviewer: Code all that apply.		
Section G		

Round 1 Item	Problem / Issue	Revision
<p>G31. You said {you/NAME} received employment, medical, and therapy services from {READ DE-DUPLICATED LIST FROM G30}. I want to be sure that each service provider is listed only once. Are any of these providers the same?</p>	<p>If a sample member only received one or two of the three types of services listed in the question stem, the word “and” caused some confusion.</p>	<p>In round 2, to eliminate confusion, “and” was changed to “or”.</p>
<p>G35. Did {you/NAME} receive services from this place at any time in 2003?</p>	<p>It is awkward to call the place where services were received “this place” when the respondent just reported the actual name of the place/provider.</p>	<p>In round 2, the actual name was filled in the question rather than calling it “this place.”</p>
<p>G36d. In 2003, please tell me if {you/NAME} received any of the following services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST IF USED IN 2003}. Did {you/he/she} receive a medical procedure such as surgery or implants?</p>	<p>Several respondents felt this question was in the wrong place in this sequence of questions and only reported major medical procedures.</p>	<p>For round 2, we switched the positioning of questions G36d and G36m, and changed the wording of question G36d as follows: “Did {you/he/she} receive medical services?”</p>
<p>G53. The next few questions are about why {you/NAME} decided to use the employment, medical, and therapy services {you/he/she} used in 2003.</p>	<p>If a sample member only received one or two of the three types of services listed in the question stem, the word “and” can be confusing.</p>	<p>In round 2, to eliminate confusion, “and” was changed to “or”.</p>
<p>G58. Now I want to ask you about how easy it is to get information about the services we’ve been discussing. Thinking only about 2003, did {you/NAME or (his/her) representative} contact anyone to try to get information about services to help {you/NAME} work or live independently? This includes both services {you/NAME} used and didn’t use.</p>	<p>These questions confused some respondents because the first sentence refers to services they have used but the second sentence refers to both services they have used and have not used.</p>	<p>The text was revised as follows for round 2: “Now I want to ask you about how easy it is to get information about services. This includes both services {you/NAME} used and did not use. Thinking only about 2004, did {you/NAME or (his/her) representative} contact anyone to try to get information about services to help {you/NAME} work or live independently?”</p>

Round 1 Item	Problem / Issue	Revision
Section I		
I17. {Do you/Does NAME} have any difficulty seeing words and letters in ordinary newsprint even when wearing glasses or contact lenses if {you/he/she} usually wear{s} them?	We were concerned that this question elicited false positives because respondents zeroed in on the word “glasses.” Respondents seemed to interpret this question to be asking if they needed glasses to help them see.	<p>In round 2, this question was revised into the following question series:</p> <p>I17a. {Do you/Does NAME} ever wear glasses or contact lenses?</p> <p>I17b. {Do you/Does NAME} have any difficulty seeing words and letters in ordinary newsprint even when wearing {your/his/her} glasses or contact lenses?</p> <p>I18. {Do you/Does NAME} have any difficulty seeing words and letters in ordinary newsprint?</p>
I19. {Do you/Does NAME} use any devices, special equipment, or other special assistance because of difficulty seeing, such as telescopic lenses, adapted computer equipment, Braille, a guide dog, or a white cane?	Some respondents were not sure whether this included glasses or contact lenses (it does not).	For round 2, a mandatory probe that reads as follows was added: “Do not include glasses or contact lenses.”
I57. {Do you/Does NAME} have any difficulty eating?	Some respondents were not sure whether this included difficulty chewing, swallowing, using utensils, etc.	To clarify, in round 2, we added a mandatory probe that reads: “This includes difficulty chewing, swallowing, or using utensils.”
Section J		
J3. {Do you/Does NAME} have to pay for any of this Medicaid coverage?	Some respondents were not sure whether this included co-pays or other out-of-pocket expenses they had to pay (it does not).	Since analysts will be able to match this against Medicaid Buy-in data, question J3 was dropped in round 2.

