Appendix A
Wave 2
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 D6.1)
0 No
-2 DK (GO TO D4)
-1 RF (GO TO D4)

D2. What information is not correct?

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

IWER: IF DOB PRELOAD IS MISSING SELECT RESPONSE 4

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)
ONE SHOULD NOT BE ABLE TO SELECT BOTH RESPONSE 1 AND 2.

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

D4.1 Can you tell me why you changed your name?

1 ADOPTED
2 TOOK NAME OF FOSTER FAMILY
3 GOT MARRIED
4 OTHER (SPECIFY)_____
5 DID NOT CHANGE NAME

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

1 Male
2 Female

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 IF PRELOAD DOB OF MISSING AND RESPONSE IF DK AND REF THE INSTRUMENT WILL USE A DEFAULT DOB WHICH IS 01/01/2001.

D6.1 Do you have a social worker from [name of public child welfare agency]?

1 Yes
0 No
-2 DK
-1 RF

[IF YES: AUTOCODE D6.3 AND GO TO D14;
IF NO, DK, OR REF: GO TO D6.2]

D6.2 Do you still live under the care and supervision of the child welfare system or have you been discharged?

1 Yes, I still live under the care and supervision of the child welfare system.
0 No, I have been discharged from the care of the child welfare system.

-2 DK
-1 RF

D6.3 [AUTOCODE FOR CHILD WELFARE STATUS:

IF D6.1=1 OR D6.2=1 THEN:

1 Yes, youth still lives under the care and supervision of the child welfare system.

ELSE:

0 No, youth has been discharged from the care of the child welfare system]

[FI INSTRUCTION: IF YOUTH RESPONDS DK OR RF, SELECT OTHER AND ENTER THEIR RESPONSE IN THE NEXT QUESTION]

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

8 with relatives who are also my foster parents
9 with relatives who are not my foster parents
6 with my foster parent(s) who are unrelated to me
7 with a friend's family (not foster care)
10 in a group home or residential facility
1 on my own (alone)
2 shared housing with a friend or roommate
3 with my spouse, partner, or boyfriend, or girlfriend
4 with my biological parent(s)
5 with my adoptive parent(s)
11 at a homeless shelter or emergency housing
12 homeless
13 other [GO TO: D14.1]

[IF D14=13 GO TO: D14.1;
ELSE: GO TO: D14A]

[FI INSTRUCTION: IF YOUTH'S LIVING SITUATION IS NOT DESCRIBED BELOW, SELECT OTHER AND ENTER THEIR DESCRIPTION OF THEIR LIVING SITUATION VERBATIM.]

D14.1 Would that be a….?

14 college dormitory, fraternity, sorority [D14A]
15 transitional housing [D14A]
16 military housing [D14A]
17 jail or prison [D14A]
18 Job Corps [D14A]

13 other [GO TO: D14.2]
-2 DK
-1 RF

D14.2 (SPECIFY)_____ (80 characters)

D14A: Is this the same place you were living in when we last spoke to you on (DATE OF LAST INTERVIEW)?

1 yes
0 no

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: Wave 2

Preload # of children (F2) and birth dates of children from baseline F3_XX

If no children are in the preloads, skip to NEWF4.

F1. When we spoke with you in (date of last interview month/year), you told us you had (#) child(ren).

NEWF2_XX. The (first, …) child was born on (date of birth). Is this child currently in your care?

1 Yes (GO TO F2_XX FOR NEXT CHILD; ELSE GO TO F4)
0 No
-2 DK (GO TO F2_XX FOR NEXT CHILD; ELSE GO TO F4)
-1 RF (GO TO F2_XX FOR NEXT CHILD; ELSE GO TO F4)

NEWF3.XX. Is this child (MALE: in the care of its mother), in the care of a relative, (MALE: in the care of a relative of its mother), in foster care, did you release the child for adoption, or what?

1 CHILD'S MOTHER (GO TO F2_XX FOR NEXT CHILD; ELSE GO TO F4)
2 RELATIVE (GO TO F2_XX FOR NEXT CHILD; ELSE GO TO F4)
3 RELATIVE OF CHILD'S MOTHER (GO TO F2_XX FOR NEXT CHILD; ELSE GO TO F4)
4 IN FOSTER CARE (GO TO F2_XX FOR NEXT CHILD; ELSE GO TO F4)
5 RELEASED FOR ADOPTION (GO TO F2_XX FOR NEXT CHILD; ELSE GO TO F4)
6 OTHER (SPECIFY) (F3OTH_XX)

F3OTH_XX. Please Specify _____(GO TO F2_XX FOR NEXT CHILD; ELSE GO TO F4)

NEWF4. Since we spoke in (date of last interview month/year), have you (FEMALE: given birth to) (MALE: fathered any) children?

INTERVEWER INSTRUCTION: DO NOT INCLUDE ANY CURRENT PREGNANCIES. IF RESPONDENT SAYS S/HE IS EXPECTING A CHILD OR IF THE R MENTIONS ONLY A CURRENT PREGNANCY, REPEAT THE QUESTION.

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

F5. Since that time, (Text fill: IF D5=1: how many children have you fathered?) (Text fill: IF D5=2: how many children have you given birth to?)

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

BEGIN LOOP

F6_XX. What is the birthdate of your (IF F5=1: "child")(IF F5>1 AND LOOP=F6_01: "oldest")(IF F5 >1 AND LOOP>F6_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

F7_XX. Is this child in your care?

1 Yes (GO TO F6_XX FOR NEXT CHILD; ELSE GO TO AE0)
0 No
-2 DK (GO TO F6_XX FOR NEXT CHILD; ELSE GO TO AE0)
-1 RF (GO TO F6_XX FOR NEXT CHILD; ELSE GO TO AE0)

F8_XX. Is this child (MALE: in the care of its mother), in the care of a relative, (MALE: in the care of a relative of its mother),in foster care, did you release the child for adoption, or what?

1 CHILD'S MOTHER (GO TO F6_XX FOR NEXT CHILD; ELSE GO TO AE0)
2 RELATIVE (GO TO F6_XX FOR NEXT CHILD; ELSE GO TO AE0)
3 RELATIVE OF CHILD'S MOTHER (GO TO F6_XX FOR NEXT CHILD; ELSE GO TO AE0)
4 IN FOSTER CARE (GO TO F6_XX FOR NEXT CHILD; ELSE GO TO AE0)
5 RELEASED FOR ADOPTION (GO TO F6_XX FOR NEXT CHILD; ELSE GO TO AE0)

6 OTHER (SPECIFY) (F8OTH_XX)

F8OTH_XX. Please Specify _____(GO TO F6_XX FOR NEXT CHILD; ELSE GO TO AE0)

END LOOP

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

Note: Deleted check item. ESTEP sample will now go through this section.

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 AE15)** 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

(IF AGE (CALCULATE FROM D6) >= 19, GO TO AE21)

IF R HAS HIGH SCHOOL DIPLOMA/GED SKIP TO AE18

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. **(ASK IF R DOES NOT HAVE CHILDREN (F1=0 and F4=0)) (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 and F4=0) AND IS NOT PREGNANT (F6=0)) (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 IF ESTEP SAMPLE AND STILL IN CARE (D6.3=1); ELSE GO TO CHECK AT END OF SECTION

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
2 Friend(s)
3 Foster family
4 Biological parents
5 Other relatives
6 Other (SPECIFY) _____ (80 characters)
-2 DK
-1 RF

CHECK: IS R IN ESTEP SAMPLE?

1 Yes (CONTINUE WITH WOODCOCK-JOHNSON)
0 No (GO TO LA1)

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

LA1_OTH. Please Specify _____

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 ITEM: IF D14A IS YES, DK, OR RF, CHECK IF HH ROSTER AVAILABLE AND CONFIRM AND REVISE HH ROSTER (GO TO VERLA5_X).

IF NO HH ROSTER EXISTS, THEN:

IF 2 <=D14<=9, GO TO LA4_XX.
IF D14=1 OR D14>=10, GO TO LA14

IF D14A IS NO, THEN:
IF 2 <=D14<=9, GO TO LA4_XX.
IF D14=1 OR D14>=10, GO TO LA14

LOOP BEGINS
VERLA5_X. I would like to verify the household information you gave on <date of last interview>.

Does <namefill from HH roster> still live in the household?

1 Yes
0 No (GO TO NEXT HH MEMBER OR FIL1)
-2 DK
-1 RF

VERLA5_XX. (I would like to verify the Household information you gave on <interview date>.)

<Text fill: NAME FROM HH roster> is textfill from HH roster: male/female)?

1 Yes (GO TO VERLA6_XX)
0 No (GO TO VERLA5b_XX)
-2 DK (GO TO VERLA6_XX)
-1 RF (GO TO VERLA6_XX)

VERLA5b_XX. Is (Text fill: NAME FROM LA4_XX) male or female?

1 Male
2 Female
-2 DK
-1 RF

VERLA6_XX. (I would like to verify the Household information you gave on (interview date).)

And <namefill from HH roster>'s age is <age from HH roster +1 year>?

1 Yes (GO TO VERLA8_XX)
0 No (GO TO VERLA6b_XX)
-2 DK (GO TO VERLA6b_XX)
-1 RF (GO TO VERLA6b_XX)

VERLA6b_XX. How old is (Text fill: NAME FROM LA4_XX)

ENTER NUMBER: _____ (3-DIGIT; SOFT CHECK: MAX 110) (GO TO VERLA8_XX)
-2 DK (GO TO VERLA7_XX)
-1 RF (GO TO VERLA7_XX)

VERLA7_XX. You guessed <namefill from HH roster> is

INTERVIEWER: PLEASE UPDATE IF NECESSARY.

