

## **Appendix A:**

### **Adult Survey**

- Section 1: Household Roster (HRS)
- Section 2: Outlook and Social Networks (HSN)
- Section 3: Housing Consumption and Mobility (HHC)
- Section 4: Neighborhoods (HNB)
- Section 5: Education and Training (HED)
- Section 6: Employment and Earnings (HEM)
- Section 7: Income and Assistance (HIN)
- Section 8: Savings and Assets (HSA)
- Section 9: Physical Health (HPH)
- Section 10: Substance Abuse (HSU)
- Section 11: K6 (HK6)
- Section 12: Mental Health Screener (HSC)
- Section 13: Depression (HDE)
- Section 14: Mania (HMA)
- Section 15: Panic Disorder (HPD)
- Section 16: Generalized Anxiety Disorder (HGA)
- Section 17: Intermittent Explosive Disorder (HIE)
- Section 18: Victimization and PTSD (HCV)
- Section 19: Mental Health Services (HSR)
- Section 20: Parent Report on Youth (HPY)
- Section 21: Respondent Report of Household Outcomes (HHO)
- Section 22: Relationships, Fathers and Parenting (HRL)
- Section 23: Decision Making (HDM)
- Section 24: Contact Information (HCI)

**Moving to Opportunity**

**Final Impact Evaluation**

**Adult Questionnaire**

**National Bureau of Economic Research**  
**University of Michigan**  
**2008-2009**

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**Interviewer:** Obtain written consent and read the following statement before beginning the interview:

*“Before we begin this interview, let me assure you that this interview is completely confidential and voluntary. If we come to any question that you do not want to answer, just let me know and we will go on to the next question.”*

**Adult Questionnaire**

**A\_Section 01: Household Roster**

The adult respondent survey will begin with a roster to take stock of who is currently living in the household, and to collect information on the residential status of members who resided in the MTO household at time of enrollment. Information from the baseline survey, the 1997 and 2000 canvases and the Interim survey about household membership will be pre-loaded. Information will be updated for existing household members, and information about new members will be collected.

*Preload: All people in the baseline household and all other people reported as living with R at the time of last contact*

To begin, I need to get a list of the people that live with you in this household – including their name, age, race or ethnicity, and relationship to you. Let’s start with you.

**HRS1.** Person ID: \_\_\_\_\_

**HRS2.** First Name: \_\_\_\_\_

**HRS3.** Last Name: \_\_\_\_\_

**HRS4:** Is [Name] living with you now?

- Yes ..... 1
- No ..... 5 (**GO TO HRS11**)
- Deceased ..... 7 (**GO TO NEXT PERSON**)

**HRS5.** What is (his/her) relationship to you?

- BIRTH CHILD ..... 1
- ADOPTED CHILD..... 2
- STEP CHILD..... 3
- GRANDCHILD ..... 4
- FOSTER CHILD ..... 5
- OTHER CHILD ..... 6
- SPOUSE ..... 7
- PARTNER (ROMANTIC) ..... 8
- FRIEND (NOT ROMANTIC).... 9
- PARENT ..... 10
- SIBLING..... 11
- COUSIN ..... 12
- OTHER RELATIVE..... 13
- OTHER NONRELATIVE..... 14
- HEAD OF HOUSEHOLD ..... 96

**HRS6.** Is [Name] male or female?

- Male ..... 1
- Female..... 2

**HRS7.** What is [Name’s] date of birth?

- Date: \_\_\_\_\_ (**GO TO HRS8**)
- DK..... (**GO TO HRS7a**)
- RF..... (**GO TO HRS7a**)

**HRS7a.** What is (your/his/her) current age?

Age: \_\_\_\_\_ (GO TO HRS8)  
DK..... (GO TO HRS7b)  
RF..... (GO TO HRS7b)

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**HRS7b.** Do you think [Name] is under 18, or 18 years old or older?

Under 18..... 1  
18 Older..... 2

[ Questions HRS8 and HRS9 about race / ethnicity have been deleted ]

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**HRS10.** [IF PERSON IS UNDER 18]: Does [Name's] biological father live in this household?

Yes .....1  
No.....5

➤ [GO TO NEXT PERSON, OR NEXT SECTION]

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**HRS11.** In what month and year did [Name] move out of your household?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

➤ [IF PERSON IS UNDER 18, ASK HRS12a. IF OVER 18, ASK HRS12b.]

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**HRS12a\_Youth.** Who is [Name] living with now?

Living with R or deceased.....0  
Living with mother and father.....1  
Living with mother.....2  
Living with father.....3  
Living with other relatives  
(including as foster child) .....4  
Incarcerated (as an adult) .....5  
Juvenile detention center .....6  
In nursing home or institution .....7  
In foster care (non relative) .....8  
Boarding school (not college) .....9  
College dorm, or apartment at college .....10  
Homeless .....11  
Other (specify) \_\_\_\_\_ .....12

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**HRS12b\_Adult.** Who is [Name] living with now?

Living with R or deceased .....0  
Living in own household.....1  
Incarcerated .....2  
In nursing home or institution .....3  
In military .....4  
Homeless .....5  
Halfway house.....6  
Other (specify) \_\_\_\_\_ .....7

**A\_Section 02: OUTLOOK AND SOCIAL NETWORKS (HSN)**

**HSN1.**

Taken all together, how would you say things are these days would you say that you are very happy, pretty happy, or not too happy?

- VERY HAPPY  1
- PRETTY HAPPY  2
- NOT TOO HAPPY  3
- REFUSED  7
- DON'T KNOW  8

**HSN2.**

Considering your child/children's lives in general these days, how happy or unhappy would you say you are, on the whole... very happy, pretty happy, or not too happy?

- VERY HAPPY  1
- PRETTY HAPPY  2
- NOT TOO HAPPY  3
- REFUSED  7
- DON'T KNOW  8

(RB) Next I am going to read a few statements. For each, please tell me if you agree a lot, agree a little, neither agree nor disagree, disagree a little, or disagree a lot. Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

**HSN3.**

I hardly ever expect things to go my way.

- AGREE A LOT  1
- AGREE A LITTLE  2
- NEITHER AGREE NOR DISAGREE  3
- DISAGREE A LITTLE  4
- DISAGREE A LOT  5
- REFUSED  7
- DON'T KNOW  8

**HSN4.**

I rarely count on good things happening to me.

- |                            |                            |
|----------------------------|----------------------------|
| AGREE A LOT                | <input type="checkbox"/> 1 |
| AGREE A LITTLE             | <input type="checkbox"/> 2 |
| NEITHER AGREE NOR DISAGREE | <input type="checkbox"/> 3 |
| DISAGREE A LITTLE          | <input type="checkbox"/> 4 |
| DISAGREE A LOT             | <input type="checkbox"/> 5 |
| REFUSED                    | <input type="checkbox"/> 7 |
| DON'T KNOW                 | <input type="checkbox"/> 8 |
- 

**HSN5.**

Overall, I expect more good things to happen to me than bad.

- |                            |                            |
|----------------------------|----------------------------|
| AGREE A LOT                | <input type="checkbox"/> 1 |
| AGREE A LITTLE             | <input type="checkbox"/> 2 |
| NEITHER AGREE NOR DISAGREE | <input type="checkbox"/> 3 |
| DISAGREE A LITTLE          | <input type="checkbox"/> 4 |
| DISAGREE A LOT             | <input type="checkbox"/> 5 |
| REFUSED                    | <input type="checkbox"/> 7 |
| DON'T KNOW                 | <input type="checkbox"/> 8 |
-

**HSN6.**

We would also like to learn some more about what you did and how you felt yesterday. . Specifically we are wondering how your day went and how you felt at [RANDOMLY SELECTED TIME] yesterday.

What were you doing at [RANDOMLY SELECTED TIME]? (Please check all that apply)

[commuting; working; shopping; preparing food; doing housework; taking care of your children; eating; praying / worshipping / meditating; socializing; watching TV; nap / resting; computer / Internet / email; relaxing; on the phone; intimate relations; exercising; other (please specify)]

- |                                     |                          |    |
|-------------------------------------|--------------------------|----|
| COMMUTING                           | <input type="checkbox"/> | 1  |
| WORKING                             | <input type="checkbox"/> | 2  |
| SHOPPING                            | <input type="checkbox"/> | 3  |
| PREPARING FOOD                      | <input type="checkbox"/> | 4  |
| DOING HOUSEWORK                     | <input type="checkbox"/> | 5  |
| TAKING CARE OF YOUR CHILDREN        | <input type="checkbox"/> | 6  |
| EATING                              | <input type="checkbox"/> | 7  |
| PRAYING/WORSHIPPING/MEDITATING      | <input type="checkbox"/> | 8  |
| SOCIALIZING                         | <input type="checkbox"/> | 9  |
| WATCHING TV                         | <input type="checkbox"/> | 10 |
| NAP/RESTING                         | <input type="checkbox"/> | 11 |
| COMPUTER/INTERNET/EMAIL             | <input type="checkbox"/> | 12 |
| RELAXING                            | <input type="checkbox"/> | 13 |
| ON THE PHONE                        | <input type="checkbox"/> | 14 |
| INTIMATE RELATIONS                  | <input type="checkbox"/> | 15 |
| EXERCISING                          | <input type="checkbox"/> | 16 |
| OTHER (SPECIFY)                     | <input type="checkbox"/> | 95 |
| REFUSED ( <b>SKIP TO HSN14</b> )    | <input type="checkbox"/> | 97 |
| DON'T KNOW ( <b>SKIP TO HSN14</b> ) | <input type="checkbox"/> | 98 |
-

**HSN7.**

[Note to interviewer: if only one activity chosen then skip]. Which activity above would you consider the main activity at [RANDOMLY SELECTED TIME], that is, the activity that took up the most time?

- |                                |                          |    |
|--------------------------------|--------------------------|----|
| COMMUTING                      | <input type="checkbox"/> | 1  |
| WORKING                        | <input type="checkbox"/> | 2  |
| SHOPPING                       | <input type="checkbox"/> | 3  |
| PREPARING FOOD                 | <input type="checkbox"/> | 4  |
| DOING HOUSEWORK                | <input type="checkbox"/> | 5  |
| TAKING CARE OF YOUR CHILDREN   | <input type="checkbox"/> | 6  |
| EATING                         | <input type="checkbox"/> | 7  |
| PRAYING/WORSHIPPING/MEDITATING | <input type="checkbox"/> | 8  |
| SOCIALIZING                    | <input type="checkbox"/> | 9  |
| WATCHING TV                    | <input type="checkbox"/> | 10 |
| NAP/RESTING                    | <input type="checkbox"/> | 11 |
| COMPUTER/INTERNET/EMAIL        | <input type="checkbox"/> | 12 |
| RELAXING                       | <input type="checkbox"/> | 13 |
| ON THE PHONE                   | <input type="checkbox"/> | 14 |
| INTIMATE RELATIONS             | <input type="checkbox"/> | 15 |
| EXERCISING                     | <input type="checkbox"/> | 16 |
| OTHER (SPECIFY)                | <input type="checkbox"/> | 95 |
| REFUSED                        | <input type="checkbox"/> |    |
| DON'T KNOW                     | <input type="checkbox"/> |    |
- 

**HSN8.**

At what time did this main activity [INSERT NAME OF MAIN ACTIVITY] begin?

Time: \_\_\_\_\_

REFUSED

DON'T KNOW

---

**HSN9.**

At what time did this main activity end?

Time: \_\_\_\_\_

REFUSED

DON'T KNOW

---



**HSN10.**

Where were you?

- |  |                          |   |
|--|--------------------------|---|
| AT HOME                                  | <input type="checkbox"/> | 1 |
| AT WORK                                  | <input type="checkbox"/> | 2 |
| SOMEONE ELSE'S HOUSE IN THE NEIGHBORHOOD | <input type="checkbox"/> | 3 |
| SOMEWHERE ELSE IN THE NEIGHBORHOOD       | <input type="checkbox"/> | 4 |
| SOMEWHERE ELSE (SPECIFY)                 | <input type="checkbox"/> | 5 |
| REFUSED                                  | <input type="checkbox"/> | 7 |
| DON'T KNOW                               | <input type="checkbox"/> | 8 |
- 

**HSN11.**

Were you interacting with anyone? (including on the phone, in a teleconference, etc.)

- |            |                          |   |
|------------|--------------------------|---|
| YES        | <input type="checkbox"/> | 1 |
| NO         | <input type="checkbox"/> | 5 |
| REFUSED    | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |
- 

**HSN12.**

If you were interacting with someone, who was it? (check all that apply)

- |                            |                          |    |
|----------------------------|--------------------------|----|
| SPOUSE / SIGNIFICANT OTHER | <input type="checkbox"/> | 1  |
| MY CHILDREN                | <input type="checkbox"/> | 2  |
| FRIENDS                    | <input type="checkbox"/> | 3  |
| PARENTS / RELATIVES        | <input type="checkbox"/> | 4  |
| CO-WORKERS                 | <input type="checkbox"/> | 5  |
| BOSS                       | <input type="checkbox"/> | 6  |
| CLIENTS / CUSTOMERS        | <input type="checkbox"/> | 7  |
| OTHER PEOPLE NOT LISTED    | <input type="checkbox"/> | 8  |
| REFUSED                    | <input type="checkbox"/> | 97 |
| DON'T KNOW                 | <input type="checkbox"/> | 98 |
-

**HSN13.**

Please rate each feeling on the scale given. A rating of 0 means that you did not experience that feeling at all. A rating of 6 means that this feeling was a very important part of the experience. Please circle the number between 0 and 6 that best describes how you felt.

	0	1	2	3	4	5	6	RF	DK
<b>HSN13a.</b> Impatient for it to end	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13b.</b> Happy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13c.</b> Frustrated/annoyed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13d.</b> Depressed/blue	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13e.</b> Competent/capable	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13f.</b> Hassled/pushed around	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13g.</b> Warm/friendly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13h.</b> Angry / hostile	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13i.</b> Worried/anxious	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13j.</b> Enjoying myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13k.</b> Criticized/put down	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN13l.</b> Tired	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**HSN14.**

Now I'd like to ask you a few questions about your friends or other people who are close to you. About how many close friends do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help. Would you say that you have no close friends, one or two, three to five, six to ten, or more than ten?

- |                            |                          |   |
|----------------------------|--------------------------|---|
| NO CLOSE FRIENDS           | <input type="checkbox"/> | 1 |
| 1 OR 2 CLOSE FRIENDS       | <input type="checkbox"/> | 2 |
| 3 TO 5 CLOSE FRIENDS       | <input type="checkbox"/> | 3 |
| 6 TO 10 CLOSE FRIENDS      | <input type="checkbox"/> | 4 |
| MORE THAN 10 CLOSE FRIENDS | <input type="checkbox"/> | 5 |
| REFUSED                    | <input type="checkbox"/> | 7 |
| DON'T KNOW                 | <input type="checkbox"/> | 8 |
- 

**HSN15. (RB)**

The next few questions are about ALL your friends. Some people have friends who mostly know one another. Other people have friends who don't know one another. Would you say that: all your friends know one another, most of your friends know one another, only a few friends know one another, or none of your friends know one another?

- |   |                          |   |
|---|--------------------------|---|
| ALL YOUR FRIENDS KNOW ONE ANOTHER           | <input type="checkbox"/> | 1 |
| MOST OF YOUR FRIENDS KNOW ONE ANOTHER       | <input type="checkbox"/> | 2 |
| ONLY A FEW OF YOUR FRIENDS KNOW ONE ANOTHER | <input type="checkbox"/> | 3 |
| NONE OF YOUR FRIENDS KNOW ONE ANOTHER       | <input type="checkbox"/> | 4 |
| NO FRIENDS ( <b>SKIP TO HSN19</b> )         | <input type="checkbox"/> | 5 |
| REFUSED                                     | <input type="checkbox"/> | 7 |
| DON'T KNOW                                  | <input type="checkbox"/> | 8 |
- 

**HSN16. (RB)**

How many of your friends live in the same neighborhood as you?

- |            |                          |   |
|------------|--------------------------|---|
| ALL        | <input type="checkbox"/> | 1 |
| MOST       | <input type="checkbox"/> | 2 |
| SOME       | <input type="checkbox"/> | 3 |
| A FEW      | <input type="checkbox"/> | 4 |
| NONE       | <input type="checkbox"/> | 5 |
| REFUSED    | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |
-

(RB)	ALL	MOST	SOME	A FEW	NONE	REF	DK
<b>HSN17a.</b> Thinking about everyone that you would count as a friend, not just your close friends, About how many have graduated from college -- -- none, only a few, some, most, or all?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN17b.</b> About how many earn more than \$30,000 a year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN17c.</b> About how many work full-time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>HSN17d.</b> About how many would you say are a different race or ethnicity than you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**HSN18.**

Of your friends who have graduated from college, about how many of these would you count as a close friend?

- NONE  1
- 1 OR 2 CLOSE FRIENDS  2
- 3 TO 5 CLOSE FRIENDS  3
- 6 TO 10 CLOSE FRIENDS  4
- MORE THAN 10 CLOSE FRIENDS  5
- REFUSED  7
- DON'T KNOW  8

**HSN18a.**

How many of these people live in your current neighborhood?

- NONE  1
- 1 OR 2 IN NEIGHBORHOOD  2
- 3 TO 5 IN NEIGHBORHOOD  3
- 6 TO 10 IN NEIGHBORHOOD  4
- MORE THAN 10 IN NEIGHBORHOOD  5
- REFUSED  7
- DON'T KNOW  8

**HSN19. (RB)**

Here is a list of some of the ways in which people are connected to each other. Some people can be connected to you in more than one way. How is/are your friend(s) in your neighborhood connected to you?

◆[ **CHECK ALL THAT APPLY.**]

THROUGH...

- |                                       |                          |    |
|---------------------------------------|--------------------------|----|
| FAMILY/ RELATIVES                     | <input type="checkbox"/> | 1  |
| YOUR CHILD/YOUR CHILD'S SCHOOL        | <input type="checkbox"/> | 2  |
| YOUR NEIGHBORHOOD (CURRENT OR FORMER) | <input type="checkbox"/> | 3  |
| YOUR WORK / SPOUSE'S WORK             | <input type="checkbox"/> | 4  |
| CHURCH                                | <input type="checkbox"/> | 5  |
| A GROUP YOU BELONG TO                 | <input type="checkbox"/> | 7  |
| FROM YOUR CHILDHOOD                   | <input type="checkbox"/> | 8  |
| OTHER (Specify)                       | <input type="checkbox"/> | 9  |
| REFUSED                               | <input type="checkbox"/> | 97 |
| DON'T KNOW                            | <input type="checkbox"/> | 98 |
- 

**HSN20.**

The next two questions are about friends and relatives. During the past thirty days, about how often have you had friends or relatives over to your home: every day; several days a week; twice a week; about once a week; 2-3 times in the past month; once in the past month; or not at all in the past month?

- |   |                          |    |
|---|--------------------------|----|
| EVERY DAY (INCLUDES 6-7 TIMES A WEEK)           | <input type="checkbox"/> | 1  |
| SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK) | <input type="checkbox"/> | 2  |
| TWICE A WEEK                                    | <input type="checkbox"/> | 3  |
| ABOUT ONCE A WEEK                               | <input type="checkbox"/> | 4  |
| 2 OR 3 TIMES IN THE PAST MONTH                  | <input type="checkbox"/> | 5  |
| ONCE IN THE PAST MONTH                          | <input type="checkbox"/> | 6  |
| NOT AT ALL IN THE PAST MONTH                    | <input type="checkbox"/> | 7  |
| REFUSED   | <input type="checkbox"/> | 97 |
| DON'T KNOW                                      | <input type="checkbox"/> | 98 |
-

**HSN21.**

During the past thirty days, about how often have you visited with friends or relatives at their homes?

- |   |                             |
|---|-----------------------------|
| EVERY DAY (INCLUDES 6-7 TIMES A WEEK)           | <input type="checkbox"/> 1  |
| SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK) | <input type="checkbox"/> 2  |
| TWICE A WEEK                                    | <input type="checkbox"/> 3  |
| ABOUT ONCE A WEEK                               | <input type="checkbox"/> 4  |
| 2 OR 3 TIMES IN THE PAST MONTH                  | <input type="checkbox"/> 5  |
| ONCE IN THE PAST MONTH                          | <input type="checkbox"/> 6  |
| NOT AT ALL IN THE PAST MONTH                    | <input type="checkbox"/> 7  |
| REFUSED   | <input type="checkbox"/> 97 |
| DON'T KNOW                                      | <input type="checkbox"/> 98 |
- 

**[CHECKPOINT: IF NO MOVES, SKIP TO HSN29:]**

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**HSN22.**

Thinking about your neighborhood now, are you living in the same neighborhood as when you lived at [BASELINE ADDRESS] or living in a different neighborhood?

- |                                     |                            |
|-------------------------------------|----------------------------|
| SAME ( <b>SKIP TO HSN29</b> )       | <input type="checkbox"/> 1 |
| DIFFERENT                           | <input type="checkbox"/> 2 |
| REFUSED ( <b>SKIP TO HSN29</b> )    | <input type="checkbox"/> 7 |
| DON'T KNOW ( <b>SKIP TO HSN29</b> ) | <input type="checkbox"/> 8 |
- 

**HSN23.**

Do you still have friends in your old neighborhood, where you lived at [BASELINE ADDRESS]?

- |                                     |                            |
|-------------------------------------|----------------------------|
| YES                                 | <input type="checkbox"/> 1 |
| NO ( <b>SKIP TO HSN29</b> )         | <input type="checkbox"/> 5 |
| REFUSED ( <b>SKIP TO HSN29</b> )    | <input type="checkbox"/> 7 |
| DON'T KNOW ( <b>SKIP TO HSN29</b> ) | <input type="checkbox"/> 8 |
-

**HSN24.**

How often do you go back to visit friends in that old neighborhood?

- |   |                             |
|---|-----------------------------|
| EVERY DAY (INCLUDES 6-7 TIMES A WEEK)           | <input type="checkbox"/> 1  |
| SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK) | <input type="checkbox"/> 2  |
| TWICE A WEEK                                    | <input type="checkbox"/> 3  |
| ABOUT ONCE A WEEK                               | <input type="checkbox"/> 4  |
| 2-3 TIMES A MONTH                               | <input type="checkbox"/> 5  |
| ONCE A MONTH                                    | <input type="checkbox"/> 6  |
| A COUPLE OF TIMES A YEAR                        | <input type="checkbox"/> 7  |
| NEVER   | <input type="checkbox"/> 8  |
| REFUSED   | <input type="checkbox"/> 97 |
| DON'T KNOW                                      | <input type="checkbox"/> 98 |
- 

**HSN25.**

How often do your friends from that old neighborhood visit you?

- |   |                             |
|---|-----------------------------|
| EVERY DAY (INCLUDES 6-7 TIMES A WEEK)           | <input type="checkbox"/> 1  |
| SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK) | <input type="checkbox"/> 2  |
| TWICE A WEEK                                    | <input type="checkbox"/> 3  |
| ABOUT ONCE A WEEK                               | <input type="checkbox"/> 4  |
| 2-3 TIMES A MONTH                               | <input type="checkbox"/> 5  |
| ONCE A MONTH                                    | <input type="checkbox"/> 6  |
| A COUPLE OF TIMES A YEAR                        | <input type="checkbox"/> 7  |
| NEVER   | <input type="checkbox"/> 8  |
| REFUSED   | <input type="checkbox"/> 97 |
| DON'T KNOW                                      | <input type="checkbox"/> 98 |
- 

**HSN26.**

Thinking about your current set of friends, how many of these people have you been friends with for at least [SURVEY YEAR MINUS YEAR OF RANDOM ASSIGNMENT]?

- |                               |                            |
|-------------------------------|----------------------------|
| NONE ( <b>SKIP TO HSN29</b> ) | <input type="checkbox"/> 1 |
| 1 OR 2                        | <input type="checkbox"/> 2 |
| 3 TO 5                        | <input type="checkbox"/> 3 |
| 6 TO 10                       | <input type="checkbox"/> 4 |
| MORE THAN 10                  | <input type="checkbox"/> 5 |
| REFUSED                       | <input type="checkbox"/> 7 |
| DON'T KNOW                    | <input type="checkbox"/> 8 |
-

**HSN27.**

How often do you go visit these friends?

- EVERY DAY (INCLUDES 6-7 TIMES A WEEK)  1
- SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK)  2
- TWICE A WEEK  3
- ABOUT ONCE A WEEK  4
- 2-3 TIMES A MONTH  5
- ONCE A MONTH  6
- A COUPLE OF TIMES A YEAR  7
- NEVER  8
- REFUSED  97
- DON'T KNOW  98

**HSN28.**

How often do these friends come visit you?

- EVERY DAY (INCLUDES 6-7 TIMES A WEEK)  1
- SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK)  2
- TWICE A WEEK  3
- ABOUT ONCE A WEEK  4
- 2-3 TIMES A MONTH  5
- ONCE A MONTH  6
- A COUPLE OF TIMES A YEAR  7
- NEVER  8
- REFUSED  97
- DON'T KNOW  98

**HSN29. (RB)**

**[RECORD "UNSURE" IF ANSWER IS BETWEEN LIKELY AND UNLIKELY; DK IF DOES NOT UNDERSTAND THE QUESTION.]**

	VERY LIKELY	LIKELY	UN-SURE	UN-LIKELY	VERY UN-LIKELY	RF	DK
<p><b>HSN29a.</b> If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? Very likely, likely, unsure, unlikely, or very unlikely.</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<p><b>HSN29b.</b> If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8



**HSN30.**

How often do you stop to chat with a neighbor in the street or hallway? Would you say almost every day; once a week; once a month; a few times a year; or almost never?

- |   |                            |
|---|----------------------------|
| ALMOST EVERY DAY (INCLUDES 4-7 DAYS A WEEK) | <input type="checkbox"/> 1 |
| ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK)      | <input type="checkbox"/> 2 |
| ONCE A MONTH (INCLUDES 1-3 TIMES AS MONTH)  | <input type="checkbox"/> 3 |
| A FEW TIMES A YEAR                          | <input type="checkbox"/> 4 |
| ALMOST NEVER                                | <input type="checkbox"/> 5 |
| REFUSED                                     | <input type="checkbox"/> 7 |
| DON'T KNOW                                  | <input type="checkbox"/> 8 |
- 

**HSN31.**

In the past 12 months, how often have you gone to church or attended other religious services? Never in the past 12 months; several times in the past 12 months; once a month; once a week; or more than once a week?

- |  |                            |
|--|----------------------------|
| NEVER IN PAST 12 MONTHS ( <b>SKIP TO HSN35</b> )                         | <input type="checkbox"/> 1 |
| SEVERAL TIMES IN PAST 12 MONTHS (INCLUDES 1-11 TIMES)                    | <input type="checkbox"/> 2 |
| ONCE A MONTH (INCLUDES 1-3 TIMES A MONTH)                                | <input type="checkbox"/> 3 |
| ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK)                                   | <input type="checkbox"/> 4 |
| MORE THAN ONCE A WEEK  | <input type="checkbox"/> 5 |
| [IF VOLUNTEERED]: NO CHURCH OR PLACE OF WORSHIP ( <b>SKIP TO HSN35</b> ) | <input type="checkbox"/> 6 |
| REFUSED ( <b>SKIP TO HSN35</b> )   | <input type="checkbox"/> 7 |
| DON'T KNOW ( <b>SKIP TO HSN35</b> )                                      | <input type="checkbox"/> 8 |
- 

**HSN32.**

Do you attend church or other religious services in this neighborhood, your old neighborhood at BASELINE ADDRESS, or somewhere else?

- |                                      |                            |
|--------------------------------------|----------------------------|
| THIS NEIGHBORHOOD                    | <input type="checkbox"/> 1 |
| OLD NEIGHBORHOOD AT BASELINE ADDRESS | <input type="checkbox"/> 2 |
| SOMEWHERE ELSE                       | <input type="checkbox"/> 3 |
| REFUSED                              | <input type="checkbox"/> 7 |
| DON'T KNOW                           | <input type="checkbox"/> 8 |
- 

**HSN33.**

How many years have you been attending this church?

- Number of Years \_\_\_\_\_  
REFUSED  
DON'T KNOW
-

**HSN34.**

In the past 12 months, have you taken part in any sort of activity with people at your church or place of worship other than attending services? This might include teaching Sunday school, serving on a committee, attending choir rehearsal, retreat, or other things.

- |            |                          |   |
|------------|--------------------------|---|
| YES        | <input type="checkbox"/> | 1 |
| NO         | <input type="checkbox"/> | 5 |
| REFUSED    | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |
- 

**HSN35.**

Now I'd like to know about your role in your community. In the past twelve months. Have you gotten together informally with, or worked with others in this community to try to deal with some community issue or problem?

- |                         |                          |   |
|-------------------------|--------------------------|---|
| YES                     | <input type="checkbox"/> | 1 |
| NO (SKIP TO HSN37)      | <input type="checkbox"/> | 5 |
| REFUSED (SKIP TO HSN37) | <input type="checkbox"/> | 7 |
- 

**HSN36.**

Do you recall what the issue was?

- Specify: \_\_\_\_\_
- REFUSED
- DON'T KNOW
- 

**HSN37.**

In the past twelve months, have you attended a meeting of any local government board or council that deals with community problems and issues?

- |            |                          |   |
|------------|--------------------------|---|
| YES        | <input type="checkbox"/> | 1 |
| NO         | <input type="checkbox"/> | 5 |
| REFUSED    | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |
- 

**HSN38.**

In the past twelve months, did you contact a public official or some other person of influence in the community to discuss a community issue or problem?

- |            |                          |   |
|------------|--------------------------|---|
| YES        | <input type="checkbox"/> | 1 |
| NO         | <input type="checkbox"/> | 5 |
| REFUSED    | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |
-

**HSN39.**

In any election, some people are not able to vote because they are sick or busy or have some other reason, and others do not want to vote. Did you happen to vote in any election as part of the 2008 Presidential race? [options includes: primary election and general election]

- |                                     |                            |
|-------------------------------------|----------------------------|
| YES ( <b>SKIP TO NEXT SECTION</b> ) | <input type="checkbox"/> 1 |
| NO                                  | <input type="checkbox"/> 5 |
| REFUSED                             | <input type="checkbox"/> 7 |
| DON'T KNOW                          | <input type="checkbox"/> 8 |
- 

**HSN40.**

Are you currently registered to vote?

- |            |                            |
|------------|----------------------------|
| YES        | <input type="checkbox"/> 1 |
| NO         | <input type="checkbox"/> 5 |
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |
-

**A\_Section 03: Housing Consumption and Mobility**

We want to understand how the places you've lived may have affected you and your family. So I'm going to ask you some questions about the different places you've lived since (YEAR OF RANDOM ASSIGNMENT). As you know, we have been keeping in touch with you over the years, but we want to make sure that we have all the right information.

◆ [Show the respondent all addresses we had an active contact and the estimated dates at those addresses. First address is baseline address and last address is current address.]

**HHC1.**

First let me ask, is this [CORE MOVE ADDRESS] the first place that you moved to after (YEAR OF RANDOM ASSIGNMENT)?

- Yes ..... 1 (GO TO HHC2)
- No..... 5
- DK..... (GO TO HHC2)
- RF..... (GO TO HHC2)

**HHC1a.**

If not, what should the address be?

◆ [Correct the core address or insert the new address into the series. If R doesn't recall address, get the city, state, and nearest major intersection].

**HHC2.**

I would like to confirm the year and month that you left (FIRST ADDRESS).

- \_\_\_\_\_MONTH LEFT ADDRESS
- \_\_\_\_\_YEAR LEFT ADDRESS
- DON'T KNOW
- REFUSED

**MOVE SERIES**

◆ [Repeated until current address is reached]

**HHC3.**

What is the main reason you moved away from (THIS ADDRESS)? Did you leave because the landlord evicted you, your landlord would not renew your lease, the rent increased and you couldn't afford it, your expenses increased and you couldn't afford rent, or was there some other reason?

- THE LANDLORD EVICTED YOU .....1 (GO TO HHC4)
- YOUR LANDLORD WOULD NOT RENEW YOUR LEASE.....2 (GO TO HHC4)
- THE RENT INCREASED AND YOU COULDN'T AFFORD IT ..3 (GO TO HHC4)
- YOUR EXPENSES INCREASED AND YOU COULDN'T AFFORD RENT.....4 (GO TO HHC4)
- OTHER .....5 (GO TO HHC3A)
- DON'T KNOW (GO TO HHC4)
- REFUSED (GO TO HHC4)

**HHC3a.**

What was the main reason you moved?

- LOST JOB OR ENDED JOB .....1
- WAS DOING DRUGS .....2
- PROBLEMS WITH LANDLORD .....3
- PROBLEMS WITH NEIGHBORS/PEOPLE IN NEIGHBORHOOD.....4
- UNIT FAILED SECTION 8 INSPECTION.....5
- SECTION 8 TERMINATED.....6
- RESPONDENT OR CHILD WERE ABUSED/VIOLENCE IN THE HOUSEHOLD.....7
- CHANGE IN FAMILY STATUS (GAINED OR LOST A FAMILY MEMBER, DIVORCE, MARRY)...8
- MOVED IN WITH PARTNER/BOYFRIEND/GIRLFRIEND.....9
- WANTED TO BE CLOSER TO FORMER NEIGHBORHOOD .....10
- WANTED TO BE CLOSER TO FAMILY .....11
- DON'T KNOW
- REFUSED

**HHC4.**

Did you next move to [NEXT ADDRESS]?

- Yes ..... 1 (**GO TO HHC5**)
- No..... 5
- DK
- RF

**HHC4a.**

What address did you move to?

♦ [Correct the address or insert the new address into the series. If R doesn't recall address, get the city, state, and nearest major intersection].

**HHC5.**

During the time between when you lived at [PREVIOUS ADDRESS] and [THIS ADDRESS], we would like to know if there was a time when you did not have your own place to stay?

- Yes ..... 1
- No..... 5 (**GO TO NOTE AFTER HHC6a**)
- DK..... (**GO TO NOTE AFTER HHC6a**)
- RF..... (**GO TO NOTE AFTER HHC6a**)

	YES	NO	DK	REF
<b>HHC5a.</b>	1	2	D	R
(When you did not have your own place to stay,) Did you stay with a relative?				
<b>HHC5b.</b>	1	2	D	R
Did you stay with a friend?				
<b>HHC5c.</b>	1	2	D	R
Did you stay in a shelter?				
♦[INTERVIEWER: A SHELTER IS: A homeless shelter, emergency shelter, or domestic violence shelter]				

	YES	NO	DK	REF
<b>HHC5d.</b>				
Did you stay on the street?	1	2	D	R
<b>HHC5e.</b>				
Did you stay in a place not meant for sleeping like an abandoned building; a car or van; or a movie theater or laundromat?	1	2	D	R

◆ IF NO TO ALL OF THESE, SKIP TO NOTE AFTER HHC6a

**HHC6.**

How long were you without a place of your own?

- Less than one month..... 1
- More than one month but less than a year ..... 2
- More than a year..... 3
- Don't Know
- Refused

**HHC6a.**

At that time were (SAMPLED CHILDREN) with you or living somewhere else?

- Living with you ..... 1
- Living somewhere else..... 2
- Don't Know
- Refused

**Note:** ◆Return to HHC3, and repeat until HHC3-HHC6a has been asked for current address.

**HHC7.**

I'd like you compare all of the neighborhoods where you've since (YEAR OF RANDOM ASSIGNMENT)

◆[ **Instruction: show corrected calendar with all addresses as a reminder**].

Looking back at all of these addresses you have lived [SHOW LIST OF ADDRESSES], which of these addresses' neighborhood did you like the best?

- 
- DON'T KNOW
  - REFUSED
-

**HHC7a.**

What is the main thing you liked about this neighborhood?

- SAFER..... 1
- FEWER PROBLEMS WITH GANGS/DRUGS ..... 2
- BETTER OR BIGGER APARTMENT ..... 3
- UNIT IN BETTER CONDITION..... 4
- UNIT IS AFFORDABLE ..... 5
- CLOSER TO FRIENDS ..... 6
- CLOSER TO FAMILY ..... 7
- CLOSER TO JOB..... 8
- SCHOOLS BETTER ..... 9
- CLOSER TO PUBLIC TRANSPORTATION ..... 10
- CHANGE IN MARTIAL STATUS/ROMANTIC STATUS ..... 11
- OTHER (SPECIFY)..... 12
- DON'T KNOW
- REFUSED

**HCH8.**

Which addresses' neighborhood did you like the least?

- \_\_\_\_\_
- DON'T KNOW
- REFUSED

**HHC8a.**

What was the main thing you didn't like about this neighborhood?

- NOT SAFE..... 1
- MORE PROBLEMS WITH GANGS/DRUGS ..... 2
- WORSE OR SMALLER APARTMENT ..... 3
- UNIT IN WORSE CONDITION..... 4
- UNIT IS UNAFFORDABLE..... 5
- FARTHER FROM FRIENDS..... 6
- FARTHER FROM FAMILY ..... 7
- FARTHER FROM JOB ..... 8
- SCHOOLS WORSE ..... 9
- FARTHER FROM PUBLIC TRANSPORTATION ..... 10
- OTHER (SPECIFY)..... 11
- DON'T KNOW
- REFUSED

**HHC9.**

◆ (SKIP IF THIS ADDRESS = BASELINE)

Now I'd like you to think about when you rented/bought this house/apartment. How did you find this place?

- FROM A LISTING GIVEN BY THE HOUSING AUTHORITY..... 1
- NONPROFIT OR COMMUNITY GROUP..... 2
- ADVERTISEMENT IN NEWSPAPER OR INTERNET..... 3
- REAL ESTATE AGENT/BROKER..... 4
- FRIEND OR FAMILY MEMBER ..... 5
- DRIVING BY/SAW SIGN ..... 6
- OTHER (SPECIFY)..... 7
- DON'T KNOW
- REFUSED

**HHC10.**

There are many reasons why people choose to move to certain neighborhoods. What would you say was the main reason you moved to your current neighborhood?

- SAFER ..... 1
- FEWER PROBLEMS WITH GANGS/DRUGS ..... 2
- BETTER OR BIGGER APARTMENT ..... 3
- UNIT IN BETTER CONDITION ..... 4
- UNIT IS AFFORDABLE ..... 5
- CLOSER TO FRIENDS ..... 6
- COSER TO FAMILY ..... 7
- CLOSER TO JOB ..... 8
- SCHOOLS BETTER ..... 9
- CLOSER TO PUBLIC TRANSPORTATION ..... 10
- LANDLORD ACCEPTED VOUCHER ..... 11
- ONLY PLACE I LOOKED ..... 12
- OTHER (SPECIFY)..... 13
- DON'T KNOW
- REFUSED

---

**HHC11a.**

Now I would like to know some more about your current house/apartment. Do you...  
Rent your home or apartment?

- Yes ..... 1 (**GO TO HHC12a**)
- No..... 5
- DK
- RF

---

**HHC11b.**

Own your own home?

- Yes ..... 1 (**GO TO HHC12b**)
- No..... 5
- DK
- RF

---

**HHC11c.**

Live with family or friends and pay part of the rent or mortgage?

- Yes ..... 1 (**GO TO HHC12a**)
- No..... 5
- DK
- RF

---

**HHC11d.**

Live with family or friends and do not pay rent?

- Yes ..... 1 (**GO TO HHC13**)
  - No..... 5
  - DK
  - RF
-



**HHC11e.**

Live in a group shelter?

- Yes ..... 1 (GO TO HHC12c)
- No..... 5
- DK
- RF

---

**HHC11f.**

Live in some other housing arrangement?

- Specify \_\_\_\_\_ (GO TO HHC13)
- DK
- RF

---

**HHC12a.**

Altogether in the month just passed, what did you pay in rent? We are interested only in knowing your part of the payment.

- \_\_\_\_\_ (GO TO HHC13)
- DK
- RF

---

**HHC12b.**

Altogether in the month just passed, what was the amount you paid to the bank or mortgage company?

- ENTER dollar amount \$ \_ \_ \_ , \_ \_ \_ (GO TO HHC13)
- DK
- RF

---

**HHC12c.**

Do you have your own room or do you share a room with other people?

- Yes ..... 1 (GO TO HHC13)
- No..... 5
- DK
- RF

---

**HHC13.**

Not including bathrooms and hallways, how many rooms are there in your house or apartment?

- ENTER NUMBER OF ROOMS \_\_\_\_\_
  - IF 9 OR MORE ROOMS, ENTER '9'
  - DK
  - RF
-

**HHC14.**

Overall, how would you describe the condition of your current house/apartment? Would you say it was in excellent, good, fair, or poor condition?

- Excellent.....1
- Good.....2
- Fair .....3
- Poor .....4
- DK
- RF

	BIG PROB.	SMALL PROB.	NO PROB. AT ALL	DK	RF
<p><b>HHC15a.</b> Now I am going to ask you some questions about problems that people have in some homes or apartments. Where you live now, how much of a problem are...</p> <p>Walls with peeling paint or broken plaster? [Would you say they are a big problem, a small problem or no problem at all?]</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> D	<input type="checkbox"/> R
<p><b>HHC15b.</b> Plumbing that doesn't work?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> D	<input type="checkbox"/> R
<p><b>HHC15c.</b> Rats or mice?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> D	<input type="checkbox"/> R
<p><b>HHC15d.</b> Cockroaches?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> D	<input type="checkbox"/> R
<p><b>HHC15e.</b> Broken locks or no locks on the door to your unit?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> D	<input type="checkbox"/> R
<p><b>HHC15f.</b> Broken windows or windows without screens?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> D	<input type="checkbox"/> R
<p><b>HHC15g.</b> A heating system that does not work?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> D	<input type="checkbox"/> R

**CHECKPOINT:**

IF HHC15a IS CODED '1' OR '2' (BIG OR SMALL PROBLEM) → GO TO HHC16a  
 ALL OTHERS → GO TO NEXT CHECKPOINT

**HHC16a.**

Does the house or apartment have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? (the size of a standard letter)

- Yes .....1
- No.....5
- DK
- RF

CHECKPOINT:

IF HHC15b IS CODED '1' OR '2' (BIG OR SMALL PROBLEM) → GO TO HHC16b  
ALL OTHERS → GO TO NEXT CHECKPOINT

---

**HHC16b.**

In the last 3 months, was there any time when all the toilets in the home were not working and you had no working toilet in the home for 6 hours or longer? ("while household was living here" if less than 3 months)

Yes.....1  
No.....5  
DK  
RF

---

**HHC16c.**

Is water leaking today from any kitchen or bathroom sink or drain pipe?

Yes.....1  
No.....5  
DK  
RF

---

CHECKPOINT:

IF HHC15c IS CODED '1' OR '2' (BIG OR SMALL PROBLEM) → GO TO HHC16d  
ALL OTHERS → GO TO NEXT CHECKPOINT

---

**HHC16d.**

Did you see a rat anywhere in your building or outside around the grounds this week?

Yes .....1  
No.....5  
DK  
RF

---

CHECKPOINT:

IF HHC15d IS CODED '1' OR '2' (BIG OR SMALL PROBLEM) → GO TO HHC16e  
ALL OTHERS → GO TO NEXT CHECKPOINT.

---

**HHC16e.**

Have you seen many cockroaches in your home this week?

Yes .....1  
No.....5  
DK  
RF

---

---

**CHECKPOINT:**

IF HHC15g IS CODED '1' OR '2' (BIG OR SMALL PROBLEM) → GO TO HHC16f  
ALL OTHERS → GO TO HHC17

---

**HHC16f.**

During this past winter, was there any time when this house/apartment was so cold for 24 hours or more that it caused anyone in your household discomfort?

- Yes .....1
  - No.....5 (**GO TO HHC17**)
  - DK (**GO TO HHC17**)
  - RF (**GO TO HHC17**)
- 

**HHC16g.**

Was that because the heating system broke down, you could not pay your utility bill, to keep costs down, or some other reason?

- Heating system broke down ..... 1
  - Could not pay utility bill ..... 2
  - Keep costs down..... 3
  - Some other reason ..... 4
  - DK
  - RF
- 

**HHC17.**

Does your house/apartment have significant problems with mold on walls or ceilings, for example in your bathroom?

- Yes .....1
  - No.....5
  - DK
  - RF
- 

**HHC18.**

Does the house or apartment have any walls, ceilings, or floors with serious problems like sagging, leaning, buckling or large holes?

- Yes .....1
  - No.....5
  - DK
  - RF
- 

(IF BASELINE=CURRENT ADDRESS, GO TO PAYMENT DIFFICULTIES CHECKPOINT)

**HHC19.**

Some people get housing assistance that requires them to complete re-certifications by reporting income and who lives with them to determine the amount of rent they pay. One of those programs is the housing voucher program, also sometimes called Section 8, which gives a renter the right to choose where they live and it helps pay the rent. Does your household have a housing voucher?

- Yes .....1
- No.....5 (GO TO HHC19b)
- DK (GO TO HHC19b)
- RF (GO TO HHC19b)

---

**HHC19a.**

(If HHC19 = YES)

Can your household use its housing voucher to move to another location?

- Yes .....1 (GO TO HHC20)
- No.....5
- DK
- RF

---

**HHC19b.**

Is the housing authority your landlord?

- Yes .....1 (GO TO HHC20)
- No.....5
- DK
- RF

---

**HHC19c.**

(If HHC19 = NO & HHC19b = NO)

Do you currently live in some other type of housing where your landlord requires you to prove your income each year?

- Yes .....1 (GO TO HHC20)
- No.....5
- DK
- RF

---

**HHC19d.**

(IF HHC19 = NO & (HHC19b and HHC19c = NO))

People stop getting housing assistance (either public housing or section 8 vouchers) for different reasons. What would you say was the main reason you are no longer getting assistance?

- NO LONGER ELIGIBLE BECAUSE INCOME IS TOO HIGH..... 1
- PURCHASED HOME .....2
- GOT MARRIED/MOVED IN WITH PARTNER.....3
- EVICTED BY LANDLORD .....4
- TERMINATED FROM PROGRAM/BROKE RULES ETC. ....5
- RELOCATED FROM PUBLIC HOUSING AND  
COULD NOT MOVE BACK .....6
- OTHER (SPECIFY: \_\_\_\_\_) .....7
- DK
- RF

**HHC19e.**

Since you stopped getting housing assistance, have you tried to get a new housing voucher, Section 8, or applied to move back into public housing?

- Yes .....1
- No.....5 (GO TO HHC20)
- DK (GO TO HHC20)
- RF (GO TO HHC20)

**HHC19f.**

Are you currently on a waiting list for housing assistance?

- Yes .....1
- No.....5
- DK
- RF

**HHC20 CHECKPOINT.**

- (IF HHC11a = YES [RENTER], GO TO HHC20a. ASK QUESTIONS IN ‘RENTER’ COLUMN.
- (IF HHC11b= YES [HOMEOWNER], GO TO HHC20b. ASK QUESTIONS IN ‘OWNER’ COLUMN.
- (IF HHC11c, d, e, f = YES, DK, OR RF: SKIP TO NEXT SECTION OF SURVEY)

<b>RENTERS:</b>	<b>OWNERS:</b>
<p><b>HHC20a.</b> How many months in the past 12 months were you more than 15 days late paying your rent? _____ # MONTHS LATE WITH RENT</p> <p>DK RF</p>	<p><b>HHC20b.</b> How many months in the past 12 months were you more than 15 days late paying your mortgage? _____ # MONTHS LATE WITH MORTGAGE</p> <p>DK RF</p>
<p><b>H20c.</b> In the last 12 months, has your current or previous landlord ever threatened to evict you for nonpayment of rent?</p> <p>YES NO DK RF</p>	<p><b>HHC20d.</b> In the last 12 months, has your current or previous bank ever threatened to foreclose on your mortgage?</p> <p>YES NO DK RF</p>
<p><b>HHC21.</b> Now I have some questions about your utilities. Do you pay for your own electricity or is that included in the rent?</p> <p>PAY OWN ELECTRICITY .....1 INCLUDED IN RENT.....2 (GO TO HHC20) DK (GO TO HHC20) RF (GO TO HHC20)</p>	
<p><b>HHC21a.</b> How much was the electric bill last month?</p> <p>_____ DOLLARS FOR ELECTRICITY</p> <p>DK RF</p>	<p><b>HHC21a.</b> How much was the electric bill last month?</p> <p>_____ DOLLARS FOR ELECTRICITY</p> <p>DK RF</p>

<b>RENTERS:</b>	<b>OWNERS:</b>
<p><b>HHC22.</b> Do you pay for your own gas or is that included in the rent? PAY OWN GAS.....1 INCLUDED IN RENT.....2 (GO TO CKPT) DK (GO TO CKPT) RF (GO TO CKPT)</p>	
<p><b>HHC22a.</b> How much was the gas bill last month?  _____ DOLLARS FOR GAS DK RF</p>	<p><b>HHC22a.</b> How much was the gas bill last month?  _____ DOLLARS FOR GAS DK RF</p>
<p><b>CHECKPOINT:</b> IF HHC21 = 1 OR HHC22 = 1, THEN ASK HHC23. OTHERS, GO TO NEXT SECTION.</p>	<p><b>ASK HHC23</b></p>

**HHC23.**

People sometimes have trouble paying their utility bills on time. How many months out of the last 12 were you more than 15 days late paying your electric, gas, or water bill?

Enter number of months \_\_\_\_\_

DK  
RF

**CHECKPOINT:**

IF HHC23 IS CODED 1-12, → ASK HHC23a.  
IF CODED "0", DK OR REFUSED, → GO TO NEXT SECTION.

**HHC23a.**

Did you receive a notice that your gas, water, or electricity would be shut off if you did not pay your bill?

Yes .....1  
No.....5  
DK  
RF

**HHC23b.**

In the past 12 months, was your gas, water, or electricity ever shut off for nonpayment?

Yes .....1  
No.....5  
DK  
RF

**HHC23c.**

For the most recent time you were late making the payment, why were you late paying? Did you forget about the bill, was the bill higher than usual, or did you run out of money?

- FORGOT ABOUT BILL .....1
  - BILL WAS HIGHER THAN NORMAL.....2
  - RAN OUT OF MONEY.....3
  - OTHER (SPECIFY).....4
  - DK
  - RF
-



**A\_Section 04: Neighborhoods**

**HNB1.**

Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are very satisfied, somewhat satisfied, in the middle, somewhat dissatisfied, or very dissatisfied with your neighborhood?

- Very satisfied 1
- Somewhat satisfied 2
- In the middle 3
- Somewhat dissatisfied 4
- Very dissatisfied 5
- Don't know
- Refused

**HNB2.**

Now I would like to ask you about problems that occur in some neighborhoods. I will read you a series of questions, and for each please tell me if it is a big problem, a small problem, or not a problem in your neighborhood. In your neighborhood, how big of a problem is...

	<b>Big Problem</b>	<b>Small Problem</b>	<b>No Problem</b>	<b>DK</b>	<b>RF</b>
<b>HNB2a.</b> Litter or trash on the streets or sidewalk? Is it a big problem, a small problem or no problem?	1	2	3	D	R
<b>HNB2b.</b> How big of a problem is graffiti or writing on the walls?	1	2	3	D	R
<b>HNB2c.</b> People drinking in public?	1	2	3	D	R
<b>HNB2d.</b> Abandoned buildings?	1	2	3	D	R
<b>HNB2e.</b> Groups of people just hanging out?	1	2	3	D	R
<b>HNB2f.</b> Police not coming when called?	1	2	3	D	R

**HNB3.**

Have you seen people using or selling illegal drugs in your neighborhood during the past 30 days?

Yes	1
No ( <b>SKIP TO HNB6</b> )	5
Don't know ( <b>SKIP TO HNB6</b> )	D
Refused ( <b>SKIP TO HNB6</b> )	R

**HNB4.**

How often have you seen someone using drugs in your neighborhood in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days, or didn't see anyone using ?

Almost every day (includes 4-7 days a week)	1
Once a week (includes 1-3 days a week)	2
Once or twice in the past 30 days (includes 1-3 times in 30 days)	3
Didn't see anyone using	4
Don't know	
Refused	

**HNB5.**

How often have you seen someone selling drugs in your neighborhood in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days, or didn't your see anyone selling ?

Almost every day (includes 4-7 days a week)	1
Once a week (includes 1-3 days a week)	2
Once or twice in the past 30 days (includes 1-3 times in 30 days)	3
Didn't see anyone using	4
Don't know	
Refused	

**HNB6.**

Now I have a few questions about discrimination. Sometimes people feel like they are discriminated against, or treated badly or differently because of their race or ethnicity. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places? How about...

	Yes	No	DK	RF
<b>HNB6a.</b> In a store where you were shopping or a restaurant where you wanted to eat?	1	5	D	R
<b>HNB6b.</b> In your own neighborhood?	1	5	D	R
<b>HNB6c.</b> At your child's school?	1	5	D	R
<b>HNB6d.</b> In dealing with the police, such as a traffic accident?	1	5	D	R

**HNB7.**

Sometimes people feel like they are discriminated against, or treated badly or differently because they might not have quite as much money as other people, or because of the way they dress or talk. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly in the following places because of how much money your family has or the way you dress or talk? How about...

	<b>Yes</b>	<b>No</b>	<b>DK</b>	<b>RF</b>
<b>HNB7a.</b> In a store where you were shopping or a restaurant where you wanted to eat?	1	5	D	R
<b>HNB7b.</b> In your own neighborhood?	1	5	D	R
<b>HNB7c.</b> At your child's school?	1	5	D	R
<b>HNB7d.</b> In dealing with the police, such as a traffic accident?	1	5	D	R

---

**HNB8.**

How long does it take you to get to the nearest bus or train stop?

- LESS THAN 15 MINUTES 1
- 15-30 MINUTES 2
- 31-45 MINUTES 3
- 46 MINUTES TO 1 HOUR 4
- MORE THAN 1 HOUR 5
- DON'T KNOW
- REFUSED

---

**HNB9a.**

Now I would like to get a sense of how safe you think your neighborhood is. How safe do you feel on the streets near your home during the day? Would you say very safe, safe, unsafe, or very unsafe?

- VERY SAFE 1
  - SAFE 2
  - UNSAFE 3
  - VERY UNSAFE 4
  - DON'T KNOW
  - REFUSED
-

**HNB9b.**

How safe do you feel on the streets near your home at night? Would you say very safe, safe, unsafe, or very unsafe?

VERY SAFE	1
SAFE	2
UNSAFE	3
VERY UNSAFE	4
DON'T KNOW	
REFUSED	

---

**A\_Section 05: Education & Training**

**HED1.**

Now I'd like to talk about your educational background. What is the highest grade or year of regular school that you have completed and gotten credit for?

◆ ENTER GRADE: \_\_\_\_\_

- FIRST YEAR OF COLLEGE..... 13
- SECOND YEAR OF COLLEGE..... 14
- THIRD YEAR OF COLLEGE ..... 15
- FOURTH YEAR OF COLLEGE..... 16
- FIFTH YEAR OF COLLEGE..... 17
- SIXTH YEAR OF COLLEGE..... 18
- SEVENTH YEAR OF COLLEGE..... 19
- EIGHTH YEAR OF COLLEGE OR MORE..... 20
- DON'T KNOW
- REFUSED

**HED2a.**

Do you have a high school diploma or a GED?

- GED ..... 1
- HIGH SCHOOL DIPLOMA..... 2
- BOTH..... 3
- NEITHER..... 4
- DON'T KNOW
- REFUSED

**HED2b.**

Do you have a college degree?

- YES ..... 1
- NO..... 5 (GO TO HED3a)
- DON'T KNOW ..... D (GO TO HED3a)
- REFUSED ..... R (GO TO HED3a)

**HED2c.**

What is the highest degree you have received?

- Associate degree in college -- Occupational/vocational program ..... 1
- Associate degree in college -- Academic program..... 2
- Bachelor's degree (For example: BA, AB, BS)..... 3
- Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA) ..... 4
- Professional School Degree (For example: MD, DDS, DVM, LLB, JD) ..... 5
- Doctorate degree (For example: PhD, EdD) ..... 6
- Don't know
- Refused

**HED3a.**

Now I would like to ask you about any regular school or any training you may have had in the past 2 years. Have you participated in any additional regular schooling or in some other type of schooling or training program that lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job?

- Yes ..... 1
- No..... 5 (GO TO HEM1)
- Don't Know..... D (GO TO HEM1)
- Refused..... R (GO TO HEM1)

---

**HED3b.**

What kind of schooling or training was that?

◆ ENTER ALL THAT APPLY

- GENERAL EQUIVALENCY DIPLOMA (GED)..... 1
- ENGLISH AS A SECOND LANGUAGE..... 2
- COMPUTER TRAINING..... 3
- WORK STUDY PROGRAM..... 4
- CERTIFICATION OR TRAINING IN A HEALTH CARE FIELD ..... 5
- REGULAR SCHOOLING ..... 6
- OTHER (SPECIFY) \_\_\_\_\_ ..... 7
- DON'T KNOW
- REFUSED

---

**HED3c.**

How many weeks did you participate in schooling or training in the past 24 months?

- ◆ ENTER number of weeks: \_\_\_\_\_
- DON'T KNOW
- REFUSED

---

**HED3d.**

During those weeks, how many hours a week did you usually spend in schooling or training?

- ◆ ENTER number of hours: \_\_\_\_\_
- DON'T KNOW
- REFUSED

---

**HED3e.**

Are you currently participating in schooling or training?

- Yes ..... 1
  - No..... 5
  - Don't know
  - Refused
-

**A\_Section 06: Employment & Earnings**

**HEM1\_C1.**

Last week, did you do any work for pay?

- Yes ..... 1(GO TO HEM3)
- No..... 5
- If Volunteered, Retired..... 6 (GO TO HEM21)
- If Volunteered, Disabled ..... 7 (GO TO HEM20)
- If Volunteered, Unable to Work..... 8 (GO TO HEM20)
- Don't Know..... (GO TO HEM22)
- Refused..... (GO TO HEM22)

**HEM2\_C2.**

(RB) What is the main reason that you did not work for pay last week?

- Retired..... 1 (GO TO HEM21)
- Disabled ..... 2 (GO TO HEM20)
- Unable to Work..... 3 (GO TO HEM20)
- Has Job But Temporarily Absent..... 4 (GO TO HEM3)
- Couldn't Find Any Work ..... 5 (GO TO HEM22)
- Child Care Problems ..... 6 (GO TO HEM22)
- Family Responsibilities ..... 7 (GO TO HEM22)
- In School or Other Training ..... 8 (GO TO HEM22)
- Waiting For a New Job to Begin..... 9 (GO TO HEM22)
- Other (Specify): \_\_\_\_\_ ..... 10 (GO TO HEM22)
- Don't Know..... 98 (GO TO HEM22)
- Refused..... 99 (GO TO HEM22)

**HEM3\_C3.**

Last week, did you have more than one job, including part-time and weekend work?

- Yes ..... 1
- No..... 5
- Don't know
- Refused

**HEM4\_C4.**

How many hours per week do you usually work at your (main) job? (By main job, we mean the one at which you usually work the most hours.)

- HOURS PER WEEK: \_\_\_\_\_ (GO TO HEM4b)
- DON'T KNOW (GO TO HEM4a)
- REFUSED (GO TO HEM4a)

**HEM4a\_C4a.**

Do you usually work 35 hours or more per week at your (main) job?

- Yes ..... 1
- No..... 5
- Hours Vary ..... 7
- Don't know
- Refused

**CHECKPOINT:**

IF MORE THAN ONE JOB (HEM3=YES), → ASK HEM4b.  
OTHERS → GO TO HEM5.

---

**HEM4b.**

How many hours per week do you usually work at your other job(s)?

HOURS PER WEEK: \_\_\_\_\_  
DON'T KNOW  
REFUSED

---

**HEM5.**

Now I have a few questions about the (main) job at which you worked last week. Were you employed by government, by a private company, a nonprofit organization, or were you self-employed (or working in the family business)?

Government..... 1  
A Private for Profit Company ..... 2  
A Nonprofit Organization  
(inclu tax exempt and charitable organizations).... 3  
Self Employed..... 4  
Working in the Family Business ..... 5  
Don't know  
Refused

---

**HEM5a\_C5.**

What kind of business or industry is this? What do they make or do where you work?

\_\_\_\_\_  
\_\_\_\_\_

DON'T KNOW  
REFUSED

---

**HEM5b\_C5a.**

Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?

Manufacturing..... 1  
Retail Trade..... 2  
Wholesale Trade..... 3  
Something Else (Specify): \_\_\_\_\_ 4  
Don't know  
Refused

---

**HEM6\_C6.**

What kind of work do you do, that is, what is your occupation? For example, plumber, typist, farmer.

\_\_\_\_\_

DON'T KNOW  
REFUSED

---



**HEM7\_C7.**

What are your usual duties or activities at this job? For example, typing, keeping account books, filing, selling cars, operating, printing press, laying brick.

\_\_\_\_\_  
\_\_\_\_\_

DON'T KNOW  
REFUSED

**HEM8\_C8.**

When did you first start working [at your main job]?

◆ ENTER MM/YYYY

\_\_/\_\_\_\_

DON'T KNOW  
REFUSED

**HEM9\_C9.**

For your (main) job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?

- Hourly ..... 1
- Daily ..... 2
- Weekly ..... 3
- Biweekly (every 2 weeks) ..... 4
- Twice Monthly ..... 5
- Monthly ..... 6
- Annually ..... 7
- Per Unit (Specify Unit Type): \_\_\_\_\_ ..... 8
- Other: (Specify): \_\_\_\_\_ ..... 9
- Don't know
- Refused

**HEM10\_C10.**

Do you usually receive overtime pay, tips, or commissions (at your main job)?

- Yes ..... 1
- No ..... 5
- Don't know
- Refused

**INTERVIEWER CHECKPOINT – REFER TO HEM9**

- IF EARNING = HOURLY ..... (GO TO HEM13)  
(HEM9 = '1')
- IF EARNING = DAILY, WEEKLY, BIWEEKLY, TWICE MONTHLY, MONTHLY,  
ANNUALLY ..... (GO TO HEM11)  
(HEM9 = ('2', '3', '4', '5', '6', '7'))
- IF EARNING = PER UNIT ..... (GO TO HEM12a)  
(HEM9 = '8')
- IF EARNING = OTHER, DK, RF ..... (GO TO HEM15)  
(HEM9 = ('9', 'DK', 'RF'))



**HEM12c\_C12c.**

For how many [UNIT]'s are you usually paid per week (on this job)?

◆ NUMBER OF UNITS: \_\_\_\_\_

- Don't know
- Refused

**(GO TO HEM15)**

**HEM12d\_C12d.**

Excluding overtime pay, tips, and commissions, what is your rate of pay per [UNIT] (on this job)?

DOLLAR AMOUNT: \$ \_ \_ , \_ \_ . \_ \_

- Don't know
- Refused

**HEM12e\_C12e.**

For how many [UNIT]'s are you usually paid per week at this rate?

NUMBER OF UNITS: \_\_\_\_\_

- Don't know
- Refused

**HEM12g\_C12g.**

(At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

DOLLAR AMOUNT: \$ \_ \_ , \_ \_ . \_ \_

- Don't Know..... 998 (GO TO HEM12i)
- Refused..... 999 (GO TO HEM12i)

**HEM12h\_C12h.**

Is that ...

- Per Hour ..... 1
- Per Day..... 2
- Per Week..... 3
- Per Month..... 4
- Per Year..... 5
- Per Unit (Specify Unit Type): \_\_\_\_\_ ..... 6
- Other (Specify): \_\_\_\_\_ ..... 7
- Don't know
- Refused

**HEM12i\_C12i.  
CHECKPOINT**

- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES' AND OVERTIME IS 'PAID PER DAY' .....1 (GO TO HEM12l)  
(HEM9 = '8' AND HEM10 = '1' AND HEM12h = '2')
- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES' AND OVERTIME IS 'PAID PER UNIT' .....2 (GO TO HEM12j)  
(HEM9 = '8' AND HEM10 = '1' AND HEM12h = '6')
- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES' AND OVERTIME IS 'PAID PER HOUR' .....3 (GO TO HEM12k)  
(HEM9 = '8' AND HEM10 = '1' AND HEM12h = '1')
- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES' AND OVERTIME IS ('PAID PER WEEK', 'PER MONTH', 'PER YEAR', 'OTHER', 'DK' or 'RF') .....4 (GO TO HEM15)  
(HEM9 = '8' AND HEM10 = '1' AND HEM12h = ('3', '4', '5', '7', 'DK' or 'RF'))

**HEM12j\_C12j.**

For how many [UNIT]'s are you usually paid per week at this rate?

- NUMBER OF UNITS: \_\_\_\_\_ (GO TO HEM15)
- Don't know (GO TO HEM15)
- Refused (GO TO HEM15)

**HEM12k\_C12k.**

How many hours do you usually work per week at this rate?

- HOURS PER WEEK: \_\_\_\_\_ (GO TO HEM15)
- Don't know (GO TO HEM15)
- Refused (GO TO HEM15)

**HEM12l\_C12l.**

How many days per week do you usually work at this rate?

- DAYS PER WEEK: \_\_\_\_\_ (GO TO HEM15)
- Don't know (GO TO HEM15)
- Refused (GO TO HEM15)

**HEM13\_C13.**

**CHECKPOINT**

- IF EARNING IS 'HOURLY' AND OVERTIME IS 'YES' (HEM9 = '1' AND HEM10 = '1').....1 (GO TO HEM14a)
- IF EARNING IS 'HOURLY' AND OVERTIME IS ('NO', 'DK', 'RF') (HEM9 = '1' AND HEM10 = ('5' or 'DK' or 'RF')).....2 (GO TO HEM13a)

**HEM13a\_C13a.**

What is your hourly rate of pay (on this job)?

- DOLLAR AMOUNT: \$ \_\_, \_\_. \_\_ (GO TO HEM15)
- Don't know (GO TO HEM15)
- Refused (GO TO HEM15)

**HEM14a\_C14a.**

Excluding overtime pay, tips and commissions, what is your hourly rate of pay (on this job)?

DOLLAR AMOUNT: \$, \_ . \_ \_ \_

- Don't know
- Refused

**HEM14b\_C14b.**

How many hours do you usually work per week at this rate?

HOURS PER WEEK: \_\_\_\_\_

- Don't know
- Refused

**HEM14c\_C14c.**

(At your main job,) how much do you usually receive just in overtime pay, tips, commissions before taxes or other deductions?

DOLLAR AMOUNT: \$ \_ \_ , \_ \_ . \_ \_ \_

- Don't know
- Refused

**HEM14d\_C14d.**

Is that...

- Per Hour ..... 1 (GO TO HEM14e)
- Per Day..... 2 (GO TO HEM14e)
- Per Week..... 3 (GO TO HEM15)
- Per Month..... 4 (GO TO HEM15)
- Per Year..... 5 (GO TO HEM15)
- Per Unit (Specify): \_\_\_\_\_..... 6 (GO TO HEM14e)
- Other (Specify): \_\_\_\_\_..... 7 (GO TO HEM15)
- Don't Know ..... 8 (GO TO HEM15)
- Refused ..... 9 (GO TO HEM15)

**HEM14e\_C14e.**

How many days/units/hours do you usually work per week at this rate?

◆ ENTER days/units/hours per week: \_\_\_\_\_

- Don't know
- Refused

**HEM15a\_C15a.**

Through your employer are you eligible for any of the following benefits? By eligible we mean the benefit is available for you now, even if you decided to not receive it or have not needed it.

Health Insurance?

- Yes ..... 1
- No..... 5
- Don't know
- Refused

**HEM15b\_C15b.**

Sick Leave?

- Yes ..... 1
- No..... 5
- Don't know
- Refused

**HEM15c\_C15c.**

Paid Vacation?

- Yes ..... 1
- No..... 5
- Don't know
- Refused

**HEM16\_C16.**

I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job?

**[FIELD CODE RESPONSE INTO ONE OF THE FOLLOWING CATEGORIES.]**

- A Friend, Relative, or Acquaintance ..... 1
- A Government Employment Agency ..... 2 (GO TO HEM18)
- A Private Employment Agency..... 3 (GO TO HEM18)
- Checking Directly With My Employer ..... 4 (GO TO HEM18)
- A Referral From A Job Training Program ..... 5 (GO TO HEM18)
- The Newspaper..... 6 (GO TO HEM18)
- A School Employment Service ..... 7 (GO TO HEM18)
- A Computer Search ..... 8 (GO TO HEM18)
- Church..... 9 (GO TO HEM18)
- Community Center ..... 10 (GO TO HEM18)
- Other (Specify): \_\_\_\_\_ ..... 11 (GO TO HEM18)
- Don't Know..... .98 (GO TO HEM18)
- Refused..... .99(GO TO HEM18)

**HEM17\_C17.**

Did this person live in the same neighborhood as you at the time you got the job?

- Yes ..... 1
- No..... 5
- Don't know
- Refused

**HEM18\_C18.**

(RB) How did you usually get to work last week?

◆ **PROBE:** For one used for most distance

◆ **CHECK ALL THAT APPLY**

- Car, Truck, or Van ..... 1
- Bus or Trolley Bus ..... 2
- Streetcar or Trolley Car..... 3
- Subway or Elevated..... 4
- Railroad..... 5
- Ferryboat ..... 6
- Taxicab..... 7
- Motorcycle ..... 8
- Bicycle ..... 9
- Walked ..... 10
- Worked at Home ..... 11
- Other Method ..... 12
- Don't know
- Refused

**HEM19\_C19.**

How many minutes did it usually take you to get from home to work last week?

◆ **ENTER** number of minutes: \_\_\_\_\_ (**GO TO HEM28**)

Don't know (**GO TO HEM28**)

Refused (**GO TO HEM28**)

**HEM20\_C20.**

Do you have a disability that prevents you from accepting any kind of work during the next six months?

- Yes ..... 1 (**GO TO HEM28**)
- No..... 5 (**GO TO HEM22**)
- Don't Know..... 8 (**GO TO HEM22**)
- Refused..... 9 (**GO TO HEM22**)

**HEM21\_C21.**

Do you currently want a job, either full-time or part-time?

- Yes or Maybe, It Depends..... 1 (**GO TO HEM22**)
- No..... 5 (**GO TO HEM28**)
- Don't Know..... 8 (**GO TO HEM28**)
- Refused..... 9 (**GO TO HEM28**)

**HEM22\_C22.**

Have you been doing anything to find work during the past four weeks?

- Yes ..... 1
- No..... 5 (**GO TO HEM28**)
- Retired..... 6 (**GO TO HEM28**)
- Disabled ..... 7 (**GO TO HEM28**)
- Unable To Work..... 8 (**GO TO HEM28**)
- Don't Know..... (**GO TO HEM28**)
- Refused..... (**GO TO HEM28**)

**HEM23\_C23.**

(RB) What are all the things you have done to find work during the past four weeks?

**◆ CHECK ALL THAT APPLY**

- Contacted Employer(s)..... 1
- Contacted Public Employment Agency Programs/Courses ..... 2
- Contacted Private Employment Agency ..... 3
- Contacted Friends or Relatives ..... 4
- Interviewed for a Job..... 5
- Contacted School/University Employer Center ..... 6
- Sent Out Resumes/Filled out Applications ..... 7
- Checked Union/Professional Registers ..... 8
- Placed or Answered Ads ..... 9
- Looked at Ads Directly ..... 10
- Attended Job Training..... 11
- Nothing..... 12
- Other (Specify): \_\_\_\_\_ ..... 13
- Don't know
- Refused

**HEM26\_C26.**

Last week, could you have started a job if one had been offered?

- Yes ..... 1 (**GO TO HEM28**)
- No..... 5
- Don't know (**GO TO HEM28**)
- Refused (**GO TO HEM28**)

**HEM27\_C27.**

Why is that?

- Waiting For New Job to Begin..... 1
- Own Temporary Illness..... 2
- Going to School ..... 3
- Other (Specify): \_\_\_\_\_ ..... 4
- Don't know
- Refused

**HEM28\_C28.**

Now I am going to ask you about any other paid employment you have had in the past 2 years (other than the job we jus discussed). This should include any paid employment you have now. Please tell me about any work you have had as an employee, that is, work you had in an ongoing relationship with a particular employer. For example, working in a supermarket or restaurant would be work as an employee.

In the past 2 years, have you done any (other) work at all for which you were paid?

- Yes ..... 1
- No..... 5 (**GO TO HEM35**)
- Don't Know..... 8 (**GO TO HEM35**)
- Refused..... 9 (**GO TO HEM35**)



**HEM28a\_C28a.**

Please tell me the name of your most recent (other) employer.

\_\_\_\_\_ [DO NOT ENTER IDENTIFYING INFORMATION.]

- Don't know
- Refused

---

**HEM29\_C29.**

What kind of work did you usually do for this employer?

[RECORD TYPE OR WORK FOR EMPLOYER. IF RESPONDENT WORKS FOR A TEMPORARY AGENCY, REFER TO THAT AS ONE JOB.]

Please describe: \_\_\_\_\_

- Don't know
- Refused

---

**HEM30\_C30.**

When did you first start working for this employer?

◆ ENTER MONTH AND YEAR \_\_/\_\_\_\_

- Don't know
- Refused

---

**HEM31\_C31.**

Are you currently working for this employer?

Yes ..... 1 (GO TO HEM33)

No..... 5

Don't know (GO TO HEM33)

Refused (GO TO HEM33)

---

**HEM32\_C32.**

When did you stop working for this employer?

◆ ENTER MONTH AND YEAR \_\_/\_\_\_\_

- Don't know
- Refused

---

**HEM33\_C33.**

How much (do/did) you usually earn per week from this employer?

◆ ENTER DOLLAR AMOUNT: \$ \_\_,\_\_\_\_

- Don't know
- Refused

---

**HEM34\_C34.**

How many hours per week (do/did) you usually work for this employer?

◆ ENTER HOURS PER WEEK: \_\_\_\_\_

- Don't know
  - Refused
-

**HEM35\_C35.**

During the past month, did you do any small jobs (other than any already mentioned) to bring in extra money like babysitting, home repairs, mowing lawns, house cleaning, cooking, or things like that?

- Yes ..... 1
- No..... 5 (GO TO HEM36)
- Don't Know..... 8 (GO TO HEM36)
- Refused..... 9 (GO TO HEM36)

**HEM35a\_C35a.**

How many hours do you usually work a week at these small jobs?

- ◆ ENTER NUMBER OF HOURS: \_\_\_\_\_
- Don't know
- Refused

**HEM36.**

**INTERVIEWER CHECKPOINT –**

SPOUSE OR PARTNER LIVING IN THE HOUSEHOLD → CONTINUE WITH HEM36a  
NO SPOUSE OR PARTNER → GO TO NEXT SECTION

**HEM36a\_C36a.**

Last week, did [HUSBAND OR OTHER COHABITING ADULT MALE] do any work for pay?

- Yes ..... 1(GO TO HEM38)
- No..... 5
- If Volunteered, Retired..... 6 (GO TO HEM53)
- If Volunteered, Disabled ..... 7 (GO TO HEM52)
- If Volunteered, Unable to Work..... 8 (GO TO HEM52)
- Don't Know..... (GO TO HEM54)
- Refused..... (GO TO HEM54)

**HEM37\_C37.**

(RB) What is the main reason that he did not work for pay last week?

- Retired..... 1 (GO TO HEM53)
- Disabled ..... 2 (GO TO HEM52)
- Unable to Work..... 3 (GO TO HEM52)
- Has Job But Temporarily Absent ..... 4 (GO TO HEM38)
- Couldn't Find Any Work ..... 5 (GO TO HEM54)
- Child Care Problems ..... 6 (GO TO HEM54)
- Family Responsibilities ..... 7 (GO TO HEM54)
- In School or Other Training ..... 8 (GO TO HEM54)
- Waiting For a New Job to Begin ..... 9 (GO TO HEM54)
- Other (Specify):\_\_\_\_\_ ..... 10 (GO TO HEM54)
- Don't Know..... 98 (GO TO HEM54)
- Refused..... 99 (GO TO HEM54)

**HEM38\_C38.**

Last week, did he have more than one job, including part-time and weekend work?

- Yes ..... 1
- No..... 5
- Don't know
- Refused

**HEM39\_C39.**

How many hours per week does he usually work at his (main) job? (By main job, we mean the one at which he usually works the most hours.)

- ◆ **ENTER** number of hours per week: \_\_\_\_\_ (**GO TO CHECKPOINT AFTER HEM39a**)
- Don't know (**GO TO HEM39a**)
- Refused (**GO TO HEM39a**)

**HEM39a\_C39a.**

Does he usually work 35 hours or more per week at his (main) job?

- Yes ..... 1
- No..... 5
- Hours Vary ..... 7
- Don't know
- Refused

**INTERVIEWER CHECKPOINT—REFER TO HEM38**

IF R WORKS MORE THAN ONE JOB (**HEM38 = YES**) .....(**GO TO HEM39b**)  
**ALL OTHERS**..... (**GO TO HEM40**)

**HEM39b.**

How many hours per week does he usually work at his other job(s)?

- ◆ **ENTER NUMBER OF HOURS PER WEEK:** \_\_\_\_\_
- Don't know
- Refused

**HEM40\_C40.**

Now I have a few questions about the (main) job at which [HUSBAND OR OTHER COHABITING ADULT MALE] worked last week. What kind of business or industry is this? What do they make or do where he works?

\_\_\_\_\_

\_\_\_\_\_

- Don't know
- Refused

**HEM40a\_C40a.**

Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?

- Manufacturing..... 1
- Retail Trade.....2
- Wholesale Trade.....3
- Something Else (Specify): \_\_\_\_\_4
- Don't know
- Refused

**HEM41\_C41.**

What kind of work does he do, that is, what is his occupation? For example, plumber, typist, farmer.

\_\_\_\_\_

\_\_\_\_\_

- Don't know
- Refused

**HEM42\_C42.**

What are his usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

\_\_\_\_\_

\_\_\_\_\_

- Don't know
- Refused

**HEM43\_C44.**

For his [main] job, what is the easiest way for you to report his total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?

- Hourly ..... 1
- Daily.....2
- Weekly .....3
- Biweekly (every 2 weeks).....4
- Twice Monthly .....5
- Monthly .....6
- Annually .....7
- Per Unit (Specify Unit Type): \_\_\_\_\_ .. 8
- Other: (Specify): \_\_\_\_\_9
- Don't know
- Refused

**HEM44\_C45.**

Does he usually receive overtime pay, tips, or commissions (at main job)?

- Yes ..... 1
- No..... 5
- Don't know
- Refused

**INTERVIEWER CHECKPOINT – REFER TO HEM44**

- IF EARNING = HOURLY ..... (GO TO HEM48)  
(HEM44 = '1')
- IF EARNING = DAILY, WEEKLY, BIWEEKLY, TWICE MONTHLY, MONTHLY, ANNUALLY ..... (GO TO HEM45)  
(HEM44 = ('2', '3', '4', '5', '6', '7'))
- IF EARNING = PER UNIT ..... (GO TO HEM47a)  
(HEM44 = '8')
- IF EARNING = OTHER, DK, RF..... (GO TO HEM50)  
(HEM44 = ('9', 'DK', 'RF'))

**HEM45\_C46.**

(Including overtime pay, tips, and commissions), what are [SPOUSE’S OR COHABITING ADULT MALE’S] usual (daily/weekly/biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions?

◆ ENTER DOLLAR AMOUNT: \$ \_ \_ \_ , \_ \_ \_ . \_ \_

- Don't know
- Refused

**INTERVIEWER CHECKPOINT – REFER TO HEM44**

- IF EARNING = DAILY ..... (GO TO HEM46a)  
(HEM44 = '2')
- IF EARNING = WEEKLY, BIWEEKLY, TWICE MONTHLY, MONTHLY ..... (GO TO HEM47a)  
(HEM44 = ('3', '4', '5', '6'))
- IF EARNING = ANNUALLY ..... (GO TO HEM50)  
(HEM44 = '7')

**HEM46a.**

How many days a week does he usually work?

◆ ENTER NUMBER OF DAYS: \_\_\_\_\_

- Don't know
- Refused

**HEM47a\_C47.**

How many weeks a year does he get paid for?

◆ ENTER NUMBER OF WEEKS: \_\_\_\_\_ (GO TO HEM50)

- Don't know
- Refused

**CHECKPOINT**

- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES'  
(HEM44 = '8' AND HEM45 = '1').....1 (GO TO HEM47d)
- IF EARNING IS 'PER UNIT' AND OVERTIME IS ('NO', 'DK', 'RF')  
(HEM44 = '8' AND HEM45 = ('5', 'DK', 'RF')).....2 (GO TO HEM47b)

**HEM47b\_C47b.**

What is [SPOUSE OR OTHER COHABITING ADULT MALE]'s rate of pay per [UNIT] (on this job)?

◆ ENTER DOLLAR AMOUNT: \$ \_ \_ . \_ \_ \_

Don't Know..... 9999998 (GO TO HEM50)

Refused..... 9999999 (GO TO HEM50)

**HEM47c\_C47c.**

For how many [UNIT]'s is [SPOUSE OR OTHER COHABITING ADULT MALE] usually paid per week (on this job)?

◆ ENTER number of units: \_\_\_\_\_ (GO TO HEM50)

Don't know

Refused

**HEM47d\_C47d.**

Excluding overtime pay, tips and commissions, what is [SPOUSE OR OTHER COHABITING ADULT MALE]'s rate of pay per [UNIT] (on this job)?

◆ ENTER DOLLAR AMOUNT: \$ \_ . \_ \_ \_

Don't know

Refused

**HEM47e\_C47e.**

For how many [UNIT]'s is [SPOUSE OR OTHER COHABITING ADULT MALE] usually paid per week at this rate?

◆ ENTER NUMBER OF UNITS: \_\_\_\_\_

Don't know

Refused

**HEM47g\_C47g.**

At his main job, how much does [SPOUSE OR OTHER COHABITING ADULT MALE] usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

◆ ENTER DOLLAR AMOUNT: \$ \_ \_ . \_ \_ . \_ \_

Don't know

Refused

**HEM47h\_C47h.**

Is that ...

- Per Hour ..... 1
- Per Day..... 2
- Per Week..... 3
- Per Month..... 4
- Per Year..... 5
- Per Unit ..... 6
- Other (Specify): \_\_\_\_\_ 7
- Don't know
- Refused

---

**CHECKPOINT**

- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES'  
AND OVERTIME IS 'PAID PER DAY'  
(HEM44 = '8' AND HEM45 = '1' AND HEM47h = '2')..... 1 **(GO TO HEM47j)**
- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES'  
AND OVERTIME IS 'PAID PER UNIT'  
(HEM44 = '8' AND HEM45 = '1' AND HEM47h = '6')..... 2 **(GO TO HEM47i)**
- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES'  
AND OVERTIME IS 'PAID PER HOUR'  
(HEM44 = '8' AND HEM45 = '1' AND HEM47h = '1')..... 3 **(GO TO HEM47k)**
- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES'  
AND OVERTIME IS ('PAID PER WEEK', 'PER MONTH', 'PER YEAR', 'OTHER', 'DK' or 'RF')  
(HEM44 = '8' AND HEM45 = '1' AND HEM47h = ('3', '4', '5', '7', 'DK' or 'RF'))  
.....4 **(GO TO HEM50)**

---

**HEM47i\_C57j.**

For how many [UNIT]'s is [SPOUSE OR OTHER COHABITING ADULT MALE] usually paid per week at this rate?

- ◆ **ENTER NUMBER OF UNITS:** \_\_\_\_\_ ..... **(GO TO HEM50)**
- Don't know
- Refused

---

**HEM47j\_C47l.**

How many days per week does [SPOUSE OR OTHER COHABITING ADULT MALE] usually work at this rate?

- ◆ **ENTER HOURS PER WEEK:** \_\_\_\_\_ **(GO TO HEM50)**
  - Don't know
  - Refused
-

**HEM47k\_C47k.**

How many hours does he usually work per week at this rate?

◆ **ENTER DAYS PER WEEK:** \_\_\_\_\_ **(GO TO HEM50)**

Don't know **(GO TO HEM50)**

Refused **(GO TO HEM50)**

**HEM48\_C48.**

**CHECKPONT**

IF EARNING IS 'HOURLY' AND OVERTIME IS 'YES'  
(HEM44 = '1' AND HEM45 = '1') ..... 1 **(GO TO HEM49a)**

IF EARNING IS 'HOURLY' AND OVERTIME IS ('NO', 'DK', 'RF')  
(HEM44 = '1' AND HEM45 = ('5' or 'DK' or 'RF')) ..... 2 **(GO TO HEM48a)**

**HEM48a\_C48a.**

What is [SPOUSE OR OTHER COHABITING ADULT MALE]'s hourly rate of pay (on this job)?

◆ **ENTER DOLLAR AMOUNT:** \$ \_\_, \_\_. \_\_ ... **(GO TO HEM50)**

Don't know **(GO TO HEM50)**

Refused **(GO TO HEM50)**

**HEM49a\_C49a.**

Excluding overtime pay, tips and commissions, what is his hourly rate of pay (on this job)?

◆ **ENTER DOLLAR AMOUNT:** \$ \_\_, \_\_. \_\_

Don't know

Refused

**HEM49b\_C49b.**

How many hours does he usually work per week at this rate?

◆ **ENTER HOURS PER WEEK:** \_\_\_\_\_

Don't know

Refused

**HEM49c\_C49c.**

(At main job), how much does [SPOUSE OR OTHER COHABITING ADULT MALE] usually receive just in overtime, tips, commissions, before taxes or other deductions?

◆ **ENTER DOLLAR AMOUNT:** \$ \_\_, \_\_. \_\_

Don't know

Refused



**HEM49d\_C49d.**

Is that ...

- Per Hour ..... 1 (GO TO HEM49e)
- Per Day..... 2 (GO TO HEM49e)
- Per Week..... 3 (GO TO HEM50)
- Per Month..... 4 (GO TO HEM50)
- Per Year..... 5 (GO TO HEM50)
- Per Unit (Specify):\_\_\_\_\_ 6 (GO TO HEM49e)
- Other (Specify):\_\_\_\_\_ 7 (GO TO HEM50)
- Don't Know..... 8 (GO TO HEM50)
- Refused..... 9 (GO TO HEM50)

**HEM49e\_C49e.**

How many day/unit/hours does he usually work per week at this rate?

- ◆ ENTER DAYS/UNITS/HOURS PER WEEK: \_\_\_\_\_
- Don't know
- Refused

**HEM50\_C53.**

How did [SPOUSE OR OTHER COHABITING ADULT MALE] usually get to work last week?

- ◆ **PROBE:** For one used for most distance
- ◆ **CHECK ALL THAT APPLY**
- Car, Truck, or Van ..... 1
- Bus or Trolley Bus ..... 2
- Streetcar or Trolley Car..... 3
- Subway or Elevated..... 4
- Railroad..... 5
- Ferryboat ..... 6
- Taxicab..... 7
- Motorcycle ..... 8
- Bicycle ..... 9
- Walked ..... 10
- Worked at Home ..... 11
- Other Method ..... 12
- Don't know
- Refused

**HEM51\_C54.**

How many minutes did it usually take him to get from home to work last week?

- ◆ ENTER number of minutes: \_\_\_\_\_
- Don't know
- Refused

**(GO TO next module)**

**HEM52\_C55.**

Does he have a disability that prevents him from accepting any kind of work during the next six months?

- Yes ..... 1 (**GO TO next module**)
- No..... 5
- Don't Know..... 8
- Refused..... 9

---

**HEM53\_C56.**

Does he currently want a job, either full-time or part-time?

- Yes or Maybe, It Depends..... 1
- No..... 5 (**GO TO next module**)
- Don't Know..... 8 (**GO TO next module**)
- Refused..... 9 (**GO TO next module**)

---

**HEM54\_C57.**

Has [SPOUSE OR OTHER COHABITING ADULT MALE] been doing anything to find work during the past four weeks?

- Yes ..... 1
- No..... 5 (**GO TO next module**)
- Retired..... 6 (**GO TO next module**)
- Disabled ..... 7 (**GO TO next module**)
- Unable to Work..... 8 (**GO TO next module**)
- Don't Know..... (**GO TO next module**)
- Refused..... (**GO TO next module**)

---

**HEM55\_C58.**

(RB) What are all the things he has done to find work during the past four weeks?

◆ **ENTER ALL THAT APPLY**

- Contacted Employer(s)..... 1
- Contacted Public Employment Agency Programs/Courses .....2
- Contacted Private Employment Agency .....3
- Contacted Friends or Relatives .....4
- Interviewed for a Job..... 5
- Contacted School/University Employer Center .....6
- Sent Out Resumes/Filled out Applications ..... 7
- Checked Union/Professional Registers ..... 8
- Placed or Answered Ads ..... 9
- Looked at Ads Directly ..... 10
- Attended Job Training..... 11
- Nothing..... 12
- Other (Specify): \_\_\_\_\_ 13
- Don't know
- Refused

**HEM56\_C61.**

Last week, could he have started a job if one had been offered?

- Yes ..... 1 (**GO TO next module**)
- No..... 5
- Don't Know..... 8 (**GO TO next module**)
- Refused..... 9 (**GO TO next module**)

---

**HEM57\_C62.**

Why is that?

- Waiting for New Job to Begin..... 1
  - Own Temporary Illness..... 2
  - Going to School ..... 3
  - Other (Specify): \_\_\_\_\_ ..... 4
  - Don't know
  - Refused
-

**A\_Section 07: Income & Public Assistance**

**HIN1.**

Are you or your (child/children) now receiving help from the Supplemental Security Income program, called SSI?

- Yes .....1
- No.....5
- DK
- RF

---

**INTERVIEWER CHECKPOINT – REFER TO HOUSEHOLD LISTING**

IF NO CHILDREN IN HOUSEHOLD, GO TO HIN3

---

**HIN2.**

Is the SSI for you or for your (child/children)?

- Respondent.....1
- Child (ren).....2
- Both.....3
- DK.....D
- RF.....R

---

**HIN3.**

In what month and year did [you /your child/your children]start receiving SSI benefits?

◆ ENTER MM/YYYY    \_/\_\_\_\_

**(IF BOTH R AND CHILD ARE RECEIVING SSI, ASK FOR THE MONTH AND YEAR THE FIRST PERSON TO RECEIVE SSI STARTED RECEIVING IT.)**

- DON'T KNOW
- REFUSED

---

**HIN4.**

Workers sometimes receive a tax refund check—early in the year—from the Earned Income Tax Credit or because they overpaid taxes in the previous year. Did you receive a tax refund check from the federal government in 2008?

**(PROBE IF NECESSARY: During calendar year 2008 did you receive a federal income tax refund for the 2007 tax year?)**

- Yes .....1
  - No.....5 **(GO TO HIN5)**
  - DK.....D **(GO TO HIN5)**
  - RF.....R **(GO TO HIN5)**
-

**HIN4a.**

How much was your tax refund?

◆ ENTER DOLLAR AMOUNT \$ \_ , \_ \_ \_

(IF R SAYS REFUND WAS 'LARGER THAN \$10,000' CODE 9999)

DON'T KNOW  
REFUSED

**HIN4b.** What was the main thing you spent your refund on?

[INTERVIEWER: DO NOT READ CATEGORIES]

- Savings ..... 1
- Pay Off Credit Card Bill or Other Loan ..... 2
- Pay Other Bills ..... 3
- Purchase Household Furnishings, Appliances, Clothing ..... 4
- Purchase/Repair Car ..... 5
- Get New Apartment ..... 6
- School Tuition ..... 7
- Other (Specify): \_\_\_\_\_ 8
- DK
- RF

**HIN5.**

(RB) What kind of health insurance or health care coverage do you have for yourself?

◆ CHECK ALL THAT APPLY

- Private Health Insurance Plan From Employer or Workplace ..... 1
- Private Health Insurance Plan Purchased Directly ..... 2
- Private Health Insurance Plan Through A State or Local  
Government or Community Program ..... 3
- Medicaid ..... 4
- Medicare ..... 5
- Military Health Care/VA or Champus/Tricare/Champ-VA ..... 6
- Single Service Plan (e.g. Dental, Vision, Prescriptions) ..... 7
- No Coverage of Any Type ..... 8
- Other (Specify): \_\_\_\_\_
- DK
- RF

**HIN6.**

Are you or your (child/children) regularly receiving welfare benefits now?

[INTERVIEWER: DO NOT ACCEPT "FOOD STAMPS," "SSI," "MEDICAID," OR  
"WIC." ]

[INTERVIEWER: ACCEPT LOCAL NAMES FOR TANF]

- Yes ..... 1
- No ..... 5
- DK
- RF

**HIN7.**

Are you or your (child/children) now receiving Food Stamps?

- Yes ..... 1
- No.....5
- DK
- RF

**HIN8.**

Which of these statements best describes the food eaten in your household in the last 12 months: we always had enough to eat, sometimes we did not have enough to eat, or, often, we did not have enough to eat?

- Always Enough to Eat..... 1
- Sometimes Not Enough to Eat ..... 2
- Often Not Enough to Eat..... 3
- DK
- RF

**HIN9.**

How much do you (and everyone else in your family) spend on food that you use at home in an average week?

**[INTERVIEWER: IF RESPONDENT LIVES WITH NON-FAMILY MEMBERS, OR AMOUNT SEEMS UNREASONABLY HIGH OR LOW, PROBE: "Is that only your/your family's share of the food?"]**

◆ ENTER DOLLAR AMOUNT AND UNIT

\$ \_ , \_ \_ . \_ \_ PER: day.....1 week.....2 month.....3  
year.....4

- DON'T KNOW
- REFUSED

**HIN10.**

Do you have any food delivered to the door which isn't included in that?

- Yes ..... 1 (GO TO HIN11)
- No.....5 (GO TO HIN12)
- DK.....D (GO TO HIN12)
- RF.....R (GO TO HIN12)

**HIN11.** How much do you spend on that food?

◆ ENTER DOLLAR AMOUNT AND UNIT

\$ \_ , \_ \_ . \_ \_ PER: day.....1 week.....2 month.....3  
year.....4

- DON'T KNOW
- REFUSED

**HIN12.**

About how much do you (and everyone else in your family) spend eating out?

◆ **ENTER DOLLAR AMOUNT AND UNIT**

\$ \_\_, \_\_, \_\_. \_\_ PER: day.....1 week.....2 month.....3  
year.....4

DON'T KNOW  
REFUSED

**INTERVIEWER CHECKPOINT**

If NO CHILDREN IN HOUSEHOLD → (GO TO HIN14)

**HIN13.**

About how many days per week do you and your (child/children) all eat dinner together?

◆ **ENTER NUMBER OF DAYS** \_\_\_\_\_

DON'T KNOW  
REFUSED

**HIN14.**

How much did you earn from all your employers before taxes and deductions during 2007?

◆ **ENTER DOLLAR AMOUNT** \$ \_\_, \_\_, \_\_ (GO TO HIN16)

(IF R SAYS 'INCOME OF \$99,999 OR MORE', CODE 99999)

DK.....D (GO TO HIN14a)  
RF.....R (GO TO HIN14a)

**HIN14a.**

Would it amount to \$10,000 or more?

Yes .....1  
No.....5 (GO TO HIN14e)  
DK.....D (GO TO HIN14e)  
RF.....R (GO TO HIN14e)

**HIN14b.**

Would it amount to \$20,000 or more?

Yes .....1  
No.....5 (GO TO HIN14d)  
DK.....D (GO TO HIN14d)  
RF.....R (GO TO HIN14d)

**HIN14c.**

Would it amount to \$25,000 or more?

- Yes .....1 (GO TO CHECKPOINT)
- No.....5 (GO TO CHECKPOINT)
- DK.....D (GO TO CHECKPOINT)
- RF.....R (GO TO CHECKPOINT)

**HIN14d.**

Would it amount to \$15,000 or more?

- Yes .....1 (GO TO CHECKPOINT)
- No.....5 (GO TO CHECKPOINT)
- DK.....D (GO TO CHECKPOINT)
- RF.....R (GO TO CHECKPOINT)

**HIN14e.**

Would it amount to \$5,000 or more?

- Yes .....1
- No.....5
- DK.....D
- RF.....R

**INTERVIEWER CHECKPOINT**

IF THERE IS NO SPOUSE/PARTNER IN THE HOUSEHOLD → (GO TO HIN15)  
 ALL OTHERS → (GO TO HIN16)

**HIN15.**

About how much money did you receive from the (father/fathers) of all of your children in the past 12 months?

♦ ENTER dollar amount \$ \_\_, \_\_, \_\_ (GO TO HIN16)

(IF R SAYS 'CHILD SUPPORT OF \$99,999 OR MORE', CODE 99999)

- DK.....(GO TO HIN15a)
- RF.....(GO TO HIN15a)

**HIN15a.**

I just need to have a range. Can you tell me if it was . . .

\_\_\_\_\_

**HIN16.**

How much income did you receive from all other sources during 2007? Please include any money from the government such as welfare, SSI, unemployment benefits, Social Security, money from any businesses you have, money from alimony, help from friends or relatives, and any other money income received.

♦ ENTER DOLLAR AMOUNT \$ \_\_, \_\_, \_\_

(IF R SAYS 'INCOME OF \$99,999 OR MORE', CODE 99999)

- DON'T KNOW
- REFUSED



---

**INTERVIEWER CHECKPOINT**

IF RESPONDENT LIVES ALONE → (GO TO NEXT SECTION)

---

**HIN17.**

What is the total combined income of all members of this household during the year 2007? Please include money from jobs, work on the side, welfare, SSI, help from your family and friends, and any other money income received by you or any other household member.

◆ ENTER dollar amount \$ \_\_, \_\_ (GO TO NEXT MODULE)

(IF R SAYS 'INCOME OF \$99,999 OR MORE', CODE 99999)

DK.....D (GO TO HIN17a)

RF.....R (GO TO HIN17a)

---

**HIN17a.**

Would it amount to \$10,000 or more?

Yes .....1

No.....5 (GO TO HIN17e)

DK.....D (GO TO HIN17e)

RF.....R (GO TO HIN17e)

---

**HIN17b.**

Would it amount to \$20,000 or more?

Yes .....1

No.....5 (GO TO HIN17d)

DK.....D (GO TO HIN17d)

RF.....R (GO TO HIN17d)

---

**HIN17c.**

Would it amount to \$25,000 or more?

Yes .....1 (GO TO next module)

No.....5 (GO TO next module)

DK.....D (GO TO next module)

RF.....R (GO TO next module)

---

**HIN17d.**

Would it amount to \$15,000 or more?

Yes .....1 (GO TO next module)

No.....5 (GO TO next module)

DK.....D (GO TO next module)

RF.....R (GO TO next module)

---

**HIN17e.**

Would it amount to \$5,000 or more?

Yes .....1  
No.....5  
DK.....D  
RF.....R

---

**A\_Section 08: Savings & Assets**

**HSA1.**

Do you currently have any checking accounts, savings accounts, or any other type of bank account at any type of institution?

- Yes ..... 1
- No.....5 (GO TO HSA2)
- Don't Know..... (GO TO HSA3)
- Refused..... (GO TO HSA3)

**HSA1a.**

About how much is in these accounts all together?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_, \_\_\_ (GO TO HSA3)
- Don't Know.....(GO TO HSA1b)
- Refused.....(GO TO HSA1b)

**HSA1b.**

(RB) Would it be...

A. \$0; none	H. \$1,000 - \$1,999	O. \$20,000 - \$24,999	U. \$75,000 - \$99,999
B. \$1 - \$99	I. \$2,000 - \$2,999	P. \$25,000 - \$29,999	V. \$100,000 - \$124,999
C. \$100 - \$199	J. \$3,000 - \$3,999	Q. \$30,000 - \$39,999	W. \$125,000 - \$149,999
D. \$200 - \$299	K. \$4,000 - \$4,999	R. \$40,000 - \$49,999	X. \$150,000 - \$199,999
E. \$300 - \$399	L. \$5,000 - \$9,999	S. \$50,000 - \$59,999	Y. \$200,000 - \$249,999
F. \$400 - \$499	M. \$10,000 - \$14,999	T. \$60,000 - \$74,999	Z. \$250,000 or more
G. \$500 - \$999	N. \$15,000 - \$19,999		

- ENTER LETTER \_\_\_\_\_ (GO TO HSA3)
- DON'T KNOW (GO TO HSA3)
- REFUSED (GO TO HSA3)

**HSA2.**

What is the most important reason you don't have a bank account?

- Don't write enough checks to make it worthwhile..... 1
- Minimum balance is too high..... 2
- Don't like dealing with banks ..... 3
- Service charges are too high..... 4
- No bank has convenient hours or locations..... 5
- Some other reason (specify): \_\_\_\_\_ 6
- Don't Know
- Refused

**HSA3.**

Do you have any savings or keep money for a while in any other type of account, or any other place including savings held as cash in your house or somewhere else?

- Yes .....1 (GO TO HSA3a)
- No.....5 (GO TO HSA4)
- Don't Know..... (GO TO HSA4)
- Refused..... (GO TO HSA4)

**HSA3a.**

What would that be?

- PLEASE SPECIFY: \_\_\_\_\_
- Don't Know
- Refused

**HSA3b.**

About how much would these other savings be worth?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_, \_\_\_
- Don't Know
- Refused

**HSA4.**

In what year did you buy your home?

- ◆ ENTER YEAR \_\_\_\_\_
- Don't Know
- Refused

**HSA5.**

What was the purchase price of your present home?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_, \_\_\_ (GO TO HSA6)
- Don't Know.....(GO TO HSA5a)
- Refused.....(GO TO HSA5a)

**HSA5a.**

(RB)Was it ...

A. \$0; none	H. \$1,000 - \$1,999	O. \$20,000 - \$24,999	U. \$75,000 - \$99,999
B. \$1 - \$99	I. \$2,000 - \$2,999	P. \$25,000 - \$29,999	V. \$100,000 - \$124,999
C. \$100 - \$199	J. \$3,000 - \$3,999	Q. \$30,000 - \$39,999	W. \$125,000 - \$149,999
D. \$200 - \$299	K. \$4,000 - \$4,999	R. \$40,000 - \$49,999	X. \$150,000 - \$199,999
E. \$300 - \$399	L. \$5,000 - \$9,999	S. \$50,000 - \$59,999	Y. \$200,000 - \$249,999
F. \$400 - \$499	M. \$10,000 - \$14,999	T. \$60,000 - \$74,999	Z. \$250,000 or more
G. \$500 - \$999	N. \$15,000 - \$19,999		

- ENTER LETTER \_\_\_\_\_
- Don't Know
- Refused

**HSA6.**

If you were to sell your house today, how much would it be worth?

◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_,\_\_\_ (GO TO HSA7)

Don't Know.....(GO TO HSA6a)  
 Refused.....(GO TO HSA6a)

**HSA6a.**

(RB) Would it be ...

A. \$0; none	H. \$1,000 - \$1,999	O. \$20,000 - \$24,999	U. \$75,000 - \$99,999
B. \$1 - \$99	I. \$2,000 - \$2,999	P. \$25,000 - \$29,999	V. \$100,000 - \$124,999
C. \$100 - \$199	J. \$3,000 - \$3,999	Q. \$30,000 - \$39,999	W. \$125,000 - \$149,999
D. \$200 - \$299	K. \$4,000 - \$4,999	R. \$40,000 - \$49,999	X. \$150,000 - \$199,999
E. \$300 - \$399	L. \$5,000 - \$9,999	S. \$50,000 - \$59,999	Y. \$200,000 - \$249,999
F. \$400 - \$499	M. \$10,000 - \$14,999	T. \$60,000 - \$74,999	Z. \$250,000 or more
G. \$500 - \$999	N. \$15,000 - \$19,999		

ENTER LETTER \_\_\_\_\_  
 Don't Know  
 Refused

**HSA7.**

Do you own this home outright or do you have any mortgages or land contracts on the property?

Own Outright ..... 1 (GO TO HSA8)  
 Has Mortgage and/or Land Contract ..... 2  
 Don't Know..... (GO TO HSA8)  
 Refused..... (GO TO HSA8)

**HSA7a.**

How much do you still owe on all the loans taken out for your home?

◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_,\_\_\_ (GO TO HSA8)

Don't Know.....(GO TO HSA7b)  
 Refused.....(GO TO HSA7b)

**HSA7b.**

(RB) Is it:

A. \$0; none	H. \$1,000 - \$1,999	O. \$20,000 - \$24,999	U. \$75,000 - \$99,999
B. \$1 - \$99	I. \$2,000 - \$2,999	P. \$25,000 - \$29,999	V. \$100,000 - \$124,999
C. \$100 - \$199	J. \$3,000 - \$3,999	Q. \$30,000 - \$39,999	W. \$125,000 - \$149,999
D. \$200 - \$299	K. \$4,000 - \$4,999	R. \$40,000 - \$49,999	X. \$150,000 - \$199,999
E. \$300 - \$399	L. \$5,000 - \$9,999	S. \$50,000 - \$59,999	Y. \$200,000 - \$249,999
F. \$400 - \$499	M. \$10,000 - \$14,999	T. \$60,000 - \$74,999	Z. \$250,000 or more
G. \$500 - \$999	N. \$15,000 - \$19,999		

ENTER LETTER \_\_\_\_\_  
 Don't Know  
 Refused

**HSA8.**

Do (you/you and your household) own a car or truck, or other motor vehicle that runs and can be driven on the road?

- Yes .....1
- No.....5 (GO TO HSA10)
- Don't Know..... (GO TO HSA10)
- Refused..... (GO TO HSA10)

**HSA9.**

Thinking about the vehicles that (you/you and your household) own, did you borrow money or get financing to purchase any of your vehicles?

- Yes .....1
- No.....5 (GO TO HSA10)
- Don't Know..... (GO TO HSA10)
- Refused..... (GO TO HSA10)

**HSA9a.**

About how much, if anything, do (you/you and your household) still owe on all of your vehicle loans?

♦ ENTER DOLLAR AMOUNT \$ \_\_, \_\_ (GO TO HSA10)

- Don't Know.....(GO TO HSA9b)
- Refused.....(GO TO HSA9b)

**HSA9b.**

(RB) Would you say it was ....

A. \$0; none	H. \$1,000 - \$1,999	O. \$20,000 - \$24,999	U. \$75,000 - \$99,999
B. \$1 - \$99	I. \$2,000 - \$2,999	P. \$25,000 - \$29,999	V. \$100,000 - \$124,999
C. \$100 - \$199	J. \$3,000 - \$3,999	Q. \$30,000 - \$39,999	W. \$125,000 - \$149,999
D. \$200 - \$299	K. \$4,000 - \$4,999	R. \$40,000 - \$49,999	X. \$150,000 - \$199,999
E. \$300 - \$399	L. \$5,000 - \$9,999	S. \$50,000 - \$59,999	Y. \$200,000 - \$249,999
F. \$400 - \$499	M. \$10,000 - \$14,999	T. \$60,000 - \$74,999	Z. \$250,000 or more
G. \$500 - \$999	N. \$15,000 - \$19,999		

ENTER LETTER \_\_\_\_\_  
 Don't Know  
 Refused

**HSA10.**

Do you or anyone in your household have any student loans?

- Yes .....1
- No.....5 (GO TO HSA11)
- Don't Know (GO TO HSA11)
- Refused (GO TO HSA11)

**HSA10a.**

About how much do you (or your household) still owe on your student loans?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_, \_\_\_
- Don't Know
- Refused

**HSA11.**

Do you have a valid driver's license?

- Yes .....1
- No.....5
- Don't Know
- Refused

**HSA12.**

Do (you/you and anyone in your household) have any unpaid medical bills?

- Yes .....1
- No.....5 (GO TO HSA13)
- Don't Know..... (GO TO HSA13)
- Refused..... (GO TO HSA13)

**HSA12a.**

About how much do (you/you and your household) still owe on your medical bills?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_, \_\_\_ (GO TO HSA13)
- Don't Know.....(GO TO HSA12b)
- Refused.....(GO TO HSA12b)

**HSA12b.**

(RB) Would it be ...

A. \$0; none	H. \$1,000 - \$1,999	O. \$20,000 - \$24,999	U. \$75,000 - \$99,999
B. \$1 - \$99	I. \$2,000 - \$2,999	P. \$25,000 - \$29,999	V. \$100,000 - \$124,999
C. \$100 - \$199	J. \$3,000 - \$3,999	Q. \$30,000 - \$39,999	W. \$125,000 - \$149,999
D. \$200 - \$299	K. \$4,000 - \$4,999	R. \$40,000 - \$49,999	X. \$150,000 - \$199,999
E. \$300 - \$399	L. \$5,000 - \$9,999	S. \$50,000 - \$59,999	Y. \$200,000 - \$249,999
F. \$400 - \$499	M. \$10,000 - \$14,999	T. \$60,000 - \$74,999	Z. \$250,000 or more
G. \$500 - \$999	N. \$15,000 - \$19,999		

- ENTER LETTER \_\_\_\_\_
- Don't Know
- Refused

**HSA13.**

Do you have any credit or charge cards? Including major credit cards like, Visa or MasterCard, or charge cards from a store or gas station such as Sears or Mobil?

- Yes .....1
- No.....5 (GO TO HSA15)
- Don't Know..... (GO TO HSA15)
- Refused..... (GO TO HSA15)

**HSA14.** About how much do (you/you and your household) currently owe on all your credit and charge cards?

◆ **ENTER DOLLAR AMOUNT \$ \_ \_ , \_ \_ \_ (GO TO HSA15)**

Don't Know.....(GO TO HSA14a)  
 Refused.....(GO TO HSA14a)

**HSA14a.**

(RB) Would it be ...

A. \$0; none	H. \$1,000 - \$1,999	O. \$20,000 - \$24,999	U. \$75,000 - \$99,999
B. \$1 - \$99	I. \$2,000 - \$2,999	P. \$25,000 - \$29,999	V. \$100,000 - \$124,999
C. \$100 - \$199	J. \$3,000 - \$3,999	Q. \$30,000 - \$39,999	W. \$125,000 - \$149,999
D. \$200 - \$299	K. \$4,000 - \$4,999	R. \$40,000 - \$49,999	X. \$150,000 - \$199,999
E. \$300 - \$399	L. \$5,000 - \$9,999	S. \$50,000 - \$59,999	Y. \$200,000 - \$249,999
F. \$400 - \$499	M. \$10,000 - \$14,999	T. \$60,000 - \$74,999	Z. \$250,000 or more
G. \$500 - \$999	N. \$15,000 - \$19,999		

ENTER LETTER \_\_\_\_\_  
 Don't Know  
 Refused

**HSA15.**

Now I'd like to ask you about the types of financial services you use. In the past 30 days, where did you cash most of your checks?

◆ **PROBE:** "any other places" once

◆ **ENTER ALL THAT APPLY**

At a bank ..... 1  
 At your work place..... 2  
 At a check cashing outlet ..... 3  
 Through an insurance broker..... 4  
 Through a friend or family member ..... 5  
 In a supermarket ..... 6  
 At a restaurant, bar, or in any other kind of store ..... 7  
 Didn't cash any checks..... 8  
 Other (specify): ..... 9  
 Don't Know  
 Refused

**HSA16.**

If you needed to borrow \$500 for three months, is there some person (or place) you could borrow it from?

Yes ..... 1  
 No..... 5 (GO TO HSA19)  
 Would Not Borrow..... 6 (GO TO HSA19)  
 Don't Know..... (GO TO HSA19)  
 Refused..... (GO TO HSA19)



**HSA17.**

Where would you go first?

- Friends or family ..... 1
- A finance company ..... 2
- A payday loan at a check cashing outlet ..... 3
- Someone in my neighborhood who lends out  
money and charges interest..... 4
- A community loan fund (or church loan fund)..... 5
- A cash advance on my credit card..... 6
- A bank (or savings bank, savings & loan, or credit union) ..... 7
- A pawn shop..... 8
- A furniture store ..... 9
- I would not borrow ..... 10
- Other (specify): \_\_\_\_\_ ..... 11
- Don't Know
- Refused

**HSA18.**

Apart from the \$500 you would repay them, how much would they charge you to borrow the money?

- Nothing, No charge ..... 1 (GO TO HSA19)
- Percent..... 2 (GO TO HSA18a)
- Dollar amount..... 3 (GO TO HSA18b)
- Other ..... 4 (GO TO HSA18c)
- Don't Know ..... D (GO TO HSA19)
- Refused..... R (GO TO HSA19)

**HSA18a.**

What percent would you have to pay to borrow the \$500?

◆ ENTER PERCENTAGE AMOUNT \_\_\_\_\_ . \_\_\_\_% (GO TO HSA19)

Don't Know (GO TO HSA19)

Refused (GO TO HSA19)

**HSA18b.**

How many dollars would you have to pay to borrow the \$500?

◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_\_ (GO TO HSA19)

Don't Know (GO TO HSA19)

Refused (GO TO HSA19)

**HSA18c.**

Other (specify):

\_\_\_\_\_

Don't Know

Refused

**HSA19.**

How often does your household have to borrow money to pay bills?

- Never..... 1
- Rarely..... 2
- Occasionally..... 3
- Frequently..... 4
- All the time..... 5
- Don't Know
- Refused

---

**HSA20.**

How often does your household put off buying something you need because you don't have money?

- Never..... 1
- Rarely..... 2
- Occasionally..... 3
- Frequently..... 4
- All the time..... 5
- Don't Know
- Refused

---

**HSA21.**

In the past 12 months, have (you/you or anyone in your household) filed for personal bankruptcy?

- Yes..... 1
  - No..... 5
  - Don't Know
  - Refused
-

**A\_Section 09: PHYSICAL HEALTH (HPH)**

**HPH1.**

Now I'd like to ask you some questions about your health. Would you say your health in general is excellent, very good, good, fair, or poor?

- |            |                            |
|------------|----------------------------|
| EXCELLENT  | <input type="checkbox"/> 1 |
| VERY GOOD  | <input type="checkbox"/> 2 |
| GOOD       | <input type="checkbox"/> 3 |
| FAIR       | <input type="checkbox"/> 4 |
| POOR       | <input type="checkbox"/> 5 |
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

**HPH2.**

To help people say how good or bad their health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad youth health state is today.

Scaled Health State Ranking: \_\_\_\_\_  
 DK  
 RF

**HPH3.**

Have you ever been told by a doctor or other health professional that you had asthma?

- |                         |                            |
|-------------------------|----------------------------|
| YES                     | <input type="checkbox"/> 1 |
| NO (GO TO HPH5)         | <input type="checkbox"/> 5 |
| REFUSED (GO TO HPH5)    | <input type="checkbox"/> 7 |
| DON'T KNOW (GO TO HPH5) | <input type="checkbox"/> 8 |

**HPH4.**

During the past 12 months, have you had an episode of asthma or an asthma attack?

- |            |                            |
|------------|----------------------------|
| YES        | <input type="checkbox"/> 1 |
| NO         | <input type="checkbox"/> 5 |
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

**HPH5.**

During the past 12 months, have you had a wheezing or whistling sound in your chest?

- |                          |                            |
|--------------------------|----------------------------|
| YES                      | <input type="checkbox"/> 1 |
| NO (GO TO HPH6a)         | <input type="checkbox"/> 5 |
| REFUSED (GO TO HPH6a)    | <input type="checkbox"/> 7 |
| DON'T KNOW (GO TO HPH6a) | <input type="checkbox"/> 8 |

**HPH6.**

How many attacks of wheezing or whistling have you had in your chest during the past 12 months?

NUMBER OF ATTACKS \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

---

**HPH6a.**

Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

YES  1

NO (GO TO HPH7)  2

REFUSED (GO TO HPH7)  7

DON'T KNOW (GO TO HPH7)  8

---

**HPH6b.**

Were you told on two or more different visits that you had hypertension, also called high blood pressure?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

---

**HPH6c.**

Was any medication ever prescribed by a doctor to help you lower your blood pressure?

YES  1

NO (GO TO HPH7)  2

REFUSED  7

DON'T KNOW  8

---

**HPH6d.**

Are you now taking prescribed medicine for your high blood pressure?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

---

		YES	NO	REFUSED	DON'T KNOW
	<b>HPH7a.</b> The next few questions are about health problems you might have had at any time in your life. Have you ever had any of the following: Arthritis or rheumatism?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<b>HPH7b.</b> Chronic back or neck problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<b>HPH7c.</b> Frequent or severe headaches?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<b>HPH7d.</b> Any other chronic pain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<b>HPH7e.</b> A stroke?	1	2	7	8
	<b>HPH7f.</b> A heart attack?	1	2	7	8
	<b>HPH7g.</b> Did a doctor or other health professional ever tell you that you had any of the following illnesses: Heart disease?	1	2	7	8
	<b>HPH7h.</b> Any other chronic lung disease, like COPD or emphysema?	1	2	7	8
	<b>HPH7i.</b> Diabetes or high blood sugar?	1	2	7	8
	<b>HPH7j.</b> An ulcer in your stomach or intestine?	1	2	7	8
	<b>HPH7k.</b> HIV infection or AIDS?	1	2	7	8
	<b>HPH7l.</b> Epilepsy or seizures?	1	2	7	8
	<b>HPH7m.</b> Cancer?	1	2	7	8

**[INTERVIEWER INSTRUCTION: (SEE HPH7a - HPH7m SERIES)  
CIRCLE ALL ENDORSED CONDITIONS IN HPH7a - HPH7m SERIES IN LEFT COLUMN BELOW AND ON THE FOLLOWING TWO PAGES. THEN ASK FOLLOW-UP QUESTIONS TO THE RIGHT IN SEQUENCE ONE ITEM AT A TIME. IF NO CONDITIONS WERE ENDORSED, GO TO HPH10.]**

	<b>HPH8.</b> How old were you the first time you had (DX)?	<b>HPH9.</b> Did you still have (DX) or receive any treatment for (it/ them) at any time during the <u>past 12 months</u> ?			
		<b>YES</b> <b>(1)</b>	<b>NO</b> <b>(5)</b>	<b>DK</b> <b>(8)</b>	<b>RF</b> <b>(9)</b>
ARTHRITIS OR RHEUMATISM	<b>HPH8a.</b>  _____ YEARS				
BACK OR NECK PROBLEMS	<b>HPH8b.</b>  _____ YEARS	<b>HPH9b.</b>  1  GO TO HPH8 FOR NEXT DX OR HPH10	5  GO TO HPH8 FOR NEXT DX OR HPH10	8  GO TO HPH8 FOR NEXT DX OR HPH10	9  GO TO HPH8 FOR NEXT DX OR HPH10
FREQUENT OR SEVERE HEADACHES	<b>HPH8c.</b>  _____ YEARS	<b>HPH9c.</b>  1  GO TO HPH8 FOR NEXT DX OR HPH10	5  GO TO HPH8 FOR NEXT DX OR HPH10	8  GO TO HPH8 FOR NEXT DX OR HPH10	9  GO TO HPH8 FOR NEXT DX OR HPH10
(ANY OTHER) CHRONIC PAIN	<b>HPH8d.</b>  _____ YEARS	<b>HPH9d.</b>  1  GO TO HPH8 FOR NEXT DX OR HPH10	5  GO TO HPH8 FOR NEXT DX OR HPH10	8  GO TO HPH8 FOR NEXT DX OR HPH10	9  GO TO HPH8 FOR NEXT DX OR HPH10
STROKE	<b>HPH8e.</b>  _____ YEARS DK.....998 RF .....999  GO TO HPH8 FOR NEXT DX OR HPH10				
HEART ATTACK	<b>HPH8f.</b>  _____ YEARS DK.....998 RF .....999  GO TO HPH8 FOR NEXT DX OR HPH10				

<p>HEART DISEASE</p>	<p><b>HPH8g.</b></p> <p>_____</p> <p>YEARS</p> <p>DK.....998</p> <p>RF .....999</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>				
<p>CHRONIC LUNG DISEASE</p>	<p><b>HPH8h.</b></p> <p>_____</p> <p>YEARS</p> <p>DK.....998</p> <p>RF .....999</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>				
<p>DIABETES OR HIGH BLOOD SUGAR</p>	<p><b>HPH8i.</b></p> <p>_____</p> <p>YEARS</p>	<p><b>HPH9i.</b></p> <p>1</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>	<p>5</p> <p><b>GO TO GO TO HPH8 FOR NEXT DX OR HPH10</b></p>	<p>8</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>	<p>9</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>
<p>(AN/THE) ULCER</p>	<p><b>HPH8j.</b></p> <p>_____</p> <p>YEARS</p>	<p><b>HPH9j.</b></p> <p>1</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>	<p>5</p> <p><b>GO TO GO TO HPH8 FOR NEXT DX OR HPH10</b></p>	<p>8</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>	<p>9</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>
<p>HIV (INFECTION)</p>	<p><b>HPH8k.</b></p> <p>_____</p> <p>YEARS</p> <p>DK.....998</p> <p>RF .....999</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>				
<p>EPILEPSY OR SEIZURES</p>	<p><b>HPH8l.</b></p> <p>_____</p> <p>YEARS</p> <p>DK.....998</p> <p>RF .....999</p> <p><b>GO TO HPH8 FOR NEXT DX OR HPH10</b></p>				
<p>CANCER</p>	<p><b>HPH8m.</b></p> <p>_____</p> <p>YEARS</p> <p>DK.....998</p> <p>RF .....999</p>				

**HPH10.**

Is there a place where you usually go to when you are sick or need advice about your health?

YES	1
THERE IS NO PLACE ( <b>GO TO HPH12</b> )	2
THERE IS MORE THAN ONE PLACE	3
REFUSED ( <b>GO TO HPH12</b> )	7
DON'T KNOW ( <b>GO TO HPH12</b> )	8

---

**HPH10a.**

What kind of place is it? A clinic, doctor's office, emergency room, or some other place?

**[INTERVIEWER: IF MORE THAN 1 PLACE, PROBE FOR THE ONE RESPONDENT GOES TO MOST OFTEN]**

CLINIC OR HEALTH CENTER	1
DOCTOR'S OFFICE OR HMO	2
HOSPITAL EMERGENCY ROOM	3
HOSPITAL OUTPATIENT DEPARTMENT	4
SOME OTHER PLACE	5
DOESN'T GO TO ONE PLACE MOST OFTEN	6
REFUSED	7
DON'T KNOW	8

---

**HPH11.**

Is that [FILL] the same place you usually go when you need routine or preventative care, such as a physical examination or check up?

YES ( <b>GO TO HPH13</b> )	1
NO	2
REFUSED	7
DON'T KNOW	8

---



**HPH12.**

What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

CLINIC OR HEALTH CENTER	1
DOCTOR'S OFFICE OR HMO	2
HOSPITAL EMERGENCY ROOM	3
HOSPITAL OUTPATIENT DEPARTMENT	4
SOME OTHER PLACE	5
DOESN'T GET PREVENTATIVE CARE ANYWHERE	0
DOESN'T GO TO ONE PLACE MOST OFTEN	6
REFUSED	7
DON'T KNOW	9

---

**HPH13.**

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health?

NEVER	0
6 MONTHS OR LESS	1
MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO	2
MORE THAN ONE YEAR, BUT NOT MORE THAN 2 YEARS AGO	3
MORE THAN 2 YEARS, BUT NOT MORE THAN 5 YEARS AGO	4
MORE THAN FIVE YEARS AGO	5
REFUSED	7
DON'T KNOW	9

---

**HPH14.**

Is there a place where YOUR CHILDREN usually go when (he / she / they) (is / are) sick or you need advice about (his / her / their) health?

YES	1
THERE IS NO PLACE ( <b>GO TO HPH16</b> )	2
THERE IS MORE THAN ONE PLACE	3
REFUSED ( <b>GO TO HPH16</b> )	7
DON'T KNOW ( <b>GO TO HPH16</b> )	8

---

**HPH15.**

What kind of place do your children go to most often – a clinic, doctor’s office, emergency room, or some other kind of place?  
**[INTERVIEWER: IF MORE THAN 1 PLACE, PROBE FOR THE ONE RESPONDENT GOES TO MOST OFTEN]**

CLINIC OR HEALTH CENTER	1
DOCTOR’S OFFICE OR HMO	2
HOSPITAL EMERGENCY ROOM	3
HOSPITAL OUTPATIENT DEPARTMENT	4
SOME OTHER PLACE	5
DOESN’T GO TO ONE PLACE MOST OFTEN	6
REFUSED	7
DON’T KNOW	8

**HPH16.**

In the past 12 months, have you had any accidents or injuries that required medical attention?

YES	1
NO	2
REFUSED	7
DON’T KNOW	8

**HPH17.**

During the past 12 months, ABOUT how many days did illness or injury keep you in bed more than half of the day? (include days while an overnight patient in a hospital)

\_\_\_\_\_ (0-365 Days)

- DK
- RF

**HPH18.**

During the PAST 12 MONTHS, how many times have you gone to a HOSPITAL EMERGENCY ROOM about your own health? (This includes emergency room visits that resulted in a hospital admission.)

NEVER	0
ONCE	1
2-3 TIMES	2
4-5 TIMES	3
6-7 TIMES	4
8-9 TIMES	5
10-12 TIMES	6
13-15 TIMES	7
16 OR MORE TIMES	8
REFUSED	97
DON’T KNOW	98

**HPH19.**

[Were you/has anyone in the family been] hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.

YES	1
NO (SKIP TO HPH23)	2
REFUSED (SKIP TO HPH23)	7
DON'T KNOW (SKIP TO HPH23)	8

---

**HPH20.**

Who was in the hospital overnight? Anyone else?

<b>NEED RESPONSE CATEGORIES FOR THIS QUESTION</b>	1
REFUSED	7
DON'T KNOW	8

---

**HPH21.**

How many different times did [you/person] stay in the hospital overnight or longer DURING THE PAST 12 MONTHS?

ONCE	1
2-3 TIMES	2
4-5 TIMES	3
6-7 TIMES	4
8-9 TIMES	5
10-12 TIMES	6
13-15 TIMES	7
16 OR MORE TIMES	8
REFUSED	97
DON'T KNOW	98

---

**HPH22.**

Altogether how many nights [were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

ONCE	1
2-3 TIMES	2
4-5 TIMES	3
6-7 TIMES	4
8-9 TIMES	5
10-12 TIMES	6
13-15 TIMES	7
16 OR MORE TIMES	8
REFUSED	97
DON'T KNOW	98

**HPH23.**

During the past 12 months, was there any time when you or your children needed medical care but did not get it?

YES	1
NO (GO TO HPH24)	2
REFUSED (GO TO HPH24)	7
DON'T KNOW (GO TO HPH24)	8

There are many reasons people do not get medical care. During the past 12 months, did you or your children not get care for any of the following reasons:

	YES	NO	RF	DK
<b>HPH23a.</b> You couldn't afford it.	1	2	7	8
<b>HPH23b.</b> You didn't have transportation.	1	2	7	8
<b>HPH23c.</b> You didn't know whom to see.	1	2	7	8
<b>HPH23d.</b> You couldn't go because you had to work or take care of family members or friends?	1	2	7	8

**HPH24.**

How would you describe the condition of your natural teeth? Excellent, very good, good, fair, poor, or no natural teeth?

EXCELLENT	0
VERY GOOD	1
GOOD	2
FAIR	3
POOR	4
NO NATURAL TEETH	5
REFUSED	7
DON'T KNOW	8

**HPH25.**

About how long has it been since you last saw a dentist?

NEVER	0
6 MONTHS OR LESS	1
MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO	2
MORE THAN ONE YEAR, BUT NOT MORE THAN 2 YEARS AGO	3
MORE THAN 2 YEARS, BUT NOT MORE THAN 5 YEARS AGO	4
MORE THAN FIVE YEARS AGO	5
REFUSED	7
DON'T KNOW	8

**HPH26.**

The next questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all	RF	DK
<b>HPH26a.</b> Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3	7	8
<b>HPH26b.</b> Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	1	2	3	7	8
<b>HPH26c.</b> Lifting or carrying groceries.	1	2	3	7	8
<b>HPH26d.</b> Climbing several flights of stairs	1	2	3	7	8
<b>HPH26e.</b> Climbing one flight of stairs	1	2	3	7	8
<b>HPH26f.</b> Bending, kneeling, or stooping	1	2	3	7	8
<b>HPH26g.</b> Walking more than a mile	1	2	3	7	8
<b>HPH26h.</b> Walking several blocks	1	2	3	7	8
<b>HPH26i.</b> Walking one block	1	2	3	7	8
<b>HPH26j.</b> Bathing or dressing yourself	1	2	3	7	8

**HPH28.**

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	YES	NO	RF	DK
<b>HPH28a.</b> Cut down on the amount of time you spent on work or other activities.	1	2	7	8
<b>HPH28b.</b> Accomplished less than you would like.	1	2	7	8
<b>HPH28c.</b> Were limited in the kind of work or other activities.	1	2	7	8
<b>HPH28d.</b> Had difficulty performing the work or other activities (for example, it took extra effort).	1	2	7	8

**HPH29.**

The next questions are about moderate and vigorous physical activity.

In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that cause small increases in breathing or heart rate?

- YES 1
- NO (GO TO HPH30) 2
- REFUSED (GO TO HPH30) 7
- DON'T KNOW (GO TO HPH30) 8

**HPH29a.**

How many times per week do you do these moderate activities (for at least 10 minutes at a time)?

- NUMBER OF TIMES PER WEEK \_\_\_\_\_
- DON'T KNOW 97
- REFUSED 98

**HPH30.**

In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- YES 1
- NO (GO TO HPH31) 2
- REFUSED (GO TO HPH31) 7
- DON'T KNOW (GO TO HPH31) 8

**HPH30a.**

How many times per week do you do these vigorous activities (for at least 10 minutes at a time)?

NUMBER OF TIMES PER WEEK _____	
DON'T KNOW	97
REFUSED	98

---

**HPH31.**

In a typical week, how many hours do you watch television?

LESS THAN 2 HOURS A WEEK	1
3 TO 10 HOURS A WEEK	2
11 TO 20 HOURS A WEEK	3
21 TO 30 HOURS A WEEK	4
31 TO 40 HOURS A WEEK	5
40 HOURS OR MORE A WEEK	6
DON'T KNOW	-1
REFUSED	-2

---

**HPH32.**

Do you use a computer at home?

YES	1
NO (GO TO HPH33)	2
REFUSED (GO TO HPH33)	7
DON'T KNOW (GO TO HPH33)	8

---

**HPH32a.**

In a typical week, how many hours total do you use a computer?

NONE	1
LESS THAN 1 HOUR A WEEK	2
1 TO 3 HOURS A WEEK	3
4 TO 6 HOURS A WEEK	4
7 TO 9 HOURS A WEEK	5
10 HOURS OR MORE A WEEK	6
DON'T KNOW	-1
REFUSED	-2

---

**HPH33.**

How frequently do you use the Internet at any location?

NONE	1
LESS THAN 1 HOUR A WEEK	2
1 TO 3 HOURS A WEEK	3
4 TO 6 HOURS A WEEK	4
7 TO 9 HOURS A WEEK	5
10 HOURS OR MORE A WEEK	6
DON'T KNOW	-1
REFUSED	-2

---

**HPH34.**

What time did you wake up this morning?

Time Woke Up:\_\_\_\_\_

DON'T KNOW	-1
REFUSED	-2

---

**HPH35.**

What time did you go to bed last night?

Time Went to Bed:\_\_\_\_\_

DON'T KNOW	-1
REFUSED	-2

---

**HPH36.**

In a typical week, how many times do you eat fruit? (Do not count fruit juice.)

**Suggest using RB for this series.**

I DO NOT TYPICALLY EAT FRUIT	1
1 TO 3 TIMES	2
4 TO 6 TIMES	3
1 TIME PER DAY	4
2 TIMES PER DAY	5
3 TIMES PER DAY	6
4 TIMES OR MORE PER DAY	7
DON'T KNOW	-1
REFUSED	-2



**HPH37.**

In a typical week, how many times do you eat vegetables other than french fries or potato chips?

I DO NOT TYPICALLY EAT VEGETABLES	1
1 TO 3 TIMES	2
4 TO 6 TIMES	3
1 TIME PER DAY	4
2 TIMES PER DAY	5
3 TIMES PER DAY	6
4 TIMES OR MORE PER DAY	7
DON'T KNOW	-1
REFUSED	-2

---

**HPH38.**

How often did you drink regular, carbonated SODA OR SOFT DRINKS that contain sugar?

I DO NOT TYPICALLY DRINK SODA OR SOFT DRINKS	1
1 TO 3 TIMES	2
4 TO 6 TIMES	3
1 TIME PER DAY	4
2 TIMES PER DAY	5
3 TIMES PER DAY	6
4 TIMES OR MORE PER DAY	7
DON'T KNOW	-1
REFUSED	-2

---

**HPH39.**

How often did you eat salty snacks, such as potato chips, pretzels, or popcorn?

I DO NOT TYPICALLY EAT SALTY SNACKS	1
1 TO 3 TIMES	2
4 TO 6 TIMES	3
1 TIME PER DAY	4
2 TIMES PER DAY	5
3 TIMES PER DAY	6
4 TIMES OR MORE PER DAY	7
DON'T KNOW	-1
REFUSED	-2

---

**HPH40.**

How often did you eat sweet snacks, such as cookies, chocolate bars, or candy?

I DO NOT TYPICALLY EAT SWEET SNACKS	1
1 TO 3 TIMES	2
4 TO 6 TIMES	3
1 TIME PER DAY	4
2 TIMES PER DAY	5
3 TIMES PER DAY	6
4 TIMES OR MORE PER DAY	7
DON'T KNOW	-1
REFUSED	-2

---

**HPH41.**

On how many of the past seven days did you eat food from a fast food place, McDonalds, Kentucky Fried Chicken, Pizza Hut, Taco Bell, or a local fast food restaurant?

0 days	0
1 day	1
2 days	2
3 days	3
4 days	4
5 days	5
6 days	6
7 days	7
DON'T KNOW	-1
REFUSED	-2

---

**HPH42.**

Now I'd like to take a short break and actually take your blood pressure. Once we are done, we will resume the interview by asking a few follow-up questions.

**[INTERVIEWER: ENTER BLOOD PRESSURE EQUIPMENT NUMBER] \_\_\_\_\_**

---

**HPH43.**

How many hours has it been since you had your last meal?

NUMBER OF HOURS: _____	1
DON'T KNOW	-1
REFUSED	-2

---

**HPH44.**

**INTERVIEWER: [RECORD ROOM TEMPERATURE HERE]**

\_\_\_\_\_ FAHRENHEIT  
DK  
RF

---

**HPH44a.**

**[ DID THE RESPONDENT SMOKE AT ANY TIME DURING THIS INTERVIEW?]**

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

---

**HPH45.**

**[INTERVIEWER: RECORD BLOOD PRESSURE MEASUREMENT HERE. IF LARGE CUFF TOO SMALL, TAKE PRESSURE ON FOREARM. IF FOR ANY REASON YOU ARE UNABLE TO TAKE MEASUREMENT, ENTER 1]**

**HPH45sys** SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_ mmHg  
REFUSED  
DON'T KNOW

**HPH45Ddia** DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_ mmHg  
REFUSED  
DON'T KNOW

**HPH45plse** PULSE: \_\_\_\_\_ beats/min  
REFUSED  
DON'T KNOW

---

**HPH45a.**

**[INTERVIEWER: WHICH CUFF DID YOU USE?]**

ADULT (ONE TUBE)	1
LARGE (TWO TUBES)	2
FOREARM	3
REFUSED	7
DON'T KNOW	8

---

**HPH45b.**

Now I need to take another blood pressure reading.

**[INTERVIEWER: RECORD SECOND BLOOD PRESSURE READING HERE]**

**HPH45bsys**      SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
REFUSED  
DON'T KNOW

**HPH45bdia**      DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
REFUSED  
DON'T KNOW

---

**HPH45c.**

**[[CAPI PROGRAMMER: CALCULATE THE AVERAGE OF TWO BLOOD PRESSURE READINGS FROM HPH45b AND HPH45c: IF AVERAGE BLOOD PRESSURE FALLS INTO "HIGH CATEGORY, CONTINUE. OTHERWISE SKIP TO HPH46]**

In order to make sure we have measured your blood pressure accurately, we will continue with the next set of questions, and at the end of the interview, I will ask you to let us take your blood pressure measurement again.

**[THANK THE RESPONDENT, SKIP TO HPH46]**

**HPH45csys**      SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
REFUSED  
DON'T KNOW

**HPH45cdia**      DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
REFUSED  
DON'T KNOW

---

**[INTERVIEWER: EXPLAIN TO RESPONDENT]:**

In order to make sure that we have measured your blood pressure accurately, we will continue with the next set of questions but at the end of the interview, I will ask you to let me take your blood pressure measurement again. **[GO TO HPH46]**

**HPH45d.**

**[CAPI PROGRAMMER DISPLAY AVERAGE OF TWO BLOOD PRESSURE READINGS.]**

---

**HPH45e.**

**[INTERVIEWER: IF AVERAGE BLOOD PRESSURE READING IS NORMAL, HAND RESPONDENT THE CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. ALSO INCLUDE:]**

Here's a sheet with the readings I took. It also has information about what blood pressure shows.

---

**HPH46.**

HEIGHT MEASUREMENT      \_\_\_\_\_ FT      \_\_\_\_\_ IN  
DK  
RF

---

**HPH47.**

WEIGHT MEASUREMENT      \_\_\_\_\_ POUNDS  
DK  
RF

**[QUESTIONS FOR DRIED BLOOD SPOTS (DBS) MARKERS]**

**HPH48.**

Do you have any reason to think you're pregnant?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

---

**HPH49.**

What is the date when you last menstrual period began?

Date: \_\_\_\_\_

REFUSED	7
DON'T KNOW	8

---

**HPH50.**

In the last week, have you had a cough, runny nose, sore throat, fever, diarrhea, or any other type of infection?

NO	0
COUGH	1
RUNNY NOSE	2
SORE THROAT	3
FEVER	4
DIARRHEA	5
OTHER INFECTION (SPECIFY)	95
REFUSED	97
DON'T KNOW	98

---

**HPH51.**

Regarding your current medication use: In the past 24 hours, have you taken aspirin or aspirin-containing medications including cold and allergy medications or headache powders? (Some examples of those include Anacin, Aspirin, BC, Backache Relief Extra Strength, Bayer, Excedrin, Goody's, Pain Relief, Pain Reliever Added Strength, Vanquish)

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

---

**HPH52.**

In the past 24 hours, have you used any prescription medications? Please think about any prescription medications whether or not they were prescribed to you.

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

---

**HPH53.**

At what time did you last drink or eat anything except for water?

Time: \_\_\_\_\_

REFUSED	7
DON'T KNOW	8

---

**HPH54.**

At what time did you last drink a caffeinated beverage (such as coffee, tea, or soda)?

Time: \_\_\_\_\_

REFUSED	7
DON'T KNOW	8

---

**HPH55.**

At what time did you last smoke cigarettes, cigars, a pipe or use chewing tobacco?

Time: \_\_\_\_\_

REFUSED	7
DON'T KNOW	8

---

[ GO TO next module]

**SECTION I: SEVERE BLOOD PRESSURE**

[A SECOND SET OF BLOOD PRESSURE READINGS ARE TAKEN AT THE END OF THE ADULT INTERVIEW IF AVERAGE BLOOD PRESSURE IS HIGH]

**HPH\_I2.**

[INTERVIEWER: IF RESPONDENT'S BLOOD PRESSURE WAS OUT OF THE ACCEPTED RANGE IN HPH45d, CONTINUE WITH HPH\_I2b.]

**HPH\_I2a.**

[CAPI PROGRAMMER: RECORD TIME STAMP OF TIME OF DAY]

**HPH\_I2b.**

Now I'd like to take your blood pressure again.

[INTERVIEWER: RECORD BLOOD PRESSURE MEASUREMENT HERE]

**HPH\_I2bSYS** SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg

REFUSED

DON'T KNOW

**HPH\_I2bDIA** DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg

REFUSED

DON'T KNOW

**HPH\_I2c.**

[INTERVIEWER: TAKE AN ADDITIONAL BP MEASUREMENT. RECORD MEASUREMENT HERE]

**HPH\_I2cSYS** SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg

REFUSED

DON'T KNOW

**HPH\_I2cDIA** DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg

REFUSED

DON'T KNOW

**HPH\_I2d.**

[CAPI PROGRAMMER: CALCULATE AVERAGE OF ALL FOUR BLOOD PRESSURE READINGS IN HPH\_F16, HPH\_F16b, HPH\_I2b and HPH\_I2c AND DISPLAY]

**HPH\_I2dSYS** AVERAGE SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg

REFUSED

DON'T KNOW

**HPH\_I2dDIA** AVERAGE DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg

REFUSED

DON'T KNOW

**HPH\_I2e.**

**[INTERVIEWER: FILL IN THE INFORMATION (DATE, NUMBER OF READINGS, AVERAGE SYSTOLIC AND DIASTOLIC READINGS) AT THE TOP OF THE BLOOD PRESSURE READING FORM AND HAND IT TO THE RESPONDENT]**

Thank you. Here's a sheet with an average of all the readings I took. It also has information about what blood pressure shows.

---

[ GO TO NEXT MODULE]



<b>A_Section 10: Substance Abuse (HSU)</b>
--

**HSU1\_U1**

First, I would like to ask you about smoking habits. Have you ever smoked a cigarette?

- |                            |   |
|----------------------------|---|
| YES                        | 1 |
| NO (GO TO HSU4_U4)         | 5 |
| REFUSED (GO TO HSU4_U4)    | 7 |
| DON'T KNOW (GO TO HSU4_U4) | 8 |

**HSU2\_U2**

During the past 30 days, on how many days did you smoke a cigarette?

- |                            |   |
|----------------------------|---|
| ◆ENTER NUMBER: _____       | 1 |
| 0 (GO TO HSU4_U4)          | 5 |
| REFUSED (GO TO HSU4_U4)    | 7 |
| DON'T KNOW (GO TO HSU4_U4) | 8 |

**HSU3\_U3**

When you smoked a cigarette during the past 30 days, how many cigarettes did you usually smoke each day?

- ◆ENTER NUMBER \_ \_ \_ \_
- RF
- DK

**HSU4\_U4**

Next I would like to ask you some questions about drinking alcoholic beverages, including beer, wine, or liquor. Have you ever had a drink of 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.

- |                            |   |
|----------------------------|---|
| YES                        | 1 |
| NO (GO TO HSU9_U9)         | 5 |
| REFUSED (GO TO HSU9_U9)    | 7 |
| DON'T KNOW (GO TO HSU9_U9) | 8 |

**HSU5\_U5**

During the past 30 days, on how many days did you have one or more drinks of an alcoholic beverage?

◆ENTER NUMBER \_ \_ \_

0 (GO TO HSU9\_U9)

REFUSED (GO TO HSU9\_U9) 7

DON'T KNOW (GO TO HSU9\_U9) 8

---

**HSU6\_U6**

In the last 30 days, on the days that you drank alcohol, about how many drinks did you usually have?

◆ENTER DAYS \_ \_ \_

RF

DK

---

**HSU7\_U7**

On how many days did you have 5 or more drinks on the same occasion during the same time or within hours of each other?

◆ENTER DAYS \_ \_ \_

RF

DK

---

**HSU8\_U8**

In the last 30 days, how many days have you had something alcoholic to drink, such as beer, wine, or hard liquor right before or during school or work hours?

◆ENTER DAYS \_ \_ \_

RF

DK

---

**HSU9\_U9**

Have you ever used marijuana – that is grass or pot – in your lifetime?

YES 1

NO (GO TO HSU12\_U12) 5

REFUSED (GO TO HSU12\_U12) 7

DON'T KNOW (GO TO HSU12\_U12) 8

**HSU10\_U10**

On how many days have you used marijuana in the last 30 days?

◆ENTER DAYS \_ \_ \_ (IF 0 DAYS, GO TO HSU12)

RF

DK

---

**HSU11\_U11**

In the last 30 days, how many times have you used marijuana right before or during school or work hours?

◆ENTER DAYS \_ \_ \_

RF

DK

---

**HSU12\_U12**

Excluding marijuana and alcohol, have you ever used any other drugs like cocaine or crack or heroin, or any other substance not prescribed for you by a doctor, in order to get high or to achieve an altered state?

YES 1

NO (GO TO HSU15) 5

REFUSED (GO TO HSU15) 7

DON'T KNOW (GO TO HSU15) 8

---

**HSU13\_U13**

During the past 12 months, about how many times have you used any of these drugs or other substances?

◆ENTER NUMBER \_ \_ \_

REFUSED 7

DON'T KNOW 8

---

**HSU14\_U14**

Have you ever sold or helped sell marijuana, hashish or other drugs such as heroin, cocaine, or LSD?

YES 1

NO 5

REFUSED 7

DON'T KNOW 8

---

**CHECKPOINT:**

IF HSU4\_U4 IS CODED 5(NO), DK or RF.....(GO TO CHECKPOINT (HSU20))

---

**HSU15**

The following questions are about your drinking. For each of the five questions, please indicate the most appropriate response as it applied to your drinking in the last month.

Do you think your use of alcohol was out of control?

NEVER/ALMOST NEVER	0
SOMETIMES	1
OFTEN	2
ALWAYS/NEARLY ALWAYS	3
RF	
DK	

---

**HSU16**

Did the prospect of missing a chance to drink make you anxious or worried?

NEVER/ALMOST NEVER	0
SOMETIMES	1
OFTEN	2
ALWAYS/NEARLY ALWAYS	3
RF	
DK	

---

**HSU17**

Did you worry about your use of alcohol?

NEVER/ALMOST NEVER	0
SOMETIMES	1
OFTEN	2
ALWAYS/NEARLY ALWAYS	3
RF	
DK	

---

**HSU18**

Did you wish you could stop?

NEVER/ALMOST NEVER	0
SOMETIMES	1
OFTEN	2
ALWAYS/NEARLY ALWAYS	3
RF	
DK	

---

**HSU19**

How difficult did you find it to stop or go without drinking?

NOT DIFFICULT	0
QUITE DIFFICULT	1
VERY DIFFICULT	2
IMPOSSIBLE	3
RF	
DK	

---

**CHECKPOINT (SeeHSU\_U9, HSU\_U12)**

IF (HSU9\_U9 IS CODED 1 (YES)) OR  
(HSU12\_U12 IS CODED 1 (YES)).....(GO TO HSU20a)  
OTHERS..... (GO TO NEXT SECTION)

---

**HSU20a**

The following questions are about your drug use. For each, please tell me if this happened nearly always, often, sometimes, or almost never.

Do you think your use of (drug) was out of control?

NEVER/ALMOST NEVER	0
SOMETIMES	1
OFTEN	2
ALWAYS/NEARLY ALWAYS	3
RF	
DK	

---

**HSU20b**

Did the prospect of missing a fix make you anxious or worried?

NEVER/ALMOST NEVER	0
SOMETIMES	1
OFTEN	2
ALWAYS/NEARLY ALWAYS	3
RF	
DK	

---

**HSU20c**

Did you worry about your use of (drug)?

NEVER/ALMOST NEVER	0
SOMETIMES	1
OFTEN	2
ALWAYS/NEARLY ALWAYS	3
RF	
DK	

---

**HSU20d**

Did you wish you could stop?

NEVER/ALMOST NEVER	0
SOMETIMES	1
OFTEN	2
ALWAYS/NEARLY ALWAYS	3
RF	
DK	

---

**HSU20e**

How difficult did you find it to stop or go without (drug)?

NOT DIFFICULT	0
QUITE DIFFICULT	1
VERY DIFFICULT	2
IMPOSSIBLE	3
RF	
DK	

---

<b>A_Section 11: K-6 INDEX PLUS TRANQUILITY (HK6)</b>
---

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	RF	DK
Now I am going to ask you some questions about feelings that you may have experienced during the past 30 days. How much of the time during the past 30 days have you felt...							
<b>HK61.</b> So sad that nothing could cheer you up?	1	2	3	4	5	7	8
<b>HK62.</b> Nervous?	1	2	3	4	5	7	8
<b>HK63</b> Restless or fidgety?	1	2	3	4	5	7	8
<b>HK64</b> Hopeless?	1	2	3	4	5	7	8
<b>HK65</b> That everything was an effort?	1	2	3	4	5	7	8
<b>HK66</b> Worthless?	1	2	3	4	5	7	8
<b>HK67</b> Calm and peaceful?	1	2	3	4	5	7	8

<b>A_Section 12: MENTAL HEALTH SCREENER (HSC)</b>
---

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>HSC1_SC20.</b> The next questions are going to require you to think back over your entire life. Please take your time and think carefully before answering. <b>INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY</b></p> <p>Have you ever in your life had an <u>attack of fear or panic</u> when all of a sudden you felt very frightened, anxious, or uneasy?</p>	1 <b>GO TO HSC3_SC20_1</b>	5	8	9
<p><b>HSC2_SC20a.</b> Have you ever had an attack when all of a sudden</p> <ul style="list-style-type: none"> <li>• you became very uncomfortable,</li> <li>• you either became short of breath, dizzy, nauseous, or</li> <li>• your heart pounded,</li> <li>• or you thought that you might lose control, die, or go crazy?</li> </ul>	1	5	8	9
<p><b>HSC3_SC20_1.</b> Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?</p>	1	5	8	9
<p><b>HSC4_SC20_2.</b> Have you ever had attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?</p>	1 <b>GO TO HSC6_SC21</b>	5	8	9
<p><b>HSC5_SC20_3.</b> Have you ever had attacks of anger when all of a sudden you lost control and <u>threatened</u> to hit or hurt someone?</p>	1	5	8	9
<p><b>HSC6_SC21.</b> Have you ever in your life had an episode lasting several days or longer when most of the day you felt <u>sad, empty</u> or <u>depressed</u>?</p>	1	5	8	9
<p><b>HSC7_SC22.</b> Have you ever had an episode lasting several days or longer when most of the day you were very <u>discouraged</u> about how things were going in your life?</p>	1	5	8	9
<p><b>HSC8_SC23.</b> Have you ever had an episode lasting several days or longer when you <u>lost interest</u> in most things you usually enjoy like work, hobbies, and personal relationships?</p>	1	5	8	9



	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HSC9_SC24.</b> Some people have episodes lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?	1	5	8	9
<b>HS10_SC25.</b> Have you ever had an episode period lasting several days or longer when most of the time you were very <u>irritable</u> , <u>grumpy</u> , or in a <u>bad mood</u> ?	1	5 GO TO HSC11_SC26	8 GO TO HSC11_SC26	9 GO TO HSC11_SC26
<b>HSC11_SC25a.</b> Have you ever had an episode lasting several days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?	1	5	8	9
<b>HSC12_SC26.</b> Did you ever have a time in your life when you were a “ <u>worrier</u> ” – that is, when you worried a lot more about things than other people with the same problems as you?	1 GO TO CHECKPOINT	5	8	9
<b>HSC13_SC26a.</b> Did you ever have a time in your life when you were much more <u>nervous or anxious</u> than most other people with the same problems as you?	1 GO TO CHECKPOINT	5	8	9
<b>HSC14_SC26b.</b> Did you ever have a period lasting one month or longer when you were anxious and worried most days?	1	5	8	9

CHECKPOINT: FOLLOW SKIP FOR FIRST ENDORSED ITEM

- HSC6\_SC21 IS CHECKED ..... 1 GO TO HDE1\_D1
- HSC7\_SC22 IS CHECKED ..... 2 GO TO HDE2\_D2
- HSC8\_SC23 IS CHECKED ..... 3 GO TO HDE3\_D9
- HSC9\_SC24 IS CHECKED ..... 4 GO TO HMA1\_M1
- HSC11\_SC25a IS CHECKED ..... 5 GO TO HMA4\_M5
- HSC1\_SC20 IS CHECKED ..... 7 GO TO HPD1\_PD1\_INTRO 1
- HSC2\_SC20a IS CHECKED ..... 8 GO TO HPD1\_PD1\_INTRO 2
- HSC12\_SC26 IS CHECKED ..... 12 GO TO HGA1\_G1\_INTRO 1
- HSC13\_SC26a IS CHECKED ..... 13 GO TO HGA1\_G1\_INTRO 2
- HSC14\_SC26b IS CHECKED ..... 14 GO TO HGA1\_G1\_INTRO 3
- HSC3\_SC20\_1 IS CHECKED ..... 15 GO TO NEXT CHECKPOINT (SC37)
- HSC4\_SC20\_2 IS CHECKED ..... 16 GO TO HIE1\_IED3\_INTRO 4
- HSC5\_SC20\_3 IS CHECKED ..... 17 GO TO HIE1\_IED3\_INTRO 5
- ALL OTHERS ..... 18 GO TO HCV1

CHECKPOINT (SC37):

<b>HSC4_SC20_2 IS CHECKED .....</b>	<b>1</b>	<b>GO TO HIE1_IED3_INTRO 1</b>
<b>HSC5_SC20_3 IS CHECKED .....</b>	<b>2</b>	<b>GO TO HIE1_IED3_INTRO 2</b>
<b>ALL OTHERS .....</b>	<b>3</b>	<b>GO TO HIE1_IED3_INTRO 3</b>

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**A\_Section 13: DEPRESSION (HDE)**

**HDE1\_D1**

A few moments ago, you mentioned having episodes that lasted several days or longer when you felt sad, empty, or depressed most of the day. During episodes of this sort, did you ever feel discouraged about how things were going in your life?

- Yes .....1
- No.....5 (**GO TO HDE1b\_D1b**)
- DK..... (**GO TO HDE1b\_D1b**)
- RF..... (**GO TO HDE1b\_D1b**)

**HDE1a\_D1a**

During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

- Yes ..... 1 (**GO TO HDE4\_D12**)
- No..... 5 (**GO TO HDE4\_D12**)
- DK..... (**GO TO HDE4\_D12**)
- RF..... (**GO TO HDE4\_D12**)

**◆ INTERVIEWER INSTRUCTION:**

- IF **HDE1a\_D1a** IS CODED 1 (YES), THEN READ “sad/discouraged/uninterested”
- IF **HDE1a\_D1a** IS CODED 5 (NO), DK OR RF, THEN READ “sad/discouraged”

**HDE1b\_D1b**

During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

- Yes ..... 1 (**GO TO HDE4\_D12**)
- No..... 5 (**GO TO HDE4\_D12**)
- DK..... (**GO TO HDE4\_D12**)
- RF..... (**GO TO HDE4\_D12**)

**◆INTERVIEWER INSTRUCTION:**

- IF **HDE1b\_D1b** IS CODED 1 (YES), THEN READ “sad/uninterested”
- IF **HDE1b\_D1b** IS CODED 5 (NO), DK OR RF, THEN READ “sad”

**HDE2\_D2**

A few moments ago, you mentioned having episodes that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

- Yes ..... 1 (**GO TO HDE4\_D12**)
- No..... 5 (**GO TO HDE4\_D12**)
- DK..... (**GO TO HDE4\_D12**)
- RF..... (**GO TO HDE4\_D12**)

**◆INTERVIEWER INSTRUCTION:**

- IF **HDE2\_D2** IS CODED 1 (YES), THEN READ “discouraged/uninterested”
- IF **HDE2\_D2** IS CODED 5 (NO), DK OR RF, THEN READ “discouraged”

**HDE3\_D9**

A few moments ago you mentioned having episodes that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

- Yes ..... 1
- No..... 5
- DK
- RF

◆**INTERVIEWER INSTRUCTION: READ “uninterested”**

---

**HDE4\_D12**

Did you ever have an episode of being sad, discouraged, or uninterested in things that lasted most of the day, early every day, for two weeks or longer?

- Yes ..... 1
- No..... 5 (GO TO HDE19\_D88)
- DK..... (GO TO HDE19\_D88)
- RF..... (GO TO HDE19\_D88)

---

**HDE5\_D16**

Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of sadness, discouragement, or lack of interest usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

- Less than 1 hour.....1 (GO TO HDE19\_D88)
- Between 1 and 3 hours .....2
- Between 3 and 5 hours .....3
- More than 5 hours.....4
- DK
- RF

---

**HDE6\_D22**

Please think of an episode of being sad, discouraged, or uninterested in things lasting two weeks or longer when you also had other problems at the same time, such as changes in sleep, appetite, the ability to concentrate and remember, feelings of low self worth, and other problems. Is there one particular episode of this sort that stands out in your mind as the worst one you ever had?

◆ **INTERVIEWER: READ SLOWLY**

- Yes .....1
- No.....5 (GO TO HDE6d\_D22c)
- DK..... (GO TO HDE6d\_D22c)
- RF ..... (GO TO HDE6d\_D22c)

**HDE6a\_D22a**

How old were you when that worst episode started?

- ◆ ENTER number of years of age \_\_\_\_\_
  - DK
  - RF
- 

**HDE6b\_D22b**

How long did that worst episode last?

- ◆ ENTER length of duration
  - DK ..... (GO TO HDE7\_D24)
  - RF ..... (GO TO HDE7\_D24)
- 

**HDE6c\_D22b**

◆ ENTER unit of time

- Days ..... 1 (GO TO HDE7\_D24)
  - Weeks ..... 2 (GO TO HDE7\_D24)
  - Months ..... 3 (GO TO HDE7\_D24)
  - Years ..... 4 (GO TO HDE7\_D24)
  - DK ..... (GO TO HDE7\_D24)
  - RF ..... (GO TO HDE7\_D24)
- 

**HDE6d\_D22c**

Then think of the last time you had a bad episode of being sad, discouraged, or uninterested in things like this. How old were you when that last episode occurred?

- ◆ ENTER age \_\_\_\_\_
  - DK .....
  - RF .....
- 

**HDE6e\_D22d**

How long did that episode last?

- ◆ ENTER length of duration \_\_\_\_\_
  - DK ..... (GO TO HDE7\_D24)
  - RF ..... (GO TO HDE7\_D24)
- 

**HDE6f\_D22d**

◆ ENTER unit of time

- Days ..... 1
  - Weeks ..... 2
  - Months ..... 3
  - Years ..... 4
-

<b>HDE7_D24.</b> (RB, PG 5. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) Look at page 5 in your booklet. In answering the next questions, think about the episode of two weeks or longer during that episode when your sadness, discouragement, and loss of interest and other problems were most severe and frequent. During that period, which of the following problems did you have most of the day nearly every day?				
	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HDE7a_D24a.</b> Did you feel sad, empty, or depressed most of the day nearly every day during that episode of two weeks?	1	5	8	9
<b>HDE7b_D24c.</b> During that episode of two weeks, did you feel discouraged about how things were going in your life most of the day nearly every day?	1	5	8	9
<b>HDE7c_D24e.</b> During that episode of two weeks, did you lose interest in almost all things like work and hobbies and things you like to do for fun?	1	5	8	9
<b>HDE7d_D24f.</b> Did you feel like nothing was fun even when good things were happening?	1	5	8	9

INTERVIEWER CHECKPOINT: (SEE **HDE7a\_D24a-HDE7d\_D24f**)

ONE OR MORE RESPONSES CODED '1' ..... 1  
 ALL OTHERS..... 2    **(GO TO HDE19\_D88)**

(RB, PG 5-6. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.)	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HDE9a_D26a.</b> Did you have a much smaller appetite than usual nearly every day during that period of two weeks?	1 <b>GO TO HDE9d_D26e</b>	5	8	9
<b>HDE9b_D26b.</b> Did you have a much <u>larger</u> appetite than usual nearly every day?	1	5	8	9
<b>HDE9c_D26c.</b> Did you gain weight without trying to during that period of two weeks?  <b>IF R REPORTS BEING PREGNANT OR GROWING, CODE "NO"</b>	1 <b>GO TO HDE9e_D26g</b>	5	8	9

(RB, PG 5-6. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.)	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HDE9d_D26e.</b> Did you <u>lose</u> weight without trying to?  <b>IF R REPORTS BEING ON A DIET OR PHYSICALLY ILL, CODE "NO"</b>	1	5	8	9
<b>HDE9e_D26g.</b> Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during that period of two weeks?	1 <b>GO TO HDE9g_D26j</b>	5	8	9
<b>HDE9f_D26h.</b> Did you sleep a lot more than usual nearly every night during that period of two weeks?	1	5	8	9
<b>HDE9g_D26j.</b> Did you feel tired or low in energy nearly every day during that period of two weeks even when you had not been working very hard?	1 <b>GO TO HDE9i_D26l</b>	5	8	9
<b>HDE9h_D26k.</b> Did you have a lot <u>more</u> energy than usual nearly every day during that period of two weeks?	1	5	8	9
<b>HDE9i_D26l.</b> Did you talk or move more slowly than is normal for you nearly every day?	1	5 <b>GO TO HDE9k_D26n</b>	8 <b>GO TO HDE9k _D26n</b>	9 <b>GO TO HDE9k _D26n</b>
<b>HDE9j_D26m.</b> Did anyone else notice that you were talking or moving slowly?	1 <b>GO TO HDE9m_D26p</b>	5 <b>GO TO HDE9m_D26p</b>	8 <b>GO TO HDE9m _D26p</b>	9 <b>GO TO HD9Em _D26p</b>
<b>HDE9k_D26n.</b> Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?	1	5 <b>GO TO HDE9m_D26p</b>	8 <b>GO TO HDE9m _D26p</b>	9 <b>GO TO HDE9m _D26p</b>
<b>HDE9l_D26o.</b> Did anyone else notice that you were restless?	1	5	8	9
<b>HDE9m_D26p.</b> Did your thoughts come much more slowly than usual or seem mixed up nearly every day during that period of two weeks?	1	5	8	9

(RB, PG 5-6. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.)	YES (1)	NO (5)	DK (8)	RF (9)
<b>HDE9n_D26r.</b> Did you have a lot more trouble concentrating than is normal for you nearly every day?	1	5	8	9
<b>HDE9o_D26s.</b> Were you unable to make up your mind about things you ordinarily have no trouble deciding about?	1	5	8	9
<b>HDE9p_D26t.</b> Did you lose your self-confidence?	1	5	8	9
<b>HDE9q_D26u.</b> Did you feel that you were not as good as other people nearly every day?	1	5	8	9
<b>HDE9r_D26w.</b> Did you feel guilty nearly every day?	1	5	8	9
<b>HDE9s_D26aa.</b> Did you often think a lot about death, either your own, someone else's, or death in general?	1 <b>GO TO HDE11_D28</b>	5	8	9
<b>HDE9t_D26bb.</b> During that period, did you ever think that it would be better if you were dead?	1 <b>GO TO HDE11_D28</b>	5	8	9
<b>HDE9u_D26cc.</b> Did you think about committing suicide?	1 <b>GO TO HDE11_D28</b>	5	8	9

**HDE10\_D27**

INTERVIEWER CHECKPOINT (See **HDE7\_D24 – HDE9\_D26w**)

- IF AT LEAST ONE '1' (YES) RESPONSE IN **HDE7a\_D24a –HDE7b\_D24c**  
..... INCREMENT COUNT BY ONE.
- IF AT LEAST ONE '1' RESPONSE IN **HDE7c\_D24e – HDE7d\_D24f**,  
.....INCREMENT COUNT BY ONE.
- INCREMENT COUNT BY ONE FOR EACH '1' RESPONSE IN **HDE9a\_D26a – HDE9r\_D26w**.

**COUNT EQUALS THREE OR MORE**.....1  
**ALL OTHERS** .....2 (GO TO HDE19\_D88)



**HDE11\_D28**

You mentioned having a number of the problems I just asked you about. How much did your sadness, discouragement, or lack of interest and these other problems interfere with either your work, your social life, or your personal relationships during that episode– not at all, a little, some, a lot, or extremely?

- Not at all .....1
- A Little.....2
- Some .....3
- A Lot.....4
- Extremely.....5
- DK.....
- RF.....

**HDE12\_D17**

How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?

- Mild.....1
- Moderate .....2
- Severe .....3
- Very Severe .....4
- DK.....
- RF.....

**HDE13\_D18**

How often, during those times, was your emotional distress so severe that nothing could cheer you up -- often, sometimes, rarely, or never?

- Often .....1
- Sometimes .....2
- Rarely.....3
- Never.....4
- DK.....
- RF.....

**INTERVIEWER CHECKPOINT ( See HDE11\_D28, HDE12\_D17, HDE13\_D18)**

If (HDE11\_D28 Equals ('3','4',or '5')) OR (HDE12\_D17 Equals ('2','3', or '4'))  
OR (HDE13\_D18 Equals ('1' or '2')).....(Continue with HDE14\_D37)

If None of Those Things is True .....(GO TO HDE19\_D88)

**HDE14\_D37**

Think of the very first time in your life you had an episode lasting two-weeks or longer when most of the day nearly every day you felt sad, discouraged, or uninterested and also had some of the other problems we just reviewed. Can you remember your exact age?

- Yes .....1
- No.....5 (GO TO HDE15b\_D37b)
- DK..... (GO TO HDE15b\_D37b)
- RF..... (GO TO HDE15b\_D37b)

**HDE14a\_D37a.**

(IF NEC: How old were you?)

- ◆ ENTER age .....(GO TO HDE15\_D38)
- DK.....(GO TO HDE15\_D38)
- RF.....(GO TO HDE15\_D38)

**HDE14b\_D37b**

About how old were you (the first time you had an episode of this sort)?

◆ **INTERVIEWER:** IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”  
**PROBE:** Was it before you first started school?

IF NOT YES,  
**PROBE:** Was it before you were a teenager?

- ◆ ENTER age \_\_\_\_\_
- Before Started School.....4
- Before Teenager .....12
- Not Before Teenager .....13

**HDE15\_D38**

Did you have an episode of being sad, discouraged, uninterested with some of the other problems (on pages 5-6) lasting two weeks or longer at any time in the past 12 months?

- Yes .....1
- No.....5 (GO TO HDE17\_D38c)
- DK..... (GO TO HDE17\_D38c)
- RF..... (GO TO HDE17\_D38c)

**HDE15a\_D38a**

How recently – in the past month, two to six months ago, or more than six months ago?

- Past Month .....1
- 2-6 Months Ago .....2
- More Than 6 months Ago .....3
- DK.....
- RF.....

**HDE16\_D38b.**

About how many days out of the last 365 were you in an episode?

- ◆ ENTER number of days..... (GO TO HDE18\_D88)
- DK..... (GO TO HDE18\_D88)
- RF..... (GO TO HDE18\_D88)

**HDE17\_D38c**

How old were you the last time you had one of these episodes?

- ◆ ENTER age \_\_\_\_\_
- DK.....
- RF.....

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**HDE18\_D88**

INTERVIEWER CHECKPOINT (SEE HSC1\_SC20, HSC2\_SC20a, HSC9\_SC24, HSC11\_SC25a, HSC12\_SC26, HSC13\_SC26a, HSC14\_SC26b):

◆ INTERVIEWER: FOLLOW SKIP FOR FIRST ENDORSED ITEM.

- HSC9\_SC24 Equals '1' ..... 1 (GO TO HMA1\_M1)
  - HSC11\_SC25a Equals '1' ..... 2 (GO TO HMA5\_M5)
  - HSC1\_SC20 Equals '1' ..... 3 (GO TO HPD1\_PD1\_INTRO 1)
  - HSC2\_SC20a Equals '1' ..... 4 (GO TO HPD1\_PD1\_INTRO 2)
  - HSC12\_SC26 Equals '1' ..... 5 (GO TO HGA1\_G1\_INTRO 1)
  - HSC13\_SC26a Equals '1' ..... 6 (GO TO HGA1\_G1\_INTRO 2)
  - HSC14\_SC26b Equals '1' ..... 7 (GO TO HGA1\_G1\_INTRO 3)
  - ALL OTHERS ..... 8 (GO TO CHECKPOINT HIE1)
-

**A\_Section 14: MANIA (HMA)**

**HMA1\_M1**

Earlier in the interview you mentioned having an episode lasting four days or longer when you felt much more excited and full of energy than usual and your mind went too fast. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being excited and full of energy?

**◆ INTERVIEWER: READ SLOWLY**

- Yes .....1 (GO TO HMA2\_M3)
- No.....5 (GO TO CHECKPOINT HMA1a)
- DK..... (GO TO CHECKPOINT HMA1a)
- RF ..... (GO TO CHECKPOINT HMA1a)

**HMA1a. INTERVIEWER CHECKPOINT (SEE HCS10a\_SC25a)**

- HSC10a\_SC25a IS CODED 1 ..... 1 (GO TO HM4\_M5)
- ALL OTHERS ..... 2 (GO TO HM15\_M54)

**HMA2\_M3**

Please think of the one episode when you were very excited and full of energy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?

- Yes .....1
- No.....5 (GO TO HMA2d\_M3c)
- DK..... (GO TO HMA2d\_M3c)
- RF ..... (GO TO HMA2d\_M3c)

**HMA2a\_M3a**

How old were you when that episode occurred?

- ◆ ENTER age\_\_\_\_\_
- DK.....
- RF .....

**HMA2b\_M3b**

How long did that episode last?

- ◆ ENTER length of duration\_\_\_\_\_
- DK..... (GO TO HMA2d\_M3c)
- RF ..... (GO TO HMA2d\_M3c)

**HMA2c\_M3b**

◆ ENTER unit of time \_\_\_\_\_

- Hours.....1
- Days .....2
- Weeks .....3
- Months .....4
- Years .....5
- DK..... (GO TO HMA3\_M4)
- RF ..... (GO TO HMA3\_M4)

---

**HMA2d\_M3c**

Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?

◆ ENTER age \_\_\_\_\_

- DK.....
- RF .....

---

**HMA2e\_M3d**

How long did that episode last?

◆ ENTER length of duration \_\_\_\_\_

- DK..... (GO TO HMA3\_M4)
- RF ..... (GO TO HMA3\_M4)

---

**HMA2f\_M3d**

◆ ENTER unit of time

- Hours.....1
- Days .....2
- Weeks .....3
- Months .....4
- Years.....5

---

**HMA3\_M4**

During that episode, which of the following behavior changes did you experience: were you so irritable or grouchy that you started arguments, shouted at people, or hit people?

- Yes .....1
- No.....5
- DK.....
- RF .....

(GO TO HMA7a\_M7a)

---

**HMA4\_M5**

Earlier in the interview you mentioned having episodes lasting four days or longer when you became so irritable or grouchy that you started arguments, shouted at people, or hit people. People who have episodes of irritability like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being very irritable or grouchy?

**◆ INTERVIEWER: READ SLOWLY**

- Yes .....1
- No.....5 (GO TO HMA15\_M54)
- DK..... (GO TO HMA15\_M54)
- RF ..... (GO TO HMA15\_M54)

**HMA5\_M6**

Please think of the episode of four days or more when you were very irritable or grouchy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?

- Yes .....1
- No.....5 (GO TO HMA6d\_M6c)
- DK..... (GO TO HMA6d\_M6c)
- RF ..... (GO TO HMA6d\_M6c)

**HMA6a\_M6a**

How old were you when that episode occurred?

- ◆ ENTER age\_\_\_\_\_
- DK.....
- RF .....

**HMA6b\_M6b**

How long did that episode last?

- ◆ ENTER length of duration\_\_\_\_\_
- DK..... (GO TO HMA7a\_M7a)
- RF ..... (GO TO HMA7a\_M7a)

**HMA6c\_M6b**

◆ ENTER unit of time

- Hours.....1
- Days .....2
- Weeks .....3
- Months .....4
- Years .....5
- DK
- RF

(GO TO HMA7a\_M7a)

**HMA6d\_M6c**

Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?

◆ ENTER age \_\_\_\_\_  
 DK.....  
 RF .....

**HMA6e\_M6d**

How long did that episode last?

◆ ENTER length of duration \_\_\_\_\_  
 DK..... (GO TO HMA7a\_M7a)  
 RF ..... (GO TO HMA7a\_M7a)

**HMA6f\_M6d**

◆ ENTER unit of time

Hours.....1  
 Days .....2  
 Weeks .....3  
 Months .....4  
 Years .....5

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>HMA7a_M7a.</b>                      During that episode, which of the following changes did you experience:</p> <p>Did you become so restless or fidgety that you paced up and down or couldn't stand still?</p> <p><b>(KEY PHRASE: being restless)</b></p>	1	5	8	9
<p><b>HMA7b_M7b.</b>                      Were you a lot more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in?</p> <p><b>(KEY PHRASE: having a lot more interest in sex than usual)</b></p>	1	5	8	9
<p><b>HMA7c_M7c.</b>                      Did you become overly friendly or outgoing with people?</p>	1	5	8	9

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>HMA7d_M7d.</b> (During that episode, which of the following changes did you experience:)</p> <p>Did you do anything else that wasn't usual for you - - like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing?</p> <p><b>(KEY PHRASE: behaving inappropriately)</b></p>	1	5	8	9
<p><b>HMA7e_M7e.</b> Did you try to do things that were impossible to do, like taking on large amounts of work?</p> <p><b>(KEY PHRASE: trying to accomplish unrealistic goals)</b></p>	1	5	8	9
<p><b>HMA7f_M7f.</b> Did you talk a lot more than usual or feel a need to keep talking all the time?</p> <p><b>(KEY PHRASE: talking a lot more than usual)</b></p>	1	5	8	9
<p><b>HMA7g_M7g.</b> Did you constantly keep changing your plans or activities?</p> <p><b>(KEY PHRASE: constantly changing plans)</b></p>	1	5	8	9
<p><b>HMA7h_M7h.</b> Did you find it hard to keep your mind on what you were doing?</p> <p><b>(KEY PHRASE: hard to keep your mind on things)</b></p>	1	5	8	9
<p><b>HMA7i_M7i.</b> Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?</p> <p><b>(KEY PHRASE: thoughts racing)</b></p>	1	5	8	9
<p><b>HMA7j_M7j.</b> Did you sleep far less than usual and still not get tired or sleepy?</p> <p><b>(KEY PHRASE: sleeping far less than usual)</b></p>	1	5	8	9
<p><b>HMA7k_M7k.</b> Did you get involved in foolish investments or schemes for making money?</p> <p><b>(KEY PHRASE: getting involved in foolish schemes)</b></p>	1	5	8	9
<p><b>HMA7l_M7l.</b> Did you spend so much more money than usual that it caused you to have financial trouble?</p> <p><b>(KEY PHRASE: getting into financial trouble)</b></p>	1	5	8	9



	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HMA7m_M7m.</b> (During that episode, which of the following changes did you experience:)  Did you do reckless things like driving too fast, staying out all night, or having casual or unsafe sex?  <b>(KEY PHRASE: doing risky things)</b>	1	5	8	9
<b>HMA7n_M7n.</b> Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do?  <b>(KEY PHRASE: having too much self-confidence)</b>	1	5	8	9
<b>HMA7o_M7o.</b> Did you have the idea that you were actually someone <u>else</u> , or that you had a special connection with a famous person that you really <u>didn't</u> have?  <b>(KEY PHRASE: believing you were someone else or somehow connected to a famous person)</b>	1	5	8	9

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**HMA8\_M8 (See HMA7a\_M7a – HMA7o\_M7o)**

THREE OR MORE RESPONSES CODED '1' (YES) .....1  
 ALL OTHERS..... 2 (GO TO HMA15\_M54)

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**HMA9\_M9**

Let me review. You had episodes when you were very (excited and full of energy/irritable or grouchy) and also had some problems like (KEY PHRASE OF 3 "YES" RESPONSES IN HM7 SERIES). How much did these episodes ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

Not at all..... 1 (GO TO HMA15\_M54)  
 A Little ..... 2 (GO TO HMA15\_M54)  
 Some..... 3  
 A Lot ..... 4  
 Extremely ..... 5  
 DK.....  
 RF .....

---

**HMA10\_M9b**

Did other people say anything or worry about the way you were acting?

Yes .....1  
 No.....5  
 DK.....  
 RF .....

**HMA11\_M18**

Think of the very first time in your life you had an episode lasting four days or longer when you became very (excited and full of energy/irritable or grouchy) and also had some of the behavior changes you just reported. Can you remember your exact age?

- Yes .....1
- No.....5 (GO TO HMA11b\_M18b)
- DK..... (GO TO HMA11b\_M18b)
- RF ..... (GO TO HMA11b\_M18b)

**HMA11a\_M18a**

(How old were you?)

- ◆ ENTER age \_\_\_\_\_ (GO TO HMA12\_M19)
- DK..... (GO TO HMA12\_M19)
- RF..... (GO TO HMA12\_M19)

**HMA11b\_M18b**

About how old were you the first time you had an episode of this sort?

◆ INTERVIEWER: IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"  
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

- ◆ ENTER age\_\_\_\_\_
- Before Started School..... 4
- Before Teenager ..... 12
- Not Before Teenager ..... 13

**HMA12\_M19**

Did you have one of these episodes at any time in the past 12 months?

- Yes ..... 1
- No..... 5 (GO TO HMA14\_M9d)
- DK..... (GO TO HMA14\_M9d)
- RF..... (GO TO HMA14\_M9d)

**HMA13\_M19c**

How many weeks in the past 12 months were you in one of these episodes?

- ◆ ENTER number of weeks \_\_\_\_\_ (GO TO HMA15\_M54)
- DK..... (GO TO HMA15\_M54)
- RF..... (GO TO HMA15\_M54)

**HMA14\_M19d**

How old were you the last time you had one of these episodes?

◆ ENTER age\_\_\_\_\_

DK  
RF

---

**CHECKPOINT\_HMA15\_M54 (See HSC1\_SC20, HSC2\_SC20a, HSC12\_SC26, HSC12a\_SC26a,  
HSC12b\_SC26b)**

**◆ FOLLOW SKIP FOR FIRST ENDORSED ITEM.**

**HSC1\_SC20** Equals '1' .....1 (GO TO HPD1a\_PD1 INTRO 1)  
**HSC2\_SC20a** Equals '1' .....2 (GO TO HPD1b\_PD1 INTRO 2)  
**HSC12\_SC26** Equals '1' .....6 (GO TO HG1a\_G1 INTRO 1)  
**HSC12a\_SC26a** Equals '1' .....7 (GO TO HG1b\_G1 INTRO 2)  
**HSC12b\_SC26b** Equals '1' .....8 (GO TO HG1c\_G1 INTRO 3)  
**ALL OTHERS** .....9 (GO TO CHECKPOINT HIED1)

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**A\_Section 15: PANIC DISORDER (HPD)**

<b>HPD1_PD1_INTRO 1</b> Earlier you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy. Think of a bad attack like that. During that attack, which of the following problems did you have?	<b>HPD1_PD1_INTRO 2</b> Earlier you mentioned having attacks when all of a sudden you had several problems like being short of breath, your heart pounding or feeling dizzy, and being afraid you would die or go crazy. Think of a bad attack like that. During that attack, which of the following problems did you have?			
<b>SKIP TO HPD2 AFTER <u>FOUR</u> "YES" RESPONSES</b>	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HPD1a_PD1a.</b> Did your heart pound or race? <b>(KEY PHRASE: heart racing)</b>	1	5	8	9
<b>HPD1b_PD1b.</b> Were you short of breath? <b>(KEY PHRASE: being short of breath)</b>	1	5	8	9
<b>HPD1c_PD1c.</b> Did you have nausea or discomfort in your stomach? <b>(KEY PHRASE: having nausea)</b>	1	5	8	9
<b>HPD1d_PD1d.</b> Did you feel dizzy or faint? <b>(KEY PHRASE: feeling dizzy)</b>	1	5	8	9
<b>HPD1e_PD1e.</b> Did you sweat? <b>(KEY PHRASE: sweating)</b>	1	5	8	9
<b>HPD1f_PD1f.</b> Did you tremble or shake? <b>(KEY PHRASE: trembling)</b>	1	5	8	9
<b>HPD1g_PD1g.</b> Did you have a dry mouth? <b>(KEY PHRASE: having a dry mouth)</b>	1	5	8	9
<b>HPD1h_PD1h.</b> Did you feel like you were choking? <b>(KEY PHRASE: choking)</b>	1	5	8	9
<b>HPD1i_PD1i.</b> Did you have pain or discomfort in your chest? <b>(KEY PHRASE: having discomfort in your chest)</b>	1	5	8	9
<b>HPD1j_PD1j.</b> Were you afraid that you might lose control of yourself or go crazy? <b>(KEY PHRASE: fearing that you might lose control of yourself)</b>	1	5	8	9

<b>HPD1k_PD1k.</b> Did you feel that you were “not really there”, like you were watching a movie of yourself? <b>(KEY PHRASE: feeling unreal)</b>	1 <b>GO TO                  HPD1_P                  D1m</b>	5	8	9
<b>HPD1l_PD1l.</b> Did you feel that things around you were unreal or like a dream? <b>(KEY PHRASE: feeling that things around you were unreal)</b>	1	5	8	9
<b>HPD1m_PD1m.</b> Were you afraid that you might pass out? <b>(KEY PHRASE: fearing that you might pass out)</b>	1	5	8	9
<b>HPD1n_PD1n.</b> Were you afraid that you might die? <b>(KEY PHRASE: fearing that you might die)</b>	1	5	8	9
<b>HPD1o_PD1o.</b> Did you have hot flushes or chills? <b>(KEY PHRASE: having hot flushes)</b>	1	5	8	9
<b>HPD1p_PD1p.</b> Did you have numbness or tingling sensations? <b>(KEY PHRASE: having numbness)</b>	1	5	8	9

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**HPD2\_PD2 (See HPD1\_PD1 SERIES)**

COUNT OF # “YES” RESPONSES: \_\_\_\_\_

SKIP INSTRUCTION:

ZERO TO THREE RESPONSES..... 1(GO TO HPD17\_PD66)

ALL OTHERS ..... 2

---

**HPD3\_PD3**

During your attacks did the problems like (PARENTHETICAL PHRASE OF FIRST THREE YES RESPONSES IN HPD1 SERIES) begin suddenly and reach their peak within ten minutes after the attacks began?

(♦IF NECESSARY ASK: Did they begin within ten minutes after the start of the attack?)

Yes ..... 1  
 (IF VOL)Sometimes ..... 3  
 No ..... 5

**HPD4\_PD4**

About how many of these sudden attacks have you had in your entire lifetime?

◆ **ENTER** number of attacks \_\_\_\_\_

- If R Reports More Than 900..... 900
- If R Reports "More Than I Can Remember"..... 995
- DK .....
- RF .....

**CHECKPOINT (HPD5)**

- HPD4\_PD4** Equals '1' ..... 1 (GO TO HPD17\_PD66)
- ALL OTHERS**..... 2 (GO TO HPD5\_PD9)

**HPD5\_PD9**

Can you remember your exact age the very first time you had one of these attacks?

- Yes ..... 1
- No ..... 5 (GO TO HPD5b\_PD9b)
- DK ..... (GO TO HPD5b\_PD9b)
- RF ..... (GO TO HPD5b\_PD9b)

**HPD5a\_PD9a**

◆ **INTERVIEWER: IF NECESSARY:** How old were you?

◆ **ENTER** age \_\_\_\_\_

(GO TO HPD6\_PD10)

**HPD5b\_PD9b**

About how old were you?

◆ **INTERVIEWER: IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBE,"**

**PROBE:** Was it before you first started school?  
IF NOT YES, **PROBE:** Was it before you were a teenager?

◆ **ENTER** age \_\_\_\_\_

- Before Started School .....4
- Before Teenager.....12
- Not Before Teenager.....13

**HPD6\_PD10**

Did you have one of these attacks at any time in the past 12 months?

- Yes ..... 1
- No ..... 5 (GO TO HPD6d\_PD10d)
- DK ..... (GO TO HPD6d\_PD10d)
- RF ..... (GO TO HPD7a\_PD13a)

---

**HPD6a\_PD10a**

How recently – in the past month, between two and six months ago, or more than six months ago?

- Past Month..... 1
- Between two and six months ago ..... 2
- More than six months ago..... 3
- DK .....
- RF .....

---

**HPD6b\_PD10b**

How many weeks in the past 12 months did you have at least one attack?

- ◆ ENTER number of weeks \_\_\_\_\_
- DK .....
- RF .....

---

**HPD6c\_PD10c**

And how many attacks in all did you have in the past 12 months?

- ◆ ENTER number of attacks \_\_\_\_\_ (GO TO HPD7a\_PD13a)
- DK .....(GO TO HPD7a\_PD13a)
- RF .....(GO TO HPD7a\_PD13a)

---

**HPD6d\_PD10d**

How old were you the last time you had one of these attacks?

- ◆ ENTER age \_\_\_\_\_
- DK .....
- RF .....

<b>HPD7_PD13.</b> After having one of these attacks, did you ever have any of the following Experiences:	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HPD7a_PD13a.</b> A month or more when you often worried that you might have another attack?	1 <b>GO TO HPD8 _PD17</b>	5	8	9
<b>HPD7b_PD13b.</b> A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control?	1 <b>GO TO HPD8 _PD17</b>	5	8	9
<b>HPD7c_PD13c.</b> A month or more when you changed your everyday activities because of the attacks?	1 <b>GO TO HPD8 _PD17</b>	5	8	9
<b>HPD7d_PD13d.</b> A month or more when you avoided certain situations because of fear about having another attack?	1 <b>GO TO HPD8 _PD17</b>	5	8	9

**HPD8\_PD17**

Attacks of this sort can occur in three different situations. The first is when the attacks occur unexpectedly “out of the blue.” The second is when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third is when a person is in real danger, like a car accident or a bank robbery.

The next question is about how many of your attacks occurred in each of these three kinds of situations. Did you ever have an attack that occurred unexpectedly “out of the blue?”

- Yes..... 1
- No ..... 5 (**GO TO HPD9\_PD18**)
- DK ..... (**GO TO HPD9\_PD18**)
- RF ..... (**GO TO HPD9\_PD18**)

**HPD8a\_PD17a**

About how many attacks in your lifetime occurred unexpectedly “out of the blue?”

- ◆ **ENTER** number of attacks\_\_\_\_\_
- If R Reports More Than 900..... 900
- If R Reports “More Than I Can Remember” .....995
- DK .....
- RF .....

**HPD9\_PD18**

About how many attacks in your lifetime occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?

- ◆ **ENTER** number of attacks\_\_\_\_\_
- If R Reports More Than 900..... 900
- If R Reports “More Than I Can Remember” .....995
- DK .....
- RF .....



**HPD10\_PD19**

About how many attacks in your lifetime occurred in situations where you were in real danger?

**◆ INTERVIEWER: IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS CODE “REAL DANGER.”**

**◆ ENTER** number of attacks \_\_\_\_\_

- If R Reports More Than 900 ..... 900
- If R Reports “More Than I Can Remember” .....995
- DK .....
- RF .....

**CHECKPOINT (PD20)**

- HPD8\_PD17 Equals ‘1’ .....1 (GO TO HPD11\_PD20a)
- ALL OTHERS.....2 (GO TO HPD17\_PD66)

**HPD11\_PD20a (See HPD9\_PD18 – HPD10\_PD19)**

- (HPD9\_PD18 Equals ‘0’) AND (HPD10\_PD19 Equals ‘0’) ..... 1(GO TO HPD13\_PD22)
- ALL OTHERS..... 2 (GO TO HPD12\_PD21)

**HPD12\_PD21**

How old were you (when you had the attack/the first time you had an attack) “out of the blue” for no obvious reason?

**◆ INTERVIEWER: IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”**

**PROBE:** Was it before you first started school?

**IF NOT YES, PROBE:** Was it before you were a teenager?

**◆ ENTER** age \_\_\_\_\_

- Before Started School .....4
- Before Teenager.....12
- Not Before Teenager.....13
- DK .....
- RF .....

**HPD13\_PD22**

How much did (this/these) unexpected “out of the blue” attack(s) or worry about having another attack ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- Not at All .....1
- A Little.....2
- Some .....3
- A Lot.....4
- Extremely.....5
- DK .....
- RF .....

**CHECKPOINT (PD33)**

HPD11\_PD20a Equals '1' .....1 (GO TO HPD17\_PD66)  
ALL OTHERS.....2 (GO TO NEXT CHECKPOINT (PD35))

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**CHECKPOINT (PD35)**

HPD6\_PD10 Equals '1' .....1 (GO TO HPD14\_PD36)  
ALL OTHERS.....2 (GO TO HPD17\_PD66)

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**HPD14\_PD36**

How many unexpected "out of the blue" attacks did you have in the past 12 months?

◆ ENTER number of attacks \_\_\_\_\_  
DK .....  
RF .....

---

**CHECKPOINT (PD37)**

HPD14\_PD36 Equals "0", "DK" or "RF" .....1  
HPD14\_PD36 Equals "1" .....2 (GO TO HPD16\_PD38)  
ALL OTHERS.....3 (GO TO HPD15b\_PD37b)

---

**HPD15a\_PD37a**

How old were you the last time you had an unexpected "out of the blue" attack?

◆ ENTER age \_\_\_\_\_  
DK .....  
RF .....  
(GO TO HPD17\_PD66)

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**HPD15b\_PD37b**

About how many weeks in the past 12 months did you have at least one of these attacks?

◆ ENTER number of weeks \_\_\_\_\_  
DK .....  
RF .....

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**HPD16\_PD38**

How recently – in the past month, between two and six months ago, or more than six months ago?

Past Month.....1  
Between two and six months ago .....2  
More than six months ago.....3  
DK .....  
RF .....

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**HPD17\_PD66 (See HSC12\_SC26, HSC13\_SC26a, HSC14\_SC26b):**

**◆ INTERVIEWER: FOLLOW SKIP FOR FIRST ENDORSED ITEM.**

<b>HSC12_SC26</b> Equals '1' .....	4 (GO TO HGA1_G1 INTRO 1)
<b>HSC13_SC26a</b> Equals '1' .....	5 (GO TO HGA1_G1 INTRO 2)
<b>HSC14_SC26b</b> Equals '1' .....	6 (GO TO HGA1_G1 INTRO 3)
<b>ALL OTHERS</b> .....	7 (GO TO HIE1_IED1)

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**A\_Section 16: GENERALIZED ANXIETY DISORDER SECTION (HGA)**

<p><b>HGA1_G1_INTRO 1.</b> (RB) Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at your booklet, what sorts of things were you worried or nervous or anxious about during that time?</p>	<p><b>HGA1_G1_INTRO 2.</b> (RB) Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at your booklet, what sorts of things were you nervous or anxious about during that time?</p>	<p><b>HGA1_G1_INTRO 3.</b> (RB) Earlier you mentioned having a period lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at your booklet, what sorts of things were you anxious or worried about during that time?</p>
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PROBE FOR UP TO THREE EXAMPLES: Anything else [that made you (worried or anxious/nervous or anxious/anxious or worried)]?  
CIRCLE ALL MENTIONS.

**DIFFUSE WORRIES**

- EVERYTHING ..... 1
- NOTHING IN PARTICULAR ..... 2

**PERSONAL PROBLEMS**

- FINANCES ..... 3
- SUCCESS AT SCHOOL OR WORK ..... 4
- SOCIAL LIFE ..... 5
- LOVE LIFE ..... 6
- RELATIONSHIPS AT SCHOOL OR WORK ..... 7
- RELATIONSHIPS WITH FAMILY ..... 8
- PHYSICAL APPEARANCE ..... 9
- PHYSICAL HEALTH ..... 10
- MENTAL HEALTH ..... 11
- SUBSTANCE USE ..... 12
- OTHER PERSONAL PROBLEMS (SPECIFY) ..... 13

**PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS**

- SOCIAL PHOBIAS
  - (E.G., MEETING PEOPLE AFTER MOVING TO A NEW TOWN) ..... 14
  - AGORAPHOBIA (E.G., LEAVING HOME ALONE AFTER A DIVORCE) ..... 15
- SPECIFIC PHOBIAS
  - (E.G., FEARS OF BUGS, HEIGHTS, OR CLOSED SPACES) ..... 16
- OBSESSIONS (E.G., WORRY ABOUT GERMS) ..... 17
- COMPULSIONS (E.G., REPETITIVE HANDWASHING) ..... 18

**NETWORK PROBLEMS**

- BEING AWAY FROM HOME OR APART FROM LOVED ONES ..... 19
- THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION ..... 20
- THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION ..... 21
- THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION ..... 22
- OTHER NETWORK PROBLEMS (SPECIFY) ..... 23

**SOCIETAL PROBLEMS**

CRIME / VIOLENCE ..... 24

THE ECONOMY ..... 25

THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION)..... 26

MORAL DECLINE OF SOCIETY  
 (E.G., COMMERCIALISM, DECLINE OF THE FAMILY) ..... 27

WAR / REVOLUTION ..... 28

OTHER SOCIETAL PROBLEMS (SPECIFY)..... 29

**OTHER PROBLEMS (SPECIFY)**

FIRST (SPECIFY)..... 30

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SECOND (SPECIFY)..... 31

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THIRD (SPECIFY) ..... 32

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**HGA2\_G3.**

Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?

- YES ..... 1
- NO ..... 5
- DK .....
- RF.....

**HGA3\_G4.**

How often did you find it difficult to control your (worry or anxiety/nerves or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

- OFTEN ..... 1
- SOMETIMES ..... 2
- RARELY ..... 3
- NEVER ..... 4
- DK .....
- RF.....

**HGA4\_G4a.**

How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried -- often, sometimes, rarely, or never?

- OFTEN .....1
- SOMETIMES .....2
- RARELY .....3
- NEVER .....4
- DK .....
- RF.....

**INTERVIEWER CHECKPOINT: (SEE HGA4, HGA4a)**

**HGA4** EQUALS '1' OR '2' OR **HGA4a** EQUALS '1' OR '2' ..... 1  
**ALL OTHERS** ..... 2 (**GO TO IED1, NEXT SECTION**)

**HGA5a\_G5.**

What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) most days?

IF VOL "WHOLE LIFE" OR "AS LONG AS I CAN REMEMBER," **CODE 995 YEARS**

PROBE DK: Did you ever have a period that lasted 6 months or longer?  
(IF NOT) Did you ever have a period that lasted 1 month or longer?

\_\_\_\_\_ NUMBER  
DK.....  
RF.....

**HGA5b\_G5.**

CIRCLE UNIT OF TIME: MONTHS...1 YEARS...2

**CHECKPOINT\_HGA6\_G6.**

**INTERVIEWER CHECKPOINT: (SEE HGA5)**

LESS THAN 1 MONTH..... 1 **GO TO IED1, NEXT SECTION**  
1 TO 5 MONTHS ..... 2 **GO TO CHECKPOINT\_HGA7\_G7**  
ALL OTHERS ..... 3 **GO TO CHECKPOINT\_HGA8\_G8**

**CHECKPOINT\_HGA7\_G7.**

INTERVIEWER INSTRUCTION: ASK ABOUT "PERIODS LASTING ONE MONTH OR LONGER" FOR THE REMAINDER OF THE SECTION **(GO TO HGA7\_G9)**

**CHECKPOINT\_HGA8\_G8.**

INTERVIEWER INSTRUCTION: ASK ABOUT "PERIODS LASTING SIX MONTHS OR LONGER" FOR THE REMAINDER OF THE SECTION **(GO TO HGA7\_G9)**

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HGA7a_G9a.</b> Think of your worst period lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems: Did you often feel restless, keyed up, or on edge?	1	5	8	9
<b>HGA7b_G9b.</b> Did you often get tired easily?	1	5	8	9
<b>HGA 7c_G9c.</b> Were you often more irritable than usual?	1	5	8	9
<b>HGA 7d_G9d.</b> Did you often have difficulty concentrating or keeping your mind on what you were doing?	1	5	8	9
<b>HGA7e_G9e.</b> Did you often have tense, sore, or aching muscles?	1	5	8	9
<b>HGA7f_G9f.</b> Did you often have trouble falling or staying asleep?	1	5	8	9

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HGA8a_G10a.</b> Did your heart often pound or race?	1	5	8	9
<b>HGA8b_G10b.</b> Did you often sweat?	1	5	8	9
<b>HGA8c_G10c.</b> Did you often tremble or shake?	1	5	8	9
<b>HGA8d_G10d.</b> Did you often have a dry mouth?	1	5	8	9
<b>HGA8e_G10e.</b> Were you sad or depressed most of the time?	1	5	8	9

---

**CHECKPOINT\_HGA9\_G11.**

INTERVIEWER CHECKPOINT: (SEEH HGA7, HGA8)

ZERO RESPONSES CODED '1' IN HGA7 AND HGA8 SERIES ..... 1 GO TO IED1, NEXT SECTION

ZERO RESPONSES CODED '1' IN HGA8 SERIES ..... 2 GO TO CHECKPOINT\_HGA14

FOUR OR MORE RESPONSES CODED '1' IN HGA7 AND HGA8 SERIES .... 3 GO TO HGA11  
ALL OTHERS ..... 4 GO TO HGA10

**CHECKPOINT\_HGA9\_G12.**  
**INTERVIEWER CHECKPOINT: (SEE HGA7)**

TWO OR MORE RESPONSES CODED '1' IN HGA7 SERIES .....1 **GO TO HGA11**  
 ALL OTHERS .....2 **GO TO IED1, NEXT SECTION**

<b>HGA10.</b> INTERVIEWER QUERY: TOTAL NUMBER RESPONSES  CODED '1' IN HGA7SERIES IS _____  CODED '1' IN HGA8 SERIES IS _____ GO TO HGA11 AS SOON AS FIVE RESPONSES CODED '1' IN <b>HGA7, HGA8, HGA10 SERIES</b>	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HGA10a_G13a.</b> Did you often feel dizzy or lightheaded?	1	5	8	9
<b>HGA10b_G13b.</b> Were you often short of breath?	1	5	8	9
<b>HGA10c_G13c.</b> Did you often feel like you were choking?	1	5	8	9
<b>HGA10d_G13d.</b> Did you often have pain or discomfort in your chest?	1	5	8	9
<b>HGA10e_G13e.</b> Did you often have pain or discomfort in your stomach?	1 <b>GO TO HGA10g_G13g</b>	5	8	9
<b>HGA10f_G13f.</b> Did you often have nausea?	1	5	8	9
<b>HGA10g_G13g.</b> Did you often feel that you were unreal?	1 <b>GO TO HGA10i _G13i</b>	5	8	9
<b>HGA10h_G13h.</b> Did you often feel that things around you were unreal?	1	5	8	9
<b>HGA10i_G13i.</b> Were you often afraid that you might lose control or go crazy?	1 <b>GO TO HGA10k_G13k</b>	5	8	9
<b>HGA10j_G13j.</b> Were you often afraid that you might pass out?	1	5	8	9
<b>HGA10k_G13k.</b> Were you often afraid that you might die?	1	5	8	9
<b>HGA10l_G13l.</b> Did you often have hot flushes or chills?	1	5	8	9



<b>HGA10m_G13m.</b> Did you often have numbness or tingling sensations?	1	5	8	9
<b>HGA10n_G13n.</b> Did you often feel like you had a lump in your throat?	1	5	8	9
<b>HGA10o_G13o.</b> Were you easily startled?	1	5	8	9

---

**CHECKPOINT\_ HGA13\_G14.**

INTERVIEWER CHECKPOINT: (SEE HGA7, HGA8, HGA10)

TWO OR MORE RESPONSES CODED '1' IN HGA7 SERIES ..... 1  
 THREE OR MORE RESPONSES CODED '1' IN HGA7, HGA8, HGA10 SERIES.....2  
 ALL OTHERS ..... 3 (GO TO IED1,  
 NEXT SECTION)

---

**HGA11\_G15.**

How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – no distress, mild distress, moderate distress, severe distress, or very severe distress?

NO ..... 1  
 MILD..... 2  
 MODERATE ..... 3  
 SEVERE..... 4  
 VERY SEVERE ..... 5  
 DK .....  
 RF.....

---

**HGA12\_G17.**

How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL ..... 1 (GO TO CHECKPOINT\_ HGA12)  
 A LITTLE ..... 2  
 SOME..... 3  
 A LOT ..... 4  
 EXTREMELY ..... 5  
 DK .....  
 RF.....

---

**HGA12a\_G17.**

How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

- OFTEN ..... 1
- SOMETIMES ..... 2
- RARELY ..... 3
- NEVER ..... 4
- DK
- RF

---

**CHECKPOINT\_HGA12\_G17.**

INTERVIEWER CHECKPOINT: (SEE HGA11, HGA12)

- HGA11 EQUALS '3', '4', OR '5' OR HGA12 EQUALS '3', '4', OR '5' ..... 1
- ALL OTHERS ..... 2 (GO TO HED1, NEXT SECTION)

---

**HGA13\_G26.**

Think of the very first time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your exact age?

- YES ..... 1
- NO ..... 5 (GO TO HGA13b\_G26)
- DON'T KNOW ..... 8 (GO TO HGA13b\_G26)
- REFUSED ..... 9 (GO TO HGA13b\_G26)

---

**HGA13a\_G26a.**

(IF NEC: How old were you?)

- \_\_\_\_\_ AGE (GO TO HGA14\_G27)
- DON'T KNOW ..... 998 (GO TO HGA14\_G27)
- REFUSED ..... 999 (GO TO HGA14\_G27)

---

**HGA13b\_G26b.**

About how old were you?

➤ IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"  
**PROBE:** Was it before you first started school?

➤ IF NOT YES, **PROBE:** Was it before you were a teenager?

- \_\_\_\_\_ YEARS OLD
- BEFORE STARTED SCHOOL ..... 4
- BEFORE TEENAGER ..... 12
- NOT BEFORE TEENAGER ..... 13
- WHOLE LIFE OR DON'T KNOW ..... 998
- REFUSED ..... 999

**HGA14\_G27.**

Did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried), lasting at least one month or longer, in the past 12 months?

- YES ..... 1
- NO ..... 5      **GO TO HGA14b\_G27b)**
- DON'T KNOW ..... 8      **GO TO HGA14b\_G27b)**
- REFUSED..... 9      **GO TO HGA14b\_G27b)**

---

**HGA14b\_G27b.**

How many months in the past 12 months were you in an episode of this sort?

\_\_\_\_\_ MONTHS

- DON'T KNOW ..... 98
- REFUSED..... 99

**(GO TO IED1, NEXT SECTION)**

---

**HGA14c\_G27c.**

How old were you the last time you had one of these episodes?

\_\_\_\_\_ YEARS OLD

---

**GO TO IED1, NEXT SECTION**

**A\_Section 17: INTERMITTENT EXPLOSIVE DISORDER (HIE)**

**INTERVIEWER CHECKPOINT IED1:**

- HSC3\_SC20.1 IS CODED "1" (YES)..... 1 GO TO CHECKPOINT IED2**
- HSC4\_SC20.2 IS CODED "1" (YES)..... 2 GO TO HIE1\_IED3 INTRO 4**
- HSC5\_SC20.3 IS CODED "1" (YES)..... 3 GO TO HIE1\_IED3 INTRO 5**
- ALL OTHERS..... 4 GO TO NEXT SECTION**

**INTERVIEWER CHECKPOINT IED2:**

- HSC4\_SC20.2 IS CODED "1" (YES)..... 1 GO TO HIE1\_IED3 INTRO 1**
- HSC5\_SC20.3 IS CODED "1" (YES)..... 2 GO TO HIE1\_IED3 INTRO 2**
- ALL OTHERS..... 3 GO TO HIE1\_IED3 INTRO 3**

<p><b>HIE1_IED3. INTRO 1.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke something, hurt someone, or threatened to hurt someone?</p>	<p><b>HIE1_IED3. INTRO 2.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke something or threatened to hurt someone?</p>	<p><b>HIE1_IED3. INTRO 3.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and broke or smashed something of value. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke or smashed something?</p>	<p><b>HIE1_IED3. INTRO 4.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either hurt someone or threatened to hurt someone?</p>	<p><b>HIE1_IED3. INTRO 5.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and threatened to hurt someone?</p>
<p>CODE RESPONSES GREATER THAN 9997 AS 9997</p> <p style="margin-left: 100px;">_____ ATTACKS</p> <p style="margin-left: 100px;">DON'T KNOW..... 998</p> <p style="margin-left: 100px;">REFUSED..... 999</p>				

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**INTERVIEWER CHECKPOINT IED4.:**

**HIED1\_IED3** EQUALS '0'-'2' ..... 1   **GO TO NEXT SECTION**  
ALL OTHERS..... 2

---

**HIE2\_IED5.**

Did these anger attacks sometimes occur without a good reason?

YES ..... 1   **GO TO HIE4\_IED6**  
NO..... 5  
DK  
RF

---

**HIE3\_IED5a.**

Did the attacks sometimes occur in situations where most people would not have had an anger attack?

YES..... 1   **GO TO HIE4\_IED6**  
NO ..... 5  
DK  
RF

---

**HIE3a\_IED5b.**

During those attacks, did you sometimes get a lot more angry than most people would have been in the same situation.

YES..... 1  
NO ..... 5   **GO TO NEXT SECTION**  
DON'T KNOW ..... 8   **GO TO NEXT SECTION**  
REFUSED ..... 9   **GO TO NEXT SECTION**

---

**HIE4\_IED6.**

Did you have times before these attacks when you felt such a strong impulse to let loose or blow-up that you couldn't resist it no matter how hard you tried?

YES ..... 1  
NO..... 5  
DK  
RF

---

**HIE5\_IED7.**

How often was your anger out of control during your typical attacks -- all of the time, most of the time, sometimes, rarely, or never?

ALL OF THE TIME ..... 1  
MOST OF THE TIME ..... 2  
SOMETIMES..... 3  
RARELY..... 4  
NEVER ..... 5  
DK  
RF

---

INTERVIEWER CHECKPOINT **IED8.**

- HIE4\_IED6** EQUALS '1' ..... 1
- HIE5\_IED7** EQUALS '1'-'4' ..... 2
- ALL OTHERS ..... 3    **GO TO NEXT SECTION**

---

**HIE6\_IED9.**

Some people only have anger attacks when they drink alcohol or use drugs. Did your anger attacks usually occur when you had been drinking or using drugs?

- YES ..... 1
- NO ..... 5    **GO TO HIE7\_IED11**
- DON'T KNOW ..... 8    **GO TO HIE7\_IED11**
- REFUSED ..... 9    **GO TO HIE7\_IED11**

---

**HIE6a\_IED9a.**

Did you ever have anger attacks when you had not been drinking or using drugs?

- YES ..... 1
- NO ..... 5    **GO TO NEXT SECTION**
- DON'T KNOW ..... 8    **GO TO NEXT SECTION**
- REFUSED ..... 9    **GO TO NEXT SECTION**

---

**HIE7\_IED11.**

Some people only have anger attacks when they are sad or depressed. Did your anger attacks usually occur during periods of time when you were sad or depressed?

- YES ..... 1
- NO ..... 5    **GO TO CHECKPOINT IED12**
- DON'T KNOW ..... 8    **GO TO CHECKPOINT IED12**
- REFUSED ..... 9    **GO TO CHECKPOINT IED12**

---

**HIE7a\_IED11a.**

Did you ever have anger attacks at times you were not sad or depressed?

- YES ..... 1
- NO ..... 5
- DK
- RF

---

INTERVIEWER CHECKPOINT **IED12.:**

- HSC3\_SC20\_** IS CHECKED ..... 1
- HSC4\_SC20\_2** IS CHECKED ..... 2    **GO TO HIE9\_IED15**
- ALL OTHERS ..... 3    **GO TO HIE10\_IED16**

**HIE8\_IED13.**

Think about all the things you ever damaged or broke during your anger attacks. What is the approximate combined repair cost or replacement value of all these things?

CODE RESPONSES GREATER THAN \$9,997 AS \$9,997

\$ \_\_\_\_\_  
DK  
RF

**INTERVIEWER CHECKPOINT IED14.**

HSC4\_SC2\_2 EQUALS '1' ..... 1  
ALL OTHERS ..... 2    **GO TO HIE10\_IED16**

**HIE9\_IED15.**

About how many times during your anger attacks did you ever hurt someone badly enough that they needed medical attention?

CODE RESPONSES GREATER THAN 997 AS 997

\_\_\_\_\_ TIMES  
DK  
RF

**HIE10\_IED16.**

How much did your anger attacks ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?

NOT AT ALL ..... 1    **GO TO HIE11\_IED17**  
A LITTLE ..... 2  
SOME ..... 3  
A LOT ..... 4  
EXTREMELY ..... 5  
DK  
RF

**HIE11\_IED17.**

How often did you feel guilty or embarrassed or regretful in the days or weeks after your attacks -- all of the time, most of the time, sometimes, rarely, or never?

ALL OF THE TIME ..... 1  
MOST OF THE TIME ..... 2  
SOMETIMES ..... 3  
RARELY ..... 4  
NEVER ..... 5  
DK  
RF

**HIE12\_IED18.**

Think of the very first time in your life you had an anger attack. Can you remember your exact age when that attack occurred?

- YES ..... 1
- NO..... 5   **GO TO HIE12b\_IED18b**
- DON'T KNOW ..... 8   **GO TO HIE12b\_IED18b**
- REFUSED ..... 9   **GO TO HIE12b\_IED18b**

**HIE12a\_IED18a.**

(IF NEC: How old were you)?

