Multi-site Evaluation of Foster Youth Programs

Youth Questionnaire
Baseline

Produced for the Administration on Children and Families
by NORC, the Urban Institute, and the Chapin Hall Center for Children

7-31-06

Contents

Multi-site Evaluation of Foster Youth Programs
Consent to Participate in Research

❖ **What is this study?**

The purpose of this study is to learn more about the services foster youth receive and how they are doing after they leave the foster care system. The study is also interested in how special programs are helping youth with their education, employment, relationships, and family formation. The Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services is funding this project. About 1400 foster youth will be asked to help us with this effort. Each foster youth chosen to be a part of this study has the permission of his or her social service agency.

I will tell you all about the study and try to answer any questions you have. When I have answered all of your questions, you can decide whether to take part or not in the study. This process is called "informed consent."

❖ **Who is doing this study?**

Researchers from the Urban Institute in Washington, D.C. and its partners -- the Chapin Hall Center for Children and the National Opinion Research Center, both at the University of Chicago -- are conducting this study. If you have any questions about this study, please feel free to contact:

Matt Stagner, Ph.D.

Urban Institute

2100 M Street, N.W.
Washington, D.C. 20037
1-202-261-5411

If you agree to be in this study and feel that your rights have been violated, or you were not treated fairly, please feel free to contact one of the Institutional Review Board administrators:

Kathleen Parks	Everett Madden
National Opinion Research Center	Urban Institute
1-866-309-0542 (Toll free)	1-202-261-5632

❖ **What will we ask you to do?**

I am an interviewer who is employed by the National Opinion Research Center. If you agree to be part of this study, I will interview you now. My questions will take about 90 minutes. We will then contact you periodically to keep in touch. We would like to interview you in one year and two years from now and possibly again after that. We can speak with you in your home or wherever is convenient for you.

❖ **What kind of questions will we ask you?**

We will ask you questions about your experiences before, during, and after your time in foster care. We will also ask you about the services you received while in foster care. Some questions deal with delinquent behavior, sexual behavior, substance use, and past abuse. Other questions will ask about your physical and mental health status, your reading ability, relationships with others, living arrangements, work history, your education, future goals, and services you received in foster care.

_____   _____

Signature of Respondent   Date

❖ **Will the information you give be confidential?**

We will keep private the information you give us in response to our questions. We will also keep private any information we get from other sources. Only the researchers at the Urban Institute and the University of Chicago will see your information. We will keep your information private by:

- Not putting your name on any written records except for the consent form;
- Keeping your consent form separated from your other information;
- Keeping all information about you in a locked drawer or in a password-protected computer that is secure;
- Only letting people on the research team look at your information;
- Not using your name or any other identifying information in our reports;
- Summarizing the data of all youth in the study to make sure your privacy is protected.

We have a Certificate of Confidentiality from the Federal Government for this study to help protect your privacy. This means that the researchers are authorized to protect the privacy of the individuals who are the subjects of this research by withholding their names and other identifying characteristics from all persons not connected with the conduct of the research.

Even if subpoenaed by a court, the researchers will use the Certificate to resist any demands for information that would identify you. However, the Certificate cannot be used to resist a demand for information from personnel of the U.S. Government that is used for auditing or evaluating Federally funded projects.

You should understand that a Certificate does not prevent you or a family member from voluntarily releasing information about yourself or your involvement in the research. If you provide your written consent to an insurer, employer or other person you wish to receive the research information, then the researchers may not use the Certificate to withhold that information.

❖ **Will we get information from other sources besides you?**

If you agree to take part in the study, we will ask your permission to interview your caseworker, look at information about you in administrative records such as social service and DSS records, public assistance records, motor vehicle department records, and credit bureau records. This information will not be shared with anyone outside of the research team.

❖ **How will we use the information collected from you?**
The information we get from all foster youth in this study will be used for purposes of analysis, to write reports, and to contact you for follow-up interviews. General things we learn from the study may also be presented at conferences, professional meetings, and in written articles. Also, the Federal Government will make the information available through public use data files. Your name or identifying information will not be part of any report, presentation, article, or public use data file.

❖ **What risks are there to you if you participate in this study?**
Participating in this study may have some possible risks for you. Talking about your experiences may cause you to feel uncomfortable. Also, it is highly unlikely but possible, that someone could find out that you were in the study. To avoid this risk, we will keep all information you give us private and confidential. There is, however, one exception to keeping your information private and confidential. If you tell me that you are currently being abused, that you might harm yourself or might harm someone else, I may need to tell the proper authorities.

_____   _____
Signature of Respondent   Date

❖ **What benefits are there to you if you participate in this study?**
A benefit of participating is that the study gives you a chance to tell people about your experiences before and after foster care and talk about the services you received while in foster care. Many youth enjoy and appreciate the chance to know that their opinions are listened to and may be used to make services better. Your information will benefit others who are now growing up away from their families.

❖ **Will you receive payment if you participate in the study?**
If you agree to take part, you will receive $30 for this interview. You will receive this even if you do not answer all of the questions we ask you, or if you stop the interview early. You will also receive payment for the follow-up interviews.

❖ **If you agree to participate today, can you change your mind later?**
If you agree to be in this study now, you may withdraw at any time later on without any loss of services or any other negative consequence. You also may choose not to answer any questions you don't want to answer and still remain in the study. If you change your mind about taking part in the study, or to answer any specific question, this will not have any impact on the services you can or will be offered by agencies in your state. You will receive a copy of this form to keep.

Agreement to Participate

I, _____ [print your name], understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I agree to participate in all three interviews, but understand that I can change my mind and drop out of the study at any time. I understand that future interviews may be conducted in-person or by telephone. I have been given a copy of this form.

_____   _____

Signature of Respondent   Date

Permission to Interview Caseworker and Use Administrative Data

I, _____ [print your name] authorize the researchers at the Urban Institute, National Opinion Research Center, and Chapin Hall Center to use information collected from my caseworkers and other administrative records (such as social service and DSS records, department of motor vehicle information, public assistance records, credit bureau records). This information will be used for research analysis and to assist in efforts to contact me for follow-up interviews.

_____   _____

Signature of Respondent   Date

_____   _____

Signature of NORC Survey Interviewer   Date

COPY DISTRIBUTION: ORIGINAL & YELLOW COPY TO NORC   PINK COPY TO RESPONDENT

Demographics

D1. I am going to read some information about you. Please tell me if this is correct. Your name is **(FNAME + LNAME),** and you are a **(SEX),** born on **(MM/DD/YYYY).**   Is this correct?

    1   Yes (GO TO D7)
    0   No
    -2   DK (GO TO D4)
    -1   RF (GO TO D4)

D2. Which information is not correct?

(INTERVIEWER: SELECT ALL INFORMATION NOT CORRECT FROM LIST BELOW AND PRESS <ENTER> TO CONTINUE.)

CODE ALL THAT APPLY HOWEVER CAN'T CHOOSE BOTH 1 AND 2

    1   Spelling of name (name correct) (GO TO D3)
    2   Name (name not correct) (GO TO D4)
    3   Sex (GO TO D5)
    4   Date of Birth (GO TO D6)
    -2   DK (GO TO D4)
    -1   RF (GO TO D4)

D3. **(ASK IF D2=1, ELSE GO TO D4)** What is the correct spelling of your name?

FIRST NAME: _____ (30 characters)
MIDDLE NAME: _____ (30 characters)
LAST NAME: _____(30 characters)
    -2   DK
    -1   RF

D4. **(ASK IF D2=2, ELSE GO TO D5)** What is your name?

FIRST NAME: _____ (30 characters)
MIDDLE NAME: _____ (30 characters)
LAST NAME: _____(30 characters)
    -2   DK
    -1   RF

D5. **(ASK IF D2=3, ELSE GO TO D6)**
(INTERVIEWER: IF NOT OBVIOUS, ASK:) What is your sex?

1   Male
2   Female
DK/RF NOT ALLOWED

D6.   **(ASK IF D2=4, ELSE GO TO D7.)** What is your correct date of birth?

ENTER MONTH |_|_| (2-DIGIT)
ENTER DAY |_|_| (2-DIGIT)
ENTER YEAR |_|_|_|_| (4-DIGIT)
-2   DK
-1   RF

IF R IS DF OR REF WILL BASE CALCUALTIONS ON THE PRELOAD
DOB.   IF PRELOAD DOB OF MISSING AND RESPONSE IF DK AND REF
THE INSTRUMENT WILL USE A DEFAULT DOB WHICH IS 01/01/2001.

D7.   Are you of Spanish, Hispanic, or Latino origin?

1   Yes
0   No
-2   DK
-1   RF

D8.   Please select one or more of the following categories on this card to best describe
        your race.
        CODE ALL THAT APPLY.
        [SHOW CARD A]
          1 AMERICAN INDIAN OR ALASKA NATIVE
          2 ASIAN
          3 BLACK OR AFRICAN AMERICAN
          4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
          5 WHITE

        -2   DK
        -1   RF

D9.   What is your native language, that is the language which you learned first?

1   English (GO TO D10)
2   Spanish (GO TO D10)
3   Other (SPECIFY): _____ (80 characters)
-2   DK (GO TO D10)
-1   RF (GO TO D10)

D9OTH. Please specify other language.

ENTER VERBATIM: _____ (80 characters)
-2   DK
-1   RF

D10. Were you born in the United States?

1   Yes (GO TO D14)
0   No
-2   DK (GO TO D13)
-1   RF (GO TO D13)

D11. In what country were you born?

ENTER VERBATIM:_____ (80 characters)
-2   DK
-1   RF

D12. In what month and year did you first move to the United States?

ENTER MONTH |_|_| (2-DIGIT) ENTER YEAR |_|_|_|_| (4-DIGIT)
(CHECK: DATE >= D6 or DOB PRELOAD)
-2   DK
-1   RF

D13. Were you born a U.S. citizen?

1   Yes
0   No
-2   DK
-1   RF

D14. Which of the following best describes where you live right now . . .

8   with relatives who are also my foster parents (GO TO D15)
9   with relatives who are not my foster parents (GO TO D15)
6   with my foster parent(s) who are unrelated to me (GO TO D15)
7   with a friend's family (not foster care) (GO TO D15)
10   in a group home or residential facility (GO TO D15)
1   on my own (alone) (GO TO D15)
2   shared housing with a friend or roommate (GO TO D15)
3   with my spouse, partner, or boyfriend, or girlfriend (GO TO D15)
4   with my biological parent(s) (GO TO D15)

5 with my adoptive parent(s) (GO TO D15)
11 at a homeless shelter or emergency housing (GO TO D15)
12 homeless (GO TO D15)
13 other (SPECIFY)_____ (80 characters) GO TO D14OTH.
DK/RF NOT ALLOWED

D14OTH. Please specify

ENTER VERBATIM: _____ (80 characters)
-2 DK
-1 RF

D15. **(ASK IF AGE (CALCULATE FROM D6) >= 18, ELSE GO TO F1)** What is your current marital status?

0 Never-married
1 Married
2 Separated
3 Divorced
4 Widowed
-2 DK
-1 RF

Fertility

F1.   Do you have any children?

INTERIVEWER INSTRUCTION: IF RESPONDENT SAYS S/HE IS
EXPECTING A CHILD, PROBE: "So that means you don't currently have any
children?"

1   Yes
0   No (GO TO AE0 IF MALE, IF FEMALE GO TO F5)
-2   DK (GO TO AE0 IF MALE, IF FEMALE GO TO F5))
-1   RF (GO TO AE0 IF MALE, IF FEMALE GO TO F5))

F2.   (Text fill: IF D5=1: How many children have you fathered?) (Text fill: IF D5=2:
How many children do you have?)

ENTER NUMBER |_| (1-DIGIT; CHECK: MIN=1, MAX=9)
-2   DK (GO TO AE0)
-1   RF (GO TO AE0)

F3_XX. What is the birthdate of your (IF F2=1: "child")(IF F2>1 AND LOOP=F4_01:
"oldest")(IF F2 >1 AND LOOP>F4_01: "next oldest") child?

[INTERVIEWER: ASK FOR EACH CHILD FROM OLDEST TO YOUNGEST]

ENTER MONTH |_|_| (2-DIGIT)
ENTER DAY |_|_| (2-DIGIT)
ENTER YEAR |_|_|_|_| (4-DIGIT)
-2   DK
-1   RF

F4_XX. Is this child in your care?

1   Yes
0   No
-2   DK
-1   RF

F5.   **(ASK IF D5=2 (FEMALE), ELSE GO AE0)** Are you currently pregnant?

1   Yes
0   No (GO TO AE0)
-2   DK (GO TO AE0)
-1   RF (GO TO AE0)

F6.   How many weeks along are you in your pregnancy?

ENTER MONTHS ___ (3-DIGIT; CHECK: MIN=0, MAX=9.5)
OR
ENTER WEEKS |_|_| (2-DIGIT; CHECK: MIN=0, MAX=40)
-2   DK
-1   RF
R must indicate months AND weeks.

Attitudes and Expectations

AE0. The following statements describe the way some people may feel about themselves. After each statement, please indicate whether you strongly disagree, disagree, agree, or strongly agree.

AE1.   I usually expect the best to happen.
      [SHOW CARD B]
      1   1. Strongly Disagree
      2   2. Disagree
      3   3. Agree
      4   4. Strongly Agree
      -2   DK
      -1   RF

AE2.   If something could go wrong for me, it will.
      [SHOW CARD B]
      1   1. Strongly Disagree
      2   2. Disagree
      3   3. Agree
      4   4. Strongly Agree
      -2   DK
      -1   RF

AE3.   I am always optimistic about my future.
      [SHOW CARD B]
      1   1. Strongly Disagree
      2   2. Disagree
      3   3. Agree
      4   4. Strongly Agree
      -2   DK
      -1   RF

AE4.   I hardly ever expect things to go my way.
      [SHOW CARD B]
      1   1. Strongly Disagree
      2   2. Disagree
      3   3. Agree
      4   4. Strongly Agree
      -2   DK
      -1   RF

AE5.   I almost never count on good things happening to me.
      [SHOW CARD B]

1	1. Strongly Disagree
2	2. Disagree
3	3. Agree
4	4. Strongly Agree
-2	DK
-1	RF

AE6.   Overall, I expect more good things to happen than bad.
[SHOW CARD B]

1	1. Strongly Disagree
2	2. Disagree
3	3. Agree
4	4. Strongly Agree
-2	DK
-1	RF

CHECK: IF SITE=LA CLUSTER 2 (ESTEP), GO TO WOODCOCK-JOHNSON TEST

AE7. Each of the next set of questions will ask you for your best guess at the chance that something will happen in the future.

You can think of the **percent chance** that some event will occur as the number of **chances out of 100** that the event will take place. If you think that something is impossible, consider it as having a 0 percent chance.

If you think the event is possible but unlikely, you might say there is a 3 percent chance or a 15 percent chance. If you think the chance is pretty even, you can say there is a 46 percent chance or perhaps a 52 percent chance. If you think the event is likely, but not certain, you might say there is a 78 percent chance or a 94 percent chance. If you think it is certain to happen, give it a 100 percent chance. Just to make sure that you are comfortable with the scale, I'd like you to do a few practice questions, and explain your answer to me.

AE8.   What do you think is the percent chance that you will get the flu sometime in the next year?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

AE9.   What do you think is the percent chance that you will eat pizza sometime in the next year?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK

-1   RF

AE10. Think about yourself one year from now. The first questions concern what you expect to be doing then, in terms of school and work. What is the percent chance that you will be a student in a regular school one year from now?

(INTERVIEWER: IF R ASKS WHAT IS MEANT BY REGULAR SCHOOL SAY THAT: REGULAR SCHOOL IS ONE THAT OFFERS AN ACADEMIC DIPLOMA OR DEGREE: E.G., ELEMENTARY SCHOOL, HIGH SCHOOL, COLLEGE, GRADUATE SCHOOL, LAW SCHOOL, OR NURSING PROGRAM LEADING TO AN RN DEGREE. NOT INCLUDED AS REGULAR SCHOOL ARE: TRAINING AT A TECHNICAL INSTITUTE, LICENSE TRADE PROGRAMS, ETC. UNLESS THE CREDITS OBTAINED ARE TRANSFERRABLE TO A REGULAR SCHOOL AND COULD COUNT TOWARD AN ACADEMIC DIPLOMA OR DEGREE.)

        ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
        -2   DK
        -1   RF

AE11. Suppose you are in school a year from now, what is the percent chance that you will also be working for pay more than 20 hours per week? (INTERVIEWER: IF R ASKS WHAT IS MEANT BY WORKING SAY: BY WORKING WE MEAN WORKING FOR PAY FOR AN EMPLOYER OR IN A FAMILY BUSINESS WHETHER OR NOT YOU ARE PAID, OR WORKING FOR YOURSELF OR BEING SELF-EMPLOYED.)

        ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
        -2   DK
        -1   RF

AE12. Suppose you are not in school a year from now, what is the percent chance that you will be working for pay more than 20 hours per week?

        ENTER PERCENT |_|_|_|(3-DIGIT; CHECK: MIN=0, MAX=100)
        -2   DK
        -1   RF

AE13. What is the percent chance that you will be living in the same place you are living now one year from now?

        ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
        -2   DK
        -1   RF

AE14. **(ASK IF D5=2 (FEMALE), ELSE GO TO AE16)** What is the chance you will become pregnant within one year from now?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

AE15. **(ASK IF D5=1 (MALE), ELSE GO TO AE16)** What is the percent chance that
you will get someone pregnant within the next year?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

AE16. What is the percent chance that you will be arrested, whether rightly or wrongly,
at least once in the next year?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

CHECK: IF AGE (CALCULATE FROM D6) < 19, GO TO AE21 **(as of 10/29/2003
update to: IF AGE (CALCULATE FROM D6) >= 19, GO TO AE21)**

AE17. The next questions ask about your school and work situation at the time of your
20th birthday. What is the percent chance that you will have received a high school
diploma by the time you turn 20?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

AE18. What is the percent chance you will serve time in jail or prison between now and
when you turn 20?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

AE19. **(DO NOT ASK AE19 IF R HAS CHILDREN (F1=1), GO TO AE20) (ASK
IF D5=1 (MALE), ELSE GO TO AE20)** What is the percent chance that you
will become the father of a baby sometime between now and when you turn 20?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

AE20. **(ASK IF R DOES NOT HAVE CHILDREN (F1=0, -1, -2) OR IS NOT PREGNANT (F5=0, -1, -2)) (ASK IF D5 =2 (FEMALE), ELSE GO TO AE21)** What is the percent chance that you will become the mother of a baby sometime between now and when you turn 20?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

AE21. Now think ahead to when you turn 30 years old. What is the percent chance that you will have a four-year college degree by the time you turn 30?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

AE22. What is the percent chance that you will be working for pay more than 20 hours per week when you turn 30?

ENTER PERCENT |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)
-2   DK
-1   RF

AE23. Now I would like to ask you some questions about how prepared you feel you are for living on your own.

How prepared do you feel to live on your own? Would you say you feel...
[SHOW CARD C]
1   1. Very prepared,
2   2. Somewhat prepared,
3   3. Not very well prepared, or
4   4. Not at all prepared
-2   DK
-1   RF

AE24. How prepared do you feel you are to get a job?
[SHOW CARD C]
1   1. Very prepared,
2   2. Somewhat prepared,
3   3. Not very well prepared, or
4   4. Not at all prepared
-2   DK
-1   RF

AE25. (How prepared do you feel) you are to manage your money?
[SHOW CARD C]

1   1. Very prepared,
2   2. Somewhat prepared,
3   3. Not very well prepared, or
4   4. Not at all prepared
-2   DK
-1   RF

AE26. (How prepared do you feel) you are to prepare a meal?
      [SHOW CARD C]
      1   1. Very prepared,
      2   2. Somewhat prepared,
      3   3. Not very well prepared, or
      4   4. Not at all prepared
      -2   DK
      -1   RF

AE27. (How prepared do you feel) to maintain your personal appearance?
      [SHOW CARD C]
      1   1. Very prepared,
      2   2. Somewhat prepared,
      3   3. Not very well prepared, or
      4   4. Not at all prepared
      -2   DK
      -1   RF

AE28. (How prepared do you feel) to obtain health information?
      [SHOW CARD C]
      1   1. Very prepared,
      2   2. Somewhat prepared,
      3   3. Not very well prepared, or
      4   4. Not at all prepared
      -2   DK
      -1   RF

AE29. (How prepared do you feel) to do housekeeping?
      [SHOW CARD C]
      1   1. Very prepared,
      2   2. Somewhat prepared,
      3   3. Not very well prepared, or
      4   4. Not at all prepared
      -2   DK
      -1   RF

AE30. (How prepared do you feel) to obtain housing?
      [SHOW CARD C]
      1   1. Very prepared,

2	2. Somewhat prepared,
3	3. Not very well prepared, or
4	4. Not at all prepared
-2	DK
-1	RF

AE31. (How prepared do you feel) to get places you have to go?
[SHOW CARD C]

1	1. Very prepared,
2	2. Somewhat prepared,
3	3. Not very well prepared, or
4	4. Not at all prepared
-2	DK
-1	RF

AE32. (How prepared do you feel) in educational planning?
[SHOW CARD C]

1	1. Very prepared,
2	2. Somewhat prepared,
3	3. Not very well prepared, or
4	4. Not at all prepared
-2	DK
-1	RF

AE33. (How prepared do you feel) to look for a job?
[SHOW CARD C]

1	1. Very prepared,
2	2. Somewhat prepared,
3	3. Not very well prepared, or
4	4. Not at all prepared
-2	DK
-1	RF

AE34. (How prepared do you feel) to keep a job?
[SHOW CARD C]

1	1. Very prepared,
2	2. Somewhat prepared,
3	3. Not very well prepared, or
4	4. Not at all prepared
-2	DK
-1	RF

AE35. (How prepared do you feel) to handle an emergency?
[SHOW CARD C]

1	1. Very prepared,
2	2. Somewhat prepared,

3 3. Not very well prepared, or
4 4. Not at all prepared
-2 DK
-1 RF

AE36. (How prepared do you feel) to obtain community resources?
  [SHOW CARD C]
  1 1. Very prepared,
  2 2. Somewhat prepared,
  3 3. Not very well prepared, or
  4 4. Not at all prepared
  -2 DK
  -1 RF

AE37. (How prepared do you feel) in interpersonal skills?
  [SHOW CARD C]
  1 1. Very prepared,
  2 2. Somewhat prepared,
  3 3. Not very well prepared, or
  4 4. Not at all prepared
  -2 DK
  -1 RF

AE38. (How prepared do you feel) in dealing with legal problems?
  [SHOW CARD C]
  1 1. Very prepared,
  2 2. Somewhat prepared,
  3 3. Not very well prepared, or
  4 4. Not at all prepared
  -2 DK
  -1 RF

AE39. (How prepared do you feel) in problem solving?
  [SHOW CARD C]
  1 1. Very prepared,
  2 2. Somewhat prepared,
  3 3. Not very well prepared, or
  4 4. Not at all prepared
  -2 DK
  -1 RF

AE40. (How prepared do you feel) in parenting skills?
  [SHOW CARD C]
  1 1. Very prepared,
  2 2. Somewhat prepared,

3   3. Not very well prepared, or
4   4. Not at all prepared
-2   DK
-1   RF

CHECK: ASK AE41-AE43 IF AGE (CALCULATE FROM D9) < 18, ELSE GO TO AE44

AE41. After you leave foster care, how likely is it that family members would offer you a place to stay for a while?

1   Not at all
2   Somewhat likely
3   Very likely
4   Almost definitely
-2   DK
-1   RF

AE42. After you leave foster care, how likely is it that friends would offer you a place to stay for a while?

1   Not at all
2   Somewhat likely
3   Very likely
4   Almost definitely
-2   DK
-1   RF

AE43. With whom do you expect to live after you leave foster care?

1   No one, live on own (GO TO CHECK BEFORE AE44)
2   Friend(s) (GO TO CHECK BEFORE AE44)
3   Foster family (GO TO CHECK BEFORE AE44)
4   Biological parents (GO TO CHECK BEFORE AE44)
5   Other relatives (GO TO CHECK BEFORE AE44)
6   Other (SPECIFY) _____ (80 characters) GO TO AE43.1
-2   DK (GO TO CHECK BEFORE AE44)
-1   RF (GO TO CHECK BEFORE AE44)

AE43.1. Please specify

ENTER VERBATIM: _____ (80 characters)
-2   DK
-1   RF

CHECK: ASK AE44 AND AE45 IF AGE >= 18 (CALCULATE AGE FROM D6), ELSE GO TO WOODCOCK-JOHNSON TEST.

AE44. If you needed a place to stay, how likely is it that family members would offer you a place to stay for a while?

1   Not at all
2   Somewhat likely
3   Very likely
4   Almost definitely
-2   DK
-1   RF

AE45. If you needed a place to stay, how likely is it that friends would offer you a place to stay for a while?

1   Not at all
2   Somewhat likely
3   Very likely
4   Almost definitely
-2   DK
-1   RF

GO TO WOODCOCK-JOHNSON TEST.

Reading Ability (Woodcock-Johnson Letter-Word Identification Test)

The Woodcock-Johnson Test III Tests of Achievement, one of the most widely used tests of achievement in children in the United States, is comprised of twelve tests in the standard battery and twenty-two tests in the extended battery. One of these tests (Test 1, Letter-Word Identification) was chosen for administration in this study for a grade-level assessment of reading ability.

Examples of questions asked of children follows:

(a) This is the letter "P." Find the letter "P" down here (referencing the tablet; interviewer enters answer in CAPI).

(b) What is this word: "since" (respondent reads word on tablet and says word to interviewer; interviewer records answer in CAPI). Go ahead with the others. Don't go too fast.

Living Arrangements

LA1.   **(ASK LA1 IF D14 = 1-9, ELSE GO TO LA3)** Now I'd like to talk to you about the place you are living in. Do you live in a single family home, an apartment or condominium, a mobile home, a room in a motel or hotel, a college dorm, or some other type of place?

