

Appendix E

- E1. Youth Questions by Source, Purpose and Application**
- E2. Youth Questionnaire Measures**

E1. Youth Questions by Source, Purpose and Application

Section	Question Number	Source (See glossary at end of table)	Purpose	Notes
Demographics	D1-D6	NLSY97	Population Characteristics	Only asked during baseline interview.
	D7-D12	3 State		
	D13	Add Health		
	D14	Baltimore		
	D17	NLSY97		
Fertility	F1-F7	NLSY97, Baltimore, and NSFG	Population Characteristics	
Attitudes and Expectations	AE1-AE22	NLSY97	Moderating Factors	Youth in Los Angeles County's ESTEP program will not be asked AE7-AE45.
	AE23-AE40	NCSAW questions. Response set has been altered to match Wisconsin study		
	AE41-AE45	Adapted from Baltimore		
Reading and Math Ability		Woodcock-Johnson: 1) Test 1: Letter-Word Identification Test 2) Test 5: Calculation 3) Test 9: Passage comprehension	Moderating Factors	See Appendix E2 for more information on the Woodcock Johnson. Youth in all programs except LA's ESTEP will receive (1). ESTEP youth will receive (2) and (3).
Living Arrangements	LA1-LA3	Baltimore	Moderating Factors	
	LA4-LA9	Add Health		
	LA10-LA13	Original question		
	LA14-LA18	3 State		
Relationships	R1-R7	Adapted from 3 State	Moderating Factors	
	R8	Original question		
	R9	Adapted from NSCAW		
	R10-R12	Original questions		
	R13	Adapted from NSCAW		
	R14-R15	Original questions		
	R16-R28	NSCAW		
Social Support	SS1-SS4	NSCAW	Moderating Factors	Youth in LA's ESTEP program will not be asked SS1-SS7.
	SS5-SS7	NSCAW wording of 3 State question		
	SS8	Original question adapted from NSCAW		
	SS9-SS10	NSCAW		
	SS11-SS13	Original questions		
Education	ED1-ED11	NLSY97	Intermediate and Longer-term Outcomes	
	ED12-ED24	3 State		
	ED25-ED27	NLSY97		
	ED28-ED31	3 State		
	ED32-ED44	NLSY97		
	ED45	Original question		
	ED46-ED49	NLSY97		
Pro-Social and Other Activities	PS1, PS3, PS5	Add Health	Moderating Factors	
	PS2, PS4, PS6	Original questions		

Section	Question Number	Source (See glossary at end of table)	Purpose	Notes
	PS7-PS10	NSCAW, 3 State, Add Health		
Employment	E1	3 State	Intermediate and Longer-term Outcomes	Not asked of 14 year olds in LA's ESTEP program.
	E2	Original question		
	E3	NLSY97		
	E4-E5	Adapted from 3 State		
	E6	Original question		
	E7-E15	NLSY97		
	E16	3 State		
	E17-E24	NLSY97		
	E25	Adapted from NLSY97/CPS		
	E26-E29	CPS		
	E30	NLSY97		
	E31-E40	Adapted from 3 State		
E41-E49	Original questions			
Services	S1-S51 except...	3 State	Intervention and Services	Youth in LA's ESTEP program will not be asked the following questions: S14-19, S29-37, and S45-52.
	S21, S28, S33, S37, S42	Original questions based on NSCAW, using NSCAW response set		
	S52	Original question		
Physical Health and Health Behaviors	PH1-PH5	NLSY97	Intermediate and Longer-term Outcomes	
	PH6	Original question		
	PH7	PLSY97		
	PH8	YRBS		
	PH9-PH12	Adapted from NHIS		
	PH13-PH15	Baltimore		
	PH16-PH23	3 State		
PH24-PH26	Adapted from NLSY97			
Mental Health	MH1-MH54	Achenbach Youth Self-Report/Adult Self-Report	Moderating Factors, Intermediate and Longer-term Outcomes	See Appendix E2 for information on the Achenbach Youth Self Report scale and the CIDI-SF. Youth over the age of 18 will be given the Adult Self-Report version.
	MH55	Original question		
	MH56-MH57	3 State		
	MH58	Original question		
	MH59	3 State		
	MH60-MH63	YRBS		
Substance Abuse	SA1-SA12	NLSY97	Moderating Factors, Intermediate Outcomes	Administered with ACASI; Youth in Los Angeles County's ESTEP program will not be asked SA13-SA22.
	SA13-SA22	Adapted from Monitoring the Future		
	SA23-SA24	NSCAW		
Sexual Behavior	SB1-SB2	NSFG	Intermediate Outcomes	Administered with ACASI.
	SB3-SB16	Adapted from NLSY97		
Victimization	V1-V16	3 State	Population Characteristics, Longer-term Outcomes	Administered with ACASI. During baseline interviews we ask only about victimization from pre-foster care caregivers. In the follow-up interviews, we ask only 18 year olds (and older youth) about
	V17-V25	Modified set of questions from 3 State		
	V26-V29	NSCAW		