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

VERLA8_XX. And <namefill from HH roster>'s relationship to you is <relationship from HH roster>?

1 BIOLOGICAL MOTHER (GO TO NEXT HH MEMBER OR FIL1)
2 STEP-MOTHER (GO TO NEXT HH MEMBER OR FIL1)
3 ADOPTIVE MOTHER (GO TO NEXT HH MEMBER OR FIL1)
4 FOSTER MOTHER/FORMER FOSTER MOTHER (GO TO NEXT HH MEMBER OR FIL1)
5 SISTER (GO TO VERLA9_XX)
6 AUNT (GO TO NEXT HH MEMBER OR FIL1)
7 GRANDMOTHER (GO TO NEXT HH MEMBER OR FIL1)
8 DAUGHTER(GO TO NEXT HH MEMBER OR FIL1)
9 BIOLOGICAL FATHER (GO TO NEXT HH MEMBER OR FIL1)
10 STEP-FATHER (GO TO NEXT HH MEMBER OR FIL1)
11 ADOPTIVE FATHER (GO TO NEXT HH MEMBER OR FIL1)
12 FOSTER FATHER/FORMER FOSTER FATHER (GO TO NEXT HH MEMBER OR FIL1)
13 BROTHER (GO TO VERLA9_XX)
14 UNCLE (GO TO NEXT HH MEMBER OR FIL1)
15 GRANDFATHER (GO TO NEXT HH MEMBER OR FIL1)
16 SON
17 COUSIN (GO TO NEXT HH MEMBER OR FIL1)
18 OTHER RELATIVE (GO TO NEXT HH MEMBER OR FIL1)
19 BOYFRIEND/GIRLFRINED (GO TO NEXT HH MEMBER OR FIL1)
20 ROOMMATE (GO TO NEXT HH MEMBER OR FIL1)

21 MENTOR, HOST, SUPERVISOR (GO TO NEXT HH MEMBER OR FIL1)
22 OTHER NONRELATIVE (GO TO NEXT HH MEMBER OR FIL1)
-2 DK
-1 RF

VERLA9_XX. Which description best fits <namefill from HH roster>'s relationship to you?

[SHOW CARD D]

1 1. FULL BROTHER (GO TO NEXT HH MEMBER OR FIL1)
2 2. HALF BROTHER (GO TO NEXT HH MEMBER OR FIL1)
3 3. STEP BROTHER (GO TO NEXT HH MEMBER OR FIL1)
4 4. ADOPTIVE BROTHER (GO TO NEXT HH MEMBER OR FIL1)
5 5. FOSTER BROTHER /FORMER FOSTER BROTHER(GO TO NEXT HH MEMBER OR FIL1)
6 6. FULL SISTER (GO TO NEXT HH MEMBER OR FIL1)
7 7. HALF SISTER (GO TO NEXT HH MEMBER OR FIL1)
8 8. STEP SISTER (GO TO NEXT HH MEMBER OR FIL1)
9 9. ADOPTIVE SISTER (GO TO NEXT HH MEMBER OR FIL1)
10 10. FOSTER SISTER/FORMER FOSTER SISTER (GO TO NEXT HH MEMBER OR FIL1)
11 11. OTHER (GO TO NEXT HH MEMBER OR FIL1)
-2 DK
-1 RF

LOOP ENDS

LOOP BEGINS

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, "IS THERE 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 (GO TO LA14)
-1 RF (GO TO LA14)

FIL1. Is there anyone who lives with you now who did not live with you on (date of last interview)? or Is there anyone who lives with you now who we did not list?

1 Yes (GO TO LA4_XX)
0 No (GO TO ROSTER)
-2 DK (GO TO ROSTER)
-1 RF (GO TO ROSTER)

ROSTER. INTERVIEWER: READ THE LIST BACK TO RESPONDENT TO CHECK THAT IT IS COMPLETE. SCROLL DOWN IF MORE THAN EIGHT NAMES.

NAMES ON HH ROSTER:

<list names>

Is there anyone else?

1 Yes – GO BACK TO ADD ADDITIONAL NAMES (GO TO LA4_XX)
0 No PRESS ENTER TO CONTINUE (GO TO LA5_XX if no new people on roster GO TO LA10)
-2 DK (GO TO LA5_XX)
-1 RF (GO TO LA5_XX)

BEGIN LOOP

LA5_XX. **(BEGIN HH ROSTER LOOP for each person added to roster)** Is (Text fill: NAME FROM LA4_XX) male or female?

1 Male
2 Female
-2 DK
-1 RF

LA6_XX. How old is (Text fill: NAME FROM LA4_XX)
(IF LESS THAN ONE YEAR, ENTER “0”).

ENTER NUMBER: _____ (3-DIGIT; SOFT CHECK: MAX 110) (GO TO LA8_XX)

-2 DK (GO TO LA7_XX)
-1 RF (GO TO LA7_XX)

LA7_XX. (IF LA6=DK OR RF) Would you say (Text fill: IF LA5_XX=1: "he")(Text fill: IF LA5_XX=2: "she")(Text fill: IF LA5_XX=DK/RF: "he/she") 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. 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/FORMER 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/FORMER 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. Which description best fits (Text fill: NAME FROM LA4_XX)'s relationship to you?

[SHOW CARD D]

1 1. FULL BROTHER (GO TO NEXT HH MEMBER OR LA10)
2 2. HALF BROTHER (GO TO NEXT HH MEMBER OR LA10)
3 3. STEP BROTHER (GO TO NEXT HH MEMBER OR LA10)
4 4. ADOPTIVE BROTHER (GO TO NEXT HH MEMBER OR LA10)
5 5. FOSTER BROTHER /FORMER FOSTER BROTHER(GO TO NEXT HH MEMBER OR LA10)
6 6. FULL SISTER (GO TO NEXT HH MEMBER OR LA10)
7 7. HALF SISTER (GO TO NEXT HH MEMBER OR LA10)
8 8. STEP SISTER (GO TO NEXT HH MEMBER OR LA10)
9 9. ADOPTIVE SISTER (GO TO NEXT HH MEMBER OR LA10)
10 10. FOSTER SISTER/FORMER FOSTER SISTER (GO TO NEXT HH MEMBER OR LA10)
11 11. OTHER (GO TO NEXT HH MEMBER OR LA10)
-2 DK
-1 RF

END LOOP

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
2 Aunt
3 Sister
4 Cousin
5 Step mother
6 Other (SPECIFY) _____ (40 characters)
-2 DK
-1 RF

CHECK: IF LA8_XX=12, 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
2 Uncle
3 Brother
4 Cousin
5 Step father
6 Other (SPECIFY) _____ (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 we last spoke to you in (DATE OF LAST INTERVIEW—MONTH/YEAR).

First, how many foster homes have you been in since we last spoke to you?

ENTER NUMBER:___ (2-DIGIT; SOFT CHECK: 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 we last spoke to you?

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

ENTER NUMBER: ____ (2-DIGIT; SOFT CHECK: 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 happened since we last spoke with 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 since we last spoke with you?

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

LA18. Have you run away from a foster home or group home since the last time we spoke with you? (by run away, we mean staying away for at least one night)

1 Yes
0 No
-2 DK
-1 RF

Relationships

PRELOAD: WAS BIO MOM ALIVE AT LAST INTERVIEW? WAS BIO DAD ALIVE AT LAST INTERVIEW?

IF NEITHER BIO PARENT WAS ALIVE (OR BOTH DK OR REF), GO TO R16
IF BIO MOM NOT ALIVE, GO R7

FIX WORDING OF INTRO TO R6 DEPENDING ON WHICH PARENTS WERE ALIVE AT LAST INTERVIEW.

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 INTRO BEFORE R22_XX

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 INTRO BEFORE R22_XX)
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

PRELOAD: SIBLINGS FROM LAST TIME.

INTRO (If any siblings): Now I'd like to ask you about other brothers and sisters you told us about last time we spoke with you. These include biological brothers and sisters, half-brothers and half-sisters, and step-brothers and step-sisters. GO TO R22_XX.

R22_XX. Is (Text fill: NAME FROM PRELOAD) 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 PRELOAD), 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

SS9. In the past 12 months has there 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 has made a difference in your life?

1 Yes
0 No
-2 DK
-1 RF

SS11. Who is this person? You may choose more than one answer.
CODE ALL THAT APPLY (SHOULD THESE BE IN CAPS????)

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

SS12. Is 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.

Preload: Enrolled/not enrolled at date of last interview (ED1)

PRELOAD: R HAVE DIPLOMA OR GED AT LAST INTERVIEW (ED9)

CHECK: Enrolled at date of last interview?
Yes (Go To ED 0.9)
No

ED0.1My computer shows that you were not enrolled in regular school when we last talked with you in (last interview month/year). Have you been enrolled in regular school at any time since that date?
Yes (GO TO ED1)
No

CHECK: Did R have diploma or GED at last interview?
Yes(Go To ED32)
No

ED0.2 Since we last spoke with you, did you obtain a GED?
Yes (GO TO ED32)
No (GO TO ED33)

ED0.9 My computer shows that you were enrolled in regular school when we last talked with you in (last interview month/year).

