

Appendix A2

Survey Instrument - Web Version

OMB No.: xxxx-xxxx
Expiration Date: xx/xx/20xx

MATHEMATICA
Policy Research

YouthBuild Follow Up Survey

November, 2012

Persons are not required to respond to this collection of information unless this survey displays a currently valid OMB control number (OMB xxxx-xxxx, expires xx/xx/xxxx). Responding to this questionnaire, which seeks to help the U.S. Department of Labor understand how YouthBuild programs are serving disadvantaged youth, is voluntary. Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to Eileen Pederson, U.S. Department of Labor, Employment and Training Administration, Office of Policy Development and Evaluation, Room N-5641, 200 Constitution Avenue, NW, Washington, DC 20210.

CONTENTS

Section	Page
INTRODUCTION/SCREENER.....	1
A. HOUSEHOLD INFORMATION.....	2
B. EDUCATIONAL ATTAINMENT.....	6
C. SERVICE RECEIPT.....	9
D. YOUTHBUILD PROGRAM EXPERIENCES.....	17
E. EMPLOYMENT AND EARNINGS.....	25
F. CRIMINAL JUSTICE INVOLVEMENT AND DELINQUENCY.....	32
G. SOCIAL AND EMOTIONAL DEVELOPMENT.....	36
H. IDENTITY DEVELOPMENT.....	38
I. HEALTH AND WELL-BEING.....	42
J. ADDRESS AND CONTACT INFORMATION UPDATE.....	46

INTRODUCTION

The YouthBuild Evaluation is a study paid for by the U.S. Department of Labor (DOL) and the Corporation for National and Community Service (CNCS). The goal of the study is to learn how YouthBuild helps youth and young adults get a General Educational Development (GED) certificate or high school diploma, gain employment skills and find work or prepare for post-secondary training or education. This study will provide us with important information that will help create better programs for young people.

The U.S. Department of Labor has funded three organizations, MDRC, Mathematica Policy Research, and Social Policy Research Associates, to work with YouthBuild programs to run the study. As part of the study, we are asking you to complete a short survey. The survey covers several topics, including education, planning for the future, employment, earnings, involvement with the criminal justice system, and social and emotional development.

Individual responses will not be matched with specific individuals. Responses to this data collection will be used only for the purposes of the study. The reports prepared from this survey will summarize findings across all study participants and individual forms will not be available to anyone outside the study team, except as required by law.

The survey should take around 40 minutes to complete. To thank you, we will send you a card worth [FILL \$25 OR \$40]. The card can be used anywhere that a credit or debit card can be used.

If you have any questions, please contact Shawn Marsh at Mathematica Policy Research at 1-877-894-4589 or YouthBuild@mathematica-mpr.com.

Persons are not required to respond to this collection of information unless this survey displays a currently valid OMB control number (OMB xxx-xxxx, expires xx/xx/xxxx). Responding to this questionnaire, which seeks to help the U.S. Department of Labor understand how YouthBuild programs are serving disadvantaged youth, is voluntary. Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to Eileen Pederson, U.S. Department of Labor, Employment and Training Administration, Office of Policy Development and Evaluation, Room N-5641, 200 Constitution Avenue, NW, Washington, DC 20210.

A. Household Information

ALL

A1. The first questions are about your housing situation.

Where do you live now? If you stay in more than one place, where do you stay most often?

Select one only

- Your parent's home..... 1
- Another person's home..... 2
- Your own place whether you rent or own..... 3
- A group home or halfway house..... 4
- A long-term homeless shelter..... 5
- An emergency housing shelter including a domestic violence shelter..... 6
- An incarceration facility..... 7
- Homeless and living on the street..... 8 GO TO A3
- Some other arrangement..... 9

Specify (STRING 200)

NO RESPONSE..... M

SPECIFY TEXT: Please specify where you live now

IF A1 NE 8 (NOT CURRENTLY HOMELESS)

A2. Have you been homeless and living on the street or in a shelter at any time since [RA DATE]?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

ALL

A3. What is your marital status?

Select one only

- Married..... 1
- Divorced..... 2
- Separated..... 3
- Widowed..... 4
- Never married..... 5
- NO RESPONSE..... M

PROGRAMMER SKIP BOX A3.1
 IF A1 = 1 – 6, 9, M (LIVING IN HOUSE, OTHER, OR
 EMPTY) CONTINUE;
 ELSE, SKIP TO A6.

A1 = 1 – 6, 9, M

**Does your spouse currently live IF A3 = 1;
 ELSE Do you have a partner who currently lives**

- A4. [Does your spouse currently live / Do you have a partner who currently lives] with you?**
- Yes..... 1
 - No..... 0
 - NO RESPONSE..... M

A1 = 1 – 6, 9, M

A5. Including yourself, how many people currently live with you? Include everyone who usually lives there, even if they are away from home right now.

People currently living with you
 (RANGE 0-99)
 NO RESPONSE..... M

**SOFT CHECK: IF A5 = 0; Your response to this question should be at least one (1). Please update your answer below.
 To continue to the next question without changing your response, click the continue button.**

ALL

- A6. Do you have any children under 18 years of age? Please include your own or adopted children, foster, or stepchildren and any other children you are responsible for.**
- Yes..... 1
 - No..... 0 GO TO B1
 - NO RESPONSE..... M GO TO B1

**SOFT CHECK: IF A6=M; Your response to this question is important. Please provide a response and continue.
 To continue to the next question without providing a response, click the continue button.**

A6 = 1

A7. How many children do you have?

Children

(RANGE 00-99)

NO RESPONSE.....M

SOFT CHECK: IF A7 = 0, 15 – 99; You said that you have [FILL A7] children. Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the continue button.

PROGRAMMER SKIP BOX A7.1

IF A7 = 0 OR M (NO BIOLOGICAL CHILDREN OR MISSING), SKIP TO B1;

IF A7 = 1 (ONE BIOLOGICAL CHILD), CONTINUE TO A8a;

IF A7 GT 1 (MULTIPLE BIOLOGICAL CHILDREN), SKIP TO A8b.

A7 = 1

A8a. Does this child live with you?

- Yes..... 1 GO TO A9
- No..... 0 GO TO A9
- NO RESPONSE.....M GO TO A9

SOFT CHECK: IF A8a = M; Your response to this question is important. Please provide a response and continue.

To continue to the next question without providing a response, click the continue button.

A7 GT 1

A8b. How many of your children live with you?

Children living with you

(RANGE 0-99)

NO RESPONSE..... M

SOFT CHECK: IF A8b = M; Your response to this question is important. Please provide a response and continue.

To continue to the next question without providing a response, click the continue button.

SOFT CHECK: IF A8b GT A7; You mentioned in a previous question that you have [FILL A7] children. The number of children living with you have should not be greater than the number of children you have. Click [here](#) to go back and change your answer about the number of children you have. You may also change your answer below.

To continue to the next question without making changes, click the continue button.

A7 GT 0 (HAS CHILDREN)

A9. IF A7 = 1: Was this child born after [RA DATE]?

IF A7 GT 1: Of these children, were any born after [RA DATE]?