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				victimization since entering foster care.
Delinquency and Externalizing Behaviors	DY0.1-DY0.19	NSCAW	Intermediate Outcomes	Administered with ACASI.
	DY1-DY39	NLSY97		
Economic Wellbeing	EW1-EW7	Based on NLSY97	Intermediate and Longer-term Outcomes	Some questions only asked of youth 18 years of age and older.
	EW8-EW10	NSCAW		
	EW11-EW14	Adapted from The Seattle Study		
	EW15-EW26	Original questions		
	EW27-EW28	NLSY97		
	EW29-EW32	Original questions		
	EW33-EW62	Precarious Families Study		
EW63-EW71	Subset from CPS Food Security Supplement			
Locating	L1-L40	Based on 3 State and NLSY97	Future Contact with Respondents	

Glossary

3 State

The 3 State Study is a study of youth leaving foster care conducted in Illinois, Iowa, and Wisconsin conducted by Dr. Mark Courtney at the Chapin Hall Center for Children at the University of Chicago. A longitudinal study of youth aged 17 years old, the results of the study will be used to understand the experiences of foster youth, and how various agencies and programs can address the youth's needs for services and support.

Add Health

The National Longitudinal Study of Adolescent Health is a school-based study of the health-related behaviors of adolescents in grades 7 to 12. It has been designed to explore the causes of these behaviors, with an emphasis on the influence of social context. Funded by the National Institute of Child Health and Human Development and 17 other federal agencies.

Baltimore

The Baltimore Study originated as an evaluation of one of the nation's first comprehensive prenatal service programs for school-aged pregnant teenagers and evolved into one of the longest running longitudinal studies of families growing up in disadvantage. Beginning in 1966 with an interview of some 399 women who registered over a period of two years for prenatal services at Sinai Hospital in Baltimore, the project was able to follow nearly two thirds of the mothers and children into the mid 1990s by which time the children were between 26 and 29.

CIDI-SF

The Composite International Diagnostic Interview—Short Form was developed by the World Health Organization (WHO). Data are reported on a series of short-form screening scales of DSM-III-R psychiatric disorders developed from the WHO's composite International Diagnostic Interview (CIDI).

CPS

The Current Population Survey is a monthly survey of about 50,000 households conducted by the Bureau of the Census for the Bureau of Labor Statistics. The survey has been conducted for more than 50 years and is the primary source of information on U.S. labor force characteristics. Published data focus on individuals ages 16 and older. Estimates obtained from the CPS include employment, unemployment, earnings, hours of work, and other indicators.

Monitoring the Future

Monitoring the Future is an ongoing study of the behaviors, attitudes and values of American secondary school students, college students, and young adults. Each year a total of some 50,000 8th, 10th, and 12th grade students are surveyed.

NHIS

The National Health Interview Survey is the principal source of information on the health of the civilian, noninstitutionalized population of the U.S. and is one of the major data collection programs for the National Center for Health Statistics. The survey was initiated in 1957 and is a cross-sectional household interview survey. NHIS data are used to monitor trends in illness and disability.

NLSY97

The National Longitudinal Survey of Youth 1997 consists of a nationally representative sample of approximately 9,000 youth who were 12 to 16 years old as of December 31, 1996. Both the eligible youth and one of the youth's parents received hour-long personal interviews and the youth continue to be interviewed on an annual basis. The NLSY97 is designed to document the transition from school to work and into adulthood. It collects extensive information about youths' labor market behavior and educational experiences over time.

NSCAW

The National Survey of Child and Adolescent Well-Being is sponsored by the Administration for Children, Youth, and Families of the U.S. Department of Health and Human Services. This Congressionally mandated, \$26 million project is the most comprehensive study ever undertaken of the child welfare system by examining child and family well-being outcomes and relates those outcomes to the child's experience with the child welfare system. Data collection included computer-assisted personal interviews with the children, parents, caregivers, and caseworkers.

NSFG

The National Survey of Family Growth was conducted by the National Center for Health Statistics in 1973, 1976, 1988 and 1995. These surveys were based on personal interviews conducted in the homes of a national sample of women 15-44 years of age in the civilian, non-institutionalized population of the U.S. The main purpose of these surveys was to provide reliable data on marriage, divorce, contraception, infertility, and the health of women and infants in the U.S.

