

Project GATE
Public Use Dataset
Application Form and Survey Waves 1, 2 and 3
December 2009

Table of Contents

INTRODUCTION.....	2
KEY VARIABLES	4
APPLICATION FORM.....	5
FOLLOW-UP SURVEYS.....	7
APPENDIX A. APPLICATION FORM.....	9
APPENDIX B. SURVEY INSTRUMENT, WAVES 1 AND 2	20
APPENDIX C. SURVEY INSTRUMENT, WAVE 3	79
APPENDIX D. APPLICATION QUESTIONS AND VARIABLES	129

Introduction

The Project GATE (Growing America Through Entrepreneurship) demonstration, sponsored by the U.S. Department of Labor, was designed to evaluate the impact of offering tuition-free entrepreneurship training services on various labor market outcomes. These outcomes included: formation of small businesses, self-employment status, earnings from self-employment as well as from wage and salary employment, and use of the Unemployment Insurance program.

Project GATE was implemented in three states (Maine, Minnesota, and Pennsylvania) and accepted applicants for random assignment into Treatment or Control groups from September 2003 through July 2005. Treatment Group members were offered entrepreneurship assessment and training services free of charge, while Control Group members were not offered any assistance in starting or expanding their own businesses.

Follow-up surveys were administered in three waves, at approximately 6, 18, and 60 months, respectively, after random assignment:

Survey Wave	Months After Random Assignment
1	6
2	18
3	60

The public use dataset for Project GATE consists of four separate SAS datasets (SAS9.2) accompanying by SAS format catalogs. When reading the data, please refer to SAS format catalogs specific for each file:

1. **application.sas7bdat** with **format_appl.sas7bcats**. This file contains data from the Application Form, as well as the variable named **treatment** which indicates whether the individual was in the Treatment Group or the Control Group, and the variable named **date_random_assignment** which provides the date of random assignment.
2. **wave1.sas7bdat** with **formats_w1_w2.sas7bcats**. This file contains data from Wave 1 of the follow-up survey.
3. **wave2.sas7bdat** with **formats_w1_w2.sas7bcats**. This file contains data from Wave 2 of the follow-up survey.
4. **wave3.sas7bdat** with **formats_w3.sas7bcats**. This file contains data from Wave 3 of the follow-up survey.

Supporting documents are in the Appendices.

- **Appendix A** contains the Application Form for Project GATE.
- **Appendix B** contains a paper version of the CATI survey instrument used in Wave 1 and Wave 2. These survey instruments were virtually identical. The only difference was that in some questions, the respondent was asked about events (such as businesses started or jobs held) since a certain previous date. On the Wave 1 survey, the previous date was the date of random assignment; on the Wave 2 survey, the previous date was the date of the Wave 1 survey.
- **Appendix C** contains a paper version of the CATI survey instrument used in Wave 3. This survey instrument differed slightly from Waves 1 and 2; some questions were

modified, added, or deleted.

- **Appendix D** contains a listing that maps questions on the Application Form to variables in `application.sas7bdat`.

Codebooks

Codebooks for these four datasets are provided in separate documents. Each codebook lists the variable name, the survey question it corresponds to, a brief description of the variable, the value label, valid values of the variable, the count showing how many observations had each value, and variable statistics. There are several kinds of statistics:

- For categorical variables, the percent of observations having each possible value is shown.
- For date variables, the earliest and latest dates are shown.
- For continuous variables, the mean value, the minimum value, the maximum value, and the standard deviation are shown.

Naming Scheme for Variables

The Wave 3 survey follows a particular naming scheme for the variable names. The first character represents the section in the questionnaire. For example, *b* represents section B in the questionnaire; this section contains business-related questions. The next three characters represent an abbreviation of the question pertaining to the variable. For example, *rsn* denotes “reason” and *hlp* denotes “help”. The next character, if it exists, is used to distinguish among multiple variables created from the same question. For example, the variable named *bsala* represents the amount of salary which the respondent took from the business (a number such as \$1,000), while the variable named *bsalu* represents the timing unit of these earnings (for example, “per week” or “per month”). Suffixes on the variable name such as *_a*, *_b*, etc. represent dummy variables created from multiple choice questions. In such multiple choice questions, the choices might be labeled “a”, “b”, etc. in the survey instrument. Suffixes such as *_b1*, *_b2*, ..., *_b4* and *_j1*, *_j2*, ..., *_j5* represent business and job number respectively. That is, some questions asked about information on up to four businesses, while other questions asked about information on up to 5 different wage and salary jobs. Finally *w1*, *w2* and *w3* represent the wave of the variable.

Variables which appeared in all three waves of the survey follow the above naming scheme. Some variables in the Wave 1 and Wave 2 survey instruments did not appear in the Wave 3 survey instrument. These variables follow a different naming scheme, where the first letters of the variable name are *w1_* or *w2_*, indicating the wave, and subsequent letters are more descriptive of the variable meaning than the above naming scheme. We have maintained these two separate naming schemes in order to readily distinguish those variables which appear in all three survey instruments.

There are two schemes for coding *don't know* and *refused* responses. In Wave1, Wave2, and Wave3, *don't know* responses are coded as “-2” and *refused* are coded as “-3”. In the application data, *don't know* and *refused* are coded together as “-4”. The difference in coding is caused by the fact that in the Application questionnaire, *don't know* and *refused* are not possible answers, nevertheless some respondents choose to answer some questions.

Findings from the impact evaluation using data from the first two waves of the survey were published in May 2008¹. Findings from the impact evaluation using data from all three waves will be published by the U.S. Department of Labor in 2010.

Key Variables

Unique Identifier. The variable used to uniquely identify individual GATE participants is *gateid*. This identifier is included in all three datasets: the application form; the Wave 1 survey; and the Wave 2 survey. *Gateid* consists of two letters representing the state in which the participant resided (MN, PA, or ME) followed by a four-digit number, for example “MN1234”. This variable can be used to merge data from the three datasets.

Evaluation Group. Each individual who was eligible for GATE and who submitted a completed Application Form was randomly assigned to either the Treatment Group or the Control Group. The variable named *treatment* has value 1 if the individual was in the Treatment Group, or 0 if the individual was in the Control Group. This variable is in the survey datasets.

Date of Random Assignment. Each individual’s date of random assignment is critical because it determines when the individual becomes eligible for each of the follow-up surveys and it also serves as a starting point for measuring subsequent labor market outcomes. The variable is named *date_random_assignment* and it appears in the Application dataset.

¹Growing America Through Entrepreneurship: Findings from the Evaluation of Project GATE. Jacob Benus, Sheena McConnell, Jeanne Bellotti, Theodore Shen, Kenneth Fortson, and Daver Kahvecioglu. May 2008.

Application Form

Individuals who were interested in Project GATE were invited to a group Orientation Session to learn more about the project and about entrepreneurship in general. After completing the Orientation Session, interested individuals were given a nine-page Application Form and were instructed to fill out the form and mail it to the evaluation contractor. Data from the Application Form are available in the Application dataset.

After receiving each Application Form, the evaluation contractor checked the form for completeness. Individuals who submitted an Application Form that proposed an illegal business idea were disqualified from participation in Project GATE. The only other requirements for eligibility for GATE participation were (a) that the applicant was at least 18 years old as of the date of random assignment; and (b) the applicant was lawfully able to work in the United States. The viability of the proposed business idea and the applicant's qualifications to start or expand a business had no bearing whatsoever on eligibility.

Once an applicant was deemed eligible for participation in Project GATE, the applicant was randomly assigned to either the Treatment Group or the Control Group. Random assignment was performed using a computer program utilizing a random number generator. Each eligible applicant has a 50% chance of being assigned to the Treatment Group and a 50% chance of being assigned to the Control Group.

Random assignment typically occurred within 3 days after receipt of the completed Application Form. For this reason, data on the Application Form may be considered to be baseline information, describing the applicant's characteristics immediately prior to random assignment.

Procedure for Cleaning Application Form Data

Double data entry. The data from each Application Form were entered into a central database using a double data entry system. For each Application Form, one data entry staff member entered the data from the Application Form into the database, then another data entry staff member entered the data from the same Application Form into the database. The double data entry program compared the data entered by the two individuals for each question and produced a report identifying the questions on the Application Form where the two staff members entered different responses. For each question identified on this report, a third, supervisory staff member reviewed the Application Form to determine the correct response and then entered that correct response into the database. A double data entry system makes two underlying assumptions:

1. If both data entry staff members enter the same response for a given question into the database, then that response is the actual response that the applicant wrote on the Application Form.
2. If the two data entry staff members enter different responses into the database, then one of those responses is incorrect (and sometimes, both responses are incorrect).

Data validation. In the user interface of the double data entry system as well as in the database itself, data validation checks were implemented in order to increase the level of cleanliness of the data.

Backcoded variables. Some questions included an “Other/Specify” category. In these questions, if this category was marked, the applicant or survey respondent was asked to specify a description elaborating on the choice of “Other”. This description was recorded verbatim. In some cases, a review of the verbatim responses revealed certain categories of responses that were made by numerous individuals. In such cases, additional categories were added to the original set of categories on the Application Form or survey instrument.

Application Form Questions Omitted from the Public Use Dataset

To protect the privacy of the GATE participants, responses to some of the questions in the survey instruments are omitted from the public use dataset. These include not only personal identifiers but also responses recorded verbatim.

The questions in the Application Form which are omitted from the public use dataset are:

Background Section

- Q1. First name, middle initial, last name
- Q2. Address
- Q3. Email address
- Q4. Social Security Number
- Q5. Date of Birth (however, an integer age as of the date of random assignment, derived from the date of birth, is provided in the public use dataset)
- Q7. Home phone number
- Q8. Cell phone number
- Q9. Other phone number
- Q11. Ethnicity. This variable was a verbatim coding.
- Q38. Type of company most recently employed at. This was a verbatim coding.
- Q39. Job title at company of most recent employment.

Business Idea Section

- Q1. Description of the applicant’s business idea

Follow-up Surveys

To protect the privacy of the GATE participants, responses to some of the questions in the survey instruments are omitted from the public use dataset.

Survey Questions Omitted for Privacy

The questions in the survey instruments which are omitted from the public use dataset are:

Wave1 & Wave2:

- B5a. What organizations provided these classes, workshops, or seminars?
- B8a. What organizations provided you with counseling or technical assistance?
- B11a. What organizations provided a peer support group?
- B14a. What organizations provided you with a mentor?
- B16. What were they?
- B16a. What organizations provided you with these other services?
- B33a. In what other ways did these services help you?
- C5. Please tell me about your (most recent/next) self-employment experience. What was the name of the business?
- C5a. What other businesses have you owned since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?
- C6. When did you start operating this business as the owner? [The survey asked for the month, day, and year, but the day is omitted from the public use dataset.]
- C7. When did you stop operating this business as the owner? [The survey asked for the month, day, and year, but the day is omitted from the public use dataset.]
- C10. What (is/was) the main product or activity of this business? RECORD VERBATIM
- C36c. What was the source of these grants? RECORD VERBATIM
- C41. What is the zip code where your business (is/was) located?
- D7. What is the name of the employer?
- D8. When did you start working for (EMPLOYER)? [The survey asked for the month, day, and year, but the day is omitted from the public use dataset.]
- D9. When did you stop working for (EMPLOYER)? [The survey asked for the month, day, and year, but the day is omitted from the public use dataset.]
- D10. What kind of company (is/was) (EMPLOYER)? What (do/did) they make, sell, or do?
- D11. What (do/did) you do there? PROBE: What (is/was) your job title?

Wave3:

- B4: Name of organization providing SE training
- B8: Name of organization providing SE counseling
- B12: Name of organization providing peer support group
- B16: Name of organization providing mentor
- B18: Description of other SE services last 12 months

B19: Name of organization providing other SE services
B26: How SE services helped in other ways in last 12 months
B31: Would help: description of other
C4: Name of Business
C5. When did you start operating this business as the owner? [The survey asked for the month, day, and year, but the day is omitted from the public use dataset.]
C6. When did you stop operating this business as the owner? [The survey asked for the month, day, and year, but the day is omitted from the public use dataset.]
C9: Main product or activity of Business
C52: Source of grants Business
C57: Zipcode where Business was located
D5: Name of employer
D7. When did you start working for (EMPLOYER)? [The survey asked for the month, day, and year, but the day is omitted from the public use dataset.]
D8. When did you stop working for (EMPLOYER)? [The survey asked for the month, day, and year, but the day is omitted from the public use dataset.]
D9: Employer product/service
D10: Job description/job title

In addition, a number of questions in the surveys have “Other (Specify)” as a choice. When the respondent responded with “Other”, the survey interviewer was asked to record the value provided by the respondent verbatim. The public use dataset records the fact that the response was “Other”, but omits all of the associated verbatim responses in order to protect the respondent’s privacy. The questions with “Other (Specify)” where the verbatim “Specify” responses are omitted are:

The questions with “Other (Specify)” where the verbatim “Specify” responses are omitted are:

Wave1 & Wave2:

B2, B21, B35, B37, C1, C8, C9, C17, C18C, C21, C26, C32, C33, C34, C39, C40, C48, C49, C51A, C54, C56, D4, D12, D17, D19, D21

Wave3:

B22, B29, B31, C7, C8, C16, C20, C26, C33, C39, C44, C46, C55, C56, C61, C62, C64, C67, D2, D11, D16, D17, D21, D23, D25, F9

Appendix A. Application Form

Each individual who completed a GATE Orientation Session was offered a 9-page paper GATE Application Form to fill out and mail to the evaluation contractor. The Application Form follows.

**GROWING AMERICA THROUGH
ENTREPRENEURSHIP
(Project GATE)**



APPLICATION PACKET

Please answer all questions on this application packet. The information collected in this application packet will be kept completely confidential and used only for research and training purposes. **You need to complete the entire packet, but your answers will not affect your chances of being selected for Project GATE services.** There are no right or wrong answers. Your answers are important to help improve Project GATE.

Please make and keep a copy of this application packet for future reference. If chosen to receive Project GATE services, you may want to share a copy with business counselors.

The application has four sections:

- **BACKGROUND INFORMATION.** This section tells us about your family situation and work history.
- **BUSINESS IDEA.** This section tells us about your business idea.
- **CONTACT INFORMATION.** This section asks for information that may be used to try to contact you later for our follow-up surveys.
- **PARTICIPATION AGREEMENT.** This last section of the application packet explains the selection process for Project GATE and the types of information we will collect from participants. By signing this application, you are verifying that you satisfy the eligibility requirements for the demonstration and understand the conditions of the program. **This section must be signed for you to participate in Project GATE.**

MAIL YOUR COMPLETED APPLICATION TO:

Project GATE
P.O. Box 1138
Columbia, MD 21044

**A SELF-ADDRESSED, STAMPED ENVELOPE
IS PROVIDED FOR YOUR CONVENIENCE**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-866-677-GATE (4283).

BACKGROUND INFORMATION

Date of Application: |_|_|/|_|_|/|_|_|_|_|
Month Day Year

Please Print Clearly. Use pen only.

1. _____
 First Name Middle Initial Last Name

2. _____
 Address Apt. #

City State Zip Code

3. E-mail address: _____

None

4. Social Security Number:

|_|_|-|_|_|-|_|_|_|_|

5. Date of Birth: |_|_|/|_|_|/|_|_|_|_|
Month Day Year

6. Sex: Male Female

7. Home Phone Number: Mark this box if you do not have a phone at home then **SKIP TO Q.8**

(|_|_|_|)-|_|_|_|-|_|_|_|_|

Area Code

Whose name is that phone listed in?

First Name/Last Name

My own name

8. Cell Phone Number: None

(|_|_|_|)-|_|_|_|-|_|_|_|_|

Area Code

9. Is there another phone number where you can be reached?

(|_|_|_|)-|_|_|_|-|_|_|_|_|

Area Code

Ext. |_|_|_|_|_|

That number belongs to:

MARK ONE

- 1 Friend
- 2 Relative
- 3 Neighbor
- 4 Landlord
- 5 Employer

10. Do you consider yourself:

MARK ALL THAT APPLY

- 1 White and Hispanic/Latino
 - 2 White and not Hispanic/Latino
 - 3 Black and Hispanic/Latino
 - 4 Black and not Hispanic/Latino
 - 5 American Indian or Alaskan Native
 - 6 Native Hawaiian or Other Pacific Islander
 - 7 Asian
 - 8 OTHER (*Specify*)
- _____

11. What is your ancestry or ethnic origin? (For example, Italian, Korean, Haitian, Mexican, Ukrainian, etc.)

12. What is your primary language?

MARK ONE

- 1 English
- 2 Spanish
- 3 French
- 4 Mandarin
- 5 Tagalog
- 6 Somali
- 7 Hindi
- 8 Vietnamese
- 9 Hmong
- 10 Amharic
- 11 Cambodian
- 12 Russian
- 13 Arabic
- 14 Orominga
- 15 OTHER (*Specify*)

13. What is the highest grade of regular school you have completed:

CIRCLE ONE NUMBER

7 or less	8	9	10	11	12	13	14	15	16	17	18 or more
Elementary and High School						After High School					

Living Situation

14. Including yourself, how many people usually live with you? Please include babies, small children, people who are not related to you, and people who are temporarily away.

|_|_| NUMBER OF PEOPLE IN HOUSEHOLD

15. Do you have any children under 18 years of age, who live with you?

Include your own or adopted children, foster, or stepchildren.

- 1 Yes
- 0 No **↗ GO TO Q.17**

16. How many children live with you?

|_|_| NUMBER OF CHILDREN

17. What is your marital status right now?

MARK ONE

- 1 Married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never married

18. In the last 12 months, what was your total household income from all sources before taxes and deductions? Please include income from yourself as well as all members of your household.

- 0 None
- 1 Under \$10,000
- 2 \$10,000 - \$14,999
- 3 \$15,000 - \$24,999
- 4 \$25,000 - \$34,999
- 5 \$35,000 - \$49,999
- 6 \$50,000 - \$74,999
- 7 \$75,000 - \$99,000
- 8 \$100,000 or above

19. In what country were you born?

- 1 U.S.
- 2 Other (*Specify*):

20. Are you a citizen or national of the United States?

- 1 Yes
- 0 No

21. Do you have any disability or serious health problem that makes it difficult for you to work?

- 1 Yes
- 0 No

Self-Employment

22. Have you ever been self-employed (owned your own business)?

- 1 Yes
- 0 No **↗ GO TO Q.31**

23. Thinking back to all the times you were self-employed, how many years have you been self-employed?

____ NUMBER OF YEARS

If less than 1 year...