Yes..... 1

No..... 0

NO RESPONSE..... M

PROGRAMMER SKIP BOX A9.1

IF A7 = 1 AND A8a = 0 (ONLY CHILD IS NOT LIVING IN HOME),
CONTINUE TO A10;

IF A7 = 1 AND A8a = 1 (ONLY CHILD IS LIVING AT HOME), GO TO A11;

IF A7 = 1 AND A8a = M, GO TO A11;

IF A7 GT 1 AND (A7 - A8b GT 0) (NOT ALL CHILDREN LIVING IN HOME),
CONTINUE TO A10;

IF A7 GT 1 AND (A7 - A8b LE 0) (ALL CHILDREN LIVING IN HOME), GO
TO A11;

IF A7 = GT 1 AND A8b = M, GO TO A11.

IF (A7 = 1 AND A7a = 0) OR (A7 GT 1 AND (A7 – A8b GT 0))

IF A7 = 1 AND A8a = 0, FILL: **child, does**

IF A7 GT 1 AND (A7 – A8B GT 1), FILL: **children, do**

IF A7 GT1 AND (A7 – A8B = 1), FILL; **child, does**

A10. Thinking just about the biological [child / children] who [does / do] not live with you, please indicate which of the following activities you have done in the past week.

Select all that apply

- Read with your [child/children].....1
- Played with your [child/children], not including sports.....2
- Did arts and crafts with your [child/children].....3
- Played sports with your [child/children].....4
- Talked with or listened to your [child/children].....5
- Attended your [child/children]'s events.....6
- Helped your [child/children] with homework.....7
- Picked up or dropped your [child/children] off.....8
- NO RESPONSE.....M

IF A7 GT 0

A11. Do you have any legal agreements or child support orders that require you to provide financial support for a child?

- Yes.....1
- No.....0 GO TO SECTION B
- NO RESPONSE.....M GO TO SECTION B

A11 = 1

A12. Did you make this payment last month?

- Yes.....1
- No.....0
- NO RESPONSE.....M

B. Educational Attainment

ALL

The next questions ask about your experiences in school and your future education plans.

B1. Did you drop out of high school before graduating?

- Yes..... 1 GO TO B2
- No..... 0 GO TO B3
- NO RESPONSE..... M GO TO B3

B1 = 1

B2. What was the highest grade that you finished in high school before you dropped out?

Select one only

- 8th grade or less..... 1
- 9th grade/freshman in high school..... 2
- 10th grade/sophomore in high school..... 3
- 11th grade/junior in high school..... 4
- NO RESPONSE..... M

ALL

B3. Do you have a high school diploma, a GED (also known as a General Educational Development), a Certificate of Completion, or do you have none of these?

Select one only

- High school diploma..... 1 GO TO B4
- GED..... 2 GO TO B4
- Certificate of Completion..... 3 GO TO B4
- None of these..... 4 GO TO B5a
- NO RESPONSE..... M GO TO B5a

SOFT CHECK: IF B3 = M; Your response to this question is important. Please provide a response and continue.

To continue to the next question without providing a response, click the continue button.

IF B3 NE 4, M

high school diploma IF B3 = 1; **GED** IF B3 = 2; **Certificate of Completion** IF B3 = 3

B4. In what month and year did you obtain your [GED/high school diploma/Certificate of Completion]?

PROGRAMMER: INSERT DROPDOWN FOR MONTH (SPELL OUT MONTHS) AND YEAR

Month	Year
<input type="text" value="▼"/>	<input type="text"/>

(1-12) (2011 - 2015)

NO RESPONSE..... M

ALL

Since leaving high school, when;

WHEN IF B1 = 0, M

B5a. [Since leaving high school, when/When] was the last time you attended or enrolled in classes? Please include GED preparation classes, Certificate of Completion programs, and college courses.

Select one only

- I'm currently enrolled.....1
- Less than a year ago.....2
- 1-2 years ago.....3
- 3-4 years ago.....4
- I haven't taken courses since leaving high school.....5 GO TO B7
- NO RESPONSE.....M GO TO B5c

SOFT CHECK: IF B5a = M; Your response to this question is important. Please provide a response and continue.

To continue to the next question without providing a response, click the continue button.

B5a NE 5, M

are, currently IF B5a = 1; were IF B5a = 2 – 4

B5b. Where [are/were] you [currently] enrolled in or attending those classes?

Select all that apply

- Regular high school..... 1
- Charter school..... 2
- Special high school for persons with disabilities..... 3
- GED preparation class or Certificate of Completion program..... 4
- Vocational, technical, business or trade school..... 5
- 2-year college or community college..... 6
- 4-year college or university..... 7
- NO RESPONSE..... M

SOFT CHECK: IF B5b = M; Your response to this question is important. Please provide a response and continue.

To continue to the next question without providing a response, click the continue button.

B5a NE 5

B5c. Have you completed any degrees?

- Yes..... 1
- No..... 0 GO TO BOX B6.1
- NO RESPONSE..... M GO TO BOX B6.1

B5c = 1

DISPLAY RESPONSE OPTION 4 (Graduate school) FOR 48 MONTH FOLLOW-UP ONLY

B6. Which degrees have you completed?

Select all that apply

- Vocational, technical, business or trade school.....1
- 2-year college or community college.....2
- 4-year college or university.....3
- Graduate school.....4
- Other degree (SPECIFY).....5

Specify (STRING 200)

NO RESPONSE.....M

SPECIFY TEXT: Please specify the other degree you completed:

PROGRAMMER SKIP BOX B6.1

IF B6 = 2, 3, 4 (COMPLETED COLLEGE), SKIP TO C1;
 IF (B5b = 5, 6, 7) (TAKEN COLLEGE CLASSES) SKIP TO C1;
 IF B5a = 5 OR ((B5b NE 5, 6, 7) AND (B6 NE 2, 3, 4))
 CONTINUE TO B7.

B5a = 5 OR ((B5b NE 5, 6, 7) AND (B6 NE 2, 3, 4))

B7. How likely is it that you will attend college?

Select one only

- Very likely.....1
- Somewhat likely.....2
- Somewhat unlikely.....3
- Very unlikely.....4

NO RESPONSE.....M

C. Service Receipt

ALL

C0. In earlier questions, we asked you about your experiences in school and your future education plans. The next questions are about different kinds of services you may have received. [Please do not include services received through YouthBuild.]

ALL

C1. Since [RA DATE], have you participated in any of the following education related services?

	Y E S	N O
a. GED preparation	1 <input type="radio"/>	0 <input type="radio"/>
a. Academic tutoring not including GED preparation	1 <input type="radio"/>	0 <input type="radio"/>
c. Courses to prepare for a high school diploma	1 <input type="radio"/>	0 <input type="radio"/>
d. Standardized achievement test preparation for state or local tests	1 <input type="radio"/>	0 <input type="radio"/>
e. College preparation activities such as college awareness or college guidance activities, college preparation or transition programs, or preparing for college entrance examinations or college applications	1 <input type="radio"/>	0 <input type="radio"/>
f. Help finding financial aid	1 <input type="radio"/>	0 <input type="radio"/>
g. Another education related service	1 <input type="radio"/>	0 <input type="radio"/>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">(STRING 255)</div>		

SPECIFY TEXT: Please specify the other education related service you participated in:

SOFT CHECK: IF ANY ROWS ARE EMPTY; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses.**

To continue to the next question, click the continue button.