      1   Single family home (GO TO LA3)
      2   Apartment or condominium (GO TO LA3)
      3   Mobile home (GO TO LA3)
      4   Room in a motel or hotel (GO TO LA3)
      5   College dorm (GO TO LA3)
      6   Other type of place (SPECIFY) _____ (80 characters) (GO TO LA1_OTH)
     -2   DK
     -1   RF

LA1_OTH. Please specify
      ENTER VERBATIM:_____(80 characters)
     -2   DK
     -1   RF

LA2.   **(ASK LA2 IF D14 = 10, ELSE GO TO LA3)** Now I'd like to talk to you about the place you are living in. Approximately how many people currently live in your group home or residential facility?

      NUMBER OF PEOPLE: _____ (3-DIGIT; MIN=0, MAX=999)
     -2   DK
     -1   RF

LA3.   (IF LA1=1-6, SKIP INTRO: "Now I'd like to talk to you about the place you are living in.") (IF D14 NOT 11 OR 12: "How long have you been living at your current location?") (IF D14 =11 OR 12: "How long have you been homeless?")

      ENTER NUMBER _____ (3-DIGIT)

      1   MONTHS
      2   WEEKS
      3   DAYS
     -2   DK
     -1   RF

CHECK: IF D14 >= 10 OR D14=1 GO TO LA14, ELSE GO TO LA4_XX.

LA4_XX. HOUSEHOLD ROSTER

The following questions are about people you live with. Please tell me the first names of all the people, other than you yourself, who live in your household. If someone usually lives with you, but is away for a short time, include him or her. We will not be speaking to any of these people. We use their names only to keep track of them during the interview.

INTERVIEWER: LIST NAMES. CONTINUE PROMPTING, "ANYONE ELSE?" UNTIL THE ANSWER IS NO. READ THE LIST BACK TO RESPONDENT TO CHECK THAT IT IS COMPLETE. [PROVIDE FOR UP TO 20 HOUSEHOLD MEMBERS.]

IWER: IF A R DOES NOT KNOW THE NAME OF A HH MEMEBER ACCEPT A FABRICATED NAME.

     First Name?_____ (80 characters)
     (END HH ROSTER NAME LOOP; LOOP CHECK: MAX=20)
     -2   DK
     -1   RF

LA5_XX. **(BEGIN HH ROSTER LOOP.** DO NOT ASK FOR ANY HH MEMBERS WITH NAME FROM LA4_XX= -2, -1**)** Is (Text fill: NAME FROM LA4_XX) male or female?

     1   Male
     2   Female
     -2   DK
     -1   RF

LA6_XX. DO NOT ASK FOR ANY HH MEMBERS WITH NAME FROM LA4_XX= -2, -1. How old is (Text fill: NAME FROM LA4_XX)
     (INTV: IF LESS THAN ONE YEAR, ENTER "0").

     ENTER NUMBER: _____ (3-DIGIT; SOFT CHECK: MAX 110)
     -2   DK (GO TO LA7_XX)
     -1   RF (GO TO LA7_XX)

LA7_XX. (IF LA6=DK, RF. DO NOT ASK FOR ANY HH MEMBERS WITH NAME FROM LA4_XX= -2, -1) Would you say (Text fill: NAME FROM LA4_XX) is…

     1   less than 12 years old
     2   12 to 17 years old
     3   18 to 25 years old
     4   26 to 40 years old
     5   41 to 60 years old
     6   over 60 years old
     -2   DK

-1   RF

LA8_XX. DO NOT ASK FOR ANY HH MEMBERS WITH NAME FROM LA4_XX=
-2, -1. What is (Text fill: NAME FROM LA4_XX)'s relationship to you?

1   BIOLOGICAL MOTHER (GO TO NEXT HH MEMBER OR LA10)
2   STEP-MOTHER (GO TO NEXT HH MEMBER OR LA10)
3   ADOPTIVE MOTHER (GO TO NEXT HH MEMBER OR LA10)
4   FOSTER MOTHER (GO TO NEXT HH MEMBER OR LA10)
5   SISTER (GO TO LA9_XX)
6   AUNT (GO TO NEXT HH MEMBER OR LA10)
7   GRANDMOTHER (GO TO NEXT HH MEMBER OR LA10)
8   DAUGHTER
9   BIOLOGICAL FATHER (GO TO NEXT HH MEMBER OR LA10)
10   STEP-FATHER (GO TO NEXT HH MEMBER OR LA10)
11   ADOPTIVE FATHER (GO TO NEXT HH MEMBER OR LA10)
12   FOSTER FATHER (GO TO NEXT HH MEMBER OR LA10)
13   BROTHER (GO TO LA9_XX)
14   UNCLE (GO TO NEXT HH MEMBER OR LA10)
15   GRANDFATHER (GO TO NEXT HH MEMBER OR LA10)
16   SON
17   COUSIN (GO TO NEXT HH MEMBER OR LA10)
18   OTHER RELATIVE (GO TO NEXT HH MEMBER OR LA10)
19   BOYFRIEND/GIRLFRINED (GO TO NEXT HH MEMBER OR LA10)
20   ROOMMATE (GO TO NEXT HH MEMBER OR LA10)
21   MENTOR, HOST, SUPERVISOR (GO TO NEXT HH MEMBER OR LA10)
22   OTHER NONRELATIVE (GO TO NEXT HH MEMBER OR LA10)
-2   DK
-1   RF

LA9_XX. DO NOT ASK FOR ANY HH MEMBERS WITH NAME FROM LA4_XX=
-2, -1. Which description best fits (Text fill: NAME FROM LA4_XX)'s relationship to
you?
[SHOW CARD D]

1   1. (LIST IF LA5_XX=1) FULL BROTHER (GO TO NEXT HH
        MEMBER OR LA10)
2   2. (LIST IF LA5_XX=1) HALF BROTHER (GO TO NEXT HH
        MEMBER OR LA10)
3   3. (LIST IF LA5_XX=1) STEP BROTHER (GO TO NEXT HH
        MEMBER OR LA10)
4   4. (LIST IF LA5_XX=1) ADOPTIVE BROTHER (GO TO NEXT HH
        MEMBER OR LA10)
5   5. (LIST IF LA5_XX=1) FOSTER BROTHER (GO TO NEXT HH
        MEMBER OR LA10)

6	6. (LIST IF LA5_XX=2) FULL SISTER (GO TO NEXT HH MEMBER OR LA10)
7	7. (LIST IF LA5_XX=2) HALF SISTER (GO TO NEXT HH MEMBER OR LA10)
8	8. (LIST IF LA5_XX=2) STEP SISTER (GO TO NEXT HH MEMBER OR LA10)
9	9. (LIST IF LA5_XX=2) ADOPTIVE SISTER (GO TO NEXT HH MEMBER OR LA10)
10	10. (LIST IF LA5_XX=2) FOSTER SISTER (GO TO NEXT HH MEMBER OR LA10)
11	11. OTHER (GO TO NEXT HH MEMBER OR LA10)
-2	DK
-1	RF

CHECK: IF LA8_XX=4, ASK LA10-LA11, ELSE GO TO CHECK BEFORE LA12

LA10. Is your foster mother related to you?

1	Yes
0	No (GO TO CHECK BEFORE LA12)
-2	DK
-1	RF

LA11. What is your foster mother's relationship to you?

1	Grandmother (GO TO LA12)
2	Aunt (GO TO LA12)
3	Sister (GO TO LA12)
4	Cousin (GO TO LA12)
5	Step mother (GO TO LA12)
6	Other (SPECIFY) _____ (40 characters) (GO TO LA11.1)
-2	DK (GO TO LA11.1)
-1	RF (GO TO LA11.1)

LA11_1. Please Specify
ENTER VERBATIM:_____(40 characters)

-2	DK
-1	RF

CHECK: IF LA8_XX=11, ASK LA12-LA13, ELSE GO TO LA14

LA12. Is your foster father related to you?

1	Yes
0	No (GO TO SKIP BEFORE LA14)
-2	DK

-1 RF

LA13. What is your foster father's relationship to you?

    1   Grandfather (GO TO LA14)
    2   Uncle (GO TO LA14)
    3   Brother (GO TO LA14)
    4   Cousin (GO TO LA14)
    5   Step father (GO TO LA14)
    6   Other (SPECIFY) _____ (40 characters) (GO TO LA13_1)
    -2   DK (GO TO LA13_1)
    -1   RF (GO TO LA13_1)

LA13_1. Please specify
    ENTER VERBATIM:_____ (40 characters)
    -2   DK
    -1   RF

LA14. We would like to know how many different foster homes, group homes, or residential treatment centers you have been in since first entering the foster care system.

First, how many foster homes have you been in since first entering the foster care system?

ENTER NUMBER:___ (2-DIGIT; SOFT CHECK AT 6: MIN=0, MAX=20)
    -2   DK
    -1   RF

LA15. How many group homes or residential treatment centers or child caring institutions have you been in since first entering the foster care system?

(INTERVIEWER: PLACEMENT INTO THE SAME PLACE TWICE SHOULD BE COUNTED AS TWO HOMES/CENTERS/INSTITUTIONS)

ENTER NUMBER: ____ (2-DIGIT; SOFT CHECK AT 6: MIN=0, MAX=20)
    -2   DK
    -1   RF

LA16. Some people are returned home to their family and then re-enter foster care again. Not counting vacations and home visits, has this ever happened to you?

    1   Yes
    0   No (GO TO LA18)
    -2   DK (GO TO LA18)

-1   RF (GO TO LA18)

LA17. How many times have you returned home to your family and then re-entered foster care?

ENTER NUMBER: _____ (2-DIGIT; SOFT CHECK AT 6: MIN=0, MAX=20)
-2   DK
-1   RF

LA18. Have you ever run away from a foster home or group home? (by run away, we mean staying away for at least one night)

1   Yes
0   No
-2   DK
-1   RF

Relationships

CHECK: ASK R1-R3 IF D14=6, 8, 7, OR 9, ELSE GO TO R4

R0. Now I would like to ask you some questions about the people you live with and how it is to live here.

R1.   (Text fill: IF D14=6 OR 8: "Some people feel close to their foster parents, others don't feel close at all. Think about your present foster parents. Would you say that you feel very close, somewhat close, not very close, or not at all close to them?") (Text fill: IF D14=9: "Some people feel close to the people they live with, others don't feel close at all. Think about the adult relatives you live with. Would you say that you feel very close, somewhat close, not very close, or not at all close to them?")

        1   VERY CLOSE
        2   SOMEWHAT CLOSE
        3   NOT VERY CLOSE
        4   NOT AT ALL CLOSE
        -2   DK
        -1   RF

R2.   **(ASK IF D14=6 OR 8 AND IF LA9_XX = 5 OR 10 FOR ANYONE IN THE HOUSEHOLD ROSTER, ELSE SKIP TO R3)**
        Some people feel close to their foster brothers and sisters, others don't feel close at all. Think about your present foster brothers and sisters. Would you say that you feel very close, somewhat close, not very close, or not at all close to them?

INTERVIEWER: IF R SAYS "CLOSE TO SOME, NOT OTHERS" PROBE FOR CLOSEST ATTACHMENT AND CODE THAT ONE: "WHAT ABOUT THE ONE YOU FEEL CLOSEST TO, DO YOU FEEL...")

        1   VERY CLOSE
        2   SOMEWHAT CLOSE
        3   NOT VERY CLOSE
        4   NOT AT ALL CLOSE
        -2   DK
        -1   RF

R3.   **(ASK R3 IF AGE < 18 (CALCULATE AGE FROM D6), ELSE GO TO R4)**
        Can you keep living here until you turn 18?

        1   Yes
        0   No

-2   DK
-1   RF

(INTERVIEWER: THIS QUESTION REFERS TO WHETHER THE YOUTH THINKS HE/SHE IS ALLOWED TO CONTINUE LIVING HERE, NOT WHETHER THE YOUTH WANTS TO CONTINUE LIVING HERE.)

R4.   **(ASK IF D14 = 10, ELSE GO TO R6)** Now I would like to ask you some questions about the people you live with and how it is to live here. Some people feel close to an adult in their group home, others don't feel close at all. Think about the adults that work at your group home, would you say that you feel very close, somewhat close, not very close, or not at all close to those adults?

(INTERVIEWER: IF R SAYS "CLOSE TO SOME, NOT OTHERS" PROBE FOR CLOSEST ATTACHMENT AND CODE THAT ONE: "WHAT ABOUT THE ONE YOU FEEL CLOSEST TO, DO YOU FEEL...")

        1   VERY CLOSE
        2   SOMEWHAT CLOSE
        3   NOT VERY CLOSE
        4   NOT AT ALL CLOSE
        -2   DK
        -1   RF

R5.   Some people feel close to other kids in group care, others don't feel close at all. Thinking about the other kids in your group home, would you say that you feel very close, somewhat close, not very close, or not at all close to those kids?

(INTERVIEWER: IF R SAYS "CLOSE TO SOME, NOT OTHERS" PROBE FOR CLOSEST ATTACHMENT AND CODE THAT ONE: "WHAT ABOUT THE ONE YOU FEEL CLOSEST TO, DO YOU FEEL...")

        1   VERY CLOSE
        2   SOMEWHAT CLOSE
        3   NOT VERY CLOSE
        4   NOT AT ALL CLOSE
        -2   DK
        -1   RF

R6.   Now I would like to ask you about your biological parents.

        Is your biological mother still alive?

        1   Yes

0 No
2 DON'T KNOW
-2 DK
-1 RF

R7. Is your biological father still alive?

1 Yes
0 No
2 DON'T KNOW
-2 DK
-1 RF

CHECK: IF R6=1, ASK R8-R11, ELSE GO TO R12

R8. Do you know how to contact your biological mother?

1 Yes
0 No
-2 DK
-1 RF

R9. About how often do you have any contact with your biological mother, either in-person visits, phone calls, or letters?

1 Never (GO TO R12)
2 Not even once a month
3 Once or twice a month
4 About once a week
5 Several times a week
6 Every day
-2 DK
-1 RF

R10. When was the last time you spoke with your biological mother?

ENTER MONTH |_|_| (2-DIGIT)
ENTER YEAR |_|_|_|_| (4-DIGIT)
-2 DK
-1 RF

R11. When was the last time you had any other contact with your biological mother such as a card or letter?

ENTER MONTH |_|_| (2-DIGIT)
ENTER YEAR |_|_|_|_| (4-DIGIT)

-2   DK
-1   RF

CHECK: IF R7=1, ASK R12-R15, ELSE GO TO R16

R12. Do you know how to contact your biological father?

        1   Yes
        0   No
        -2   DK
        -1   RF

R13. About how often do you have any contact with your biological father, either in-person visits, phone calls, or letters?

        1   Never (GO TO R16)
        2   Not even once a month
        3   Once or twice a month
        4   About once a week
        5   Several times a week
        6   Every day
        -2   DK
        -1   RF

R14. When was the last time you spoke with your biological father?

        ENTER MONTH |_|_| (2-DIGIT)
        ENTER YEAR |_|_|_|_| (4-DIGIT)
        -2   DK
        -1   RF

R15. When was the last time you had any other contact with your biological father such as a card or letter?

        ENTER MONTH |_|_| (2-DIGIT)
        ENTER YEAR |_|_|_|_| (4-DIGIT)
        -2   DK
        -1   RF

R16.   (Text fill: IF LA8_XX=13: "Other than any brothers you've already told me about,") How many brothers, including biological brothers, half-brothers and step-brothers, do you have?
(INTERVIEWER: DO NOT INCLUDE ADOPTIVE AND FOSTER BROTHERS)

ENTER NUMBER __ (IF "0, -2, -1", GO TO R18) (2-DIGIT; CHECK: MIN=0, MAX=10)
-2   DK (GO TO R18)
-1   RF (GO TO R18)

R17_XX. What (IF R16=1 TEXTFILL "is his first name?" IF R16>1 TEXTFILL "are their first names?")?

FIRST NAME:_____ (40 characters) (CHECK: LOOP MAX=10)
-2   DK
-1   RF

R18.   (Text fill: IF LA8_XX=5: "Other than any sisters you've already told me about,") How many biological sisters, including half-sisters and step-sisters, do you have?

ENTER NUMBER ___ (IF "0, -1, -2", GO TO R20) (2-DIGIT; CHECK: MIN=0, MAX=10)
-2   DK (GO TO CHECK BEFORE R20)
-1   RF (GO TO CHECK BEFORE R20)

R19_XX. What are their first names?

FIRST NAME:_____ (40 characters) (CHECK: LOOP MAX=10)
-2   DK
-1   RF

CHECK: IF R16= 0 OR -1 AND R18 = 0 OR -1, GO TO R25.

CHECK: FOR EACH SIBLING LISTED (BEGIN WITH R17_01 AND CONTINUE THROUGH TO END OF NAMES IN R19), ASK R20_XX THROUGH R24_XX:

R20_XX. How old is (Text fill: NAME FROM R17/R19)?

AGE: _____ (YEARS) (2-DIGIT; CHECK: MIN=0, MAX=99)
-2   DK
-1   RF

R21_XX. (ASK IF R20_XX=DK OR RF, ELSE GO TO R22_XX) Is (Text fill: NAME FROM R17/R19) older or younger than you?

1   OLDER
2   YOUNGER

-2 DK
-1 RF

R22_XX. Is (Text fill: NAME FROM R17/R19) currently in foster care?

  1 Yes
  0 No (GO TO R24)
  -2 DK (GO TO R24)
  -1 RF (GO TO R24)

R23_XX. (**ASK R23 IF R IS IN GROUP CARE (D14 = 10), ELSE GO TO R24)**
Does (Text fill: NAME FROM R17/R19) live at the same residence you live in?

  1 Yes (GO TO R25)
  0 No
  -2 DK
  -1 RF

R24_XX. About how often do you have any contact with (Text fill: NAME FROM R17/R19), either in-person visits, phone calls, or letters?

  1 Never (GO TO NEXT PERSON, ELSE GO TO R25)
  2 Not even once a month (GO TO NEXT PERSON, ELSE GO TO R25)
  3 Once or twice a month (GO TO NEXT PERSON, ELSE GO TO R25)
  4 About once a week (GO TO NEXT PERSON, ELSE GO TO R25)
  5 Several times a week (GO TO NEXT PERSON, ELSE GO TO R25)
  6 Every day (GO TO NEXT PERSON, ELSE GO TO R25)
  -2 DK (GO TO NEXT PERSON, ELSE GO TO R25)
  -1 RF (GO TO NEXT PERSON, ELSE GO TO R25)

R25. Do you have any contact with a grandparent, either in-person visits, phone calls, or letters?

  1 Yes
  0 No (GO TO R27)
  -2 DK (GO TO R27)
  -1 RF (GO TO R27)

R26. About how often do you have any contact with a grandparent, either in-person visits, phone calls, or letters?

  1 Never
  2 Not even once a month
  3 Once or twice a month
  4 About once a week
  5 Several times a week

6   Every day
-2   DK
-1   RF

R27.   Are there other members of your biological family such as aunts, uncles, or cousins that you see, talk to or get a letter from?

1   Yes
2   No (GO TO SS0)
-2   DK (GO TO SS0)
-1   RF (GO TO SS0)

R28.   About how often do you have any contact with your other relatives, either in-person visits, phone calls, or letters?

1   Never
2   Not even once a month
3   Once or twice a month
4   About once a week
5   Several times a week
6   Every day
-2   DK
-1   RF

Social Support

SS0.   Next, I'm going to read you a list of some things that people do for each other or give each other that may be helpful or supportive. For each question, please tell me how many different people give you this type of help.

SS1.   How many different people can you count on to invite you to go out and do things?

> ENTER NUMBER __ (2-DIGIT; CHECK: MIN=0, MAX=99)
> -2   DK
> -1   RF

SS2.   How many different people can you talk to about money matters like budgeting or money problems?

> ENTER NUMBER __ (2-DIGIT; CHECK: MIN=0, MAX=99)
> -2   DK
> -1   RF

SS3.   How many different people give you useful advice about important things in life?

> ENTER NUMBER __ (2-DIGIT; CHECK: MIN=0, MAX=99)
> -2   DK
> -1   RF

SS4.   How many different people give you help when you need transportation?

> ENTER NUMBER __ (2-DIGIT; CHECK: MIN=0, MAX=99)
> -2   DK
> -1   RF

SS5.   How many different people can you go to when you need someone to listen to your problems when you're feeling low?

> ENTER NUMBER __ (2-DIGIT; CHECK: MIN=0, MAX=99)
> -2   DK
> -1   RF

SS6.   How many different people can you go to when you need help with small favors?

> ENTER NUMBER __ (2-DIGIT; CHECK: MIN=0, MAX=99)
> -2   DK
> -1   RF

SS7.   How many different people would lend you money in an emergency?

ENTER NUMBER __ (2-DIGIT; CHECK: MIN=0, MAX=99)
-2   DK
-1   RF

SS8.   Is there an adult outside your family who encourages you and believes in you?

     1   Yes (GO TO SS10)
     0   No
     -2   DK
     -1   RF

SS9.   Has there **ever** been an adult outside of your family who has encouraged you and believed in you?

     1   Yes
     0   No (GO TO ED0)
     -2   DK (GO TO ED0)
     -1   RF (GO TO ED0)

SS10.   Would you say this person (Text fill: IF SS8=1: "has") made a difference in your life?

     1   Yes
     0   No
     -2   DK
     -1   RF

SS11.   Who (Text fill: IF SS8=1: "is")(Text fill: IF SS9=1: "was")(Text fill: IF SS8=DK/RF: "is/was") this person? You may choose more than one answer.
     CODE ALL THAT APPLY

     1   Teacher
     2   Coach
     3   Clergyperson
     4   Caseworker (Go To ED0)
     5   Independent Living Program Coordinator
     6   Big Brother/Big Sister
     7   Mentor
     8   Tutor
     9   Foster Parent
     10   Other (Specify)_____ (80 Characters)
     -2   Dk
     -1   RF

SS11_OTH. Please specify

ENTER VERBATIM:_____(80 characters
-2   DK
-1   RF

SS12. (Text fill: IF SS8=1 AND SS11=1-3 OR 5-10: "Is this person") (Text fill: IF SS9=1 AND SS11=1-3 OR 5-10: "Was this person") (Text fill: IF SS8 =-2 OR -1 AND SS11=1-3 OR 5-10: "Is/Was this person") someone you met through a program or service your caseworker referred you to?

1   Yes
0   No (GO TO ED0)
-2   DK (GO TO ED0)
-1   RF (GO TO ED0)

SS13. What program or service was that?

ENTER VERBATIM_____ (100 characters)
-2   DK
-1   RF

Education

ED0. Now I would like to ask you some questions about school. These questions refer to regular school. Regular school is one that offers an academic diploma or degree, for example elementary school, high school, or college. Please do not include such things as training at a technical institute, license trade programs, etc. We will ask about these later.

ED1. Are you currently enrolled or attending regular school?
(INTERVIEWER: REGULAR SCHOOL IS ONE THAT OFFERS AN ACADEMIC DIPLOMA OR DEGREE; E.G. ELEMENTARY SCHOOL, HIGH SCHOOL, COLLEGE, GRADUATE SCHOOL, LAW SCHOOL, OR NURSING PROGRAM LEADING TO AN RN DEGREE. NOT INCULDED AS REGULAR SCHOOL ARE: TRAINING AT A TECHNICAL INSTITUTE, LICENSE TRADE PROGRAMS, ETC. UNLESS THE CREDTIS OBTAINED ARE TRANSFERRABLE TO A REGULAR SCHOOL AND COULD COUNT TOWARD AN ACADEMIC DIPLOMA OR DEGREE.)

(PROBE IF SUMMER: DO YOU EXPECT TO CONTINUE?)

     1   Yes (GO TO ED4)
     0   No
     -2   DK
     -1   RF

ED2. When were you last enrolled in regular school--what month and year?

     ENTER MONTH_____ (2-DIGIT) AND YEAR_____ (4-DIGIT)
     -2   DK
     -1   RF

ED3. What is the **main** reason you left at that time?

     1   RECEIVED DEGREE, COMPLETED COURSE WORK (GO TO ED4)
     7   DID NOT LIKE SCHOOL (GO TO ED4)
     2   EXPELLED/ SUSPENDED (GO TO ED4)
     3   GOT MARRIED (GO TO ED4)
     4   PREGNANT (GO TO ED4)
     5   SCHOOL WAS TOO DANGEROUS (GO TO ED4)
     6   POOR GRADES (GO TO ED4)
     8   OFFERED JOB (GO TO ED4)
     9   ENTERED MILITARY (GO TO ED4)
     10   FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO GO (GO TO ED4)
     11   CHILD CARE RESPONSIBILITIES (GO TO ED4)
     12   HOME RESPONSIBILITIES (GO TO ED4)

13   MOVED AWAY FROM SCHOOL (GO TO ED4)
14   DIDN'T GET ALONG WITH OTHER STUDENTS (GO TO ED4)
15   MY FRIENDS HAD DROPPED OUT OF SCHOOL (GO TO ED4)
16   HAD A PROBLEM WITH DRUGS OR ALCOHOL (GO TO ED4)
17   BECAME THE FATHER/ MOTHER OF A BABY (GO TO ED4)
18   HAD A HEALTH PROBLEM (GO TO ED4)
19   OTHER (SPECIFY) _____ (80 characters) (GO TO ED3_OTH)
-2   DK (GO TO ED4)
-1   RF (GO TO ED4)

ED3_OTH. Please specify
        ENTER VERBATIM_____ (80 characters
-2   DK
-1   RF

ED4. What kind of school (Text fill: IF ED1=1: "is")(Text fill: IF ED1=2, -2, -1: "was") that?
[SHOW CARD E]

1   1. Public school (GO TO ED5)
2   2. Technical or vocational high school (GO TO ED5)
3   3. Catholic school (GO TO ED5)
4.   4. Private school-other religious affiliation (GO TO ED5)
5   5. Private school-no religious affiliation (GO TO ED5)
6   6. Alternative school (GO TO ED5)
7   7. Charter School (GO TO ED5)
9   8. Other (Please Specify)_____ (80 characters) (GO TO ED4_OTH)
-2   DK (GO TO ED5)
-1   RF (GO TO ED5)

ED4_OTH. Please specify
        ENTER VERBATIM:_____ (80 characters)
-2   DK
-1   RF

ED5. What grade of school (Text fill: IF ED1=1: "are you currently attending? ")(Text fill: IF ED1=2, -2, -1: "did you last attend?")