\_\_\_\_\_ YEARS OLD   **GO TO HIE13\_IED22**

- DON'T KNOW .....998   **GO TO HIE13\_IED22**
- REFUSED .....999   **GO TO HIE13\_IED22**

**HIE12b\_IED18b.**

About how old were you?

\_\_\_\_\_ YEARS OLD

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"  
 PROBE: Was it before you first started school?  
 IF NO, PROBE: Was it before you were a teenager?

- BEFORE STARTED SCHOOL.....4
- BEFORE TEENAGER .....12
- NOT BEFORE TEENAGER .....13
- WHOLE LIFE OR DON'T KNOW.....998
- REFUSED .....999

**HIE13\_IED22.**

How many anger attacks did you have in the past 12 months?

\_\_\_\_\_ ATTACKS

- DK
- RF

**HIE13a\_IED22a.**

How old were you the last time you had an anger attack?

\_\_\_\_\_ YEARS OLD   **GO TO NEXT SECTION**

- DON'T KNOW .....998   **GO TO NEXT SECTION**
- REFUSED .....999   **GO TO NEXT SECTION**



**HIE14\_IED23.**

About how many weeks in the past twelve months did you have at least one of these attacks?

\_\_\_\_\_ WEEKS

DK

RF

---

**HIE15\_IED24.**

And how many attacks in total did you have during the past twelve months?

CODE RESPONSES GREATER THAN 997 AS 997

\_\_\_\_\_ ATTACKS

DK

RF

---

**GO TO NEXT SECTION**

<b>A_Section 18: Victimization and PTSD (HCV)</b>
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	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HCV1_PT1.</b> (RB, PG 40) In the next part of the interview, we ask about very stressful events that might have happened in our life. First, did you ever participate in combat, either as a member of a military, or as a member of an organized non-military group?	1	5	8	9
<b>HCV2_PT8.</b> Were you ever involved in a life-threatening automobile accident?	1	5	8	9
<b>HCV3_PT9.</b> Did you ever have any other life-threatening accident, including on your job?	1	5	8	9
<b>HCV4_PT10.</b> Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?	1	5	8	9
<b>HCV5_PT11.</b> Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?	1	5	8	9
<b>HCV6_PT12.</b> Did you ever have a life-threatening illness?	1	5	8	9
<b>HCV7_PT13.</b> As a child, were you ever badly beaten up by your parents or the people who raised you?	1	5	8	9
<b>HCV8_PT14.</b> Were you ever badly beaten up by a spouse or romantic partner?	1	5	8	9
<b>HCV9_PT15.</b> Were you ever badly beaten up by anyone else?	1	5	8	9
<b>HCV10_PT16.</b> Were you ever mugged, held up, or threatened with a weapon?	1	5	8	9
<b>HCV11_PT17.</b> The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn't know what was happening. Did this ever happen to you?	1	5	8	9

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HCV12_PT18.</b> Other than rape, were you ever sexually assaulted, where someone touched you inappropriately, or when you did not want them to?	1	5	8	9
<b>HCV13.</b> Have you ever been chased when you thought the person chasing you would hurt you?	1	5	8	9
<b>HCV14.</b> Have you ever been hit, slapped, punched or beaten up, even if you were not beaten up very badly?	1	5	8	9
<b>HCV15.</b> Has anyone ever stolen your purse, wallet, or snatched your jewelry?	1	5	8	9
<b>HCV16.</b> Did anyone ever try to break into your home?	1	5	8	9

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HCV17_PT20.</b> Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?	1	5	8	9
<b>HCV18_PT21.</b> Did you ever have a son or daughter who had a life-threatening illness or injury?	1	5	8	9
<b>HCV19_PT22.</b> Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?	1	5	8	9
<b>HCV20_PT22_1</b> When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother?	1	5	8	9
<b>HCV21_PT23.</b> Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?	1	5	8	9
<b>HCV22_PT27.</b> Did you ever experience any other extremely traumatic or life-threatening event that I haven't asked about yet?	1 <b>GO TO HCV23 _PT55</b>	5 <b>GO TO HCV23 _PT56</b>	8 <b>GO TO HCV23 _PT56</b>	9 <b>GO TO HCV23 _PT56</b>

**HCV23\_PT55a.**

Briefly, what was the one most traumatic event that you have not told me about?

REFUSED .....9 **GO TO CHECKPOINT HCV23\_PT56**

RECORD BRIEF DESCRIPTION OF EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Descriptor: <Most Trauma Exper Descrip>**

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**HCV23\_PT56.**

INTERVIEW CHECKPOINT:

R REPORTED ONLY AT LEAST ONE EVENT TYPE,

**HCV7\_PT13 THROUGH HCV12\_PT18** ..... 1

ALL OTHERS ..... 2 **GO HCV28a**

---

**HCV24.**

You said you had been [crime experience]. When was the last time this happened? (Was this within the past 12 months? Was this within the past 6 months?)

Within the past 6 months .....1

Within the past 12 months .....2

Over a year ago .....3

DON'T KNOW .....8

REFUSED .....9

---

**HCV25.**

Were the police informed, or did they find out about this incident in any way?

YES .....1

NO .....5

DON'T KNOW .....8

REFUSED .....9

---

**HCV26.**

As far as you know, was anyone arrested or were charges brought against anyone in connection with this incident?

YES .....1

NO .....5

DON'T KNOW .....8

REFUSED .....9

**HCV27.**

You said you had been [violent crime experience] during the past 12 months. The last time this happened, where did it happen? (RECORD VERBATIM AND CHECK ALL THAT APPLY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Inside home.....1
- In someone else’s home .....2
- At school.....3
- Somewhere else in neighborhood ...4
- Outside neighborhood .....5
- Don’t know .....8
- Refused .....9

**HCV27a.**

The last time this happened, who did this to you?

- Parent .....1
- Sibling .....2
- Other relative .....3
- Best friend.....4
- Classmate.....5
- Friend/Acquaintance .....6
- Neighbor .....7
- Teacher.....8
- Stranger .....9
- Gang member .....10
- Police Officer.....11
- Spouse/Partner/girl(boy)friend.....12
- Other (specify).....13
- Don’t know .....98
- Refused .....99

<b>HCV28a.</b> Please tell me if any of the following this have happened to anyone who lived with you during the past 6 months. Was anyone’s purse, wallet, or jewelry snatched from them?	<b>YES</b> <b>(1)</b>	<b>NO</b> <b>(5)</b>	<b>DK</b> <b>(8)</b>	<b>RF</b> <b>(9)</b>
<b>HCV28b.</b> Was anyone threatened with a knife or gun?	1	5	8	9
<b>HCV28c.</b> Was anyone beaten up or assaulted?	1	5	8	9
<b>HCV28d.</b> Was anyone stabbed or shot?	1	5	8	9

**HCV29\_PT61.**

**INTERVIEWER CHECKPOINT:**

R REPORTED ONLY ONE EVENT TYPE,  
**HCV1\_PT1 THROUGH HCV22\_PT27 OR HCV28a THROUGH HCV28d.....1**  
**(GO TO HCV29\_PT62\_INTRO2)**

R REPORTED TWO OR THREE EVENT TYPES,  
**HCV1\_PT1 THROUGH HCV22\_PT27 OR HCV28a THROUGH HCV28d.....2**  
**(GO TO HCV29\_PT62\_INTRO3)**

R REPORTED FOUR OR MORE EVENT TYPES,  
**HCV1\_PT1 THROUGH HCV22\_PT27 OR HCV28a THROUGH HCV28d.....2**  
**(GO TO HMH\_PT62\_INTRO4)**

ALL OTHERS.....3  
**(GO TO NEXT SECTION)**

<p><b>HCV29_PT62_INTRO 2.</b>                  Let me review. You experienced (NUMBER) (KEY PHRASE OF EVENT TYPE). After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after [(either/any) [EVENT TYPE]/ of these experiences]?</p>	<p><b>HCV29_PT62_INTRO 3.</b>                  Let me review. You had (two/ three) different types of traumatic events: [KEY PHRASES OF ALL EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?</p>	<p><b>HCV29_PT62_INTRO 4.</b>                  Let me review. You had quite a few different traumatic experiences, like: [KEY PHRASES OF 3 EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant from or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?</p>
<p>YES ..... 1                  NO ..... 5 <b>(GO TO NEXT SECTION)</b>                  DON'T KNOW ..... 8 <b>(GO TO NEXT SECTION)</b>                  REFUSED..... 9 <b>(GO TO NEXT SECTION)</b></p>		

**HCV30\_PT64.**

Of the [experiences you mentioned to me / NUMBER times (EVENT TYPEs) happened] which one caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which one experience caused the largest number or most severe problems?

IF NEC: REVIEW ENDORSED EVENTS.

(IF "DON'T KNOW," PROBE: Which of these very upsetting events happened most recently?)

DON'T KNOW .....998

REFUSED .....999

RECORD WORST EVENT: \_\_\_\_\_ NUMBER OF EVENT

**HCV30a\_PT64a.**

NOTE AGE AT TIME OF WORST EVENT:

[IF NEC: How old were you when that (happened/ started)?]

\_\_\_\_\_ YEARS OLD

DON'T KNOW .....998

REFUSED .....999

INTERVIEWER: SEE **HCV30\_PT64**, THEN PROBE:

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>HCV31_PT67.</b> [FOR ONGOING EVENTS] During the period of time when (WORST EVENT) was happening repeatedly, did you ever feel terrified or very frightened? [ALL OTHERS] Were you terrified or very frightened at the time (WORST EVENT)?</p>	1 GO TO HCV32 _PT68	5	8	9
<p><b>HCV31a_PT67a.</b> Did you feel helpless?</p>	1 GO TO HCV32 _PT68	5	8	9
<p><b>HCV31b_PT67b.</b> Did you feel shocked or horrified?</p>	1 GO TO HCV32 _PT68	5	8	9
<p><b>HCV31c_PT67c.</b> Did you feel numb?</p>	1 GO TO HCV32 _PT68	5	8	9

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>HCV32_PT68. (RB)</b>                      In the weeks, months, or years after the (event / this experienced ended / WORST EVENT), did you try not to think about it (what happened)?</p> <p>(IF YES: Please make a checkmark by reaction 1.)</p> <p><b>(KEY PHRASE: tried not to think about it)</b></p>	1	5	8	9
<p><b>HCV33_PT69.</b>                      Did you purposely stay away from places, people, or activities that reminded you of (it / the event / this experience/ WORST EVENT)?</p> <p>(IF YES: Please make a checkmark by reaction 2.)</p> <p><b>(KEY PHRASE: stayed away from reminders of it)</b></p>	1	5	8	9
<p><b>HCV34_PT70.</b>                      Were you ever unable to remember some important parts of what happened?</p> <p>IF VOL “UNCONSCIOUS,” “KNOCKED OUT,” OR “HEAD INJURY,” CODE NO.</p> <p>(IF YES: Please make a checkmark by reaction 3.)</p> <p><b>[KEY PHRASE: were unable to remember part(s) of it]</b></p>	1	5	8	9
<p><b>HCV35_PT71.</b>                      Did you lose interest in doing things you used to enjoy?</p> <p>(IF YES: Please make a checkmark by reaction 4.)</p> <p><b>(KEY PHRASE: lost interest in things you used to enjoy)</b></p>	1	5	8	9
<p><b>HCV36_PT72.</b>                      Did you feel emotionally distant or cut-off from other people?</p> <p>(IF YES: Please make a checkmark by reaction 5.)</p> <p><b>(KEY PHRASE: felt distant from other people)</b></p>	1	5	8	9
<p><b>HCV37_PT73.</b>                      Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?</p> <p>(IF YES: Please make a checkmark by reaction 6.)</p> <p><b>(KEY PHRASE: had trouble feeling normal feelings)</b></p>	1	5	8	9



	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>HCV38_PT74.</b> Did you feel you had no reason to plan for the future because you thought it would be cut short?</p> <p>(IF YES: Please make a checkmark by reaction 7.)</p> <p><b>(KEY PHRASE: felt you had no reason to plan for the future)</b></p>	1	5	8	9

**HCV39\_PT75.**

INTERVIEWER CHECKPOINT: (SEE HCV32\_PT68 – HCV38\_PT74)

ZERO “YES” RESPONSES IN HCV32\_PT68 – HCV38\_PT74 .....1 (GO TO NEXT SECTION)

ALL OTHERS.....2 (GO TO HCV39\_PT86)

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>HCV39_PT86. (RB)</b> Did you ever have repeated unwanted memories of (it / the event / this experience / WORST EVENT) – that is, you kept remembering it even when you didn’t want to?</p> <p>(IF YES: Please make a checkmark by reaction 8 in the booklet.)</p> <p><b>(KEY PHRASE: had unwanted memories)</b></p>	1	5	8	9
<p><b>HCV40_PT87.</b> Did you ever have repeated unpleasant <u>dreams</u> about (it/ the event/ this experience/ WORST EVENT)?</p> <p>(IF YES: Please make a checkmark by reaction 9 in the booklet.)</p> <p><b>(KEY PHRASE: had unpleasant dreams)</b></p>	1	5	8	9
<p><b>HCV41_PT88.</b> Did you have <u>flashbacks</u> – that is, suddenly <u>act</u> or <u>feel</u> as if (it/ the event/ this experience/ WORST EVENT) were happening all over again?</p> <p>(IF YES: Please make a checkmark by reaction 10 in the booklet.)</p> <p><b>(KEY PHRASE: had flashbacks)</b></p>	1	5	8	9

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>HCV42_PT89.</b> Did you get very <u>upset</u> when you were reminded of (it/ the event/ this experience/ WORST EVENT)?</p> <p>(IF YES: Please make a checkmark by reaction 11 in the booklet.)</p>	1	5	8	9
<p><b>HCV43_PT90.</b> When you were <u>reminded</u> of (it/ the event/ this experience/ WORST EVENT), did you ever have <u>physical</u> reactions like <u>sweating</u>, your heart <u>racing</u>, or feeling shaky?</p> <p>(IF YES: Please make a checkmark by reaction 12 in the booklet.)</p> <p><b>(KEY PHRASE: had physical reactions)</b></p>	1	5	8	9

**HCV44\_PT91.**

INTERVIEWER CHECKPOINT: (SEE HCV39\_PT86 – HCV43\_PT90)

ZERO “YES” RESPONSES IN HCV39\_PT86 – HCV43\_PT90.....1(GO TO NEXT SECTION)

ALL OTHERS .....2 (GO TO HCV44\_PT102)

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>HCV44_PT102. (RB)</b> During the time (this event/ this experience/ WORST EVENT) affected you <u>most</u>, did you have trouble falling or staying asleep?</p> <p>(IF YES: Please make a checkmark by reaction 13.)</p> <p><b>(KEY PHRASE: had sleep problems)</b></p>	1	5	8	9
<p><b>HCV45_PT103.</b> Were you more <u>irritable</u> or short-tempered than you usually are?</p> <p>(IF YES: Please make a checkmark by reaction 14.)</p> <p><b>(KEY PHRASE: were irritable)</b></p>	1	5	8	9
<p><b>HCV46_PT104.</b> Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing?</p> <p>(IF YES: Please make a checkmark by reaction 15.)</p> <p><b>(KEY PHRASE: had trouble concentrating)</b></p>	1	5	8	9

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HCV47_PT105.</b> Were you much more alert or watchful, even when there was no real need to be?  (IF YES: Please make a checkmark by reaction 16.)  <b>(KEY PHRASE: were more alert or watchful)</b>	1	5	8	9
<b>HCV48_PT106.</b> Were you more <u>jumpy</u> or easily startled by ordinary noises?  (IF YES: Please make a checkmark by reaction 17.)  <b>(KEY PHRASE: were jumpy or easily startled)</b>	1	5	8	9

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**HCV49\_PT107.**

INTERVIEWER CHECKPOINT: (SEE **HCV44\_PT102 – HCV48\_PT106**)

ZERO “YES” RESPONSES IN **HCV44\_PT102 – HCV48\_PT106** .....1 (GO TO NEXT SECTION)  
 ALL OTHERS .....2 (GO TO **HCV49\_PT110**)

---

**HCV49\_PT110.**

You had quite a few reactions, such as (FIRST KEY PHRASE FOR EACH OF THE 3 SETS OF REACTIONS REPORTED IN **HCV32\_PT68 – HCV38\_PT74, HCV39\_PT86 – HCV43\_PT90, HCV44\_PT102 - HCV48\_PT106**). For about how many days, weeks, months, or years did you continue to have any of these reactions?

(IF VOL “IT’S STILL GOING ON,” PROBE: How long has it been so far?)

(IF DK, **PROBE**, “Was it at least a month?” IF YES, CODE 97 BELOW.)

\_\_\_\_\_ DURATION NUMBER

“AT LEAST A MONTH” .....97  
 DON’T KNOW .....98  
 REFUSED .....99

---

**HCV49a\_PT110.**

CIRCLE UNIT OF TIME: DAYS 1..... WEEKS .....2 MONTHS....3 YEARS ....4

---

**HCV50\_PT111.**

INTERVIEWER CHECKPOINT: (SEE **HCV49\_PT110**)

LESS THAN ONE MONTH (30 DAYS) OF REACTIONS IN **HCV49\_PT110** .....1  
 (GO TO NEXT SECTION)  
 ALL OTHERS .....2 (GO TO **HCV50\_PT113**)

---

**HCV50\_PT113.**

Think of the time when these reactions were most frequent and intense. How often did they occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

- LESS THAN ONCE A MONTH ..... 1 (GO TO NEXT SECTION)
- ONE TO TWO TIMES A MONTH..... 2 (GO TO HCV51\_PT114)
- THREE TO FIVE TIMES A MONTH ..... 3 (GO TO HCV51\_PT114)
- SIX TO TEN TIMES A MONTH..... 4 (GO TO HCV51\_PT114)
- MORE THAN TEN TIMES A MONTH ..... 5 (GO TO HCV51\_PT114)
- DON'T KNOW ..... 8 (GO TO HCV51\_PT114)
- REFUSED ..... 9 (GO TO HCV51\_PT114)

---

**HCV51\_PT114.**

How much distress did these reactions cause you – none, mild, moderate, severe, or very severe distress?

- NONE ..... 1
- MILD ..... 2
- MODERATE..... 3
- SEVERE ..... 4
- VERY SEVERE ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

---

**HCV52\_PT115.**

How much did these reactions disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

- NOT AT ALL..... 1
- A LITTLE..... 2
- SOME ..... 3
- A LOT..... 4
- EXTREMELY ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

---

**HCV53\_PT116.**

INTERVIEWER CHECKPOINT: (SEE HCV51\_PT114, HCV52\_PT115)

- RESPONSES CODED 3-5 IN HCV51\_PT114 or HCV52\_PT115..... 1(GO TO HCV53\_PT261)
- ALL OTHERS..... 2(GO TO NEXT SECTION)

---

**HCV53\_PT261.** (RB: REFER R TO THE LIST OF SXS BEFORE ASKING THIS QUESTION)

The next question is about whether in the past 12 months you had any of these reactions associated with any traumatic event that ever happened to you in your entire life. Did you have any reactions of this sort over the past 12 months?

- YES ..... 1
- NO ..... 5 (GO TO NEXT SECTION)
- DON'T KNOW ..... 8 (GO TO NEXT SECTION)
- REFUSED ..... 9 (GO TO NEXT SECTION)

**HCV54\_PT263.**

About how many weeks altogether in the past 12 months did you have any of these reactions?

\_\_\_\_\_ NUMBER OF WEEKS

DON'T KNOW .....98

REFUSED .....99

**HCV55\_PT264.**

INTERVIEWER CHECKPOINT: (SEE HCV54\_PT263)

ZERO TO THREE WEEKS IN HCV54\_PT263.....1 (GO TO NEXT SECTION)

ALL OTHERS.....2

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>HCV55_PT269.</b> Please think of the 30-day period in the past 12 months when these reactions to [WORST 12-MONTH EVENT / these events / these experiences] were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?	1	5	8	9
<b>HCV56_PT270.</b> Did you feel emotionally distant or cut off from other people during that month?	1	5	8	9
<b>HCV57_PT271.</b> Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?	1	5	8	9
<b>HCV58_PT272.</b> Did you feel you had no reason to plan for the future because you thought it would be cut short?	1	5	8	9
<b>HCV59_PT273.</b> Did you have any trouble falling or staying asleep during that month?	1	5	8	9
<b>HCV60_PT274.</b> Were you more jumpy or more easily startled by ordinary noises?	1	5	8	9
<b>HCV61_PT275.</b> Did you purposely stay away from places, people or activities that reminded you of [WORST 12-MONTH EVENT] / these events)?	1	5	8	9

<b>A_Section 19: Services (HSR)</b>
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**HSR1.**

In the past 12 months have you received any sort of professional counseling or therapy for problems with your emotions, nerves, mental health, or use of alcohol or drugs?

- YES ..... 1  
 NO ..... 5 ( GO TO HSR5)  
 DK ..... ( GO TO HSR5)  
 RF ..... ( GO TO HSR5)

**HSR1a.**

What kind of professional did you see?

## ♦[ SELECT ALL THAT APPLY]

- PSYCHIATRIST ..... 01  
 PSYCHOLOGIST ..... 02  
 SOCIAL WORKER ..... 03  
 MENTAL HEALTH COUNSELOR ..... 04  
 PSYCHOTHERAPIST ..... 05  
 MARRIAGE OR FAMILY COUNSELOR ..... 06  
 DRUG OR ALCOHOL COUNSELOR ..... 07  
 PRIMARY CARE DOCTOR  
 (E.G., INTERNIST, FAMILY DOCTOR, GP) ..... 08  
 OTHER MEDICAL DOCTOR  
 (E.G., CARDIOLOGIST, GYNECOLOGIST) ..... 09  
 OTHER HEALTH CARE PROVIDER  
 (E.G., NURSE, OCCUPATIONAL THERAPIST) ..... 10  
 RELIGIOUS COUNSELOR  
 (E.G., MINISTER, PRIEST, RABBI) ..... 11  
 HEALER  
 (E.G., HERBALIST, CHIROPRACTOR,  
 SPIRITUALIST) ..... 12  
 ANY OTHER KIND OF PROFESSIONAL ..... 13  
 DON'T KNOW  
 REFUSED

**HSR2.**

How many sessions of psychological counseling or therapy have you received in the past 12 months?

- \_\_\_\_\_ (NUMBER OF SESSIONS)  
 DK  
 RF

**HSR3.**

How many minutes did [this session/these sessions] last (on average)?

- LESS THAN 5 MINUTES ..... 1  
 5-10 MINUTES ..... 2  
 11-20 MINUTES ..... 3  
 21-40 MINUTES ..... 4  
 41-60 MINUTES ..... 5  
 MORE THAN 60 MINUTES ..... 6  
 DK  
 RF

**HSR5.**

In the past 12 months have you taken a prescription medicine for problems with your emotions, nerves, mental health, or use of alcohol or drugs?

- YES ..... 1
- NO ..... 5 ( **GO TO HSR8**)
- DK ..... ( **GO TO HSR8**)
- RF ..... ( **GO TO HSR8**)

**HSR5a.**

Who wrote the prescription for you?

**◆SELECT ALL THAT APPLY**

- PSYCHIATRIST ..... 1
- PRIMARY CARE DOCTOR  
(E.G., INTERNIST, FAMILY DOCTOR, GP) ..... 2
- OTHER MEDICAL DOCTOR  
(E.G., CARDIOLOGIST, GYNECOLOGIST) ..... 3
- NURSE OR PHYSICIAN ASSISTANT ..... 4
- THE PRESCRIPTION WAS WRITTEN FOR  
SOMEONE ELSE AND THAT PERSON  
GAVE IT TO YOU ..... 5
- DK
- RF

**HSR6.**

About how many days out of 365 in the past year did you make a prescription medication for these problems?

\_\_\_\_\_ Days  
 DK  
 RF

[CHECKPOINT (SEE HSR1 AND HSR5): ]

(**HSR1 IS CODED NO/DK/RF**) AND (**HSR5 IS CODED NO/DK/R**).....(**GO TO HSR7**)  
**ALL OTHERS** .....(**GO TO NEXT SECTION**)

**HSR7.**

Was there a time in the past 12 months when you felt that you might need to see a professional because of problems with your emotions, nerves, mental health, or your use of alcohol or drugs?

- YES ..... 1
- NO ..... 5 ( **GO TO NEXT SECTION**)
- DK ..... ( **GO TO NEXT SECTION**)
- RF ..... ( **GO TO NEXT SECTION**)

**HSR8.**

What were your reasons for not seeing a professional?

◆[SELECT ALL THAT APPLY]

PROBLEM NOT SERIOUS OR GOT BETTER.....	01
DID NOT THINK TREATMENT WOULD HELP .....	02
WANTED TO HANDLE PROBLEM ON OWN .....	03
TOO EXPENSIVE .....	04
PROBLEMS WITH TRANSPORTATION OR SCHEDULING .....	05
THOUGHT IT WOULD TAKE TOO MUCH TIME OR WAS INCONVENIENT .....	06
UNSURE WHERE TO GO OR WHO TO SEE.....	07
NOT SATISFIED WITH AVAILABLE SERVICES .....	08
COULD NOT GET AN APPOINTMENT.....	09
EMBARRASSED OR WORRIED ABOUT STIGMA.....	10
OTHER (SPECIFY) _____ .....	11
DK.	
RF	

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**A\_Section 20: PARENT ON YOUTH (HPY)**

**\*\*SEQUENCE WILL BE COMPLETED FOR EACH CHILD WHO WAS IN THE HOUSEHOLD AT BASELINE WHO ARE STILL IN THE HOUSEHOLD AT TIME OF FOLLOW-UP.**

**HPY1**

At the beginning of this interview we asked you about household members who lived with you at the time you applied to be in this study about 10 or more years ago. Here we want to know more about the schooling of the children that were living with you at that time.

I'd like to start by discussing [CHILD]'s educational progress.  
What is the highest grade or year of school that [CHILD] has ever completed?

- \_\_\_\_\_ HIGHEST GRADE COMPLETED (1-12)
- (13)= ONE YEAR OF COLLEGE
- (14)= TWO YEARS OF COLLEGE
- (15) = THREE YEARS OF COLLEGE
- (16) = FOUR YEARS OF COLLEGE
- (94) = DID NOT COMPLETE ANY GRADE
- (97) = REFUSED
- (98) = DON'T KNOW

**HPY2**

Has (he/she) received a regular high school diploma? Do not include a GED.

- YES (**SKIP TO HPY3a**) 1
- NO 2
- DON'T KNOW
- REFUSED

**HPY3**

Has (he/she) received a GED?

- YES 1
- NO (**SKIP TO HPY8**) 2
- DON'T KNOW
- REFUSED

**HPY3a**

[CHILD] currently enrolled in college?

- YES 1
- NO 2
- DON'T KNOW
- REFUSED

**HPY4**

When was [CHILD] last enrolled in high school?

ENTER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

DK

RF

---

**HPY5**

Is [CHILD] in school now?

YES ( <b>SKIP TO HPY9</b> )	1
NO	2
IF VOLUNTEERED: HOME-SCHOOLED ( <b>SKIP TO HPY8</b> )	3
ON SUMMER VACATION( <b>SKIP TO HPY9</b> )	4
REFUSED ( <b>SKIP TO HPY8</b> )	7
DON'T KNOW ( <b>SKIP TO HPY8</b> )	8

---

**HPY6**

Why doesn't [CHILD] attend school?

**[IF CHILD'S SCHOOL IS ON SUMMER VACATION GO BACK TO HPOY5 AND SELECT "ON SUMMER VACATION"]**

HEALTH PROBLEMS	1
DROPPED OUT OF SCHOOL BECAUSE OF FINANCIAL PROBLEMS/HAD TO WORK	2
DROPPED OUT OF SCHOOL BECAUSE DIDN'T LIKE SCHOOL	3
EXPELLED OR SUSPENDED	4
PARENTAL DECISION	5
PREGNANCY/CHILDBIRTH	6
WORKING PART TIME	7
WORKING FULL TIME	8
OTHER (SPECIFY) _____	95
DON'T KNOW	
REFUSED	

---

**[IF AGE < 15, SKIP TO HPY8]**

**HPY7**

Has (he/she) received a GED?

- YES 1
- NO 2
- DON'T KNOW
- REFUSED

**HPY8**

When was [CHILD] last enrolled in school?

ENTER DATE: \_\_\_\_/\_\_\_\_  
 Month Year

- DK
- RF

**HPY9**

What is the full name of the school [CHILD] (is attending/ most recently attended)?

- FULL NAME OF SCHOOL: 5
- \_\_\_\_\_
- DK
- RF

**HPY10**

Is this school...

- A Regular public school 1
- A Magnet public school 2
- A Charter public school 3
- A Vocational public school 4
- A Regular private school 5
- A Religious or Parochial school 6
- Special Education School or Program 7
- Enrichment/Gifted and Talented Program or School 8
- College or university 9
- Other special program or school. (SPECIFY) 95
- \_\_\_\_\_
- Don't know
- Refused

**HPY11**

Where is this school located?

ON \_\_\_\_\_

NEAR THE CORNER OF \_\_\_\_\_

\_\_\_\_\_ CITY

DK

RF

---

**HPY12**

For which grades did child attend this school?

**[CHECK ALL THAT APPLY]**

<Grades in current school>	KINDERGARTEN	1
	1 <sup>ST</sup> GRADE	2
	2 <sup>ND</sup> GRADE	3
	3 <sup>RD</sup> GRADE	4
	4 <sup>TH</sup> GRADE	5
	5 <sup>TH</sup> GRADE	6
	6 <sup>TH</sup> GRADE	7
	7 <sup>TH</sup> GRADE	8
	8 <sup>TH</sup> GRADE	9
	9 <sup>TH</sup> GRADE	10
	10 <sup>TH</sup> GRADE	11
	11 <sup>TH</sup> GRADE	12
	12 <sup>TH</sup> GRADE	13
	1ST YEAR OF COLLEGE	14
	2ND YEAR OF COLLEGE	15
	3RD YEAR OF COLLEGE	16
	4TH YEAR OF COLLEGE	17
	DON'T KNOW	
	REFUSED	

**HPY13**

Has [CHILD] ever repeated a grade?

- YES 1
- NO (SKIP TO HPY15) 2
- REFUSED (SKIP TO HPY15) 7
- DON'T KNOW (SKIP TO HPY15) 8

HPY14 Which grade(s) did [CHILD] repeat?		YES	----->	[IF YES:] HPY14a Did [CHILD] repeat [GRADE] in the same school?			
				YES	NO	RF	DK
[CHECK ALL THAT APPLY]	K	1	IF YES ->	1	2	7	8
	1	2	IF YES ->	1	2	7	8
	2	3	IF YES ->	1	2	7	8
	3	4	IF YES ->	1	2	7	8
	4	5	IF YES ->	1	2	7	8
	5	6	IF YES ->	1	2	7	8
	6	7	IF YES ->	1	2	7	8
	7	8	IF YES ->	1	2	7	8
	8	9	IF YES ->	1	2	7	8
	9	10	IF YES ->	1	2	7	8
	10	11	IF YES ->	1	2	7	8
	11	12	IF YES ->	1	2	7	8
	12	13	IF YES ->	1	2	7	8

**HPY15**

Has [CHILD] ever been suspended or expelled?

- YES 1
- NO (SKIP TO HPY16) 2
- REFUSED (SKIP TO HPY16) 7
- DON'T KNOW (SKIP TO HPY16) 8

**HPY15a**

Has this happened during the past 2 years?

- YES 1
- NO 2
- DON'T KNOW
- REFUSED

ASK HPY16a-HPY16d FOR EACH SCHOOL ATTENDED

	SCHOOL 2		SCHOOL 3	
<p><b>HPY16a</b> What is the full name of the school [CHILD] attended before [SCHOOL NAME LAST MENTIONED]?</p>	<p>&lt;Name of school &gt; _____ ATTENDED NO OTHER SCHOOL (IF CHILD'S AGE IS &lt;18 THEN SKIP TO J17, DK RF</p>		<p>&lt;Name of school &gt; _____ ATTENDED NO OTHER SCHOOL (IF CHILD'S AGE IS &lt;18 THEN SKIP TO J17, DK RF</p>	
<p><b>HPY16b</b> Was this school a...</p>	<p>Regular Public School 1 Magnet Public School 2 Charter Public School 3 Vocational Public School 4 Regular Private School 5 Religious or Parochial School 6 Special Education School 7 Enrichment/gifted &amp; Talented School or Program 8 Other Special Program or School (Specify) _____ 95 DK RF</p>	<p>Regular Public School 1 Magnet Public School 2 Charter Public School 3 Vocational Public School 4 Regular Private School 5 Religious or Parochial School 6 Special Education School 7 Enrichment/gifted &amp; Talented School or Program 8 Other Special Program or School (Specify) _____ 95 DK RF</p>		
<p><b>HPY16c</b> Where was this school located? Can you give me the name of the street on which it was located?  <b>PROBE:</b> What was the nearest cross-street?  What city is that?</p>	<p>ON _____  NEAR THE CORNER OF _____  IN THE CITY OF _____ DK RF</p>		<p>ON _____  NEAR THE CORNER OF _____  IN THE CITY OF _____ DK RF</p>	
<p><b>HPY16d</b> For which grade(s) did [CHILD] attend this school?  <b>CHECK ALL THAT APPLY</b></p>	<p>K 1      8 9 1 2      9 10 2 3      10 11 3 4      11 12 4 5      12 13 5 6      DK 6 7      RF 7 8</p>	<p>K 1      8 9 1 2      9 10 2 3      10 11 3 4      11 12 4 5      12 13 5 6      DK 6 7      RF 7 8</p>		

<b>HPY16e_J16e.</b>		
<b>[INTERVIEWER: SKIP TO HPY16a FOR NEXT SCHOOL IF GRADE HISTORY IS NOT COMPLETE]</b>		
<b>HPY16f</b> Were there any other schools that [CHILD] attended between [BEGINNING OF GRADE HISTORY] and [HIGHEST GRADE ATTENDED IN J12]?	YES.....1 (SKIP TO J16a NEXT SCHOOL) NO .....5 DK RF	YES.....1 (SKIP TO J16a NEXT SCHOOL) NO .....5 DK RF

**HPY17**  
During the past two years, has anyone from [CHILD’S] school asked someone to come in and talk about problems [CHILD] was having with schoolwork or behavior?

YES	1
NO	2
DON’T KNOW	
REFUSED	

**HPY18**  
During the past 2 years, has [CHILD] gone to a special class for gifted students or done advanced work in any subjects?

YES	1
NO	2
REFUSED	7
DON’T KNOW	8

	YES	NO	RF	DK
<b>HPY19a</b> During the past 2 years, has [CHILD] gone to a special class or school or gotten special help in school for learning problems?	1	2	7	8
<b>HPY19b</b> (During the past 2 years, has [CHILD] gone to a special class or school or gotten special help in school for) behavioral or emotional problems?	1	2	7	8

**CHECKPOINT**

IF (HPOY19a = NO/DK/RF) AND (HPOY19b = NO/DK/RF), → **GO TO HPY21.**  
 ALL OTHERS, → **GO TO HPY20.**

**HPY20**

How often has [CHILD] received any special services for these problems—almost every day, once a week, once a month, a few times a year, or only once or twice in the past two years?

- ALMOST EVERY DAY (INCLUDES 3-5 DAYS A WEEK) 1
- ONCE A WEEK (INCLUDES 1-2 DAYS A WEEK) 2
- ONCE A MONTH (INCLUDES 1-3 TIMES A MONTH) 3
- A FEW TIMES A YEAR (INCLUDES 3-4 TIMES A YEAR) 4
- ONLY ONCE OR TWICE IN THE PAST 2 YEARS 5
- DON'T KNOW
- REFUSED

**HPY21.**

Now I'd like to ask you about your involvement in your children's schooling.  
 How satisfied are you with the education that [CHILD] has received up to now? Now I'd like to ask you about your involvement in your children's schooling.

- Very satisfied..... 1
- Somewhat satisfied..... 2
- Not at all satisfied..... 3
- Don't know
- Refused

	YES	NO	NO CHILD IN SCHOOL PAST 12 MONTHS	DK	RF
<b>HPY22a</b> In the past 12 months, have you or another adult who lives with you gone to a general meeting or school event at your [CHILD'S] school, like a back-to-school night, parent/teacher organization meeting or sports event?	1	2	3		
<b>HPY22b</b> In the past 12 months, have you or another adult who lives with you been a volunteer or worked at your [CHILD'S] school, been on a school committee or club outside of school?	1	2	3		



	<b>NOT TRUE</b>	<b>SOME-WHAT TRUE</b>	<b>VERY TRUE</b>	<b>DK</b>	<b>RF</b>
<p><b>HPY23a.</b> The next questions are about this CHILD'S behavior. I will read a series of statements, and for each , please tell me if the statement is not true, somewhat true, or very true of [CHILD]. This child is generally obedient, usually does what adults request.</p>	1	2	3	8	9
<p><b>HPY23b.</b> (This child) has many worries, often seems worried.</p>	1	2	3	8	9
<p><b>HPY23c.</b> (He/She) is often unhappy, depressed, or tearful.</p>	1	2	3	8	9
<p><b>HPY23d.</b> (He/She) gets along better with adults than with others his/her own age.</p>	1	2	3	8	9
<p><b>HPY23e.</b> (He/She) sees tasks through to the end, has a good attention span.</p>	1	2	3	8	9

---

**HPY24.**

Overall, do you think [CHILD] has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get along with other people? Would you say he/she has severe difficulties, definite difficulties, minor difficulties, or no difficulties in one or more of these areas?

- Yes-severe difficulties..... 1
  - Yes-definite difficulties..... 2
  - Yes-minor difficulties ..... 3
  - No..... 5
  - Don't Know
  - Refused
-

**HPY25**

About how long has it been since [CHILD] last saw or talked to a doctor or other health care professional about (his/her) health? Would you say six months or less, more than six months but not more than one year ago, more than one year but not more than three years ago, more than three years ago, or never?

- 6 months or less 1
- More than 6 months, but not more than 1 year ago 2
- More than 1 year, but not more than 3 years ago 3
- More than 3 years 4
- Never 5
- Don't Know
- Refused

---

**HPY26.**

During the past [TIME SINCE RANDOM ASSIGNMENT], that is, since [DATE OF RANDOM ASSIGNMENT], has there ever been anytime lasting a month or more when [CHILD] did not live with you?

- Yes ..... 1
- No..... 5 (SKIP TO NEXT SECTION)
- Don't Know (SKIP TO NEXT SECTION)
- Refused (SKIP TO NEXT SECTION)

---

**HPY27a.**

When was the first time [CHILD] lived somewhere else – in what month and year did (he/she) begin to live away?

**ENTER:** \_\_\_\_\_ / \_\_\_\_\_  
                  Month    Year

DK  
RF

---

**HPY27b.**

And, when did (he/she) come back to live with you?

**ENTER:** \_\_\_\_\_ / \_\_\_\_\_  
                  Month    Year

[IF VOL: STILL LIVING AWAY]

DK  
RF

---

**HPY27c.**

Where was (he/she) living during that time?

Maternal grandparents.....	1
Other maternal relatives .....	2
Child's own father.....	3
Paternal relatives .....	4
Foster home.....	5
Alone / with friends / with partner .....	6
In school / college .....	7
In jail .....	8
In the military.....	9
In the hospital .....	10
Runaway .....	11
With step parent .....	12
With other relative.....	13
In Job Corps .....	14
Adopted.....	15
Just moved back with R .....	16
Shelter .....	17
Other .....	18
DK	
RF	

**HPY27d.**

Why was CHILD living (with/in) ARRANGEMENT?

Personal reasons:

- Behavioral problems ..... 1
- Problems of mother (drugs, alcohol, in jail)..... 2
- Health problems of child ..... 3
- Health problems of mother..... 4
- Financial problems of mother..... 5
- Unsuitable housing arrangement ..... 6
- Homelessness ..... 7
- Child taken away by state..... 8
- Put in foster home ..... 9
- Mother could not care for child ..... 10

Permanent alternative arrangements:

- Thought child would be better off  
with friends or relatives ..... 11
- Put child up for adoption ..... 12
- Child wanted to live with father ..... 13
- Father awarded custody..... 14

Age of child issues:

- Child is grown adult ..... 15
- Child is away at school..... 16

Other = R does not know where child is

- Child in jail..... 17
- Immigration related issue ..... 18
- Reason related to move ..... 19
- Child kidnapped ..... 20
- Shared custody ..... 21
- Family just helping out..... 22
- Away at camp..... 23
- Other ..... 24
- DK
- RF

**A\_Section 21: Adult Report on Other Household Members**

These next questions ask about other members of your household, their education and employment, their marital status, whether they have children, and their health.

**◆ INSTRUCTIONS: WORK DOWN GRID, ASKING QUESTIONS FOR EACH PERSON AGE 18+ LIVING IN THE HOUSEHOLD.**

	Person #1	Person #2	Person #3	Person #4
ENTER FIRST NAME OF EACH PERSON				
<b>HHO1.</b> Is this person in school now?	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF
<b>HHO2.</b> Has (he/she) graduated from high school or does (he/she) have a GED?	GED.....1 High School.....2 Neither.....3 DK RF	GED.....1 High School.....2 Neither.....3 DK RF	GED.....1 High School.....2 Neither.....3 DK RF	GED.....1 High School.....2 Neither.....3 DK RF
<b>HHO3.</b> Has (he/she) ever attended any college?	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF
<b>HHO4.</b> Is (he/she) now working full-time or part-time?	Full time.....1 Part time.....2 Not working.....3 DK RF	Full time.....1 Part time.....2 Not working.....3 DK RF	Full time.....1 Part time.....2 Not working.....3 DK RF	Full time.....1 Part time.....2 Not working.....3 DK RF
<b>HHO5.</b> Does (he/she) have a physical health problem that keeps him/her from doing normal activities like walking, getting dressed, household or working?	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF
<b>HHO6.</b> Does (he/she) have any chronic physical disability like cancer, a heart problem or any other serious health problem?	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF

	Person #1	Person #2	Person #3	Person #4
<b>HHO7.</b> (Does (he/she) have an alcohol or drug problem?)	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF
<b>HHO8.</b> (Does (he/she) have Depression or other serious chronic mental health problem?)	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF	Yes.....1 No.....5 DK RF
<b>HHO9a.</b> Has (he/she) smoked a cigarette in the past 30 days?	Yes...1 No....5 [GT HHO10] DK [GO TO HHO10] RF [GO TO HHO10]	Yes...1 No....5 [GT HHO10] DK [GO TO HHO10] RF [GO TO HHO10]	Yes...1 No....5 [GT HHO10] DK [GO TO HHO10] RF [GO TO HHO10]	Yes...1 No....5 [GT HHO10] DK [GO TO HHO10] RF [GO TO HHO10]
<b>HHO9b.</b> When he/she smoked a cigarette during the past 30 days, how many cigarettes did (he/she) usually smoke each day?	_____ # OF CIGARETTES DK RF	_____ # OF CIGARETTES DK RF	_____ # OF CIGARETTES DK RF	_____ # OF CIGARETTES DK RF
<b>HHO10.</b> ♦ ASK OR VERIFY:  What is (his/her) marital status?	Single.....1 Married.....2 Divorced.....3 Widowed.....4 DK RF	Single.....1 Married.....2 Divorced.....3 Widowed.....4 DK RF	Single.....1 Married.....2 Divorced.....3 Widowed.....4 DK RF	Single.....1 Married.....2 Divorced.....3 Widowed.....4 DK RF
<b>HHO11.</b> How many children has (he/she) had?	_____ # OF CHILDREN DK RF IF NONE OR DK/RF, GO TO HH013.	_____ # OF CHILDREN DK RF IF NONE OR DK/RF, GO TO HH013.	_____ # OF CHILDREN DK RF IF NONE OR DK/RF, GO TO HH013.	_____ # OF CHILDREN DK RF IF NONE OR DK/RF, GO TO HH013.
<b>HHO12.</b> In what year was (his/her) (first) child born?	_____ YEAR 1 <sup>ST</sup> CHILD BORN DK RF	_____ YEAR 1 <sup>ST</sup> CHILD BORN DK RF	_____ YEAR 1 <sup>ST</sup> CHILD BORN DK RF	_____ YEAR 1 <sup>ST</sup> CHILD BORN DK RF
<b>HHO13.</b> During the prior 12 months, has (he/she) been arrested, convicted of a crime or put in jail?	<b>CHECK ALL THAT APPLY:</b> Arrested.....1 Convicted.....2 Put In Jail.....3 Neither.....4 DK RF	<b>CHECK ALL THAT APPLY:</b> Arrested.....1 Convicted.....2 Put In Jail.....3 Neither.....4 DK RF	<b>CHECK ALL THAT APPLY:</b> Arrested.....1 Convicted.....2 Put In Jail.....3 Neither.....4 DK RF	<b>CHECK ALL THAT APPLY:</b> Arrested.....1 Convicted.....2 Put In Jail.....3 Neither.....4 DK RF

♦ GO TO HHO1 FOR NEXT PERSON OR NEXT SECTION

**A\_Section 22: Relationships & Parenting (HRL)**

**HRL1.**

In this next section I am going to ask you about your adult relationships and parenting.  
Are you currently married or in a serious relationship?

- Yes ..... 1 **GO TO HRL2**
- No..... 5 **GO TO HRL3**
- Don't know ..... 8 **GO TO HRL3**
- Refused ..... 9 **GO TO HRL10**

**HRL2.**

How long have you been married or in this relationship?

- Less than a year.....1
- About 2 years .....2
- More than 2 years.....3
- DK
- RF

**HRL3.**

About how many romantic relationships did you have in the past 12 months that lasted for at least one month?

- \_\_\_\_\_ # of Relationships.....**GO TO CHECKPOINT HRL3b.**
- Don't know..... **ASK HRL3a**
- Refused.....**ASK HRL3a**

**HRL3a**

I just need to have a range. Can you tell me if it was 1-5 relationships, 6-10 relationships, 11-15 relationships, or more than 15 relationships?

- 1-5 Relationships 1
- 6-10 Relationships 2
- 11-15 Relationships 3
- More than 15 relationships 4
- DK
- RF

**HRL3b. CHECKPOINT**

- **IF HRL1 IS CODED 1 (R IS MARRIED), GO TO HRL4**
- **IF HRL1 IS CODED 5 (R NOT MARRIED), GO TO HRL10**

**HRL4.**

Now I'm going to ask you a few questions about your current relationship. All things considered, on a scale from 1 to 7, where 1 is "completely unhappy" and 7 is "completely happy", how happy are you with your current relationship?

- Completely unhappy 1
- Moderately unhappy 2
- Slightly happy 3
- Not happy or unhappy 4
- Slightly happy 5
- Moderately happy 6
- Completely happy 7
- DK
- RF

	ALL	MOST	SOME	NONE	DK	RF
<p><b>HRL5a.</b> The following statements describe the way some people feel about their spouse or partner, and their relationship in general. Please indicate whether each of the following happens all of the time, most of the time, some of the time, or none of the time. Our arguments get very heated.</p>	1	2	3	4	8	9
<p><b>HRL5b.</b> My partner/spouse and I have similar views about what is important in life.</p>	1	2	3	4	8	9
<p><b>HRL5c.</b> I am satisfied with the way we handle our problems and disagreements.</p>	1	2	3	4	8	9
<p><b>HRL5d.</b> My partner/spouse expresses love and affection toward me.</p>	1	2	3	4	8	9

**HRL6.**

Now we are going to ask a set of questions about CHILD (pre-loaded, randomly selected child aged 10 to 20, lived in household at baseline, and currently living in household).

In the past week, have you and [CHILD] talked about things he/she is doing at school, school work or grades?

- Yes ..... 1
- No..... 5
- DK
- RF



**HRL7.**

How often did someone help [CHILD] with his/her homework? Would you say five or more times a week, 3 to 4 times a week, 1 to 2 times a week, less than once a week, or never?

- Never..... 1
- Less than once/week ..... 2
- 1 to 2 times/week ..... 3
- 3 to 4 times/week ..... 4
- 5 or more times/week ..... 5
- DK
- RF

**HRL8.**

How often do you or another adult in the household check to make sure CHILD has completed his/her homework? Less than once a month, about once a month, a few times a month, or at least a few times a week?

- Less than once/month..... 1
- About once/month..... 2
- Few times/month..... 3
- At least a few times/week..... 4
- DK
- RF

**HRL9.**

During this school year, have you or another adult in your household taken it upon yourself to contact (CHILD's) teacher or school for any reason having to do with (CHILD)?

- Yes ..... 1
- No..... 5
- DK
- RF

**HRL9a.**

Why did you contact (CHILD)'s school?

- ◆ **PROBE:** Anything else?
- ◆ **CODE ALL THAT APPLY**

- To report an absence or tardiness ..... 1
- To discuss problems the child is having at school ..... 2
- To request special placement or services ..... 3
- To request evaluation by a specialist..... 4
- To request a specific teacher ..... 5
- To check on CHILD's progress ..... 6
- To ask about homework problems ..... 7
- Other (specify) ..... 8
- DK
- RF

**HRL10.**

Children sometimes do things that are wrong, disobey, or make their parents angry. We would like to know what you have done when your [AGE OF CHILD] year old child did something wrong or made you upset or angry. I am going to read a list of things you might have done in the past year and I would like you to tell me whether you have: done it once in the past year, done it twice in the past year, 3-5 times, 6-10 times, 11-20 times, or more than 20 times in the past year. If you haven't done it in the past year but have done it before that, I would like to know this, too.

(When CHILD did something wrong or made you angry, how often did you...)	Once	1-2/yr	3-5/yr	6-10/yr	11-20	20+/yr	Not in past yr	Never happened	DK	RF
<b>HRL10a.</b> Explain why something was wrong?	1	2	3	4	5	6	7	8	D	R
<b>HRL10b.</b> Sent [CHILD] to[his/her] room, took away privileges, or grounded [him/her]?	1	2	3	4	5	6	7	8	D	R
<b>HRL10c.</b> Called [CHILD] dumb or lazy or some other name like that, or threatened to hit [him/her], but did not actually do it?	1	2	3	4	5	6	7	8	D	R
<b>HRL10d.</b> Shouted, yelled, screamed, swore or cursed at [CHILD]?	1	2	3	4	5	6	7	8	D	R
<b>HRL10e.</b> Said you would send [CHILD] away or kick [CHILD] out of the house?	1	2	3	4	5	6	7	8	D	R
<b>HRL10f.</b> Spanked or hit [CHILD]	1	2	3	4	5	6	7	8	D	R

---

**HRL11.**

Is [CHILD] allowed to be in public places without adult supervision?

- Yes ..... 1
- No..... 5
- DK
- RF

---

**HRL12.**

In the last month [if on vacation: in which s/he was in school], after school, has [CHILD] always come directly to your home and stayed home until dinner time?

- YES ..... 1 (GO TO HRL 14)
- NO..... 5
- DK
- RF

**HRL13.**

In the last month [if on vacation: in which s/he was in school], how often has (he/she) done that?

- Almost every day ..... 1
- A few times a week ..... 2
- Once a week ..... 3
- Less than once a week ..... 4
- Never ..... 5
- DK
- RF

---

**HRL14.**

Where is this [CHILD] usually in the evenings?

- Home, supervised ..... 1
- Home, unsupervised ..... 2
- Somewhere else, supervised ..... 3
- Somewhere else, unsupervised ..... 4
- DK
- RF

---

**HRL15.**

Please tell me whether you make rules about how late [CHILD] can stay out at night, or does [CHILD] decide for him/herself?

- Parent makes rules ..... 1
- Child decides for self ..... 2
- Child and parent decide jointly ..... 3
- DK
- RF

---

**HRL16.**

Does [CHILD] have a curfew or set time to be home on school nights?

**IF CHILD IS NOT CURRENTLY IN SCHOOL, PROBE FOR LAST TIME CHILD WAS ENROLLED IN SCHOOL.**

- Yes ..... 1
- No ..... 5
- (If vol): Not out on school nights ..... 7
- DK
- RF

---

**HRL17.**

Does [CHILD] have a curfew on weekend nights?

- Yes ..... 1
  - No ..... 5
  - (If vol): Not out on school nights ..... 7
  - DK
  - RF
-

**CHECKPOINT**

- IF **HRL16** IS CODED 7 (NOT OUT ON SCHOOL NIGHTS) GO TO **HRL19**.
- OTHERS, ASK **HRL18**.

---

**HRL18.**

In a typical week, how late does [CHILD] stay out on school nights (Monday to Thursday)?

**IF R GIVES HALF HOUR, ROUND UP (E.G., "8:30" IS CODED "NO LATER THAN 9:00")**

- No later than 8:00..... 1
- No later than 9:00..... 2
- No later than 10:00..... 3
- No later than 11:00..... 4
- No later than 12:00 midnight ..... 5
- As late as he/she wants..... 6
- DK
- RF

---

**HRL19.**

How many of [CHILD's] close friends do you know by sight and by first and last name? All, most, about half, only a few, or none?

- All ..... 1
  - Most ..... 2
  - About half ..... 3
  - Only a few ..... 4
  - None of them..... 5
  - (If vol): No close friends ..... 6
  - DK
  - RF
-

**A\_Section 23. Decision Making**

**HDM1**

Are there any big expenses that you think you will have to pay for in the next five to ten years, such as educational expenses, purchase of a new car, health care costs, support for other family members, or anything else?

- YES .....1
- NO .....5 (GO TO HDM4a)
- DK .....(GO TO HDM4a)
- RF .....(GO TO HDM4a)

**HDM2.**

How much thought have you given to how you will meet those expenses?

- A LOT.....1
- SOME .....2
- A LITTLE.....3
- HARDLY ANY .....4
- DK
- RF

**HDM3**

Are you saving for those expenses now?

- YES .....1
- NO .....5
- DK
- RF

**HDM4a**

Suppose a relative of yours calls to say they just inherited some money and part of it should be yours. Because of the way their inheritance is being distributed, they can either send you some money now, or a larger amount of money later, which they would send to you on your next birthday. Suppose that you trust this person to send what they promise, and that you do not expect to get a birthday present from this relative other than this money.

Would you rather they mailed you \$100 tomorrow or \$120 on your next birthday?

- \$100 TOMORROW.....1
- \$200 ON NEXT BIRTHDAY .....5
- DK
- RF

**HDM4b**

Suppose you get a letter from the government saying you are getting an extra tax refund. You can choose between getting the refund now, or a larger refund one month from now.

Would you rather they sent \$100 tomorrow or \$110 one month from now?

- \$100 TOMORROW..... 1 (GO TO HDM4e)
- \$110 ONE MONTH FROM NOW ..... 2
- DK
- RF

**HDM4c**

Now suppose the choice were between \$100 now and \$105 one month from now. Would you rather they sent \$100 tomorrow or \$105 one month from now?

- \$100 TOMORROW..... 1 (GO TO HDM5a)
- \$105 ONE MONTH FROM NOW ..... 2
- DON'T KNOW (GO TO HDM5a)
- REFUSED (GO TO HDM5a)

**HDM4d**

Now suppose the choice were between \$100 now and \$101 one month from now. Would you rather they sent \$100 tomorrow or \$101 one month from now?

- \$100 TOMORROW..... 1
- \$101 ONE MONTH FROM NOW ..... 2
- DON'T KNOW
- REFUSED

(GO TO HDM5a)

**HDM4e**

Now suppose the choice were between \$100 now and \$115 one month from now. Would you rather they sent \$100 tomorrow or \$115 one month from now?

- \$100 TOMORROW..... 1
- \$115 ONE MONTH FROM NOW ..... 2 (GO TO HDM5a)
- DON'T KNOW (GO TO HDM4.2e)
- REFUSED (GO TO HDM5a)

**HDM4f**

Now suppose the choice were between \$100 now and \$120 one month from now. Would you rather they sent \$100 tomorrow or \$120 one month from now?

- \$100 TOMORROW..... 1
- \$120 ONE MONTH FROM NOW ..... 2
- DK
- RF

**HDM5a**

Suppose that a new company moves into your area and offers you a part-time job that you would be willing and able to take for one month. This company offers you two different ways of being paid. The first way is a salary that would guarantee you \$300. The second way would tie your earnings to how well the company as a whole does that month. The second way is possibly better paying, but the income is less certain.

There is a 50-50 chance the second way would pay \$600, and a 50-50 chance that it would pay \$200. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$200.

- \$300 FOR SURE ..... 1 (GO TO HDM5d)
- EARNING EITHER \$600 OR \$200 ..... 2
- DON'T KNOW ..... (GO TO HDM5d)
- REFUSED ..... (GO TO HDM6)

**HDM5b**

Now suppose there is a 50-50 chance the second way would pay \$600, and a 50-50 chance that it would pay \$150. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$150?

- \$300 FOR SURE ..... 1 **(GO TO HDM6)**
- EARNING EITHER \$600 OR \$150 ..... 2
- DON'T KNOW (GO TO HDM6)
- REFUSED (GO TO HDM6)

**HDM5c.**

Now suppose there is a 50-50 chance the second way would pay \$600, and a 50-50 chance that it would pay \$75. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$75?

- \$300 FOR SURE ..... 1 **(GO TO HDM6)**
- EARNING EITHER \$600 OR \$75 ..... 2 **(GO TO HDM6)**
- DON'T KNOW ..... **(GO TO HDM6)**
- REFUSED ..... **(GO TO HDM6)**

**HDM5d.**

Now suppose there is a 50-50 chance the second way would pay \$600 and 50-50 chance that it would pay \$240. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$240?

- \$300 FOR SURE ..... 1
- EARNING EITHER \$600 OR \$240 ..... 2 **(GO TO HDM6)**
- DON'T KNOW ..... **(GO TO HDM5e)**
- REFUSED ..... **(GO TO HDM6)**

**HDM5e.**

Now suppose there is a 50-50 chance the second way would pay \$600 and 50-50 chance that it would pay \$270. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$270?

- \$300 FOR SURE ..... 1
- EARNING EITHER \$600 OR \$270 ..... 2
- DON'T KNOW
- REFUSED

**HDM6.**

How do you see yourself: Are you generally a person who is fully prepared to take risks or do you try to avoid taking risks? If 0 means you always avoid taking risks and 10 means you are always fully prepared to take risks, where on a 0 to 10 scale would you place yourself?

(IF NEC: You can give me any number between 0 and 10)

- 0 ALWAYS AVOID TAKING RISKS
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 FULLY PREPARED TO TAKE RISKS
- DK
- RF

---

**HDM7a.**

(RB) Now I want to ask you about trusting different groups of people. First, thinking about people in your immediate family, generally speaking would you say you can trust them a lot, trust them some, trust them only a little or not trust them at all?

- A LOT..... 1
- SOME ..... 2
- ONLY A LITTLE..... 3
- NOT AT ALL ..... 4
- DK
- RF

---

**HDM7b.**

(RB) How about people in your neighborhood, would you say you can trust them a lot, some, only a little or not at all?

- A LOT..... 1
- SOME ..... 2
- ONLY A LITTLE..... 3
- NOT AT ALL ..... 4
- DK
- RF

---

**HDM7c**

(RB) How about other people in general? (would you say you can trust them a lot, some, only a little or not at all?)

- A LOT..... 1
  - SOME ..... 2
  - ONLY A LITTLE..... 3
  - NOT AT ALL ..... 4
  - DK
  - RF
-



**HDM8a.**

(RB) Next, I'm going to read a list of institutions. For each one, please tell me whether you feel that you can trust them a lot, some, only a little or not at all. First the police department in your area, do you feel you can trust them a lot, some, only a little or not at all?

- A LOT..... 1
- SOME ..... 2
- ONLY A LITTLE..... 3
- NOT AT ALL ..... 4
- DK
- RF

**HDM8b.**

How about the public schools in your area? (do you feel you can trust them a lot, some, only a little or not at all?)

- A LOT..... 1
- SOME ..... 2
- ONLY A LITTLE..... 3
- NOT AT ALL ..... 4
- DK
- RF

**HDM8c.**

How about the city or local government? (do you feel you can trust them a lot, some, only a little or not at all?)

- A LOT..... 1
- SOME ..... 2
- ONLY A LITTLE..... 3
- NOT AT ALL ..... 4
- DK
- RF

**HDM9.**

Generally speaking, would you say that most people can be trusted or that you can't be too careful in life?

- MOST PEOPLE CAN BE TRUSTED ..... 1
- CAN'T BE TOO CAREFUL..... 2
- OTHER (DEPENDS)..... 3
- DK
- RF

**HDM10.**

How often do you lend money to friends: More than once a week, about once a week, about once a month, or once a year or less?

- MORE THAN ONCE A WEEK..... 1
- ABOUT ONCE A WEEK ..... 2
- ABOUT ONCE A MONTH ..... 3
- ONCE A YEAR OR LESS ..... 4
- DK
- RF

**HDM11.**

How often do you lend things you own to your friends?

- MORE THAN ONCE A WEEK..... 1
- ABOUT ONCE A WEEK ..... 2
- ABOUT ONCE A MONTH ..... 3
- ONCE A YEAR OR LESS ..... 4
- DK
- RF

---

**HDM12.**

As part of our study of how MTO participants make decisions, we are pleased to be able to offer you a small amount of additional survey compensation. This compensation is available in two forms. Either a check for \$20 that we will put in the mail tomorrow or a check for \$25 that we could put in the mail on your next birthday. Which would you prefer -- \$20 sent tomorrow, or \$25 sent on your next birthday?

- \$20 SENT TOMORROW ..... 1
  - \$25 ON NEXT BIRTHDAY ..... 2
  - DK
  - RF
-

**A\_Section 24. Contact Information (HCI)**

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**HCI1**

To continue to help the government learn how to improve housing programs, it is very important that we talk to people periodically to see how things are going. Since people often move, we would like to ask you for the names of friends or relatives who usually keep in touch with you. We would contact these people only if we were unable to reach you at your current phone number. We would ask them only for your address and telephone information.

(IF NO CONTACT PERSON INFORMATION AVAILBLE FROM PREVIOUS CONTACTS: Please give me the name of three people who do not live with you and who will know how to reach you if we need to contact you again to verify this interview or to ask a few additional questions.)

(IF CONTACT INFORMATION AVAILABLE: In the past you gave us information on the following three people. I would like to make sure that we have the most current information for them, and that they are the best people to use to find you.)

---

**HC2**

UPDATE OR COLLECT INFORMATION FOR CONTACT PERSON #1

NAME  
RELATIONSHIP TO R  
ADDRESS  
PHONE NUMBER

---

**HC3**

UPDATE OR COLLECT INFORMATION FOR CONTACT PERSON #2

NAME  
RELATIONSHIP TO R  
ADDRESS  
PHONE NUMBER

---

**HC4**

UPDATE OR COLLECT INFORMATION FOR CONTACT PERSON #3

NAME  
RELATIONSHIP TO R  
ADDRESS  
PHONE NUMBER

---

**Moving to Opportunity**

**Final Impact Evaluation**

**Youth Questionnaire**

**National Bureau of Economic Research**  
**University of Michigan**  
**2008-2009**

---

**Interviewer:** Obtain written parent consent and youth assent/consent, and read the following statement before beginning the interview:

*“Before we begin this interview, let me assure you that this interview is completely confidential and voluntary. If we come to any question that you do not want to answer, just let me know and we will go on to the next question.”*

**Moving to Opportunity**

**Final Impact Evaluation**

**Youth Questionnaire**

**National Bureau of Economic Research**  
**University of Michigan**  
**2008-2009**

---

**Interviewer:** Obtain written parent consent and youth assent/consent, and read the following statement before beginning the interview:

*“Before we begin this interview, let me assure you that this interview is completely confidential and voluntary. If we come to any question that you do not want to answer, just let me know and we will go on to the next question.”*

**Youth Questionnaire**

**B\_Section 01: Youth Household Listing (YHL)**

**YHS1.**

**[INTERVIEWER: ENTER R'S LIVING ARRANGEMENT]**

- With parent(s) ..... 1 **(GO TO YHS2)**
- In own house/apartment ..... 2 **(GO TO YHS2)**
- In a dorm ..... 3 **(GO TO NEXT SECTION)**
- Military..... 4 **(GO TO NEXT SECTION)**
- Other (Specify)..... 5 **(GO TO YHS2)**
- Don't Know ..... **(GO TO YHS2)**
- Refused ..... **(GO TO YHS2)**

**YHS2.**

To begin, I need to get a list of the people that live with you in this household – including their name, age, and relationship to you. Let's start with you.

**YHS3.**

First Name: \_\_\_\_\_

**YHS4.**

What is (his/her) relationship to you?

- BIRTH CHILD ..... 1
- ADOPTED CHILD..... 2
- STEP CHILD..... 3
- GRANDCHILD ..... 4
- FOSTER CHILD ..... 5
- OTHER CHILD ..... 6
- SPOUSE ..... 7
- PARTNER (ROMANTIC) ..... 8
- FRIEND (NOT ROMANTIC).... 9
- PARENT ..... 10
- SIBLING..... 11
- COUSIN ..... 12
- OTHER RELATIVE..... 13
- OTHER NONRELATIVE..... 14
- DON'T KNOW
- REFUSED

**YHS5.**

Is [Name] male or female?

- Male ..... 1
- Female..... 2
- Don't Know
- Refused

**YHS6.**

What is (your/his/her) current age?

- Age: \_\_\_\_\_
- Don't Know
- Refused

**B\_Section 02: SOCIAL NETWORKS (YSN)**

**YSN1.**

About how many friends do you have who you either hang out with, talk to on the phone or get together with socially?

NUMBER OF FRIENDS \_\_\_\_\_

**YSN2.**

About how many CLOSE FRIENDS do you have these days? These are people you feel at ease or hang out with, and, can talk to about private matters, or call on for help. Would you say that you have no close friends, one or two, three to five, six to ten, or more than ten?

- NO CLOSE FRIENDS  1
- 1 OR 2 CLOSE FRIENDS  2
- 3 TO 5 CLOSE FRIENDS  3
- 6 TO 10 CLOSE FRIENDS  4
- MORE THAN 10 CLOSE FRIENDS  5
- DK
- RF

**YSN3.**

Thinking about the friends with whom you spend most of your time. What age group are they in? Are they about your age, one or two years older than you, three to five years older than you, or more than five years older than you?

- YOUNGER THAN ME  1
- ROUGHLY MY AGE GROUP  2
- ONE TO TWO YEARS OLDER THAN ME  3
- THREE TO FIVE YEARS OLDER THAN ME  4
- MORE THAN FIVE YEARS OLDER THAN ME  5
- DK
- RF

**YSN4.**

During the hours when you are not at school, how often do you either talk on the phone, hang out, or get together with this [friend/these friends]—most every day, a few times a week, a few times a month, about once a month, or less than once a month?

- MOST EVERY DAY (INCLUDES 5-7 TIMES PER WEEK)  1
- A FEW TIMES A WEEK (INCLUDES 2-4 TIMES PER WEEK)  2
- A FEW TIMES A MONTH (INCLUDES 2-4 TIMES PER MONTH/1 TIME PER WEEK)  3
- ABOUT ONCE A MONTH  4
- LESS THAN ONCE A MONTH  5
- NEVER (IF VOLUNTEERED)  6
- DK
- RF

**YSN5.**

Among the close friends you hang out with, how important is it to:

	VERY IMPORTANT	SOMEWHAT IMPORANT	NOT AT ALL IMPORTANT	REF	DK
<b>YSN5a.</b> Attend class regularly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YSN5b.</b> Get good grades	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YSN5c.</b> Study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YSN5d.</b> Continue their education past high school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YSN5e.</b> Do community work or volunteer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**YSN6.**

Which of the following things does/has your close friend do/done?

(Do/does your close friends ever...)	YES	NO	REF	DK
<b>YSN6a.</b> Get involved in school activities like school clubs, teams, or projects?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YSN6b.</b> Use marijuana or other drugs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8



(Do/does your close friends ever....)	YES	NO	REF	DK
<b>YSN6c.</b> Carry a knife, gun, or weapon?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YSN6d.</b> Drop out of school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YSN6e.</b> Had or fathered a baby?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

	NUMBER	DK	REF
<b>YSN6f.</b> Out of the friends you just told me about, how many ever do each of the following things. How many get involved in school activities like school clubs, teams, or projects?	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2
<b>YSN6g.</b> How many use marijuana or other drugs?	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2
<b>YSN6h.</b> How many carry a gun, knife, or weapon?	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2
<b>YSN6i.</b> How many dropped out of school?	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2
<b>YSN6j.</b> How many had or fathered a baby?	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2

---

**YSN7.**

How often is each of the following true for you?

	VERY OFTEN	SOMEWHAT OFTEN	NOT AT ALL OFTEN	REFUSED	DON'T KNOW
<b>YSN7a.</b> I speak proper English, even with my friends outside school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YSN7b.</b> People would describe my behavior as ghetto	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

---

**YSN8.**

The next few questions are about all your friends. Some people have friends who mostly know one another. Other people have friends who don't know one another. Would you say that: all your friends know one another; most of your friends know one another, only a few of your friends know one another, or none of your friends know one another?

- |   |   |
|---|---|
| ALL YOUR FRIENDS KNOW ONE ANOTHER           | 1 |
| MOST OF YOUR FRIENDS KNOW ONE ANOTHER       | 2 |
| ONLY A FEW OF YOUR FRIENDS KNOW ONE ANOTHER | 3 |
| NONE OF YOUR FRIENDS KNOW ONE ANOTHER       | 4 |
| NO FRIENDS (GO TO W10)                      | 5 |
| REFUSED                                     | 7 |
| DON'T KNOW                                  | 8 |

---

**YSN9.**

Did you meet or know our friends through school, relatives, the neighborhood, a club or group you belong to, or other friends?

[ IWER: CHECK ALL THAT APPLY ]

- |                                       |    |
|---------------------------------------|----|
| FAMILY/RELATIVES                      | 1  |
| IN YOUR (CURRENT/LAST) SCHOOL         | 2  |
| YOUR NEIGHBORHOOD (CURRENT OR FORMER) | 3  |
| WORK                                  | 4  |
| CHURCH                                | 5  |
| A GROUP YOU BELONG TO                 | 6  |
| FROM MY EARLY CHILDHOOD               | 7  |
| OTHER: _____                          | 95 |

---

**YSN10.**

How many of your current friends were also your friends when you were [AGE at RANDOM ASSIGNMENT]?

\_\_\_\_\_Number (IF NONE, GO TO YSN13)

---

**YSN11a.**

The next few questions are about your friends from when you were [AGE AT RANDOM ASSIGNMENT] During the past year, how many of these friends have come to visit you?

\_\_\_\_\_Number

**YSN11b.**

During the past year, how many of these friends did you visit?

\_\_\_\_\_ Number

	Most every day	A few times a week	A few times a month	About once a month	Less than once a month	Never	Ref	DK
<p><b>YSN12a.</b> During the past year, how often have you visited these friends – almost every day, a few times a week, a few times a month, about once a month, less than once a month, or never?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<p><b>YSN12b.</b> During the past year, how often have they come to visit you?</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**YSN13.**

How many of your close friends live in your neighborhood?

- NONE 1
- SOME 2
- ABOUT HALF 3
- MOST 4
- ALL 5
- DK
- RF

**YSN14.**

Many churches, synagogues, and other places of worship have special activities for teenagers—such as youth groups, Bible classes, or choir. In the past 12 months, how often did you attend such youth activities: Did you go once a week or more, once a month or more but less than once a week, less than once a month, or never?

- ONCE A WEEK OR MORE  1
- ONCE A MONTH OR MORE (BUT LESS THAN ONCE A WEEK)  2
- LESS THAN ONCE A MONTH  3
- NEVER  4
- DK
- RF

**YSN15.**

At my house, we watch news on the TV and talk about it.

- ALL OF THE TIME 1
- SOME OF THE TIME 2
- HARDLY EVER 3
- NEVER 4
- DK
- RF

**YSN16.**

Now I have some questions about how you think about yourself. How strongly do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	RF
<b>YSN16a.</b> I don't have enough control over the direction my life is taking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>YSN16b.</b> Every time I try to get ahead, something or somebody stops me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>YSN16c.</b> In my life, good luck is more important than hard work for success	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>YSN16d.</b> My plans hardly ever work out, so planning only makes me unhappy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>YSN16e.</b> When I make plans, I am almost certain I can make them work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>YSN16f.</b> Chance and luck are very important for what happens in my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>YSN16g.</b> I am just as smart as others my age	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>YSN16h.</b> I find it hard to make friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>YSN16i.</b> I have a lot of friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>YSN16j.</b> I am really easy to like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	RF
<b>YSN16k.</b> I don't know whether I like a new outfit until I find out what my friends think of it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

---

**YSN17.**

Most people think about how other people see them. How do you think other people see you?

	Not At All	Sometimes	Very	DK	RF
<b>YSN17a.</b> As Popular	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>YSN17b.</b> As Athletic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>YSN17c.</b> Socially Active	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>YSN17d.</b> Good Student	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>YSN17e.</b> Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>YSN17f.</b> Trouble Maker	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>YSN17g.</b> As Part of the leading crowd	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>YSN17h.</b> As Not Fitting In Any Group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### Section 03: NEIGHBORHOOD (YNB)

---

#### YNB1.

Taken all together, how would you say things are these days. Would you say that you are very happy, pretty happy, or not too happy?

VERY HAPPY	1
PRETTY HAPPY	2
NOT TOO HAPPY	3
DON'T KNOW	
REFUSED	

---

#### YNB2.

We would like to learn some more about what you did and how you felt yesterday. Not all days are the same – some are better, some are worse, and others are pretty typically. Specifically, we are wondering how your day went and how you felt at [RANDOMLY SELECTED TIME] yesterday.

What were you doing at [RANDOMLY SELECTED TIME]? (Please check all that apply)

COMMUTING	1
WORKING	2
SHOPPING	3
PREPARING FOOD	4
DOING HOUSEWORK	5
TAKING CARE OF YOUR CHILDREN	6
EATING	7
PRAYING/WORSHIPPING/MEDITATING	8
SOCIALIZING	9
WATCHING TV	10
NAP/RESTING	11
COMPUTER/INTERNET/EMAIL	12
RELAXING	13
ON THE PHONE	14
INTIMATE RELATIONS	15
EXERCISING	16
OTHER (SPECIFY)	95
REFUSED ( <b>SKIP TO YNB14</b> )	97
DON'T KNOW ( <b>SKIP TO YNB14</b> )	98

---

**YNB3.**

[NOTE TO INTERVIEWER: IF ONLY ONE ACTIVITY CHOSEN, THEN SKIP.]

Which activity above would you consider the main activity at [RANDOMLY SELECTED TIME], that is, the activity that took up the most time?

COMMUTING	1
WORKING	2
SHOPPING	3
PREPARING FOOD	4
DOING HOUSEWORK	5
TAKING CARE OF YOUR CHILDREN	6
EATING	7
PRAYING/WORSHIPPING/MEDITATING	8
SOCIALIZING	9
WATCHING TV	10
NAP/RESTING	11
COMPUTER/INTERNET/EMAIL	12
RELAXING	13
ON THE PHONE	14
INTIMATE RELATIONS	15
EXERCISING	16
OTHER (SPECIFY)	95
DON'T KNOW	
REFUSED	

---

**YNB4.**

At what time did [INSERT NAME OF MAIN ACTIVITY] begin?

Time: \_\_\_\_\_

DON'T KNOW

REFUSED

---

**YNB5.**

At what time did [INSERT NAME OF MAIN ACTIVITY] end?

Time: \_\_\_\_\_

DON'T KNOW

REFUSED

---

**YNB6.**

Where were you while you were [INSERT NAME OF MAIN ACTIVITY]?

- |                                      |   |
|--------------------------------------|---|
| AT HOME                              | 1 |
| AT SCHOOL/WORK                       | 2 |
| SOMEONE ELSE'S HOUSE IN NEIGHBORHOOD | 3 |
| SOMEWHERE ELSE IN THE NEIGHBORHOOD   | 4 |
| SOMEWHERE ELSE                       | 5 |
| DON'T KNOW                           |   |
| REFUSED                              |   |
- 

**YNB7.**

Were you interacting with anyone? (including on the phone)

- |                            |   |
|----------------------------|---|
| YES                        | 1 |
| NO ( <b>SKIP TO YNB9</b> ) | 5 |
| DON'T KNOW                 |   |
| REFUSED                    |   |
- 

**YNB8.**

If you were interacting with someone, who was it? (check all that apply)

- |                            |   |
|----------------------------|---|
| SPOUSE / SIGNIFICANT OTHER | 1 |
| MY CHILDREN                | 2 |
| FRIENDS                    | 3 |
| PARENTS / RELATIVES        | 4 |
| CO-WORKERS                 | 5 |
| BOSS                       | 6 |
| CLIENTS / CUSTOMERS        | 7 |
| OTHER PEOPLE NOT LISTED    | 8 |
| DON'T KNOW                 |   |
| REFUSED                    |   |
-



**YNB9**

Please rate each feeling on the scale given. A rate of 0 means that you did not experience that feeling at all. A rating of 6 means that this feeling was a very important part of the experience. Please give me the number between 0 and 6 that best describes how you felt.

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>RF</b>	<b>DK</b>
<b>YNB9a.</b> Impatient for it to end	0	1	2	3	4	5	6	7	8
<b>YNB9b.</b> Happy	0	1	2	3	4	5	6	7	8
<b>YNB9c.</b> Frustrated/annoyed	0	1	2	3	4	5	6	7	8
<b>YNB9d.</b> Depressed/blue	0	1	2	3	4	5	6	7	8
<b>YNB9e.</b> Competent/capable	0	1	2	3	4	5	6	7	8
<b>YNB9f.</b> Hassled/pushed around	0	1	2	3	4	5	6	7	8
<b>YNB9g.</b> Warm/friendly	0	1	2	3	4	5	6	7	8
<b>YNB9h.</b> Angry / hostile	0	1	2	3	4	5	6	7	8
<b>YNB9i.</b> Worried/anxious	0	1	2	3	4	5	6	7	8
<b>YNB9j.</b> Enjoying myself	0	1	2	3	4	5	6	7	8
<b>YNB9k.</b> Criticized/put down	0	1	2	3	4	5	6	7	8
<b>YNB9l.</b> Tired	0	1	2	3	4	5	6	7	8

**YNB10.**

Now I'd like to talk about the neighborhood you live in. Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- |                       |                          |   |
|-----------------------|--------------------------|---|
| Very satisfied        | <input type="checkbox"/> | 1 |
| Somewhat satisfied    | <input type="checkbox"/> | 2 |
| In the middle         | <input type="checkbox"/> | 3 |
| Somewhat dissatisfied | <input type="checkbox"/> | 4 |
| Very dissatisfied     | <input type="checkbox"/> | 5 |
| Don't know            |                          |   |
| Refused               |                          |   |

---

**YNB11a.**

Now I would like to get a sense of how safe you think your neighborhood is. On the streets near your home during the day, would you say very safe, safe, unsafe, or very unsafe?

- |             |  |   |
|-------------|--|---|
| Very Safe   |  | 1 |
| Safe        |  | 2 |
| Unsafe      |  | 3 |
| Very Unsafe |  | 4 |
| Don't Know  |  |   |
| Refused     |  |   |

---

**YNB11b.**

On the streets near your home at night? Very safe, safe, unsafe, or very unsafe?

- |             |  |   |
|-------------|--|---|
| Very Safe   |  | 1 |
| Safe        |  | 2 |
| Unsafe      |  | 3 |
| Very Unsafe |  | 4 |
| Don't Know  |  |   |
| Refused     |  |   |
-

**YNB12.**

Now I have a few questions about discrimination. Sometimes people feel like they are discriminated against, or treated badly or differently because of their race or ethnicity. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places? How about...

	<b>YES</b>	<b>NO</b>	<b>REF</b>	<b>DK</b>
<b>YNB12a.</b> At your school or work?	1	2	7	8
<b>YNB12b.</b> At a neighborhood playground or recreation program?	1	2	7	8
<b>YNB12c.</b> In a store where you were shopping or a restaurant where you wanted to eat?	1	2	7	8
<b>YNB12d.</b> When you met someone for the first time?	1	2	7	8
<b>YNB12e.</b> In dealing with the police, such as a traffic accident?	1	2	7	8

**YNB13.**

Sometimes people feel they are discriminated against, or treated badly or differently because they might not have quite as much money as other people, or because of the way they dress or talk. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly because of how much money your family has or the way you dress or talk? How about...

	<b>YES</b>	<b>NO</b>	<b>REF</b>	<b>DK</b>
<b>YNB13a.</b> At your school or work?	1	2	7	8
<b>YNB13b.</b> At a neighborhood playground or recreation program?	1	2	7	8
<b>YNB13c.</b> In a store where you were shopping or a restaurant where you wanted to eat?	1	2	7	8
<b>YNB13d.</b> When you met someone for the first time?	1	2	7	8
<b>YNB13e.</b> In dealing with the police, such as a traffic accident?	1	2	7	8

**YNB14.**

Have you seen people using or selling illegal drugs in your neighborhood during the past 30 days?

- YES 1
- NO (SKIP TO YNB16 ) 2
- REFUSED (SKIP TO YNB16) 7
- DON'T KNOW (SKIP TO YNB16) 8

---

**YNB15a.**

How often have you seen someone using drugs in your neighborhood in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days, or didn't see any using?

- |   |   |
|---|---|
| ALMOST EVERY DAY (INCLUDES 4-7 DAYS A WEEK)                       | 1 |
| ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK)                            | 2 |
| ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3 TIMES IN 30 DAYS) | 3 |
| DIDN'T SEE ANY USING  | 4 |
| REFUSED   |   |
| DON'T KNOW  |   |

---

**YNB15b.**

How often have you seen someone selling drugs in your neighborhood in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days, or you didn't see any selling?

- |   |   |
|---|---|
| ALMOST EVERY DAY (INCLUDES 4-7 DAYS A WEEK)                       | 1 |
| ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK)                            | 2 |
| ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3 TIMES IN 30 DAYS) | 3 |
| DIDN'T SEE ANY SELLING  | 4 |
| REFUSED   |   |
| DON'T KNOW  |   |

---

**YNB16.**

How often do people make unwanted or rude comments to you?

- |                              |   |
|------------------------------|---|
| NEVER                        | 1 |
| A COUPLE OF TIMES EACH YEAR  | 2 |
| A COUPLE OF TIMES EACH MONTH | 3 |
| ONCE OR TWICE A WEEK         | 4 |
| EVERY DAY                    | 5 |
| REFUSED                      |   |
| DON'T KNOW                   |   |
-

**YNB17.**

How often do people give you sexual attention that you do not want?

NEVER	1
A COUPLE OF TIMES EACH YEAR	2
A COUPLE OF TIMES EACH MONTH	3
ONCE OR TWICE A WEEK	4
EVERY DAY	5
REFUSED	
DON'T KNOW	

---

**YNB18.**

How often are you afraid to go places because you worry about unwanted attention or pressure?

NEVER	1
A COUPLE OF TIMES EACH YEAR	2
A COUPLE OF TIMES EACH MONTH	3
ONCE OR TWICE A WEEK	4
EVERY DAY	5
REFUSED	
DON'T KNOW	

**Section 04: EDUCATION and TRAINING (YED)**

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**YED1.**

The first set of questions are about your educational experiences. Are you currently attending or enrolled in 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 INCLUDED AS REGULAR SCHOOL ARE: TRAINING AT A TECHNICAL INSTITUTE, LICENSE TRADE PROGRAMS, ETC, UNLESS THE CREDITS OBTAINED ARE TRANSFERABLE TO A REGULAR SCHOOL AND COULD COUNT TOWARD AN ACADEMIC DIPLOMA OR DEGREE.]**

- Yes  1
  - No (SKIP TO YED3)  2
  - ON SUMMER VACATION  3
  - REFUSED (SKIP TO YED3)  7
  - DON'T KNOW (SKIP TO YED3)  8
- 

**YED2.**

Are you attending school full-time or part-time?

- FULL-TIME  1
  - PART-TIME  2
  - REFUSED  7
  - DON'T KNOW  8
- 

**YED2a.**

What grade or year of school are you currently attending?

Grade: \_\_\_\_\_

**[IF GRADE 12 OR LESS, SKIP TO YED5. IF ABOVE 12TH GRADE, CODE AS FOLLOWS]:**

- FIRST YEAR OF COLLEGE  13
  - SECOND YEAR OF COLLEGE  14
  - THIRD YEAR OF COLLEGE  15
  - FOURTH YEAR OF COLLEGE  16
  - VOCATIONAL/TRADE SCHOOL  17
  - OTHER (SPECIFY): \_\_\_\_\_  95
  - REFUSED (SKIP TO YED5)  97
  - DON'T KNOW (SKIP TO YED5)  98
-

**YED2b.**

Are you attending a two-year college, a four-year college, or a trade or business school?

- TWO-YEAR PROGRAM  1
- FOUR-YEAR PROGRAM  2
- TRADE SCHOOL  3
- BUSINESS SCHOOL  4
- OTHER (SPECIFY): \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

---

**YED3.**

When were you last enrolled in regular school—what was the month and year?

\_\_\_\_\_/\_\_\_\_\_  
Month (MM) Year (YYYY)

- DON'T KNOW  -1
- REFUSED  -2
- NEVER ENROLLED (**SKIP TO YED30**)  -3

---

**YED4.**

What is the main reason you left at that time?

- RECEIVED DEGREE, COMPLETED COURSE WORK  1
- EXPELLED/SUSPENDED  2
- GOT MARRIED  3
- PREGNANT  4
- SCHOOL WAS TOO DANGEROUS  5
- POOR GRADES  6
- DID NOT LIKE SCHOOL/TIRED OF SCHOOL  7
- OFFERED JOB  8
- ENTERED MILITARY  9
- FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO GO  10
- CHILD CARE RESPONSIBILITIES  11
- HOME RESPONSIBILITIES  12
- MOVED AWAY FROM SCHOOL  13
- DIDN'T GET ALONG WITH OTHER STUDENTS  14
- MY FRIENDS HAD DROPPED OUT OF SCHOOL  15
- HAD A PROBLEM WITH DRUGS OR ALCOHOL  16
- BECAME THE FATHER/MOTHER OF A BABY  17
- HAD A HEALTH PROBLEM  18
- OTHER (SPECIFY) \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**YED5.**

The next few questions ask about life in (high) school. If you are not currently in (high) school, please think about the time when you were last in (high) school when answering these questions.

During the school year, how often [have you been/were] you late for school?

- Never (LESS THAN ONCE A MONTH)  1
- Once a month  2
- Once every two weeks (2-3 TIMES A MONTH)  3
- Once a week (4-5 TIMES A MONTH)  4
- Several times a week (2-4 TIMES A WEEK)  5
- Everyday (5 TIMES A WEEK)  6
- REFUSED  7
- DON'T KNOW  8

---

**YED6.**

During the school year, how many days were you absent from school?

- NUMBER OF DAYS ABSENT \_\_\_\_\_
- REFUSED  -1
- DON'T KNOW  -2

---

**YED7.**

During the school year, how many times did you cut classes or skip school?

- Never  1
- Once a month  2
- Once every two weeks (2-3 TIMES A MONTH)  3
- Once a week (4-5 TIMES A MONTH)  4
- Several times a week (2-4 TIMES A WEEK)  5
- Everyday (5 TIMES A WEEK)  6
- REFUSED  7
- DON'T KNOW  8

---

**YED8.**

Which of the following happened the last time you cut classes or skipped school?

- THE SCHOOL DID NOT DO ANYTHING  1
- SOMEONE FROM SCHOOL CALL MY HOME  2
- SOMEONE FROM SCHOOL VISITED MY HOME  3
- THE SCHOOL SENT A LETTER TO MY HOME  4
- THE SCHOOL MADE ME SEE A COUNSELOR  5
- OTHER (SPECIFY): \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98



**YED9.**

(RB) Overall, what grades did you receive [last year/the last full year of school you completed]?

- MOSTLY A'S (90-100)  1
- ABOUT HALF A'S AND HALF B'S (85-89)  2
- MOSTLY B'S (80-84)  3
- ABOUT HALF B'S AND HALF C'S (75-79)  4
- MOSTLY C'S (70-74)  5
- ABOUT HALF C'S AND HALF D'S (65-69)  6
- MOSTLY D'S (60-64)  7
- MOSTLY BELOW D (BELOW 60)  8
- OTHER (SPECIFY) \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**YED10.**

What is the lowest grade you could get without your parents getting upset?

- MOSTLY A'S (90-100)  1
- ABOUT HALF A'S AND HALF B'S (85-89)  2
- MOSTLY B'S (80-84)  3
- ABOUT HALF B'S AND HALF C'S (75-79)  4
- MOSTLY C'S (70-74)  5
- ABOUT HALF C'S AND HALF D'S (65-69)  6
- MOSTLY D'S (60-64)  7
- MOSTLY BELOW D (BELOW 60)  8
- THEY WOULD NEVER GET UPSET \_\_\_\_\_  9
- REFUSED  97
- DON'T KNOW  98

**YED11.**

What average grade did you receive [last year/last full year of school you completed] in each of these subjects?

	A	B	C	D	Below D	DK	RF
YED11a. Math							
YED11b. English							
YED11c. Social Studies							
YED11d. Science							

**YED12.**

Have you ever taken/Did you ever take] any classes in algebra, geometry, or other advanced math?

- YES  1
- NO (**SKIP TO YED13**)  2
- REFUSED (**SKIP TO YED13**)  7
- DON'T KNOW (**SKIP TO YED13**)  8

**YED12a.**

(RB) What subjects are you taking or have you completed in math?

[INTERVIEWER: CHECK ALL THAT APPLY]

- ALGEBRA I  1
- GEOMETRY  2
- ALGEBRA II  3
- TRIGONOMETRY  4
- PRE-CALCULUS OR ADVANCED ALGEBRA  5
- CALCULUS  6
- OTHER (SPECIFY): \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98
- NO OTHER MENTIONS  0

**YED13.**

Thinking about [your school/when you were last in school], in general, how much do you agree with each of the following statements about your school and teachers:

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	RF	DK
<b>YED13a.</b> The teachers [are/were] interested in students. Do you strongly agree, agree, disagree, or strongly disagree?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED13b.</b> Students get along well with teachers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED13c.</b> In this school, students get teased if they study hard to get good grades.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED13d.</b> Disruptions by other students [get/got] in the way of my learning.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED13e.</b> There [is/was] a lot of cheating on tests and assignments.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	RF	DK
<b>YED13f.</b> Discipline [is/was] fair.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED13g.</b> I [feel/felt] safe at this school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED13h.</b> Misbehaving students (at my school) often get away with it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED13i.</b> In class, I often feel “put down” by my teachers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

---

**YED14.**

Overall about how much total time do you spend on homework each week, both in and out of school? Mark “in school” or “out of school.”

	In school	Out of School
None		
1 hour or less		
2-3 hours		
4-6 hours		
7-9 hours		
10-12 hours		
13-15 hours		
Over 15 hours		
DK		
RF		

---

**YED15.**

About how much homework are you assigned on a typical school night evening?

- None  1
- Less than 1 hour  2
- 2 to 3 hours  3
- More than 3 hours  4
- REFUSED  7
- DON'T KNOW  8

**YED16.**

When homework is assigned, how much do you usually complete?—never assigned, none of it, some of it, most of it, all, all plus some extra?

- Never assigned  1
- None of it  2
- Some of it  3
- Most of it  4
- All  5
- All plus some extra  6
- REFUSED  7
- DON'T KNOW  8

---

**YED17.**

In a typical day, how many class periods do you spend in study hall—none, one, 2, 3, 4, over 4?

- None .....0
- One .....1
- 2.....2
- 3.....3
- 4.....4
- Don't know
- Refused

---

**YED18.**

How much additional reading [do/did] you do each week on your own outside of school—not in connection with schoolwork? Do not count any assigned reading.

NUMBER OF HOURS: \_\_\_\_\_ (SKIP TO YED19)

- DON'T KNOW  .1
- REFUSED  .2

---

**YED18a.**

Which of these is closest to the amount of time you usually [spend/spent] reading on your own outside of school or work each week? 1-4 hours, 5-9 hours, 10-14 hours, 15-19 hours, 20 or more hours per week?

- 1-4 HOURS PER WEEK  1
- 5-9 HOURS PER WEEK  2
- 10-14 HOURS PER WEEK  3
- 15-19 HOURS PER WEEK  4
- 20 OR MORE HOURS PER WEEK  5
- REFUSED  7
- DON'T KNOW  8

**YED19.**

Do you currently use a computer at home?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

---

**YED20.**

In the past month, how frequently have you used the internet at any location?

- Never/Rarely .....1
- Less than once a week .....2
- Once or twice a week .....3
- Every day or almost every day .....4
- Don't know
- Refused

---

**[IF AGE IS LESS THAN 15, SKIP TO YED23]**

---

**YED21.**

(Did you take/Have you taken) any of the Advanced Placement — or AP — exams?

**[INTERVIEWER: AP EXAMS ARE USED BY COLLEGES TO GRANT CREDIT AND PLACEMENT, AND ARE ADMINISTERED BY THE COLLEGE BOARD WITH THE EDUCATIONAL TESTING SERVICE]**

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

---

**YED22.**

Have you ever taken the SAT or ACT test?

- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8
-

**YED23.**

(Have/had) you ever been in any of the following kinds of courses or programs in high school?

	YES	NO	RF	DK
<b>YED23a.</b> Remedial English? (sometimes called basic or essential)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED23b.</b> Remedial mathematics? (sometimes called basic or essential)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED23c.</b> Any special class or special help for any emotional, physical or mental condition?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED23d.</b> A vocational course?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED23e.</b> A program for the gifted and talented?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**YED24.**

Please mark one for each activity you (have/had) participated in (this/most recent) school year.

	SCHOOL DOES NOT HAVE	DID NOT PARTICIPATE	PARTICIPATED	PARTICIPATED AS AN OFFICER/ LEADER	RF	DK
<b>YED24a.</b> School sponsored sports (baseball, basketball, football, soccer, hockey, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED24b.</b> Student government or honor society	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED24c.</b> Academic clubs (Art, Computer, Engineering, Debate/Forensics, foreign languages, Science, Math, Psychology, Philosophy Club, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED24d.</b> Any other club or group (band, drama, racial/ethnic/cultural group)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**YED25.**

Have you held a leadership position in any activity, club or group in school?

Yes.....1  
 No.....5  
 DK  
 RF

**YED26.**

As things stand now, how far in school do you think you will get?

**[NOTE to interviewer: Skip “less than high school” if youth is high school graduate YED2a > 12.]**

Less than high school graduation	<input type="checkbox"/>	1
High school graduation only	<input type="checkbox"/>	2
<b>VOCATIONAL, TRADE, OR BUSINESS SCHOOL AFTER HIGH SCHOOL</b>		
Less than two years of school	<input type="checkbox"/>	3
Two years or more of school	<input type="checkbox"/>	4
A degree from a vocational, trade, or business school	<input type="checkbox"/>	5
<b>COLLEGE PROGRAM</b>		
Less than two years of college	<input type="checkbox"/>	6
Two or more years of college (including two-year degree)	<input type="checkbox"/>	7
Finish college (four- or five-year degree)	<input type="checkbox"/>	8
<b>GRADUATE OR PROFESSIONAL SCHOOL</b>		
Master’s degree or equivalent	<input type="checkbox"/>	9
Ph.D., M.D., or other professional degree	<input type="checkbox"/>	10
DOES NOT APPLY	<input type="checkbox"/>	95
REFUSED	<input type="checkbox"/>	97
DON’T KNOW	<input type="checkbox"/>	98

**YED27.**

How far in school do you think your mother wants you to go?

	Less than high school graduation	<input type="checkbox"/> 1
	High school graduation only	<input type="checkbox"/> 2
<b>VOCATIONAL, TRADE, OR BUSINESS SCHOOL AFTER HIGH SCHOOL</b>		
	Less than two years of school	<input type="checkbox"/> 3
	Two years or more of school	<input type="checkbox"/> 4
	A degree from a vocational, trade, or business school	<input type="checkbox"/> 5
<b>COLLEGE PROGRAM</b>		
	Less than two years of college	<input type="checkbox"/> 6
	Two or more years of college (including two-year degree)	<input type="checkbox"/> 7
	Finish college (four- or five-year degree)	<input type="checkbox"/> 8
<b>GRADUATE OR PROFESSIONAL SCHOOL</b>		
	Master's degree or equivalent	<input type="checkbox"/> 9
	Ph.D., M.D., or other professional degree	<input type="checkbox"/> 10
	DOES NOT APPLY	<input type="checkbox"/> 95
	REFUSED	<input type="checkbox"/> 97
	DON'T KNOW	<input type="checkbox"/> 98

**YED28.**

Who has influenced you the most on any decisions about courses you take in school or your future schooling and education?

- Mother .....1
- Father.....2
- Stepparent.....3
- Brothers or sisters .....4
- Other relatives .....5
- Teachers .....6
- Coach.....7
- Guidance counselor .....8
- Advisor or school principal .....9
- Friends at school.....10
- Young adults you admire.....11
- Other leaders in the community.....12
- No One .....13
- DK
- RF



**YED29.**

In a typical week how much time do you spend on other activities?

	NEVER	LESS THAN ONCE A WEEK	ONCE/ TWICE A WEEK	EVERY DAY	RF	DK
<b>YED29a.</b> Youth groups or recreational sports, classes or other lessons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED29b.</b> Volunteer work or community service or other types of community activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED29c.</b> Hanging out in the neighborhood, at the basketball court or local park	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED29d.</b> Hanging out at home or in the yard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YED29e.</b> Shopping at a mall, or store	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**YED30.**

**[ASK ONLY OF 17-20 YEAR OLDS; IF AGE 10-16, SKIP TO Next section]:** Now I would like to ask you about other types of schooling and training you may have had.

[Other than your regular school, which we've already talked about], in the last two years, have you participated in any training program that lasted at last two weeks that was designed to help you find a job, improve your job skills, or learn a new job?

- YES  1
- NO (SKIP TO NEXT SECTION)  2
- REFUSED (SKIP TO NEXT SECTION)  7
- DON'T KNOW (SKIP TO NEXT SECTION)  8

**YED31.**

What kind of training was that? (RECORD VERBATIM)

- GENERAL EQUIVALENCY DIPLOMA (GED)  1
- ENGLISH AS A SECOND LANGUAGE  2
- COMPUTER TRAINING  3
- WORK STUDY PROGRAM  4
- CERTIFICATION OR TRAINING IN A HEALTH CARE FIELD  5
- OTHER [SPECIFY] \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98
- NO OTHER MENTIONS  0

---

**YED32.**

How many weeks in total did you participate in training in the last two years?

NUMBER OF WEEKS: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

---

**YED33.**

During those weeks, how many hours a week did you usually spend in training?

NUMBER OF HOURS: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

---

**YED33a.**

Are you currently participating in training?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

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**SECTION 05: EMPLOYMENT (YEM)**

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**INTERVIEWER CHECKPOINT – REFER TO Household Listing**

IF YOUTH 10-14: (GO TO next module)

IF YOUTH 15-20: (GO TO YEM1)

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**YEM1.**

Now I'd like to ask a few questions about any jobs you may have. Last week, did you do any work for pay?

- Yes .....  1 (GO TO YEM3)
- No .....  5
- If Volunteered, Disabled .....  7 (GO TO YEM13)
- If Volunteered, Unable to Work .....  8 (GO TO YEM13)
- DK .....  D (GO TO YEM13)
- RF .....  R (GO TO YEM13)

---

**YEM2.**

(RB) What is the main reason that you did not work for pay last week?

- Disabled .....  2
- Unable to Work .....  3
- Has Job But Temporarily Absent .....  4
- Couldn't Find Any Work .....  5
- Child Care Problems .....  6
- Family Responsibilities .....  7
- In School or Other Training .....  8
- Waiting For a New Job to Begin .....  9
- Other (Specify) \_\_\_\_\_  10
- DK
- RF

(GO TO YEM13)

---

**YEM3.**

Last week, did you have more than one job, including part-time and weekend work?

- Yes .....  1
- No .....  5
- DK
- RF

---

**YEM4.**

How many hours per week do you usually work at your (main) job? (By main job, we mean the one at which you usually work the most hours.)

- Hours Each Week: \_\_\_\_\_  1 (GO TO YEM5)
- Hours Vary Each Week .....  7
- DK .....  D
- RF .....  R

---

**YEM4a.**

Do you usually work 35 hours or more per week at your main job?

- Yes .....  1
- No .....  5
- Hours Vary.....  7
- DK
- RF

---

**INTERVIEWER CHECKPOINT – Refer to YEM3**

IF MORE THAN ONE JOB (YEM3= ‘YES’), ASK YEM4b  
IF ONLY ONE JOB (YEM3=‘NO’, ‘D’, ‘R’), GO TO YEM5

---

**YEM4b.**

How many hours per week do you work at your other job(s)?

- HOURS PER WEEK: \_\_\_\_\_
- DON’T KNOW
- REFUSED

---

**YEM5.**

When did you first start working (at your main job)?

- ♦ ENTER MONTH AND YEAR \_\_/\_\_/\_\_\_\_
- DK
- RF

---

**YEM6.**

For your (main) job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?

- Hourly .....  1
- Daily .....  2
- Weekly .....  3
- Biweekly (every 2 weeks).....  4
- Twice Monthly.....  5
- Monthly.....  6
- Annually .....  7
- Per Unit (Specify Unit Type)\_\_\_\_\_  8
- Other (Specify)\_\_\_\_\_  9
- DK
- RF

---

**YEM7.**

Do you usually receive overtime pay, tips, or commissions (at your main job)?

- Yes .....  1
- No .....  5
- DK
- RF

---

**INTERVIEWER CHECKPOINT – REFER TO YEM6**

- IF EARNING = HOURLY ..... (GO TO YEM10)  
(YEM6 = '1')
  
- IF EARNING = DAILY, WEEKLY, BIWEEKLY, TWICE MONTHLY, MONTHLY, ANNUALLY  
(YEM6 = ('2', '3', '4', '5', '6', '7')..... (GO TO YEM8)
  
- IF EARNING = PER UNIT  
(YEM6 = '8')..... (GO TO YEM9b)
  
- IF EARNING = OTHER, DK, RF  
(YEM6 = ('9', '.D' or '.R')..... (GO TO YEM12)

---

**YEM8.**

(Including overtime pay, tips, and commissions), what are your usual (daily/weekly/biweekly/twice monthly/monthly/annual) earnings on (this) job, before taxes or other deductions?

◆ ENTER DOLLAR AMOUNT: \$ \_\_\_\_\_  
DK  
RF

---

**YEM8a.**

(IF RATE OF PAY IS DAILY): How many days a week do you usually work?

◆ ENTER NUMBER OF DAYS \_\_\_\_\_  
DK  
RF

---

**YEM9.**

How many weeks a year do you get paid for?

◆ ENTER NUMBER OF WEEKS \_\_\_\_\_ (GO TO YEM12)  
DK  
RF

---

**INTERVIEWER CHECKPOINT – REFER TO YEM6, YEM7**

- IF EARNING IS 'PER UNIT' AND OVERTIME IS 'YES'  
(YEM6 = '8' AND YEM7= '1').....1 (GO TO YEM9d)
  
- IF EARNING IS 'PER UNIT' AND OVERTIME IS ('NO', 'DK' or 'RF')  
(YEM6 = '8' AND YEM7= ('5', '.D' or '.R').....2 (GO TO YEM9b)

---

**YEM9b.**

What is your rate of pay per unit of (on this job)?

◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_\_  
DK  
RF

---

**INTERVIEWER CHECKPOINT – REFER TO YEM9b**

- IF RATE OF PAY PER UNIT > 0  
(YEM9b > '0')..... (GO TO YEM9c)
- IF RATE OF PAY PER UNIT = '0', 'DK' or 'RF'  
(YEM9b = ('0', '.D' or '.R'))..... (GO TO YEM12)

---

**YEM9c.**

For how many units are you usually paid per week (on this job)?

