# NATIONAL LONGITUDINAL TRANSITION STUDY - 2 (NLTS2) WAVE 5 PARENT INTERIEW PART 1

#### **PARENT PART 1**

- S. Screening and Introduction
- A. Residential, school, and employment status items
- B. Changing in functioning
- C. Services
- D. Household income
- E. Screen for continuation and closing

#### PARENT CONTINUATION, PART 2A

- F. Social and extracurricular activities
- G. Postsecondary education
- H. Employment
- I. Youth household characteristics
- J. Closing

#### YOUNG ADULT CONTINUATION, PART 2B

- K. Introduction
- L. Social and extracurricular activities and health related items
- M. Postsecondary education
- N. Employment
- O. Services
- P. Risk behaviors
- Q. Youth beliefs
- R. Youth's household characteristics
- S. Closing

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0815. The time required to complete this information collection is estimated to average 19 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: David Malouf, U.S. Department of Education, 555 New Jersey Ave., NW -- Room 508H, Washington DC, 20208-5550.

# NATIONAL LONGITUDINAL TRANSITION STUDY - 2 (NLTS2) WAVE 5 PARENT INTERVIEW PART 1

# **INTRODUCTION**

INTRO\_S1A

FILL: YOUTH or} {prefe	n {if YOUTH parent indicated youth was capable in prior wave, rred respondent} OR {FILL IF RELATIONSHIP CODE = YOUTH JTH. Is he/she available}? (Pause to see if you get tinue):
about the <b>NLTS2</b> researd with {if and parent indica	I'm calling on behalf of the <b>Department of Education</b> ch study that your family has been participating in. I'd like to speal ted youth was capable in prior wave, FILL: both YOUTH and} the le about YOUTH's work, social activities, and other experiences.

	CONFIRM: MOST KNOWLEDGEABLE	1
GO TO T_CHK	ADULT IS SPEAKING	
this option will only be operational if youth ≥ 18 and W1Capable=1 GO T_CHK_YOUTH	CONFIRM: YOUTH IS SPEAKING	2
Ask INTRO1A	NO	3
GO TO OTHER_CODES	MORE CODES	9

# INTRO1A

INTERVIEWER: RECORD THE TYPE OF "NO" RESPONSE.

	NOT AVAILABLE RIGHT NOW: set cb	1
GO TO RESETKEY_APPT		
Ask INTRO4	RESPONDENT DOES NOT LIVE HERE ANYMORE	2
GO TO INTRO2	DOESN'T KNOW THE SAMPLE MEMBER	3
GO TO INTRO5	WILL NOT LET US SPEAK TO SAMPLE MEMBER	4
GO TO LANG	LANGUAGE BARRIER	5
GO TO WHO_REF	REFUSED	6
GO TO OTHER_CODES	MORE CODES	9

(Hello, my name is \_\_\_\_\_\_. We are conducting an important study for the U.S. Department of Education). May I speak with {fill person on the current rosterline –i.e., the "contact"}. Your name was given to us by {fill youthname} or {fill youthname}'s family when we last interviewed them as someone who would know how to contact them if they moved or got a new phone number. Do you know how I can reach YOUTH or his/her parent or guardian or where they are currently living?

GO TO intro4	YES (KNOWS HOW TO REACH SUBJECT)	0
GO TO T_CHK	KNOWLEDGEABLE ADULT SPEAKING	1
GO TO THANK_EVT TERMINATION SCRIPT	KNOWS WHERE SUBJECT CAN BE REACHED BUT WILL NOT PROVIDE INFO (800#)	2
GO TO THANK_EVT	KNOWS SUBJECT BUT DOES NOT KNOW	3
TERMINATION SCRIPT	HOW TO REACH HIM/HER	
GO TO OTHER_CODES	HAS NEVER HEARD OF SUBJECT	4
GO TO LANG	LANGUAGE BARRIER	5
GO TO WHO_REF	REFUSED	6
GO TO OTHER_CODES	MORE CODES	9

# INTRO 4 (S1b)

I'm trying to reach YOUTH or the parent or guardian of [YOUTH'S FIRST AND LAST NAME] regarding an important Department of Education research study. Do you have any information that will help me locate these individuals? For example, a telephone number, and address, or the name of someone else who may know how to locate them?

(WILL ADD A ROSTER LINE) goto THANK_EVT and then returns to TW ( TI may want to call case )	YES, WILL GIVE INFO	1
GO TO THANK_EVT TERMINATION SCRIPT	NO – NO CONTACT INFORMATION	3
GO TO LANG	LANGUAGE BARRIER	4
GO TO OTHER_CODES	MORE CODES	9

# T\_CHK (S2b).

IF NEEDED: (Hello, my name is \_\_\_\_\_\_. I'm calling on behalf of the U.S. **Department of Education** about the **NLTS2** research study of students and youth.

You may have recently received a letter explaining that we'd be calling and asking you to participate in a shorter interview this year. We would still like to offer you a check for \$20 upon completion of an interview with us, and an additional \$20 to [YOUTH] for completing [his/her] part of the survey. Are you the best adult to talk with about [YOUTH] and [his/her] work, social activities, and other experiences?

GO to T_CHKDOB	YES	1
Ask T_CHK1a	NO	2
GO TO REMAIL	WANTS LETTER REMAILED	8
SCREENS		
(NEDLETS1/REMAIL1 -		
one week delay – TI to set		
callback)		
GO TO OTHER CODES	MORE CODES	

# T\_CHK1A (S2c.)

Is there another person who would be the best adult to talk about YOUTH and his/her work, school, and other experiences?

_		
GO TO T_CHKCHL3	YES	1
GO TO T_CHKCHL4	NO, SPEAKING WITH BEST ADULT	2
GO TO WHO_REF	REFUSED	6
GO TO OTHER CODES	MORE CODES	9

# T CHK YOUTH

(Hello, my name is \_\_\_\_\_\_). I'm calling on behalf of the U.S. Department of Education about the NLTS2 research study of young adults. You may have recently received a letter explaining that we'd be calling and that we would like to offer you a check for \$20 if you complete an interview with us as a token of our appreciation for your participation in this study.

GO TO T CHKPER	CONTINUE	1

#### SEELS A2a

T\_CHKDOB (A2a.) IF BIRTHDATE AVAILABLE FROM SAMPLE FILE ASK T\_CHKDOB else ASK T\_CHKDOB2

I have [YOUTH's/ {FILL: YOUR if INTRO\_S1A =2)] birthdate as [BIRTHDATE FROM SAMPLE FILE]. Is that correct?

GO TO T_CHKPER	YES	1
Ask T_CHKDOB2	NO	2
GO TO T_CHKCHL3	DON'T KNOW (ASK IF THEY KNOW SOMEONE WHO DOES)	3
GO TO T_CHKCHL3	REFUSED (ASSUME CORRECT)	4

#### SEELS A2b

T\_CHKDOB2 (A2b.) What is {FILL: YOUTH's} birthdate? RECORD BIRTHDATE.

RECORD CORRECT BIRTHDATE.

Ranges: (1-12) (1-31) (1983-1987)

MM: @MM / DD: @DD / YY: @YY

RANGE: (December 1,1983 to December 1, 1987)

[go to verification check ]

VERIFICATION CHECK: IF BIRTHDATE IS BETWEEN 12/1/83 AND 12/1/87 GO TO T\_DOBVRFY, ELSE (IF BIRTHDATE IS NOT BETWEEN 12/1/83 AND 12/1/87) GO TO T\_DOBVRFY2

GO TO T_CHKCHL3	DON'T KNOW	-1
GO TO T_CHKCHL4	REFUSED	-2

T DOBVRFY (RTI added in Wave 2)

That would make [fill YOUTH] [fill dobyrs] years old. Is that correct?

GO TO T_CHKPER	YES	1
GO TO T CHKDOB2	NO (CORRECT DOB AGAIN)	2

# T\_DOBVRFY2 (RTI added in Wave 2)

That would make [fill YOUTH] [fill dobyrs] years old. Is that correct?

IF YES, SAY: [fill YOUTH]'s birthday is not between December 1, 1983 and December 1, 1987. I will have to check with my supervisor to see if we should continue.

INTERVIEWER: PREPARE A PROBLEM SHEET. CATI WILL CODE THIS CASE, A PROBLEM CASE AND PUT IT IN SUPERVISOR'S REVIEW QUEUE.

GO TO Thank_evt	YES	1
(problem queue )		
GO TO T_CHKDOB2	NO (CORRECT DOB AGAIN)	2

# T\_CHKCHL3 (A2c.)

Who would be able to provide that information? RECORD NAME AND PHONE NUMBER

Add roster line and then GOTO DIAL_NEW_SUBJ	NAME	
Ask T_CHK1A	DK, REF	-1

# DIAL\_NEW\_SUBJ

INTERVIEWER: THE NEW SUBJECT/CONTACT IS AT THE NUMBER <phone\_display>? DO YOU NEED TO GO TO THE DIAL SCREEN?

Goto dial1	YES, GOTO TO DIAL1	1
Goto intro_s1a	NO, WE ARE ALREADY AT THIS NUMBER	2
Goto TW	RETURN TO THE MAIN MENU	3

# T\_CHKCHL4

I want to confirm that we're talking about (YOUTH) and that you feel you are the best adult to talk with about his/her work, school, and other experiences.

IF R CANNOT PROVIDE A CONTACT AND IS NOT THE BEST PERSON, CODE AS REFUSAL.

Ask T_CHKPER	YES	1
GO TO WHO_REF	REFUSAL	6

# T\_CHKPER

[FILL NAME AND TELEPHONE NUMBER OF PERSON ON THE CURRENT ROSTER LINE]

NAME: < ROL\_subjectfirstname> <ROL\_subjectmiddlename> <ROL\_subjectlastname> <rol\_subjectsuffix>

PHONE NUMBER <phone\_display>

INTERVIEWER: PLEASE VERIFY THAT THE NAME IS CORRECT. Thank you. I'd like to quickly confirm your name and phone number before we do the interview, in case we get cut off.