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
7 DID NOT LIKE SCHOOL
2 EXPELLED
20 SUSPENDED
3 GOT MARRIED
4 PREGNANT
5 SCHOOL WAS TOO DANGEROUS
6 POOR GRADES
8 OFFERED JOB
9 ENTERED MILITARY
10 FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO GO
11 CHILD CARE RESPONSIBILITIES
12 HOME RESPONSIBILITIES
13 MOVED AWAY FROM SCHOOL
14 DIDN'T GET ALONG WITH OTHER STUDENTS
15 MY FRIENDS HAD DROPPED OUT OF SCHOOL
16 HAD A PROBLEM WITH DRUGS OR ALCOHOL
17 BECAME THE FATHER/ MOTHER OF A BABY
18 HAD A HEALTH PROBLEM
19 OTHER (SPECIFY) _____ (80 characters)
-2 DK
-1 RF

ED4. What kind of school (Text fill: IF ED1=1: "is")(Text fill: IF ED1=0: "was") that?
[SHOW CARD E]

1 1. Public school
2 2. Technical or vocational high school
3 3. Catholic school
4. 4. Private school-other religious affiliation
5 5. Private school-no religious affiliation
6 6. Alternative school
7 7. Charter School
9 8. Other (Please Specify)_____ (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: "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 (GO TO ED7)
0 NONE (GO TO ED7)
-2 DK (GO TO ED7)
-1 RF (GO TO ED7)

Preload: Highest Grade Attended (HGA) at last interview

CHECK: Is R currently enrolled (ED1=1)
Yes
No (GO TO ED7)

CHECK: Is HGA (ED6) same this time as HGA at last interview?
Yes
No (GO TO ED7)

ED6.1 When we spoke with you last time, you said you were attending HGA. Does this mean you repeated this grade?
Yes (GO TO ED8)
No

ED6.2 Can you tell me why are you attending the same grade?
ENTER VERBATIM _____

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 ED12, ELSE GO TO ED9

CHECK: IF R HAD DIPLOMA OR GED AT LAST INTERVIEW, GO TO ED32

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

1 Yes
0 No (GO TO check before ED12)
-2 DK ((GO TO check before ED12)
-1 RF (GO TO check before ED12)

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

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

Preload: ED12, ED13 from last interview.

CHECK: ED12 at last interview = 1 (Yes)
Yes (GO TO CHECK BEFORE ED13
No

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

CHECK: ED13 at last interview = 1 (Yes)
Yes (GO TO ED14)
No

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. Are you currently placed in a special education program?

1 Yes
0 No
-2 DK

-1 RF

ED14.1 Since we last spoke with you in [MONTH/YEAR OF LAST INTERVIEW], did you have to change schools because your family moved or you changed foster care placements?

1 Yes
0 No (GO TO ED16)
-2 DK (GO TO ED16)
-1 RF (GO TO ED16)

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

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

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

1 Yes
0 No
-2 DK
-1 RF

ED19. (During the last full school semester you attended,) were you ever 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. Since we last spoke with you, did you take 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 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)

BEGIN LOOP

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 ED38**) Please specify:

_____
_____
_____

ED37_XX. **(ASK IF ED36=13, 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, ELSE GO TO ED38** Please specify:

_____

_____

ED38_XX. When did you start going to (Text fill: NAME OF SCHOOL IN ED35) (Text fill: IF ED35 = -2 OR -1 “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) (Text fill: IF ED35 = -2 OR -1 “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: "did") you usually spend in (Text fill: NAME OF SCHOOL IN ED35) (Text fill: IF ED35 = -2 OR -1 “this school”)?

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: "did") you usually spend in (Text fill: NAME OF SCHOOL IN ED35) (Text fill: IF ED35 = -2 OR -1 “this school”)?

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 CHECK BEFORE 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

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

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

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 PS1)
-2 DK (GO TO NEXT TRAINING (ED35_XX), ELSE IF ED34=-2 GO TO PS1)
-1 RF (GO TO NEXT TRAINING (ED35_XX), ELSE IF ED34=-2 GO TO PS1)

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 ED35_XX or PS1)
4 4. GED (GO TO NEXT TRAINING (ED35_XX) OR PS1)
5 5. Other, (SPECIFY AND GO TO NEXT TRAINING (ED35_XX) OR PS1) _____ (80 characters)
-2 DK (GO TO NEXT TRAINING (ED35_XX) OR PS1)
-1 RF (GO TO NEXT TRAINING (ED35_XX) OR PS1)

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)

END LOOP

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

Preload: names of employers worked for AT date of last interview

E0. INTRO: Now I'd like to ask you about any work you may have done in the time since (last interview month/year). 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, working in a restaurant, or being in the military. 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.

NOTE: BUILD AN EMPLOYER ROSTER. INCLUDE NAMES OF EMPLOYERS AT LAST INTERVIEW DATE. ADD NAMES OF EMPLOYERS SINCE LAST INTERVIEW DATE.

CHECK: ARE THERE EMPLOYER NAMES FROM LAST INTERVIEW?
YES (ASK E0.1 AND E0.2 FOR EACH EMPLOYER, THEN GO TO E0.3
NO (GO TO E0.3)

BEGIN W1 EMPLOYER LOOP

E0.1 First we would like to ask you about the employers you worked for on (date of last interview). My computer shows that you (worked/also worked) for [name of employer from last interview()] on [date of last interview]. Are you currently working for [name of employer from last interview()]?

Yes (GO TO NEXT IN LOOP; AFTER LOOP, GO TO E0.3)
No

E0.2 In what month and year did you leave this job?

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

END W1 EMPLOYER LOOP

E0.3 (Besides your employment with (READ NAMES OF EMPLOYERS WORKED FOR AT LAST INTERVIEW),) since (DATE OF LAST INTERVIEW) have you done any (textfill: If R has employer(s) from previous round: "other") work at all for an employer?

Yes
No (GO TO CHECK BEFORE THE PREAMBLE TO E6)

E0.4-E0.8 IS A LOOP

BEGIN LOOP

E0.4 What is the name of the (first/next) employer you've had since (date of last interview)?
ENTER EMPLOYER NAME_____
(INTERVIEWER: IF R VOLUNTEERS SELF AS EMPLOYER, EXPLAIN AGAIN THE DISTINCTION BETWEEN FORMAL AND INFORMAL JOBS AND RE-ASK NAME OF EMPLOYER.)

E0.5. In what month and year did you start working for [EMPLOYER NAME FROM EMPLOYER ROSTER]?

ENTER MONTH ___ (2-DIGIT) AND YEAR ____ (4-DIGIT)
(CAN NOT BE BEFORE DATE OF LAST INTERVIEW)
-2 DK
-1 RF

E0.6 Are you currently working for [EMPLOYER NAME()]?

Yes (GO TO E0.8)
No
-2 DK (GO TO E0.8)
-1 RF (GO TO E0.8)

E0.7 In what month and year did you leave this job?

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

E0.8 Have you worked for any other employers since (DATE OF LAST INTERVIEW)?
YES (GO TO E0.4)
NO

END LOOP

CHECK: ARE THERE ANY NAMES ON THE EMPLOYER ROSTER (THIS INCLUDES E0.4=DK/RF)?
YES
NO (GO TO CHECKS BEFORE E38)

(BELOW IS THE PREAMBLE TO E6)

Now I'd like to ask a few questions about your employment with [employer's name()].

LOOP BEGINS HERE FOR EACH EMPLOYER SINCE DATE OF LAST INTERVIEW. FOR EMPLOYERS AT LAST INTERVIEW DATE, SKIP TO E14

LOOP BEGIN

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. Please Specify _____

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

E10. At (Text fill: EMPLOYER'S NAME FROM EMPLOYER ROSTER) (Text fill: IF EMPLOYER'S NAME ON EMPLOYER ROSTER=-2 OR -1: "this employer") (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "are")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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)

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)

E12. For your job with (Text fill: EMPLOYER'S NAME FROM EMPLOYER ROSTER) (Text fill: IF EMPLOYER'S NAME ON EMPLOYER ROSTER=-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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "work")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "worked")?)

ENTER
VERBATIM:_____

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

E13. **(ASK IF E12 =-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
-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 EMPLOYER ROSTER) (Text fill: IF EMPLOYER'S NAME ON EMPLOYER ROSTER=-2 OR -1: "this employer"), what kind of work (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "do")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you do? That is, what (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "is") (Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "was") 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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "are")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "Is")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "is")(Text fill: IF E2=1: "was") your (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "current") pay grade (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "in") (Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "when you left") the armed forces?

ENTER LETTER___, (2 characters) THEN NUMBER___ (2 characters)
-2 DK
-1 RF

E18. How many hours per week (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "do")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you USUALLY work at this job? (PROBE: DURING WEEKS WHEN YOU (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "ARE WORKING")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "do")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "are")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "do")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you usually work on weekdays?

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

E22. What (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "is")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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

E23. (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "Do")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "do")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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

E25. For your job with (Text fill: EMPLOYER'S NAME FROM EMPLOYER ROSTER) (Text fill: IF EMPLOYER'S NAME ON EMPLOYER ROSTER=-2 OR -1: "this employer"), (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "are")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "do")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") 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 E25=6: "month"; IF E25=7: "year")?

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

E27. (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "Do")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "do")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you usually earn from overtime pay, tips, commissions, bonuses or other types of pay?