- ◆ ENTER NUMBER OF UNITS \_\_\_\_\_
- DK
- RF

---

**YEM9d.**

(Excluding overtime pay, tips, and commissions) What is your rate of pay per unit of (on this job)?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_\_
- DK
- RF

---

**INTERVIEWER CHECKPOINT – REFER TO YEM9d**

- IF RATE OF PAY PER UNIT > 0  
(YEM9d > '0')..... (GO TO YEM9e)
- IF RATE OF PAY PER UNIT = ('0', 'DK' or 'RF')  
(YEM9d = ('0', '.D' or '.R'))..... (GO TO YEM9g)

---

**YEM9e.**

For how many units are you usually paid per week (on this job/at this rate)?

- ◆ ENTER NUMBER OF UNITS \_\_\_\_\_
- DK .....  D (GO TO YEM12)
- RF .....  R (GO TO YEM12)

---

**YEM9g.**

(At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_\_
- DK
- RF

---

**INTERVIEWER CHECKPOINT – REFER TO YEM9g**

- IF AMOUNT OF OVERTIME PAY, TIPS, COMMISSIONS > '0'  
(YEM9g > '0')..... (GO TO YEM9h)
  - IF AMOUNT OF OVERTIME PAY, TIPS, COMMISSIONS = ('0', '.D', '.R')  
(YEM9g = ('0', '.D' or '.R'))..... (GO TO YEM12)
-

**YEM9h.**

Is that per hour, per day, per week, per month, per year, per unit, or something else?

- Per Hour.....  1
- Per Day .....  2
- Per Week.....  3
- Per Month .....  4
- Per Year .....  5
- Per Unit.....  6
- Other (Specify).....  7
- DK
- RF

**INTERVIEWER CHECKPOINT – REFRE TO YEM6, YEM7, YEM9h**

- YEM6 = ‘8’ AND YEM7 = ‘1’ AND YEM9h = ‘2’ .....1  
(GO TO YEM9i)
- YEM6 = ‘8’ AND YEM7 = ‘1’ AND YEM9h = ‘6’ .....2  
(GO TO YEM9j)
- YEM6 = ‘8’ AND YEM7 = ‘1’ AND YEM9h = ‘1’) .....3  
(GO TO YEM9k)
- YEM6 = ‘8’ AND YEM7 = ‘1’  
AND YEM9h = (‘3’, ‘4’, ‘5’, ‘7’, ‘.D’ or ‘.R’).....4  
(GO TO YEM12)

**YEM9j.**

For how many days/units are you usually paid per week at this rate?

- ◆ ENTER NUMBER OF DAYS OR UNITS \_\_\_\_\_
- DK
- RF
- (GO TO YEM12)

**YEM9k.**

How many hours do you usually work per week at this rate?

- ◆ ENTER HOURS PER WEEK \_\_\_\_\_ (GO TO YEM12)
- DK .....  D (GO TO YEM12)
- RF .....  R (GO TO YEM12)

**YEM9l.**

How many days per week do you usually work at this rate?

- ◆ ENTER DAYS PER WEEK \_\_\_\_\_
- DK
- RF
- (GO TO YEM12)

**YEM10 CHECKPOINT**

- IF EARNING IS 'HOURLY' AND OVERTIME IS 'YES'  
(YEM6 = '1' AND YEM7 = '1').....1 (GO TO YEM11a)
- IF EARNING IS 'HOURLY' AND OVERTIME IS ('NO', 'DK' or 'RF')  
(YEM6 = '1' AND YEM7 = ('5 ','D' or '.R')).....2 (GO TO YEM10a)

**YEM10a.**

What is your hourly rate of pay (on this job)?

- ◆ ENTER dollar amount \_\_\_\_\_
- DK
- RF
- (GO TO YEM12)

**YEM11a.**

Excluding overtime pay, tips and commissions what is your hourly rate of pay (on this job)?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_\_
- DK
- RF

**YEM11b.**

How many hours do you usually work per week at this rate?

- ◆ ENTER HOURS PER WEEK \_\_\_\_\_
- DK
- RF

**YEM11c.**

(At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_\_
- DK
- RF

**INTERVIEWER CHECKPOINT – REFER TO YEM11c**

- IF AMOUNT OF OVERTIME PAY, TIPS, COMMISSIONS > '0'  
(YEM11c > '0') .....1 (GO TO YEM11d)
- IF AMOUNT OF OVERTIME PAY, TIPS, COMMISSIONS = ('0', '.D', '.R')  
(YEM11c = ('0', '.D' or '.R')).....2 (GO TO YEM12)



**YEM11d.**

Is that per hour, per day, per week, per month, per year, per unit, or something else?

- Per Hour.....  1 (GO TO YEM11e)
- Per Day .....  2 (GO TO YEM11e)
- Per Week.....  3 (GO TO YEM12)
- Per Month .....  4 (GO TO YEM12)
- Per Year .....  5 (GO TO YEM12)
- Per Unit.....  6 (GO TO YEM11e)
- Other (Specify).....  7 (GO TO YEM12)
- DK .....  D (GO TO YEM12)
- RF .....  R (GO TO YEM12)

**YEM11e.**

For how many (units/days/hours) are you usually paid per week at this rate?

- ◆ ENTER UNIT/DAY/HOUR PER WEEK \_\_\_\_\_
- DK
- RF

**YEM12**

(RB) I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job?

- A Friend, Relative, or Acquaintance.....  1
- A Government Employment Agency.....  2
- A Private Employment Agency .....  3
- Checking Directly With Employer . .....  4
- A Referral from A Job Training Program .....  5
- The Newspaper .....  6
- A School Employment Service .....  7
- A Computer Search.....  8
- Church.....  9
- Community Center.....  10
- Other (Specify).....  11
- DK
- RF

(GO TO YEM17)

**YEM13.** Have you been doing anything to find work during the past four weeks?

- Yes .....1
- No .....5 (GO TO YEM17)
- Disabled .....7 (GO TO YEM17)
- Unable to Work.....8 (GO TO YEM17)
- DK .....D (GO TO YEM17)
- RF .....R (GO TO YEM17)

**YEM14**

(RB) What are all the things you have done to find work during the past four weeks?

◆ **ENTER ALL THAT APPLY**

- Contacted Employer(s) .....  1
  - Contacted Public Employment Agency Programs/Courses .....  2
  - Contacted Private Employment Agency .....  3
  - Contacted Friends or Relatives .....  4
  - Interviewed for a Job .....  5
  - Contacted School/University Employer Center .....  6
  - Sent out Resumes/Filled out Applications .....  7
  - Checked Union/Professional Registers .....  8
  - Placed or Answered Ads .....  9
  - Looked at Ads .....  10
  - Attended Job Training.....  11
  - Nothing .....  12
  - Other (Specify) .....  13
- DK  
RF

---

**YEM15.**

Last week, could you have started a job if one had been offered?

- Yes .....  1 (**GO TO YEM17**)
- No .....  5
- DK .....  D (**GO TO YEM17**)
- RF .....  R (**GO TO YEM17**)

---

**YEM16.**

Why is that?

- Waiting For New Job to Begin .....  1
  - Own Temporary Illness.....  2
  - Going To School.....  3
  - Other (Specify).....  4
- DK  
RF
-

**YEM17.**

Now I am going to ask you about any other paid employment you have had in the past 2 years (other than the job we just discussed). This should include any paid employment you have now. Please tell me about any work you have had as an employee, that is, work you had in an ongoing relationship with a particular employer. For example, working in a supermarket or restaurant would be work as an employee.

In the past 2 years, have you done any/are you doing (other) work as an employee for which you were paid?

- Yes .....  1
- No .....  5 (GO TO YEM24)
- DK .....  D (GO TO YEM24)
- RF .....  R (GO TO YEM24)

**YEM17a.**

Now I am going to ask a few questions about the most recent (other) employer you had in the past 2 years. Please tell me the name of your most recent (other) employer?

\_\_\_\_\_

DK  
RF

**YEM18.**

What kind of work did you usually do for this employer?

**[RECORD TYPE OF WORK FOR EMPLOYER. IF RESPONDENT WORKS FOR A TEMPORARY AGENCY, REFER TO THAT AS ONE JOB]**

Please describe: \_\_\_\_\_

\_\_\_\_\_

**YEM19.**

When did you first start working for this employer?

◆ ENTER MONTH AND YEAR \_\_\_\_\_ / \_\_\_\_\_

DK  
RF

**YEM20.**

Are you currently working for this employer?

- Yes .....  1 (GO TO YEM22)
- No .....  5
- DK .....  D (GO TO YEM22)
- RF .....  R (GO TO YEM22)

**YEM21.**

When did you stop working for this employer?

◆ ENTER MONTH AND YEAR \_\_\_\_\_ / \_\_\_\_\_

DK  
RF

**YEM22.**

How much (do/did) you usually earn per week from this employer?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_\_
  - DK
  - RF
- 

**YEM23.**

How many hours per week (do/did) you usually work for this employer?

- ◆ ENTER NUMBER OF HOURS \_\_\_\_\_
  - DK
  - RF
- 

**YEM24.**

During the past month have you worked as a freelancer – doing things like babysitting or mowing lawns – or worked by yourself, for example, running your own business?

- Yes .....  1
  - No .....  5 (**GO TO next module**)
  - DK .....  D (**GO TO next module**)
  - RF .....  R (**GO TO next module**)
- 

**YEM24a.**

In the last month, how many hours did you do this type of work?

- ◆ ENTER HOURS PER MONTH \_\_\_\_\_
  - DK
  - RF
- 

**YEM24b.**

In the past month, approximately how much did you earn doing this type of work?

- ◆ ENTER DOLLAR AMOUNT \$ \_\_\_\_\_
  - DK
  - RF
-

**B\_Section 06: YOUTH PHYSICAL HEALTH (YPH)**

**YPH1.**

Now I'd like to ask you some questions about your health. In general, how is your health: excellent, very good, good, fair, or poor?

- |            |                            |
|------------|----------------------------|
| EXCELLENT  | <input type="checkbox"/> 1 |
| VERY GOOD  | <input type="checkbox"/> 2 |
| GOOD       | <input type="checkbox"/> 3 |
| FAIR       | <input type="checkbox"/> 4 |
| POOR       | <input type="checkbox"/> 5 |
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

**YPH2.**

Have you ever been told by a doctor or other health professional that you had asthma?

- |                           |                            |
|---------------------------|----------------------------|
| YES                       | <input type="checkbox"/> 1 |
| NO (SKIP TO YPH4)         | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO YPH4)    | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO YPH4) | <input type="checkbox"/> 8 |

**YPH3.**

During the past 12 months, have you had an episode of asthma or an asthma attack?

- |            |                            |
|------------|----------------------------|
| YES        | <input type="checkbox"/> 1 |
| NO         | <input type="checkbox"/> 2 |
| REFUSED    |                            |
| DON'T KNOW |                            |

**YPH3a.**

During the past three months, have you used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.

- |            |                            |
|------------|----------------------------|
| YES        | <input type="checkbox"/> 1 |
| NO         | <input type="checkbox"/> 2 |
| REFUSED    |                            |
| DON'T KNOW |                            |

---

**YPH4.**

During the past 12 months, have you had a wheezing or whistling sound in your chest?

- YES  1
- NO (SKIP TO YPH9)  2
- REFUSED (SKIP TO YPH9)  7
- DON'T KNOW (SKIP TO YPH9)  8

---

**YPH5.**

How many attacks of wheezing or whistling have you had in your chest during the past 12 months?

- NUMBER OF ATTACKS \_\_\_\_\_
- REFUSED
- DON'T KNOW

---

**YPH6.**

During the past 12 months, how many times have you gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?

- NUMBER OF TIMES \_\_\_\_\_
- REFUSED
- DON'T KNOW

---

**YPH7.**

During the past 12 months, how much did you limit your usual activities due to wheezing or whistling? Would you say...

- Not at all  1
- A little  2
- A fair amount  3
- A moderate amount  4
- A lot  5
- Refused
- Don't Know

---

**YPH8.**

During the past 12 months, how many days of work and school did you miss due to wheezing or whistling?

- NUMBER OF DAYS MISSED SCHOOL/WORK \_\_\_\_\_ (SKIP TO YPH9)
  - DON'T KNOW  -1
  - REFUSED (SKIP TO YPH9)  -2
-

**YPH8a. [INTERVIEWER: PROBE]**

Is that ...

- Zero days  1
- 1-7 days  2
- 8-30 days  3
- 31 days or more  4
- Refused
- Don't Know

---

**YPH9. Height Measurement**

\_\_\_\_ feet \_\_\_\_ inches

Refused

Don't Know

---

**YPH10.**

Weight Measurement

\_\_\_\_\_ pounds

Refused

Don't Know

---

**YPH11.**

In the past year have you had a routine physical examination?

- YES  1
- NO (SKIP TO YPH12)  2
- DON'T KNOW (SKIP TO YPH12)  7
- REFUSED (SKIP TO YPH12)  8

---

**YPH11a.**

Where did you have this examination? [CHECK ALL THAT APPLY]

- Private doctor's office  1
- Community health clinics  2
- School  3
- Hospital  4
- OTHER (SPECIFY) \_\_\_\_\_  95
- Refused
- Don't Know

---

**YPH12.**

How would you describe the condition of your teeth: excellent, very good, good, fair or poor?

- Excellent  1
- Very good  2
- Good  3
- Fair  4
- Poor  5
- Has no natural teeth  6
- Refused
- Don't Know

---

**YPH13.**

In the past year have you had a dental examination by a dentist or hygienist?

- YES (**GO TO YPH15**)  1
- NO  2
- DON'T KNOW  7
- REFUSED  8

---

**YPH14.**

In the past year, 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.

- Didn't know whom to go see  1
- Had no transportation  2
- No one available to go along  3
- Parent or guardian would not go along  4
- Didn't want parents to know  5
- Difficult to make appointment  6
- Afraid of what the doctor would say or do  7
- I thought the problem would go away  8
- Couldn't pay  9
- Didn't have time  10
- Too embarrassed  11
- Thought the doctor would report something to the police or other legal authorities  12
- Didn't think the doctor could help  13
- OTHER (SPECIFY) \_\_\_\_\_  95
- Refused
- Don't Know



**YPH15.**

In the past 12 months, have you had any accidents or injuries that required medical attention?

- YES  1
- NO (SKIP TO YPH18)  2
- REFUSED (SKIP TO YPH18)  7
- DON'T KNOW (SKIP TO YPH18)  8

**YPH16.**

How many such accidents or injuries requiring medical attention have you had in the past 12 months?

- NUMBER OF ACCIDENTS/INJURIES: \_\_\_\_\_
- DON'T KNOW (SKIP TO YPH18)  -1
- REFUSED (SKIP TO YPH18)  -2

**YPH17.**

What was the cause of [that/the first/the second/etc.] accident or injury requiring medical attention?

**[INTERVIEWER: REPEAT FOR UP TO 4 INJURIES. IF NECESSARY, PROBE]**

How did it happen?

	1 <sup>st</sup> Accident/ Injury	2 <sup>nd</sup> Accident/ Injury	3 <sup>rd</sup> Accident/ Injury	4 <sup>th</sup> Accident/ Injury
Cycling Or Skating	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Other Sports-Related (E.G. Basketball, Football, Volleyball, Cheerleading)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Other Kids Including Fights	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other Falls	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
External Factor (Broken Glass, Needle, Nail, Car)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other (Specify) _____	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
Refused	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98

**YPH18.**

Other than [that/those] already mentioned have you had any serious accident or injury during the past 12 months which limited your usual activities but did not require medical attention?

- YES  1
- NO (SKIP TO YPH20)  2
- REFUSED (SKIP TO YPH20)  7
- DON'T KNOW (SKIP TO YPH20)  8

**YPH19.**

How many of these accidents or injuries did you have during the past 12 months? Remember, these are ones that did not require medical attention but did limit your usual activities.

NUMBER OF ACCIDENTS/INJURIES

DON'T KNOW (SKIP TO YPH20)  -1

REFUSED (SKIP TO YPH20)  -2

**YPH20.**

What was the cause of [that/the first/the second/etc.] accident or injury not requiring medical attention?

**[INTERVIEWER: REPEAT FOR UP TO 4 INJURIES. IF NECESSARY, PROBE]** How did it happen?

	1 <sup>st</sup> Accident/ Injury	2 <sup>nd</sup> Accident/ Injury	3 <sup>rd</sup> Accident/ Injury	4 <sup>th</sup> Accident/ Injury
Cycling Or Skating	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Other Sports-Related (E.G. Basketball, Football, Volleyball, Cheerleading)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Other Kids Including Fights	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other Falls	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
External Factor (Broken Glass, Needle, Nail, Car)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other (Specify) _____	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98

**YPH21.**

The next few questions are about health problems you might have had at any time in your life. Have you ever had any of the following: Headaches, chronic back or neck problems, frequent or very bad headaches or other chronic pain?

YES  1

NO  2

REFUSED

DON'T KNOW

**YPH22.**

Did a doctor or other health professional ever tell you that you have/had diabetes or high blood sugar, or a serious stomach or bowel problem like an ulcer or colitis?

- YES  1
  - NO  2
  - REFUSED
  - DON'T KNOW
- 

**YPH23.**

Now I'd like to ask about the exercise you get. On how many of the past seven days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming, fast bicycling, fast dancing, or similar aerobic activities.

- NUMBER OF DAYS: \_\_\_\_\_
  - DON'T KNOW  -1
  - REFUSED  -2
- 

**YPH24.**

On how many of the past seven days did you participate in physical activity for at least 30 minutes that did not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- NUMBER OF DAYS: \_\_\_\_\_
  - DON'T KNOW  -1
  - REFUSED  -2
- 

**YPH25.**

In a typical week, how many times do you eat fruit? (Do not count fruit juice.)

- I do not typically eat fruit  1
- 1 to 3 times per week  2
- 4 to 6 times per week  3
- 1 time per day  4
- 2 times per day  5
- 3 times per day  6
- 4 times or more per day  7
- DON'T KNOW  -1
- REFUSED  -2

---

**YPH26.**

In a typical week, how many times do you eat vegetables other than French fries or potato chips?

- I do not typically eat vegetables  1
- 1 to 3 times per week  2
- 4 to 6 times per week  3
- 1 time per day  4
- 2 times per day  5
- 3 times per day  6
- 4 times or more per day  7
- DON'T KNOW  -1
- REFUSED  -2

---

**YPH27.**

In a typical week, how often do you drink regular, carbonated SODA OR SOFT DRINKS that contain sugar? Do NOT include diet soda.

(DO NOT include diet or sugar-free fruit drinks. DO NOT include juices or tea in cans. DO NOT include diet mineral water or diet flavored waters.)

- I do not typically drink soda or soft drinks  1
- 1 to 3 times per week  2
- 4 to 6 times per week  3
- 1 time per day  4
- 2 times per day  5
- 3 times per day  6
- 4 times or more per day  7
- DON'T KNOW  -1
- REFUSED  -2

---

**YPH28.**

How often did you eat salty snacks, such as potato chips, pretzels, or popcorn?

- I do not typically eat salty snacks  1
- 1 to 3 times per week  2
- 4 to 6 times per week  3
- 1 time per day  4
- 2 times per day  5
- 3 times per day  6
- 4 times or more per day  7
- DON'T KNOW  -1
- REFUSED  -2

---

**YPH29.**

How often did you eat sweet snacks, such as cookies, chocolate bars, or candy?

- I do not typically eat sweet snacks  1
- 1 to 3 times per week  2
- 4 to 6 times per week  3
- 1 time per day  4
- 2 times per day  5
- 3 times per day  6
- 4 times or more per day  7
- DON'T KNOW  -1
- REFUSED  -2

---

**YPH30.**

On how many of the past seven days did you eat at a fast food type place—McDonald's, Kentucky Fried Chicken, Pizza Hut, Taco Bell, etc.?

- 0 days  0
- 1 day  1
- 2 days  2
- 3 days  3
- 4 days  4
- 5 days  5
- 6 days  6
- 7 days  7
- DON'T KNOW  -1
- REFUSED  -2

---

**YPH31.**

On a typical weeknight, what time do you usually go to bed?

*Type in time in this format HH:MM A for AM or HH:MM P for PM. midnight is 12:00 A and noon is 12:00 P*

TIME \_\_\_\_\_

DON'T KNOW

-1

REFUSED

-2

---

**YPH32.**

On a typical weeknight, what time do you usually get up?

TIME \_\_\_\_\_

DON'T KNOW

-1

REFUSED

-2

---

**YPH33.**

In a typical week, how many hours do you watch television or DVDs?

Less than 2 hours per week

1

3 to 10 hours per week

2

11 to 20 hours per week

3

21 to 30 hours per week

4

31 to 40 hours per week

5

More than 40 hours per week

6

DON'T KNOW

97

REFUSED

98

---

**YPH34.**

In a typical week, how many hours total do you use a computer, or play computer or video games?

None

1

Less than 1 hour a week

2

1 to 3 hours a week

3

4 to 6 hours a week

4

7 to 9 hours a week

5

10 hours or more a week

6

DON'T KNOW

97

REFUSED

98

**Section 07: K-6 INDEX PLUS TRANQUILITY (YK6)**

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	RF	DK
<p>Now I am going to ask you some questions about feelings that you may have experienced during the past 30 days. How much of the time during the past 30 days have you felt...</p> <p><b>YK61.</b> So sad that nothing could cheer you up?</p>	1	2	3	4	5	7	8
<p><b>YK62.</b> Nervous?</p>	1	2	3	4	5	7	8
<p><b>YK63</b> Restless or fidgety?</p>	1	2	3	4	5	7	8
<p><b>YK64</b> Hopeless?</p>	1	2	3	4	5	7	8
<p><b>YK65</b> That everything was an effort?</p>	1	2	3	4	5	7	8
<p><b>YK66</b> Worthless?</p>	1	2	3	4	5	7	8
<p><b>YK67</b> Calm and peaceful?</p>	1	2	3	4	5	7	8

	VERY TRUE	SOMEWHAT TRUE	NOT TRUE	RF	DK
<p>The next questions are about this your general behavior. For each item below, please circle the appropriate number indicating whether the statement is not true, somewhat true, or very true.</p>					
<b>YK68</b>					
Are you generally obedient? Do you usually do what adults request?	1	2	3	7	8
<b>YK69</b>					
Do you have many worries? Do you often feel worried?	1	2	3	7	8
<b>YK610</b>					
Are you often unhappy, depressed, or tearful?	1	2	3	7	8
<b>YK611</b>					
Do you get along better with adults than with people your own age?	1	2	3	7	8
<b>YK612</b>					
Do you see tasks through to the end? Do you have a good attention span?	1	2	3	7	8

---



**Section 08: Youth Mental Health Screener (YSC)**

INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY	YES (1)	NO (5)	DK (8)	RF (9)
<p><b>YSC1_SC20.</b> The next questions are going to require you to think back over your entire life. Please take your time and think carefully before answering. (INTERVIEWER: READ THE NEXT SENTENCE SLOWLY ) Have you ever in your life had an <u>attack of fear or panic</u> when all of a sudden you felt very frightened, nervous, or uneasy?</p>	1 <b>GO TO YSC3 _SC20_1</b>	5	8	9
<p><b>YSC2_SC20a.</b> Have you ever had an attack when all of a sudden</p> <ul style="list-style-type: none"> <li>• you became very uncomfortable,</li> <li>• you became short of breath, dizzy, sick to your stomach, or</li> <li>• your heart beat very fast, or</li> <li>• you thought that you might lose control, die, or go crazy?</li> </ul>	1	5	8	9
<p><b>YSC3_SC20_1.</b> Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?</p>	1	5	8	9
<p><b>YSC4_SC20_2.</b> Have you ever had attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?</p>	1 <b>GO TO YSC6 _SC21</b>	5	8	9
<p><b>YSC5_SC20_3.</b> Have you ever had attacks of anger when all of a sudden you lost control and <u>threatened</u> to hit or hurt someone?</p>	1	5	8	9
<p><b>YSC6_SC21.</b> Have you ever in your life had a time lasting a few days or longer when most of the day you felt <u>sad, empty</u> or <u>depressed</u>?</p>	1	5	8	9
<p><b>YSC7_SC22.</b> Have you ever had a time lasting a few days or longer when most of the day you felt very <u>discouraged</u> or <u>hopeless</u> about how things were going in your life?</p>	1	5	8	9
<p><b>YSC8_SC23.</b> Have you ever had a time lasting a few days or longer when you <u>lost interest and became bored</u> with most things you usually enjoy like work, hobbies, and personal relationships?</p>	1	5	8	9
<p><b>YSC9_SC24.</b> Some people have times lasting anywhere between a few hours and a few weeks when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as taking many risks or spending too much money. Have you ever had a time like this lasting several hours or longer?</p>	1	5	8	9

INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY	YES (1)	NO (5)	DK (8)	RF (9)
<b>YSC10_SC25.</b> Have you ever had a time lasting a few days or longer when most of the time you were very <u>irritable</u> , <u>grouchy</u> , or in a <u>cranky mood</u> ?	1	5 GO TO YSC11 _SC26	8 GO TO YSC11 _SC26	9 GO TO YSC11 _SC26
<b>YSC10a_SC25a.</b> Have you ever had a time lasting anywhere between a few hours and a few weeks when most of the time you were so irritable or grouchy that you either started arguments, shouted a lot, or hit people?	1	5	8	9
<b>YSC11_SC26.</b> Did you ever have a time in your life when you were a “ <u>worrier</u> ” – that is, when you worried a lot more about things than other people with the same problems as you?	1 GO TO YSC12 _SC31	5	8	9
<b>YSC11a_SC26a.</b> Did you ever have a time in your life when you were much more <u>nervous</u> or <u>anxious</u> than most other people with the same problems as you?	1 GO TO YSC12 _SC31	5	8	9
<b>YSC11b_SC26b.</b> Did you ever have a time lasting one month or longer when you were anxious and worried most days?	1	5	8	9

---

**YSC12\_SC31.**

The next question is about concentration problems that usually start before the age of seven. These problems include not being able to keep your mind on what you are doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people spoke to you. During your first years at school—say between the ages of kindergarten and second grade -- was there ever a period lasting six months or longer when you had a lot more trouble with problems of this sort than most children?

- YES..... 1  
 NO..... 5  
 DON'T KNOW ..... 8  
 REFUSED ..... 9
- 

**YSC13\_SC32.**

Some young kids are very restless and fidgety and so impatient that they often interrupt people and have trouble waiting their turn. Did you ever have a time before the age of seven lasting six months or longer when you were like that?

- YES..... 1  
 NO..... 5  
 DON'T KNOW ..... 8  
 REFUSED ..... 9
-

**YSC14\_SC33.**

Did you ever have a period lasting six months or longer when you often did things that got you in trouble with adults such as losing your temper, arguing or talking back to adults, refusing to do what your teachers or parents asked you to do, annoying people on purpose, or being grouchy or irritable?

- YES..... 1
- NO..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

---

**YSC15\_SC33\_1.**

Many children and teenagers go through periods when they do things adults don't want them to do, like lying, stealing, or breaking rules. Did you ever go through a period during your childhood or teenage years when you did any of these things?

- YES..... 1   **GO TO YSC14\_SC36**
- NO..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

---

**YSC16\_SC33\_2.**

Did you ever go through a period where you either broke into cars, set fires, or destroyed property on purpose?

- YES..... 1   **GO TO YSC18\_SC36**
- NO..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

---

**YSC17\_SC33\_3.**

Did you ever run away from home, or repeatedly play hooky from school, or often stay out much later at night than you were supposed to?

- YES..... 1
  - NO..... 5
  - DON'T KNOW ..... 8
  - REFUSED ..... 9
-

**YSC18\_SC36.**

**INTERVIEWER CHECKPOINT: (SEE YSC1\_SC20, YSC2\_SC20a, YSC6\_SC21, YSC7\_SC22, YSC8\_SC23, YSC9\_SC24, YSC10a\_SC25a, YSC11\_SC26, YSC11a\_SC26a, YSC11b\_SC26b)**

FOLLOW SKIP FOR FIRST ENDORSED ITEM.

<b>YSC6_SC21</b> EQUALS '1' .....	1	<b>GO TO YDE1_D1, NEXT SECTION</b>
<b>YSC7_SC22</b> EQUALS '1' .....	2	<b>GO TO YDE2_D2</b>
<b>YSC8_SC23</b> EQUALS '1' .....	3	<b>GO TO YDE3_D9</b>
<b>YSC9_SC24</b> EQUALS '1' .....	4	<b>GO TO YMA1_M1</b>
<b>YSC10a_SC25a</b> EQUALS '1' .....	5	<b>GO TO YMA4_M5</b>
<b>YSC1_SC20</b> EQUALS '1' .....	7	<b>GO TO YPD1_PD1 INTRO 1</b>
<b>YSC1a_SC20a</b> EQUALS '1' .....	8	<b>GO TO YPD1_PD1 INTRO 2</b>
<b>YSC11_SC26</b> EQUALS '1' .....	12	<b>GO TO YGA1_G1 INTRO 1</b>
<b>YSC11a_SC26a</b> EQUALS '1' .....	13	<b>GO TO YGA1_G1 INTRO 2</b>
<b>YSC11b_SC26b</b> EQUALS '1' .....	14	<b>GO TO YGA1_G1 INTRO 3</b>
<b>ALL OTHERS</b> .....	15	<b>GO TO CHECKPOINT IE1</b>

**Section 09: DEPRESSION (YDE)**

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**YDE1\_D1**

A few moments ago, you mentioned having episodes that lasted several days or longer when you felt sad, empty, or depressed most of the day. During episodes of this sort, did you ever feel discouraged about how things were going in your life?

- Yes .....1
- No.....5 (GO TO YDE1b\_D1b)
- DK..... (GO TO YDE1b\_D1b)
- RF..... (GO TO YDE1b\_D1b)

---

**YDE1a\_D1a**

During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

- Yes ..... 1 (GO TO YDE4\_D12)
- No..... 5 (GO TO YDE4\_D12)
- DK..... (GO TO YDE4\_D12)
- RF..... (GO TO YDE4\_D12)

**◆ INTERVIEWER INSTRUCTION:**

- IF YDE1a\_D1a IS CODED 1 (YES), THEN READ “sad/discouraged/uninterested”
- IF YDE1a\_D1a IS CODED 5 (NO), DK OR RF, THEN READ “sad/discouraged”

---

**YDE1b\_D1b**

During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

- Yes ..... 1 (GO TO YDE4\_D12)
- No..... 5 (GO TO YDE4\_D12)
- DK..... (GO TO YDE4\_D12)
- RF..... (GO TO YDE4\_D12)

**◆INTERVIEWER INSTRUCTION:**

- IF YDE1b\_D1b IS CODED 1 (YES), THEN READ “sad/uninterested”
- IF YDE1b\_D1b IS CODED 5 (NO), DK OR RF, THEN READ “sad”

---

**YDE2\_D2**

A few moments ago, you mentioned having episodes that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

- Yes ..... 1 (GO TO YDE4\_D12)
- No..... 5 (GO TO YDE4\_D12)
- DK..... (GO TO YDE4\_D12)
- RF..... (GO TO YDE4\_D12)

**◆INTERVIEWER INSTRUCTION:**

- IF YDE2\_D2 IS CODED 1 (YES), THEN READ “discouraged/uninterested”
- IF YDE2\_D2 IS CODED 5 (NO), DK OR RF, THEN READ “discouraged”

**YDE3\_D9**

A few moments ago you mentioned having episodes that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

- Yes ..... 1
- No..... 5
- DK
- RF

◆ **INTERVIEWER INSTRUCTION:** READ “uninterested”

**YDE4\_D12**

Did you ever have an episode of being sad, discouraged, or uninterested in things that lasted most of the day, early every day, for two weeks or longer?

- Yes ..... 1
- No..... 5 (GO TO YDE19\_D88)
- DK..... (GO TO YDE19\_D88)
- RF..... (GO TO YDE19\_D88)

**YDE5\_D16**

Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of sadness, discouragement, or lack of interest usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

- Less than 1 hour.....1 (GO TO YDE19\_D88)
- Between 1 and 3 hours .....2
- Between 3 and 5 hours .....3
- More than 5 hours.....4

**YDE6\_D22**

Please think of an episode of being sad, discouraged, or uninterested in things lasting two weeks or longer when you also had other problems at the same time, such as changes in sleep, appetite, the ability to concentrate and remember, feelings of low self worth, and other problems. Is there one particular episode of this sort that stands out in your mind as the worst one you ever had?

◆ **INTERVIEWER:** READ SLOWLY

- Yes .....1
- No.....5 (GO TO YDE6d\_D22c)
- DK..... (GO TO YDE6d\_D22c)
- RF ..... (GO TO YDE6d\_D22c)

**YDE6a\_D22a**

How old were you when that worst episode started?

◆ **ENTER** number of years of age\_\_\_\_\_

**YDE6b\_D22b**

How long did that worst episode last?

◆ ENTER length of duration

**YDE6c\_D22b**

◆ ENTER unit of time

- Days ..... 1 (GO TO YDE7\_D24)
- Weeks..... 2 (GO TO YDE7\_D24)
- Months..... 3 (GO TO YDE7\_D24)
- Years ..... 4 (GO TO YDE7\_D24)
- DK..... (GO TO YDE7\_D24)
- RF..... (GO TO YDE7\_D24)

**YDE6d\_D22c**

Then think of the last time you had a bad episode of being sad, discouraged, or uninterested in things like this. How old were you when that last episode occurred?

◆ ENTER age \_\_\_\_\_

**YDE6e\_D22d**

How long did that episode last?

◆ ENTER length of duration \_\_\_\_\_

**YDE6f\_D22d**

◆ ENTER unit of time

- Days ..... 1
- Weeks..... 2
- Months..... 3
- Years ..... 4

<b>YDE7_D24.</b> (RB, PG 5. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) Look at page 5 in your booklet. In answering the next questions, think about the episode of two weeks or longer during that episode when your sadness, discouragement, and loss of interest and other problems were most severe and frequent. During that period, which of the following problems did you have most of the day nearly every day?				
	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YDE7a_D24a.</b> Did you feel sad, empty, or depressed most of the day nearly every day during that episode of two weeks?	1	5	8	9
<b>YDE7b_D24c.</b> During that episode of two weeks, did you feel discouraged about how things were going in your life most of the day nearly every day?	1	5	8	9

<b>YDE7c_D24e.</b> During that episode of two weeks, did you lose interest in almost all things like work and hobbies and things you like to do for fun?	1	5	8	9
<b>YDE7d_D24f.</b> Did you feel like nothing was fun even when good things were happening?	1	5	8	9

INTERVIEWER CHECKPOINT: (SEE YDE7a\_D24a-YDE7d\_D24f)

ONE OR MORE RESPONSES CODED '1' ..... 1  
 ALL OTHERS..... 2 (GO TO YDE19\_D88)

(RB, PG 5-6. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.)	YES (1)	NO (5)	DK (8)	RF (9)
<b>YDE9a_D26a.</b> Did you have a much smaller appetite than usual nearly every day during that period of two weeks?	1 <b>GO TO YDE9d_D26e</b>	5	8	9
<b>YDE9b_D26b.</b> Did you have a much <u>larger</u> appetite than usual nearly every day?	1	5	8	9
<b>YDE9c_D26c.</b> Did you gain weight without trying to during that period of two weeks?  <b>IF R REPORTS BEING PREGNANT OR GROWING, CODE "NO"</b>	1 <b>GO TO YDE9e_D26g</b>	5	8	9
<b>YDE9d_D26e.</b> Did you <u>lose</u> weight without trying to?  <b>IF R REPORTS BEING ON A DIET OR PHYSICALLY ILL, CODE "NO"</b>	1	5	8	9
<b>YDE9e_D26g.</b> Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during that period of two weeks?	1 <b>GO TO YDE9g_D26j</b>	5	8	9
<b>YDE9f_D26h.</b> Did you sleep a lot more than usual nearly every night during that period of two weeks?	1	5	8	9
<b>YDE9g_D26j.</b> Did you feel tired or low in energy nearly every day during that period of two weeks even when you had not been working very hard?	1 <b>GO TO YDE9i_D26i</b>	5	8	9



(RB, PG 5-6. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.)	YES (1)	NO (5)	DK (8)	RF (9)
<b>YDE9h_D26k.</b> Did you have a lot <u>more</u> energy than usual nearly every day during that period of two weeks?	1	5	8	9
<b>YDE9i_D26l.</b> Did you talk or move more slowly than is normal for you nearly every day?	1	5 <b>GO TO YDE9k_D26n</b>	8 <b>GO TO YDE9k _D26n</b>	9 <b>GO TO YDE9k _D26n</b>
<b>YDE9j_D26m.</b> Did anyone else notice that you were talking or moving slowly?	1 <b>GO TO YDE9m_D26p</b>	5 <b>GO TO YDE9m_D26p</b>	8 <b>GO TO YDE9m _D26p</b>	9 <b>GO TO HD9Em _D26p</b>
<b>YDE9k_D26n.</b> Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?	1	5 <b>GO TO YDE9m_D26p</b>	8 <b>GO TO YDE9m _D26p</b>	9 <b>GO TO YDE9m _D26p</b>
<b>YDE9l_D26o.</b> Did anyone else notice that you were restless?	1	5	8	9
<b>YDE9m_D26p.</b> Did your thoughts come much more slowly than usual or seem mixed up nearly every day during that period of two weeks?	1	5	8	9
<b>YDE9n_D26r.</b> Did you have a lot more trouble concentrating than is normal for you nearly every day?	1	5	8	9
<b>YDE9o_D26s.</b> Were you unable to make up your mind about things you ordinarily have no trouble deciding about?	1	5	8	9
<b>YDE9p_D26t.</b> Did you lose your self-confidence?	1	5	8	9
<b>YDE9q_D26u.</b> Did you feel that you were not as good as other people nearly every day?	1	5	8	9
<b>YDE9r_D26w.</b> Did you feel guilty nearly every day?	1	5	8	9
<b>YDE9s_D26aa.</b> Did you often think a lot about death, either your own, someone else's, or death in general?	1 <b>GO TO YDE11_D28</b>	5	8	9
<b>YDE9t_D26bb.</b> During that period, did you ever think that it would be better if you were dead?	1 <b>GO TO YDE11_D28</b>	5	8	9

(RB, PG 5-6. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.)	YES (1)	NO (5)	DK (8)	RF (9)
<b>YDE9u_D26cc.</b> Did you think about committing suicide?	1 <b>GO TO YDE11_D28</b>	5	8	9

**YDE10\_D27**

INTERVIEWER CHECKPOINT (See **YDE7\_D24 – YDE9\_D26w**)

- IF AT LEAST ONE ‘1’ (YES) RESPONSE IN **YDE7a\_D24a – YDE7b\_D24c**  
..... INCREMENT COUNT BY ONE.
- IF AT LEAST ONE ‘1’ RESPONSE IN **YDE7c\_D24e – YDE7d\_D24f**,  
..... INCREMENT COUNT BY ONE.
- INCREMENT COUNT BY ONE FOR EACH ‘1’ RESPONSE IN **YDE9a\_D26a – YDE9r\_D26w**.

**COUNT EQUALS THREE OR MORE**.....1  
**ALL OTHERS** .....2 (**GO TO YDE19\_D88**)

**YDE11\_D28**

You mentioned having a number of the problems I just asked you about. How much did your sadness, discouragement, or lack of interest and these other problems interfere with either your work, your social life, or your personal relationships during that episode– not at all, a little, some, a lot, or extremely?

Not at all .....1  
 A Little.....2  
 Some .....3  
 A Lot.....4  
 Extremely.....5

**YDE12\_D17**

How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?

Mild.....1  
 Moderate .....2  
 Severe .....3  
 Very Severe .....4

**YDE13\_D18**

How often, during those times, was your emotional distress so severe that nothing could cheer you up -- often, sometimes, rarely, or never?

Often .....1  
 Sometimes .....2  
 Rarely.....3  
 Never.....4

**INTERVIEWER CHECKPOINT ( See YDE11\_D28, YDE12\_D17, YDE13\_D18)**

If(YDE11\_D28 Equals ('3','4',or '5')) OR (YDE12\_D17 Equals ('2','3', or '4'))  
OR (YDE13\_D18 Equals ('1' or '2')).....(Continue with YDE14\_D37)

If None of Those Things is True .....(GO TO YDE19\_D88)

---

**YDE14\_D37**

Think of the very first time in your life you had an episode lasting two-weeks or longer when most of the day nearly every day you felt sad, discouraged, or uninterested and also had some of the other problems we just reviewed. Can you remember your exact age?

- Yes .....1
- No.....5 (GO TO YDE15b\_D37b)
- DK..... (GO TO YDE15b\_D37b)
- RF..... (GO TO YDE15b\_D37b)

---

**YDE14a\_D37a.**

(IF NEC: How old were you?)

- ◆ ENTER age .....(GO TO YDE15\_D38)
- DK.....(GO TO YDE15\_D38)
- RF.....(GO TO YDE15\_D38)

---

**YDE14b\_D37b**

About how old were you (the first time you had an episode of this sort)?

◆ **INTERVIEWER:** IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”

**PROBE:** Was it before you first started school?

IF NOT YES,

**PROBE:** Was it before you were a teenager?

◆ ENTER age\_\_\_\_\_

- Before Started School.....4
- Before Teenager .....12
- Not Before Teenager .....13

---

**YDE15\_D38**

Did you have an episode of being sad, discouraged, uninterested with some of the other problems (on pages 5-6) lasting two weeks or longer at any time in the past 12 months?

- Yes .....1
- No.....5 (GO TO YDE17\_D38c)
- DK..... (GO TO YDE17\_D38c)
- RF..... (GO TO YDE17\_D38c)

**YDE15a\_D38a**

How recently – in the past month, two to six months ago, or more than six months ago?

- Past Month ..... 1
- 2-6 Months Ago ..... 2
- More Than 6 months Ago ..... 3

---

**YDE16\_D38b.**

About how many days out of the last 365 were you in an episode?

- ◆ ENTER number of days \_\_\_\_\_ (GO TO YDE18\_D88)
- DK ..... (GO TO YDE18\_D88)
- RF ..... (GO TO YDE18\_D88)

---

**YDE17\_D38c**

How old were you the last time you had one of these episodes?

- ◆ ENTER age \_\_\_\_\_

---

**YDE18\_D88**

INTERVIEWER CHECKPOINT (SEE YSC1\_SC20, YSC2\_SC20a, YSC9\_SC24, YSC11\_SC25a, YSC12\_SC26, YSC13\_SC26a, YSC14\_SC26b):

◆ INTERVIEWER: FOLLOW SKIP FOR FIRST ENDORSED ITEM.

- YSC9\_SC24 Equals '1' ..... 1(GO TO YMA1\_M1)
- YSC11\_SC25a Equals '1' ..... 2(GO TO YMA5\_M5)
- YSC1\_SC20 Equals '1' ..... 4 (GO TO YPD1\_PD1\_INTRO 1)
- YSC2\_SC20a Equals '1' ..... 4 (GO TO YPD1\_PD1\_INTRO 2)
- YSC12\_SC26 Equals '1' ..... 9 (GO TO YGA1\_G1\_INTRO 1)
- YSC13\_SC26a Equals '1' ..... 10(GO TO YGA1\_G1\_INTRO 2)
- YSC14\_SC26b Equals '1' ..... 11(GO TO YGA1\_G1\_INTRO 3)
- ALL OTHERS ..... 12(GO TO YIE1\_IED3)

**Section 10: MANIA (YMA)**

**YMA1\_M1**

Earlier in the interview you mentioned having an episode lasting four days or longer when you felt much more excited and full of energy than usual and your mind went too fast. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being excited and full of energy?

**◆ INTERVIEWER: READ SLOWLY**

- Yes .....1 (GO TO YMA2\_M3)
- No.....5 (GO TO CHECKPOINT YMA1a)
- DK..... (GO TO CHECKPOINT YMA1a)
- RF ..... (GO TO CHECKPOINT YMA1a)

**YMA1a.**

INTERVIEWER CHECKPOINT (SEE HCS10a\_SC25a)

- HSC10a\_SC25a IS CODED 1 (YES).....(GO TO HM4\_M5)
- ALL OTHERS.....(GO TO HM15\_M54)

**YMA2\_M3**

Please think of the one episode when you were very excited and full of energy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?

- Yes .....1
- No.....5 (GO TO YMA2d\_M3c)
- DK..... (GO TO YMA2d\_M3c)
- RF ..... (GO TO YMA2d\_M3c)

**YMA2a\_M3a**

How old were you when that episode occurred?

◆ ENTER age \_\_\_\_\_

**YMA2b\_M3b**

How long did that episode last?

◆ ENTER length of duration \_\_\_\_\_

**YMA2c\_M3b**

◆ ENTER unit of time \_\_\_\_\_

- Hours.....1
- Days .....2
- Weeks .....3
- Months .....4
- Years .....5
- DK..... (GO TO YMA3\_M4)
- RF ..... (GO TO YMA3\_M4)

**YMA2d\_M3c**

Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?

◆ ENTER age\_\_\_\_\_

---

**YMA2e\_M3d**

How long did that episode last?

◆ ENTER length of duration\_\_\_\_\_

---

**YMA2f\_M3d**

◆ ENTER unit of time

- Hours.....1
- Days .....2
- Weeks .....3
- Months .....4
- Years .....5

---

**YMA3\_M4**

During that episode, which of the following behavior changes did you experience: were you so irritable or grouchy that you started arguments, shouted at people, or hit people?

- Yes .....1
- No.....5

(GO TO YMA7a\_M7a)

---

**YMA4\_M5**

Earlier in the interview you mentioned having episodes lasting four days or longer when you became so irritable or grouchy that you started arguments, shouted at people, or hit people. People who have episodes of irritability like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being very irritable or grouchy?

◆ INTERVIEWER: READ SLOWLY

- Yes .....1
- No.....5 (GO TO YMA15\_M54)
- DK..... (GO TO YMA15\_M54)
- RF ..... (GO TO YMA15\_M54)

**YMA5\_M6**

Please think of the episode of four days or more when you were very irritable or grouchy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?

- Yes .....1
- No.....5 (GO TO YMA6d\_M6c)
- DK..... (GO TO YMA6d\_M6c)
- RF ..... (GO TO YMA6d\_M6c)

---

**YMA6a\_M6a**

How old were you when that episode occurred?

◆ ENTER age\_\_\_\_\_

---

**YMA6b\_M6b**

How long did that episode last?

◆ ENTER length of duration\_\_\_\_\_

---

**YMA6c\_M6b**

◆ ENTER unit of time

- Hours.....1
- Days .....2
- Weeks .....3
- Months .....4
- Years .....5
- DK
- RF

(GO TO YMA7a\_M7a)

---

**YMA6d\_M6c**

Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?

◆ ENTER age\_\_\_\_\_

---

**YMA6e\_M6d**

How long did that episode last?

◆ ENTER length of duration\_\_\_\_\_

---

**YMA6f\_M6d**

◆ **ENTER** unit of time

- Hours.....1
- Days .....2
- Weeks .....3
- Months .....4
- Years .....5

<b>YMA7_M7.</b> During that episode, which of the following changes did you experience:	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YMA7a_M7a.</b> Did you become so restless or fidgety that you paced up and down or couldn't stand still?  <b>(KEY PHRASE: being restless)</b>	1	5	8	9
<b>YMA7b_M7b.</b> Were you a lot more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in?  <b>(KEY PHRASE: having a lot more interest in sex than usual)</b>	1	5	8	9
<b>YMA7c_M7c.</b> Did you become overly friendly or outgoing with people?	1	5	8	9
<b>YMA7d_M7d.</b> Did you do anything else that wasn't usual for you - - like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing?  <b>(KEY PHRASE: behaving inappropriately)</b>	1	5	8	9
<b>YMA7e_M7e.</b> Did you try to do things that were impossible to do, like taking on large amounts of work?  <b>(KEY PHRASE: trying to accomplish unrealistic goals)</b>	1	5	8	9
<b>YMA7f_M7f.</b> Did you talk a lot more than usual or feel a need to keep talking all the time?  <b>(KEY PHRASE: talking a lot more than usual)</b>	1	5	8	9
<b>YMA7g_M7g.</b> Did you constantly keep changing your plans or activities?  <b>(KEY PHRASE: constantly changing plans)</b>	1	5	8	9



<b>YMA7_M7.</b> During that episode, which of the following changes did you experience:	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YMA7h_M7h.</b> Did you find it hard to keep your mind on what you were doing?  <b>(KEY PHRASE: hard to keep your mind on things)</b>	1	5	8	9
<b>YMA7i_M7i.</b> Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?  <b>(KEY PHRASE: thoughts racing)</b>	1	5	8	9
<b>YMA7j_M7j.</b> Did you sleep far less than usual and still not get tired or sleepy?  <b>(KEY PHRASE: sleeping far less than usual)</b>	1	5	8	9
<b>YMA7k_M7k.</b> Did you get involved in foolish investments or schemes for making money?  <b>(KEY PHRASE: getting involved in foolish schemes)</b>	1	5	8	9
<b>YMA7l_M7l.</b> Did you spend so much more money than usual that it caused you to have financial trouble?  <b>(KEY PHRASE: getting into financial trouble)</b>	1	5	8	9
<b>YMA7m_M7m.</b> Did you do reckless things like driving too fast, staying out all night, or having casual or unsafe sex?  <b>(KEY PHRASE: doing risky things)</b>	1	5	8	9
<b>YMA7n_M7n.</b> Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do?  <b>(KEY PHRASE: having too much self-confidence)</b>	1	5	8	9
<b>YMA7o_M7o.</b> Did you have the idea that you were actually someone <u>else</u> , or that you had a special connection with a famous person that you really <u>didn't</u> have?  <b>(KEY PHRASE: believing you were someone else or somehow connected to a famous person)</b>	1	5	8	9

**YMA8\_M8 (See YMA7a\_M7a – YMA7o\_M7o)**

THREE OR MORE RESPONSES CODED '1' (YES) .....1  
ALL OTHERS..... 2 (GO TO YMA15\_M54)

---

**YMA9\_M9**

Let me review. You had episodes when you were very (excited and full of energy/irritable or grouchy) and also had some problems like (KEY PHRASE OF 3 “YES” RESPONSES IN HM7 SERIES). How much did these episodes ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

Not at all ..... 1 (GO TO YMA15\_M54)  
A Little ..... 2 (GO TO YMA15\_M54)  
Some..... 3  
A Lot ..... 4  
Extremely ..... 5

---

**YMA10\_M9b**

Did other people say anything or worry about the way you were acting?

Yes .....1  
No.....5

---

**YMA11\_M18**

Think of the very first time in your life you had an episode lasting four days or longer when you became very (excited and full of energy/irritable or grouchy) and also had some of the behavior changes you just reported. Can you remember your exact age?

Yes .....1  
No.....5 (GO TO YMA11b\_M18b)  
DK..... (GO TO YMA11b\_M18b)  
RF ..... (GO TO YMA11b\_M18b)

---

**YMA11a\_M18a**

(How old were you?)

♦ ENTER age \_\_\_\_\_ (GO TO YMA12\_M19)  
DK..... (GO TO YMA12\_M19)  
RF..... (GO TO YMA12\_M19)

---

**YMA11b\_M18b**

About how old were you the first time you had an episode of this sort?

◆ **INTERVIEWER:** IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”

**PROBE:** Was it before you first started school?

IF NOT YES, **PROBE:** Was it before you were a teenager?

◆ **ENTER** age \_\_\_\_\_

- Before Started School..... 4
- Before Teenager ..... 12
- Not Before Teenager ..... 13

**YMA12\_M19**

Did you have one of these episodes at any time in the past 12 months?

- Yes ..... 1
- No..... 5 (GO TO YMA14\_M9d)
- DK..... (GO TO YMA14\_M9d)
- RF..... (GO TO YMA14\_M9d)

**YMA13\_M19c**

How many weeks in the past 12 months were you in one of these episodes?

- ◆ **ENTER** number of weeks \_\_\_\_\_ (GO TO YMA15\_M54)
- DK..... (GO TO YMA15\_M54)
- RF..... (GO TO YMA15\_M54)

**YMA14\_M19d**

How old were you the last time you had one of these episodes?

◆ **ENTER** age \_\_\_\_\_

- DK
- RF

**CHECKPOINT\_YMA15\_M54** (See YSC1\_SC20, YSC2\_SC20a, YSC12\_SC26, YSC12a\_SC26a, YSC12b\_SC26b)

◆ **FOLLOW SKIP FOR FIRST ENDORSED ITEM.**

- YSC1\_SC20 Equals ‘1’ ..... 1 (GO TO YPD1a\_PD1 INTRO 1)
- YSC2\_SC20a Equals ‘1’ ..... 2 (GO TO YPD1b\_PD1 INTRO 2)
- YSC12\_SC26 Equals ‘1’ ..... 6 (GO TO YGA1a\_G1 INTRO 1)
- YSC12a\_SC26a Equals ‘1’ ..... 7 (GO TO YGA1b\_G1 INTRO 2)
- YSC12b\_SC26b Equals ‘1’ ..... 8 (GO TO YGA1c\_G1 INTRO 3)
- ALL OTHERS ..... 9 (GO TO YIE1\_IE1)

### Section 11: PANIC DISORDER (YPD)

<b>YPD1_PD1_INTRO 1</b> Earlier you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy. Think of a bad attack like that. During that attack, which of the following problems did you have?	<b>YPD1_PD1_INTRO 2</b> Earlier you mentioned having attacks when all of a sudden you had several problems like being short of breath, your heart pounding or feeling dizzy, and being afraid you would die or go crazy. Think of a bad attack like that. During that attack, which of the following problems did you have?			
<b>SKIP TO YPD2 AFTER <u>FOUR</u> "YES" RESPONSES</b>	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YPD1a_PD1a.</b> Did your heart pound or race? <b>(KEY PHRASE: heart racing)</b>	1	5	8	9
<b>YPD1b_PD1b.</b> Were you short of breath? <b>(KEY PHRASE: being short of breath)</b>	1	5	8	9
<b>YPD1c_PD1c.</b> Did you have nausea or discomfort in your stomach? <b>(KEY PHRASE: having nausea)</b>	1	5	8	9
<b>YPD1d_PD1d.</b> Did you feel dizzy or faint? <b>(KEY PHRASE: feeling dizzy)</b>	1	5	8	9
<b>YPD1e_PD1e.</b> Did you sweat? <b>(KEY PHRASE: sweating)</b>	1	5	8	9
<b>YPD1f_PD1f.</b> Did you tremble or shake? <b>(KEY PHRASE: trembling)</b>	1	5	8	9
<b>YPD1g_PD1g.</b> Did you have a dry mouth? <b>(KEY PHRASE: having a dry mouth)</b>	1	5	8	9
<b>YPD1h_PD1h.</b> Did you feel like you were choking? <b>(KEY PHRASE: choking)</b>	1	5	8	9
<b>YPD1i_PD1i.</b> Did you have pain or discomfort in your chest? <b>(KEY PHRASE: having discomfort in your chest)</b>	1	5	8	9
<b>YPD1j_PD1j.</b> Were you afraid that you might lose control of yourself or go crazy? <b>(KEY PHRASE: fearing that you might lose control of yourself)</b>	1	5	8	9

<b>YPD1k_PD1k.</b> Did you feel that you were “not really there”, like you were watching a movie of yourself? <b>(KEY PHRASE: feeling unreal)</b>	1 <b>GO TO YPD1_PD1m</b>	5	8	9
<b>YPD1l_PD1l.</b> Did you feel that things around you were unreal or like a dream? <b>(KEY PHRASE: feeling that things around you were unreal)</b>	1	5	8	9
<b>YPD1m_PD1m.</b> Were you afraid that you might pass out? <b>(KEY PHRASE: fearing that you might pass out)</b>	1	5	8	9
<b>YPD1n_PD1n.</b> Were you afraid that you might die? <b>(KEY PHRASE: fearing that you might die)</b>	1	5	8	9
<b>YPD1o_PD1o.</b> Did you have hot flushes or chills? <b>(KEY PHRASE: having hot flushes)</b>	1	5	8	9
<b>YPD1p_PD1p.</b> Did you have numbness or tingling sensations? <b>(KEY PHRASE: having numbness)</b>	1	5	8	9

**YPD2\_PD2 (See YPD1\_PD1 SERIES)**

COUNT OF # “YES” RESPONSES: \_\_\_\_\_

SKIP INSTRUCTION:

ZERO TO THREE RESPONSES..... 1(GO TO YPD17\_PD66)

ALL OTHERS ..... 2

**YPD3\_PD3**

During your attacks did the problems like (PARENTHETICAL PHRASE OF FIRST THREE YES RESPONSES IN YPD1 SERIES) begin suddenly and reach their peak within ten minutes after the attacks began?

(♦IF NECESSARY ASK: Did they begin within ten minutes after the start of the attack?)

Yes ..... 1  
 (IF VOL)Sometimes ..... 3  
 No ..... 5

**YPD4\_PD4**

About how many of these sudden attacks have you had in your entire lifetime?

♦ ENTER number of attacks \_\_\_\_\_

If R Reports More Than 900 ..... 900  
 If R Reports “More Than I Can Remember ..... 995  
 DK .....  
 RF .....

---

**CHECKPOINT (YPD5)**

YPD4\_PD4 Equals '1' ..... 1 (GO TO YPD17\_PD66)  
ALL OTHERS..... 2 (GO TO YPD5\_PD9)

---

**YPD5\_PD9**

Can you remember your exact age the very first time you had one of these attacks?

Yes ..... 1  
No ..... 5 (GO TO YPD5b\_PD9b)  
DK ..... (GO TO YPD5b\_PD9b)  
RF ..... (GO TO YPD5b\_PD9b)

---

**YPD5a\_PD9a**

(♦ **INTERVIEWER: IF NECESSARY:** How old were you?)

♦ ENTER age \_\_\_\_\_

(GO TO YPD6\_PD10)

---

**YPD5b\_PD9b**

About how old were you?

♦ **INTERVIEWER: IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBE,"**

**PROBE:** Was it before you first started school?  
IF NOT YES, **PROBE:** Was it before you were a teenager?

♦ ENTER age \_\_\_\_\_

Before Started School .....4  
Before Teenager.....12  
Not Before Teenager.....13

---

**YPD6\_PD10**

Did you have one of these attacks at any time in the past 12 months?

Yes ..... 1  
No ..... 5 (GO TO YPD6d\_PD10d)  
DK ..... (GO TO YPD6d\_PD10d)  
RF ..... (GO TO YPD7a\_PD13a)

---

**YPD6a\_PD10a**

How recently – in the past month, between two and six months ago, or more than six months ago?

Past Month.....1  
Between two and six months ago .....2  
More than six months ago.....3  
DK .....  
RF .....

**YPD6b\_PD10b**

How many weeks in the past 12 months did you have at least one attack?

- ◆ ENTER number of weeks \_\_\_\_\_
- DK .....
- RF .....

**YPD6c\_PD10c**

And how many attacks in all did you have in the past 12 months?

- ◆ ENTER number of attacks \_\_\_\_\_ (GO TO YPD7a\_PD13a)
- DK .....(GO TO YPD7a\_PD13a)
- RF .....(GO TO YPD7a\_PD13a)

**YPD6d\_PD10d**

How old were you the last time you had one of these attacks?

- ◆ ENTER age \_\_\_\_\_
- DK .....
- RF .....

<b>YPD7_PD13.</b> After having one of these attacks, did you ever have any of the following experiences:	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YPD7a_PD13a.</b> A month or more when you often worried that you might have another attack?	1 GO TO YPD8 _PD17	5	8	9
<b>YPD7b_PD13b.</b> A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control?	1 GO TO YPD8 _PD17	5	8	9
<b>YPD7c_PD13c.</b> A month or more when you changed your everyday activities because of the attacks?	1 GO TO YPD8 _PD17	5	8	9
<b>YPD7d_PD13d.</b> A month or more when you avoided certain situations because of fear about having another attack?	1 GO TO YPD8 _PD17	5	8	9

**YPD8\_PD17**

Attacks of this sort can occur in three different situations. The first is when the attacks occur unexpectedly “out of the blue.” The second is when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third is when a person is in real danger, like a car accident or a bank robbery.

The next question is about how many of your attacks occurred in each of these three kinds of situations. Did you ever have an attack that occurred unexpectedly “out of the blue?”

Yes.....1  
 No .....5 (GO TO YPD9\_PD18)  
 DK ..... (GO TO YPD9\_PD18)  
 RF ..... (GO TO YPD9\_PD18)

**YPD8a\_PD17a**

About how many attacks in your lifetime occurred unexpectedly “out of the blue?”

◆ **ENTER** number of attacks\_\_\_\_\_

If R Reports More Than 900..... 900  
 If R Reports “More Than I Can Remember” .....995  
 DK .....  
 RF .....

**YPD9\_PD18**

About how many attacks in your lifetime occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?

◆ **ENTER** number of attacks\_\_\_\_\_

If R Reports More Than 900..... 900  
 If R Reports “More Than I Can Remember” .....995  
 DK .....  
 RF .....

**YPD10\_PD19**

About how many attacks in your lifetime occurred in situations where you were in real danger?

**◆ INTERVIEWER: IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS CODE “REAL DANGER.”**

◆ **ENTER** number of attacks\_\_\_\_\_

If R Reports More Than 900..... 900  
 If R Reports “More Than I Can Remember” .....995  
 DK .....  
 RF .....

**CHECKPOINT (PD20)**

YPD8\_PD17 Equals ‘1’ .....1 (GO TO YPD11\_PD20a)  
 ALL OTHERS.....2 (GO TO YPD17\_PD66)

**YPD11\_PD20a (See YPD9\_PD18 – YPD10\_PD19)**

(YPD9\_PD18 Equals ‘0’) AND (YPD10\_PD19 Equals ‘0’) ..... 1(GO TO YPD13\_PD22)  
 ALL OTHERS..... 2 (GO TO YPD12\_PD21)



**YPD12\_PD21**

How old were you (when you had the attack/the first time you had an attack) “out of the blue” for no obvious reason?

◆ **INTERVIEWER:** IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,”

**PROBE:** Was it before you first started school?

IF NOT YES, **PROBE:** Was it before you were a teenager?

◆ **ENTER** age \_\_\_\_\_

- Before Started School .....4
- Before Teenager.....12
- Not Before Teenager.....13
- DK .....
- RF .....

**YPD13\_PD22**

How much did (this/these) unexpected “out of the blue” attack(s) or worry about having another attack ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- Not at All .....1
- A Little.....2
- Some .....3
- A Lot.....4
- Extremely.....5

**CHECKPOINT (PD33)**

- YPD11\_PD20a Equals ‘1’ .....1 (GO TO YPD17\_PD66)
- ALL OTHERS.....2 (GO TO NEXT CHECKPOINT (PD35))

**CHECKPOINT (PD35)**

- YPD6\_PD10 Equals ‘1’ .....1 (GO TO YPD14\_PD36)
- ALL OTHERS.....2 (GO TO YPD17\_PD66)

**YPD14\_PD36**

How many unexpected “out of the blue” attacks did you have in the past 12 months?

- ◆ **ENTER** number of attacks\_\_\_\_\_
- DK .....
- RF .....

**CHECKPOINT (PD37)**

- YPD14\_PD36 Equals “0”, “DK” or “RF” .....1
- YPD14\_PD36 Equals “1” .....2 (GO TO YPD16\_PD38)
- ALL OTHERS.....3 (GO TO YPD15b\_PD37b)

---

**YPD15a\_PD37a**

How old were you the last time you had an unexpected “out of the blue” attack?

- ◆ **ENTER** age \_\_\_\_\_
- DK .....
- RF .....
- (GO TO YPD17\_PD66)

---

**YPD15b\_PD37b**

About how many weeks in the past 12 months did you have at least one of these attacks?

- ◆ **ENTER** number of weeks \_\_\_\_\_
- DK .....
- RF .....

---

**YPD16\_PD38**

How recently – in the past month, between two and six months ago, or more than six months ago?

- Past Month..... 1
- Between two and six months ago ..... 2
- More than six months ago..... 3
- DK .....
- RF .....

**YPD17\_PD66 (See YSC12\_SC26, YSC13\_SC26a, YSC14\_SC26b):**

◆ **INTERVIEWER: FOLLOW SKIP FOR FIRST ENDORSED ITEM.**

- YSC12\_SC26 Equals ‘1’ ..... 4 (GO TO YGA1\_G1 INTRO 1)
  - YSC13\_SC26a Equals ‘1’ ..... 5 (GO TO YGA1\_G1 INTRO 2)
  - YSC14\_SC26b Equals ‘1’ ..... 6 (GO TO YGA1\_G1 INTRO 3)
  - ALL OTHERS ..... 7 (GO TO YIE1\_IED1)
-

**Section 12: GENERALIZED ANXIETY DISORDER SECTION (YGA)**

<p><b>YGA1_G1_INTRO 1.</b> (RB) Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at your booklet, what sorts of things were you worried or nervous or anxious about during that time?</p>	<p><b>YGA1_G1_INTRO 2.</b> (RB) Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at your booklet, what sorts of things were you nervous or anxious about during that time?</p>	<p><b>YGA1_G1_INTRO 3.</b> (RB) Earlier you mentioned having a period lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at your booklet, what sorts of things were you anxious or worried about during that time?</p>
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PROBE FOR UP TO THREE EXAMPLES: Anything else [that made you (worried or anxious/nervous or anxious/anxious or worried)]?  
CIRCLE ALL MENTIONS.

**DIFFUSE WORRIES**

EVERYTHING ..... 1  
NOTHING IN PARTICULAR ..... 2

**PERSONAL PROBLEMS**

FINANCES ..... 3  
SUCCESS AT SCHOOL OR WORK ..... 4  
SOCIAL LIFE..... 5  
LOVE LIFE ..... 6  
RELATIONSHIPS AT SCHOOL OR WORK ..... 7  
RELATIONSHIPS WITH FAMILY ..... 8  
PHYSICAL APPEARANCE ..... 9  
PHYSICAL HEALTH..... 10  
MENTAL HEALTH ..... 11  
SUBSTANCE USE ..... 12  
OTHER PERSONAL PROBLEMS (SPECIFY) ..... 13

**PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS**

SOCIAL PHOBIAS  
(E.G., MEETING PEOPLE AFTER MOVING TO A NEW TOWN) ..... 14  
AGORAPHOBIA (E.G., LEAVING HOME ALONE AFTER A DIVORCE)..... 15  
SPECIFIC PHOBIAS  
(E.G., FEARS OF BUGS, HEIGHTS, OR CLOSED SPACES)..... 16  
OBSESSIONS (E.G., WORRY ABOUT GERMS)..... 17  
COMPULSIONS (E.G., REPETITIVE HANDWASHING) ..... 18

**NETWORK PROBLEMS**

BEING AWAY FROM HOME OR APART FROM LOVED ONES..... 19  
THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION ..... 20  
THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION ..... 21  
THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION ..... 22  
OTHER NETWORK PROBLEMS (SPECIFY) ..... 23

**SOCIETAL PROBLEMS**

CRIME / VIOLENCE ..... 24  
THE ECONOMY ..... 25  
THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION)..... 26

MORAL DECLINE OF SOCIETY  
 (E.G., COMMERCIALISM, DECLINE OF THE FAMILY) ..... 27  
 WAR / REVOLUTION ..... 28  
 OTHER SOCIETAL PROBLEMS (SPECIFY) ..... 29

**OTHER PROBLEMS (SPECIFY)**  
**FIRST (SPECIFY)** ..... 30  
 \_\_\_\_\_  
**SECOND (SPECIFY)** ..... 31  
 \_\_\_\_\_  
**THIRD (SPECIFY)** ..... 32  
 \_\_\_\_\_

**YGA2\_G3.**

Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?

- YES ..... 1
- NO ..... 5
- DK .....
- RF .....

**YGA3\_G4.**

How often did you find it difficult to control your (worry or anxiety/nerves or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

- OFTEN ..... 1
- SOMETIMES ..... 2
- RARELY ..... 3
- NEVER ..... 4
- DK .....
- RF .....

**YGA4\_G4a.**

How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried -- often, sometimes, rarely, or never?

- OFTEN .....1
- SOMETIMES .....2
- RARELY .....3
- NEVER .....4
- DK .....
- RF .....

**INTERVIEWER CHECKPOINT: (SEE YGA4, YGA4a)**

- YGA4 EQUALS '1' OR '2' OR YGA4a EQUALS '1' OR '2' ..... 1
- ALL OTHERS ..... 2 (GO TO NEXT SECTION)

**YGA5a\_G5.**

What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) most days?

IF VOL “WHOLE LIFE” OR “AS LONG AS I CAN REMEMBER,” **CODE 995 YEARS**

PROBE DK: Did you ever have a period that lasted 6 months or longer?  
 (IF NOT) Did you ever have a period that lasted 1 month or longer?

\_\_\_\_\_ NUMBER  
 DK  
 RF

**YGA5b\_G5.**

CIRCLE UNIT OF TIME: DAYS...1      WEEKS...2      MONTHS...3      YEARS...4  
 DK  
 RF

**CHECKPOINT\_YGA6\_G6.**  
**INTERVIEWER CHECKPOINT: (SEE YGA5)**

LESS THAN 1 MONTH..... 1      **GO TO NEXT SECTION**  
 1 TO 5 MONTHS ..... 2      **GO TO CHECKPOINT\_YGA7\_G7**  
 ALL OTHERS ..... 3      **GO TO CHECKPOINT\_YGA8\_G8**

**CHECKPOINT\_YGA7\_G7.**

INTERVIEWER INSTRUCTION: ASK ABOUT “PERIODS LASTING ONE MONTH OR LONGER” FOR THE REMAINDER OF THE SECTION      **(GO TO YGA7\_G9)**

**CHECKPOINT\_YGA8\_G8.**

INTERVIEWER INSTRUCTION: ASK ABOUT “PERIODS LASTING SIX MONTHS OR LONGER” FOR THE REMAINDER OF THE SECTION      **(GO TO YGA7\_G9)**

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YGA7a_G9a.</b> Think of your worst period lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems: Did you often feel restless, keyed up, or on edge?	1	5	8	9
<b>YGA7b_G9b.</b> Did you often get tired easily?	1	5	8	9

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YGA 7c_G9c.</b> Were you often more irritable than usual?	1	5	8	9
<b>YGA 7d_G9d.</b> Did you often have difficulty concentrating or keeping your mind on what you were doing?	1	5	8	9
<b>YGA7e_G9e.</b> Did you often have tense, sore, or aching muscles?	1	5	8	9
<b>YGA7f_G9f.</b> Did you often have trouble falling or staying asleep?	1	5	8	9

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YGA8a_G10a.</b> Did your heart often pound or race?	1	5	8	9
<b>YGA8b_G10b.</b> Did you often sweat?	1	5	8	9
<b>YGA8c_G10c.</b> Did you often tremble or shake?	1	5	8	9
<b>YGA8d_G10d.</b> Did you often have a dry mouth?	1	5	8	9
<b>YGA8e_G10e.</b> Were you sad or depressed most of the time?	1	5	8	9

---

**CHECKPOINT\_YGA9\_G11.**

INTERVIEWER CHECKPOINT: (SEEH YGA7, YGA8)

ZERO RESPONSES CODED '1' IN YGA7 AND YGA8 SERIES ..... 1 **GO TO NEXT SECTION**

ZERO RESPONSES CODED '1' IN YGA8 SERIES ..... 2 **GO TO CHECKPOINT\_YGA14**

FOUR OR MORE RESPONSES CODED '1' IN YGA7 AND YGA8 SERIES..... 3 **GO TO YGA11**  
**ALL OTHERS** ..... 4 **GO TO YGA10**

---

**CHECKPOINT\_YGA9\_G12.**

INTERVIEWER CHECKPOINT: (SEE YGA7)

TWO OR MORE RESPONSES CODED '1' IN YGA7 SERIES ..... 1 **(GO TO YGA11)**

**ALL OTHERS** ..... 2 **(GO TO NEXT SECTION)**

<b>YGA10.</b> INTERVIEWER QUERY: TOTAL NUMBER RESPONSES  CODED '1' IN YGA7SERIES IS _____ CODED '1' IN YGA8 SERIES IS _____ GO TO YGA11 AS SOON AS FIVE RESPONSES CODED '1' IN YGA7, YGA8, YGA10 SERIES	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YGA10a_G13a.</b> Did you often feel dizzy or lightheaded?	1	5	8	9
<b>YGA10b_G13b.</b> Were you often short of breath?	1	5	8	9
<b>YGA10c_G13c.</b> Did you often feel like you were choking?	1	5	8	9
<b>YGA10d_G13d.</b> Did you often have pain or discomfort in your chest?	1	5	8	9
<b>YGA10e_G13e.</b> Did you often have pain or discomfort in your stomach?	1 <b>GO TO YGA10g_G13g</b>	5	8	9
<b>YGA10f_G13f.</b> Did you often have nausea?	1	5	8	9
<b>YGA10g_G13g.</b> Did you often feel that you were unreal?	1 <b>GO TO YGA10i _G13i</b>	5	8	9
<b>YGA10h_G13h.</b> Did you often feel that things around you were unreal?	1	5	8	9
<b>YGA10i_G13i.</b> Were you often afraid that you might lose control or go crazy?	1 <b>GO TO YGA10k_G13k</b>	5	8	9
<b>YGA10j_G13j.</b> Were you often afraid that you might pass out?	1	5	8	9
<b>YGA10k_G13k.</b> Were you often afraid that you might die?	1	5	8	9
<b>YGA10l_G13l.</b> Did you often have hot flushes or chills?	1	5	8	9
<b>YGA10m_G13m.</b> Did you often have numbness or tingling sensations?	1	5	8	9
<b>YGA10n_G13n.</b> Did you often feel like you had a lump in your throat?	1	5	8	9
<b>YGA10o_G13o.</b> Were you easily startled?	1	5	8	9

**CHECKPOINT\_ YGA13\_G14.**

INTERVIEWER CHECKPOINT: (SEE YGA7, YGA8, YGA10)

- TWO OR MORE RESPONSES CODED '1' IN YGA7 SERIES ..... 1
- THREE OR MORE RESPONSES CODED '1' IN YGA7, YGA8, YGA10 SERIES.....2
- ALL OTHERS ..... 3 (GO TO NEXT SECTION)

**YGA11\_G15.**

How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – no distress, mild distress, moderate distress, severe distress, or very severe distress?

- NO ..... 1
- MILD..... 2
- MODERATE ..... 3
- SEVERE..... 4
- VERY SEVERE ..... 5
- DK
- RF

**YGA12\_G17.**

How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- NOT AT ALL ..... 1 (GO TO CHECKPOINT\_ YGA10)
- A LITTLE ..... 2
- SOME..... 3
- A LOT ..... 4
- EXTREMELY ..... 5
- DK
- RF

**YGA12a\_G17a.**

How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

- OFTEN ..... 1
- SOMETIMES ..... 2
- RARELY ..... 3
- NEVER ..... 4
- DK
- RF

**CHECKPOINT\_ YGA12\_G17.**

INTERVIEWER CHECKPOINT: (SEE YGA11, YGA12)

- YGA11 EQUALS '3', '4', OR '5' OR YGA12 EQUALS '3', '4', OR '5' ..... 1
- ALL OTHERS ..... 2 (GO TO NEXT SECTION)



**YGA13\_G26.**

Think of the very first time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your exact age?

- YES ..... 1
- NO ..... 5 (GO TO YGA13b\_G26)
- DON'T KNOW ..... 8 (GO TO YGA13b\_G26)
- REFUSED..... 9 (GO TO YGA13b\_G26)

**YGA13a\_G26a.**

(IF NEC: How old were you?)

- \_\_\_\_\_ AGE (GO TO YGA14\_G27)
- DON'T KNOW ..... 998 (GO TO YGA14\_G27)
- REFUSED..... 999 (GO TO YGA14\_G27)

**YGA13b\_G26b.**

About how old were you?

➤ IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"  
**PROBE:** Was it before you first started school?

➤ IF NOT YES, **PROBE:** Was it before you were a teenager?

- \_\_\_\_\_ YEARS OLD
- BEFORE STARTED SCHOOL ..... 4
- BEFORE TEENAGER..... 12
- NOT BEFORE TEENAGER ..... 13
- WHOLE LIFE OR DON'T KNOW ..... 998
- REFUSED..... 999

**YGA14\_G27.**

Did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried), lasting at least one month or longer, in the past 12 months?

- YES ..... 1
- NO ..... 5 (GO TO YGA14b\_G27b)
- DON'T KNOW ..... 8 (GO TO YGA14b\_G27b)
- REFUSED..... 9 (GO TO YGA14b\_G27b)

**YGA14b\_G27b.**

How many months in the past 12 months were you in an episode of this sort?

- \_\_\_\_\_ MONTHS
  - DON'T KNOW ..... 98
  - REFUSED..... 99
- (GO TO NEXT SECTION)**

**YGA14c\_G27c.**

How old were you the last time you had one of these episodes?

\_\_\_\_\_ YEARS OLD

DK

RF

---

**GO TO NEXT SECTION**

**Section 13: INTERMITTENT EXPLOSIVE DISORDER (YIE)**

**INTERVIEWER CHECKPOINT IED1:**

- YSC3\_SC20.1 IS CODED "1" (YES)..... 1    **GO TO CHECKPOINT IED2**
- YSC4\_SC20.2 IS CODED "1" (YES)..... 2    **GO TO YIE1\_IED3 INTRO 4**
- YSC5\_SC20.3 IS CODED "1" (YES)..... 3    **GO TO YIE1\_IED3 INTRO 5**
- ALL OTHERS..... 4    **GO TO NEXT SECTION**

**INTERVIEWER CHECKPOINT IED2:**

- YSC4\_SC20.2 IS CODED "1" (YES)..... 1    **GO TO YIE1\_IED3 INTRO 1**
- YSC5\_SC20.3 IS CODED "1" (YES)..... 2    **GO TO YIE1\_IED3 INTRO 2**
- ALL OTHERS..... 3    **GO TO YIE1\_IED3 INTRO 3**

<p><b>YIE1_IED3. INTRO 1.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke something, hurt someone, or threatened to hurt someone?</p>	<p><b>YIE1_IED3. INTRO 2.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke something or threatened to hurt someone?</p>	<p><b>YIE1_IED3. INTRO 3.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and broke or smashed something of value. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke or smashed something?</p>	<p><b>YIE1_IED3. INTRO 4.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either hurt someone or threatened to hurt someone?</p>	<p><b>YIE1_IED3. INTRO 5.</b> Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and threatened to hurt someone?</p>
<p>CODE RESPONSES GREATER THAN 9997 AS 9997</p> <p>_____ ATTACKS</p> <p>DON'T KNOW..... 998</p> <p>REFUSED..... 999</p>				

**INTERVIEWER CHECKPOINT IED4.:**

**YIED1\_IED3** EQUALS '0'-'2' ..... 1 **GO TO NEXT SECTION**  
ALL OTHERS..... 2

---

**YIE2\_IED5.**

Did these anger attacks sometimes occur without a good reason?

YES ..... 1 **GO TO YIE4\_IED6**  
NO..... 5  
DK  
RF

---

**YIE3\_IED5a.**

Did the attacks sometimes occur in situations where most people would not have had an anger attack?

YES..... 1 **GO TO YIE4\_IED6**  
NO .....5  
DK  
RF

---

**YIE3a\_IED5b.**

During those attacks, did you sometimes get a lot more angry than most people would have been in the same situation.

YES..... 1  
NO .....5 **GO TO NEXT SECTION**  
DON'T KNOW .....8 **GO TO NEXT SECTION**  
REFUSED .....9 **GO TO NEXT SECTION**

---

**YIE4\_IED6.**

Did you have times before these attacks when you felt such a strong impulse to let loose or blow-up that you couldn't resist it no matter how hard you tried?

YES ..... 1  
NO..... 5  
DK  
RF

---

**YIE5\_IED7.**

How often was your anger out of control during your typical attacks -- all of the time, most of the time, sometimes, rarely, or never?

ALL OF THE TIME ..... 1  
MOST OF THE TIME ..... 2  
SOMETIMES..... 3  
RARELY..... 4  
NEVER ..... 5  
DK  
RF

---

**INTERVIEWER CHECKPOINT IED8.**

- YIE4\_IED6 EQUALS '1' ..... 1
- YIE5\_IED7 EQUALS '1'-'4' ..... 2
- ALL OTHERS ..... 3   **GO TO NEXT SECTION**

---

**YIE6\_IED9.**

Some people only have anger attacks when they drink alcohol or use drugs. Did your anger attacks usually occur when you had been drinking or using drugs?

- YES ..... 1
- NO ..... 5   **GO TO YIE7\_IED11**
- DON'T KNOW ..... 8   **GO TO YIE7\_IED11**
- REFUSED ..... 9   **GO TO YIE7\_IED11**

---

**YIE6a\_IED9a.**

Did you ever have anger attacks when you had not been drinking or using drugs?

- YES ..... 1
- NO ..... 5   **GO TO NEXT SECTION**
- DON'T KNOW ..... 8   **GO TO NEXT SECTION**
- REFUSED ..... 9   **GO TO NEXT SECTION**

---

**YIE7\_IED11.**

Some people only have anger attacks when they are sad or depressed. Did your anger attacks usually occur during periods of time when you were sad or depressed?

- YES ..... 1
- NO ..... 5   **GO TO CHECKPOINT IED12**
- DON'T KNOW ..... 8   **GO TO CHECKPOINT IED12**
- REFUSED ..... 9   **GO TO CHECKPOINT IED12**

---

**YIE7a\_IED11a.**

Did you ever have anger attacks at times you were not sad or depressed?

- YES .....1
- NO .....5
- DK
- RF

---

**INTERVIEWER CHECKPOINT IED12.:**

- YSC3\_SC20\_1 IS CHECKED ..... 1
- YSC4\_SC20\_2 IS CHECKED ..... 2   **GO TO YIE9\_IED15**
- ALL OTHERS ..... 3   **GO TO YIE10\_IED16**

**YIE8\_IED13.**

Think about all the things you ever damaged or broke during your anger attacks. What is the approximate combined repair cost or replacement value of all these things?

CODE RESPONSES GREATER THAN \$9,997 AS \$9,997

\$ \_\_\_\_\_  
DK  
RF

---

**INTERVIEWER CHECKPOINT IED14.**

YSC4\_SC20\_2 EQUALS '1' ..... 1  
ALL OTHERS..... 2   **GO TO YIE10\_IED16**

---

**YIE9\_IED15.**

About how many times during your anger attacks did you ever hurt someone badly enough that they needed medical attention?

CODE RESPONSES GREATER THAN 997 AS 997

\_\_\_\_\_ TIMES  
DK  
RF

---

**YIE10\_IED16.**

How much did your anger attacks ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?

NOT AT ALL ..... 1   **GO TO YIE11\_IED17**  
A LITTLE ..... 2  
SOME ..... 3  
A LOT ..... 4  
EXTREMELY ..... 5  
DK  
RF

---

**YIE11\_IED17.**

How often did you feel guilty or embarrassed or regretful in the days or weeks after your attacks -- all of the time, most of the time, sometimes, rarely, or never?

ALL OF THE TIME ..... 1  
MOST OF THE TIME ..... 2  
SOMETIMES..... 3  
RARELY..... 4  
NEVER ..... 5  
DK  
RF

---

**YIE12\_IED18.**

Think of the very first time in your life you had an anger attack. Can you remember your exact age when that attack occurred?

- YES ..... 1
- NO ..... 5    **GO TO YIE12b\_IED18b**
- DON'T KNOW ..... 8    **GO TO YIE12b\_IED18b**
- REFUSED ..... 9    **GO TO YIE12b\_IED18b**

**YIE12a\_IED18a.**

(IF NEC: How old were you)?

\_\_\_\_\_ YEARS OLD    **GO TO YIE13\_IED22**

- DON'T KNOW .....998    **GO TO YIE13\_IED22**
- REFUSED .....999    **GO TO YIE13\_IED22**

**YIE12b\_IED18b.**

About how old were you?

\_\_\_\_\_ YEARS OLD

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"  
 PROBE: Was it before you first started school?  
 IF NO, PROBE: Was it before you were a teenager?

- BEFORE STARTED SCHOOL.....4
- BEFORE TEENAGER .....12
- NOT BEFORE TEENAGER .....13
- WHOLE LIFE OR DON'T KNOW.....998
- REFUSED .....999

**YIE13\_IED22.**

How many anger attacks did you have in the past 12 months?

\_\_\_\_\_ ATTACKS

- DK
- RF

**YIE13a\_IED22a.**

How old were you the last time you had an anger attack?

\_\_\_\_\_ YEARS OLD    **GO TO NEXT SECTION**

- DON'T KNOW .....998    **GO TO NEXT SECTION**
- REFUSED .....999    **GO TO NEXT SECTION**

**YIE14\_IED23.**

About how many weeks in the past twelve months did you have at least one of these attacks?

\_\_\_\_\_ WEEKS  
DK  
RF

---

**YIE15\_IED24.**

And how many attacks in total did you have during the past twelve months?

CODE RESPONSES GREATER THAN 997 AS 997

\_\_\_\_\_ ATTACKS  
DK  
RF

---

**YIE16. INTERVIEWER CHECKPOINT: (SEE YSC12\_SC31, YSC13\_SC32)**

FOLLOW SKIP FOR THE FIRST ENDORSED ITEM:

- YSC12\_SC31 EQUALS '1' ..... 1 GO TO YAD1\_AD1, NEXT SECTION
- YSC13\_SC32 EQUALS '1' ..... 2 GO TO YAD3b\_AD29, NEXT SECTION
- ALL OTHERS ..... 3 GO TO OD1



**Section 14: ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (YAD)**

(IF NEC: Very Frequently, often, once in a while, or never?)	Very Frequently (1)	Often (2)	Once in a While (3)	Never (4)	DK (8)	RF (9)
<p><b>YAD1a_AD1a1.</b> Earlier in the interview you mentioned having a time that began before the age of seven when you had a lot more trouble than most people with <u>concentration</u> or <u>attention</u>. The next questions are about that time. How often did you have the following problems during that time: How often did you lose things like assignments or books or other things you needed? Very frequently, often, once in a while, or never?</p> <p><b>(KEY PHRASE: often losing things)</b></p>	1	2	3	4	8	9
<p><b>YAD1b_AD1b1.</b> How often did you make a lot of careless mistakes in your homework, work, or other activities?</p> <p><b>(KEY PHRASE: making lots of careless mistakes)</b></p>	1	2	3	4	8	9
<p><b>YAD1c_AD1c1.</b> How often did you forget what you were supposed to be doing or what you had planned to do?</p> <p><b>(KEY PHRASE: being forgetful)</b></p>	1	2	3	4	8	9
<p><b>YAD1d_AD1d1.</b> How often did people say that you did not seem to be listening when they spoke to you?</p> <p><b>(KEY PHRASE: being told by others that you didn't seem to listen to them)</b></p>	1	2	3	4	8	9
<p><b>CHECKPOINT_YAD1d1_AD1d1.</b> INTERVIEWER CHECKPOINT: (SEE YAD1a_AD1a1-YAD1d_AD1d1)</p> <p style="text-align: center;">ONE TO FOUR RESPONSES CODED '1' or '2' ..... 1 ALL OTHERS..... 2     <b>GOTO</b></p> <p><b>YAD3b_AD29</b></p>						

<p><b>YAD1e_AD1e1.</b> How often did you quickly lose interest in games you were playing or in work you were doing at home or at school?  (<b>KEY PHRASE: quickly losing interest in activities</b>)</p>	1	2	3	4	8	9
<p><b>CHECKPOINT_YAD1e1_AD1e1.</b> INTERVIEWER CHECKPOINT: (SEE YAD1a_AD1a1-YAD1e_AD1e1)  TWO TO FIVE RESPONSES CODED '1' or '2' ..... 1 ALL OTHERS..... 2      <b>GO TO YAD3b_AD29</b></p>						
<p><b>YAD1f_AD1f1.</b> How often were you unable to keep your mind on what you were doing if things were going on nearby?  (<b>KEY PHRASE: being easily distracted</b>)</p>	1	2	3	4	8	9
<p><b>CHECKPOINT_YAD1f1_AD1f1.</b> INTERVIEWER CHECKPOINT: (SEE YAD1a_AD1a1-YAD1f_AD1f1)  THREE TO FIVE RESPONSES CODED '1' or '2' ..... 1 SIX RESPONSES CODED '1' or '2' ..... 2      <b>GO TO YAD2_AD3</b> ALL OTHERS..... 3      <b>GO TO YAD3b_AD29</b></p>						
<p><b>YAD1g_AD1g1.</b> How often did you dislike, stay away from, or put off doing things that required a lot of concentration?  (<b>KEY PHRASE: disliking, avoiding, or putting off doing things that required a lot of concentration</b>)</p>	1	2	3	4	8	9

Very Frequently (1)	Often (2)	Once in a While (3)	Never (4)	DK (8)	RF (9)
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**CHECKPOINT\_YAD1g1\_AD1g.1.**  
 INTERVIEWER CHECKPOINT: (SEE YAD1a\_AD1a1-YAD1g\_AD1g1)

FOUR TO FIVE RESPONSES CODED '1' or '2' ..... 1  
 SIX RESPONSES CODED '1' or '2' ..... 2 **GO TO YAD2\_AD3**  
 ALL OTHERS..... 3 **GO TO YAD3b\_AD29**

<b>YAD1h_AD1h1.</b> How often did you get confused when you had to make plans or decide the order in which to do things?  <b>(KEY PHRASE: getting confused when you had to make plans)</b>	1	2	3	4	8	9
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**CHECKPOINT\_YAD1h1\_AD1h.1.**  
 INTERVIEWER CHECKPOINT: (SEE YAD1a\_AD1a1-YAD1h\_AD1h1)

FIVE RESPONSES CODED '1' or '2' ..... 1  
 SIX RESPONSES CODED '1' or '2' ..... 2 **GO TO YAD2\_AD3**  
 ALL OTHERS..... 3 **GO TO YAD3b\_AD29**

<b>YAD1i_AD1i1.</b> How often did you leave chores, homework or other work unfinished even when you meant to get them done?  <b>(KEY PHRASE: leaving important jobs or homework undone)</b>	1	2	3	4	8	9
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**CHECKPOINT\_YAD1o\_AD2.**  
 INTERVIEWER CHECKPOINT: (SEE YAD1a\_AD1a1-YAD1i\_AD1i1)  
 \*\* SIX OR MORE '1' OR '2' RESPONSES IN YAD1a-i .....1  
 ALL OTHERS.....2 **GO TO YAD3b\_AD29**

---

**YAD2\_AD3.**  
 You had several concentration and attention problems, such as (KEY PHRASES FOR FIRST 3 ITEMS CODED '1' OR '2' IN YAD1 SERIES). Can you remember your exact age the very first time in your life when you had any of these problems for six months or longer?

YES.....1  
 NO .....5 **GO TO YAD2b\_AD3b**  
 DON'T KNOW .....8 **GO TO YAD2b\_AD3b**  
 REFUSED .....9 **GO TO YAD2b\_AD3b**

**YAD2a\_AD3a.**

(IF NEC: How old were you?)

\_\_\_\_\_ YEARS OLD      **GO TO YAD3\_AD4**  
DON'T KNOW .....998      **GO TO YAD3\_AD4**  
REFUSED .....999      **GO TO YAD3\_AD4**

---

**YAD2b\_AD3b.**

About how old were you the first time (you had any of these problems)?

- IF DON'T KNOW, PROBE: Can you remember what grade you were in at school?
- IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you were seven?
- IF NOT YES, PROBE: Was it before your teens?

\_\_\_\_\_ YEARS OLD      OR      \_\_\_\_\_ GRADE  
BEFORE SEVEN YEARS OLD .....6  
NOT BEFORE SEVEN YEARS OLD .....8  
BEFORE TEENS .....12  
NOT BEFORE TEENS .....13  
WHOLE LIFE .....996  
DON'T KNOW .....998  
REFUSED .....999

---

**YAD3\_AD4.**

Did you still have a lot of problems with concentration and attention during the past 12 months?

YES .....1      **GO TO YAD3b\_AD29**  
NO .....5  
DON'T KNOW .....8  
REFUSED .....9

---

**YAD3a\_AD4a.**

How old were you the last time you had six months or longer when you had a lot of problems with concentration or attention?

\_\_\_\_\_ YEARS OLD  
DON'T KNOW .....998  
REFUSED .....999

---

**YAD3b\_AD29.**

INTERVIEWER CHECKPOINT: (SEE YSC13\_SC32)

YSC13\_SC32 EQUALS '1' ..... 1  
ALL OTHERS ..... 2      **GO TO YOD1, NEXT SECTION**

<b>(IF NEC: Very frequently, often, once in a while, or never?)</b>	<b>Very Frequently (1)</b>	<b>Often (2)</b>	<b>Once in a While (3)</b>	<b>Never (4)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>YAD4a_AD30a1.</b>                      (IF YSC12_SC31 EQUALS '1':                      You also mentioned earlier in the interview/ IF YSC13_32 EQUALS '1': Earlier in the interview you mentioned) having a time that began before the age of seven when you had a lot more trouble than most people with being very <u>restless</u>, <u>fidgety</u>, or <u>impatient</u>. How often did you have the following problems during that time:</p> <p>How often were you often very active even when you were not supposed to be – for example, climbing on things or running around even after being asked to keep still?                      Very frequently, often, once in a while, or never?</p> <p><b>(KEY PHRASE: being very active when you were not supposed to be)</b></p>	1	2	3	4	8	9
<p><b>YAD4b_AD30b1.</b>                      How often did you feel very restless?</p> <p><b>(KEY PHRASE: often feeling very restless)</b></p>	1	2	3	4	8	9
<p><b>YAD4c_AD30c1.</b>                      How often were you “on the go,” usually taking very little time to rest?</p> <p><b>(KEY PHRASE: being “on the go” without taking time to rest)</b></p>	1	2	3	4	8	9
<p><b>YAD4d_AD30d1.</b>                      How often did you have trouble playing quietly or doing quiet activities like reading for more than a few minutes at a time?</p> <p><b>(KEY PHRASE: having trouble playing quietly)</b></p>	1	2	3	4	8	9

(IF NEC: Very frequently, often, once in a while, or never?)	Very Frequently (1)	Often (2)	Once in a While (3)	Never (4)	DK (8)	RF (9)
<b>YAD4e_AD30e1.</b> How often did you usually fidget or squirm a great deal when you were sitting down?  <b>(KEY PHRASE: fidgeting or squirming a lot)</b>	1	2	3	4	8	9
<b>YAD4f_AD30f1.</b> How often did you get up from your seat when you were not supposed to – like at dinner, at school or – at religious services?  <b>(KEY PHRASE: getting up from your seat when you were not supposed to)</b>	1	2	3	4	8	9
<b>CHECKPOINT_YAD4f1_AD30f1.</b> INTERVIEWER CHECKPOINT: (SEE YAD4a_AD30a1-YAD4f_AD30f1)  ONE TO FIVE RESPONSES CODED '1' OR '2' ..... 1 SIX RESPONSES CODED '1' OR '2' ..... 2 <b>GO TO YAD5_AD32</b> ALL OTHERS..... 3 <b>GO TO YOD1, NEXT SECTION</b>						
<b>YAD4g_AD30g1.</b> How often did you talk a lot more than other people your age?  <b>(KEY PHRASE: being very talkative)</b>	1	2	3	4	8	9
<b>CHECKPOINT_YAD4g_AD30g1.</b> INTERVIEWER CHECKPOINT: (SEE YAD4a_AD30a1-YAD4g_AD30g1)  TWO TO FIVE RESPONSES CODED '1' OR '2' ..... 1 SIX RESPONSES CODED '1' OR '2' ..... 2 <b>GO TO YAD5_AD32</b> ALL OTHERS..... 3 <b>GO TO YOD1, NEXT SECTION</b>						
<b>YAD4h_AD30h1.</b> How often did you blurt out answers to other people's questions even before they finished speaking?  <b>(KEY PHRASE: interrupting people by blurtng out answers to their questions before they were done speaking)</b>	1	2	3	4	8	9

(IF NEC: Very frequently, often, once in a while, or never?)	Very Frequently (1)	Often (2)	Once in a While (3)	Never (4)	DK (8)	RF (9)
<p><b>CHECKPOINT_YAD4h_AD30h.1.</b>                      INTERVIEWER CHECKPOINT: (SEE YAD4a_AD30a1-YAD4h_AD30h1)</p> <p style="margin-left: 40px;">THREE TO FIVE RESPONSES CODED '1' or '2' ..... 1                      SIX RESPONSES CODED '1' or '2' ..... 2     <b>GO TO YAD5_AD32</b>                      ALL OTHERS..... 3     <b>GO TO YOD1, NEXT SECTION</b></p>						
<p><b>YAD4i_AD30i1.</b>                      How often did you interrupt people or join other people's conversations without being asked to do so?</p> <p><b>(KEY PHRASE: interrupting conversations )</b></p>	1	2	3	4	8	9
<p><b>YAD4i_AD30i.1.</b>                      INTERVIEWER CHECKPOINT: (SEE YAD4a_AD30a1-YAD4i_AD30i1)</p> <p style="margin-left: 40px;">FOUR TO FIVE RESPONSES CODED '1' or '2' ..... 1                      SIX RESPONSES CODED '1' or '2' ..... 2     <b>GO TO YAD5_AD32</b>                      ALL OTHERS..... 3     <b>GO TO YOD1, NEXT SECTION</b></p>						
<p><b>YAD4j_AD30j1.</b>                      How often did you try to join games or other activities that were already happening?</p> <p><b>(KEY PHRASE: interrupting games or other activities )</b></p>	1	2	3	4	8	9
<p><b>CHECKPOINT_YAD4j_AD30j.1.</b>                      INTERVIEWER CHECKPOINT: (SEE YAD4a_AD30a1-YAD4j_AD30j1)</p> <p style="margin-left: 40px;">FIVE RESPONSES CODED '1' or '2' ..... 1                      SIX RESPONSES CODED '1' or '2' ..... 2     <b>GO TO YAD5_AD32</b>                      ALL OTHERS..... 3     <b>GO TO YOD1, NEXT SECTION</b></p>						
<p><b>YAD4k_AD30k1.</b>                      How often did you have a lot of trouble <u>waiting your turn</u> – for example, how often was it very hard for you to wait in a line or to wait for a teacher to call on you in class before you spoke out loud?</p> <p><b>(KEY PHRASE: having trouble waiting your turn)</b></p>	1	2	3	4	8	9

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**CHECKPOINT\_YAD4I\_AD31.**

INTERVIEWER CHECKPOINT: (SEE YAD4a\_AD30a1-YAD4k\_AD30k1)

\*\* 3 OR MORE RESPONSES CODED '1' OR '2' IN

YAD4a\_AD30a1-YAD4k\_AD30k1 ..... 1  
ALL OTHERS ..... 2 **GO TO YOD1, NEXT SECTION**

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**YAD5\_AD32.**

You mentioned several problems with restlessness and impatience, such as (KEY PHRASES FOR FIRST 3 ITEMS CODED '1' OR '2' IN YAD\_AD30a1-YAD\_AD30k1). Can you remember your exact age the very first time in your life when you had any of these problems for six months or longer?

YES.....1  
NO.....5 **GO TO YAD5b\_AD32b**  
DON'T KNOW .....8 **GO TO YAD5b\_AD32b**  
REFUSED .....9 **GO TO YAD5b\_AD32b**

---

**YAD5a\_AD32a.**

(IF NEC: How old were you?)

\_\_\_\_\_ YEARS OLD **GO TO YAD6\_AD33**

DON'T KNOW .....998 **GO TO YAD6\_AD33**  
REFUSED .....999 **GO TO YAD6\_AD33**

---

**YAD5b\_AD32b.**

About how old were you the first time (you had any of these problems)?

- IF DON'T KNOW, PROBE: Can you remember what grade you were in at school?
- IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you were seven?
- IF NOT YES, PROBE: Was it before your teens?

\_\_\_\_\_ YEARS OLD            OR            \_\_\_\_\_ GRADE

BEFORE SEVEN YEARS OLD .....6  
NOT BEFORE SEVEN YEARS OLD.....8  
BEFORE TEENS .....12  
NOT BEFORE TEENS .....13  
WHOLE LIFE .....996  
DON'T KNOW .....998  
REFUSED.....999

---

**YAD6\_AD33.**

Did you still have a lot of problems with restlessness or impatience during the past 12 months?

YES.....1 **GO TO YOD1, NEXT SECTION**  
NO.....5  
DON'T KNOW .....8  
REFUSED .....9



---

**YAD6a\_AD33a.**

How old were you the last time you had six months or longer when you had these problems?

\_\_\_\_\_ YEARS OLD

DON'T KNOW .....998

REFUSED.....999

**GO TO YOD1, NEXT SECTION**

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**Section 15: Youth Oppositional Defiant Disorder & Behavioral Problems Index (YOD)**

		OFTEN TRUE	SOMETIMES TRUE	NOT TRUE	REFUSED	DON'T KNOW
<b>YOD1a</b>	I am going to read a list of items that describe feelings or thoughts people sometimes have. For each item that describes you now or in the past six months, please tell me if it is often true, sometimes true, or not true of you.  I have trouble concentrating or paying attention.	1	2	3	7	8
<b>YOD1b</b>	I lie or cheat.	1	2	3	7	8
<b>YOD1c</b>	I tease others a lot.	1	2	3	7	8
<b>YOD1d</b>	I disobey my parents.	1	2	3	7	8
<b>YOD1e</b>	I have trouble sitting still.	1	2	3	7	8
<b>YOD1f</b>	I have a hot temper.	1	2	3	7	8
<b>YOD1g</b>	I would rather be alone than with others.	1	2	3	7	8
<b>YOD1h</b>	I hang around with kids who get into trouble.	1	2	3	7	8
<b>YOD1i</b>	I disobey at school.	1	2	3	7	8
<b>YOD1j</b>	I don't get along with other kids.	1	2	3	7	8
<b>YOD1k</b>	I have trouble getting along with teachers.	1	2	3	7	8

**YOD1l.**

INTERVIEWER CHECKPOINT: (SEE YSC14\_SC33)

YSC14\_SC33 IS CODED '1'.....1 GO TO YOD2\_OD1

ALL OTHERS.....2 GO TO NEXT SECTION

**YOD2\_OD1.**

	YES (1)	NO (5)	DK (8)	RF (9)
<b>YOD2a_OD1b.</b> Earlier in the interview you mentioned a time lasting six months or longer when you often did things that got you in trouble with adults. Which of the following things did you do during that time: Did you often argue with or "talk back" to adults?  <b>(KEY PHRASE: often argued with adults)</b>	1 <b>GO TO YOD2c_OD1e</b>	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
<b>YOD2b_OD1d.</b> Did you often refuse to follow directions from adults like your parents, teacher, or boss?  <b>(KEY PHRASE: refused to follow directions)</b>	1	5	8	9
<b>CHECKPOINT_YOD2b1_OD1d.1.</b> INTERVIEW CHECKPOINT: (SEE YOD1d, YOD1f, YOD1i & YOD2a_OD1b – YOD2b_OD1d)  FOUR RESPONSES CODED ‘1’ .....1 <b>GO TO YOD3_OD3</b> ALL OTHERS .....2				
<b>YOD2c_OD1e.</b> Were you angry a lot of the time?  <b>(KEY PHRASE: were angry a lot)</b>	1	5	8	9
<b>CHECKPOINT_YOD2c1_OD1e.1.</b> INTERVIEW CHECKPOINT: (SEE YOD1d, YOD1f, YOD1i & YOD2a_OD1b – YOD2c_OD1e)  FOUR RESPONSES CODED ‘1’ .....1 <b>GO TO YOD3_OD3</b> ALL OTHERS .....2				
<b>YOD2d_OD1f.</b> Did you often feel you were being taken advantage of or treated unfairly?  <b>(KEY PHRASE: felt like you were being treated unfairly)</b>	1	5	8	9
<b>CHECKPOINT_YOD2d1_OD1f.1.</b> INTERVIEW CHECKPOINT: (SEE YOD1d, YOD1f, YOD1i & YOD2a_OD1b – YOD2d_OD1f)  FOUR RESPONSES CODED ‘1’ .....1 <b>GO TO YOD3_OD3</b> ZERO RESPONSES CODED ‘1’ .....2 <b>GO TO NEXT SECTION</b> ALL OTHERS .....3				
<b>YOD2e_OD1g.</b> Did you annoy people on purpose by doing or saying things just to bother them?  <b>(KEY PHRASE: annoyed people on purpose)</b>	1	5	8	9
<b>CHECKPOINT_YOD2e1_OD1g.1.</b> INTERVIEW CHECKPOINT: (SEE YOD1d, YOD1f, YOD1i & YOD2a_OD1b – YOD2e_OD1g)  FOUR RESPONSES CODED ‘1’ .....1 <b>GO TO YOD3_OD3</b> ALL OTHERS .....2				
<b>YOD2f_OD1h.</b> Did you blame others for your mistakes or bad behavior?  <b>(KEY PHRASE: blamed others for your mistakes or bad behavior)</b>	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
<p><b>CHECKPOINT_YOD2f1_OD1h.1.</b>                      INTERVIEW CHECKPOINT: (SEE YOD1d, YOD1f, YOD1i &amp; YOD2a_OD1b – YOD2f_OD1h)</p> <p style="text-align: right;">FOUR RESPONSES CODED ‘1’ .....1    <b>GO TO YOD3_OD3</b>                      ALL OTHERS .....2</p>				
<p><b>YOD2g_OD1i.</b>                      Did you do mean things to “pay people back” for things they did that you didn’t like?                      (KEY PHRASE: did mean things to get back at people)</p>	1	5	8	9
<p><b>CHECKPOINT_YOD2g1_OD1i.1.</b>                      INTERVIEW CHECKPOINT: (SEE YOD1d, YOD1f, YOD1i &amp; YOD2a_OD1b – YOD2g_OD1i)</p> <p style="text-align: right;">FOUR RESPONSES CODED ‘1’ .....1    <b>GO TO YOD3_OD3</b>                      ALL OTHERS .....2</p>				
<p><b>YOD2h_OD1j.</b>                      Did you easily get mad at the way people treated you?                      (KEY PHRASE: easily took offense)</p>	1	5	8	9
<p><b>CHECKPOINT_YOD2h1_OD1j.1.</b>                      INTERVIEW CHECKPOINT: (SEE YOD1d, YOD1f, YOD1i &amp; YOD2a_OD1b – YOD2h_OD1j)</p> <p style="text-align: right;">FOUR RESPONSES CODED ‘1’ .....1    <b>GO TO YOD3_OD3</b>                      ALL OTHERS .....2</p>				
<p><b>YOD2i_OD1k.</b>                      Were you easily annoyed by others?                      (KEY PHRASE: were easily annoyed by others)</p>	1	5	8	9

---

**YOD2j\_OD2.**  
 INTERVIEWER CHECKPOINT: (SEE YOD1d, YOD1f, YOD1i & YOD2a\_OD1b – YOD2i\_OD1k)

FOUR OR MORE “YES” RESPONSES IN  
**YOD1d, YOD1f, YOD1i & YOD2a-i** ..... 1  
 ALL OTHERS.....2    **GO TO NEXT SECTION**

---

**YOD3\_OD3.**  
 You mentioned several things – such as, you (KEY PHRASES FOR 3 ITEMS ENDORSED IN YOD1d, YOD1f, YOD1i & YOD2a-i). Think of the very first time in your life you had six months or longer of feeling or acting like this. Can you remember your exact age?