Round 1 Item	Problem / Issue	Revision
Section K		
<p>K1. Now, I'm going to ask you about the income {you/NAME} received last month, that is, in [INSERT LAST MONTH, THIS YEAR]. This includes earnings from work and benefits from different programs. When answering these questions, please think only about {your/NAME's} own earnings and benefits, and don't include earnings or benefits that other family members may have received.</p>	<p>This question series confused some respondents because K1 focuses on income from jobs and benefits. Questions K3 and K3a refer to income from jobs only, and question K4 refers to benefits only.</p>	<p>To clearly distinguish the questions asking about income from jobs from the questions asking about income from benefits, we revised the introductory text for questions K1, K3, and K4 as follows:</p>
<p>K3. Including all jobs {you/NAME} had, how much did {you/he/she} earn last month, that is, in [INSERT LAST MONTH, THIS YEAR] before taxes and deductions?</p>		<p>K1: The next set of questions is about income {you/NAME} received last month, that is, in [INSERT LAST MONTH, THIS_YEAR]. This includes earnings from work and benefits from different programs. When answering these questions, please think only about {your/NAME's} own earnings and benefits, and don't include earnings or benefits that other family members may have received.</p>
<p>K3a. Including all jobs {you/NAME} had, about how much was left last month, that is in [INSERT LAST MONTH, THIS YEAR] as take-home pay after taxes and other deductions?</p>		<p>K3: First thinking about the jobs {you/NAME} had last month, including all jobs {you/he/she} had, how much did {you/he/she} earn last month, that is, in [INSERT LAST MONTH, THIS YEAR] before taxes and other deductions?</p>
<p>K4. Last month did {you/NAME} receive any income from Social Security?</p>		<p>K4: Thinking about the benefits {you/NAME} received last month, did {you/he/she} receive any income from Social Security?</p>
<p>K15. How much income did {you/NAME} receive last month from this other assistance?</p>	<p>It is awkward to refer to "this other assistance" when the respondent just reported the type of assistance.</p>	<p>In round 2, we changed "this other assistance" to "the assistance you just told me about."</p>
Section M		
<p>M2a. What is your current contact information?</p>	<p>There was no place in the questionnaire to collect proxy contact information.</p>	<p>For round 2, we inserted questions to collect proxy contact information. This question series begins after M2.</p>

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APPENDIX B

REVISIONS MADE FOR THE LONGITUDINAL SAMPLE

APPENDIX B

REVISIONS MADE FOR THE LONGITUDINAL SAMPLE

Round 1 Item	Problem / Issue	Revision
Section B		
B1. Does a physical or mental condition limit the kind or amount of work or other daily activities {you/NAME} can do?	Longitudinal respondents might be concerned that they were being asked some of the same questions they had been asked at round 1. In particular, it may be awkward to ask respondents to report again on their physical and mental health conditions.	The following introductory text was added at the beginning of this module at round 2: “Thank you for agreeing to participate in the National Beneficiary Survey. The survey will cover questions that will help us learn about changes in {your/NAME’s} life since the last interview. Your answers are very important to the Social Security Administration. The first questions are about how {your/NAME’s} health affects {your/his/her} daily activities.
B3. {Do you/Does NAME} currently have any other physical or mental conditions that limit the kind or amount of work or other daily activities {you/he/she} can do?		The following introductory text was added at the beginning of this item: “Last year, we asked about physical or mental condition(s) that limited {your/NAME’s} ability to work or do other daily activities. We need to ask these questions again to be sure we have up to date information.” Additionally the word “currently” was added to questions B1 and B3, for example “Does a physical or mental condition currently limit the kind or amount of work or other daily activities {you/NAME} can do?”
B9. {Have you/Has NAME} received disability benefits from Social Security at any time during the last five years?	Questions B9 through B14 established survey eligibility in round 1, but there was no need to establish eligibility at round 2 for the longitudinal sample.	B9- B14 were not re-asked for respondents who completed round 1.
B10. We are only interviewing people who have received disability benefits in the past five years. I need to check with my supervisor and get back to you. Thank you for your help.		