1   1ST GRADE
2   2ND GRADE
3   3RD GRADE
4   4TH GRADE
5   5TH GRADE
6   6TH GRADE

7	7TH GRADE
8	8TH GRADE
9	9TH GRADE
10	10TH GRADE
11	11TH GRADE
12	12TH GRADE
13	1ST YEAR COLLEGE
14	2ND YEAR COLLEGE
15	3RD YEAR COLLEGE
16	4TH YEAR COLLEGE
17	5TH YEAR COLLEGE
18	6TH YEAR COLLEGE
19	7TH YEAR COLLEGE
20	8TH YEAR COLLEGE OR MORE
95	UNGRADED
0	NONE
-2	DK
-1	RF

ED7. What is the highest grade you have completed?

1	1ST GRADE
2	2ND GRADE
3	3RD GRADE
4	4TH GRADE
5	5TH GRADE
6	6TH GRADE
7	7TH GRADE
8	8TH GRADE
9	9TH GRADE
10	10TH GRADE
11	11TH GRADE
12	12TH GRADE
13	1ST YEAR COLLEGE
14	2ND YEAR COLLEGE
15	3RD YEAR COLLEGE
16	4TH YEAR COLLEGE
17	5TH YEAR COLLEGE
18	6TH YEAR COLLEGE
19	7TH YEAR COLLEGE
20	8TH YEAR COLLEGE OR MORE
95	UNGRADED
0	NONE
-2	DK
-1	RF

ED8 (**ASK IF ED5=13-20 OR IF ED7=13-20, ELSE GO TO CHECK BEFORE ED9)**
Is this a two-year or four-year college?

      1   Two-year college
      2   Four-year college
      -2   DK
      -1   RF

CHECK: IF CURRENTLY ENROLLED (ED1=1) AND ED5 = 1-12, GO TO ED11, ELSE GO TO ED9

ED9. Do you have a high school diploma or GED?

      1   Yes
      0   No (GO TO ED11)
      -2   DK (GO TO ED11)
      -1   RF (GO TO ED11)

ED10. Which do you have, a diploma or a GED?

      1   Diploma
      0   GED
      2   Both
      -2   DK
      -1   RF

ED11. Have you ever repeated a grade?

      1   Yes
      0   No
      -2   DK
      -1   RF

ED12. Has a representative from a school or a health professional ever told you or anyone else that **you** have a learning disability?

      1   Yes
      0   No
      -2   DK
      -1   RF

ED13. Has a representative from a school or a health professional ever told you or anyone else that you have a speech disability?

      1   Yes

0   No
        -2   DK
        -1   RF

ED14. Were you ever placed in a special education program?

        1   Yes
        0   No
        -2   DK
        -1   RF

ED15. How many times did you have to change schools because your family moved or you changed foster care placements?

        ENTER NUMBER_____ (2-DIGIT; SOFT CHECK AT 11: MIN=0, MAX=99)
        -2   DK
        -1   RF

ED16. **(ASK IF ED1=1, ELSE GO TO ED18)** During the last full school semester you attended, how many days were you absent from school for a full day with an excuse--for example, because you were sick or out of town?

        ENTER NUMBER_____ (3-DIGIT; SOFT CHECK AT 21: MIN=0, MAX = 365)
        -2   DK
        -1   RF

ED17. (During the last full school semester you attended,) how many days were you absent from school for a full day without an excuse?

        ENTER NUMBER_____ (3-DIGIT; NO SOFT CHECK. CHECK: MIN=0, MAX = 365)
        -2   DK
        -1   RF

ED18. (During the last full school semester you attended,) have you ever been suspended from school?

        1   Yes
        0   No
        -2   DK
        -1   RF

ED19. (During the last full school semester you attended,) have you ever been expelled from school?

1	Yes
0	No
-2	DK
-1	RF

ED20. During the last full school semester you attended, how often did you have trouble:

Getting along with your teachers?
[SHOW CARD F]

0	1. Never
1	2. Just a few times
2	3. About once a week
3	4. Almost everyday
4	5. Everyday
-2	DK
-1	RF

ED21. (During the last full school semester you attended, how often have you had trouble) paying attention in school?
[SHOW CARD F]

0	1. Never
1	2. Just a few times
2	3. About once a week
3	4. Almost everyday
4	5. Everyday
-2	DK
-1	RF

ED22. (During the last full school semester you attended, how often have you had trouble) getting your homework done?
[SHOW CARD]

0	1. Never
1	2. Just a few times
2	3. About once a week
3	4. Almost everyday
4	5. Everyday
-2	DK
-1	RF

ED23. (During the last full school semester you attended, how often have you had trouble) getting along with other students?
[SHOW CARD F]

0	1. Never
1	2. Just a few times

2   3. About once a week
3   4. Almost everyday
4   5. Everyday
-2   DK
-1   RF

ED24. (During the last full school semester you attended, how often have you had trouble) arriving on time for class
    [SHOW CARD F]
    0   1. Never
    1   2. Just a few times
    2   3. About once a week
    3   4. Almost everyday
    4   5. Everyday
    -2   DK
    -1   RF

ED25. During the last full school semester you attended, did any of the following things happen to you?

    ... You had something of value stolen from you at school.

    1   Yes
    0   No
    -2   DK
    -1   RF

ED26. ... Someone threatened to hurt you at school.

    1   Yes
    0   No
    -2   DK
    -1   RF

ED27. ... You got into a physical fight at school.

    1   Yes
    0   No
    -2   DK
    -1   RF

ED28. During the last full school semester you attended, what was your grade in English or language arts?

    1   A
    2   B
    3   C
    4   D or lower
    5   Didn't take this subject
    6   Took the subject, but it wasn't graded this way
    -2   DK
    -1   RF

ED29. And what was your grade in mathematics?

    1   A
    2   B
    3   C
    4   D or lower
    5   Didn't take this subject
    6   Took the subject, but it wasn't graded this way
    -2   DK
    -1   RF

ED30. And what was your grade in history or social studies?

    1   A
    2   B
    3   C
    4   D or lower
    5   Didn't take this subject
    6   Took the subject, but it wasn't graded this way
    -2   DK
    -1   RF

ED31. And what was your grade in science?

    1   A
    2   B
    3   C
    4   D or lower
    5   Didn't take this subject
    6   Took the subject, but it wasn't graded this way
    -2   DK
    -1   RF

ED32. Have you ever taken the SAT I or ACT test?

1   Yes
0   No
-2   DK
-1   RF

CHECK: IF AGE (CALCULATE FROM D6) < 16, GO TO PS1

ED33. I would like to ask you about other types of schooling and training you may have had, excluding the regular schooling we have already talked about. Please look at this card. Other than the regular schooling you told me about, have you ever attended in the past 12 months any schooling, courses or training program designed to help people improve their job skills or learn a new job?

       [SHOW CARD G]
       1   Yes
       0   No (GO TO PS1)
       -2   DK (GO TO PS1)
       -1   RF (GO TO PS1)

SHOW HAND CARD TO RESPONDENT

1. Business or secretarial
2. Vocational, technical, or trade
3. Apprenticeship program
4. Nursing school (LPN or RN)
5. Vocational rehabilitation center
6. Adult basic education (pre-GED)
7. GED program
8. Correspondence course
9. Community or junior college
10. Government training
11. Other

ED34. How many different schooling, courses or training programs have you participated in?

       ENTER NUMBER OF DISTINCT PROGRAMS |_|_| (2-DIGIT; CHECK: MIN=0, MAX=99) (IF "0" GO TO PS1)
       -2   DK
       -1   RF (GO TO PS1)
       IF R enters 10, it goes to PS1.

ED35_XX. Thinking about the (Text fill: IF LOOP=ED35_01 AND ED34>=1 OR DK: "first")(Text fill: IF LOOP>ED35_01 AND (ED34>"next") schooling, course or training program you participated in, please tell me the name of the school or training program of

your (Text fill: IF LOOP=ED35_01 AND ED34>1: "first")(Text fill: IF LOOP>ED35_01 AND (ED34>1): "next") school or program?

(PROBE: PLEASE BEGIN WITH THE MOST RECENT ONE YOU ATTENDED AND WORK BACK.)

    ENTER NAME_____ (80 characters)
    -2   DK
    -1   RF

ED36_XX. Please look at this card again. What type of school or training program was it?
    [SHOW CARD G]
    1   1. Business or secretarial
    2   2. Vocational, technical, or trade
    3   3. Apprenticeship program
    4   4. Nursing school (LPN or RN)
    5   5. Vocational rehabilitation center
    6   6. Adult Basic Education (pre-GED)
    7   7. GED program
    8   8. Correspondence course
    12   9. Community or junior college
    13   10. Government Training
    14   11. Other
    -2   DK
    -1   RF

ED36A **(ASK IF ED36 =14, ELSE GO TO ED37**) Please specify:
    ENTER VERBATIM:_____
    -2   DK
    -1   RF

ED37_XX. **(ASK IF ED36=13 OR 14, ELSE GO TO ED38)** Where was this government training provided?
    [SHOW CARD H]
    1   1. Business or secretarial school
    2   2. Vocational, technical, or trade school
    3   3. Apprenticeship program
    4   4. Nursing school (LPN or RN)
    5   5. Vocational Rehabilitation Center
    6   6. Local Public School
    7   7. Area Vocational School
    8   8. Community or junior college
    9   9. Other
    -2   DK
    -1   RF

ED37A **(ASK IF ED37 =9, -2, -1, ELSE GO TO ED38)** Please specify:

     ENTER VERBATIM:_____
     -2   DK
     -1   RF

ED38_XX. When did you start going to (Text fill: NAME OF SCHOOL IN ED35, IF ED35 = -2, -1, Text fill: "this school")?

     ENTER MONTH |_|_| (2-DIGIT) ENTER YEAR |_|_|_|_| (4-DIGIT)
     -2   DK
     -1   RF

ED39_XX. Are you currently attending?

     1   Yes (GO TO ED41)
     0   No
     -2   DK
     -1   RF

ED40_XX. When did you stop attending (Text fill: NAME OF SCHOOL IN ED35, IF ED35 = -2, -1, Text fill: "this school")?

     ENTER MONTH |_|_| (2-DIGIT) ENTER YEAR |_|_|_|_| (4-DIGIT)
     -2   DK
     -1   RF

ED41_XX. How many days per week (Text fill: IF ED39=1: "do")(Text fill: IF ED39=0, -1, -2: "did") you usually spend in (Text fill: NAME OF SCHOOL IN ED35)?

     ENTER DAYS |_| (3-DIGIT; CHECK: MIN=0, MAX =7)
     -2   DK
     -1   RF

ED42_XX. How many hours per day (Text fill: IF ED39=1: "do")(Text fill: IF ED39=0, -1, -2: "did") you usually spend in (Text fill: NAME OF SCHOOL IN ED35)?

     ENTER HOURS |_|_| (4-DIGIT; CHECK: MIN=0, MAX=24)
     -2   DK
     -1   RF

ED43_XX. Did you complete this training program?

     1   Yes (GO TO ED46)
     0   No
     -2   DK (GO TO CHECK BEFORE ED46)
     -1   RF (GO TO CHECK BEFORE ED46)

ED44_XX. What was the main reason you did not complete this program?

    1   FOUND A JOB
    2   TRANSPORTATION PROBLEMS
    3   PROBLEMS WITH CHILD CARE
    4   OTHER FAMILY RESPONSIBILITIES
    5   OWN ILLNESS OR INJURY
    6   TRANSFERRED TO ANOTHER PROGRAM
    7   MOVED OR CHANGED RESIDENCE
    8   UNSATISFACTORY CONDITIONS
    9   TOO MUCH TIME REQUIRED
    10   TOO DIFFICULT
    11   LOST INTEREST
    12   ASKED TO LEAVE OR EXPELLED
    13   STILL ENROLLED IN PROGRAM
    14   OTHER (SPECIFY) _____ (80 characters)
    -2   DK
    -1   RF

ED44A_XX. Please specify
        ENTER VERBATIM:_____(80 characters)
    -2   DK
    -1   RF

ED45_XX. What proportion of the requirements did you complete? Would you say less
than one-fourth, one-fourth to one-half, about half, one-half to three-fourths, or more than
three-fourths?

    1   Less than one-fourth
    2   One-fourth to one-half
    3   About half
    4   One-half to three-fourths
    5   More than three-fourths
    -2   DK
    -1   RF

W3 MODIFIED CHECK:

CHECK: IF ED34>=1 AND ED43 = 1 GO TO ED46
IF ED 34>1 AND ED43=0,-1,OR -2 GO TO NEXT SCHOOLING, COURSE, OR
TRAINING.
IF ED34=1 OR -2 AND ED43=0,-1, OR -2 GO TO NEXT SECTION.

ED46_XX. Did you receive a certificate, license or degree from this program?

1   Yes
0   No (GO TO NEXT TRAINING (ED35_XX), ELSE IF ED34=-2 GO TO ED50)
-2   DK (GO TO NEXT TRAINING (ED35_XX), ELSE IF ED34=-2 GO TO ED50)
-1   RF (GO TO NEXT TRAINING (ED35_XX), ELSE IF ED34=-2 GO TO ED50)

ED47_XX.What type of certificate, license, or degree did you receive from this program?
[SHOW CARD I]

1   1. Vocational Certificate (GO TO ED48_XX)
2   2. State License (GO TO ED49_XX)
3   3. Certificate of completion (GO TO ED48_XX)
4   4. GED (GO TO NEXT TRAINING (ED35_XX) OR PS1)
5   5. Other, (GO TO ED48_XX) _____ (80 characters)
-2   DK (GO TO ED48_XX)
-1   RF (GO TO ED48_XX)

ED48_XX. What type of certificate did you obtain? (FIELD CODE)
(GO TO NEXT TRAINING (ED35_XX) OR PS1)

ED49_XX. What type of license did you obtain? (FIELD CODE)
(GO TO NEXT TRAINING (ED35_XX) OR PS1)

Pro-Social and Other Activities

PS1.   Are there any sports that you like to participate in? (IF NECESSARY: For
       Example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.)

       1   Yes
       0   No (GO TO PS3)
       -2   DK (GO TO PS3)
       -1   RF (GO TO PS3)

PS2.   About how much time do you spend playing sports in a typical week?

       ENTER NUMBER: _____ (4-DIGIT; CHECK: MAX=168)

       HOURS
       MINUTES
       -2   DK
       -1   RF

PS3.   Are there any hobbies, activities, and games, other than sports that you like to do?
       (IF NECESSARY: For example: cards, books, piano, cars, crafts, etc.)

       1   Yes
       0   No (GO TO PS5)
       -2   DK (GO TO PS5)
       -1   RF (GO TO PS5)

PS4.   About how much time do you spend on hobbies, activities, or games in a typical
       week?

       ENTER NUMBER: _____ (4-DIGIT; CHECK: MAX=168)

       HOURS
       MINUTES
       -2   DK
       -1   RF

PS5.   Do you belong to any organizations, clubs, teams, or groups?

       1   Yes
       0   No (GO TO PS7)
       -2   DK (GO TO PS7)
       -1   RF (GO TO PS7)

PS6.   About how much time do you spend participating in organizations, clubs, teams, or groups in a typical week?

ENTER NUMBER: _____ (4-DIGIT; CHECK: MAX=168)

HOURS
MINUTES
-2   DK
-1   RF

PS7.   In the past 12 months, how often did you attend religious services?

1   Once a week or more
2   Once a month or more, but less than once a week
3   Less than once a month
4   Never
-2   DK
-1   RF

PS8.   How important is religion or spirituality to you? Would you say…

1   Not important at all
2   Only a little important
3   Somewhat important,
4   Very important
-2   DK
-1   RF

Employment

E0. INTRO: Now I'd like to ask you about any work you may have done. I am going to distinguish between two types of work. First we will talk about work you may have done for any employer that is a job where you had an on-going relationship with a particular employer, for example, working in a supermarket or restaurant.   Then we will talk about informal jobs, that is doing one or a few tasks for several people and not having a "boss", for example, babysitting or mowing lawns.

First, let's talk about any work you have done for an employer.

E1. Are you currently working at a full or part-time job or jobs?

      1   Yes (GO TO E3)
      0   No
      -2   DK
      -1   RF

E2. Have you been employed in the past 12 months, that is since (Text fill: (CURRENT MONTH)) (Text fill: (CURRENT YEAR MINUS ONE YEAR))?

      1   Yes
      0   No (GO TO E38)
      -2   DK (GO TO E38)
      -1   RF (GO TO E38)

E3. What (Text fill: IF E1=1: "is")(Text fill: IF E2=1: "was") the name of your most recent employer?
(INTERVIEWER: IF R VOLUNTEERS SELF AS EMPLOYER, EXPLAIN AGAIN THE DISTINCTION BETWEEN FORMAL AND INFORMAL JOBS AND RE-ASK NAME OF EMPLOYER.)
(INTERVIEWER: IF R WORKS MORE THAN ONE JOB, PICK THE JOB WITH THE MOST HOURS WORKED. IF R WORKS THE SAME HOURS FOR EACH JOB, ASK "WHICH JOB DO YOU CONSIDER YOUR MAIN JOB?")

      ENTER NAME:_____ (80 characters)
      -2   DK
      -1   RF

E4.   In what month and year did you start this job?

      ENTER MONTH ___ (2-DIGIT) AND YEAR ____ (4-DIGIT)
      -2   DK
      -1   RF

CHECK: IF CURRENTLY EMPLOYED (E1=1), GO TO E6

E5.   In what month and year did you leave this job?

        ENTER MONTH ___ (2-DIGIT) AND YEAR ___ (4-DIGIT)
        -2   DK
        -1   RF

E6.   At the time you started this job, did you know the person who hired you?

        1   Yes
        0   No (GO TO E8)
        -2   DK (GO TO E8)
        -1   RF (GO TO E8)

E7.   Which of the following best describes your relationship to the person who hired
you for this job?

        2   Relative
        3   Friend of yours
        4   Friend of your family's
        5   Neighbor
        6   Acquaintance
        7   OTHER (SPECIFY) _____ (80 characters)
        8   NONE
        -2   DK
        -1   RF

E7_OTH. **(ASK IF E7=7)** Please specify
ENTER VERBATIM:_____(80 characters)
        -2   DK
        -1   RF

E8.   Was there someone who recommended you, other than the person who hired you?

        1   Yes
        0   No (GO TO E10)
        -2   DK (GO TO E10)
        -1   RF (GO TO E10)

E9.   What was that person's relationship to you?

        1   CASEWORKER
        2   INDEPENDENT LIVING COORDINATOR
        3   MENTOR

4   TEACHER
        5   CLERGYPERSON
        6   PARENT
        7   FOSTER PARENT
        8   OTHER RELATIVE
        9   FRIEND OF YOURS
        10   FRIEND OF YOUR FAMILY'S
        11   NEIGHBOR
        12   ACQUAINTANCE
        13   OTHER (SPECIFY) _____ (80 characters)
        14   NONE
        -2   DK
        -1   RF

E9_OTH. **(ASK IF E9=13)** Please specify:
ENTER VERBATIM:_____ (80 characters)
        -2   DK
        -1   RF

IF E3 = DON'T KNOW OR REFUSED SKIP TO E10A

E10.   At (Text fill: EMPLOYER'S NAME FROM E3) (Text fill: IF E3=-2 OR -1: "this employer") (Text fill: IF E1=1: "are")(Text fill: IF E2=1: "were") you employed by government, by a PRIVATE company, a nonprofit organization or are you working WITHOUT pay in a family business or farm or are you a member of the Armed Forces?

        1   Government (GO TO E11)
        2   Private for profit company (GO TO E12)
        3   Non-profit organization (including tax exempt and charitable) (GO TO E12)
        4   Working WITHOUT PAY in a family business or farm (GO TO E12)
        5   Member of the Armed Forces (GO TO E17)
        -2   DK (GO TO E12)
        -1   RF (GO TO E12)

E10 A At this employer (Text fill: IF E1=1: "are")(Text fill: IF E2=1: "were") you employed by government, by a PRIVATE company, a nonprofit organization or are you working WITHOUT pay in a family business or farm or are you a member of the Armed Forces?
        1   Government (GO TO E11)
        2   Private for profit company (GO TO E12A)
        3   Non-profit organization (including tax exempt and charitable) (GO TO E12A)
        4   Working WITHOUT PAY in a family business or farm (GO TO E12A)
        5   Member of the Armed Forces (GO TO E17)
        -2   DK (GO TO E12A)
        -1   RF (GO TO E12A)

E11.   Would that be the federal, state or local government?

    1   Federal (GO TO E14)
    2   State (GO TO E14)
    3   Local (county, city, township) (GO TO E14)
    -2   DK (GO TO E14)
    -1   RF (GO TO E14)

Skip to E14A if E10A = 1
E12.   For your job with (Text fill: EMPLOYER'S NAME FROM E3) (Text fill: IF E3=-2 OR -1: "this employer"), what kind of business or industry is this? (READ IF NECESSARY: What do they make or do where you (Text fill: IF E1=1: "work")(Text fill: IF E2=1: "worked")?)

    ENTER
    VERBATIM:_____

    _____
    _____
    (200 characters)
    -2   DK
    -1   RF
IF E12 is answered skip to E13

E12A For your job with this employer what kind of business or industry is this? (READ IF NECESSARY: What do they make or do where you work?)

    ENTER
    VERBATIM:_____

    _____
    _____
    (200 characters)
    -2   DK
    -1   RF

E13.   **(ASK IF E12 or E12A=-2 OR -1)** Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?

    1   Manufacturing
    2   Retail Trade
    3   Wholesale Trade
    4   OTHER (SPECIFY)
    -2   DK
    -1   RF

E13_OTH   **(ASK IF E13 = 4)**   Please specify:

ENTER
VERBATIM:_____

_____

_____
(200 characters)
-2   DK
-1   RF

E14.   For your job with (Text fill: EMPLOYER'S NAME FROM E3) (Text fill: IF E3=-2 OR -1: "this employer"), what kind of work (Text fill: IF E1=1: "do")(Text fill: IF E2=1: "did") you do? That is, what (Text fill: IF E1=1: "is")(Text fill: IF E2=1: "was") your occupation? For example: cashier, stock clerk, or fast food or coffee shop worker.

ENTER
VERBATIM:_____

_____

_____
(200 characters)
-2   DK
-1   RF
IF E14 is answered skip to E15

E14A. For your job with this employer what kind of work (Text fill: IF E1=1: "do")(Text fill: IF E2=1: "did") you do? That is what is your occupation?   For example: cashier, stock clerk, or fast food or coffee shop worker.

ENTER
VERBATIM:_____

_____

_____
(200 characters)
-2   DK
-1   RF

E15.   What (Text fill: IF E1=1: "are")(Text fill: IF E2=1: "were") your usual activities or duties at this job? For example: takes money and makes change, stocks shelves, serves food, or sells clothes.

ENTER
VERBATIM:_____

_____

_____

_____

_____
(200 characters)

-2   DK
        -1   RF

E16.   (Text fill: IF E1=1: "Is")(Text fill: IF E2=1: "Was") this job part of a Job Corps or
other job training program?

        1   YES, JOB CORPS (GO TO E18)
        2   YES, OTHER JOB TRAINING (GO TO E18)
        3   NO (GO TO E18)
        -2   DK (GO TO E18)
        -1   RF (GO TO E18)

E17.   What (Text fill: IF E1=1: "is")(Text fill: IF E2=1: "was") your (Text fill: IF E1=1:
"current") pay grade (Text fill: IF E1=1: "in")(Text fill: IF E2=1: "when you left") the
armed forces?

        ENTER LETTER___, (2 characters: E,O, or W) THEN NUMBER___ (2
        characters (MIN: 1, MAX: 9)
        -2   DK
        -1   RF

E18.   How many hours per week (Text fill: IF E1=1: "do")(Text fill: IF E2=1: "did")
you USUALLY work at this job? (PROBE: DURING WEEKS WHEN YOU (Text fill:
IF E1=1: "ARE WORKING")(Text fill: IF E2=1: "WORKED")).

        ENTER HOURS |_|_|_| (5-DIGITS; CHECK: MIN=1, MAX=168)
        -2   DK
        -1   RF

E19.   In a usual week, on how many days (Text fill: IF E1=1: "do")(Text fill: IF E2=1:
"did") you work?
(PROBE: DURING WEEKS WHEN YOU WORKED)

        ENTER DAYS |_| (1-DIGIT; CHECK: MIN=0, MAX=7)
        -2   DK
        -1   RF

E20.   How many of these days (Text fill: IF E1=1: "are")(Text fill: IF E2=1: "were")
weekdays?

        ENTER DAYS |_| (1-DIGIT; CHECK: MIN=0, MAX=5)
        (IF "0", GO TO E24)
        -2   DK
        -1   RF

E21.   How many hours per day (Text fill: IF E1=1: "do")(Text fill: IF E2=1: "did") you usually work on weekdays?

        ENTER HOURS |_|_| (4-DIGIT; CHECK: MIN=0, MAX=24)
        -2   DK
        -1   RF

E22.   What (Text fill: IF E1=1: "is")(Text fill: IF E2=1: "was") the most common time of day for you to work on weekdays?

        1   In the morning (between 6 A.M. and 2 P.M.)
        2   In the afternoon (between 12 P.M. and 8 P.M.)
        3   Evening (between 5 P.M. and 11 P.M.)
        4   Night time (after 11 P.M. before 6 A.M.)
        5   No single time of day
        6   OTHER (SPECIFY):_____ (80 characters)
        -2   DK
        -1   RF

E22_OTH. Please specify
        ENTER VERBATIM:_____(80 characters)
        -2   DK
        -1   RF

E23.   (Text fill: IF E1=1: "Do")(Text fill: IF E2=1: "Did") you usually work on the weekend?