YES ..... 1  
 NO .....5    **GO TO YOD3b\_OD3b**  
 DON’T KNOW .....8    **GO TO YOD3b\_OD3b**  
 REFUSED .....9    **GO TO YOD3b\_OD3b**

---

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**YOD\_OD3a.**

(IF NEC: How old were you?)

\_\_\_\_\_ YEARS OLD      **GO TO YOD4\_OD4**

DON'T KNOW .....998 **GO TO YOD4\_OD4**

REFUSED .....999 **GO TO YOD4\_OD4**

**YOD3b\_OD3b.**

About how old were you (the first time you had a period of this sort)?

- IF DON'T KNOW, PROBE: Can you remember what grade you were in at school?
- IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?
- IF NOT YES, PROBE: Was it before you were a teenager?

\_\_\_\_\_ YEARS OLD      OR      \_\_\_\_\_ GRADE

BEFORE STARTED SCHOOL ..... 4

BEFORE TEENAGER ..... 12

WHOLE LIFE OR DON'T KNOW..... 998

REFUSED..... 999

---

**YOD4\_OD4.**

Did you still feel or act like this during the past 12 months?

YES .....1      **GO TO NEXT SECTION**

NO.....5

DON'T KNOW .....8

REFUSED .....9

---

**YOD4a\_OD4a.**

How old were you the last time you had six months or longer when you felt or acted like this?

\_\_\_\_\_ YEARS OLD

DON'T KNOW .....998

REFUSED .....999

---

**GO TO NEXT SECTION**

**Section 16: Youth Risky Behavior & Conduct Disorder (YRB)**

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**YRB1\_U1**

First I would like to ask you about smoking habits. Have you ever smoked a cigarette?

- YES  1
- NO (SKIP TO YRB4\_U4)  2
- REFUSED (SKIP TO YRB4\_U4)
- DON'T KNOW (SKIP TO YRB4\_U4)

---

**YRB2\_U2.**

During the past 30 days, on how many days did you smoke a cigarette?

- NUMBER OF DAYS SMOKED CIGARETTES \_\_\_\_\_
- (IF 0, SKIP TO YRB4\_U4)
- DON'T KNOW (SKIP TO YRB4\_U4)
- REFUSED (SKIP TO YRB4\_U4)

---

**YRB3\_U3.**

When you smoked a cigarette during the past 30 days, how many cigarettes did you usually smoke each day?  
(IF NEC: A PACK CONTAINS 20 CIGARETTES)

- NUMBER OF CIGARETTES EACH DAY \_\_\_\_\_
- \_\_\_\_ DON'T KNOW
- \_\_\_\_ REFUSED

---

**YRB4\_U4.**

Next I would like to ask you some questions about drinking alcoholic beverages, including beer, wine, or liquor. Have you ever had a drink of 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. Do not include childhood sips that you might have had from an older person's drink.

- YES  1
- NO (SKIP TO YRB9\_U9)  2
- REFUSED (SKIP TO YRB9\_U9)
- DON'T KNOW (SKIP TO YRB9\_U9)

---

**YRB5\_U5.**

During the past 30 days, on how many days did you have one or more drinks of an alcoholic beverage?

- NUMBER OF DAYS DRANK ALCOHOL \_\_\_\_\_
- (IF 0, SKIP TO YRB9\_U9)
- DON'T KNOW (SKIP TO YRB9\_U9)
- REFUSED (SKIP TO YRB9\_U9)

**YRB6\_U6.**

In the last 30 days, on the days that you drank alcohol, about how many drinks did you usually have?

NUMBER OF ALCOHOLIC BEVERAGES PER DAY \_\_\_\_\_

\_\_\_\_ DON'T KNOW

\_\_\_\_ REFUSED

---

**YRB7\_U7.**

On how many days did you have 5 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.

NUMBER OF DAYS HAD 5+ ALCOHOLIC BEVERAGES \_\_\_\_\_

\_\_\_\_ DON'T KNOW

\_\_\_\_ REFUSED

---

**YRB8\_U8.**

In the last 30 days, how many days have you had something alcoholic to drink, such as beer, wine or hard liquor right before or during school or work hours?

NUMBER OF DAYS DRANK BEFORE OR DURING SCHOOL/WORK \_\_\_\_\_

\_\_\_\_ DON'T KNOW

\_\_\_\_ REFUSED

---

**YRB9\_U9.**

Have you ever used marijuana — that is grass or pot — in your lifetime?

YES  1

NO (SKIP TO YRB12\_U12)  2

REFUSED (SKIP TO YRB12\_U12)

DON'T KNOW (SKIP TO YRB12\_U12)

---

**YRB10\_U10.**

On how many days have you used marijuana in the last 30 days?

NUMBER OF DAYS USED MARIJUANA \_\_\_\_\_ (IF 0, SKIP TO YRB12\_U12)

DON'T KNOW (SKIP TO YRB12\_U12)

REFUSED (SKIP TO YRB12\_U12)

---

**YRB11\_U11.**

In the last 30 days, how many times have you used marijuana right before or during school or work hours?

NUMBER OF DAYS USED MARIJUANA BEFORE OR  
DURING SCHOOL/WORK \_\_\_\_\_

\_\_\_\_ DON'T KNOW

\_\_\_\_ REFUSED

---

**YRB12\_U12.**

Excluding marijuana and alcohol, have you ever used any other drugs like cocaine or crack or heroin, or any other substance not prescribed for you by a doctor, in order to get high or to achieve an altered state?

- YES  1
- NO (SKIP TO YRB14\_U14)  2
- \_\_\_ REFUSED (SKIP TO YRB14\_U14)
- \_\_\_ DON'T KNOW (SKIP TO YRB14\_U14)

---

**YRB13\_U13.**

During the past 12 months, how many times have you used any of these drugs or other substances?

- NUMBER OF TIMES TOOK DRUGS (EXCLUDING MARIJUANA AND ALCOHOL) \_\_\_\_\_
- \_\_\_ DON'T KNOW
- \_\_\_ REFUSED

---

**YRB14\_U14.**

Have you ever sold or helped sell marijuana, hashish or other drugs such as heroin, cocaine, or LSD?

- YES  1
- NO (SKIP TO YRB19\_U19)  2
- \_\_\_ REFUSED (SKIP TO YRB19\_U19)
- \_\_\_ DON'T KNOW (SKIP TO YRB19\_U19)

---

**YRB15\_U15.**

During the past 12 months, how many times have you sold or helped sell marijuana, hashish, or other hard drugs?

- NUMBER OF TIMES SOLD DRUGS \_\_\_\_\_
- \_\_\_ DON'T KNOW
- \_\_\_ REFUSED

---

**YRB16\_U19.**

Are there any gangs in your neighborhood or where you go to school?

- YES  1
- NO  2
- DK
- RF



**YRB17\_U20.**

Do any of your brothers, sisters, cousins, or friends belong to a gang?

- YES  1
- NO  2
- DK
- RF

---

**YRB18\_U21.**

Have you ever belonged to a gang?

- YES  1
- NO (SKIP TO YRB19\_U22)  2
- REFUSED (SKIP TO YRB19\_U22)
- DON'T KNOW (SKIP TO YRB19\_U22)

---

**YRB18a\_U21a**

In the past 12 months, have you been a member of a gang?

- YES  1
- NO  2
- DK
- RF

---

**YRB19\_U22**

Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way?

- YES  1
- NO (SKIP TO YRB31a)  2
- REFUSED (SKIP TO YRB31a)
- DON'T KNOW (SKIP TO YRB31a)

---

**YRB20\_U23**

How old were you when you had sexual intercourse for the first time?

AGE: \_\_\_\_\_ YEARS

- DK
- RF

---

**YRB21\_U24**

How many partners have you had sexual intercourse with in the past 12 months — that is since this time last year?

NUMBER OF PARTNERS PAST YEAR \_\_\_\_\_  
DK  
RF

The last time you had sexual intercourse, did you or your partner use a condom?

- YES  1
  - NO  2
  - REFUSED
  - DON'T KNOW
- 

**YRB23\_U26**

The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy?

- YES  1
  - NO  2
  - REFUSED
  - DON'T KNOW
- 

**CHECKPOINT:**

R IS FEMALE: → CONTINUE WITH YUB24\_U27  
R IS MALE → GO TO YRB28\_U31

---

**YRB24\_U27**

Have you ever been pregnant? Consider all pregnancies, even if no child was born.

- YES  1
  - NO (SKIP TO YRB31a)  2
  - REFUSED (SKIP TO YRB31a)
  - DON'T KNOW (SKIP TO YRB31a)
- 

**YRB25\_U28**

Are you pregnant now?

- YES  1
  - NO  2
  - REFUSED
  - DON'T KNOW
- 

**YRB26\_U29**

(Not counting a current pregnancy) How many times have you been pregnant? Please include pregnancies that did not result in live births.

NUMBER OF TIMES \_\_\_\_\_  
\_\_\_\_ DON'T KNOW  
\_\_\_\_ REFUSED

---

**YRB27\_U30**

Now we would like to ask about the outcomes of your previous pregnancies. How many of your pregnancies have resulted in children born alive to you?

NUMBER OF PREGNANCIES WITH LIVE BIRTHS \_\_\_\_\_  
(IF 0 SKIP TO YRB31a, OTHERWISE SKIP TO YRB31\_U34)  
DON'T KNOW (SKIP TO YRB31a)  
REFUSED (SKIP TO YRB31a)

---

**CHECKPOINT:**

R IS FEMALE: → GO TO YRB31\_U34  
R IS MALE → CONTINUE WITH YRB28\_U31

---

**YRB28\_U31**

Have you ever gotten someone pregnant?

- YES  1  
NO (SKIP TO YRB31\_U34)  2  
REFUSED (SKIP TO YRB31\_U34)  
DON'T KNOW (SKIP TO YRB31\_U34)

---

**YRB28a\_U31a**

How many times have you gotten someone pregnant?

NUMBER OF TIMES \_\_\_\_\_  
(IF 0, SKIP TO YRB31a)  
DON'T KNOW  
REFUSED

---

**YRB29\_U32**

Is someone pregnant with your child now?

- YES  1  
NO  2  
REFUSED  
DON'T KNOW

---

**YRB30\_U33**

How many children have you ever fathered? Please only count live births and do not count current pregnancy.

NUMBER OF CHILDREN \_\_\_\_\_  
DON'T KNOW  
REFUSED

---

**YRB31\_U34**

Now I'd like to ask you about cash assistance for which some families receive money on a regular basis. For example, they may get a monthly check. Some people call this assistance "welfare," AFDC, TANF or "public aid." I will use the word "welfare." Are you or your (child/children) regularly receiving welfare benefits now?

- YES  1
- NO  2
- REFUSED
- DON'T KNOW

---

**YRB32**

Which of these three is most effective for pregnancy prevention?

- CONDOM  1
- WITHDRAWAL  2
- BIRTH CONTROL PILL  3
- DON'T KNOW
- REFUSED

---

**YRB33**

Which of these three is most effective for prevention of STDs?

- CONDOM  1
- WITHDRAWAL  2
- BIRTH CONTROL PILL  3
- \_\_\_\_DON'T KNOW
- \_\_\_\_REFUSED

---

**YRB33a.**

INTERVIEWER CHECKPOINT: (SEE YSC15\_SC33\_1, YSC16\_SC33\_2, YSC17\_SC33\_3, YRB14\_U14)

- YSC15\_SC33.1 IS CODED '1' OR YSC16\_SC33.2 IS CODED '1' OR**
- YSC17\_SC33.3 IS CODED '1' .....1 GO TO YRB34\_CD1**
- YRB14\_U14 IS CODED '1' .....2 GO TO YRB49a**
- ALL OTHERS.....3 GO TO YRB53**

	<b>YES (1)</b>	<b>NO (2)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YRB34a_CD1h</b> You mentioned earlier that you had a time in your life when you did things adults don't like young people to do. The next questions are about those things. Was there ever a time... ...when you often stayed out three hours or more later at night than your parents wanted?	1	5	8	9
<b>YRB34b_CD1i</b> ... when you often skipped school without permission?	1	5	8	9
<b>YRB34c_CD1k</b> ... when you ran away from home overnight more than once?	1	5	8	9
<b>YRB34d_CD1c</b> ... when you shoplifted or stole something worth at least \$20?	1	5	8	9
<b>YRB34e_CD1b</b> ... when you often got out of doing things you were supposed to do by fooling people or lying to them?	1	5	8	9

**YRB34f.**

INTERVIEWER CHECKPOINT: (SEE **YRB34a-e**)

FIVE RESPONSES CODED '5' .....1 **GO TO YRB53**  
ALL OTHERS.....2

	<b>YES (1)</b>	<b>NO (2)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YRB35a_CD1a</b> ... when you often told lies to trick people into giving you things or doing what you wanted them to do?	1	5	8	9
<b>YRB35b_CD1d</b> ... when you stole money or other things from your parents or the other people you lived with?	1	5	8	9
<b>YRB35c_CD1e</b> ... when you broke into someone's locked car, or a locked home or building?	1	5	8	9
<b>YRB35d_CD1f</b> ... when you set a fire to try to cause serious damage?	1	5	8	9
<b>YRB35e_CD1g</b> ... when you deliberately damaged someone's property by doing something like breaking windows, slashing tires, vandalizing, or writing graffiti on buildings?	1	5	8	9
<b>YRB35f_CD1j</b> ... when you ran away from home and stayed away for at least four days?	1	5	8	9

---

**YRB36\_CD7**

You answered "yes" to (NUMBER OF "YES" RESPONSES IN **YRB34/YRB35 SERIES**) of the questions I just asked about. Think of the very first time in your life you did (that type of behavior/ either of those behaviors/ any of those behaviors]. Can you remember your exact age?

- YES ..... 1 (**GO TO YRB36a\_CD7b**)
- NO..... 5 (**GO TO YRB36b\_CD7c**)
- DON'T KNOW ..... (**GO TO YRB36b\_CD7c**)
- REFUSED..... (**GO TO YRB36b\_CD7c**)

---

**YRB36a\_CD7b.**

(IF NEC: How old were you?)

- \_\_\_\_\_ Years Old      **GO TO YRB37\_CD9**
- DON'T KNOW            **GO TO YRB37\_CD9**
- REFUSED                **GO TO YRB37\_CD9**

---

**YRB36b\_CD7c.**

About how old were you the first time [you did (that type of behavior/ either of those behaviors/ any of those behaviors)]?

IF "DON'T KNOW", PROBE: Can you remember what grade you were in at school?  
[IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?  
IF NOT YES, PROBE] : Was it before you were a teenager?

\_\_\_\_\_ YEARS OLD      OR      \_\_\_\_\_ GRADE

- BEFORE STARTED SCHOOL      6
- BEFORE TEENAGER              12
- NOT BEFORE TEENAGER        13
- DON'T KNOW
- REFUSED

---

**YRB37\_CD9**

Did you do (that type of behavior/ either of those behaviors/ any of those behaviors) during the past 12 months?

- YES ..... 1 (**GO TO YRB41\_CD10**)
- NO..... 5
- DON'T KNOW
- REFUSED

---

**YRB37a\_CD9a**

How old were you the last time you did (that type of behavior/ either of those behaviors/ any of those behaviors)?

\_\_\_\_\_ YEARS OLD

- DK
- RF

---

**YRB38\_CD10.**

About how many years altogether did you do (that type of behavior/ either of those behaviors/ any of those behaviors)?

\_\_\_\_\_ NUMBER OF YEARS

DK

RF

---

**YRB39**

About how many times during the past 12 months did you do (that type of behavior / either of those behaviors / any of those behaviors) during the past 12 months?

\_\_\_\_\_ NUMBER OF TIMES

DK

RF

---

**YRB40\_CD11**

How much did (this behavior/ these behaviors) ever cause problems with either your school work, your job, or your relationships with family or friends – not at all, a little, some, a lot, or extremely?

- |            |                            |
|------------|----------------------------|
| NOT AT ALL | <input type="checkbox"/> 1 |
| A LITTLE   | <input type="checkbox"/> 2 |
| SOME       | <input type="checkbox"/> 3 |
| A LOT      | <input type="checkbox"/> 4 |
| EXTREMELY  | <input type="checkbox"/> 5 |
| DON'T KNOW | <input type="checkbox"/>   |
| REFUSED    | <input type="checkbox"/>   |

---

**YRB40a\_CD11a**

How often during that time were you unable to carry out your daily activities or to take care of yourself because of (this behavior/these behaviors) – often, sometimes, not very often, never?

- |                |                            |
|----------------|----------------------------|
| OFTEN          | <input type="checkbox"/> 1 |
| SOMETIMES      | <input type="checkbox"/> 2 |
| NOT VERY OFTEN | <input type="checkbox"/> 3 |
| NEVER          | <input type="checkbox"/> 4 |
| DON'T KNOW     | <input type="checkbox"/>   |
| REFUSED        | <input type="checkbox"/>   |

**YRB41a\_CD16a**

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YRB41a_CD16a</b> Here is another set of questions about things adults don't like young people to do. These questions all involve aggressive behavior. Was there ever a time... ...when you often "bullied," threatened, or frightened people, including smaller or younger children?	1	5	8	9
<b>YRB41b_CD16b</b> ... when you repeatedly got involved in physical fights?	1	5	8	9
<b>YRB41c_CD16c</b> ... when you used a weapon on another person, like a baseball bat, glass bottle, knife, gun, or brick?	1	5	8	9
<b>YRB41d_CD16d</b> ... when you were physically cruel to an animal and hurt it on purpose?  (IF NEC: This does not include hunting or getting rid of pests like rodents or insects.)	1	5	8	9
<b>YRB41e_CD16e</b> ... when you were physically cruel to a person and hurt them on purpose?	1	5	8	9
<b>YRB41f_CD16f</b> ... when you forced someone to give you something like money, jewelry, or clothing by threatening them or hurting them?	1 <b>GO TO YRB41_CD 16h</b>	5	8	9
<b>YRB41g_CD16g</b> ... when you stole someone's purse, wallet, luggage, package or bag by grabbing it from them? (IF NEC: This does not include stealing from someone who wasn't aware of the theft, such as stealing a piece of luggage when the owner wasn't watching.)	1	5	8	9
<b>YRB41h_CD16h</b> ... when you made anyone do something sexual by either forcing, intimidating, or threatening them?	1	5	8	9

**YRB41i\_CD17.1. INTERVIEWER CHECKPOINT: (SEE YRB41a\_CD16a – YRB41h\_CD16h)**

ONE OR MORE RESPONSES CODED '1' ..... 1  
 ALL OTHERS ..... 2 **GO TO YRB47\_CD32**

**YRB42\_CD18**

You answered "yes" to (NUMBER OF "YES" RESPONSES IN **YRB44 SERIES**) type(s) of aggressive behavior. Think of the very first time in your life when you did (that type of behavior/ either of those behaviors / any of those behaviors). Can you remember your exact age?

YES ..... 1  
 NO..... 5 (**GO TO YRB39b\_CD7c**)  
 DON'T KNOW (**GO TO YRB45b\_CD18c**)  
 REFUSED (**GO TO YRB45b\_CD18c**)



---

**YRB42a\_CD18b**

(IF NEC: How old were you?)

**ENTER AGE:** \_\_\_\_\_

**TO YRB46\_CD20**

---

**YRB42b\_CD18c**

About how old were you the first time [you engaged in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors)]?

[IF DON'T KNOW, PROBE: Can you remember what grade you were in at school?]

[IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?  
IF NOT YES, PROBE: Was it before you were a teenager?]

\_\_\_\_\_ YEARS OLD                      OR                      \_\_\_\_\_ GRADE

BEFORE STARTED SCHOOL                      6  
BEFORE TEENAGER                                      12  
NOT BEFORE TEENAGER                                      13  
DON'T KNOW  
REFUSED

---

**YRB43\_CD20**

Did you do (that type of behavior/ either of those behaviors/ any of those behaviors) during the past 12 months?

YES ..... 1 **GO TO YRB47\_CD21**  
NO..... 5  
DK  
RF

---

**YRB43a\_CD20a**

How old were you the last time you did (that type of behavior/ either of those behaviors/ any of those behaviors)?

\_\_\_\_\_ YEARS OLD  
DK  
RF

---

**YRB44\_CD21**

About how many years altogether did you do (that type of behavior/ either of those behaviors/ any of those behaviors)?

\_\_\_\_\_ NUMBER OF YEARS  
DK  
RF

---

**YRB45**

About how many times during the past 12 months did you do (that type of behavior / either of those behaviors / any of those behaviors)?

\_\_\_\_\_ NUMBER OF TIMES  
DK  
RF

---

**YRB46\_CD22**

How much did (this behavior/ these behaviors) ever cause problems with either your school work, your job, or your relationships with family or friends – not at all, a little, some, a lot, or extremely?

- NOT AT ALL  1
  - A LITTLE  2
  - SOME  3
  - A LOT  4
  - EXTREMELY  5
  - DON'T KNOW
  - REFUSED
- 

**YRB47\_CD32**

Were you ever suspended or expelled from school as a result of your behavior?

- YES  1
  - NO  5
  - DON'T KNOW
  - REFUSED
- 

**YRB48\_CD33**

Were you ever fired from a job because of your behavior?

- YES  1
  - NO  5
  - DON'T KNOW
  - REFUSED
- 

**YRB49a**

You said you have done something in the past that is against the law. When was the LAST time that you [MOST SERIOUS ILLEGAL ACTIVITY RESPONDENT REPORTS FROM YRB14, YRB34d, YRB35c-e, YRB41c, or YRB41e-h]?

\_\_\_ MONTH      \_\_\_ \_\_\_ YEAR

---

**YRB49b**

Did this happen in the neighborhood or somewhere else?

- IN THE NEIGHBORHOOD ..... 1 GO TO YRB49d
  - SOMEWHERE ELSE ..... 2 GO TO YRB49c
  - DON'T KNOW ..... 3 GO TO YRB49d
  - REFUSED ..... 4 GO TO YRB49d
- 

**YRB49c**

Where did this happen?

- AT SCHOOL  1
  - AT A PARK/PLAYGROUND  2
  - AT A STORE/RESTAURANT  3
  - IN A CAR  4
  - DON'T KNOW
  - REFUSED
-

---

**YRB49d**

Who were the people you were with?

- FRIENDS  1
- FAMILY MEMBERS  2
- OTHER (Specify: \_\_\_\_\_)
- DON'T KNOW
- REFUSED

---

**YRB49e**

How long have you known this person/these people?

\_\_\_\_\_ NUMBER

UNIT OF TIME:

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3
- YEARS ..... 4

---

**YRB49f**

Did the police talk to you about this?

- YES  1
- NO  5
- DON'T KNOW
- REFUSED

---

**YRB49g**

Did the police arrest you or charge you with an offense?

- YES  1
- NO  5
- DON'T KNOW
- REFUSED

---

**YRB50\_CD37**

Were you ever in trouble with the police as a result of your behavior?

- YES ..... 1
- NO..... 5 (GO TO YRB51\_CD38)
- DON'T KNOW (GO TO YRB51\_CD38)
- REFUSED (GO TO YRB51\_CD38)

---

**YRB50a\_CD37a**

How old were you the first time (you got into trouble with the police as a result of your behavior)?

\_\_\_\_\_ YEARS OLD  
DK  
RF

---

**YRB51\_CD38**

Were you ever arrested (because of your behavior)?

- YES ..... 1
- NO..... 5 (GO TO YRB53)
- DON'T KNOW (GO TO YRB53)
- REFUSED (GO TO YRB53)

---

**YRB52\_CD39**

Were you ever sent to jail, prison, or a juvenile correction facility because of your behavior?

- YES ..... 1
- NO ..... 5 (**GO TO YRB53**)
- DON'T KNOW (**GO TO YRB53**)
- REFUSED (**GO TO YRB53**)

---

**YRB52a\_CD39a**

How old were you the first time (you were sent to jail, prison, or a juvenile correction facility for your behavior)?

\_\_\_\_\_ YEARS OLD

- DK
- RF

---

**YRB52b\_CD39b**

How long did you stay in any of these facilities altogether?

\_\_\_\_\_ NUMBER  
DK (**GO TO YRB53**)  
RF (**GO TO YRB53**)

---

**YRB5c\_CD39c**

UNIT OF TIME:

- DAYS ..... 1
- WEEKS ..... 2
- MONTHS ..... 3
- YEARS ..... 4

---

**YRB53**

What is the percent chance that you would be arrested if you stole a car?

\_\_\_\_\_ PERCENT

- DK
- RF

---

**YRB54**

Suppose you were arrested for stealing a car, what is the percent chance that you would serve time in jail?

\_\_\_\_\_ PERCENT

- DK
- RF

**GO TO NEXT SECTION**

---

**Section 17: POST-TRAUMATIC STRESS DISORDER (YCV)**

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YCV1_PT8.</b> Were you ever involved in a life-threatening automobile accident?	1	5	8	9
<b>YCV2_PT9.</b> Did you ever have any other life- threatening accident, including on your job?	1	5	8	9
<b>YCV3_PT10.</b> Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?	1	5	8	9
<b>YCV4_PT11.</b> Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?	1	5	8	9
<b>YCV5_PT12.</b> Did you ever have a life-threatening illness?	1	5	8	9
<b>YCV6_PT13.</b> As a child, were you ever badly beaten up by your parents or the people who raised you?	1	5	8	9
<b>YCV7_PT14.</b> Were you ever badly beaten up by a spouse or romantic partner?	1	5	8	9
<b>YCV8_PT15.</b> Were you ever badly beaten up by anyone else?	1	5	8	9
<b>YCV9_PT16.</b> Were you ever mugged, held up, or threatened with a weapon?	1	5	8	9
<b>YCV10_PT17.</b> The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn't know what was happening. Did this ever happen to you?	1	5	8	9
<b>YCV11_PT18.</b> Other than rape, were you ever sexually assaulted, where someone touched you inappropriately, or when you did not want them to?	1	5	8	9
<b>YCV12.</b> Have you ever been chased when you thought the person chasing you would hurt you?	1	5	8	9
<b>YCV13.</b> Have you ever been hit, slapped, punched or beaten up, even if you were not beaten up very badly?	1	5	8	9

<b>YCV14.</b> Has anyone ever stolen your purse, wallet, or snatched your jewelry?	1	5	8	9
<b>YCV15.</b> Did anyone ever try to break into your home?	1	5	8	9
<b>YCV16_PT20.</b> Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?	1	5	8	9
<b>YCV17_PT22.</b> Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?	1	5	8	9
<b>YCV18_PT22_1.</b> When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother?	1	5	8	9
<b>YCV19_PT23.</b> Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?	1	5	8	9
<b>YCV20_PT27.</b> Did you ever experience any <u>other</u> extremely traumatic or life-threatening event that I haven't asked about yet?	1 GO TO YCV23 _PT55a	5 GO TO CKPT PT56	8 GO TO CKPT PT56	9 GO TO CKPT T56

**YCV21\_PT55a.** Briefly, what was the one most traumatic event that you have not told me about?

REFUSED ..... 9 **GO TO CHECKPOINT (PT56)**

RECORD BRIEF DESCRIPTION OF EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTERVIEW CHECKPOINT (PT56):**

R REPORTED ONLY AT LEAST ONE EVENT TYPE,  
**YCV7\_PT13 THROUGH YCV12\_PT18** ..... 1  
 ALL OTHERS..... 2 **GO TO YCV26a**

**YCV22.**

You said you had been [VIOLENT CRIME EXPERIENCE/MULTIPLE VIOLENT CRIME EXPERIENCES]. When was the last time [THIS/ONE OF THESE EVENTS] happened?

- Past 6 months.....1
- Past 12 months.....2
- Over a year ago.....3
- DON'T KNOW .....8
- REFUSED .....9

---

**YCV23.**

Were the police informed, or did they find out about this incident in any way?

- YES.....1
- NO.....5
- DON'T KNOW .....8
- REFUSED .....9

---

**YCV24.**

As far as you know, was anyone arrested or were charges brought against anyone in connection with this incident?

- YES.....1
- NO.....5
- DON'T KNOW .....8
- REFUSED .....9

---

**YCV25.**

You said you had been [VIOLENT CRIME EXPERIENCE]. The last time this happened, where did it happen? (Record answer verbatim and circle all that apply).

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---

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- Inside home.....1
- In someone else's home .....2
- At school.....3
- Somewhere else in neighborhood ...4
- Outside neighborhood .....5
- Don't know .....8
- Refused .....9

**YCV25a.**

The last time this happened, who did this to you?

- Parent .....1
- Sibling .....2
- Other relative .....3
- Best friend.....4
- Classmate .....5
- Friend/Acquaintance .....6
- Neighbor .....7
- Teacher.....8
- Stranger .....9
- Gang member .....10
- Police Officer.....11
- Spouse/Partner/girl(boy)friend.....12
- Other (specify).....13
- Don't know .....98
- Refused .....99

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YCV26a.</b> Please tell me if any of the following have happened to anyone who lived with you during the past months? Was anyone's purse, wallet or jewelry snatched from them?	1	5	8	9
<b>YCV26b.</b> Was anyone threatened with a knife or gun?	1	5	8	9
<b>YCV26c.</b> Was anyone beaten up or assaulted?	1	5	8	9
<b>YCV26d.</b> Was anyone stabbed or shot?	1	5	8	9



**CHECKPOINT\_YCV26e\_PT61.**

**INTERVIEWER CHECKPOINT:**

R REPORTED ONLY ONE EVENT TYPE, YCV1\_PT8 THROUGH YCV20\_PT27 OR YCV26a THROUGH YCV26d ..... 1 GO TO YCV27\_PT62 INTRO2

R REPORTED TWO OR THREE EVENT TYPES, YCV1\_PT8 THROUGH YCV20\_PT27 OR YCV26a THROUGH YCV26d ..... 2 GO TO YCV27\_PT62 INTRO3

R REPORTED FOUR OR MORE EVENT TYPES, YCV1\_PT8 THROUGH YCV20\_PT27 OR YCV26a THROUGH YCV26d ..... 3 GO TO YCV27\_PT62 INTRO4

ALL OTHERS ..... 4 GO TO NEXT SECTION

<p><b>YCV27_PT62 INTRO 2.</b> Let me review. You experienced (NUMBER) (KEY PHRASE OF EVENT TYPE). After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after [(either/any) [EVENT TYPE]/ of these experiences]?</p>	<p><b>YCV27_PT62 INTRO 3.</b> Let me review. You had (two/ three) different types of traumatic events: [KEY PHRASES OF ALL EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?</p>	<p><b>YCV27_PT62 INTRO 4.</b> Let me review. You had quite a few different traumatic experiences, like: [KEY PHRASES OF 3 EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant from or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?</p>
<p>YES..... 1                  NO ..... 5 GO TO NEXT SECTION                  DON'T KNOW ..... 8 GO TO NEXT SECTION                  REFUSED ..... 9 GO TO NEXT SECTION</p>		

**YCV28\_PT62\_2**

Did you ever in your life talk to a medical doctor or other professional about (this problem / any of these problems)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals).

YES.....1  
 NO.....5

**YCV29\_PT64.**

Of the [experiences you mentioned to me / NUMBER times (EVENT TYPEs) happened] which one caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which one experience caused the largest number or most severe problems?

- IF NEC: REVIEW ENDORSED EVENTS.
- (IF “DON’T KNOW,” PROBE: Which of these very upsetting events happened most recently?)

DON’T KNOW .....998  
 REFUSED .....999

RECORD WORST EVENT: \_\_\_\_\_ NUMBER OF EVENT

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**YCV29a\_PT64a.**

NOTE AGE AT TIME OF WORST EVENT: [IF NEC: How old were you when that (happened/ started)?]

\_\_\_\_\_ YEARS OLD

DON’T KNOW .....998  
 REFUSED .....999

INTERVIEWER: SEE YCV29\_PT64, THEN PROBE:

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>YCV30_PT67.</b>                      [FOR “ONGOING” EVENTS: During the period of time when (WORST EVENT) was happening repeatedly, did you ever feel terrified or very frightened?]                       [ALL OTHERS: Were you terrified or very frightened at the time (WORST EVENT)?]</p>	1 <b>GO TO YCV31_ PT68</b>	5	8	9
<p><b>YCV30a_PT67a.</b>                      Did you feel helpless?</p>	1 <b>GO TO YCV31_ PT68</b>	5	8	9
<p><b>YCV30b_PT67b.</b>                      Did you feel shocked or horrified?</p>	1 <b>GO TO YCV31_ PT68</b>	5	8	9

<b>YCV30c_PT67c.</b> Did you feel numb?	<b>1</b> <b>GO TO</b> <b>YCV31_</b> <b>PT68</b>	5	8	9
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	<b>YES</b> <b>(1)</b>	<b>NO</b> <b>(5)</b>	<b>DK</b> <b>(8)</b>	<b>RF</b> <b>(9)</b>
<b>YCV31_PT68.</b> (RB) In the <u>weeks</u> , <u>months</u> , or <u>years</u> after (the event/ this experience ended/ WORST EVENT), did you try not to think about (it/ what happened)?  (IF YES: Please make a checkmark by reaction 1.)  <b>(KEY PHRASE: tried not to think about it)</b>	1	5	8	9
<b>YCV32_PT69.</b> Did you purposely stay away from <u>places</u> , people or activities that reminded you of (it/ the event/ this experience/ WORST EVENT)?  (IF YES: Please make a checkmark by reaction 2.)  <b>(KEY PHRASE: stayed away from reminders of it)</b>	1	5	8	9
<b>YCV33_PT70.</b> Were you ever unable to remember some important parts of what happened?  IF VOL "UNCONSCIOUS," "KNOCKED OUT," OR "HEAD INJURY," CODE NO.  (IF YES: Please make a checkmark by reaction 3.)  <b>[KEY PHRASE: were unable to remember part(s) of it]</b>	1	5	8	9
<b>YCV34_PT71.</b> Did you lose interest in doing things you used to enjoy?  (IF YES: Please make a checkmark by reaction 4.)  <b>(KEY PHRASE: lost interest in things you used to enjoy)</b>	1	5	8	9
<b>YCV35_PT72.</b> Did you feel emotionally distant or cut-off from other people?  (IF YES: Please make a checkmark by reaction 5.)  <b>(KEY PHRASE: felt distant from other people)</b>	1	5	8	9
<b>YCV36_PT73.</b> Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?  (IF YES: Please make a checkmark by reaction 6.)	1	5	8	9

<b>(KEY PHRASE: had trouble feeling normal feelings)</b>				
<b>YCV37_PT74.</b> Did you feel you had no reason to plan for the future because you thought it would be cut short?  (IF YES: Please make a checkmark by reaction 7.)  <b>(KEY PHRASE: felt you had no reason to plan for the future)</b>	1	5	8	9

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**INTERVIEWER CHECKPOINT (PT75)**

ZERO “YES” RESPONSES IN YCV31\_PT68 – YCV37\_PT74..... 1 GO TO NEXT SECTION  
 ALL OTHERS..... 2 GO TO YCV38\_PT86

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	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YCV38_PT86.</b> (RB) Did you ever have repeated unwanted <u>memories</u> of (it/ the event/ this experience/ WORST EVENT) – that is, you <u>kept</u> remembering it even when you didn’t want to?  (IF YES: Please make a checkmark by reaction 8.)  <b>(KEY PHRASE: had unwanted memories)</b>	1	5	8	9
<b>YCV39_PT87.</b> Did you ever have repeated unpleasant <u>dreams</u> about (it/ the event/ this experience/ WORST EVENT)?  (IF YES: Please make a checkmark by reaction 9.)  <b>(KEY PHRASE: had unpleasant dreams)</b>	1	5	8	9
<b>YCV40_PT88.</b> Did you have <u>flashbacks</u> – that is, suddenly <u>act</u> or <u>feel</u> as if (it/ the event/ this experience/ WORST EVENT) were happening all over again?  (IF YES: Please make a checkmark by reaction 10.)  <b>(KEY PHRASE: had flashbacks)</b>	1	5	8	9
<b>YCV41_PT89.</b> Did you get very <u>upset</u> when you were reminded of (it/ the event/ this experience/ WORST EVENT)?	1	5	8	9

(IF YES: Please make a checkmark by reaction 11.)  <b>(KEY PHRASE: got really upset when reminded of it)</b>				
<b>YCV42_PT90.</b> When you were <u>reminded</u> of (it/ the event/ this experience/ WORST EVENT), did you ever have <u>physical</u> reactions like <u>sweating</u> , your heart <u>racing</u> , or feeling shaky?  (IF YES: Please make a checkmark by reaction 12.)  <b>(KEY PHRASE: had physical reactions)</b>	1	5	8	9

**INTERVIEWER CHECKPOINT (PT91)**

ZERO "YES" RESPONSES IN YCV38\_PT86 – YCV42\_PT90..... 1 GO TO NEXT SECTION  
 ALL OTHERS ..... 2 GO TO YCV43\_PT102

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YCV43_PT102.</b> (RB) During the time (this event/ this experience/ WORST EVENT) affected you <u>most</u> , did you have trouble falling or staying asleep?  (IF YES: Please make a checkmark by reaction 13.)  <b>(KEY PHRASE: had sleep problems)</b>	1	5	8	9
<b>YCV44_PT103.</b> Were you more <u>irritable</u> or short-tempered than you usually are?  (IF YES: Please make a checkmark by reaction 14.)  <b>(KEY PHRASE: were irritable)</b>	1	5	8	9
<b>YCV45_PT104.</b> Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing?  (IF YES: Please make a checkmark by reaction 15.)  <b>(KEY PHRASE: had trouble concentrating)</b>	1	5	8	9
<b>YCV46_PT105.</b> Were you much more alert or watchful, even when there was no real need to be?  (IF YES: Please make a checkmark by reaction 16.)  <b>(KEY PHRASE: were more alert or watchful)</b>	1	5	8	9

<p><b>YCV47_PT106.</b>                  Were you more <u>jumpy</u> or easily startled by ordinary noises?                   (IF YES: Please make a checkmark by reaction 17.)                   (KEY PHRASE: were jumpy or easily startled)</p>	1	5	8	9
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**INTERVIEWER CHECKPOINT (PT107)**

ZERO "YES" RESPONSES IN YCV43\_PT102 – YCV47\_PT106.....1 **GO TO NEXT SECTION**  
 ALL OTHERS.....2 **GO TO YCV48\_PT110**

**YCV48\_PT110.**

You had quite a few reactions, such as (FIRST KEY PHRASE FOR EACH OF THE 3 SETS OF REACTIONS REPORTED IN YCV31\_PT68 – YCV37\_PT74, YCV38\_PT86 – YCV39\_PT90, YCV43\_PT102 - YCV47\_PT106). For about how many days, weeks, months, or years did you continue to have any of these reactions?

(IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?)

(IF DK, **PROBE**, "Was it at least a month?" IF YES, CODE 97 BELOW.)

\_\_\_\_\_ DURATION NUMBER  
 CIRCLE UNIT OF TIME: DAYS....1 WEEKS....2 MONTHS....3 YEARS....4

"AT LEAST A MONTH" .....97  
 DON'T KNOW .....98  
 REFUSED .....99

**YCV49a\_PT110.**

CIRCLE UNIT OF TIME: DAYS 1.....WEEKS .....2 MONTHS....3 YEARS....4

**INTERVIEWER CHECKPOINT (PT111)**

LESS THAN ONE MONTH (30 DAYS) OF REACTIONS IN  
 YCV48\_PT110.....1 **GO TO NEXT SECTION**  
 ALL OTHERS .....2 **GO TO YCV48\_PT113**

**YCV49\_PT113.**

Think of the time when these reactions were most frequent and intense. How often did they occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

LESS THAN ONCE A MONTH .....1 **(GO TO NEXT SECTION)**  
 ONE TO TWO TIMES A MONTH.....2 **(GO TO YCV50\_PT114)**  
 THREE TO FIVE TIMES A MONTH .....3 **(GO TO YCV50\_PT114)**  
 SIX TO TEN TIMES A MONTH.....4 **(GO TO YCV50\_PT114)**  
 MORE THAN TEN TIMES A MONTH .....5 **(GO TO YCV50\_PT114)**  
 DON'T KNOW .....8 **(GO TO YCV50\_PT114)**  
 REFUSED .....9 **(GO TO YCV50\_PT114)**

**YCV50\_PT114.**

How much distress did these reactions cause you – none, mild, moderate, severe, or very severe distress?

- NONE .....1
- MILD .....2
- MODERATE.....3
- SEVERE .....4
- VERY SEVERE .....5
- DON'T KNOW .....8
- REFUSED .....9

---

**YCV51\_PT115.**

How much did these reactions disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

- NOT AT ALL.....1
- A LITTLE.....2
- SOME .....3
- A LOT.....4
- EXTREMELY .....5
- DON'T KNOW .....8
- REFUSED .....9

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**INTERVIEWER CHECKPOINT (PT116)**

- RESPONSES CODED 3-5 IN **YCV50\_PT114** OR IN **YCV51\_PT115** ..... 1 **GO TO YCV52\_PT261**
- ALL OTHERS..... 2 **GO TO NEXT SECTION**

---

**YCV52\_PT261.** (RB: REFER R TO THE LIST OF SXS BEFORE ASKING THIS QUESTION).

The next question is about whether in the past 12 months you had any of these reactions associated with any traumatic event that ever happened to you in your entire life. Did you have any reactions of this sort over the past 12 months?

- YES ..... 1
- NO ..... 5 **GO TO NEXT SECTION**
- DON'T KNOW ..... 8 **GO TO NEXT SECTION**
- REFUSED ..... 9 **GO TO NEXT SECTION**

---

**YCV53\_PT263.**

About how many weeks altogether in the past 12 months did you have any of these reactions? (You can use any number between 0 and 52.)

- \_\_\_\_\_ NUMBER OF WEEKS
- DON'T KNOW .....98
  - REFUSED .....99

---

**INTERVIEWER CHECKPOINT PT264**

- ZERO TO THREE WEEKS IN **YCV53\_PT263** .....1 **GO TO NEXT SECTION**
- ALL OTHERS.....2

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>YCV54_PT269.</b> Please think of the 30-day period in the past 12 months when these reactions were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?	1	5	8	9
<b>YCV55_PT270.</b> Did you feel emotionally distant or cut off from other people during that month?	1	5	8	9
<b>YCV56_PT271.</b> Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?	1	5	8	9
<b>YCV57_PT272.</b> Did you feel you had no reason to plan for the future because you thought it would be cut short?	1	5	8	9
<b>YCV58_PT273.</b> Did you have any trouble falling or staying asleep during that month?	1	5	8	9
<b>YCV59_PT274.</b> Were you more jumpy or more easily startled by ordinary noises?	1	5	8	9
<b>YCV60_PT275.</b> Did you purposely stay away from places, people or activities that reminded you of [(WORST 12-MONTH EVENT)]/ these events]?	1	5	8	9



**Section 18: YOUTH REPORTS ON PARENTS AND PARENTING (YOP)**

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**YOP1**

How many adults do you have in your life who you feel comfortable talking to about personal problems?

NUMBER OF ADULTS \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

---

**YOP2**

How many adults do you have in your life who care a lot about how you turn out and who will help you if you get into trouble?

NUMBER OF ADULTS \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

---

**YOP3**

(RB) Who are the adult(s) who you go to first to talk about personal problems or who will help you if you get into trouble? Check all that apply.

- Mother..... 1
  - Father ..... 2
  - Stepparent..... 3
  - Brothers or sisters..... 4
  - Other relatives ..... 5
  - Teachers ..... 6
  - Coach ..... 7
  - Guidance counselor ..... 8
  - Advisor or school principal ..... 9
  - Other leaders in the community ..... 10
  - No one ..... 11
  - DK
  - RF
- 

**YOP4**

(RB) Of all the people you know personally, young or adult, think about the person you admire the most. How would you describe this person? [Check all that apply.]

- Honest ..... 1
  - Popular ..... 2
  - Dresses Well ..... 3
  - Intelligent ..... 4
  - Makes a lot of money ..... 5
  - Has an important job ..... 6
  - Has a college degree..... 7
  - Good at sports ..... 8
  - I do not admire anyone..... 9
  - DK
  - RF
-

**YOP5**

What is your relationship to that person?

- A friend ..... 1
- My mother or father ..... 2
- A relative..... 3
- Boyfriend/girlfriend ..... 4
- Other ..... 5
- DK
- RF

---

**YOP6**

Now we would like to know about your relationship with your mother, or with the adult most responsible for taking care of you or who knows the most about your activities. Do you live with your mother?

- YES (**SKIP TO YOP8**)  1
- NO  2
- MOTHER DECEASED  3
- REFUSED  7
- DON'T KNOW  8

---

**YOP7**

Who is the adult who lives with you and knows the most about your activities?

- FATHER (**SKIP TO YOP12**)  1
  - GRANDMOTHER  2
  - AUNT  3
  - SISTER  4
  - FOSTER MOTHER  5
  - STEP MOTHER  6
  - COUSIN  7
  - FRIEND  8
  - SPOUSE/(BOY)/GIRLFRIEND  9
  - NO ADULT LIVES WITH YOUTH (**SKIP TO YOP12**)  10
  - OTHER (SPECIFY): \_\_\_\_\_  95
  - REFUSED (**SKIP TO YOP12**)  97
  - DON'T KNOW (**SKIP TO YOP12**)  98
-

**YOP8**

When you think about how your [CAREGIVER] acts toward you, in general, would you say your [CAREGIVER] is very supportive, somewhat supportive, or not very supportive?

- VERY SUPPORTIVE  1
- SOMEWHAT SUPPORTIVE  2
- NOT VERY SUPPORTIVE  3
- REFUSED  7
- DON'T KNOW  8

	NOTHING	JUST A LITTLE	SOME THINGS	MOST THINGS	EVERY -THING	RF	DK
<b>YOP9a</b> (RB) How much does your [CAREGIVER] know about your close friends, that is, who they are? Do you think (she/he) knows nothing, just a little, some things, most things or everything?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YOP9b</b> (RB) (How much does your [CAREGIVER] know) About who you are with when you are not at home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YOP9c</b> (RB) (How much does your [CAREGIVER] know) About who your teachers are [who your teachers were when you were last enrolled in school] and what you (are/were) doing in school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

	NEVER	RARELY	SOMETIMES	OFTEN	RF	DK
<b>YOP10a</b> (RB) How often does your (CAREGIVER) Limit privileges because of poor grades—often, sometimes, rarely, or never?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YOP10b</b> (RB) (How often does your [CAREGIVER]) Check on whether you have done your homework?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YOP10c</b> (RB) (How often does your [CAREGIVER]) Help you with your homework?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YOP10d</b> (RB) (How often does your [CAREGIVER]). Limit the amount of time you go out with friends on school nights?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

	NEVER	RARELY	SOMETIMES	OFTEN	RF	DK
<b>YOP10e</b> (RB) (How often does your [CAREGIVER] Require you to do work or chores around the home?)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YOP10f</b> (How often does your [CAREGIVER]), Limit you from leaving home to hang out with your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

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**[IF FATHER IS PRIMARY CAREGIVER, SKIP TO YOP15]**

**YOP11**

Did your (CAREGIVER) ever have a problem with drinking alcohol, or using drugs?

- YES  1
- NO (**SKIP TO YOP15**)  2
- REFUSED (**SKIP TO YOP15**)  7
- DON'T KNOW (**SKIP TO YOP15**)  8

---

**YOP12**

Now I'd like to talk with you about your father. When you were growing up, in general, was he very supportive, somewhat supportive, or not very supportive of you?

- VERY SUPPORTIVE  1
  - SOMEWHAT SUPPORTIVE  2
  - NOT VERY SUPPORTIVE  3
  - DOESN'T SEE FATHER (**SKIP TO YOP11**)  4
  - FATHER DECEASED (**SKIP TO YOP11**)  5
  - REFUSED  7
  - DON'T KNOW  8
-

**YOP12a**

In the past 12 months, how often have you seen your father – almost every day, once a week, once a month, a few times, or never in the past 12 months?

- Never in the past 12 months  1
- A few times  2
- Once a month  3
- Once a week  4
- Almost every day  5
- LIVED IN SAME HOUSEHOLD**  6
- REFUSED**  7
- DON'T KNOW**  8

---

**YOP13**

How far in school do you think your father wants you to go?

- Less than high school graduation  1
- High school graduation only  2
- VOCATIONAL, TRADE, OR BUSINESS SCHOOL AFTER HIGH SCHOOL**
- Less than two years of school  3
- Two years or more of school  4
- A degree from a vocational, trade, or business school  5
- COLLEGE PROGRAM**
- Less than two years of college  6
- Two or more years of college (including two-year degree)  7
- Finish college (four- or five-year degree)  8
- GRADUATE OR PROFESSIONAL SCHOOL**
- Master's degree or equivalent  9
- Ph.D., M.D., or other professional degree  10
- REFUSED**  97
- DON'T KNOW**  98

**YOP14**

	KNOWS NOTHING	KNOWS JUST A LITTLE	KNOWS SOME THINGS	KNOWS MOST THINGS	KNOWS EVERYTHING	RF	DK
<b>YOP14a</b> (RB) How much does your father know about your close friends, that is, who they are? Do you think he knows nothing, knows just a little, knows some things, knows most things, or knows everything?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YOP14b</b> (RB) (How much does your father know) About who you are with when you are not at home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<b>YOP14c</b> (RB) (How much does your father know) About who your teachers are [who your teachers were when you were last enrolled in school] and what you are/were doing in school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

---

**YOP15**

In a typical week, what (is/was) the latest you (can/could) stay out on school nights (Sunday through Thursday)?

- NOT ALLOWED OUT  1
  - NO LATER THAN 8:00  2
  - NO LATER THAN 9:00  3
  - NO LATER THAN 10:00  4
  - NO LATER THAN 11:00  5
  - NO LATER THAN 12:00  6
  - AS LATE AS I WANT  7
  - REFUSED  97
  - DON'T KNOW  98
-

	YES	NO	DK	RF
<b>YOP16a</b> If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they) discuss it calmly with you?	1	5	8	9
<b>YOP16b</b> (If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they)) Ignore it, pretend that it didn't happen or let you get away with it?	1	5	8	9
<b>YOP16c</b> (If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they)) Sulk, pout, or give you the silent treatment?	1	5	8	9
<b>YOP16d</b> (If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they)) Take away a privilege, ground you, or give you a chore?	1	5	8	9
<b>YOP16e</b> (If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they)) Make threats that won't be kept?	1	5	8	9
<b>YOP16f</b> (If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they)) Yell, shout, or scream at you?	1	5	8	9
<b>YOP16g</b> (If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they)) Use physical punishment?	1	5	8	9

### Section 19: Youth Decision Making (YDM)

	Very low	Low	About 50-50	High	Very high	RE-FUSED	DON'T KNOW
<b>YDM1a</b> (RB) Think about how you see your future. What are the chances that You will live to age 35? Would you say very low, low, about 50-50, high, or very high?	1	2	3	4	5	7	8
<b>YDM1b</b> What are the chances that you will complete college by age 35?	1	2	3	4	5	7	8
<b>YDM1c</b> (What are the chances that) You will find a stable, well-paid job as an adult?	1	2	3	4	5	7	8

**YDM2**

Do you expect your life as an adult to be much like your own family, better than your own family, or worse than your own family?

- MUCH LIKE YOUR OWN FAMILY ..... 1
- BETTER THAN YOUR OWN FAMILY ..... 2
- WORSE THAN YOUR OWN FAMILY ..... 3
- DON'T KNOW
- REFUSED

**YDM3**

The next questions are about what you think your chances to get ahead will be like. How much do you agree or disagree with the following statements ....

(RB) As an adult, I will have just as much chance to succeed as people from other neighborhoods. Do you strongly agree, agree, disagree, or strongly disagree?

- STRONGLY AGREE..... 1
- AGREE..... 2
- DISAGREE. .... 3
- STRONGLY DISAGREE. .... 4
- DON'T KNOW
- REFUSED



**YDM4**

(RB) Most people in my neighborhood will be better off than me.

- STRONGLY AGREE.....1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- DON'T KNOW
- REFUSED

---

**YDM5a**

Suppose that after having helped a relative with some chores, they offer to send you a small amount of money in return for your help. They tell you that they can either send you something now, or send you a little more if you are willing to wait one month. If they pay you now, they will put \$20 in the mail tomorrow. If they pay you one month from now, they will send you slightly more than that. Suppose that you trust them to pay you what they promise, when they promise it.

Would you rather they mailed you \$20 tomorrow or \$23 one month from now?

- \$20 TOMORROW.....1 (GO TO YDM5D)
- \$23 ONE MONTH FROM NOW.....2
- DK (GO TO YDM5D)
- RF (GO TO YDM6)

---

**YDM5b**

Now suppose the choice were between \$20 now and \$22 one month from now. Would you rather they mailed you \$20 tomorrow or \$22 one month from now?

- \$20 TOMORROW.....1 (GO TO YDM6)
- \$22 ONE MONTH FROM NOW.....2
- DK (GO TO YDM6)
- RF (GO TO YDM6)

---

**YDM5c**

Now suppose the choice were between \$20 now and \$21 one month from now. Would you rather they mailed you \$20 tomorrow or \$21 one month from now?

- \$20 TOMORROW.....1 (GO TO YDM6)
- \$21 ONE MONTH FROM NOW.....2 (GO TO YDM6)
- DK..... (GO TO YDM6)
- RF..... (GO TO YDM6)

---

**YDM5d**

Now suppose the choice were between \$20 now and \$24 one month from now. Would you rather they mailed you \$20 tomorrow or \$24 one month from now?

- \$20 TOMORROW.....1
- \$24 ONE MONTH FROM NOW.....2 (GO TO YDM6)
- DK..... (GO TO YDM5E)
- RF..... (GO TO YDM6)

**YDM5e**

Now suppose the choice were between \$20 now and \$25 one month from now. Would you rather they mailed you \$20 tomorrow or \$25 one month from now?

- \$20 TOMORROW.....1
- \$25 ONE MONTH FROM NOW .....2
- DK
- RF

---

**YDM6**

Suppose a relative of yours calls to say they just inherited some money and part of it should be yours. Because of the way their inheritance is being distributed, they can either send you some money now, or a larger amount of money later, which they would send to you on your next birthday. Suppose that you trust this person to send what they promise, and that you do not expect to get a birthday present from this relative other than this money.

Would you rather they mailed you \$50 tomorrow or \$60 on your next birthday?

- \$50 TOMORROW .....1
- \$60 ON NEXT BIRTHDAY .....2
- DK
- RF

---

**YDM7a**

Suppose you have a choice between two, equally good summer jobs. The first would pay you \$600 for the summer for sure. The second job would pay you an amount that depends on how the company as a whole did for the summer. It is possibly better paying, but your earnings will be less certain.

There is a 50-50 chance that the second job will pay \$1200, and a 50-50 chance it will pay \$400. Which would you choose – the job that pays \$600 for sure, or the job with an equal chance of paying either \$1200 or \$400?

- JOB THAT PAYS \$600 FOR SURE..... 1 (GO TO YDM7D)
- JOB WITH AN EQUAL CHANCE OF PAYING EITHER \$1200 OR \$400 ..... 2
- DON'T KNOW ..... (GO TO YDM7D)
- REFUSED ..... (GO TO YDM8A)

---

**YDM7b**

Now suppose there is a 50-50 chance that the second job will pay \$1200, and a 50-50 chance that it will pay \$300. Which would you choose – the job that pays \$600 for sure, or the job with an equal chance of paying either \$1200 or \$300?

- JOB THAT PAYS \$600 FOR SURE ..... 1 (GO TO YDM8A)
- JOB WITH AN EQUAL CHANCE OF PAYING \$1200 OR \$300 ..... 2
- DON'T KNOW ..... (GO TO YDM8A)
- REFUSED ..... (GO TO YDM8A)

---

**YDM7c**

Now suppose there is a 50-50 chance that the second job will pay \$1200, and a 50-50 chance that it will pay \$150. Which would you choose – the job that pays \$600 for sure, or a job with an equal chance of paying either \$1200 or \$150?

- JOB THAT PAYS \$600 FOR SURE..... 1 (GO TO YDM8A)
- JOB WITH AN EQUAL CHANCE OF PAYING \$1200 OR \$150 ..... 2 (GO TO YDM8A)
- DON'T KNOW ..... (GO TO YDM8A)
- REFUSED ..... (GO TO YDM8A)

**YDM7d**

Now suppose there is a 50-50 chance that the second job will pay \$1200, and a 50-50 chance that it will pay \$480. Which would you choose – the job that pays \$600 for sure, or a job with an equal chance of paying either \$1200 or \$480?

- JOB THAT PAYS \$600 FOR SURE ..... 1
- JOB WITH AN EQUAL CHANCE OF PAYING \$1200 OR \$480 ..... 2 (GO TO YDM8A)
- DON'T KNOW ..... (GO TO YDM7E)
- REFUSED ..... (GO TO YDM8a)

---

**YDM7e**

Now suppose there is a 50-50 chance that the second job will pay \$1200, and a 50-50 chance that it will pay \$540. Which would you choose – the job that pays \$600 for sure, or a job with an equal chance of paying either \$1200 or \$540?

- JOB THAT PAYS \$600 FOR SURE ..... 1
- JOB WITH AN EQUAL CHANCE OF PAYING \$1200 OR \$540 ..... 2
- DON'T KNOW
- REFUSED

---

**YDM8a**

(RB) Now, I want to ask you about trusting different groups of people. First, thinking about people in your immediate family, generally speaking would you say you can trust them a lot, trust them some, trust them only a little or not trust them at all?

- A LOT ..... 1
- SOME ..... 2
- ONLY A LITTLE ..... 3
- NOT AT ALL ..... 4
- DON'T KNOW
- REFUSED

---

**YDM8b**

(RB) How about people in your neighborhood? (would you say you can trust them a lot, trust them some, trust them only a little or not trust them at all?)

- A LOT ..... 1
- SOME ..... 2
- ONLY A LITTLE ..... 3
- NOT AT ALL ..... 4
- DON'T KNOW
- REFUSED

---

**YDM8c**

(RB) How about other people in general? (would you say you can trust them a lot, trust them some, trust them only a little or not trust them at all?)

- A LOT ..... 1
  - SOME ..... 2
  - ONLY A LITTLE ..... 3
  - NOT AT ALL ..... 4
  - DON'T KNOW
  - REFUSED
-

**YDM8d**

(RB) Next, I'm going to ask about trust in institutions. How about the police department in your area, do you feel you can trust them a lot, some, only a little or not at all?

- A LOT ..... 1
- SOME ..... 2
- ONLY A LITTLE ..... 3
- NOT AT ALL ..... 4
- DON'T KNOW
- REFUSED

---

**YDM9**

Generally speaking, would you say that most people can be trusted or that you can't be too careful in life?

- MOST PEOPLE CAN BE TRUSTED..... 1
- CAN'T BE TOO CAREFUL ..... 2
- (IF R VOLUNTEERS) OTHER (DEPENDS ..... 3
- DON'T KNOW
- REFUSED

---

**YDM10**

(RB) Next, I am going to read you a list of statements and for each, please tell me if you strongly agree, agree, disagree, or strongly disagree? I trust the people I hang around with at school.

- STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE..... 3
- STRONGLY DISAGREE..... 4
- DON'T KNOW
- REFUSED

---

**YDM11**

(RB) I trust other students at my school, even if I don't know them.

- STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE..... 3
- STRONGLY DISAGREE..... 4
- DON'T KNOW
- REFUSED

Thank you for completing the MTO survey and achievement tests for this important HUD study.

---

**YDM12. [ASKED ONLY OF YOUTH 13-20 RANDOMLY SELECTED TO PARTICIPATE IN DECISION MAKING EXERCISE]**

With some additional support from several private foundations we are pleased to be able to offer you a small amount of additional compensation that is available in two forms. Either a check for \$20 that we will put in the mail tomorrow or a check for \$25 that we could put in the mail on your next birthday. Which would you prefer -- \$20 sent tomorrow, or \$25 sent on your next birthday?

- \$20 SENT TOMORROW ..... 1
  - \$25 ON NEXT BIRTHDAY ..... 2
  - DON'T KNOW
  - REFUSED
-

## Section 20. Contact Information (YCI)

### YCI1

To continue to help the government learn how to improve housing programs, it is very important that we talk to people periodically to see how things are going. Since people often move, we would like to ask you for the names of friends or relatives who usually keep in touch with you. We would contact these people only if we were unable to reach you at your current phone number. We would ask them only for your address and telephone information.

(IF NO CONTACT PERSON INFORMATION AVAILABLE FROM PREVIOUS CONTACTS: Please give me the name of three people who do not live with you and who will know how to reach you if we need to contact you again to verify this interview or to ask a few additional questions.)

(IF CONTACT INFORMATION AVAILABLE: In the past you gave us information on the following three people. I would like to make sure that we have the most current information for them, and that they are the best people to use to find you.)

### YC2

UPDATE OR COLLECT INFORMATION FOR CONTACT PERSON #1

NAME  
RELATIONSHIP TO R  
ADDRESS  
PHONE NUMBER

### YC3

UPDATE OR COLLECT INFORMATION FOR CONTACT PERSON #2

NAME  
RELATIONSHIP TO R  
ADDRESS  
PHONE NUMBER

### YC4

UPDATE OR COLLECT INFORMATION FOR CONTACT PERSON #3

NAME  
RELATIONSHIP TO R  
ADDRESS  
PHONE NUMBER

**Appendix C:**  
**Early Childhood Longitudinal Survey (ECLS)**  
**Education Achievement Assessment**

**Early Childhood Longitudinal Survey, Grades 5 and 8  
Youth Assessment of Math and Reading Achievement  
With supplementation of NELS items  
MTO Final Evaluation**

Youth who are ages 10 to 20 at the end of 2007, and who were members of the MTO core households, will be administered the U.S. Department of Education's Early Childhood Longitudinal Study of Kindergartners in 1998 (ECLS) 5<sup>th</sup> and 8<sup>th</sup> grade reading and math tests. The eighth grade ECLS test will be each further supplemented by four items from reading and math achievement assessments taken from the 10<sup>th</sup> and 12<sup>th</sup> grade assessments of the U.S. Department of Education's National Education Longitudinal Study of youth who were 8<sup>th</sup> graders in 1988 (NELS). Note that permission has already been obtained from the U.S. Department of Education to use these items from NELS. The MTO reading and math assessments will be administered as part of our MTO youth survey data collection. Each youth will be administered both the Reading (Language and Literacy) and Math (Quantitative Skills and Mathematical Thinking) tests. Testing of children aged 10 to 20 is expected to take up to 45 minutes.

The ECLS tests proposed for MTO have been administered to a national probability sample of what was initially 22,000 children in about 800 public and 200 private schools at entry to kindergarten in fall 1988. At each point of data collection, children are given cognitive, as well as socio-emotional, assessments. The U.S. Department of Education's National Center for Education Statistics (NCES) and Westat (under subcontract to NCES) conduct detailed analyses in pilot and pre-testing phases to examine the psychometric characteristics of the achievement tests. Examination of psychometric properties begins early during the pilot phases of each round of testing. During this pilot phase researchers ensure that tests are capturing appropriate content levels for each grade, consistently measure longitudinal growth in learning and achievement, that individual items can discriminate knowledge and consistently align with level of performance of other items and that the tests have enough variation in difficulty to protect against floor and ceiling effects i.e. that the items are not so easy or so hard that there is no variation in test results. The ECLS fifth grade test represents the sixth round of data collection and took place during the spring of 2004 when approximately 90 percent of the ECLS-K sampled children were in fifth grade. Psychometric characteristics of the ECLS fifth grade test are detailed in Pollack et al., (2007). Pre-testing of the ECLS eighth grade test are in progress.

The content areas for reading in the 5<sup>th</sup> grade test include basic skills, vocabulary, initial understanding, developing interpretation, personal reflection, and critical stance. These content areas are identical to the U.S. Department of Education's National Assessment of Education Progress (NAEP), usually referred to as the "nation's report card," with the addition of vocabulary and basic skills. The mathematics test specifications are primarily based on the Mathematics Framework for the 1996 NAEP (NAGB 1996a), which is in turn derived from the curriculum standards from the Commission on Standards for School Mathematics of the National Council of Teachers of Mathematics [NCTM]

(1989). The math content areas includes number sense, properties and operations, measurement, geometry and spatial sense, data analysis statistics and probability, patterns, algebra and functions.

The format of the fifth-grade assessment is similar to that of prior rounds with a short routing test that is used to determine the difficulty of the second stage achievement test form that youth are then asked to complete. This type of assessment that tailors the specific questions that children are asked to their performance on earlier achievement items is known as an “adaptive test.” An assessor presents the questions to the child and enters responses into a computer for each individually administered assessment (or, for the eighth grade tests, assessors will score the routing test by using a template that is placed over the score sheet).

Psychometrically, adaptive tests such as those administered in ECLS are more efficient than “one form fits all” tests, since the information that is generated per unit of testing time is greater (Lord 1980). The reason is that we do reduce the amount of time spent asking questions of children that are either too difficult or too easy for them given their current academic capabilities. Adaptive testing also minimizes the potential for floor and ceiling effects, which can impact measurement of gain in longitudinal studies. Floor effects occur when some children’s ability level is below the minimum level that is asked about on the test (e.g., imagine administering the AP physics exam to a sample of first graders), which can prevent low-performing children from demonstrating their true gains in knowledge when they are retested. Similarly, ceiling effects result in failure to measure the gains in achievement of high-performing children whose abilities are beyond the most difficult test questions (imagine administering a first grade math assessment to a sample of high school AP physics students). Adaptive testing relies on item response theory (IRT) assumptions in order to place children who have taken different test forms on the same vertical achievement score scale, which is facilitated in part by the fact that there is some overlap in items across the different test form levels. The underlying assumption of IRT is that a test taker’s probability of answering an item correctly is a function of his or her ability level for the construct being measured and of one or more characteristics of the test item itself. Additional discussion of IRT may be found Pollack et al. (2005).

Analyses of the 5<sup>th</sup> grade test show that 26% took the low form, 49% took the middle form and 25% took the high form, indicating relatively even distribution of appropriate difficulty level. Reading assessment reliabilities (that is, the correlation in scores of children who were asked to take the test multiple times) were equal to 0.82, 0.72 and 0.76 on the low, middle and high form of the test, respectively. Roughly one-third of the 5<sup>th</sup> grade sample took each level of the second stage math form. Math reliabilities were 0.78, 0.58, and 0.75, respectively.



# **Appendix D**

## **Physical Measurements**

### **Blood Spot Collection**

***Blood Pressure***  
***Height, Weight Measurement***  
***Blood Spot Collection***

IWER: Text in ***bold and italics*** is to be read to the respondent. Normal text is interviewer instructions or questions that are to be answered by you.

IWER: Mark an 'X' by each measurement for which R is eligible.

\_\_\_\_\_ Blood Pressure  
\_\_\_\_\_ Height and Weight  
\_\_\_\_\_ Blood Spot Collection

**IWER: Before beginning the physical measurements you must have a signed consent form from the Respondent.**

## BLOOD PRESSURE

Equipment needed: Blood Pressure monitor  
Batteries

IWER: Did the R sign the Physical Measures consent form? (Circle one.)

1 .....YES - Consent signed → continue

5.....NO - Consent not signed → do not complete this measure and answer the question in the box below

*“Now let’s talk about the first activity. I’d like to measure your blood pressure measure using this monitor and cuff which I will secure around your left arm. I would like to take three blood pressure measures. I will ask you to relax and remain seated during the measurements. First, I will place the cuff on your left arm. Once the cuff is placed appropriately on your arm and we are ready to begin, I’ll ask you to lay your arm on a flat surface palm facing up so that the center of your upper arm is at the same height as your heart. I will then press the Start button. The cuff will inflate and deflate automatically.”*

IWER: Demonstrate the test.

*“Do you have a rash, a cast, edema (swelling) in the arm, open sores or wounds, or significant bruise where the blood pressure cuff will contact?”* (IWER: Circle one.)

1 .....YES – do not complete this measure and answer question in box below

5 .....NO – continue

*“Do you understand the directions for this test?”* (IWER: Circle one.)

1 .....YES – continue

5 .....NO - do not complete this measure and answer question in box below

*“Do you feel it would be safe for you to do this test?”* (IWER: Circle one.)

1 .....YES – continue

5 .....NO - do not complete this measure and answer question in box below

IWER: Why didn’t R complete the blood pressure test? (Circle all that apply.)

1 .....R felt it would not be safe

2 .....IWER felt it would not be safe

3 .....R refused or was not willing to complete the test

4 .....R tried but was unable to complete test

5 .....R did not understand the instructions

6 .....R has a rash, a cast, edema, open sores or wounds, or significant bruise where the blood cuff would contact R’s arm

97 .....Other (Specify) \_\_\_\_\_

**Go To Next Measurement**

**INSTRUCTIONS FOR ADMINISTERING BLOOD PRESSURE TEST:**

- 1) Insert Arm Cuff plug into jack on the side of the monitor.
- 2) Instruct R to remove bulky clothing from upper left arm.
- 3) Instruct R to sit in a chair with his/her feet flat on the floor and place his/her upper arm on a table.
- 4) Place the cuff on the R’s left arm approximately ½” above the elbow. Position the green marker over the brachial artery on the inside of the arm.
- 5) Press the sewn hook material firmly against the side of the cuff. The cuff should make direct contact with the Rs skin. The R should easily be able to fit his/her index finger between the cuff and the arm.
- 6) Instruct the R to rest their arm comfortably on a support (like a table) with palm facing upward so the cuff is at the same level as the heart.
- 7) Press the ON/OFF button and instruct the R to remain still. When the ♥ symbol appears on the display, press the START button. The cuff will begin to inflate automatically. Numbers will appear on the display and the ♥ symbol will blink.
- 8) The cuff will then automatically deflate. The monitor will first display the SYSTOLIC and DIASTOLIC readings. RECORD time of Reading and both SYSTOLIC and DIASTOLIC Readings in chart below. Record the pulse identified by the letter P.
- 9) Press the ON/OFF button to repeat the measure. The cuff does not need to be removed or loosened in between readings.
- 10) Allow approximately 45 seconds to 1 minute between readings and repeat steps 4-9 a second time.

IWER: Record measurements in chart: (Enter 993 in first systolic reading if R tried but was unable to do it. Enter 999 if R chose not to do it.). Enter information into CAPI.

Measurement #	Time of Reading	Systolic Reading	Diastolic Reading	Pulse
1	__ __: __ __ am/pm	mmHg	mmHg	P
2	__ __: __ __ am/pm	mmHg	mmHg	P

IWER: Which arm was used to conduct the measurements? (Circle one.)

- 1 .....Left arm
- 2 .....Right arm

IWER: How compliant was R during this measurement? (Circle one.)

- 1 .....R was fully compliant
- 2 .....R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3 .....R was not fully compliant, but no obvious reason for this.

IWER: What was R’s position for this test? (Circle one.)

- 1 .....Standing
- 2 .....Sitting
- 3 .....Lying down

IWER: Did the R smoke, exercise, consume alcohol or food within the 30 minutes prior to completing the blood pressure test? (Circle one.)

- 1 .....Yes
- 2 .....No

## INSTRUCTIONS FOR MEASURING HEIGHT AND WEIGHT:

Equipment needed: Adhesive tape, tape measure  
Scale and batteries

*“Next, I would like to measure your height and weight using this scale. I will ask you to stand up against the wall, and I will measure your height. Then I will ask you to step on the scale and I will record your weight.”*

*“Do you understand the directions for this test?”* (IWER: Circle one.)

1 ..... YES – continue

5 ..... NO - do not complete this measure and answer question in box below

*“Do you feel it would be safe for you to do this test?”* (IWER: Circle one.)

1 ..... YES – continue

5 ..... NO - do not complete this measure and answer question in box below

1. Locate best place for measuring height and weight:
  - a. The surface should be flat, even, and smooth. A hard floor such as wood, linoleum, concrete, or tile is ideal. A low pile carpet may also be used.
  - b. There must be a wall or doorframe next to the appropriate surface. It should be flat so the respondent can stand against it, and you can put a self-adhesive note on it.
  - c. The location should be private enough so the respondent feels comfortable and confidentiality isn't compromised. However, you and the respondent should feel safe.
2. Ask respondent to remove shoes and stand near the wall.
3. Place adhesive tape on the wall at the level of the respondent's head.
4. Ask respondent to stand up against the wall as straight as comfortable, with his or her heels and shoulders as close to the wall as comfortable.
5. Place the rafter's square on the respondent's head so it rests lightly or just touches the head. Put the widest edge along the head, with diagonal edge facing away from the wall.
6. Make a mark on the self-adhesive note underneath the wide edge of the rafter's square, and ask the respondent to step away from the wall.
7. Measure from the floor to the mark and record it in the booklet.
8. Remove adhesive from the wall.
9. Record respondent's height: \_\_\_\_\_ FEET      \_\_\_\_\_ INCHES
10. Place scale on the floor
11. Ask respondent to remove shoes and heavy objects from his/her pockets.
12. Ask respondent to step on scale and record weight: \_\_\_\_\_ POUNDS
13. If respondent did not complete height or weight, indicate reason in box below.

IWER: Why didn't R complete the height measurement? (Circle all that apply.)

- 1 .....R felt it would not be safe
- 2 .....IWER felt it would not be safe
- 3 .....R refused or was not willing to complete the test
- 4 .....R tried but was unable to complete test
- 5 .....R did not understand the instructions
- 97 .....Other (Specify)\_\_\_\_\_

IWER: Why didn't R complete the weight measurement? (Circle all that apply.)

- 1 .....R felt it would not be safe
- 2 .....IWER felt it would not be safe
- 3 .....R refused or was not willing to complete the test
- 4 .....R tried but was unable to complete test
- 5 .....R did not understand the instructions
- 6 .....R's weight exceeded the capacity of the scale (330 pounds)
- 97 .....Other (Specify)\_\_\_\_\_

**Enter information into the computer.**

**IWER: Before beginning the blood spot collection you must have a signed consent form from the Respondent.**

### **BLOOD SAMPLE COLLECTION**

Equipment needed: Cholesterol and A1c Collection Kit (Lab Authorization Form; Blood Collection Card, Foil Blood Sample Return Bag with Desiccant; Lancet; Alcohol Prep; Sterile Gauze Pad; Adhesive Bandage; Preaddressed, Prepaid Mailing Envelope)  
In-home cholesterol test kit

IWER: Did the R sign the Blood Sample consent form? (Circle one.)

1 ..... YES - Consent signed → continue

5 ..... NO - Consent not signed → do not complete this measure and answer the question in the box below

*“Do you have hemophilia or are you taking any medications that thin your blood, also called anticoagulants?”* (IWER: Circle one.)

1 ..... Yes - do not complete this measure and answer question in box below

5 ..... No – continue

IWER: Explain directions for the test.

*“Do you understand the directions for this test?”* (IWER: Circle one.)

1 ..... YES – continue

5 ..... NO - do not complete this measure and answer question in box below

*“Do you feel it would be safe for you to do this test?”* (IWER: Circle one.)

1 ..... YES – continue

5 ..... NO - do not complete this measure and answer question in box below

IWER: Why didn't R complete the blood spot assay? (Circle all that apply.)

1 ..... R felt it would not be safe

2 ..... IWER felt it would not be safe

3 ..... R refused or was not willing to complete the test

4 ..... R tried but was unable to complete test

5 ..... R did not understand the instructions

6 ..... R has hemophilia or is on medication that thins the blood (anticoagulant)

97 ..... Other (Specify) \_\_\_\_\_

## INSTRUCTIONS FOR BLOOD SAMPLE COLLECTION

- 1) Remove all parts of the Blood Collection Kit and place on a hard, clean, and dry surface (If any item is opened or broken, do not use).
- 2) Place labels on the signed consent form, both copies of the two lab authorization forms, and the blood collection card. Write the date and time of the blood collection on the lab authorization forms, and in this booklet (chart below).
- 3) Put on a pair of latex gloves.
- 4) Clean the R's finger with the Alcohol Prep pad and make sure the R's finger is dry before proceeding.
- 5) While holding the R's hand, place the lancet on the side of the pad of the R's middle or ring finger.
- 6) Prick the finger with the lancet. If necessary, instruct the R to gently squeeze his/her finger from the base several times for a large drop of blood.
- 7) With the sterile gauze pad, wipe away the first drop of blood.
- 8) When the next large drop of blood is formed, place the first drop of blood on the in-home cholesterol test strip and insert into the machine. Record the reading in CAPI. Record the reading on results card and give to the respondent.
- 9) When the next large drop of blood is formed, gently touch the drip to the center of one of the circles printed on the blood collection card. If a single drop of blood does not completely fill a circle, you may add additional drops beside the first until the circle is filled. Try not to overlap the drops. If the blood should "pool" on the surface of the card, gently tap the card to break the surface tension of the blood and allow it to flow through to the card below.
- 10) Once the R completely fills one of the circles, assist the R with filling the other two circles on the form.
- 11) Provide the R with a band-aid
- 12) Place or ask the R to place the used gauze pad, alcohol wipe, wrappers and lancet in the plastic bag and discard in the garbage.
- 13) Allow the blood sample to air dry for 10 to 15 minutes.
- 14) Tear off the blood sample return bag at the notch and open the bag.
- 15) Insert the blood collection card into the bag and reseal the bag. Note: The desiccant pack must remain in the bag.
- 16) Place the sealed return bag and the top copy of the lab authorization forms into prepaid mailing envelope.
- 17) Iwer, mail the envelope as soon as possible.

IWER: Record date and time of specimen collection in chart:

Specimen #	Date	Time
1		am/pm



IWER: Did R complete this test? (Circle one).

- 1 ..... Yes
- 3 ..... R tried but was unable to complete test
- 9 ..... R chose not to do test

IWER: Who pricked the R's finger(s)? (Select all that apply.)

- 1 ..... IWER pricked the R's finger(s)
- 2 ..... R pricked own finger(s)
- 3 ..... Someone else pricked R's finger(s) (Specify relationship to R: \_\_\_\_\_)

IWER: Did the R fill all three circles with blood? (Circle one).

- 1 ..... Yes
- 2 ..... No

IWER: How many times did the R's finger need to be pricked in order to fill the circles? (Circle one).

- 1 ..... One time
- 2 ..... Two times
- 3 ..... Two times but the R was unable to fill all three circles with blood

IWER: Did any problems occur during the collection of the blood sample?

- 1 ..... R became light-headed, fainted, or nauseous
- 2 ..... R had difficulty getting finger to stop bleeding
- 3 ..... R experienced pain
- 97 ..... Other (Specify: \_\_\_\_\_)

IWER: How compliant was R during this measurement? (Circle one.)

- 1 ..... R was fully compliant
- 2 ..... R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3 ..... R did not appear to be fully compliant, but no obvious reason for this.

# Appendix E

## Language Assessment

## Appendix E Language Assessment

We will examine MTO impacts on language outcomes by asking and transcribing two new open ended questions and a reading passage to the adult and youth MTO surveys for a sub-set of survey respondents, as well as transcribing questions already on the draft surveys. Table E.1 presents minimum detectable effects (MDEs) for different language outcomes for different candidate sample sizes for our MTO language exercise. The power calculations focus on four grammatical or phonological measures that have shown the most pronounced differences across social class lines in a previous study of language patterns in Detroit:<sup>1</sup> absence of third singular present tense –s (“He sing a lot”), copula absence (“He happy”), multiple negation (“He didn’t do nothing”), as well as medial and final th as f, t or missing (“teef” rather than “teeth”).

The MDE calculations suggest that obtaining language measures from 500 youth and 500 adults (250 from each of the experimental and control groups) would provide reasonable power to detect MTO impacts on key language outcomes. For example with language measures for a sample of 500 youth, we would be able to detect MTO effects on missing third person singular –s (“He sing a lot”) of around 13% of the control mean, which is smaller than the observed difference between lower- and upper-working-class youth 10-17 in a Detroit study (Wolfram, 1969). For adults the MDE for missing third person singular with a sample of 500 would be 22% of the control mean, which would not quite give us enough precision to be confident of detecting the sort of difference in this measure that was observed between black lower- and upper-working class adults in Wolfram’s Detroit study (57% versus 51%). However the MDEs that we expect to have with our MTO study for other language measures such as copula absence, multiple negation and medial and final th as f, t or missing (33%, 18% and 23% of the control means, respectively) are about the same size or smaller than the observed differences between lower- and upper-working class African-American adults in Detroit (equal to 29%, 48% and 33%, respectively). Put differently, collecting language measures even from a sub-sample of our MTO adult and youth survey sample frames should provide us with adequate statistical power to detect reasonable MTO program impacts on most of our key language measures of interest for both adults and youth.

To reach the target sample, a subset of randomly pre-selected 750 MTO adults and 750 youth will be asked to respond to two of the following three language tasks: an open-ended “danger of death” question, an open-ended “code switching” question, that examines the ability of respondents to use “mainstream” language patterns regardless of their own normal daily vernacular, or reading a short passage below. With 750 people being asked to complete two of these three language tasks, we will have analytic samples of 500 respondents for each of the three language measures.

*Open ended question on danger of death:* Were you ever in a situation where you were in serious danger of being killed? Where you said to yourself, ‘This is it?’ (If the person has no “danger or death” experience: What was the most stressful experience that you ever lived through? What helped you get through it? What is the scariest thing that has ever happened to you ?)

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<sup>1</sup> Specifically, these data come from differences in language patterns observed between lower- and upper-working class informants in Wolfram’s (1969) Detroit study.

*Open ended question to understand code switching:* “Imagine that there is a proposal to close a school that your child attends or a park in your neighborhood that you or your children or relatives use. What would you say to the local public school board or city council to argue against closing the school or park?”

*Short reading passage:* Ray and His Cat Come Back

On Friday, I was in Aunt Cindy's store,  
And Ray was with the same old cat that I saw before.  
Ray said, "Matt, my cat wants a treat!"  
Ray grabbed Matt's chips and let his cat eat.  
Ray said, "Those chips are stale!  
I see that you bought them on sale."  
The cat spit out the chips and jumped in Ray's coat.  
Poor little Matt had his heart in his throat  
Next Ray turned around and he looked at me.  
My blood began to boil, I thought "Yo, who is he?"  
Ray said, "You may be bad but I am the worst,  
And my mean old cat keeps a super class thirst"  
I said, "I don't want to listen to your cat moan.  
Here's five cents so it can buy its own."  
Ray snatched the can right out of my hand.  
He poured the coke all over the ground,  
And said, "Cat, it is time to get down."  
The cat slipped down and started to drink.  
I brought my knee back, and then kicked the can--  
Right at the cat and told it to SCRAM!  
But the cat came back to try to score.  
I said to Ray, "Oh, your cat wants more?"  
I gave a little whistle and opened the door.  
Ray screamed, "Wait! What's that coming at me?"  
I said, "That's my dog, Black, you'll certainly see.  
Don't worry Ray it's no big deal  
I'll count to three and Black has his meal."  
When I got to two, Ray and his cat ran.  
Ray really fell for my new cat plan.

**Table E.1 MDEs for MTO Language Outcomes, by Sample Size**

<b>Factor</b>	<b>Sample Size</b>	<b>Age Group</b>	<b>Mean Prevalence</b>	<b>MDE as % of mean</b>
missing third person singular –s	500	Youth	0.79	12.91%
missing third person singular –s	750	Youth	0.79	10.54%
missing third person singular –s	1000	Youth	0.79	9.13%
missing third person singular –s	1500	Youth	0.79	7.45%
copula absence	500	Youth	0.66	17.98%
copula absence	750	Youth	0.66	14.68%
copula absence	1000	Youth	0.66	12.71%
copula absence	1500	Youth	0.66	10.38%
multiple negation	500	Youth	0.85	10.52%
multiple negation	750	Youth	0.85	8.59%
multiple negation	1000	Youth	0.85	7.44%
multiple negation	1500	Youth	0.85	6.07%
medial and final th as f, t, or missing	500	Youth	0.8	12.52%
medial and final th as f, t, or missing	750	Youth	0.8	10.22%
medial and final th as f, t, or missing	1000	Youth	0.8	8.85%
medial and final th as f, t, or missing	1500	Youth	0.8	7.23%
missing third person singular -s	500	Adult	0.57	21.75%
missing third person singular -s	750	Adult	0.57	17.76%
missing third person singular -s	1000	Adult	0.57	15.38%
missing third person singular -s	1500	Adult	0.57	12.56%
copula absence	500	Adult	0.38	31.99%
copula absence	750	Adult	0.38	26.12%
copula absence	1000	Adult	0.38	22.62%
copula absence	1500	Adult	0.38	18.47%
multiple negation	500	Adult	0.66	17.98%
multiple negation	750	Adult	0.66	14.68%
multiple negation	1000	Adult	0.66	12.71%
multiple negation	1500	Adult	0.66	10.38%
medial and final th as f, t, or missing	500	Adult	0.55	22.65%
medial and final th as f, t, or missing	750	Adult	0.55	18.50%
medial and final th as f, t, or missing	1000	Adult	0.55	16.02%
medial and final th as f, t, or missing	1500	Adult	0.55	13.08%

**Appendix F:**  
**Item by Item Justification**  
**Adult Survey**

<b>HOUSEHOLD SCREENER<sup>1</sup></b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HRS1	[MEMBER #] Person ID	MTO Interim	The adult respondent survey will begin with a roster to take stock of who is currently living in the household, and to collect information on the residential status of members who resided in the MTO household at time of enrollment. Information from the baseline survey, the 1997 and 2000 canvasses and the interim survey about household membership will be pre-loaded. Information about new members will be newly collected at time of the long-term survey. These items provide valuable information to create several outcomes of interest including whether or not the adult respondent is married or living with a partner, the number of children in the household, whether the household is multi-generational. Finally, these questions about household membership will serve as filters for subsequent items in the survey such as spousal employment, and adult respondent reports of household outcomes.
HRS2	First Name	MTO Interim	
HRS3	Last Name	MTO Interim	
HRS4	In household now? Yes, no, deceased	MTO Interim	
HRS5	Relationship to respondent: Birth child, adopted child, Stepchild, Grandchild, Foster child, Other child (not specified), Spouse, Partner (romantically involved), Friend (not romantically involved), Parent, Sibling, Cousin, Other relative (not specified), Other nonrelative (not specified), Head of household	MTO Interim	
HRS6	Gender	MTO Interim	
HRS7	Birth date	MTO Interim	
	(race / ethnicity questions HRS 8 and 9 deleted)		
HRS10	Biological father in household? Yes, no, deceased	MTO Interim	
HRS11	Date moved out	MTO Interim	
HRS12	Current location: Living with R, Living in own HH, Living with mother, Living with father, Living with other relative, Incarcerated, In nursing home, In military, Other, In foster care (for children), Half way house, Homeless, Boarding school, College dorm	MTO Interim	

<sup>1</sup> Information on individual identifying information and basic demographics will be pre-loaded for baseline and interim household members. New members of the “current” household will be defined as people who slept in the home 2 or more nights per week over the past month.

<b>OUTLOOK &amp; SOCIAL NETWORK</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HSN1	<p><b>[HAPPINESS]</b>            Taken all together, how would you say things are these days would you say that you are very happy, pretty happy, or not too happy?</p>	GSS	<p>Happiness measures have been shown to be correlated with self-reported health, sociability and extraversion, sleep quality, happiness of close relatives, and recent positive changes of circumstances. Individual happiness has been shown to be affected similarly by changes in both income of locality and personal income. The greatest of these effects are often felt by those who socialize more in their localities potentially because of the greater salience of income differences to the individual. Some research has suggested that income rank in one's peer group may have a more pronounced effect on happiness. In addition, we are considering asking respondents how life has turned out for their children and not just for themselves. This seems particularly relevant to MTO because many of the families wanted to move to provide a better life for their children.</p>



OUTLOOK & SOCIAL NETWORK			
Question Number	Item	Source	Justification/Notes
HSN2	Considering your child/children's lives in general these days, how happy or unhappy would you say you are, on the whole... very happy, pretty happy, or not too happy?	GSS, modified	circumstances. Individual happiness has been shown to be affected similarly by changes in both income of locality and personal income. The greatest of these effects are often felt by those who socialize more in their localities potentially because of the greater salience of income differences to the individual. Some research has suggested that income rank in one's peer group may have a more pronounced effect on happiness. In addition, we are considering asking respondents how life has turned out for their children and not just for themselves. This seems particularly relevant to MTO because many of the families wanted to move to provide a better life for their children.
HSN3 HSN4 HSN5	<b>[OPTIMISM]</b> 7. I hardly ever expect things to go my way. 9. I rarely count on good things happening to me. 10. Overall, I expect more good things to happen to me than bad.	LOT-R	Optimism/pessimism measures relate to how a person tends to think about their future outcomes. These measures have been linked to a number of outcomes that are relevant to MTO. They are associated better adjustment to and coping ability and higher levels of academic achievement, as well as higher levels of career-related goals.
HSN6	We would also like to learn some more about what you did and how you felt yesterday. . Specifically we are wondering how your day went and how you felt at [RANDOMLY SELECTED TIME] yesterday.  What were you doing at [RANDOMLY SELECTED TIME]? (Please check all that apply) [commuting; working; shopping; preparing food; doing housework; taking care of your children; eating; praying / worshipping / meditating; socializing; watching TV; nap / resting; computer / Internet / email; relaxing; on the phone; intimate relations; exercising; other (please specify)]	Kahneman and Krueger, 2004	Because overall happiness (above) is sometimes perceived in context of comparing oneself to one's neighbors, there is the possibility that MTO moves may have improved the quality of the daily lives of families but they respond in turn by raising their standards (perhaps in part because they are now surrounded by more affluent families). So their lives may in fact be "better" but they might not perceive or express this consciously because they are now comparing themselves to a more affluent, "happier" set of neighbors. To test daily happiness in addition to overall happiness, the U-index method proposed by Kahneman and Krueger is designed to circumvent the potential overall happiness conundrum by trying to measure instead the quality of the everyday experiences that MTO families enjoy.
HSN7	[Note to interviewer: if only one activity chosen then skip]. Which activity above would you consider the main activity at [RANDOMLY SELECTED TIME], that is, the activity that took up the most time?	Kahneman and Krueger, 2004	This series of questions has been shortened for MTO, which will be examined by the original authors, Kahneman and Krueger, for their feedback. These questions serve to evoke recent memories about specific activities engaged in and measure the proportion of time respondents face in an unpleasant state (versus a pleasant state).
HSN8	At what time did this main activity [INSERT NAME OF MAIN ACTIVITY] begin?	Kahneman and Krueger, 2004	
HSN9	At what time did this main activity end?	Kahneman and Krueger, 2004	
HSN10	Where were you?	Kahneman and Krueger, 2004	

<b>OUTLOOK &amp; SOCIAL NETWORK</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HSN11	Were you interacting with anyone? (including on the phone, in a teleconference, etc.)	Kahneman and Krueger, 2004	
HSN12	If you were interacting with someone, who was it? (check all that apply) [spouse / significant other; my children; friends; parents / relatives; co-workers; boss; clients / customers; other people not listed]	Kahneman and Krueger, 2004	
HSN13	Please rate each feeling on the scale given. A rating of 0 means that you did not experience that feeling at all. A rating of 6 means that this feeling was a very important part of the experience. Please circle the number between 0 and 6 that best describes how you felt. Impatient for it to end Happy Frustrated / annoyed Depressed / blue Competent / capable Hassled / pushed around Warm / friendly Angry / hostile Worried / anxious Enjoying myself Criticized / put down Tired	Kahneman and Krueger, 2004	
HSN14	<b>[FRIENDS]</b> About how many CLOSE friends do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help. Would you say that you have no close friends, one or two, three to five, six to ten, or more than ten?	MTO Interim	
HSN15	The next few questions are about ALL your friends. Some people have friends who mostly know one another. Other people have friends who don't know one another. Would you say that: all your friends know one another, most of your friends know one another, only a few friends know one another, or none of your friends know one another?	MTO Interim	
HSN16	How many of your friends live in the same neighborhood as you?	MTO Interim	These questions concern the formation of new friendships and maintenance of old ones. They support analyses of degree of social isolation, the breadth of the respondent's social network, and the degree of support available from friends after a low-poverty move. The questions measure various aspects of social networks, including the respondent's integration into the new community, the density of the community links, and the level and the type of information available to the respondent. These questions also obtain information on whether respondents know as friends people who could be role models for educational achievement or economic self-sufficiency.
HSN17a	Thinking about everyone that you would count as a friend, not just your close friends, About how many have graduated from college -- -- none, only a few, some, most, or all?	MTO Interim	
HSN17b	About how many earn more than \$30,000 a year?	MTO Interim	
HSN17c	About how many work full-time?	Original	

<b>OUTLOOK &amp; SOCIAL NETWORK</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HSN17d	About how many would you say are a different race or ethnicity than you?	SCCBS, modified	These questions measure the degree to which respondents who moved through MTO perceive that they moved away from the neighborhoods of high-poverty public housing developments and the extent to which they remain tied to those areas through personal relationships. It is hypothesized that, the closer or more numerous the ties back to the origin neighborhoods, the less respondents will be influenced by—or take advantage of—the differences offered by low-poverty areas.
HSN18	Of your friends who have graduated from college, about how many of these would you count as a CLOSE friend?	Original	
HSN18a	How many of these people live in your current neighborhood?	Original	
HSN19	Here is a list of some of the ways in which people are connected to each other. Some people can be connected to you in more than one way. How is/are your friend(s) in your neighborhood connected to you? Check all that apply. (THROUGH: FAMILY/ RELATIVES, YOUR CHILD/YOUR CHILD'S SCHOOL, YOUR NEIGHBORHOOD (CURRENT OR FORMER), YOUR WORK / SPOUSE'S WORK, CHURCH, A GROUP YOU BELONG TO, FROM CHILDHOOD, OTHER)	GSS, modified	
HSN20	<b>[FRIENDS AND RELATIVES]</b> The next two questions are about friends and relatives. During the past thirty days, about how often have you had friends or relatives over to your home? Every day; several days a week; twice a week; about once a week; 2-3 times in the past month; once in the past month; or not at all in the past month?	MTO Interim	
HSN21	During the past thirty days, about how often have you visited with friends or relatives at their homes?	MTO Interim	
HSN22	<b>[TIES TO OLD NEIGHBORHOOD]</b> Thinking about your neighborhood now, are you living in the same neighborhood as when you lived at [BASELINE ADDRESS] or living in a different neighborhood?	MTO Interim	
HSN23	Do you still have friends in your old neighborhood, where you lived at [BASELINE ADDRESS]?	MTO Interim	
HSN24	How often do you go back to visit friends in that old neighborhood?	MTO Interim	
HSN25	How often do your friends from that old neighborhood visit you?	MTO Interim	
HSN26	Thinking about your current set of friends, how many of these people have you been friends with for at least [survey year minus year of random assignment]?	Original	
HSN27	How often do you go visit these friends?	Original	
HSN28	How often do these friends come visit you?	Original	

<b>OUTLOOK &amp; SOCIAL NETWORK</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HSN29	<b>[COLLECTIVE EFFICACY]</b> [INTERVIEWER, HAND RESPONDENT CARD WITH RESPONSE CATEGORIES. RECORD "UNSURE" IF ANSWER IS BETWEEN LIKELY AND UNLIKELY; DK IF DOES NOT UNDERSTAND THE QUESTION.		These questions measure the adult's view of the level of community monitoring of youth. One of the major theories of community-level change is that low-poverty neighborhoods socialize their youth differently than poor neighborhoods, toward achievement and learning, and away from anti-social behavior.
HSN29a	If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? Very likely, likely, unsure, unlikely, or very unlikely.	MTO Interim	
HSN29b	If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?	MTO Interim	
HSN30	<b>[NEIGHBORS]</b> How often do you stop to chat with a neighbor in the street or hallway? Would you say almost every day; once a week; once a month; a few times a year; or almost never?	MTO Interim	These questions provide a measure of civic engagement—the respondent's involvement with the larger community. While engagement is not a middle-class phenomenon (there are many examples of well-organized, activist communities in working-class and poor neighborhoods), here we wish to see whether those who have moved to low-poverty areas are becoming engaged with these communities.
HSN31	<b>[CHURCH]</b> In the past 12 months, how often have you gone to church or attended other religious services? Never in the past 12 months; several times in the past 12 months; once a month; once a week; or more than once a week?	MTO Interim	
HSN32	Do you attend church or other religious services in this neighborhood, your old neighborhood at BASELINE ADDRESS, or somewhere else?	Original	
HSN33	How many years have you been attending this church?	Original	
HSN34	In the past 12 months, have you taken part in any sort of activity with people at your church or place of worship other than attending services? This might include teaching Sunday school, serving on a committee, attending choir rehearsal, retreat, or other things.	SCCBS, modified	
HSN35	<b>[POLITICAL PARTICIPATION]</b> Now I'd like to know about your role in your community. In the past twelve months, have you gotten together informally with others in the community to try to deal with some community issue or problem?	Citizen Participation Study	
HSN36	Do you recall what the issue was?	Original	
HSN37	In the past twelve months, have you attended a meeting of any local government board or council that deals with community problems and issues?	Citizen Participation Study	The inclusion of political participation items tests the hypothesis that escaping troubled and resource-poor neighborhoods also enables poor people to escape conditions that inhibit their involvement in the activities of democratic citizenship—from voting in local, state, and national elections to working collectively with others to address community problems.

<b>OUTLOOK &amp; SOCIAL NETWORK</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HSN38	In the past twelve months, did you contact a public official or some other person of influence in the community to discuss a community issue or problem?	Detroit Area Study	
HSN39	In any election, some people are not able to vote because they are sick or busy or have some other reason, and others do not want to vote. Did you happen to vote in as part of the 2008 Presidential race? [options include: primary elections; general election]	CPS, voting and registration supplement 2000, modified	
HSN40	Are you currently registered to vote?	CPS, voting and registration supplement 2000, modified	

<b>HOUSING CONSUMPTION &amp; MOBILITY</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
INTRO	<p>We want to understand how the places you've lived may have affected you and your family. So I'm going to ask you some questions about the different places you've lived since (YEAR OF RANDOM ASSIGNMENT). As you know, we have been keeping in touch with you over the years, but we want to make sure that we have all the right information.</p> <p>[Show the respondent all addresses we had an ACTIVE contact and the estimated dates at those addresses. First address is baseline address and last address is current address.]</p>	Original	We want to verify each of the R's locations since core move so as to analyze respondents' mobility patterns over time.
	<b>CORE ADDRESS SERIES</b>		
HHC1	First let me ask, is this [CORE MOVE ADDRESS] the first place that you moved to after (YEAR OF RANDOM ASSIGNMENT)? [if yes, skip to HHC2]	Original	
HHC1a	If not, what should the address be? [Correct the core address or insert the new address into the series. If R doesn't recall address, get the city, state, and nearest major intersection].	Original	
HHC2	I would like to confirm the year and month that you left (FIRST ADDRESS).	Original	
	<b>MOVE SERIES</b>	Original, based on MTO Interim and HOPE VI Panel Study	This series of questions combines items from the MTO Interim and HOPE VI Panel Study surveys to create a comprehensive item asking about reasons for moving to and from locations, and (where applicable) moving from the initial low-poverty location.

HOUSING CONSUMPTION & MOBILITY			
Question Number	Item	Source	Justification/Notes
HHC3	<p>What is the main reason you moved away from (THIS ADDRESS)? Did you leave because:</p> <ul style="list-style-type: none"> <li>(a) the landlord evicted you</li> <li>(b) your landlord would not renew your lease</li> <li>(c) the rent increased and you couldn't afford it</li> <li>(d) your expenses increased and you couldn't afford rent</li> <li>(e) other</li> </ul> <p>[If a-d, skip to HHC4]</p>	MTO Interim, modified	
HHC3a	<p>What was the main reason you moved? [open ended response with pre-codes]</p> <ul style="list-style-type: none"> <li>-Lost job or ended job</li> <li>-Was doing drugs</li> <li>-Problems with landlord</li> <li>-Problems with neighbors/people in neighborhood</li> <li>-Unit failed Section 8 inspection</li> <li>-Section 8 terminated</li> <li>-Respondent or child were abused/violence in the household</li> <li>-Change in family status (gained or lost a family member, divorce, marry)</li> <li>-Moved in with partner/boyfriend/girlfriend</li> <li>-Wanted to be closer to former neighborhood</li> <li>-Wanted to be closer to family</li> <li>-Refused</li> <li>-Don't know</li> </ul>	MTO Interim, modified	
HHC4	Did you next move to [NEXT ADDRESS]? [if yes, skip to HHC5]	Original	
HHC4a	What address did you move to? [Correct the core address or insert the new address into the series. If R doesn't recall address, get the city, state, and nearest major intersection].	Original	
HHC5	During the time between when you lived at [PREVIOUS ADDRESS] and [THIS ADDRESS], we would like to know if there was a time when you did not have your own place to stay?[if NO, skip to note after HHC6a]	MTO Interim	These questions measure housing security. Are sample members able to maintain their own housing units? If not, are they doubling-up with other families and experiencing spells of homelessness?