	YES, SPEAKING WITH THE PERSON DISPLAYED ABOVE	0
Goto DIAL_NEW_SUBJ after adding roster line	ADD NEW ROSTER LINE FOR NEW ADULT OR YOUTH AND/OR PHONE # - ADDS ROSTER, CAN SET CALLBACK OR CONTINUE WITH INTERVIEW	2
GO TO WHO_REF	REFUSED	6
GO TO OTHER_CODES	MORE CODES	9

**CHECKPOINT:** IF YOUNG ADULT INTERVIEW, GO TO Z\_8\_YOUTH.

#### Informed Consent Screens: Parent and Youth

# Z\_8 (S8)

(Hello, my name is \_\_\_\_\_. I am calling on behalf of the U.S. Department of Education for a national research study.)

I have some questions about [fill YOUTH] and [fill YOUTH]'s experiences. We've shortened the interview this year, so it will take about 15-25 minutes, depending on YOUTH's experiences.

This interview is voluntary. Everything you say will be kept completely confidential and you may choose not to answer any question that I ask you. As we have done in the past, in addition to asking you questions about YOUTH, we will also be asking a few questions about you as well.

Nothing you say will ever be reported individually about you, [YOUTH], or your family.

As with any research study that stores information on computers, there is always a risk that confidentiality may be breached; however, we want to assure you that we make every effort we can to keep your information secure-- for example your name and contact information are kept separate from the information that is collected during this study.

As we mentioned in the letter we sent you, we will be combining the information you give us today with the interviews we conducted with you (and your child) in earlier rounds of this study, so that we have a complete picture of [YOUTH's] experiences over the years.

If you have any questions or concerns about the study, I can give you a toll-free number to call. At the end of the interview, I will collect information from you about where to mail the check.

IF ASKED: PROVIDE TOLL-FREE NUMBER 1-866-269-7274

PROVIDE IF ASKED: If the participant has questions about his/her rights as a study participant, he/she can call RTI's Office of Research Protection toll-free at 1-866-214-2043.

IF THE RESPONDENT REFUSES, USE ESC KEY TO RETURN TO THE MENU SCREEN

#### Z 9 (S9)

If this is a good time to talk, we can start the interview now.

1 = CONTINUE

IF RESPONDENT HESITATES, SAY: Why don't we start and then I can always call back if you need to stop before we finish.

PROVIDE IF ASKED: If the participant has questions about his/her rights as a study participant, he/she can call RTI's Office of Research Protection toll-free at 1-866-214-2043.

# IF THE RESPONDENT REFUSES, USE ESC KEY TO RETURN TO THE MENU SCREEN

# Z 8 YOUTH

Before we begin, I need to tell you a few things.

Your taking part in the study is completely voluntary, but if you agree, we would like to talk with you. What you say will be kept private and won't be shared with your parent or guardian. If you don't want to answer a question, you can just say "skip that one."

The questions are about what you have been doing in the way of work or school or other things since high school like how you spend your time, how often you see friends and a few question about things like fighting or getting arrested or smoking, or drinking. If you don't want to answer a question, you can just say "skip that one." The questions should take about 20-30 minutes. At the end of the interview, I will collect information from you about where to mail the check.

As we have done in earlier rounds, we are also going to try to contact your parent to complete a short interview about your experiences too,

As with any research study that stores information on computers, there is always a risk that confidentiality may be breached; however, we want to assure you that we make every effort we can to keep your information secure— for example your name and contact information are kept separate from the information that is collected during this study. As we mentioned in the letter we sent you, we will be combining the information you give us today with the interviews we conducted with you (and your parents) in earlier rounds of this study, so that we have a complete picture of your experiences over the years.

Can I begin asking you the questions?

GO TO Z_8_YOUTHa	YES	1
	WILL ANSWER, NOT NOW, SET APPOINTMENT	2

#### Z 8 YOUTHa.

Good. I want to assure you that nothing you say will ever be reported individually about you or your family. If you have any questions or concerns about the study, I can give you a toll-free number to call.

PROVIDE IF ASKED: Respondent can call the study's toll-free number at 1-866-269-7274 with questions about the study. If the participant has questions about his/her rights as a study participant, he/she can also call RTI's Office of Research Protection toll-free at 1-866-214-2043. I've just mentioned the kinds of questions I'll be asking you. Is this a good time for you to talk and is this a good place for you to talk? Or would you like to go to a more private room or phone where I could call you back?

YES: (GO TO P1 IN YOUNG ADULT INTERVIEW)

NO: I'd like to set a call-back for a time that is more convenient for you.

(TI:SUGGEST A TIME AND SET CALLBACK)

#### **CHECK WITH SUPERVISOR SCRIPT (PROBLEM):**

CONFIRM THAT YOU ARE TALKING ABOUT THE YOUTH ON THE SAMPLE FILE. IF UNCLEAR, SAY I may have made an error here. Let me check with my supervisor and I will call you back. Thank you. Be sure to code out case and put in the problem gueue.

**CONDOLENCE SCRIPT**: I'm terribly sorry. Please accept our condolences. I'll make sure you aren't contacted by the study again. Thank you. TERMINATE CALL.

**TERMINATION SCRIPT**: Thank you very much for your time.

New option for Youth refusals (on refusal conversion call with youth only)

#### Refusal script:

My supervisor asked me to follow-up with you concerning a call that you received from one of our interviewers about a week ago. The call was about a very important study that is being conducted by RTI on behalf of the U.S. Department of Education. I understand that you may have had some concerns about the study that I might be able to address.

IF THE SUBJECT REFUSES, STATE: We respect your decision to not participate in the study. We want to let you know that we plan to contact your parent for an interview. Thank you again for your time.

The NLTS2 research study collects information about the education, work, and life experiences of young people nationwide.

- (1) CONTINUE
- (2) YOUTH REFUSES
- (3) YOUTH REFUSES AND SPECIFICALLY REQUESTS NOT TO CONTACT PARENT
- (4) YOUTH WILL CONTINUE BUT REQUESTS NOT TO CONTACT PARENT

#### Skip to Blaise

# CHECKPOINT: ALL CASES ask Z10.

# Z10. INDICATE SEX OF RESPONDENT. ASK IF NECESSARY.

GO TO Z12a	MALE	1
Ask Z11a	FEMALE	2

# Z11a. [if not prior waverespondent ] To confirm [else] To start, [endif] what is relationship to [youth]? CIRCLE ONE

	MOTHER	1
GO TO CHECKPOINT BEFORE A1	BIOLOGICAL MOTHER	2
	ADOPTIVE MOTHER	3
	STEPMOTHER	4
GO TO A1	FOSTER MOTHER	5
33 13 711	LEGAL GUARDIAN	6

SISTER/STEPSISTER	7
AUNT	8
GRANDMOTHER	9
OTHER (SPECIFY)	10
	Ī
DON'T KNOW	-1
REFUSED	-2

Z12a. [if not prior waverespondent ] To confirm [else] To start, [endif] what is relationship to [youth]? CIRCLE ONE

	FATHER	1
GO TO CHECKPOINT BEFORE A1	BIOLOGICAL FATHER	2
	ADOPTIVE FATHER	3
	STEPFATHER	4
	FOSTER FATHER	5
	LEGAL GUARDIAN	6
	BROTHER/STEPBROTHER	7
	UNCLE	8
	GRANDFATHER	9
	OTHER (SPECIFY)	10
	DON'T KNOW	-1
	REFUSED	-2

**CONDOLENCE SCRIPT**: I'm terribly sorry. Please accept our condolences. I'll make sure you aren't contacted by the study again. Thank you. TERMINATE CALL.

**TERMINATION SCRIPT**: Thank you very much for your time. **GO TO SECTION A** 

# A. RESIDENTIAL, SCHOOL, AND EMPLOYMENT STATUS

#### **RESIDENTIAL STATUS**

A6a

A1a. I'd like to begin by asking you some questions about YOUTH's living situation. Where does YOUTH live now? IF ASKED, WE MEAN THE PLACE YOUTH USUALLY SPENDS AT LEAST 5 NIGHTS A WEEK. DO NOT READ CATEGORIES UNLESS NEEDED. CODE ALL THAT APPLY. PROBE FOR: WHAT TYPE OF PLACE IS THAT?

WITH [HIS/HER] PARENTS	1
WITH [HIS/HER] LEGAL GUARDIAN	2
WITH ANOTHER RELATIVE/AN ADULT FAMILY MEMBER OTHER	3
THAN A SPOUSE OR PARENT.	
IN FOSTER CARE	4
ON HIS/HER OWN/ALONE	5
WITH A SPOUSE OR ROOMMATE	6
IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A	7
COLLEGE	
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	8
IN MILITARY HOUSING	9
IN A GROUP HOME, OTHER ASSITED LIVING CENTER, OR	10
SUPERVISED APARTMENT	
IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT	11
HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	
IN A MENTAL HEALTH FACILITY	12
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	13
TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR	14
JOB CORPS/JOB TRAINING PROGRAM/ON THE JOB HOUSING	16
OTHER, SPECIFY	15
DON'T KNOW	-1
REFUSED	-2

#### NELS:88 A6c

A1b. Has [he/she] lived anywhere else [IF WE HAVE WAVE 4 DATA ASK: in the last 2 years] [IF WE DO NOT HAVE WAVE 4 DATA ASK: since high school]? EXCLUDING CAMPS AND VACATIONS.

ASK A1c	YES	1
	NO	2
GO TO CHECKPOINT BEFORE A2a	DON'T KNOW	-1
	REFUSED	-2

A6d

A1c. Where else has YOUTH lived [IF WE HAVE WAVE 4 DATA ASK: in the last 2 years] [IF WE DO NOT HAVE WAVE 4 DATA ASK: since high school]? DO NOT READ CATEGORIES. CODE ALL THAT APPLY. PROBE FOR: WHAT TYPE OF PLACE IS THAT?