PROGRAMMER BOX C1.1.

IF NO ITEMS ARE SELECTED AT C1, SKIP C4;
IF AT LEAST ONE ITEM IS SELECTED AT C1, CONTINUE TO C2.

AT LEAST ONE AT C1

FILL RESPONSE OPTIONS (A-F) FROM C1

FILL RESPONSE G FROM C1g_specify;
IF C1g_specify IS EMPTY, FILL **Another education related service**

C2. Since [RA DATE], about how long you have spent participating in the following education related services? You can answer in days, weeks, or months.

About how long have you spent... (*Your best estimate is fine.*)

PROGRAMMER: INSERT DROPDOWN

PROGRAMMER: RANGE IS 00 – 99

N u m b e r	D a y s ,
	W e e k s o r M o n t h s

a. In GED preparation

b. In academic tutoring not including GED preparation

c. In courses to prepare for a high school diploma

d. In standardized achievement test preparation for state or local tests

e. In college preparation activities such as college awareness or college guidance activities, college preparation or transition programs, or preparing for college entrance examinations or college applications

f. Getting help finding financial aid

g. [Fill from D1g_specify / In the other education related service you mentioned]

PROGRAMMER: USE THESE DROPDOWN OPTIONS:

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

SOFT CHECK: IF C2a-g = 0; Please provide a number between 1 and 99. To continue without changing your answer, click the continue button.

SOFT CHECK: IF NUM GT 0 AND UNIT = M; Please select days, weeks or months. To continue to the next question without changing your answer, click the continue button.

AT LEAST ONE AT C1
C1a = 1, FILL: GED preparation ; C1b = 1, FILL: Academic tutoring ; C1c = 1, FILL: High school courses ; C1d = 1, FILL: Standardized achievement tests preparation ; C1e = 1, FILL: College preparation activities ; C1f = 1, FILL: Help finding financial aid
C1g = 1, FILL: FROM C1g_specify; IF C1g_specify IS EMPTY, FILL: In another education related service
service IF THE NUMBER OF ITEMS SELECTED AT C1= 1; services IF THE NUMBER OF ITEMS SELECTED AT C1 GT 1
this service most often IF THE NUMBER OF ITEMS SELECTED AT C1 = 1; most of these services IF THE NUMBER OF ITEMS SELECTED AT C1 GT 1
[YB PROGRAM] or another IF RAOutcome = 1 (TREATMENT) A IF RAOutcome = 2 (CONTROL)

C3. You said you received the following education related [service / services]:

- [FILL FIRST SELECTED ITEM]
- [FILL SECOND SELECTED ITEM]
- [CONTINUE FILLING]

Where did you receive [this service most often/most of these services]?

Select one only

- Community based organization..... 1
- School..... 2
- Former or current employer..... 3
- [[YB BROGRAM] or another/A] YouthBuild program..... 4
- Somewhere else..... 5
- NO RESPONSE..... M

ALL

C4. Have you received any help enrolling or participating in any of the following education related services? [Please do not include services received through YouthBuild.]

	Y E S	N O
	1	0
a. A high school diploma program	<input type="radio"/>	<input type="radio"/>
	1	0
b. English as a Second Language (ESL) training	<input type="radio"/>	<input type="radio"/>
	1	0
c. Courses for college credit	<input type="radio"/>	<input type="radio"/>
	1	0
d. Another type of education activity or academic service	<input type="radio"/>	<input type="radio"/>
<input type="text" value=""/>		

(STRING 255)

SPECIFY TEXT: Please specify the other education related service you participated in:

SOFT CHECK: IF ANY ROWS ARE EMPTY; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses.**

To continue to the next question, click the continue button.

ALL

C5. Since [RA DATE], have you participated in any of the following training or job related services? [Please do not include services received through YouthBuild.]

	Y E S	N O
	1	0
a. A job skills training program	<input type="radio"/>	<input type="radio"/>
	1	0
b. On-the-job training	<input type="radio"/>	<input type="radio"/>
	1	0
c. Career counseling	<input type="radio"/>	<input type="radio"/>
	1	0
d. A job certification program	<input type="radio"/>	<input type="radio"/>

e. Job search assistance. Please include help filling out an application, writing a resume, or going for an interview	1 <input type="radio"/>	0 <input type="radio"/>
f. Help applying to a vocational training program, including help with an application or interview	1 <input type="radio"/>	0 <input type="radio"/>
g. Another training or job job related service	1 <input type="radio"/>	0 <input type="radio"/>
(STRING 255)		

SPECIFY TEXT: Please specify the other training or job related service you participated in:

SOFT CHECK: IF ANY ROWS ARE EMPTY; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses.**
To continue to the next question, click the continue button.

AT LEAST 1 AT C5
FILL RESPONSE OPTIONS (A-F) FROM C5
FILL RESPONSE G FROM C5g_specify; IF C5g_specify IS EMPTY, FILL In the other training or job related service you mentioned

C6. Since [RA DATE], about how long you have spent participating in the following training or job related services? You can answer in days, weeks, or months.

About how long have you spent... (Your best estimate is fine.)

PROGRAMMER: INSERT DROPDOWN

PROGRAMMER: RANGE IS 00 – 99

N u m b e r	D a y s , W e e k s o r
----------------------------	--

		M o n t h s
a. In a job skills training program	<input type="text"/>	<input type="text" value="▼"/>
b. In on-the-job training	<input type="text"/>	<input type="text" value="▼"/>
c. In career counseling	<input type="text"/>	<input type="text" value="▼"/>
d. In a job certification program	<input type="text"/>	<input type="text" value="▼"/>
e. Receiving job search assistance. Please include help filling out an application, writing a resume, or going for an interview	<input type="text"/>	<input type="text" value="▼"/>
f. Receiving help applying to a vocational training program, including help with an application or interview	<input type="text"/>	<input type="text" value="▼"/>
g. [FILL D5g_specify / In the other training or job related service you mentioned]	<input type="text"/>	<input type="text" value="▼"/>

PROGRAMMER: USE THESE DROPDOWN OPTIONS:

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

SOFT CHECK: IF C6a-g = 0; Please provide a number between 1 and 99. To continue without changing your answer, click the continue button.

SOFT CHECK: IF NUM GT 0 AND UNIT = M; Please select days, weeks or months. To continue to the next question without changing your answer, click the continue button.

AT LEAST 1 AT C5
C5a = 1, FILL: A job skills training program ; C5b = 1, FILL: On-the-job training C5c = 1, FILL: Career counseling ; C5d = 1, FILL: A job certification program ; C5e = 1, FILL: Job search assistance ; C5f = 1, FILL: Help applying to a vocational training program
C5g = 1, FILL: FROM C5g_specify; IF C5g_specify IS EMPTY, FILL: Another training or job related service
service IF THE NUMBER OF ITEMS SELECTED AT C5= 1; services IF THE NUMBER OF ITEMS SELECTED AT C5 GT 1
this service most often IF THE NUMBER OF ITEMS SELECTED AT C5 = 1; most of these services IF THE NUMBER OF ITEMS SELECTED AT C5 GT 1
[YB PROGRAM] or another IF RAOutcome = 1 (TREATMENT); A IF RAOutcome = 2 (CONTROL)

C7. You said you received the following training or job related [service / services]:

- [FILL FIRST SELECTED ITEM]
- [FILL SECOND SELECTED ITEM]
- [CONTINUE FILLING]

Where did you receive [this service most often/most of these services]?