APPENDIX B (continued)

B-2

Round 1 Item	Problem / Issue	Revision
B11. {Do you/Does NAME} still have the physical or mental conditions that made {you/him/her} eligible for Social Security disability benefits?		
B12. What physical or mental condition is the main reason {you were/NAME was} eligible for disability benefits?		
B13. {Do you/Does NAME} have any other physical or mental conditions that made {you/him/her} eligible for disability benefits?		
B14. What are those conditions?		
B15. What physical or mental condition was the main reason {you were/NAME was} limited when {you/he/she} first started getting disability benefits from Social Security?	<p>Questions B15 through B23 established the disabling condition(s) that the sample member had when he/she first started receiving benefits, the age at which he/she first became limited, and whether he/she was working at a job when he/she first became limited. Answers to these items were unlikely to change over time.</p>	<p>These items were skipped for longitudinal cases.</p>
B16. Did {you/NAME} have any other physical or mental conditions that limited the kind or amount of work or other daily activities {you/he/she} could do when {you/he/she} first started getting disability benefits?		
B17. What were those conditions?		
B18. How old {were you/was NAME} when {you/he/she} first became limited in the kind or amount of work or other daily activities {you/he/she} could do? Your best estimate is fine.		
B19. Did {you/NAME} become limited before the age of 18 or after age 18?		
B22. {Were you/Was NAME} working at a job for pay when {you/he/she} first became limited?		
B23. Did the job {you/NAME} had at that time require {you/him/her} to use a computer?		

APPENDIX B (continued)

Round 1 Item	Problem / Issue	Revision
B36. {Have you/Has NAME} ever worked for pay?	For the longitudinal sample, question B36 would only identify respondents who have worked in the last year. However, question B30 captures this same information for the longitudinal group.	B36 was dropped for longitudinal participants.

Section E

E3. {Have you/Has NAME} ever heard of a Plan for Achieving Self-Support or a PASS Plan? This is a Social Security incentive that lets {you/beneficiaries} set aside money to be used to help {you/them} reach a work goal. The money set aside does not affect {your/their} benefits.	In Section E of the round 1 questionnaire, longitudinal participants reported whether or not they had heard of the various SSA work incentive programs. Reporting awareness of these programs in round 2 may be biased by exposure to these items in round 1.	Longitudinal cases were skipped the program awareness items at round 2. However, because use can vary over time, we continued to ask if longitudinal beneficiaries if they have used any of these programs during 2004. Program definitions were added to the “ever used” items for the longitudinal cases. Due to a programming error at round 1, some respondents inappropriately skipped the awareness and use questions. This subset of longitudinal respondents received both the “ever heard of” and “ever used” questions.
E5. {Have you/Has NAME} ever heard of the earned income exclusion or the 1 for 2 earnings exclusion? This is a Social Security incentive where one-half of {your/a beneficiary’s} earnings over \$85 are not counted when Social Security figures {your/the} benefit.		
E7. {Have you/Has NAME} ever heard of Property Essential to Self-Support , or PESS ? This is a Social Security incentive where the dollar value of tools, equipment, or other property needed for {your/a beneficiary’s} work is excluded when Social Security figures {your/the} benefit.		
E9. {Have you/Has NAME} ever heard of Continued Medicaid Eligibility or 1619(b) coverage ? This is a Social Security incentive that lets {you/beneficiaries} keep {your/their} Medicaid insurance after {you/they} go to work, even if {your/their} benefits have stopped.		
E12. {Have you/Has NAME} ever heard of the student earned-income exclusion ? This is a Social Security incentive where if {you are/a beneficiary is} in school, up to \$1,340 of earnings per month are not counted when Social Security figures {your/the} benefit.		