WITH [HIS/HER] PARENTS	1
WITH [HIS/HER] LEGAL GUARDIAN	2
WITH ANOTHER RELATIVE/ AN ADULT FAMILY MEMBER	3
OTHER THAN A SPOUSE OR PARENT.	
IN FOSTER CARE	4
ON HIS/HER OWN/ALONE	5
WITH A SPOUSE OR ROOMMATE	6
IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A	7
COLLEGE	
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	8
IN MILITARY HOUSING	9
IN A GROUP HOME, OTHER ASSITED LIVING CENTER, OR	10
SUPERVISED APARTMENT	
IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT	11
HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	
IN A MENTAL HEALTH FACILITY	12
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	13
TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR	14
JOB CORPS/JOB TRAINING PROGRAM/ON THE JOB HOUSING	16
OTHER, SPECIFY	15
,	
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF YOUTH DOES NOT LIVE AT HOME (A1a NE 1, 2, 3, OR 4) ASK A1d. ELSE GO TO CHECKPOINT BEFORE A2a.

NLTS G4.

A1d. About how often do you talk with YOUTH by phone, e-mail, or in person? Do you talk with [him/her] ... READ CATEGORIES. CODE ONE

About every day,	1
A few times a week,	2
About once a week,	3
Every few weeks,	4
Every few months, or	5
Less often than that?	6
DON'T KNOW	-1
REFUSED	-2

#### **HIGH SCHOOL STATUS**

**CHECKPOINT:** IF YOUTH HAD NOT GRADUATED OR TOOK A TEST AND RECEIVED A CERTIFCATE IN AN EARLIER WAVE (W1Grad =1 OR W1CERT=1), ASK A2a, ELSE GO TO A2c.

P2a

A2a. Now I have a few questions about YOUTH's high school. Has YOUTH been in high school or taken any high school classes at all this school year, that is from September till now [after 8/15/09: this past school year, that is from September 2008 till June 2009]?

ASK A2b	YES	1
	NO	2
GO TO CHECKPOINT BEFORE A2e	DON'T KNOW	-1
	REFUSED	-2

P2b

A2b. Is [he/she] in high school or taking any high school classes now?

TI: IF NO, PROBE TO SEE IF YOUTH IS ON SUMMER BREAK. IF ON SUMMER BREAK, CODE AS YES (TAKING CLASSES NOW).

GO CHECKPOINT BEFORE A3a	YES [OR NO, ON SUMMER BREAK]	1
ASK A2d	NO	2
GO TO A2e	DON'T KNOW	-1
	REFUSED	-2

Α1

A2c. Now I have a few questions about YOUTH's high school. Our records show that YOUTH left high school in the [INSERT SCHOOL YEAR] school year. Is that correct?

GO TO CHECKPOINT BEFORE A2e	YES	1
GO TO A2d	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D3a

A2d. When did YOUTH leave high school? PROBE IF NEEDED: Was it this school year (since September), last school year, or was it before that? [after 8/15/09: Was it last school year (2007-2008), the previous school year (2008-2009), or was it before that?]

THIS SCHOOL YEAR (2008-2009)	1
LAST SCHOOL YEAR (2007-2008)	2
BEFORE THAT ( EARLIER THAN 2007-2008	3
BUT SCHOOL YEAR NOT SPECIFIED)	
2006-2007	4
2005-2006	5
2004-2005	6
2003-2004	7
2002-2003	8
2001-2002	10
2000-2001	11
STILL IN HIGH SCHOOL	12
NEVER IN SCHOOL	13
DON'T KNOW	-1
REFUSED	-2

KATHY – WE WILL NEED TO CREATE A VARIABLE, "Out HS 2y" THAT CALCULATES A2c AND A2d.

**CHECKPOINT:** IF YOUTH HAD NOT GRADUATED OR TAKEN A TEST FOR DIPLOMA IN PRIOR WAVE ASK A2e. ELSE GO TO CHECKPOINT BEFORE A3a.

D3b

A2e. When [he/she] left school did [he/she] graduate, take a test and receive a diploma or certificate without taking all of [his/her] high school classes, drop out or stop going, was [he/she] suspended or expelled [ADD IF YOUTH IS 18 OR OLDER: was [he/she] older than the school age limit] or did [he/she] leave for some other reason?

GO TO A2g	GRADUATE	1
GO TO A2g	TAKE A TEST AND RECEIVE A DIPLOMA OR A CERTIFICATE WITHOUT TAKING ALL OF HIS/HER HIGH SCHOOL CLASSES	2
ASK A2f	DROP OUT OR JUST STOP GOING	3
	TEMPORARILY SUSPENDED	4
	PERMANENTLY EXPELLED,	5
GO TO CHECKPOINT BEFORE A3a	AGE OUT/OLDER THAN AGE LIMIT	6
	SOME OTHER REASON. SPECIFY	7
	DON'T KNOW	-1
	REFUSED	-2

# D3c

# A2f. What were [his/her] reasons for leaving? CIRCLE ALL THAT APPLY.

		_
	ACADEMIC DIFFICULTY; POOR GRADES, NOT DOING WELL	1
	DISLIKE OF SCHOOL EXPERIENCE,	2
	SCHOOL TOO DANGEROUS	3
	FAILED REQUIRED TEST/FAILED GRADUATION EXAM	4
	LACK OF APPROPRIATE CURRICULUM	5
	POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF	6
	POOR RELATIONSHIPS WITH FELLOW STUDENTS	7
	LANGUAGE DIFFICULTY	8
	ECONOMIC REASONS	9
	LACK OF CHILDCARE	10
GO TO	LACK OF TRANSPORTATION	11
CHECK-	PROBLEMS WITH BEHAVIOR	12
POINT	SUBSTANCE ABUSE	13
BEFORE	ILLNESS/DISABILITY	14
A3a	PREGNANCY	15
	ENTERED CRIMINAL JUSTICE SYSTEM	16
	NEEDED AT HOME	17
	RELIGION	18
	MOVED	19
	PARENT/GUARDIAN INFLUENCE	20
	FRIENDS WERE DROPPING OUT	21
	MARRIAGE	22
	MILITARY, JOINED ARMED FORCES	23
	EMPLOYMENT, SEEK OR ACCEPT JOB	24
	OTHER (SPECIFY)	25
	DON'T KNOW	-1
	REFUSED	-2
537		

537

# D3d1

A2g. Did [he/she] receive a regular high school diploma, a certificate of completion, or something else?

DIPLOMA	1
CERTIFICATE	2
SOMETHING ELSE	3
DON'T KNOW	-1
REFUSED	-2

# POSTSECONDARY SCHOOL STATUS

**CHECKPOINT**: IF NOT IN HIGH SCHOOL NOW (A2b NE 1) ASK A3a, ELSE GO TO CHECKPOINT BEFORE A4a.

D4a1

A3a. Since high school has [he/she] gone to a two year or community college? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF A3a = 1 CONTINUE WITH CHECKPOINT. ELSE GO TO A3e.

IF YOUTH HAS BEEN OUT OF SECONDARY SCHOOL FOR MORE THAN 2 YEARS, ("Out HS 2y" > 2 or don't know/refused) ASK A3b. ELSE GO TO A3c.

D4Aa1

A3b.In the past 2 years, has [he/she] gone to a two year or community college? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT**: IF A3b = 1 ASK A3c. ELSE GO TO A3d.

D4b1

A3c. Is [he/she] going to a two year or community college now? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

D4c1

A3d. Has [he/she] gotten a diploma, certificate, or license from a two year or community college? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

# **VOCATIONAL, BUSINESS, OR TECHNICAL SCHOOL**

D4a2

A3e. Since high school], has [he/she] gone to a beyond high school level vocational, business or technical school? CIRCLE ONE NUMBER.

INTERVIEWER: IF RESPONDENT HAS ALREADY SAID THAT YOUTH HAS GONE TO 2-YEAR OR COMMUNITY COLLEGE AND ALSO ANSWERS YES TO THIS QUESTION, ASK: "You had already mentioned that YOUTH went to a 2-year or community college. Was that different from the school you are talking about now?" **IF IT IS THE SAME SCHOOL, DO NOT ANSER YES TO THIS QUESTION.** 

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT**: IF A3e = 1 CONTINUE WITH CHECKPOINT. ELSE GO TO A3i.

IF YOUTH HAS BEEN OUT OF SECONDARY SCHOOL FOR MORE THAN 2 YEARS, ("Out HS 2y > 2 or don't know/refused) THEN GO TO A3f. ELSE GO TO A3g.

D4Aa2

A3f.In the past 2 years, has [he/she] gone to a beyond high school level vocational, business or technical school? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT**: IF A3f = 1 ASK A3g. ELSE GO TO A3h.

D4b2

A3g. Is [he/she] going to a beyond high school level vocational, business or technical school now? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

D4c2

A3h. Has [he/she] gotten a diploma, certificate, or license from a beyond high school level vocational, business or technical school? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

# **FOUR YEAR COLLEGE**

D4a3

A3i. Since high school, has [he/she] gone to a four year college? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT**: IF A3i = 1 CONTINUE WITH CHECKPOINT. ELSE GO TO CHECKPOINT BEFORE D5a.

IF YOUTH HAS BEEN OUT OF SECONDARY SCHOOL FOR MORE THAN 2 YEARS, ("Out HS 2y > 2 or don't know/refused) THEN GO TO A3i. ELSE GO TO A3k.

D4Aa3

A3j.In the past 2 years, has [he/she] gone to a four year college? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF A3i=1 ASK A3k. ELSE GO TO A3I.

D4b3

A3k. Is [he/she] going to a four year college now? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF A3k=2 ASK A3I. ELSE GO TO CHECKPOINT BEFORE A4a.