Precarious Families

The study, Assessing the Effects of Welfare Reform on California's Most Precarious Families, was conducted by a partnership between UC DATA, UC Berkeley's School of Social Welfare, and the Urban Institute, to identify characteristics of welfare recipients that may put them at high risk for adverse outcomes under welfare reform.

The Seattle Study

The Seattle Study was conducted for the Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, by NORC with funding from the Center for Substance Abuse Treatment. Data was collected on approximately 400 individuals residing in King County, Washington, who were SSI recipients for drug and alcohol addiction as of December 1996. Data was collected on their addiction, medical needs, where they were living and the overall circumstances of their lives.

Wisconsin Study

The Foster Youth Transitions to Adulthood Study is a longitudinal study, conducted by Dr. Mark Courtney and Dr. Irving Piliavin of the University of Wisconsin Madison School of Social Work, follows youths transitioning out of the foster care system. Data collected included physical and sexual victimization, unemployment, homelessness, and incarceration.

YRBS

The Youth Risk Behavior Surveillance System was developed in 1990 to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the U.S. Behaviors studied include tobacco use, unhealthy dietary behaviors, inadequate physical activity, alcohol and other drug use, sexual behaviors that contribute to unwanted pregnancy, sexually transmitted diseases including HIV infection, and behaviors that contribute to unintentional injuries and violence.

E2. Youth Questionnaire Measures

Section	Measure	Title and General Description	Standardization Sample	Psychometrics (reliability and validity)
Reading and Math Ability	Woodcock Johnson (Test 1, Test 5, and Test 9)	<p><i>Mini-Battery of Achievement (MBA)</i>; Woodcock, McGrew, & Werder, 1994, Riverside Publishing</p> <p>4 subtests: reading (includes letter-word identification, vocabulary, and comprehension), writing, mathematics, and general knowledge.</p> <p>Yields: standardized scores, percentile ranks, age and grade equivalents, and 1-page narrative report via computer scoring program; Age range: 6 and up</p>	6,026 individuals 4 to 95 years. From 100 geographically diverse communities; stratified by region, community size, gender, ethnicity, funding, and type of college, distribution of adult education, and adult occupation in the community/representative of the population at large	<p>Internal consistency reliability: Reading $r = .88-.98$, Mdn $r = .94$ (across age groups); mathematics $r = .70-.98$; Msn $r = .93$; factual knowledge $r = .80-.96$; Mdn $r = .87$;</p> <p>Test-retest reliability: reading $r = .89$ mathematics $r = .86$; factual knowledge $r = .88$ (6th graders);</p> <p>Concurrent validity: reading $r = .70-.75$; mathematics $r = .57-.72$; factual knowledge $r = .64-.74$</p> <p>Convergent and discriminant validity: correlations of specific areas higher with same areas than those of different areas.</p>
Mental Health	Achenbach Youth Self-Report/Adult Self-Report (Questions MH1-MH54)	<p><i>Youth Self-Report (YSR)</i> Achenbach, 1992; <i>Adult Self-Report (ASR)</i> University Associates in Psychiatry; Burlington, VT</p> <p>Problem behavior scales: 8 syndromes (withdrawn, somatic complaints, anxious/depressed, social problems, thought disorder, attention problems, delinquent behavior, aggressive behavior); and 3 compiled (internalizing, externalizing, and total problems);</p> <p>Social competence scales: Total competence and activities and social;</p> <p>Yields: raw scores and standardized scores Age range: 11 and up</p>	1,719 children out of a pool of 1,942 ages 11 to 18 who were considered to be healthy (i.e., not received mental health services or special remedial school in past 12 months). Sample representative in terms of gender, SES, ethnicity, and region. Norms are provided for boys and girls separately divided into two age groups each.	<p>Test-retest reliability: whole sample $r = .80$ (total competence), $r = .79$ (total problems); $r = .80$ (internalizing); $r = .81$ (externalizing);</p>
	CIDI-SF (Questions PT1-PT46)	<p><i>Composite International Diagnostic Interview – Short Form</i>; <i>Epidemiology and Services Research, Mental Health Program, World Health Organization.</i></p> <p>CIDI is a fully structured interview that maps the symptoms elicited during the interview onto DSM-IV and ICD-10 diagnostic criteria and reports whether the diagnostic criteria are satisfied.</p>		<p>Inter-rater reliability is excellent, the test-retest reliability is good, and the validity has been demonstrated to be good (Andrews, G; Peters, L. The psychometric properties of the Composite International Diagnostic Interview. <i>Social Psychiatry Epidemiology</i>, March, 1998).</p>