____ NUMBER OF MONTHS

24. Thinking about your current or most recent business, what did you make, sell, or do?

25. When did you start that business?

START DATE: ____/____/____
Month Day Year

26. When did you stop doing that business?

STOP DATE: ____/____/____
Month Day Year

- 1 Still doing business

27. In the last 12 months, how many weeks were you self-employed?

____ NUMBER OF WEEKS

28. How many hours per week (do/did) you usually work at this business?

____ HOURS PER WEEK

29. Would you say this business (was/is) a financial success?

- 1 Yes
- 0 No

30. What was the largest number of employees the business employed, excluding yourself?

____ NUMBER OF EMPLOYEES

31. Have any close relatives or friends ever been self-employed or owned a business?

- 1 Yes
- 0 No **↗ GO TO Q.33**

32. Did you ever work for these relatives or friends at this business?

- 1 Yes
- 0 No

Other Work Experiences

33. Are you working for someone else now where you receive an hourly wage or salary?

- 1 Yes **↗ GO TO Q.38**
- 0 No

34. What are you doing now?

MARK ALL THAT APPLY

- 1 Self-employed
- 2 Looking for work
- 3 In school/training program
- 4 Taking care of a family member
- 5 Retired
- 6 OTHER (*Specify*)

35. Have you ever worked for someone else where you received an hourly wage or a salary?

- 1 Yes **↗ GO TO Q.36**
- 0 No **↗ GO TO Q.45**

36. When did your last job end?

|_|_| / |_|_|_|_|_|
 Month Year

37. Why did you stop working at this job?

MARK ONE

- 1 Laid off
- 2 Business/plant closed
- 3 Temporary or seasonal job ended
- 4 Fired
- 5 Retired
- 6 Quit to start working for self
- 7 Quit for family reasons
- 8 Quit for other reason *(Specify)*

38. What kind of company (is/was) this? What do they make, sell, or do?

39. What (do/did) you do there? What (is/was) your job title?

40. What is your current or most recent rate of pay before taxes and deductions?

\$ |_|_|_|_|,|_|_|_|_|. |_|_|_|

- 1 Per hour
- 2 Per week
- 3 Per month
- 4 Per year
- 5 OTHER *(Specify)*

41. How many hours per week (do/did) you usually work?

|_|_| NUMBER OF HOURS

42. In the last 12 months, how many weeks did you work for someone else?

|_|_| NUMBER OF WEEKS

43. Have you ever worked in a managerial capacity in any job, for someone else?

- 1 Yes
- 0 No **↗ GO TO Q.45**

44. How many years have you worked in a managerial capacity?

|_|_| NUMBER OF YEARS

Other Information

45. Are you currently receiving assistance from any of the following programs?

MARK ALL THAT APPLY

- 1 TANF / MFIP (Cash Assistance)
- 2 SSI (Supplemental Security Income)
- 3 General Assistance
- 4 Food Stamps
- 5 Social Security benefits
- 6 Other (Specify):

46. Are you currently receiving Unemployment Insurance benefits?

- 1 Yes
- 0 No

47. In the last 12 months, how many weeks did you receive Unemployment Insurance benefits?

|_|_| NUMBER

48. How supportive is your family in your attempt to start or grow a business?

- 1 Very supportive
- 2 Fairly supportive
- 3 Neither supportive nor unsupportive
- 4 Fairly unsupportive
- 5 Not supportive

49. The following statements describe opinions people have about themselves. Please tell me whether this is (1) very true, (2) somewhat true, (3) neither true nor untrue, (4) somewhat untrue, or (5) very untrue for you. Please write a number from 1 to 5 next to each item.

- a. I enjoy working independently
- b. I finish projects even if they involve a great deal of work
- c. I am willing to work long hours for my business, even if it involves 12 or more hours a day, six or seven days a week
- d. I have innovative ideas
- e. I often take the initiative to start things
- f. If something "can't be done," I find a way
- g. I'm only willing to take a risk if I am sure everything will work out
- h. I can handle challenges and persist during difficult times
- i. I communicate easily with people who have different types of personalities
- j. I take advice from others
- k. I'm a good motivator
- l. I have clearly defined long and short term goals
- m. I often miss deadlines
- n. I am an organized person
- o. I have a difficult time making up my mind
- p. I work well under pressure

- q. I have a sense of humor
- r. I am not prepared to risk my savings for my business
- s. I am willing to lower my standard of living while my business gets started
- t. I get sick often
- u. I often find more than one solution to a problem

50. Do you currently have responsibility for the care of children or other family members during the day?

- 1 Yes
- 0 No

51. Do you currently have a plan for child care while you are working on your business?

- 1 Yes
- 0 No

52. Do you currently have...

- | | YES | NO |
|-------------------------------------|----------------------------|----------------------------|
| a. a working car? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. a working telephone? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. easy access to a computer? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. a bank account? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

53. Do you have a credit history?

- 1 Yes
 - 0 No **↗ GO TO Q.55**
- ↓

54. Do you have any problems with your credit history?

- 1 Yes
- 0 No

55. Is there someone else in your family who works for pay and will support you while you start or grow your business?

- 1 Yes
- 0 No **GO TO Q.57**

56. On average, what is their total weekly earnings?

\$ |__|__|__|,|__|__|__| AVERAGE WEEKLY EARNINGS

57. Do you currently have health insurance coverage?

- 1 Yes
- 0 No **GO TO NEXT PAGE**

58. Does this insurance come from...

- 1 your employer
- 2 a family member's employer
- 3 Medicaid or another public health insurance
- 4 OTHER (*Specify*)

BUSINESS IDEA

1. Please briefly describe the business you want to start or grow

2. Are you already operating this business?

- 1 Yes
- 0 No **↗ GO TO Q.4**

3. For how long have you operated the business?

____|____| LENGTH

- 1 Months
- 2 Years

4. Have you ever operated another business similar to the one you propose to start or grow?

- 1 Yes
- 0 No

5. Will this business build on skills or knowledge you developed while working for someone else?

- 1 Yes
- 0 No

6. Will this business build on skills or knowledge you developed while pursuing a hobby?

- 1 Yes
- 0 No

7. Do you plan to operate this business out of your home?

- 1 Yes **SKIP TO Q.9**
- 0 No

8. Do you have a location in mind for your business?

- 1 Yes
- 0 No

9. Have you written a formal business plan for this business?

- 1 Yes
- 0 No

10. People are interested in being self-employed for different reasons. Which of the following were important reasons for you? Please mark all that apply.

- a. To obtain more income
- b. To be your own boss.....
- c. To pursue specific interests.....
- d. To use a specific talent or talents.....
- e. For more flexibility in your work schedule
- f. To work at home
- g. To realize a long held dream
- h. To avoid unemployment...
- i. OTHER (*Specify*)

CONTACT INFORMATION

APPLICANT INFORMATION

1. APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL):

2. SOCIAL SECURITY NUMBER

CONTACT INFORMATION - RELATIVES AND FRIENDS

INSTRUCTIONS: In the space below, please provide the name, address, and phone number of three close relatives or friends who are likely to know how to contact you six months from now. We will only contact these people if we have trouble contacting you directly. Please complete all three boxes if possible.

1. NAME AND ADDRESS OF RELATIVE OR FRIEND

NAME: Last _____ First _____ Middle _____

ADDRESS: Number and street name _____ Apt. No. _____

City _____ State _____ ZIP Code _____

RELATIONSHIP TO APPLICANT: _____

TELEPHONE: Home (_____) _____ - _____
Area Code Number

Whose name is this phone listed in? _____

Work (_____) _____ - _____
Area Code Number

E-mail Address: _____

2. NAME AND ADDRESS OF RELATIVE OR FRIEND

NAME: Last _____ First _____ Middle _____

ADDRESS: Number and street name _____ Apt. No. _____

City _____ State _____ ZIP Code _____

RELATIONSHIP TO APPLICANT: _____

TELEPHONE: Home (_____) _____ - _____
Area Code Number

Whose name is this phone listed in? _____

Work (_____) _____ - _____
Area Code Number

E-mail Address: _____

3. NAME AND ADDRESS OF RELATIVE OR FRIEND

NAME: Last _____ First _____ Middle _____

ADDRESS: Number and street name _____ Apt. No. _____

City _____ State _____ ZIP Code _____

RELATIONSHIP TO APPLICANT: _____

TELEPHONE: Home (_____) _____ - _____
Area Code Number

Whose name is this phone listed in? _____

Work (_____) _____ - _____
Area Code Number

E-mail Address: _____

PARTICIPATION AGREEMENT

The U.S. Department of Labor has asked IMPAQ International, an independent research firm, to find out if the GATE Program helps people become self-employed. Over the next few years they will be studying the program and looking at peoples' experiences before, during, and after being part of the program. This agreement asks you to confirm that you meet the eligibility requirements for GATE and consent to participate in the Study.

To be eligible for GATE, you must:

- Have attended a GATE orientation. Please tell us when you attended the orientation:

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
 Month Day Year

- Have a legal business idea
- Be 18 years of age or older
- Be a U.S. citizen or national of the U.S., lawfully admitted permanent resident, or other immigrant authorized to work in the U.S

In addition, you must agree to be part of the Study to apply for GATE services:

- GATE does not have space for everyone. A lottery or random drawing will decide whether you will be able to enter the program.
- IMPAQ International will ask to interview you about six months from now and again after eighteen months. Although these interviews are extremely important for the study, your participation in them is voluntary and will not affect your participation in the Project GATE.
- As part of the Study, IMPAQ International will gather and use information about you from GATE program and state agency records on service use, earnings, and Unemployment Insurance benefit receipt.
- Information gathered for the Study will only be used for evaluating the program. All information will be kept strictly confidential, unless the law requires disclosure or you request otherwise in writing.

I have read, or have had this form read to me. I confirm that I meet the eligibility requirements and agree to participate in the Study.

Name (Please Print)

|_|_|_|_| - |_|_|_| - |_|_|_|_|_|_|
Social Security Number

Signature of Applicant

Date

Appendix B. Survey Instrument, Waves 1 and 2

The three follow-up surveys were administered to members of both the Treatment Group and the Control Group. The Wave 1 survey was administered approximately 6 to 8 months after random assignment. The Wave 2 survey was administered approximately 18 to 20 months after random assignment. Both waves used the same survey instrument, with slight modification in question wording only in some questions where “since random assignment” on the Wave 1 Survey was replaced with “since the first survey” or similar wording in the Wave 2 Survey. The paper version of the survey instrument used in Wave 1 and 2 follows. The Wave 3 survey instrument is shown in Appendix C.

Project GATE Follow-up Survey

SECTION A: INTRODUCTION/SCREENER

(Section A verifies the identity of the individual whom the survey interviewer is talking with on the phone.)

SECTION B: SELF-EMPLOYMENT SERVICES

The next series of questions are about self-employment services.

B0. [FOR CONTROL GROUP MEMBERS ONLY] Have you, a business partner, or a family member received any GATE services?

- | | | |
|------------------|----|---------------------|
| YES | 01 | |
| NO | 00 | |
| DON'T KNOW | -2 | } → GO TO B3 |
| REFUSED | -3 | |

B0a.

PROGRAMMER:

THIS IS A 6-MONTH FOLLOW-UP INTERVIEW OR AN 18-MONTH FOLLOW-UP
WITHOUT A COMPLETED 6-MONTH FOLLOW-UP INTERVIEW . GO TO B1 →

—————→

THIS IS AN 18-MONTH FOLLOW-UP INTERVIEW WITH A COMPLETED
6-MONTH FOLLOW-UP INTERVIEW. GO TO B3

B1. Prior to when you applied for the Growing America Through Entrepreneurship (GATE) program on (RANDOM ASSIGNMENT DATE), did you participate in any self-employment services or programs to help you start or grow your own business? Services or programs could include classes, workshops, seminars, one-on-one counseling or technical assistance, a peer support or networking group, or mentoring.

- | | | |
|------------------|----|---------------------|
| YES | 01 | |
| NO | 00 | |
| DON'T KNOW | -2 | } → GO TO B3 |
| REFUSED | -3 | |

B2. Prior to applying for the GATE program on (RANDOM ASSIGNMENT DATE), what types of self-employment services or programs did you participate in? Did you participate in . . .

	YES	NO	DON'T KNOW	REFUSED
a. classes, workshops or seminars?	01	00	-2	-3
b. one-on-one counseling or technical assistance?	01	00	-2	-3
c. a peer support/networking group?	01	00	-2	-3
d. mentoring?	01	00	-2	-3
e. Any other types of self employment programs? (SPECIFY)	01	00	-2	-3

B3. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you attended any classes, workshops, or seminars on topics related to your business?

YES	01	} → GO TO B6
NO	00	
DON'T KNOW	-2	
REFUSED	-3	

B4. How many individual sessions of these classes, workshops, or seminars did you attend?

_ _ NUMBER OF CLASSES/SESSIONS	
DON'T KNOW	-2
REFUSED	-3

B5. On average, how long were the individual sessions of these classes, workshops, or seminars?

_ _ LENGTH	
MINUTES	01
HOURS	02
DON'T KNOW	-2
REFUSED	-3

B5a. What organizations provided these classes, workshops, or seminars?

(Code all that apply) (Options/Drop down list for other responses work force centers)

NAME(S) _____

- Other Specify.....94
- DON'T KNOW-2
- REFUSED-3

B6. Since applying to the GATE Program in (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you received any **one-on-one** counseling or technical assistance on starting or expanding your business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B9**

B7. How many one-on-one counseling or technical assistance sessions have you attended since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?

- ____|____| NUMBER OF SESSIONS
- DON'T KNOW-2
 - REFUSED-3 → **GO TO B8a**

B8. On average, how long did each one-on-one counseling or technical assistance session last?

- ____|____| LENGTH
- MINUTES01
 - HOURS02
 - DON'T KNOW-2
 - REFUSED-3

B8a. What organizations provided you with one-on-one counseling or technical assistance? (Code all that apply) (Options/Drop down list for other responses)

NAME(S) _____

- Other Specify..... 94
- DON'T KNOW-2
- REFUSED-3

B9. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you attended any peer support group for self-employed persons or persons interested in becoming self-employed?

PROBE: By this we mean groups of individuals who are self-employed or trying to start a business who meet to share ideas, strategies, and information.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B12**

B10. How many support group sessions have you attended since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?

- |_|_| NUMBER OF SESSIONS
- DON'T KNOW-2
 - REFUSED-3

B11. On average, how long did each of these sessions last?

- |_|_| LENGTH
- MINUTES01
 - HOURS02
 - DON'T KNOW-2
 - REFUSED-3

B11a. What organizations provided a peer support group?
(Code all that apply) (Options/Drop down list for other organizations for peer pressure groups)

NAME(S) _____

-
- Other Specify.....94
 - DON'T KNOW-2
 - REFUSED.....-3

B12. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you worked with an experienced business-owner or someone else who could act as your mentor?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B15**

B13. About how many meetings, in total, have you had with a mentor since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?

- |_|_| NUMBER OF MEETINGS
- DON'T KNOW-2
 - REFUSED-3 → **GO TO B14a**

B14. On average, how long did each of these meetings last?

- |_|_| LENGTH
- MINUTES01
 - HOURS02
 - DON'T KNOW-2
 - REFUSED-3

B14a. What organizations provided you with a mentor?
(Code all that apply) (Options/Drop down list for other organizations that could provide mentor)

NAME(S) _____

-
- Other Specify.....94
 - DON'T KNOW-2
 - REFUSED-3

B15. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you received any other types of self-employment services that we haven't already talked about?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B17**

B16. What were they?

RECORD VERBATIM _____

B16a. What organizations provided you with these other services?
(Code all that apply) (Options/Drop down list for other organizations that could provide services)

NAME(S) _____

-
- Other Specify94
 - DON'T KNOW-2
 - REFUSED-3

B16b. **PROGRAMMER:
IF B3, B6, B9, B12 or B15 = 1, GO TO B17.
OTHERWISE GO TO B20.**

B17. Thinking about all the services you have received **since applying to the GATE Program** (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), about how much did you pay in total for these services?

- \$ |__|_|,|__|_|_|.|__|_| TOTAL AMOUNT
- Services were free..... 01
 - Paid for services.....02
 - DON'T KNOW-2
 - REFUSED-3

B18. NO B18 IN THIS VERSION

B19. NO B19 IN THIS VERSION

B20. **PROGRAMMER:
IF SAMPLE MEMBER IS TREATMENT GROUP, AND B3, B6, B9, B12 and B15 = 0,
GO TO B21.
OTHERWISE GO TO B22.**

B21. Why didn't you participate in any self-employment services or programs?

CIRCLE ALL THAT APPLY

- DIDN'T THINK SERVICES WOULD BE HELPFUL 01
 - SERVICES LOCATED TOO FAR AWAY 02
 - TIMES INCONVENIENT 03
 - DIDN'T WANT TO WAIT FOR CLASSES TO BEGIN 04
 - DECIDED TO POSTPONE SELF-EMPLOYMENT 05
 - DECIDED NOT TO PURSUE SELF-EMPLOYMENT AT ALL 06
 - TOO BUSY 07
 - OTHER (SPECIFY) 08
-

B22. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you developed or revised a written business plan?

- YES 01
 - NO 00
 - DON'T KNOW -2
 - REFUSED -3
- **GO TO B26**

B23. Did you receive help writing your business plan from someone in a self-employment program? Please include a counselor, a mentor, or someone in a support group or workshop.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B26**

B24.

PROGRAMMER: IF SAMPLE MEMBER IS IN TREATMENT GROUP, GO TO B25. IF SAMPLE MEMBER IS IN CONTROL GROUP, GO TO B26.
--

B25. Did the GATE Program provide any help writing your business plan since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?

- YES01
- NO00
- DON'T KNOW-2
- REFUSED-3

B26. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you applied for a business loan?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B31a**

B27. To how many different institutions or programs have you applied for loans since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?

- |__|__| NUMBER OF INSTITUTIONS
- DON'T KNOW-2
 - REFUSED-3

B28. Did you apply for a loan from the Small Business Administration (SBA) since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)]?

- YES01
- NO00
- DON'T KNOW-2
- REFUSED-3

B29. When applying for loans, did you receive any help from someone in a self-employment program?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B31a**

B30. **PROGRAMMER:
IF SAMPLE MEMBER IS TREATMENT GROUP, GO TO B31.
IF SAMPLE MEMBER IS NOT IN TREATMENT GROUP, GO TO B31a.**

B31. Did the GATE Program provide any of this help?

- YES01
- NO00
- DON'T KNOW-2
- REFUSED-3

B31a. **PROGRAMMER:**
IF B3, B6, B9, B12 AND B15 = 0, d OR r, GO TO B36.
OTHERWISE CONTINUE.

PROGRAMMER NOTE:
IF B23 = YES SKIP B32a

B32. I am going to read a list of ways self-employment services may have helped you. Did self employment services help you a lot, somewhat, or not at all in . . .

	A LOT	SOME- WHAT	NOT AT ALL	DON'T KNOW	REFUSED
a. Developing a business plan.....	01	02	03	-2	-3
b. Applying for loans	01	02	03	-2	-3
c. Deciding whether to pursue self-employment.....	01	02	03	-2	-3
d. Refining your business idea	01	02	03	-2	-3
e. Dealing with credit issues	01	02	03	-2	-3
f. Developing your marketing strategy.....	01	02	03	-2	-3
g. Dealing with legal issues	01	02	03	-2	-3
h. Dealing with accounting issues	01	02	03	-2	-3
i. Hiring and dealing with employees..	01	02	03	-2	-3
j. Networking.....	01	02	03	-2	-3
k. Using computers and other technology	01	02	03	-2	-3
l. Dealing with clients.....	01	02	03	-2	-3
m. Providing psychological support.....	01	02	03	-2	-3

B33. Are there other ways in which self-employment services may have helped you?

YES01
 NO00
 DON'T KNOW-2
 REFUSED-3

} → **GO TO B34**

B33a. In what other ways did these services help you?

RECORD VERBATIM: _____

B34. Thinking about **all** of the self-employment services that you have received since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), how would you rate the overall usefulness of the services you have received? Were they . . .

- Very useful, 01
- Somewhat useful, 02
- Not very useful, or 03
- Not at all useful..... 04
- DON'T KNOW -2
- REFUSED -3

B34a. **PROGRAMMER: HAS RESPONDENT RECEIVED MORE THAN ONE TYPE OF SELF-EMPLOYMENT SERVICE? DO AT LEAST TWO OF THE FOLLOWING QUESTIONS EQUAL "01" (B3, B6, B9, B12, OR B15)? IF SO, INSERT NAMES OF SERVICES INTO B35. IF NONE OR ONLY ONE SERVICE RECEIVED, GO TO B36.**

B35. You mentioned previously that **since** applying to the GATE Program (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), you had received (NAMES OF SELF-EMPLOYMENT SERVICES RECEIVED). Please tell me which one service has been most useful to you.

