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OMB#: 0925-0584 Exp. 8/31/2017

## **HCHS/SOL-Socio Economic/Occupation Questionnaire**

ID NUMBER:			ORM CODE: SEE :SION: 1, 9/23/2014	Contact Occasion	0 2 SEQ#							
ADMINISTRATIVE INFORMATION												
0a. Completion Date:				0b. Stat	ff ID:							
Instructions: Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.												
A. Assets												
1. Is your house, apartment	t, or mobile ho	me?										
Owned by you or someone in the household free and clear without a mortgage or loan 1												
Owned by you or someone in the household with a mortgage or loan 2 Go to Question 2												
		Rented	3 🗌									
Occupied without payment 4												
Other arrangement 5 Go to												
Question 1.a.												
a. [If other arrangement, ask] Can you please describe the other arrangement?												
Motel/Hotel 1												
	•	eatment facility	2									
S	enior Assisted	d Living Facility	3 📗									
		Nursing home	4 🗌	Go to Quest	ion 2							
	Ho	5	CO to QUESTION 2									
	Eme	ergency shelter	6 🗌									
Living in the s		loned building, in station, car)	7 🗆									
Recreationa	al Vehicle (RV)	) campgrounds	8									
	Other 9	Go to Questio	n 1.b.									
b. If other, pleas	e specify:											
2. Do you have a bank according U.S. or Puerto Rico?	ount (for exam	nple, savings, ch	necking), mortg	gage loan or cre	edit card with a bank in							
	No 0 🗌	]										
	Yes 1	]										
Don't know/N	Not sure 2	]										
ſ	Refused 9	]										

	ID NUMBER:											DDE: SE		Contact Occasion	0	2	SEQ#	
	B. Annual H	ous	ehol	d In	com	e	•	•										
	3. Counting the income of all the members of your household, was your household income for the year																	
(In	Include all money received from all sources)  Less than \$30,000 1 □ → GO TO QUESTION 4																	
			Ф	30,0	0 000	r mor	е	2 📙	$\rightarrow$	GO	I O QU	JESTION 5						
4.	Is that income.	L	Less than \$10,000															
					\$	10,0	01-\$	15,00	0	2								
					\$	15,0	01-\$	20,00	0	3 🗌								
					\$	20,0	01-\$	25,00	0	4								
					\$	525,001-\$29,999 5												
5.	Is that income.	\$	30,0	00-\$	40,00	0	1 🗌											
					\$	40,0	01-\$	50,00	0	2								
					\$	50,0	01-\$	75,00	0	3 🗌								
					\$	75,C	01-\$	100,0	00	4								
					Ν	1ore	than	\$100	0,000	5 🗆								
6. How many people, including yourself, were supported by this income during the year?  Number of people																		
	C. Occupation	on																
7.	Are you retired	?		No	0 🗌	Go	to Qı	uestio	n 8		Ye	s 1 🗌						
	a In wha	at ye	ar di	d yo	u ret	ire?												
8.	In the past 12	mon	ths,	did	you	have	e any	paid	emp	oloymen	t?							
	No	0	G	o to	Qu	esti	on 1	2		Yes	1[							
9.	In the <b>past 12</b> i	mon	ths,	how	/ ma	ny n	nonth	ns did	you	work?								
		N	lumb	oer c	of mo	onths	6	For	less	than o	ne m	onth r	ecord	i 01				
	. When you we ore hours/week					g th	e pas	st 12	mon	nths, in	an av	erage	mont	h, how ma	ny ful	l-time	jobs (30	or
		N	lumb	er o	f full	-time	e job(	(s)	if	f=0, Go	to Qı	uestio	n 11;i	f 1 or mor	e, Go	to Q	uestion	10a
	10a. On a	avera	age, l	how	mar	ny ho	ours	per w	eek	did you	work	in thos	se full	-time jobs?	•			
	Total average hours per week in full-time job(s)																	

	ID NUMBER:									M CODE: SEE ON: 1, 9/23/20		Contact Occasion	0 2	SEQ#	
	10b. Approximately, how many full-time employees work for your PRIMARY employer (check one).														
	I am self-employed and have no full-time employees. 1														
	Under 50. I work for a small business 2														
	50 or more. I work for a large company 3														
11. When you were working <b>during the past 12 months</b> , in an average month, how many part-time jobs (less than 30 hours/week) did you have?															
	Number of part-time job(s) if=0, Go to Question 14; if 1 or more, go to Questions 11a												а		
b. On average, how many hours a week did you work in those part -time jobs?															
	Total average hours per week in part-time job(s) Go to Question 14														
	Participants with NO paid employment, in the past 12 months														
12	. Were you loo	king for	any k	kind (	of pa	aid wo	ork a	at any	y time in t	ne <b>past 12</b>	month	ıs?			
	No 0 Go to Question 13 Yes 1 Go to Question 12a														
	12a. If ye	es, how	long	did y	ou l	look f	or w	ork?							
				nu	mbe	er Of:	12	2.a.1	. Days	1 🗌					
									Months	s 3 🗌					
	(if particip	ant repo	orts le	ess th	nan (	one n	nontl	h) <b>G</b> o	o to Ques	tion 13					
13	. What was the	main re	easor	ı you	ı did	not v	vork	for p	ay in the	past 12 mc	onths (	(Check onl	y one)?		
							Re	etirec	1						
					G	oing	to s	choo	l 2						
						Hoi	mem	naker	3 🗌						
		Unabl	e to v	vork	for h	nealth	rea	sons	4						
							Disa	abled	l 5□						
				On	layo	ff/une	emple	oyed	6						
							С	Other	: 7						
		Specif	y:												

ID NUMBER:									VE	FORM C ERSION: 1			Conta Occasi		0	2	SEQ#			
D. Education																				
14. Have you been involved in any educational or training program since the first SOL center visit? (add a field to provide V1 Date)														ld						
No	0 ☐ If no, End Questionnaire Yes 1 ☐																			
15. What was the highest grade/level of education achieved? (Mark only one, If exact level is not listed, mark the closest equivalent.)																				
	Elei	men	tary	/prim	nary	scho	ol (i	inclu	ides gra	ades 1 -	- 5)	1 🗌								
	Mid	dle	scho	ol/ju	ınior	high	i (ind	clud	es grad	es 6 – 8	8)	2 🗌								
	High School/preparatory school/GED										3 🗌									
	Trade school/vocational school										4 🖳									
	University/college											5 🖂								
	Other											6								
	If other, please specify:																			