

**24 Month Interview: Work and Your Social Security Benefits (Form 10)**

**INTERVIEWER: Before you do this interview, be sure to check the person’s original employment goals from their baseline interview.**

**Check income and employment status from their 12 month interview.**

Date: \_\_\_\_\_

UConn ID: \_\_\_\_\_

Months in project: 24 or \_\_\_\_ (Change if person stopped earlier)

Interviewer: \_\_\_\_\_

Circle one: Treatment Control

Time began: \_\_\_\_\_

Person interviewed is (circle one): Client Someone else Client & someone else

If someone else, what is their relationship to the client?  
(i.e., case manager, friend, job coach, PA, etc.) \_\_\_\_\_

**Section A: Work Changes**

1. We would like to know if there have been any changes in your job or income since the last interview 12 months ago. Have you done any of the following in the past 12 months?

a. Compared to 12 months ago, has your income increased or decreased by at least \$100 a month?

*NOTE: It doesn't matter how their income has changed, e.g., wage increase, hour increase, new job, quit job...*

1 Earned \$100 less → **Skip to # 1b**

2 No change → **Skip to # 1b**

3 Earned \$100 more

997 Don't know → **If person does not remember, please remind them of their income 12 months ago using the info from Alison or their Form 9**

998 Refused

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

aa. **Ask only if earned \$100 more compared to 12 months ago:** What did you change about your work in order to earn more money in the past 12 months? (Probes: Do you increase your hours, get a new job that pays more, get a job if not employed 12 months ago, etc.)?

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b. In the past 12 months, did you tell your employer that you can now work more hours or earn more pay?

- 1 Yes
- 0 No
- 997 Don't know
- 998 Refused
- 999 NA – Have not worked in past 12 months

bb. Can you tell me about that?

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c. In the past 12 months, have you changed the number of hours you work at your current job?

- 1 Working fewer hours
- 2 No change
- 3 Working more hours
- 997 Don't know
- 998 Refused
- 999 Have not worked in the past 12 months

cc. Can you tell me about that?

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d. In the past 12 months, have you changed jobs (NOTE: Could be at any time in the past 12 months.)

- 1 Yes
- 0 No
- 997 Don't know
- 998 Refused
- 999 Have not worked in the past 12 months

dd. Can you tell me about that?

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e. In the past 12 months, have you added another job, or did you get a job if you did not have one before?

- 1 Yes
- 0 No
- 997 Don't know
- 998 Refused

ee. Can you tell me about that?

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2a. I need to ask you a question about working “under the table.” By “under the table” I mean working for cash that does not get reported to the government. Please remember that everything you tell us will be kept confidential and your individual answers will not be reported to the government. Do you earn any money by working “under the table”?

- 1 Yes
- 0 No → **Skip to #3**
- 997 Don't know
- 998 Refused

2b. **If Yes:** Is the amount of money you earn from working under the table less, the same, or more than it was 12 months ago?

- 1 Less
- 2 No change
- 3 More
- 997 Don't know
- 998 Refused
- 999 Not applicable

3a. Has participation in the Benefits Offset Project had any impact on your employment or job?

- 1 Yes
- 0 No → **Skip to # 4**
- 997 Don't know
- 998 Refused

3b. **If Yes or Don't know:** How? (Can you tell me a little bit about that? When you say\_\_\_\_\_, what are you thinking of?)

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4. When we first talked to you 24 months ago, the employment goals you listed were \_\_\_\_\_ . How successful have you been in reaching your employment goals over the past 24 months? Would you say ...

- 1 Very successful
- 2 Somewhat successful
- 3 Not too successful
- 4 Not at all successful
- 997 DK
- 998 REF

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**Ask Questions 5 – 8 only for people whose earnings have changed in the past 12 months (anyone who answered “Earned \$100 less” OR “Earned \$100 more” to question 1a):**

**If In Control with no earnings change, skip to question 9.**

5. When did your earnings change? Can you tell me the approximate date?

\_\_\_\_ Month

\_\_\_\_ Day

- 997 Don't know
- 998 Refused
- 999 Not applicable

6. How much money do you now earn each month before taxes?

- 1 \$ 0 – 415
- 2 \$ 416 – 650
- 3 \$ 651 – 900
- 4 \$ 901 or more
- 997 Don't know
- 998 Refused
- 999 Not applicable

7a. Did your change in earnings affect any other benefits you may receive, such as a housing subsidy, medical benefits, private disability payments, energy assistance, or any other benefit you may receive?