        1   Yes
        0   No (GO TO E25)
        -2   DK
        -1   RF
E24.   How many total hours (Text fill: IF E1=1: "do")(Text fill: IF E2=1: "did") you usually work on the weekend? Please include both days in your estimate.

        ENTER HOURS: ____ (4-DIGIT; CHECK: MIN=0, MAX=48)
        -2   DK
        -1   RF
 IF E3 = DON'T KNOW OR REFUSE SKIP TO E25A

E25. For your job with (Text fill: EMPLOYER'S NAME FROM E3) (Text fill: IF E3=-2 OR -1: "this employer"), (Text fill: IF E1=1: "are")(Text fill: IF E2=1: "were") you paid by the hour, by the day, the week, or something else?

        1   Per hour (GO TO E26)
        2   Per day (GO TO E26)
        3   Per week (GO TO E26)

4	Bi-weekly (every two weeks) (GO TO E26)
5	Semi-monthly (twice a month) (GO TO E26)
6	Per month (GO TO E26)
7	Per year (GO TO E26)
8	Other (GO to E25_OTH)
-2	DK (GO TO E29)
-1	RF (GO TO E29)

E25A. For your job with (Text fill: EMPLOYER'S NAME FROM E3) (Text fill: IF E3=-2 OR -1: "this employer"), (Text fill: IF E1=1: "are")(Text fill: IF E2=1: "were") you paid by the hour, by the day, the week, or something else?

1	Per hour (GO TO E26)
2	Per day (GO TO E26)
3	Per week (GO TO E26)
4	Bi-weekly (every two weeks) (GO TO E26)
5	Semi-monthly (twice a month) (GO TO E26)
6	Per month (GO TO E26)
7	Per year (GO TO E26)
8	Other (GO TO E25_OTH)
-2	DK (GO TO E29)
-1	RF (GO TO E29)

E25_OTH Please specify:

ENTER
VERBATIM:_____

_____

_____

_____

_____
(200 characters)
-2   DK
-1   RF

(IF E25OTH IS ANSWERED GO TO E29)

E26.   How much do you usually earn per (Text fill: IF E25=1: "hour"; IF E25=2: "day"; IF E25=3: "week"; IF E25=4: "two weeks"; IF E25=5: "half-month"; IF E225=6: "month"; IF E25=7: "year")?

ENTER AMOUNT $_ _ _,_ _ _. _ _
-2   DK
-1   RF

E27.   (Text fill: IF E1=1: "Do")(Text fill: IF E2=1: "Did") you usually receive any overtime pay, tips, commissions, bonuses or other types of pay?

        1   Yes
        0   No (GO TO E29)
        -2   DK (GO TO E29)
        -1   RF (GO TO E29)

E28.   How much (Text fill: IF E1=1: "do")(Text fill: IF E2=1: "did") you usually earn from overtime pay, tips, commissions, bonuses or other types of pay?

        ENTER AMOUNT $_ _ _,_ _ _._ _
        -2   DK
        -1   RF

E28A. Is that . . . .
        1   Per hour (GO TO E29)
        2   Per day (GO TO E29)
        3   Per week (GO TO E29)
        4   Bi-weekly (every two weeks) (GO TO E29)
        5   Semi-monthly (twice a month) (GO TO E29)
        6   Per month (GO TO E29)
        7   Per year (GO TO E29)
        8   Other (GO TO E29)
        -2   DK (GO TO E29)
        -1   RF (GO TO E29)

E29.   In the past twelve months, how much have you earned from (Text fill: EMPLOYER'S NAME FROM E3) (Text fill: IF E3=-2 OR -1: "this employer")?

        ENTER AMOUNT $_ _ _,_ _ _._ _
        -2   DK
        -1   RF

IF E3 = DON'T KNOW OR REFUSED SKIP TOE30A

E30.   Which of the following best describes how you (Text fill: IF E1=1: "feel")(Text fill: IF E2=1: "felt") about your job with (Text fill: EMPLOYER'S NAME FROM E3) (Text fill: IF E3=-2 OR -1: "this employer")?

        1   Like it very much
        2   Like it fairly well
        3   Think it is OK
        4   Dislike it somewhat
        5   Dislike it very much
        -2   DK

-1   RF

IF E30 IS ANSWEERED SKIP TO E31

E30A. Which of the following best describes how feel about your job this employer?

       1   Like it very much
       2   Like it fairly well
       3   Think it is OK
       4   Dislike it somewhat
       5   Dislike it very much
       -2   DK
       -1   RF

E31.   (Text fill: IF E1=1: "Since you started this job,")(Text fill: IF E2=1: "When you worked at this job,"), how often (Text fill: IF E1=1: "have")(Text fill: IF E2=1: "did") you (Text fill: IF E1=1: "had")(Text fill: IF E2=1: "have") trouble:

E32.   (How often (Text fill: IF E1=1: "have")(Text fill: IF E2=1: "did") you (Text fill: IF E1=1: "had")(Text fill: IF E2=1: "have") trouble) getting along with your supervisor?
      [SHOW CARD F]

       0   1. Never
       1   2. Just a few times
       2   3. About once a week
       3   4. Almost everyday
       4   5. Everyday
       -2   DK
       -1   RF

E33.   (How often (Text fill: IF E1=1: "have")(Text fill: IF E2=1: "did") you (Text fill: IF E1=1: "had")(Text fill: IF E2=1: "have") trouble) paying attention while at work?
      [SHOW CARD F]

       0   1. Never
       1   2. Just a few times
       2   3. About once a week
       3   4. Almost everyday
       4   5. Everyday
       -2   DK
       -1   RF

E34.   (How often (Text fill: IF E1=1: "have")(Text fill: IF E2=1: "did") you (Text fill: IF E1=1: "had")(Text fill: IF E2=1: "have") trouble) getting along with your co-workers?
      [SHOW CARD F]

       0   1. Never
       1   2. Just a few times

2	3. About once a week
3	4. Almost everyday
4	5. Everyday
-2	DK
-1	RF

E35. (How often (Text fill: IF E1=1: "have")(Text fill: IF E2=1: "did") you (Text fill: IF E1=1: "had")(Text fill: IF E2=1: "have") trouble) dealing with customers?
[SHOW CARD F]

0	1. Never
1	2. Just a few times
2	3. About once a week
3	4. Almost everyday
4	5. Everyday
5	DOESN'T APPLY
-2	DK
-1	RF

E36. (How often (Text fill: IF E1=1: "have")(Text fill: IF E2=1: "did") you (Text fill: IF E1=1: "had")(Text fill: IF E2=1: "have") trouble) arriving on time for work
[SHOW CARD F]

0	1. Never
1	2. Just a few times
2	3. About once a week
3	4. Almost everyday
4	5. Everyday
-2	DK
-1	RF

CHECK: If currently employed (E1=1), Go To E41

E37. Which of the reasons on this card best describes why you left (Text fill: EMPLOYER'S NAME FROM E3) (Text fill: IF E3=-2 OR -1: "this employer")?
[SHOW CARD J]

1	1. LAYOFF
2	2. PLANT CLOSED
3	3. END OF TEMPORARY OR SEASONAL JOB
4	4. DISCHARGED OR FIRED
5	5. PROGRAM ENDED
6	6. DIDN'T LIKE JOB
7	7. QUIT FOR PREGNANCY OR FAMILY REASONS
8	8. QUIT TO LOOK FOR ANOTHER JOB
9	9. QUIT TO TAKE ANOTHER JOB
10	10. QUIT TO DEVOTE MORE TIME TO SCHOOL WORK

11   11. QUIT TO RETURN TO SCHOOL
12   12. QUIT FOR OTHER (SPECIFY) REASONS_____ (100 characters)
-2   DK
-1   RF

CHECK: IF AGE (CALCULATE FROM D6) < 16, THEN GO TO CHECK BEFORE E41

E38.   Have you been doing anything to find work during the last 4 weeks?

     1   YES
     0   NO (GO TO E40)
     3   DISABLED (GO TO CHECK BEFORE E41)
     4   UNABLE TO WORK (GO TO CHECK BEFORE E41)
     -2   DK (GO TO CHECK BEFORE E41)
     -1   RF (GO TO CHECK BEFORE E41)

E39. What are all of the things you have done to find work during the last 4 weeks? (PROBE AFTER EACH RESPONSE:) Anything else?

(INTERVIEWER: MARK ALL THAT APPLY. DO NOT READ LIST.)

     1   CONTACTED EMPLOYER DIRECTLY/INTERVIEW
     2   CONTACTED PUBLIC EMPLOYMENT AGENCY
     3   CONTACTED PRIVATE EMPLOYMENT AGENCY
     4   CONTACTED FRIENDS OR RELATIVES
     5   CONTACTED SCHOOL/UNIVERSITY EMPLOYMENT CENTER
     6   SENT OUT RESUMES/FILLED OUT APPLICATIONS
     7   PLACED OR ANSWERED ADS
     8   CHECKED UNION/PROFESSIONAL REGISTERS
     9   ATTENDED JOB FAIR
     10   OTHER (ACTIVE) (GO TO E39 A)
     11   LOOKED AT ADS
     12   ATTENDED JOB TRAINING PROGRAMS/COURSES
     13   OTHER (PASSIVE: _____ (100 characters)
     14   NOTHING, NO JOB SEARCH ACTIVITY
     -2   DK
     -1   RF

IF E39 IS ANSWERED AND NOT = TO 10 OR 13 GO TO CHECK AFTER E40

E39A Please specify other active searches:

ENTER
VERBATIM:_____

_____
_____
(200 characters)
-2   DK
-1   RF

IF 39A IS ANSWERED AND 39 NOT = TO 13 GO TO CHECK AFTER E40

E39B. Please specify other passive searches:
ENTER
VERBATIM:_____

_____
_____
(200 characters)
-2   DK
-1   RF

IF E39 IS ANSWERED GO TO CHECK AFTER E40

E40.   What is the main reason you were not looking for work during the LAST 4
WEEKS?
(INTERVIEWER: DO NOT READ LIST.)

    1   BELIEVED NO WORK AVAILABLE IN LINE OF WORK OR AREA
    2   COULDN'T FIND ANY WORK
    3   LACKS NECESSARY SCHOOLING, TRAINING, SKILLS OR
    EXPERIENCE
    4   EMPLOYERS THINK TOO YOUNG OR TOO OLD
    5   OTHER TYPES OF DISCRIMINATION
    6   CHILD CARE PROBLEMS
    7   FAMILY RESPONSIBILITIES
    8   IN SCHOOL OR OTHER TRAINING
    9   ILL-HEALTH, PHYSICAL DISABILITY
    10   TRANSPORTATION PROBLEMS
    11   DISABLED
    12   UNABLE TO WORK
    13   OTHER Please Specify _____ (GO TO E45
            IF NEVER EMPLOYED IN PAST 12 MONTHS E2=2,-1,-2 ELSE GO
            TO E40_A)
    -2   DK (GO TO E45 IF NEVER EMPLOYED IN PAST 12 MONTHS
            E2=2,-1,-2, ELSE GO TO E40_A)
    -1   RF (GO TO E45 IF NEVER EMPLOYED IN PAST 12 MONTHS E2=2,
            -1,-2, ELSE GO TO E40_A)

E40_A. Please specify:

ENTER VERBATIM: _____

-2   DK

-1   RF

CHECK: IF NEVER EMPLOYED IN PAST 12 MONTHS (E2=2, GO TO E45A, ELSE GO TO E41

E41.   Have you had any other jobs in the past 12 months?

1   Yes

0   No (GO TO E45)

-2   DK (GO TO E45)

-1   RF (GO TO E45)

E42.   Other than the job you have already told me about, how many jobs have you had in the past 12 months?

ENTER NUMBER _ _ (2-DIGIT; CHECK: MIN=0, MAX=99) (IF "0", GO TO E45_A)

-2   DK (GO TO E45_A)

-1   RF (GO TO E45_A)

E43.   In the past 12 months, how much did you earn from (Text fill if E42 >1 "these" Text fill if E42=1 "this") (Text fill: NUMBER FROM E42) jobs?

ENTER AMOUNT $ _ _,_ _ _._ _

-2   DK

-1   RF

E44.   (ASK IF E43= DK OR REF) Would you say it was …

1   LESS THAN $50

2   MORE THAN $50 BUT LESS THAN $100

3   MORE THAN $100 BUT LESS THAN $500

4   MORE THAN $500

5   MORE THAN $1,000

6   MORE THAN $5,000

-2   DK

-1   RF

E45_A Now let's talk about informal jobs such as baby-sitting or lawn mowing. Please tell me the kinds of informal jobs you have had in the past 12 months?

1   YES

0   NONE (GO TO S1)

-2   DK (GO TO S1)

-1   RF (GO TO S1)

E45.   (Please tell me the kinds of informal jobs you have had in the past 12 months?)
ENTER VERBATIM:_____

_____

_____

(200 characters)

    1   NONE (GO TO E46)
    -2   DK (GO TO E46)
    -1   RF (GO TO E46)

E46.   About how often do you do (this type/any of these types) of informal jobs?
Would you say it is…
(INTERVIEWER: IF AN ACTIVITY IS INFREQUENT, THEN CODE AS LESS
THAN ONCE A MONTH.)

    1   Several times a week
    2   Once a week
    3   2-3 times a month
    4   Once a month
    5   Less than once a month
    -2   DK
    -1   RF

E47.   When did you last do this kind of work?

    ENTER MONTH |_|_|(2-DIGIT) ENTER YEAR |_|_|_|_| (4-DIGIT)
    -2   DK
    -1   RF

E48.   In the past 12 months, how much have you earned from all informal jobs?

    ENTER AMOUNT $ _ _,_ _ _._ _
    -2   DK
    -1   RF

E49.   (IF DK OR REF TO E48) Would you say it was …

    1   LESS THAN $50
    2   MORE THAN $50 BUT LESS THAN $100
    3   MORE THAN $100 BUT LESS THAN $500
    4   MORE THAN $500
    5   MORE THAN $1,000
    6   MORE THAN $5,000
    -2   DK
    -1   RF

Services

S1. Do you have a social worker or case manager from (Text fill: NAME OF STATE OR COUNTY CHILD WELFARE AGENCY)?

 1 Yes
 0 No (GO TO S6)
 -2 DK (GO TO S6)
 -1 RF(GO TO S6)

S2. How many times in the last twelve months did you have face to face visits with the social worker?

 ENTER NUMBER OF TIMES ___ (3-DIGIT; SOFT CHECK: MAX=365)
 -2 DK
 -1 RF

S3. How many times in the last twelve months did you talk with the social worker on the phone?

 ENTER NUMBER OF TIMES___ (3-DIGIT; SOFT CHECK: MAX=365)
 -2 DK
 -1 RF

S4. **(ASK IF AGE (CALCULATE FROM D6) < 18)** Has your caseworker talked with you about what life will be like when you turn 18 and leave foster care?

 1 Yes
 0 No
 -2 DK
 -1 RF

S5. **(ASK IF AGE (CALCULATE FROM D6) >= 18)** Did your caseworker talk with you about what life would be like when you turned 18?

 1 Yes
 0 No
 -2 DK
 -1 RF

S6. In the past year, have you had a social worker, case manager, or someone who helped you from another agency or organization?

 1 Yes
 0 No (GO TO S11)
 -2 DK (GO TO S11)

-1   RF (GO TO S11)

S7. How many workers or case managers have you had from another agency?

     ENTER NUMBER___ (2-DIGIT; CHECK: MIN=1, MAX=99)
     -2   DK
     -1   RF

S8. How many times in the last year did you have face to face visits with the (Text fill: IF S7=1: "worker")(Text fill: IF S7>1 OR S7=-2, -1: "workers") or case (Text fill: IF S7=1: "manager?")(Text fill: IF S7>1 OR S7=-2, -1: "managers?")

     ENTER NUMBER___ (3-DIGIT; SOFT CHECK: MAX=365)
     -2   DK
     -1   RF

S9. How many times in the last year did you talk with the (Text fill: IF S7=1: "worker") (Text fill: IF S7>1 OR S7=-2, -1: "workers") or case (Text fill: IF S7=1: "manager")(Text fill: IF S7>1 OR S7=-2, -1: "managers") on the phone?

     ENTER NUMBER___ (3-DIGIT; SOFT CHECK: MAX=365)
     -2   DK
     -1   RF

S10. (**IF AGE (CALCULATE FROM D6) < 18)** (Text fill: IF S7=1 "Has this worker") (Text fill: IF S7>1 OR S7=-2, -1: "Have these workers") talked with you about what life will be like when you turn 18 and leave foster care?

     1   Yes
     0   No
     -2   DK
     -1   RF

S10A. **(ASK IF AGE (CALCULATE FROM D6) >= 18)** Did (Text fill: IF S7=1 "this worker") (Text fill: IF S7>1 OR S7=-2, -1 "these workers") talk with you about what life would be like when you turned 18?

     1   Yes
     0   No
     -2   DK
     -1   RF

S11. In the past year, have you attended any classes or group sessions that were intended to help you get ready for being on your own?

1   Yes
0   No (GO TO S14)
-2   DK (GO TO S14)
-1   RF (GO TO S14)

S12. How many?

ENTER NUMBER____ (3-DIGIT; SOFT CHECK: MAX=365)
-2   DK
-1   RF

S13. Are you continuing to attend classes or group sessions intended to help you get ready for being on your own?

1   Yes
0   No
-2   DK
-1   RF

CHECK: IF YOUTH IS IN LA CLUSTER 2 (ESTEP PROGRAM), GO TO S20
S14. Have you ever attended a youth conference?

1   Yes
0   No
-2   DK
-1   RF

S15. Have you been involved in any youth leadership activities?

1   Yes
0   No
-2   DK
-1   RF

S16. Have you ever been involved in mentoring other youth?

1   Yes
0   No
-2   DK
-1   RF

S17. Have you received any of the following help in preparing for your future education?:

GED Preparation

1   Yes
0   No
-2   DK
-1   RF

S18. ACT/SAT Preparation

1   Yes
0   No
-2   DK
-1   RF

S19. Assistance with College Applications

1   Yes
0   No
-2   DK
-1   RF

S20. Have you received any Vocational/Career Counseling

1   Yes
0   No
-2   DK
-1   RF

S21. Thinking about all the help you've received in preparing for your future education, where did you receive this help?
[SHOW CARD K]
CODE ALL THAT APPLY. (

1   1. From Biological Parents or Other Original Family Member
2. From Foster Parents
3. From Caseworker
4   4. From Independent Living Program or Life Skills Coordinator or Classes
5   5. From Teacher/School
6. From Mentor
7. Other (Please Specify) _____ (80 characters)

8   HAVEN'T RECEIVED ANY HELP (if selected no other responses can be selected
-2   DK
-1   RF

S22. Have you received any of the following job-related help for being on your own:

Help with Resume Writing

1   Yes
0   No
-2   DK
-1   RF

S23. Assistance With Identifying Potential Employers

1   Yes
0   No
-2   DK
-1   RF

S24. Assistance With Completing Job Application

1   Yes
0   No
-2   DK
-1   RF

S25. Help with Job Interviewing Skills

1   Yes
0   No
-2   DK
-1   RF

S26. Job Referral/Placement

1   Yes
0   No
-2   DK
-1   RF

S27. Help Securing Work Permits /Social Security Cards

1   Yes
0   No

-2   DK
-1   RF

S28. Thinking about all the job-related help you've received, where did you receive this help?

[SHOW CARD K]
CODE ALL THAT APPLY.

1   1. From Biological Parents or Other Original Family Member
2. From Foster Parents
3. From Caseworker
4   4. From Independent Living Program or Life Skills Coordinator or Classes
5   5. From Teacher/School
6. From Mentor
7. Other (Please Specify) _____ (80 characters)
HAVEN'T RECEIVED ANY HELP
-2   DK
-1   RF

CHECK: IF YOUTH IS IN LA CLUSTER 2 (ESTEP PROGRAM), GO TO S38

S29. Have you received any of the following help in handling finances?:

Help with Money Management

1   Yes
0   No
-2   DK
-1   RF

S30. Help On Use of a Budget

1   Yes
0   No
-2   DK
-1   RF

S31. Help on Opening a Checking and Savings Account

1   Yes
0   No
-2   DK
-1   RF

S32. Help on Balancing a Checkbook

1   Yes
0   No
-2   DK
-1   RF

S33. Thinking about all the help you've received for handling your finances, where did you receive this help?
         [SHOW CARD K]
         CODE ALL THAT APPLY.

         1   1. From Biological Parents or Other Original Family Member
         2. From Foster Parents
         3. From Caseworker
         4   4. From Independent Living Program or Life Skills Coordinator or
                 Classes
         5   5. From Teacher/School
         6. From Mentor
         7. Other (Please Specify) _____ (80 characters)
         HAVEN'T RECEIVED ANY HELP
         -2   DK
         -1   RF

CHECK: ASK S34-S37 IF AGE is 18 or older
S34. Have you received any of the following help in obtaining housing?

         Assistance With Finding An Apartment

         1   Yes
         0   No
         -2   DK
         -1   RF

S35. Help With Completing Apartment Application

         1   Yes
         0   No
         -2   DK
         -1   RF

S36. Help with a down payment or security deposit on an apartment

         1   Yes
         0   No
         -2   DK
         -1   RF

S37. Thinking about all the help you've received in obtaining housing, where did you receive this help?

     [SHOW CARD K]
     CODE ALL THAT APPLY.

     1   1. From Biological Parents or Other Original Family Member
     2. From Foster Parents
     3. From Caseworker
     4   4. From Independent Living Program or Life Skills Coordinator or Classes
     5   5. From Teacher/School
     6. From Mentor
     7. Other (Please Specify) _____ (80 characters)
     HAVEN'T RECEIVED ANY HELP
     -2   DK
     -1   RF

S38. Have you received any of the following help in preparing for daily living?:

     Training on meal planning and preparation

     1   Yes
     0   No
     -2   DK
     -1   RF

S39. Training on Personal Hygiene

     1   Yes
     0   No
     -2   DK
     -1   RF

S40. Training on Nutritional Needs

     1   Yes
     0   No
     -2   DK
     -1   RF

S41. How to obtain your personal health records

     1   Yes
     0   No
     -2   DK

-1   RF

S42. Thinking about all the help you've received in preparing for daily living, where did you receive this help? **[SHOW CARD K]**
          CODE ALL THAT APPLY.

1   1. From Biological Parents or Other Original Family Member
2. From Foster Parents
3. From Caseworker
4   4. From Independent Living Program or Life Skills Coordinator or Classes
5   5. From Teacher/School
6. From Mentor
7. Other (Please Specify) _____ (80 characters)
HAVEN'T RECEIVED ANY HELP
-2   DK
-1   RF

S43. Do you have a Social Security card?

1   Yes
0   No
-2   DK
-1   RF

S44. Do you have a copy of your birth certificate?

1   Yes
0   No
-2   DK
-1   RF

CHECK: IF YOUTH IS IN LA CLUSTER 2 (EASTEP PROGRAM), GO TO PH1

S45. Do you have a driver's license?

1   Yes (GO TO S47)
0   No
-2   DK
-1   RF

S46. Do you have a state-issued photo ID?

1   Yes
0   No
-2   DK

-1   RF

CHECK: ASK S47-S50 IF AGE (CALCULATE FROM D6) >= 18, ELSE GO TO S51

S47. Have you ever received money from the state or county to help you live on your own?

      1   Yes
      0   No (GO TO S50)
      -2   DK (GO TO S50)
      -1   RF (GO TO S50)

S48. Are you currently receiving money from the state or county to live on your own?

      1   Yes
      0   No
      -2   DK
      -1   RF

S49. How long (Text fill: IF S48=0, -1, -2:"did you receive") (Text fill: IF S48=1: "have you received") this money?

      ENTER # MONTHS _ _ _ _ (4-DIGITS)
      -2   DK
      -1   RF

S50. Have you received any other cash or money help from the state since turning 18?

      1   Yes
      0   No
      -2   DK
      -1   RF

S51. Is there any training or assistance that you were not given, that you wish your agency had given you to help you learn to live on your own?

      1   Yes
      0   No (GO TO PH1)
      -2   DK (GO TO PH1)
      -1   RF (GO TO PH1)

S52. What type of training would that be?

ENTER
VERBATIM:_____
_____
_____
_____
_____
(200 characters)
-2   DK
-1   RF

Physical Health

PH1.   Now, I'd like to ask you some questions about your general state of health. In general, how is your health?

   1   Excellent
   2   Very good
   3   Good
   4   Fair
   5   Poor
   -2   DK
   -1   RF

PH2.   Can you tell me approximately what your height is?

   ENTER FEET __ (2-DIGIT: SOFT CHECK: MAX=6)
   ENTER INCHES __ (2-DIGITS; CHECK: MIN=0, MAX=11)
   -2   DK
   -1   RF

PH3.   Can you tell me approximately what your weight is?

   ENTER POUNDS |_|_|_| (3-DIGITS: SOFT CHECK: MIN=70, MAX=300)
   -2   DK
   -1   RF

PH4.   In a typical week, how many days do you eat at least some green vegetables or fruit?

   ENTER DAYS |_| (1-DIGIT; CHECK: MIN=0, MAX=7)
   -2   DK
   -1   RF

PH5.   In a typical week, how many days do you engage in exercise that lasts 30 minutes or more?

   ENTER DAYS |_| (1-DIGIT; CHECK: MIN=0, MAX=7)
   -2   DK
   -1   RF

PH6.   In the past 12 months, have you had an accident or injury requiring a visit to a hospital emergency room or clinic?

   1   Yes
   0   No
   -2   DK

-1   RF

PH7.   When you are riding in a car driven by someone else, what percent of the time do you wear a seatbelt?

