

**Supporting Healthy Marriage Demonstration
Evaluation**

**Youth Survey
Wave 2 Data Collection**

May 22, 2009

SHM 30-Month Child/Youth Survey

Contents

Section A.	Social and Emotional Adjustment.....	1
	Perceptions of Self, Others, and World: Self-Concept.....	1
	Internalizing Behaviors.....	1
	Behavior Problems.....	1
Section B.	Social Competence and Self-Regulation.....	1
	General and Prosocial Behavior.....	1
	Self-Regulation.....	1
Section C.	Parent-Child Relationships.....	1
	Monitoring.....	1
	Parent Involvement.....	1
	Communication.....	1
	Relationship Quality.....	1
	Parent-Child Conflict.....	1
	Nonresident Parent Involvement.....	1
Section D.	Family Routines.....	1
Section E.	Sibling and Peer Relationships.....	1
Section F.	Romantic Relationships.....	1
	Dating.....	1
	Sexual Activity.....	1
Section G.	Educational Engagement.....	1
	Relationships with Teachers.....	1
Section H.	Child and Youth Perspectives of the Parents' Relationship.....	1
	Child and Youth Perception of Residential and Nonresidential Baseline Parents' Co-Parenting Relationship.....	1
	Perception of Residential and Nonresidential Inter-parental Conflict and Marital/Relationship Quality.....	1
	Child and Youth Reactions to Inter-parental Conflict.....	1
Section I.	Marriage Expectations and Knowledge.....	1
Section J.	Physical Health.....	1
	Physical Health.....	1
Section K.	Delinquency and Substance Use.....	1
	Truancy.....	1
	Gang Involvement.....	1
	Runaways.....	1
	Vandalism.....	1
	Theft.....	1
	School Behavior: School Suspension/Expulsion.....	1
	Conflict Resolution.....	1
	Substance Use.....	1

Section A. Social and Emotional Adjustment

Perceptions of Self, Others, and World: Self-Concept

NOTE: ASK QUESTIONS TO ALL RESPONDENTS UNLESS OTHERWISE NOTED

- A1. I am going to read a list of items that sometimes describe kids. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements as they describe you. Describe yourself as you see yourself at the present time, not as you wish to be in the future.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
A1a. I trust others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A1b. I feel alone in the world	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A1c. I have lots of 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
A1d. I would like to have a lot more 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
A1e. I am popular with kids my age.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A1f. I wish that more people my age liked me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A1g. I can talk about my thoughts or feelings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A1h. 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"/> ₇	<input type="checkbox"/> ₈

Internalizing Behaviors

- A2. For each question, please tell me how true each statement has been true of your behavior or feelings over the past month? [INSERT STATEMENT] Over the past month, is this true, sometimes, or not true of your behaviors and actions.

	True	Sometimes true	Not true	REF	DK
A2a. I felt miserable or unhappy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2b. I didn't enjoy anything at all.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2c. I felt so tired I just sat around and did nothing.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2d. I was very restless.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	True	Sometimes true	Not true	REF	DK
A2e. I felt I was no good any more.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2f. I cried a lot.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2g. I found it hard to think properly or concentrate.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2h. I hated myself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2i. I was a bad person.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2j. I felt lonely.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2k. I thought nobody really loved me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2l. I thought I could never be as good as other kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A2m. I did everything wrong.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Behavior Problems

A3. All kids act different ways depending on how they're feeling. Please tell me if the following behaviors were never, sometimes, usually or always true of you during the past month.

	Never	Sometimes	Usually	Always	REF	DK
A3a. I didn't get long with other kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3b. I lied or cheated	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3c. I acted too young for my age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3d. I argued a lot	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3e. I had trouble concentrating or paying attention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3f. I bragged a lot	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3g. I couldn't sit still	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3h. I was disobedient at 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
A3i. I was afraid of doing bad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3j. I talked too much	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3k. I picked on others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A3l. I got picked on by others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

A4. Over the last year, how many times have you gotten into a fight and hit, kicked or hurt someone? Would you say...