<b>HOUSING CONSUMPTION &amp; MOBILITY</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HHC5a HHC5b HHC5c  HHC5d HHC5e	[IF YES] When you did not have your own place stay, did you.... -Stay with a relative? -Stay with a friend? -Stay in a shelter? [INTERVIEWER: A SHELTER IS: A homeless shelter, emergency shelter, or domestic violence shelter] -Stay on the street? -Stay in a place not meant for sleeping like an abandoned building, car or van, movie theater, or laundromat? IF NO TO ALL OF THESE, SKIP TO NOTE AFTER HHC6a	MTO Interim, modified	
HHC6	How long were you without a place of your own? -less than one month -more than one month but less than a year -more than a year	Original	
HHC6a	At that time were (SAMPLED CHILDREN) with you or living somewhere else?	MTO Interim, modified	
NOTE	Return to HHC3, and repeat until HHC3-HHC6a have been asked for current address	Original	
	<b>BEST AND WORST NEIGHBORHOODS</b>	Original, based on MTO Interim and HOPE VI Panel Study	These questions combine items from the MTO Interim and HOPE VI Panel surveys to create a comprehensive set of questions asking about reasons for moving to and from locations, and (where applicable) moving from the initial low-poverty location.
HHC7	I'd like you compare all of the neighborhoods where you've since (YEAR OF RANDOM ASSIGNMENT) (show corrected calendar with all addresses as a reminder).  Looking back at all of these addresses you have lived, which of these addresses' NEIGHBORHOOD did you like the BEST?	Original	

<b>HOUSING CONSUMPTION &amp; MOBILITY</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HHC7a	<p>What is the MAIN thing you LIKED about this neighborhood? [open ended with precodes]</p> <ul style="list-style-type: none"> <li>-SAFER</li> <li>-FEWER PROBLEMS WITH GANGS/DRUGS</li> <li>-BETTER OR BIGGER APARTMENT</li> <li>-UNIT IN BETTER CONDITION</li> <li>-UNIT IS AFFORDABLE</li> <li>-CLOSER TO FRIENDS</li> <li>-CLOSER TO FAMILY</li> <li>-CLOSER TO JOB</li> <li>-SCHOOLS BETTER</li> <li>-CLOSER TO PUBLIC TRANSPORTATION</li> <li>-CHANGE IN MARTIAL STATUS/ROMANTIC STATUS</li> <li>-OTHER</li> </ul>	Original, based on MTO Interim, HOPE VI Panel Study , and 3CITYMTO	The goal of this question is to understand how and why respondents are making choices about neighborhoods. The goal of this question is to understand respondents' motivations for choosing specific neighborhoods.
HHC8	Which addresses' NEIGHBORHOOD did you like the LEAST?	Original	
HHC8a	<p>What was the MAIN thing you didn't like about this neighborhood? [open ended with precodes]</p> <ul style="list-style-type: none"> <li>-NOT SAFE</li> <li>-MORE PROBLEMS WITH GANGS/DRUGS</li> <li>-WORSE OR SMALLER APARTMENT</li> <li>-UNIT IN WORSE CONDITION</li> <li>-UNIT IS UNAFFORDABLE</li> <li>-FARTHER FROM FRIENDS</li> <li>-FARTHER FROM FAMILY</li> <li>-FARTHER FROM JOB</li> <li>-SCHOOLS WORSE</li> <li>-FARTHER FROM PUBLIC TRANSPORTATION</li> <li>-OTHER</li> </ul>	Original, based on MTO Interim, HOPE VI Panel Study, and 3CITYMTO	
	<b>SEARCHING FOR CURRENT ADDRESS</b>		
HHC9	<p>(SKIP IF THIS ADDRESS = BASELINE) Now I'd like you to think about when you rented/bought this house/apartment. How did you find this place? [PRECODES:]</p> <ul style="list-style-type: none"> <li>-From a listing given by the housing authority</li> <li>-Nonprofit or community group</li> <li>-Advertisement in newspaper or internet</li> <li>-Real estate agent/broker</li> <li>-Friend or family member</li> <li>-DRIVING BY/SAW SIGN</li> <li>-Other</li> </ul>	AHS modified, 3CITYMTO	The goal of this question is to understand how respondents search for housing after original core move assistance.



<b>HOUSING CONSUMPTION &amp; MOBILITY</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HHC10	<p>There are many reasons why people choose to move to certain neighborhoods. What would you say was the main reason you moved to your current neighborhood? [PRECODES:]</p> <ul style="list-style-type: none"> <li>-SAFER</li> <li>-FEWER PROBLEMS WITH GANGS/DRUGS</li> <li>-BETTER OR BIGGER APARTMENT</li> <li>-UNIT IN BETTER CONDITION</li> <li>-UNIT IS AFFORDABLE</li> <li>-CLOSER TO FRIENDS</li> <li>-CLOSER TO FAMILY</li> <li>-CLOSER TO JOB</li> <li>-SCHOOLS BETTER</li> <li>-CLOSER TO PUBLIC TRANSPORTATION</li> <li>-LANDLORD ACCEPTED VOUCHER</li> <li>-ONLY PLACE I LOOKED</li> <li>-OTHER</li> </ul>	MTO Interim, modified	The goal of this question is to understand respondents' motivations for choosing specific neighborhoods.
	<b>CURRENT HOUSING UNIT</b>		These questions measure housing security. Are sample members able to maintain their own housing units? If not, are they doubling-up with other families and experiencing homelessness?
HHC11a	Now I would like to know some more about your current house/apartment. Do you... ...rent your home or apartment? (If yes, skip to HHC12a)	MTO Interim	
HHC11b	...own your own home? (If yes, skip to HHC12b)	MTO Interim	
HHC11c	...live with family or friends and pay part of the rent or mortgage? (If yes, skip to HHC12a)	MTO Interim	
HHC11d	...live with family or friends and do not pay rent? (If yes, skip to HHC13)	MTO Interim	
HHC11e	...live in a group shelter? (If yes, skip to HHC12c)	MTO Interim	
HHC11f	...live in some other housing arrangement? (specify _____) (If yes, skip to HHC13)	MTO Interim	
HHC12a	Altogether in the month just passed, what did you pay in rent? We are interested only in knowing your part of the payment. (skip to HHC13)	MTO Interim	
HHC12b	Altogether in the month just passed, what was the amount you paid to the bank or mortgage company? (skip to HHC13)	MTO Interim	
HHC12c	Do you have your own room or do you share a room with other people? (skip to HHC13)	MTO Interim	

<b>HOUSING CONSUMPTION &amp; MOBILITY</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HHC13	Not including bathrooms and hallways, how many rooms are there in your house or apartment? -one -two -three -four -five -six or more -refused -don't know	MTO Interim	The purpose of this question is to determine whether respondents are living in overcrowded housing.
HHC14	Overall, how would you describe the condition of your current house/apartment? Would you say it was in excellent, good, fair, or poor condition?	MTO Interim	These questions assess housing quality and compares them to AHS benchmarks
HHC15a	Now I am going to ask you some questions about problems that people have in some homes or apartments. Where you live now, how much of a problem are...  Walls with peeling paint or broken plaster? [Would you say they are a big problem, a small problem or no problem at all?]	MTO Interim	
HHC15b	Plumbing that doesn't work?	MTO Interim	
HHC15c	Rats or mice?	MTO Interim	
HHC15d	Cockroaches	MTO Interim	
HHC15e	Broken locks or no locks on the door to your unit?	MTO Interim	
HHC15f	Broken windows or windows without screens?	MTO Interim	
HHC15g	A heating system that does not work?	MTO Interim	
HHC16a	(If HHC15a big or small problem then ask): Does the house or apartment have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? (the size of a standard letter)	AHS	The purpose of these items is to get more detailed information about specific housing quality problems.
HHC16b	(If HHC15b big or small problem then ask): In the last 3 months, was there any time when all the toilets in the home were not working and you had no working toilet in the home for 6 hours or longer? ("while household was living here" if less than 3 months)	AHS	
HHC16c	(If HHC15b big or small problem then ask): Is water leaking today from any kitchen or bathroom sink or drain pipe?	AHS	
HHC16d	(If HHC15c If big or small problem then ask): Did you see a rat anywhere in your building or outside around the grounds this week?	AHS	
HHC16e	(If HHC15d If big or small problem then ask): Have you seen many cockroaches in your home this week?	AHS	

<b>HOUSING CONSUMPTION &amp; MOBILITY</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HHC16f	(If HHC15g big or small problem then ask): During this past winter, was there any time when this house/apartment was so cold for 24 hours or more that it caused anyone in your household discomfort?	AHS	
HHC16g	(If HHC16f=YES): Was that because the heating system broke down, you could not pay your utility bill, to keep costs down, or some other reason?	AHS	
HHC17	Does your house/apartment have significant problems with mold on walls or ceilings, for example in your bathroom?	AHS	
HHC18	Does the house or apartment have any walls, ceilings, or floors with serious problems like sagging, leaning, buckling or large holes?	AHS	
	<b>HOUSING ASSISTANCE</b> (IF BASELINE=CURRENT ADDRESS, SKIP HHC19 QUESTIONS, SYSTEM SHOULD AUTOMATICALLY CODE PERSON AS BEING IN PUBLIC HOUSING)		This sequence of questions concerns housing assistance status and exits from housing assistance. Housing assistance status concerns the cost to the federal government of any ongoing subsidies. MTO may also provide useful data on exits from assisted status. These items provide a check on PIC data, which can be inaccurate and out of date, especially regarding residents who have lost assistance.
HHC19	Some people get housing assistance that requires them to complete re-certifications by reporting income AND who lives with them to determine the amount of rent they pay. One of those programs is the housing voucher program, also sometimes called Section 8, which gives a renter the right to choose where they live AND it helps pay the rent. Does your household have a housing voucher?	ORCM, modified	
HHC19a	IF HHC19= YES Can your household use its housing voucher to move to another location? (If yes, then SKIP to HHC20)	ORCM, modified	
HHC19b	IF HHC19 = NO Is the housing authority your landlord? (If yes, then SKIP to HHC20)	ORCM, modified	
HHC19c	IF HHC19 = NO & HHC19b = NO Do you currently live in some other type of housing where your landlord requires you to prove your income each year? (If yes, then SKIP to HHC20)	ORCM, modified	

HOUSING CONSUMPTION & MOBILITY			
Question Number	Item	Source	Justification/Notes
HHC19d	IF HHC19 = NO & HHC19b = NO & HHC19c NO People stop getting housing assistance (either public housing or section 8 vouchers) for different reasons. What would you say was the main reason you are no longer getting assistance? -NO LONGER ELIGIBLE BECAUSE INCOME IS TOO HIGH -PURCHASED HOME -GOT MARRIED/MOVED IN WITH PARTNER -EVICTED BY LANDLORD -TERMINATED FROM PROGRAM/BROKE RULES ETC. -RELOCATED FROM PUBLIC HOUSING AND COULD NOT MOVE BACK -OTHER (SPECIFY: _____)	MTO Interim	
HHC19e	Since you stopped getting housing assistance, have you tried to get a new housing voucher, Section 8, or applied to move back into public housing?	Original	
HHC19f	IF HHC19e = YES Are you currently on a waiting list for housing assistance?	Original	
	<b>PAYMENT DIFFICULTIES</b> (IF HHC11a = YES [RENTER], THEN ASK HHC20a THROUGH HHC23c, SKIPPING HHC20b and HHC20d) (IF HHC11b= YES [HOMEOWNER], THEN ASK HHC20b, HHC20d, and HHC21a, HHC22a, and HHC 23 SERIES) (IF HHC11c, d, e, f = YES, SKIP TO NEXT SECTION OF SURVEY)		Current housing expenditures may reflect the effects of the transition from public housing to Section 8 vouchers on families' finances. The transition to Section 8 with the MTO move or to renting/owning without housing assistance later may lead to substantial changes in housing expenditures and burden. This, in turn, could lead to housing or food insecurity and other financial problems.
HHC20a	How many months in the past 12 months were you more than 15 days late paying your rent?	MTO Interim	The purpose of these questions is to understand whether financial hardship might be placing respondents at risk of housing instability.
HHC20b	How many months in the past 12 months were you more than 15 days late paying your mortgage?	MTO Interim	
HHC20c	In the last 12 months, has your current or previous landlord ever threatened to evict you for nonpayment of rent?	MTO Interim	
HHC20d	In the last 12 months, has your current or previous bank ever threatened to foreclose on your mortgage?	MTO Interim	
HHC21	Now I have some questions about your utilities. Do you pay for your own electricity or is that included in the rent?	MTO Interim	
HHC21a	(IF HHC21 = "Pay own electricity") How much was the electric bill last month?	MTO Interim, modified	The purpose of these questions is to understand whether respondents are experiencing financial hardship that might be placing them at risk for housing instability.
HHC22	Do you pay for your own gas or is that included in the rent?	MTO Interim, modified	

<b>HOUSING CONSUMPTION &amp; MOBILITY</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HHC22a	(IF HHC22 = "Pay own gas") How much was the gas bill last month?	MTO Interim, modified	
HHC23	IF PAY OWN ELECTRICITY OR GAS: People sometimes have trouble paying their utility bills on time. How many months out of the last 12 were you more than 15 days late paying your electric, gas, or water bill?	MTO Interim, modified	
HHC23a	IF HHC23 IS > 0 Did you receive a notice that your gas, water, or electricity would be shut off if you did not pay your bill?	MTO Interim	
HHC23b	In the past 12 months, was your gas, water, or electricity ever shut off for nonpayment?	MTO Interim	
HHC23c	For the most recent time you were late making the payment, why were you late paying? - Forgot about bill - Bill was higher than normal - Ran out of money - Other	Original	

<b>NEIGHBORHOODS</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HNB1	Which of the following statements best describes how satisfied you are with your neighborhood? Would you say that you are very satisfied, somewhat satisfied, in the middle, somewhat dissatisfied, or very dissatisfied with your neighborhood?	MTO Interim	As a mediating factor, greater neighborhood satisfaction may reduce housing mobility and lengthen exposure to low-poverty neighborhoods, thereby influencing impacts on virtually all of the outcomes considered in the study.
HNB2	Now I would like to ask you about problems that occur in some neighborhoods. I will read a series of questions, and for each please tell me if it is a big problem, a small problem, or not a problem in your neighborhood. In your neighborhood, how big of a problem is...	MTO Interim	Questions about neighborhood problems related to graffiti or people hanging out are relevant for understanding how MTO might affect perceptions of safety, and more generally research within criminology provides some (conflicting) evidence about the degree to which "disorder" contributes to the prevalence of criminal activity. Given the importance of crime and gangs to MTO families in their decisions to sign up for the program, questions about disorder and other neighborhood problems are also relevant for understanding how and why MTO may affect how satisfied adults are with their neighborhoods, which is also directly measured by a survey question in this module.
HNB2a	Litter or trash on the streets or sidewalk? Is it a big problem, a small problem, or no problem?	MTO Interim	
HNB2b	How big of a problem is graffiti or writing on the walls?	MTO Interim	
HNB2c	People drinking in public?	MTO Interim	
HNB2d	Abandoned buildings?	MTO Interim	
HNB2e	Groups of people just hanging out?	MTO Interim	
HNB2f	Police not coming when called?	MTO Interim	

<b>NEIGHBORHOODS</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HNB3	Have you seen people USING or SELLING illegal drugs in your neighborhood during the past 30 days? (IF NO, SKIP TO HNB6)	MTO Interim	We would like to distinguish between prevalence of drug use in the neighborhood versus prevalence of drug distribution. Drug use in the community may signal the prevalence of anti-social norms and perhaps the quality of local policing, and may influence the probability that MTO participants use drugs themselves. But most criminologists believe that drug market activity is more strongly linked than is drug use to the risk of violence, and areas where drug selling is more common may put youth at elevated risk for involvement in drug selling themselves (while areas where drug use is common but drug distribution is not may not have the same influences on MTO youth involvement with drug selling).
HNB4	How often have you seen someone USING drugs in your neighborhood in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days, or didn't see any using?	MTO Interim, modified	
HNB5	How often have you seen someone SELLING drugs in your neighborhood in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days, or you didn't see any selling?	MTO Interim, modified	
HNB6	Now I have a few questions about discrimination. Sometimes people feel like they are discriminated against, or treated badly or differently because of their race or ethnicity. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places? How about...	MTO Interim	Respondent perceptions of discrimination are both an outcome of interest in their own right and a mediating factor for other outcomes. As a mediating factor, discrimination is an important aspect of the social environment. If living in a low-poverty neighborhood increases the experience of discrimination, it may limit the adult's integration into the community and the level of interaction with other adults, thereby influencing virtually all of the outcomes considered in the study. It may also serve as an indicator of overall social isolation of MTO families.
HNB6a	In a store where you were shopping or a restaurant where you wanted to eat?	MTO Interim	
HNB6b	In your own neighborhood?	MTO Interim	
HNB6c	At your child's school?	MTO Interim	
HNB6d	In dealing with the police, such as a traffic accident?	MTO Interim	
HNB7	Sometimes people feel like they are discriminated against, or treated badly or differently because they might not have quite as much money as other people, or because of the way they dress or talk. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly in the following places because of how much money your family has or the way you dress or talk? How about...	MTO Interim, modified	Because MTO generated more pronounced changes in neighborhood socio-economic than racial composition, discrimination by social class may be a more important concern for MTO families than discrimination by race.
HNB7a	In a store where you were shopping or a restaurant where you wanted to eat?	MTO Interim, modified	
HNB7b	In your own neighborhood?	MTO Interim, modified	
HNB7c	At your child's school?	MTO Interim, modified	
HNB7d	In dealing with the police, such as a traffic accident?	MTO Interim, modified	

<b>NEIGHBORHOODS</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HNB8	How long would it take you to get to the nearest bus or train stop?	MTO Interim	Ease of access to neighborhood essentials like shopping and to local amenities such as parks or playgrounds may be reduced by moves to low-poverty neighborhoods, because of their residential character and lower density. This could reduce employment opportunities and the respondent's satisfaction with the neighborhood, making a subsequent move more likely. Alternatively, if employment opportunities are better in low-poverty areas, families may be better able to afford cars, improving their access to these activities and amenities.
HNB9a	Now I would like to get a sense of how safe you think your neighborhood is. How safe do you feel on the streets near your home during the day?, Would you say very safe, safe, unsafe, or very unsafe?	MTO Interim	These questions measure fear of crime and crime victimization in the current neighborhood. In prior research with the MTO sample, fear of crime and victimization were identified as factors with pervasive effects on families' lives, strongly motivating them to move. The MTO intervention may greatly reduce victimization and fear, improving the adult's willingness to interact with the community. A greater sense of safety may also influence parenting style and therefore children's activities. Reduced stress and fear may also affect mental health (e.g., reduced anxiety and depression), with consequent impacts on employability. Thus, families' sense of safety and exposure to crime and violence can be expected to act as mediating factors in a number of areas.
HNB9b	How safe do you feel on the streets near your home at night? Would you say very safe, safe, unsafe, or very unsafe?	MTO Interim	

<b>EDUCATION &amp; TRAINING</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HED1	Now I would like to talk to you about your educational background. What is the highest grade or year of regular school that you have completed and gotten credit for?	MTO Interim	The MTO treatment may affect whether adults have furthered their educations after the move, either through formal educational opportunities or through job training. Measuring this outcome directly as part of the final MTO evaluation will capture human capital investment that has taken place since the interim evaluation.
HED2a	Do you have a high school diploma or a GED?	MTO Interim	
HED2b	Do you have a college degree?	Original	
HED2c	What is the highest degree you have received?	Original	
HED3a	Now I would like to ask you about any regular school or any training you may have had in the past 2 years. Have you participated in any additional regular schooling or in some other type of schooling or training program that lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job?	MTO Interim, modified	Adults may gain exposure to more educated role models and to social norms that place higher value on educational and career advancement. Their mental health may improve (reduced depression, stress, anxiety), increasing their capacity or desire to invest in human capital. They may gain access to institutions that have more educational resources. Greater safety in their new neighborhoods may require less intense monitoring of their
HED3b	What kind of schooling or training was that?	MTO Interim	

<b>EDUCATION &amp; TRAINING</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HED3c	How many weeks did you participate in schooling or training in the past 24 months?	MTO Interim, modified	children, allowing the adults to pursue self-improvement. Job training programs in particular may provide adults with skills that facilitate entry into the labor force or help them obtain better jobs, important determinants of self-sufficiency.
HED3d	During those weeks, how many hours a week did you usually spend in schooling or training?	MTO Interim	
HED3e	Are you currently participating in schooling or training?	MTO Interim	

<b>EMPLOYMENT &amp; EARNINGS</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HEM1	Last week, did you do any work for pay?	MTO Interim	These questions are a slightly modified version of the standard Current Population Survey (CPS) questions designed to measure current labor market status, hours of work, occupation, industry, and rate of pay. Several questions have been added to take better account of the casual, sporadic employment typical of a low-income population. This sequence will allow us to estimate impacts on all the standard measures of labor market status and activity (e.g., employment and unemployment, weekly hours and earnings, hourly wage rate). Moves to low-poverty neighborhoods can be expected to influence these outcomes because the availability and type of jobs in such neighborhoods are substantially different than those in high-poverty neighborhoods and because the supply of low-wage labor competing for such jobs may be smaller. Respondents who move to low-poverty areas may also be more motivated and/or able to work than those who remain in public housing, because the social norms and role models in higher-income neighborhoods are likely to be more supportive of work. Other factors that may affect the employment and earnings of the MTO families include the greater safety and reduced stress levels of low-poverty neighborhoods and more supportive/effective welfare-to-work programs. If it important to ask this series of questions as part of the final MTO evaluation because the long-run effects of moving may be qualitatively different from the short- or intermediate-run effects. For example, while the loss of informal social networks may make it initially more difficult for families who move to low-poverty areas to find jobs this effect should dissipate over time. Furthermore, the effects of neighborhood characteristics on
HEM2	[IF NO] What is the main reason that you did not work for pay last week?	MTO Interim	
HEM3	Last week, did you have more than one job, including part-time and weekend work?	MTO Interim	
HEM4	How many hours per week do you usually work at your [main] job? (By main job, we mean the one at which you usually work the most hours.)	MTO Interim	
HEM4a	Do you usually work 35 hours or more per week at your [main] job?	MTO Interim	
HEM4b	[IF HEM3=YES] How many hours per week do you usually work at your other job(s)?	CPS	
HEM5	Now I have a few questions about the (main) job at which you worked last week. Were you employed by government, by a private company, a nonprofit organization, or were you self employed (or working in the family business)? [government; private for profit company; nonprofit organization including tax exempt and charitable organizations; self employed; working in the family business]	MTO Interim	
HEM5a	What kind of business or industry is this? What do they make or do where you work?	MTO Interim	
HEM5b	Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?	MTO Interim	
HEM6	What kind of work do you do, that is, what is your occupation? For example, plumber, typist, farmer.	MTO Interim	
HEM7	What are your usual duties or activities at this job? For example, typing, keeping account books, filing, selling cars, operating, printing press, laying brick.	MTO Interim	
HEM8	When did you first start working [at your main job]?	MTO Interim	



<b>EMPLOYMENT &amp; EARNINGS</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HEM9	For your [main] job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?	MTO Interim	employment and earnings outcomes may be apparent only after some threshold level of exposure to those characteristics.
HEM10	Do you usually receive overtime pay, tips, or commissions [at main job]?	MTO Interim	
HEM11	(Including overtime pay, tips and commissions), what are your usual (daily/weekly/ biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions?	MTO Interim	
HEM11a	How many days a week do you usually work?	MTO Interim	
HEM12	How many weeks a year do you get paid for?	MTO Interim	
HEM12b	[IF HEM9=PER UNIT] What is your rate of pay per [UNIT] (on this job)?	MTO Interim	
HEM12c	For how many [UNIT]s are you usually paid per week (on this job)?	MTO Interim	
HEM12d	Excluding overtime pay, tips, and commissions, what is your rate of pay per [UNIT] (on this job)?	MTO Interim	
HEM12e	For how many [UNIT]s are you usually paid per week at this rate?	MTO Interim	
HEM12g	(At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?	MTO Interim	
HEM12h	Is that... per hour/day/week/month/year/unit/other?	MTO Interim	
HEM12j	[IF HEM 12h=PER UNIT] For how many [UNIT]'s are you usually paid per week at this rate?	MTO Interim	
HEM12k	[IF HEM12h=PER HOUR] How many hours do you usually work per week at this rate?	MTO Interim	
HEM12l	[IF HEM12h=PER DAY] How many days per week do you usually work at this rate?	MTO Interim	
HEM13a	[IF NO OVERTIME] What is your hourly rate of pay (on this job)?	MTO Interim	
HEM14a	Excluding overtime pay, tips, and commissions, what is your hourly rate of pay (on this job)?	MTO Interim	
HEM14b	How many hours do you usually work per week at this rate?	MTO Interim	
HEM14c	(At your main job) how much do you usually receive just in overtime pay, tips, and commissions before taxes or other deductions?	MTO Interim	
HEM14d	Is that... per hour/day/week/month/year/unit/other?	MTO Interim	
HEM14e	How many days/units/hours do you usually work per week at this rate?	MTO Interim	
HEM15a	Through your employer are you eligible for any of the following benefits? By eligible we mean the benefit is available for you now, even if you decided to not receive it or have not needed it. Health insurance?	MTO Interim	Availability of fringe benefits is a key indicator of job quality, as well as a potentially important component of total compensation. Any impacts on employment and earnings (see discussion above) could be expected to affect fringe benefits as well.

<b>EMPLOYMENT &amp; EARNINGS</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HEM15b	Sick leave?	MTO Interim	
HEM15c	Paid vacation?	MTO Interim	
HEM16	I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job?	MTO Interim	These questions measure the impact of location on the availability of social contacts that are useful in finding work, a potential mediating factor of MTO impacts. Residents of low-poverty areas are likely to value work more highly, and there may be peer pressure to work. But in the new neighborhood, the respondent may not have contacts (social networks) that are useful for finding employment. It may also be the case that the respondent has acquired or developed social networks in the new neighborhood only since the interim MTO evaluation.
HEM17	[IF HEM16=A FRIEND, RELATIVE, OR ACQUAINTANCE] Did this person live in the same neighborhood as you at the time you got the job?	MTO Interim	
HEM18	How did you usually get to work last week?	MTO Interim	These questions measure the impact of location on the availability of transportation to work, a potential mediating factor of MTO impacts. Moves to low-poverty areas may either increase or decrease access to jobs, depending on the geography of the local community and the relationship between employer locations and public transportation.
HEM19	How many minutes did it usually take you to get from home to work last week?	MTO Interim	
HEM20	[IF SCREENED IN AT HEM1 OR HEM2] Do you have a disability that prevents you from accepting any kind of work during the next six months?	MTO Interim	This is the standard CPS sequence of questions to determine whether the respondent is unemployed according to the BLS definition and to measure the intensity of job search. We would expect the same factors discussed above in relation to employment and earnings also to affect unemployment and job search behavior.
HEM21	Do you currently want a job, either full-time or part-time?	MTO Interim	
HEM22	Have you been doing anything to find work during the past four weeks?	MTO Interim	
HEM23	What are all the things you have done to find work during the past four weeks?	MTO Interim	
HEM26	Last week, could you have started a job if one had been offered?	MTO Interim	
HEM27	[IF HEM26=NO] Why is that?	MTO Interim	
HEM28	In the past 2 years, have you done any (other) work at all for which you were paid?	MTO Interim	
HEM28a	[IF HEM28=YES] Please tell me the name of your most recent (other) employer. [DO NOT ENTER IDENTIFYING INFORMATION]	MTO Interim	
HEM29	What kind of work did you usually do for this employer?	MTO Interim	This sequence, taken from the NLSY79, will allow estimation of impacts on hours of work and earnings on a previous job. For respondents who are currently working, these questions assess recent changes in employment. For respondents who are currently out of work, these questions provide estimates of hours of work and earnings on their most recent job.
HEM30	When did you first start working for this employer?	MTO Interim	
HEM31	Are you currently working for this employer?	MTO Interim	
HEM32	[IF HEM31=NO] When did you stop working for this employer?	MTO Interim	
HEM33	How much (do/did) you usually earn per week from this employer?	MTO Interim	
HEM34	How many hours per week (do/did) you usually work for this employer?	MTO Interim	

<b>EMPLOYMENT &amp; EARNINGS</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HEM35	During the past month, did you do any small jobs (other than any already mentioned) to bring in extra money like babysitting, home repairs, mowing lawns, house cleaning, cooking, or things like that?	MTO Interim	These questions will measure the extent of informal employment, which may be an important source of income for the MTO population. These types of small, temporary, or casual jobs are not well covered by the CPS-style employment questions.
HEM35a	[IF HEM35=YES] How many hours do you usually work a week at these small jobs?	MTO Interim	
HEM36a	Last week, did [HUSBAND OR OTHER COHABITING ADULT MALE] do any work for pay?	MTO Interim	The remaining core CPS-style questions on employment and earnings that we ask of the household head in this section (C1-C35a) will also be asked of spouses.
HEM37	[IF HEM36a=NO] What is the main reason that he did not work for pay last week?	MTO Interim	
HEM38	Last week, did he have more than one job, including part-time and weekend work?	MTO Interim	
HEM39	How many hours per week does he usually work at his [main] job? (By main job, we mean the one at which he usually works the most hours.)	MTO Interim	
HEM39a	Does he usually work 35 hours or more per week at his [main] job?	MTO Interim	
HEM39b	[IF HEM38=YES] How many hours per week does he usually work at his other job(s)?	CPS	
HEM40	Now I have a few questions about the (main) job at which [HUSBAND OR OTHER COHABITING ADULT MALE] worked last week. What kind of business or industry is this? What do they make or do where he works?	MTO Interim	
HEM40a	Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?	MTO Interim	
HEM41	What kind of work does he do, that is, what is his occupation? For example, plumber, typist, farmer.	MTO Interim	
HEM42	What are his usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.	MTO Interim	
HEM43	For his [main] job, what is the easiest way for you to report his total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?	MTO Interim	
HEM44	Does he usually receive overtime pay, tips, or commissions [at main job]?	MTO Interim	
HEM45	(Including overtime pay, tips, and commissions), what are [SPOUSE'S OR COHABITING ADULT MALE'S] usual (daily/weekly/biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions?	MTO Interim	
HEM46a	How many days a week does he usually work?	MTO Interim	
HEM47a	How many weeks a year does he get paid for?	MTO Interim	

<b>EMPLOYMENT &amp; EARNINGS</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HEM47b	What is [SPOUSE OR OTHER COHABITING ADULT MALE]'s rate of pay per [UNIT] (on this job)?	MTO Interim	
HEM47c	For how many [UNIT]'s is [SPOUSE OR OTHER COHABITING ADULT MALE] usually paid per week (on this job)?	MTO Interim	
HEM47d	Excluding overtime pay, tips and commissions, what is [SPOUSE OR OTHER COHABITING ADULT MALE]'s rate of pay per [UNIT] (on this job)?	MTO Interim	
HEM47e	For how many [UNIT]'s is [SPOUSE OR OTHER COHABITING ADULT MALE] usually paid per week at this rate?	MTO Interim	
HEM47g	At his main job, how much does [SPOUSE OR OTHER COHABITING ADULT MALE] usually receive just in overtime pay, tips, commissions, before taxes or other deductions?	MTO Interim	
HEM47h	Is that... per hour/day/week/month/year/unit/other?	MTO Interim	
HEM47i	For how many [UNIT]'s is [SPOUSE OR OTHER COHABITING ADULT MALE] usually paid per week at this rate?	MTO Interim	
HEM47j	[IF PAID PER DAY] How many days per week does [SPOUSE OR OTHER COHABITING ADULT MALE] usually work at this rate?	Original	
HEM47k	How many hours does he usually work per week at this rate?	MTO Interim	
HEM48a	What is [SPOUSE OR OTHER COHABITING ADULT MALE]'s hourly rate of pay (on this job)?	MTO Interim	
HEM49a	Excluding overtime pay, tips, and commissions, what is his hourly rate of pay (on this job)?	MTO Interim	
HEM49b	How many hours does he usually work per week at this rate?	MTO Interim	
HEM49c	(At main job), how much does [SPOUSE OR OTHER COHABITING ADULT MALE] usually receive just in overtime, tips, commissions, before taxes or other deductions?	MTO Interim	
HEM49d	Is that... per hour/day/week/month/year/unit/other?	MTO Interim	
HEM49e	How many days/units/hours does he usually work per week at this rate?	MTO Interim	
HEM50	How did [SPOUSE OR OTHER COHABITING ADULT MALE] usually get to work last week?	MTO Interim	
HEM51	How many minutes did it usually take him to get from home to work last week?	MTO Interim	
HEM52	[IF SCREENED IN AT HEM36a or HEM37] Does he have a disability that prevents him from accepting any kind of work during the next six months?	MTO Interim	
HEM53	Does he currently want a job, either full-time or part-time?	MTO Interim	
HEM54	Has [SPOUSE OR OTHER COHABITING ADULT MALE] been doing anything to find work during the past four weeks?	MTO Interim	

<b>EMPLOYMENT &amp; EARNINGS</b>			
<b>Question Number</b>	<b>Item</b>	<b>Source</b>	<b>Justification/Notes</b>
HEM55	What are all the things he has done to find work during the past four weeks?	MTO Interim	
HEM56	Last week, could he have started a job if one had been offered?	MTO Interim	
HEM57	Why is that?	MTO Interim	

<b>INCOME &amp; PUBLIC ASSISTANCE</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HIN1	Are you or your (child/children) now receiving help from the Supplemental Security Income program, called SSI?	MTO Interim	These questions measure current receipt of cash assistance from various sources. Changes in residential location facilitated by MTO may be expected to affect public assistance (SSI, TANF, and Food Stamps) in several ways. In the long run, better labor market opportunities in low-poverty areas are expected to lead to higher employment rates, greater earnings, and less dependence on cash benefits. It may also be the case that any short-run disruptions of social networks caused by initial move that may have made it more difficult for MTO movers to find work and arrange (informal) childcare will have dissipated by the time of the long run evaluation. It may also be the case that MTO movers will respond to changes in community norms in low-poverty areas, such as a reduced acceptance of welfare than in public housing, only after having been exposed to low-poverty neighborhoods for a sufficiently long period of time.
HIN2	Is the SSI for you or for your (child/children)?	MTO Interim	
HIN3	In what month and year did [you/your child/your children] start receiving SSI benefits?	MTO Interim	
HIN4	Workers sometimes receive a tax refund check—early in the year — from the Earned Income Tax Credit or because they overpaid taxes in the previous year. Did you receive a tax refund check from the federal government in 2008?	MTO Interim	These questions measure receipt of the EITC or tax refunds in general. They also ask about the use of the tax refund, as it may be the case that improved savings or spending opportunities in low-poverty neighborhoods, or different community norms, will lead MTO participants to make more productive use of their tax refunds.
HIN4a	How much was your tax refund?	MTO Interim	
HIN4b	What was the main thing you spent your refund on?	Original	
HIN5	What kind of health insurance or health care coverage do you have for yourself?	MTO Interim	This question measures receipt of Medicare or Medicaid (as well as coverage by other forms of health insurance). Because transitions in health care coverage, from public programs to private insurance, can be difficult to achieve and can lag other improvements in economic well-being this is an important indicator for the long-term MTO evaluation. This outcome is important for distinguishing stages in improved economic circumstances that may be associated with low-poverty moves.

<b>INCOME &amp; PUBLIC ASSISTANCE</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HIN6	Are you or your (child/children) regularly receiving welfare benefits now?	MTO Interim	This question measures welfare receipt. Welfare agencies in low-poverty and suburban areas may have greater resources and be more effective in moving families from welfare to work. Other changes hypothesized to result from low-poverty moves (e.g., reduced stress, improved mental health, and greater monitoring of youth by community) are likely to ease parents' welfare-to-work transitions. It is important to follow-up on this outcome as part of the long-term MTO evaluation to evaluate whether improvements in welfare status were persistent.
HIN7	Are you or your (child/children) now receiving Food Stamps?	MTO Interim	This question measures receipt of benefits and also indicates whether the working poor have access to Food Stamps. See justification for other cash assistance (for D1-13).
HIN8	Which of these statements best describes the food eaten in your household in the last 12 months: we always had enough to eat, sometimes we did not have enough to eat, or, often, we did not have enough to eat?	CPS, USDA, modified	This is a modified version of the Department of Agriculture's food sufficiency question. This question is a summary indicator of whether households are able to meet their food needs. If moves to lower-poverty neighborhoods improve the economic conditions of families, food sufficiency should improve. Also, neighborhood changes that may result from moves to low-poverty neighborhoods – such as different institutions providing food support, or differences in the availability and price of foods – may affect the ability of households to meet these needs.
HIN9	How much do you (and everyone else in your family) spend on food that you use at home in an average week?	PSID	These questions measure food expenditures by the family. These questions are complements to the food security questions, and allow measurement of changes in spending or the mix of spending on food eaten in and food eaten out for given levels of food security or income. If grocery staples are available more cheaply in low-income neighborhoods, households may be able to achieve similar levels of food security for lower food expenditures. Changes in economic outcomes may lead to substitution between meals eaten out and meals eaten at home.
HIN10	Do you have any food delivered to the door which isn't included in that?	PSID	
HIN11	How much do you spend on that food?	PSID	
HIN12	About how much do you (and everyone else in your family) spend eating out?	PSID	
HIN13	About how many days per week do you and your (child/children) all eat dinner together?	MTO Interim	This question provides a measure of family routines and values. These routines in values could be affected by the routines and values of neighbors. It could also be the case that reduced levels of stress or improved mental health could affect these routines.
HIN14	How much did you earn from all your employers before taxes and deductions during 2007? [IF HIN14=DK/RF, ASK 14a-e; OTHERWISE, GO TO HIN15]	MTO Interim	The data from these questions will be combined to measure both the respondent's (household head's) total income and total household income. Income is a key measure of economic well-

<b>INCOME &amp; PUBLIC ASSISTANCE</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HIN14a	Would it amount to \$10,000 or more?	MTO Interim	<p>being, which may be improved for those who moved to low-poverty areas through MTO, compared to controls.</p> <p>To overcome the typical extent of missing data for income questions, included are a series of probes to bracket the income level. They will help us approximate labor income and address possible gaps in income data.</p> <p>Because income and earnings may only have improved through MTO after a substantial delay, either due to the initially disruptive effects of moving, or because economic outcomes may only improve after consistent, long-term exposure to improved neighborhood characteristics, it is important to include these outcome measures in the long-term MTO evaluation.</p>
HIN14b	Would it amount to \$20,000 or more?	MTO Interim	
HIN14c	Would it amount to \$25,000 or more?	MTO Interim	
HIN14d	Would it amount to \$15,000 or more?	MTO Interim	
HIN14e	Would it amount to \$5,000 or more?	MTO Interim	
HIN15	About how much money did you receive from the (father/fathers) of all of your children in the past 12 months?	Fragile Families, Wave 3	
HIN15a	[IF HIN15=DK/RF] I just need to have a range. Can you tell me if it was . . .	Fragile Families, Wave 3	
HIN16	How much income did you receive from all other sources during 2007? Please include any money from the government such as welfare, SSI, unemployment benefits, Social Security, money from any businesses you have, money from alimony, help from friends or relatives, and any other money income received.	MTO Interim	
HIN17	What is the total combined income of all members of this household during the year 2007? Please include money from jobs, work on the side, welfare, SSI, help from your family and friends, and any other money income received by you or any other household member. [IF HIN17=DK/RF, ASK 17a-e; OTHERWISE, GO TO NEXT SECTION]	MTO Interim	
HIN17a	Would it amount to \$10,000 or more?	MTO Interim	
HIN17b	Would it amount to \$20,000 or more?	MTO Interim	
HIN17c	Would it amount to \$25,000 or more?	MTO Interim	
HIN17d	Would it amount to \$15,000 or more?	MTO Interim	
HIN17e	Would it amount to \$5,000 or more?	MTO Interim	

<b>SAVINGS &amp; ASSETS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HSA1	Do you currently have any checking accounts, savings accounts, or any other type of bank account at any type of institution?	SCF, modified	<p>Because it is possible that changes in neighborhood environment could affect the long-term economic security of MTO participants by changing their access to and use of financial services, we have proposed to measure these financial outcomes as part of the final MTO evaluation. There are, broadly speaking, four categories of</p>
HSA1a	[IF HSA1=YES] About how much is in these accounts all together?	SCF, modified	
HSA1b	[IF HSA1a=DK/RF] Would it be... (respondent booklet with choice of ranges)	DAHFS	

SAVINGS & ASSETS			
Question Number	Question	Source	Justification/Notes
HSA2	[IF HSA1=NO] What is the most important reason you don't have a bank account?	SCF, modified	financial outcomes that are of interest in the context of the MTO evaluation. The first includes measures of banking and savings. The second includes asset and debt holdings. The third includes outcomes of particular interest for the low-income population, such as the use of alternative financial services and reliance on peers for financial assistance. And the fourth includes indicators of financial strain, such as having filed for bankruptcy. Given the very low incomes of MTO participants, we expect that the first-order impact of MTO on savings and assets may be simply to increase use of and access to mainstream financial services and products, such as by increasing the share of adults with a checking account. Moves to low-poverty neighborhoods could also lead to improved financial decisions and behavior if they are associated with increased access to local branch banking opportunities, improved information or knowledge about returns or investments, or exposure to more neighborhood residents who utilize mainstream financial services.
HSA3	Do you have any savings or keep money for a while in any other type of account, or any other place including savings held as cash in your house or somewhere else?	DAHFS, modified	These questions ask about other savings vehicles besides bank accounts.
HSA3a	[IF HSA3=YES] What would that be?	DAHFS	
HSA3b	About how much would these other savings be worth?	DAHFS, modified	
HSA4	In what year did you buy your home?	DAHFS	These questions ask about home value and mortgage debt for homeowners.
HSA5	What was the purchase price of your present home?	DAHFS	
HSA5a	[IF HSA5=DK/RF] Was it ... (respondent booklet with choice of ranges)	DAHFS	
HSA6	If you were to sell your house today, how much would it be worth?	DAHFS	
HSA6a	[IF HSA6=DK/RF] Would it be ... (respondent booklet with range of choices)	DAHFS	
HSA7	Do you own this home outright or do you have any mortgages or land contracts on the property?	DAHFS, modified	
HSA7a	[IF HAS MORTGAGES/LAND CONTRACTS IN HSA7] How much do you still owe on all the loans taken out for your home?	DAHFS, modified	
HSA7b	[IF HSA7a=DK/RF] Is it: (respondent booklet with range of choices)	DAHFS	
HSA8	Do (you/you and your household) own a car or truck, or other motor vehicle that runs and can be driven on the road?	DAHFS, modified	These questions ask about car ownership and debt on car loans.



SAVINGS & ASSETS			
Question Number	Question	Source	Justification/Notes
HSA9	[IF HSA8=YES] Thinking about the vehicles that (you/you or your household) own, did you borrow money or get financing to purchase any of your vehicles?	DAHFS	
HSA9a	[IF HSA9=YES] About how much, if anything, do (you/you and your household) still owe on all of your vehicle loans?	DAHFS	
HSA9b	[IF HSA9a=DK/RF] Would you say it was ... (respondent booklet with range of choices)	DAHFS	
HSA10	Do you or anyone in your household have any student loans?	DAHFS	These questions ask about student loans.
HSA10a	[IF HSA10=YES] About how much do you (or your household) still owe on your student loans?	DAHFS	
HSA11	Do you have a valid driver's license?	MTO Interim	A valid form of identification is often necessary to establish a savings and asset base.
HSA12	Do (you/you or anyone in your household) have any unpaid medical bills?	DAHFS	These questions ask about debt related to medical bills.
HSA12a	[IF HSA12=YES] About how much do (you/you or your household) still owe on your medical bills?	DAHFS	
HSA12b	[IF HSA12a=DK/RF] Would it be... (respondent booklet with range of choices)	DAHFS	
HSA13	Do you have any credit or charge cards? Including major credit cards like, Visa or MasterCard, or charge cards from a store or gas station such as Sears or Mobil?	DAHFS, modified	These questions ask about credit cards.
HSA14	[IF HSA13=YES] About how much do (you/you and your household) currently owe on all your credit and charge cards?	DAHFS	
HSA14a	[IF HSA14=DK/RF] Would it be ... (respondent booklet with range of choices)	DAHFS	
HSA15	In the past 30 days, where did you cash most of your checks?	SFAA, modified	This question determines the use of financial service providers for check cashing.
HSA16	If you needed to borrow \$500 for three months, is there some person (or place) you could borrow it from?	SFAA	These questions ask about sources of financial support, in the form of a short-term loan.
HSA17	Where would you go first?	SFAA	
HSA18	Apart from the \$500 you would repay them, how much would they charge you to borrow the money?	SFAA	
HSA18a	What percent would you have to pay to borrow the \$500?	SFAA	
HSA18b	How many dollars would you have to pay to borrow the \$500?	SFAA	
HSA18c	Other (specify) [Note this captures charges for borrowing \$500 that are not reported in percent or dollar terms in previous items]	Original	
HSA19	How often does your household have to borrow money to pay bills?	3 Cities	
HSA20	How often does your household put off buying something you need because you don't have money?	3 Cities	These questions ask about financial strain.

SAVINGS & ASSETS			
Question Number	Question	Source	Justification/Notes
HSA21	In the past 12 months, have (you/you or anyone in your household) filed for personal bankruptcy?	DAHFS	This question asks about personal bankruptcy.

PHYSICAL HEALTH				
Question Number	Question	Source	Justification/Notes	
HPH1	Would you say your health in general is excellent, very good, good, fair, or poor?	MTO Interim	This measures sample members' general health, one of the key outcome variables in the study. Findings from the MTO Boston study suggest that general health status improves with moves to low-poverty areas. Health status is highly correlated with current medical conditions and future mortality experience. MTO moves can affect health outcomes through: reduction in stress associated with living in a high-poverty area, leading to improvements in mental health; a safer environment and less need to spend time monitoring children, allowing more exercise; reduced exposure to persons engaged in drug use; and greater optimism about the future, leading to increased use of preventive health care.	
HPH2	To help people say how good or bad their health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad youth health state is today.	EQ5D (Note permission required to use; contact: userinformationservice@euroqol.org)		
HPH3	Have you ever been told by a doctor or other health professional that you had asthma?	MTO Interim	These questions measure the incidence of asthma in the study population. Asthma incidence is known to be higher in high-poverty communities and communities with older housing stock, possibly due to crowding, poor air quality, stress, and/or exposure to allergens from cockroaches, mites, mice, and cigarette smoke. Unlike many other chronic health problems, asthma is highly sensitive to current environmental conditions; the MTO Boston research suggests reductions due to moves out of public housing.	
HPH4	During the past 12 months, have you had an episode of asthma or an asthma attack?	MTO Interim		
HPH5	During the past 12 months, have you had a wheezing or whistling sound in your chest?	MTO Interim		
HPH6	How many attacks of wheezing or whistling have you had in your chest during the past 12 months?	MTO Interim		
HPH6a	Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?	MTO Interim		
HPH6b	Were you told on two or more different visits that you had hypertension, also called high blood pressure?	MTO Interim		
HPH6c	Was any medication ever prescribed by a doctor to help you lower your blood pressure?	MTO Interim		
HPH6d	Are you now taking prescribed medicine for your high blood pressure?	MTO Interim	Data from these questions will be used with the direct measures of adult blood pressure. See justification for blood pressure measure later in this sequence.	
HPH7a	The next few questions are about health problems you might have had at any time in your life. Have you ever had any of the following: arthritis or rheumatism?	CIDI		These questions ask about other chronic conditions that might have been affected by MTO.
HPH7b	Chronic back or neck problems?	CIDI		
HPH7c	Frequent or severe headaches?	CIDI		

<b>PHYSICAL HEALTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPH7d	Any other chronic pain?	CIDI	
HPH7e	A stroke?	CIDI	
HPH7f	A heart attack?	CIDI	
HPH7g	Did a doctor or other health professional ever tell you that you had any of the following illnesses: Heart disease?	CIDI	
HPH7h	Any other chronic lung disease, like COPD or emphysema?	CIDI	
HPH7i	Diabetes or high blood sugar?	CIDI	
HPH7j	An ulcer in your stomach or intestine?	CIDI	
HPH7k	HIV infection or AIDS?	CIDI	
HPH7l	Epilepsy or seizures?	CIDI	
HPH7m	Cancer?	CIDI	
HPH8	How old were you the first time you had (DX)?	CIDI	
HPH9	Did you still have (DX) or receive any treatment for (it/them) at any time during the past 12 months?	CIDI	
HPH10	Is there a place where you usually go to when you are sick or need advice about your health?	MTO Interim	
HPH10a	What kind of place is it? A clinic, doctor's office, emergency room, or some other place?	MTO Interim	
HPH11	Is that [FILL] the same place you usually go when you need routine or preventative care, such as a physical examination or check up?	NHIS	
HPH12	What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?	NHIS	
HPH13	About how long has it been since you last saw or talked to a doctor or other health care professional about your own health?	NHIS	
HPH14	Is there a place where YOUR CHILDREN usually go when (he / she / they) (is / are) sick or you need advice about (his / her / their) health?	MTO Interim	These questions are about access to care, an important mediator of health outcomes. If MTO produces increased levels of employment and improvement in quality of jobs, treatment group members may have greater access to employer-provided access to care. On the other hand, increased earnings could lead families to fail to qualify for Medicaid. And some may not be offered (or may not elect) employer-provided health insurance.
HPH15	What kind of place do your children go to most often – a clinic, doctor's office, emergency room, or some other kind of place?	MTO Interim	
HPH16	In the past 12 months, have you had any accidents or injuries that required medical attention?	MTO Interim (from youth survey)	
HPH17	During the past 12 months, ABOUT how many days did illness or injury keep you in bed more than half of the day? (include days while an overnight patient in a hospital)	NHIS2006	Furthermore, MTO moves away from the urban core may reduce access to low-cost care. For those who live in the suburbs,

<b>PHYSICAL HEALTH</b>				
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>	
HPH18	During the past 12 months, how many times have you gone to a HOSPITAL EMERGENCY ROOM about your own health? (this includes emergency room visits that resulted in a hospital admission)	NHIS2006	transportation to a close-by health center (as well as possibly higher costs for the health services offered there) may prove obstacles to care. These data will help us understand the reasons people did not receive care, in order to assess whether any treatment effects are due to cost, access, or information. These questions concern both utilization of preventive care and emergency department visits, as well as routine checkups.	
HPH19	[Were you / has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.	NHIS2006		
HPH20	Who was in the hospital overnight? Anyone else?	NHIS2006		
HPH21	How many different times did [you / person] stay in the hospital overnight or longer DURING THE PAST 12 MONTHS?	NHIS2006		
HPH22	Altogether how many nights [were you / was ALIAS] in the hospital DURING THE PAST 12 MONTHS?	NHIS2006		
HPH23	During the past 12 months, was there any time when you or your children needed medical care but did not get it?  There are many reasons people do not get medical care. During the past 12 months, did you or your children not get care for any of the following reasons:	MTO Interim		
HPH23a	--You couldn't afford it?	MTO Interim		
HPH23b	--You didn't have transportation?	MTO Interim		
HPH23c	--You didn't know whom to see?	MTO Interim		
HPH23d	-- You couldn't go because you had to work or take care of family members or friends?	Original		
HPH24	How would you describe the condition of your natural teeth? Excellent, very good, good, fair or poor, no natural teeth	NHANES		Access to and use of dental care is an extension of the access to can utilization of medical care sequence.
HPH25	About how long has it been since you last saw a dentist?	NHIS		
HPH26	The next questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	MTO Interim, modified		These questions measure difficulty with some activities of daily living and serve as additional indicators of overall health status (see F1). If the MTO treatment has a positive effect on adults' overall mental and physical health, we expect that such improvements will be reflected in improved performance in activities of daily living. Physical mobility and daily functioning are also potential mediators of other outcomes. Treatment group adults in good health may be better able to take advantage of the opportunities provided in the new neighborhood than those in poor health and with limited mobility.
HPH26a	-Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	SF-36		
HPH26b	-Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	SF-36		
HPH26c	-Lifting or carrying groceries	MTO Interim		
HPH26d	-Climbing several flights of stairs	MTO Interim		
HPH26e	-Climbing one flight of stairs	SF-36		
HPH26f	-Bending, kneeling, or stooping	SF-36		
HPH26g	-Walking more than a mile	SF-36		
HPH26h	-Walking several blocks	SF-36		

<b>PHYSICAL HEALTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPH26i	-Walking one block	SF-36	
HPH26j	-Bathing or dressing yourself	SF-36	
HPH28	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?	SF-36	
HPH28a	-Cut down on the amount of time you spent on work or other activities	SF-36	
HPH28b	-Accomplished less than you would like	SF-36	
HPH28c	-Were limited in the kind of work or other activities	SF-36	
HPH28d	-Had difficulty performing the work or other activities (for example, it took extra effort)	SF-36	
HPH29	In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that cause small increases in breathing or heart rate?	BRFSS, modified	
HPH29a	How many times per week do you usually do these moderate activities (for at least 10 minutes at a time)?	BRFSS, modified	
HPH30	In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?	BRFSS, modified	
HPH30a	How many times per week do you usually do these vigorous activities (for at least 10 minutes at a time)?	BRFSS, modified	
HPH31	-In a typical week, how many hours do you watch television?	NLSY97	
HPH32	Do you use a computer at home?	CPSSEP01	These questions ask about inactivity, an additional physical health indicator.
HPH32a	-In a typical week, how many hours total do you use a computer?	NLSY97	
HPH33	How frequently do you use the internet at any location?	CPSSEP01-modified	
HPH34	What time did you wake up this morning?	Original	
HPH35	What time did you go to bed last night?	Original	These questions ask about sleep, an additional physical health indicator.
HPH36	In a typical week, how many times do you eat fruit? (Do not count fruit juice.)	NLSY97	
HPH37	In a typical week, how many times do you eat vegetables other than french fries or potato chips?	NLSY97	These questions are about diet, an additional physical health indicator.
HPH38	How often did you drink regular, carbonated SODA OR SOFT DRINKS that contain sugar?	NHIS	
HPH39	How often did you eat salty snacks, such as potato chips, pretzels, or popcorn?	Original, similar to Add Health	
HPH40	How often did you eat sweet snacks, such as cookies, chocolate bars, or candy?	Original, similar to Add Health	

<b>PHYSICAL HEALTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPH41	On how many of the past seven days did you eat food from a fast food place, McDonalds, Kentucky Fried Chicken, Pizza Hut, Taco Bell, or a local fast food restaurant?	Add Health	
HPH42	[INTERVIEWER: [ ENTER BLOOD PRESSURE EQUIPMENT NUMBER]	MTO Interim	Elevated blood pressure (hypertension) has a well-known association with increased risk of cardiovascular disease and is a particularly acute issue for African-Americans. While blood pressure has a substantial genetic component, it is also a function of stress, weight, and activity patterns such as exercise and diet—all of which could be affected by living in a new neighborhood with different social norms. Increasing evidence suggests that variations in the magnitude and timing of blood pressure response to stress are associated with heightened risk of developing hypertension and accelerated arteriosclerosis, especially in the context of low incomes (or high job demands). There is also considerable evidence of links between distressed psychosocial states and heightened blood pressure. These are all possible pathways through which MTO may affect blood pressure.  Using automated sphygmomanometers approved by the American Association for the Advancement of Medical Instrumentation Standard (accepted by the FDA as the national standard), we will directly measure adult blood pressure.
HPH43	How many hours has it been since you had your last meal?	MTO Interim	
HPH44	INTERVIEWER: [RECORD ROOM TEMPERATURE HERE]	MTO Interim	
HPH44a	CAPI PROGRAMMER: [ DID THE RESPONDENT SMOKE AT ANY TIME DURING THIS INTERVIEW?]	MTO Interim	
HPH45	[INTERVIEWER: RECORD BLOOD PRESSURE MEASUREMENT HERE. IF LARGE CUFF TOO SMALL, TAKE PRESSURE ON FOREARM. IF FOR ANY REASON YOU ARE UNABLE TO TAKE MEASUREMENT, ENTER 1]	MTO Interim	
HPH45a	INTERVIEWER: WHICH CUFF DID YOU USE?	MTO Interim	
HPH45b	Now I need to take another blood pressure reading. [INTERVIEWER: RECORD SECOND BLOOD PRESSURE READING HERE]	MTO Interim	
HPH45c	[CAPI PROGRAMMER: CALCULATE THE AVERAGE OF TWO BLOOD PRESSURE READINGS FROM HPH_F16 AND HPH_F16b: IF AVERAGE BLOOD PRESSURE FALLS INTO “HIGH CATEGORY, CONTINUE. OTHERWISE SKIP TO HPH_F16d] In order to make sure we have measured your blood pressure accurately, we will continue with the next set of questions, and at the end of the interview, I will ask you to let us take your blood pressure measurement again.	MTO Interim	
HPH45d	[CAPI PROGRAMMER DISPLAY AVERAGE OF TWO BLOOD PRESSURE READINGS.]	MTO Interim	
HPH45e	[INTERVIEWER: IF AVERAGE BLOOD PRESSURE READING IS NORMAL, HAND RESPONDENT THE CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. ALSO INCLUDE:]	MTO Interim	
HPH46	HEIGHT MEASUREMENT	MTO Interim	Data from these questions will be used to measure obesity, a basic health outcome with higher incidence in low-income populations in the U.S. Moves to low-poverty neighborhoods may reduce obesity through several mechanisms: lower incidence of depression and stress; behavioral changes (like exercise); different social norms about eating habits. Finally, if moving to low-poverty neighborhood increases discretionary spending on food, access to a better diet could also reduce obesity.
HPH47	WEIGHT MEASUREMENT	MTO Interim	

<b>PHYSICAL HEALTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPH48	QUESTIONS FOR DRIED BLOOD SPOT (DBS) BIOMARKERS  Do you have any reason to think you're pregnant?	Add Health	<p>Biomarkers can capture otherwise undetectable changes in longer-term risks of disease outcomes, such as changes in cholesterol levels that may affect heart attack risk, for example. These biomarkers would enable us to understand neighborhood effects on very long-term health outcomes that may not manifest themselves in detectable health problems even at the time of our proposed surveys, which will be conducted around 10 years after random assignment.</p> <p>The biomarkers we are collecting have been demonstrated to be important predictors of cardiovascular and metabolic diseases and other long-term health outcomes and have been linked to adult exercise, diet, obesity and stress, all of which have been shown to be influenced by MTO in the interim study.</p> <p>These questions accompanying the DBS extractions address issues that can confound the readings of the blood samples.</p>
HPH49	What is the date when your last menstrual period began?	Add Health	
HPH50	In the last week, have you had a cough, runny nose, sore throat, fever, diarrhea, or any other type of infection?	Add Health	
HPH51	Regarding your current medication use: In the past 24 hours, have you taken aspirin or aspirin-containing medications including cold and allergy medications or headache powders? (Some examples of those include Anacin, Aspirin, BC, Backache Relief Extra Strength, Bayer, Excedrin, Goody's, Pain Relief, Pain Reliever Added Strength, Vanquish)	Add Health	
HPH52	In the past 24 hours, have you used any prescription medications? Please think about any prescription medications whether or not they were prescribed to you.	Add Health	
HPH53	At what time did you last drink or eat anything except for water?	Add Health	
HPH54	At what time did you last drink a caffeinated beverage (such as coffee, tea, or soda)?	Add Health	
HPH55	At what time did you last smoke cigarettes, cigars, a pipe or use chewing tobacco?	Add Health	

<b>MENTAL HEALTH – SUBSTANCE ABUSE</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HSU1_U1	First, I would like to ask you about smoking habits. Have you ever smoked a cigarette?	Interim	<p>For substance disorders, these questions assess alcohol and drug abuse and dependence. Both lifetime and 12-month prevalence are assessed. A number of substance use disorders may have onsets after the beginning of the MTO experiment, which means that we will be able to detect effects of the experiment on prevention of lifetime occurrence of these disorders as well as on course. It is important to assess lifetime prevalence in an effort to obtain some information about pre-existing characteristics of respondents that might modify the success of the intervention.</p>
HSU2_U2	During the past 30 days, on how many days did you smoke a cigarette?	Interim	
HSU3_U3	When you smoked a cigarette during the past 30 days, how many cigarettes did you usually smoke each day?	Interim	
HSU4_U4	Next I would like to ask you some questions about drinking alcoholic beverages, including beer, wine, or liquor. Have you ever had a drink of 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.	Interim	
HSU5_U5	During the past 30 days, on how many days did you have one or more drinks of an alcoholic beverage?	Interim	

<b>MENTAL HEALTH – SUBSTANCE ABUSE</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HSU6_U6	In the last 30 days, on the days that you drank alcohol, about how many drinks did you usually have?	Interim	
HSU7_U7	On how many days did you have 5 or more drinks on the same occasion during the same time or within hours of each other?	Interim	
HSU8_U8	In the last 30 days, how many days have you had something alcoholic to drink, such as beer, wine, or hard liquor right before or during school or work hours?	Interim	
HSU9_U9	Have you ever used marijuana – that is grass or pot – in your lifetime?	Interim	
HSU10_U10	On how many days have you used marijuana in the last 30 days?	Interim	
HSU11_U11	In the last 30 days, how many times have you used marijuana right before or during school or work hours?	Interim	
HSU12_U12	Excluding marijuana and alcohol, have you ever used any other drugs like cocaine or crack or heroin, or any other substance not prescribed for you by a doctor, in order to get high or to achieve an altered state?	Interim	
HSU13_U13	During the past 12 months, about how many times have you used any of these drugs or other substances?	Interim	
HSU14_U14	Have you ever sold or helped sell marijuana, hashish or other drugs such as heroin, cocaine, or LSD?	Interim	
HSU15	The following questions are about your drinking. For each of the five questions, please indicate the most appropriate response as it applied to your drinking in the last month. Do you think your use of alcohol was out of control?	SDS	
HSU16	Did the prospect of missing a chance to drink make you anxious or worried?	SDS	
HSU17	Did you worry about your use of alcohol?	SDS	
HSU18	Did you wish you could stop?	SDS	
HSU19	How difficult did you find it to stop or go without drinking?	SDS	
HSU20a	The following questions are about your drug use. For each of the five questions, please indicate the most appropriate response as it applied to your drug use in the last month. Do you think your use of (drug) was out of control?	SDS	
HSU20b	Did the prospect of missing a fix make you anxious or worried?	SDS	
HSU20c	Did you worry about your use of (drug)?	SDS	
HSU20d	Did you wish you could stop?	SDS	
HSU20e	How difficult did you find it to stop or go without (drug)?	SDS	



<b>MENTAL HEALTH – K-6 INDEX PLUS TRANQUILITY</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HK61 HK62 HK63 HK64 HK65 HK66 HK67	Now I am going to ask you some questions about feelings that you may have experienced during the past 30 days. How much of the time during the past 30 days have you felt... So sad that nothing could cheer you up? Nervous? Restless or fidgety? Hopeless? That everything was an effort? Worthless? Calm and peaceful?	Interim	This series of questions examines the possible stress reduction that could occur when families move away from dangerous neighborhoods. This K6 sequence is a measure of general psychological distress.

<b>MENTAL HEALTH – NCS SCREENER</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HSC1_SC20	The next questions are going to require you to think back over your entire life. Please take your time and think carefully before answering. (INTERVIEWER: READ THE NEXT SENTENCE SLOWLY )Have you ever in your life had an attack of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy?	NCS	In addition to repeating the screening questions that were included in the interim MTO evaluation, we are including detailed fully structured assessments of DSM-IV disorders. These assessments are identical to those used to assess the same disorders in the recently completed National Comorbidity Survey Replication (NCS-R), thus providing a nationally representative benchmark to the MTO results. The diagnostic instrument used is the version of the World Health Organization’s (WHO) Composite International Diagnostic Interview (CIDI) that was expanded and updated for the WHO World Mental Health Survey Initiative. This instrument, which revised the original CIDI to make diagnoses according to the definitions and criteria of the DSM-IV, was recently approved by WHO as the official version of CIDI to be used throughout the world until the publication of ICD-11 in the year 2011. It is important to recognize that the CIDI is a fully structured diagnostic interview. This means that it is designed for use by trained lay interviewers rather than by clinicians and that clinical judgments are not required in scoring. However, methodological research has documented good concordance between diagnoses made by the CIDI and independent diagnoses made by clinical interviewers.  Four classes of CIDI DSM-IV disorders are assessed in the MTO survey: anxiety disorders, mood disorders, impulse-control disorders, and substance use disorders. The following sections also
HSC2_SC20a	Have you ever had an attack when all of a sudden: you became very uncomfortable; you either became short of breath, dizzy, nauseous, or your heart pounded; or you thought you might lose control, die, or go crazy?	NCS	
HSC3_SC20.1	Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?	NCS	
HSC4_SC20.2	Have you ever had attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?	NCS	
HSC5_SC20.3	Have you ever had attacks of anger when all of a sudden you lost control and <u>threatened</u> to hit or hurt someone?	NCS	
HSC6_SC21	Have you ever in your life had an episode lasting several days or longer when most of the day you felt <u>sad, empty or depressed</u> ?	NCS	
HSC7_SC22	Have you ever had an episode lasting several days or longer when most of the day you were very <u>discouraged</u> about how things were going in your life?	NCS	
HSC8_SC23	Have you ever had an episode lasting several days or longer when you <u>lost interest</u> in most things you usually enjoy like work, hobbies, and personal relationships?	NCS	

<b>MENTAL HEALTH – NCS SCREENER</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HSC9_SC24	Some people have episodes lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?	NCS	include an assessment of mental health treatment taken from the NCS-R, including questions about the occurrence of general medical, mental health specialty, human services, and complementary-alternative medical treatment of mental and substance use disorders, as well as about the content and intensity of such treatment.
HSC10_SC25	Have you ever had an episode period lasting several days or longer when most of the time you were very <u>irritable</u> , <u>grumpy</u> , or in a <u>bad mood</u> ?	NCS	
HSC11_SC25 a	Have you ever had an episode lasting several days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?	NCS	
HSC12_SC26	Did you ever have a time in your life when you were a “ <u>worrier</u> ” – that is, when you worried a lot more about things than other people with the same problems as you?	NCS	
HSC13_SC26 a	Did you ever have a time in your life when you were much more <u>nervous or anxious</u> than most other people with the same problems as you?	NCS	
HSC14_SC26 b	Did you ever have a period lasting one month or longer when you were anxious and worried most days?	NCS	

<b>MENTAL HEALTH – DEPRESSION (57.4% of an MTO-like sample of NCS respondents screened into this module)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HDE1_D1	A few moments ago, you mentioned having episodes that lasted several days or longer when you felt sad, empty, or depressed most of the day. During episodes of this sort, did you ever feel discouraged about how things were going in your life?	NCS	Several studies have found significant associations between living in disadvantaged neighborhoods and adverse mental health outcomes, including depression. People living in high-poverty neighborhoods differ in many ways from those in lower-poverty areas, and only some of those differences can be adequately measured and controlled for in non-experimental studies. Causal inference is more credible in the setting of a randomized intervention that encourages otherwise identical people to live in different areas. Moving from a high-poverty neighborhood to a lower-poverty neighborhood is a major life event that in principle may or may not improve mental health and other outcomes. On the one hand, the “social stress model” suggests that relocating to safer, more stable neighborhoods that provide better schooling, housing, and employment opportunities may reduce stressful life events and life difficulties, thereby improving mental health. On
HDE1a_D1a	During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?	NCS	
HDE1b_D1b	During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?	NCS	
HDE2_D2	A few moments ago you mentioned having episodes that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?	NCS	

<b>MENTAL HEALTH – DEPRESSION</b> (57.4% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HDE3_D9	A few moments ago, you mentioned having episodes that lasted several days or longer when you lost interest in most things like work, hobbies, and other things you usually enjoy. Did you ever have an episode of this sort that lasted most of the day nearly every day for two weeks or longer?	NCS	the other hand, moving could result in social or cultural isolation, which could have adverse effects on mental health. Such moves could also negatively affect mental health if self-evaluation is based in part on relative standing within one’s community, as with “relative deprivation” models. This series of questions serves as a diagnostic assessment of the CIDI-DSMIV major depression disorder.
HDE4_D12	Did you ever have an episode of being sad, discouraged, or uninterested in things that lasted most of the day, nearly every day, for two weeks or longer?	NCS	
HDE5_D16	Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of sadness, discouragement, or lack of interest usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?	NCS	
HDE6_D22	Please think of an episode of being sad, discouraged, or uninterested in things lasting two weeks or longer when you also had other problems at the same time, such as changes in sleep, appetite, the ability to concentrate and remember, feelings of low self worth, and other problems. Is there one particular episode of this sort that stands out in your mind as the worst one you ever had?	NCS	
HDE6a_D22a	How old were you when that worst episode started?	NCS	
HDE6b_D22b HDE6c_D22b	How long did that worst episode last?	NCS	
HDE6d_D22c	Then think of the last time you had a bad episode of being sad, discouraged, or uninterested in things like this. How old were you when that last episode occurred?	NCS	
HDE6e_D22d HDE6f_D22d	How long did that episode last?	NCS	
HDE7_D24	Look at page 5 in your booklet. In answering the next questions, think about the episode of two weeks or longer during that episode when your sadness, discouragement, and loss of interest and other problems were most severe and frequent. During that period, which of the following problems did you have most of the day nearly every day	NCS	
HDE7a_D24a	Did you feel sad, empty, or depressed most of the day nearly every day during that period of two weeks?	NCS	
HDE7b_D24c	During that episode of two weeks, did you feel discouraged about how things were going in your life most of the day nearly every day?	NCS	
HDE7c_D24e	During that episode of two weeks, did you lose interest in almost all things like work and hobbies and things you like to do for fun?	NCS	

<b>MENTAL HEALTH – DEPRESSION</b> (57.4% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HDE7d_D24f	Did you feel like nothing was fun even when good things were happening?	NCS	
HDE9a_D26a	Did you have a much smaller appetite than usual nearly every day during that period of two weeks?	NCS	
HDE9b_D27b	Did you have a much <u>larger</u> appetite than usual nearly every day?	NCS	
HDE9c_D26c	Did you gain weight without trying to during that period of two weeks?	NCS	
HDE9d_D26e	Did you <u>lose</u> weight without trying to?	NCS	
HDE9e_D26g	Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during that period of two weeks?	NCS	
HDE9f_D26h	Did you sleep a lot more than usual nearly every night during that period of two weeks?	NCS	
HDE9g_D26j	Did you feel tired or low in energy nearly every day during that period of two weeks even when you had not been working very hard?	NCS	
HDE9h_D26k	Did you have a lot <u>more</u> energy than usual nearly every day during that period of two weeks?	NCS	
HDE9i_D26l	Did you talk or move more slowly than is normal for you nearly every day?	NCS	
HDE9j_D26m	Did anyone else notice that you were talking or moving slowly?	NCS	
HDE9k_D26n	Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?	NCS	
HDE9l_D26o	Did anyone else notice that you were restless?	NCS	
HDE9m_D26p	Did your thoughts come much more slowly than usual or seem mixed up nearly every day during that period of two weeks?	NCS	
HDE9n_D26r	Did you have a lot more trouble concentrating than is normal for you nearly every day?	NCS	
HDE9o_D26s	Were you unable to make up your mind about things you ordinarily have no trouble deciding about?	NCS	
HDE9p_D26t	Did you lose your self-confidence?	NCS	
HDE9q_D26u	Did you feel that you were not as good as other people nearly every day?	NCS	
HDE9r_D26w	Did you feel guilty nearly every day?	NCS	
HDE9s_D26a a	Did you often think a lot about death, either your own, someone else's, or death in general?	NCS	
HDE9t_D26b b	During that episode, did you ever think that it would be better if you were dead?	NCS	

<b>MENTAL HEALTH – DEPRESSION</b> (57.4% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HDE9u_D26c	Did you think about committing suicide?	NCS	
HDE11_D28	You mentioned having a number of the problems I just asked you about. How much did your sadness, discouragement, or lack of interest and these other problems interfere with either your work, your social life, or your personal relationships during that episode— not at all, a little, some, a lot, or extremely?	NCS	
HDE12_D17	How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?	NCS	
HDE13_D18	How often, during those times, was your emotional distress so severe that nothing could cheer you up -- often, sometimes, rarely, or never?	NCS	
HDE14_D37	Think of the very first time in your life you had an episode lasting two-weeks or longer when most of the day nearly every day you felt sad, discouraged, or uninterested and also had some of the other problems we just reviewed. Can you remember your exact age?	NCS	
HDE14a/b_D37a/b	How old were you? or About how old were you (the first time you had an episode of this sort)?	NCS	
HDE15_D38	Did you have an episode of being sad, discouraged, uninterested with some of the other problems (on pages 5-6) lasting two weeks or longer at any time in the past 12 months?	NCS	
HDE15a_D38a	How recently – in the past month, two to six months ago, or more than six months ago?	NCS	
HDE16_D38b	About how many days out of the last 365 were you in an episode?	NCS	
HDE17_D38c	How old were you the last time you had one of these episodes?	NCS	

<b>MENTAL HEALTH – MANIA</b> (23.4% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HMA1_M1	Earlier in the interview you mentioned having an episode lasting four days or longer when you felt much more excited and full of energy than usual and your mind went too fast. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being excited and full of energy?	NCS	Mania, often associated with bipolar disorder, is associated with psychological distress and depression, which could have been decreased or increased by an MTO move (see justification for depression).

<b>MENTAL HEALTH – MANIA</b> (23.4% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HMA2_M3	Please think of the one episode when you were very excited and full of energy and you had the <u>largest number</u> of changes like these at the same time. Is there one episode of this sort that stands out in your mind?	NCS	
HMA2a_M3a	How old were you when that episode occurred?	NCS	
HMA2b_M3b HMA2c_M3b	How long did that episode last? (enter number) (enter unit of time: hours, days, weeks, months or years)	NCS	
HMA2d_M3c	Then think of the <u>most recent</u> time you had an episode like this. How old were you when that most recent episode occurred?	NCS	
HMA2e_M3d HMA2f_M3d	How long did that episode last? (enter number) (enter unit of time: hours, days, weeks, months or years)	NCS	
HMA3_M4	During that episode, which of the following behavior changes did you experience: were you so irritable or grouchy that you started arguments, shouted at people, or hit people?	NCS	
HMA4_M5	Earlier in the interview you mentioned having episodes lasting four days or longer when you became so irritable or grouchy that you started arguments, shouted at people, or hit people. People who have episodes of irritability like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being very irritable or grouchy?	NCS	
HMA5_M6	Please think of the episode of four days or more when you were very irritable or grouchy and you had the <u>largest number</u> of changes like these at the same time. Is there one episode of this sort that stands out in your mind?	NCS	
HMA6a_M6a	How old were you when that episode occurred?	NCS	
HMA6b_M6b HMA6c_M6b	How long did that episode last? (enter number) (enter unit of time: hours, days, weeks, months or years)	NCS	
HMA6d_M6c	Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?	NCS	
HMA6e_M6d HMA6f_M6d	How long did that episode last? (enter number) (enter unit of time: hours, days, weeks, months or years)	NCS	
HMA7a_M7a	During that episode, which of the following changes did you experience... Did you become so restless or fidgety that you paced up and down or couldn't stand still? (KEY PHRASE: being restless)	NCS	

<b>MENTAL HEALH – MANIA</b> (23.4% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HMA7b_M7b	Were you a lot more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in? (KEY PHRASE: having a lot more interest in sex than usual)	NCS	
HMA7c_M7c	Did you become overly friendly or outgoing with people?	NCS	
HMA7d_M7d	Did you do anything else that wasn't usual for you -- like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing? (KEY PHRASE: behaving inappropriately)	NCS	
HMA7e_M7e	Did you try to do things that were impossible to do, like taking on large amounts of work? (KEY PHRASE: trying to accomplish unrealistic goals)	NCS	
HMA7f_M7f	Did you talk a lot more than usual or feel a need to keep talking all the time? (KEY PHRASE: talking a lot more than usual)	NCS	
HMA7g_M7g	Did you constantly keep changing your plans or activities? (KEY PHRASE: constantly changing plans)	NCS	
HMA7h_M7h	Did you find it hard to keep your mind on what you were doing? (KEY PHRASE: hard to keep your mind on things)	NCS	
HMA7_M7i	Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them? (KEY PHRASE: thoughts racing)	NCS	
HMA7j_M7j	Did you sleep far less than usual and still not get tired or sleepy? (KEY PHRASE: sleeping far less than usual)	NCS	
HMA7k_M7k	Did you get involved in foolish investments or schemes for making money? (KEY PHRASE: getting involved in foolish schemes)	NCS	
HMA7l_M7l	Did you spend so much more money than usual that it caused you to have financial trouble? (KEY PHRASE: getting into financial trouble)	NCS	
HMA7m_M7m	Did you do reckless things like driving too fast, staying out all night, or having casual or unsafe sex? (KEY PHRASE: doing risky things)	NCS	
HMA7n_M7n	Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do? (KEY PHRASE: having too much self-confidence)	NCS	
HMA7o_M7o	Did you have the idea that you were actually someone else, or that you had a special connection with a famous person that you really didn't have? (KEY PHRASE: believing you were someone else or somehow connected to a famous person)	NCS	

<b>MENTAL HEALTH – MANIA (23.4% of an MTO-like sample of NCS respondents screened into this module)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HMA9_M9	Let me review. You had episodes when you were very (excited and full of energy/irritable or grouchy) and also had some problems like (KEY PHRASE OF 3 “YES” RESPONSES IN M7 SERIES). How much did these episodes ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?	NCS	
HMA10_M9b	Did other people say anything or worry about the way you were acting?	NCS	
HMA11_M18	Think of the very first time in your life you had an episode lasting four days or longer when you became very (excited and full of energy/irritable or grouchy) and also had some of the behavior changes you just reported. Can you remember your exact age?	NCS	
HMA11a/b_M18a/b	How old were you? or About how old were you the first time you had an episode of this sort?	NCS	
HMA12_M19	Did you have one of these episodes at any time in the past 12 months?	NCS	
HMA13_M19c	How many weeks in the past 12 months were you in one of these episodes?	NCS	
HMA14_M19d	How old were you the last time you had one of these episodes?	NCS	

<b>MENTAL HEALTH – PANIC DISORDER (HPD) (50.0% of an MTO-like sample of NCS respondents screened into this module)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPD1_PD1 INTRO 1	Earlier you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy. Think of a bad attack like that. During that attack, which of the following problems did you have?	NCS	Panic disorders are a type of anxiety disorder, which will most often have lifetime cases with ages of onset prior to the beginning of the MTO experiment. This means that the influence of the MTO experiment will be on course of illness rather than on onset. By asking questions about age at first onset and most recent onset, MTO's impact can be greater evaluated.
HPD1_PD1 INTRO 2	Earlier you mentioned having attacks when all of a sudden you had several problems like being short of breath, your heart pounding or feeling dizzy, and being afraid you would die or go crazy. Think of a bad attack like that. During that attack, which of the following problems did you have?	NCS	
HPD1a_PD1a	Did your heart pound or race? (KEY PHRASE: heart racing)	NCS	
HPD1b_PD1b	Were you short of breath? (KEY PHRASE: being short of breath)	NCS	



<b>MENTAL HEALTH – PANIC DISORDER (HPD) (50.0% of an MTO-like sample of NCS respondents screened into this module)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPD1c_PD1c	Did you have nausea or discomfort in your stomach? (KEY PHRASE: having nausea)	NCS	
HPD1d_PD1d	Did you feel dizzy or faint? (KEY PHRASE: feeling dizzy)	NCS	
HPD1e_PD1e	Did you sweat? (KEY PHRASE: sweating)	NCS	
HPD1f_PD1f	Did you tremble or shake? (KEY PHRASE: trembling)	NCS	
HPD1g_PD1g	Did you have a dry mouth? (KEY PHRASE: having a dry mouth)	NCS	
HPD1h_PD1h	Did you feel like you were choking? (KEY PHRASE: choking)	NCS	
HPD1i_PD1i	Did you have pain or discomfort in your chest? (KEY PHRASE: having discomfort in your chest)	NCS	
HPD1j_PD1j	Were you afraid that you might lose control of yourself or go crazy? (KEY PHRASE: fearing that you might lose control of yourself)	NCS	
HPD1k_PD1k	Did you feel that you were “not really there”, like you were watching a movie of yourself? (KEY PHRASE: feeling unreal)	NCS	
HPD1l_PD1l	Did you feel that things around you were unreal or like a dream? (KEY PHRASE: feeling that things around you were unreal)	NCS	
HPD1m_PD1m	Were you afraid that you might pass out? (KEY PHRASE: fearing that you might pass out)	NCS	
HPD1n_PD1n	Were you afraid that you might die? (KEY PHRASE: fearing that you might die)	NCS	
HPD1o_PD1o	Did you have hot flushes or chills? (KEY PHRASE: having hot flushes)	NCS	
HPD1p_PD1p	Did you have numbness or tingling sensations? (KEY PHRASE: having numbness)	NCS	
HPD3_PD3	During your attacks did the problems like (PARENTHETICAL PHRASE OF FIRST THREE YES RESPONSES IN HPD1 SERIES) begin suddenly and reach their peak within ten minutes after the attacks began?	NCS	
HPD4_PD4	About how many of these sudden attacks have you had in your <u>entire lifetime</u> ?	NCS	
HPD5_PD9	Can you remember your exact age the very first time you had one of these attacks?	NCS	
HPD5a/b_PD9a/b	How old were you? or About how old were you?	NCS	

<b>MENTAL HEALTH – PANIC DISORDER (HPD) (50.0% of an MTO-like sample of NCS respondents screened into this module)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPD6_PD10	Did you have one of these attacks at any time in the past 12 months?	NCS	
HPD6a_PD10 a	How recently – in the past month, between two and six months ago, or more than six months ago?		
HPD6b_PD10 b	How many weeks in the past 12 months did you have at least one attack?	NCS	
HPD6c_PD10 c	And how many attacks in all did you have in the past 12 months?	NCS	
HPD6d_PD10 d	How old were you the last time you had one of these attacks?	NCS	
HPD7_PD13	After having one of these attacks, did you ever have any of the following experiences?	NCS	
HPD7a_PD13 a	A month or more when you often worried that you might have another attack?	NCS	
HPD7b_PD13 b	A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control?	NCS	
HPD7c_PD13 c	A month or more when you changed your everyday activities because of the attacks?	NCS	
HPD7d_PD13 d	A month or more when you avoided certain situations because of fear about having another attack?	NCS	
HPD8_PD17	Attacks of this sort can occur in three different situations. The first is when the attacks occur unexpectedly "out of the blue." The second is when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third is when a person is in real danger, like a car accident or a bank robbery. The next question is about how many of your attacks occurred in each of these three kinds of situations. Did you ever have an attack that occurred unexpectedly "out of the blue?"	NCS	
HPD8a_PD17 a	About how many attacks in your lifetime occurred unexpectedly "out of the blue?"	NCS	
HPD9_PD18	About how many attacks in your lifetime occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?	NCS	

<b>MENTAL HEALTH – PANIC DISORDER (HPD)</b> (50.0% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPD10_PD19	About how many attacks in your lifetime occurred in situations where you were in real danger?	NCS	
HPD12_PD21	How old were you (when you had the attack/the first time you had an attack) "out of the blue" for no obvious reason?	NCS	
HPD13_PD22	How much did (this/these) unexpected "out of the blue" attack(s) or worry about having another attack ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?	NCS	
HPD14_PD36	How many unexpected "out of the blue" attacks did you have in the past 12 months?	NCS	
HPD15a_PD37a	How old were you the last time you had an unexpected "out of the blue" attack?	NCS	
HPD15b_PD37b	About how many weeks in the past 12 months did you have at least one of these attacks?	NCS	
HPD16_PD38	How recently – in the past month, between two and six months ago, or more than six months ago?		

<b>MENTAL HEALTH – GENERALIZED ANXIETY DISORDER (HGA)</b> (57.8% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HGA1_G1 INTRO 1	Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at your booklet, what sorts of things were you worried or nervous or anxious about during that time?	NCS	Because of the documented effects of neighborhood mobility on general psychological distress, the generalized anxiety disorder questions will serve to evaluate occurrence of episodes over respondents' lives as well as 12-month prevalence.
HGA1_G1 INTRO 2	Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at your booklet, what sorts of things were you nervous or anxious about during that time?	NCS	
HGA1_G1 INTRO 3	Earlier you mentioned having a period lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at your booklet, what sorts of things were you anxious or worried about during that time?	NCS	

<b>MENTAL HEALTH – GENERALIZED ANXIETY DISORDER (HGA)</b> (57.8% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HGA2_G3	Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was <u>ever</u> excessive or unreasonable or a lot stronger than it should have been?	NCS	
HGA3_G4	How often did you find it difficult to control your (worry or anxiety/nerves or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?	NCS	
HGA4_G4a	How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried -- often, sometimes, rarely, or never?	NCS	
HGA5a_G5 HGA5b_G5	What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) <u>most days</u> ? (enter number)(enter unit of time: months, years)	NCS	
HGA7a_G9a	Think of your worst period lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems: Did you often feel restless, keyed up, or on edge?	NCS	
HGA7b_G9b	Did you often get tired easily?	NCS	
HGA7c_G9c	Were you often more irritable than usual?	NCS	
HGA7d_G9d	Did you often have difficulty concentrating or keeping your mind on what you were doing?	NCS	
HGA7e_G9e	Did you often have tense, sore, or aching muscles?	NCS	
HGA7f_G9f	Did you often have trouble falling or staying asleep?	NCS	
HGA8a_G10a	Did your heart often pound or race?	NCS	
HGA8b_G10b	Did you often sweat?	NCS	
HGA8c_G10c	Did you often tremble or shake?	NCS	
HGA8d_G10d	Did you often have a dry mouth?	NCS	
HGA8e_G10e	Were you sad or depressed most of the time?	NCS	
HGA10a_G13 a	Did you often feel dizzy or lightheaded?	NCS	
HGA10b_G13 b	Were you often short of breath?	NCS	
HGA10c_G13 c	Did you often feel like you were choking?	NCS	
HGA10d_G13 d	Did you often have pain or discomfort in your chest?	NCS	

<b>MENTAL HEALTH – GENERALIZED ANXIETY DISORDER (HGA)</b> (57.8% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HGA10e_G13e	Did you often have pain or discomfort in your stomach?	NCS	
HGA10f_G13f	Did you often have nausea?	NCS	
HGA10g_G13g	Did you often feel that you were unreal?	NCS	
HGA10h_G13h	Did you often feel that things around you were unreal?	NCS	
HGA10i_G13i	Were you often afraid that you might lose control or go crazy?	NCS	
HGA10j_G13j	Were you often afraid that you might pass out?	NCS	
HGA10k_G13k	Were you often afraid that you might die?	NCS	
HGA10l_G13l	Did you often have hot flushes or chills?	NCS	
HGA10m_G13m	Did you often have numbness or tingling sensations?	NCS	
HGA10n_G13n	Did you often feel like you had a lump in your throat?	NCS	
HGA10o_G13o	Were you easily startled?	NCS	
HGA11_G15	How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – no distress, mild distress, moderate distress, severe distress, or very severe distress?	NCS	
HGA12_G17	How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?	NCS	
HGA12a_G17a	How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?	NCS	

<b>MENTAL HEALTH – GENERALIZED ANXIETY DISORDER (HGA)</b> (57.8% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HGA13_G26	Think of the <u>very first</u> time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your <u>exact</u> age?	NCS	
HGA13a/b_G26a/b	How old were you? or <u>About</u> how old were you?	NCS	
HGA14_G27	Did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried), lasting at least one month or longer, in the past 12 months?	NCS	
HGA14b_G27b	How many months in the past 12 months were you in an episode of this sort?	NCS	
HGA14c_G27c	How old were you the last time you had one of these episodes?	NCS	

<b>MENTAL HEALTH – INTERMITTENT EXPLOSIVE DISORDER (IED)</b> (20.5% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HIE1_IED3_INTRO 1	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke something, hurt someone, or threatened to hurt someone?	NCS	Intermittent explosive disorder is an impulse-control disorder, which, like the anxiety disorder, will have ages of onset most likely prior to the beginning of MTO. We anticipate that MTO will be shown to have a powerful effect in reducing the persistence and severity of impulse-control disorders, but that intervention effects will be lower among participants with a history of pre-existing severe-persistent highly comorbid disorders. This is why both entire life and 12-month histories are tested for.
HIE1_IED3_INTRO 2	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke something or threatened to hurt someone?	NCS	

<b>MENTAL HEALTH – INTERMITTENT EXPLOSIVE DISORDER (IED)</b> (20.5% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HIE1_IED3_I NTRO 3	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and broke or smashed something of value. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke or smashed something?	NCS	
HIE1_IED3_I NTRO 4	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either hurt someone or threatened to hurt someone?	NCS	
HIE1_IED3_I NTRO 5	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and threatened to hurt someone?	NCS	
HIE2_IED5	Did these anger attacks sometimes occur without a good reason?	NCS	
HIE3_IED5a	Did the attacks sometimes occur in situations where most people would not have had an anger attack?	NCS	
HIE3a_IED5 b	During those attacks, did you sometimes get a lot more angry than most people would have been in the same situation.	NCS	
HIE4_IED6	Did you have times before these attacks when you felt such a strong impulse to let loose or blow-up that you couldn't resist it no matter how hard you tried?	NCS	
HIE5_IED7	How often was your anger <u>out of control</u> during your typical attacks -- all of the time, most of the time, sometimes, rarely, or never?	NCS	
HIE6_IED9	Some people only have anger attacks when they drink alcohol or use drugs. Did your anger attacks usually occur when you had been drinking or using drugs?	NCS	
HIE6a_IED9 a	Did you ever have anger attacks when you had <u>not</u> been drinking or using drugs?	NCS	

<b>MENTAL HEALTH – INTERMITTENT EXPLOSIVE DISORDER (IED)</b> (20.5% of an MTO-like sample of NCS respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HIE7_IED11	Some people only have anger attacks when they are sad or depressed. Did your anger attacks usually occur during periods of time when you were sad or depressed?	NCS	
HIE7a_IED1 1a	Did you ever have anger attacks at times you were <u>not</u> sad or depressed?	NCS	
HIE8_IED13	Think about all the things you ever damaged or broke during your anger attacks. What is the approximate combined repair cost or replacement value of all these things?	NCS	
HIE9_IED15	About how many times during your anger attacks did you ever hurt someone badly enough that they needed medical attention?	NCS	
HIE10_IED1 6	How much did your anger attacks ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?	NCS	
HIE11_IED1 7	How often did you feel guilty or embarrassed or regretful in the days or weeks after your attacks -- all of the time, most of the time, sometimes, rarely, or never?	NCS	
HIE12_IED1 8	Think of the <u>very first</u> time in your life you had an anger attack. Can you remember your exact age when that attack occurred?	NCS	
HIE12a/b_IE D18a/b	How old were you? or About how old were you?	NCS	
HIE13a_IED 22	How many anger attacks did you have in the past 12 months?	NCS	
HIE13a_IED 22a	How old were you the last time you had an anger attack?	NCS	
HIE14_IED2 3	About how many weeks in the past 12 months did you have at least one of these attacks?	NCS	
HIE15_IED2 4	And how many attacks in total did you have during the past twelve months?	NCS	



<b>MENTAL HEALTH – CRIME VICTIMIZATION &amp; POST-TRAUMATIC STRESS DISORDER (HCV) (75.8% of an MTO-like sample of NCS respondents screened into this module)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HCV1_PT1	In the next part of the interview, we ask about very stressful events that might have happened in our life. First, did you ever participate in combat, either as a member of a military, or as a member of an organized non-military group?	NCS	<p>HCV Module Overall</p> <p>These questions from the NCS module on PTSD ask about experiences with having been beaten up by one's parents as a child, and other experiences with violence. However, the NCS questions in the NCS do not ask about some of the follow-up details (such as police response) that are of interest to us for the long-term MTO survey. As such, the module adds measures from other surveys (see below).</p> <p>Given that exposure to crime is an important mechanism through which MTO may affect mental health outcomes of participating adults – and in fact is the most important stated reason why MTO families signed up for the program – these questions will examine individual crime victimization experience, including information about the circumstances and location of the event as well as the offender. Importantly, in addition to questions about general violence victimization these questions include items specific to violence committed by people known to the respondent, as well as questions intended to capture sexual violence.</p> <p>These questions also include a detailed assessment of traumatic life events as well as a separate battery of nontraumatic stressful life events. We anticipate that some of these events will be less prevalent among respondents in the MTO intervention than control groups.</p> <p>YCV12-15 &amp; 21-22</p> <p>Because crime, safety, and victimization are important in their own right, and because of the implications they have on a number of other important outcomes, including mental and physical health, these questions expand on those Interim items related to criminal victimization. The PTSD questions in the NCS also do not ask about experiences with property crime victimization.</p>
HCV2_PT8	Were you ever involved in a life-threatening automobile accident?	NCS	
HCV3_PT9	Did you ever have any other life-threatening accident, including on your job?	NCS	
HCV4_PT10	Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?	NCS	
HCV5_PT11	Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?	NCS	
HCV6_PT12	Did you ever have a life-threatening illness?	NCS	
HCV7_PT13	As a child, were you ever badly beaten up by your parents or the people who raised you?	NCS	
HCV8_PT14	Were you ever badly beaten up by a spouse or romantic partner?	NCS	
HCV9_PT15	Were you ever badly beaten up by anyone else?	NCS	
HCV10_PT16	Were you ever mugged, held up, or threatened with a weapon?	NCS	
HCV11_PT17	The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn't know what was happening. Did this ever happen to you?	NCS	
HCV12_PT18	Other than rape, were you ever sexually assaulted, where someone touched you inappropriately, or when you did not want them to?	NCS	
HCV13	Have you ever been chased when you thought the person chasing you would hurt you?	PHDCN	
HCV14	Have you ever been hit, slapped, punched or beaten up, even if you were not beaten up very badly?	PHDCN	
HCV15	Has anyone ever stolen your purse, wallet, or snatched your jewelry?	Interim, modified	

**MENTAL HEALTH – CRIME VICTIMIZATION & POST-TRAUMATIC STRESS DISORDER (HCV)** (75.8% of an MTO-like sample of NCS respondents screened into this module)

Question Number	Question	Source	Justification/Notes
HCV16	Did anyone ever try to break into your home?	Interim, modified	
HCV17_PT20	Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?	NCS	
HCV18_PT21	Did you ever have a son or daughter who had a life-threatening illness or injury?	NCS	
HCV19_PT22	Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?	NCS	
HCV20_PT22_1	When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother?	NCS	
HCV21_PT23	Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?	NCS	
HCV22_PT27	Did you ever experience any other extremely traumatic or life-threatening event that I haven't asked about yet?	NCS	
HCV23_PT55a	Briefly, what was the one <u>most traumatic</u> event that you have not told me about?	NCS	
HCV24	You said you had been [crime experience]. When was the last time this happened? (Was this within the past 12 months? Was this within the past 6 months?)	PHDCN	
HCV25	Were the police informed, or did they find out about this incident in any way?	NCVS	
HCV26	As far as you know, was anyone arrested or were charges brought against anyone in connection with this incident?	NCVS	
HCV27	You said you had been [violent crime experience] during the past 12 months. The last time this happened, where did it happen?	PHDCN	
HCV27a	The last time this happened, who did this to you?	PHDCN	
HCV28a	Please tell me if any of the following this have happened to anyone who lived with you during the past 6 months. Was anyone's purse, wallet, or jewelry snatched from them?	Interim, modified	
HCV28b	Was anyone threatened with a knife or gun?	Interim, modified	
HCV28c	Was anyone beaten up or assaulted?	Interim, modified	

**MENTAL HEALTH – CRIME VICTIMIZATION & POST-TRAUMATIC STRESS DISORDER (HCV)** (75.8% of an MTO-like sample of NCS respondents screened into this module)

Question Number	Question	Source	Justification/Notes
HCV28d	Was anyone stabbed or shot?	Interim, modified	
HCV29_PT62	Let me review. You experienced (NUMBER) (EVENT). After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after (either / any) (EVENT) of these experiences?	NCS	
HCV30_PT64	Of the [experiences you mentioned to me / NUMBER times (EVENT TYPES) happened] which one caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which one experience caused the largest number or most severe problems?	NCS	
HCV30a_PT64a	How old were you when that (happened / started)?	NCS	
HCV31_PT67	[FOR ONGOING EVENTS] During the period of time when (WORST EVENT) was happening repeatedly, did you ever feel terrified or very frightened? [ALL OTHERS] Were you terrified or very frightened at the time (WORST EVENT)?	NCS	
HCV31a_PT67a	Did you feel helpless?	NCS	
HCV31b_PT67b	Did you feel shocked or horrified?	NCS	
HCV31c_PT67c	Did you feel numb?	NCS	
HCV32_PT68	In the weeks, months, or years after the (event / this experienced ended / WORST EVENT), did you try not to think about it (what happened)?	NCS	
HCV33_PT69	Did you purposely stay away from places, people, or activities that reminded you of (it / the event / this experience/ WORST EVENT)?	NCS	
HCV34_PT70	Were you ever unable to remember some important parts of what happened?	NCS	

**MENTAL HEALTH – CRIME VICTIMIZATION & POST-TRAUMATIC STRESS DISORDER (HCV)** (75.8% of an MTO-like sample of NCS respondents screened into this module)

Question Number	Question	Source	Justification/Notes
HCV35_PT71	Did you lose interested in doing things you used to enjoy?	NCS	
HCV36_PT72	Did you feel emotionally distant or cut-off from other people?	NCS	
HCV37_PT73	Did you have trouble feeling normal feelings like love, happiness, or warmth towards other people?	NCS	
HCV38_PT74	Did you feel you had no reason to plan for the future because you thought it would be cut short?	NCS	
HCV39_PT86	Did you ever have repeated unwanted memories of (it / the event / this experience / WORST EVENT) – that is, you kept remembering it even when you didn't want to?	NCS	
HCV40_PT87	Did you ever have repeated unpleasant <u>dreams</u> about (it / the event / this experience / WORST EVENT)?	NCS	
HCV41_PT88	Did you have <u>flashbacks</u> – that is, suddenly act or feel as if (it / the event / this experience / WORST EVENT) were happening all over again?	NCS	
HCV42_PT89	Did you get very upset when you were reminded of (it / the event / this experience / WORST EVENT)?	NCS	
HCV43_PT90	When you were <u>reminded</u> of (it / the event / this experience / WORST EVENT), did you ever have <u>physical</u> reactions like <u>sweating</u> , your heart <u>racing</u> , or feeling <u>shaky</u> ?	NCS	
HCV44_PT01 2	During the time (this event / this experience / WORST EVENT) affected you <u>most</u> , did you have trouble falling or <u>staying asleep</u> ?	NCS	
HCV45_PT10 3	Were you more <u>irritable</u> or short-tempered than you usually are?	NCS	
HCV46_P104	Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing?	NCS	
HCV47_PT10 5	Were you much more alert or watchful, even when there was no real need to be?	NCS	
HCV48_PT10 6	Were you more <u>jumpy</u> or easily startled by ordinary noises?	NCS	
HCV49_PT11 0 HCV49a_PT1 10	You had quite a few reactions, such as (FIRST KEY PHRASE). For about how many days, weeks, months, or years did you <u>continue</u> to have any of these reactions? (enter number) (enter unit of time: days, weeks, months, years)	NCS	

**MENTAL HEALTH – CRIME VICTIMIZATION & POST-TRAUMATIC STRESS DISORDER (HCV)** (75.8% of an MTO-like sample of NCS respondents screened into this module)

Question Number	Question	Source	Justification/Notes
HCV50_PT11 3	Think of the time when these reactions were most frequent and intense. How often did they occur – less than once a month, one or two times a month, three to five times a month, six to ten times a month, or more than ten times a month?	NCS	
HCV51_PT11 4	How much distress did these reactions cause you – none, mild, moderate, severe, or very severe distress?	NCS	
HCV52_PT11 5	How much did these reactions disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?	NCS	
HCV53_PT26 1	(RB) The next question is about whether in the past 12 months you had any of these reactions associated with any traumatic event that ever happened to you in your entire life. Did you have any reactions of this sort over the past 12 months?	NCS	
HCV54_PT26 3	About how many weeks altogether in the past 12 months did you have any of these reactions?	NCS	
HCV55_PT26 9	Please think of the 30-day period in the past 12 months when these reactions to [WORST 12-MONTH EVENT / these events / these experiences] were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?	NCS	
HCV56_PT27 0	Did you feel emotionally distant or cut off from other people during that month?	NCS	
HCV57_PT27 1	Did you have trouble feeling normal things like love, happiness, or warmth toward other people?	NCS	
HCV58_PT27 2	Did you feel you had no reason to plan for the future because you thought it would be cut short?	NCS	
HCV59_PT27 3	Did you have any trouble falling or staying asleep during that month?	NCS	
HCV60_PT27 4	Were you more jumpy or more easily startled by ordinary noises?	NCS	
HCV61_PT27 5	Did you purposely stay away from places, people or activities that reminded you of [WORST 12-MONTH EVENT] / these events)?	NCS	

<b>MENTAL HEALTH – SERVICES</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HSR1	In the past 12 months have you received any sort of professional counseling or therapy for problems with your emotions, nerves, mental health, or use of alcohol or drugs?	NCS	An important way in which neighborhood context can influence mental health is by improving access to treatment. This is true even when, as in MTO, experimental subjects did not receive any expansion in their health insurance coverage, as health insurance is a surprisingly weak determinant of obtaining treatment for mental health problems. This is especially true among mothers of school-aged children, as the vast majority of the MTO participants are, as school-based human services professionals play a major role in promoting free or low-cost treatment for such individuals. In order to evaluate the role played by expanded treatment and increased treatment quality in accounting for MTO effects on the mental health of respondents, these questions serve as an assessment of mental health treatment. Included are questions about the occurrence of general medical, mental health specialty, human services, and complementary-alternative medical treatment of mental and substance use disorders, as well as about the content and intensity of such treatment.
HSR1a	What kind of professional did you see? Psychiatrist Psychologist Social Worker Mental Health Counselor Psychotherapist Marriage or Family Counselor Drug or Alcohol Counselor Primary Care Doctor (e.g., Internist, Family Doctor, GP) Other Medical Doctor (e.g., Cardiologist, Gynecologist) Other Health Care Provider (e.g., Nurse, Occupational Therapist) Religious Counselor (e.g., Minister, Priest, Rabbi) Healer (e.g., Herbalist, Chiropractor, Spiritualist) Any other kind of professional	NCS	
HSR2	How many sessions of psychological counseling or therapy have you received in the past 12 months?	NCS	
HSR3	How many minutes did [this/these session(s)] last (on average)?	NCS	
HSR4	In the past 12 months have you taken a prescription medicine for problems with your emotions, nerves, mental health, or use of alcohol or drugs?	NCS	
HSR5	Who wrote the prescription for you?	NCS	
HSR6	About how many days out of 365 in the past year did you make a prescription medication for these problems?	NCS	
HSR7	Was there a time in the past 12 months when you felt that you might need to see a professional because of problems with your emotions, nerves, mental health, or your use of alcohol or drugs?	NCS	
HSR8	What were your reasons for not seeing a professional?	NCS	

<b>PARENT REPORT ON YOUTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>

PARENT REPORT ON YOUTH			
Question Number	Question	Source	Justification/Notes
HPY1	At the beginning of this interview we asked you about household members who lived with you at the time you applied to be in this study about 10 or more years ago. Here we want to know more about the schooling of the children that were living with you at that time. **SEQUENCE WILL BE COMPLETED FOR EACH CHILD WHO WAS IN THE HOUSEHOLD AT BASELINE WHO ARE STILL IN THE HOUSEHOLD AT TIME OF FOLLOW-UP. What is the highest grade or year of school [CHILD] has ever completed?	MTO Interim	These questions measure the child's educational attainment to date and whether he/she is currently enrolled in school. Combined with information on the child's age and school history (see below), the questions permit analysis of educational progress, an important child outcome.
HPY2	Has (he/she) received a regular high school diploma? Do not include a GED	MTO Interim	
HPY3	Has (he/she) received a GED?	MTO Interim	
HPY3a	Is [CHILD] currently enrolled in college?	MTO Interim	
HPY4	When was [CHILD] last enrolled in high school?	MTO Interim	
HPY5	Is [CHILD] in school now?	MTO Interim	
HPY6	Why doesn't [CHILD] attend school?	MTO Interim	
HPY7	Has (he/she) received a GED?	MTO Interim	
HPY8	When was [CHILD] last enrolled in high school?	MTO Interim	
HPY9	What is the full name of the school [CHILD] (is attending /most recently attended)?	MTO Interim	
HPY10	Is/was this school a...[Regular Public School; Magnet Public School; Charter Public School; Vocational Public School; Regular Private School; Religious or Parochial School; Special Education School; Enrichment/gifted & Talented School or Program; Other Special Program or School (Specify)]	MTO Interim	This sequence obtains the child's/youth's school history. These will be repeated for all the schools attended since random assignment in the MTO program. Data on school history are needed in order to understand whether school changes followed the residential location changes brought about by the MTO intervention. If, as hypothesized, schools in low-poverty neighborhoods will be important in shaping the educational attainment and economic prospects of MTO children and youth, it is necessary to know whether they attended those schools or whether (for a variety of reasons) they were schooled elsewhere (and where). Identification of schools will allow us to link to rich data on school performance and student body socioeconomic characteristics in the school(s) the child/youth is attending/has attended, factors which might determine the extent to which schools mediate MTO impacts. Grade retention is a major aspect of educational progress. However, it may reflect not only the child's/youth's educational efforts and academic achievement but also differences in the policy and standards of schools located in lower-poverty neighborhoods, compared to those in higher-poverty neighborhoods.
HPY11	Where is this school located?	MTO Interim	
HPY12	For which grades did child attend this school? REPEAT HPY16a-HPY16d FOR EACH SCHOOL ATTENDED	MTO Interim	
HPY13	Has [CHILD] ever repeated a grade?	MTO Interim	
HPY14	Which grades did [CHILD] repeat?	MTO Interim	
HPY14a	IF YES: Did [CHILD] repeat [GRADE] in same school?	MTO Interim	
HPY15	Has [CHILD] ever been suspended or expelled?	MTO Interim	
HPY15a	IF YES: Has this happened during the past 2 years?	MTO Interim	
HPY16a	What is the full name of the school [CHILD] attended before [SCHOOL NAME LAST MENTIONED]?		