D4c3

A3I. Has [he/she] gotten a diploma, certificate, or license from a four year college? CIRCLE ONE NUMBER.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

# **EMPLOYMENT STATUS**

My next few questions are about YOUTH's employment.

**CHECKPOINT:** IF YOUTH IS IN HIGH SCHOOL NOW (A2b NE 1) Ask A4a. ELSE Go to A4b.

#### L6a1

A4a. Could you tell me, at anytime since high school did [YOUTH] work for pay other than work around the house?

If youth has been out of school more than 2 years (("Out HS 2y > 2) then ask A4b. Else go to A4c	YES	1
	NO	2
GO TO A4f	DON'T KNOW	-1
	REFUSED	-2

#### L2a or L6a2

A4b. Did YOUTH have a job in the last 2 years?

ASK A4c	YES	1
	NO	2
GO TO CHECKPOINT BEFORE A4c	DON'T KNOW	-1
	REFUSED	-2

#### L3a or L7a]

A4c. Does he/she have a paid job now?

ASK I3a	YES	1
	NO	2
GO TO I3c	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF YOUTH HAS NOT BEEN EMPLOYED SINCE HIGH SCHOOL OR IN LAST 2 YEARS A4a AND A4b NE 1 GO TO A4f. ELSE ASK A4d.

#### L3f1/L4b

A4d. About how much is YOUTH paid at this job per hour (IF A4c = 2 ASK: About how much was YOUTH paid at [his/her] most recent job)? (PROBE: IF DOESN'T KNOW PER HOUR, ENTER AMOUNT AND TIME. IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND CODE ONE. IF YOUTH HAS MORE THAN ONE JOB, SAY "PLEASE THINK ABOUT THE JOB WHERE [YOUTH] SPENDS THE MOST TIME")

	HOUR	1
	WEEK	2
PAY PER	MONTH	3
	YEAR	4
	MINIMUM WAGE	0
	DON'T KNOW	-1
	REFUSED	-2

#### L3f2/L4d

A4e. About how many hours per week does YOUTH usually work at this job? (IF A4c = 2 then ASK: About how many hours per week did YOUTH usually work at this job?) IF YOUTH HAS MORE THAN ONE JOB, SAY "PLEASE THINK ABOUT THE JOB WHERE [YOUTH] SPENDS THE MOST TIME")? ENTER NUMBER AND CODE ONE.

 HOURS/WEEK	1
DON'T KNOW	-1
REFUSED	-2

[NOTE: ask the question about hours for all jobs in the job section if youth has more than 1 job. I need hours for the single job in order to calculate wage if hourly rate is not provided. Otherwise, we need to add:, ask how many jobs does youth have/had and if he/she has/had more than 1 job, ask hours for the single job if wages not answered in hours]

# SUPPLEMENTAL SECURITY INCOME AND GROUP PARTICIPATION

М7е

A4f. Did [YOUTH] get money from the Supplemental Security Income or SSI program in the past 2 years? CODE ONE.

ASK A4g	YES	1
GO TO A4h	NO	2
	DON'T KNOW	-1
	REFUSED	-2

M7f

A4g. Does [YOUTH] receive money from the Supplemental Security Income or SSI program now? CODE ONE.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

J2

A4h. During the last 12 months, has [YOUTH] taken part in any group activities, such as scouting, church or temple youth group, or nonschool team sports like soccer or softball? CODE ONE.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

# **B. CHANGE IN FUNCTIONING**

NEILS B2b.

B1a. Now I want to ask about changes in how well [YOUTH] does some things. Have there been changes in the past 2 years in [YOUTH's] vision other then getting new glasses or contacts, or changes in [his/her] hearing, speaking or communication abilities or physical abilities? CODE ONE.

ASK B1b	YES	1
	NO	2
GO TO CHECKPOINT BEFORE C1a	DON'T KNOW	-1
	REFUSED	-2

B2c

B1b. Was that a change in [his/her] ... READ EACH CATEGORY, CODE ONE CODE FOR EACH ITEM.

	Yes	No	DK	Refused
1. Vision?	1	2	-1	-2
2. Hearing?	1	2	-1	-2
3. Speaking or communication abilities?	1	2	-1	-2
4. Physical abilities?	1	2	-1	-2

**CHECKPOINT:** IF B1b1 = 1 (has changes in vision) ASK B2a. ELSE GO TO CHECKPOINT BEFORE B3a.

# **VISION**

ВЗа

B2a. Does [YOUTH] have glasses or contacts?

ASK B2b	YES	1
GO TO B2c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

#### NEILS, SEELS B3b

B2b. How well can [he/she] see with glasses or contacts? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE B3a	Sees normally,	1
	Has a little trouble seeing, or	2
	Has a lot of trouble seeing?	3
DON'T READ; ASK B2c	DOESN'T HAVE THEM/ LOST THEM	4
	WON'T WEAR THEM	5
DON'T READ; GO TO CHECKPOINT	DON'T KNOW	-1
BEFORE B3a	REFUSED	-2

#### NEILS, SEELS B3c

B2c. IF B2b=4 OR 5 ASK: How well can [he/she] see without glasses or contacts. ELSE ASK; How well can [he/she] see? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Sees normally,	1
	Has a little trouble seeing,	2
	Has a lot of trouble seeing, or	3
	Doesn't see at all?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

# **HEARING**

**CHECKPOINT:** IF B1b2 = 1 (has changes in hearing) ASK B3a. ELSE GO TO CHECKPOINT BEFORE B4a.

#### NEILS, SEELS B4a

B3a. Now I'm going to ask about {YOUTH's} hearing. Would you say [YOUTH] ... READ CATEGORIES, CODE ONE. IF ASKED, THIS ASSESSMENT SHOULD BE MADE OF YOUTH'S HEARING WITHOUT ANY HEARING DEVICES LIKE A HEARING AID.

GO TO CHECKPOINT BEFORE B4a	Hears normally, or	1
ASK B3b	Has a hearing problem?	2
DON'T READ, GO TO CHECKPOINT BEFORE B4a.	DON'T KNOW	-1
	REFUSED	-2

#### NEILS, SEELS B4b.

B3b. Is [YOUTH'S] hearing loss ... READ CATEGORIES. CODE ONE.

	Mild,	1
	Moderate, or	2
	Severe to profound?	3
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

#### NEILS, SEELS B4c

B3c. Has a hearing aid or other kind of hearing device been prescribed for [him/her]?

	YES	1
	NO	2
GO TO B3e	DON'T KNOW	-1
	REFUSED	-2

#### NEILS, SEELS B4d

B3d. How well does [YOUTH] hear with the hearing device? Would you say [he/she]... READ CATEGORIES. CODE ONE.

	Hears normally,	1
	Has a little trouble hearing,	2
	Has a lot of trouble hearing, or	3
	Doesn't hear at all?	4
	DOESN'T HAVE ONE	5
DON'T READ	WON'T WEAR IT	6
	DON'T KNOW	-1
	REFUSED	-2

#### SEELS B4e

B3e. Does [YOUTH] have a cochlear implant? IF ASKED, A COCHLEAR IMPLANT IS A SURGICALLY IMPLANTED ELECTRONIC DEVICE THAT CAN RESTORE PARTIAL HEARING TO PEOPLE WITH SOME HEARING IMPAIRMENTS. CODE ONE.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

#### LANGUAGE/COMMUNICATION

**CHECKPOINT:** IF B1b3 = 1 (has changes in speaking or communication abilities) ASK B4a. ELSE GO TO CHECKPOINT BEFORE B5a.

# NEILS, SEELS B5a

B4a. My next questions are about [YOUTH's] ability to use language. How clearly does [he/she] speak? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO B4c	Has no trouble speaking clearly,	
	Has a little trouble speaking clearly,	2
ASK B4b	Has a lot of trouble speaking clearly, or	3
	Doesn't speak at all?	4
DON'T READ;	DON'T KNOW	-1
GO TO	REFUSED	-2
CHECKPOINT		
BEFORE B5		

#### SEELS B5b

B4b. How well does YOUTH communicate by any means? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Has no trouble communicating,	1
Has a little trouble communicating,		2
	Has a lot of trouble communicating, or	3
GO TO B4d	Doesn't communicate at all?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

#### NEILS, SEELS B5d

B4c. How well does [YOUTH] carry on a conversation? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO	Has no trouble carrying on a conversation,	1
CHECKPOINT	Has a little trouble carrying on a conversation,	2
BEFORE B5		
ASK B4d	Has a lot of trouble carrying on a conversation, or	3
	Doesn't carry on a conversation at all?	4
DON'T READ	DON'T KNOW	-1
ASK B4d	REFUSED	-2

#### SEELS B5e

B4d. How well does [he/she] understand what people say to [him/her] [IF A4a = 1 (LANGUAGE OTHER THAN ENGLISH REGULARLY SPOKEN), ADD: in [his/her] primary language]? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Has no trouble understanding others,	
	Has a little trouble understanding,	2
Has a lot of trouble understanding, or		3
Doesn't understand at all?		4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

#### **PHYSICAL ABILITIES**

CHECKPOINT: IF B1b4 = 1 (has changes in physical abilities) ASK B5. ELSE GO TO B7a.

#### NEILS, SEELS B6a2

- B5. Next, I want to ask about [YOUTH'S] physical abilities. How well does [YOUTH] use [his/her] arms or hands? Does [he/she]...READ CATEGORIES
- ... [IF NEEDED: If there is a difference for each arm or hand, refer to the side with which the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm. IF YOUTH IS MISSING A HAND OR ARM CODE AS A 4.

[IF ASKED FINE MOTOR SKILLS ARE ACTIVITIES LIKE USING A SPOON OR HOLDING A PENCIL. GROSS MOTOR SKILLS ARE ACTIVITIES LIKE THROWING, LIFTING, OR CARRYING.]