Select one only

- Community based organization..... 1
- School..... 2
- Former or current employer..... 3
- [[YB PROGRAM] or another/A] YouthBuild program..... 4
- Somewhere else..... 5
- NO RESPONSE..... M

ALL

C8. Since [RA DATE], have you participated in any of the following personal development services?

	Y E S	N O
	1	0
a. Getting help or advice from a mentor	<input type="radio"/>	<input type="radio"/>
b. Life skills training such as parenting skills classes, learning how to balance a checkbook, etc.	1 <input type="radio"/>	0 <input type="radio"/>
c. Communication or public-speaking training	1 <input type="radio"/>	0 <input type="radio"/>
d. Leadership development training	1 <input type="radio"/>	0 <input type="radio"/>
e. Health services	1 <input type="radio"/>	0 <input type="radio"/>
f. Mental health services	1 <input type="radio"/>	0 <input type="radio"/>
g. Working with a case manager	1 <input type="radio"/>	0 <input type="radio"/>

SOFT CHECK: IF ANY ROWS ARE EMPTY; You may have missed a question or two on this page. Please review your answers below and provide the missing responses.

To continue to the next question, click the continue button.

PROGRAMMER BOX C8.1.

IF NO ITEMS ARE SELECTED AT C8, SKIP TO SECTION D;
IF AT LEAST ONE ITEM IS SELECTED AT C8, CONTINUE TO C9.

AT LEAST ONE AT C8

FILL RESPONSE OPTIONS (A-G) FROM C8

C9. Since [RA DATE], about how long you have spent participating in the following personal development services? You can answer in days, weeks, or months.

About how long have you spent... *(Your best estimate is fine.)*

PROGRAMMER: INSERT DROPDOWN

PROGRAMMER: RANGE IS 00 – 99

N u m b e r	D a y s ,
	W e e k s o r M o n t h s

a. Getting help or advice from a mentor

b. In life skills training such as parenting skills classes, learning how to balance a checkbook, etc.

c. In communication or public-speaking training

d. In leadership development training

e. Using health services

f. Using mental health services

g. Working with a case manager

SOFT CHECK: IF C9a-g = 0; Please provide a number between 1 and 99. To continue without changing your answer, click the continue button.

SOFT CHECK: IF NUM GT 0 AND UNIT = M; Please select days, weeks or months.
To continue to the next question without changing your answer, click the continue button.

AT LEAST ONE AT C8
C8a = 1, FILL: Mentoring ; C8b = 1, FILL: Life skills training ; C8c = 1, FILL: Communication or public-speaking training ; C8d = 1, FILL: Leadership development training ; C8e = 1, FILL: Health services ; C8f = 1, FILL: Mental health services ; C8g = 1, FILL: Working with a case manager
service IF THE NUMBER OF ITEMS SELECTED AT C8= 1; services IF THE NUMBER OF ITEMS SELECTED AT C8 GT 1
this service most often IF THE NUMBER OF ITEMS SELECTED AT C8= 1; most of these services IF THE NUMBER OF ITEMS SELECTED AT C8 GT 1

C10. You said you participated in the following personal development [service / services]:

- [FILL FIRST SELECTED ITEM]
- [FILL SECOND SELECTED ITEM]
- [CONTINUE FILLING]

Where did you receive [this service most often/most of these services]?

Select one only

- Community based organization..... 1
- School..... 2
- Former or current employer..... 3
- [[YB Program] or another/A] YouthBuild program..... 4
- Somewhere else..... 4
- NO RESPONSE..... M

D. YouthBuild (YB) Program Experiences

ALL
YB PROGRAM FROM GranteeName IF RAOutcome = 1 (TREATMENT); YouthBuild IF RAOutcome = 2 (CONTROL)

The next questions are about your experiences with [YB PROGRAM/YouthBuild].

D1. Since [RA DATE], did you receive any services from or participate in any [YB PROGRAM / YouthBuild] activities?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

SOFT CHECK: IF D1 = M; Your response to this question is important. Please provide a response and continue.

To continue to the next question without providing a response, click the continue button.

SOFT CHECK: IF D1 = 0 and (C3 = 4 OR C7 = 4 OR C10 = 4 (GOT SERVICES FROM YB)):); I just want to make sure I recorded your answer correctly. You said you have not received any YouthBuild services or participated in any YouthBuild activities. In a previous question, you mentioned that you had received services from YouthBuild.

Just to confirm, since [RA DATE], did you receive any services from or participate in any [YB PROGRAM / YouthBuild] activities?

PROGRAMMER SKIP BOX D1.1
 IF TREATMENT AND D1 = 1, SKIP TO D3;
 IF TREATMENT AND D1 = M, SKIP TO SECTION E;
 IF TREATMENT AND D1 = 0, SKIP TO D2.
 IF CONTROL AND D1 = 1, CONTINUE TO D1a;
 IF CONTROL AND D1 = 0, M, SKIP TO SECTION E.

CONTROL AND D1 = 1
YB PROGRAM FROM GranteeName

D1a. Did you receive these services at [YB PROGRAM]?

- Yes..... 1 GO TO D3
- No..... 0
- NO RESPONSE..... M

D1a = 0, M

D1b. What is the name, city and state of the YouthBuild program you attended?

YouthBuild Program Name

(STRING 200)

City

(STRING 200)

State/Territory

(INSERT DROPDOWN)

NO RESPONSE.....M

PROGRAMMER SKIP BOX D1b.1
ALL RESPONSES TO D1b, SKIP TO D3.

TREATMENT AND D1 = 0

D2. Why did you not participate in [YB PROGRAM / YouthBuild]?

Select all that apply

- You had no transportation..... 1
- You were incarcerated..... 2
- It was at a bad time of the day..... 3
- You got a job..... 4
- You moved..... 5
- You were pregnant or had child care problems..... 6
- You had health problems or an injury..... 7
- A family member became ill..... 8
- You had pressure for your family..... 9
- You did not like the program..... 10
- You did not like or get along with the program staff..... 11
- You did not like or get along with other participants..... 12
- You were expelled or asked to leave..... 13
- The program closed..... 14
- Some other reason..... 15

Specify

(STRING 200)

SPECIFY TEXT: Please specify the reason why you did not participate:

PROGRAMMER SKIP BOX D2.1
ALL RESPONSES TO C2 GO TO SECTION E.

PROGRAMMER FILL BOX.
FOR THE REST OF SECTION C, PLEASE USE
THE FOLLOWING FILL LOGIC FOR THE
PROGRAM NAME [**YB PROGRAM / YouthBuild**]:
IF TREATMENT, FILL **YB PROGRAM** FROM
GranteeName;
IF CONTROL AND D1a = 1, FILL **YB PROGRAM** FROM GranteeName;
IF CONTROL AND D1a = 0, M, FILL
YouthBuild

D1 = 1 (RECEIVED YB SERVICES)

D3. Which of the following best describes your current status at [YB PROGRAM] / YouthBuild?