- CLASSES OR WORKSHOPS..... 01
- ONE-ON-ONE COUNSELING OR TECHNICAL ASSISTANCE..... 02
- PEER SUPPORT/NETWORKING GROUP 03
- MENTORING 04
- OTHER (SPECIFY) 05
- DON'T KNOW -2
- REFUSED -3

B36. Are there any services that you didn't receive or didn't receive enough of that could have helped you in starting or growing your own business?

- YES 01
 - NO 00
 - DON'T KNOW -2
 - REFUSED -3
- } → **GO TO C0**

B37. What services would have been useful to you?

CIRCLE ALL THAT APPLY

- CLASSES OR WORKSHOPS..... 01
- ONE-ON-ONE COUNSELING OR
TECHNICAL ASSISTANCE 02
- PEER SUPPORT/NETWORKING GROUP 03
- MENTORING 04
- LOANS 05
- OTHER (SPECIFY) 06
- DON'T KNOW -2
- REFUSED -3

SECTION C: SELF-EMPLOYMENT EXPERIENCE

C0.

PROGRAMMER:

THIS IS A 6-MONTH FOLLOW-UP INTERVIEW OR AN 18-MONTH FOLLOW-UP WITHOUT A COMPLETED 6-MONTH FOLLOW-UP INTERVIEW. → CONTINUE TO C1

THIS IS AN 18-MONTH FOLLOW-UP INTERVIEW WITH A COMPLETED 6-MONTH FOLLOW-UP INTERVIEW. GO TO C4 →

C1. The next series of questions are about your experiences with self-employment. Why were you interested in being self-employed?

PROBE: Were there any other reasons?

CIRCLE ALL THAT APPLY

- TO INCREASE INCOME..... 01
- COULD NOT GET A JOB WORKING FOR
SOMEONE ELSE 02
- WANTED TO BE MY OWN BOSS/
TIRED OF WORKING FOR SOMEONE ELSE 03
- TO GET WORK NOT AVAILABLE ELSEWHERE
IN THE JOB MARKET 04
- FLEXIBILITY IN DAILY SCHEDULE 05
- POTENTIAL TO CAPITALIZE ON ONE'S
EXISTING SKILLS 06
- TO HAVE MORE FREEDOM TO MEET FAMILY
RESPONSIBILITIES 07
- TO BRING NEW IDEAS TO THE MARKETPLACE/
TO MEET A NEED IN THE COMMUNITY 08
- BEING SELF-EMPLOYED WAS ALWAYS
MY DREAM 09
- EARLY RETIREMENT 10
- OTHER (SPECIFY) 11
- DON'T KNOW -2
- REFUSED -3

C2. Prior to applying for the GATE Program in (RANDOM ASSIGNMENT DATE), had you been self-employed, that is, owned your own business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → GO TO C4

C2a. Prior to applying for the GATE Program in (RANDOM ASSIGNMENT DATE), how many businesses had you owned?

- |_| NUMBER OF BUSINESSES
- NONE00
 - DON'T KNOW-2
 - REFUSED-3

C3. Thinking about the time you were self-employed before (RANDOM ASSIGNMENT DATE), about how long, in total, were you self-employed?
RECORD LENGTH AND CODE TIME UNIT.

- |_| LENGTH
- WEEKS01
 - MONTHS02
 - YEARS03
 - DON'T KNOW-2
 - REFUSED-3

C4. **Since applying to the GATE Program** in (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW) have you been self-employed, that is, owned your own business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → GO TO C55

C4a. Are you currently self-employed?

- YES01
- NO00
- DON'T KNOW-2
- REFUSED-3

C4b. How many businesses have you owned since (RA DATE/DATE OF LAST INTERVIEW)? Please include all businesses owned prior to (RA DATE/DATE OF LAST INTERVIEW) that you still own and also include all businesses that you have owned since (RA DATE/DATE OF LAST INTERVIEW)

- |_| NUMBER OF BUSINESSES
- NONE00
 - DON'T KNOW-2
 - REFUSED-3

	CURRENT/MOST RECENT BUSINESS	SECOND BUSINESS
<p>C5. The next questions are about the business(es) you have owned since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW).</p> <p>Please tell me about your (most recent/) self-employment experience. What was the name of the business?</p> <p>RECORD NAME OF BUSINESS ACROSS THE TOP OF THE GRID FIRST. THEN ASK C6-C20a DOWN FOR EACH BUSINESS.</p>	<p>_____</p> <p>NAME OF BUSINESS</p> <p>DON'T KNOW-2</p> <p>REFUSED-2</p>	<p>_____</p> <p>NAME OF BUSINESS</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>
<p>C5a. What other businesses have you owned since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?</p> <p>RECORD AS NEXT BUSINESS IN COLUMN HEADER</p>		
<p>C6. In what month and year did you start operating (THIS BUSINESS) as the owner?</p> <p>IF DK PROBE FOR BEST ESTIMATE</p>	<p>____ / ____</p> <p>MONTH YEAR</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p>____ / ____</p> <p>MONTH YEAR</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>
<p>C7. In what month and year did you stop operating (THIS BUSINESS) as the owner?</p> <p>IF DK, PROBE FOR ESTIMATE</p>	<p>____ / ____</p> <p>MONTH YEAR</p> <p>STILL OPERATING BUSINESS.....(GO TO C10).....96</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p>____ / ____</p> <p>MONTH YEAR</p> <p>STILL OPERATING BUSINESS.....(GO TO C10).....96</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>
<p>C8. Why did you stop operating (THIS BUSINESS) as the owner?</p>	<p><u>CIRCLE ALL THAT APPLY</u></p> <p>BUSINESS DID NOT MAKE ENOUGH INCOME 01</p> <p>GOT A BETTER OPPORTUNITY 02</p> <p>HOURS TOO LONG 03</p> <p>INCOME TOO UNCERTAIN 04</p> <p>ILLNESS/DISABILITY 05</p> <p>PERSONAL REASONS 06</p> <p>OTHER (SPECIFY) 07</p> <p>_____</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p><u>CIRCLE ALL THAT APPLY</u></p> <p>BUSINESS DID NOT MAKE ENOUGH INCOME 01</p> <p>GOT A BETTER OPPORTUNITY 02</p> <p>HOURS TOO LONG 03</p> <p>INCOME TOO UNCERTAIN 04</p> <p>ILLNESS/DISABILITY 05</p> <p>PERSONAL REASONS 06</p> <p>OTHER (SPECIFY) 07</p> <p>_____</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>
<p>C9. What did you do when you stopped operating (THIS BUSINESS) as the owner?</p>	<p><u>CIRCLE ALL THAT APPLY</u></p> <p>TOOK JOB WORKING FOR SOMEONE ELSE 01</p> <p>STARTED ANOTHER BUSINESS 02</p> <p>LOOKED FOR WORK 03</p> <p>PARTICIPATED IN EDUCATION/ TRAINING PROGRAM 04</p> <p>TOOK CARE OF CHILD, FAMILY MEMBER, OR SICK RELATIVE 05</p> <p>RETIRED 06</p> <p>WAS SICK 07</p> <p>OTHER (SPECIFY) 08</p> <p>_____</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p><u>CIRCLE ALL THAT APPLY</u></p> <p>TOOK JOB WORKING FOR SOMEONE ELSE 01</p> <p>STARTED ANOTHER BUSINESS 02</p> <p>LOOKED FOR WORK 03</p> <p>PARTICIPATED IN EDUCATION/ TRAINING PROGRAM 04</p> <p>TOOK CARE OF CHILD, FAMILY MEMBER, OR SICK RELATIVE 05</p> <p>RETIRED 06</p> <p>WAS SICK 07</p> <p>OTHER (SPECIFY) 08</p> <p>_____</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>

THIRD BUSINESS	FOURTH BUSINESS	FIFTH BUSINESS
<p style="text-align: center;">_____ NAME OF BUSINESS</p> <p>DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;">_____ NAME OF BUSINESS</p> <p>DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;">_____ NAME OF BUSINESS</p> <p>DON'T KNOW-2 REFUSED-3</p>
<p style="text-align: center;"> _ _ / _ _ _ MONTH YEAR</p> <p>DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;"> _ _ / _ _ _ MONTH YEAR</p> <p>DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;"> _ _ / _ _ _ MONTH YEAR</p> <p>DON'T KNOW-2 REFUSED-3</p>
<p style="text-align: center;"> _ _ / _ _ _ MONTH YEAR</p> <p>STILL OPERATING BUSINESS.....(GO TO C10).....96 DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;"> _ _ / _ _ _ MONTH YEAR</p> <p>STILL OPERATING BUSINESS.....(GO TO C10).....96 DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;"> _ _ / _ _ _ MONTH YEAR</p> <p>STILL OPERATING BUSINESS.....(GO TO C10).....96 DON'T KNOW-2 REFUSED-3</p>
<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>BUSINESS DID NOT MAKE ENOUGH INCOME01 GOT A BETTER OPPORTUNITY02 HOURS TOO LONG03 INCOME TOO UNCERTAIN04 ILLNESS/DISABILITY05 PERSONAL REASONS06 OTHER (SPECIFY)07</p> <p>_____ DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>BUSINESS DID NOT MAKE ENOUGH INCOME01 GOT A BETTER OPPORTUNITY02 HOURS TOO LONG03 INCOME TOO UNCERTAIN04 ILLNESS/DISABILITY05 PERSONAL REASONS06 OTHER (SPECIFY)07</p> <p>_____ DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>BUSINESS DID NOT MAKE ENOUGH INCOME01 GOT A BETTER OPPORTUNITY02 HOURS TOO LONG03 INCOME TOO UNCERTAIN04 ILLNESS/DISABILITY05 PERSONAL REASONS06 OTHER (SPECIFY)07</p> <p>_____ DON'T KNOW-2 REFUSED-3</p>
<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>TOOK JOB WORKING FOR SOMEONE ELSE01 STARTED ANOTHER BUSINESS02 LOOKED FOR WORK03 PARTICIPATED IN EDUCATION/ TRAINING PROGRAM04 TOOK CARE OF CHILD, FAMILY MEMBER, OR SICK RELATIVE05 RETIRED06 WAS SICK07 OTHER (SPECIFY)08</p> <p>_____ DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>TOOK JOB WORKING FOR SOMEONE ELSE01 STARTED ANOTHER BUSINESS02 LOOKED FOR WORK03 PARTICIPATED IN EDUCATION/ TRAINING PROGRAM04 TOOK CARE OF CHILD, FAMILY MEMBER, OR SICK RELATIVE05 RETIRED06 WAS SICK07 OTHER (SPECIFY)08</p> <p>_____ DON'T KNOW-2 REFUSED-3</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>TOOK JOB WORKING FOR SOMEONE ELSE01 STARTED ANOTHER BUSINESS02 LOOKED FOR WORK03 PARTICIPATED IN EDUCATION/ TRAINING PROGRAM04 TOOK CARE OF CHILD, FAMILY MEMBER, OR SICK RELATIVE05 RETIRED06 WAS SICK07 OTHER (SPECIFY)08</p> <p>_____ DON'T KNOW-2 REFUSED-3</p>

	CURRENT/MOST RECENT BUSINESS	SECOND BUSINESS
C10. What is/was the main product or activity (OF THIS BUSINESS)? RECORD VERBATIM	<p>_____</p> <p>_____</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>	<p>_____</p> <p>_____</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>
C11. Do/Did you work for just one client when you owned (THIS BUSINESS)?	<p>YES.....01</p> <p>NO.....00</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>	<p>YES..... 01</p> <p>NO..... 00</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>
C12. On average, how much are/were the monthly receipts or sales for (THIS BUSINESS)? IF DK, PROBE FOR ESTIMATE	<p style="text-align: center;">\$ _ _ _ _ , _ _ _ _ </p> <p>AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999.....01</p> <p>MORE THAN 999,999.....02</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>	
C13. On average, how much are/were the monthly expenses for (THIS BUSINESS)? Please include any payments to yourself or your family members. IF DK, PROBE FOR ESTIMATE	<p style="text-align: center;">\$ _ _ _ _ , _ _ _ _ </p> <p>AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999.....01</p> <p>MORE THAN 999,999.....02</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>	
C14. How many hours do/did you usually work in an average week at (THIS BUSINESS)? Please include any time you spend/spent working at home.	<p style="text-align: center;"> _ _ _ _ NUMBER OF HOURS</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>	<p style="text-align: center;"> _ _ _ _ NUMBER OF HOURS</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>
C15. What percent of your total household income is/was produced as a result of (THIS BUSINESS)? When thinking about your total household income please consider income from your spouse or other immediate family members living with you.	<p style="text-align: center;"> _ _ _ PERCENT</p> <p>ALL.....100</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>	<p style="text-align: center;"> _ _ _ PERCENT</p> <p>ALL..... 100</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>
C16. Do/Did you pay yourself a regular salary from (THIS BUSINESS)?	<p>YES.....01</p> <p>NO..... (GO TO C18).....00</p> <p>DON'T KNOW..... (GO TO C18).....-2</p> <p>REFUSED..... (GO TO C18).....-3</p>	<p>YES..... 01</p> <p>NO..... (GO TO C18)..... 00</p> <p>DON'T KNOW..... (GO TO C18).....-2</p> <p>REFUSED..... (GO TO C18).....-3</p>

C17. Before taxes and other deductions, how much do/did you pay yourself from (THIS BUSINESS)? Do not include bonuses, profit distributions or any owner draws you may have taken.	\$ _ _ _ _ , _ _ _ _ . _ _ _ _	\$ _ _ _ _ , _ _ _ _ . _ _ _ _
	WEEK 01 MONTHLY 02 YEAR 03 EVERY TWO WEEKS 04 TWICE A MONTH (BI-MONTHLY) 05 DAY 06 HOUR 07 OTHER (SPECIFY) 08 DON'T KNOW -2 REFUSED -3	WEEK 01 MONTHLY 02 YEAR 03 EVERY TWO WEEKS 04 TWICE A MONTH 05 DAY 06 HOUR 07 OTHER (SPECIFY) 08 DON'T KNOW -2 REFUSED -3

THIRD BUSINESS	FOURTH BUSINESS	FIFTH BUSINESS
<p>_____</p> <p>_____</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p> <p>YES 01</p> <p>NO 00</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p>_____</p> <p>_____</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p> <p>YES 01</p> <p>NO 00</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p>_____</p> <p>_____</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p> <p>YES 01</p> <p>NO 00</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>
<p> _ _ _ NUMBER OF HOURS</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p> _ _ _ NUMBER OF HOURS</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p> _ _ _ NUMBER OF HOURS</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>
<p> _ _ PERCENT</p> <p>ALL 100</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p> _ _ PERCENT</p> <p>ALL 100</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p> _ _ PERCENT</p> <p>ALL 100</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>
<p>YES 01</p> <p>NO (GO TO C18) 00</p> <p>DON'T KNOW (GO TO C18)-2</p> <p>REFUSED (GO TO C18)-3</p>	<p>YES 01</p> <p>NO (GO TO C18) 00</p> <p>DON'T KNOW (GO TO C18)-2</p> <p>REFUSED (GO TO C18)-3</p>	<p>YES 01</p> <p>NO (GO TO C18) 00</p> <p>DON'T KNOW (GO TO C18)-2</p> <p>REFUSED (GO TO C18)-3</p>
<p> \$ _ _ _ , _ _ _ . _ _ </p> <p>WEEK 01</p> <p>MONTHLY 02</p> <p>YEAR 03</p> <p>EVERY TWO WEEKS 04</p> <p>TWICE A MONTH 05</p> <p>DAY 06</p> <p>HOUR 07</p> <p>OTHER (SPECIFY) 08</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p> \$ _ _ _ , _ _ _ . _ _ </p> <p>WEEK 01</p> <p>MONTHLY 02</p> <p>YEAR 03</p> <p>EVERY TWO WEEKS 04</p> <p>TWICE A MONTH 05</p> <p>DAY 06</p> <p>HOUR 07</p> <p>OTHER (SPECIFY) 08</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>	<p> \$ _ _ _ , _ _ _ . _ _ </p> <p>WEEK 01</p> <p>MONTHLY 02</p> <p>YEAR 03</p> <p>EVERY TWO WEEKS 04</p> <p>TWICE A MONTH 05</p> <p>DAY 06</p> <p>HOUR 07</p> <p>OTHER (SPECIFY) 08</p> <p>DON'T KNOW-2</p> <p>REFUSED-3</p>

	MOST RECENT BUSINESS	SECOND BUSINESS
C18. Have you taken or received any other income payments from (THIS BUSINESS), including bonuses, profit distribution, or owners draw?	YES..... 01 NO.....(GO TO C18b) 00 DON'T KNOW.....(GO TO C18b) -2 REFUSED.....(GO TO C18b) -3	YES.....01 NO.....(GO TO C18b)00 DON'T KNOW.....(GO TO C18b)-2 REFUSED.....(GO TO C18b)-3
C18a. Before taxes and other deductions, what was the total amount of these payments? IF DK, PROBE FOR ESTIMATE	\$ _ _ _ _ , _ _ _ _ . _ _ _ _ AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999).....01 MORE THAN 999,999.....02 DON'T KNOW.....-2 REFUSED.....-3	\$ _ _ _ _ , _ _ _ _ . _ _ _ _ AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999).....01 MORE THAN 999,999.....02 DON'T KNOW.....-2 REFUSED.....-3
C18b. Do/Did you pay a spouse, domestic partner, or other relative living in your household a regular salary from (THIS BUSINESS)?	YES..... 01 NO.....(GO TO C18d) 00 DON'T KNOW.....(GO TO C18d) -2 REFUSED.....(GO TO C18d) -3	YES.....01 NO.....(GO TO C18d)00 DON'T KNOW.....(GO TO C18d)-2 REFUSED.....(GO TO C18d)-3
C18c. Before taxes and other deductions, how much do/did you pay them from (THIS BUSINESS)? Do not include bonuses, profit distributions, or any draws you may have given them. If R does not volunteer ask: Is/Was that per week, per month, per year, or some other time period?	\$ _ _ _ _ , _ _ _ _ . _ _ _ _ WEEK 01 MONTHLY 02 YEAR 03 EVERY TWO WEEKS 04 TWICE A MONTH..... 05 DAY..... 06 HOUR 07 OTHER (SPECIFY)..... 08 DON'T KNOW.....-2 REFUSED.....-3	\$ _ _ _ _ , _ _ _ _ . _ _ _ _ WEEK01 MONTHLY02 YEAR03 EVERY TWO WEEKS04 TWICE A MONTH.....05 DAY..... 06 HOUR07 OTHER (SPECIFY)08 DON'T KNOW.....-2 REFUSED.....-3
C18d. Has a spouse, domestic partner, or other close relative living in your household received any other income payments from your business, including bonuses, profit distributions or owner's draw?	YES..... 01 NO.....(GO TO C18f) 00 DON'T KNOW.....(GO TO C18f) -2 REFUSED.....(GO TO C18f) -3	YES.....01 NO.....(GO TO C18f)00 DON'T KNOW.....(GO TO C18f)-2 REFUSED.....(GO TO C18f)-3
C18e. Before taxes and other deductions, what was the total amount of these payments? IF DK, PROBE FOR ESTIMATE	\$ _ _ _ _ , _ _ _ _ AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999).....01 MORE THAN 999,999.....02 DON'T KNOW.....-2	\$ _ _ _ _ , _ _ _ _ AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999).....01 MORE THAN 999,999.....02 DON'T KNOW.....-2