	Have no trouble using [his/her] arms or hands	1	
	Have a little trouble using one or both,		
	Have a lot of trouble using one or both, or		
	Have no use at all of one or both arms or hands for fine or		
	gross motor skills?		
DON'T READ	DON'T KNOW	-1	
	REFUSED	-2	

#### NEILS, SEELS B6c2

- B6. How well does [YOUTH] use both [his/her] legs and feet? Does [he/she]....READ CATEGORIES
- ... [IF NEEDED: If there is a difference for each leg or foot, refer to the side with which the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken leg. IF YOUTH IS MISSING A LEG OR FOOT CODE AS A 4

	Have no trouble using [his/her] legs or feet	1
	Have a little trouble using one or both,	2
	Have a lot of trouble using one or both, or	3
	Have no use at all of one or both legs or feet?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

# **HEALTH**

#### NHIS, SEELS B7a

B7a. Now, I have some questions about [YOUTH's] health. Would you say [his/her] general health is ... READ CATEGORIES. CODE ONE.

	Excellent,	1
	Very good,	2
	Good,	3
	Fair, or	4
	Poor?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

#### NHIS, SEELS B7b

B7b. Is [he/she] now taking any prescription medicine for a condition or problem related to [his/her] disability or special need, or any medicine that controls [his/her] attention, behavior or activity level, or changes [his/her] mood, such as Ritalin or an antidepressant? CODE ONE.

GO TO B7c	YES	1
GO TO	NO	2
SECTION C	DON'T KNOW	-1
	REFUSED	-2

#### SEELS B7e

B7c. Was the medicine prescribed to control ... READ CATEGORIES. CODE ALL THAT APPLY.

Attention, behavior or activity level?	
Emotions, such as depression or anxiety?	2
Mood?	3
Anything else? (SPECIFY)	
DON'T KNOW	-1
REFUSED	-2

#### C. SERVICES

My next questions are about services YOUTH might be receiving. I have a pretty long list of services to read and I know that many of them might not be appropriate for YOUTH, so please bear with me.

# CHECKPOINT: Ask C1A[a-v] as follows:

- a through I, and v services: ASK ALL RESPONDENTS.
- m: Speech or language therapy ask if had communication problem in earlier wave (W1CommTrouble = 1), district-reported disability on sample file is Speech or B1a [from any Wave] is 16 (speech or communication problem), or reported a change in communication abilities in this wave (B1b3 = 1).
- n. Audiology services ask if district-reported disability is hearing impaired, B1a [from any wave] is 06, 07, 11 (deaf, deaf/blind, or hearing impaired), or reported a change in hearing in this wave (B1b2 = 1).
- o. Orientation and mobility services ask if district-reported disability is orthopedic impairment, other health impairment, multiple impairments, or blindness/visual impairment or B1a [from any Wave] is 4, 5, 7, 12, 15, 17, 18, 19, or 42.
- p: Respite care same logic as o (adult day care).
- q: Adult day care ask if district-reported disability on sample file is anything other than LD/Speech, B1a [from any wave] is anything other than 00, 13, or 16 (reported a disability and it was something other than LD or speech), or B7a is 4 or 5 (health is fair or poor).
- r: Residential services/group home ask if district-reported disability on sample file is anything other than LD/Speech, B1a [from any wave] is anything other than 00, 13, or 16 (reported a disability and it was something other than LD or speech), and A1a and A1d not 10 (did not already report living in a group home or supervised living arrangement earlier).
- s: Personal assistant or in the home aide same logic as o (adult day care).
- t: Nursing care same logic as o (adult day care).
- u: Case manager ask if any services received (any C1Aa-C1At = yes).

#### NHIS, NLTS F14a

- C1a. Anytime [IF IN HIGH SCHOOL IN PRIOR WAVE OR DOES NOT HAVE WAVE 4 INTERVIEW DATA FOR SERVICES OR HAS BEEN OUT OF HIGH SCHOOL LESS THAN 2 YEARS, ASK: since high school] [IF OUT OF HIGH SCHOOL IN PRIOR WAVE OR CURRENTLY IN HIGH SCHOOL (A2b = 1) ASK: in past 2 years] has [YOUTH] received any of the following services?
- [NOTE TO ANALYSTS: IF YOU WANT POST HIGH SCHOOL ONLY SERVICES YOU WILL NEED TO SUBSET SAMPLE FOR THOSE OUT OF HIGH SCHOOL NOW]

READ EACH ITEM TO CODE RESPONSE IN COLUMN A,

FOR EACH YES, ALSO READ C1b IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN B,

F14b

C1b. Is [he/she] getting that now?

				۹.				3.	
		O.F.		EIVED		RECEIVES SERVICES NOW			
				ES [A NCE H					
		SCHOOL] OR [IN				GLIVICES NOW			
		PAST 2 YEARS]							
	Service	Υ	N	DK	R	Υ	N	DK	R
	[a-I] ASK ALL RESPONDENTS								
a.	Any career counseling, help in finding a job, training in job skills or vocational education, other than from an employer	1	2	-1	-2	1	2	-1	-2
b	Financial aid, like paying for college classes or training.	1	2	-1	-2	1	2	-1	-2
С	Educational assistance or tutoring	1	2	-1	-2	1	2	-1	-2
d.	Reader or interpreter, including sign language	1	2	-1	-2	1	2	-1	-2
e.	Instruction or help with doing things like managing money, cooking or keeping house, or any other training in independent living skills or occupational therapy, not	1	2	-1	-2	1	2	-1	-2
	including instruction from family members or friends	4	2	4	2	4	2	4	2
f.	Childcare services or parenting skills training	1	2	-1 -1	-2	1	2	-1 -1	-2
g.	Psychological or mental health services or counseling	1			-2	1			-2
h.	Social work services	1	2	-1 -1	-2 -2	1	2	-1 -1	-2 -2
i.	Physical therapy	1	2	-1	-2 -2	1	2	-1	-2 -2
j.	Assistive technology services or devices, such as help getting or using any kind of equipment that helps people with a disability, for example a special calculator or reading machine.	'	2	-1	-2	-	2	-1	-2
k.	Transportation assistance because of a disability	1	2	-1	-2	1	2	-1	-2
I.	Medical services for diagnosis or evaluation related to [his/her] disability	1	2	-1	-2	1	2	-1	-2
	[m-u] ASK AS INSTRUCTED IN CHECK	POIN	IT AE	BOVE					
m.	Speech or language therapy, or communication services	1	2	-1	-2	1	2	-1	-2
n.	Audiology services for hearing problems	1	2	-1	-2	1	2	-1	-2
0.	Orientation and mobility services	1	2	-1	-2	1	2	-1	-2
p.	Respite care	1	2	-1	-2	1	2	-1	-2
q.	Adult day care								
r.	Housing assistance or residential services or help with a supervised living arrangement, for example a group home	1	2	-1	-2	1	2	-1	-2
S.	Personal assistant/or an in-the-home aide	1	2	-1	-2	1	2	-1	-2
t.	Nursing care	1	2	-1	-2	1	2	-1	-2
u.	A case manager or someone who coordinates the services YOUTH receives, this could include a family member or friend	1	2	-1	-2	1	2	-1	-2
	[v] ASK ALL RESPONDEN	TS	<u> </u>	1	<u> </u>		<u> </u>	1	l
V.	Any other services (IF B1a [from any Wave] IS	1	2	-1	-2	1	2	-1	-2
٧.	SOMETHING OTHER THAN 00 [REPORTED A DISABILITY] READ: because of [his/her] special needs] SPECIFY:	'		'		'		'	

**CHECKPOINT:** ASK C1c IF THERE ARE ANY YESSES IN C1B (GETTING SERVICE NOW). ELSE GO TO C1d.

F14d

C1c. Overall, do you think YOUTH is getting enough services?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NOTE: ALL SHOULD GO HERE WHETHER OR NOT THEY RECEIVED ANY SERVICES

F14e

C1d. Do you think [he/she needs] any services [IF ANY YESSES IN F1b ADD: besides the ones (he/she) receives] now?

ASK C1e	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C2a	REFUSED	-2

F14f

C1e. What services do you think [he/she] needs? CODE ALL THAT APPLY. TI: READ SERVICES ONLY IF NECESSARY. PROBE FOR: Anything else?

FOR EACH ANSWER SELECTED IN C1e ASK C1f.

F14g

C1f. Have you, someone in your family, or YOUTH tried to get this service? If C1f=Yes, ask C1g:

F14h

C1g. Is [he/she] on a waiting list?

		E.			F.				G.				
		WHICH SERVICE TRIED TO GET NEEDED			APPLICATION PROCESS/ PAPERWORK								
	Service	Υ	N	DK	R	Υ	N	DK	R	Υ	N	DK	R
	[a-l] ASK ALL RE	SPO		NTS			1						
a.	Any career counseling, help in finding a job, training in job skills or vocational education, other than from an employer	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
b	Financial aid, like paying for college classes or training.	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
С	Educational assistance or tutoring	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
d.	Reader or interpreter, including sign language	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
е.	Instruction or help with doing things like managing money, cooking or keeping house, or any other training in independent living skills or occupational therapy, not including instruction from family members or friends	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
f.	Childcare services or parenting skills training	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
g.	Psychological or mental health services or counseling	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
h.	Social work services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
i.	Physical therapy	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
j.	Assistive technology services or devices, such as help getting or using any kind of equipment that helps people with a disability, for example a special calculator or reading machine.	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
k.	Transportation assistance because of a disability	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
I.	Medical services for diagnosis or evaluation related to [his/her] disability	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
	[m-u] ASK AS INSTRUCTED	IN C						1	1		ı	1	
m.	Speech or language therapy, or communication services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
n.	Audiology services for hearing problems	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
0.	Orientation and mobility services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
p.	Respite care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
q.	Adult day care												

# NLTS WAVE 5 PARENT INTERVIEW PART 1 C 4-30-08

r.	Housing assistance or residential services or help with a supervised living arrangement, for example like a group home	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
S.	Personal assistant/or an in-the- home aide	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
t.	Nursing care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
u.	A case manager or someone who coordinates the services YOUTH receives, this could include a family member or friend	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
	[v] ASK ALL RE	SPOI	NDEN	NTS									
V.	Any other services (IF B1a [from any Wave] IS SOMETHING OTHER THAN 00 [REPORTED A DISABILITY] READ: because of [his/her] special needs] SPECIFY:	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2

#### **JOB-RELATED SERVICES**

**CHECKPOINT:** IF C1Aa =1 (RECEIVED CAREER SERVICES IN PAST 2 YEARS OR SINCE HIGH SCHOOL, ASK C2a. ELSE GO TO CHECKPOINT BEFORE C3a.