     0   NEVER (GO TO PH8)
     1   ENTER A PERCENT
     2   DO NOT RIDE IN A CAR (GO TO PH8)
     -2   DK (GO TO PH8)
     -1   RF (GO TO PH8)

PH7_A. ENTER PERCENTAGE
      |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)

PH8.   During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

     1   0 times
     2   1 time
     3   2 or 3 times
     4   4 or 5 times
     5   6 or more times
     -2   DK
     -1   RF

PH9.   Do you have any impairment or health problem that requires you to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

     1   Yes
     0   No
     -2   DK
     -1   RF

PH10. Do you have an impairment or health problem that limits your ability to walk, run, or play?

     1   Yes
     0   No (GO TO PH13)
     -2   DK (GO TO PH13)
     -1   RF (GO TO PH13)

PH11. Is this an impairment or health problem that has lasted, or is expected to last, 12 months or longer?

1   Yes
0   No
-2   DK
-1   RF

PH12. **(ASK IF ED1=1, ELSE GO TO PH13)** Does this impairment or health problem cause you to occasionally miss a day of school?

1   Yes
0   No
-2   DK
-1   RF

PH13. Is there a place that you USUALLY go to when you are sick or need advice about your health?

1   Yes
0   No (GO TO PH16)
-2   DK (GO TO PH16)
-1   RF (GO TO PH16)

PH14. What kind of place is it?
      [SHOW CARD L]
      CODE ALL THAT APPLY

1   1. Clinic or Health Center
2   2. Doctor's Office or HMO
3   3. Hospital Emergency Room
4   4. Hospital Outpatient Department
5   5. School Nurse or Health Center
6   6. Some Other Place
-2   DK (GO TO PH16)
-1   RF (GO TO PH16)

PH15 (ASK IF MORE THAN ONE RESPONSE CODED IN PH14, ELSE GO TO PH16): What kind of place do you go to most often?
      [SHOW CARD L]

1   1. Clinic or Health center
2   2. Doctor's Office or HMO
3   3. Hospital Emergency Room
4   4. Hospital Outpatient Department
5   5. School Nurse or Health Center
6   6. Some Other Place
7   I DON'T GO TO ONE PLACE MOST OFTEN
-2   DK

-1   RF

PH16. When did you last have a **physical examination** by a doctor or nurse?

        1   Less than a year ago
        2   1 to 2 years ago
        3   More than 2 years ago
        4   Never
        -2   DK
        -1   RF

PH17. When did you last have a **dental examination** by a dentist or hygienist?

        1   Less than a year ago
        2   1 to 2 years ago
        3   More than 2 years ago
        4   Never
        -2   DK
        -1   RF

PH18. In the past year, have you received **family planning** counseling or services?

        1   Yes
        0   No
        -2   DK
        -1   RF

PH19. In the past year, have you received **treatment** for a sexually transmitted disease
or AIDS?

        1   Yes (GO TO PH21)
        0   No
        -2   DK
        -1   RF

PH20. In the past year, have you been **tested** for a sexually transmitted disease or AIDS?

        1   Yes
        0   No
        -2   DK
        -1   RF

PH21. Has there been any time over the past twelve months when you thought you
        should get medical care, but you did not?

        1   Yes

0   No (GO TO PH23)
-2   DK (GO TO PH23)
-1   RF (GO TO PH23)

PH22.   What kept you from seeing a health professional when you really needed to? If there was more than one reason, choose more than one answer.
CODE ALL THAT APPLY

1   DIDN'T KNOW WHOM TO GO SEE
2   HAD NO TRANSPORTATION
3   NO ONE AVAILABLE TO GO ALONG
4   PARENT OR GUARDIAN WOULD NOT GO
5   DIDN'T WANT PARENTS TO KNOW
6   DIFFICULT TO MAKE APPOINTMENT
7   AFRAID OF WHAT THE DOCTOR WOULD SAY OR DO
8   THOUGHT THE PROBLEM WOULD GO AWAY
9   COULDN'T PAY
10   OTHER (SPECIFY)_____(80 characters)
-2   DK
-1   RF

CHECK: IF AGE (CALCULATED FROM D6)>=18 AND LIVING ARRANGEMENT IS OUTSIDE THE FOSTER CARE SYSTEM (D14 NOT 6, 8, OR 10) THEN CONTINUE, ELSE GO TO CHECK BEFORE MH1.

PH23.   Are you enrolled in Medicaid or have you received medical help through Medicaid?

1   Yes (GO TO CHECK BEFORE MH1)
0   No
-2   DK
-1   RF

PH24.   Are you covered by health insurance that includes physician or hospital care?

1   Yes
0   No (GO TO CHECK BEFORE MH1)
-2   DK (GO TO CHECK BEFORE MH1)
-1   RF (GO TO CHECK BEFORE MH1)

PH25.   What is the source of your health insurance?

1   (Text fill: NAME OF State Child Health Insurance Program (SCHIP, CHIP))
2   Employer provided
3   Other (SPECIFY) _____ (80 characters)

-2   DK
        -1   RF

PH26.   Does this insurance, or any other insurance, cover dental care?

        1   Yes
        0   No
        -2   DK
        -1   RF

If Youth's age is less than 18, they are administered the Achenbach Youth Self-Report, shown below. If the youth is over 18, they are administered the Adult Self-Report. Reference: Achenbach System of Empirically Based Assessment (ASEBA) www.aseba.org © 2001 Thomas M. Achenbach

Mental Health

CHECK: IF AGE < 18 (CALCULATE FROM D6), ADMINISTER YOUTH SELF REPORT, ELSE ADMINISTER THE ADULT SELF REPORT.

MH1. I am going to read a list of items that describe kids. For each item that describes you now or within the past 6 months, please tell me if the item is very true or often true of you, somewhat or sometimes true of you, or not true of you.

MH2. I act too young for my age.
> **[SHOW CARD]**
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

MH3. I drink alcohol without my caregiver's approval.
> **[SHOW CARD]**
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

MH4. I argue a lot.
> **[SHOW CARD]**
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

MH5. I fail to finish things I start.
> **[SHOW CARD]**
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

MH6. There is very little that I enjoy.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH7. I like animals.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH8. I brag.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH9. I have trouble concentrating or paying attention.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH10. I can't get my mind off certain thoughts.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH11. I have trouble sitting still.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK

-1   RF

MH12. I'm too dependent on adults.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH13. I feel lonely.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH14. I feel confused or in a fog.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH15. I cry a lot.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH16. I am pretty honest.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH17. I am mean to others.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True

2   Very True or Often True
-2   DK
-1   RF

MH18. I daydream a lot.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH19. I deliberately try to hurt or kill myself.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH20. I try to get a lot of attention.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH21. I destroy my own things.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH22. I destroy things belonging to others.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH23. I disobey my caregivers.
[SHOW CARD]

      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
     -2   DK
     -1   RF

MH24. (ASK IF ED1=1 OR (CURRENT MM/YYYY - ED2 MM/YYYY <= 6 MONTHS) I disobey at school.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
     -2   DK
     -1   RF

MH25. I don't eat as well as I should.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
     -2   DK
     -1   RF

MH26. I don't get along with other kids.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
     -2   DK
     -1   RF

MH27. I don't feel guilty after doing something I shouldn't.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
     -2   DK
     -1   RF

MH28. I am jealous of others.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
     -2   DK
     -1   RF

MH29. I break rules at home or elsewhere.
- **[SHOW CARD]**
- 0   Not True
- 1   Somewhat or Sometimes True
- 2   Very True or Often True
- -2   DK
- -1   RF

MH30. (ASK IF ED1=1 OR (CURRENT MM/YYYY - ED2 MM/YYYY <= 6 MONTHS) I am afraid of certain animals, situations, or places.
- **[SHOW CARD]**
- 0   Not True
- 1   Somewhat or Sometimes True
- 2   Very True or Often True
- -2   DK
- -1   RF

MH31. (ASK IF ED1=1 OR (CURRENT MM/YYYY - ED2 MM/YYYY <= 6 MONTHS) I am afraid of going to school.
- **[SHOW CARD]**
- 0   Not True
- 1   Somewhat or Sometimes True
- 2   Very True or Often True
- -2   DK
- -1   RF

MH32. I am afraid I might think or do something bad.
- **[SHOW CARD]**
- 0   Not True
- 1   Somewhat or Sometimes True
- 2   Very True or Often True
- -2   DK
- -1   RF

MH33. I feel that I have to be perfect.
- **[SHOW CARD]**
- 0   Not True
- 1   Somewhat or Sometimes True
- 2   Very True or Often True
- -2   DK
- -1   RF

MH34. I feel that no one loves me.
- **[SHOW CARD]**
- 0   Not True

1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH35. I feel that others are out to get me.
       [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH36. I feel worthless or inferior.
       [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH37. I accidentally get hurt a lot.
       [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH38. I get in many fights.
       [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH39. I get teased a lot.
       [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH40. I hang around with kids who get in trouble.

[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH41. I hear sounds or voices that other people think aren't there.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH42. I act without stopping to think.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH43. I would rather be alone than with others.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH44. I lie or cheat.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH45. I bite my fingernails.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH46. I am nervous or tense.
  [SHOW CARD]
  0   Not True
  1   Somewhat or Sometimes True
  2   Very True or Often True
  -2   DK
  -1   RF
MH47. Parts of my body twitch or make nervous movements.
  [SHOW CARD]
  0   Not True
  1   Somewhat or Sometimes True
  2   Very True or Often True
  -2   DK
  -1   RF

MH48. I have nightmares.
  [SHOW CARD]
  0   Not True
  1   Somewhat or Sometimes True
  2   Very True or Often True
  -2   DK
  -1   RF

MH49. I am not liked by other kids.
  [SHOW CARD]
  0   Not True
  1   Somewhat or Sometimes True
  2   Very True or Often True
  -2   DK
  -1   RF

MH50. I can do certain things better than most kids.
  [SHOW CARD]
  0   Not True
  1   Somewhat or Sometimes True
  2   Very True or Often True
  -2   DK
  -1   RF

MH51. I am too fearful or anxious.
  [SHOW CARD]
  0   Not True
  1   Somewhat or Sometimes True
  2   Very True or Often True
  -2   DK

-1   RF

MH52. I feel dizzy or lightheaded.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
      -2   DK
      -1   RF

MH53. I feel too guilty.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
      -2   DK
      -1   RF

MH54. I eat too much.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
      -2   DK
      -1   RF

MH55. I feel overtired without good reason.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
      -2   DK
      -1   RF

MH56. I am overweight.
      [SHOW CARD]
      0   Not True
      1   Somewhat or Sometimes True
      2   Very True or Often True
      -2   DK
      -1   RF

MH57. The next questions ask about physical problems *without a known medical cause.*

MH57a. I have aches or pains (*do not include* stomach or headaches).
      [SHOW CARD]

0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH57b. I get headaches.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH57c. I feel nauseated, sick.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH57d. I have problems with my eyes (***do not include*** if corrected by glasses).
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH57e. I get rashes or have other skin problems.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH57f. I get stomachaches.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH57g. I vomit or throw up.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH 57h. Any other physical problems *without a known medical cause?*

ENTER VERBATIM: _____ (80 characters)

MH58. I physically attack people.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH59. I pick my skin or other parts of my body.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH60. I can be pretty friendly.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH61. I like to try new things.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH62. (ASK IF ED1=1 OR (CURRENT MM/YYYY - ED2 MM/YYYY <= 6
MONTHS) My school work is poor.

[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH63. I am poorly coordinated or clumsy.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH64. I would rather be with older kids than kids my own age.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH65. I would rather be with younger kids than kids my own age.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH66. I refuse to talk.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH67. I repeat certain acts over and over.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH68. I run away from home.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH69. I scream a lot.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH70. I am secretive or keep things to myself.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH71. I see things that other people think aren't there.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH72. I am self-conscious or easily embarrassed.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH73. I set fires.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True

-2 DK
-1 RF

MH74. I can work well with my hands.
  [SHOW CARD]
  0 Not True
  1 Somewhat or Sometimes True
  2 Very True or Often True
  -2 DK
  -1 RF

MH75. I show off or clown.
  [SHOW CARD]
  0 Not True
  1 Somewhat or Sometimes True
  2 Very True or Often True
  -2 DK
  -1 RF

MH76. I am too shy or timid.
  [SHOW CARD]
  0 Not True
  1 Somewhat or Sometimes True
  2 Very True or Often True
  -2 DK
  -1 RF

MH77. I sleep less than most kids.
  [SHOW CARD]
  0 Not True
  1 Somewhat or Sometimes True
  2 Very True or Often True
  -2 DK
  -1 RF

MH78. I sleep more than most kids during the day and/or night.
  [SHOW CARD]
  0 Not True
  1 Somewhat or Sometimes True
  2 Very True or Often True
  -2 DK
  -1 RF

MH79. I am inattentive or easily distracted.
  [SHOW CARD]
  0 Not True

1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

MH80. I have a speech problem.
 [SHOW CARD]
 0 Not True
 1 Somewhat or Sometimes True
 2 Very True or Often True
 -2 DK
 -1 RF

MH81. I stand up for my rights.
 [SHOW CARD]
 0 Not True
 1 Somewhat or Sometimes True
 2 Very True or Often True
 -2 DK
 -1 RF

MH82. I steal at home.
 [SHOW CARD]
 0 Not True
 1 Somewhat or Sometimes True
 2 Very True or Often True
 -2 DK
 -1 RF

MH83. I steal from places other than home.
 [SHOW CARD]
 0 Not True
 1 Somewhat or Sometimes True
 2 Very True or Often True
 -2 DK
 -1 RF

MH84. I store up too many things I don't need.
 [SHOW CARD]
 0 Not True
 1 Somewhat or Sometimes True
 2 Very True or Often True
 -2 DK
 -1 RF

MH85. I do things that other people think are strange.

[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH86. I have thoughts that other people would think are strange.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH87. I am stubborn.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH88. My moods or feelings change suddenly.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH89. I enjoy being with people.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH90. I am suspicious.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH91. I swear or use dirty language.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH92. I think about killing myself.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH93. I like to make others laugh.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH94. I talk too much.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH95. I tease others a lot.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True
    -2   DK
    -1   RF

MH96. I have a hot temper.
    [SHOW CARD]
    0   Not True
    1   Somewhat or Sometimes True
    2   Very True or Often True

-2   DK
-1   RF

MH97. I think about sex too much.
     [SHOW CARD]
     0   Not True
     1   Somewhat or Sometimes True
     2   Very True or Often True
     -2   DK
     -1   RF

MH98. I threaten to hurt people.
     [SHOW CARD]
     0   Not True
     1   Somewhat or Sometimes True
     2   Very True or Often True
     -2   DK
     -1   RF

MH99. I like to help others.
     [SHOW CARD]
     0   Not True
     1   Somewhat or Sometimes True
     2   Very True or Often True
     -2   DK
     -1   RF

MH100. I smoke, chew, or sniff tobacco.
     [SHOW CARD]
     0   Not True
     1   Somewhat or Sometimes True
     2   Very True or Often True
     -2   DK
     -1   RF

MH101. I have trouble sleeping.
     [SHOW CARD]
     0   Not True
     1   Somewhat or Sometimes True
     2   Very True or Often True
     -2   DK
     -1   RF

MH102. (ASK IF ED1=1 OR (CURRENT MM/YYYY - ED2 MM/YYYY <= 6
     MONTHS) I cut classes or skip school.
     [SHOW CARD]

0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH103. I don't have much energy.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH104. I am unhappy, sad, or depressed.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH105. I am louder than other kids.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH106. I use drugs for non-medical purposes (do not include alcohol or tobacco).
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH107. I like to be fair to others.
[SHOW CARD]
0   Not True
1   Somewhat or Sometimes True
2   Very True or Often True
-2   DK
-1   RF

MH108. I enjoy a good joke.
> **[SHOW CARD]**
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

MH109. I like to take life easy.
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

MH110. I try to help other people when I can.
> **[SHOW CARD]**
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

MH111. I wish I were of the opposite sex.
> **[SHOW CARD]**
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

MH112. I keep from getting involved with others.
> **[SHOW CARD]**
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

MH113. I worry a lot.
> **[SHOW CARD]**
> 0   Not True
> 1   Somewhat or Sometimes True
> 2   Very True or Often True
> -2   DK
> -1   RF

Questions after the Achenbach YSR or ASR:

MH114. (Text fill: IF AGE (CALCULATE FROM D6) >= 18: "Now I would like to ask you about other health issues.") Do you have an **emotional** problem that periodically causes you to miss a **day of school, work, or social or recreational activities**?

    1   Yes
    0   No
    -2   DK
    -1   RF

MH115. In the past twelve months, have you received psychological or emotional counseling?

    1   Yes
    0   No (GO TO MH119)
    -2   DK (GO TO MH119)
    -1   RF (GO TO MH119)

MH116. In the past twelve months did you receive medication for a psychological or emotional problem?

    1   Yes
    0   No (GO TO MH118)
    -2   DK (GO TO MH118)
    -1   RF (GO TO MH118)

MH117. **(ASK IF MH116=1)** Which medications are you currently taking?

    ENTER VERBATIM:_____
    _____
    _____
    (200 characters)
    -2   DK
    -1   RF

MH118. In the past twelve months were you in a psychiatric hospital?

    1   Yes
    0   No
    -2   DK
    -1   RF

MH119. During the past 12 months, did you ever **seriously** consider attempting suicide?

    1   Yes
    0   No (GO TO PT1)
    -2   DK (GO TO PT1)
    -1   RF (GO TO PT1)

MH120. During the past 12 months, did you make a plan about how you would attempt suicide?

1 Yes
0 No
-2 DK
-1 RF

MH121. During the past 12 months, how many times did you actually attempt suicide?

1 0 times (GO TO PT1)
2 1 time
3 2 or 3 times
4 4 or 5 times
5 6 or more times
-2 DK
-1 RF

MH122. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

1 Yes
0 No
2 **I did not attempt suicide** during the past 12 months
-2 DK
-1 RF

Post-Traumatic Stress Disorder

Now I would like to ask you about extremely stressful or upsetting events that sometimes occur to people.

HAND CARD K1 TO RESPONDENT.

Some events like that are listed on Card K1.

PT2. Did you ever witness someone being badly injured or killed?

        1   Yes
        0   No
        -2   DK
        -1   RF

PT3. Were you ever raped, that is someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?

        1   Yes
        0   No
        -2   DK
        -1   RF

PT4. Were you ever sexually molested, that is someone touched or felt your genitals when you did not want them to?

        1   Yes
        0   No
        -2   DK
        -1   RF

PT5. Were you ever seriously physically attacked or assaulted?

        1   Yes
        0   No
        -2   DK
        -1   RF

PT6. Have you ever been threatened with a weapon, held captive, or kidnapped?

        1   Yes
        0   No
        -2   DK
        -1   RF

PT7. Have you ever experienced any other extremely stressful or upsetting event?

       1   Yes (GO TO PT8)
       0   No (GO TO PT9)
      -2   DK (GO TO PT9)
      -1   RF (GO TO PT9)

PT8. Briefly, what was the most stressful or upsetting experience of this sort that ever happened to you?

(INTERVIEWER: IF OTHER EVENTS ARE ONLY BEREAVEMENT, CHRONIC ILLNESS, BUSINESS LOSS, MARITAL OR FAMILY CONFLICT, BOOK, MOVIE, OR TELEVISION, THEN CODE AS NOT AN UPSETTING EVENT(S))

     DESCRIPTION:_____ (200 characters)

PT8_1 INTERVIEWER: IS THIS AN UPSETTING EVENT?
       1   AN UPSETTING EVENT
       0   NOT AN UPSETTING EVENT(S)
      -2   DK
      -1   RF

PT9. Have you ever suffered a great shock because one of the events on the list happened to someone close to you?

       1   Yes (GO TO PT10)
       0   No (GO TO CHECK BEFORE PT11)
      -2   DK (GO TO CHECK BEFORE PT11)
      -1   RF (GO TO CHECK BEFORE PT11)

PT10. Briefly, what was the event that you found most stressful or upsetting when it happened to someone close to you?

(INTERVIEWER: IF OTHER EVENTS ARE ONLY BEREAVEMENT, CHRONIC ILLNESS, BUSINESS LOSS, MARITAL OR FAMILY CONFLICT, BOOK, MOVIE, OR TELEVISION, THEN CODE AS NOT AN UPSETTING EVENT(S))

     DESCRIPTION: _____ (200 characters)

PT10_1 INTERVIEWER: IS THIS AN UPSETTING EVENT?
       1   AN UPSETTING EVENT
       1   NOT AN UPSETTING EVENT(S)
      -2   DK
      -1   RF

CHECK: IF NOT "YES" (1) FOR PT2-PT7 AND PT9, THEN GO TO SA1. IF ONLY ONE "YES" (1) FOR PT2-PT7 AND PT9, THEN GO TO PT11. IF MORE THAN ONE "YES" (1) FOR PT2-PT7 AND PT9, THEN GO TO PT13

PT11. You mentioned that you have experienced (Text fill: IF PT2=1: "someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "an extremely stressful or upsetting event")(Text fill: IF PT9=1: "a great shock because one of the events on this list happened to someone close to you"). Did this happen only once in your lifetime or more than once?

       1   ONLY ONCE (GO TO PT14)
       0   MORE THAN ONCE
      -2   DK
      -1   RF

PT12. Of these times, was one of them more stressful or upsetting than the others?

       1   Yes
       0   No
      -2   DK
      -1   RF

      (GO TO PT14)

PT13. You said that you have experienced (Text fill: IF PT2=1: "an event where you witnessed someone being badly injured or killed,") (Text fill: IF PT3=1: "rape,") (Text fill: IF PT4=1: "sexual molestation,") (Text fill: IF PT5=1: "a physical attack or assault,") (Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped,") (Text fill: IF PT7=1: "another extremely stressful event,") (Text fill: IF PT9=1: "and you have experienced a great deal of shock because one of the events on the list happened to someone close to you."). Of those events, which was the most stressful or upsetting?

       1   (Text fill: IF PT2=1: "WITNESSED SOMEONE BEING BADLY INJURED OR KILLED")
       2   (Text fill: IF PT3=1: "RAPE")
       3   (Text fill: IF PT4=1: "SEXUAL MOLESTATION")
       4   (Text fill: IF PT5=1: "PHYSICAL ATTACK OR ASSUALT")
       5   (Text fill: IF PT6=1: "THREATENED WITH WEAPON HELD CAPTIVE OR KIDNAPPED")
       6   (Text fill: IF PT7=1: "ANY OTHER EXTREMELY STRESSFUL EVENT")
       7   (Text fill: IF PT9=1: "EVENT HAPPENING TO SOMEONE CLOSE TO YOU")
      -2   DK (GO TO SA1)
      -1   RF (GO TO SA1)

PT14. How old were you when (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault") (Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) happened?

        AGE: _____ (YEARS)
        -2   DK
        -1   RF

PT15. When (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) happened, did you feel terrified?

        1   Yes
        0   No
        -2   DK
        -1   RF

PT16. When (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or

assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) happened, did you feel helpless?

> 1   Yes
> 0   No
> -2   DK
> -1   RF

Now I would like to ask you about the time after the stressful or upsetting experience happened to you.

PT18. Did you keep remembering (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "when you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "when you were threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event") (Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "when you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "when you were threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) even when you didn't want to?

> 1   Yes
> 0   No
> -2   DK
> -1   RF

PT19. After it happened, did you keep having bad dreams or nightmares about it?

> 1   Yes
> 0   No
> -2   DK
> -1   RF

PT20. Did you suddenly act or feel as though (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1:

"the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault") (Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) was happening again even though it wasn't?

     1   Yes
     0   No
    -2   DK
    -1   RF

PT21. Did you get very upset when you were reminded of it?

     1   Yes
     0   No
    -2   DK
    -1   RF

PT22. Did you sweat or did your heart beat fast or did you tremble when you were reminded of (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you"))?

     1   Yes
     0   No
    -2   DK
    -1   RF

CHECK: IF PT18 TO PT22 ALL = NO, GO TO SA1

PT23. After (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "witnessing someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "witnessing someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault") (Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) did you have trouble sleeping?

    1   Yes
    0   No
    -2   DK
    -1   RF

PT24. After it, did you feel unusually irritable or lose your temper a lot more than is usual for you?

    1   Yes
    0   No
    -2   DK
    -1   RF

PT25. After it, did you have difficulty concentrating?

    1   Yes
    0   No
    -2   DK
-1   RF

PT26. After (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "witnessing someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "witnessing someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault") (Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text

fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) did you become very much more concerned about danger or very much more careful?

       1   Yes
       0   No
     -2   DK
     -1   RF

PT27. After (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "witnessing someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1 "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "witnessing someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) did you become jumpy or easily startled by ordinary noises or movements?

       1   Yes
       0   No
     -2   DK
     -1   RF

CHECK: IF PT23 TO PT27 ALL = NO, GO TO SA1.

PT28. Did you deliberately try not to think or talk about (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation") (Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you"))?

       1   Yes
       0   No
     -2   DK
     -1   RF

PT29. Did you avoid places or people or activities that might have reminded you of it?

      1   Yes
      0   No
    -2   DK
    -1   RF

PT30. **((IF PT11 IS ANSWERED: IF PT2=1 OR PT9=1, GO TO PT33) (IF PT13 IS ANSWERED: IF PT13 = 1 OR 7, GO TO PT33)** After (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation") (Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) was your memory blank for all or part of (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF

PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault") (Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you"))?

      1   Yes
      0   No (GO TO PT33)
     -2   DK
     -1   RF

PT31. Did you suffer a head injury as a result of (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you"))?

      1   Yes
      0   No
     -2   DK
     -1   RF

PT32. Were you unconscious for more than ten minutes?

      1   Yes
      0   No
     -2   DK
     -1   RF

PT33. After (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "witnessing someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1:

"being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "witnessing someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault") (Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) did you lose interest in doing things that were once important or enjoyable for you?

    1   Yes
    0   No
  -2   DK
  -1   RF

PT34. After (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "witnessing someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "witnessing someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault") (Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) did you feel more isolated or distant from other people?