	REFUSED.....-3	REFUSED.....-3
--	----------------	----------------

THIRD BUSINESS	FOURTH BUSINESS	FIFTH BUSINESS
YES..... 01 NO.....(GO TO C18b)..... 00 DON'T KNOW.....(GO TO C18b).....-2 REFUSED.....(GO TO C18b).....-3	YES..... 01 NO.....(GO TO C18b)..... 00 DON'T KNOW.....(GO TO C18b).....-2 REFUSED.....(GO TO C18b).....-3	YES..... 01 NO.....(GO TO C18b)..... 00 DON'T KNOW.....(GO TO C18b).....-2 REFUSED.....(GO TO C18b).....-3
\$, . AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999.....01 MORE THAN 999,999.....02 DON'T KNOW.....-2 REFUSED.....-3	\$, . AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999.....01 MORE THAN 999,999.....02 DON'T KNOW.....-2 REFUSED.....-3	\$, . AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999.....01 MORE THAN 999,999.....02 DON'T KNOW.....-2 REFUSED.....-3
YES..... 01 NO.....(GO TO C18d)..... 00 DON'T KNOW.....(GO TO C18d).....-2 REFUSED.....(GO TO C18d).....-3	YES..... 01 NO.....(GO TO C18d)..... 00 DON'T KNOW.....(GO TO C18d).....-2 REFUSED.....(GO TO C18d).....-3	YES..... 01 NO.....(GO TO C18d)..... 00 DON'T KNOW.....(GO TO C18d).....-2 REFUSED.....(GO TO C18d).....-3
\$, . WEEK..... 01 MONTHLY..... 02 YEAR..... 03 EVERY TWO WEEKS..... 04 TWICE A MONTH..... 05 DAY..... 06 HOUR..... 07 OTHER (SPECIFY)..... 08 DON'T KNOW.....-2 REFUSED.....-3	\$, . WEEK..... 01 MONTHLY..... 02 YEAR..... 03 EVERY TWO WEEKS..... 04 TWICE A MONTH..... 05 DAY..... 06 HOUR..... 07 OTHER (SPECIFY)..... 08 DON'T KNOW.....-2 REFUSED.....-3	\$, . WEEK..... 01 MONTHLY..... 02 YEAR..... 03 EVERY TWO WEEKS..... 04 TWICE A MONTH..... 05 DAY..... 06 HOUR..... 07 OTHER (SPECIFY)..... 08 DON'T KNOW.....-2 REFUSED.....-3
YES..... 01 NO.....(GO TO C18f)..... 00 DON'T KNOW.....(GO TO C18f).....-2 REFUSED.....(GO TO C18f).....-3	YES..... 01 NO.....(GO TO C18f)..... 00 DON'T KNOW.....(GO TO C18f).....-2 REFUSED.....(GO TO C18f).....-3	YES..... 01 NO.....(GO TO C18f)..... 00 DON'T KNOW.....(GO TO C18f).....-2 REFUSED.....(GO TO C18f).....-3
\$,	\$,	\$,

AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999.....01	AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999.....01	AMOUNT GIVEN (LESS THAN OR EQUAL TO \$999,999.....01
MORE THAN 999,999.....02	MORE THAN 999,999.....02	MORE THAN 999,999.....02
DON'T KNOW.....-2	DON'T KNOW.....-2	DON'T KNOW.....-2
REFUSED.....-3	REFUSED.....-3	REFUSED.....-3

	MOST RECENT BUSINESS	SECOND BUSINESS
C18f. PROGRAMMER: CHECK QUESTION C7. IS SM STILL OPERATING BUSINESS?	YES.....(GO TO C20a) 01 NO..... 00	
C19. Did you sell (THIS BUSINESS?)	YES..... 01 NO.....(GO TO C20a) 00 DON'T KNOW.....(GO TO C20a) -2 REFUSED.....(GO TO C20a) -3	
C20. How much did you sell (THIS BUSINESS) for?	\$ _ _ _ _ _ _ _ _ _ _ AMOUNT GIVEN (LESS THAN OR EQUAL TO \$99,999,999.....01 MORE THAN \$99,999,999.....02 DON'T KNOW.....-2 REFUSED.....-3	
C20a. PROGRAMMER: CHECK QUESTION C4b. IS THERE ANOTHER PERIOD OF SELF-EMPLOYMENT?	YES.....(GO TO C6, COLUMN 2) 01 NO.....(CONTINUE)..... 00	YES.....(GO TO C6, COLUMN 3).....01 NO.....(CONTINUE).....00

THIRD BUSINESS	FOURTH BUSINESS	FIFTH BUSINESS
YES (GO TO C6, COLUMN 4) 01 NO (CONTINUE) 00	YES (GO TO C6, COLUMN 5)01 NO (CONTINUE)00	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CONTINUE </div>

C21. The next questions are about your most recent business that is [NAME OF BUSINESS IN C5, FIRST COLUMN]. Is/Was your business structured as a sole proprietorship, a partnership, a corporation, or a cooperative?

- SOLE PROPRIETORSHIP 01 → **GO TO C23**
 - PARTNERSHIP 02
 - CORPORATION 03
 - COOPERATIVE 04
 - OTHER (SPECIFY) 05
-
- DON'T KNOW -2
 - REFUSED -3

C22. What percent of (THIS BUSINESS) do/did you own?

|__|__| PERCENT

- ALL 100
- DON'T KNOW -2
- REFUSED -3

C22a. Do/Did any members of your immediate family own part of (THIS BUSINESS)?

- YES 01
 - NO 00
 - DON'T KNOW -2
 - REFUSED -3
- } → **GO TO C23**

C22b. What percent of (THIS BUSINESS) do/did they own?

|__|__| PERCENT

- DON'T KNOW -2
- REFUSED -3

C23. Did you start (THIS BUSINESS) from scratch, or did you acquire it from someone else?

- STARTED FROM SCRATCH.....01 → **GO TO C27**
- ACQUIRED FROM SOMEONE ELSE/
OTHER ENTITY02
- DON'T KNOW-2
- REFUSED-3

C24. Did you buy (THIS BUSINESS)?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C26**

C25. How much did you pay for it?

\$ |_|_|_|_|,|_|_|_|_|

- Amount Given (Less THAN OR EQUAL TO \$99,999,999.).....01
- More than \$99,999,999.).....02
- Don't Know.....-2
- Refused.....-3

GO TO C27

C26. How did you acquire ownership of (THIS BUSINESS)?

- RECEIVED TRANSFER OF
OWNERSHIP/GIFT01
- INHERITED02
- OTHER (SPECIFY)03

- DON'T KNOW-2
- REFUSED-3

C27. Have you invested any of your own money into (THIS BUSINESS) since (RA DATE/DATE OF LAST INTERVIEW)? Please do not include money borrowed or otherwise received from relatives.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C29**

C28. Since (RA DATE/DATE OF LAST INTERVIEW), how much of your own money have you invested in (THIS BUSINESS)?

IF DK, PROBE FOR ESTIMATE

\$ | | | | , | | | |

- Amount Given (Less THAN OR EQUAL TO \$99,999,999.).....01
- More than \$99,999,999.).....02
- Don't Know.....-2
- Refused.....-3

C29. Since (RA DATE/DATE OF LAST INTERVIEW), did you borrow any money for (THIS BUSINESS)?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C37**

C30. How much have you borrowed for (THIS BUSINESS)?

\$ | | | | , | | | |

- Amount Given (Less THAN OR EQUAL TO \$99,999,999.).....01
- More than \$99,999,999.).....02
- Don't Know.....-2
- Refused.....-3

C31. Did you obtain a personal loan, a business loan, or both?

- PERSONAL LOAN01
- BUSINESS LOAN02 → **GO TO C33**

BOTH03
 DON'T KNOW-2
 REFUSED-3

C32. What was the source of your personal loan? Was it . . .(READ CATEGPRIES)

CIRCLE ALL THAT APPLY

A credit card,01
 A home mortgage or home equity line of credit,.....02
 A family member, or03
 A friend?04
 OTHER (SPECIFY)05

 DON'T KNOW-2
 REFUSED-3

C32a. What was the total amount of (this personal loan/these personal loans)?

\$ |__|_|_|_|_|,|__|_|_|_|_| AMOUNT

Amount Given (Less THAN OR EQUAL TO \$99,999,999.).....01
 More than \$99,999,999.).....02
 Don't Know.....-2
 Refused.....-3

C32.0. **PROGRAMMER:
 IF 31 ≠ 3 then skip to C32b. OTHERWISE CONTINUE.**

C32b. What was the interest rate for (this loan/the largest loan you obtained)?

|__|_|_|_|_| PERCENT

DON'T KNOW-2
 REFUSED-3

C32c. What was the length of (this loan/the largest loan you obtained)? **RECORD LENGTH AND CODE TIME UNIT.**

|__|_|_|_|_| LENGTH

WEEKS01

MONTHS.....	02
YEARS	03
Don't Know.....	-2
Refused.....	-3

C32d. **IF C31=01 GO TO C36a; OTHERWISE CONTINUE**

C33. From what source did you receive your business loan?

CIRCLE ALL THAT APPLY

A BANK OR CREDIT UNION.....	01
SMALL BUSINESS ADMINISTRATION (SBA).....	02
ANOTHER GOVERNMENT LOAN	03
INVESTMENT COMPANY	04
OTHER (SPECIFY).....	05
<hr/>	
DON'T KNOW	-2
REFUSED	-3

C33a. **PROGRAMMER:
IF C33=02, CONTINUE; OTHERWISE, GO TO C34a.**

C34. Was the Small Business Administration loan an SBA Microloan, an SBA-guaranteed loan, a 504 Certified Development Company loan, or a Small Business Investment Companies loan?

SBA MICROLOAN	01
SBA-GUARANTEED LOAN	02
504 CERTIFIED DEVELOPMENT COMPANY LOAN	03
SMALL BUSINESS INVESTMENT COMPANIES LOAN	04
OTHER (SPECIFY).....	05
<hr/>	
DON'T KNOW	-2
REFUSED	-3

C34.0. **PROGRAMMER:
IF 31 ≠ 3 then skip to C35. OTHERWISE CONTINUE.**

C34a. What was the total amount of this business loan or loans?
If multiple loans for this business, report sum of all loans below.

\$ |__|__|__|,|__|__|__| AMOUNT

Amount Given (Less THAN OR EQUAL TO \$99,999,999.).....01
 More than \$99,999,999.).....02
 Don't Know.....-2
 Refused.....-3

C35. What was the interest rate for (this loan/the largest loan you obtained)?

|__|__|.|__|__| PERCENT

DON'T KNOW-2
 REFUSED-3

C36. What was the length of (the loan/the largest loan you obtained)? **RECORD LENGTH
AND CODE TIME UNIT.**

|__|__| LENGTH

WEEKS01
 MONTHS.....02
 YEARS03
 DON'T KNOW-2
 REFUSED-3

C36a. Did you receive any grants to start your business?

YES01
 NO00
 DON'T KNOW-2
 REFUSED-3

→ **GO TO C37**

C36b. What was the total amount of these grants?

\$ |__|__|__|,|__|__|__|

Amount Given (Less THAN OR EQUAL TO \$99,999,999.).....	01
More than \$99,999,999.).....	02
Don't Know.....	-2
Refused.....	-3

C36c. What was the source of these grants?

RECORD VERBATIM: _____

C37. Apart from any of your own money, money you borrowed, or grants you received since (RA DATE/DATE OF LAST INTERVIEW), did you use any other sources of capital, such as gifts from family members or friends, or the sale of another business, to start or grow (THIS BUSINESS)?

YES	01	} → GO TO C40
NO	00	
DON'T KNOW	-2	
REFUSED	-3	

C38. Altogether, how much did you receive from these sources since (RA DATE/DATE OF LAST INTERVIEW)?

\$ |_|_|_|_|,|_|_|_|_|

Amount Given (Less THAN OR EQUAL TO \$99,999,999.).....	01
More than \$99,999,999.).....	02
Don't Know.....	-2
Refused.....	-3

C39. What were these other sources of capital?

CIRCLE ALL THAT APPLY

GIFTS FROM FAMILY MEMBERS	01
GIFTS FROM FRIENDS.....	02
SALE OF ANOTHER BUSINESS.....	03
OTHER (SPECIFY)	04

DON'T KNOW	-2
REFUSED	-3

C40. Where is your (current/most recent) business located in your home, an incubator, a commercially available space, or some other place?
(IF ASKED): An incubator is space provided to start-up a? young entrepreneurs by self-employment assistance organizations.

- HOME..... 01
- INCUBATOR 02
- COMMERCIALY AVAILABLE SPACE 03
- SOME OTHER PLACE (SPECIFY)..... 04

- DON'T KNOW -2
- REFUSED -3

C41. What is the zip code where your business, (THIS BUSINESS), is/was located?

|_|_|_|_|_|_|

- DON'T KNOW -2
- REFUSED -3

C42. **PROGRAMMER:
 IF C4a=01, CONTINUE; OTHERWISE, GO TO C52.**

C43. The next questions, are about (all of) the business(es) that you **currently own**. What is the total number of employees that currently work in your business(es)? Please exclude yourself, but include paid family members.

|_|_| NUMBER OF EMPLOYEES

- NONE 00
- DON'T KNOW -2
- REFUSED -3



C44. How many of these employees are working 35 or more hours per week, and how many are working less than 35 hours per week in (this business/these businesses)?
IF RESPONDENT SAYS "NONE," CODE 00.

|_|_| NUMBER OF FULL-TIME EMPLOYEES

|_|_| NUMBER OF PART-TIME EMPLOYEES

- DON'T KNOW -2

REFUSED-3

C45. How many of your immediate family members work in this business? Please do not include yourself.

|_|_| NUMBER

NONE00

DON'T KNOW-2

REFUSED-3

C46. What is this business's current monthly payroll?

\$ |_|_|_|,|_|_|_| PAYROLL AMOUNT

Amount Given (Less THAN OR EQUAL TO \$999,999.).....01

More than \$999,999.).....02

Don't Know.....-2

Refused.....-3

C47. Does this amount include payments to yourself?

YES01

NO00

DON'T KNOW-2

REFUSED-3

C48. Next, I will read a list of benefits that some people get through their jobs. Do all of your employees, some of your employees, or none of your employees currently receive . . .

CODE ALL, SOME, OR NONE FOR EACH

	ALL	SOME	NONE	DON'T KNOW	REFUSED
--	------------	-------------	-------------	-------------------	----------------

a. paid sick leave?.....	01	02	03	-2	-3
b. paid vacation?	01	02	03	-2	-3
c. paid holidays?	01	02	03	-2	-3
d. health insurance or membership in an HMO or PPO plan?	01	02	03	-2	-3
e. retirement or pension benefits, a 401K plan?.....	01	02	03	-2	-3
f. life insurance?	01	02	03	-2	-3
g. any other benefits? (SPECIFY).....	01	02	03	-2	-3

C49. Now, please tell me if **you** receive these benefits through your business . . .

CODE YES OR NO FOR EACH

	YES	NO	DON'T KNOW	REFUSED
a. paid sick leave?.....	01	00	-2	-3
b. paid vacation?	01	00	-2	-3
c. paid holidays?	01	00	-2	-3
d. health insurance or membership in an HMO or PPO plan?.....	01	00	-2	-3
e. retirement or Pension benefits, a 401K plan?	01	00	-2	-3
f. life insurance?	01	00	-2	-3
g. any other benefits? (SPECIFY).....	01	00	-2	-3

C50. **PROGRAMMER:
IF C49d=00 GO TO C51. OTHERWISE, GO TO C52**

C51. Do you have health insurance?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C52**

C51a. What is the source of that insurance?

- THROUGH SPOUSE'S INSURER.....01
- THROUGH YOUR EMPLOYER'S INSURER02
- THROUGH TRADE ASSOCIATION'S INSURER03
- THROUGH MEDICAID OR OTHER PUBLIC HEALTH INSURANCE04
- THROUGH A PRIVATE INSURER05
- THROUGH SOME OTHER SOURCE (SPECIFY)06

- DON'T KNOW-2
- REFUSED-3

C52. When you started this business, did you have health insurance coverage?

YES	01
NO	00
DON'T KNOW	-2
REFUSED	-3

C53. When you started this business, did other household members have any earnings?

YES	01
NO	00
DON'T KNOW	-2
REFUSED	-3

C54. What would you say were the most difficult challenges you faced when you started this business?

CIRCLE ALL THAT APPLY

PROBE: Any others?

LACK OF CAPITAL OR START-UP FUNDS	01
AMOUNT OF TIME/WORK INVOLVED	02
INSUFFICIENT SALES	03
INSUFFICIENT CASH FLOW	04
DIFFICULTIES HIRING QUALIFIED STAFF	05
LOCAL COMPETITION	06
BECOMING KNOWN/GETTING EXPOSURE	07
TAXES	08
INSURANCE	09
REGULATIONS/LICENSES	10
DEALING WITH CLIENTS	11
UNCERTAINTY/CHANGING ECONOMY	12
FINDING A LOCATION	13
PROBLEMS WITH SUPPLY OF PRODUCT OR MATERIAL AVAILABILITY	14
PERSONAL/FAMILY BARRIERS	15
FINDING CLIENTS	16
OTHER (SPECIFY)	17
<hr/>	
DON'T KNOW	-2
REFUSED	-3

GO TO D0

C55. At any time since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW) have you tried to start a business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO D0**

C56. What would you say were the most difficult challenges you faced trying to start your own business?

CIRCLE ALL THAT APPLY

- LACK OF CAPITAL OR START-UP FUNDS01
 - AMOUNT OF TIME/WORK INVOLVED02
 - INSUFFICIENT SALES03
 - INSUFFICIENT CASH FLOW04
 - DIFFICULTIES HIRING QUALIFIED STAFF05
 - LOCAL COMPETITION.....06
 - BECOMING KNOWN/GETTING EXPOSURE07
 - TAXES.....08
 - INSURANCE09
 - REGULATIONS/LICENSES10
 - DEALING WITH CLIENTS11
 - UNCERTAINTY/CHANGING ECONOMY12
 - FINDING A LOCATION13
 - PROBLEMS WITH SUPPLY OF PRODUCT OR MATERIAL AVAILABILITY.....14
 - PERSONAL/FAMILY BARRIERS.....15
 - FINDING CLIENTS16
 - OTHER (SPECIFY)17
-
- DON'T KNOW-2
 - REFUSED-3

SECTION D: EMPLOYMENT, WORKING FOR SOMEONE ELSE

D0. **PROGRAMMER:**
 THIS IS A 6-MONTH FOLLOW-UP INTERVIEW OR AN 18-MONTH FOLLOW-UP WITHOUT A COMPLETED 6-MONTH FOLLOW-UP INTERVIEW. → GO TO D0a
 THIS IS AN 18-MONTH FOLLOW-UP INTERVIEW WITH A COMPLETED 6-MONTH FOLLOW-UP INTERVIEW. → GO TO D3

D0a. The next questions are about jobs you have had where you worked for someone else.

Prior to (RANDOM ASSIGNMENT DATE), did you ever have a job where **you worked for someone else?** Please include part-time and full-time jobs, and military service.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → GO TO D3

D1. Prior to (RANDOM ASSIGNMENT DATE), approximately, how long did you work, **in total** , on **all** jobs where you worked for someone else?

RECORD LENGTH AND CODE TIME UNIT

- |__|__| LENGTH
- WEEKS01
 - MONTHS02
 - YEARS03
 - DON'T KNOW-2
 - REFUSED-3

D2. How much of the (TIME IN D1) you worked for someone else prior to (RANDOM ASSIGNMENT DATE) were you working as a manager?
 If Asked: By manager we mean anyone who supervises other staff or oversees parts of a business.

IF Asked: By manager we mean anyone who supervises other staff or oversees parts of a business. **RECORD LENGTH AND CODE TIME UNIT.**

- |__|__| LENGTH
- NONE00
 - WEEKS01
 - MONTHS02
 - YEARS03
 - DON'T KNOW-2

REFUSED-3

D3. The next questions are about full and part-time jobs, including military service, that you may have held since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW) where you were working for someone else.