<b>PARENT REPORT ON YOUTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPY16b	Was this school a...[Regular Public School; Magnet Public School; Charter Public School; Vocational Public School; Regular Private School; Religious or Parochial School; Special Education School; Enrichment/gifted & Talented School or Program; Other Special Program or School (Specify)]		
HPY16c	Where was this school located? Can you give me the name of the street on which it was located? PROBE: What was the nearest cross-street? What city is that?		
HPY16d	For which grade(s) did [CHILD] attend this school?		
HPY16e	REPEAT HPY16a-HPY16d FOR EACH SCHOOL ATTENDED		
HPY16f	Were there any other schools that [CHILD] attended between [BEGINNING OF GRADE HISTORY] and [HIGHEST GRADE ATTENDED IN J12]?		
HPY17	During the past two years, has anyone from [CHILD'S] school asked someone to come in and talk about problems [CHILD] was having with schoolwork or behavior?		
HPY18	During the past 2 years, has [CHILD] gone to a special class for gifted students or done advanced work in any subjects?	MTO Interim	The child's/youth's academic track (both opportunities for and involvement in advanced school work) may be affected by moves to low-poverty neighborhoods. Better schools in more affluent neighborhoods are more likely to offer advanced classes and provide more rigorous preparation.
HPY19a	During the past 2 years, has [CHILD] gone to a special class or school or gotten special help in school for learning problems?	MTO Interim	These questions measure whether the child/youth has been involved in formal special education programming in school and the intensity of services received. Moving to a low-poverty community's school may require adjustments and remedial intervention to effect the transition. But recent research also indicates that minority children in predominantly white schools tend to be over-assigned to special education.
HPY19b	(During the past 2 years, has [CHILD] gone to a special class or school or gotten special help in school for) behavioral or emotional problems?		
HPY20	How often has [CHILD] received any special services for these problems -- almost every day, once a week, once a month, a few times a year, or only once or twice in the past two years?		
HPY21	Now I'd like to ask you about your involvement in your children's schooling. How satisfied are you with the education that [CHILD] has received up to now? Are you very satisfied, somewhat satisfied, or not at all satisfied?	NELS	These questions assess the degree to which parents are involved in their child/children's education. The MTO treatment may affect the adult's concern and level of parental support for education (due to different social norms and improved mental health, among



<b>PARENT REPORT ON YOUTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPY22a	In the past 12 months, have you or another adult who lives with you gone to a general meeting or school event at your [CHILD'S] school, like a back-to-school night, parent/teacher organization meeting or sports event?	MTO Interim	other things), which may affect children's educational outcomes.
HPY22b	In the past 12 months, have you or another adult who lives with you been a volunteer or worked at your [CHILD'S] school, been on a school committee or club outside of school?		
HPY23a	The next questions are about this child's behavior. I will read a series of statements, and for each , please tell me if the statement is not true, somewhat true, or very true of [CHILD]. This child is generally obedient, usually does what adults request.	SDQ Parent report for youth 11-17	This brief series serves as a set of behavioral screening questions.
HPY23b	(This child) has many worries, often seems worried.	SDQ	
HPY23c	(He/She) is often unhappy, depressed, or tearful.	SDQ	
HPY23d	(He/She) gets along better with adults than with others his/her own age.	SDQ	
HPY23e	(He/She) sees tasks through to the end, has a good attention span.	SDQ	
HPY24	Overall, do you think [CHILD] has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get along with other people? Would you say he/she has severe difficulties, definite difficulties, minor difficulties, or no difficulties in one or more of these areas?		
HPY25	About how long has it been since [CHILD] last saw or talked to a doctor or other health care professional about (his/her) health? Would you say 6 months or less, More than 6 months, but not more than 1 year ago, More than 1 year, but not more than 3 years ago, More than 3 years, or Never?	NHIS99, modified	This question measures preventive health care behavior, an important mediator of child/youth health that may change with MTO moves.
HPY26	During the past [TIME SINCE RANDOM ASSIGNMENT], that is, since [DATE OF RANDOM ASSIGNMENT], has there ever been anytime lasting a month or more when [CHILD] did not live with you?	New Chance	These questions measure where the child has lived since random assignment (if not with mother) and why. Literature suggests that: (a) decreased family stability due to mobility leads to increased probability of having children put in foster care; (b) Increased safety equates to less violence in the home for children and a reduced probability of having children put in foster care; or (c) move to a neighborhood where schools, police, neighbors are
HPY27a	When was the first time [CHILD] lived somewhere else – in what month and year did (he/she) begin to live away?	New Chance	
HPY27b	And, when did he / she come back to live with you?	New Chance	

<b>PARENT REPORT ON YOUTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HPY27c	Where was (he/she) living during that time? [Maternal grandparents; other maternal relatives; child's own father; paternal relatives; foster home; alone / with friends / with partner; in school / college; in jail; in the military; in the hospital; runaway; with step parent; with other relative; in Job Corps; adopted; just moved back with R; shelter; other]	New Chance	more likely to call CPS if there is a problem increases the probability of children ending up in foster care. Furthermore, with the huge costs associated with foster care (avg. cost per child per year = \$22,000 (1995)), a big effect here either way will have policy implications.
HPY27d	Why was [CHILD] living (with/in) [ARRANGEMENT]? [Personal reasons = behavioral problems; problems of mother (drugs, alcohol, in jail); health problems of child; health problems of mother; financial problems of mother; unsuitable housing arrangement, homelessness; child taken away by state, put in foster home; mother could not care for child; Permanent alternative arrangements = thought child would be better off with friends or relatives; put child up for adoption; child wanted to live with father; father awarded custody; Age of child issues = child is grown adult; child is away at school; Other = R does not know where child is; child in jail; immigration related issue; reason related to move; child kidnapped; shared custody; family just helping out; away at camp; other]	New Chance	

<b>ADULT REPORT ON OTHER HOUSEHOLD MEMBERS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HHO1	These next questions ask about other members of your household, their education and employment, their marital status, whether they have children, and their health. [Interviewers will ask this series of questions for each person age 18+ living in the household] Is this person in school now?	MTO baseline	These items, modeled on a section of the National Comorbidity Survey, serve to measure the burden of other household members on respondents. These questions assess financial, caregiver, and psychological burden stemming from other household members.
HHO2	Has (he/she) graduated from high school or does (he/she) have a GED?	MTO baseline	
HHO3	Has (he/she) ever attended any college?	Original	
HHO4	Is (he/she) now working full-time or part-time?	MTO baseline	
HHO5	Does he/she have a physical health problem that keeps him/her from doing normal activities like walking, getting dressed, household or working?	NCS, Modified-Family Burden	
HHO6	Does (he/she) have any chronic physical disability like cancer, a heart problem or any other serious health problem?	NCS, Modified-Family Burden	
HHO7	(Does (he/she) have an) Alcohol or drug problem?	NCS, Modified-Family Burden	

<b>ADULT REPORT ON OTHER HOUSEHOLD MEMBERS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HHO8	(Does (he/she) have) Depression or other serious chronic mental health problem?	NCS, Modified-Family Burden	
HHO9a	Has he/she smoked a cigarette in the past 30 days?	Original	
HHO9b	When he/she smoked a cigarette during the past 30 days, how many cigarettes did he/she usually smoke each day?	Original	
HHO10	What is (his/her) marital status?	MTO baseline	
HHO11	How many children has (he/she) had?	MTO baseline	
HHO12	In what year was (his/her) (first) child born?	MTO baseline	
HHO13	During the prior 12 months, has (he/she) been arrested, convicted of a crime or put in jail? [check all that apply] Arrested; Convicted; Put in jail; Neither	Original	

<b>RELATIONSHIPS &amp; PARENTING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HRL1	In this next section, I am going to ask you about your adult relationships and parenting. Are you currently married or in a serious relationship?	Original	There is a long-standing literature documenting influences on marriage, marital stability and adult relationship quality and mixed indications of whether living in disadvantaged neighborhoods affects marriage. MTO provides an opportunity to potentially unpack confounds of neighborhood disadvantage with individual level or couple disadvantage and marriage. MTO-induced moves to lower-poverty areas could improve marriage rates directly, by expanding the pool of marriageable men or indirectly by improving mental health or economic self-sufficiency, both of which can affect search behavior, or increase attractiveness to potential partners, in the marriage market. Alternatively, any resulting increase in economic self-sufficiency among MTO experimental group respondents might result in lower rates of coupling or marriage, by reducing the need for economic support by another adult in the household.
HRL2	How long have you been married or in this relationship? Less than a year; About 2 years; More than 2 years	Original	
HRL3	About how many romantic relationships did you have in the past 12 months that lasted for at least one month?	FF	
HRL3a	I just need to have a range. Can you tell me if it was... (1-5 relationships, 6-10 relationships, 11-15 relationships, or more than 15 relationships?)	FF	
HRL4	Now I'm going to ask you a few questions about your current relationship. All things considered, on a scale from 1 to 7, where 1 is "completely unhappy" and 7 is "completely happy", how happy are you with your current relationship?	NSFH	
HRL5a	The following statements describe the way some people feel about their spouse or partner, and their relationship in general. Please indicate whether each of the following happens all of the time, most of the time, some of the time, or none of the time. Our arguments get very heated.	NSFH / FF / NLSY, modified	
HRL5b	My partner/spouse and I have similar views about what is important in life.	NSFH / FF / NLSY, modified	

RELATIONSHIPS & PARENTING			
Question Number	Question	Source	Justification/Notes
HRL5c	I am satisfied with the way we handle our problems and disagreements.	NSFH / FF / NLSY, modified	One candidate mediating mechanism proposed for explaining MTO's effects on children, particularly on youth, is whether MTO changes parental investments in their children. Additionally, changes in mental health or marital status could independently or synergistically affect parenting behavior. MTO adults might also feel safer in less distressed neighborhoods, or feel less distressed because of fewer day-to-day hassles, all of which could potentially improve physical and emotional energy toward better parenting. Parents also might be happier and feel closer to their children or more empowered to improve their children's lives.
HRL5d	My partner/spouse expresses love and affection toward me.	NSFH / FF / NLSY, modified	
HRL6	Now we are going to ask a set of questions about CHILD (pre-loaded, randomly selected child aged 10 to 20, lived in household at baseline, and currently living in household). In the past week, have you and [CHILD] talked about things he/she is doing at school, school work or grades?	Add Health	
HRL7	How often did someone help [CHILD] with his/her homework? Would you say five or more times a week, 3 to 4 times a week, 1 to 2 times a week, less than once a week, or never?	ECLS-K 5th grade	
HRL8	How often do you or another adult in the household check to make sure CHILD has completed his/her homework? Less than once a month, about once a month, a few times a month, or at least a few times a week?	PHDCN, Wave 3	
HRL9	During this school year, have you or another adult in your household taken it upon yourself to contact (CHILD's) teacher or school for any reason having to do with (CHILD)?	ECLS-K 5th grade	
HRL9a	Why did you contact (CHILD)'s school? CODE ALL THAT APPLY. PROBE: Anything else? [to report an absence or tardiness; to discuss problems the child is having at school; to request special placement or services; to request evaluation by a specialist; to request a specific teacher; to check on CHILD's progress; to ask about homework problems; other (specify)]	ECLS-K 5th grade	
HRL10	Children sometimes do things that are wrong, disobey, or make their parents angry. We would like to know what you have done when your [SAY AGE OF CHILD] year old child did something wrong or made you upset or angry. I am going to read a list of things you might have done in the past year and I would like you to tell me whether you have: done it once in the past year, done it twice in the past year, 3-5 times, 6-10 times, 11-20 times, or more than 20 times in the past year. If you haven't done it in the past year but have done it before that, I would like to know this, too.	ECLS-K 5th grade, revised Straus Parent-Child Conflict Tactic Scale	
HRL10a	Explain why something was wrong?	ECLS-K 5th grade, revised Straus Parent-Child Conflict Tactic Scale	

<b>RELATIONSHIPS &amp; PARENTING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HRL10b	Sent [CHILD] to [his/her] room, took away privileges or grounded [him/her]?	ECLS-K 5th grade, revised Straus Parent-Child Conflict Tactic Scale	
HRL10c	Called [CHILD] dumb or lazy or some other name like that, or threatened to hit [him/her], but did not actually do it?	ECLS-K 5th grade, revised Straus Parent-Child Conflict Tactic Scale	
HRL10d	Shouted, yelled, screamed, swore or cursed at [CHILD]?	ECLS-K 5th grade, revised Straus Parent-Child Conflict Tactic Scale	
HRL10e	Said you would send [CHILD] away or kick [CHILD] out of the house?	ECLS-K 5th grade, revised Straus Parent-Child Conflict Tactic Scale	
HRL10f	Spanked or hit [CHILD]?	ECLS-K 5th grade, revised Straus Parent-Child Conflict Tactic Scale	
HRL11	Is [CHILD] allowed to be in public places without adult supervision?	PHDCN	
HRL12	In the last month [if on vacation: in which s/he was in school], after school, has [CHILD] always come directly to your home and stayed home until dinner time?	PHDCN	
HRL13	In the last month [if on vacation: in which s/he was in school], how often has s/he done that?	PHDCN	
HRL14	Where is this [CHILD] usually in the evenings?	MTO Interim	
HRL15	Please tell me whether you make rules about how late [CHILD] can stay out at night, or does [CHILD] decide for him/herself?	NLSY97	
HRL16	Does [CHILD] have a curfew or set time to be home on school nights?	PHDCN	
HRL17	Does [CHILD] have a curfew on weekend nights?	PHDCN	
HRL18	In a typical week, how late does [CHILD] stay out on school nights (Monday to Thursday)?	NELS88	

<b>RELATIONSHIPS &amp; PARENTING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HRL19	How many of [CHILD's] close friends do you know by sight and by first and last name?	PHDCN	

<b>DECISION MAKING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HDM1	Are there any big expenses that you think you will have to pay for in the next five to ten years, such as, such as educational expenses, purchase of a new car, health care costs, support for other family members, or anything else?	SCF modified	These questions gauge general attitudes toward the future and propensity to plan.
HDM2	How much thought have you given to how you will meet those expenses?	Original	
HDM3	Are you saving for those expenses now?	SCF modified	
HDM4a	Suppose a relative of yours calls to say they just inherited some money and part of it should be yours. Because of the way their inheritance is being distributed, they can either send you some money now, or a larger amount of money later, which they would send to you on your next birthday. Suppose that you trust this person to send what they promise, and that you do not expect to get a birthday present from this relative other than this money. Would you rather they mailed you \$100 tomorrow or that they send you \$120 on your next birthday?	Original	This question is intended to uncover rates of time preference. It is original to the MTO final evaluation. It is written to be context-rich, and involve choices over modest gains. We propose to ask ½ of respondents “option 1,” and the other ½ of respondents “option 2.” In the first option, variation in the distance in time between the survey date and the respondent’s next birthday will generate variation in the ranges into which the respondent’s choice brackets her discount rate. In the second option, we are working with a fixed time frame.
HDM4b	Suppose you get a letter from the government saying you are getting an extra tax refund. You can choose between getting the refund now, or a larger refund one month from now. Would you rather they sent \$100 tomorrow, or that they send \$110 three months from now?	Original	
HDM4c	Now suppose the choice were between \$100 now and \$105 one month from now. Would you rather they sent \$100 tomorrow or \$105 one month from now?	Original	
HDM4d	Now suppose the choice were between \$100 now and \$101 one month from now. Would you rather they sent \$100 tomorrow or \$101 one month from now?	Original	
HDM4e	Now suppose the choice were between \$100 now and \$115 one month from now. Would you rather they sent \$100 tomorrow or \$115 one month from now?	Original	

DECISION MAKING			
Question Number	Question	Source	Justification/Notes
HDM4f	Now suppose the choice were between \$100 now and \$120 one month from now. Would you rather they sent \$100 tomorrow or \$120 one month from now?	Original	
HDM5	Suppose that a new company moves into your area and offers you a part-time job that you would be willing and able to take for one month. This company offers you two different ways of being paid. The first way is a salary that would guarantee you \$300. The second way would tie your earnings to how well the company as a whole does that month. The second way is possibly better paying, but the income is less certain.	HRS and PSID modified	These questions are intended to uncover levels of risk aversion. The risky job choice questions bracket responses by (approximate) relative risk aversion coefficients of 0.13, 0.27, 0.50, 1.00, and 3.27, assuming CRRA utility.
HDM5a	There is a 50-50 chance the second way would pay \$600, and a 50-50 chance that it would pay \$200. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$200?	HRS and PSID modified	
HDM5b	Now suppose the chances were 50-50 that the second way would pay \$600, and a 50-50 chance that it would pay \$150. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$150?	HRS and PSID modified	
HDM5c	Now suppose the chances were 50-50 that the second way would pay \$600, and a 50-50 chance that it would pay \$75. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$75?	HRS and PSID modified	
HDM5d	Now suppose the chances were 50-50 that the second way would pay \$600, and 50-50 chance that it would pay \$240. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$240?	HRS and PSID modified	
HDM5e	Now suppose the chances were 50-50 that the second way would pay \$600, and 50-50 that it would pay \$270. Which way of getting paid would you choose – earning \$300 for sure, or an equal chance of earning either \$600 or \$270?	HRS and PSID modified	
HDM6	How do you see yourself: Are you generally a person who is fully prepared to take risks or do you try to avoid taking risks? If 0 means you always avoid taking risks and 10 means you are always fully prepared to take risks, where on a 0 to 10 scale would you place yourself?	SEOP	This question gauges general, self-perceived attitudes toward risk.
HDM7a	(RB) Now I want to ask you about trusting different groups of people. First, thinking about people in your immediate family, generally speaking would you say you can trust them a lot, trust them some, trust them only a little or not trust them at all?	GPSTS	These questions ask about trust.
HDM7b	(RB) How about people in your neighborhood?	GPSTS	

<b>DECISION MAKING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
HDM7c	(RB) How about other people in general?	Original	
HDM8a	(RB) Next, I m going to read a list of institutions. For each one, please tell me whether you feel that you can trust them a lot, some, only a little or not at all. First the police department in your area, do you feel you can trust them a lot, some, only a little or not at all?	GPSTS	
HDM8b	(RB) How about the public schools in your area?	GPSTS	
HDM8c	(RB) How about the city or local government?	GPSTS	
HDM9	Generally speaking, would you say that most people can be trusted or that you can't be too careful in life?	GSS	
HDM10	How often do you lend money to friends: More than once a week, about once a week, about once a month, or once a year or less?	GLSS	
HDM11	How often do you lend things you own to your friends?	GLSS	
	<b>[EXPERIMENTAL COMPONENT]</b>		The proposed experimental component would offer similar choices as the survey questions over time preference, but would be for real stakes, to help generate an independent, and possibly more credible, measure of the effects of MTO on decision making. A randomly selected subset of MTO adults would participate in this experiment.
HDM12	Each respondent in the time preference experiment subgroup is offered the following choice: As part of our study of how MTO participants make choices, we are pleased to be able to offer you a small amount of additional survey compensation. This compensation is available in two forms. Either a check for \$20 that we will put in the mail tomorrow or a check for \$25 that we could put in the mail on your next birthday. Which would you prefer -- \$20 sent tomorrow, or \$25 sent on your next birthday?	Original	This choice is designed to uncover rates of time preference. It is original to the MTO final evaluation. It corresponds with the survey question on time preference. Variation in the distance in time between the survey date and the respondent's next birthday will generate variation in the ranges into which the respondent's choice brackets her discount rate.

**CONTACT INFORMATION**



<p>HCI1</p>	<p>To continue to help the government learn how to improve housing programs, it is very important that we talk to people periodically to see how things are going. Since people often move, we would like to ask you for the names of friends or relatives who usually keep in touch with you. We would contact these people <u>only</u> if we were unable to reach you at your current phone number. We would ask them only for your address and telephone information.</p> <p>(IF NO CONTACT PERSON INFORMATION AVAILBLE FROM PREVIOUS CONTACTS: Please give me the name of three people who do not live with you and who will know how to reach you if we need to contact you again to verify this interview or to ask a few additional questions.)</p> <p>(IF CONTACT INFORMATION AVAILABLE: In the past you gave us information on the following three people. I would like to make sure that we have the most current information for them, and that they are the best people to use to find you.)</p> <p>Interviewer will collect/update name, relationship to respondent, address and telephone number of up to three contact persons.</p>	<p>MTO Interim modified</p>	<p>Contact person information is collected for quality control and other follow-up activities.</p>
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**Appendix G:**  
**Item by Item Justification**  
**Youth Survey**

<b>HOUSEHOLD LISTING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification</b>
YHS1	INTERVIEWER: ENTER R'S LIVING ARRANGEMENT With parent(s) ..... 1 (GO TO YHS2) In own house/apartment ..... 2 (GO TO YHS2) In a dorm ..... 3 (GO TO NEXT SECTION) Military ..... 4 (GO TO NEXT SECTION) Other (Specify) ..... 5 (GO TO YHS2)		
YHS2	To begin, I need to get a list of the people that live with you in this household – including their name, age, and relationship to you. Let's start with you.		
YHS3	First Name: _____		
YHS4	What is (his/her) relationship to you? BIRTH CHILD .....1 ADOPTED CHILD .....2 STEP CHILD .....3 GRANDCHILD .....4 FOSTER CHILD .....5 OTHER CHILD .....6 SPOUSE .....7 PARTNER (ROMANTIC) .....8 FRIEND (NOT ROMANTIC) ....9 PARENT .....10 SIBLING .....11 COUSIN .....12 OTHER RELATIVE .....13 OTHER NONRELATIVE 14		
YHS5	Is [Name] male or female?		
YHS6	What is (your/his/her) current age?		

<b>OUTLOOK AND SOCIAL NETWORKS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YSN1	About how many friends do you have who you either hang out with, talk to on the phone or get together with socially?	Interim	These questions measure various aspects of peer influences for the sampled youth. They ask about the number of friends and some of the activities (both positive and negative) with which those friends are involved.

<b>OUTLOOK AND SOCIAL NETWORKS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YSN2	<b>[CLOSE FRIENDS]</b> About how many CLOSE FRIENDS do you have these days? These are people you feel at ease or hang out with, can talk to about private matters, or call on for help. Would you say that you have no close friends, one or two, three to five, six to ten, or more than ten?	Interim	
YSN3	Thinking about all the people with who you spend most of your time. What age group are they in? younger than me, roughly my age group, one to two years older than me, three to five years older than me, more than five years older than me	NELS	NELS analysis shows that spending time with older youth and adults (relative to youth of the same age) is predictive of student math and reading achievement, as well as dropout.
YSN4	During the hours when you are not at school, how often do you either talk on the phone, hang out, or get together with close [friend/these friends]—most every day, a few times a week, a few times a month, about once a month, or less than once a month?	Interim	
YSN5a	Among the close friends you hang out with, how important is it to: Attend classes regularly	NELS	At Interim, these questions were asked about the respondent's friends in general, but for the final evaluation we have focused the sequence of questions on close friends as this might also give us better precision in understanding peer sorting dynamics. Furthermore, NELS analysis shows that these peer behaviors are predictive of student math and reading achievement, as well as dropping out of school.
YSN5b	Get good grades		
YSN5c	Study		
YSN5d	Continue their education past high school		
YSN5e	Do community work or volunteer		
YSN6a	Which of the following things does/has your close friend do/done? Get involved in school activities like school clubs, teams, or projects?	Interim	
YSN6b	Use marijuana or other drugs?		
YSN6c	Carry a knife, gun, or weapon?		
YSN6d	Dropped out of school?	NELS	
YSN6e	Had or fathered a baby?	NELS	
YSN6f	Out of the close friends you just told me about, how many....? Get involved in school activities like school clubs, teams, or projects?	Interim	
YSN6g	Use marijuana or other drugs?	Interim	
YSN6h	Carry a knife, gun, or weapon?	Interim	
YSN6i	Have dropped out of school?	NELS	

<b>OUTLOOK AND SOCIAL NETWORKS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YSN6j	Have had or fathered a baby?	NELS	
YSN7a	How often is each of the following true for you? I speak proper English, even with my friends outside of school.	Ferguson Tripod Project	Related to the effort of measuring class discrimination (see YNB6) is the possibility of analyzing the digital audio-tapes of the MTO interviews conducted by ISR to measure MTO impacts on language, and complementary survey questions on youth perceptions of their language and fit with their social context. Language is socially constructed and a salient indicator of the speaker's socio-economic as well as race or ethnic background (Labov et al 1968; Wolfram 1969), and so MTO effects on language could mediate program impacts on other outcomes by affecting class discrimination. As such, we propose to include these two items from Ron Ferguson's Tripod Project.
YSN7b	People would describe my behavior style as "ghetto."	Ferguson Tripod Project	
YSN8	<b>[ALL FRIENDS]</b> The next few questions are about all your friends. Some people have friends who mostly know one another. Other people have friends who don't know one another. Would you say that: all your friends know one another, most of your friends know one another, only a few friends know one another, or none of your friends know one another?	Interim	YNB15-18b The items from Interim ascertain peer sorting and capture duration, by spending some time with the youth respondent to define old neighborhood and subsequently inquiring about having and visiting friends in the old neighborhood. However, missing from the Interim survey was detail on the composition of friends outside of residence in old or new neighborhood (e.g., demographic characteristics of friends) and structure or overlap in friendships, i.e. the extent to which friends know each other.
YSN9	Did you meet or know your friends through school, relatives, the neighborhood, a club or group you belong to, or other friends? School, relatives, neighborhood, club or group, other friends, other	Original	
YSN10	How many of your current friends were also your friends when you were [AGE AT RANDOM ASSIGNMENT]?	Original	
YSN11a	During the past year, how many of these friends have come to visit you?	Original	
YSN11b	During the past year, how many of these did you visit?	Original	
YSN12a	During the past year, how often have you visited these friends?	Interim	
YSN12b	During the past year, how often have they come to visit you?	Interim	
YSN13	How many of your close friends live in your neighborhood? None, some, about half, most, all	CASS	

<b>OUTLOOK AND SOCIAL NETWORKS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YSN14	Many churches, synagogues, and other places of worship have special activities for teenagers—such as youth groups, Bible classes, or choir. In the past 12 months, how often did you attend such youth activities?	Interim	This question measures the mediating factor of religious attendance. The youth's participation in church-based activity reveals another aspect of his/her social links and activity.
YSN15	At my house, we watch the news on TV and talk about it. All the time, some of the time, hardly ever, never	Ferguson Tripod Study	
YSN16a	How strongly do you agree or disagree with these statements? [1=strongly agree 2=agree 3=disagree 4=strongly disagree] I don't have enough control over the direction my life is taking	NELS	This series of items are designed to measure youth self-esteem, perceptions of fitting in to school and neighborhood environments, and acquisition of nondominant cultural capital or ability and receptivity of youth to adapt to new settings.
YSN16b	Every time I try to get ahead, something or somebody stops me	NELS	
YSN16c	In my life, good luck is more important than hard work for success	NELS	
YSN16d	My plans hardly ever work out, so planning only makes me unhappy	NELS	
YSN16e	When I make plans, I am almost certain I can make them work	NELS	
YSN16f	Chance and luck are very important for what happens in my life	NELS	
YSN16g	I am just as smart as other students my age	CASS	
YSN16h	I find it hard to make friends	CASS	
YSN16i	I have a lot of friends	CASS	
YSN16j	I am really easy to like	CASS	
YSN16k	I don't know whether I like a new outfit until I find out what my friends think of it.	CASS	
YSN17a	Most people think about how other people see them. How do you think other students see you? [not at all, sometimes, very] - As popular	NELS	
YSN17b	- As athletic		
YSN17c	- Socially active		
YSN17d	- Good student		
YSN17e	- Important		
YSN17f	- Trouble maker		
YSN17g	- As part of the leading crowd		
YSN17h	- As not fitting in any group		

<b>NEIGHBORHOODS &amp; SOCIAL NETWORKS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YNB1	Taken all together, how would you say things are these days. Would you say that you are very happy, pretty happy, or not too happy?	GSS	
YNB2	We would like to learn some more about what you did and how you felt yesterday. Not all days are the same – some are better, some are worse and others are pretty typical. Specifically, we are wondering how your day went and how you felt at [RANDOMLY SELECTED TIME] yesterday.  What were you doing at [RANDOMLY SELECTED TIME]?	Kahneman and Krueger; Day Reconstruction Method modified	Because overall happiness (above) is sometimes perceived in context of comparing oneself to one’s neighbors, there is the possibility that MTO moves may have improved the quality of the daily lives of families but they respond in turn by raising their standards (perhaps in part because they are now surrounded by more affluent families). So their lives may in fact be “better” but they might not perceive or express this consciously because they are now comparing themselves to a more affluent, "happier" set of neighbors. To test daily happiness in addition to overall happiness, the U-index method proposed by Kahneman and Krueger is designed to circumvent the potential overall happiness conundrum by trying to measure instead the quality of the everyday experiences that MTO families enjoy.  This series of questions has been shortened for MTO, which will be examined by the original authors, Kahneman and Krueger, for their feedback. These questions serve to evoke recent memories about specific activities engaged in and measure the proportion of time respondents face in an
YNB3	Which activity above would you consider the main activity at [RANDOMLY SELECTED TIME], that is, the activity that took up the most time?		
YNB4	At what time did [INSERT NAME OF MAIN ACTIVITY] begin?		
YNB5	At what time did [INSERT NAME OF MAIN ACTIVITY] end?		
YNB6	Where were you while you were [INSERT FIRST ACTIVITY]? [At home, at school/work, at someone else’s house in the neighborhood, somewhere else in the neighborhood, somewhere else]		
YNB7	Were you interacting with anyone (including on the phone)?		
YNB8	If you were interacting with someone, who was it?		

<b>NEIGHBORHOODS &amp; SOCIAL NETWORKS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YNB9	<p>Please rate each feeling on the scale given. A rating of 0 means that you did not experience that feeling at all. A rating of 6 means that this feeling was a very important part of the experience. Please give me the number between 0 and 6 that best describes how you felt.</p> <p>YNB9a. Impatient for it to end  YNB9b. Happy  YNB9c. Frustrated/annoyed  YNB9d. Depressed/blue  YNB9e. Competent/capable  YNB9f. Hassled/pushed around  YNB9g. Warm/friendly  YNB9h. Angry/hostile  YNB9i. Worried/anxious  YNB9j. Enjoying myself  YNB9k. Criticized/put down  YNB9l. Tired</p>		unpleasant state (versus a pleasant state).
YNB10	Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are very satisfied, somewhat satisfied, in the middle, somewhat dissatisfied, or very dissatisfied with you neighborhood?	Interim	As a mediating factor, greater neighborhood satisfaction may reduce mobility and lengthen exposure to low-poverty neighborhoods. If youth are not satisfied with low-poverty locations, they may put pressure on the household head to move, or they may move themselves—either moving in with friends/relatives or living on their own. Greater satisfaction with low-poverty locations suggests more adjustment to the life changes involved.
YNB11a	Now I would like to get a sense of how safe you think your neighborhood is. How safe do you feel on the streets near your home during the day? Would you say very safe, safe, unsafe or very unsafe?	Interim	
YNB11b	How safe do you feel on the streets near your home at night? Would you say very safe, safe, unsafe or very unsafe?	Interim	
YNB12	Now I have a few questions about discrimination. Sometimes people feel like they are discriminated against, or treated badly or differently because of their race or ethnicity. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places? How about...	Interim	Youth perceptions of discrimination are an outcome of direct interest to the MTO study as well as a mediating factor for other outcomes, such as mental health (behavior problems) and social isolation. As a mediating factor, discrimination is an important aspect of the social environment. Youth may be subject to particular surveillance by police, storeowners, and/or neighbors. If living in a low-poverty neighborhood increases the experience of discrimination, it may limit the youth's
YNB12a	At your school or work?	Interim	
YNB12b	At a neighborhood playground or recreation program?	Interim	



<b>NEIGHBORHOODS &amp; SOCIAL NETWORKS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YNB12c	In a store where you were shopping or a restaurant where you wanted to eat?	Interim	integration into the community as well as the level of interaction with other adults and children there, also limiting exposure to a different set of peer influences and cultural norms. This may have impacts on virtually all of the outcomes considered in the study. The interim MTO survey included a number of questions about respondent experiences with racial discrimination, although analyses of these data found few differences across randomly-assigned MTO groups in these measures. However, since MTO engendered more class than race integration, we will now ask about class discrimination as well.
YNB12d	When you met someone for the first time?	Interim	
YNB12e	In dealing with the police such as a traffic accident?	Interim	
YNB13	Now I have a few questions about discrimination. Sometimes people feel like they are discriminated against, or treated badly or differently because they might not have quite as much money as other people or because of the way they dress or talk. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly in the following places because of how much money your family has or the way you dress or talk? How about...	Interim, modified	
YNB13a	At your school or work?	Interim, modified	
YNB13b	At a neighborhood playground or recreation program?	Interim, modified	
YNB13c	In a store where you were shopping or a restaurant where you wanted to eat?	Interim, modified	
YNB13d	When you met someone for the first time?	Interim, modified	
YNB13e	In dealing with the police such as a traffic accident?	Interim, modified	
YNB14	Have you seen people USING or SELLING illegal drugs in your neighborhood during the past 30 days? (IF NO, SKIP TO YNB16)	Interim, modified	
YNB15a	How often have you seen someone USING drugs in your neighborhood in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days, or didn't see any using?	Interim, modified	
YNB15b	How often have you seen someone SELLING drugs in your neighborhood in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days, or you didn't see any selling?	Interim, modified	
YNB16	How often do people make unwanted or rude comments to you? [Never, a couple of times each year, a couple of times each month, once or twice a week, everyday]	Maryland Adolescent Development in Context Study	Previous qualitative interviews with MTO youth in the Boston, LA and NY sites suggest that female youth in high-poverty neighborhoods may be subject to harassment that may not involve the threat of violence but nonetheless affects their well-being.
YNB17	How often do people give you sexual attention that you do not want?		
YNB18	How often are you afraid to go places because you worry about unwanted attention or pressure?		

<b>EDUCATION AND SCHOOLING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YED1	Are you currently attending or enrolled in regular school?	Interim	School enrollment is an important mediating factor for the influence of low-poverty areas on youth. Information to identify specific schools and locations is gathered in the Parent on Youth modules of the adult survey
YED2	Are you attending school full-time or part-time?	Interim	
YED2a	What grade or year of school are you currently attending?	Interim	
YED2b	Are you attending a two-year college, a four-year college, or a trade or business school?	Interim	
YED3	When were you last enrolled in regular school—what was the month and year?	Interim	School leaving is a major educational outcome. These questions address how long the youth has been out of school and the reasons he/she left. We will also gain information on prior spells of leaving for those currently enrolled. The MTO treatment may affect school leaving in two different ways. Youth whose schooling changes as a result of an MTO move may become more engaged in education in a setting where it is valued more, so that school leaving is reduced. On the other hand, youth moving from inner-city neighborhoods may get left behind academically, have other adjustment problems, and become more likely to leave before graduation.
YED4	What is the main reason you left at that time?	Interim	
YED5	The next few questions ask about life in school. If you are not currently in (high) school, please think about the time when you were last in (high) school when answering these questions. During the school year, how often [have you been/were] you late for school?	Interim	
YED6	During the school year, how many days were you absent from school?	Interim	This series of questions are designed to measure youth school be school attendance
YED7	During the school year, how many times did you cut classes or skip school?	NELS	
YED8	Which of the following happened the last time you cut classes or skipped school? <ul style="list-style-type: none"> <li>-Someone from school called my home</li> <li>-The school made me see a counselor.</li> <li>-The school did not do anything.</li> <li>-The school sent a letter to my home.</li> <li>-Someone from school visited my home.</li> </ul>	NELS	
YED9	Overall, what grades did you receive [last year/the last full year of school you completed]?	Interim	
YED10	What is the lowest grade you could get without your parents getting upset?	CASS	

<b>EDUCATION AND SCHOOLING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YED11	What average grade did you receive [last year/the last full year of school you completed] in each of these subjects  YED11a. Math YED11b. English YED11c. Social Studies YED11d. Science	CASS	This is one of several measures to better understand parental investment in youth schooling and achievement, as well as parenting behavior. NELS analysis shows that parental rewards and punishment are predictive of the achievement test scores and dropout behavior of low-income students
YED12	[Have you ever taken/Did you ever take] any classes in algebra, geometry, or other advanced math?	Interim	These questions about the academic track being followed by the youth in school use Math as the primary measure of progress. Self-reported grades will become part of a composite indicator of school performance.
YED12a	What subjects are you taking or have you completed in math? [Algebra I, geometry, algebra II, trigonometry, pre-calculus, calculus, other]	Interim	
YED13	Thinking about [your school/when you were last in school], in general, how much do you agree with each of the following statements about your school and teachers:	Interim	The questions from Interim extend the measurement of engagement in education. The indicators will be combined into scales of school engagement. Descriptive analyses show that the additional measures proposed from the NELS are predictive of reading and math achievement, and dropping out of school (controlling for prior test assessments, parent's education, SES and race).
YED13a	The teachers [are/were] interested in students. Do you strongly agree, agree, disagree, or strongly disagree?	Interim	
YED13b	Students get along well with teachers.	NELS	
YED13c	In this school, students get teased if they study hard to get good grades.	Ferguson Tripod StudyTS	
YED13d	Disruptions by other students [get/got] in the way of my learning.	Interim	
YED13e	There [is/was] a lot of cheating on tests and assignments.	Interim	
YED13f	Discipline [is/was] fair.	Interim	
YED13g	I [feel/felt] safe at this school.	Interim	
YED13h	Misbehaving students (at my school) often get away with it.	NELS	
YED13i	In class, I often feel "put down" by my teachers.	NELS	
YED14	Overall about how much total time do you spend on homework each week, both in and out of school?	NELS	These questions address schoolwork and homework habits. Youth attention to homework may be affected by the MTO move through different channels. Youth may spend more time doing homework because of different norms in the low-poverty neighborhood and its school, or perhaps because of a change in parenting and the level of support for education at home, which may also be affected by a move. Aside from a change in youth attitude (and behavior) towards homework,
YED15	About how much homework are you assigned on a typical school night evening?	Interim	
YED16	When homework is assigned, how much do you usually complete?	Ferguson Tripod Study	
YED17	In a typical day, how many class periods do you spend in study hall?	NELS	

<b>EDUCATION AND SCHOOLING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YED18	How much additional reading [do/did] you do each week on your own outside of school—not in connection with schoolwork? Do not count any assigned reading. [If none skip to YED19.]	Interim	the amount of time spent on homework may be indicative of a change the amount of homework different schools assign, the quality of teaching, or the quality of support from teachers and parent. Asking about the portion of the assigned homework the youth usually completes helps us sort and understand this information. Time spent on reading for pleasure could increase as a result of the different schools and contact with higher-SES children and may also be a mediator for improved achievement.
YED18a	Which of these is closest to the amount of time you usually [spend/spent] reading on your own outside of school or work each week? [1-4 hours, 5-9 hours, 10-14 hours, 15-19 hours, 20 or more hours per week]	Interim	
YED19	Do you currently use a computer at home?	CPSSEP01	
YED20	In the past month, how frequently have you used the internet at any location?	CPSSEP01, modified	
YED21	[Did you take/Have you taken] any of the Advanced Placement (AP) exams?	Interim	
YED22	Have you ever taken the SAT or ACT test?	Interim	
YED23	(Have/had) you ever been in any of the following kinds of courses or programs in school?	NELS	
YED23a	Remedial English (sometimes called basic or essential)	NELS	
YED23b	Remedial Mathematics (sometimes called basic or essential)	NELS	
YED23c	Any special class or special help for any emotional, physical or mental condition	NELS	
YED23d	A vocational course	NELS	
YED23e	A program for the gifted and talented	NELS	
YED24	Please mark one (1=school does not have; 2=did not participate; 3=participated; 4=participated as an officer/leader) for each activity you (have/had) participated in (this/most recent) school year.	NELS	
YED24a	School sponsored sports (baseball, basketball, football, soccer, hockey, etc.)	NELS	
YED24b	Student government or honor society	NELS	
YED24c	Academic clubs (Art, Computer, Engineering, Debate, Math etc.)	NELS	
YED24d	Any other club or group (band, drama, racial/ethnic/cultural)	NELS	
YED25	Have you held a leadership position in any activity, club or group in school?	CASS	

<b>EDUCATION AND SCHOOLING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YED26	As things stand now, how far in school do you think you will get?	NELS	
YED27	How far in school do you think your mother wants you to go?	NELS	A mother's educational expectations are predictive of student math and reading achievement, as well as dropping out of school, per NELS data analysis. This is a measure of adult role models in making educational decisions.
YED28	Who has influenced you the most on any decisions about courses you take in school or your future schooling and education?	CASS	
YED29	In a typical week how much time do you spend on other activities? [Read 29a-e]	NELSm	These items are designed to measure how youth spend their time outside of the school day.
YED29a	Youth groups or recreational sports, classes or other lessons?	NELSm	
YED29b	Volunteer work or community service or other types of community activities?	NELSm	
YED29c	Hanging out in the neighborhood, at the basketball court or local park?	Original	
YED29d	Hanging out at home or in the yard?	Original	
YED29e	Shopping at a mall, or store?	Original	
YED30	Other than your regular school, which we've already talked about,] in the last 2 years, have you participated in any training program that lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job)?	Interim	Moves to low-poverty areas may affect the likelihood of a youth's participation in job training through differences in peer pressure and differences in the availability of training programs. Participation in job training and acquisition of new skills may be important to facilitate youth transition into the workforce. Skills provided in the training may help the youth obtain and hold a job.
YED31	What kind of training was that?	Interim	
YED32	How many weeks in total did you participate in training during the last two years?	Interim	
YED33	During those weeks, how many hours a week did you usually spend in training?	Interim	
YED33a	Are you currently participating in training?	Interim	

<b>EMPLOYMENT &amp; EARNINGS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YEM1	Now I'd like to ask a few questions about any jobs you may have. Last week, did you do any work for pay?	Interim	YEM1-12, 17-24b
YEM2	[If NO to YEM1] What is the main reason that you did not work for pay last week?	Interim	These questions are a slightly modified version of the standard Current Population Survey questions designed to measure current labor market status, hours of work, occupation,

<b>EMPLOYMENT &amp; EARNINGS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YEM3	Last week, did you have more than one job, including part-time and weekend work?	Interim	industry, and rate of pay. Questions have been added to take better account of the casual, sporadic employment typical of a low-income population and particularly of its youth. This sequence will allow estimation of impacts on all the standard measures of labor market status and activity (e.g., employment and unemployment, weekly hours and earnings, hourly wage rate) for youth who have entered the labor market. Moves to low-poverty neighborhoods can be expected to influence these outcomes, because the availability and types of jobs in such neighborhoods are substantially different than those in high-poverty neighborhoods. The supply of low-wage labor competing for such jobs is also likely to be much smaller.
YEM4	How many hours per week do you usually work at your (main) job? (By main job, we mean the one at which you usually work the most hours.)	Interim	
YEM4a	Do you usually work 35 hours or more per week at your main job?	Interim	
YEM4b	How many hours per week do you usually work at your other job(s)?	Interim	
YEM5	When did you first start working (at your main job)?	Interim	
YEM6	For your (main) job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?	Interim	
YEM7	Do you usually receive overtime pay, tips, or commissions (at main job)?	Interim	
YEM8	(Including overtime pay, tips, and commissions), what are your usual (weekly/ biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions?	Interim	
YEM8a	How many days a week do you usually work?	Interim	
YEM9	How many weeks a year do you get paid for?	Interim	
YEM9b	What is your rate of pay per [UNIT] (on this job)	Interim	
YEM9c	For how many [UNIT]'s are you usually paid per week (on this job)?	Interim	
YEM9d	Excluding overtime pay, tips, and commissions, what is your rate of pay per [UNIT] (on this job)?	Interim	
YEM9e	For how many [UNIT]'s are you usually paid per week at this rate?	Interim	
YEM9g	(At your main job), how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?	Interim	
YEM9h	Is that...	Interim	
YEM9j	For how many [UNIT]'s are you usually paid per week at this rate?	Interim	
YEM9k	How many hours do you usually work per week at this rate?	Interim	
YEM9l	How many days per week do you usually work at this rate?	Interim	
YEM10a	What is your hourly rate of pay (on this job)?	Interim	

<b>EMPLOYMENT &amp; EARNINGS</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YEM11a	Excluding overtime pay, tips and commissions, what is your hourly rate of pay (on this job)?	Interim	
YEM11b	How many hours do you usually work per week at this rate?	Interim	
YEM11c	(At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?	Interim	
YEM11d	Is that...	Interim	
YEM11e	For how many units/days/hours are you usually paid per week at this rate?	Interim	
YEM12	I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job?	Interim	
YEM13	Have you been doing anything to find work during the past four weeks?	Interim	
YEM14	What are all the things you have done to find work during the past four weeks?	Interim	
YEM15	Last week, could you have started a job if one had been offered?	Interim	
YEM16	[If NO to YEM15] Why is that?	Interim	
YEM17	In the past 2 years, have you done any/are you doing (other) work as an employee for which you were paid?	Interim	YEM13-23 These questions collect employment history, for use in the analyses described under YEM1 above.
YEM17a	Please tell me the name of your most recent (other) employer.	Interim	
YEM18	What kind of work did you usually do for this employer?	Interim	
YEM19	Let's talk about [EMPLOYER-TYPE OF WORK]. When did you first start working for this employer?	Interim	
YEM20	Are you currently working for this employer?	Interim	
YEM21	When did you last stop working for this employer?	Interim	
YEM22	How much (do/did) you usually earn per week from this employer?	Interim	
YEM23	How many hours per week (do/did) you usually work for this employer?	Interim	
YEM24	During the past month have you worked as a freelancer—doing things like babysitting or mowing lawns—or worked by yourself, for example, running your own business?	Interim	
YEM24a	In the last month, how many hours did you do this type of work?	Interim	

EMPLOYMENT & EARNINGS			
Question Number	Question	Source	Justification/Notes
YEM24b	In the past month, approximately how much did you earn doing this type of work?	Interim	

PHYSICAL HEALTH			
Question Number	Question	Source	Justification/Notes
YPH1	Now I'd like to ask you some questions about your health. In general, how is your health: excellent, very good, good, fair, or poor?	Interim	This question measures the general health of sampled youth, a key outcome variable in the study. Findings from the MTO Boston study suggest that general health status improves with moves to low-poverty areas, and health status is highly correlated with current medical conditions and with future mortality experience. MTO moves can affect health outcomes through: reduction in stress associated with living in a high-poverty area, leading to improvements in mental health; a safer environment; reduced exposure to persons engaged in drug use; and greater optimism about the future, leading to increased use of preventive health care.
YPH2	Have you ever been told by a doctor or other health professional that you had asthma?	Interim	These questions measure the incidence of asthma among youth in the study population. Asthma incidence is known to be higher in high-poverty communities and communities with older housing stock, possibly due to crowding, poor air quality, stress, and exposure to allergens from cockroaches, mites, cats, mice, and cigarette smoke. Children and adolescents are particularly vulnerable. Unlike many other chronic health problems, asthma is highly sensitive to current environmental conditions; the MTO Boston research suggests reductions due to moves out of public housing. For asthma attacks, our measure follows the standard practice of combining questions about attacks requiring medical attention with other episodes of wheezing or whistling in the chest, in order to avoid confounding neighborhood effects on asthma with those on access to health services.
YPH3	During the past 12 months, have you had an episode of asthma or an asthma attack?	Interim	
YPH3a	During the past three months, have you used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.	Interim	
YPH4	During the past 12 months, have you had a wheezing or whistling sound in your chest?	Interim	
YPH5	How many attacks of wheezing or whistling have you had in your chest during the past 12 months?	Interim	
YPH6	During the past 12 months, how many times have you gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?	Interim	
YPH7	During the past 12 months, how much did you limit your usual activities due to wheezing or whistling? Would you say...	Interim	
YPH8	During the past 12 months, how many days of work and school did you miss due to wheezing or whistling?	Interim	
YPH8a	[PROBE]: Is that...	Interim	



<b>PHYSICAL HEALTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YPH9	HEIGHT MEASUREMENT	Interim	These will be used to measure obesity, a basic health outcome with higher incidence in low-income populations in the U.S. Obesity is an acknowledged problem starting in childhood. Moves to low-poverty neighborhoods may reduce obesity through several mechanisms: lower incidence of depression and stress; behavioral changes (like exercise); different social norms about eating habits.
YPH10	WEIGHT MEASUREMENT	Interim	
YPH11	In the past year have you had a routine physical examination?	AddHealth	These questions expand information on the receipt of and barriers to routine physical and dental care.
YPH11a	Where did you have this examination? private doctor's office, community health clinic, school, hospital, or some other place	AddHealth	
YPH12	How would you describe the condition of your teeth? Excellent, very good, good, fair or poor, no natural teeth	NHANES	
YPH13	In the past year, have you had a dental examination by a dentist (or hygienist)?	AddHealth	
YPH14	In the past year (if no routine physical or dental exam), what kept you from seeing a health professional when you needed to? If there was more than one reason, indicate more than one answer. didn't know whom to go see had no transportation no one was available to go along parent or guardian would not go along didn't want parents to know difficult to make appointment afraid of what the doctor would say or do thought the problem would go away couldn't pay didn't have time too embarrassed thought the doctor would report something to the police or other legal authorities didn't think the doctor could help other	AddHealth	
YPH15	In the past 12 months, have you had any accidents or injuries that required medical attention?	Interim	
YPH16	How many such accidents or injuries requiring medical attention have you had in the past 12 months?	Interim	These questions measure the incidence of accidents and injuries among youth in the sample. Low-poverty neighborhoods may be safer in some respects (e.g., better housing, less exposure to violence) but may encourage more exercise and outdoor play. Thus,

<b>PHYSICAL HEALTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YPH17	What was the cause of [that/the first/the second/etc.] accident or requiring medical attention? Probe: How did it happen? Cycling, skating, other sports related, other kids including fights, other fall external factor (broken glass, needle, nail, car), other	Interim	the causes of accidents and injuries may change as a result of the MTO treatment.
YPH18	(Other than [that/those] already mentioned) have you had any serious accident or injury during the past 12 months which limited your usual activities but did not require medical attention?	Interim	
YPH19	How many of these accidents or injuries did you have during the past 12 months? Remember, these are ones that did not require medical attention but did limit your usual activities.	Interim	
YPH20	What was the cause of [that/the first/the second/etc.] accident or injury not requiring medical attention? Probe: How did it happen? Cycling or skating, other sports related, other kids including fights, other falls, external factor (broken glass, needle, nail, car), other	Interim	
YPH21	The next few questions are about health problems you might have had at any time in your life. Have you ever had any of the following: Headaches, Chronic back or neck problems, Frequent or very bad headaches, other chronic pain?	NCS-A	These questions tap into chronic conditions that may be triggered by environmental factors, including stress.
YPH22	Did a doctor or other health professional ever tell you that you have/had diabetes or high blood sugar, or a serious stomach or bowel problems, like an ulcer or colitis?	NCS-A	
YPH23	On how many of the past seven days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming, fast bicycling, fast dancing, or similar aerobic activities?	Interim	
YPH24	On how many of the past seven days did you participate in physical activity for at least 30 minutes that did <u>not</u> make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?	Interim	
YPH25	In a typical week, how many times do you eat fruit? (Do not count fruit juice.)	NLSY97	These questions will complement data on obesity and help analyze whether eating habits actually change with location. Differences could arise from income but could also be due to the availability and marketing of different types of foods or exposure to different norms – all of which could be influenced by MTO. While nutrition has
YPH26	In a typical week, how many times do you eat vegetables other than french fries or potato chips?	NLSY97	
YPH27	How often did you drink regular, carbonated SODA OR SOFT	NHIS	

<b>PHYSICAL HEALTH</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
	DRINKS that contain sugar?		been identified by the Surgeon General as a leading health indicator in its own right, it is also an important mediator for other outcomes such as obesity.  Note that items 25-26 replace an Interim measure that asked about fruits and vegetables together.
YPH28	How often did you eat salty snacks, such as potato chips, pretzels, or popcorn?	Original, similar to Add Health	
YPH29	How often did you eat sweet snacks, such as cookies, chocolate bars, or candy?	Original, similar to Add Health	
YPH30	On how many of the past seven days did you eat food from a fast food place, McDonalds, Kentucky Fried Chicken, Pizza Hut, Taco Bell, or a local fast food restaurant?	Add Health	
YPH31	On a typical weeknight, what time do you usually go to bed?	AddHealth	These questions can serve a dual purpose as a way of measuring sleep as well as implicit indicators of parental monitoring via enforcement of sleep routines.
YPH32	On a typical weeknight, what time do you usually get up?	AddHealth	
YPH33	In a typical week, how many hours do you watch television or DVDs?	NLSY97	These inactivity questions implicitly supplement the exercise questions above.
YPH34	In a typical week, how many hours total do you use a computer, or play computer or video games?	NLSY97-modified	

<b>MENTAL HEALTH- K-6 INDEX &amp; TRANQUILITY &amp; STRENGTHS &amp; DIFFICULTIES QUESTIONNAIRE</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YK61	Now I am going to ask you some questions about feelings that you may have experienced during the past 30 days. How much of the time during the past month have you felt... So sad that nothing could cheer you up?	Interim	This series of questions examines the possible stress reduction that could occur when families move away from dangerous neighborhoods. This K6 sequence is a measure of general psychological distress.
YK62	Nervous?		
YK63	Restless or fidgety?		
YK64	Hopeless?		
YK65	That everything was an effort?		
YK66	Worthless?		
YK67	Calm and peaceful?		

<b>MENTAL HEALTH- K-6 INDEX &amp; TRANQUILITY &amp; STRENGTHS &amp; DIFFICULTIES QUESTIONNAIRE</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YK68	The next questions are about this your general behavior. For each item below, please circle the appropriate number indicating whether the statement is not true, somewhat true, or very true. Are you generally obedient? Do you usually do what adults request?	SDQ	
YK69	Do you have many worries? Do you often feel worried?		
YK610	Are you often unhappy, depressed, or tearful?		
YK611	Do you get along better with adults than with people your own age?		
YK612	Do you see tasks through to the end? Do you have a good attention span?		

<b>MENTAL HEALTH – SCREENER</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YSC1_SC20	The next questions are going to require you to think back over your entire life. Please take your time and think carefully before answering. (INTERVIEWER: READ THE NEXT SENTENCE SLOWLY )Have you ever in your life had an attack of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy?	NCS-A	In addition to repeating the screening questions that were included in the interim MTO evaluation, we are including detailed fully structured assessments of DSM-IV disorders. These assessments are identical to those used to assess the same disorders in the recently completed National Comorbidity Survey Adolescent (NCS-A), thus providing a nationally representative benchmark to the MTO results. The diagnostic instrument used is the version of the World Health Organization’s (WHO) Composite International Diagnostic Interview (CIDI) that was expanded and updated for the WHO World Mental Health Survey Initiative. This instrument, which revised the original CIDI to make diagnoses according to the definitions and criteria of the DSM-IV, was recently approved by WHO as the official version of CIDI to be used throughout the world until the publication of ICD-11 in the year 2011. It is important to recognize that the CIDI is a fully structured
YSC2_SC20a	Have you ever had an attack when all of a sudden: you became very uncomfortable; you either became short of breath, dizzy, nauseous, or your heart pounded; or you thought you might lose control, die, or go crazy?	NCS-A	
YSC3_SC20_1	Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?	NCS-A	
YSC4_SC20_2	Have you ever had attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?	NCS-A	
YSC5_SC20_3	Have you ever had attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone?	NCS-A	

<b>MENTAL HEALTH – SCREENER</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YSC6_SC21	Have you ever in your life had an episode lasting several days or longer when most of the day you felt <u>sad</u> , <u>empty</u> or <u>depressed</u> ?	NCS-A	<p>diagnostic interview. This means that it is designed for use by trained lay interviewers rather than by clinicians and that clinical judgments are not required in scoring.</p> <p>However, methodological research has documented good concordance between diagnoses made by the CIDI and independent diagnoses made by clinical interviewers.</p> <p>Four classes of CIDI DSM-IV disorders are assessed in the MTO survey: anxiety disorders, mood disorders, impulse-control disorders, and substance use disorders. The following sections also include an assessment of mental health treatment taken from the NCS-A, including questions about the occurrence of general medical, mental health specialty, human services, and complementary-alternative medical treatment of mental and substance use disorders, as well as about the content and intensity of such treatment.</p>
YSC7_SC22	Have you ever had an episode lasting several days or longer when most of the day you were very <u>discouraged</u> or <u>hopeless</u> about how things were going in your life?	NCS-A	
YSC8_SC23	Have you ever had an episode lasting several days or longer when you <u>lost interest</u> and <u>became bored</u> with most things you usually enjoy like work, hobbies, and personal relationships?	NCS-A	
YSC9_SC24	Some people have episodes lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?	NCS-A	
YSC10_SC25	Have you ever had an episode lasting several days or longer when most of the time you were very <u>irritable</u> , <u>grumpy</u> , or in a <u>cranky mood</u> ?	NCS-A	
YSC10a_SC25a	Have you ever had an episode lasting several days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?	NCS-A	
YSC11_SC26	Did you ever have a time in your life when you were a “ <u>worrier</u> ” – that is, when you worried a lot more about things than other people with the same problems as you?	NCS-A	
YSC11a_SC26a	Did you ever have a time in your life when you were much more <u>nervous</u> or <u>anxious</u> than most other people with the same problems as you?	NCS-A	
YSC11b_SC26b	Did you ever have a period lasting one month or longer when you were anxious and worried most days?	NCS-A	

<b>MENTAL HEALTH – SCREENER</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YSC12_SC31	The next question is about concentration problems that usually start before the age of seven. These problems include not being able to keep your mind on what you were doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people spoke to you. During your first years at school—say between the ages of 5 and 7 -- was there ever a period lasting <u>six months or longer</u> when you had a lot <u>more trouble</u> with problems of this sort than most children?	NCS-A	
YSC13_SC32	Some young kids are very restless and fidgety and so impatient that they often interrupt people and have trouble waiting their turn. Did you ever have a time before the age of seven lasting <u>six months</u> or longer in your childhood when you were like that?	NCS-A	
YSC14_SC33	Did you ever have a period lasting <u>six months or longer</u> when you often did things that got you in trouble with adults such as losing your temper, arguing or talking back to adults, refusing to do what your teachers or parents asked you to do, annoying people on purpose, or being grouchy or irritable?	NCS-A	
YSC15_SC33_1	Many children and teenagers go through periods when they do things adults don't want them to do, like lying, stealing, or breaking rules. Did you ever go through a period during your childhood or teenage years when you did any of these things?	NCS-A	
YSC16_SC33_2	Did you ever go through a period when you either broke into cars, set fires, or destroyed property on purpose?	NCS-A	
YSC17_SC33_3	Did you ever run away from home, or repeatedly play hooky from school, or often stay out much later at night than you were supposed to?	NCS-A	

<b>MENTAL HEALTH – DEPRESSION (68.1% of an MTO-like sample of NCS-A respondents screened into this module)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YDE1_D1	A few moments ago, you mentioned having episodes that lasted several days or longer when you felt sad, empty, or depressed most of the day. During episodes of this sort, did you ever feel discouraged about how things were going in your life?	NCS-A	Several studies have found significant associations between living in disadvantaged neighborhoods and adverse mental health outcomes, including depression. People living in high-poverty neighborhoods differ in many ways from those in lower-poverty areas, and only some of those differences can be adequately measured and controlled for in non-experimental studies. Causal inference is more credible in the setting of a randomized intervention that encourages otherwise identical people to live in different areas. Moving from a high-poverty neighborhood to a lower-poverty neighborhood is a major life event that in principle may or may not improve mental health and other outcomes. On the one hand, the “social stress model” suggests that relocating to safer, more stable neighborhoods that provide better schooling, housing, and employment opportunities may reduce stressful life events and life difficulties, thereby improving mental health. On the other hand, moving could result in social or cultural isolation, which could have adverse effects on mental health. Such moves could also negatively affect mental health if self-evaluation is based in part on relative standing within one’s community, as with “relative deprivation” models. This series of questions serves as a diagnostic assessment of the CIDI-DSMIV major depression disorder.
YDE1a_D1a	During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?	NCS-A	
YDE1b_D1b	During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?	NCS-A	
YDE2_D2	A few moments ago you mentioned having episodes that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?	NCS-A	
YDE3_D9	A few moments ago, you mentioned having episodes that lasted several days or longer when you lost interest in most things like school, work, hobbies, and other things you usually enjoy. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?	NCS-A	
YDE4_D12	Did you ever have an episode of being sad, discouraged, or uninterested in things that lasted most of the day, nearly every day, for two weeks or longer?	NCS-A	
YDE5_D16	Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of sadness, discouragement, or lack of interest usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?	NCS-A	

<b>MENTAL HEALTH – DEPRESSION (68.1% of an MTO-like sample of NCS-A respondents screened into this module)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YDE6_D22	Please think of an episode of being sad, discouraged, or uninterested in things lasting (several days/two weeks) or longer when you also had other problems at the same time, such as changes in sleep, appetite, the ability to concentrate and remember, feelings of low self worth, and other problems. Is there one particular episode of this sort that stands out in your mind as the worst one you ever had?	NCS-A	
YDE6a_D22a	How old were you when that worst episode started?	NCS-A	
YDE6b_D22b	How long did that worst episode last?	NCS-A	
YDE6d_D22c	Then think of the last time you had a bad episode of being sad, discouraged, or uninterested in things like this. How old were you when that last episode occurred?	NCS-A	
YDE6e_D22d	How long did that episode last?	NCS-A	
YDE7_D24	Look at page 5 in your booklet. In answering the next questions, think about the episode of (several days/two weeks) or longer during that episode when your sadness, discouragement, and loss of interest and other problems were most severe and frequent. During that period, which of the following problems did you have most of the day nearly every day?	NCS-A	
YDE7a_D24a	Did you feel sad, empty, or depressed most of the day nearly every day during that episode of (several days/ two weeks)?	NCS-A	
YDE7b_D24c	During that episode of (several days/ two weeks), did you feel discouraged about how things were going in your life most of the day nearly every day?	NCS-A	
YDE7c_D24e	During that episode of (several days/ two weeks), did you lose interest in almost all things like work and hobbies and things you like to do for fun?	NCS-A	
YDE7d_D24f	Did you feel like nothing was fun even when good things were happening?	NCS-A	
YDE9a_D26a	Did you have a much smaller appetite than usual nearly every day during that period of (several days/ two weeks)?	NCS-A	
YDE9b_D26b	Did you have a much larger appetite than usual nearly every day?	NCS-A	
YDE9c_D26c	Did you gain weight without trying to during that period of (several days/ two weeks)?	NCS-A	



<b>MENTAL HEALTH – DEPRESSION (68.1% of an MTO-like sample of NCS-A respondents screened into this module)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YDE9d_D26e	Did you lose weight without trying to?	NCS-A	
YDE9e_D26g	Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during that period of (several days/ two weeks)?	NCS-A	
YDE9f_D26h	Did you sleep a lot more than usual nearly every night during that period of (several days/ two weeks)?	NCS-A	
YDE9g_D26j	On most days, did you feel that you didn't have much energy?	NCS-A	
YDE9h_D26k	Did you have a lot more energy than usual nearly every day during that period of (several days/ two weeks)?	NCS-A	
YDE9i_D26l	Did you talk or move more slowly than is normal for you nearly every day?	NCS-A	
YDE9j_D26m	Did anyone else notice that you were talking or moving slowly?	NCS-A	
YDE9k_D26n	Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?	NCS-A	
YDE9l_D26o	Did anyone else notice that you were restless?	NCS-A	
YDE9m_D26p	Did your thoughts come much more slowly than usual or seem mixed up nearly every day during that period of (several days/ two weeks)?	NCS-A	
YDE9n_D26r	Did you have a lot more trouble concentrating than is normal for you nearly every day?	NCS-A	
YDE9o_D26s	Were you unable to make up your mind about things you ordinarily have no trouble deciding about?	NCS-A	
YDE9p_D26t	Did you lose your self-confidence?	NCS-A	
YDE9q_D26u	Did you feel that you were not as good as other people nearly every day?	NCS-A	
YDE9r_D26w	Did you feel guilty nearly every day?	NCS-A	
YDE9s_D26aa	Did you often think a lot about death, either your own, someone else's, or death in general?	NCS-A	
YDE9t_D26bb	During that period, did you ever think that it would be better if you were dead?	NCS-A	
YDE9u_D26cc	Did you think about committing suicide?	NCS-A	

<b>MENTAL HEALTH – DEPRESSION</b> (68.1% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YDE11_D28	You mentioned having (two of/a number of) the problems I just asked you about. How much did your sadness, discouragement, or lack of interest and these other problems interfere with either your school work, your job, your social life, or your personal relationships during that episode– not at all, a little, some, a lot, or extremely?	NCS-A	
YDE12_D17	How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?	NCS-A	
YDE13_D18	How often, during those times, was your emotional distress so severe that nothing could cheer you up -- often, sometimes, rarely, or never?	NCS-A	
YDE14_D37	Think of the very first time in your life you had an episode lasting (several days or longer / two-weeks or longer) when most of the day nearly every day you felt sad, discouraged, or uninterested and also had some of the other problems (you cited on pages 6-7/we just reviewed). Can you remember your exact age?	NCS-A	
YDE14a_D37a	How old were you?	NCS-A	
YDE14b_D37b	About how old were you (the first time you had an episode of this sort)?	NCS-A	
YDE15_D38	Did you have an episode of being sad, discouraged, uninterested with some of the other problems (on pages 5-6) lasting (several days or longer/ two weeks or longer) at any time in the past 12 months?	NCS-A	
YDE15a_D38a	How recently – in the past month, two to six months ago, or more than six months ago?	NCS-A	
YDE16_D38b	About how many days out of the last 365 were you in an episode?	NCS-A	
YDE17_D38c	How old were you the last time you had one of these episodes?	NCS-A	

<b>MENTAL HEALTH – MANIA</b> (41.0% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YMA1_M1	Earlier in the interview you mentioned having an episode lasting four days or longer when you felt much more excited and full of energy than usual and your mind went too fast. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being excited and full of energy?	NCS-A	Mania, often associated with bipolar disorder, is associated with psychological distress and depression, which could have been decreased or increased by an MTO move (see justification for depression).
YMA2_M3	Please think of the one episode when you were very excited and full of energy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?	NCS-A	
YMA2a_M3a	How old were you when that episode occurred?	NCS-A	
YMA2b_M3b	How long did that episode last?	NCS-A	
YMA2d_M3c	Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?	NCS-A	
YMA2e_M3d	How long did that episode last?	NCS-A	
YMA3_M4	During that episode, which of the following behavior changes did you experience: were you so irritable or grouchy that you started arguments, shouted at people, or hit people?	NCS-A	
YMA4_M5	Earlier in the interview you mentioned having episodes lasting four days or longer when you became so irritable or grouchy that you started arguments, shouted at people, or hit people. People who have episodes of irritability like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being very irritable or grouchy?	NCS-A	

<b>MENTAL HEALTH – MANIA</b> (41.0% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YMA5_M6	Please think of the episode of four days or more when you were very irritable or grouchy and you had the largest number of changes like these at the same time. Is there one episode of this sort that stands out in your mind?	NCS-A	
YMA6_M6a	How old were you when that episode occurred?	NCS-A	
YMA6b_M6b	How long did that episode last?	NCS-A	
YMA6d_M6c	Then think of the most recent time you had an episode like this. How old were you when that most recent episode occurred?	NCS-A	
YMA6e_M6d	How long did that episode last?	NCS-A	
YMA7_M7	During that episode, which of the following changes did you experience?	NCS-A	
YMA7a_M7a	Did you become so restless or fidgety that you paced up and down or couldn't stand still? (KEY PHRASE: being restless)	NCS-A	
YMA7b_M7b	Were you a lot more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in? (KEY PHRASE: having a lot more interest in sex than usual)	NCS-A	
YMA7c_M7c	Did you become overly friendly or outgoing with people?	NCS-A	
YMA7d_M7d	Did you do anything else that wasn't usual for you - - like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing? (KEY PHRASE: behaving inappropriately)	NCS-A	
YMA7e_M7e	Did you try to do things that were impossible to do, like taking on large amounts of work? (KEY PHRASE: trying to accomplish unrealistic goals)	NCS-A	
YMA7f_M7f	Did you talk a lot more than usual or feel a need to keep talking all the time? (KEY PHRASE: talking a lot more than usual)	NCS-A	
YMA7g_M7g	Did you constantly keep changing your plans or activities? (KEY PHRASE: constantly changing plans)	NCS-A	
YMA7h_M7h	Did you find it hard to keep your mind on what you were doing? (KEY PHRASE: hard to keep your mind on things)	NCS-A	

<b>MENTAL HEALTH – MANIA</b> (41.0% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YMA7i_M7i	Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them? (KEY PHRASE: thoughts racing)	NCS-A	
YMA7j_M7j	Did you sleep far less than usual and still not get tired or sleepy? (KEY PHRASE: sleeping far less than usual)	NCS-A	
YMA7k_M7k	Did you get involved in foolish investments or schemes for making money? (KEY PHRASE: getting involved in foolish schemes)	NCS-A	
YMA7l_M7l	Did you spend so much more money than usual that it caused you to have financial trouble? (KEY PHRASE: getting into financial trouble)	NCS-A	
YMA7m_M7m	Did you do reckless things like driving too fast, staying out all night, or having casual or unsafe sex? (KEY PHRASE: doing risky things)	NCS-A	
YMA7n_M7n	Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do? (KEY PHRASE: having too much self-confidence)	NCS-A	
YMA7o_M7o	Did you have the idea that you were actually someone else, or that you had a special connection with a famous person that you really didn't have? (KEY PHRASE: believing you were someone else or somehow connected to a famous person)	NCS-A	
YMA9_M9	Let me review. You had episodes when you were very (excited and full of energy/irritable or grouchy) and also had some problems like (KEY PHRASE OF 3 "YES" RESPONSES IN M7 SERIES). How much did these episodes ever interfere with either your school work, your job, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?	NCS-A	
YMA10_M9b	Did other people say anything or worry about the way you were acting?	NCS-A	
YMA11_M18	Think of the very first time in your life you had an episode lasting four days or longer when you became very (excited and full of energy/irritable or grouchy) and also had some of the behavior changes you just reported. Can you remember your exact age?	NCS-A	
YMA11a_M18a	How old were you?	NCS-A	

<b>MENTAL HEALTH – MANIA</b> (41.0% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YMA11b_M18b	About how old were you the first time you had an episode of this sort?	NCS-A	
YMA12_M19	Did you have one of these episodes at any time in the past 12 months?	NCS-A	
YMA13_M19c	How many weeks in the past 12 months were you in one of these episodes?	NCS-A	
YMA14_M19d	How old were you the last time you had one of these episodes?	NCS-A	

<b>MENTAL HEALTH – PANIC DISORDER (PD)</b> (44.8% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YPD1_PD1_ INTRO 1	Earlier you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy. Think of a bad attack like that. During that attack, which of the following problems did you have?	NCS-A	Panic disorders are a type of anxiety disorder that may have developed since the time of random assignment for these youth now age 10 to 20 (0 to 10 at random assignment). The improvement in safety for the younger children in the treatment group compared to the control group may be a key element in reducing the likelihood of developing an anxiety disorder.
YPD1_PD1_ INTRO 2	Earlier you mentioned having attacks when all of a sudden you had several problems like being short of breath, your heart pounding or feeling dizzy, and being afraid you would die or go crazy. Think of a bad attack like that. During that attack, which of the following problems did you have?	NCS-A	
YPD1a_PD1a	Did your heart pound or race? (KEY PHRASE: heart racing)	NCS-A	
YPD1b_PD1b	Were you short of breath? (KEY PHRASE: being short of breath)	NCS-A	
YPD1c_PD1c	Did you have nausea or discomfort in your stomach? (KEY PHRASE: having nausea)	NCS-A	
YPD1d_PD1d	Did you feel dizzy or faint? (KEY PHRASE: feeling dizzy)	NCS-A	
YPD1e_PD1e	Did you sweat? (KEY PHRASE: sweating)	NCS-A	
YPD1f_PD1f	Did you tremble or shake? (KEY PHRASE: trembling)	NCS-A	
YPD1g_PD1g	Did you have a dry mouth? (KEY PHRASE: having a dry mouth)	NCS-A	

<b>MENTAL HEALTH – PANIC DISORDER (PD)</b> (44.8% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YPD1h_PD1h	Did you feel like you were choking? (KEY PHRASE: choking)	NCS-A	
YPD1i_PD1i	Did you have pain or discomfort in your chest? (KEY PHRASE: having discomfort in your chest)	NCS-A	
YPD1j_PD1j	Were you afraid that you might lose control of yourself or go crazy? (KEY PHRASE: fearing that you might lose control of yourself)	NCS-A	
YPD1k_PD1k	Did you feel that you were “not really there”, like you were watching a movie of yourself? (KEY PHRASE: feeling unreal)	NCS-A	
YPD1l_PD1l	Did you feel that things around you were unreal or like a dream? (KEY PHRASE: feeling that things around you were unreal)	NCS-A	
YPD1m_PD1m	Were you afraid that you might pass out? (KEY PHRASE: fearing that you might pass out)	NCS-A	
YPD1n_PD1n	Were you afraid that you might die? (KEY PHRASE: fearing that you might die)	NCS-A	
YPD1o_PD1o	Did you have hot flushes or chills? (KEY PHRASE: having hot flushes)	NCS-A	
YPD1p_PD1p	Did you have numbness or tingling sensations? (KEY PHRASE: having numbness)	NCS-A	
YPD3_PD3	During your attacks did the problems like (PARENTHETICAL PHRASE OF FIRST THREE YES RESPONSES IN PD1 SERIES) begin suddenly and reach their peak within ten minutes after the attacks began?	NCS-A	
YPD4_PD4	About how many of these sudden attacks have you had in your <u>entire lifetime</u> ?	NCS-A	
YPD5_PD9	Can you remember your exact age the very first time you had one of these attacks?	NCS-A	
YPD5a/b_PD9a/b	How old were you? or <u>About</u> how old were you?	NCS-A	
YPD6_PD10	Did you have one of these attacks at any time in the past 12 months?	NCS-A	
YPD6a_PD10a	How recently – in the past month, between two and six months ago, or more than six months ago?	NCS-A	

<b>MENTAL HEALTH – PANIC DISORDER (PD)</b> (44.8% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YPD6b_PD10b	How many weeks in the past 12 months did you have at least one attack?	NCS-A	
YPD6c_PD10c	And how many attacks in all did you have in the past 12 months?	NCS-A	
YPD6d_PD10d	How old were you the last time you had one of these attacks?	NCS-A	
YPD7_PD13	After having one of these attacks, did you ever have any of the following experiences?	NCS-A	
YPD7a_PD13a	A month or more when you often worried that you might have another attack?	NCS-A	
YPD7b_PD13b	A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control?	NCS-A	
YPD7c_PD13c	A month or more when you changed your everyday activities because of the attacks?	NCS-A	
YPD7d_PD13d	A month or more when you avoided certain situations because of fear about having another attack?	NCS-A	
YPD8_PD17	Attacks of this sort can occur in three different situations. The first is when the attacks occur unexpectedly “out of the blue.” The second is when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third is when a person is in real danger, like a car accident or a bank robbery. The next question is about how many of your attacks occurred in each of these three kinds of situations. Did you ever have an attack that occurred unexpectedly “out of the blue?”	NCS-A	
YPD8a_PD17a	About how many attacks in your lifetime occurred unexpectedly “out of the blue?”	NCS-A	
YPD9_PD18	About how many attacks in your lifetime occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?	NCS-A	
YPD10_PD19	About how many attacks in your lifetime occurred in situations where you were in real danger?	NCS-A	
YPD12_PD21	How old were you (when you had the attack/the first time you had an attack) “out of the blue” for no obvious reason?	NCS-A	



<b>MENTAL HEALTH – PANIC DISORDER (PD)</b> (44.8% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YPD13_PD22	How much did (this/these) unexpected “out of the blue” attack(s) or worry about having another attack ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?	NCS-A	
YPD14_PD36	How many unexpected “out of the blue” attacks did you have in the past 12 months?	NCS-A	
YPD15a_PD37a	How old were you the last time you had an unexpected “out of the blue” attack?	NCS-A	
YPD15b_PD37b	About how many weeks in the past 12 months did you have at least one of these attacks?	NCS-A	
YPD16_PD38	How recently – in the past month, between two and six months ago, or more than six months ago?	NCS-A	

<b>MENTAL HEALTH – GENERALIZED ANXIETY DISORDER (GAD)</b> (63.4% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YGA1_G1_ INTRO 1	Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at your booklet, what sorts of things were you worried or nervous or anxious about during that time?	NCS-A	Because of the documented effects of neighborhood mobility on general psychological distress, the generalized anxiety disorder questions will serve to evaluate occurrence of episodes over respondents' lives as well as 12-month prevalence.
YGA1_G1_ INTRO 2	Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at your booklet, what sorts of things were you nervous or anxious about during that time?	NCS-A	
YGA1_G1_ INTRO 3	Earlier you mentioned having a period lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at your booklet, what sorts of things were you anxious or worried about during that time?	NCS-A	
YGA2_G3	Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?	NCS-A	

<b>MENTAL HEALTH – GENERALIZED ANXIETY DISORDER (GAD)</b> (63.4% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YGA3_G4	How often did you find it difficult to control your (worry or anxiety/nerves or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?	NCS-A	
YGA4_G4a	How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried -- often, sometimes, rarely, or never?	NCS-A	
YGA5a_G5 YGA5b_G5	What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) most days? (enter number) (enter unit of time: months, years)	NCS-A	
YGA7a_G9a	Think of your worst period lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems: Did you often feel restless, keyed up, or on edge?	NCS-A	
YGA7b_G9b	Did you often get tired easily?	NCS-A	
YGA7c_G9c	Were you often more irritable than usual?	NCS-A	
YGA7d_G9d	Did you often have difficulty concentrating or keeping your mind on what you were doing?	NCS-A	
YGA7e_G9e	Did you often have tense, sore, or aching muscles?	NCS-A	
YGA7f_G9f	Did you often have trouble falling or staying asleep?	NCS-A	
YGA8a_G9a	Did your heart often pound or race?	NCS-R	
YGA8b_G9b	Did you often sweat?	NCS-R	
YGA8c_G9c	Did you often tremble or shake?	NCS-R	
YGA8d_G9d	Did you often have a dry mouth?	NCS-R	
YGA8e_G9e	Were you sad or depressed most of the time?	NCS-R	
YGA10a_G13a	Did you often feel dizzy or lightheaded?	NCS-R	
YGA10b_G13b	Were you often short of breath?	NCS-R	
YGA10c_G13c	Did you often feel like you were choking?	NCS-R	
YGA10d_G13d	Did you often have pain or discomfort in your chest?	NCS-R	
YGA10e_G13e	Did you often have pain or discomfort in your stomach?	NCS-R	
YGA10f_G13f	Did you often have nausea?	NCS-R	
YGA10g_G13g	Did you often feel that you were unreal?	NCS-R	
YGA10h_G13h	Did you often feel that things around you were unreal?	NCS-R	
YGA10i_G13i	Were you often afraid that you might lose control or go crazy?	NCS-R	

<b>MENTAL HEALTH – GENERALIZED ANXIETY DISORDER (GAD)</b> (63.4% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YGA10j_G13j	Were you often afraid that you might pass out?	NCS-R	
YGA10k_G13k	Were you often afraid that you might die?	NCS-R	
YGA10l_G13l	Did you often have hot flushes or chills?	NCS-R	
YGA10m_G13m	Did you often have numbness or tingling sensations?	NCS-R	
YGA10n_G13n	Did you often feel like you had a lump in your throat?	NCS-R	
YGA10o_G13o	Were you easily startled?	NCS-R	
YGA11_G15	How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – no distress, mild distress, moderate distress, severe distress, or very severe distress?	NCS-A	
YGA12_G17	How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever interfere with either your school work, your job, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?	NCS-A	
YGA12a_G17a	How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?	NCS-A	
YGA13_G26	Think of the <u>very first</u> time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your exact age?	NCS-A	
YGA13a/b_G26a/b	How old were you? or <u>About</u> how old were you?	NCS-A	
YGA14_G27	Did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried), lasting at least one month or longer, in the past 12 months?	NCS-A	
YGA14b_G27b	How many months in the past 12 months were you in an episode of this sort?	NCS-A	
YGA14c_G27c	How old were you the last time you had one of these episodes?	NCS-A	

**MENTAL HEALTH – INTERMITTENT EXPLOSIVE DISORDER (IED)** (33.1% of an MTO-like sample of NCS-A respondents screened into this module)

Question Number	Question	Source	Justification/Notes
YIE1_IED3_ INTRO 1	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke something, hurt someone, or threatened to hurt someone?	NCS-A	Intermittent explosive disorder is an impulse-control that may have developed since the time of random assignment for these youth now age 10 to 20 (0 to 10 at random assignment). . We anticipate that MTO will be shown to have a powerful effect in reducing the development of, persistence, and severity of impulse-control disorders.
YIE1_IED3_ INTRO 2	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke something or threatened to hurt someone?	NCS-A	
YIE1_IED3_ INTRO 3	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and broke or smashed something of value. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke or smashed something?	NCS-A	
YIE1_IED3_ INTRO 4	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either hurt someone or threatened to hurt someone?	NCS-A	
YIE1_IED3_ INTRO 5	Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and threatened to hurt someone?		
YIE2_IED5	Did these anger attacks sometimes occur without a good reason?	NCS-A	

<b>MENTAL HEALTH – INTERMITTENT EXPLOSIVE DISORDER (IED)</b> (33.1% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YIE3_IED5a	Did the attacks sometimes occur in situations where most people would not have had an anger attack?	NCS-A	
YIE3a_IED5b	During those attacks, did you sometimes get a lot more angry than most people would have been in the same situation.	NCS-A	
YIE4_IED6	Did you have times before these attacks when you felt such a strong impulse to let loose or blow-up that you couldn't resist it no matter how hard you tried?	NCS-A	
YIE5_IED7	How often was your anger <u>out of control</u> during your typical attacks -- all of the time, most of the time, sometimes, rarely, or never?	NCS-A	
YIE6_IED9	Some people only have anger attacks when they drink alcohol or use drugs. Did your anger attacks usually occur when you had been drinking or using drugs?	NCS-A	
YIE6a_IED9a	Did you ever have anger attacks when you had <u>not</u> been drinking or using drugs?	NCS-A	
YIE7_IED11	Some people only have anger attacks when they are sad or depressed. Did your anger attacks usually occur during periods of time when you were sad or depressed?	NCS-A	
YIE7a_IED11a	Did you ever have anger attacks at times you were <u>not</u> sad or depressed?	NCS-A	
YIE8_IED13	Think about all the things you ever damaged or broke during your anger attacks. What is the approximate combined repair cost or replacement value of all these things?	NCS-A	
YIE9_IED15	About how many times during your anger attacks did you ever hurt someone badly enough that they needed medical attention?	NCS-A	
YIE10_IED16	How much did your anger attacks ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?	NCS-A	
YIE11_IED17	How often did you feel guilty or embarrassed or regretful in the days or weeks after your attacks -- all of the time, most of the time, sometimes, rarely, or never?	NCS-A	
YIE12_IED18	Think of the very first time in your life you had an anger attack. Can you remember your exact age when that attack occurred?	NCS-A	

<b>MENTAL HEALTH – INTERMITTENT EXPLOSIVE DISORDER (IED)</b> (33.1% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YIE12a/b_IED18 a/b	How old were you? or <u>About</u> how old were you?	NCS-A	
YIE13_IED22	How many anger attacks did you have in the past 12 months?	NCS-A	
YIE13a_IED22a	How old were you the last time you had an anger attack?	NCS-A	
YIE14_IED23	About how many weeks in the past 12 months did you have at least one of these attacks?	NCS-A	
YIE15_IED24	And how many attacks in total did you have during the past twelve months?	NCS-A	

<b>MENTAL HEALTH- ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD)</b> (23.2% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YAD1a_AD1a1	Earlier in the interview you mentioned that there was a period that began before the age of seven when you had a lot more trouble than most children with <u>concentration</u> or <u>attention</u> . The next questions are about that period. How often did you have each of the following difficulties during that period: How often did you lose things like assignments or books or other things you needed? (KEY PHRASE: losing things)	NCS-A	AD is another anxiety disorder, and as such we expect results similar to those for panic disorder. As with the other disorders, both lifetime and 12-month histories are ascertained.
YAD1b_AD1b1	How often did you have trouble paying attention to details, or did you make a lot of careless mistakes? (KEY PHRASE: making lots of careless mistakes)	NCS-A	
YAD1c_AD1c1	How often did you forget what you were supposed to be doing or what you had planned to do? (KEY PHRASE: being forgetful)	NCS-A	
YAD1d_AD1d1	How often did people say that you did not seem to be listening when they spoke to you? (KEY PHRASE: being told by others that you didn't seem to listen to them)	NCS-A	

<b>MENTAL HEALTH- ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD)</b> (23.2% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YAD1e_AD1e1	IF 1-4 'VERY FREQUENTLY' OR 'OFTEN' RESPONSES TO YAD1a-d. ELSE SKIP TO YAD4a How often did you quickly lose interest in games you were playing or in work you were doing at home or at school? (KEY PHRASE: quickly losing interest in activities)	NCS-A	
YAD1f_AD1f1	IF 2-5 'VERY FREQUENTLY' OR 'OFTEN' RESPONSES TO YAD1a-e. ELSE SKIP TO YAD4a How often were you unable to keep your mind on what you were doing if things were going on nearby? (KEY PHRASE: being easily distracted)	NCS-A	
YAD1g_AD1g1	IF 3-5 'VERY FREQUENTLY' OR 'OFTEN' RESPONSES TO YAD1a-f. IF SIX 'VERY FREQUENTLY' OR 'OFTEN' RESPONSES TO YAD1a-YAD1f, SKIP TO YAD2. ELSE SKIP TO YAD4a How often did you avoid, or put off doing things that required a lot of concentration? (KEY PHRASE: avoiding, or putting off doing things that required a lot of concentration)	NCS-A	
YAD1h_AD1h1	IF 4-5 'VERY FREQUENTLY' OR 'OFTEN' RESPONSES TO YAD1a-g. IF SIX 'VERY FREQUENTLY' OR 'OFTEN' RESPONSES TO YAD1a-g, SKIP TO YAD2. ELSE SKIP TO YAD4a How often did you get confused when you had to make plans or decide the order in which to do things? (KEY PHRASE: getting confused when you had to make plans)	NCS-A	
YAD1i_AD1i1	IF 5 'VERY FREQUENTLY' OR 'OFTEN' RESPONSES TO YAD1a-YAD1h. IF SIX 'VERY FREQUENTLY' OR 'OFTEN' RESPONSES TO YAD1a-YAD1h, SKIP TO YAD2. ELSE SKIP TO YAD4a How often did you leave chores, homework or other work unfinished even when you meant to get them done, and understood how to do them? (KEY PHRASE: leaving important jobs or homework undone)	NCS-A	

<b>MENTAL HEALTH- ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD)</b> (23.2% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
	YAD2-3a: ONLY IF SIX 'VERY FREQUENTLY' OR 'OFTEN' RESPONSES TO YAD1a-i. ELSE SKIP TO YAD4a		
YAD2_AD2	You had several concentration and attention difficulties, such as (KEY PHRASES FOR FIRST 3 ITEMS ENDORSED IN *YAD1a-i). Can you remember your <u>exact</u> age the <u>very first</u> time in your life when you had any of these difficulties for a period of six months or longer?	NCS-A	
YAD2a_AD2a	How old were you?	NCS-A	
YAD2b_AD2b	<u>About</u> how old were you (when you had any of these difficulties?	NCS-A	
YAD3_AD3	Did you still have a lot of difficulty with concentration and attention during <u>the past 12 months</u> ?	NCS-A	
YAD3a_AD3a	How old were you the <u>last</u> time you had a period of six months or longer when you had a lot of difficulty with concentration or attention?	NCS-A	
YAD4a_AD30a1	Earlier in the interview you mentioned that there was a period that began before the age of seven when you had a lot more trouble than most children with being very <u>restless</u> , <u>fidgety</u> , or <u>impatient</u> . How often did you have each of the following difficulties during that period: How often were you very active even when you were not supposed to be – for example, climbing on things or running around – even after being asked to keep still? (KEY PHRASE: being very active when you were not supposed to be)	NCS-A	
YAD4b_AD30b1	How often did you feel very restless? (KEY PHRASE: often feeling very restless)	NCS-A	
YAD4c_AD30c1	How often were you “on the go,” usually taking very little time to rest? (KEY PHRASE: being “on the go” without taking time to rest)	NCS-A	
YAD4d_AD30d1	How often did you have trouble playing quietly or doing quiet activities like reading or being read to for more than a few minutes at a time? (KEY PHRASE: having trouble playing quietly)	NCS-A	



<b>MENTAL HEALTH- ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD)</b> (23.2% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YAD4e_AD30e1	How often did you fidget or squirm when you were sitting down? (KEY PHRASE: fidgeting or squirming a lot)	NCS-A	
YAD4f_AD30f1	How often did you get up from your seat when you were not supposed to – like at dinner, at school or at religious services? (KEY PHRASE: getting up from your seat when you were not supposed to)	NCS-A	
YAD4g_AD30g1	IF 1-5 ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YAD4a-f. IF SIX ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YAD4a-f, SKIP TO YMH74. ELSE SKIP TO NEXT SECTION How often were you extremely talkative? (KEY PHRASE: being very talkative)	NCS-A	
YAD4h_AD30h1	IF 2-5 ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YAD4a-YAD4g. IF SIX ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YMH74a-g, SKIP TO YMH74. ELSE SKIP TO NEXT SECTION How often did you blurt out answers to other people’s questions even before they finished speaking? (KEY PHRASE: interrupting people by blurting out answers to their questions before they were done speaking)	NCS-A	
YAD4i_AD30i1	IF 3-5 ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YAD4a-YAD4h. IF SIX ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YMH74a-h, SKIP TO YMH74. ELSE SKIP TO NEXT SECTION How often did you interrupt people or abruptly join other people’s conversations without being asked to do so? (KEY PHRASE: interrupting conversations )	NCS-A	

<b>MENTAL HEALTH- ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD)</b> (23.2% of an MTO-like sample of NCS-A respondents screened into this module)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YAD4j_AD30j1	IF 4-5 ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YAD4a-YAD4i. IF SIX ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YMH74a-i, SKIP TO YMH74. ELSE SKIP TO NEXT SECTION How often did you try to break into games or interrupt other activities that were already underway? (KEY PHRASE: <u>interrupting games / other activities</u> )	NCS-A	
YAD4k_AD30k1	IF 5 ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YAD4a-YAD4j. IF SIX ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YMH74a-j, SKIP TO YMH74. ELSE SKIP TO NEXT SECTION How often did you have a lot of trouble waiting your turn – for example, how often was it very hard for you to wait in a line or to wait for a teacher to call on you in class before you spoke out loud? (KEY PHRASE: <u>having trouble waiting your turn</u> )	NCS-A	
	YMH5-6a: ONLY IF SIX ‘VERY FREQUENTLY’ OR ‘OFTEN’ RESPONSES TO YAD4a-YAD4k. ELSE SKIP TO NEXT SECTION		
YAD5_AD32	You mentioned several difficulties with restlessness and impatience, such as (KEY PHRASES FOR 3 ITEMS ENDORSED IN YAD4a-k). Can you remember your <u>exact</u> age the <u>very first</u> time in your life when you had any of these difficulties for a period of six months or longer?	NCS-A	
YAD5a_AD32a	How old were you?	NCS-A	
YAD5b_AD32b	<u>About</u> how old were you the last time you had any of these difficulties?	NCS-A	
YAD6_AD33	Did you still have a lot of difficulty with restlessness or <u>impatience during the past 12 months?</u>	NCS-A	
YAD6a_AD33a	How old were you the <u>last</u> time you had a period of six months or longer when you had these difficulties?	NCS-A	

<b>MENTAL HEALTH- BEHAVIORAL PROBLEMS INDEX (BPI) &amp; OPPOSITIONAL DEFIANT DISORDER (ODD)</b>			
<b>(All youth ages 13-20 will answer the 11 BPI questions in this module. 40.0% of an MTO-like sample of NCS-A respondents screened into the ODD module.)</b>			
<b>Question #</b>	<b>Question</b>	<b>Source</b>	<b>Justification</b>
YOD1a	I have trouble concentrating or pay attention. Is this true or often true, somewhat or sometimes true, or not true of you?	Interim	YOD1a-k replicate the Interim survey's Behavioral Problem Index. The index comes from the PHDCN-II and is a subset of the index developed by T.M. Achenbach. Because of overlap with ODD symptom questions, some of the BPI battery is used to form the skip patterns that come from the NCS-A ODD module.
YOD1b	I lie or cheat.		
YOD1c	I tease others a lot.		
YOD1d	I disobey my parents.		
YOD1e	I have trouble sitting still.		
YOD1f	I have a hot temper.		
YOD1g	I would rather be alone than with others.		
YOD1h	I hang around with kids who get into trouble.		
YOD1i	I disobey at school.		
YOD1j	I don't get along with other kids.		
YOD1k	I have trouble getting along with teachers.		
YOD2a_OD1a	IF YSC14_SC33 = 'YES'. ELSE SKIP TO NEXT SECTION Earlier in the interview you mentioned a period of six months or when you often did things that got you in trouble with adults. Did you often do each of the following things during that period:  Did you often argue with or "talk back" to adults? (KEY PHRASE: often argued with adults)	NCS-A	
YOD2b_OD1b	Did you often refuse to follow directions from adults like your parents, teacher, or boss? (KEY PHRASE: refused to follow directions)	NCS-A	
YOD2c_OD1c	IF 4 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, and YOD2a-b, SKIP TO YOD3 Were often you angry? (KEY PHRASE: were angry a lot)	NCS-A	
YOD2d_OD1d	IF 4 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, YOD2a-c, SKIP TO YOD3 Did you often feel you were being taken advantage of or treated unfairly? (KEY PHRASE: felt like you were being treated unfairly)	NCS-A	

<b>MENTAL HEALTH- BEHAVIORAL PROBLEMS INDEX (BPI) &amp; OPPOSITIONAL DEFIANT DISORDER (ODD)</b>			
<b>(All youth ages 13-20 will answer the 11 BPI questions in this module. 40.0% of an MTO-like sample of NCS-A respondents screened into the ODD module.)</b>			
<b>Question #</b>	<b>Question</b>	<b>Source</b>	<b>Justification</b>
YOD2e_OD1e	IF 4 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-d, SKIP TO YOD3. IF ZERO 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-d, SKIP TO NEXT SECTION Did you often annoy people on purpose by doing or saying things just to bother them? (KEY PHRASE: annoyed people on purpose)	NCS-A	
YOD2f_OD1f	IF 4 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-e, SKIP TO YOD3. Did you often blame others for your mistakes or bad behavior? (KEY PHRASE: blamed others for your mistakes or bad behavior)	NCS-A	
YOD2g_OD1g	IF 1-3 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-f. IF 4 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-f, SKIP TO YOD3. ELSE SKIP TO NEXT SECTION. Did you often do mean things to "pay people back" for things they did that you didn't like? (KEY PHRASE: did mean things to get back at people)	NCS-A	
YOD2h_OD1h	IF 2-3 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-g. IF 4 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-g, SKIP TO YOD3. ELSE SKIP TO NEXT SECTION. Did you often easily take offense at the way people treated you? (KEY PHRASE: easily took offense)	NCS-A	
YOD2i_OD1i	IF 3 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-h. IF 4 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-h, SKIP TO YOD3. ELSE SKIP TO NEXT SECTION. Were you often easily annoyed by others? (KEY PHRASE: were easily annoyed by others)	NCS-A	
	YOD3-4a: ONLY IF FOUR 'YES' RESPONSES TO YOD1d, YOD1f, YOD1i, AND YOD2a-i. ELSE SKIP TO NEXT SECTION		

<b>MENTAL HEALTH- BEHAVIORAL PROBLEMS INDEX (BPI) &amp; OPPOSITIONAL DEFIANT DISORDER (ODD)</b>			
(All youth ages 13-20 will answer the 11 BPI questions in this module. 40.0% of an MTO-like sample of NCS-A respondents screened into the ODD module.)			
<b>Question #</b>	<b>Question</b>	<b>Source</b>	<b>Justification</b>
YOD3_OD3	You mentioned several things – such as, you (KEY PHRASES FOR 3 ITEMS ENDORSED IN YOD1d, YOD1f, YOD1i, AND YOD2a-i). Think of the <u>very first time</u> in your life you had a period of six months or longer of feeling or acting like this. Can you remember your <u>exact</u> age?	NCS-A	
YOD3a_OD3a	(IF NEC) How old were you?	NCS-A	
YOD3b_OD3b	<u>About</u> how old were you (the first time you had a period of this sort)?	NCS-A	
YOD4_OD4	Did you still feel or behave like this during the past 12 months?	NCS-A	
YOD4a_OD4a	How old were you the <u>last</u> time you had a period of six months or longer when you felt or behaved like this?	NCS-A	

<b>RISKY/DELINQUENT BEHAVIOR &amp; CONDUCT DISORDER</b>			
(All youth ages 13-20 will answer all non-NCS-A questions. 63.5% of an MTO-like sample of NCS-A respondents screened into the Conduct Disorder module.)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YRB1_U1	First, I would like to ask you about smoking habits. Have you ever smoked a cigarette?	Interim	This sequence of questions measures the prevalence and intensity of tobacco use among sample youth. The teen years are known to be the critical time when smoking addiction is established. Studies have shown that residents of high-poverty neighborhoods are more likely to be tobacco-dependent than residents of low-poverty neighborhoods. Tobacco use could be affected by moves to low-poverty neighborhoods through several mechanisms. Reduced depression or stress could reduce tobacco use; social norms about tobacco use could change; and/or exposure to cigarette advertising, particularly advertising targeted at minority groups and located in high-poverty areas, could decline. Contract to this hypothesis, however, the interim evaluation found that male youth who moved to lower poverty had a much higher rate of smoking than control group youth, making this an important measure to see if this negative impact of moving to low-poverty continues for the younger cohort of youth.
YRB2_U2	During the past 30 days, on how many days did you smoke a cigarette?	Interim	
YRB3_U3	When you smoked a cigarette during the past 30 days, how many cigarettes did you usually smoke each day?	Interim	
YRB4_U4	Next I would like to ask you some questions about	Interim	These questions measure alcohol use and its possible effect on

<b>RISKY/DELINQUENT BEHAVIOR &amp; CONDUCT DISORDER</b>				
<b>(All youth ages 13-20 will answer all non-NCS-A questions. 63.5% of an MTO-like sample of NCS-A respondents screened into the Conduct Disorder module.)</b>				
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>	
	drinking alcoholic beverages, including beer, wine, or liquor. Have you ever had a drink of 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. Do not include childhood sips that you might have had from an older person's drink.		school or work performance. As with tobacco use, residents of high-poverty neighborhoods are more likely to be alcohol-dependent than residents of low-poverty neighborhoods. Alcohol use among youth could be affected by moves to low-poverty neighborhoods through several mechanisms, including reduced depression and stress and/or reduced use or pressure for use among peers.	
YRB5_U5	During the past 30 days, on how many days did you have one or more drinks of an alcoholic beverage?	Interim		
YRB6_U6	In the last 30 days, on the days that you drank alcohol, about how many drinks did you usually have?	Interim		
YRB7_U7	On how many days did you have 5 or more drinks on the same occasion during the same time or within hours of each other?	Interim		
YRB8_U8	In the last 30 days, how many days have you had something alcoholic to drink, such as beer, wine, or hard liquor right before or during school or work hours?	Interim		
YRB9_U9	Have you ever used marijuana – that is grass or pot – in your lifetime?	Interim	These questions measure exposure to and use of a range of illegal drugs and other controlled substances. Q11 measures their possible effect on school or work performance, while Q14-15 measure the youth's involvement in drug distribution. All these risky behaviors are more likely to occur among youth in high-poverty areas and to be less frequent (although hardly absent) in low-poverty neighborhoods.	
YRB10_U10	On how many days have you used marijuana in the last 30 days?	Interim		
YRB11_U11	In the last 30 days, how many times have you used marijuana right before or during school or work hours?	Interim		
YRB12_U12	Excluding marijuana and alcohol, have you ever used any other drugs like cocaine or crack or heroin, or any other substance not prescribed for you by a doctor, in order to get high or to achieve an altered state?	Interim		
YRB13_U13	During the past 12 months, about how many times have you used any of these drugs or other substances?	Interim		
YRB14_U14	Have you ever sold or helped sell marijuana, hashish or other drugs such as heroin, cocaine, or LSD?	Interim		
YRB15_U15	During the past 12 months, how many times have you sold or helped sell marijuana, hashish, or other hard drugs?	Interim		
YRB16_U19	Are there any gangs in your neighborhood or where you go to school?	Interim		These questions focus specifically on gang activity, involvement of peers, and the youth's own possible involvement. We would expect that youth living in low-poverty neighborhoods would report markedly different incidences of gang contact and involvement,
YRB17_U20	Do any of your brothers, sisters, cousins, or friends belong	Interim		

<b>RISKY/DELINQUENT BEHAVIOR &amp; CONDUCT DISORDER</b>			
<i>(All youth ages 13-20 will answer all non-NCS-A questions. 63.5% of an MTO-like sample of NCS-A respondents screened into the Conduct Disorder module.)</i>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
	to a gang?		unless they continue to be active with peers in their old (high-poverty) neighborhoods. (W 14-15 below measure continued ties.)
YRB18_U21	Have you ever belonged to a gang?	Interim	
YRB18a_U21a	In the past 12 months, have you been a member of a gang?	Interim	
YRB19_U22	Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way?	Interim	These questions address teen dating, sexual activity and attendant risks. Age of first sexual activity is likely to be considerably younger for MTO youth living in high-poverty areas than for those who have moved, although this will be affected by whether they continue to be involved with peers in their old (high-poverty) neighborhoods. YRB22-23 focus on risk reduction behaviors directed at sexually transmitted diseases (STDs) and at pregnancy. Considering the range of ages in this sample (12-19), we would expect sexual activity to be reported by many or most of the older youth. However, the MTO treatment could affect use of condoms (through educational differences and differences in peer groups) and would likely reduce risk-taking around pregnancy (due to greater educational engagement and attainment as well as better employment opportunities for both young women and men).
YRB20_U23	How old were you when you had sexual intercourse for the first time?	Interim	
YRB21_U24	How many partners have you had sexual intercourse with in the past 12 months – that is, since this time last year?	Interim	
YRB22_U25	The last time you had sexual intercourse, did you or your partner use a condom?	Interim	
YRB23_U26	The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy?	Interim	
YRB24_U27	Have you ever been pregnant? (Consider all pregnancies, even if no child was born).	Interim	
YRB25_U28	Are you pregnant now?	Interim	
YRB26_U29	Not counting a current pregnancy, how many times have you been pregnant? Please include pregnancies that did not result in live births.	Interim	These questions measure current and past pregnancies and childbearing for young women in the youth sample. Teen childbearing greatly increases the likelihood of future poverty for young women. The MTO treatment is expected to reduce the incidence of both pregnancies and live births among teens who move to low-poverty areas, as a result of educational differences, differences in peer groups, greater educational attainment, and better employment opportunities.
YRB27_U30	Now we would like to ask about the outcomes of your previous pregnancies. How many of your pregnancies have resulted in children born alive to you?	Interim	
YRB28_U31	Have you ever gotten someone pregnant?	Interim	These questions measure current and past pregnancies resulting from the sexual activity of young men in the youth sample. For reasons noted above, we expect fewer pregnancies and live births if the young men from the MTO treatment group are involved with their female peers living in low-poverty neighborhoods. But continued involvement with peers from the old high-poverty neighborhood may reduce or eliminate such an effect.
YRB28a_U31a	How many times have you gotten someone pregnant?	Interim	
YRB29_U32	Is someone pregnant with your child now?	Interim	
YRB30_U33	How many children have you ever fathered? Please only count live births and do not count current pregnancy.	Interim	
YRB31_U34	Now I'd like to ask you about cash assistance for which some families receive money on a regular basis. For example, they may get a monthly check. Some people call	Interim	

<b>RISKY/DELINQUENT BEHAVIOR &amp; CONDUCT DISORDER</b>			
(All youth ages 13-20 will answer all non-NCS-A questions. 63.5% of an MTO-like sample of NCS-A respondents screened into the Conduct Disorder module.)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
	this assistance “welfare,” AFDC, TANF, or “public aid.” I will use the word “welfare.” Are you or your (child / children) regularly receiving welfare benefits now?		
YRB32	Which of these three is most effective for pregnancy prevention? Condom, withdrawal, birth control pill?	Add Health	These questions are intended to test respondent knowledge of safe sexual behavior as a mediating factor affected by neighborhood and peer information.
YRB33	Which of these three is the most effective for prevention of STDs? Condom, withdrawal, birth control pill?	Add Health	
YRB34a_CD1h	Sometimes young people do things that adults don’t want them to do. The next questions are about those things. Was there ever a time ... ... when you often stayed out three hours or more later at night than your parents wanted?	NCS-A	YRB34a begins the NCS-A Conduct Disorder battery. As above, we expect age of onset to be prior to the beginning of the MTO experiment and, as such, we expect the effect of the experiment to be on course of illness rather than on onset (powerfully reducing the persistence and severity of the disorder, especially among MTO participants without a history of the disorder).
YRB34b_CD1i	... when you often skipped school without permission?	NCS-A	
YRB34c_CD1k	... when you ran away from home overnight more than once?	NCS-A	
YRB34d_CD1c	... when you shoplifted or stole something worth at least \$20?	NCS-A	
YRB34e_CD1b	... when you often got out of doing things you were supposed to do by fooling people or lying to them?	NCS-A	
	IF 5 ‘NO’ RESPONSES TO YRB34a-e & YRB14 = ‘YES’, SKIP TO YRB49a. IF 5 ‘NO’ RESPONSES TO YRB34a-e & YRB14 = ‘NO’, SKIP TO YRB53		
YRB35a_CD1a	... when you often told lies to trick people into giving you things or doing what you wanted them to do?	NCS-A	
YRB35b_CD1d	... when you stole money or other things from your parents or the other people you lived with?	NCS-A	
YRB35c_CD1e	... when you broke into someone’s locked car, or a locked home or building?	NCS-A	
YRB35d_CD1f	... when you set a fire to try to cause serious damage?	NCS-A	
YRB35e_CD1g	... when you deliberately damaged someone’s property by doing something like breaking windows, slashing tires, vandalizing, or writing graffiti on buildings?	NCS-A	
YRB35f_CD1j	... when you ran away from home and stayed away for at least four days?	NCS-A	
YRB36_CD7	You answered “yes” to (NUMBER OF “YES”	NCS-A	



<b>RISKY/DELINQUENT BEHAVIOR &amp; CONDUCT DISORDER</b>			
<b>(All youth ages 13-20 will answer all non-NCS-A questions. 63.5% of an MTO-like sample of NCS-A respondents screened into the Conduct Disorder module.)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
	RESPONSES IN YRB34-35) of the questions I just asked about. Think of the very first time in your life you did (that type of behavior / either of those behaviors / any of those behaviors). Can you remember your exact age?		
YRB36a_CD7b	How old were you?	NCS-A	
YRB36b_CD7c	About how old were you the first time you did (that type of behavior / either of those behaviors / any of those behaviors?)	NCS-A	
YRB37_CD9	Did you do (that type of behavior / either of those behaviors / any of those behaviors) during the past 12 months?	NCS-A	
YRB37a_CD9a	How old were you the last time you did (that type of behavior / either of those behaviors / any of those behaviors?)	NCS-A	
YRB38_CD10	About how many years altogether did you do (that type of behavior / either of those behaviors / any of those behaviors?)	NCS-A	
YRB39	About how many times during the past 12 months did you do (that type of behavior / either of those behaviors / any of those behaviors) during the past 12 months?	Original	
YRB40_CD11	How much did (this behavior / these behaviors) ever cause problems with either your school work, your job, or your relationships with family or friends – not at all, a little, some, a lot, or extremely?	NCS-A	
YRB40a_CD11a	How often during that time were you unable to carry out your daily activities or to take care of yourself because (of this behavior / these behaviors) – often, sometimes, not very often, never?	NCS-A	
YRB41a_CD16a	The next questions are about some other aggressive things adults don't like young people to do. We want to know if you ever did any of these things. Did you have a time in your life when you / was there ever a time when you... ... often "bullied," threatened, or frightened people, including smaller or younger children?	NCS-A	
YRB41b_CD16b	... when you repeatedly got involved in physical fights?	NCS-A	
YRB41c_CD16c	... when you used a weapon on another person, like a	NCS-A	

<b>RISKY/DELINQUENT BEHAVIOR &amp; CONDUCT DISORDER</b>			
(All youth ages 13-20 will answer all non-NCS-A questions. 63.5% of an MTO-like sample of NCS-A respondents screened into the Conduct Disorder module.)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
	baseball bat, glass bottle, knife, gun, or brick?		
YRB41d_CD16d	... when you were physically cruel to an animal and hurt it on purpose? (IF NECESSARY: This does not include hunting or getting rid of pests like rodents or insects)	NCS-A	
YRB41e_CD16e	... when you were physically cruel to a person and hurt them on purpose?	NCS-A	
YRB41f_CD16f	... when you forced someone to give you something like money, jewelry, or clothing by threatening them or hurting them?	NCS-A	
YRB41g_CD16g	... when you stole someone's purse, wallet, luggage, or package or bag by grabbing it from them? (IF NEC: This does not include stealing from someone who wasn't aware of the theft, such as stealing a piece of luggage when the owner wasn't watching)	NCS-A	
YRB41_CD16h	... when you made anyone do something sexual by either forcing, intimidating, or threatening them?	NCS-A	
YRB42_CD18	IF ZERO 'YES' RESPONSES TO YRB41a-h, SKIP TO YRB47 You answered "yes" to (NUMBER OF "YES" RESPONSES IN YRB41 SERIES ) type(s) of aggressive behavior. Think of the very first time in your life when you did (that type of behavior / either of those behaviors / any of those behaviors). Can you remember your exact age?	NCS-A	
YRB42a_CD18b	How old were you?	NCS-A	
YRB42b_CD18c	About how old were you the first time you engaged in (that type of aggressive behavior / either of those aggressive behaviors / any of those aggressive behaviors? Can you remember what grade you were in at school? Was it before you first started school? Was it before you were a teenager?	NCS-A	
YRB43_CD20	Did you do (that type of behavior / either of those behaviors / any of those behaviors) during the past 12 months?	NCS-A	

<b>RISKY/DELINQUENT BEHAVIOR &amp; CONDUCT DISORDER</b>			
(All youth ages 13-20 will answer all non-NCS-A questions. 63.5% of an MTO-like sample of NCS-A respondents screened into the Conduct Disorder module.)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YRB43a_CD20a	How old were you the <u>last</u> time you did (that type of behavior / either of those behaviors / any of those behaviors?)	NCS-A	
YRB44_CD21	About how many years altogether did you do (that type of behavior / either of those behaviors / any of those behaviors)?	NCS-A	
YRB45	About how many times during the past 12 months did you do (that type of behavior / either of those behaviors / any of those behaviors)?	Original	
YRB46_CD22	How much did (this behavior / these behaviors) ever cause problems with either your school work, your job, or your relationships with family or friends – not at all, a little, some, a lot, or extremely?	NCS-A	
YRB47_CD32	Were you ever suspended or expelled from school as a result of your behavior?	NCS-A	
YRB48_CD33	Were you ever fired from a job because of your behavior?	NCS-A	
YRB49a	You said you have done something in the past that is against the law. When was the LAST time that you [MOST SERIOUS ILLEGAL ACTIVITY RESPONDENT REPORTS FROM YRB14, YRB34d, YRB35c-e, YRB41c, or YRB41e-h]?	PHDCN	These follow-up questions provide additional information about the degree to which the criminal justice environment in which MTO youth operate varies across neighborhoods, and the degree to which any criminal offending may be rooted in baseline neighborhoods and social networks as opposed to the new social environments that MTO families experience, as a way of learning more about both the distributional consequences of MTO and the behavioral mechanisms through which MTO may (or may not) affect anti-social behavior over the long term.
YRB49b	Did this happen in your neighborhood or somewhere else?	PHDCN	
YRB49c	If not in neighborhood: Where did this happen?	PHDCN	
YRB49d	Who were the people you were with?	PHDCN	
YRB49e	How long have you known this person?	PHDCN	
YRB49f	Did the police talk to you about this?	PHDCN	
YRB49g	Did the police arrest you or charge you with an offense?	NLSY97	
YRB50_CD37	Were you ever in trouble with the police as a result of your behavior?	NCS-A	
YRB50a_CD37a	How old were you the first time (you got into trouble with the police as a result of your behavior?)	NCS-A	
YRB51_CD38	Were you ever arrested (because of your behavior)?	NCS-A	
YRB52_CD39	Were you ever sent to jail, prison, or a juvenile correction facility because of your behavior?	NCS-A	
YRB52a_CD39a	How old were you the first time (you were sent to jail,	NCS-A	

<b>RISKY/DELINQUENT BEHAVIOR &amp; CONDUCT DISORDER</b>			
(All youth ages 13-20 will answer all non-NCS-A questions. 63.5% of an MTO-like sample of NCS-A respondents screened into the Conduct Disorder module.)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
	prison, or a juvenile correction facility for your behavior)?		
YRB52b_CD39b	How long did you stay in any of these facilities altogether? (enter number)	NCS-A	
YRB52c_CD39b	(enter unit of time: days, weeks, months, years)		
YRB53	What is the percent chance that you would be arrested if you stole a car?	NLSY97	These questions measure a respondent's perception of the risk of illegal activity and supplement the questions in YRB49.
YRB54	Suppose you were arrested for stealing a car, what is the percent chance that you would serve time in jail?	NLSY97	

<b>CRIME VICTIMIZATION &amp; POST-TRAUMATIC STRESS DISORDER (PTSD)</b>			
(All youth ages 13-20 will answer non-NCS-A questions. 79.1% of an MTO-like sample of NCS-A respondents screened into the PTSD module.)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YCV1_PT8	Were you ever involved in a life-threatening automobile accident?	NCS-A	<p>YCV Module Overall</p> <p>These questions from the NCS module on PTSD ask about experiences with having been beaten up by one's parents as a child, and other experiences with violence. However, the NCS questions in the NCS do not ask about some of the follow-up details (such as police response) that are of interest to us for the long-term MTO survey. As such, the module adds measures from other surveys (see below).</p> <p>Given that exposure to crime is an important mechanism through which MTO may affect mental health outcomes of participating youth – and in fact is the most important stated reason why MTO families signed up for the program – these questions will examine individual crime victimization experience, including information about the circumstances and location of the event as well as the offender. Importantly, in addition to questions about general</p>
YCV2_PT9	Did you ever have any other life-threatening accident, including on your job?	NCS-A	
YCV3_PT10	Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?	NCS-A	
YCV4_PT11	Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?	NCS-A	
YCV5_PT12	Did you ever have a life-threatening illness?	NCS-A	
YCV6_PT13	Were you ever badly beaten up by your parents or the people who raised you?	NCS-A	
YCV7_PT14	Were you ever badly beaten up by someone you were dating or with whom you were romantically involved?	NCS-A	
YCV8_PT15	Were you ever badly beaten up by anyone else?	NCS-A	
YCV9_PT16	Were you ever mugged, held up, or threatened with a weapon?	NCS-A	

<b>CRIME VICTIMIZATION &amp; POST-TRAUMATIC STRESS DISORDER (PTSD)</b>			
<b>(All youth ages 13-20 will answer non-NCS-A questions. 79.1% of an MTO-like sample of NCS-A respondents screened into the PTSD module.)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YCV10_PT17	The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force. Did this ever happen to you?	NCS-A	violence victimization these questions include items specific to violence committed by people known to the respondent, as well as questions intended to capture sexual violence.  These questions also include a detailed assessment of traumatic life events as well as a separate battery of non-traumatic stressful life events. We anticipate that some of these events will be less prevalent among respondents in the MTO intervention than control groups.
YCV11_PT18	Other than rape, were you ever sexually assaulted, where someone touched you inappropriately, or when you did not want them to?	NCS-A	
YCV12	Have you ever been chased when you thought the person chasing you would hurt you?	PHDCN	YCV12-15 & 21-22 Because crime, safety, and victimization are important in their own right, and because of the implications they have on a number of other important outcomes, including mental and physical health, these questions expand on those Interim items related to criminal victimization. The PTSD questions in the NCS also do not ask about experiences with property crime victimization.
YCV13	Have you ever been hit, slapped, punched or beaten up, even if you were not beaten up very badly?	PHDCN	
YCV14	Has anyone ever stolen your purse, wallet, or snatched your jewelry?	Interim, modified	
YCV15	Did anyone ever try to break into your home?	Interim, modified	
YCV16_PT20	Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?	NCS-A	
YCV17_PT22	Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?	NCS-A	
YCV18_PT22_1	Did you ever witness serious physical fights at home, like when your father beat up your mother?	NCS-A	
YCV19_PT23	Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?	NCS-A	
YCV20_PT27	Did you ever experience any other extremely traumatic or life-threatening event that I haven't asked about yet?	NCS-A	
YCV21_PT55a	Briefly, what was the one <u>most traumatic</u> event that you have not told me about?	NCS-A	
YCV22	You said you had been [crime experience]. When was the last time this happened? (Was this within the past 12 months? Was this within the past 6 months?)	NCVS	See YCV12 above.