    1   Yes
    0   No
  -2   DK
  -1   RF

PT35. After (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "witnessing someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "witnessing someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault") (Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the

event that happened to someone close to you")) did you find you had more difficulty experiencing normal feelings such as love or affection towards other people?

    1   Yes
    0   No
    -2   DK
    -1   RF

PT36. After (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "witnessing someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "witnessing someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault") (Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) did you begin to feel that there was no point in thinking about the future anymore?

    1   Yes
    0   No
    -2   DK
    -1   RF

CHECK: IF PT28 TO PT36 ALL = NO, GO TO SA1

PT37. You said that you had problems after (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "witnessing someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS

ANSWERED: (Text fill: IF PT13=1: "witnessing someone being badly injured or killed")
(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) like
(ENTER TEXTFILL. IF PT18 -PT30, PT33 -PT36 = 1)
 IF PT18 =1, remembering when you didn't want to"
PT19 = 1 "having bad dreams or nightmares"
PT20 = 1 " feeling as though it was happening again"
PT21 =1 " getting very upset when reminded of it"
PT22 = 1 "sweating, heart beating fast or trembling"
PT23 = 1 "trouble sleeping"
PT24 = 1 " irritable or lost temper"
PT25 = 1 " difficulty concentrating"
PT26 =1 "being very much more concerned about danger,
PT27 = 1 "becoming jumpy or easily startled"
PT28= 1 "trying not to think or talk about it"
PT29 =1 "avoiding places or people or activities that might have reminded you of it"
PT30 = 1, "having a blank memory,
PT33=1 "losing interest in doing things that were once important'
PT34=1 "feeling more isolated or distant from other people"
PT35 =1 difficulty experiencing normal feelings"
PT36 = 1 "and feeling there was no point in thinking about the future anymore"
How soon after (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "witnessing someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "witnessing someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) did you start to have any of these problems?

      CODE LOWEST NUMBER
      1   SAME DAY (GO TO PT39)
      2   THAT WEEK (GO TO PT39)
      3   THAT MONTH (GO TO PT39)
      4   WITHIN 6 MONTHS (GO TO PT39)
      5   WITHIN 1 YEAR (GO TO PT39)
      6   MORE THAN 1 YEAR (GO TO PT38)
      -2   DK
      -1   RF
PT38. How old were you?

AGE: _____(YEARS)
-2   DK
-1   RF

PT39. How long did you continue to have any of these problems because of (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you"))?

       CODE LOWEST NUMBER
       1   LESS THAN 1 WEEK
       2   LESS THAN 1 MONTH
       3   LESS THAN 6 MONTHS
       4   LESS THAN 1 YEAR
       5   MORE THAN 1 YEAR
       -2   DK
       -1   RF

PT40. When was the last time you had any of these problems as a result of (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you"))?

       1   Within last 2 weeks (GO TO 41)
       2   2 weeks to less than 1 month (GO TO 41)
       3   1 month to less than 6 months (GO TO 41)
       4   6 months to less than 1 year (GO TO 41)

5   In the last 12 months. Don't know when (GO TO 41)
6   More than 1 year ago (GO TO 40B)
-2   DK
-1   RF

PT40b. How old were you?

AGE: _____(YEARS)
-2   DK
-1   RF

PT41. Did you tell a doctor about the problems that occurred as a result of (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you"))?

1   Yes (GO TO PT43)
0   No
-2   DK
-1   RF

PT42. Did you tell any other professional?

1   Yes
0   No
-2   DK
-1   RF

PT43. Did you take medication, or use drugs or alcohol more than once for the problems which occurred as a result of it?

1   Yes
0   No
-2   DK
-1   RF

PT44. Did the problems which occurred as a result of it interfere with your life or activities a lot?

      1   Yes
      0   No
    -2   DK
    -1   RF

PT45. Have you ever been very upset with yourself for having the problems which occurred as a result of (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT3=1: "the rape") (Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event") (Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you"))?

      1   Yes
      0   No
    -2   DK
    -1   RF

PT46. Have the problems which occurred as a result of (IF PT11 IS ANSWERED: (Text fill: IF PT2=1: "the event where you witnessed someone being badly injured or killed") (Text fill: IF PT3=1: "the rape")(Text fill: IF PT4=1: "the sexual molestation")(Text fill: IF PT5=1: "the physical attack or assault")(Text fill: IF PT6=1: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT7=1: "the extremely stressful or upsetting event")(Text fill: IF PT9=1: "the event that happened to someone close to you"))(IF PT13 IS ANSWERED: (Text fill: IF PT13=1: "the event where you witnessed someone being badly injured or killed")(Text fill: IF PT13=2: "the rape")(Text fill: IF PT13=3: "the sexual molestation")(Text fill: IF PT13=4: "the physical attack or assault")(Text fill: IF PT13=5: "the event of being threatened with a weapon, held captive or kidnapped")(Text fill: IF PT13=6: "the extremely stressful or upsetting event")(Text fill: IF PT13=7: "the event that happened to someone close to you")) ever kept you from going to a party, social event or meeting?

      1   Yes
      0   No
    -2   DK
    -1   RF

ACASI Introduction

AI1. Now we would like you to complete a brief questionnaire on your own. For this part of the interview, you will hear the questions through the headphones while you read the question on the computer screen.

Remember that all of your answers are completely confidential. They will not be associated with your name in any way, and will be reported in summary form only. If there is a question that you don't want to answer, just hit the **[F7] key** located at the top of the keyboard. When you've answered the last question, you'll see a screen that says "Questionnaire Complete" and you can turn the computer back to me.

Do you have any questions?

DOES THE RESPONDENT AGREE TO THE SAQ?

       1   Yes
       0   No (GO TO EW0)
      -2   DK (GO TO EW0)
      -1   RF (GO TO EW0)

AI2. Let me show you how this works. We have some practice questions for you so you can get used to using the computer.

TURN LAPTOP AROUND AND HAND RESPONDENT THE HEADPHONES.

ONCE THE RESPONDENT HAS THE HEADPHONES ON, HIT ENTER TO CONTINUE

AI3. Most of the questions you answer will require you to select an answer from a list of answers. Use the arrow keys in the lower right-hand corner of the keyboard to highlight the answer you want to select, and press the **[Enter] key**.

Here is a practice question.

What is your favorite season?

       1   Winter
       2   Spring
       3   Summer
       4   Fall

AI4. On some screens you may need to choose more than one answer. Use the arrow keys in the lower right-hand corner of the keyboard to highlight the first answer you want to select, and press the **[Enter] key**. To choose your next response, use the arrow keys to

highlight your next answer, and press the **[Enter] key** again. When you've entered your last answer, press the **[Enter] key** one last time to finish.
Here is a practice question.

Which of the following do you do? Please choose all that apply.

        1   Eat
        2   Sleep
        3   Walk

Please press the **[Enter] key** to continue.

AI5. On some screens, you may need to enter a number or a written response. Use the keyboard to enter a number or written response into the box with the flashing cursor. Once you are done, press the **[Enter] key** to continue.

Here are some practice questions.

What do you think is the percent chance you will eat pizza sometime in the next year?

        Enter Percent: |_|_|_| (3-DIGIT; CHECK: MIN=0, MAX=100)

        Please press the **[Enter] key** to continue.

What kind of music do you like to listen to?

        Please Specify: _____ (80 characters)

        Please press the **[Enter] key** to continue.

AI6. Thank you. To begin, we have some questions on things you may have done in the past.

Substance Abuse

SA1.   Have you ever smoked a cigarette?
       Use the arrow keys in the lower right-hand corner of the keyboard to highlight the answer you want to select, and press the **[Enter] key**.

1   Yes
0   No (GO TO SA5)
-2   DK (GO TO SA5)
-1   RF (GO TO SA5)

SA2.   How old were you the first time you smoked an entire cigarette?
       Use the keyboard to enter a number into the box with the flashing cursor. Once you are done, press the **[Enter] key** to continue.

Enter Age: |_|_| (2-DIGIT)
-2   DK
-1   RF

SA3.   During the past 30 days, on how many days did you smoke a cigarette?

Enter Days: |_|_| (2-DIGIT; CHECK: MIN=0, MAX=30)
-2   DK
-1   RF

 (IF SA3=0 GO TO SA5)

SA4.   When you smoked a cigarette during the past 30 days, how many cigarettes did you usually smoke each day?

Enter Number: |_|_| (2-DIGIT; CHECK: MIN=0, MAX=99)
-2   DK
-1   RF

SA5.   Next we would like to ask you some questions about drinking **alcoholic beverages**, including beer, wine or liquor.

In the last 12 months, have you had a drink of an alcoholic beverage? By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of liquor.

1   Yes
0   No (GO TO SA10)
-2   DK (GO TO SA10)
-1   RF (GO TO SA10)

SA6.   How old were you the first time you had a glass of beer or wine or a drink of liquor such as whiskey, gin, scotch, etc?

Enter Age: |_|_| (2-DIGIT)
-2   DK
-1   RF

SA7.   During the last 30 days, on how many days did you have one or more drinks of an alcoholic beverage?

Enter Days: |_|_| (2-DIGIT; CHECK: MIN=0, MAX=30)
-2   DK
-1   RF

(IF SA7=0 GO TO SA10)

SA8.   In the past 30 days, on the days you drank alcohol, about how many drinks did you usually have?

Enter Number: |_|_| (2-DIGIT; CHECK: MIN=0, MAX=99)
-2   DK
-1   RF

SA9.   On how many days did you have five or more drinks on the same occasion during the past 30 days? By occasion we mean at the same time or within hours of each other.

Enter Days: |_|_| (2-DIGIT; CHECK: MIN=0, MAX=30)
-2   DK
-1   RF

SA10. In the last 12 months, have you used **marijuana**, for example: grass or pot?

1   Yes
0   No (GO TO SA13)
-2   DK (GO TO SA13)
-1   RF (GO TO SA13)

SA11. How old were you when you first used marijuana?

Enter Age: |_|_| (2-DIGIT; CHECK: SA11 NOT > R AGE CALCULATED FROM D6)
-2   DK
-1   RF

SA12. On how many days have you used marijuana in the last 30 days?

Enter Days: |_|_| (2-DIGIT; CHECK: MIN=0, MAX=30)

-2   DK
-1   RF

SA13. Now I'm going to read a list of other drugs. Please tell me if you have used these drugs in the last 12 months.

In the last 12 months, have you used **amphetamines** or any other stimulants sometimes called uppers, ups, speed, bennies, or dexies without a doctor telling you to take them?

1   Yes
0   No
-2   DK
-1   RF

SA14. In the last 12 months, have you used **barbiturates** sometimes called downs, downers, goofballs, yellows, reds, blues, or rainbows without a doctor telling you to take them?

1   Yes
0   No
-2   DK
-1   RF

SA15. In the last 12 months, have you used **tranquilizers** such as Librium, Valium, or Xanax without a doctor telling you to take them?

1   Yes
0   No
-2   DK
-1   RF

SA16. In the last 12 months, have you used **any** form of **cocaine** or "coke" or "rock", including powder, crack, or freebase?

1   Yes
0   No
-2   DK
-1   RF

SA17. In the last 12 months, have you used LSD or "acid" or any other **hallucinogenic drugs** such as mescaline, peyote, "shrooms," or PCP?

1   Yes
0   No
-2   DK
-1   RF

SA18. In the last 12 months, have you **sniffed glue** or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?

1   Yes
0   No
-2   DK
-1   RF

SA19. In the last 12 months, have you used any so-called **club drugs** such as Ecstasy, Special K, or GHB?

1   Yes
0   No
-2   DK
-1   RF

SA20. In the last 12 months, have you used **heroin**?

1   Yes
0   No
-2   DK
-1   RF

SA21. In the last 12 months, have you used any **prescription drugs** without a doctor's permission, or beyond what your prescription requires?

1   Yes
0   No
-2   DK
-1   RF

SA23. **In the past 12 months**, did you get any kind of treatment for an alcohol or drug problem?

        1   Yes
        0   No (GO TO SB1)
-2   DK (GO TO SB1)
-1   RF (GO TO SB1)

SA24. From which of the following places did you receive treatment?
        To choose your first answer, just type in the number that appears next to the answer you want to select. To choose your next answer, again type in the number that appears next to the answer you want to select. When you have entered your last answer, press the **[Enter] key twice** to finish.
Please choose all that apply.

1	1. Physician
2	2. Other medical/mental health professional
3	3. Detox unit/hospital
4	4. Outpatient drug treatment
5	5. Self-help group (such as Narcotics Anonymous, Alcoholics Anonymous)
6	6. Other
-2	DK
-1	RF

Sexual Behavior

SB1.   People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

       1   Only attracted to females
       2   Mostly attracted to females
       3   Equally attracted to females and males
       4   Mostly attracted to males
       5   Only attracted to males
       6   Not sure
       -2   DK
       -1   RF

SB2.   Do you think of yourself as ...

       1   Heterosexual
       2   Homosexual
       3   Bisexual
       4   Or something else?
       -2   DK
       -1   RF

SB3.   **(IF R IS PREGNANT OR HAS KIDS (F1=1 OR F5=1), GO TO SB4)** Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way?

       1   Yes
       0   No (GO TO V0)
       -2   DK (GO TO V0)
       -1   RF (GO TO V0)

SB4.   Thinking about the very first time in your life that you had sexual intercourse, how old were you?

       Enter Age: |_|_| (2-DIGIT; CHECK: SB4 NOT > R AGE CALCULATED FROM D6)
       -2   DK
       -1   RF

SB5.   Have you had intercourse more than once?

       1   Yes
       0   No (GO TO SB10A)
       -2   DK (GO TO SB10B)
       -1   RF (GO TO SB10B)

SB6.   How many **partners** have you **ever** had intercourse with? This includes any
         person you had intercourse with, even if it was only once, or if you did not know
         him or her well.

         Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
         -2   DK
         -1   RF

SB7.   **(ASK IF SB6=DK OR RF, ELSE GO TO SB8)** Would you say it was...

         1   1
         2   2-5
         3   6-9
         4   10 or more
         -2   DK
         -1   RF

SB8. How many **partners** have you had sexual intercourse with in the **last 12 months**,
      that is since this time last year?

         Enter Number: |_|_| (3-DIGIT; CHECK: MIN=0, MAX=99)
         -2   DK
         -1   RF

SB9.   **(ASK IF SB8=DK OR RF, ELSE GO TO SB10)** Would you say it was...

         1   1
         2   2-5
         3   6-9
         4   10 or more
         -2   DK
         -1   RF

SB10A. **(ASK IF SB5=0)** Have you had sexual intercourse in the **last 12 months**?")

         1   Yes
         0   No
         -2   DK
         -1   RF

SB10B. **(ASK IF SB5=1, -2, OR -1)** About **how many times** have you had sexual
intercourse in the **last 12 months**?

Enter Number: |_|_|_| (3-DIGIT) (CHECK: MIN=0, MAX=999) (IF "0", GO TO V0)
-2   DK
-1   RF

SB11. **(ASK IF SB10B=DK, ELSE GO TO SB12)** Which of these is closest to the
number of times you had sexual intercourse in the last 12 months?

1   Once
2   Twice
3   3-10
4   11-25
5   26-50
6   51-100
7   101-200
8   201 or more
-2   DK
-1   RF

SB12. Thinking about (Text fill: IF SB10A=1 OR SB10B=1 OR SB11=1: "the time")
(Text fill: SB10B>1 OR SB11>1: "all the times") that you have had sexual
intercourse in the last 12 months, (Text fill: IF SB10>1 OR SB11>1: "how many
of those times") did you or your sexual partner use a method of birth control or
method of protection from sexually transmitted diseases?

ACASI: READ IF SB10A=1 OR SB10B=1 OR SB11=1: Please enter "1" if you
used protection for the one time.

Enter Number: |_|_|_| (IF "0", GO TO V0)
-2   DK
-1   RF

 **(IF SB12 = DK OR REF AND IF HAD INTERCOURSE MORE THAN
ONCE (SB10B>1 OR SB11>1), ASK SB13, ELSE SKIP TO SB14)**

SB13. Thinking about **all the times** that you have had sexual intercourse in the **last 12
months**, about what **percent** of the time have you or your sexual partner used a
method of birth control or protection from sexually transmitted diseases?

Enter Percent: |_|_|_| (3-DIGIT)
-2   DK
-1   RF

SB14. Which methods did you or your partner use?

To choose your first answer, just type in the number that appears next to the answer you want to select. To choose your next answer, again type in the number that appears next to the answer you want to select. When you have entered your last answer, press the **[Enter] key twice** to finish.

Please choose all that apply.

1	1. Condom or Rubber
2	2. Foam, Jelly, Cream, Sponge or Suppositories
3	3. Withdrawal or Pulling out
4	4. Diaphragm, with or without jelly
5	5. Rhythm or Safe Time
6	6. Birth Control Pills
7	7. IUD or Intrauterine Device
8	8. Norplant, Depo-Provera or Injectables
9	9. Any Other Method
-2	DK
-1	RF

SB15. **(ASK IF MORE THAN ONE METHOD CHOSEN IN SB14 (SB14 > 1))**
Which one method did you or your partner use most often?

CHECK: ONLY SHOW RESPONSE OPTIONS CHOSEN IN SB14
[

1	1. Condom or Rubber
2	2. Foam, Jelly, Cream, Sponge or Suppositories
3	3. Withdrawal or Pulling out
4	4. Diaphragm, with or without jelly
5	5. Rhythm or Safe Time
6	6. Birth Control Pills
7	7. IUD or Intrauterine Device
8	8. Norplant, Depo-Provera or Injectables
10	9. Any Other Method
-2	DK
-1	RF

SB16. The very last time you had **any type of sex** with a male or female partner, was a condom used?

1	Yes
0	No
-2	DK
-1	RF

GO TO NEXT SECTION

Victimization

V0. Now I would like to ask you some questions about the ways in which your caregivers may have mistreated you in the past. When I say caregivers, I mean the adults who were responsible for taking care of you **before** your first entry into the foster care system. I would like you to remember that your answers to these questions will be completely confidential.

V1.   Did you ever have a serious illness or injury or physical disability, but your caregivers ignored it or failed to obtain necessary medical or remedial treatment for it? For example, pneumonia that became serious because it was not treated soon enough, untreated broken bones, or hearing or vision problems that were not treated with glasses or hearing aids?

        1   Yes
        0   No
      -2   DK
      -1   RF

V2.   Did your caregivers fail to help you with washing and grooming so that you were often dirty, had uncombed hair, or wore dirty clothes?

        1   Yes
        0   No
      -2   DK
      -1   RF

V3.   Did your caregivers often fail to provide regular meals for you so that you had to go hungry or ask other people for food?

        1   Yes
        0   No
      -2   DK
      -1   RF

V4.   Did you ever have to go without things that you needed, for example clothes, shoes, school supplies, food, etc., because your family's paycheck was spent on the adult's interests? For example, a parent spending money on alcohol, gambling, drugs, fancy cars or clothes, so that there was little money left over for the children?

        1   Yes
        0   No
      -2   DK

-1   RF

V5.   Were you ever required to do chores that were too difficult or dangerous for you? For example, cooking at the stove when you were too small to do it safely, or operating farm machinery that could have been dangerous?

    1   Yes
    0   No
    -2   DK
    -1   RF

V6.   Were you ever abandoned by a caregiver?

    1   Yes
    0   No
    -2   DK
    -1   RF

V7.   Were any of your caregivers ever physically or emotionally ill to the extent that he or she was unable to care for you or pay attention to you because of the illness? Illnesses that could cause a caregiver to be unable to care for a child might include depression, substance abuse, complications of childbirth, cancer, etc.

    1   Yes
    0   No
    -2   DK
    -1   RF

V8.   Did you ever miss school because you had to stay home to take care of a parent, grandparent, brother or sister, or to do chores?

    1   Yes
    0   No
    -2   DK
    -1   RF

V9.   Did any of your caregivers ever fail to protect you from being **physically** harmed by someone else, not including sexual maltreatment? For example, one parent watching while the other parent or a brother or sister beat you?

    This question does not apply to a parent's or caregiver's failure to protect you from sexual maltreatment.

    1   Yes
    0   No
    -2   DK

-1   RF

V10.   Did any of your caregivers ever throw or push you? For example, push you down
        a staircase or push you into a wall?

                1   Yes
                0   No
                -2   DK
                -1   RF

V11.   Did any of your caregivers ever lock you in a room or closet for several hours or
longer?

                1   Yes
                0   No
                -2   DK
                -1   RF

V12.   Did any of your caregivers ever hit you hard with a fist, or kick you or slap you
        really hard?

                1   Yes
                0   No
                -2   DK
                -1   RF

V13.   Did any of your caregivers ever beat you up such as hitting or kicking you
repeatedly?

                1   Yes
                0   No
                -2   DK
                -1   RF

V14.   Did any of your caregivers ever try to choke, strangle or smother you?

                1   Yes
                0   No
                -2   DK
                -1   RF

V15.   Did any of your caregivers ever attack you with a weapon such as a knife or gun?
        Actually being stabbed or shot is not required to answer yes; all that is required is
        that the attacker had the weapon and indicated by words or actions that he or she
        might use it.

<pre>
1   Yes
0   No
-2   DK
-1   RF
</pre>

V16.   Did any of your caregivers ever tie you up, or hold you down, or blindfold you so that you could not protect yourself from harm? For example, one or more people held you while someone else hit you, or someone tied you up and left you alone in a remote place,.

<pre>
1   Yes
0   No
-2   DK
-1   RF
</pre>

V17.   Now we're going to move on to another topic. We'd like to ask you some questions about sexual abuse. Once again I'd like to remind you that your answers will be confidential.

 First, did anyone ever touch or kiss you against your will?

<pre>
1   Yes
0   No (GO TO V19)
-2   DK (GO TO V19)
-1   RF (GO TO V21)
</pre>

V18.   Please tell me who in this list did this. You may choose more than one type of person. Was it a…

<pre>
1   Parent
2   Another Adult Relative
3   Brother or Sister
4   Step-Parent
5   Live-in Boyfriend / Girlfriend
6   Non-Live-in Boyfriend / Girlfriend
7   Other Non-Relative Adult
8   Other Youths
-2   DK
-1   RF
</pre>

V19.   **(ASK ONLY IF V17=0 OR -2, ELSE GO TO V21)** Did anyone ever **try** to touch or kiss you against your will?

<pre>
1   Yes
0   No (GO TO V21)
-2   DK (GO TO V21)
</pre>

-1 RF (GO TO V21)

V20. Please tell me who in this list did this. You may choose more than one type of person. Was it a…

   1 Parent
   2 Another Adult Relative
   3 Brother or Sister
   4 Step-Parent
   5 Live-in Boyfriend / Girlfriend
   6 Non-Live-in Boyfriend / Girlfriend
   7 Other Non-Relative Adult
   8 Other Youths
   -2 DK
   -1 RF

V21. Did anyone ever have intercourse, oral sex, or anal sex with you against your will?

   1 Yes
   0 No (GO TO V23)
   -2 DK (GO TO V23)
   -1 RF (GO TO CHECK BEFORE V25)

V22. Please tell me who in this list did this. You may choose more than one type of person. Was it a…

   1 Parent
   2 Another Adult Relative
   3 Brother or Sister
   4 Step-Parent
   5 Live-in Boyfriend / Girlfriend
   6 Non-Live-in Boyfriend / Girlfriend
   7 Other Non-Relative Adult
   8 Other Youths
   -2 DK
   -1 RF

V23. **(ASK ONLY IF V21=0 OR -2, ELSE GO TO CHECK BEFORE V25)** Did anyone ever **try** to have intercourse, oral sex, or anal sex with you against your will?

   1 Yes
   0 No (GO TO V25)
   -2 DK (GO TO V25)
   -1 RF (GO TO V25)

V24. Please tell me who in this list did this. You may choose more than one type of person. Was it a…

       1   Parent
       2   Another Adult Relative
       3   Brother or Sister
       4   Step-Parent
       5   Live-in Boyfriend / Girlfriend
       6   Non-Live-in Boyfriend / Girlfriend
       7   Other Non-Relative Adult
       8   Other Youths
      -2   DK
      -1   RF

CHECK: IF AGE (CALCULATE FROM D6) <18, GO TO DY1

V25. The next questions are about things that may have happened to you in the past 12 months.

In the past 12 months, has someone robbed you?

       1   Yes
       0   No
      -2   DK
      -1   RF

V26. In the past 12 months, has someone attacked or beaten you up?

       1   Yes
       0   No
      -2   DK
      -1   RF

V27. In the past 12 months, has someone victimized you sexually?

       1   Yes
       0   No
      -2   DK
      -1   RF

V28. In the past 12 months, has someone paid you or offered to pay you to have your picture taken without your clothes on?

       1   Yes
       0   No

-2   DK
-1   RF

Delinquency and Externalizing Behaviors

DY1.   The next questions are about things you have done during the last 12 months. Please tell me the number of times you've done each of these things during the past **12 months**. Your best guess will do. No one will tell your family or teachers anything about your answers. Your answers are private.

In the **past 12 months**, have you lied about your age to get into some place or to buy something, for example lying about your age to get into a movie or to buy alcohol?

1   Yes
0   No (GO TO DY3)
-2   DK (GO TO DY3)
-1   RF (GO TO DY3)

DY2.   How many times in the past 12 months have you lied about your age to get into some place or to buy something, for example lying about your age to get into a movie or to buy alcohol?

Enter Number: | _ | _ | (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY3.   In the **past 12 months**, have you been loud, rowdy, or unruly in a public place so that people complained about it or you got in trouble?

1   Yes
0   No (GO TO DY5)
-2   DK (GO TO DY5)
-1   RF (GO TO DY5)

DY4.   How many times in the past 12 months have you been loud, rowdy, or unruly in a public place so that people complained about it or you got in trouble?

Enter Number | _ | _ | (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY5.   In the **past 12 months**, have you been drunk in a public place?

1   Yes
0   No (GO TO DY7)
-2   DK (GO TO DY7)
-1   RF (GO TO DY7)

DY6. How many times in the past 12 months have you been drunk in a public place?