- Never..... 1
- Once or twice..... 2
- More than two times..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

Section B. Social Competence and Self-Regulation

General and Prosocial Behavior

NOTE: ASK ITEMS B1A-B1F OF ALL AGES; ASK ITEM B1G OF AGES 11-17 ONLY

B1. Please tell me how often each of the following statements was true of you in the last month.
Would you say never, sometimes, usually, or always?

	Never	Sometimes	Usually	Always	REF	DK
B1a. I showed respect for teachers and neighbors.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B1b. I got along well with other kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B1c. I tried to understand other people's feelings.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B1d. I tried to work out problems with classmates, family, or 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
B1e. I helped other kids at school with things like homework, sports, or other 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
B1f. I volunteered in programs to help others in need like food or clothing drives, [FOR AGES 11-17 ADD: working at a homeless shelter]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B1g. I tried to see things from another person's point of view.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Self-Regulation

NOTE: ASK ITEMS B2A – B2M OF AGES 11-17 ONLY; ASK ITEMS B2N – B2T OF ALL AGES.

B2. And how often were each of the following statements true of you in the last month? Would you say never, sometimes, usually, or always?

	Never	Sometimes	Usually	Always	REF	DK
B2a. I waited my turn during 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
B2b. I coped well with disappointment or frustration.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2c. I accepted it when things do not go my way.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2d. My feelings got hurt.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2e. When I got upset, I whined or complained.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2f. I controlled my temper when there was a disagreement.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2g. I stopped and calmed down when I was frustrated or upset.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2h. I thought before I acted.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2i. I did what I was told to do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2j. When I wanted something, I was patient when waiting.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2k. I followed the rules.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2l. I stuck with an activity until it was finished.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2m. I could concentrate and focus on one activity at a time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2n. I ignored kids who were fooling around in class.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2o. I fought or argued with adults	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
B2p. I told new kids my name without being asked to tell 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

	Never	Sometimes	Usually	Always	REF	DK
B2q. When people were angry with me, I controlled my anger.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _7	<input type="checkbox"/> _8
B2r. When someone told me a rule that I thought was unfair, I asked about the rule in a nice way.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _7	<input type="checkbox"/> _8
B2s. When I disagreed with my parents, I yelled and screamed.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _7	<input type="checkbox"/> _8
B2t. I asked friends for help with my problems.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _7	<input type="checkbox"/> _8

Section C. Parent-Child Relationships

Now I'm going to ask you some questions about your relationship with your [BASELINE MOTHER] and [BASELINE FATHER].

- C1. [ASK about baseline mother with whom CHILD/YOUTH does not live with.] First, can you tell me if you have talked to or spent time with your baseline mother in the past month?

Yes..... 1
No..... 2
REFUSED..... 97
DON'T KNOW..... 98

IF NO, SKIP ALL QUESTIONS ABOUT THE [BASELINE MOTHER]-CHILD RELATIONSHIP.

- C2. [ASK about baseline father with whom CHILD/YOUTH does not live with.] Have you talked to or spent time with your [BASELINE FATHER] in the past month?

Yes..... 1
No..... 2
REFUSED..... 97
DON'T KNOW..... 98

IF NO, SKIP ALL QUESTIONS ABOUT THE [BASELINE FATHER]-CHILD RELATIONSHIP.

NOTE TO REVIEWERS: The survey firm will work with us to determine how the skip patterns will work in this section, but for the purpose of this review note that all questions will be asked about both the baseline mother and the baseline father, regardless of whether or not the child is living with both parents at the time of the survey.

ITEMS C3-C6 WILL NOT BE ASKED OF AGES 8.5-10

Monitoring

- C3. Would you say that your [BASELINE MOTHER] has met all of your friends, most of your friends, some of your friends, or none of your friends?

All..... 1
Most..... 2
Some..... 3
None..... 4
REFUSED..... 7
DON'T KNOW..... 8

C4. Would you say that your [BASELINE FATHER] has met all of your friends, most of your friends, some of your friends, or none of your friends?