<b>CRIME VICTIMIZATION &amp; POST-TRAUMATIC STRESS DISORDER (PTSD)</b> (All youth ages 13-20 will answer non-NCS-A questions. 79.1% of an MTO-like sample of NCS-A respondents screened into the PTSD module.)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YCV23	Were the police informed, or did they find out about this incident in any way?	NCSV	
YCV24	As far as you know, was anyone arrested or were charges brought against anyone in connection with this incident?	NCSV	
YCV25	You said you had been [violent crime experience] during the past 12 months. The last time this happened, where did it happen?	PHDCN	
YCV25a	The last time this happened, who did this to you?	PHDCN	
YCV26a	Please tell me if any of the following this have happened to anyone who lived with you during the past 6 months. Was anyone's purse, wallet, or jewelry snatched from them?	Interim, modified	
YCV26b	Was anyone threatened with a knife or gun?	Interim, modified	The MTO treatment is designed to reduce both involvement and victimization, by fostering moves to low-poverty neighborhoods where these are lower-probability events. These questions modify the Interim measures of the youth's direct involvement in physical violence and his/her exposure to violence, including victimization, by asking about violent episodes involving anyone in the respondent's household.
YCV26c	Was anyone beaten up or assaulted?	Interim, modified	
YCV26d	Was anyone stabbed or shot?	Interim, modified	
YCV27_PT62_INTRO 2	Let me review. You experienced (NUMBER) (EVENT). After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after (either / any) (EVENT) of these experiences?	NCS-A	
YCV27_PT62_INTRO 3	Let me review. You had (two/ three) different types of traumatic events: [KEY PHRASES OF ALL EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?	NCS-A	

<b>CRIME VICTIMIZATION &amp; POST-TRAUMATIC STRESS DISORDER (PTSD)</b> (All youth ages 13-20 will answer non-NCS-A questions. 79.1% of an MTO-like sample of NCS-A respondents screened into the PTSD module.)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YCV27_PT62_ INTRO 4	Let me review. You had quite a few different traumatic experiences, like: [KEY PHRASES OF 3 EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant from or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?	NCS-A	
YCV28_PT62.2	Did you ever in your life talk to a medical doctor or other professional about (this problem / any of these problems)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals).	NCS-A	
YCV29_PT64	Of the [experiences you mentioned to me / NUMBER times (EVENT TYPES) happened] which one caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which one experience caused the largest number or most severe problems?	NCS-A	
YCV29a_PT64a	How old were you when that (happened / started)?	NCS-A	
YCV30_PT67	[FOR ONGOING EVENTS] During the period of time when (WORST EVENT) was happening repeatedly, did you ever feel terrified or very frightened? [ALL OTHERS] Were you terrified or very frightened at the time (WORST EVENT)?	NCS-A	
YCV30a_PT67a	Did you feel helpless?	NCS-A	
YCV30b_PT67b	Did you feel shocked or horrified?	NCS-A	
YCV30c_PT67c	Did you feel numb?	NCS-A	
YCV31_PT68	In the weeks, months, or years after the (event / this experienced ended / WORST EVENT), did you try not to think about it (what happened)?	NCS-A	
YCV32_PT69	Did you purposely stay away from places, people, or activities that reminded you of (it / the event / this experience/ WORST EVENT)?	NCS-A	

<b>CRIME VICTIMIZATION &amp; POST-TRAUMATIC STRESS DISORDER (PTSD)</b>			
<b>(All youth ages 13-20 will answer non-NCS-A questions. 79.1% of an MTO-like sample of NCS-A respondents screened into the PTSD module.)</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YCV33_PT70	Were you ever unable to remember some important parts of what happened?	NCS-A	
YCV34_PT71	Did you lose interested in doing things you used to enjoy?	NCS-A	
YCV35_PT72	Did you feel emotionally distant or cut-off from other people?	NCS-A	
YCV36_PT73	Did you have trouble feeling normal feelings like love, happiness, or warmth towards other people?	NCS-A	
YCV37_PT74	Did you feel you had no reason to plan for the future because you thought it would be cut short?	NCS-A	
YCV38_PT86	Did you ever have repeated unwanted memories of (it / the event / this experience / WORST EVENT) – that is, you kept remembering it even when you didn't want to?	NCS-A	
YCV39_PT87	Did you ever have repeated unpleasant <u>dreams</u> about (it / the event / this experience / WORST EVENT)?	NCS-A	
YCV40_PT88	Did you have <u>flashbacks</u> – that is, suddenly act or feel as if (it / the event / this experience / WORST EVENT) were happening all over again?	NCS-A	
YCV41_PT89	Did you get very upset when you were reminded of (it / the event / this experience / WORST EVENT)?	NCS-A	
YCV42_P90	When you were <u>reminded</u> of (it / the event / this experience / WORST EVENT), did you ever have <u>physical</u> reactions like <u>sweating</u> , your heart <u>racing</u> , or feeling <u>shaky</u> ?	NCS-A	
YCV43_PT102	During the time (this event / this experience / WORST EVENT) affected you most, did you have trouble falling or staying asleep?	NCS-A	
YCV44_PT103	Were you more irritable or short-tempered than you usually are?	NCS-A	
YCV45_PT104	Did you have more trouble concentrating or keeping your mind on what you were doing?	NCS-A	
YCV46_PT105	Were you much more alert or watchful, even when there was no real need to be?	NCS-A	
YCV47_PT106	Were you more jumpy or easily startled by ordinary noises?	NCS-A	



<b>CRIME VICTIMIZATION &amp; POST-TRAUMATIC STRESS DISORDER (PTSD)</b>			
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<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YCV48_PT110	You had quite a few reactions, such as (FIRST KEY PHRASE). For about how many days, weeks, months, or years did you continue to have any of these reactions? (enter number)	NCS-A	
YCV48a_PT110	(enter unit of time: days, weeks, months, years)		
YCV49_PT113	Think of the time when these reactions were most frequent and intense. How often did they occur – less than once a month, one or two times a month, three to five times a month, six to ten times a month, or more than ten times a month?	NCS-A	
YCV50_PT114	How much distress did these reactions cause you – none, mild, moderate, severe, or very severe distress?	NCS-A	
YCV51_PT115	How much did these reactions disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?	NCS-A	
YCV52_PT261	(RB) The next question is about whether in the past 12 months you had any of these reactions associated with any traumatic event that ever happened to you in your entire life. Did you have any reactions of this sort over the past 12 months?	NCS-A	
YCV53_PT263	About how many weeks altogether in the past 12 months did you have any of these reactions?	NCS-A	
YCV54_PT269	Please think of the 30-day period in the past 12 months when these reactions to [WORST 12-MONTH EVENT / these events / these experiences] were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?	NCS-A	
YCV55_PT270	Did you feel emotionally distant or cut off from other people during that month?	NCS-A	
YCV56_PT271	Did you have trouble feeling normal things like love, happiness, or warmth toward other people?	NCS-A	
YCV57_PT272	Did you feel you had no reason to plan for the future because you thought it would be cut short?	NCS-A	
YCV58_PT273	Did you have any trouble falling or staying asleep during that month?	NCS-A	

<b>CRIME VICTIMIZATION &amp; POST-TRAUMATIC STRESS DISORDER (PTSD)</b>			
(All youth ages 13-20 will answer non-NCS-A questions. 79.1% of an MTO-like sample of NCS-A respondents screened into the PTSD module.)			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YCV59_PT274	Were you more jumpy or more easily startled by ordinary noises?	NCS-A	
YCV60_PT275	Did you purposely stay away from places, people or activities that reminded you of [WORST 12-MONTH EVENT] / these events)?	NCS-A	

<b>YOUTH REPORT ON PARENTS AND PARENTING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YOP1	How many adults do you have in your life who you feel comfortable talking to about personal problems?	Interim	<p>One candidate mediating mechanism proposed for explaining MTO's effects on children, particularly on youth, is whether MTO changes parental investments in their children. Additionally, changes in mental health or marital status could independently or synergistically affect parenting behavior. MTO adults might also feel safer in less distressed neighborhoods, or feel less distressed because of fewer day-to-day hassles, all of which could potentially improve physical and emotional energy toward better parenting. Parents also might be happier and feel closer to their children or more empowered to improve their children's lives. We will obtain both parent and youth perspectives on parenting behavior, particularly since youth disclosure of information to parents about things like the names of their friends influences parental reporting of monitoring.</p> <p>Parenting, contact with fathers, and access to positive role models are also proposed hypotheses for understanding MTO's interim effects on female vs. male youth. Findings from the MTO interim evaluation showed that MTO male youth reported higher levels of father contact and contact with male figures than male youth in the control group. Findings from the MTO interim evaluation also suggest that female youth were surrounded and more receptive to positive adult role models.</p>
YOP2	How many adults do you have in your life who care a lot about how you turn out and who will help you if you get into trouble?	Interim	
YOP3	(RB) Who are the adult(s) who you go to first to talk about personal problems or who will help you if you get into trouble? Check all that apply. [Mother, Father, Stepparent, Brothers or sisters, Other relatives, Teachers, Coach, Guidance counselor, Advisor or school principal, Other leaders in the community, No one]	Original	
YOP4	(RB) Of all of the people you know personally, think about the person you admire the most. How would you describe this person? Honest, Popular, Dresses well, Intelligent, Makes a lot of money, Has an important job, Has a college degree, Good at sports	NELS	
YOP5	What is your relationship to that person? Friend, Mother/father, Relative, Boyfriend/girlfriend other	NELS	
YOP6	Now we would like to know about your relationship with your mother, or with the adult most responsible for taking care of you or who knows the most about your activities. Do you live with your mother? [FILTER IF YOUTH LIVING WITH ADULT RESPONDENT=MOTHER VIA HH ROSTER SCREENER]	Interim	

<b>YOUTH REPORT ON PARENTS AND PARENTING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YOP7	Who is the adult who lives with you and knows the most about your activities?	Interim	
YOP8	When you think about how your [CAREGIVER] acts toward you, in general, would you say your [CAREGIVER] is very supportive, somewhat supportive, or not very supportive?	Interim	
YOP9a	(RB) How much does your [CAREGIVER] know.....about your close friends, that is, who they are? Do you think she/he knows nothing, just a little, some things, most things, or everything?	Interim	
YOP9b	(RB) (How much does your [CAREGIVER] know) about who you are with when you are not at home?		
YOP9c	(RB) (How much does your [CAREGIVER] know) About who your teachers are [who your teachers were when you were last enrolled in school] and what you (are/were) doing in school?		
YOP10a	(RB) How often does your (CAREGIVER) limit privileges because of poor grades? Never, rarely, sometimes, often	NELS	
YOP10b	(RB) (How often does your (CAREGIVER)) Check on whether you have done your homework?	NELS	
YOP10c	(RB) (How often does your (CAREGIVER)) Help you with your homework?	NELS	
YOP10d	(RB) (How often does your (CAREGIVER)) Limit the amount of time you go out with friends on school nights?	NELS	
YOP10e	(RB) (How often does your (CAREGIVER)) Require you to do work or chores around the home?	NELS	
YOP10f	(RB) (How often does your (CAREGIVER)) Limit you from leaving home to hang out with your friends?	NELS	
YOP11	Did (CAREGIVER) ever have a problem with drinking alcohol, or using drugs?	Interim	
YOP12	Now I'd like to talk with you about your father. When you were growing up, in general, was he very supportive, somewhat supportive, or not very supportive of you?	Interim	
YOP12a	In the past 12 months, how often have you seen your father?	Interim	
YOP13	How far in school do you think your father wants you to go?	NELS	

YOUTH REPORT ON PARENTS AND PARENTING			
Question Number	Question	Source	Justification/Notes
YOP14a	(RB) How much does your father know about your close friends, that is, who they are? Do you think he knows nothing, knows just a little, knows some things, knows most things, or knows everything?	Interim	
YOP14b	(RB) (How much does your father know) about who you are with when you are not at home?		
YOP14c	(RB) (How much does your father know) about who your teachers are [who your teachers were when you were last enrolled in school] and what you (are/were) doing in school?		
YOP15	In a typical week, what (is/was) the latest you (can/could) stay out on school nights? (Sunday through Thursday)?	NELS	
YOP16a.	If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they) discuss it calmly with you?	NLSY97m	
YOP16b.	(If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they) ignore it, pretend that it didn't happen or let you get away with it	NLSY97m	
YOP16c.	(If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they) sulk, pout, or give you the silent treatment	NLSY97m	
YOP16d.	(If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they) take away a privilege, ground you or give you a chore	NLSY97m	
YOP16e.	(If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they) make threats that won't be kept	NLSY97m	
YOP16f	(If your parent or parents found out that you had come home an hour late for no good reason, <b>would</b> (he/she/they) yell, shout or scream at you	NLSY97m	
YOP16g.	(If your parent or parents found out that you had come home an hour late for no good reason, would (he/she/they) use physical punishment	NLSY97m	

<b>DECISION MAKING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YDM1a	(RB) Think about how you see your future. What are the chances that: You will live to age 35? Would you say very low, low, about 50-50, high, or very high?	AddHealth	<p>YDM Module Overall</p> <p>The specific hypothesis underlying the inclusion of these measures is that neighborhood characteristics can affect these aspects of decision making, which can in turn affect socioeconomic outcomes. That is, decision making processes and attitudes may be an important mediator through which MTO impacts participant outcomes.</p> <p>The general approach of the module is to fold the Interim's future planning questions into this larger module that measures or elicits information about future orientation, future plans, risky attitudes, and altruism and trust. This includes revisions of the items on future plans, new items on future orientation, and new items on altruism and trust, all of which will complement proposed measures for the MTO long-term adult survey.</p>
YDM1b	(RB) What are the chances that you will complete college by age 35? Would you say very low, low, about 50-50, high, or very high?	Interim	
YDM1c	(RB) (What are the chances that) You will find a stable, well-paid job as an adult?	Interim	
YDM2	Do you expect your life as an adult to be... Much like your own family, Better than your own family, Worse than your own family	PHDCN	
YDM3	The next questions are about what you think your chances to get ahead will be like. How much do you agree or disagree with the following statements .... (RB)As an adult, I will have just as much chance to succeed as people from other neighborhoods. Do you....Strongly agree, Agree, disagree, strongly disagree	PHDCN	
YDM4	Most people in my neighborhood will be better off than me. Strongly agree, agree, disagree, strongly disagree	PHDCN	
YDM5a	Suppose that after having helped a relative with some chores, they offer to send you a small amount of money in return for your help. They tell you that they can either send you something now, or send you a little more if you are willing to wait one month. If they pay you now, they will put \$20 in the mail tomorrow. If they pay you one month from now, they will send you slightly more than that. Suppose that you trust them to pay you what they promise, when they promise it. Would you rather they mailed you \$20 tomorrow or \$21 three months from now?	Original	
YDM5b	Now suppose the choice were between \$20 now and \$22 one month from now. Would you rather they mailed you \$20 tomorrow or \$22 three months from now?		
YDM5c	Now suppose the choice were between \$20 now and \$21 one month from now. Would you rather they mailed you \$20 tomorrow or \$23 three months from now?		

<b>DECISION MAKING</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
YDM5d	Now suppose the choice were between \$20 now and \$24 one month from now. Would you rather they mailed you \$20 tomorrow or \$24 three months from now?		
YDM5e	Now suppose the choice were between \$20 now and \$25 one month from now. Would you rather they mailed you \$20 tomorrow or \$25 three months from now?		
YDM6	Suppose a relative of yours calls to say they just inherited some money and part of it should be yours. Because of the way their inheritance is being distributed, they can either send you some money now, or a larger amount of money later, which they would send to you on your next birthday. Suppose that you trust this person to send what they promise, and that you do not expect to get a birthday present from this relative other than this money. Would you rather they mailed you \$50 tomorrow or that they send you \$60 on your next birthday?		
YDM7a	Suppose you have a choice between two, equally good summer jobs. The first would pay you \$600 for the summer for sure. The second job would pay you an amount that depends on how the company as a whole did for the summer. It is possibly better paying, but your earnings will be less certain. There is a 50-50 chance that the second job will pay \$1200, but there is a 50-50 chance it will pay \$400. Which would you choose – the job that pays \$600 for sure, or the job with an equal chance of paying either \$1200 or \$400?	PSID-Modified	This question asks about the respondent's willingness to accept different (risky) job prospects. Survey items already included in the risky behavior module (e.g., smoking, drinking and sexual activity) can serve double-duty as indicators of risk attitudes
YDM7b	Now suppose there is a 50-50 chance that the second job will pay \$1200, but there is a 50-50 chance that it will pay \$300. Which would you choose – the job that pays \$600 for sure, or the job with an equal chance of paying either \$1200 or \$300?	PSID-Modified	
YDM7c	Now suppose there is a 50-50 chance that the second job will pay \$1200, but there is a 50-50 chance that it will pay \$150. Which would you choose – the job that pays \$600 for sure, or a job with an equal chance of paying either \$1200 or \$150?	PSID-Modified	
YDM7d	Now suppose there is a 50-50 chance that the second job will pay \$1200, but there is a 50-50 chance that it will pay \$480. Which would you choose – the job that pays \$600 for sure, or a job with an equal chance of paying either \$1200 or \$480?	PSID-Modified	

YDM7e	Now suppose there is a 50-50 chance that the second job will pay \$1200, and a 50-50 chance that it will pay \$540. Which would you choose – the job that pays \$600 for sure, or a job with an equal chance of paying either \$1200 or \$540?		
YDM8a	(RB) Now, I want to ask you about trusting different groups of people. First, thinking about people in your immediate family, generally speaking would you say you can trust them a lot, trust them some, trust them only a little or not trust them at all?	GPSTS	
YDM8b	(RB) How about people in your neighborhood?	GPSTS	
YDM8c	(RB) How about other people in general?	Original	
YDM8d	(RB) Next, I have a question about the police department in your area. Do you feel you can trust them a lot, some, only a little or not at all?	GPSTS	
YDM9	Generally speaking, would you say that most people can be trusted or that you can't be too careful in life?	GSS	
YDM10	(RB) Next, I am going to read you a list of statements and for each, please tell me if you strongly agree, agree, disagree, or strongly disagree? I trust the people I hang around with at school.	R. Ferguson Tripod	
YDM11	I trust other students at my school, even if I don't know them.	R. Ferguson Tripod, modified	
YDM12	<p>Each randomly-selected sub-set of MTO youth respondents who are chosen to participate in the time preference experiment subgroup is offered the following choice:</p> <p>Thank you for completing the MTO survey and achievement tests for this important HUD study. With some additional support from several private foundations we are pleased to be able to offer you a small amount of additional compensation that is available in two forms. Either a check for \$20 that we will put in the mail tomorrow or a check for \$25 that we could put in the mail on your next birthday. Which would you prefer -- \$20 sent tomorrow, or \$25 sent on your next birthday?</p>	Original	This choice is designed to uncover rates of time preference. It is original to the MTO final evaluation. It corresponds with the survey question on time preference. Variation in the distance in time between the survey date and the respondent's next birthday will generate variation in the ranges into which the respondent's choice brackets her discount rate.

<b>CONTACT INFORMATION</b>			
<b>Question Number</b>	<b>Question</b>	<b>Source</b>	<b>Justification/Notes</b>
Y11	<p>To continue to help the government learn how to improve housing programs, it is very important that we talk to people periodically to see how things are going. Since people often move, we would like to ask you for the names of friends or relatives who usually keep in touch with you. We would contact these people <u>only</u> if we were unable to reach you at your current phone number. We would ask them only for your address and telephone information.</p> <p>(IF NO CONTACT PERSON INFORMATION AVAILBLE FROM PREVIOUS CONTACTS: Please give me the name of three people who do not live with you and who will know how to reach you if we need to contact you again to verify this interview or to ask a few additional questions.)</p> <p>(IF CONTACT INFORMATION AVAILABLE: In the past you gave us information on the following three people. I would like to make sure that we have the most current information for them, and that they are the best people to use to find you.)</p> <p>Interviewer will collect/update name, relationship to respondent, address and telephone number of up to three contact persons.</p>	MTO Interim modified	Contact person information is collected for quality control and other follow-up activities.



**Appendix H:**  
***Federal Register Notice***

Reduction Act. The Department is soliciting public comments on the subject proposal.

**DATES:** *Comments Due Date:* June 4, 2007.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Reports Management Liaison Officer, Office of Policy Development and Research, Department of Housing and Urban Development, 451 7th Street, SW., Room 8234, Washington, DC 20410-5000.

**FOR FURTHER INFORMATION CONTACT:** Mr. Michael Blanford, Research Engineer, Office of Policy Development and Research, Department of Housing and Urban Development, 451 7th Street, SW., Room 8134, Washington, DC 20410-5000. Call (202) 402-5728 for copies of the proposed forms and other available documents. (This is not a toll-free number).

**SUPPLEMENTARY INFORMATION:** The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended). This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated collection techniques or other forms of information technology (e.g., permitting electronic submission of responses).

*This Notice also lists the following information:*

*Title of Proposal:* Humidity Monitoring Survey.

*Description of the need for the information and proposed use:* This request is for the clearance of a survey instrument designed to measure the humidity levels in single family residences. The purpose of the survey is: (1) Collect moisture load data to support research to better understand the impact of moisture on the durability of homes; (2) Support the development of design criteria, such as ASHRAE

Standard 160P, that will minimize durability problems associated with high moisture levels; (3) Investigate the influence of the interior and exterior conditions on the moisture level of typical single family detached homes.

*OMB Approval Number:* Pending OMB approval.

*Agency form numbers:* None.

*Members of Affected Public:* Individuals.

*Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response:* 70 individuals will be surveyed in person. Average time to complete the survey is 20 minutes. Respondents will be contacted three times, once every six months. Total burden hours are 70.

*Status of the proposed information collection:* New.

**Authority:** Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: March 29, 2007.

**Darlene F. Williams,**

*Assistant Secretary for Policy Development and Research.*

[FR Doc. E7-6226 Filed 4-3-07; 8:45 am]

**BILLING CODE 4210-67-P**

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5123-N-09]

### Notice of Proposed Information Collection for Public Comment on the Final Evaluation of the Moving to Opportunity Program

**AGENCY:** Office of the Policy Development and Research, HUD.

**ACTION:** Notice.

**SUMMARY:** The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

**DATES:** *Comments Due Date:* June 4, 2007.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Reports Liaison Officer, Office of Policy Development and Research, Department of Housing and Urban Development, 451 7th Street, SW., Room 8234, Washington, DC 20410.

### FOR FURTHER INFORMATION CONTACT:

Todd M. Richardson, Program Evaluation Division, Policy Development and Research, Department of Housing and Urban Development, 451 7th Street, SW., Room 8140, Washington, DC 20410-5000. Call (202) 402-5706 (this is not a toll-free number) or [Todd\\_Richardson@HUD.GOV](mailto:Todd_Richardson@HUD.GOV) for copies of the proposed forms and other available documents.

**SUPPLEMENTARY INFORMATION:** The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended). This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated collection techniques or other forms of information technology (e.g., permitting electronic submission of responses).

*This Notice also lists the following information:*

*Title of Proposal:* Final Evaluation of the Moving to Opportunity (MTO) Program.

*Description of the need for the information and proposed use:* This request is for the clearance of several survey instruments for the Final Evaluation of the Moving to Opportunity (MTO) demonstration program. Authorized by Congress in the Housing and Community Development Act of 1992, MTO is a unique experimental research demonstration designed to learn whether moving from a high-poverty neighborhood to a low-poverty neighborhood significantly improves the social and economic prospects of poor families. Families living in high poverty public and assisted housing in Baltimore, Boston, Chicago, Los Angeles and New York who applied for MTO were randomly assigned into two treatment groups and one control group between 1994 and 1998. Families assigned to the treatment groups were provided Section 8 to allow them to move out of the high poverty developments. Families in one of the

treatment groups received intensive mobility counseling and were required to lease a unit in a neighborhood with less than ten percent poverty. The other treatment group families could lease a unit wherever they chose, but only received the normal housing authority counseling. Those families assigned to the control group did not receive any Section 8 assistance but continued to receive project-based assistance.

This data collection is necessary to measure impacts and mediators approximately 10 to 14 years after families were randomly assigned to the two treatment groups and the control group. The data are planned to be collected for the following primary outcome domains: housing mobility and assistance; neighborhoods and social networks; adult education, employment and earnings; household income and cash assistance; adult, youth, and child physical and mental health; youth and child emotional and social well-being, including delinquency and risky behavior; and youth and child educational performance.

Interviews are estimated to be completed for 3,900 adult heads of household using the adult interview guide and approximately 5,800 youth between the ages of 10 and 20 using the youth interview guide. The youth and children noted above will be administered a math and reading achievement assessment. Subject to final decisions by the research team and HUD, as well as Institutional Review Board approval, the interviews will also include collection of biomarker data via finger pricks to obtain dried blood spots of MTO participants. All interviews and testing will be conducted in-person or on the telephone by interviewers using computer-assisted personal interviewing (CAPI) or computer-assisted telephone interviewing software to directly input the data into a computer. Incentive payments will be made to respondents participating in this survey in order to ensure a high response rate. Data gathered will be used by the National Bureau of Economic Research to prepare a report to HUD on the long-term impacts of MTO. Subject to maintaining the privacy and confidentiality of respondents, the data collected will also be used by academics and HUD policy analysts to further explore what specific neighborhood mediating factors contribute to the neighborhood impact on outcomes for families and children. The information will be used by HUD and Congress to guide future housing policy in many areas, including housing mobility assistance and the location and concentration of assisted housing.

*OMB Control Number:* Pending approval.

*Agency form numbers:* None.

*Members of Affected Public:* Individuals and Households.

*Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response:* 3,900 adults at 75 minutes; 5,800 youth with 45 minute survey and 45 minute achievement test. One-time response, total 12,910 reporting burden hours.

*Status of the proposed information collection:* New.

**Authority:** Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: March 29, 2007.

**Darlene F. Williams,**

*Assistant Secretary for Policy Development and Research.*

[FR Doc. E7-6227 Filed 4-3-07; 8:45 am]

**BILLING CODE 4210-67-P**

## DEPARTMENT OF THE INTERIOR

### Fish and Wildlife Service

#### Receipt of Applications for Permit

**AGENCY:** Fish and Wildlife Service, Interior.

**ACTION:** Notice of receipt of applications for permit.

**SUMMARY:** The public is invited to comment on the following applications to conduct certain activities with endangered species and marine mammals.

**DATES:** Written data, comments or requests must be received by May 4, 2007.

**ADDRESSES:** Documents and other information submitted with these applications are available for review, subject to the requirements of the Privacy Act and Freedom of Information Act, by any party who submits a written request for a copy of such documents within 30 days of the date of publication of this notice to: U.S. Fish and Wildlife Service, Division of Management Authority, 4401 North Fairfax Drive, Room 700, Arlington, Virginia 22203; fax 703/358-2281.

**FOR FURTHER INFORMATION CONTACT:** Division of Management Authority, telephone 703/358-2104.

#### SUPPLEMENTARY INFORMATION:

##### Endangered Species

The public is invited to comment on the following applications for a permit to conduct certain activities with

endangered species. This notice is provided pursuant to Section 10(c) of the Endangered Species Act of 1973, as amended (16 U.S.C. 1531 *et seq.*). Written data, comments, or requests for copies of these complete applications should be submitted to the Director (address above).

*Applicant:* Devon E. Pearse, NOAA-National Marine Fisheries Service, Southwest Fisheries Science Center, Santa Cruz, CA, PRT-135127.

The applicant requests a permit to import biological samples from Orinoco crocodiles (*Crocodylus intermedius*) for the purpose of enhancement of the species through scientific research. This notification covers activities conducted by the applicant for a five-year period.

*Applicant:* Zoological Society of San Diego, San Diego, CA, PRT-148347.

The applicant requests a permit to export biological samples from Southern white rhinoceros (*Ceratotherium simum simum*) and Asian tapir (*Tapirus indicus*) for the purpose of enhancement of the species through scientific research. This notification covers activities conducted by the applicant for a five-year period.

*Applicant:* Zoological Society of San Diego, San Diego, CA, PRT-149091.

The applicant requests a permit to export two live male California condors (*Gymnogyps californianus*) to the Chapultepec Zoo, Mexico for the purpose of enhancement of the survival of the species.

*Applicant:* Milwaukee County Zoological Gardens, Milwaukee, WI, PRT-149077.

The applicant requests a permit to export one male captive-born Central American tapir (*Tapirus bairdii*) to the Africam Safari Zoo, Mexico for the purpose of enhancement of the species through captive breeding and conservation education.

*Applicant:* Laurie A. Cotroneo, Drexel University, Pennsylvania, PA, PRT-149837.

The applicant requests a permit to import biological samples from American crocodile (*Crocodylus acutus*) for the purpose of enhancement of the species through scientific research. This notification covers activities conducted by the applicant for a five-year period.

*Applicant:* Wesley A. Miner, Jacksonville, FL, PRT-148576.

The applicant requests a permit to import the sport-hunted trophy of one male bontebok (*Damaliscus pygargus pygargus*) culled from a captive herd maintained under the management program of the Republic of South Africa,

**Appendix I:**  
**MTO Enrollment Agreement**

## MTO PARTICIPANT ENROLLMENT AGREEMENT

The Housing Authority of \_\_\_\_\_ has received special Section 8 certificates and vouchers under the Moving to Opportunity for Fair Housing or MTO Program. If you apply and are eligible for the program, the Housing Authority may place you on a special waiting list to get one of these certificates or vouchers. Your application for the MTO program will not affect the housing you now have.

As part of this application, you will fill out a survey which asks questions about you and the people who live with you. You may also be asked to fill out other surveys or be interviewed later. This information will be used only for research purposes.

Because this is a special program with a small number of certificates and vouchers, not everyone will get assistance. To guarantee that all families have the same chance of getting assistance, the Housing Authority will give out certificates and vouchers by lottery. The Housing Authority will contact you to let you know what happens.

If you do get a Section 8 certificate or voucher through the MTO Program, you may be asked to come to meetings about moving and looking for a new neighborhood. There may also be rules about where you can move with your Section 8 certificate or voucher. Finally, you must be willing to follow any other program rules or regulations.

Please check one of the boxes below to show if you want to sign up for the MTO Program. Then please sign your name and fill in the other information.

**YES. I have read this form and want to apply for a Section 8 certificate or voucher through the MTO Program.** I am willing to follow any special rules for this program. I agree to let the researchers studying this program get information about me or my children from schools, Social Security, welfare, or other government agencies. I understand that this information will be kept private, except as required by law, and that neither my name nor those of my family members will be used in any study report.

**NO. I have read this form and have decided not to apply for a Section 8 certificate or voucher through the MTO Program.**

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day year

\_\_\_\_\_  
Print full name

SSN #: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day year



## **Appendix J:**

### **Consent Forms for the Final Evaluation**

- Adult Consent Form
- Youth 18-20 Years Old Consent Form
- Youth 10-17 Years Old Assent Form
- Guardian Consent Form for Youth Under 18 Years Old

## Adult Consent Form for the Moving to Opportunity Study

You are invited to take part in a study called Moving to Opportunity (MTO). This study will help families have a safe place to live. The University of Michigan and the National Bureau of Economic Research are doing this study for the Department of Housing and Urban Development (HUD). The study is being paid for by HUD and other government agencies and foundations. We are talking to over 9,000 people in families that were in the Moving to Opportunity project about ten years ago, and will ask you to tell us when we can interview you.

We will ask you questions about your family's housing, your neighborhood, schooling, jobs, and health. The interview will take about 75 minutes to do. At the end of the interview, we will ask you to give a small blood sample by a finger prick, and to have your height, weight and blood pressure measured. You can do the interview and decide not to give the blood sample or have the measurements taken. If any part of the interview is upsetting to you, you can talk with our social worker. You will also be given a list of helpful telephone numbers and websites that you can go to for help if you need it.

Your answers will be combined with information from HUD and other agencies to tell us how MTO families are doing now. Your answers to the questions will be kept private. Your name, address, and telephone number will be kept separate from the answers to the questions. Only HUD and the research team will see your answers. The information you give us will be used by researchers for many years.

Your privacy is very important to us. HUD has a **Certificate of Confidentiality**. This is a legal document that lets HUD refuse to give out information that could identify you, even if a court asks for it. Still, if keeping your answers private would put you, someone else, or your child in serious danger, then we will have to tell government agencies to protect you or the other person. And, the government may see your information if it audits us; but it, too, will protect your privacy.

Your participation is voluntary and you may stop the interview at any time. You will not lose any benefits if you decide not to participate. If you want to stop the interview at any time, all you have to say is, "I want to stop." You can answer only questions that you want to answer. **We will pay you [\$50/\$100] when the interview is over to thank you for finishing it.** If you decide to give a blood spot sample and have your height, weight and blood pressure taken, you will receive an extra payment of \$25.

A supervisor may contact you to check on how well we did and how you felt about the interview. The supervisor may ask you to do a short follow-up interview.

If you have questions you can ask the interviewer or call the University of Michigan at **1-800-759-7947** (English) or **1-800-643-7605** (Spanish). The phones are answered Monday through Thursday from 9:00 a.m. – 9:00 p.m.; Friday from 9:00 a.m. – 5:00 p.m., and Saturday from 12:00 noon to 4:00 p.m. Eastern Time. Please say you are calling about the MTO study. You will be given a copy of this form.

---



**Consent to Participate**

The signature below shows that you have read, or that an interviewer has read to you, the above information and you agree to participate.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

**Consent to Audio Record**

If you agree, we may audio record the interview. The recording will only be used to make sure the interviewer is doing a good job, and to help us understand how language styles change in neighborhoods. The recordings are kept private and will be destroyed when the study is finished. Only University of Michigan employees and people on the MTO research team are allowed to listen to the recordings. Your signature below shows that you agree to have your interview recorded. You may still do the interview if you do not want to have it recorded.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

**OMB Disclaimer**

Public reporting burden for this study averages 95 minutes for each adult. This includes the time for answering the interview questions and completing physical measurements and giving blood samples. This agency may not collect this information, and you do not have to respond to this survey, unless this form shows a currently valid OMB control number. HUD will use the information to understand how neighborhoods affect families and to improve its housing programs.

**Sensitive Information**

The information collected is sensitive and is protected by the Privacy Act and a Certificate of Confidentiality. This information is being collected as part of a study of the MTO program originally authorized by Congress in the Housing and Community Development Act of 1992. The information you give will help HUD find out what effect MTO has on family safety, health, employment, education, and other outcomes. The information will be used for research purposes only. HUD will not release your answers outside of HUD for any other purpose. The Certificate of Confidentiality protects the data from being released for any non-research purpose. You are not required to respond to this survey and your benefits will not be affected by whether or not you respond to the survey.

**IRB Clearance**

This study has been reviewed by the Institutional Review Board (IRB) at the University of Michigan. If you have questions about your rights on this study, contact the IRB at 540 E. Liberty Street, Suite 202 in Ann Arbor MI 48104-2210. The phone number is (734) 936-0933 and email address is irbhsbs@umich.edu.

**Adult Consent Form for Physical Measures and Blood Spot Sampling  
for The Moving to Opportunity Study**

You are now being asked to have your height and weight measured and your blood pressure taken, and to provide a small amount of blood from a finger prick. This information will help us learn more about how the Moving to Opportunity program might help improve the long-term health of people like you. The dry blood spots are sent to a lab to get measures of Total cholesterol (TC) and high density lipoprotein (HDL), which are related to heart disease; Glycosylated hemoglobin, for diabetes; and C-Reactive protein, for inflammation and related to heart disease. We will also measure Cortisol, Epstein-Barr virus antibody levels and stress-related hormones that are connected with many long-term health outcomes.

This part of the study will help researchers understand the connections between health and things like income and employment. All adults are being asked to have their physical measurements taken and to give blood spot samples. I understand that if I agree to participate it means:

- a) I understand that I will be asked to have my blood pressure taken, and my height and weight measured.
  - b) I understand that I will be asked to provide a small blood sample. My finger will be pricked and my blood will be collected on a blood spot collection card.
  - c) I understand that the blood spot collection card will be sent to a laboratory to be analyzed for Cholesterol (TC and HDL), Glycosylated hemoglobin, C - reactive protein, and stress-related hormones.
  - d) I understand that a few drops of my blood will be put in a machine that will test my cholesterol level in my home.
  - e) I understand that I will complete these measurements only if I agree to do so. My participation is voluntary. I am NOT required to do this, and I can stop at any time.
  - f) I will receive an extra \$25 payment for having my height and weight measured, my blood pressure taken and giving the blood sample. I will receive [\$50/\$100] for completing the interview,,even if I decide not to have my measurements taken or give the blood sample.
  - g) My measurements and the results of the blood tests will be kept private in the same way as the rest of my information. I will not be identified in any reports. Records will be kept private as much as is allowed by federal, state, and local law. However, the Institutional Review Board and the MTO research team and government officials responsible for monitoring this study may see my records. They will also protect my privacy.
-

- h) HUD has obtained a Certificate of Confidentiality. With this certificate, the researchers can not be forced to give information that may identify me in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.
- i) I will be given a copy of my blood pressure results and will be told if it is above the normal range. I will be told how to share this information with my family doctor.
- j) I will be given a copy of my cholesterol reading and mailed a copy of my other blood test results. I will be told if the readings are outside the normal range. I will be told to share this information with my doctor. I will be told if there was not enough blood on the card to be analyzed.
- k) It will take about 20 minutes to do these measurements.
- l) There are no known risks with doing this interview or with taking part in this study. I may have a small amount of pain from the finger prick. If I get hurt doing this study, no payment or free medical treatment will be paid by any of the sponsors of this project.
- m) I understand that I will receive the results of my blood tests, and that other people may also gain from what is learned from this study.
- n) I may ask questions at any time and will get truthful answers. I can ask the interviewer, or call the Survey Director, Nancy Gebler, at the University of Michigan at (800) 759-7947.
- o) I will receive a copy of this form.

The signature below shows that you agree to complete this measurement.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

**Adult Consent Form for Release of Administrative Records  
for The Moving to Opportunity Study**

Part of our research includes getting information about you from Social Security, welfare, or other government agencies. The agencies include state departments of labor, local school districts, and state unemployment insurance agencies. We are asking for your permission to contact some government and private agencies and ask them for information about you and your children.

The information will be combined with your survey answers to help us understand how MTO families are doing now and will help us learn how to help families have a safe place to live. The information we collect will be used only for research. Only HUD and members of the MTO research team can see your records. You may still participate in this study if you do not want these records released.

Here are some examples of the types of information we will ask for:

- Records of how much money you earned from your state's department of labor;
- Your children's school records, including information about how they scored on achievement tests, their school absences, if they repeated a grade, and how they are doing in school;
- Your and your children's records from the criminal justice system, including motor vehicle violations or arrests for other reasons;
- Your and your children's Medicare or Medicaid records;
- Your and your children's participation in TANF, Food Stamps, or other social programs.

I understand that if I agree to allow MTO researchers to request this information about me and my children, it means:

- a) I understand that NBER will ask for information about me and my children from agencies like those listed above.
  - b) I understand that NBER may send a copy of this form to authorize release of my and my children's records.
  - c) I understand that I will sign this form only if I agree to do so. My participation is voluntary. I am NOT required to do this.
  - d) The information from my records and my children's records will be kept private in the same way as the rest of the interview data. We will not be identified in any reports. Records will be kept private as much as is allowed by federal, state, and local law. However, the Institutional Review Board and the MTO research team and government officials responsible for monitoring this study may see these records. They will also protect our privacy.
  - e) HUD has obtained a Certificate of Confidentiality. With this certificate, the researchers cannot be forced to give out information that may identify me or my children in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.
-

- f) I understand that I will not be paid for allowing records to be released to the research team.
- g) I understand that although I will not receive direct benefit from my participation, others may gain from what is learned in this study.
- h) I may ask questions at any time and will get truthful answers. I can ask the interviewer, or call the Project Director, Dr. Jens Ludwig, at the University of Chicago at (773) 702-3242.
- i) I will receive a copy of this form.

The signature below shows that you agree to allow agencies to provide your and your children's records to the MTO research team, led by researchers from the National Bureau of Economic Research, Inc. at 1050 Massachusetts Avenue, Cambridge, MA 02138-5398.

\_\_\_\_\_

Respondent Signature Date

Respondent Social Security Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Youth Ages 18-20 Consent Form for the Moving To Opportunity Study**

You are invited to take part in a study called Moving to Opportunity (MTO). This study will help families have a safe place to live. The University of Michigan and the National Bureau of Economic Research are doing this study for the Department of Housing and Urban Development (HUD). The study is being paid for by HUD and other government agencies and foundations. We are talking to over 9,000 people in families that were in the Moving to Opportunity project about ten years ago, and will ask you to tell us when we can interview you.

During the interview, you will be asked questions about where you live, your schooling and jobs, your health and any stressful experiences you have had, and risky things you may do. The interview takes about 1 hour and 45 minutes. We will measure how tall you are and how much you weigh, and give you a 45 minute achievement test. If any part of the study upsets you, you can talk with our social worker. We will also give you a list of helpful telephone numbers that you can call for help if you need it.

Your answers will be put together with information from HUD and other agencies to tell us how MTO families are doing now. Your answers will be kept private. Information like your name, address, and telephone number will be kept separate from your answers to the questions. Only people on the research team will see your answers. The information you give us will be used by researchers for many years.

Your privacy is very important to us. HUD has a **Certificate of Confidentiality**. This is a legal paper that lets HUD refuse to give anyone your name, even if a court asks for it. Still, if keeping your answers private would put you or someone else in serious danger, then we will have to tell government agencies to protect you or the other person. And, the government may see your information if it checks on us, but it, too, will protect your privacy.

You do not have to do this study. You can stop the interview at any time. You will not lose any benefits if you decide not to do the interview. If you want to stop, all you have to say is, "I want to stop." You can answer only questions that you want to answer. **We will give you [\$50/\$100] after the interview to thank you for finishing it.**

A supervisor may contact you to check on how well we did and how you felt about the interview. The supervisor may ask you to do a short follow-up interview.

If you have questions about this study, please ask the interviewer or call the University of Michigan at **1-800-759-7947**. Say you are calling about the MTO study. You will be given a copy this form.

### Consent to Participate

Your signature below shows that you have read, or that an interviewer has read to you, this form and you agree to participate.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

### Consent to Audio Tape

If you agree, we may audio record the interview. The recording will only be used to make sure the interviewer is doing a good job, and to help us understand how language styles change in different neighborhoods. The recordings are kept private and will be destroyed when the study is done. Only University of Michigan employees and people on the MTO research team are allowed to listen to the recordings. Your signature below shows that you agree to have the interview recorded. You may still do the interview if you do not want to have it recorded.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

#### OMB Disclaimer

Public reporting burden averages 105 minutes for 18 to 20 year old respondents. This includes the time for answering the interview questions and doing an achievement test. This agency may not collect this information, and you do not have to respond to this survey, unless this form shows a current OMB control number. HUD will use the information to understand how neighborhoods affect families and to improve its housing programs.

#### Sensitive Information

The information collected is sensitive and is protected by the Privacy Act and a Certificate of Confidentiality. This information is being collected as part of a study of the MTO program originally authorized by Congress in the Housing and Community Development Act of 1992. The information you give will help HUD find out what effect MTO has had on family safety, health, jobs, schooling, and other outcomes. The information will be used for research purposes only. HUD will not release your answers outside of HUD for any other purpose. The Certificate of Confidentiality protects the data from being released for any non-research purpose. You are not required to respond to this survey and your benefits will not be affected by whether or not you respond to the survey.

#### IRB Clearance

This research study has been reviewed by the Institutional Review Board (IRB) at the University of Michigan. If you have questions about your rights on this study, contact the IRB, at 540 E. Liberty Street, Suite 202, Ann Arbor MI 48104-2210. The phone number is (734) 936-0933. The email address is [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).

**Youth Ages 18-20 Consent Form for Release of Administrative Records  
for The Moving to Opportunity Study**

Part of our research includes getting information about you from Social Security, welfare, or other government agencies including state departments of labor, local school districts, and state unemployment insurance agencies. We are asking for your permission to contact some government and private agencies and obtain information from them about you.

The information will be put together with your survey answers to help us understand how MTO families are doing now. The information we collect will be used only for research. Only HUD and members of the MTO research team can see your records. You may still do the interview if you do not want to have your records released.

Here are some examples of the types of information we will ask for:

- Records of how much money you earned from your state's department of labor;
- Your school records, including information from your achievement tests, school absences, if you repeated a grade, and how you are doing in school;
- Your records from the criminal justice system, including motor vehicle violations or arrests for other reasons;
- Your Medicare or Medicaid records;
- Your participation in TANF, Food Stamps, or other social programs

I understand that if I agree to allow MTO researchers to request this information about me, it means:

- a) I understand that NBER will ask for information about me from agencies like those listed above.
- b) I understand that NBER may send a copy of this form to authorize release of my records.
- c) I understand that I will sign this form only if I agree to do so. My participation is voluntary. I do NOT have to do this.
- d) The information from my records will be kept private in the same way as the rest of the interview data. I will not be identified in any reports. Records will be kept private as much as is allowed by federal, state, and local law. However, the Institutional Review Board and the MTO research team and government officials responsible for monitoring this study may see these records. They will also protect my privacy.
- e) HUD has obtained a Certificate of Confidentiality. With this Certificate, the researchers can not be forced to give information that may identify me in any



- federal, state, or local civil, criminal, administrative, legislative, or other proceedings.
- f) I understand that I will not be paid for letting my records be released to the research team.
  - g) I understand that although I will not receive direct benefit from my participation, others may gain from what is learned in this study.
  - h) I may ask questions at any time and will get truthful answers. I can ask the interviewer, or contact the Project Director, Dr. Jens Ludwig, at the University of Chicago: (773) 702-3242.
  - i) I will receive a copy of this form.

The signature below shows that you agree to allow agencies to provide your records to the MTO research team, led by researchers from the National Bureau of Economic Research, Inc. at 1050 Massachusetts Avenue, Cambridge, MA 02138-5398.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

Respondent Social Security Number: \_\_\_\_\_

## Youth Age 10-17 Assent for the Moving To Opportunity Study

You are invited to take part in a study called Moving to Opportunity (MTO). This study will help families have a safe place to live. The University of Michigan and National Bureau of Economic Research are doing this study for the Department of Housing and Urban Development (HUD). The study is paid for by HUD and other government agencies and foundations. We are talking to over 9,000 people in families that were in the Moving to Opportunity project about ten years ago. With your parent's or guardian's permission, we will ask you when we can interview you.

We will ask you questions about where you live, your schooling and jobs, your health and any stressful experiences you have had, and risky things you may do. The interview takes about 1 hour and 45 minutes. We will measure how tall you are and how much you weigh, and give you a 45-minute achievement test. If any part of the study upsets you, you can talk with our social worker. We will also give you a list of helpful telephone numbers that you can call for help if you need it.

Your answers will be put together with information from HUD and other agencies to tell us how MTO families are doing now. Your answers will be kept private. Information like your name, address, and telephone number will be kept separate from your answers to the questions. Only people on the research team will see your answers. The answers you give us will be used by researchers for many years.

Your privacy is very important to us. HUD has a **Certificate of Confidentiality**. This is a legal paper that lets HUD refuse to give anyone your name, even if a court asks for it. Still, if keeping your answers private would put you, or someone else in serious danger, then we will have to tell government agencies to protect you or the other person. And, the government may see your information if it checks on us; but it, too, will protect your privacy.

You do not have to help us with this study. You can stop the interview at any time. You will not lose any benefits if you decide not to do the interview. If you want to stop, all you have to say is, "I want to stop." You can answer only questions that you want to answer. **We will give you [\$50/\$100] after the interview is over to thank you for finishing it.**

A supervisor may contact you to check on how well we did and how you felt about the interview. The supervisor may ask you to do a short follow-up interview.

If you have questions about the MTO study, please ask the interviewer or call the University of Michigan at **1-800-759-7947**. Say you are calling about the MTO study. You will be given a copy of this form.

### Assent to Participate

If you sign your name here it shows that you have read, or that an interviewer has read to you, this form and you agree to do this interview.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

### Assent to Audio Tape

If you approve, we may record the interview. The recording will be used to make sure the interviewer is doing a good job, and to help us understand how language styles change in neighborhoods. The recordings are kept private and will be destroyed when the study is finished. Only University of Michigan staff and people on the MTO research team can listen to the recordings. If you sign your name here, it shows that you agree to have your interview recorded. You may still do the interview if you do not want to have it recorded.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

#### OMB Disclaimer

Public reporting burden averages 75 minutes for 10 to 12 year olds and about 105 minutes for every 13 to 17 year old respondent. This includes the time to answer interview questions and take an achievement test. This agency may not collect this information, and you do not have to respond to this survey, unless this form shows a current OMB control number. HUD will use the information to understand how neighborhoods affect families and to improve its housing programs.

#### Sensitive Information

The information collected is sensitive and is protected by the Privacy Act and a Certificate of Confidentiality. This information is being collected as part of a study of the MTO program originally authorized by Congress in the Housing and Community Development Act of 1992. The information you provide will help HUD to understand the effect MTO has had on family safety, health, jobs, schooling, and other outcomes. The information will be used for research purposes only. The Certificate of Confidentiality protects the data from being released for any non-research purpose. You are not required to respond to this survey and your benefits will not change if you do or do not answer the survey questions.

#### IRB Clearance

This study has been reviewed by the Institutional Review Board (IRB) at the University of Michigan. If you have questions about your rights on this study, contact the IRB at 540 E. Liberty Street, Suite 202 in Ann Arbor MI 48104-2210. The phone number is (734) 936-0933 and email address is irbhsbs@umich.edu.

**Parents/Guardians of Youth Under Age 18 Consent Form for  
Participation in the Moving To Opportunity Study**

You children are invited to take part in a study called Moving to Opportunity (MTO). This study will help families have a safe place to live. The University of Michigan and the National Bureau of Economic Research are doing this study for the Department of Housing and Urban Development (HUD). The study is paid for by HUD and other government agencies and foundations. We are talking to over 9,000 people in families that took part in the Moving to Opportunity project about ten years ago, and your children have been selected for this important ten-year follow-up interview.

With your permission, your children will be asked questions about where they live, their schooling and jobs, physical and mental health, and risky behaviors. The interview takes about 1 hour and 45 minutes. We will measure their height and weight, and give them a 45-minute achievement test. If any part of the study upsets your children, they can talk to our social worker. We will also give them a list of helpful telephone numbers that they can call for help if needed. **Each child will receive a payment of [\$50/\$100] to thank them after they complete the interview.**

This study will follow strict rules to protect your children's answers. Each child's answers will be kept private. Information like their name, address and telephone number will be kept separate from their answers to the questions. They will never be named in any reports about the study. The information they give us will be used by researchers for many years.

Your children's privacy is very important to us. HUD has obtained a **Certificate of Confidentiality**. This is a legal paper that lets HUD refuse to give out any information that could identify your children, even if a court asks for it. Still, if keeping your child's answers private would put your child, you, or someone else in serious danger; then we will have to tell government agencies to protect you or the other person. And, the government may see your child's information if it checks on us; but it, too, will protect your and your child's privacy.

If you or your children have any questions, please ask the interviewer or call the University of Michigan toll free at: **1-800-759-7947** (English) or **1-800-643-7605** (Spanish). The phones are answered Monday through Thursday, 9:00 a.m. – 9:00 p.m., Friday, 9:00 a.m. – 5:00 p.m., and Saturday, 12:00 noon to 4:00 p.m., Eastern Time. Please say you are calling about the MTO study. You will get a copy of this form.

### Consent for Child(ren)'s Participation

Your signature below shows that you have read, or that an interviewer has read to you, the above information and you agree to allow your children to participate.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### Consent to Audio Tape

If you agree, we may audio record your children's interviews. The recording will only be used to make sure the interviewer is doing a good job, and to help us understand how language styles change in different neighborhoods. The recordings are kept private and will be destroyed when the study is done. Only University of Michigan employees and people on the MTO research team are allowed to listen to the recordings. Your signature below shows that you agree to have the interview recorded. Your children may still participate in this study if you do not want to have the interview recorded.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

#### OMB Disclaimer

Public reporting burden averages 75 minutes for 10 to 12 year olds and about 105 minutes for 13 to 20 year old respondents. This includes the time for answering interview questions and completing an achievement test. This agency may not collect this information and you do have to respond to this survey, unless this form displays a currently valid OMB control number. HUD will use the information to understand how neighborhoods affect families and to improve its housing programs.

#### Sensitive Information

The information collected is sensitive and is protected by the Privacy Act and a Certificate of Confidentiality. This information is being collected as part of a study of the MTO program originally authorized by Congress in the Housing and Community Development Act of 1992. The information you give will help HUD find out what effect MTO has had on family safety, health, employment, education, and other outcomes. The information will be used for research purposes only. HUD will not disclose or release your responses outside of HUD for any other purpose. The Certificate of Confidentiality protects the data from being released for any non-research purpose. You are not required to respond to this survey and your benefits will not be affected by whether or not you respond to the survey.

#### IRB Clearance

This study has been reviewed by the Institutional Review Board (IRB) at the University of Michigan. If you have questions about your rights on this study, contact the IRB at 540 E. Liberty Street, Suite 202 in Ann Arbor MI 48104-2210. The phone number is (734) 936-0933 and the email address is irbhsbs@umich.edu.

**Parent/Guardian Consent Form for Release of Administrative Records  
for The Moving to Opportunity Study**

Part of our research includes getting information about you and your children from Social Security, welfare, or other government agencies. The agencies include state departments of labor, local school districts, and state unemployment insurance agencies. We are asking for your permission to contact some government and private agencies and ask them for information from them about you and your children.

The information will be combined with your children's survey answers to help us understand how MTO families are doing now and will help us learn how to help families have a safe place to live. The information we collect will be used only for research. Only HUD and members of the MTO research team can see your records. Your children may still participate in this study if you do not want these records released.

Here are some examples of the types of information we will ask for:

- Records of how much money you earned from your state's department of labor;
- Your children's school records, including information about how they scored on achievement tests, their school absences, if they repeated a grade, and how they are doing in school;
- Your and your children's records from the criminal justice system, including motor vehicle violations or arrests for other reasons;
- Your and your children's Medicare or Medicaid records;
- Your and your children's participation in TANF, Food Stamps, or other social programs.

I understand that if I agree to let MTO researchers request this added information about it me and my children, it means:

- a) I understand that NBER will ask for information about me and my children from agencies like those listed above.
- b) I understand that NBER may send a copy of this form to authorize release of my and my children's records.
- c) I understand that I will sign this authorization only if I agree to do so. My participation is voluntary. I am NOT required to do this.
- d) The information obtained from these records will be kept private in the same way as the rest of the interview data. We will not be identified in any reports. Records will be kept private as much as is allowed by federal, state, and local law. However, the Institutional Review Board and the MTO research team and governmental agencies responsible for monitoring this study may see these records. They will also protect our privacy.

- e) HUD has a Certificate of Confidentiality. With this Certificate, the researchers cannot be forced to give information that may identify me or my children in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.
- f) I understand that my children and I will not be paid for allowing records to be released to the research team.
- g) I understand that although I will not receive direct benefit from my participation, others may gain from what is learned in this study.
- h) I may ask questions at any time and can expect truthful answers. I can ask the interviewer, or contact the Project Director, Dr. Jens Ludwig, at the University of Chicago: (773) 702-3242.
- i) I will receive a copy of this form.

The signature below shows that you agree to allow agencies to provide your and your children's records to the MTO research team, led by researchers from the National Bureau of Economic Research, Inc. at 1050 Massachusetts Avenue, Cambridge, MA 02138-5398.

\_\_\_\_\_

Respondent Signature \_\_\_\_\_ Date

Respondent Social Security Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Appendix K:**

### **Recruitment Materials and Handouts**

- Contact Participant Tracking Card
- Advance Letter to Residents
- Letter for Special Circumstances
  - Too Busy Letter
  - More Info Letter
  - Gatekeeper Letter
  - No Contact Letter
- Letter to Authorities
- Letter to Locked Buildings
- Letter to City Government
- MTO Study Fact Brochure
- National Hot Line Directory



## INFORMANT REMINDER POSTCARD

### UNIVERSITY OF MICHIGAN - INSTITUTE FOR SOCIAL RESEARCH

The next time you hear from:

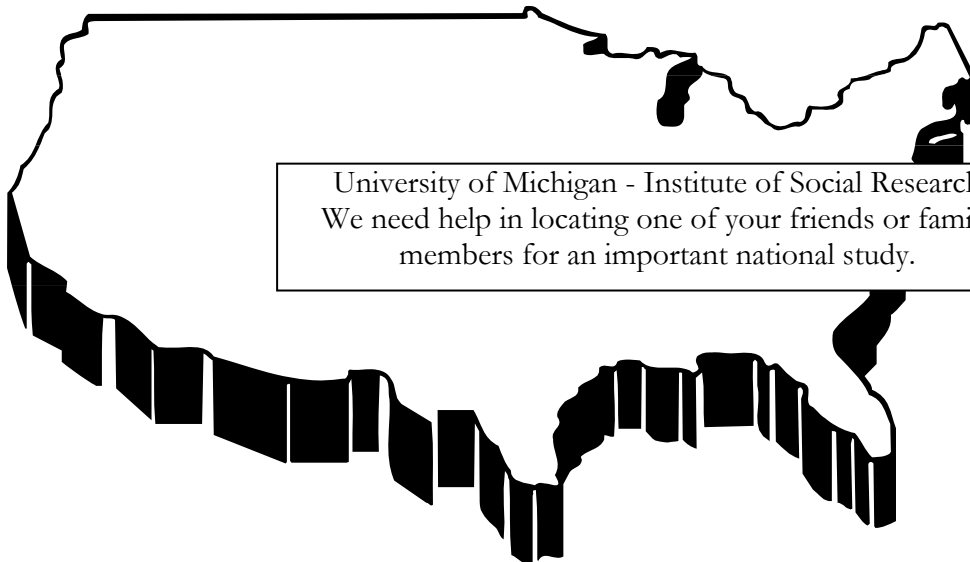
**Please contact us at 1-800-759-7947**  
with his/her current address and telephone number.

Address:

Phone: (            )

*As a token of our appreciation, you will receive a check for \$10 if the information you provide leads us to your friend or relative.*

## WE NEED YOUR HELP!



The U.S. Department of Housing and Urban Development  
Moving to Opportunity Demonstration Project

**MTO Head of Household Advance Letter**

Dear [NAME]

The U.S. Department of Housing and Urban Development (HUD) is contacting families who signed up for the Moving to Opportunity (MTO) program to find out how they are doing 10 years after the program started. You and your family became part of this program when a member of your family applied for the MTO demonstration several years ago. At that time, a member of your family completed a questionnaire and signed a statement allowing HUD and its researchers to talk to him/her and his/her family members.

The University of Michigan is helping to conduct this research study for HUD. This study will help HUD learn how to help families improve their housing situations in the future. You will be asked questions about your family's housing and neighborhood, education, employment, and health. The answers you provide are important to HUD and its research team. **You will receive a payment of [\$50/\$100] to thank you for your time.**

A professional interviewer from the University of Michigan Survey Research Center will be visiting your neighborhood soon. The interviewer will wear a badge that identifies him/her as an interviewer for the University of Michigan. Your participation is voluntary. If you agree to participate in this study, you will be asked to complete a 75-minute survey interview. In order to better understand how housing programs like MTO might improve the health outcomes of families, at the end of the interview, you will be asked to provide a blood spot sample via a finger prick and have your blood pressure measured. The blood spot sample will be analyzed for the measure of cholesterol levels, diabetic status, cardiovascular and metabolic disease status, and hormones related to stress. If you decide to provide a blood spot sample our interviewer will provide you with some key results such as for total cholesterol and tell you whether your levels are above normal and help you figure out what to tell your family doctor for help.

HUD and the University of Michigan are both very committed to protecting your privacy and can assure you that your identity and privacy will be protected. You will not be named in any reports about the study. HUD or people on HUD's research team may look at your answers, but without your name attached. HUD will only report results from groups of people, not individuals.

The enclosed brochure tells you more about MTO. You can also call the University of Michigan toll free **1-800-759-7947** (English) or **1-800-643-7605** (Spanish). The toll-free lines are open Monday through Thursday, 9:00 a.m. – 9:00 p.m., Friday, 9:00 a.m. – 5:00 p.m., and Saturday, 12:00 noon to 4:00 p.m., Eastern Time. Please refer to the MTO research project when you call. Thank you for helping us with this important effort.

Sincerely,

Barbara Ward, Survey Manager  
Survey Research Center  
The University of Michigan

Should you have questions regarding your rights as a research participant, please contact the Institutional Review Board, 540 E. Liberty Street, Suite 202, Ann Arbor, MI 48104-2210, (734)936-0933, email: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).

**The U.S. Department of Housing and Urban Development  
Moving to Opportunity Demonstration Project**

Dear [RESIDENT TOO BUSY],

One of our interviewers recently called on you to ask for your participation in the Moving to Opportunity (MTO) survey. The University of Michigan is conducting this research study for the U.S. Department of Housing and Urban Development (HUD). I understand you have a very busy schedule that makes it difficult to fit in an interview with us. Because you are so important to the project, I would like to take a moment to explain some things that might encourage you to find time to talk with us.

HUD has been conducting the MTO demonstration project since 1994. HUD is now contacting families who signed up for MTO to find out how they are doing 10 years after the program started. This study will help HUD learn how to help families improve their housing situation in the future. Therefore, *your contribution to this project is extremely valuable*. Without interviews from busy people such as yourself, we would end up with findings that are biased towards people who have quite a bit of spare time and our sample would not be representative of the population.

The information you share will be used to inform public policy and assist HUD in improving the future housing situation. The only way for this project to meet its important goal is to speak with people like you. Our research team will schedule visits at your convenience. If you agree to participate, **you will receive [\$50/\$100]** for completing a 75-minute survey interview, and an additional \$35 for having your blood pressure measured and providing a small blood spot sample.

Your contribution to this project is very valuable and worthwhile. We understand you are busy. Our interviewer will try to minimize the amount of time the interview will take. When our interviewer contacts you again, we hope that you will choose to participate in this research study. If you would like to suggest a time to reach you, please feel free to contact the University of Michigan toll free at **1-800-759-7947** (English) or **1-800-643-7605** (Spanish). The toll-free lines open Monday through Thursday, 9:00 a.m. – 9:00 p.m., Friday, 9:00 a.m. – 5:00 p.m., and Saturday, 12:00 noon to 4:00 p.m., Eastern Time. Please refer to the MTO research project when you call. Thank you very much for your assistance with this important research.

Sincerely,

Barbara Ward, Survey Manager  
Survey Research Center  
The University of Michigan

Should you have questions regarding your rights as a research participant, please contact the Institutional Review Board, 540 E. Liberty Street, Suite 202, Ann Arbor, MI 48104-2210, (734)936-0933, email: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).

## The U.S. Department of Housing and Urban Development Moving to Opportunity Demonstration Project

Dear More Info:

An interviewer from the University of Michigan recently contacted you about participating in the Moving to Opportunity (MTO) study. I understand that you have some reservations about participating in the research study or talking with an interviewer. Because your participation is so important to the success of the study, I would like to take a moment to give you some more information about the important study.

This research study is being conducted by an experienced team of researchers at the University of Michigan Survey Research Center and the National Bureau of Economic Research for the U.S. Department of Housing and Urban Development (HUD). HUD has been conducting the study of the MTO demonstration program since 1994. Now HUD is contacting families who signed up for MTO to find out how they are doing 10 years after the program started. HUD wants to learn how to help families improve their housing situation in the future.

Our interviewers are employees of the University of Michigan and carry U of M Survey Research Center identification badges. The University is very committed to protecting the confidentiality of our respondents and we follow very strict university and federal guidelines regarding protection of respondents. Any identifying information will never be released.

We are asking respondents to complete a survey interview that will take about 75 minutes, plus consider providing us with a few drops of blood from a finger prick in order to help better understand how neighborhood and housing programs can help the long-term health outcomes of families. You may complete the interview without giving the blood spot sample. **If you agree to do the interview, you will receive [\$50/\$100].** If you agree to provide a blood spot sample and have your blood pressure measured, you will receive another [\$35] and the interviewer will also give you your results from the blood spot analysis, including your cholesterol level and instructions about how to share that information with your family doctor.

If you have any questions regarding the research or the time for an interview, please call us at: **1-800-759-7947** (English) or **1-800-643-7605** (Spanish). The toll-free lines are open Monday through Thursday, 9:00 a.m. – 9:00 p.m., Friday, 9:00 a.m. – 5:00 p.m., and Saturday, 12:00 noon to 4:00 p.m., Eastern Time. Thank you in advance for your help in completing this important survey effort.

Sincerely,

Barbara Ward, Survey Manager  
Survey Research Center  
The University of Michigan

Should you have questions regarding your rights as a research participant, please contact the Institutional Review Board, 540 E. Liberty Street, Suite 202, Ann Arbor, MI 48104-2210, (734)936-0933, email: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).

**The U.S. Department of Housing and Urban Development  
Moving to Opportunity Demonstration Project**

Dear **Gatekeeper**:

One of our interviewers recently asked (NAME OF RESPONDENT) to take part in the Moving to Opportunity (MTO) program study. I understand you had some concerns about your (RELATIONSHIP TO GATEKEEPER) being interviewed. Because your (RELATIONSHIP) participation is so important to the success of the study, I would like to take a moment to explain some things that might ease your concerns.

The University of Michigan is conducting this research study for the U.S. Department of Housing and Urban Development (HUD). HUD is now contacting families who signed up for MTO to find out how they are doing 10 years after the program started. This study will help HUD learn how to help families improve their housing situation in the future.

The MTO interview takes about 75 minutes and contains questions on your (RELATIONSHIP) housing and neighborhood, education, employment, and health. At the end of the interview, your (RELATIONSHIP) will also be asked to provide a blood spot sample via a finger prick. The sample is extremely important for measuring cholesterol levels, diabetic status, cardiovascular and metabolic disease status, and hormones related to stress. **Your (RELATIONSHIP) will receive [\$50/\$100]** for completing the survey interview, and an additional \$35 for having his/her blood pressure measured and providing a small blood spot sample. All visits will be scheduled at the convenience of your (RELATIONSHIP).

Your (RELATIONSHIP) is important! Our interviewers are professionally trained to recognize if the interview is being a burden to the respondent. Your (RELATIONSHIP) may choose to skip any questions that [he/she] does not want to answer. HUD is very committed to protecting your privacy. HUD has obtained a **Certificate of Confidentiality**. This is a legal document that lets HUD refuse to give out any information that could identify you, even if a court asks for it.

If you have any questions, please call the University of Michigan at: **1-800-759-7947** (English) or **1-800-643-7605** (Spanish). The toll-free lines open Monday through Thursday, 9:00 a.m. – 9:00 p.m., Friday, 9:00 a.m. – 5:00 p.m., and Saturday, 12:00 noon to 4:00 p.m., Eastern Time. Please refer to the MTO research project when you call. I have asked our interviewer to call on your (RELATIONSHIP) again. Just tell the interviewer how best to accommodate you and your (RELATIONSHIP). Thank you very much for your assistance.

Sincerely,

Barbara Ward, Survey Manager  
Survey Research Center  
The University of Michigan

Should you have questions regarding your rights as a research participant, please contact the Institutional Review Board, 540 E. Liberty Street, Suite 202, Ann Arbor, MI 48104-2210, (734)936-0933, email: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).

**The U.S. Department of Housing and Urban Development  
Moving to Opportunity Demonstration Project**

Dear [NAME OF NO CONTACT]:

We mailed a letter to you several weeks ago along with a brochure like the one enclosed. You and your family became part of the Moving to Opportunity program study when a member of your family applied for the MTO program several years ago. The University of Michigan is conducting this research study for the U.S. Department of Housing and Urban Development (HUD). This study will help HUD learn how to help families improve their housing situation in the future.

Our interviewer has tried to contact someone in your household on a number of occasions, but has been unable to find anyone at home. We are writing you now to let you know about this difficulty and to ask for your help in finding a good time to contact you to set up an appointment for an interview.

We promise that all information and data collected will be used for research purposes only. Our professionally trained interviewers have taken an oath of confidentiality and are held to it by the University of Michigan and by their own pride in their work. Please be assured that any information you provide will be kept strictly confidential. Your identity and privacy will be protected. You may skip any of the questions you wish. Most people find that completing the interview is an interesting and rewarding experience.

If you can suggest a good time for us to reach you, or if you have any questions about the study, please call the University of Michigan toll free at: **1-800-759-7947** (English) or **1-800-643-7605** (Spanish). The toll-free lines are open Monday through Thursday, 9:00 a.m. – 9:00 p.m., Friday, 9:00 a.m. – 5:00 p.m., and Saturday, 12:00 noon to 4:00 p.m., Eastern Time. Please refer to the MTO research project when you call. Thank you for your help in completing this important research effort.

Sincerely,

Barbara Ward, Survey Manager  
Survey Research Center  
The University of Michigan

Should you have questions regarding your rights as a research participant, please contact the Institutional Review Board, 540 E. Liberty Street, Suite 202, Ann Arbor, MI 48104-2210, (734)936-0933, email: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).

**The U.S. Department of Housing and Urban Development  
Moving to Opportunity Demonstration Project**

Dear Public Housing Authority Administrator or  
Manager of Public Housing Authority Property:

The U.S. Department of Housing and Urban Development (HUD) has been conducting a study of the Moving to Opportunity (MTO) demonstration program since 1994. Now HUD is contacting families who signed up for the MTO to find out how they are doing 10 years after the program started. This letter is to request your assistance at locating families from your community who have been participating in this research project.

The last known addresses for many of these families were in your development(s). Some of the families may have moved due to redevelopment, vacancy consolidation, or some other reason. Many may have simply changed phone numbers. To the extent you have this information, we would appreciate if you could provide current address and telephone numbers for the families identified by the University of Michigan staff working in your area. Professional interviewers working for the University of Michigan will be contacting people in your community to collect information.

The purpose of the MTO research study is to determine the effects of helping some families who live in public housing or project-based Section 8 housing to move to different kinds of neighborhoods. As part of the study, it is critical to also understand what happens to the families that did not move as part of MTO. This research will help HUD learn how to help families improve their housing situation in the future.

The University of Michigan is helping to conduct this research study for HUD. Families who applied for MTO Section 8 assistance agreed to allow researchers for HUD to follow their lives over a ten-year period. Written consent was obtained from each household head who applied for MTO, permitting your agency (and others) to provide locating information and other data about the family and its members to researchers over that long period of years.

Thank you for your assistance in this important research. Should you have any questions about this request, please do not hesitate to call me at 202-708-3700, ext. 5706

Todd M. Richardson, GTR  
Office of Policy Development and Research

**The U.S. Department of Housing and Urban Development  
Moving to Opportunity Demonstration Project**

**Locked or Gated Community**

To Whom It May Concern:

The University of Michigan Survey Research Center (SRC) is conducting the Moving to Opportunity (MTO) Final Evaluation interviews in your areas. The University of Michigan is working with the National Bureau of Economic Research (NBER) and the U.S. Department of Housing and Urban Development (HUD) to collect information on households that voluntarily joined the MTO project up to 10 years ago. Professional interviewers from the University of Michigan Survey Research Center will be contacting people in these communities in 2008 and 2009.

Families who applied for the MTO program agreed to allow researchers for HUD to follow their lives over a ten-year period. Written consent was obtained from each household head who applied for MTO, permitting our interviewers to collect information and other data about the family and its members for researchers over the project period. I am hereby requesting that you permit our interviewer to enter your (complex/building) for the purpose of collecting data.

Participation in this study is voluntary, and residents are so notified prior to the interviewer's visit. Our interviewers are professionally trained and wear badges that identify them as interviewers for the University of Michigan Survey Research Center. All information collected is confidential and will only be used for research purposes.

Thank you for your assistance in this important research. Should you have any questions about this request, please do not hesitate to call the University of Michigan toll free at: **1-800-759-7947** (English) or **1-800-643-7605** (Spanish) Monday through Thursday, 9:00 a.m. – 9:00 p.m., Friday, 9:00 a.m. – 5:00 p.m., and Saturday, 12:00 noon to 4:00 p.m.

Sincerely,

Barbara Ward, Survey Manager  
Survey Research Center  
The University of Michigan

Should you have questions regarding your rights as a research participant, please contact the Institutional Review Board, 540 E. Liberty Street, Suite 202, Ann Arbor, MI 48104-2210, (734)936-0933, email: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).



**The U.S. Department of Housing and Urban Development  
Moving to Opportunity Demonstration Project**

**MTO Letter to City Government**

To Whom It May Concern:

The University of Michigan is conducting the Moving to Opportunity (MTO) Final Evaluation interviews in your area. The University is working with the National Bureau of Economic Research (NBER) and the U.S. Department of Housing and Urban Development (HUD) to collect information on households that voluntarily joined the MTO project up to 10 years ago. Professional interviewers from the University of Michigan will be contacting people in these communities beginning in April, 2008 and running through April, 2009.

Families who applied for the MTO program agreed to allow researchers for HUD to follow their lives over a ten-year period. Written consent was obtained from each household head who applied for MTO, permitting our interviewers to collect information and other data about the family and its members for researchers over that long period of years.

Participation in the study is voluntary, and residents are so notified prior to the interviewer's visit. Our interviewers are professionally trained and wear badges that identify them as interviewers for the University of Michigan. All information collected is confidential and will only be used for research purposes.

Thank you for your assistance in this important research. Should you have any questions about this request, please call the University of Michigan toll free at: **1-800-759-7947** (English) or **1-800-643-7605** (Spanish). The toll-free lines open Monday through Thursday, 9:00 a.m. – 9:00 p.m., Friday, 9:00 a.m. – 5:00 p.m., and Saturday, 12:00 noon to 4:00 p.m., Eastern Time. Please refer to the MTO research project when you call.

Sincerely,

Barbara Ward, Survey Manager  
Survey Research Center  
The University of Michigan

Should you have questions regarding your rights as a research participant, please contact the Institutional Review Board, 540 E. Liberty Street, Suite 202, Ann Arbor, MI 48104-2210, (734)936-0933, email: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).



### **What is the study about?**

The Moving to Opportunity (MTO) is a program that studies the effects of using housing vouchers to help families move into different neighborhoods, with the goal of understanding how to improve these programs for families in the future. This important study is being conducted by the U.S. Department of Housing and Urban Development (HUD). We are helping HUD carry out this study.

### **Why am I being asked to participate?**

HUD is contacting families who signed up for the Moving to Opportunity (MTO) program back in the 1990s to find out how they are doing 10 years after the program started. You and your family became part of this research study when a member of your family applied for the MTO program several years ago. At that time, a member of your family completed a questionnaire and signed a statement allowing HUD and its researchers to talk to him/her and his/her family members.

### **What will I be asked to do as part of this study?**

You will be asked to complete an interview in your home and you may be asked to give permission for your son or daughter to complete an interview and a math and reading assessment. In order to understand how the

program affects health outcomes, the interviewer will measure your height and weight and take your blood pressure. You will also be asked to provide a few drops of blood obtained from a finger prick. These blood spots will be analyzed for some basic health indicators such as cholesterol, which is an important predictor of heart disease; glycosylated hemoglobin, a predictor of someone's risk for diabetes; and C-Reactive protein, which is an indicator of inflammation and helps predict heart disease and other health problems. In addition we will measure cortisol, which helps indicate people's level of stress that in turn can affect the ability of their body's immune system to fight off colds and other problems.

These analyses will allow researchers to better understand the connections between these health measures and other factors of interest such as health, economic and employment status.

### **What happens to the answers?**

This study will follow strict rules to protect your answers. Your identity and privacy will be protected. You will never be named in any reports about the study. HUD or people on HUD's research team may look at your answers, but without your name attached. HUD will only report results from groups of people, not individuals. We will share

some basic health measures with you at the time of the interview and mail the other results of your blood tests to you about 4-6 weeks after the interview.

### **Do I have to participate?**

This interview is completely voluntary. If you are asked to answer any questions that you don't want to answer, just let your interviewer know and he/she will go on to the next question. The answers you give will be kept confidential.

### **Who is conducting the study?**

The University of Michigan and the National Bureau of Economic Research are conducting this research study for HUD. This study will help HUD learn how to help families improve their housing situation in the future. You will be asked questions about your family's housing and neighborhood, education, employment, and health. The answers you provide are very important to HUD and its research team.

**You will receive [\$50/\$100] for completing the interview. If you decide to provide a small blood sample and have your blood pressure taken, you will be given an additional \$35. If your child is asked to participate, he/she will also be paid [\$50/\$100] for completing the interview and a math and reading assessment.**

**Who funds the study?**

HUD is paying for the research. Other sponsors include the National Institutes for Health, National Science Foundation, the Centers for Disease Control, and the MacArthur, Spencer and Smith Richardson Foundations. *[if additional funding is approved, other agencies will be listed]*

**How will the interviews be completed?**

Your interview will be conducted by a trained interviewer from the University of Michigan. The interview will include questions about your housing, neighborhood, living conditions, education, employment, and health. It will last approximately 75 minutes and will be conducted at a time and place that is convenient to you. If your child is asked to participate, his/her interview will last about 60 minutes and the assessment will take another 45 minutes.

**What about my privacy?**

We are very committed to protecting your privacy. HUD has obtained a **Certificate of Confidentiality**. This is a legal document that lets HUD refuse to give out any information that could identify you, even if a court asks for it. However, if keeping your answers private would put you, your child, or someone else in serious danger, then we will have to

tell government agencies to protect you or the other person. Information such as your name, address, and telephone number will be kept in secure files separate from the answers you provide. Only HUD and the research team will see individual answers to the interviews.

**Who do I contact for more information?**

If you have more questions about the Moving to Opportunity project, please call the University of Michigan toll free at 1-800-759-7947 (English) 1-800-643-7605 (Spanish).

If you wish to speak with someone at HUD about this research, contact Todd Richardson (MTO project director) at 202-708-3700, ext. 5706.

**Moving to Opportunity research team Members:**

- Lawrence Katz, PhD, Harvard,,  
Principal Investigator
- Jens Ludwig, PhD, U. Chicago
- Jeffrey Kling, PhD, Brookings  
Institution
- Ronald Kersler, PhD, Harvard  
Medical School
- Lisa Gennetian, PhD, Brookings  
Institution,
- Nancy Gebler, MA, University of  
Michigan, Survey Director

**Technical Advisory Team:**

- Lawrence Aber, PhD, NYU
- Jeanne Brooks-Gunn, PhD,  
Columbia University
- Charles Brown, PhD, U. Michigan
- Thomas Cook, PhD, Northwestern

- Ken Dodge, PhD, Duke University
- Felton Earls, PhD, Harvard
- Ronald Ferguson, PhD, Harvard
- Christopher Jencks, MA, Harvard
- Terrie Moffitt, PhD, U. Wisconsin
- Kathleen Mullan Harris, PhD, UNC
- Edgar Olsen, PhD, U. Virginia
- Robert Sampson, PhD, Harvard
- Lawrence Steinberg, PhD, Temple
- Jane Waldfogel, PhD, Columbia

## National Hotline Directory\*

\* This list should not be considered to be a complete list of all community service agencies nor an endorsement of them.

Organization	Number	Hours	Who they Help	How they help
American Council on Alcoholism Helpline	<b>800-527-5344</b>	M-F 9-5pm EST	Those seeking information on treatment for Alcoholism.	They provide referrals to alcohol treatment programs nationwide. They can also send out educational materials.
US Dept. of Health and Human Services: Center for Mental, Substance Abuse Prevention	<b>800-729-6686</b> <b>*Español</b> <b>1-877-767-8432</b>	24 Hours 7 Days	Those seeking information on treatment for Alcohol and Drug Abuse.	They provide referrals to local state funded and private drug treatment agencies. They can also send out information packets.
Al-anon/ Alateen Meeting Referral	<b>800-344-2666</b>	8-6 EST	Alcoholics and their friends and family.	An operator can direct you to the meeting locations nearest you.
CDC AIDS Hotline	<b>800-342-AIDS</b> <b>(800-342-2437)</b>	24 Hours, 7 Days	Any person with questions or concerns about AIDS or sexually transmitted disease	They provide referrals to local clinics that do STD and HIV testing. They can also provide counseling about STD risk and transmission.
Rape Abuse and Incest National Network (RAINN)	<b>800-656-4673</b>	24 Hours, 7 Days	Rape and incest victims	When calling this number, you are automatically transferred to the nearest rape crisis center in your area.
Big Brothers Big Sisters of America	<b>215-567-7000</b>	9-5pm EST	Children who would like to have a mentor and Adults looking to be a mentor to a child.	Big Brothers Big Sisters of America is the nation's largest youth mentoring organization. The national office can help you find an agency near you.
National Legal Aid and Defender Society	<b>202-452-0620</b>	9-5pm EST	Persons seeking free legal services.	National Legal Aid and Defender Society will direct you to the nearest legal aid service in your area. Legal aid is primarily for people of lower incomes.
Emergency Food Shelter National Board Program	<b>703-706-9660</b>	9-5pm EST	Persons seeking emergency food, clothing and shelter	The operator can direct you to the nearest location in your area that provides emergency food, clothes and shelter.
Childhelp USA	<b>800-4-A-CHILD</b>	24 Hours, 7 Days	Child abuse victims, offenders, parents, survivors.	Trained professionals provide short term counseling, information and referrals to local agencies. They can also take reports of suspected child abuse.
National Domestic Violence Hotline	<b>800-799-SAFE</b> <b>* Español:</b> <b>Ask for Spanish Operator</b>	24 Hours, 7 Days	Children, parents, friends, offenders	A crisis line that can provide immediate help through referrals to local shelters, counselors and legal advice.

Boys Town	<b>800-448-3000</b>	24 Hours, 7 Days	Troubled children, parents, family members	Counselors are available 24 hrs to give immediate counseling to girls and boys with any type of problem including issues with school, parents, sexuality, abuse, or feelings of suicide.
National Victim Center	<b>800-FYI-CALL (800-394-2255)</b>	8:30-5:30 EST M-F	All victims of violent crimes	They provide some local referrals for social service, counseling, legal and case advocacy.
Planned Parenthood	<b>800-230-PLAN (800-230-7526)</b>	24 Hours 7 Days	Family planning, pelvic exam, birth control, abortion.	When you call this number you are immediately connected to a planned parenthood in your area.
Emergency Contraceptive Hotline	<b>888-NOT-2-LATE (888-668-2528)</b>	24 Hours 7 Days	Those seeking information on Emergency contraception.	An automated service provides referrals to local health care providers who offer emergency contraception
America's Crisis Pregnancy Hotline	<b>888-4-OPTIONS (888-467-8466)</b>	6:30- 10:00 CST	Those seeking Christian Pregnancy Counseling.	They provide counseling and referrals on pregnancy testing, abortion, adoption and parenting services.
National Alliance for the Mentally Ill	<b>800-950-NAMI (6264)</b>	10-5pm EST	Those seeking referrals or information for any mental health issue.	NAMI provides referrals to local counselors, therapists, and support groups for individuals and families. They can also answer questions and send information on any type of mental health issue.
The National Mental Health Association Information Center	<b>800-969-NMHA (6642)</b>	9-5pm EST	Those seeking referrals or information for any mental health issue.	NMHA provides information on all types of mental health issues and gives referrals to support groups, and inpatient/out patient centers.
United Way Crisis Line	<b>800-233-HELP (4357)</b>	24 Hours 7 Days	Those seeking referrals or information for any mental health issue.	Trained social workers provide referrals to local agencies, counselors and mental health associations. They can also provide crisis counseling.
Suicide Hotline	<b>800-SUICIDE Sponsored by Covenant House</b>	24 Hours 7 Days	Those seeking crisis counseling	They provide referrals to the nearest local crisis hotlines and services where counselors are ready to help 24 hours a day.

**NAME:** «A\_sTitle» «A\_vFirstName» «A\_vMiddleName»  
«A\_vLastName» «A\_sSuffix»  
**DATE OF TEST:** «Date\_Blood\_Collected»

Dear «A\_sTitle» «A\_vFirstName» «A\_vMiddleName» «A\_vLastName» «A\_sSuffix»,

Thank you for participating in the Moving To Opportunity Study. The test results of your cholesterol and hemoglobin A1c tests have been returned from the laboratory. On the enclosed page you will find your results for your blood pressure readings, cholesterol (both total and HDL cholesterol), and hemoglobin A1c tests. As you know we cannot provide any medical advice to you. If you have any questions about these results please contact your doctor.

We look forward to your continued interest and participation in all aspects of this study. If you have questions about this study, please contact us at **1-800-759-7947**.

Sincerely,

Jens Ludwig, Project Director

Nancy Gebler, Survey Director

*Should you have questions regarding your rights as a research participant, please contact the Health Sciences Institutional Review Board, Kate Keever, 540 East Liberty Street, Suite 202, Ann Arbor, MI, 48104-2210, 734-936-0933, email: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).*

### **Blood Pressure Readings:**

Time 1:        \_\_\_\_\_ / \_\_\_\_\_ mmHg  
                 Systolic         Diastolic

Time 2:        \_\_\_\_\_ / \_\_\_\_\_ mmHg  
                 Systolic         Diastolic

Time 3:        \_\_\_\_\_ / \_\_\_\_\_ mmHg  
                 Systolic         Diastolic

The American Heart Association recommends a systolic pressure (i.e. top number) of less than 120 mmHg and a diastolic pressure (bottom number) of less than 80 mmHg. The Health and Retirement Study may not measure blood pressure in the same way that your blood pressure may be measured in your doctor's office. However, if your blood pressure is 120/80 mmHg or higher, you should see your physician or other health professional to recheck this result and consider how to lower it.

**Total Blood Cholesterol:** «Total Chol Result» mg/dl

The American Heart Association recommends a total cholesterol level of less than 200 mg/dl. If your total cholesterol is 200 mg/dl or higher you should see your physician or other health professional to recheck this result and consider how to lower it.

**HDL Blood Cholesterol:** « HDL Chol Result » mg/dl

The American Heart Association recommends a high-density lipoprotein (HDL) cholesterol level of greater than 40 mg/dl. If your HDL cholesterol is 40 mg/dl or lower you should see your physician or other health professional to recheck this result and consider how to increase it.

**Hemoglobin A1C:** «Blood\_Sample\_Result»%

The hemoglobin A1c test shows the average amount of sugar in your blood over the last three months. The American Diabetes Association recommends that the goal of this result should be less than 7%. If your result is 7% or higher you should see your physician or other health professional to recheck this result and consider how to lower it.



## **Blood Spot Error Letter**

**NAME:** «A\_sTitle» «A\_vFirstName» «A\_vMiddleName»  
«A\_vLastName» «A\_sSuffix»

**DATE OF TEST:** «Date\_Blood\_Collected»

Dear «A\_sTitle» «A\_vFirstName» «A\_vMiddleName» «A\_vLastName» «A\_sSuffix»,

Thank you for participating in the Moving To Opportunity Study. We recently received the results of your blood test from the laboratory. Unfortunately, the lab was unable to analyze your blood sample for either cholesterol (total and HDL cholesterol), or hemoglobin A1c tests. We apologize that we are unable to provide you with all of your test results but we truly appreciate your participation in this important component of the Moving To Opportunity Study.

Your blood pressure measurements taken on the date of the interview are included in the attached letter. As you know we cannot provide any medical advice to you so if you have any questions about these results please contact your physician.

We look forward to your continued interest and participation in all aspects of this study. If you have questions about this study, please contact us at **1-800-759-7947**.

Sincerely,

Jens Ludwig, Project Director

Nancy Gebler, Survey Director

*Should you have questions regarding your rights as a research participant, please contact the Health Sciences Institutional Review Board, Kate Keever, 540 East Liberty Street, Suite 202, Ann Arbor, MI, 48104-2210, 734-936-0933, email: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).*

### **Blood Pressure Readings:**

Time 1:            \_\_\_\_\_ / \_\_\_\_\_ mmHg  
                      Systolic        Diastolic

Time 2:            \_\_\_\_\_ / \_\_\_\_\_ mmHg  
                      Systolic        Diastolic

Time 3:            \_\_\_\_\_ / \_\_\_\_\_ mmHg  
                      Systolic        Diastolic

The American Heart Association recommends a systolic pressure (i.e. top number) of less than 120 mmHg and a diastolic pressure (bottom number) of less than 80 mmHg. The Health and Retirement Study may not measure blood pressure in the same way that your blood pressure may be measured in your doctor's office. However, if your blood pressure is 120/80 mmHg or higher, you should see your physician or other health professional to recheck this result and consider how to lower it.

**Total Blood Cholesterol:** «Total Chol Result» mg/dl

The American Heart Association recommends a total cholesterol level of less than 200 mg/dl. If your total cholesterol is 200 mg/dl or higher you should see your physician or other health professional to recheck this result and consider how to lower it.

**HDL Blood Cholesterol:** « HDL Chol Result » mg/dl

The American Heart Association recommends a high-density lipoprotein (HDL) cholesterol level of greater than 40 mg/dl. If your HDL cholesterol is 40 mg/dl or lower you should see your physician or other health professional to recheck this result and consider how to increase it.

**Hemoglobin A1C:** «Blood\_Sample\_Result»%

The hemoglobin A1c test shows the average amount of sugar in your blood over the last three months.

The American Diabetes Association recommends that the goal of this result should be less than 7%. If your result is 7% or higher you should see your physician or other health professional to recheck this result and consider how to lower it.