ENTER AMOUNT $_ _ _,_ _ _._ _ (INTERVIEWER: PUT TIME UNIT IN NEXT QUESTION)
-2 DK
-1 RF

E28A**. (ASK IF NOT VOLUNTEERED IN E28)** 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 E28_OTH)
-2 DK (GO TO E29)
-1 RF (GO TO E29)

E28_OTH Please specify:

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

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

ENTER AMOUNT $_ _ _,_ _ _._ _ (GO TO E30)

-2 DK
-1 RF

E29.1. (ASK IF E29= 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

E30. Which of the following best describes how you (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "feel")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "felt") about your job with (Text fill: EMPLOYER'S NAME FROM EMPLOYER ROSTER) (Text fill: IF EMPLOYER'S NAME ON EMPLOYER ROSTER=-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

CHECK: IS EMPLOYER A JOB THAT STARTED SINCE DATE OF LAST INTERVIEW?
YES
NO (GO TO CHECK BEFORE E37)

E31. (If same employer as last year: "In the past 12 months" (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "Since you started this job,")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "When you worked at this job,"), how often (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "have")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "had")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "have") trouble:

E32. (How often (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "have") (Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "had")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "have") (Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "had")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "have") (Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "had")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "have") (Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "had")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "have") (Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "did") you (Text fill: IF E0.1=1 OR E0.6=1 FOR THIS EMPLOYER: "had")(Text fill: IF E0.1<1 OR E0.6<1 FOR THIS EMPLOYER: "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 at [EMPLOYER NAME] (E0.1=1 OR E0.6=1 FOR THIS EMPLOYER), skip to check after E37.

E37. Which of the reasons on this card best describes why you left (Text fill: EMPLOYER'S NAME FROM EMPLOYER ROSTER) (Text fill: IF EMPLOYER'S NAME ON EMPLOYER ROSTER=-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: ARE THERE ANY MORE EMPLOYERS ON ROSTER LIST?

YES (GO TO NEXT EMPLOYER IN ROSTER AND LOOP BACK TO CHECK BEFORE E6)
NO (GO TO CHECK BEFORE E38)

END LOOP

CHECK: IF AGE (CALCULATE FROM D6)>=16 AND E0.1<1 AND E0.6<1 FOR ALL EMPLOYERS IN EMPLOYER ROSTER, THEN ASK E38. IF AGE (CALCULATE FROM D6)<16 OR E0.1=1 OR E0.6=1, THEN GO TO E45_A.

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 E45_A)
4 UNABLE TO WORK (GO TO E45_A)
-2 DK (GO TO E45_A)
-1 RF (GO TO E45_A)

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) (E39B)
14 NOTHING, NO JOB SEARCH ACTIVITY
-2 DK
-1 RF

IF E39 IS ANSWERED AND NOT = TO 10 OR 13 GO TO E45_A

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 E45_A

E39B. Please specify other passive searches:

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

IF E39 IS ANSWERED GO TO E45_A

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 _____
-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 PRESS TO ENTER TYPES OF JOBS
0 NONE (GO TO S2)

E45. ENTER VERBATIM:_____
_____
_____
_____
_____
(200 characters)

-2 DK (GO TO S2)
-1 RF (GO TO S2)

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

CHECK ITEM: IF D6.3=1, THEN GO TO S2. IF D6.3=0, THEN GO TO S11.

S2. How many times in the last twelve months did you have face to face visits with your social worker or case manager from (Text fill: NAME OF STATE OR COUNTY CHILD WELFARE AGENCY)?

INTERVIEWER: THE YOUTH MAY HAVE HAD MORE THAN ONE SOCIAL WORKER OVER 12 MONTHS. PLEASE COUNT CONTACT WITH ALL SOCIAL WORKERS OVER THE LAST 12 MONTHS.

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 your 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)** In the last twelve months, has your social worker 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)** In the last twelve months, did your social worker talk with you about what life would be like when you turned 18?

1 Yes
0 No
-2 DK
-1 RF

S6. In the last twelve months, 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 social workers or case managers have you had from another agency in the past twelve months?

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

S8. How many times in the last twelve months 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 twelve months 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)** In the past twelve months, has this worker 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)** In the past twelve months, did this worker 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 twelve months, 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 S13b)
-2 DK (GO TO CHECK BEFORE S16)
-1 RF (GO TO CHECK BEFORE S16)

S12. How many sessions or classes did you attend?

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 Ref

S13a. Where did you attend these sessions or classes?

1 COMMUNITY COLLEGE
2 OTHER (SPECIFY)_____

S13AOTH. Please specify _____

S13b**. <u>CHECK: IS R SITE 1 (ILP) *AND* EXPERIMENT?</u>**

1 Yes
0 No (GO TO S13f)

S13ba CHECK: Is S11=1:

1 Yes
0 No (GO TO S13d)

S13c. Was that the Independent Living Program offered by the Community College Foundation?

1 Yes (GO TO S16)
0 No
-2 DK
-1 RF

S13d Were you offered an opportunity to take the ILP course from the Community College Foundation?

1 Yes
0 No (GO TO S16)

S13e. Why didn't you take the Independent Living Program course offered by the Community College Foundation?

CODE ALL THAT APPLY

I didn't think it met my needs
It was too difficult to get transportation
The time of day or week was inconvenient
I was too busy

I'm not ready to think about living on my own

Something else (Specify)

S13EOTH. Please specify _____

GO TO S16

S13f. **CHECK: IS R SITE 3 (KERN)?**

1 Yes
0 No (GO TO CHECK BEFORE S16)

S13g. Was that the Independent Living Skills Program at Bakersfield Community College?

1 Yes
0 No
-2 DK
-1 RF

CHECK: IF YOUTH IS IN LA CLUSTER 2 (ESTEP PROGRAM), GO TO S20

S16. In the past twelve months, have you been involved in mentoring other youth?

1 Yes
0 No
-2 DK
-1 RF

S17. In the past twelve months, 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. (Text fill: IF YOUTH IS IN LA CLUSTER 2: "In the past twelve months, 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 the past twelve months in preparing for your 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
9 Group Home Staff
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

S21_OTH. Please specify _____

S21a. In the past twelve months, have you received any educational tutoring for help with school?

1 Yes
0 No (GO TO S21ba)
-2 DK (GO TO S21ba)
-1 RF (GO TO S21ba)

S21b. Did you receive that tutoring at school, in your home, or someplace else?

CODE ALL THAT APPLY

1 SCHOOL
2 HOME
3 SOMEPLACE ELSE (SPECIFY)_____

S21BOTH. Please specify _____

S21ba. CHECK: IS R SITE 2 (ESTEP) ***AND*** EXPERIMENT?

1 Yes
0 No (GO TO S22)

S21bb. CHECK: IS S21a=1?

1 Yes
0 No (GO TO S21d)

S21c. Was that the ESTEP Tutoring program offered by the Community College Foundation?

1 Yes (GO TO S22)
0 No

S21d. Were you offered an opportunity to have an educational tutor as part of the ESTEP program with the Community College Foundation?

1 Yes
0 No (GO TO S22)

S21e. Why didn't you use the tutor offered by the Community College Foundation.

CODE ALL THAT APPLY

I didn't think it met my needs
I was too busy
The time of day or week was inconvenient
I didn't want that kind of help
Something else (Specify)

S21EOTH. Please specify _____

S22.In the past twelve months, have you received any of the following job-related help?

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

S27b. Help finding a summer job

1 Yes
0 No
-2 DK
-1 RF

S27c. Help from Job Corps

1 Yes
0 No
-2 DK
-1 RF

S28. Thinking about all the job-related help you've received in the past twelve months, 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

9 Group Home Staff
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

S28_OTH. Please specify _____

CHECK**: IS R SITE 3 (KERN) *AND* EXPERIMENT?**

1 Yes
0 No (GO TO CHECK BEFORE S29)

S28a. IS S22=1 OR S23=1 OR S24=1 OR S25=1 OR S26=1 OR S27=1 OR S27b=1 (RECEIVED JOB HELP IN ANY CATEGORY EXCEPT JOB CORPS)?

1 Yes
0 No (GO TO S28c)

S28b Did you receive any of this help from the Independent Living Employment Services program offered by Kern County?

1 Yes (GO TO S29)
0 No

S28c. Were you offered an opportunity to participate in the Independent Living Employment Services Program offered by Kern County?

0 Yes
0 No (GO TO S29)

S28d .Why didn't you take part in the Independent Living Employment Services Program?

CODE ALL THAT APPLY

I didn't think it met my needs
I was too busy
The time of day or week was inconvenient
I didn't want that kind of help
Something else (Specify)

S28_OTH. Please specify _____

CHECK: <u>IF YOUTH IS IN LA CLUSTER 2 (ESTEP PROGRAM), GO TO CHECK BEFORE S34</u>

S29. In the past twelve months, has anyone helped you understand how to do the following things?

Help understanding how to manage money

1 Yes
0 No
-2 DK
-1 RF

S30. Help understanding how to make and use a budget

1 Yes
0 No
-2 DK
-1 RF

S31. Help understanding how to open a Checking and Savings Account

1 Yes
0 No
-2 DK
-1 RF

S32. Help understanding how to balance a Checkbook

1 Yes
0 No
-2 DK
-1 RF

S33. Thinking about all the help you've received in the past twelve months understanding how to handle 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
9 Group Home Staff
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

S33_OTH. Please specify _____

CHECK: ASK S34-S37 IF AGE is 18 or older or if living on own (i.e. if D14=1, 2,3,11,12, or D14.1=15)

S34. In the past twelve months, 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 an 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 the past twelve months 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
9 Group Hom e Staff

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

S37_OTH. Please specify _____

S38. In the past twelve months, 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 the past twelve months 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
9 Group Home Staff
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

S42_OTH. Please specify _____

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

S45. Do you have a (IF SITE 1, 2, OR 3 AND AGE <18: "provisional") driver's license?
1 Yes (GO TO CHECK BEFORE 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: <u>ASK S47-S50 IF AGE (CALCULATE FROM D6) >= 18, ELSE GO TO S51</u>

S47. Since turning 18, have you 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 or county since turning 18?