Select one only

- Currently enrolled in [YB PROGRAM / YouthBuild] and have not yet graduated or completed the program.....1
- Graduated from or completed the [YB PROGRAM / YouthBuild] program.....2
- No longer enrolled in [YB PROGRAM / YouthBuild] and did not graduate or complete the program.....3
- NO RESPONSE.....M

SOFT CHECK: IF D3 = M; Your response to this question is important. Please provide a response and continue.
To continue to the next question without providing a response, click the continue button.

PROGRAMMER SKIP BOX D3.1
IF D3 = 1, M, SKIP TO D6;
IF D3 = 2 – 3, CONTINUE TO D4.

IF D3 = 2, 3

graduate or complete IF D3 = 2 (GRADUATED)
stop going to IF D3 = 3

D4. In what month and year did you [graduate or complete / stop going to] [YB PROGRAM / YouthBuild]?

Your best estimate is fine.

PROGRAMMER: INSERT DROPDOWN FOR MONTH
(SPELL OUT MONTHS)

Month Year
 20
(1-12) (2011 - 2015)
NO RESPONSE.....M

HARD CHECK: IF D4 YEAR GT CURRENT YEAR; The year you provided is in the future. Please correct the date below.

SOFT CHECK: IF C4 YEAR IS BEFORE RA_YEAR; You said you [graduated or completed / stopped going to] the program in [FILL D4 YEAR]. Please check that this is correct and either keep your answer or change your answer below.
To keep your answer without making changes, click the continue button.

SOFT CHECK: IF D4 = M; Your response to this question is important. Please provide a response and continue.
To continue to the next question without providing a response, click the continue button.

PROGRAMMER SKIP BOX D4.1
IF D3 = 2 SKIP TO D6;
IF D3 = 3, CONTINUE TO D5.

D5. Why did you stop going to [YB PROGRAM /YouthBuild]?

Select all that apply

- You had no transportation.....1
- You were incarcerated.....2
- It was at a bad time of the day.....3
- You got a job.....4
- You moved.....5
- You were pregnant or had child care problems.....6
- You had health problems or an injury.....7
- A family member became ill.....8
- You had pressure for your family.....9
- You did not like the program.....10
- You did not like or get along with the program staff.....11
- You did not like or get along with other participants.....12
- You were expelled or asked to leave.....13
- The program closed.....14
- Some other reason.....15

Specify

(STRING 200)

SPECIFY TEXT: Please specify the other reason you stopped going:

PROGRAMMER SKIP BOX D5.1
ALL RESPONSES TO D5 CONTINUE TO D6.

D1 = 1 (RECEIVED YB SERVICES)

have you gone to IF D3 = 1, M;
did it take you to graduate or complete IF D3 = 2;
did you go to IF D3 = 3.

D6. How many months [have you gone to / did it take you to graduate or complete / did you go to] [YB PROGRAM / YouthBuild]? Please do not include any time spent in Mental Toughness Orientation or MTO, or in any orientation activities prior to starting your YouthBuild program.

Months

(RANGE 00-99)

NO RESPONSE..... M

SOFT CHECK: IF D6 = M; Your response to this question is important. Please provide a response and continue.
To continue to the next question without providing a response, click the continue button.

D1 = 1 (RECEIVED YB SERVICES)

Do IF D3 = 1, M;
Did IF D3 = 2 – 4

D7. [Do/Did] you receive a stipend or any money from [YB PROGRAM / YouthBuild] for working in a construction site, attending classes, or other program activities?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

PROGRAMMER BOX D7.1.
D18 AND D19 WILL BE ASKED IN LATER SURVEYS.

NOT IN THIS VERSION

D8. Please indicate how much contact you've had with staff from [YB PROGRAM / YouthBuild] since graduation.

Select one only

- A lot..... 1
- Some..... 2
- A little..... 3
- None..... 4
- NO RESPONSE..... M

D1 = 1 (RECEIVED YB SERVICES)

D9. How would you rate the quality of [YB PROGRAM / YouthBuild] with regards to the following?

VERY GOOD	GOOD	OKAY	POOR	DOES NOT APPLY TO ME
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D1 = 1 (RECEIVED YB SERVICES)

C AND D ONLY ASKED IF D3 = 2, 3, 4 (GRADUATED OR NO LONGER IN YB)

D10. How would you rate the quality of [YB PROGRAM / YouthBuild] staff with regards to the following?

V E R Y			
G O O D	G O O D	O K A Y	P O O R

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D11. Do you have at least one person on [YB PROGRAM / YouthBuild] staff who really cares about you and to whom you can go to talk about personal things?

- Yes.....1
- No.....0
- NO RESPONSE.....M

E. Employment and Earnings

ALL

E1. The next questions are about your paid work experience since [RA DATE]. Please include any part-time or full-time jobs as well as self-employment or your own business. Please don't include any unpaid jobs.

Are you currently working at a job for pay?

- Yes..... 1
- No..... 0 GO TO E2
- NO RESPONSE..... M GO TO E2

SOFT CHECK: IF E1 = M; Your response to this question is important. Please provide a response and continue.

To continue to the next question without making changes, click the continue button.

E1 = 1

E1a. How many paid jobs do you currently have?

Number of Paid Jobs

(RANGE 00-99)

NO RESPONSE..... M

SOFT CHECK: IF E1a = M; Your response to this question is important. Please provide a response and continue.

To continue to the next question without making changes, click the continue button.

SOFT CHECK: IF E1a = 10 – 99; You reported that you currently have [FILL E1a] paid jobs. Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the continue button.

SOFT CHECK: IF E1a = 0; You mentioned in a previous question that you are currently working. You just mentioned that you have 0 jobs. Click [here](#) to go back and change your answer about currently working. You may also change your answer below.

To continue to the next question without making changes, click the continue button

PROGRAMMER BOX E1a.1

IF E1 = 1 AND E1a GT 0, SKIP TO E5;

IF E1 = 1 AND E1a = M (AFTER SOFT CHECK), SKIP TO E5;

IF E1 = 1 AND E1a = 0 (AFTER SOFT

CHECK), CONTINUE TO E2.
IF E1 = 0, M, CONTINUE TO E2.

IF (E1 = 0, M) OR (E1 = 1 AND E1a = 0)

E2. Have you been looking for work during the past four weeks?

- Yes.....1
- No.....0 GO TO E4
- NO RESPONSE.....M GO TO E4

E2 = 1 (LOOKING FOR WORK)

IF C1 = 1, FILL Response option a (Contact YouthBuild staff)

E3. Below is a list of things that some people do to look for work. Please indicate whether or not you did any of these things during the last four weeks.

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	Y e s	N o
(IF C1 = 1)	1	0
a. Contact YouthBuild staff	<input type="radio"/>	<input type="radio"/>
b. Contact your state's One Stop office, workforce development office, or unemployment office	1 <input type="radio"/>	0 <input type="radio"/>
c. Ask friends or relatives	1 <input type="radio"/>	0 <input type="radio"/>
d. Look through job advertisements in a newspaper or on the internet	1 <input type="radio"/>	0 <input type="radio"/>
e. Send out resumes	1 <input type="radio"/>	0 <input type="radio"/>
f. Fill out applications	1	0

Y e s	N o
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- | | | |
|--|---|---|
| g. Contact any employers in person, by mail, or by phone | <input type="radio"/>
1
<input type="radio"/> | <input type="radio"/>
0
<input type="radio"/> |
| h. Something else | <input type="radio"/>
1
<input type="radio"/> | <input type="radio"/>
0
<input type="radio"/> |

(STRING 255)

SPECIFY TEXT: Please specify what other things you did to look for work in the last four weeks:

PROGRAMMER BOX E3.1.
AFTER E3, GO TO E4.

