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

## HCHS/SOL- Socio Economic/Occupation Questionnaire

ID NUMBER:

FORM CODE: SEE  
VERSION: 1, 9/23/2014

Contact Occasion   SEQ #

### ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /

0b. Staff 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, or mobile home...?

- 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
- Rented 3
- Occupied without payment 4
- Other arrangement 5

**Go to Question 2**

**Go to Question 1.a.**

a. [If other arrangement, ask] Can you please describe the other arrangement?

- Motel/Hotel 1
- Residential drug/alcohol treatment facility 2
- Senior Assisted Living Facility 3
- Nursing home 4
- Homeless shelter 5
- Emergency shelter 6
- Living in the streets (Abandoned building, park, train station, car) 7
- Recreational Vehicle (RV) campgrounds 8
- Other 9

**Go to Question 2**

**Go to Question 1.b.**

b. If other, please specify: \_\_\_\_\_

2. Do you have a bank account (for example, savings, checking), mortgage loan or credit card with a bank in the U.S. or Puerto Rico?

- No 0
- Yes 1
- Don't know/Not sure 2
- Refused 9

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**B. Annual Household Income**

3. Counting the income of all the members of your household, was your household income for the year...  
(Include all money received from all sources)

- Less than \$30,000 1  → **GO TO QUESTION 4**
- \$30,000 or more 2  → **GO TO QUESTION 5**

4. Is that income...
- Less than \$10,000 1
  - \$10,001-\$15,000 2
  - \$15,001-\$20,000 3
  - \$20,001-\$25,000 4
  - \$25,001-\$29,999 5

5. Is that income...
- \$30,000-\$40,000 1
  - \$40,001-\$50,000 2
  - \$50,001-\$75,000 3
  - \$75,001-\$100,000 4
  - More than \$100,000 5

6. How many people, including yourself, were supported by this income during the year?

Number of people

**C. Occupation**

7. Are you retired? No 0  Go to Question 8 Yes 1

a. - In what year did you retire?

8. In the **past 12 months**, did you have any paid employment?

No 0  **Go to Question 12** Yes 1

9. In the **past 12 months**, how many months did you work?

Number of months **For less than one month record 01**

10. When you were working **during the past 12 months**, in an average month, how many full-time jobs (30 or more hours/week) did you have?

Number of full-time job(s) **if=0, Go to Question 11 ; if 1 or more, Go to Question 10a**

10a. On average, how many hours per week did you work in those full-time jobs?

Total average hours per week in full-time job(s)

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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 **during the past 12 months**, 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**

a. 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 looking for any kind of paid work at any time in the **past 12 months**?

No 0  **Go to Question 13**

Yes 1  **Go to Question 12a**

12a. If yes, how long did you look for work?

number Of: 12.a.1. Days 1

Months 3

(if participant reports less than one month) **Go to Question 13**

13. What was the main reason you did not work for pay in the **past 12 months** (Check only one)?

Retired 1

Going to school 2

Homemaker 3

Unable to work for health reasons 4

Disabled 5

On layoff/unemployed 6

Other: 7

Specify: \_\_\_\_\_

ID NUMBER:								
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**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)

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.)

- Elementary/primary school (includes grades 1 – 5) 1
  - Middle school/junior high (includes grades 6 – 8) 2
  - High School/preparatory school/GED 3
  - Trade school/vocational school 4
  - University/college 5
  - Other 6
- If other, please specify: \_\_\_\_\_