- 1 Yes
- 0 No → **Skip to # 8**
- 997 Don't know
- 998 Refused
- 999 Not applicable

7b. Can you tell me a little about that?

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**Ask question 8 Only if in Treatment group.**

8. As a participant in the Benefit Offset Program, you are required to report any changes in your earnings. Have you reported that your earnings have changed to the Connect to Work Center?

- 1 Yes
- 0 No
- 997 Don't know
- 998 Refused
- 999 Not applicable (code it N/A if do not need to ask question)

Record any comments:

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**ASK ALL RESPONDENTS (TREATMENT AND CONTROL:**

9. Since we last talked to you 12 months ago, has the amount of your SSDI cash benefit changed because your earnings changed?

(Note: Earnings could have changed at any time in past 12 months.)

- 1 Yes
- 0 No → **Skip to # 13**
- 997 Don't know
- 998 Refused

9b. Can you tell me about that?

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10. Do you still receive an SSDI cash benefit?

- 1 Yes
- 0 No
- 997 Don't know
- 998 Refused
- 999 Not applicable (code N/A Only if do not ask this question)

*Record any comments:*

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11. How long did it take for your SSDI cash benefit to change after you reported your change in earnings?

- 1 Less than 1 month
- 2 1 – 2 months
- 3 More than 2 months
- 997 Don't know
- 998 Refused
- 999 Not applicable (code N/A Only if do not ask this question)

*Record any comments:*

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12. Between the time you reported your earnings change and the time your SSDI cash benefit changed, did you receive an over payment or an under payment of your SSDI cash benefit (too much or too little money from SSDI)?
- 1 Yes, Over payment
  - 2 Yes, Under payment
  - 3 Neither
  - 997 Don't know
  - 998 Refused
  - 999 Not applicable (code N/A Only if do not ask this question)

*Record any comments:*

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**Section B: Current Job and Income**

Next, we'd like to talk about your current work status.

13. People are considered to be working if they are earning any amount of money for any amount of work performed. Are you currently working according to this definition?
- 1 Yes → **Skip to question 15**
  - 0 No
  - 997 Don't know
  - 998 Refused

14. When did you stop working? \_\_\_\_\_ (date) → **Skip to question 23**

15. Did you change your job in the past 12 months?
- 1 Yes
  - 0 No
  - 997 Don't know
  - 998 Refused

16. What is your current job or position? If you work more than one job, tell us about the one you where you earn the most money. (Check only one. Probe to choose category if not clear. Can write in and code after interview is over.)

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- 1 Executive, administrative, managerial (e.g. executives, small business owners)
  - 2 Professional (e.g. teachers, nurses, programmers, doctors, engineers)
  - 3 Secretarial, clerical (e.g. administrative assistants, bookkeepers, tellers)
  - 4 Technical, paraprofessional (e.g. drafters, teachers aides, nurses aides)
  - 5 Skilled craft (such as mechanics, assemblers, carpenters, electricians)
  - 6 Service, maintenance (such as child care, cafeteria or restaurant workers, janitors, truck or bus drivers)
  - 7 Sales and related work (e.g. cashiers, telemarketers, real estate sales, clerks)
  - 8 Farming, fishing, forestry and related work
  - 9 Sheltered work ( jobs reserved for people with disabilities; pay often by the piece)
  - 10 Other (specify): \_\_\_\_\_
  - 997 Don't know
  - 998 Refused
  - 999 Not applicable

17. Do you work for someone else, or are you self-employed? (Check one for primary job.)

- 1 Work for someone else
- 2 Self-employed
- 997 Don't know (describe) \_\_\_\_\_
- 998 Refused
- 999 Not applicable

18. When did you start working at this job (mm/dd/yyyy)? \_\_\_\_\_

- 997 Don't know
- 998 Refused
- 999 Not applicable

**ASK ALL WHO ARE CURRENTLY WORKING:**

19. How much of your talents and abilities does your job require you to use?

- 1 Most
- 2 Some
- 3 Practically none
- 997 Don't know
- 998 Refused
- 999 Not applicable