IF (E1 = 0, M) OR (E1 = 1 AND E1a = 0)

E4. Have you worked at any jobs for pay that have lasted two weeks or longer since [RA DATE]?

- Yes..... 1
- No..... 0 GO TO E20
- NO RESPONSE..... M GO TO E20

SOFT CHECK: IF E4 = M; Your response to this question is important. Please provide a response and continue.
To continue to the next question without making changes, click the continue button.

IF (E1 = 1 AND (E1A GT 0 OR E1A = M)) OR E4 = 1

Where are you currently working? IF (E1 = 1 AND E1a = M) OR (E1 = 1 AND E1a = 1) (CURRENTLY WORKS);
At which of your jobs do you work the most hours? IF E1a GT 1 (CURRENTLY WORKING AT MORE THAN ONE JOB);
Where have you worked most recently since [RA Date]? IF E4 = 1 (NOT CURRENTLY WORKING, BUT HAD JOB)

E5. [Where are you currently working? / At which of your jobs do you work the most hours? / Where have you worked most recently since [RA DATE]?] Please enter the name of the company or employer.

Only enter the name of one job below. We will ask you about other jobs later.

Name of company/employer

(STRING

NO RESPONSE..... M

E5a. Check here if you don't know the name of the employer
1

HARD CHECK: IF E5 HAS TEXT AND E5a = 1; You have entered the name of a company/employer and checked the box below. Please clear the text or uncheck the box.

PROGRAMMER SKIP BOX E5a.1
 IF E5 = M AND E5a = 1 (DOESN'T KNOW NAME),
 CONTINUE TO E5b;
 IF E5 = M AND E5a = M (FIELD AND BOX
 EMPTY), CONTINUE TO E5b;
 ELSE (TEXT ENTERED AT E5), RECORD TEXT
 AS JOB #1 AND SKIP TO BOX E5b.2

(E5 = M AND E5a = 1) OR (E5 = M AND E5a = M)

your current job IF (E1 = 1 AND E1a = M) OR (E1 = 1 AND E1a = 1) (CURRENTLY WORKS);

your job where you work the most hours / If you work the same number of hours at more than one job, please pick one of your jobs to enter below. IF E1a GT 1 (CURRENTLY WORKING AT MORE THAN ONE JOB);

your most recent job since [RA DATE] IF E4 = 1 (NOT CURRENTLY WORKING, BUT HAD JOB)

E5b. We will ask you a few questions about [your current job / your job where you work the most hours / your most recent job since [RA DATE]]. Please enter a word or name that can be used to help you refer to this job in the upcoming questions.

Only enter the name of one job below. [If you work the same number of hours at more than one job, please pick one of your jobs to enter below]. We will ask you about other jobs later.

(STRING

NO RESPONSE.....M

PROGRAMMER SKIP BOX E5b.1
IF E5b = M (NO NAME GIVEN), SKIP TO E20;
ELSE (TEXT ENTERED), RECORD TEXT AS JOB #1
AND CONTINUE.

PROGRAMMER LOOP BOX E5b.2
BEGIN LOOP TO COLLECT JOBS #2 – #5.
ASK E6 – E8; LOOP ENDS IF E6 = 0, M OR AFTER JOB
#5.

E5 OR E5b HAS A RECORDED JOB (TEXT ENTERED)

E6. Have you worked at another job for pay since [RA DATE]? This includes any self-employment, current jobs and jobs you no longer work at.

Yes.....1

No.....0 END LOOP; GO TO BOX E8.2

NO RESPONSE.....M END LOOP, GO TO BOX E8.2

E6 = 1

E7. What is the name of the company or employer?

Only enter the name of one job below. We will ask you about other jobs later.

Name of company/employer

(STRING

NO RESPONSE.....M

E7a. Check here if you don't know the name of the employer
1

HARD CHECK: IF E7 HAS TEXT AND E7a = 1; You have entered the name of a company/employer and checked the box below. Please clear the text or uncheck the box.

PROGRAMMER SKIP BOX E7.1
IF E7 = M AND E7a = 1 (DOESN'T KNOW NAME),
CONTINUE ;
IF E7 = M AND E7a = M (FIELD AND BOX
EMPTY), CONTINUE;
ELSE (TEXT ENTERED AT E7), RECORD TEXT
AS JOB AND SKIP TO BOX E8.1

(E7 = M AND E7a = 1) OR (E7 = M AND E7a = M)

E8. We will ask you a few questions about this job. Please enter a word or name that can be used to help you refer to this job in the upcoming questions.

(STRING

NO RESPONSE.....M

PROGRAMMER BOX E8.1
IF E8 = M (NO NAME GIVEN), END LOOP AND GO TO
BOX E8.2;
ELSE, RETURN TO E6 TO ASK ABOUT ANOTHER
JOB.
END LOOP AT AFTER JOB 5.

PROGRAMMER BOX E8.2
BEGIN JOB LOOP
ASK E9 TO E29 FOR JOB #1;
THEN RETURN HERE AND REPEAT FOR JOBS #2 - #
5.

ALL JOBS

JOB NAME FOR JOB #1 FROM E5 OR E5b; JOBS #2 TO #5 FROM E7 OR E8

E9. When did you start working at [JOB NAME]?

Your best estimate is fine.

PROGRAMMER: INSERT DROPDOWN FOR MONTH (SPELL OUT MONTHS)

Month Year
 20

(1-12) (2009 - 2015)

NO RESPONSE.....M

HARD CHECK: IF E9 YEAR GT CURRENT YEAR; The year you provided is in the future. Please correct the date below.

SOFT CHECK: IF E9 DATE IS BEFORE 2009; You said you started working at this job in [FILL JOB YEAR]. Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the continue button.

PROGRAMMER BOX E9.1

IF JOB #1 AND E1 = 1 AND (E1a GT 0 OR E1a = M)
(CURRENTLY EMPLOYED), SKIP TO E11;

IF JOB #1 AND (E1 = 1 AND E1a = 0), CONTINUE TO E10;

IF JOB #1 AND (E1 = 0, M (NOT EMPLOYED, NO
RESPONSE), CONTINUE TO E10.

ASK E10 FOR JOBS #2 TO #5.

JOB #1 IF (E1 = 1 AND E1a = 0) OR (E1 = 0, M (NOT CURRENTLY WORKING));
 ALL OF JOBS #2 - #5 GET THIS QUESTION

E10. When did you stop working at [JOB NAME]? Check the box below if you are still working at this job.

Your best estimate is fine.

PROGRAMMER: INSERT DROPDOWN FOR MONTH
 (SPELL OUT MONTHS)

Month Year
 20

(1-12) (2011 - 2015)

NO RESPONSE.....M

E10a. Check here if you are still working at this job 1

HARD CHECK: IF E10 YEAR GT CURRENT YEAR; The year you provided is in the future. Please correct the date below.