Are you **currently** working for someone else?

- YES01 → **GO TO D6**
- NO00
- DON'T KNOW-2
- REFUSED-3

D4. What are you currently doing?

CIRCLE ALL THAT APPLY

PROBE: Any others?

- SELF-EMPLOYED01
 - TRYING TO START MY OWN BUSINESS.....02
 - LOOKING FOR WORK03
 - PARTICIPATING IN EDUCATION OR TRAINING PROGRAM.....04
 - TAKING CARE OF CHILD/FAMILY MEMBER/ SICK RELATIVE.....05
 - RETIRED.....06
 - CURRENTLY ILL07
 - NOTHING08
 - INCARCERATED09
 - OTHER (SPECIFY)10
-
- DON'T KNOW-2
 - REFUSED-3

D5. Since (RA DATE/DATE OF LAST INTERVIEW) have you had a job that lasted two weeks or longer? Please include part-time and full-time jobs, and military service.

- YES01 → **GO TO D7**
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO D21b**

D6. **Currently**, how many different full- and part-time jobs do you have where you work for someone else?

- ONE.....01
- TWO OR MORE02
- DON'T KNOW-2

REFUSED-3

	CURRENT/MOST RECENT JOB 01 	SECOND MOST RECENT JOB 02
<p>D7. What is the name of the employer for whom you work the most hours/for whom you worked more than two weeks since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?</p> <p>INTERVIEWER: RECORD EMPLOYER/BUSINESS NAME FOR THIS JOB IN D7, COLUMN 1, AS JOB 1. THEN GO TO D7a.</p> <p>RECORD EMPLOYER NAME(S) ACROSS THE TOP OF THE GRID FIRST. THEN ASK D8-D21 DOWN FOR EACH JOB.</p>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<p>D7a. Where else have you worked since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)? Please include any (other current jobs whether), part-time or full-time jobs.</p> <p>PROBE: Where did you work before (LAST JOB)?</p> <p>MANDATORY PROBE: Where else have you worked?</p> <p>RECORD AS NEXT JOB IN COLUMN HEADER.</p>		
<p>D8. In what month and year did you start working for (EMPLOYER)?</p> <p>RECORD MONTH AND YEAR. START DATE CAN BE BEFORE (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)</p>	<p>START: __ _ _ / __ _ _ _ _ _ </p> <p style="text-align: center;">MONTH YEAR</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>	<p>START: __ _ _ / __ _ _ _ _ _ </p> <p style="text-align: center;">MONTH YEAR</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>
<p>D9. In what month and year did you stop working for (EMPLOYER)?</p> <p>RECORD MONTH AND YEAR. STOP DATE MUST COME AFTER (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW).</p>	<p>STOP: __ _ _ / __ _ _ _ _ _ </p> <p style="text-align: center;">MONTH YEAR</p> <p>STILL AT JOB96</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>	<p>STOP: __ _ _ / __ _ _ _ _ _ </p> <p style="text-align: center;">MONTH YEAR</p> <p>STILL AT JOB96</p> <p>DON'T KNOW.....-2</p> <p>REFUSED.....-3</p>

--	--	--

JOB 03 	JOB 04 	JOB 05
-----------------	-----------------	-----------------

<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
-------------	-------------	-------------

--	--	--

START: / MONTH YEAR DON'T KNOW.....-2 REFUSED.....-3	START: / MONTH YEAR DON'T KNOW.....-2 REFUSED.....-3	START: / MONTH YEAR DON'T KNOW.....-2 REFUSED.....-3
---	---	---

STOP: / MONTH YEAR STILL AT JOB 96 DON'T KNOW.....-2 REFUSED.....-3	STOP: / MONTH YEAR STILL AT JOB 96 DON'T KNOW.....-2 REFUSED.....-3	STOP: / MONTH YEAR STILL AT JOB 96 DON'T KNOW.....-2 REFUSED.....-3
---	---	---

	CURRENT/MOST RECENT JOB 01	SECOND MOST RECENT JOB 02
D10. What kind of company is/was (EMPLOYER)? What do/did they make, sell, or do? PROBE FOR TYPE OF PRODUCT OR SERVICE	_____ _____ _____ DON'T KNOW -2 REFUSED -3	_____ _____ _____ DON'T KNOW -2 REFUSED -3
D11. What do/did you do there? PROBE: What is/was your job title? PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES AND JOB TITLE	_____ _____ _____ DON'T KNOW -2 REFUSED -3	_____ _____ _____ DON'T KNOW -2 REFUSED -3
D12. Which of the following best describes your employment status at this job? Are/Were you ... READ CATEGORIES	an employee, working for pay at a private company,01 a local, state, federal government employee,02 on active military duty, or03 working without pay04 OTHER (SPECIFY)05 _____ _____ DON'T KNOW -2 REFUSED -3	an employee, working for pay at a private company,01 a local, state, federal government employee,02 on active military duty, or03 working without pay04 OTHER (SPECIFY)05 _____ _____ DON'T KNOW -2 REFUSED -3
D13. How many hours do/did you usually work in an average week at (EMPLOYER)? IF DK, PROBE FOR ESTIMATE	_____ _____ _____ HOURS PER WEEK DON'T KNOW -2 REFUSED -3	_____ _____ _____ HOURS PER WEEK DON'T KNOW -2 REFUSED 9-3

JOB <u>03</u>	JOB <u>04</u>	JOB <u>05</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
DON'T KNOW-2	DON'T KNOW-2	DON'T KNOW-2
REFUSED-3	REFUSED-3	REFUSED-3
_____	_____	_____
_____	_____	_____
_____	_____	_____
DON'T KNOW-2	DON'T KNOW-2	DON'T KNOW-2
REFUSED-3	REFUSED-3	REFUSED-3
an employee, working for pay at a private company, 01	an employee, working for pay at a private company,01	an employee, working for pay at a private company, 01
a local, state, federal government employee, 02	a local, state, federal government employee,02	a local, state, federal government employee, 02
on active military duty, or 03	on active military duty, or03	on active military duty, or 03
working without pay 04	working without pay04	working without pay 04
OTHER (SPECIFY) 05	OTHER (SPECIFY)05	OTHER (SPECIFY) 05
_____	_____	_____
_____	_____	_____
DON'T KNOW-2	DON'T KNOW-2	DON'T KNOW-2
REFUSED-3	REFUSED-3	REFUSED-3
_____	_____	_____
_____	_____	_____
_____	_____	_____
DON'T KNOW-2	DON'T KNOW-2	DON'T KNOW-2
REFUSED-3	REFUSED-3	REFUSED-3
_____	_____	_____
_____	_____	_____
_____	_____	_____
DON'T KNOW-2	DON'T KNOW-2	DON'T KNOW-2
REFUSED-3	REFUSED-3	REFUSED-3
_____	_____	_____
_____	_____	_____
_____	_____	_____
DON'T KNOW-2	DON'T KNOW-2	DON'T KNOW-2
REFUSED-3	REFUSED-3	REFUSED-3

	CURRENT/MOST RECENT JOB 01	SECOND MOST RECENT JOB 02
D14. INTERVIEWER: CHECK D12. IS CODE 04, "WORKING WITHOUT PAY," CIRCLED?	YES(GO TO D18)..... 01 NO 00	YES (GO TO D18)..... 01 NO 00
D15. What is/was your current/most recent hourly rate of pay, before taxes and other deductions? ENTER DOLLARS AND CENTS. MUST ENTER DECIMAL POINT	PER HOUR: \$ HOUR.....0 1 DON'T KNOW OR NOT PAID BY HOUR..-2 REFUSED-3	PER HOUR: \$ HOUR.....01 DON'T KNOW OR NOT PAID BY HOUR..-2 REFUSED-3
D15a. Do/Did you receive any tips, bonuses, or commissions?	YES 01 NO(GO TO D16)..... 00 DON'T KNOW(GO TO D16).....-2 REFUSED(GO TO D16).....-3	YES 01 NO (GO TO D16)..... 00 DON'T KNOW (GO TO D16).....-2 REFUSED (GO TO D16).....-3
D15b. How much are these tips, bonuses, or commissions? RECORD AMOUNT AND CODE THE UNIT.	\$ PER DAY 01 PER WEEK 02 ONCE EVERY TWO WEEKS 03 TWICE A MONTH 04 PER MONTH..... 05 PER YEAR 06 DON'T KNOW-2 REFUSED-3	\$ PER DAY 01 PER WEEK 02 ONCE EVERY TWO WEEKS 03 TWICE A MONTH 04 PER MONTH..... 05 PER YEAR 06 DON'T KNOW-2 REFUSED-3
D16. What are/were your (current/most recent) weekly or monthly earnings, before taxes and other deductions? Please include any tips, bonuses, or commissions. CIRCLE PAY PERIOD CODE. PROBE, PROBE FOR ESTIMATE PROBE, IF PER JOB/PIECE/UNIT: How much did you earn in a typical day?	\$ PER DAY 01 PER WEEK 02 ONCE EVERY TWO WEEKS 03 TWICE A MONTH 04 PER MONTH..... 05 PER YEAR 06 DON'T KNOW-2 REFUSED-3	\$ PER DAY 01 PER WEEK 02 ONCE EVERY TWO WEEKS 03 TWICE A MONTH 04 PER MONTH..... 05 PER YEAR 06 DON'T KNOW-2 REFUSED-3
D17. Are/Were the following benefits available to you on your job at (EMPLOYER)? READ CATEGORIES. CIRCLE YES OR NO FOR EACH.	<u>YES</u> <u>NO</u> a. Paid sick leave? 01 00 b. Paid vacation?..... 01 00 c. Paid holidays?..... 01 00 d. Health insurance, or membership in an HMO or PPO plan? 01 00 e. Retirement, or pension benefits or a 401K plan? 01 00 f. Life insurance?..... 01 00 g. Any other benefits? (SPECIFY) .. 01 00 DON'T KNOW-2	<u>YES</u> <u>NO</u> a. Paid sick leave? 01 00 b. Paid vacation?..... 01 00 c. Paid holidays?..... 01 00 d. Health insurance, or membership in an HMO or PPO plan? 01 00 e. Retirement, or pension benefits or a 401K plan? 01 00 f. Life insurance?..... 01 00 g. Any other benefits? (SPECIFY) .. 01 00 DON'T KNOW-2

JOB 03 	JOB 04 	JOB 05
YES.....(GO TO D18)..... 01	YES.....(GO TO D18)..... 01	YES..... (GO TO D18)..... 01
NO.....00	NO.....00	NO.....00
PER HOUR: \$	PER HOUR: \$	PER HOUR: \$
HOUR.....0	HOUR.....0	HOUR.....0
1	1	1
DON'T KNOW OR NOT PAID BY HOUR.-2	DON'T KNOW OR NOT PAID BY HOUR.-2	DON'T KNOW OR NOT PAID BY HOUR.-2
REFUSED.....-3	REFUSED.....-3	REFUSED.....-3
YES.....01	YES.....01	YES.....01
NO.....(GO TO D16).....00	NO.....(GO TO D16).....00	NO..... (GO TO D16).....00
DON'T KNOW.....(GO TO D16).....-2	DON'T KNOW.....(GO TO D16).....-2	DON'T KNOW..... (GO TO D16).....-2
REFUSED.....(GO TO D16).....-3	REFUSED.....(GO TO D16).....-3	REFUSED..... (GO TO D16).....-3
\$	\$	\$
PER DAY.....01	PER DAY.....01	PER DAY.....01
PER WEEK.....02	PER WEEK.....02	PER WEEK.....02
ONCE EVERY TWO WEEKS.....03	ONCE EVERY TWO WEEKS.....03	ONCE EVERY TWO WEEKS.....03
TWICE A MONTH.....04	TWICE A MONTH.....04	TWICE A MONTH.....04
PER MONTH.....05	PER MONTH.....05	PER MONTH.....05
PER YEAR.....06	PER YEAR.....06	PER YEAR.....06
DON'T KNOW.....-2	DON'T KNOW.....-2	DON'T KNOW.....-2
REFUSED.....-3	REFUSED.....-3	REFUSED.....-3
\$	\$	\$
PER DAY.....01	PER DAY.....01	PER DAY.....01
PER WEEK.....02	PER WEEK.....02	PER WEEK.....02
ONCE EVERY TWO WEEKS.....03	ONCE EVERY TWO WEEKS.....03	ONCE EVERY TWO WEEKS.....03
TWICE A MONTH.....04	TWICE A MONTH.....04	TWICE A MONTH.....04
PER MONTH.....05	PER MONTH.....05	PER MONTH.....05
PER YEAR.....06	PER YEAR.....06	PER YEAR.....06
DON'T KNOW.....-2	DON'T KNOW.....-2	DON'T KNOW.....-2
REFUSED.....-3	REFUSED.....-3	REFUSED.....-3
<u>YES</u> <u>NO</u>	<u>YES</u> <u>NO</u>	<u>YES</u> <u>NO</u>
a. Paid sick leave?.....01 00	a. Paid sick leave?..... 01 00	a. Paid sick leave? 01 00
b. Paid vacation?01 00	b. Paid vacation?..... 01 00	b. Paid vacation?..... 01 00
c. Paid holidays?.....01 00	c. Paid holidays?..... 01 00	c. Paid holidays?..... 01 00
d. Health insurance, or membership in an HMO or PPO plan?.....01 00	d. Health insurance, or membership in an HMO or PPO plan?..... 01 00	d. Health insurance, or membership in an HMO or PPO plan? 01 00
e. Retirement, or pension benefits or a 401K plan?.....01 00	e. Retirement, or pension benefits or a 401K plan? 01 00	e. Retirement, or pension benefits or a 401K plan? 01 00
f. Life insurance?.....01 00	f. Life insurance?..... 01 00	f. Life insurance?..... 01 00
g. Any other benefits? (SPECIFY) ..01 00	g. Any other benefits? (SPECIFY) .. 01 00	g. Any other benefits? (SPECIFY) .. 01 00
_____	_____	_____
DON'T KNOW.....-2	DON'T KNOW.....-2	DON'T KNOW.....-2

REFUSED.....-3	REFUSED.....-3	REFUSED.....-3
----------------	----------------	----------------

	CURRENT/MOST RECENT JOB 01 	SECOND MOST RECENT JOB 02
D18. INTERVIEWER: CHECK D9. IS CODE n, "STILL AT THIS JOB," CIRCLED?	YES (GO TO D21a) 01 NO 00	YES (GO TO D21a) 01 NO 00
D19. Why did you stop working at (EMPLOYER)? Did you quit, retire, were you laid off or fired, or did the period you were scheduled to work there end? PROBE: What reason were you given by your employer? CIRCLE ONE CODE ONLY.	QUIT 01 RETIRE 02 LAID OFF 03 FIRED 04 WORK PERIOD/TEMPORARY JOB ENDED 05 OTHER (SPECIFY) 06 DON'T KNOW -2 REFUSED -3	QUIT 01 RETIRE 02 LAID OFF 03 FIRED 04 WORK PERIOD/TEMPORARY JOB ENDED 05 OTHER (SPECIFY) 06 DON'T KNOW -2 REFUSED -3
D20. When that job ended, did you receive severance pay?	YES 01 NO 00 DON'T KNOW -2 REFUSED -3	YES 01 NO 00 DON'T KNOW -2 REFUSED -3
D21. When that job ended, what did you do? CIRCLE ALL THAT APPLY.	TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE 01 STARTED A BUSINESS 02 WORKED ON STARTING MY OWN BUSINESS 03 LOOKED FOR WORK 04 PARTICIPATED IN EDUCATION/ TRAINING PROGRAM 05 TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE 06 RETIRED 07 WAS SICK 08 OTHER (SPECIFY) 09 DON'T KNOW -2 REFUSED -3	TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE 01 STARTED A BUSINESS 02 WORKED ON STARTING MY OWN BUSINESS 03 LOOKED FOR WORK 04 PARTICIPATED IN EDUCATION/ TRAINING PROGRAM 05 TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE 06 RETIRED 07 WAS SICK 08 OTHER (SPECIFY) 09 DON'T KNOW -2 REFUSED -3
D21a. INTERVIEWER: IS THERE ANOTHER JOB? CHECK D7.	YES (GO TO D8, COLUMN 2) 01 NO 00	YES (GO TO D8, COLUMN 3) 01 NO 00

JOB 03	JOB 04	JOB 05
YES (GO TO D21a) 01	YES (GO TO D21a) 01	YES (GO TO D21a) 01
NO 00	NO 00	NO 00
QUIT 01	QUIT 01	QUIT 01
RETIRE 02	RETIRE 02	RETIRE 02
LAI D OFF 03	LAI D OFF 03	LAI D OFF 03
FIRED 04	FIRED 04	FIRED 04
WORK PERIOD/TEMPORARY JOB ENDED 05	WORK PERIOD/TEMPORARY JOB ENDED 05	WORK PERIOD/TEMPORARY JOB ENDED 05
OTHER (SPECIFY) 06	OTHER (SPECIFY) 06	OTHER (SPECIFY) 06
_____	_____	_____
DON'T KNOW -2	DON'T KNOW -2	DON'T KNOW -2
REFUSED -3	REFUSED -3	REFUSED -3
YES 01	YES 01	YES 01
NO 00	NO 00	NO 00
DON'T KNOW -2	DON'T KNOW -2	DON'T KNOW -2
REFUSED -3	REFUSED -3	REFUSED -3
TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE 01	TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE 01	TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE 01
STARTED A BUSINESS 02	STARTED A BUSINESS 02	STARTED A BUSINESS 02
WORKED ON STARTING MY OWN BUSINESS 03	WORKED ON STARTING MY OWN BUSINESS 03	WORKED ON STARTING MY OWN BUSINESS 03
LOOKED FOR WORK 04	LOOKED FOR WORK 04	LOOKED FOR WORK 04
PARTICIPATED IN EDUCATION/ TRAINING PROGRAM 05	PARTICIPATED IN EDUCATION/ TRAINING PROGRAM 05	PARTICIPATED IN EDUCATION/ TRAINING PROGRAM 05
TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE 06	TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE 06	TOOK CARE OF CHILD/FAMILY MEMBER/SICK RELATIVE 06
RETIRED 07	RETIRED 07	RETIRED 07
WAS SICK 08	WAS SICK 08	WAS SICK 08
OTHER (SPECIFY) 09	OTHER (SPECIFY) 09	OTHER (SPECIFY) 09
_____	_____	_____
DON'T KNOW -2	DON'T KNOW -2	DON'T KNOW -2
REFUSED -3	REFUSED -3	REFUSED -3
YES (GO TO D8, COLUMN 4) 01	YES (GO TO D8, COLUMN 5) 01	CONTINUE
NO 00	NO 00	

D22. Thinking about all the work you do, whether for yourself or for someone else, how would you rate your overall satisfaction with your work? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with your work?

VERY SATISFIED	01
SOMEWHAT SATISFIED.....	02
SOMEWHAT DISSATISFIED.....	03
VERY DISSATISFIED	04
DON'T KNOW	-2
REFUSED	-3

SECTION E: INCOME SOURCES AND AMOUNTS

E1. Now I'd like you to think about your household's total income during the past twelve months. When answering these next questions please include income from self-employment, regular jobs and odd jobs, under-the-table jobs, Social Security, pensions, rent, interest, dividends, unemployment compensation, welfare, from food stamps, child support, and money from any other sources.
 What was the total income of all members of your household, including yourself, from all sources before taxes and deductions during the past twelve months?

IF DK, PROBE FOR ESIMATE

\$ | | | | | , | | | | | → **GO TO E5**

- DON'T KNOW-2
- REFUSED-3

E2. During the past twelve months, would you say your household income was less than \$30,000, or \$30,000 or more?