1 Yes
0 No
-2 DK
-1 RF

S51. Is there any help, 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 help, training, or assistance would that be?

ENTER
VERBATIM:_____
_____
_____

(200 characters)

-2 DK

-1 RF

Physical Health: Wave 2

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
2 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. In the past 12 months, did you have a **physical examination** by a doctor or nurse?

1 Yes
0 No
-2 DK
-1 RF

PH17. In the past 12 months, did you have a **dental examination** by a dentist or hygienist?

1 Yes
0 No
-2 DK
-1 RF

PH18. In the past 12 months, have you received **family planning** counseling or services?

1 Yes
0 No
-2 DK
-1 RF

PH19. In the past 12 months, 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 12 months, 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 CHECK BEFORE PH23)
-2 DK (GO TO CHECK BEFORE PH23)
-1 RF (GO TO CHECK BEFORE 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

PH22_OTH. Please specify _____

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

Mental Health

CHECK: IF AGE < 18 (CALCULATE FROM D6), ADMINISTER YOUTH SELF REPORT (YSR1-YSR113)
IF AGE >= 18 (CALCULATE FROM D6) AND YOUTH IS STILL IN CARE (D6.3=1), ADMINISTER YOUTH SELF REPORT (YSR1-YSR113)
IF AGE >= 18 (CALCULATE FROM D6) AND YOUTH IS OUT OF CARE (D6.3=0), ADMINISTER ADULT SELF REPORT (ASR1-ASR126)

NOTE: YOUTH SELF REPORT VARIABLES ARE LABELED YSR1-YSR113 (OLD MH1-MH113), ADULT SELF REPORT VARIABLES ARE LABELED ASR1-ASR126 (OLD MH_1-MH_126).

MH114-MH122 ARE ASKED OF BOTH YOUTH AND ADULT RESPONDENTS

Achenbach – Youth Self Report

YSR1. 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.

YSR2. I act too young for my age.

[SHOW CARD M]

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

YSR3. I drink alcohol without my caregiver's approval.

[SHOW CARD M]

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

YSR4. I argue a lot.

[SHOW CARD M]

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

-1 RF

YSR5. I fail to finish things I start.

[SHOW CARD M]

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

YSR6. There is very little that I enjoy.

[SHOW CARD M]

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

YSR7. I like animals.

[SHOW CARD M]

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

YSR8. I brag.

[SHOW CARD M]

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

YSR9. I have trouble concentrating or paying attention.

[SHOW CARD M]

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

YSR10. I can’t get my mind off certain thoughts.

[SHOW CARD M]

0 Not True
1 Somewhat or Sometimes True

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

YSR11. I have trouble sitting still.

[SHOW CARD M]

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

YSR12. I'm too dependent on adults.

[SHOW CARD M]

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

YSR13. I feel lonely.

[SHOW CARD M]

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

YSR14. I feel confused or in a fog.

[SHOW CARD M]

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

YSR15. I cry a lot.

[SHOW CARD M]

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

YSR16. I am pretty honest.

[SHOW CARD M]

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

YSR17. I am mean to others.

[SHOW CARD M]

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

YSR18. I daydream a lot.

[SHOW CARD M]

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

YSR19. I deliberately try to hurt or kill myself.

[SHOW CARD M]

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

YSR20. I try to get a lot of attention.

[SHOW CARD M]

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

YSR21. I destroy my own things.

[SHOW CARD M]

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

YSR22. I destroy things belonging to others.

[SHOW CARD M]

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

YSR23. I disobey my caregivers.

[SHOW CARD M]

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

YSR24. (ASK IF ED1=1 OR (CURRENT MM/YYYY - ED2 MM/YYYY <= 6 MONTHS) I disobey at school.

[SHOW CARD M]

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

YSR25. I don’t eat as well as I should.

[SHOW CARD M]

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

YSR26. I don’t get along with other kids.

[SHOW CARD M]

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

YSR27. I don’t feel guilty after doing something I shouldn’t.

[SHOW CARD M]

0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True

-2 DK
-1 RF

YSR28. I am jealous of others.

[SHOW CARD M]

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

YSR29. I break rules at home or elsewhere.

[SHOW CARD M]

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

YSR30. I am afraid of certain animals, situations, or places.

[SHOW CARD M]

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

YSR31. (ASK IF ED1=1 OR (CURRENT MM/YYYY - ED2 MM/YYYY <= 6 MONTHS) I am afraid of going to school.

[SHOW CARD M]

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

YSR32. I am afraid I might think or do something bad.

[SHOW CARD M]

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

YSR33. I feel that I have to be perfect.

[SHOW CARD M]

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

YSR34. I feel that no one loves me.

[SHOW CARD M]

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

YSR35. I feel that others are out to get me.

[SHOW CARD M]

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

YSR36. I feel worthless or inferior.

[SHOW CARD M]

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

YSR37. I accidentally get hurt a lot.

[SHOW CARD M]

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

YSR38. I get in many fights.

[SHOW CARD M]

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

YSR39. I get teased a lot.

[SHOW CARD M]

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

YSR40. I hang around with kids who get in trouble.

[SHOW CARD M]

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

YSR41. I hear sounds or voices that other people think aren't there.

[SHOW CARD M]

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

YSR42. I act without stopping to think.

[SHOW CARD M]

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

YSR43. I would rather be alone than with others.

[SHOW CARD M]

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

YSR44. I lie or cheat.

[SHOW CARD M]

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

-1 RF

YSR45. I bite my fingernails.

[SHOW CARD M]

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

YSR46. I am nervous or tense.

[SHOW CARD M]

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

YSR47. Parts of my body twitch or make nervous movements.

[SHOW CARD M]

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

YSR48. I have nightmares.

[SHOW CARD M]

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

YSR49. I am not liked by other kids.

[SHOW CARD M]

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

YSR50. I can do certain things better than most kids.

[SHOW CARD M]

0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True

-2 DK
-1 RF

YSR51. I am too fearful or anxious.

[SHOW CARD M]

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

YSR52. I feel dizzy or lightheaded.

[SHOW CARD M]

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

YSR53. I feel too guilty.

[SHOW CARD M]

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

YSR54. I eat too much.

[SHOW CARD M]

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

YSR55. I feel overtired without good reason.

[SHOW CARD M]

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

YSR56. I am overweight.

[SHOW CARD M]

0 Not True

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

YSR57. The next questions ask about physical problems ***without a known medical cause.***

YSR57a. I have aches or pains (***do not include*** stomach or headaches).

[SHOW CARD M]

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

YSR57b. I get headaches.

[SHOW CARD M]

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

YSR57c. I feel nauseated, sick.

[SHOW CARD M]

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

YSR57d. I have problems with my eyes (***do not include*** if corrected by glasses).

[SHOW CARD M]

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

YSR57e. I get rashes or have other skin problems.

[SHOW CARD M]

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

-1 RF

YSR57f. I get stomachaches.

[SHOW CARD M]

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

YSR57g. I vomit or throw up.

[SHOW CARD M]

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

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

ENTER VERBATIM: _____ (80 characters)

YSR58. I physically attack people.

[SHOW CARD M]

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

YSR59. I pick my skin or other parts of my body.

[SHOW CARD M]

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

YSR60. I can be pretty friendly.

[SHOW CARD M]

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

YSR61. I like to try new things.

[SHOW CARD M]

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

YSR62. (ASK IF ED1=1 OR (CURRENT MM/YYYY - ED2 MM/YYYY <= 6 MONTHS) My school work is poor.

[SHOW CARD M]

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

YSR63. I am poorly coordinated or clumsy.

[SHOW CARD M]

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

YSR64. I would rather be with older kids than kids my own age.

[SHOW CARD M]

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

YSR65. I would rather be with younger kids than kids my own age.

[SHOW CARD M]

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

YSR66. I refuse to talk.

[SHOW CARD M]

0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True

-2 DK
-1 RF

YSR67. I repeat certain acts over and over.

[SHOW CARD M]

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

YSR68. I run away from home.

[SHOW CARD M]

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

YSR69. I scream a lot.

[SHOW CARD M]

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

YSR70. I am secretive or keep things to myself.

[SHOW CARD M]

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

YSR71. I see things that other people think aren't there.

[SHOW CARD M]

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

YSR72. I am self-conscious or easily embarrassed.

[SHOW CARD M]

0 Not True

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

YSR73. I set fires.

[SHOW CARD M]

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

YSR74. I can work well with my hands.

[SHOW CARD M]

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

YSR75. I show off or clown.

[SHOW CARD M]

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

YSR76. I am too shy or timid.

[SHOW CARD M]

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

YSR77. I sleep less than most kids.

[SHOW CARD M]

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

YSR78. I sleep more than most kids during the day and/or night.

[SHOW CARD M]

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

YSR79. I am inattentive or easily distracted.

[SHOW CARD M]

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

YSR80. I have a speech problem.

[SHOW CARD M]

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

YSR81. I stand up for my rights.

[SHOW CARD M]

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

YSR82. I steal at home.

[SHOW CARD M]

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

YSR83. I steal from places other than home.

[SHOW CARD M]

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

YSR84. I store up too many things I don’t need.

[SHOW CARD M]

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

YSR85. I do things that other people think are strange.

[SHOW CARD M]

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

YSR86. I have thoughts that other people would think are strange.