- All..... 1
- Most..... 2
- Some..... 3
- None..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

C5. How much does your [BASELINE MOTHER] know about your close friends, that is, who they are? [READ CATEGORIES]

- Nothing..... 1
- Just a little..... 2
- Some things..... 3
- Most things..... 4
- Everything..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

C6. How much does your [BASELINE FATHER] know about your close friends, that is, who they are? [READ CATEGORIES]

- Nothing..... 1
- Just a little..... 2
- Some things..... 3
- Most things..... 4
- Everything..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

Parent Involvement

C7. During the past 12 months, how often did your [BASELINE MOTHER] attend events or activities you and your friends participated in? Would you say never, sometimes, usually or always?

- Never..... 1
- Sometimes..... 2
- Usually..... 3
- Always..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

C8. During the past 12 months, how often did your [BASELINE FATHER] attend events or activities you and your friends participated in? Would you say never, sometimes, usually or always?

- Never..... 1
- Sometimes..... 2
- Usually..... 3
- Always..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

C9. When you have a problem, how often do you talk to your [BASELINE MOTHER] about it?

- Never..... 1
- Sometimes..... 2
- Usually..... 3
- Always..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

C10. When you have a problem, how often do you talk to your [BASELINE FATHER] about it?

- Never..... 1
- Sometimes..... 2
- Usually..... 3
- Always..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

NOTE: ASK ITEM C11A and C11B ONLY TO RESPONDENTS 8.5-10 YEARS OLD
 ASK ITEMS C11C-C11F ONLY TO RESPONDENTS 8.5-13 YEARS OLD
 ASK ITEM C11G ONLY TO RESPONDENTS AGES 11-13 YEARS OLD
 ASK ITEM C11H-11K ONLY TO AGES 14-17 YEARS OLD
 ASK ITEMS C11M ONLY TO AGES 11-17

ASK ITEMS C11N AND C11O TO ALL RESPONDENTS

C11. Over the past month, which of the following things have you done with your [BASELINE MOTHER]? Have you.... [READ RESPONSE]...WAIT FOR ANSWER.

	YES	NO	REF	DK
C11a. Worked on a project for school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11b. Talked about things you're doing in school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11c. Gone on an outing to a park, zoo, or playground?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11d. Gone shopping?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11e. Played a sport or outdoor game, or went to a sporting event?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11f. Asked your [BASELINE MOTHER] for help with friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11g. Talked about your school work or grades?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11h. Talked about someone you're dating or a party you went to?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11i. Asked your [BASELINE MOTHER] for advice or help on education or schooling decisions, training, or job decisions?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11j. Asked your [BASELINE MOTHER] for advice or help on friendships or close personal relationships?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11k. Played a sport, exercised, or went to a sporting event?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11l. Talked about other things you're doing in school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	YES	NO	REF	DK
C11m. Asked your [BASELINE MOTHER] for advice or help on friendships or close personal relationships?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11n. Gone to a religious service or event?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C11o. Gone to a movie, play, museum, or concert?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

NOTE: ASK ITEM C12A AND C12B ONLY TO RESPONDENTS 8.5-10 YEARS OLD
 ASK ITEMS C12C-12F ONLY TO RESPONDENTS 8.5-13 YEARS OLD
 ASK ITEM C12G ONLY TO RESPONDENTS AGES 11-13 YEARS OLD
 ASK ITEM C12H-12K ONLY TO AGES 14-17 YEARS OLD
 ASK ITEMS C12M ONLY TO AGES 11-17

ASK ITEMS C12N-C12P TO ALL RESPONDENTS

C12. Over the past month, which of the following things have you done with your [BASELINE FATHER]? Have you.... [READ RESPONSE]...WAIT FOR ANSWER.

	YES	NO	REF	DK
C12a. Worked on a project for school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12b. Talked about things you're doing in school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12c. Gone on an outing to a park, zoo, or playground?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12d. Gone shopping?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12e. Played a sport or outdoor game, or went to a sporting event?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12f. Asked your [BASELINE FATHER] for help with friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12g. Talked about your school work or grades?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12h. Talked about someone you're dating or a party you went to?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12i. Asked your [BASELINE FATHER] for advice or help on education or schooling decisions, training, or job decisions?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12j. Asked your [BASELINE FATHER] for advice or help on friendships or close personal relationships?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12k. Played a sport, exercised, or went to a sporting event?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12l. Talked about other things you're doing in school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12m. Asked your [BASELINE FATHER] for advice or help on friendships or close personal relationships?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	YES	NO	REF	DK
C12n. Gone to a religious service or event?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12o. Gone to a movie, play, museum, or concert?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C12p. Over the past month, have you visited or gone on an outing with your grandparents, aunts or uncles?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Communication

- C13. The following questions are about how you express feelings in your family. Do the following statements describe you and your family never, sometimes, usually, or always?