- LESS THAN \$30,000 01 → **GO TO E4**
 - \$30,000 OR MORE 02
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO E5**

E3. Would you say it was . . .

- from \$30,000 to under \$45,000 01
- \$45,000 to under \$60,000 02
- \$60,000 to under \$75,000 03
- \$75,000 to under \$90,000 04
- \$90,000 to under \$105,000 05
- more than \$105,000 06
- DON'T KNOW-2
- REFUSED-3

GO TO E5

- E4. Would you say it was . . .
- less than \$5,00001
 - \$5,000 to under \$10,00002
 - \$10,000 to under \$15,00003
 - \$15,000 to under \$20,00004
 - \$20,000 to under \$25,00005
 - \$25,000 to under \$30,00006
 - DON'T KNOW-2
 - REFUSED-3

- E5. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), have you or anyone else in your household received Unemployment Compensation, Trade Readjustment Allowances, or Trade Adjustment Assistance?
- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO E8**

- E6. Altogether, since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), for how many weeks did your household receive Unemployment Compensation or Trade Readjustment Allowances, or Trade Adjustment Assistance?

|_|_|_| NUMBER OF WEEKS
 OR
 |_|_|_| NUMBER OF MONTHS

- SINCE (RA/DATE OF LAST INTERVIEW).....01
- DON'T KNOW-2
- REFUSED-3

- E7. On average, how much Unemployment Compensation, Trade Readjustment Allowances or Trade Adjustment Assistance did your household receive per month since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?

\$ |_|_|_|,|_|_|_|

- WEEKS01
- MONTHS02
- DON'T KNOW-2
- REFUSED

E8a. Next I am going to ask you if you or your household have received income from a variety of sources since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?

Have you or has anyone in your household received income **since** (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)?
ASK AND RECORD RESPONSES. THEN ASK E8b-E8c FOR EACH "YES" RESPONSE IN E8a. If E8a=2 (ONE TIME PAYMENT ASK E8d

E8a. OTHER SOURCES OF HOUSEHOLD INCOME	<u>YES</u>	<u>NO</u>	<u>ONE TIME PAYMENT</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>	E8b. Since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW), how many months did you or your household receive (SOURCE)?	E8c. On average, how much (SOURCE) per month did you or your household receive since (RANDOM ASSIGNMENT DATE/DATE OF LAST INTERVIEW)? PLEASE ENTER WHOLE DOLAR AMOUNT ONLY	E8d. How much did you or someone in your household receive in (source) payments? PLEASE ENTER WHOLE DOLAR AMOUNT ONLY
. Social Security Retirement, Disability, or Survivors' benefits?	01	00	02	-2	-3	_ _ NUMBER OF MONTHS DON'T KNOW.....-2 REFUSED.....-3	If E8b=0 or Refused then skip \$ _ _ _ , _ _ _ DON'T KNOW-2 REFUSED.....-3	\$ _ _ _ , _ _ _ DON'T KNOW-2 REFUSED.....-3
. Since applying to the GATE program in (RA Date/date of last interview) Other pensions, annuities, or other disability or retirement programs?	01	00	02	-2	-3	_ _ NUMBER OF MONTHS DON'T KNOW.....-2 REFUSED.....-3	If E8b=0 or Refused then skip \$ _ _ _ , _ _ _ DON'T KNOW-2 REFUSED.....-3	\$ _ _ _ , _ _ _ DON'T KNOW-2 REFUSED.....-3

. Cash welfare, including TANF (Minnesota Family Investment Program [MFIP]) benefits, General Assistance and Supplemental Security Income (SSI)?	01	00	02	-2	-3	__ __ NUMBER OF MONTHS DON'T KNOW.....-2 REFUSED.....-3	If E8b=0 or Refused then skip \$ __ __ , __ __ DON'T KNOW-2 REFUSED.....-3	\$ __ __ , __ __ DON'T KNOW-2 REFUSED.....-3
. Veteran's payments?	01	00	02	-2	-3	__ __ NUMBER OF MONTHS DON'T KNOW.....-2 REFUSED.....-3	If E8b=0 or Refused then skip \$ __ __ , __ __ DON'T KNOW-2 REFUSED.....-3	\$ __ __ , __ __ DON'T KNOW-2 REFUSED.....-3
. Food Stamps?	01	00	02	-2	-3	__ __ NUMBER OF MONTHS DON'T KNOW.....-2 REFUSED.....-3	If E8b=0 or Refused then skip \$ __ __ , __ __ DON'T KNOW-2 REFUSED.....-3	\$ __ __ , __ __ DON'T KNOW-2 REFUSED.....-3

SECTION F: HOUSEHOLD COMPOSITION, MARITAL STATUS, AND SPOUSE EMPLOYMENT

F1. Now, we'd like to ask a few general questions. What is your marital status?

- MARRIED/Common LAW01
 - LIVING TOGETHER UNMARRIED02
 - SEPARATED03
 - DIVORCED04
 - WIDOWED05
 - NEVER MARRIED06
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO F5**

F2. Is your (husband/wife/partner) currently working, either part-time or full-time, for pay?
Please exclude any work (he/she) does for your business.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO F5**

F3. How much does (he/she) usually make **per week** before taxes and other deductions? Please include tips, commissions, and regular overtime.

INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD. ENTER AMOUNT, THEN CODE TIME PERIOD.

\$|_|_|_|_| ,|_|_|_|_| .|_|_|_|_| AMOUNT

PER WEEK01
ONCE EVERY TWO WEEKS.....02
TWICE A MONTH03
PER MONTH.....04
PER YEAR05
IN-KIND ONLY06
DON'T KNOW-2
REFUSED-3

F4. How many hours a week on average does (she/he) work?

|_|_|_|_| HOURS

DON'T KNOW-2
REFUSED-3

F5. Including yourself, how many people are currently living in your household? Please include babies, small children, people who are not related to you and people who are temporarily away.

|_|_|_|_| NUMBER OF PEOPLE

LIVES ALONE95→**Finish**
DON'T KNOW-2
REFUSED-3

F5a. Do you have any children under 18 years of age who live with you over half the time?
Please include your own and adopted children, foster-step-, or grandchildren.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO G0**

F5b. How many children under 18 years of age live with you?

|_| NUMBER

- DON'T KNOW-2
- REFUSED-3

SECTION G: CONTACT INFORMATION

(Section G asks the respondent for contact information including name, address, phone number, email address, and any plans for moving in the next year; also contact information of close friends or relatives.)

Appendix C. Survey Instrument, Wave 3

The Wave 3 survey was administered approximately 60 months after random assignment. It represents a slight modification of the Wave 1 and Wave 2 survey instrument.

SECTION A: INTRODUCTION/SCREENER

In this section, the caller introduced themselves, described the reason for calling and confirmed that they were speaking with the correct person.

SECTION B: SELF-EMPLOYMENT SERVICES

The next questions are about self-employment services you have received in the past 12 months.

B1. In the past 12 months, have you attended any classes, workshops, or seminars on topics related to your business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B5**

B2. How many individual sessions of these classes, workshops, or seminars have you attended in the past 12 months?

- |_|_| NUMBER OF SESSIONS
- DON'T KNOW-2
 - REFUSED-3

B3. On average, how long were the individual sessions of these classes, workshops, or seminars?

- |_|_| LENGTH
- MINUTES01
 - HOURS02
 - DON'T KNOW-2
 - REFUSED-3

B4. What organization(s) provided these classes, workshops, or seminars?

NAME(S) _____

- DON'T KNOW-2
- REFUSED-3

B5. In the past 12 months, have you received any **one-on-one** counseling or technical assistance on starting or expanding your business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B9**

B6. How many counseling or technical assistance sessions have you attended in the past 12 months?

- |_|_| NUMBER OF SESSIONS
- DON'T KNOW-2
 - REFUSED-3

B7. On average, how long did each counseling or technical assistance session last?

- |_|_| LENGTH
- MINUTES01
 - HOURS02
 - DON'T KNOW-2
 - REFUSED-3

B8. What organization(s) provided you with counseling or technical assistance?

NAME(S) _____

- DON'T KNOW-2
- REFUSED-3

B9. In the past 12 months, have you attended a peer support group for self-employed persons or persons interested in becoming self-employed?

PROBE: A peer support group is a group of individuals who are self-employed or trying to start a business who meet to share ideas, strategies, and information.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B13**

B10. How many peer support group sessions have you attended in the past 12 months?

|_|_| NUMBER OF SESSIONS

- DON'T KNOW-2
- REFUSED-3

B11. On average, how long did each of these sessions last?

|_|_| LENGTH

- MINUTES01
- HOURS02
- DON'T KNOW-2
- REFUSED-3

B12. What organization(s) provided a peer support group?

NAME(S) _____

- DON'T KNOW-2
- REFUSED-3

B13. In the past 12 months, have you worked with an experienced business owner or someone else who acted as your mentor?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B17**

B14. How many meetings have you had with a mentor in the past 12 months?

|_|_| NUMBER OF MEETINGS

- DON'T KNOW-2
- REFUSED-3

B15. On average, how long did each of these meetings last?

|_| LENGTH

- MINUTES01
- HOURS02
- DON'T KNOW-2
- REFUSED-3

B16. What organization(s) provided you with a mentor?

NAME(S) _____

- DON'T KNOW-2
- REFUSED-3

B17. In the past 12 months, have you received any other types of self-employment services that we haven't already talked about?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B20**

B18. What were they?

RECORD VERBATIM _____

- DON'T KNOW-2
- REFUSED-3

B19. What organization(s) provided you with these other services?

NAME(S) _____

- DON'T KNOW-2
- REFUSED-3

B20. **PROGRAMMER: IF B1, B5, B9, B13 OR B17 = 1, GO TO B21. OTHERWISE GO TO B22.**

B21. Thinking about all the self-employment services you have received in the past 12 months, about how much did you pay in total for these services?

- \$ |__|__|,|__|__|__| TOTAL AMOUNT
- SERVICES WERE FREE00
 - DON'T KNOW-2
 - REFUSED-3

**PROGRAMMER:
GO TO B23**

B22. Why didn't you participate in any self-employment services or programs?

CODE ALL THAT APPLY

- DIDN'T THINK SERVICES WOULD BE HELPFUL 01
 - SERVICES LOCATED TOO FAR AWAY..... 02
 - TIMES INCONVENIENT 03
 - DIDN'T WANT TO WAIT FOR CLASSES TO BEGIN 04
 - DECIDED TO POSTPONE SELF-EMPLOYMENT 05
 - DECIDED NOT TO PURSUE SELF-EMPLOYMENT AT ALL 06
 - TOO BUSY 07
 - OTHER (SPECIFY) 08
-
- DON'T KNOW -2
 - REFUSED -3

B23. **PROGRAMMER: IF B1, B5, B9, B13 AND B17 = 0, d OR r, GO TO B30. OTHERWISE CONTINUE.**

B24. I am going to read a list of ways self-employment services you received in the past 12 months may have helped you. Please tell me whether self-employment services helped you a lot, somewhat, or not at all in . . .

PROBE: This includes self-employment services you received from any source.

	A LOT	SOME-WHAT	NOT AT ALL	DON'T KNOW	REFUSED	NOT APPLICABLE
a. Developing a business plan.....	01	02	03	-2	-3	04
b. Applying for loans.....	01	02	03	-2	-3	04
c. Deciding whether to pursue self-employment.....	01	02	03	-2	-3	04
d. Refining your business idea	01	02	03	-2	-3	04
e. Dealing with credit issues	01	02	03	-2	-3	04
f. Developing your marketing strategy.....	01	02	03	-2	-3	04
g. Dealing with legal issues	01	02	03	-2	-3	04
h. Dealing with accounting issues	01	02	03	-2	-3	04
i. Hiring and dealing with employees..	01	02	03	-2	-3	04
j. Networking.....	01	02	03	-2	-3	04

k.	Using computers and other technology	01	02	03	-2	-3	04
l.	Dealing with clients.....	01	02	03	-2	-3	04
m.	Providing psychological support.....	01	02	03	-2	-3	04

B25. Are there other ways in which self-employment services you received in the past 12 months have helped you?

PROBE: Did the services help you in ways other than those we just mentioned?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B27**

B26. In what other ways did these services help you?

RECORD VERBATIM _____

- DON'T KNOW-2
- REFUSED-3

B27. Thinking about all the self-employment services that you received in the past 12 months, how would you rate the overall usefulness of the services? Were they . . .

- Very useful, 01
- Somewhat useful, 02
- Not very useful, or 03
- Not at all useful? 04
- DON'T KNOW-2
- REFUSED-3

B28. **PROGRAMMER: HAS RESPONDENT RECEIVED MORE THAN ONE TYPE OF SELF-EMPLOYMENT SERVICE? DO AT LEAST TWO OF THE FOLLOWING QUESTIONS EQUAL "01" (B1, B5, B9, B13, OR B17)? IF SO, INSERT NAMES OF SERVICES INTO B29. IF NONE OR ONLY ONE SERVICE RECEIVED, GO TO B30.**

B29. You mentioned that in the past 12 months you received (NAMES OF SELF-EMPLOYMENT SERVICES RECEIVED). Please tell me which **one** service has been most useful to you.

- CLASSES OR WORKSHOPS..... 01
 - ONE-ON-ONE COUNSELING OR TECHNICAL ASSISTANCE..... 02
 - PEER SUPPORT/NETWORKING GROUP 03
 - MENTORING 04
 - OTHER (SPECIFY)..... 05
-
- DON'T KNOW -2
 - REFUSED -3

B30. Are there any services that you didn't receive or didn't receive enough of that could have helped you in starting or growing your own business?

- YES 01
 - NO 00
 - DON'T KNOW -2
 - REFUSED -3
- } → **GO TO B32**

B31. What services could have helped you?

CODE ALL THAT APPLY

- CLASSES OR WORKSHOPS..... 01
 - ONE-ON-ONE COUNSELING OR TECHNICAL ASSISTANCE 02
 - PEER SUPPORT/NETWORKING GROUP 03
 - MENTORING 04
 - LOANS 05
 - OTHER (SPECIFY)..... 06
-
- DON'T KNOW -2
 - REFUSED -3

The next questions are about the time period since your last interview.

B32. Since (DATE OF LAST INTERVIEW), have you developed or revised a written business plan?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO B34**

B33. Did you receive help writing your business plan from someone in a self-employment program? Please include a counselor, a mentor, or someone in a support group or workshop.

- YES01
- NO00
- DON'T KNOW-2
- REFUSED-3

B34. Since (DATE OF LAST INTERVIEW), have you applied for a business loan?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C1**

B35. To how many different institutions or programs have you applied for business loans since (DATE OF LAST INTERVIEW)?

- |_|_| NUMBER OF INSTITUTIONS
- DON'T KNOW-2
 - REFUSED-3

B36. Since (DATE OF LAST INTERVIEW), have you applied for a business loan from the Small Business Administration, or SBA?

- YES01
- NO00
- DON'T KNOW-2
- REFUSED-3

B37. When applying for business loans, did you receive any help from someone in a self-employment program?

YES01
NO00
DON'T KNOW-2
REFUSED-3

GO TO SECTION C

SECTION C: SELF-EMPLOYMENT EXPERIENCE

The next questions are about your experiences with self-employment since (DATE OF LAST INTERVIEW).

C1. Since (DATE OF LAST INTERVIEW) have you been self-employed, that is, owned your own business?

PROBE: You are self-employed if you own your own business, even if you also have a job where you are working for someone else.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C66**

C2. Are you currently self-employed?

- YES01
- NO00
- DON'T KNOW-2
- REFUSED-3

C3. How many businesses have you owned since (DATE OF LAST INTERVIEW)?

- [_][_]| NUMBER OF BUSINESSES
- NONE00 → **GO TO C66**
 - DON'T KNOW-2
 - REFUSED-3

C3a.

PROGRAMMER: QUESTIONS C4 – C64 SHOULD BE ASKED FOR EACH BUSINESS OWNED SINCE DATE OF LAST INTERVIEW. QUESTIONS SHOULD BE NUMBERED C4a-C64a FOR BUSINESS #1, C4b-C64b FOR BUSINESS #2, AND SO ON.

C4. IF C2=1 and C3=1: The next questions are about the business you have owned since (DATE OF LAST INTERVIEW). What is the name of your current business?

IF C2=0 and C3=1: The next questions are about the business you have owned since (DATE OF LAST INTERVIEW). What was the name of your most recent business?

IF C2=1 and C3≥2: The next questions are about the businesses you have owned since (DATE OF LAST INTERVIEW). What is/was the name of your current/next business?

IF C2=0 and C3≥2: The next questions are about the businesses you have owned since (DATE OF LAST INTERVIEW). What was the name of your most recent/next business?

RECORD NAME OF BUSINESS _____

DON'T KNOW-2

REFUSED-3

C5. When did you start operating this business as the owner?

PROBE: Your best estimate is fine.

IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?

IF "BEGINNING," ENTER 05;

IF "MIDDLE," ENTER 15;

IF "END," ENTER 25.

START DATE CAN BE BEFORE (DATE OF LAST INTERVIEW).

____/____/____
MONTH DAY YEAR

DON'T KNOW-2

REFUSED-3

C6. Are you still operating this business as the owner?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → GO TO C9

C6Date. When did you stop operating this business as the owner?

PROBE: Your best estimate is fine.

PROBE: Enter in MMDDYYYY Format.

IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?

- IF "BEGINNING," ENTER 05;
- IF "MIDDLE," ENTER 15;
- IF "END," ENTER 25.

STOP DATE SHOULD COME AFTER (DATE OF LAST INTERVIEW).

PROBE: IF RESPONDENT GIVES STOP DATE PRIOR TO (DATE OF LAST INTERVIEW), CONFIRM DATE BEFORE ENTERING.

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

C7. Why did you stop operating this business?

PROBE: We mean operating this business as the owner.

CODE ALL THAT APPLY

- BUSINESS DID NOT MAKE ENOUGH INCOME01
 - GOT A BETTER OPPORTUNITY02
 - HOURS TOO LONG03
 - INCOME TOO UNCERTAIN04
 - ILLNESS/DISABILITY05
 - PERSONAL REASONS06
 - OTHER (SPECIFY)07
-
- DON'T KNOW-2
 - REFUSED-3

C8. What did you do when you stopped operating this business?

PROBE: We mean operating this business as the owner.

CODE ALL THAT APPLY

- TOOK JOB WORKING FOR SOMEONE ELSE..... 01
 - STARTED ANOTHER BUSINESS..... 02
 - LOOKED FOR WORK..... 03
 - PARTICIPATED IN EDUCATION/TRAINING PROGRAM..... 04
 - TOOK CARE OF CHILD, FAMILY MEMBER, OR SICK RELATIVE 05
 - RETIRED..... 06
 - WAS SICK..... 07
 - OTHER SPECIFY 08
-
- DON'T KNOW -2
 - REFUSED -3

C9. What (is/was) the main product or activity of this business?

PROBE FOR TYPE OF PRODUCT OF SERVICE.

- RECORD VERBATIM _____
- DON'T KNOW d
- REFUSED r

C10. (Do/Did) you work for just one client?

- YES 01
- NO 00
- DON'T KNOW -2
- REFUSED -3

C11. On average, how much (are/were) the monthly receipts or sales for this business?

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|,|__|__|__|,|__|__|__|

1,000,000 OR MORE	1,000,000
DON'T KNOW	-2
REFUSED	-3

C12. On average, how much (are/were) the monthly expenses for this business? Please include any payments to yourself or your family members.