[SHOW CARD M]

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

YSR87. I am stubborn.

[SHOW CARD M]

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

YSR88. My moods or feelings change suddenly.

[SHOW CARD M]

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

YSR89. I enjoy being with people.

[SHOW CARD M]

0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True

-2 DK
-1 RF

YSR90. I am suspicious.

[SHOW CARD M]

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

YSR91. I swear or use dirty language.

[SHOW CARD M]

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

YSR92. I think about killing myself.

[SHOW CARD M]

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

YSR93. I like to make others laugh.

[SHOW CARD M]

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

YSR94. I talk too much.

[SHOW CARD M]

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

YSR95. I tease others a lot.

[SHOW CARD M]

0 Not True

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

YSR96. I have a hot temper.

[SHOW CARD M]

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

YSR97. I think about sex too much.

[SHOW CARD M]

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

YSR98. I threaten to hurt people.

[SHOW CARD M]

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

YSR99. I like to help others.

[SHOW CARD M]

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

YSR100. I smoke, chew, or sniff tobacco.

[SHOW CARD M]

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

YSR101. I have trouble sleeping.

[SHOW CARD M]

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

YSR102. (ASK IF ED1=1 OR (CURRENT MM/YYYY - ED2 MM/YYYY <= 6 MONTHS) I cut classes or skip school.

[SHOW CARD M]

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

YSR103. I don’t have much energy.

[SHOW CARD M]

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

YSR104. I am unhappy, sad, or depressed.

[SHOW CARD M]

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

YSR105. I am louder than other kids.

[SHOW CARD M]

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

YSR106. I use drugs for non-medical purposes (do not include alcohol or tobacco).

[SHOW CARD M]

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

-1 RF

YSR107. I like to be fair to others.

[SHOW CARD M]

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

YSR108. I enjoy a good joke.

[SHOW CARD M]

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

YSR109. I like to take life easy.

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

YSR110. I try to help other people when I can.

[SHOW CARD M]

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

YSR111. I wish I were of the opposite sex.

[SHOW CARD M]

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

YSR112. I keep from getting involved with others.

[SHOW CARD M]

0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True

-2 DK
-1 RF

YSR113. I worry a lot.

[SHOW CARD M]

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

Achenbach-Adult Self Report

ASR1 I am too forgetful

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

ASR2 I make good use of my opportunities

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

ASR3 I argue a lot

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

ASR4 I work up to my ability

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

ASR5 I blame others for my problems

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

ASR6 I use drugs (other than alcohol and nicotine) for nonmedical purposes
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR6OT Please describe:

ASR7 I brag
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR8 I have trouble concentrating or paying attention for long
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR9 I can't get my mind off certain thoughts
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR9OT Please describe

ASR10 I have trouble sitting still
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True

-2 DK
-1 RF

ASR11 I am too dependent on others
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR12 I feel lonely
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR13 I feel confused or in a fog
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR14 I cry a lot
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR15 I am pretty honest
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR16 I am mean to others
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True

-2 DK
-1 RF

ASR17 I daydream a lot
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR18 I deliberately try to hurt or kill myself
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR19 I try to get a lot of attention
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR20 I damage or destroy my things
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR21 I damage or destroy things belongings to others
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR22 I worry about my future
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True

-2 DK
-1 RF

ASR23 I break rules at work or elsewhere
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR24 I don't eat as well as I should
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR25 I don't get along with other people
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR26 I don't feel guilty after doing something I shouldn't
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR27 I am jealous of others
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR28 I get along badly with my family
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True

-2 DK
-1 RF

ASR29 I am afraid of certain animals, situations, or places
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR29OT Please describe

ASR30 My relations with the opposite sex are poor
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR31 I am afraid I might think or do something bad
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR32 I feel that I have to be perfect
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR33 I feel that no one loves me
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR34 I feel that others are out to get me
0 Not True
1 Somewhat or Sometimes True

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

ASR35 I feel worthless or inferior
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR36 I accidentally get hurt a lot
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR37 I get in many fights
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR38 My relations with neighbors are poor
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR39 I hang around people who get in trouble
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR40 I hear sounds or voices that other people think aren't there
0 Not True
1 Somewhat or Sometimes True

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

ASR40OT Please describe

ASR41 I am impulsive or act without thinking
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR42 I would rather be alone than with others
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR43 I lie or cheat
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR44 I feel overwhelmed by my responsibilities
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR45 I am nervous or tense
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR46 Parts of my body twitch or make nervous movements

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

ASR46OT Please describe

ASR47 I lack self-confidence

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

ASR48 I am not liked by others

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

ASR49 I can do certain things better than other people

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

ASR50 I am too fearful or anxious

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

ASR51 I feel dizzy or lightheaded

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

ASR52 I feel too guilty

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

ASR53 I have trouble planning for the future

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

ASR54 I feel tired without good reason

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

ASR55 My moods swing between elation and depression

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

ASR56A Physical problems_without known medical cause_:

Aches or pains (not_stomach or headaches)

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

ASR56B Headaches

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

-1 RF

ASR56C Nausea, feel sick

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

ASR56D Problems with eyes (not if corrected by glasses)

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

ASR56OT Please describe

ASR56E Rashes or other skin problems

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

ASR56F Stomachaches

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

ASR56G Vomiting, throwing up

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

ASR56H Heart pounding or racing

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

ASR56I Numbness or tingling in body parts
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR57 I physically attack people
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR58 I pick my skin or other parts of my body
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR58OT Please describe

ASR59 I fail to finish things I should do
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR60 There is very little that I enjoy
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR61 My work performance is poor

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

ASR62 I am poorly coordinated or clumsy

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

ASR63 I would rather be with older people than with people of my own age

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

ASR64 I have trouble setting priorities

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

ASR65 I refuse to talk

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

ASR66 I repeat certain acts over and over

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

ASR66OT Please describe

ASR67 I have trouble making or keeping friends
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR68 I scream or yell a lot
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR69 I am secretive or keep things to myself
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR70 I see things that other people think aren't there
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR70OT Please describe

ASR71 I am self-conscious or easily embarrassed
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR72 I worry about my family
- 0 Not True
- 1 Somewhat or Sometimes True

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

ASR73 I meet my responsiblities to my family

ASR74I show off or clown
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR75 I am too shy or timid
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR76 My behavior is irresponsible
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR77 I sleep more than most other people during day and/or night
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR77OT Please describe

ASR78 I have trouble making decisions
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK

-1 RF

ASR79 I have a speech problem
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR79OT Please describe

ASR80 I stand up for my rights
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR81 My behavior is very changeable
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR82 I steal
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR83 I am easily bored
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR84 I do things that other people think are strange

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

ASR84OT Please describe

ASR85 I have thoughts that other people would think are strange
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR85OT Please describe

ASR86 I am stubborn, sullen, or irritable
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR87 My moods or feelings change suddenly
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR88 I enjoy being with people
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR89 I rush into things without considering the risks
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK

-1 RF

ASR90 I drink too much alcohol or get drunk
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR91 I think about killing myself
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR92 I do things that may cause me trouble with the law
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR92OT Please describe

ASR93 I talk too much
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR94 I tease others a lot
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR95 I have a hot temper
0 Not True
1 Somewhat or Sometimes True

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

ASR96 I think about sex too much
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR97 I threaten to hurt people
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR98 I like to help others
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR99 I dislike staying in one place for very long
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR100 I have trouble sleeping
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR100OT Please describe

ASR101 I stay away from my job even when I'm not sick and not on vacation

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

ASR102 I don't have much energy

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

ASR103 I am unhappy, sad, or depressed

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

ASR104 I am louder than others

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

ASR105 People think I am disorganized

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

ASR106 I try to be fair to others

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

ASR107 I feel that I can't succeed

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

ASR108 I tend to lose things

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

ASR109 I like to try new things

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

ASR110 I wish I were of the opposite sex

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

ASR111 I keep from getting involved with others

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

ASR112 I worry a lot

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

-1 RF

ASR113 I worry about my relations with the opposite sex
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR114 I fail to pay my debts or meet other financial responsibilities
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR115 I feel restless or fidgety
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR116 I get upset too easily
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR117 I have trouble managing money or credit cards
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK
-1 RF

ASR118 I am too impatient
0 Not True
1 Somewhat or Sometimes True
2 Very True or Often True
-2 DK

-1 RF

ASR119 I am not good at details
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR120 I drive too fast
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR121 I tend to be late for appointments
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR122 I have trouble keeping a job
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR123 I am a happy person
- 0 Not True
- 1 Somewhat or Sometimes True
- 2 Very True or Often True
- -2 DK
- -1 RF

ASR124 In the past 6 months, about how many times per day did you use tobacco (including smokeless tobacco)? TIMES PER DAY:

ASR125 In the past 6 months, on how many days were you drunk? NUMBER OF DAYS:

ASR126 In the past 6 months, on how many days did you use drugs for nonmedical purposes (including marijuana, cocaine, and other drugs, except alcohol and nicotine)? NUMBER OF DAYS:

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 PT2)
-2	DK (GO TO PT2)
-1	RF (GO TO PT2)

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 PT2)
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: Wave 2

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, help 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 ASSAULT")
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)

NOTE: PT14 has a slightly different form and allows response in categorical time period or age.

PT14. When did (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, help 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, help 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"))) happen?