	Never	Sometimes	Usually	Always	REF	DK
C13a. I let my [BASELINE MOTHER] know when I am feeling happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C13b. When I'm angry about something, I talk with my [BASELINE MOTHER]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C13c. When I am feeling sad [ADD FOR AGES 11-17: or depressed], I let my [BASELINE MOTHER] know	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C13d. I let my [BASELINE FATHER] know when I am feeling happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C13e. When I'm angry about something, I talk with my [BASELINE FATHER]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C13f. When I am feeling sad [ADD FOR AGES 11-17: or depressed], I let my [BASELINE FATHER] know	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

C14. How well can you and your [BASELINE MOTHER] [FOR AGES 14-17 ADD: share ideas or] talk about things that are important to you? Would you say very well, somewhat well, not very well, or not well at all?

- Very well..... 1
- Somewhat well..... 2
- Not very well..... 3
- Not well at all..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

C15. How well can you and your [BASELINE FATHER] [FOR AGES 14-17 ADD: share ideas or] talk about things that are important to you? Would you say very well, somewhat well, not very well, or not well at all?

- Very well..... 1
- Somewhat well..... 2
- Not very well..... 3
- Not well at all..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

NOTE: ITEMS C16B-C16D WILL NOT BE ASKED OF AGES 8.5-10

C16. Thinking about your relationship with your parents, would you strongly agree, agree, disagree, or strongly disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
C16a. I don't get much attention at 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
C16b. My parents respect my feelings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C16c. My parents trust my judgment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C16d. My parents understand me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C16e. I trust my parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C16f. My parents really care about me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Relationship Quality

C17. How close do you feel to your [BASELINE MOTHER]? [READ CATEGORIES]

- Not at all close..... 1
 Somewhat close..... 2
 Quite close..... 3
 Very close..... 4
 REFUSED..... 7
 DON'T KNOW..... 8

C18. How close do you feel to your [BASELINE FATHER]? [READ CATEGORIES]

- Not at all close..... 1
 Somewhat close..... 2
 Quite close..... 3
 Very close..... 4
 REFUSED..... 7
 DON'T KNOW..... 8

Parent-Child Conflict

C19. In your family, do the following things happen never, sometimes, usually, or always?

	Never	Sometimes	Usually	Always	REF	DK
C19a. My [BASELINE MOTHER] and I argue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
C19b. My [BASELINE MOTHER] screams or yells at me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
C19c. I yell at my [BASELINE MOTHER]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
C19d. My [BASELINE MOTHER] loses her temper with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

C20. In your family, do the following things happen never, sometimes, usually, or always?

	Never	Sometimes	Usually	Always	REF	DK
C20a. My [BASELINE FATHER] and I argue	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C20b. My [BASELINE FATHER] screams or yells at me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C20c. I yell at my [BASELINE FATHER]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C20d. My [BASELINE FATHER] loses his temper with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Nonresident Parent Involvement

C21. [ASK ONLY IF CHILD DOES NOT LIVE WITH BASELINE MOTHER OR BASELINE FATHER] Now, thinking about your (baseline mother/baseline father)—the parent you do not live with:

NOTE: ITEMS IN THIS SECTION SHOULD BE ASKED OF AGES 11-17 ONLY

	Every day or almost every day	A few times a week	A few times this past month	Never	REF	DK
C18a. In the past month, how often do you talk, email, text, phone, mail, or meet face to face with [BASELINE MOTHER]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C18b. In the past month, how often do you talk, email, text, phone, mail, or meet face to face with [BASELINE FATHER]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

C22. Please describe how your [BASELINE MOTHER] acts toward your [BASELINE FATHER]...