Enter Number: | _ | _ | (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY7. In the **past 12 months**, have you avoided paying for things such as movies, bus, or subway rides, food, or clothing?

1   Yes
0   No (GO TO DY9)
-2   DK (GO TO DY9)
-1   RF (GO TO DY9)

DY8. How many times in the past 12 months have you avoided paying for things such as movies, bus, or subway rides, food, or clothing?

Enter Number: | _ | _ | (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY9. In the **past 12 months**, have you been involved in a gang fight?

1   Yes
0   No (GO TO DY11)
-2   DK (GO TO DY11)
-1   RF (GO TO DY11)

DY10. How many times in the past 12 months have you been involved in a gang fight?

Enter Number: | _ | _ | (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY11. Have you carried a hand gun in the past 12 months?

1   Yes
0   No (GO TO DY13)
-2   DK (GO TO DY13)
-1   RF (GO TO DY13)

DY12. How many days have you carried a hand gun in the **last 30 days**?

Please Enter Number of Days: |_|_| (2-DIGIT; CHECK: MIN=0, MAX=30)
-2   DK
-1   RF

DY13. In the past 12 months, have you purposely damaged or destroyed property that did not belong to you?

1   Yes
0   No (GO TO DY15)
-2   DK (GO TO DY15)
-1   RF (GO TO DY15)

DY14. How many times have you purposely damaged or destroyed property that did not belong to you in the last 12 months?

Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY15. In the **past 12 months**, have you purposely set fire to a house, building, car, or other property or **tried to do so**?

1   Yes
0   No (GO TO DY17)
-2   DK (GO TO DY17)
-1   RF (GO TO DY17)

DY16. How many times in the past 12 months have you purposely set fire to a house, building, car, or other property or tried to do so?

Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY17. In the past 12 months, have you stolen something from a store or something that did not belong to you **worth less than 50 dollars**?

1   Yes
0   No (GO TO DY19)
-2   DK (GO TO DY19)
-1   RF (GO TO DY19)

DY18. How many times have you stolen something from a store, person or house, or something that did not belong to you **worth less than 50 dollars** in the last 12 months?

Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY19. In the past 12 months, have you stolen something from a store, person or house, or something that did not belong to you **worth 50 dollars or more** including stealing a car?

1   Yes
0   No (GO TO DY21)
-2   DK (GO TO DY21)
-1   RF (GO TO DY21)

DY20. How many times have you stolen something from a store, person or house, or something that did not belong to you **worth 50 dollars or more** including stealing a car in the last 12 months?

Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY21. In the past 12 months, have you committed other property crimes such as fencing, receiving, possessing or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was?

1   Yes
0   No (GO TO DY23)
-2   DK (GO TO DY23)
-1   RF (GO TO DY23)

DY22. How many times have you committed other property crimes in the last 12 months?

Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
-2   DK
-1   RF

DY23. In the past 12 months, have you attacked someone with the idea of seriously hurting them or have a situation end up in a serious fight or assault of some kind?

       1   Yes
       0   No (GO TO DY25)
       -2   DK (GO TO DY25)
       -1   RF (GO TO DY25)

DY24. How many times have you attacked someone or have had a situation end up in a serious fight or assault of some kind in the last 12 months?

       Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
       -2   DK
       -1   RF

DY25. In the past 12 months, have you sold or helped sell marijuana (pot, grass), hashish (hash) or other hard drugs such as heroin, cocaine or LSD?

       1   Yes
       0   No (GO TO DY27)
       -2   DK (GO TO DY27)
       -1   RF (GO TO DY27)

DY26. How many times have you sold or helped to sell marijuana, hashish or other hard drugs in the last 12 months?

       Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
       -2   DK
       -1   RF

DY27. In the past 12 months, have you been paid cash for having sexual relations with someone?

       1   Yes
       0   No (GO TO DY29)
       -2   DK (GO TO DY29)
       -1   RF (GO TO DY29)

DY28. How many times have you been paid cash for having sexual relations with someone in the last 12 months?

       Enter Number: |_|_| (3-DIGIT; CHECK: MIN=1, MAX=999)
       -2   DK
       -1   RF

DY29. In the past 12 months, did you receive anything in trade for having sexual relations, such as food or drugs?

     1   Yes
     0   No (GO TO DY31)
     -2   DK (GO TO DY31)
     -1   RF (GO TO DY31)

DY30. How many times did you receive anything in trade for having sexual relations, such as food or drugs, in the last 12 months?

     Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
     -2   DK
     -1   RF

DY31. In the past 12 months, have you had or tried to have sexual relations with someone against their will?

     1   Yes
     0   No (GO TO DY33)
     -2   DK (GO TO DY33)
     -1   RF (GO TO DY33)

DY32. How many times have you had or tried to have sexual relations with someone against their will?

     Enter Number: |_|_| (2-DIGIT; CHECK: MIN=1, MAX=99)
     -2   DK
     -1   RF

DY33. In the past 12 months, have you been charged by the police with an offense?

     1   Yes
     0   No (GO TO CHECK BEFORE DY41)
     -2   DK (GO TO CHECK BEFORE DY41)
     -1   RF (GO TO CHECK BEFORE DY41)

DY34. Which offenses have you been charged with in the **past 12 months**?
     To choose your first answer, just type in the number that appears next to the answer you want to select. To choose your next answer, again type in the number that appears next to the answer you want to select. When you have entered your last answer, press the **[Enter] key twice** to finish.
     Please choose all that apply

1	1. Assault
2	2. Robbery
3	3. Burglary, Breaking & Entering
4	4. Theft
5	5. Destruction of Property
6	6. Other Property Offenses
7	7. Possession or Use of Illicit Drugs
8	8. Sale or Trafficking of Illicit Drugs
9	9. Major Traffic Offense
10	10. Public Order Offense
11	11. Other
-2	DK
-1	RF

DY35. As a result of these charges, did you go to juvenile or adult court?

1	Juvenile Court
2	Adult Court
3	Juvenile and Adult Court
4	No Court
-2	DK
-1	RF

DY36. (Text fill: IF DY24 = ONE OFFENSE OR -2 OR -1: "Were you found guilty of this offense?") (Text fill: IF DY24 = MORE THAN ONE OFFENSE: "Were you found guilty of any of these offenses?")

1	Yes
0	No (GO TO DY40)
-2	DK (GO TO DY40)
-1	RF (GO TO DY40)

DY37. Which offenses have you been found guilty of in the **past 12 months?**
Please choose all that apply.

CHECK: ONLY LIST RESPONSES FROM DY34

1	1. Assault
2	2. Robbery
3	3. Burglary, Breaking & Entering
4	4. Theft
5	5. Destruction of Property
6	6. Other Property Offenses
7	7. Possession or Use of Illicit Drugs
8	8. Sale or Trafficking of Illicit Drugs
9	9. Major Traffic Offense

10	10. Public Order Offense
11	11. Other
-2	DK
-1	RF

DY38. Were you sentenced to spend time in a corrections institution, like a jail, prison or a youth institution like juvenile hall or reform school or training school?

1   Yes
0   No (GO TO DY40)
-2   DK (GO TO DY40)
-1   RF (GO TO DY40)

DY39. What kind of institution was it?

1   Jail
2   Adult Corrections Institution
3   Juvenile Corrections Institution
4   Reform School or Training School
5   Other
-2   DK
-1   RF

(GO TO CHECK BEFORE DY41)

DY40. What was the outcome?
       Please choose all that apply.

1   Found Not Guilty
2   Community service
3   Counseling
4   Drug treatment
5   Probation
6   Other
-2   DK
-1   RF

CHECK: IF DY17 OR DY19 OR DY21 OR DY25 OR DY27=1, ASK DY41 THROUGH DY49 FOR EACH CONDITION, ELSE GO TO EW0

DY41. The next questions ask about how much money you made from the activities you engaged in the past 12 months.

CHECK: ASK DY42 AND DY43 IF DY17 OR DY19=1, ELSE GO TO CHECK BEFORE DY44

DY42. In the past 12 months, what was the amount of cash you received for the items you stole or would have received if you had sold them?

       Enter Amount: $ _ _,_ _ _._ _
       -2   DK
       -1   RF

DY43. (IF DY42 = DK or REF) Would you say it was…

       1   Less than $50
       2   More than $50 but less than $100
       3   More than $100 but less than $500
       4   More than $500
       5   More than $1,000
       6   More than $5,000
       -2   DK
       -1   RF

CHECK: ASK DY44 AND DY45 IF DY21=1, ELSE GO TO CHECK BEFORE DY46

DY44. In the past 12 months, what was your total cash income from other property crimes such as fencing, receiving, possessing or selling stolen property?

       Enter Amount: $ _ _,_ _ _._ _ |
       -2   DK
       -1   RF

DY45. (IF DY44 = DK or REF) Would you say it was…

       1   Less than $50
       2   More than $50 but less than $100
       3   More than $100 but less than $500
       4   More than $500
       5   More than $1,000
       6   More than $5,000
       -2   DK
       -1   RF

CHECK: ASK DY46 AND DY47 IF DY25=1, ELSE GO TO CHECK BEFORE DY48

DY46. In the past 12 months, about how much cash income did you make from selling or helping to sell marijuana, cocaine or other drugs?

> Enter Amount: $ _ _,_ _ _._ _
> -2   DK
> -1   RF

DY47. (IF DY46 = DK or REF) Would you say it was…

> 1   Less than $50
> 2   More than $50 but less than $100
> 3   More than $100 but less than $500
> 4   More than $500
> 5   More than $1,000
> 6   More than $5,000
> -2   DK
> -1   RF

CHECK: ASK DY48 AND DY49 IF DY27=1, ELSE GO TO EW0

DY48. In the past 12 months, what was your total cash income from having sexual relations with others?

> Enter Amount: $ _ _,_ _ _._ _
> -2   DK
> -1   RF

DY49. (IF DY48 = DK or REF) Would you say it was…

> 1   Less than $50
> 2   More than $50 but less than $100
> 3   More than $100 but less than $500
> 4   More than $500
> 5   More than $1,000
> 6   More than $5,000
> -2   DK
> -1   RF

ACASI Completion

AC1.

QUESTIONNAIRE COMPLETED! Thank you for your cooperation. Please return the computer to the interviewer.

AC2. INTERVIEWER: DID THE RESPONDENT COMPLETE THE SAQ BY HIM/HERSELF?

      1   YES
      0   NO

Economic Wellbeing

EW0. (Text fill: IF AGE (CALCULATE FROM D6) < 18: "Now we want to ask you about money and things you own.") (Text fill: IF AGE (CALCUALTE FROM D6) >= 18: "We're interested in how you are making ends meet. (Text fill: IF E1=1 OR E2=1: "Earlier you told me about earnings you had from different jobs.") (Text fill: IF E1=1 OR E2=1: "Now") I'd like to ask you about (Text fill: IF E1=1 OR E2=1: "other") ways you may have made money or gotten help.")
CHECK AGE =18 R
CHECK: IF AGE (CALCULATED FROM D6) <18, GO TO EW17

EW1. For these next questions we are interested in different kinds of payments that might have been made directly to you (Text fill: IF D15>0: "or your spouse or partner"). Please do not include any payments that were made to other members of your family or household, even if the payments were used to help pay for your support.

In the past 12 months, have you received any unemployment compensation payments?

       1   Yes
       0   No
     -2   DK
     -1   RF

EW2. **(IF R HAS NO CHILDREN (F1=0), GO TO EW4)** In the past 12 months, have you received any TANF benefits, commonly known as welfare?

       1   Yes
       0   No
     -2   DK
     -1   RF

EW3. In the past 12 months, have you received any WIC benefits?

       1   Yes
       0   No
     -2   DK
     -1   RF

EW4. In the past 12 months, have you received any Food Stamp benefits?

       1   Yes
       0   No
     -2   DK
     -1   RF

EW5. In the past 12 months, have you received any SSI benefits?

       1   Yes
       0   No
     -2   DK
     -1   RF

EW6. In the past 12 months, have you received any general relief payments?

       1   Yes
       0   No
     -2   DK
     -1   RF

EW7. In the past 12 months, have you received any other welfare payments?

       1   Yes
       0   No
     -2   DK
     -1   RF

EW8. In the past 12 months, have you received any financial help from the (Text fill: NAME OF STATE CHILD WELFARE AGENCY) or your caseworker, mentor, or Independent Living Program?

       1   Yes
       0   No
     -2   DK
     -1   RF

EW9. In the past 12 months, have you received any financial help from a relative or friend?

       1   Yes
       0   No
     -2   DK
     -1   RF

EW10. In the past 12 months, have you received any financial help from a community group, like from a church, a community organization, or a family resource center?

       1   Yes

```
0       No
-2      DK
-1      RF
```

EW11. **(ASK EW11 IF R NOT EMPLOYED (E1=0), ELSE GO TO EW15)**
In the past 12 months, have you panhandled or begged for money?

```
1       Yes
0       No
-2      DK
-1      RF
```

EW12. In the past 12 months, have you made money by recycling cans, bottles, or other items?

```
1       Yes
0       No
-2      DK
-1      RF
```

EW13. In the past 12 months, have you sold your blood or plasma?

```
1       Yes
0       No
-2      DK
-1      RF
```

EW14. In the past 12 months, have you sold or pawned any personal possessions?

```
1       Yes
0       No
-2      DK
-1      RF
```

EW15. Thinking about just the past month, how much money would you say you have received from all sources (Text fill: IF E1=1 OR ((CURRENT MONTH/YEAR) MINUS E5) < 2 MONTHS: "other than jobs you have worked")?

```
ENTER AMOUNT $ _ _,_ _ _._ _
-2      DK
-1      RF
```

EW16. (IF EW15=DK OR REF): Would you say it was …

      1   LESS THAN $50
      2   MORE THAN $50 BUT LESS THAN $100
      3   MORE THAN $100 BUT LESS THAN $500
      4   MORE THAN $500
      5   MORE THAN $1,000
      6   MORE THAN $5,000
     -2   DK
     -1   RF

EW17. Do you have a checking account?

      1   Yes
      0   No (GO TO EW19)
     -2   DK (GO TO EW19)
     -1   RF (GO TO EW19)

EW18. What is your approximate current balance in your checking account?

     ENTER AMOUNT $ _ _,_ _ _._ _
     -2   DK
     -1   RF

EW19. Do you have a savings account?

      1   Yes
      0   No (GO TO EW21)
     -2   DK (GO TO EW21)
     -1   RF (GO TO EW21)

EW20. What is your approximate current balance in your savings account?

     ENTER AMOUNT $ _ _,_ _ _._ _
     -2   DK
     -1   RF

EW21. Do you have any other types of accounts where you have money available to you?

      1   Yes
      0   No (GO TO EW24)
     -2   DK (GO TO EW24)
     -1   RF (GO TO EW24)

EW22. What kind of accounts do you have?

ENTER VERBATIM_____(80 characters)
-2   DK
-1   RF

EW23. What is your approximate total current balance in this/these accounts?

ENTER AMOUNT $ _ _,_ _ _._ _
-2   DK
-1   RF

EW24. Do you have any other money of your own anywhere else?

1   Yes
0   No (GO TO EW27)
-2   DK (GO TO EW27)
-1   RF (GO TO EW27)

EW25. Where is this money?

ENTER VERBATIM_____ (80 characters)
-2   DK
-1   RF

EW26. Approximately how much is that?

ENTER AMOUNT $ _ _,_ _ _._ _
-2   DK
-1   RF

EW27. Do you own any vehicles such as a car, van, truck, jeep-like vehicle, or motorcycle?

1   Yes
0   No (GO TO EW29)
-2   DK (GO TO EW29)
-1   RF (GO TO EW29)

EW28. Altogether, how much could you sell this/these vehicles for? IF NECESSARY:
Make your best guess…

ENTER AMOUNT $ _ _,_ _ _._ _
-2   DK
-1   RF

EW29. Do you have any credit cards in your name?

1   Yes
0   No (GO TO CHECK BEFORE EW33)
-2   DK (GO TO CHECK BEFORE EW33)
-1   RF (GO TO CHECK BEFORE EW33)

EW30. What kind of credit cards do you have?

1   Major credit card such as Visa, MasterCard, Discover
2   Department Store
3   Gasoline
4   Other (SPECIFY)_____ (80 characters)
-2   DK
-1   RF

EW31. What is your total approximate outstanding balance on your credit card(s)?

ENTER AMOUNT $ _ _,_ _ _._ _
-2   DK
-1   RF

EW32. How often do you pay them off at the end of the month? Would you say…

1   Never
2   Sometimes
3   Most of the time
4   Always
-2   DK
-1   RF

CHECK: IF AGE (CALCULATE FROM D6) >= 18, THEN CONTINUE WITH EW33, ELSE GO TO L0

EW33 When it comes to money and making ends meet, how do you think things are going for you? Would you say you are able to save a little money each month, just getting by, or struggling to make it?

1   Save a little money each month
2   Just getting by
3   Struggling to make it
-2   DK
-1   RF

CHECK: IF R CURRENTLY "HOMELESS" (D14=11, 12, OR 13), GO TO EW41

CHECK: IF LIVING ARRANGEMENT IS OUTSIDE THE FOSTER CARE SYSTEM (D14 NOT 6, 8, OR 10), THEN CONTINUE.   OTHERWISE GO TO L0.

EW34. Now let's talk about the place where you're living these days.

CHECK: IF R LIVED IN CURRENT PLACE FOR 12 MONTHS OR LONGER (LA3 >= 12 MONTHS), CODE EW35 AUTOMATICALLY AS "0" AND GO TO EW36.

EW35. How many times have you moved in the last 12 months?

      ENTER NUMBER OF TIMES _ _ (2-DIGIT)
      -2   DK
      -1   RF

EW36. (**ASK EW36 IF R LIVES ON OWN (D14=1) OR SHARED HOUSING WITH FRIEND OR ROOMMATE (D14=2) OR WITH SPOUSE, ETC. (D14=3), ELSE GO TO EW39)** Do you own that place, rent that place, are you just staying there, or do you have some other type of arrangement?

      1   Own (GO TO EW38)
      2   Rent
      3   Just staying there (GO TO EW39)
      4   Other (GO TO EW39)
      -2   DK (GO TO EW38)
      -1   RF (GO TO EW38)

EW37. Is that place in your name or is it in someone else's name?
IF NECESSARY: Is your name on the lease or rental agreement?

      1   R's name
      2   Someone else's name
      -2   DK
      -1   RF

EW38. About how much (Text fill: IF EW36=2: "rent") (Text fill: IF EW36=1: "mortgage") (Text fill: IF EW36=-2 OR -1: "rent or mortgage") do you personally pay per month? IF VARIES FROM MONTH TO MONTH: How much have you paid for most of the (Text fill: IF LA3=12: "last 12 months") (Text fill: IF LA3<12: "months you've been there")?

      $_ _ _ _._ _ PER MONTH
      -2   DK

-1   RF

CHECK: IF R OWNS HOME (EW36=1) OR LIVES IN A HOTEL/MOTEL (LA1=4), OR IN A COLLEGE DORM (LA1=5), GO TO EW41.

EW39. Is your place in a public housing project, is it owned by the local housing authority, or some other public agency?

      1   Yes (GO TO EW41)
      0   No
      -2   DK
      -1   RF

EW40. So far as you know, is any of the rent covered by a Section 8 certificate or another government program that pays part of your rent?

      1   Yes
      0   No
      -2   DK
      -1   RF

EW41. **(IF R CURRENTLY OWNS OR RENTS (EW36=1 OR 2), GO TO EW42)**
In the last 12 months, did you ever stay in a place where you were supposed to pay rent or mortgage?

      1   Yes
      0   No (GO TO EW44)
      -2   DK (GO TO EW44)
      -1   RF (GO TO EW44)

EW42. Was there ever a time in the last 12 months when you couldn't pay your (rent/mortgage) on time?

      1   Yes
      0   No (GO TO EW44)
      -2   DK (GO TO EW44)
      -1   RF (GO TO EW44)

EW43. How many times did that happen in the last 12 months?

      ENTER # OF TIMES _ _ (2-DIGIT)
      -2   DK
      -1   RF

EW44. **(IF R HAS LIVED IN CURRENT PLACE FOR 12 MONTHS OR LONGER (IF LA2 >= 12 MONTHS), GO TO EW45)** At any time in the last 12 months, were you ever evicted or did you ever have to move out of a place because you couldn't pay to stay there?

       1   Yes
       0   No
      -2   DK
      -1   RF

EW45. In the last 12 months, was the gas or electricity ever turned off because you couldn't pay the bill?

       1   Yes
       0   No
      -2   DK
      -1   RF

EW46. During the last 12 months have you EVER had a telephone where you were living?

       1   Yes (GO TO EW48)
       0   No
      -2   DK (GO TO EW48)
      -1   RF (GO TO EW48)

EW47. Was that because you couldn't afford to get a phone or because of some other reason?

       1   Yes, could not afford a phone (GO TO CHECK BEFORE EW49)
       0   No, some other reason (GO TO CHECK BEFORE EW49)
      -2   DK (GO TO CHECK BEFORE EW49)
      -1   RF (GO TO CHECK BEFORE EW49)

EW48. During the last 12 months, was the phone ever shut off or disconnected because you couldn't pay the bill?

       1   Yes
       0   No
      -2   DK
      -1   RF

CHECK: IF R HAS LIVED IN CURRENT RESIDENCE FOR 12 MONTHS OR LONGER (LA3 >= 12), GO TO EW63.

EW49. These next questions are about other places you may have stayed in the last 12 months. Did you ever stay in the home of a relative?

        1   Yes
        0   No
        -2   DK
        -1   RF

EW50. How about in the home of a friend? (Did you ever stay there in the last 12 months?)

        1   Yes
        0   No
        -2   DK
        -1   RF

EW51. How about in your own rented room in a motel, hotel, or SRO (Single Room Occupancy)? (Did you ever stay there in the last 12 months?)

        1   Yes
        0   No
        -2   DK
        -1   RF

EW52. How about in a car, truck, or some other type of vehicle? (Did you ever stay in a vehicle during the last 12 months?)

        1   Yes
        0   No
        -2   DK
        -1   RF

EW53. How about in an abandoned building, on the street or outside somewhere? (Did you ever stay in a place like that in the last 12 months?)

        1   Yes
        0   No
        -2   DK
        -1   RF

EW54. **(IF R IS MALE (D5=1), GO TO EW55)** How about in a shelter for battered women? (Have you stayed in a place like that in the last 12 months?)

        1   Yes
        0   No

EW55. **(ASK IF D14=11, ELSE GO TO EW56)** How about in a shelter for the homeless (Text fill: IF EW54=1: "not counting the shelter for battered women")? (Have you stayed in a place like that in the last 12 months?)

    1   Yes
    0   No
    -2   DK
    -1   RF

EW56. **(ASK IF EW49=1, ELSE GO TO EW57)** Altogether, how much time have you stayed in the homes of relatives in the last 12 months?
[SHOW CARD R]

    1   1. Less than 2 weeks
    2   2. At least two weeks, but less than one month
    3   3. At least a month, but less than six months
    4   4. At least six months, but less than 12 months
    5   5. Twelve months
    -2   DK
    -1   RF

EW57. **(ASK IF EW50=1, ELSE GO TO EW58)** Altogether, in the last 12 months, how much time did you spend staying in the homes of friends?
[SHOW CARD R]

    1   1. Less than 2 weeks
    2   2. At least two weeks, but less than one month
    3   3. At least a month, but less than six months
    4   4. At least six months, but less than 12 months
    5   5. Twelve months
    -2   DK
    -1   RF

EW58. **(ASK IF EW51=1, ELSE GO TO EW59)** Altogether, in the last 12 months, how much time did you spend in your own rented room in a hotel, or SRO (Single Room Occupancy)?
[SHOW CARD R]

    1   1. Less than 2 weeks
    2   2. At least two weeks, but less than one month
    3   3. At least a month, but less than six months
    4   4. At least six months, but less than 12 months
    5   5. Twelve months

-2   DK
-1   RF

EW59. **(ASK IF EW52=1, ELSE GO TO EW60)** Altogether, in the last 12 months, how much time did you spend staying in a car, truck, or some other type of vehicle?
[SHOW CARD R]

1   1. Less than 2 weeks
2   2. At least two weeks, but less than one month
3   3. At least a month, but less than six months
4   4. At least six months, but less than 12 months
5   5. Twelve months
-2   DK
-1   RF

EW60. **(ASK IF EW53=1, ELSE GO TO EW61)** Altogether, how long did you stay in an abandoned building, on the street or outside somewhere in the last 12 months?
[SHOW CARD R]

1   1. Less than 2 weeks
2   2. At least two weeks, but less than one month
3   3. At least a month, but less than six months
4   4. At least six months, but less than 12 months
5   5. Twelve months
-2   DK
-1   RF

EW61. **(ASK IF EW54=1, ELSE GO TO EW62)** Altogether, how long did you stay in a battered women's shelter in the last 12 months?
[SHOW CARD R]

1   1. Less than 2 weeks
2   2. At least two weeks, but less than one month
3   3. At least a month, but less than six months
4   4. At least six months, but less than 12 months
5   5. Twelve months
-2   DK
-1   RF

EW62. **(ASK IF EW55=1 AND D14=11, ELSE GO TO EW63)** Altogether, how much time did you spend in a homeless shelter in the last 12 months (Text fill: IF EW54=1: "not including the shelter for battered women")?
[SHOW CARD R]

1   1. Less than 2 weeks
2   2. At least two weeks, but less than one month

3 3. At least a month, but less than six months
4 4. At least six months, but less than 12 months
5 5. Twelve months
-2 DK
-1 RF

EW63. In the last **12 months**, did you ever get food or borrow money for food from **friends or relatives**?

1 Yes
0 No (GO TO EW65)
-2 DK (GO TO EW65)
-1 RF (GO TO EW65)

EW64. How often did this happen -- almost every month, some months but not every month, or in only 1 or 2 months?

1 Almost every month
2 Some months but not every month
3 In only 1 or 2 months
-2 DK
-1 RF

EW65. Is there a **church, food pantry or food bank in your community** where you could get emergency food if you needed it?