SOFT CHECK: IF E10 DATE IS BEFORE RA_YEAR; You said you stopped working at this job in [FILL JOB YEAR]. Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the continue button.

SOFT CHECK: IF E10 = M AND E10a = M (NOT CHECKED); Your response to this question is important. Please provide a response and continue. If you stopped working at this job, check the box below.

To keep your answer without making changes, click the continue button.

HARD CHECK: IF E10 HAS DATE AND E10a = 1; You provided the date you stopped working at this job and checked the box indicating you are still working at this job. Please uncheck the box to continue.

PROGRAMMER SKIP BOX E10.1
 IF JOB #1, CONTINUE TO E11;
 IF JOBS #2 TO #5, SKIP TO E13.

JOB #1 ONLY

E11. Are you self-employed there?

Yes.....1
 No.....0
 NO RESPONSE.....M

PROGRAMMER SKIP BOX E11.1
 IF JOB #1 AND E11 = 0 , M (NOT SELF-EMPLOYED OR
 NO RESPONSE), CONTINUE TO E12;
 ELSE SKIP TO E13a.

JOB #1 ONLY AND E11 = 0, M (NOT SELF-EMPLOYED OR NO
 RESPONSE)
Is this IF (E1 = 1 AND (E1a GT 0 OR E1a = M)) OR (E4 = 1 AND
 E10a = 1); **ELSE Was that**

E12. [Is this / Was that] job through a temporary employment agency?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

ALL JOBS
 JOB #1 ONLY: **do / this** IF (E1 = 1 AND (E1a GT 0 OR E1a = M))
 OR (E4 = 1 AND E10a = 1);
 ELSE, **did / that**

E13. How many hours per week, including regular overtime hours [do / did] you usually work on [this/that] job?

Your best estimate is fine.

Hours per week

(RANGE 0-999)

NO RESPONSE..... M

E13a. Check here if the number of hours varies. 1

SOFT CHECK: IF E13 = M AND E13a = M; Your response to this question is important. Please provide a response and continue. To continue to the next question without making changes, click the continue button.

SOFT CHECK: IF E13 = 0 OR E13 GT 80; You said you worked [FILL E13] hours per week, is that correct? Please check that this is correct and either keep your answer or change your answer to continue. To keep your answer without making changes, click the continue button.

PROGRAMMER SKIP BOX E13a.1
 IF (E13 = 0, M) AND (E13a = 1, M), CONTINUE TO
 E13b;
 IF E13a GT 0 AND (E13a = 1, M), SKIP TO E14;

(E13 = 0, M) AND (E13a = 1, M)

E13b. Which best describes how many hours per week you [work / worked] on this job?

Select one only

- Less than 10 hours per week..... 1
- Between 10 and 14 hours per week..... 2
- Between 15 and 19 hours per week..... 3
- Between 20 and 24 hours per week..... 4
- Between 25 and 29 hours per week..... 5
- Between 30 and 34 hours per week..... 6
- Between 35 and 39 hours per week..... 7
- 40 or more hours per week..... 8
- NO RESPONSE..... M

PROGRAMMER SKIP BOX E13.1

IF JOB #1, CONTINUE TO E14;

IF JOBS #2 TO #5, SKIP TO E18.

JOB #1 ONLY

JOB #1 ONLY: **do / this / work** IF (E1 = 1 AND (E1a GT 0 OR E1a = M)) OR (E4 = 1 AND E10a = 1);

ELSE, **did / that / worked**

E14. How many days per week [do / did] you work on [this / that] job?

If you [work / worked] less than one day per week, please enter one (1).

Days per week

(RANGE 1-7)

NO RESPONSE..... M

HARD CHECK: IF E14 = 0 OR E14 GT 7; Please provide a response between 1 and 7 continue.

JOB #1 ONLY

you IF E11 = 1 (SELF-EMPLOYED); ELSE they

E15. What kind of company is [JOB NAME]? What do [they / you] make, do, or sell?

25 (STRING)

NO RESPONSE.....M

SOFT CHECK: IF E15 = M; Your response to this question is important. Please briefly describe what [they / you] make, do, or sell.

To continue to the next question without making changes, click the continue button.

JOB #1 ONLY

JOB #1 ONLY: **do / are** IF (E1 = 1 AND (E1a GT 0 OR E1a = M))
OR (E4 = 1 AND E10a = 1);
ELSE, **did / were**

E16. Please briefly describe what you [do / did] at [JOB NAME]? What [are / were] your most important duties?

2 (STRING)

NO RESPONSE.....M

SOFT CHECK: IF E16 = M; Your response to this question is important. Please briefly describe your duties.

To continue to the next question without making changes, click the continue button.

PROGRAMMER SKIP BOX E16.1

IF JOB #1 AND E11 = 0, M (SELF-EMPLOYED),
CONTINUE TO E17;
ELSE SKIP TO E18.

JOB #1 AND E11 = 0, M (NOT SELF-EMPLOYED)

DISPLAY OPTION 1 ONLY IF TREATMENT GROUP

E17. How did you find this job?

Select all that apply

You were referred or helped by:

- YouthBuild..... 1
- State employment agency or state job service..... 2
- Private employment agency..... 3
- Friends, relatives, or colleagues..... 4
- A union..... 5

You searched for a job by looking at:

- Want ads, newspaper ads, or the local paper..... 6
- The Internet..... 7

You heard about it from:

- A former employer..... 2
- School..... 9
- A job fair..... 2
- You found this job some other way..... 99

Specify (STRING 255)

NO RESPONSE..... M

SPECIFY TEXT: Please specify what else you did to find this job:

ALL JOBS

JOB #1 ONLY: are / at IF (E1 = 1 AND (E1a GT 0 OR E1a = M)) OR (E4 = 1 AND E10a = 1); ELSE, were / when you left

JOBS #2 - #5: are / at IF E10a = 1; ELSE were / when you left

E18. How much [are / were] you making [at / when you left] [JOB NAME]? Please include tips, commissions, bonuses, and regular overtime.

Amount [input box] Pay Period [Please Select v]

(RANGE 0-999,999)

AMOUNT NO RESPONSE..... M

UNIT NO RESPONSE..... M

E18a. Check here if you have not yet been paid. 1

PROGRAMMER: USE THESE OPTIONS

- Per hour..... 1
Per week..... 2
Once every two weeks..... 3
Twice a month..... 4
Per month or monthly..... 5
Per year..... 6
Per day..... 7
Per job..... 8
Some other pay period..... 9

SOFT CHECK: IF AMOUNT = 0; If you have not been paid yet, check the box below. To continue to the next question without making changes, click the continue button.

SOFT CHECK: IF AMOUNT = M AND UNIT = 1 - 8; Please provide the amount you [are / were] paid [FILL unit]. To continue to the next question without making changes, click the continue button.

SOFT CHECK: IF AMOUNT = 1 - 999,999 AND UNIT = M; Please choose a pay period. To continue to the next question without making changes, click the continue button.

HARD CHECK: IF (AMOUNT GT 0 OR UNIT = 1 - 9) AND E18a = 1; You provided a number or pay period and checked the box indicating you have not yet been paid. Please uncheck the box to continue.