APPENDIX B (continued)

B-4

Round 1 Item	Problem / Issue	Revision
E15.	{Have you/Has NAME} ever heard of a Trial Work Period? This is a Social Security incentive that lets {you/beneficiaries} earn above \$800 per month for nine months without losing {your/their} benefits.	
E17.	{Have you/Has NAME} ever heard of an Extended Period of Eligibility for Medicare ? This is a Social Security incentive that lets {you/beneficiaries} keep Medicare coverage when {you/they} go to work, even if {your/their} benefits have stopped.	
E19.	{Have you/Has NAME} ever heard of exclusions for Impairment-Related Work Expenses or Blind Work Expenses? This is a Social Security incentive where the value of certain impairment-related items is not counted when figuring {your/a person's} benefits and eligibility.	
E20a.	{Have you/Has NAME} ever heard of Expedited Reinstatement ? This is a Social Security incentive that lets beneficiaries restart their benefits without having to complete a new application if their attempts at work are not successful.	
E20c.	{Have you/Has NAME} ever heard of benefit specialists or BPAOs ? These are programs funded by Social Security to provide information to beneficiaries about how their benefits are affected by work.	

APPENDIX B (continued)

Round 1 Item	Problem / Issue	Revision
E26. In what year did {you/NAME or his/her representative} first hear about the Ticket to Work program?	Question E26 was designed to capture whether or not the sample member’s exposure to the Ticket to Work program was within the one-year recall period. This item was no longer relevant at round 2.	This question was dropped for the longitudinal sample at round 2.
E27. Now I would like to know how {you/NAME or his/her representative} first heard about the Ticket to Work program. Did {you/NAME or his/her representative} receive information in the mail?	Questions E27 through E35 ask how the sample member first heard about the Ticket to Work program (e.g., by phone, mail, etc.). Because these questions ask about one-time events, they should not change over time.	These questions were dropped for the longitudinal participant sample at round 2.
E28. Who sent {you/NAME or his/her representative} the information?		
E29. Did somebody call {you/NAME or his/her representative}?		
E30. Who called {you/NAME or his/her representative}?		
E31. Did somebody talk to {you/NAME or his/her representative} about the program in-person?		
E32. Who talked to {you/NAME or his/her representative} about the program?		
E33. Did {you/NAME or his/her representative} learn about the program on a web site?		
E34. Do you recall {NAME} getting a Ticket in the mail from Social Security? It looks like a certificate with blue and red writing and the title says ‘Ticket to Work and Self-Sufficiency’.		
E35. Did {you/NAME} ever try to get a Ticket from Social Security or anywhere else?		

APPENDIX B (continued)

B-6

Round 1 Item	Problem / Issue	Revision
E36. {Have you/Has NAME} ever used {your/his/her} Ticket to sign up with an Employment Network?	Since longitudinal respondents had already answered this item at round , only Ticket use in the past year would not be known.	This question was skipped for the longitudinal sample. All longitudinal cases who reported being aware of Ticket To Work were asked if they were signed up with an EN in 2004.
E37a. Now I am going to ask about {your/NAME's} Ticket use in 2004. When we interviewed you last year, you said {you were /NAME was} signed up with {EN FROM ROUND 1 E39 OR E46 WHEN E41=01 OR E45=01}. {Are you/Is NAME} currently signed up with {EN FROM ROUND 1 E39 OR E46 WHEN E41=01 OR E45=01}?	If respondents reported being signed up with an Employment Network (EN) in 2003 (at round 1), we wanted to refer to this EN and ask respondents if they were still signed up with this EN in 2004.	We added the following transitional text before question E37: "Now I am going to ask you about your Ticket use in 2004." If respondents reported being signed up with an Employment Network (EN) in 2003 at round 1, they received items E37a , E37Amth, E37ayr, E37a0, E37a1, and E37b instead of items E37, E38, E39, E40mth, E40yr, E41, E42mth, E42yr, and E43. If respondents were not signed up with an EN in 2003, they skipped to E37.
E37. Now I am going to ask you about {your/NAME's} Ticket use in 2004. {Were you/Was NAME} signed up with any Employment Networks or a State Vocational Rehabilitation Agency at any time in 2004?		
E48. {Have you/Has NAME} ever used {your/his/her} Ticket to sign up with any other Employment Networks that we haven't yet talked about?	Longitudinal participants will have already reported on all Employment Networks at round 1.	Questions E48 through E50yr were skipped for the longitudinal sample.
E49. How many other Employment Networks {have you/has NAME} been signed up with?		
E50mth. The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} Ticket to sign up with an Employment Network?		
E50yr. PROBE: The Ticket to Work program started in 2001. In what month and year did {you/NAME} first use {your/his/her} Ticket to sign up with an Employment Network?		