F8b

C2a. Earlier you had said that YOUTH received career counseling, help in finding a job, or job training [IF IN HIGH SCHOOL IN PRIOR WAVE OR DOES NOT HAVE WAVE 4 INTERVIEW DATA FOR SERVICES OR HAS BEEN OUT OF HIGH SCHOOL LESS THAN 2 YEARS, ASK: since high school] [IF OUT OF HIGH SCHOOL IN PRIOR WAVE OR CURRENTLY IN HIGH SCHOOL (A2b = 1) ASK: in past 2 years]. [IF IN HIGH SCHOOL IN PRIOR WAVE OR DOES NOT HAVE WAVE 4 INTERVIEW DATA FOR SERVICES, ASK: Since high school] [IF OUT OF HIGH SCHOOL IN PRIOR WAVE ASK: In past 2 years] has [he/she] had ... READ LIST.

**CHECKPOINT:** IF F1Ba=1 (RECEIVES CAREER SERVICES NOW). FOR EACH YES IN C2A ALSO READ C2B IMMEDIATELY. ELSE CONTINUE WITH NEXT ITEM IN LIST.

F9b

C2b. Is [he/she] getting that now?

				Α.				B.	
		RECEIVED CAREER SERVICES SINCE HIGH SCHOOL OR IN PAST 2 YEARS			RECEIVING CAREER SERVICES NOV				
	Service	Υ	Ν	DK	R	Υ	Ν	DK	R
a.	Testing to find out his/her work interests or abilities.	1	2	-1	-2	1	2	-1	-2
b.	Training in specific job skills, for example food services, or computer skills, or training for another kind of job.	1	2	-1	-2	1	2	-1	-2
C.	Training in basic skills needed for work, like counting change, telling time or using transportation to get to work.	1	2	-1	-2	1	2	-1	-2
d.	Career counseling, like help in figuring out jobs YOUTH might be suited to.	1	2	-1	-2	1	2	-1	-2
e.	Help in learning to look for a job, such as how to write a resume or interview for a job.	1	2	-1	-2	1	2	-1	-2
f.	Job shadowing, such as visiting a workplace and watching the way a job is done.	1	2	-1	-2	1	2	-1	-2
g.	Apprenticeships or internships.	1	2	-1	-2	1	2	-1	-2
h.	Help in finding a job.	1	2	-1	-1	1	2	-1	-2
i.	Anything else? SPECIFY	1	2	-1	-1	1	2	-1	-2

F8c

C2c. Who has given YOUTH job training or help [IF IN HIGH SCHOOL IN PRIOR WAVE OR DOES NOT HAVE WAVE 4 INTERVIEW DATA FOR SERVICES OR HAS BEEN OUT OF HIGH SCHOOL LESS THAN 2 YEARS, ASK: since high school] [IF OUT OF HIGH SCHOOL IN PRIOR WAVE OR CURRENTLY IN HIGH SCHOOL ASK: in past 2 years]? (PROBE: Anyone else?) READ CATEGORIES IF NECESSARY. CODE ALL THAT APPLY.

	1
A regular high school	01
A special school for youth with disabilities	02
A 4- or 2-year college	03
Postsecondary vocational, business or technical school	04
A family member or friend	05
Youth's employer (other than military and sheltered workshop)	06
The Vocational Rehabilitation agency (VR) VOC REHAB)	07
Developmental Disabilities agency DD	08
Other agency serving persons with disabilities	09
Goodwill/sheltered workshop	10
The military	11
JTPA, Job Corps, other federal job training program	12
Group home or supported living program	13
DO NOT READ: CORRECTIONAL FACILITY	14
Other (SPECIFY)	15
DON'T KNOW	-1
REFUSED	-2

F9f

C2d. How useful do you think this job training or help has been to [his/her] getting a job? Would you say ... READ CATEGORIES. CODE ONE.

	Very useful,	1
	Somewhat useful,	2
	Not very useful, or	3
	Not at all useful?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

# **JOB SERVICES - UNMET NEED**

**CHECKPOINT**: IF C1Ea = 1 (NEEDS JOB SERVICES) GO TO C3b. ELSE ASK C3a.

F10a

C3a. Do you think YOUTH needs any career counseling or job training or help now? .

ASK C3b	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C4a	REFUSED	-2

F10b

C3b. [IF F1eA = 1 (NEEDS JOB SERVICES) ADD: Earlier you mentioned that YOUTH needs career counseling or job training or help.] What [other] kinds of job training or help do you think YOUTH needs? OK TO READ CATEGORIES IF NECESSARY? CODE ALL THAT APPLY.

Testing to find out his/her work interests or abilities.	1
Training in specific job skills, for example food services, or computer skills, or	2
training for another kind of job.	
Training in basic skills needed for work, like counting change, telling time or	3
using transportation to get to work.	
Career counseling, like help in figuring out jobs YOUTH might be suited to.	4
Help in learning to look for a job, such as how to write a resume or interview	5
for a job.	
Job shadowing, visiting a workplace and watching the way a job is done.	6
Apprenticeships or internships.	7
Help in finding a job.	8
Other. SPECIFY	9
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF C1Fa = 1 (TRIED TO GET JOB SERVICES) GO TO CHECKPOINT BEFORE C4a. ELSE ASK C3c.

F10c

C3c. Has anyone been trying to get job training or help for YOUTH?

ASK C3d	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C4a	REFUSED	-2

# F10d

C3d. Is [he/she] on the waiting list for this service?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

# LIFE SKILLS SERVICES

**CHECKPOINT:** IF C1Ae = 1 (RECEIVED LIFE SKILLS SERVICES IN PAST 2 YEARS OR SINCE HIGH SCHOOL, ASK C4a. ELSE GO TO CHECKPOINT BEFORE C5a.

F12a

C4a. Earlier you had said that YOUTH received instruction in or help with doing things like managing money, cooking, or keeping house, or other training in independent living skills or occupational therapy, not including instruction from family members or friends [IF IN HIGH SCHOOL IN PRIOR WAVE OR DOES NOT HAVE WAVE 4 INTERVIEW DATA FOR SERVICES OR HAS BEEN OUT OF HIGH SCHOOL LESS THAN 2 YEARS, ASK: since high school] [IF OUT OF HIGH SCHOOL IN PRIOR WAVE OR IN HIGH SCHOOL NOW (A2b = 1) ASK: in past 2 years]. has [he/she] had training in or help with ... READ LIST.

**CHECKPOINT:** IF C1Be = 1 (RECEIVES LIFE SKILLS SERVICES NOW) THEN FOR EACH YES IN C4A ALSO READ C4B IMMEDIATELY. ELSE CONTINUE WITH NEXT ITEM IN LIST.

F12b

C4b. Is [he/she] getting that now?

			A	٧.				В.	
		RECEIVED LIFE SKILLS SINCE HIGH SCHOOL OR IN PAST 2 YEARS		RECEIVING LIFE SKILLS NOW					
	Service	Υ	Ν	DK	R	Υ	Ν	DK	R
a.	Using transportation	1	2	-1	-2	1	2	-1	-2
b.	Home care skills, such as cooking and cleaning	1	2	-1	-2	1	2	-1	-2
C.	Financial issues, such as managing [his/her] money	1	2	-1	-2	1	2	-1	-2
d.	Self care skills, such as brushing [his/her] teeth	1	2	-1	-2	1	2	-1	-2
e.	Relationship skills, such as getting along with others	1	2	-1	-2	1	2	-1	-2
f.		1	2	-1	-2	1	2	-1	-2
g.	Self advocacy skills, IF ASKED WE MEAN HOW TO EXPLAIN [HIS/HER] DISABILITY TO OTHERS, OR ASK FOR WHAT HE/SHE NEEDS	1	2	-1	-2	1	2	-1	-2
h.	Other SPECIFY	1	2	-1	-2	1	2	-1	-2

F12c

C4c. Who has given YOUTH training in or help with independent living skills [IF IN HIGH SCHOOL IN PRIOR WAVE OR DOES NOT HAVE WAVE 4 INTERVIEW DATA FOR SERVICES OR HAS BEEN OUT OF HIGH SCHOOL LESS THAN 2 YEARS, ASK: since high school] [IF OUT OF HIGH SCHOOL IN PRIOR WAVE OR IN HIGH SCHOOL NOW (A2B = 1) ASK: in past 2 years]? (PROBE: Anyone else?) READ CATEGORIES IF NECESSARY. CODE ALL THAT APPLY.

01
02
03
04
05
06
07
80
09
10
11
12
-1
-2

F12f

C4d. How useful do you think this training or help with independent living skills has been? Would you say ... READ CATEGORIES. CODE ONE.

Very useful,	1
Somewhat useful,	2
Not very useful, or	3
Not at all useful?	4
DON'T KNOW	-1
REFUSED	-2

#### LIFE SKILLS - UNMET NEED

CHECKPOINT: IF C1Ee = 1 (NEEDS LIFE SKILLS SERVICES) GO TO C5b. ELSE ASK C5a.

F13a

C5a. Do you think YOUTH needs any training or help with independent living skills now? .