- Very friendly..... ₁
- Somewhat friendly..... ₂
- Somewhat unfriendly..... ₃
- Very unfriendly..... ₄
- REFUSED..... ₇
- DON'T KNOW..... ₈

C23. Please describe how your [BASELINE FATHER] acts toward your [BASELINE MOTHER]...

- Very friendly..... 1
- Somewhat friendly..... 2
- Somewhat unfriendly..... 3
- Very unfriendly..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

Section D. Family Routines

The next couple of questions refer to activities you may do each week...

D1. In a typical week, how many days from 0 to 7 do you eat a meal with your family?

- 0..... 1
- 1..... 2
- 2..... 3
- 3..... 4
- 4..... 5
- 5..... 6
- 6..... 7
- 7..... 8
- REFUSED..... 97
- DON'T KNOW..... 98

D2. A good night's sleep leaves you feeling rested and alert when you wake up. During the past seven nights, on how many nights did you get a good night's sleep?

- 0..... 1
- 1..... 2
- 2..... 3
- 3..... 4
- 4..... 5
- 5..... 6
- 6..... 7
- 7..... 8
- REFUSED..... 97
- DON'T KNOW..... 98

Section E. Sibling and Peer Relationships

NOTE: SKIP ALL ITEMS RELATED TO SIBLING RELATIONSHIPS, IF CHILD DOES NOT HAVE SIBLINGS.

E1. Next I'd like to ask you some questions about your relationships with your brothers, sisters, and friends. [READ CATEGORIES]

	Never	Sometimes	Usually	Always	REF	DK
E1a. How often do you and your [brothers or sisters] argue with each other?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E1b. How often do you and your [brothers or sisters] pick on or call each other names?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E1c. How often do you and your siblings do fun things together?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E1d. How often do you have friends over to your 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
E1e. How often do you and your friends argue with each other?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E1f. How often do you and your friends pick on or call each other names?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Section F. Romantic Relationships

NOTE: ITEMS IN THIS SECTION SHOULD BE ASKED OF AGES 14-17 ONLY

Dating

F1. Are you currently seeing or dating someone, or is there someone you think of as a boyfriend/girlfriend?

- Yes..... 1
No..... 2
REFUSED..... 97
DON'T KNOW..... 98

F1a. **IF YES:** How old is he/she?

- _____ YEARS OLD
REFUSED..... -1
DON'T KNOW..... -2

IF NO: SKIP TO D

F1b. Have your parents met your boyfriend/girlfriend?

- Yes..... 1
No..... 2
REFUSED..... 97
DON'T KNOW..... 98

F2. Thinking about your relationship with your boyfriend/girlfriend, how often do the following things happen? [READ CATEGORIES]

	Never	Sometimes	Usually	Always	REF	DK
F2a. Small issues suddenly become big arguments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F2b. My [boyfriend/girlfriend] and I stay mad at one another after an argument.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F2c. I scream or yell at my [boyfriend/girlfriend] when I am angry.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F2d. I blame my [boyfriend/girlfriend] for my problems.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F2e. My [boyfriend/girlfriend] is honest and truthful with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F2f. My [boyfriend/girlfriend] and I are good at working out our differences	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F2g. My [boyfriend/girlfriend] is rude and mean to me when we 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
F2h. When I have a serious disagreement with my [boyfriend/girlfriend], we discuss our disagreements respectfully	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F2i. I am able to talk about anything with my [boyfriend/girlfriend]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Sexual Activity

Some teenagers have sexual intercourse and some do not. The next questions are about some experiences you may have had. The questions are very personal, just remember that all your answers are kept private.

F3. [SKIP IF ANSWERED YES TO F1] Have you dated anyone in the last year?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

F4. In the past year, have you ever had sexual intercourse, that is, made love, had sex, or gone all the way?

- Yes..... 1
- No (**SKIP TO SECTION G**)..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

F5. How many PARTNERS have you had sexual intercourse with in the last year?

- _____ PARTNERS
- REFUSED..... -1
- DON'T KNOW..... -2

Section G. Educational Engagement

G1. How well are you currently doing in school?