1 WITHIN THE LAST 2 WEEKS
2 2-4 WEEKS AGO
3 1-6 MONTHS AGO
4 6-12 MONTHS AGO
5 DK, BUT WITHIN THE LAST YEAR
6 MORE THAN ONE YEAR AGO
7 RESPONDED BY AGE

IF PT14 = 1-6 SKIP TO PT15

PT14A ENTER R'S AGE:

IF PROVIDE AGE, SUBTRACT AGE OF OCCURRENCE FROM CURRENT AGE. IF > 1, ASSIGN CATEGORY 6. IF <=1, ASK PT14B.

PT14B. Did the event occur within the last year?

1 Yes
2 No

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, help 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, help 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, help 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, help 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

CHECK: If PT14 is 1-5 or PT14B=1, use “the time after the stressful or upsetting experience happened to you”. If PT14=6 OR PT14B=2 use “the past twelve months” for the intro before PT18.

Now I would like to ask you about (the time after the stressful or upsetting experience happened to you/the past twelve months).

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, help 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, help 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. In the past 12 months, did you keep having bad dreams or nightmares about it?

1	Yes
0	No
-2	DK
-1	RF

PT20. In the past 12 months, 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, help 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, help 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. In the past 12 months, Did you get very upset when you were reminded of it?

1	Yes
0	No

-2 DK
-1 RF

PT22. In the past 12 months,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, help 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, help 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, help 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, help 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

IF PT14 IS 1-5 OR PT14B=1, THEN SKIP TO PT24

PT23A. Have you had trouble sleeping in the past 12 months?

1 Yes

0 No

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

IF PT14 IS 1-5 OR PT14B=1, THEN SKIP TO PT25

PT24A. Have you felt unusually irritable or lost your temper in the past 12 months?

1 Yes
0 No

PT25. After it, did you have difficulty concentrating?

1 Yes
0 No
-2 DK
-1 RF

IF PT14 IS 1-5 OR PT14B=1, THEN SKIP TO PT26

PT25A Have you had difficulty concentrating in the past 12 months?

1 Yes
0 No

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, help 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, help 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

IF PT14 IS 1-5 OR PT14B=1, THEN SKIP TO PT27

PT 26A. Have you been very much more concerned about danger in the past 12 months?

1 Yes
0 No

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, help 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, help 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

IF PT14 IS 1-5 OR PT14B=1, THEN SKIP TO PT28

PT27A. Have you been jumpy or easily startled in the past 12 months?

1 Yes
0 No

CHECK: IF (PT14 IS 1-5 OR PT14B=1) AND PT23, PT24, PT25, PT26, PT27 ALL = NO, GO TO SA1.

IF (PT14=6 OR PT14B=2) AND PT23A, PT24A, PT25A, PT26A, PT27A ALL=NO, GO TO SA1

PT28. In the past 12 months, 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, help 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, help 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. In the past 12 months, 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)** In the past 12 months (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, help 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, help 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, help 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, help 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, help 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, help 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, help 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, help 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

IF PT14 is 1-5 OR PT14B=1, SKIP TO PT 34.

PT33A Have you been less interested in doing things that were once important to you in the past 12 months.

1 Yes

0 No

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, help 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, help 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

IF PT14 is 1-5 OR PT14B=1, SKIP TO PT 35.

PT34A. Have you felt isolated or distant from other people in the past 12 months?

1 Yes
0 No

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, help 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, help 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

IF PT14 is 1-5 OR PT14B=1, SKIP TO PT 36.

PT35A. Have you had difficulty experiencing normal feelings in the past 12 months.

1 Yes
0 No

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, help 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, help 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

IF PT14 is 1-5 OR PT14B=1, SKIP TO PT 37.

PT36A. have you felt there was no point in thinking about the future in the past 12 months.

1 Yes
0 No

CHECK: IF (PT14 IS 1-5 OR PT14B=1) AND IF PT28, PT29, PT30,PT31, PT32, PT33, PT34, PT35, PT36 ALL = NO, GO TO SA1

IF (PT14=6 OR PT14B=2) AND PT28A, PT29A, PT30A, PT31A, PT32A, PT33A, PT34A, PT35A, PT36A 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, help 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, help 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, help 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, help 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

IF MORE THAN ONE YEAR, ASK:

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, help 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, help 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, help 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, help 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, help 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, help 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. In the past 12 months, have you 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, help 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, help 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. In the past 12 months, 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, help 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, help 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

Substance Abuse

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)

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)

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: Wave 2

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

SB10A. Have you had sexual intercourse in the **last 12 months**?"

1 Yes
0 No (GO TO V0)
-2 DK (GO TO V0)
-1 RF (GO TO V0)

SB10B. 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 SB8)** 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

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 SB12)** Would you say it was...

1 1
2 2-5
3 6-9
4 10 or more
-2 DK
-1 RF

SB12. Thinking about (Text fill: IF 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 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: |_|_|_| (IF "0", GO TO V0) (3-DIGIT; CHECK: MIN=0, MAX=100)
-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 <u>last time</u> you had **any type of sex** with a male <u>or</u> female partner, was a condom used?

1 Yes
0 No
-2 DK
-1 RF

Check: Is R Female?

1 Yes
0 No (Go To SB18)

Preload: Pregnant at last interview (F5=1)

SB17 (ASK IF FEMALE): (Text fill: If pregnant at last interview: "When we last spoke with you, you told us you were pregnant. Not including that pregnancy," Have you been pregnant since we last spoke with you in (date of last interview month/year)?

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

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

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

SB18 (ASK IF MALE): In the past 12 months, have you been told that you may have made someone pregnant?

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

SB19. In the past 12 months, have you ever ACTUALLY made someone pregnant?

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

SB20. In the past 12 months, how may times have you made someone pregnant?
once
more than once

GO TO NEXT SECTION

Victimization

CHECK: ASK IF AGE >=18 & NOT IN FOSTER CARE, ELSE 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

V28a. In the past 12 months, has someone pulled a gun on you?

1 Yes
0 No
-2 DK
-1 RF

V28b. In the past 12 months, has someone pulled a knife on you?

1 Yes
0 No
-2 DK
-1 RF

V28c. In the past 12 months, has someone shot you?

1 Yes
0 No
-2 DK
-1 RF

V28d. In the past 12 months, has someone stabbed you?

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

DY35. As a result of these charges, did you go to…

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: "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

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

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 E0.1=1 OR E0.6=1 OR E0.1<1 OR E0.6<1: "Earlier you told me about earnings you had from different jobs.") (Text fill: IF E0.1=1 OR E0.6=1 OR E0.1<1 OR E0.6<1: "Now") I'd like to ask you about (Text fill: IF E0.1=1 OR E0.6=1 OR E0.1<1 OR E0.6<1: "other") ways you may have made money or gotten help."

CHECK: IF AGE (CALCULATED FROM D6) <18 OR STILL IN FOSTER CARE, 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 (IF PRELOAD # OF CHILDREN FROM LAST ROUND=0 AND F4<1), 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. 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 E0.1=<1 OR E0.3=1: "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 AFTER EW33)
-2 DK (GO TO CHECK AFTER EW33)
-1 RF (GO TO CHECK AFTER 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 AND NOT IN FOSTER CARE, 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? (Did you ever stay in a place like that in the last 12 months?)

1 Yes
0 No
-2 DK

-1 RF

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_W2

L0. That's all the survey questions I have, but now I would like to verify that the contacting information we have for you is correct so we can 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.

CHECK: IF WAVE 1 L1 = YES SKIP TO L1.1
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) (GO TO L2)

L1.1 We have your nickname or the other name that you are known by as (WAVE 1 L1.1_OTH) Is this correct?

1 Yes (GO TO L2)
2 No (Name incorrect/changed)
3 No longer have a nickname (GO TO L2)
4 DK (GO TO L2)
5 RF (GO TO L2)

L1.1_OTH ENTER CORRECT NAME:_____(30 characters)

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)

CHECK: IF WAVE 1 L4 IS NO ASK L5A AND INSERT WAVE 1 L5 DATA IN L5A OTHERWISE SKIP TO L5

L5A. We have you current mailing address as {ADDRESS, APT, CITY, STATE, ZIP, FOREIGN STATE, FOREIGN POSTAL CODE, COUNTRY]. Is this correct?

1 Yes (GO TO L6)
2 NO
3 DK (GO TO L5_ADDR1)
4 RF (GO TO L6)

L5A1 INTERVIEWER: PLEASE CORRECT/UDPATE INFORMATION AS NEEDED

STREET ADDR1:
STREET ADDR2:
APARTMENT:
CITY:
STATE
ZIP CODE)
FOREIGN STATE/PROVINCE)
FOREIGN POSTAL CODE:
COUNTRY:

-2 DK
-1 RF

IF L5A1 IS ANSWERED SKIP TO L6

L5_ADDR1. 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

CHECK: IF WAVE1 L12 IS YES PLEASE SKIP TO L16

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)

L13 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)

IF WAVE 1 L16 IS NO, DK,RF SKIP TO L17

FOR 17.1 INSERT WAVE 1 L17 DATA
L17A We have your mother's information as [ADDRESS, APT, CITY, STATE, ZIP, FOREIGN STATE, FOREIGN POSTAL CODE, COUNTRY, PHONE NUMBER, WORK NUMBER]. Is this correct?