Round 1 Item	Problem / Issue	Revision
Section G		
<p>G1. First, I will ask about employment services {you/NAME} may have received.</p> <p>(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received any employment services to help {you/him/her} get a job?</p> <p>(IF DISABLED AT AGE 16 OR LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - B18_YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} received any employment services to help {you/him/her} get a job?</p>	<p>Information would be duplicated if longitudinal sample members were again asked if they had received employment, job training, medical services, mental health care, or been enrolled in school since becoming disabled (or since age 16).</p>	<p>For the longitudinal sample, these questions were revised to focus on employment-related services received in 2004 only (for example “Thinking about 2004, did you receive any employment services to help you get a job?”).</p>
<p>G10. Sometimes people get training to help them learn new skills so they can get a new job or change careers.</p> <p>(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received any training to help {you/him/her} get a new job or change careers?</p> <p>(IF DISABLED AT AGE 16 OR LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - B18_YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} received any training to help {you/him/her} get a new job or change careers?</p>		
<p>G15. Sometimes people with disabilities receive medical services to improve their ability to work or help them live independently. Some examples of these services are physical therapy, surgery, and help getting special equipment or devices.</p>		

APPENDIX B (continued)

Round 1 Item	Problem / Issue	Revision
	<p>(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received any medical services to improve {your /his/her} ability to work or live independently?</p> <p>(IF DISABLED AT AGE 16 OR LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - B18_YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} received any medical services to improve {your/his/her} ability to work or live independently?</p>	
<p>G19.</p>	<p>Sometimes people go to a mental health professional to get therapy or counseling to improve their ability to work or live independently.</p>	
	<p>(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} received mental health therapy or counseling to improve {your/his/her} ability to work or live independently? This could include treatment for alcohol or drug abuse.</p> <p>(IF DISABLED AT AGE 16 OR LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - B18_YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} received mental health therapy or counseling to improve {your/his/her} ability to work or live independently? This could include treatment for alcohol or drug abuse.</p>	
<p>G23.</p>	<p>(IF DISABLED BEFORE AGE 16 (B18_AGE < 16 OR IF BIRTHYEAR – B18_YEAR <16)) Since age 16, {have you/has NAME} enrolled in school or taken any classes to help {you/him/her} get a new job or change careers? Please do not include any training you have already told me about.</p>	

APPENDIX B (continued)

B-9

Round 1 Item	Problem / Issue	Revision
<p>(IF DISABLED AT AGE 16 OR LATER (B18_AGE ≥ 16 OR IF BIRTHYEAR - B18_YEAR ≥ 16)) Since becoming disabled, {have you/has NAME} enrolled in school or taken any classes to help {you/him/her} get a new job or change careers? Please do not include any training you have already told me about.</p>		
<p>G33. Think about all the services {you/NAME} received from {PROVIDER FROM G30_1 DE-DUPLICATED LIST}. In what year did {you/he/she} last receive services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST}? Was it in 2005, in 2004, or before 2004?</p>	<p>Questions G33, G34, and G35 ask respondents to report the time period in which they received services from each provider reported in Section G.</p>	<p>Since longitudinal respondents were only asked about services received in 2004, these items were skipped for longitudinal respondents.</p>
<p>G34. Was it: Within the last 2 years, 2 to 5 years ago, 5 to 10 years ago, or More than 10 years ago?</p>		
<p>G35. Did {you/NAME} receive services from {PROVIDER FROM G30_1 DE-DUPLICATED LIST} at any time in 2004?</p>		
Section L		
<p>L1: What is your ethnic background?</p>	<p>Answers to these questions should not change over time.</p>	<p>These questions were skipped for the longitudinal sample.</p>
<p>L2: What is your race?</p>		
<p>L4: What is the highest year or grade your father finished in school?</p>		
<p>L5: What is the highest year or grade your mother finished in school?</p>		