



# HCHS/SOL- Socio Economic/Occupation Questionnaire

ID NUMBER:

FORM CODE: SEE  
VERSION: 2, 1/2/2020

Contact Occasion  Occurrence

## ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.

## A. Annual Household Income

1. In (indicate previous year), what was your family (household) income? Include your own income, the income of everyone in the household, and income from all other sources.

\$ \_\_\_\_ \_\_\_\_, \_\_\_\_ \_\_\_\_.00 U.S. dollars per year **[Don't know/Refuse, enter 999999.00]**

### [FOLLOW-UP IF DON'T KNOW/REFUSED]

1a. We understand it can be difficult to estimate. About how much was your current family (household) income in (INDICATE YEAR)? Was it...

- Less than \$10,000      1
- \$10,001-\$15,000      2
- \$15,001-\$20,000      3
- \$20,001-\$25,000      4
- \$25,001-\$30,000      5
- \$30,001-\$35,000      6
- \$35,001-\$40,000      7
- \$40,001-\$45,000      8
- \$45,001-\$50,000      9
- \$50,001-\$55,000     10
- \$55,001-\$60,000     11
- \$60,001-\$65,000     12
- \$65,001-\$70,000     13
- \$70,001-\$80,000     14
- \$80,001- \$100,000   15
- \$101,000 +            16
- Don't know/Refused   99

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

Number of people

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0	3
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0	1
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**B. Occupation**

3. Are you retired? No 0  **Go to Question 4** Yes 1

3a. In what year did you retire?

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

No 0  **Go to Question 8** Yes 1

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

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

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

Number of full-time job(s) **If=0, Go to Question 7; if 1 or more, Go to Question 6a**

6a. On average, how many hours per week did you work in those full-time jobs?

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

6b. Approximately, how many full-time employees work for your PRIMARY employer (check one).

I am self-employed and have no full-time employees. 1

Under 50. I work for a small business 2

50 or more. I work for a large company 3

7. When you were working **during the past 12 months**, in an average month, how many part-time jobs (less than 30 hours/week) did you have?

Number of part-time job(s) **If=0, Go to Question 8; if 1 or more, go to Questions 7a**

7a. On average, how many hours a week did you work in those part-time jobs?

Total average hours per week in part-time job(s) **Go to Question 9**

**Participants with NO paid employment, in the past 12 months**

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

No 0  **Go to Question 9** Yes 1

8a. If yes, how long did you look for work?

number of: 8.a.1. Days 1

Months 3

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0	1
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9. What was the main reason you did not work for pay in the **past 12 months** (Check only one)?

- Retired 1
- Going to school 2
- Homemaker 3
- Unable to work for health reasons 4
- Disabled 5
- On layoff/unemployed 6
- Other: 7

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

### C. Education

10. Have you been involved in any educational or training program since the LAST SOL center visit?

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

11. What was the highest grade/level of education achieved? (Mark only one, if exact level is not listed, mark the closest equivalent)

- Elementary/primary school (includes grades 1 – 5) 1
- Middle school/junior high (includes grades 6 – 8) 2
- High School/preparatory school/GED 3
- Trade school/vocational school 4
- University/college 5
- Other 6

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

12. In the last 12 months, have you or anyone in your household received TANF, SNAP, SSI, housing or support from any other governmental assistance programs? (check all that apply)

- |   | No                         | Yes                        |
|---|----------------------------|----------------------------|
| a. Supplemental Nutritional Assistance Program (SNAP), food stamps, or CalFresh in California | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. Temporary Assistance for Needy Families (TANF) or, in California, CALworks                 | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Supplemental Security Income (SSI)   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. Housing Choice Voucher Program (Section 8)   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. Some other program   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

If other, Specify: \_\_\_\_\_