Financial Situation, Labor Experience, and Educational Experience

1. Have yo	ou ever in your life	time had a job for which you were paid?
Yes	3	1
No		0
Ref	use to Answer	8
If Question	1 is not equal to	1, then skip to Question 5.
2. Do you	currently have a j	ob for which you are paid (including being paid under the
table or pa	id in cash)? (Cho	ose one)
Yes	3	1
No,	unemployed	2
No,	retired/disabled	3
Ref	use to Answer	8
If Question	2 is not equal to	1, then skip to Question 5.
3. Please	specify your job ti	tle, duties, and hours that you work per week.
<u> </u>		
4. In a typ	ical week, how ma	any hours do you work at a job outside the home? If you
have more	than one job, con	nbine the hours for all jobs to make a total number of hours
worked pe	r week.	
hou	ırs	
Ref	use to Answer	888
5. Which o	of the following be	st describes the financial situation of your entire household?
(Choose o	ne)	
1	Struggling to	survive, not enough money to pay bills and buy food
2	Barely paying	the bills
3	Have the nec	essities, have money to cover needs
4	Comfortable,	have money to purchase extras
8	Refuse to Ans	swer

6.	How much money, from	all sources combined, did you receive last month?
	\$	\$
	888888 Refus	se to Answer
7.	Do you have health insur	rance for yourself?
	Yes	1
	No	0
	Refuse to Answer	8
8.	Do you have health insur	rance for your family?
	Yes	1
	No	0
	Refuse to Answer	8
9.	Do you receive ADAP (A	IDS Drugs Assistance Program) to cover your HIV
me	edications?	
	Yes	1
	No	0
	Refuse to Answer	8
10	. Do you have Medicaid	or other government health coverage to pay for your
me	edications and prescriptio	ns?
	Yes	1
	No	0
	Refuse to Answer	8
11	. Do you have other insu	rance to pay for medications and prescriptions?
	Yes	1
	No	0
	Refuse to Answer	8

12. No	ow I am	going to read you a list of programs. Please tell me which of	ones, if any,
you cu	rrently i	receive. Please say "yes" or "no" to each. (Check all that ap	oply)
	Medi-C	Cal	
	Welfar	e / TANF (Temporary Assistance for Needy Families)	
	SSI (S	upplemental Security Insurance)	
	SSD (S	Social Security Disability)	<u> </u>
	SS Su	rvivor Benefits (i.e., Social Security)	
	VA Be	nefits	
	Food S	Stamps	
	WIC		
	Section	n 8 housing	
	Genera	al Relief (GR)	
	CalWC	DRKS / GAIN (Greater Avenues for Independence)	<u> </u>
	HOPW	/A (Housing Opportunities for People Living with AIDS)	<u> </u>
	HEAP	(Home Energy Assistance Program)	<u> </u>
	Other		
	Emerg	ency medical	
	Shelte	r program	
	Any ot	her housing or rent subsidy program	<u> </u>
	Refuse	e to Answer	
If Ques	stion 12	N is not equal to 1, then skip to Question 14.	
13. Pl	ease sp	pecify the other program.	
	_		
14. W	hat is th	ne highest educational level you have completed? (Choose	one)
	01	8th grade or less	
	02	Some high school	
	03	High school diploma	
	04	GED (General equivalency diploma)	
	05	Trade or vocational school (e.g. barber school or plumbing)
	06	Some college	
	07	Associates Degree (AA, AS)	
	80	College graduate (BA, BS)	

	09	Graduate or	professional school degree (MA, PhD, JD, MBA, etc.)
	10	Other	
	77	Don't Know	
	88	Refuse to An	swer
If Que	estion 14	l is not equal t	o 10, then skip to Question 16.
4E D		: f 4 - - - - -	ant avenda visis la sisa a carallata d
15. P	riease sp	pecify the high	est grade you have completed.
		_	
16. D	o you c	urrently have a	a regular romantic partner? By romantic partner, I mean a
husba	and, boy	friend, girlfrien	d, etc.
	Yes		1
	No		0
	Refuse	e to Answer	8
If Que	estion 16	is not equal t	o 1, then skip to instruction before Question 20.
17. D	o you liv	ve with your pa	artner?
	Yes		1
	No		0
	Refuse	e to Answer	8
18. A	ire vou r	narried to this	person?
	Yes		1
	No		0
		e to Answer	8
19 ls	s he/she	the parent of	any of your children?
10. 10	Yes	the parent of	1
	No		0
		e to Answer	8
If Our			then skip to instruction before Question 21.
יו עענ	วงแบบ 10	, is c quai io 1,	then stip to instruction before Question 21.

20. Have you ever been married?				
Yes	1			
No	0			
Refuse to Answer	8			
If Question 16 is not equal to	1, then skip to end.			
21. Currently, does your par	rtner have a job for which he/she is paid (in	cluding being		
paid under the table or paid	in cash)? (Choose one)			
Yes	1			
No, unemployed	2			
No, retired/disabled	3			
Don't Know	7			
Refuse to Answer	8			
If Question 21 is not equal to	1, then skip to Question 23.			
22. Please specify your part	tner's job title and duties and hours worked	per week.		
		_		
		_		
		_		
23. Now I am going to read	you a list of programs. Please tell me which	n ones, if any,		
your partner currently receive	es. Say "yes" or "no" to each. (Check all th	at apply)		
Medi-Cal				
Welfare / TANF (Tem	nporary Assistance for Needy Families)			
SSI (Supplemental S	ecurity Insurance)	<u> </u>		
SSD (Social Security	Disability)			
SS Survivor Benefits	(i.e., Social Security)			
VA Benefits	•			
Food Stamps		 		
WIC				
Section 8 housing				
General Relief (GR)		 		
, ,	Greater Avenues for Independence)	 		

HOPWA (Housing Opportunities for People Living with AIDS)	
HEAP (Home Energy Assistance Program)	
Other	
Emergency medical	
Shelter program	
Any other housing or rent subsidy program	
Refuse to Answer	
If Question 23N is not equal to 1, then skip to Question 25.	
24. Please specify the other program.	
	_
25. How much money, in total, did your partner give to the household la	ıst month?
\$ \$	
888888 Refuse to Answer	