1 Yes
0 No (GO TO EW68)
-2 DK
-1 RF

EW66. In the last 12 months, did you ever get emergency food from **a church, a food pantry, or food bank**?

1 Yes
0 No (GO TO EW68)
-2 DK (GO TO EW68)
-1 RF (GO TO EW68)

EW67. How often did this happen -- almost every month, some months but not every month, or in only 1 or 2 months?

1 Almost every month
2 Some months but not every month
3 In only 1 or 2 months
-2 DK

-1   RF

EW68. In the last 12 months, did you ever eat any meals at a **soup kitchen**?

     1   Yes
     0   No (GO TO EW70)
     -2   DK (GO TO EW70)
     -1   RF (GO TO EW70)

EW69. How often did this happen -- almost every month, some months but not every month, or in only 1 or 2 months?

     1   Almost every month
     2   Some months but not every month
     3   In only 1 or 2 months
     -2   DK
     -1   RF

EW70. In the last 12 months, were you ever **hungry but didn't eat** because you couldn't afford enough food?

     1   Yes
     0   No (GO TO L0)
     -2   DK (GO TO L0)
     -1   RF (GO TO L0)

EW71. How often did this happen -- almost every month, some months but not every month, or in only 1 or 2 months?

     1   Almost every month
     2   Some months but not every month
     3   In only 1 or 2 months
     -2   DK
     -1   RF

Locating

L0. That's all the survey questions I have, but now I would like to get some information to help us contact you in the future. Please remember that what you have told me is **confidential** and that we will not be sharing any of your answers to today's questions with anyone else.

L1. First, do you have a nickname or other name that you are commonly known by?

        1   Yes,
        0   No (GO TO L2)
      -2   DK (GO TO L2)
      -1   RF (GO TO L2)

L1_OTH   ENTER NAME: _____ (30 characters)
           -2   DK
           -1   RF

L2. I have your address as (STREET ADDR1) (STREET ADDR2) (APARTMENT) (CITY) (STATE) (ZIP CODE). Is that correct?

        1   Yes (GO TO L4)
        0   No
      -2   DK
      -1   RF (GO TO L4)

L3. What is your current address?

        STREET ADDR1: _____ (35 characters)
        STREET ADDR2: _____ (35 characters)
        APARTMENT: _____ (4 characters)
        CITY: _____ (30 characters)
        STATE: _____ (2 characters)
        ZIP CODE: _____-_____ (12 characters)
        FOREIGN STATE/PROVINCE: _____ (20 characters)
        FOREIGN POSTAL CODE: _____ (12 characters)
        COUNTRY: _____ (30 characters)

      -2   DK
      -1   RF

L4. Is your mailing address the same as your current address?

        1   Yes (GO TO L6)
        0   No

-2   DK (GO TO L6)
-1   RF (GO TO L6)

L5. What is your mailing address?

       STREET ADDR1: _____ (35 characters)
       STREET ADDR2: _____ (35 characters)
       APARTMENT: _____ (4 characters)
       CITY: _____ (30 characters)
       STATE: _____ (2 characters)
       ZIP CODE: _____-_____ (12 characters)
       FOREIGN STATE/PROVINCE: _____ (20 characters)
       FOREIGN POSTAL CODE: _____ (12 characters)
       COUNTRY: _____ (30 characters)

       -2   DK
       -1   RF

L6. We have your telephone number as (Text fill: R PHONE). Is this correct?

       1   Yes (GO TO L8)
       0   No
       -2   DK
       -1   RF (GO TO L8)

L7. What is your correct telephone number, including area code?

       ENTER PHONE NUMBER: ___-___-____ (12 characters)
       -2   DK
       -1   RF

L8. Is this telephone number listed in your name?

       1   Yes (GO TO L10)
       0   No
       -2   DK (GO TO L10)
       -1   RF (GO TO L10)

L9. In whose name is the telephone number listed?

       FNAME: _____ (30 characters)
       MNAME: _____ (30 characters)
       LNAME: _____ (30 characters)
       -2   DK

-1   RF

L10. Do you have an e-mail address, a work number or a cell phone or pager where you can be reached?

    1   Yes
    0   No (GO TO L12)
    -2   DK (GO TO L12)
    -1   RF (GO TO L12)

(INTERVIEWER: IF THE RESPODENT DOES NOT HAVE A PIECE OF CONTACT INFORMATION, LEAVE THE FIELD BLANK).

    L11_EM1   E-MAIL ADDR1: _____ (50 characters)
    L11_EM2   E-MAIL ADDR2: _____ (50 characters)
    L11_WPH   WORK NUMBER: ___-___-____ (12 characters)
    L11_CPH   CELL PHONE NUMBER: ___-___-____ (12 characters)
    L11_PNM   PAGER NUMBER: ___-___-____ (12 characters)
    -2   DK
    -1   RF

L12. **(IF R6 = 0, -2, OR -1 OR 2, GO TO L18)** Do you know your biological mother's name?

    1   Yes
    0   No (GO TO L18)
    -2   DK (GO TO L18)
    -1   RF (GO TO L18)

What is your biological mother's **full** name?

    L13_FNM   FNAME1: _____ (30 characters)
    L13_MNM   MNAME1: _____ (30 characters)
    L13_LNM   LNAME1: _____ (30 characters)
    -2   DK
    -1   RF

L14. Does she have a nickname or another name she is commonly known by such as a different last name?

    1   Yes

0   No (GO TO L16)
    -2   DK (GO TO L16)
    -1   RF (GO TO L16)

L15. What is that name?

    NICKNAME: _____ (30 characters)
    -2   DK
    -1   RF

Ask if R8 =Yes, and R9 =,3-6, If not skip to L18

L16. Do you know where your mother is living right now?

    1   Yes
    0   No (GO TO L18)
    -2   DK (GO TO L18)
    -1   RF (GO TO L18)

L17. What is her address and telephone number?

    STREET ADDR1: _____ (35 characters)
    STREET ADDR2: _____ (35 characters)
    APARTMENT: _____ (4 characters)
    CITY: _____ (30 characters)
    STATE: _____ (2 characters)
    ZIP CODE: _____-_____ (12 characters)
    FOREIGN STATE/PROVINCE: _____ (20 characters)
    FOREIGN POSTAL CODE: _____ (12 characters)
    COUNTRY: _____ (30 characters)
    PHONE NUMBER: ___-___-____ (12 characters)
    WORK NUMBER: ___-___-____ (12 characters)
    -2   DK
    -1   RF

L17A. Does she have an e-mail address or a cell phone or pager where she can be reached?

    1   Yes
    0   No (GO TO L18)
    -2   DK (GO TO L18)
    -1   RF (GO TO L18)

L17B. (INTERVIEWER: IF THE RESPODENT DOES NOT HAVE A PIECE OF CONTACT INFORMATION, LEAVE THE FIELD BLANK).

E-MAIL ADDR1: _____ (50 characters)
E-MAIL ADDR2: _____ (50 characters)
CELL PHONE NUMBER: ___-___-____ (12 characters)
PAGER NUMBER: ___-___-____ (12 characters)
-2   DK
-1   RF

L18. **(IF R7 = 0, -2, -1, OR 2 GO TO L24)** Do you know your biological father's name?

    1   Yes
    0   No (GO TO L24)
    -2   DK (GO TO L24)
    -1   RF (GO TO L24)

L19. What is your biological father's **full** name?

    FNAME1: _____ (30 characters)
    MNAME1: _____ (30 characters)
    LNAME1: _____ (30 characters)
    -2   DK
    -1   RF

L20. Does he have a nickname or another name he is commonly known by?

    1   Yes
    0   No (GO TO L22)
    -2   DK (GO TO L22)
    -1   RF (GO TO L22)

L21. What is that name?

    NICKNAME: _____ (30 characters)
    -2   DK
    -1   RF

couldn't test this because I couldn't change R7 due to page up problem, check with another case.

Ask L22 if question W3 R12 (do you know how to contact your biological father?) is YES *AND* question R13 is 3 through 6 (that is, the child has contact with dad AT

LEAST once or twice a month), OTHERWISE skip to collecting information about siblings."

L22. Do you know where your father is living right now?

        1   Yes
        0   No (GO TO L24_XX)
        -2   DK (GO TO L24_XX)
        -1   RF (GO TO L24_XX)

L23. What is his address and telephone number?

        STREET ADDR1: _____ (35 characters)
        STREET ADDR2: _____ (35 characters)
        APARTMENT: _____ (4 characters)
        CITY: _____ (30 characters)
        STATE: _____ (2 characters)
        ZIP CODE: _____-_____ (12 characters)
        FOREIGN STATE/PROVINCE: _____ (20 characters)
        FOREIGN POSTAL CODE: _____ (12 characters)
        COUNTRY: _____ (30 characters)
        PHONE NUMBER: ___-___-____ (12 characters)
        WORK NUMBER: ___-___-____ (12 characters)
        -2   DK
        -1   RF

L23A. Does he have an e-mail address or a cell phone or pager where he can be reached?

        1   Yes
        0   No (GO TO L24_XX)
        -2   DK (GO TO L24_XX)
        -1   RF (GO TO L24_XX)

L23B. (INTERVIEWER: IF THE RESPODENT DOES NOT HAVE A PIECE OF CONTACT INFORMATION, LEAVE THE FIELD BLANK).

        E-MAIL ADDR1: _____ (50 characters)
        E-MAIL ADDR2: _____ (50 characters)
        CELL PHONE NUMBER: ___-___-____ (12 characters)
        PAGER NUMBER: ___-___-____ (12 characters)
        -2   DK
        -1   RF

can't test this check b/c of page up problem – check with another case.

L24N. **(ASK IF (LA8_XX=5 OR 12) OR (R16>0 OR R18>0), ELSE GO TO L28)**
What are the name(s) of the two siblings who will know your whereabouts and would be able to contact you in case we have difficultly getting in touch with you in the future?

FNAME1: _____ (30 characters)
MNAME1: _____ (30 characters)
LNAME1: _____ (30 characters)
(CHECK: LOOP MAX=2)
-2   DK (INSTRUMENT GOES TO L28 IF 1ST LOOPED NAME=DK/RF OR
IF 2ND LOOPED NAME=DK/RF (EVEN IF 1ST LOOP HAS NAMES IN IT)
-1   RF (INSTRUMENT GOES TO L28 IF 1ST LOOPED NAME=DK/RF OR
IF 2ND LOOPED NAME=DK/RF (EVEN IF 1ST LOOP HAS NAMES IN IT)

L24A. Is there another sibling?
1   Yes (GO TO L24 FOR NEXT SIBLING)
2   No (GO TO L25_X)
-2   DK (GO TO L24 FOR NEXT SIBLING)
-1   RF (GO TO L24 FOR NEXT SIBLING)

L25_X. **(ASK FOR UP TO 2 SIBLINGS IN L24)** (Text fill: IF L24_XX =1: What is this person's address and telephone number?") (Text fill: IF L24_XX = 2: What is the address and telephone number for these two siblings?")

CHOOSE NAME: _____ (90 characters, PICKLIST OF NAMES FROM
L24 (FNAME1 + MNAME1 + LNAME1))
-2   DK
-1   RF

L25A_X. (INTERVIEWER: IF THE RESPONDENT DOES NOT HAVE A PIECE OF CONTACT INFORMATION, LEAVE THE FIELD BLANK). What is [text fill sibling's name]'s address and telephone number?

STREET ADDR1: _____ (35 characters)
STREET ADDR2: _____ (35 characters)
APARTMENT: _____ (4 characters)
CITY: _____ (30 characters)
STATE: _____ (2 characters)
ZIP CODE: _____-_____ (12 characters)
FOREIGN STATE/PROVINCE: _____ (20 characters)
FOREIGN POSTAL CODE: _____ (12 characters)
COUNTRY: _____ (30 characters)

PHONE NUMBER: ___-___-____ (12 characters)
WORK NUMBER: ___-___-____ (12 characters)
CELL PHONE NUMBER: ___-___-____ (12 characters)
PAGER NUMBER: ___-___-____ (12 characters)
E-MAIL ADDR1: _____ (50 characters)
E-MAIL ADDR2: _____ (50 characters)
-2   DK
-1   RF

(CHECK: LOOP MAX = 2)

L28. Now I'd like to talk to you about adult relatives other than your parents. Have you seen any adult relatives in the last 5 years? (INTERVIEWER: GRANDPARENTS ARE VERY IMPORTANT FOR LOCATING. PROBE TO GET INFORMATION ON GRANDPARENTS AND/OR AT LEAST ONE STABLE FEMALE RELATIVE SUCH AS AN AUNT OR ANOTHER COUSIN.)

    1   Yes
    0   No (GO TO L30_XX)
   -2   DK (GO TO L30_XX)
   -1   RF (GO TO L30_XX)

L28F,M,L_X. (Text fill: IF L28A_01: What is the name of the adult relative you've seen the most of in the last 5 years?) (Text fill: IF L28A_XX > 1: What is this person's name and relationship to you?)

    (CHECK: LOOP MAX=99)
    FNAME: _____ (30 characters)
    MNAME: _____ (30 characters)
    LNAME: _____ (30 characters)
   -2   DK
   -1   RF

L28A_XX. What is (Textfill "L28F L28L") relationship to you?

    RELATIONSHIP PICKLIST:
    (CHOOSE ONE)

    5   BIOLOGICAL BROTHER / SISTER
    6   STEP BROTHER / SISTER
    7   FOSTER BROTHER / SISTER
    8   HALF BROTHER / SISTER
    9   ADOPTIVE BROTHER / SISTER
   13   GRANDPARENT
   14   AUNT / UNCLE
   15   NIECE / NEPHEW
   16   COUSIN
   17   IN-LAW
   20   CO-WORKER
   25   LAWYER
   26   OTHER RELATED (SPECIFY) _____ (80 characters)
   27   OTHER NON-RELATED (SPECIFY) _____ (80 characters)
   -2   DK

-1   RF

OTHR_X. **(ASK IF L28A_XX=26)** What is the relationship?
VERBATIM:_____(80 characters)
-2   DK
-1   RF

NREL_X. **(ASK IF L28A_XX=27)** What is the relationship?
VERBATIM:_____(80 characters)
-2   DK
-1   RF

L29_XX. **(ASK FOR EACH RELATIVE IN L28F,M,L_XX)** What is (Text fill: FNAME FROM L28_XX)'s address and telephone number?

      STREET ADDR1: _____ (35 characters)
      STREET ADDR2: _____ (35 characters)
      APARTMENT: _____ (4 characters)
      CITY: _____ (30 characters)
      STATE: _____ (2 characters)
      ZIP CODE: _____-_____ (12 characters)
      FOREIGN STATE/PROVINCE: _____ (20 characters)
      FOREIGN POSTAL CODE: _____ (12 characters)
      COUNTRY: _____ (30 characters)
      PHONE NUMBER: ___-___-____ (12 characters)
      CELL PHONE NUMBER: ___-___-____ (12 characters)
      PAGER NUMBER: ___-___-____ (12 characters)
      E-MAIL ADDR1: _____ (50 characters)
      E-MAIL ADDR2: _____ (50 characters)

      -2   DK
      -1   RF

LA29A_XX. Have you often seen any other adult relatives in the last 5 years who would be able to contact you in case we have difficulty getting in touch with you in the future?

      1   Yes (GO TO L28A_XX)
      0   No (GO TO L30A_XX)
      -2   DK (GO TO L30A_XX)
      -1   RF (GO TO L30A_XX)

L30A_XX. Who are your 3 best friends who will know your whereabouts and would be able to contact you in case we have difficultly getting in touch with you in the future?

      (CHECK: LOOP MAX=3)
      3   ENTER NAME (GO TO L30F,M,L)

1   NO ONE (GO TO L32)
2   NO ONE ELSE (GO TO L31A1_XX)
-2   DK (GO TO L32)
-1   RF (GO TO L32)

L30F,M,L_X. Who are your best 3 friends who will know your whereabouts and would be able to contact you in case we have difficulty getting in touch with you in the future?

FNAME: _____ (30 characters)
MNAME: _____ (30 characters)
LNAME: _____ (30 characters) (GO TO L30A_XX)
-2   DK (GO TO L30A_XX)
-1   RF (GO TO L30A_XX)

L31A1_XX. **(ASK FOR EACH FRIEND IN L30A_XX)** What is (Text fill: FNAME FROM L30_XX)'s address and telephone number

STREET ADDR1: _____ (35 characters)
STREET ADDR2: _____ (35 characters)
APARTMENT: _____ (4 characters)
CITY: _____ (30 characters)
STATE: _____ (2 characters)
ZIP CODE: _____-_____ (12 characters)
FOREIGN STATE/PROVINCE: _____ (20 characters)
FOREIGN POSTAL CODE: _____ (12 characters)
COUNTRY: _____ (30 characters)
HOME PHONE NUMBER: ___-___-____ (12 characters)
WORK NUMBER: ___-___-____ (12 characters)
CELL PHONE NUMBER: ___-___-____ (12 characters)
PAGER NUMBER: ___-___-____ (12 characters)
E-MAIL ADDR1: _____ (50 characters)
E-MAIL ADDR2: _____ (50 characters)

(CHECK: LOOP MAX=3)
-2   DK (GO TO NEXT FRIEND FROM L30A OR L32)
-1   RF (GO TO NEXT FRIEND FROM L30A OR L32)

L32. Is there anyone besides the people you've mentioned who is likely to know where you are?

1   Yes
0   No (GO TO L34)
-2   DK (GO TO L34)
-1   RF (GO TO L34)

L33. What is this person's name, address, telephone number and relationship to you?

FNAME: _____ (30 characters)
MNAME: _____ (30 characters)
LNAME: _____ (30 characters)

STREET ADDR1: _____ (35 characters)
STREET ADDR2: _____ (35 characters)
APARTMENT: _____ (4 characters)
CITY: _____ (30 characters)
STATE: _____ (2 characters)
ZIP CODE: _____-_____ (12 characters)
FOREIGN STATE/PROVINCE: _____ (20 characters)
FOREIGN POSTAL CODE: _____ (12 characters)
COUNTRY: _____ (30 characters)
PHONE NUMBER: ___-___-____ (12 characters)
WORK NUMBER: ___-___-____ (12 characters)
CELL PHONE NUMBER: ___-___-____ (12 characters)
PAGER NUMBER: ___-___-____ (12 characters)
E-MAIL ADDR1: _____ (50 characters)
E-MAIL ADDR2: _____ (50 characters)

RELATIONSHIP PICKLIST:
(CHOOSE ONE)
1   BIOLOGICAL PARENT
2   STEP PARENT
3   FOSTER PARENT
4   ADOPTIVE PARENT
5   BIOLOGICAL BROTHER / SISTER
6   STEP BROTHER / SISTER
7   FOSTER BROTHER / SISTER
8   HALF BROTHER / SISTER
9   ADOPTIVE BROTHER / SISTER
10   SPOUSE / PARTNER
11   BOYFRIEND / GIRLFRIEND
12   CHILD
13   GRANDPARENT
14   AUNT / UNCLE
15   NIECE / NEPHEW
16   COUSIN
17   INLAW
18   FRIEND / ROOMATE
19   NEIGHBOR
20   CO-WORKER
21   EMPLOYER / SUPERVISOR
22   CASEWORKER / SOCIAL WORKER

23	MENTOR / HOST
24	DOCTOR
25	LAWYER
26	OTHER RELATED (SPECIFY) _____ (80 characters)
27	OTHER NON-RELATED (SPECIFY) _____ (80 characters)

-2	DK
-1	RF

L33_OTH1. **(ASK IF L33=26)** Please specify other related person?
VERBATIM:_____(80 characters)
-2   DK
-1   RF

L33_OTH2. **(ASK IF L33=27)** Please specify other non-related person?
VERBATIM:_____(80 characters)
-2   DK
-1   RF

L33A. Does this person have an e-mail address or a cell phone or pager where they can be reached?

1	Yes
0	No (GO TO L34)
-2	DK (GO TO L34)
-1	RF (GO TO L34)

L33B. (INTERVIEWER: IF THE RESPODENT DOES NOT HAVE A PIECE OF CONTACT INFORMATION, LEAVE THE FIELD BLANK).

E-MAIL ADDR1: _____ (50 characters)
E-MAIL ADDR2: _____ (50 characters)
CELL PHONE NUMBER: ___-___-____ (12 characters)
PAGER NUMBER: ___-___-____ (12 characters)
-2   DK
-1   RF

CHECK: ASK L34-L36 IF AGE (CALCULATE FROM D6) >=17, ELSE GO TO L37

L34. Could you tell me where you plan to move to once you leave foster care?

INSERT PICKLIST OF PREVIOUSLY ENTERED NAMES IN LOCATING SECTION (FNAME + LNAME).

PERSON NOT ON LIST (GO TO L34F,M,L)
PLACE/LOCATION NOT ON LIST (GO TO L34VER)
-2   DK (GO TO L35)
-1   RF (GO TO L35)

L34F,M,L. (Could you tell me where you plan to move to once you leave foster care?)
(INTERVIEWER: PROBE FOR TWO ADDRESSES)

    FNAME: _____ (30 characters)
    MNAME: _____ (30 characters)
    LNAME: _____ (30 characters)
    -2   DK
    -1   RF

L34. What is (text fill FNAME+LNAME from L34F,M,L)'s relationship to you?

AUTOFILL RELATIONSHIP IF NAME CHOSEN IN PICKLIST [IF PERSON
PICKED WAS LISTED IN L28, THEIR RELATIONSHIP TO THE R IS STILL
ASKED FOR IN L34 INSTEAD OF GOING TO L35.]

RELATIONSHIP PICKLIST:
(CHOOSE ONE)
1   BIOLOGICAL PARENT
2   STEP PARENT
3   FOSTER PARENT
4   ADOPTIVE PARENT
5   BIOLOGICAL BROTHER / SISTER
6   STEP BROTHER / SISTER
7   FOSTER BROTHER / SISTER
8   HALF BROTHER / SISTER
9   ADOPTIVE BROTHER / SISTER
10   SPOUSE / PARTNER
11   BOYFRIEND / GIRLFRIEND
12   CHILD
13   GRANDPARENT
14   AUNT / UNCLE
15   NIECE / NEPHEW
16   COUSIN
17   INLAW
18   FRIEND / ROOMATE
19   NEIGHBOR
20   CO-WORKER
21   EMPLOYER / SUPERVISOR
22   CASEWORKER / SOCIAL WORKER
23   MENTOR / HOST
24   DOCTOR

25   LAWYER
26   OTHER RELATED (SPECIFY) _____ (80 characters)
27   OTHER NON-RELATED (SPECIFY) _____ (80 characters)

-2   DK
-1   RF

AUTOFILL PERSON'S ADDRESS IF NAME CHOSEN IN PICKLIST.

STREET ADDR1: _____ (35 characters)
STREET ADDR2: _____ (35 characters)
APARTMENT: _____ (4 characters)
CITY: _____ (30 characters)
STATE: _____ (2 characters)
ZIP CODE: _____-_____ (12 characters)
FOREIGN STATE/PROVINCE: _____ (20 characters)
FOREIGN POSTAL CODE: _____ (12 characters)
COUNTRY: _____ (30 characters)
PHONE NUMBER: ___-___-____ (12 characters)
WORK NUMBER: ___-___-____ (12 characters)

-2   DK
-1   RF

L34VER. (ASK IF L34=PLACE/LOCATION NOT ON LIST) Could you tell me where you plan to move once you leave foster care?
VERBATIM:_____
-2   DK
-1   RF

L35. Do you intend to join the armed forces?

1   Yes (GO TO L36)
0   No (GO TO L37)
-2   DK (GO TO L37)
-1   RF (GO TO L37)

L36. Which branch of the armed forces do you intend to join?

1   ARMY
2   NAVY
3   MARINES
4   AIR FORCE
5   OTHER (SPECIFY) _____ (80 characters)
-2   DK
-1   RF

L36_OTH. Please specify
ENTER VERBATIM:_____(80 characters)
-2   DK
-1   RF

L37. Do you have a **current and valid** Driver's License or state identification card?
        (INTERVIEWER: IF AVAILABLE, ASK R TO SEE LICENSE / ID CARD
        AND RECORD NUMBER)

        1   Yes
        0   No (GO TO L39)
        -2   DK (GO TO L39)
        -1   RF (GO TO L39)

L38. INTERVIEWER: ENTER DRIVER'S LICENSE OR STATE ID NUMBER

        DRIVER'S LICENSE: _____ (30 characters)
        STATE ID: _____ (30 characters)
        -2   DK
        -1   RF
        [CHECK: DRIVER'S LICENSE AND STATE ID CANNOT BOTH BE BLANK
        OR DK/RF]

L39. What is your Social Security number? IF NECESSARY, SAY: As the consent
form you signed at the beginning of the interview specified, disclosing your Social
Security number is voluntary.

        ENTER NUMBER _ _ _-_ _-_ _ _ _ (11 characters)
        -2   DK
        -1   RF

L40. Besides what I've already asked about, what other information would help us get in
touch with you if we need to?

        ENTER VERBATIM: _____

        _____
         (200 characters)
        -2   DK
        -1   RF

ATRISK.   INTERVIEWER: THE RESPONDENT INDICATED POSSIBLE AT
RISK BEHAVIOR WITHIN THE QUESTION IN THE FOLLOWING WAYS:

[IF NO AT-RISK BEHAVIORS, TEXT FILL "0"]

IF POSSIBLE AT-RISK BEHAVIOR EXISTS, PLEASE READ THE FOLLOWING STATEMENT:

Earlier, you told me that you either have hurt yourself in the past or thought about hurting yourself or even committing suicide. Is this something that you have been thinking about in recent days, say in the last two weeks?

IWER: IF R SAYS S/HE THOUGHT ABOUT HURTING HERSELF/HIMSELF IN RECENT DAYS, PLEASE READ THE FIRST SCRIPT OF YOUR AT-RISK PROCEDURES JOBAID TO THE RESPONDENT AND REPORT THE INCIDENT TO YOUR FIELD MANAGER