INTERVIEWER: If respondent is currently not in school, ask her/him to think about the last three months that they were in school.

- Very well..... 1
- Well..... 2
- Somewhat well..... 3
- Not well at all..... 4
- Focal child dropped out of school..... 5
- REFUSED..... 7
- DON'T KNOW..... 7

Relationships with Teachers

G2. In the last month that you were in school, how often did you have trouble getting along with a teacher?

- Never..... 1
- Once or twice..... 2
- Two or more times..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

Section H. Child and Youth Perspectives of the Parents' Relationship

NOTE TO REVIEWERS: The survey firm will work with us to determine how the skip patterns will work in this section, but for the purpose of this review note that all questions will be asked about both the baseline mother and the baseline father, regardless of whether or not the child is living with both parents at the time of the survey.

Child and Youth Perception of Residential and Nonresidential Baseline Parents' Co-Parenting Relationship

NOTE: QUESTION H1 WILL BE ASKED ABOUT RESIDENTIAL AND NONRESIDENTIAL BASELINE PARENTS AND ONLY IF CHILD HAS WITNESSED BASELINE PARENTS INTERACTING IN THE LAST THREE MONTHS.

H1. Now I would like to read you a list of issues that parents may have disagreements about. For each one, please tell me how often [BASELINE MOTHER and BASELINE FATHER] disagree about it—never, sometimes, usually, or always. [READ ITEM]...Would you say they disagree never, sometimes, usually, or always?

	Never	Sometimes	Usually	Always	REF	DK
H1a. Setting rules for or disciplining you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H1b. The activities that you participate in	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H1c. How money is spent on you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H1d. About other things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Perception of Residential and Nonresidential Inter-parental Conflict and Marital/Relationship Quality

NOTE: ASK ITEMS H2A-H2F TO CHILDREN OF ALL AGES

ASK ITEMS H2G-H2J OF AGES 11-17 ONLY

ASK ITEMS H2K-H2O OF ALL AGES

NOTE: ITEMS H2A-H2D WILL BE ASKED ABOUT RESIDENTIAL AND NONRESIDENTIAL BASELINE PARENTS AND ONLY IF CHILD HAS WITNESSED BASELINE PARENTS INTERACT WITH EACH OTHER IN THE PAST THREE MONTHS.

ITEMS H2E-H2O WILL BE ASKED ONLY OF RESIDENTIAL PARENTS AND ONLY IF CHILD HAS WITNESSED BASELINE PARENTS INTERACT WITH EACH OTHER IN THE PAST THREE MONTHS.

H2. Next, I will read you a few statements about how your parents interact. When I refer to “your parents,” I am talking about [BASELINE MOTHER and BASELINE FATHER]. For each one, please tell me how often they do these things. [READ CATEGORIES]

	Never	Sometimes	Usually	Always	REF	DK
H2a. My parents complain about each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2b. I see my parents arguing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2c. My parents respect each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2d. When my parents disagree, they work it out	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2e. When my parents have an argument, they say mean things to each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2f. When my parents have a disagreement, they discuss it nicely	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2g. My parents are often mean to each other even when I'm around	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2h. My parents have broken or thrown things during an argument	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2i. My parents act mean after they have had an argument	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2j. When my parents have an argument, one or both of them stomps away	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2k. My parents have fun together	<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	Sometimes	Usually	Always	REF	DK
H2l. My parents enjoy being together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2m. My parents like each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2n. [SKIP IF BASELINE PARENTS ARE SEPARATED OR DIVORCED] My parents make each other happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H2o. My parents work as a team	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

H3. How often do your parents behave in the following ways toward each other?

	Never	Sometimes	Usually	Always	REF	DK
H3a. They scream or yell at each other when they are angry.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H3b. One or both hits or pushes the other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Child and Youth Reactions to Inter-parental Conflict

NOTE: QUESTION H3 WILL BE ASKED IN REFERENCE TO CONFLICT BETWEEN BASELINE PARENTS

ASK H3A-H3G TO ALL CHILDREN; ASK H3H-H3N TO CHILDREN 11-17 YEARS OLD

H4. In every family there are times when the parents don't get along. When your parents argue or disagree, do the following statements describe your feelings or actions never, sometimes, usually, or always?