20. How many hours do you typically work each week?

\_\_\_\_\_ / week

- 997 Don't know
- 998 Refused
- 999 Not applicable, Not currently working

21. What is your average hourly wage before taxes for your primary job? Is it....

- |   |                          |     |                              |
|---|--------------------------|-----|------------------------------|
| 1 | Less than \$7.00 an hour | 7   | \$25 or more an hour         |
| 2 | \$7 – 9.99 an hour       | 8   | other: \$_____per_____       |
| 3 | \$10 – 12.99 an hour     | 997 | Don't know                   |
| 4 | \$13 – 15.99 an hour     | 998 | Refused                      |
| 5 | \$16 – 19.99 an hour     | 999 | Not applicable – not working |
| 6 | \$20 – 24.99 an hour     |     |                              |

22. Is it possible for you to increase your hours or your pay at your current job?

- 1 Yes
- 0 No
- 997 Don't know
- 998 Refused
- 999 Not applicable

**ASK ALL RESPONDENTS:**

23. In the past 12 months, did you want to earn more money or work more hours?

- 1 Yes
- 0 No → **Skip to question 25**
- 997 Don't know
- 998 Refused

24. **If Yes** – Were you able to earn more money or work more hours?

- 1 Yes → **Skip to question 26**
- 0 No
- 997 Don't know
- 998 Refused
- 999 N/A

Record any comments:

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25. **If No** – What were the reasons you did not earn (or did not want to earn) more money or work more hours in the past 12 months?

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- 997 Don't know
- 998 Refused
- 999 Not applicable

26. The following statements reflect how people think about work. For each of the following statements, please tell me how much you agree or disagree with each one using the following scale: strongly agree, agree, disagree, or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Refuse
Working provides me with opportunities for increasing my knowledge and skills.	1	2	3	4	997	998
The jobs I could get do not pay enough.	1	2	3	4	997	998
I want other people to find out how good I really can be at work.	1	2	3	4	997	998
Working increases dignity and self-respect.	1	2	3	4	997	998
Sometimes I feel that I should work because it is expected of me and not because I really want to.	1	2	3	4	997	998
I have a career plan for myself.	1	2	3	4	997	998
I worry that jobs I can get will be disappointing.	1	2	3	4	997	998
I feel most jobs are pretty boring and routine.	1	2	3	4	997	998
Working will increase my income.	1	2	3	4	997	998
I worry that the jobs I can get will mean that I'll have to do the same kind of work for the rest of my life.	1	2	3	4	997	998
Work can make me feel good about myself.	1	2	3	4	997	998
There are many career options available to me.	1	2	3	4	997	998
A job can give me the opportunity to do work I think is important.	1	2	3	4	997	998

**Section C: Disability and Work History**

27. For each of the following statements, please tell me how much you agree or disagree with each one using the following scale: strongly agree, agree, disagree, or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	REF	N/A
If I work more, I might lose my Social Security cash benefits.	1	2	3	4	997	998	
If Social Security makes a decision I don't agree with, I would know how to appeal it.	1	2	3	4	997	998	
If I stopped working after my SSDI benefits have been reduced or have ended, I would have problems getting my full benefits back.	1	2	3	4	997	998	
If I work more, I could have less money or income overall.	1	2	3	4	997	998	
If I earn too much money, I will lose other benefits such as food stamps, Section 8 housing, energy assistance, medical coverage, etc.	1	2	3	4	997	998	999
If I earn too much money, I could lose my private disability insurance payments.	1	2	3	4	997	998	999
If I earn too much money, I could lose my workers' compensation benefits.	1	2	3	4	997	998	999

28. In the past year, have you turned down a raise or an increase in hours because it might affect your Social Security disability benefits? (SSDI)

- 1 Yes
- 0 No
- 997 Don't know
- 998 Refused

29. In the past year, have you turned down a job offer because it might affect your Social Security disability benefits? (SSDI)

- 1 Yes
- 0 No
- 997 Don't know
- 998 Refused

30. How frequently do the people you count on for advice about work, such as your family, case manager, therapist or job counselor, give you conflicting or different advice about working?
- 1 Often
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
  - 997 Don't know
  - 998 Refused
  - 999 Not applicable – I never get advice about work from anyone.