ASK C5b	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C6a	REFUSED	-2

F13b

C5b. [IF C1Ee = 1 (NEEDS JOB SERVICES) ADD: Earlier you mentioned that YOUTH needs training or help with living skills.] What kinds of training or help with independent living skills do you think YOUTH needs? OK TO READ CATEGORIES IF NECESSARY?

Using transportation	1
Home care skills, such as cooking and cleaning	2
Financial issues, such as managing [his/her] money	3
Self care skills, such as brushing [his/her] teeth	4
Relationship skills, such as getting along with others	5
parenting skills	6
Self advocacy skills, IF ASKED WE MEAN HOW TO EXPLAIN [HIS/HER]	7
DISABILITY TO OTHERS, OR ASK FOR WHAT HE/SHE NEEDS	
Other. SPECIFY	9
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT**: IF C1Fe = 1 (TRIED TO GET LIFE SKILLS SERVICES) GO TO CHECKPOINT BEFORE C6a. ELSE ASK C5c.

F13c

C5c. Has anyone been trying to get training or help with independent living skills for YOUTH?

ASK C5d	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C6a	REFUSED	-2

F13d

C5d. Is [he/she] on the waiting list for this service?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

#### **FAMILY ROLE IN SERVICES**

**CHECKPOINT:** IF THERE ARE ANY YESSES (1) IN C1A (RECEIVED SERVICES ANY TIME SINCE H.S OR IN PAST 2 YEARS] ASK C6a.

ELSE IF C1E = 1 (NEEDS SERVICES BUT HAS NOT RECEIVED ANY) THEN GO TO C6b. ELSE GO TO SECTION D.

F15a

C6a. Overall, how much effort did it take for you or your family to get services for YOUTH? IF IN HIGH SCHOOL IN PRIOR WAVE OR DOES NOT HAVE WAVE 4 INTERVIEW DATA FOR SERVICES OR HAS BEEN OUT OF HIGH SCHOOL LESS THAN 2 YEARS, ASK: since high school] [IF OUT OF HIGH SCHOOL IN PRIOR WAVE OR IN HIGH SCHOOL NOW (A2b = 1) ASK: in past 2 years]? Would you say: READ CATEGORGIES. CODE ONE.

A great deal of effort	1
Some effort	2
A little effort, or	3
Almost no effort	4
DON'T KNOW	-1
REFUSED	-2

F15b

C6b. Where does your family usually learn about services that might be appropriate for YOUTH? READ CATEGORIES CODE AS MANY AS APPLY.

SCHOOL OR DISTRICT	1
PROFESSIONAL CONSULTANT OR	2
CASE WORKER	
PHYSICIAN OR OTHER MEDICAL OR	3
MENTAL HEALTH PROFESSIONAL	
OTHER PARENTS/PARENT GROUP	4
FAMILY MEMBERS, FRIENDS, OR	5
ACQUAINTANCES	
WEB, COMPUTER, INTERNET	6
NEWSLETTERS, MAGAZINES, OR	7
OTHER MEDIA	
TRAININGS, WORKSHOPS,	8
CONFERENCES	
OTHER, SPECIFY	9
OTHER PUBLIC OR PRIVATE AGENCIES	10
DON'T KNOW	-1
REFUSED	-2

### F15c

C6c. Have any of the following been a problem in getting or dealing with services during the last 12 months? READ EACH ITEM. CODE ONE FOR EACH ITEM.

		Υ	N	DK	R
a.	Cost of services	1	2	-1	-2
b.	Where services are provided	1	2	-1	-2
C.	Services not being available	1	2	-1	-2
d.	READ IF YOUTH HAS A PHYSICAL IMPAIRMENT (SAMPLE FILE OR B1a [from any Wave] = 05, 15, OR 17)	1	2	-1	-2
	Physical accessibility of services [IF ASKED, WE MEAN THAT PLACES FOR SERVICES HAVE STAIRS OR OTHER OBSTACLES FOR PEOPLE WITH DISABILITIES]				
e.	Poor service quality	1	2	-1	-2
f.	Scheduling conflicts	1	2	-1	-2
g.	Language problems, INCLUDES SIGN LANGUAGE ISSUES	1	2	-1	-2
h.	Lack of time for services	1	2	-1	-2
i.	Transportation	1	2	-1	-2
j.	YOUTH not being eligible for the service	1	2	-1	-2
k.	Lack of information about services	1	2	-1	-2
l.	Anything else? SPECIFIY	1	2	-1	-2

# **CASE MANAGER**

**CHECKPOINT:** IF C1Bu = 1 (HAS CASE MANAGER NOW) GO TO C7a. ELSE GO TO CHECKPOINT BEFORE C8a.

## F16b

C7a. Earlier you said that YOUTH has a case manager. Is that... READ CATEGORIES AND CODE AS MANY AS APPLY.

A professional	2
You or another family member, or	3
Someone else SPECIFY	4
DON'T KNOW	-1
REFUSED	-2

F16c

C7b. How useful do you think case management services are? Would you say ... READ CATEGORIES. CODE ONE.

	Very useful	1
	Somewhat useful	2
	Not very useful	3
	Not at all useful	4
DO NOT READ	DON'T KNOW	-1
	REFUSED	-2

F16d

C7c. Do you think YOUTH is getting enough case management services? CODE ONE.

GO TO SECTION D	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF C1Eu = 1 (NEEDS CASE MANGEMENT SERVICES) GO SECTION D.

IF THERE ARE ANY YESSES (1) IN C1A (RECEIVED SERVICES ANY TIME SINCE HIGH SCHOOL OR IN PAST 2 YEARS] ASK C6a. ELSE GO TO SECTION D.

F16e

C8a. Do you feel your family or YOUTH needs a case manager or someone who coordinates the services [he/she] receives? CODE ONE.

ASK C8b	YES	1
GO TO SECTION D	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F16f

C8b. Have you, someone in your family, or YOUTH tried to get this service? CODE ONE.

	YES	1
GO TO	NO	2
SECTION D	DON'T KNOW	-1
	REFUSED	-2

F16g

C8c. Is [he/she] on the waiting list for this service?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

# D. HOUSEHOLD INCOME

NEILS, NHIS similar, SEELS H14a

D1a. In studies like these, households are sometimes grouped according to income. Please tell me which group best describes the total income of all persons in your household in the last tax year, including salaries or other earnings, money from public assistance, retirement, and so on, for all household members, before taxes. Was your household income in the past year ... READ CATEGORIES. CODE ONE.

ASK D1b	\$25,000 or less, or	1
GO TO D1c	More than \$25,000?	2
DON'T READ, GO CHECKPOINT	DON'T KNOW	-1
BEFORE E1a	REFUSED	-2

H14b

D1b. Was it... READ CATEGORIES. CODE ONE CATEGORY.

		\$5,000 or less,	1
		\$5,001 to \$10,000,	3
GO TO CHECKPOINT BEFORE E1a		\$10,001 to \$15,000,	3
		\$15,001 to \$20,000, or	4
		\$20,001 to \$25,000?	5
	DON'T READ	DON'T KNOW	-1
	DOIT I KEND	REFUSED	-2

#### SEELS H14c

D1c. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

ASK D1d	\$50,000 or less, or	1
GO TO D1e	More than \$50,000?	2
DON'T READ, GO TO	DON'T KNOW	-1
CHECKPOINT BEFORE E1a	REFUSED	-2

# SEELS H14d

D1d. Was it... READ CATEGORIES. CODE ONE CATEGORY.

		\$25,001 to \$30,000,	1
GO TO		\$30,001 to \$35,000,	2
CHECKPOINT		\$35,001 to \$40,000,	3
BEFORE E1a		\$40,001 to \$45,000, or	4
		\$45,001 to \$50,000?	5
	DON'T READ	DON'T KNOW	-1
		REFUSED	-2

## SEELS H14e

# D1e. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

	\$50,001 to \$60,000,	1
	\$60,001 to \$70,000,	2
	\$70,001 to \$80,000,	3
	\$80,001 to \$90,000,	4
	\$90,001 to \$100,000, or	5
	Over \$100,000?	6
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

#### E. SCREEN FOR CONTINUATION AND CLOSING

**CHECKPOINT** 1a: If youth has already completed an interview for this wave, then go to E2a. **CHECKPOINT** 1b: If youth is capable of answering questions in prior wave [W1Capable=1] then go to E2a, else continue with Checkpoint 2.

**CHECKPOINT 2:** IF W1CommTrouble = 1 (REPORTED PROBLEMS SPEAKING, COMMUNICATING, CONVERSING, OR UNDERSTANDING IN A PRIOR WAVE) GO TO E1c, ELSE ASK E1a.

l1a

E1a. My next questions are about jobs YOUTH may have had, schools [he/she] may have gone to, and about [his/her] feelings about [him/her]self and [his/her] life. The questions are similar to those I've been asking you, where [he/she] will be asked to give answers like, "very well, pretty well, not very well or not at all well."

Do you think that YOUTH would be able to answer these kinds of questions over the telephone? CODE ONE.

ASK E1b	YES	1
GO TO CHECKPOINT	NO	2
BEFORE E1d		
GO TO PARENT	DON'T KNOW	-1
CONTINUATION -	REFUSED	-2
PART 2a, SECTION F		

l1a1

E1b. I would like to ask YOUTH to answer these questions [him/her]self. As I said, there will be questions about [his/her] school, or work, and social activities, as well as a few questions about things like attitudes and experiences, including smoking, drinking, and ever having been arrested. All answers are strictly confidential and your [son/daughter] may refuse to answer any question that makes [him/her] feel uncomfortable. We will not share [his/her] answers to the questions with you, and nothing [he/she] says will be reported individually about [him/her]. The interview would probably last about 30 minutes. YOUTH's participation is completely voluntary. [PROBABLY DELETE: At the end of the interview, I will be asking [fill YOUTH] for contact information like an email address and the name and address of someone who might know how to reach [him/her] if we need to call [fill him/her] again.