<i>When my parents argue...</i>	Never True	Sometimes	Usually	Always	REF	DK
H4a. I feel sad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4b. I feel scared	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4c. I feel angry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4d. I feel unsafe	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4e. I try to clown around and make them be happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4f. I try to get away from them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4g. I try to comfort one or both of them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4h. I feel caught in the middle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

<i>When my parents argue...</i>	Never True	Sometimes	Usually	Always	REF	DK
H4i. I yell at or say unkind things to people in my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4j. I feel sorry for one or both of my parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4k. I hit, kick, slap, or throw things at people in my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4l. I try to clown around and distract them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4m. I worry that one of them will get hurt	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H4n. I worry that they might break up or get divorced	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Section I. Marriage Expectations and Knowledge

I1. In the next set of questions, please tell me whether you strongly agree, agree, disagree, or strongly disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
I1a. I think that marriage education can help a marriage.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I1b. I think that marriage education can help a family as a whole.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I1c. Classes that teach teens how to have better dating and couple relationships are a very good idea.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Section J. Physical Health

Physical Health

J1. Would you say your health in general is...

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair..... 4
- Poor..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

Section K. Delinquency and Substance Use

NOTE: IF RESPONDENT IS YOUNGER THAN 11 YEARS OLD, SKIP TO K6

Truancy

K1. During this past year, how many times have you skipped school, cut classes without your parents' permission, or refused to go to school? Was it ...

- Never..... 1
- Once or twice..... 2
- More than two times..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

Gang Involvement

K2. Have you been a member of a gang in the past year?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

Runaways

K3. Have you run away in the last year? IF YES: How many times?

- Never..... 1
- Once or twice..... 2
- More than two times..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

Vandalism

K4. Have you purposely damaged or destroyed property that did not belong to you in the last year?
IF YES: How many times?

- Never..... 1
- Once or twice..... 2
- More than two times..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

Theft

K5. Have you stolen something from a store, person or house, or that did not belong to you worth 50 dollars or more in the last year? IF YES: How many times?

- Never..... 1
- Once or twice..... 2
- More than two times..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

School Behavior: School Suspension/Expulsion

NOTE: ITEMS IN THIS SECTION CAN BE ASKED OF AGES 11-17

K6. During the past year, how many times have you been suspended from school? This includes both in-school and out-of-school suspensions.

- Never..... 1
- Once or twice..... 2
- More than two times..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

Conflict Resolution

NOTE: IF RESPONDENT IS YOUNGER THAN 11 YEARS OLD, SKIP TO SECTION L

K7. Everyone has conflicts sometimes. How often have you done these things to deal with conflict with your classmates or friends over the past year? [READ CATEGORIES]

	Never	Sometimes	Usually	Always	REF	DK
K7a. Getting angry and yelling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K7b. Staying angry a long time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K7c. Listening and trying to understand	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K7d. Trying to work out a compromise	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K7e. Getting advice from a parent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K7f. Getting advice from a teacher or other adult	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Substance Use

NOTE: ITEMS IN THIS SECTION SHOULD BE ASKED OF AGES 14-17 ONLY

K8. In the last month, how many times have you?

K8a. Had alcohol to drink, such as beer or wine or other liquor?

- Never..... ₁
 Once or twice..... ₂
 More than two times..... ₃
 REFUSED..... ₇
 DON'T KNOW..... ₈

IF R ANSWERED "NEVER" TO K8A, SKIP K8B AND MOVE ON TO K8C

K8b. Had 5 or more alcoholic drinks in a row, that is, within a couple of hours

- Never..... ₁
 Once or twice..... ₂
 More than two times..... ₃
 REFUSED..... ₇
 DON'T KNOW..... ₈

K8c. Smoked cigarettes OR used chewing tobacco or snuff

- Never..... 1
- Once or twice..... 2
- More than two times..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

K8d. Used any of these: marijuana or hashish, cocaine, or amphetamines

- Never..... 1
- Once or twice..... 2
- More than two times..... 3
- REFUSED..... 7
- DON'T KNOW..... 8