**Section D: Demographics**

31. What is your current marital status?
- 1 Married
  - 2 Widowed
  - 3 Divorced
  - 4 Separated
  - 5 Single, never married
  - 6 Living together as though married
  - 997 Don't know
  - 998 Refused
32. Do you live with any other adults? This could include a spouse or other adult family member, any adult housemates, or a live-in personal assistant. *(Check all that apply)*
- 1 No, I live alone or I am the only adult in my household
  - 2 Yes, with a spouse, domestic partner, or significant other
  - 3 Yes, with my parent(s), guardian(s), sibling(s), or other relatives
  - 4 Yes, with a live-in personal assistant(s)
  - 5 Yes, with friends or roommates
  - 6 Yes, with others in a supervised group home or other supported residential setting. Includes a supervised living situation.
  - 7 Yes, other (describe): \_\_\_\_\_
  - 997 Don't know
  - 998 Refused

**Section E: Your Health**

33. Do you have any of the following health care coverage? (Read list and check all that apply.)

- 0 No health insurance → **Go to question 34**
- 1 Medicaid or Title 19
- 2 Medicare
- 3 Veterans benefits
- 4 Health insurance through my employer
- 5 Health insurance through my spouse or partner
- 6 Health insurance through my parent or other family member
- 7 Health insurance I bought myself
- 8 Other (describe): \_\_\_\_\_
- 997 Don't know → **Go to question 34**
- 998 Refused → **Go to question 34**

**Ask Question 34 only if person reported no health insurance, did not know, or refused**

34. How do you pay for your doctor visits or other medical bills?

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35. In general, would you say your health is:

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 997 Don't know
- 998 Refused

36. During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, or irritable? Would you say....

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a lot
- 5 Extremely
- 997 Don't know
- 998 Refused

37. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school, or other daily activities?

- 1 Not at all
- 2 Very little
- 3 Somewhat
- 4 Quite a lot
- 5 Could not do activities
- 997 Don't know
- 998 Refused

38. Please tell me if you need any assistance from another person for any of the following activities. That is, do you perform the activity by yourself (with or without assistive devices), do you need some help from another person to perform the activity, or are you not able to do the activity at all?

	By self (with or w/o equipment)	Some help	Not able to do	DK	REF
Dressing	0	1	2	997	998
Bathing or showering	0	1	2	997	998
Grooming and personal care (i.e., brushing teeth, shaving, combing hair, etc.)	0	1	2	997	998
Using the toilet	0	1	2	997	998
Feeding self	0	1	2	997	998
Transferring – ability to move to/from chair, bed, wheelchair, etc.	0	1	2	997	998
Doing household chores, housecleaning, laundry	0	1	2	997	998
Taking medications correctly	0	1	2	997	998
Using the telephone	0	1	2	997	998
Shopping for groceries	0	1	2	997	998
Preparing and cooking food	0	1	2	997	998
Managing money	0	1	2	997	998

39. Since we last talked to you 12 months ago, have you used any of the following supports for yourself? (Read entire list and check any supports the person has used in the past 12 months. If not, leave blank).

- Bureau of Rehabilitation Services
- Board of Education and Services for the Blind
- Native American Tribal Vocational Rehabilitation Program
- Veterans Vocational Rehabilitation
- One Stop Centers
- Commission of the Deaf and Hearing Impaired
- Community Action Agencies
- Senior Job Banks
- School based Employment Placement Offices
- Self-funded using Social Security Work Incentives
- Department of Mental Health and Addiction Services
- Department of Mental Retardation
- Community Providers / Ticket to Work
- Medicaid for Employed Disabled
- Housing – Rent Based Work Incentive
- Individual Development Accounts
- Protection and Advocacy
- Independent Living Centers
- Child Care so you can work
- Transportation to or from work
- Personal Assistance
- Dress for Success
- Tax Incentives for Low Income Earners
- Other employment support (write in) \_\_\_\_\_

40. Is there anything else you'd like to tell us about your experiences with the Benefits Offset Project?

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**Thank you for taking the time to complete this survey. This is your final survey. We appreciate your help with this project.**

Time finished: \_\_\_\_\_

Total time: \_\_\_\_\_