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|,|__|__|__|,|__|__|__|

1,000,000 OR MORE	1,000,000
DON'T KNOW	-2
REFUSED	-3

C13. How many hours (do/did) you usually work in an average week at this business? Please include any time you (spend/spent) working at home.

|__|__| NUMBER OF HOURS PER WEEK

DON'T KNOW	-2
REFUSED	-3

C14. What percent of your total household income (is/was) produced as a result of this business?

PROBE: For your total household income please include income from your spouse or other immediate family members living with you.

|__|__|__|
PERCENT

DON'T KNOW	-2
REFUSED	-3

C15. (Do/Did) you pay yourself a regular salary from this business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C17**

C16. Before taxes and other deductions, how much (do/did) you pay yourself from this business?

(Is/Was) that per week, per month, per year or something else?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|,|_|_|_|_|,|_|_|_|_|

- PER WEEK 01
 - PER MONTH..... 02
 - PER YEAR 03
 - OTHER (SPECIFY) 04
-

- DON'T KNOW -2
- REFUSED -3

C17. Have you taken or received/Did you take or receive any other income payments from this business, including bonuses, profit distributions, or owner's draw?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C19**

C18. Before taxes and other deductions, in total, about how much are/were these other income payments?

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|,|_|_|_|_|,|_|_|_|_|

1,000,000 OR MORE 1,000,000

DON'T KNOW	-2
REFUSED	-3

C19. (Do/Did) you pay a spouse, domestic partner, or other relative living in your household a regular salary from this business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C21**

C20. Before taxes and other deductions, how much (do/did) you pay them from this business?
(Is/Was) that per week, per month, per year or something else?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|_|_|_|_|,|_|_|_|_|_|

- PER WEEK01
- PER MONTH.....02
- PER YEAR03
- OTHER (SPECIFY)04

-
- DON'T KNOW-2
 - REFUSED-3

C21. Has a spouse, domestic partner, or other relative living in your household received any other income payments from this business, including bonuses, profit distributions or owner's draw?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C23**

C22. Before taxes and other deductions, in total, about how much are/were these other income payments?

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|,|_|_|_|_|,|_|_|_|_|

- 1,000,000 OR MORE 1,000,000
- DON'T KNOW-2
- REFUSED-3

C23. **PROGRAMMER: CHECK QUESTION C6. IS SAMPLE MEMBER NOT OPERATING BUSINESS (IS C6=0)? THEN GO TO C24, OTHERWISE GO TO C26.**

C24. Did you sell this business?

YES	01	}	→ GO TO C26
NO	00		
DON'T KNOW	-2		
REFUSED	-3		

C25. How much did you sell this business for?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|_|, |_|_|_| |_|_|, |_|_|_| |_|_|

1,000,000 OR MORE	1,000,000
DON'T KNOW	-2
REFUSED	-3

C26. Is/Was this business structured as a sole proprietorship, a partnership, a corporation, or a cooperative?

SOLE PROPRIETORSHIP	01	→ GO TO C30
PARTNERSHIP	02	
CORPORATION	03	
COOPERATIVE	04	
OTHER (SPECIFY)	05	

DON'T KNOW	-2	
REFUSED	-3	

C27. What percent of this business (do/did) you own?

|_|_|_| PERCENT

IF 100% THEN **GO TO C30**

DON'T KNOW	-2
REFUSED	-3

C28. (Do/Did) any members of your immediate family own part of this business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C30**

C29. What percent of this business (do/did) they own?

- |_|_|_| PERCENT
- DON'T KNOW-2
 - REFUSED-3

C30. Did you start this business from scratch, or did you acquire it from someone else?

- STARTED FROM SCRATCH.....01 → **GO TO C34**
- ACQUIRED FROM SOMEONE ELSE/
OTHER ENTITY02
- DON'T KNOW-2
- REFUSED-3

C31. Did you buy this business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C33**

C32. How much did you pay for this business?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

- \$ |_|,|_|_|_|,|_|_|_|_|
- 1,000,000 OR MORE 1,000,000
 - DON'T KNOW-2
 - REFUSED-3

GO TO C34

C33. How did you acquire ownership of this business?

- RECEIVED TRANSFER OF OWNERSHIP/GIFT01
- INHERITED02
- OTHER (SPECIFY)03

- DON'T KNOW-2
- REFUSED-3

C34. Have you invested/Did you invest any of your own money into this business? Please do not include money borrowed or otherwise received from relatives.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C36**

C35. How much of your own money have you invested/did you invest in this business?

PROBE: Your best estimate is fine.

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |_|,|_|_|_|_|,|_|_|_|_|

- 1,000,000 OR MORE 1,000,000
- DON'T KNOW-2
- REFUSED-3

C36. Have you borrowed/Did you borrow any money for this business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C53**

C37. How much have you borrowed/did you borrow for this business?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|,|__|__|__|,|__|__|__|

- 1,000,000 OR MORE 1,000,000
- DON'T KNOW -2
- REFUSED -3

C38. Have you obtained/Did you obtain a personal loan, a business loan, or both?

- PERSONAL LOAN 01
- BUSINESS LOAN 02 → **GO TO C44**
- BOTH 03
- DON'T KNOW -2
- REFUSED -3 → **GO TO C50**

C39. What is/was the source of your personal loan? Was it . . .

CODE ALL THAT APPLY

- A credit card, 01
- A home mortgage or home equity line of credit, 02
- A family member, or 03
- A friend? 04
- OTHER (SPECIFY) 05

- DON'T KNOW -2
- REFUSED -3

C40. What is/was the total amount of (this personal loan/these personal loans)?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|,|__|__|__|,|__|__|__|

- 1,000,000 OR MORE 1,000,000
- DON'T KNOW -2
- REFUSED -3

C41. What is/was the interest rate for (this loan/the largest loan you obtained)?

|_|_| PERCENT

DON'T KNOW -2

REFUSED -3

C42. What is/was the length of (this loan/the largest loan you obtained)?

RECORD LENGTH AND CODE TIME UNIT

|_|_| LENGTH

PER WEEK 01

PER MONTH..... 02

PER YEAR 03

DON'T KNOW -2

REFUSED -3

C43.

PROGRAMMER: IF C38=2 or 3 THEN CONTINUE; OTHERWISE GO TO C50

C44. What is/was the source of your business loan?

CODE ALL THAT APPLY

A BANK OR CREDIT UNION 01

SMALL BUSINESS ADMINISTRATION (SBA) 02

ANOTHER GOVERNMENT LOAN 03

INVESTMENT COMPANY 04

OTHER (SPECIFY) 05

DON'T KNOW -2

REFUSED -3

C45.

PROGRAMMER: IF C44=2, CONTINUE; OTHERWISE, GO TO C47.

C46. Is/Was the Small Business Administration loan an SBA Microloan, an SBA-guaranteed loan, a 504 Certified Development Company loan, or a Small Business Investment Companies loan?

- SBA MICROLOAN01
 - SBA-GUARANTEED LOAN02
 - 504 CERTIFIED DEVELOPMENT
COMPANY LOAN03
 - SMALL BUSINESS INVESTMENT
COMPANIES LOAN04
 - OTHER (SPECIFY)05
-
- DON'T KNOW-2
 - REFUSED-3

C47. What is/was the total amount of this business loan or loans?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

- \$ |_|_|, |_|_| |_|_|, |_|_| |_|_|
- 1,000,000 OR MORE 1,000,000
 - DON'T KNOW-2
 - REFUSED-3

C48. What is/was the interest rate for (this loan/the largest loan)?

- |_|_| PERCENT
- DON'T KNOW-2
 - REFUSED-3

C49. What is/was the length of (the loan/the largest loan)?

RECORD LENGTH AND CODE TIME UNIT

- |_|_| LENGTH
- PER WEEK01
 - PER MONTH02
 - PER YEAR03
 - DON'T KNOW-2
 - REFUSED-3

C50. Did you receive any grants to start this business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C53**

C51. What is/was the total amount of these grants?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|,|__|_|_|_|,|__|_|_|_|

- 1,000,000 OR MORE 1,000,000
- DON'T KNOW-2
- REFUSED-3

C52. What is/was the source of these grants?

RECORD VERBATIM _____

- DON'T KNOW-2
- REFUSED-3

C53. Apart from any of your own money, money you borrowed, or grants you received, have you used/did you use any other sources of capital, such as gifts from family members or friends, or the sale of another business, to start or grow your business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C56**

C54. Altogether, how much have you received/did you receive from these sources?

PROBE: IF MORE THAN \$500,000 CONFIRM AMOUNT BEFORE ENTERING.

\$ |__|,|__|_|_|_|,|__|_|_|_|

- 1,000,000 OR MORE 1,000,000
- DON'T KNOW-2
- REFUSED-3

C55. What are/were these other sources of capital?

CODE ALL THAT APPLY

- GIFTS FROM FAMILY MEMBERS01
- GIFTS FROM FRIENDS.....02
- SALE OF ANOTHER BUSINESS.....03
- OTHER (SPECIFY)04

- DON'T KNOW-2
- REFUSED-3

C56. Where is/was this business located, in your home, an incubator, a commercially available space, or some other place?

PROBE: An incubator is space provided to start-up and young entrepreneurs by self-employment assistance organizations.

- HOME.....01
- INCUBATOR02
- COMMERCIALY AVAILABLE SPACE03
- SOME OTHER PLACE (SPECIFY).....04

- DON'T KNOW-2
- REFUSED-3

C57. What is the zip code where this business is/was located?

|_|_|_|_|_|

- DON'T KNOW-2
- REFUSED-3

C58. What is/was the total number of employees that work/worked in this business? Please exclude yourself, but include paid family members.

|_|_|_|_| NUMBER OF EMPLOYEES

- NONE00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C62**

C59. How many of these employees are/were working 35 or more hours per week, and how many are/were working less than 35 hours per week in this business?

IF RESPONDENT SAYS “NONE,” CODE 00.

|_|_|_| NUMBER OF FULL-TIME EMPLOYEES

|_|_|_| NUMBER OF PART-TIME EMPLOYEES

DON'T KNOW-2

REFUSED-3

C60. How many of your immediate family members work/worked in this business? Please do not include yourself.

|_|_| NUMBER

NONE00

DON'T KNOW-2

REFUSED-3

C61. Next, I will read a list of benefits that some people get through their jobs. For this business, do/did all of your employees, some of your employees, or none of your employees receive . . .

CODE ALL, SOME, OR NONE FOR EACH

	ALL	SOME	NONE	DON'T KNOW	REFUSED
a. Paid sick leave?	01	02	00	-2	-3
b. Paid vacation?.....	01	02	00	-2	-3
c. Paid holidays?.....	01	02	00	-2	-3
d. Health insurance or membership in an HMO or PPO plan?	01	02	00	-2	-3
e. Retirement or pension benefits or a 401K plan?.....	01	02	00	-2	-3
f. Life insurance?.....	01	02	00	-2	-3
g. Any other benefits? (SPECIFY).....	01	02	00	-2	-3

C62. Now, please tell me if you receive/received these benefits through this business . . .

CODE YES OR NO FOR EACH

	YES	NO	DON'T KNOW	REFUSED
a. Paid sick leave?.....	01	00	-2	-3
b. Paid vacation?	01	00	-2	-3
c. Paid holidays?	01	00	-2	-3
d. Health insurance or membership in an HMO or PPO plan?.....	01	00	-2	-3
e. Retirement or pension benefits or a 401K plan?.....	01	00	-2	-3
f. Life insurance?	01	00	-2	-3
g. Any other benefits? (SPECIFY).....	01	00	-2	-3

C63. When you started this business, did other household members have any earnings?

- YES01
- NO00
- DON'T KNOW-2
- REFUSED-3

C64. What would you say were the most difficult challenges you faced when you started this business?

CODE ALL THAT APPLY

LACK OF CAPITAL OR START-UP FUNDS	01
AMOUNT OF TIME/WORK INVOLVED	02
INSUFFICIENT SALES	03
INSUFFICIENT CASH FLOW	04
DIFFICULTIES HIRING QUALIFIED STAFF	05
LOCAL COMPETITION.....	06
BECOMING KNOWN/GETTING EXPOSURE	07
TAXES.....	08
INSURANCE	09
REGULATIONS/LICENSES	10
DEALING WITH CLIENTS	11
UNCERTAINTY/CHANGING ECONOMY	12
FINDING A LOCATION	13
PROBLEMS WITH SUPPLY OF PRODUCT OR MATERIAL AVAILABILITY.....	14
PERSONAL/FAMILY BARRIERS.....	15
FINDING CLIENTS	16
OTHER (SPECIFY)	17
<hr/>	
DON'T KNOW	-2
REFUSED	-3

C65. **PROGRAMMER: CHECK QUESTION C3. IS THERE ANOTHER PERIOD OF SELF-EMPLOYMENT (IS C3 ≥ 2)?**

YES, $C3 \geq 2$01 → REPEAT
C4 THROUGH C64 FOR EACH BUSINESS, THEN GO TO C69

NO, $C3 < 2$ 00 → GO TO C69

C66. At any time since (DATE OF LAST INTERVIEW) have you tried to start a business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO C68**

C67. What would you say were the most difficult challenges you faced trying to start your own business?

CODE ALL THAT APPLY

- LACK OF CAPITAL OR START-UP FUNDS 01
 - AMOUNT OF TIME/WORK INVOLVED 02
 - INSUFFICIENT SALES 03
 - INSUFFICIENT CASH FLOW 04
 - DIFFICULTIES HIRING QUALIFIED STAFF 05
 - LOCAL COMPETITION..... 06
 - BECOMING KNOWN/GETTING EXPOSURE 07
 - TAXES..... 08
 - INSURANCE 09
 - REGULATIONS/LICENSES 10
 - DEALING WITH CLIENTS 11
 - UNCERTAINTY/CHANGING ECONOMY 12
 - FINDING A LOCATION 13
 - PROBLEMS WITH SUPPLY OF PRODUCT
OR MATERIAL AVAILABILITY..... 14
 - PERSONAL/FAMILY BARRIERS..... 15
 - FINDING CLIENTS 16
 - OTHER (SPECIFY) 17
-
- DON'T KNOW-2
 - REFUSED-3

PROGRAMMER: IF C66=1, GO TO C69.

C68. At any time since (DATE OF RANDOM ASSIGNMENT) have you tried to start a business?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO D1**

C69. How would you rate your self-employment experience? Was your self-employment experience:

- Great01
- Okay02
- Not so good, or03
- Terrible04
- DON'T KNOW-2
- REFUSED-3

C70. Would you do it again knowing what you know now?

- YES01
- NO00
- DON'T KNOW-2
- REFUSED-3

GO TO SECTION D

SECTION D: EMPLOYMENT, WORKING FOR SOMEONE ELSE

The next questions are about full and part-time jobs (including military service) you may have held since (DATE OF LAST INTERVIEW) where you were working for someone else.

D1. Are you currently working for someone else?

- YES01 → **GO TO D4**
- NO00
- DON'T KNOW-2
- REFUSED-3

D2. What are you currently doing?

CODE ALL THAT APPLY

- SELF-EMPLOYED01
 - TRYING TO START MY OWN BUSINESS.....02
 - LOOKING FOR WORK03
 - PARTICIPATING IN EDUCATION OR TRAINING PROGRAM.....04
 - TAKING CARE OF CHILD/FAMILY MEMBER/ SICK RELATIVE.....05
 - RETIRED.....06
 - CURRENTLY ILL07
 - NOTHING08
 - INCARCERATED09
 - OTHER (SPECIFY)10
-
- DON'T KNOW-2
 - REFUSED-3

D3. Have you had a job where you were working for someone else that lasted two weeks or longer since (DATE OF LAST INTERVIEW)? Please include part-time and full-time jobs, and military service.

- YES01 → **GO TO D5**
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO D27**

D4. How many different full- and part-time jobs do you have where you work for someone else?

ONE.....01
TWO OR MORE02
DON'T KNOW-2
REFUSED-3

D5. IF D1=1 AND D4=1: What is the name of your current employer?
IF D1=1 AND D4=2: What is the name of the employer for whom you work the most hours?
IF D3=1: What is the name of the employer for whom you worked more than two weeks since (DATE OF LAST INTERVIEW)?

RECORD NAME OF EMPLOYER _____

DON'T KNOW-2
REFUSED-3

D7. When did you start working for (EMPLOYER)?

PROBE: Your best estimate is fine.

IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?

IF "BEGINNING," ENTER 05;
IF "MIDDLE," ENTER 15;
IF "END," ENTER 25.

START DATE CAN BE BEFORE DATE OF LAST INTERVIEW.

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

DON'T KNOW-2
REFUSED-3

D8. Are you still working for (EMPLOYER)?

YES01 → **GO TO D9**
NO00
DON'T KNOW-2
REFUSED-3

D8A. When did you stop working for (EMPLOYER)?

IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?

IF "BEGINNING," ENTER 05;
IF "MIDDLE," ENTER 15;
IF "END," ENTER 25.

STOP DATE MUST COME AFTER DATE OF LAST INTERVIEW.

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

DON'T KNOW-2
REFUSED-3

D9. What kind of company (is/was) (EMPLOYER)? What (do/did) they make, sell, or do?

PROBE FOR TYPE OF PRODUCT OR SERVICE.

RECORD VERBATIM _____

DON'T KNOW-2
REFUSED-3

D10. What (do/did) you do there?

PROBE: What (is/was) your job title?

PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES AND JOB TITLE. PROBE FOR A VERB.

RECORD VERBATIM _____

DON'T KNOW-2
REFUSED-3

D11. Which of the following best describes your employment status at (this/that) job?
(Are/Were) you . . .

- an employee, working for pay at a private company, 01
- a local, state, or federal government employee, 02
- on active military duty, or 03
- working without pay? 04
- OTHER (SPECIFY) 05
- DON'T KNOW -2
- REFUSED -3

D12. How many hours (do/did) you usually work in an average week at (EMPLOYER)?

PROBE: Your best estimate is fine.

|_|_| NUMBER OF HOURS PER WEEK

- DON'T KNOW -2
- REFUSED -3

D13.

PROGRAMMER: CHECK D11. WAS CODE 04, "WORKING WITHOUT PAY," SELECTED?

- YES 01 → **GO TO D21**
- NO 00

D14. What (is/was) your (current/most recent) hourly rate of pay, before taxes and other deductions?

WATCH THE DECIMAL POINT.

PER HOUR: \$ |_|_|_|.|_|_|_|

- DON'T KNOW OR NOT PAID BY HOUR..... -2
- REFUSED -3

D15. (Do/Did) you receive any tips, bonuses, or commissions?

- YES 01
 - NO 00
 - DON'T KNOW -2
 - REFUSED -3
- } → **GO TO D17**

D16. How much are/were these tips, bonuses, or commissions?

Is/Was that per week, per month, per year, or something else?

RECORD AMOUNT AND CODE THE UNIT.

ACCEPT MOST CONVENIENT TIME PERIOD.

\$ |_|_|_|, |_|_|_|_|

PER WEEK 01
PER MONTH..... 02
PER YEAR 03
OTHER (SPECIFY) 04

DON'T KNOW -2
REFUSED -3

D17. What (are/were) your (current/most recent) weekly, monthly, or annual earnings, before taxes and other deductions? Please include any tips, bonuses, or commissions.

ENTER PAY PERIOD CODE.

ACCEPT MOST CONVENIENT TIME PERIOD.

PROBE: Your best estimate is fine.

PROBE, IF PER JOB/PIECE/UNIT: How much did you earn in a typical week?

\$ |_|_|_|_|, |_|_|_|_|

PER WEEK 01
PER MONTH..... 02
PER YEAR 03
OTHER (SPECIFY) 04

DON'T KNOW -2
REFUSED -3

D18.

PROGRAMMER: ARE EARNINGS REPORTED IN D17 GREATER THAN \$100,000 PER YEAR?