[PROVIDE IF ASKED: Respondent/parent/guardian can call the study's toll-free number at 1-866-269-7274 with questions about the study or to verify the legitimacy of the study. If the participant has questions about his/her rights or YOUTH's rights as a study participant, he/she can also call RTI's Office of Research Protection toll-free at 1-866-214-2043.]

I1c

E1c. Would [he/she] be able to accurately answer these kinds of questions using a written questionnaire. CODE ONE.

GO TO CHECKPOINT BEFORE E1d	YES	1
GO TO PARENT CONTINUATION -	NO	2
PART 2a, SECTION F	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT 1:** IF DISABILITY VARIABLE = 2 (mental retardation), 4 (emotional disturbances), 10 (multiple handicaps), 12 (autism), 8 (deaf/blind) OR 13 (traumatic brain injury) GO TO CHECKPOINT 2. ELSE GO TO E2a.

**CHECKPOINT 2.** IF YOUTH WAS INTERVIEWED IN A PRIOR WAVE (W1\_YthIntvw = 1) OR PARENT/GUARDIAN REPORTED THAT YOUTH WAS CAPABLE IN A PRIOR WAVE (W1Capable = 1), GO TO E2a. ELSE ASK E1d.

l1b

E1d. After YOUTH turned 18, was YOUTH capable of making [his/her] own decisions about financial and personal affairs, or did you petition the court for guardianship? DON'T READ. CODE ONE.

GO TO E2a	YOUTH CAPABLE OF	1
	MAKING OWN DECISIONS	
GO TO E2a AND route youth through the	PETITIONED THE COURT	2
YOUTH Questionnaire following the path that	FOR GUARDIANSHIP	
minors take (i.e., U7, U8a-U8d, and U10)	DON'T KNOW	-1
	REFUSED	-2

l5a

E2a. We have just a few more contacting questions. First, may I please have your full name and address?

Collect info, then E2b	YES	1
GO TO E2c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

RESPONDENT NAME (E2a\_first), E2a\_last)

RESPONDENT ADDRESS (E2a addr1, E2a addr2, E2a city, E2a state, E2a zip)

l5b

E2b. Is this the same name and address that we should use to mail you the \$20 thank you check?

GO TO E2d	YES	1
ASK E2c	NO	2
GO TO E2d	RESPONDENT	3
	DECLINES INCENTIVE	

I5c

E2c. Can you please give me the name and address we should use to mail the \$20 thank you check?

Collect info, then E2d	YES	1
ASK E2d	NO, DK, REF	2
ASK E2d	RESPONDENT	3
	DECLINES INCENTIVE	

NAME (E2c\_first, E2c\_last)

ADDRESS (E2c\_addr1, E2c\_addr2, E2c\_city, E2c\_state, E2c\_zip)

l5d

E2d. What is your e-mail address? ENTER E-MAIL ADDRESS OR CODE.

\_\_ EMAIL ADDRESS

DON'T KNOW	-1
REFUSED	-2

**I5ephone** 

E2e. Can I also please confirm your telephone number?

DISPLAY TEL. NUMBER FROM ROSTER LINE. ALLOW TI TO EDIT IF NEEDED OR KEY "1" TO MOVE ON.

If preload phone number is confirmed, then store the SRIResp\_ID and rol\_AddedPreloaded in I5eSRI\_ID and I5e\_rol, respectively.

E2f. May we contact you in the future if we need more information about any of your answers?

ASK E3a	YES	1
GO TO END	NO	2
	DON'T KNOW	-1
	REFUSED	-2

l7a

E3a. Could you please tell me the name of someone who is likely to know where you are if you move? RECORD NAME OR INDICATE REFUSAL.

Name:		
Mamo.		

Name: (E3a first, E7a last)

GO TO E4a	DON'T KNOW	-1
GO TO E4a	REFUSED	-2

Note: If the youth interview has already been completed, CATI will skip to the end if E3a = No, DK, or REF.

l7b

E3b. What is their address? RECORD ADDRESS.

Address: (E3b\_addr1, E3b\_addr2, E3b\_city, E3b\_state, E3b\_zip)

-1	DON'T KNOW
-2	REFLISED

17	nk	~~	~~
17	υı	าor	16

E3c. What is their phone number? RECORD PHONE NUMBER.

Phone:		
Phone.		

NOT APPLICABLE, NO PHONE	0
DON'T KNOW	-1
REFUSED	-2

I17b\_email

E3d. What is their e-mail address? RECORD E-MAIL ADDRESS.

E-MAIL:	

NOT APPLICABLE, NO E-MAIL	0
DON'T KNOW	-1
REFUSED	-2

I7b\_relate

E3e What is this person's relationship to [YOUTH]?

MOTHER	1
ADOPTIVE MOTHER	2
STEPMOTHER	3
FOSTER MOTHER	4
LEGAL GUARDIAN (FEMALE)	5
SISTER/STEPSISTER	6
AUNT	7
GRANDMOTHER	8
FATHER	9
ADOPTIVE FATHER	10
STEPFATHER	11
FOSTER FATHER	12
LEGAL GUARDIAN (MALE)	13
BROTHER/STEPBROTHER	14
UNCLE	15
GRANDFATHER	16
COUSIN	17
FAMILY FRIEND/NEIGHBOR	18
SPOUSE OR FIANCÉ	20
BOYFRIEND/GIRLFRIEND	21
OTHER (SPECIFY)	19

## YOUTH TRACING QUESTIONS

l12a1

E5a. I have [YOUTH] mailing address as [READ ADDRESS FROM FILE]. Is this correct?

Address: (E5a addr1, E5a addr2, E5a city, E5a state, E5a zip)

ASK E5c	YES	1
	NO	2
ASK E5b	DON'T KNOW	-1
	REFUSED	-2

I12b

E5b. IF NO ADDRESS ON FILE OR IF ADDRESS IS NOT CORRECT: What is the address where I am most likely to reach YOUTH? RECORD ADDRESS

Address: (E5b\_addr1, E5b\_addr2, E5b\_city, E5b\_state, E5b\_zip)

DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF YOUTH CANNOT ANSWER BY PHONE, BUT CAN COMPLETE A WRITTEN VERSION (E1a = 2, DK, or REF AND E1c = 1) GO TO E5d. ELSE ASK E5c.

I12b\_phone

E5c. What is the phone number? RECORD PHONE NUMBER. IF YOUTH HAS NO HOME PHONE NUMBER, PROBE FOR ANOTHER NUMBER WHERE [HE/SHE] COULD BE REACHED, SUCH AS A WORK NUMBER OR A FRIEND'S NUMBER. CODE IF WORK OR OTHER NUMBER

Phone:	

	HOME	1
	WORK PHONE NUMBER	2
	CELL PHONE NUMBER	3
	FRIEND'S PHONE NUMBER	4
	NOT APPLICABLE, NO PHONE	5
	OTHER, SPECIFY	6
Go to END	DON'T KNOW	-1
	REFUSED	-2

I12c2

E5d. Does [he/she] have an email address? What is [his/her] email address? RECORD E-MAIL ADDRESS.

E-MAIL:			

NOT APPLICABLE, NO E-MAIL	0
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF E1a or W1cap = 1, ASK E6. ELSE, GO TO END.

113

# E6. May I speak with youth now?

GO TO K. INTRODUCTION OF YOUTH CONTINUATION	YOUTH IS AVAILABLE	1
GO TO CHECKPOINT 1 (set CB to continue with Youth interview)	YOUTH CAN BE REACHED AT THIS NUMBER BUT NOT AVAILABLE NOW	2
ASK E7a	YOUTH CAN BETTER BE REACHED AT ANOTHER NUMBER	3
GO TO Prob_close and F1_intro	PARENT SAYS YOUTH IS INCAPABLE OF DOING A PHONE INTERVIEW	4
GO TO CHECKPOINT 1 (set CB to continue with Youth interview)	DON'T KNOW	-1
GO TO Prob_close and F1_intro	REFUSED	-2

**CHECKPOINT 1:** ARRANGE A CALLBACK AND TERMINATE WITH: Again, thank you so much for you help in answering these questions.

l14a

# E7a. Is that the phone number you just gave me for YOUTH?

GO TO END	YES	1
ASK E7b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

I14\_phone

E7b. What is the phone number? RECORD PHONE NUMBER. IF YOUTH HAS NO HOME PHONE NUMBER, PROBE FOR ANOTHER NUMBER WHERE [HE/SHE] COULD BE REACHED, SUCH AS A WORK NUMBER OR A FRIEND'S NUMBER. CODE IF WORK OR OTHER NUMBER.

Phone:	
FHUILE	

End; set callback	HOME	1
	WORK PHONE NUMBER	2
	CELL PHONE NUMBER	3
	FRIEND'S PHONE NUMBER	4
F1_intro	NOT APPLICABLE, NO PHONE	5
End; set callback	OTHER, SPECIFY	6
F1_intro	DON'T KNOW	-1
	REFUSED	-2

#### **END**

IF ((E1a = 2 and E1c = 1) or E1e = 1) AND (E5a = -1, or -2) OR (E5b = -1 or -2) SAY:

"Since we don't have a way to communicate with {FILL YOUTH}, we'd like to continue asking you some questions instead, which will take about 20 minutes. We will not need to contact YOUTH after that."

**ELSE** 

"You should expect to receive your check in about 4 weeks.

FOR PARENTS OF YOUTH WHO WILL BE MAILED A QUESTIONNAIRE ADD: We'll be mailing [YOUTH] a questionnaire. Please encourage [him/her] to fill it out and return it in the postage-paid envelope that will be enclosed with the questionnaire.]"

Thank you so much for your help in answering these questions for having been a part of this important study. Please check the study's website, <a href="www.nlts2.org">www.nlts2.org</a> for all of the current and future reports for this study. Again, thank you so much for all the time you have given over the years.