1 Yes (GO TO L17A)
2 NO (GO TO L17.1.A)
3 DK (GO TO L17.1.A
4 RF (GO TO L17A)

L17.1A INTERVIEWER: CORRECT/UPDATE INFORMATION AS NEEDED

NAME:
STREET ADDR1
STREET ADDR2:
APARTMENT
CITY:
STATE:
ZIP CODE
FOREIGN STATE/PROVINCE)
FOREIGN POSTAL CODE:
COUNTRY
PHONE NUMBER:
WORK NUMBER:

IF 17.1A IS ANSWERED SKIP TO L17A

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

IF WAVE1 L18 IS YES PLEASE SKIP TO L22
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

Ask L22 if question 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)

IF WAVE 1L22 IS NO, DK,RF SKIP TO L23

FOR L23.1 INSERT WAVE 1 L23 DATA

L23.1 We have your father's information as [ADDRESS, APT, CITY, STATE, ZIP, FOREIGN STATE, FOREIGN POSTAL CODE, COUNTRY, PHONE NUMBER, WORK NUMBER]. Is this correct?

5 Yes (GO TO L23A)
6 NO (GO TO L23.1A)
7 DK (GO TO L23.1A
8 RF (GO TO L23A)

L23.1A INTERVIEWER: CORRECT/UPDATE INFORMATION AS NEEDED

NAME:
STREET ADDR1
STREET ADDR2:
APARTMENT
CITY:
STATE:
ZIP CODE
FOREIGN STATE/PROVINCE)

FOREIGN POSTAL CODE:
COUNTRY
PHONE NUMBER:
WORK NUMBER:

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

L24A. (ASK IF (W1 LA8_XX=5 OR 13) OR (preload R16(NUMBRO)>0 OR R18(NUMSIS)>0), ELSE GO TO L28) INSERT L24 DATA FROM WAVE1.
During the last interview, we asked you to provide the names and addresses of two siblings who will know your whereabouts. These people would be able to contact you in case we have difficultly getting in touch with you in the future.

Would this sibling still be able to contact you?

[FNAME1]: _____ (30 characters)
[MNAME1]: _____ (30 characters)
[LNAME1]: _____ (30 characters)

1 Yes (GO TO NEXT SIBLING OR L25)
2 No (GO TO NEXT SIBLING OR L25)
-2 DK (GO TO NEXT SIBLING OR L25)
-1 RF (GO TO NEXT SIBLING OR L25)

(CHECK: LOOP MAX=2)

L25. Is this sibling's information recorded correctly?**(THIS INFO IS FROM WAVE 1 L25)**

NAME:
STREET ADDR1
STREET ADDR2:
APARTMENT
CITY:
STATE:
ZIP CODE
FOREIGN STATE/PROVINCE)
FOREIGN POSTAL CODE:
COUNTRY
PHONE NUMBER:
WORK NUMBER:
CELL PHONE NUMBER:
PAGER NUMBER
E-MAIL ADDR1:
E-MAIL ADDR2:

1 Yes (GO TO NEXT SIBLING at L24A, or LOGIC BEFORE L24)
2 No (GO TO 1474)
-2 DK (GO TO 1474)
-1 RF (GO TO 1474)

(CHECK: LOOP MAX = 2)

1474. INTERVIEWER CORRECT/UPDATE INFORMATION AS NEEDED

NAME:
STREET ADDR1
STREET ADDR2:
APARTMENT

CITY:
STATE:
ZIP CODE
FOREIGN STATE/PROVINCE)
FOREIGN POSTAL CODE:
COUNTRY
PHONE NUMBER:
WORK NUMBER:
CELL PHONE NUMBER:
PAGER NUMBER
E-MAIL ADDR1:
E-MAIL ADDR2:

LOGIC BEFORE L24:

IF L24 A LOOP 1 = NO AND L24A LOOP 2 = YES OR IF Loop 1=YES and Loop 2=NO: ALLOW FOR ONE NEW SIBLING CONTACT AND USE TEXTFILL "ONE"

IF L24A LOOP 1 AND LOOP 2 BOTH EQUAL NO, DK, REF ALLOW FOR TWO NEW SIBLING CONTACTS AND USE "BOTH" TEXTFILL

OTHERWISE SKIP TO L28

L24. You said that [one/both] of these siblings would not be able to contact you. Could you please provide me with [one/two] new 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)
2 DK (Go to next person or L28)
-1 RF (GO TO NEXT PERSON OR L28)

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))

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 (GO TO NEXT PERSON OR L28)
-1 RF (GO TO NEXT PERSON OR L28)

L28. Now I'd like to talk to you about adult relatives other than your parents. Have you seen any adult relatives in the past 12 months? (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 L30A_XX)
-2 DK (GO TO L30A_XX)
-1 RF (GO TO L30A_XX)

L28A_XX. (Text fill: IF L28A_01: What is the name of the adult relative you've seen the most of in the past 12 months?) (Text fill: IF L28A_XX > 1: What is this person's name and relationship to you?)

(PICKLIST OF NAMES FROM WAVE 1 L28A (FNAME1 + MNAME1 + LNAME1)) . ALSO THIS LISTING WOULD INCLUDE A “NOT ON LIST RESPONSE CATEGORY”

CHOOSE NAME (L29_XX)
NOT ON LIST (L28A2_XX)
1 NO OTHER RELATIVES (GO TO L30_XX)
-2 DK (L28A3_XX)
-1 RF (L29A_XX)

L28A2_XX ENTER NAME

FNAME: _____ (30 characters)

MNAME: _____ (30 characters)
LNAME: _____ (30 characters) (L28A3_XX)

IF CHOOSE NAME ON LISTING IWER WOULD CONFIRM INFO AND UPDATE AS NEEDED. THEN SKIP TO L29A. IF 'NOT ON LIST" RESPONSE CATERGORY IS SELECTED. IWER WOULD ENTER THE NAME AND DATA THROUGH L29A

(CHECK: LOOP MAX=99)

L28A3_XX. What is this person's relationship to you? SELECT RELATIONSHIP

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)

OTHER RELATED (SPECIFY) _____

OTHER NON-RELATED (SPECIFY) _____

L29_XX. **(ASK FOR EACH RELATIVE IN L28_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 past 12 months 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 L30_XX)
-2 DK (GO TO L30_XX)
-1 RF (GO TO L30_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)
ENTER NAME
1 NO ONE (GO TO L32)
-2 DK
-1 RF

L30FN.(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?)

FNAME: _____ (30 characters)
MNAME: _____ (30 characters)
LNAME: _____ (30 characters) (L30_XX)

L31A1_XX. **(ASK FOR EACH FRIEND IN L30_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
-1 RF

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)

L33FN. 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)

L33_REL. What is this person's relationship to you?

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) (L33_OTH1)
27 OTHER NON-RELATED (SPECIFY) _____ (80 characters) (L33_OTH2)
-2 DK
-1 RF

L33_OTH1. Please specify other related person
_____(L33A)

L33_OTH2. Please specify other non-related person
_____(L33A)

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 IF YOUTH IS OUT OF FOSTER CARE SKIP TO L35.1

L34FIL. 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). (L34_1)
PERON NOT ON LIST (L34FN)
PLACE/LOCATION NOT ON LIST (L34_1)

L34FN. (Could you tell me where you plan to move to once you leave foster care?)

FNAME: _____ (30 characters)
MNAME: _____ (30 characters)
LNAME: _____ (30 characters)

AUTOFILL RELATIONSHIP IF NAME CHOSEN IN PICKLIST

L34FN. What is <namefill>'s relationship to you?
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) (GO TO L34_OTH1)
27 OTHER NON-RELATED (SPECIFY) _____ (80 characters) (GO TO L34_OTH2)

L34_OTH1. OTHER RELATED _____

L34_OTH2. OTHER NON-RELATED _____

L34_1

AUTOFILL PERSON'S ADDRESS IF NAME CHOSEN IN PICKLIST.

INTERVIEWER: CONFIRM OR ENTER 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)

PHONE NUMBER: ___-___-____ (12 characters)
WORK NUMBER: ___-___-____ (12 characters)

-2 DK
-1 RF

L35. Are you in the armed forces?

1 Yes (GO TO L36)
0 No (GO TO L35.1)
-2 DK (GO TO L35.1)
-1 RF (GO TO L35.1)

L35.1 Do you intend to join the armed forces?

1 Yes
2 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? TEXT FILL: IF L35 IS ANSWERED YES " Which branch of the armed forces are you in?'

1 ARMY
2 NAVY
3 MARINES
4 AIR FORCE
5 OTHER (SPECIFY) _____ (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)

IF WAVE 1 L37 IS YES, PLEASE SKIP TO 38.1
L38. INTERVIEWER: ENTER DRIVER'S LICENSE OR STATE ID NUMBER:

DRIVER'S LICENSE: _____ (30 characters)
STATE ID: _____ (30 characters)
-2 DK
-1 RF

L38.1 We have your driver license/state identification number as (TEXTFILL WAVE 1 L38) Is this correct?

EDIT IF NECESSARY. IF DATA CORRECT PRESS ENTER

DRIVER'S LICENSE: _____ (30 characters)
STATE ID: _____ (30 characters)
-2 DK
-1 RF

IF WAVE 1 L39 IS ANSWRED AND IS NOT BLANK OR DK OR RF SKIP TO L39A
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) (GO TO L40)
-2 DK
-1 RF

L39A We have your Social Security number as (Textfill wave 1 L39). Is this correct?

1 Yes (GO TO L40)
2 No
-2 DK (GO TO L40)
-1 RF (GO TO L40)

L39B. UPDATE/CORRECT SOCIAL SECURITY NUMBER:

_ _ _-_ _-_ _ _ _ (11 characters

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:

INSERT TEXTFILL S

IF POSSIBLE AT-RISK BEHAVIOR EXIST, PLEASE READ THE FOLLOWING STATEMENT:

Earlier, you told me that you either 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 FIELS MANAGER