YES 01 → GO TO D19
NO 00 → GO TO D21

D19. You said that your current/most recent earnings before taxes and other deductions are/were (AMOUNT AND PAY PERIOD from D17). Is this correct?

YES01→GO TO D21
 NO00
 DON'T KNOW-2
 REFUSED-3

} → GO TO D20

D20. **INTERVIEWER: REVIEW D17 WITH RESPONDENT AND CORRECT AS NEEDED.**

D21. (Are/Were) the following benefits available to you on your job at (EMPLOYER)?

READ CATEGORIES.

ENTER YES OR NO FOR EACH.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Paid sick leave?	01	00	-2	-3
b. Paid vacation?	01	00	-2	-3
c. Paid holidays?.....	01	00	-2	-3
d. Health insurance or membership in an HMO or PPO plan?.....	01	00	-2	-3
e. Retirement or pension benefits or a 401K plan?.....	01	00	-2	-3
f. Life insurance?	01	00	-2	-3
g. Any other benefits? (SPECIFY)	01	02	-2	-3

D22. **PROGRAMMER: CHECK D8. IF STILL WORKING FOR (EMPLOYER) WAS SELECTED (D8=01) GO TO D26.**

D23. Why did you stop working at (EMPLOYER)? Did you quit, retire, were you laid off or fired, or did the period you were scheduled to work there end?

PROBE: What reason were you given by your employer?

INTERVIEWER: SELECT ONE CODE ONLY.

QUIT	01
RETIRE	02
LAID OFF	03
FIRED.....	04
WORK PERIOD/TEMPORARY JOB ENDED	05
OTHER (SPECIFY)	06
<hr/>	
DON'T KNOW	-2
REFUSED	-3

D24. When that job ended, did you receive severance pay?

YES	01
NO	00
DON'T KNOW	-2
REFUSED	-3

D25. When that job ended, what did you do?

CODE ALL THAT APPLY

TOOK ANOTHER JOB WORKING FOR SOMEONE ELSE	01
STARTED A BUSINESS	02
WOKED ON STARTING MY OWN BUSINESS	03
LOOKED FOR WORK.....	04
PARTICIPATED IN EDUCATION/TRAINING PROGRAM.....	05
TOOK CARE OF CHILD/FAMILY MEMBER/ SICK RELATIVE.....	06
RETIRED.....	07
WAS SICK.....	08
OTHER (SPECIFY)	09
<hr/>	

DON'T KNOW-2
REFUSED-3

D6a. **PROGRAMMER: IF D3=1 OR D4=2, QUESTIONS D7-D25 SHOULD BE ASKED FOR EACH JOB HELD SINCE DATE OF LAST INTERVIEW. QUESTIONS SHOULD BE NUMBERED D7a-D25a FOR JOB #1, D7b-D25b FOR JOB #2, AND SO ON.**

D26. **PROGRAMMER: IS D3=1 OR IS D4=2?**

YES01→ REPEAT D7 THROUGH D25 FOR EACH JOB, THEN GO TO D27

NO00→ GO TO D27

D27. **PROGRAMMER: IF C2=1 OR D1=1, CONTINUE. OTHERWISE GO TO E1.**

D28. Thinking about all the work you do, (whether for yourself or for someone else), how would you rate your overall satisfaction with your work? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with your work?

VERY SATISFIED01
SOMEWHAT SATISFIED.....02
SOMEWHAT DISSATISFIED.....03
VERY DISSATISFIED04
DON'T KNOW-2
REFUSED-3

GO TO SECTION E

SECTION E: INCOME SOURCES AND AMOUNTS

E1. Now I'd like you to think about your household's total income during the past twelve months. Please include income from self-employment, regular jobs, and earnings from odd jobs, under-the-table jobs, and other work activities; from Social Security, pensions, rent, interest and dividends, unemployment compensation, welfare; from food stamps, child support, and money from any other sources.

What was the total income of all members of your household, including yourself, from all sources before taxes and deductions during the past twelve months?

PROBE: Your best estimate is fine.

\$ | | | | | , | | | | | → **GO TO E5**

- DON'T KNOW-2
- REFUSED-3

E2. During the past twelve months, would you say your household income was less than \$30,000, or \$30,000 or more?

- LESS THAN \$30,00001 → **GO TO E4**
- \$30,000 OR MORE02
- DON'T KNOW-2
- REFUSED-3 → **GO TO E5**

E3. Would you say it was . . .

- from \$30,000 to under \$45,000,01
- \$45,000 to under \$60,000,02
- \$60,000 to under \$75,000,03
- \$75,000 to under \$90,000,04
- \$90,000 to under \$105,000, or05
- more than \$105,000?06
- DON'T KNOW-2
- REFUSED-3

GO TO E5

E4. Would you say it was . . .

- less than \$5,000,01
- \$5,000 to under \$10,000,02
- \$10,000 to under \$15,000,03
- \$15,000 to under \$20,000,04
- \$20,000 to under \$25,000, or05
- \$25,000 to under \$30,000?06
- DON'T KNOW-2
- REFUSED-3

E5. Since (DATE OF LAST INTERVIEW), have you or anyone else in your household received Unemployment Compensation, Trade Readjustment Allowances, or Trade Adjustment Assistance?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO E8**

E6. Altogether, since (DATE OF LAST INTERVIEW), for how many weeks did your household receive Unemployment Compensation or Trade Readjustment Allowances, or Trade Adjustment Assistance?

- |_|_|_| NUMBER OF WEEKS
OR
|_|_|_| NUMBER OF MONTHS
- SINCE (DATE OF LAST INTERVIEW).....01
 - DON'T KNOW-2
 - REFUSED-3

E7. On average, how much Unemployment Compensation, Trade Readjustment Allowances or Trade Adjustment Assistance did your household receive per week since (DATE OF LAST INTERVIEW)?

- \$ |_|_|_|,|_|_|_|
- PER WEEK01
 - PER MONTH02
 - DON'T KNOW-2
 - REFUSED-3

E8A. I am going to read you a list of programs that you or your household may have received income from since (DATE OF LAST INTERVIEW).

Since (DATE OF LAST INTERVIEW), have you or your household received income from Social Security Retirement, Disability, or Survivors' benefits?

- YES01
 - NO00
 - ONE TIME PAYMENT02
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO E9**

E8B. Since (DATE OF LAST INTERVIEW), how many months did you or your household receive Social Security Retirement, Disability, or Survivors' benefits?

- ____ NUMBER OF MONTHS
- DON'T KNOW-2
 - REFUSED-3

E8C. On average, how much Social Security Retirement, Disability, or Survivors' benefits per month did you or your household receive since (DATE OF LAST INTERVIEW)?

\$ _____,_____

E9A. Since (DATE OF LAST INTERVIEW), have you or your household received income from other pensions, annuities, or other disability or retirement programs?

- YES01
 - NO00
 - ONE TIME PAYMENT02
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO E10**

E9B. Since (DATE OF LAST INTERVIEW), how many months did you or your household receive other pensions, annuities, or other disability or retirement programs?

- ____ NUMBER OF MONTHS
- DON'T KNOW-2
 - REFUSED-3

E9C. On average, how much other pensions, annuities, or other disability or retirement programs per month did you or your household receive since (DATE OF LAST INTERVIEW)?

\$ |_|_|_|_|,|_|_|_|_|

E10A. Since (DATE OF LAST INTERVIEW), have you or your household received income from Cash welfare, including TANF (Minnesota Family Investment Program [MFIP]) benefits, General Assistance and Supplemental Security Income (SSI)?

- YES01
 - NO00
 - ONE TIME PAYMENT02
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO E11**

E10B. Since (DATE OF LAST INTERVIEW), how many months did you or your household receive Cash welfare, including TANF (Minnesota Family Investment Program [MFIP]) benefits, General Assistance and Supplemental Security Income (SSI)?

|_|_| NUMBER OF MONTHS

- DON'T KNOW-2
- REFUSED-3

E10C. On average, how much Cash welfare, including TANF (Minnesota Family Investment Program [MFIP]) benefits, General Assistance and Supplemental Security Income (SSI) per month did you or your household receive since (DATE OF LAST INTERVIEW)?

\$ |_|_|_|_|,|_|_|_|_|

E11A. Since (DATE OF LAST INTERVIEW), have you or your household received income from Veteran's payments?

- YES01
 - NO00
 - ONE TIME PAYMENT02
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO E12**

E11B. Since (DATE OF LAST INTERVIEW), how many months did you or your household receive Veteran's payments?

|_|_| NUMBER OF MONTHS

DON'T KNOW-2

REFUSED-3

E11C. On average, how much Veteran's payments per month did you or your household receive since (DATE OF LAST INTERVIEW)?

\$ |_|_|_|,|_|_|_|

E12A. Since (DATE OF LAST INTERVIEW), have you or your household received income from Food Stamps?

YES01

NO00

ONE TIME PAYMENT02

DON'T KNOW-2

REFUSED-3

GO TO SECTION F

E12B. Since (DATE OF LAST INTERVIEW), how many months did you or your household receive Food Stamps?

|_|_| NUMBER OF MONTHS

DON'T KNOW-2

REFUSED-3

E12C. On average, how much Food Stamps per month did you or your household receive since (DATE OF LAST INTERVIEW)?

\$ |_|_|_|,|_|_|_|

GO TO SECTION F

SECTION F: HOUSEHOLD COMPOSITION, MARITAL STATUS, AND SPOUSE EMPLOYMENT

F1. Now, I'd like to ask a few general questions. Are you currently married, living together but not married, separated, divorced, widowed, or have you never been married?

CODE ONLY ONE RESPONSE

MARRIED/COMMON LAW	01	
LIVING TOGETHER UNMARRIED	02	
SEPARATED	03] → GO TO F5
DIVORCED	04	
WIDOWED	05	
NEVER MARRIED	06	
DON'T KNOW	-2	
REFUSED	-3	

F2. Is your (husband/wife/partner) currently working for pay, either part-time or full-time? Please exclude any work (he/she) does for your business.

YES	01	
NO	00] → GO TO F5
DON'T KNOW	-2	
REFUSED	-3	

F3. How much does (he/she) usually make before taxes and other deductions? Please include tips, commissions, and regular overtime.

INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD. ENTER AMOUNT, THEN CODE TIME PERIOD.

\$|_|_|,|_|_|_|,|_|_|_| AMOUNT

PER WEEK01
ONCE EVERY TWO WEEKS.....02
TWICE A MONTH03
PER MONTH.....04
PER YEAR05
IN-KIND ONLY06
DON'T KNOW-2
REFUSED-3

F4. On average, how many hours per week does (he/she) work?

|_|_|_| HOURS

DON'T KNOW-2
REFUSED-3

F5. Including yourself, how many people are currently living in your household? Please include babies, small children, people who are not related to you, and people who are temporarily away.

|_|_| NUMBER OF PEOPLE

LIVES ALONE01 → **GO TO F8**
DON'T KNOW-2
REFUSED-3

F6. Do you have any children under 18 years of age who live with you over half the time?
Please include your own and adopted children, foster, stepchildren, or grandchildren.

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO F8**

F7. How many children under 18 years of age live with you?

- |_|_| NUMBER
- DON'T KNOW-2
 - REFUSED-3

The next few questions are about health insurance.

F8. Do you currently have health insurance?

- YES01
 - NO00
 - DON'T KNOW-2
 - REFUSED-3
- } → **GO TO G1**

F9. What is the source of that insurance?

- THROUGH SPOUSE'S INSURER01
 - THROUGH YOUR EMPLOYER'S
INSURER02
 - THROUGH TRADE ASSOCIATION'S
INSURER03
 - THROUGH MEDICAID OR OTHER
PUBLIC HEALTH INSURANCE04
 - THROUGH A PRIVATE INSURER05
 - THROUGH SOME OTHER
SOURCE (SPECIFY)06
-
- DON'T KNOW-2
 - REFUSED-3

GO TO SECTION G

SECTION G: CLOSING INFORMATION

This section confirmed and/or updated the respondent's current address information.

Appendix D. Application Questions and Variables

The GATE Application Form consisted of two sections: “Background Information” and “Business Idea”. In each section, questions were numbered consecutively starting with 1. This appendix provides a map showing which variables in **application.dat** correspond to each question on the Application Form.

Page on Application Form	Question Number	Variable Name	Variable Label
N/A		gate_id	GATE ID
N/A		treatment	Analysis group
N/A		date_random_assignment	Date of random assignment
N/A		site	GATE site
N/A		w1_completed	Competed wave1
N/A		w2_completed	Competed wave2
N/A	5	age	Age at random assignment
1	6	gender	Gender
1	10	race_white_hispanic	race: white and hispanic/latino
1	10	race_white_not_hispanic	race: white and not hispanic/latino
1	10	race_black_hispanic	race: black and hispanic/latino
1	10	race_black_not_hispanic	race: black and not hispanic/latino
1	10	race_american_indian_alaskan	race: american indian or alaskan native
1	10	race_hawaiian_pacific_islander	race: native hawaiian or other pacific islander
1	10	race_asian	race: asian
1	10	race_other	race: other
2	12	language	Primary language
2	13	grade	Highest grade in school completed
2	14	household_size	Number of people in household
2	15	has_children_in_hh	Has children under 18 in household
2	16	number_of_children_in_hh	Number of children in household
2	17	marital_status	Marital Status
2	18	household_income	Household income in last 12 months
2	19	born_us	Was born in the U.S.
2	20	citizen	Citizen of U.S.
2	21	disability	Has health or disability problem
3	22	ever_self_employed	Was ever self-employed
3	23	years_self_employed	Total number of years self-employed
3	24	cb_industry	NAICS code, current/most recent business
3	25	cb_start_mth	Month when current/most recent business started
3	25	cb_start_year	Year when current/most recent business started
3	26	cb_end_mth	Month when current/most recent business ended
3	26	cb_end_year	Year when current/most recent business ended
3	26	self_employed_at_application	Was self-employed as of date of Application
3	27	weeks_self_employed	Weeks self-employed during past 12 months
3	28	cb_weekly_hours_worked	Hours/week worked at current/most recent business
3	29	cb_was_financial_success	Was current/most recent business a financial success

3	30	cb_maximum_employees	Maximum number of employees in current/most recent business
3	31	relatives_friends_ever_se	Relatives or friends ever self-employed
3	32	worked_for_relatives_friends_se	Ever worked for business owned by relatives or friends
3	33	working_in_wage_and_salary_job	Working in wage and salary job as of date of application
3	34	now_self_employed	Self-employed but not in wage and salary job
3	34	now_looking_for_work	Looking for work and not in wage and salary job
3	34	now_in_school_or_training	In school or training program but not wage and salary job
3	34	now_caring_for_family_member	Taking care of family member and not in wage and salary job
3	34	now_retired	Retired and not in wage and salary job
3	34	now_doing_other	Doing some other activity and not in wage and salary job
3	34	now_disabled	Disabled and not in wage and salary job (back-coded)
3	35	ever_worked	Ever worked in wage and salary job
4	36	month_last_job_ended	Month when last job ended
4	36	year_last_job_ended	Year when last job ended
4	37	reason_last_job_ended	Reason last job ended
4	40	hourly_pay_rate	Current or most recent pay rate, in gross \$/hr
4	41	hours_worked_per_week	Hours worked per week, current/most recent job
4	42	weeks_worked_someone_else	Weeks worked for someone else in past 12 months
4	43	managerial_experience	Ever worked as manager in wage and salary job
4	44	years_managerial_experience	Years of managerial experience
4	45	now_tanf	Currently receiving TANF or MFIP
4	45	now_ssi	Currently receiving Supplemental Security Income
4	45	now_ssdi	Currently receiving Social Security Disability (SSDI)
4	45	now_ga	Currently receiving General Assistance
4	45	now_food_stamps	Currently receiving Food Stamps
4	45	now_social_security	Currently receiving Social Security
4	45	now_health	Currently receiving health benefits
4	45	now_veteran	Currently receiving veterans benefits
4	45	now_other	Currently receiving other benefits
4	46	currently_receiving_ui_benefits	Currently receiving Unemployment Insurance benefits
4	47	weeks_received_ui_benefits	Weeks received UI benefits during the past 12 months
5	48	family_support	Level of family support
5	49	sa_enjoys_working_independently	Enjoys working independently
5	49	sa_always_finishes_projects	Always finishes projects
5	49	sa_works_long_hours	Willing to work long hours
5	49	sa_has_innovative_ideas	Has innovative ideas
5	49	sa_often_takes_initiative	Often takes initiative
5	49	sa_finds_a_way	Finds a way to do things that cannot be done
5	49	sa_is_risk_averse	Takes risks only if success is assured
5	49	sa_handles_challenges	Handles challenges, persists in difficult times
5	49	sa_communicates_well	Communicates well with people with different personalities
5	49	sa_takes_advice	Takes advice from others
5	49	sa_good_motivator	Is a good motivator
5	49	sa_has_clear_goals	Has clearly defined goals
5	49	sa_often_misses_deadlines	Often misses deadlines
5	49	sa_is_organized	Is an organized person
5	49	sa_is_indecisive	Has a difficult time making decisions
5	49	sa_works_well_under_pressure	Works well under pressure

5	49	sa_has_sense_of_humor	Has a sense of humor
5	49	sa_will_not_risk_savings	Will not risk savings for the business
5	49	sa_will_lower_standard_of_living	Willing to lower standard of living to start business
5	49	sa_gets_sick_often	Gets sick often
5	49	sa_finds_many_solutions	Often finds many solutions to a problem
5	50	is_responsible_for_child_care	Is responsible for child care or other family members during the day
5	51	has_child_care_plans	Has a plan to meet child care responsibilities
5	52	has_car	Has a working car
5	52	has_telephone	Has a working telephone
5	52	has_computer	Has a working computer
5	52	has_bank_account	Has a bank account
5	53	has_credit_history	Has a credit history
5	54	has_credit_history_problem	Credit history has a problem
6	55	has_salaried_family_support	Has family member with salary for financial support
6	56	amount_salaried_family_support	Weekly earnings of family member providing financial support
6	57	has_health_insurance	Has health insurance
6	58	health_insurance_source	Source of health insurance
7	2	is_operating_business	Is already operating the business
7	3	months_in_business	How long the business has been in operation, in months
7	4	ever_operated_similar_business	Ever operated a business similar to the proposed one
7	5	builds_on_work_skills	Business builds on skills or knowledge from a wage and salary job
7	6	builds_on_hobby_skills	Business builds on skills or knowledge from a hobby
7	7	is_home_based_business	Plans to operate business at home
7	8	has_location_in_mind	Has location in mind for the business
7	9	has_formal_business_plan	Has written a formal business plan
7	10	why_to_obtain_more_income	Why SE: to obtain additional income
7	10	why_to_be_own_boss	Why SE: to be own boss
7	10	why_to_pursue_interests	Why SE: to pursue specific interests
7	10	why_to_use_specific_talent	Why SE: to use specific talents
7	10	why_for_schedule_flexibility	Why SE: for work schedule flexibility
7	10	why_to_work_at_home	Why SE: to work at home
7	10	why_to_realize_dream	Why SE: to realize a long-held dream
7	10	why_to_avoid_unemployment	Why SE: to avoid unemployment
7	10	why_other	Why SE: other reason
7	10	why_to_help_others	Why SE: to help others or to help community
7	10	why_to_create_jobs	Why SE: to create jobs
7	10	why_to_save_for_retirement	Why SE: to save for retirement
7	10	why_because_of_disability	Why SE: because of disability
7	10	why_for_fun_or_job_satisfaction	Why SE: for fun or job satisfaction
7	10	why_for_personal_fulfillment	Why SE: for personal fulfillment
7	10	why_for_security	Why SE: for security
7	10	why_to_meet_market_needs	Why SE: to meet market needs