PROGRAMMER SKIP BOX E18A.1.

```
IF E18_AMOUNT = M OR E18_UNIT = M OR E18_UNIT
    = 8 – 9, CONTINUE TO E18b;
IF E18a = 1 OR E18_AMOUNT = 0, SKIP TO BOX
    E18c.1;
ELSE SKIP TO E18c.
```

IF E18_AMOUNT = M OR E18_UNIT = M OR E18_UNIT = 8 – 9,

E18b. Which of the following ranges best describes your annual pay at [JOB NAME]?

Your best estimate is fine.

Select one only

- Less than \$5,000..... 1
- \$5,000 or more, but less than \$10,000..... 2
- \$10,000 or more, but less than \$20,000..... 3
- \$20,000 or more, but less than \$30,000..... 4
- \$30,000 or more, but less than \$40,000..... 5
- \$40,000 or more, but less than \$50,000..... 6
- \$50,000 or more..... 7
- NO RESPONSE..... M

IF (E18_AMOUNT GT 0 AND E18_UNIT = 1 – 7) OR E18b = 1 – 7

E18c. Is that amount before or after taxes?

- Before taxes..... 1
- After taxes..... 0
- Don't know..... d
- NO RESPONSE..... M

PROGRAMMER SKIP BOX E18c.1.
IF JOB #1 AND E11 = 1 (SELF-EMPLOYED), SKIP TO
BOX E19.1;
IF JOB #1 AND E11 = 0, M (NOT SELF-EMPLOYED,
MISSING), CONTINUE TO E19;
IF JOB #2 TO JOB #5 SKIP TO BOX E19.1.

JOB #1 ONLY AND E11 = 0, M

Are IF (E1 = 1 AND (E1a GT 0 OR E1a = M)) OR (E4 = 1 AND E10a = 1);
ELSE, Were

E19. [Are / Were] any of the following benefits available to you at [JOB NAME]?

	Y e s	N o
a. Health insurance	1 <input type="radio"/>	0 <input type="radio"/>
b. Paid vacation	1 <input type="radio"/>	0 <input type="radio"/>
c. Paid holiday	1 <input type="radio"/>	0 <input type="radio"/>
d. Paid sick leave	1 <input type="radio"/>	0 <input type="radio"/>
e. Retirement or pension benefits	1 <input type="radio"/>	0 <input type="radio"/>
f. Dental benefits, including any offered at a cost to you	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER LOOP BOX E19.1
RETURN TO E9 FOR NEXT JOB.
IF NO OTHER JOB OR END OF LOOP, CONTINUE TO
E20.

ALL

FILL STATE WELFARE NAME

E20. The next questions are about income support you or someone in your household may have received. Please indicate if you or anyone in your household received any of the following in the past 12 months.

	Y e s	N o	I d o n , t k n o w
a. [FILL STATE WELFARE NAME], TANF or welfare	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Unemployment insurance	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. SNAP or Food Stamps	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. WIC or the Special Supplemental Food Program for Women, Infants, and Children	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. SSI or Social Security Retirement, Disability, or Survivor's benefits	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Payments for providing foster care	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Assistance with utilities such as gas, electricity, or water	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Child support	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
i. Money from family or friends	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
j. Any other type of	1	0	

Y e s	N o	I d o ' t k n o w
-------------	--------	---

income support
(SPECIFY)

SPECIFY TEXT: Please specify the other type of income support you or someone in your household received in the past 12 months:

PROGRAMMER BOX E20.1.
 IF ANY E20A-I = 1, CONTINUE TO E21;
 IF E20J = 1 AND E20J_SPECIFY NE M (HAS A RESPONSE), CONTINUE TO E21;
 IF NO ITEMS = 1, SKIP TO SECTION D;
 IF ONLY E20J = 1 AND E20J_SPECIFY = M, SKIP TO SECTION D.

AT LEAST ONE AT E20a-i = 1 OR (E20j = 1 AND E20j_SPECIFY NE M)

FILL RESPONSE OPTIONS (A-I) FROM E20

FILL RESPONSE J FROM E20j_specify;
IF E20j_specify IS EMPTY, DO NOT INCLUDE RESPONSE OPTION FROM E20J.

E21. For each type of income support you mentioned, please indicate whether you, someone else, or both you and someone else in your household received the income support.

	Y o u	S o m e o n e e l s e	B o t h y o u a n d s o m e o n e e l s e
a. [FILL STATE WELFARE NAME], TANF or welfare	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Unemployment insurance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. SNAP or Food Stamps	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. WIC or the Special Supplemental Food Program for Women, Infants, and Children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

	Y o u	S o m e o n e e l s e	B o t h y o u a n d s o m e o n e e l s e
e. SSI or Social Security Retirement, Disability, or Survivor's benefits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Payments for providing foster care	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Assistance with utilities such as gas, electricity, or water	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Child support	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Money from family or friends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. [FILL FROM E20]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

F. Criminal Justice Involvement and Delinquency

ALL

F1. These next questions are about experiences you may have had with the police or courts. All of your answers will be kept private to the fullest extent of the law.

Since [RA DATE], have you been arrested or taken into custody for a crime or illegal offense? Please include probation or parole violations, but do not include minor motor vehicle violations.

- Yes..... 1
 No..... 0 GO TO F4
 NO RESPONSE..... M GO TO F4

F1 = 1 (ARRESTED)

F2. Since [RA DATE], how many times have you been arrested or taken into custody for a crime or illegal offense?

Number of arrests
 (RANGE 0-99)
 NO RESPONSE..... M

SOFT CHECK: IF F2 = 15-99; You said that you have been arrested or taken into custody for a crime or illegal offense [FILL F2] times. Is this correct? Please check that this is correct and either keep your answer or change your answer below. To keep your answer without making changes, click the continue button.

SOFT CHECK: IF F1 = 1 AND F2 = 0; You mentioned in the previous question that you had been arrested. You just answered you were arrested 0 times. Click [here](#) to go back and change your answer about being arrested. You may also change your answer below. To continue to the next question without making changes, click the continue button.

PROGRAMMER BOX F2.1
 IF F1 = 1 AND F2 GT 0, CONTINUE TO F3;
 IF F1 = 1 AND F2 = M, CONTINUE TO F3;
 IF F1 = 1 AND F2 = 0 (AFTER SOFT CHECK), SKIP TO F4.

F1 = 1 (ARRESTED) AND (F2 GT 0 OR F2 = M)

F3. Since [RA DATE], have you been charged with any of the offenses listed below?

	Y e s	N o
a. A drug offense, such as possessing, selling, or manufacturing drugs	1 <input type="radio"/>	0 <input type="radio"/>
b. Driving under the influence or driving while intoxicated	1 <input type="radio"/>	0 <input type="radio"/>
c. Failure to pay child support	1 <input type="radio"/>	0 <input type="radio"/>
d. A property offense, such as shoplifting, burglary, larceny, theft, auto theft, bad checks, fraud, forgery, arson, vandalism, or possession of stolen goods	1 <input type="radio"/>	0 <input type="radio"/>
e. A violent offense, such as physical or sexual assault, rape, robbery, manslaughter, attempted murder, or murder	1 <input type="radio"/>	0 <input type="radio"/>
f. Some other offense not listed	1 <input type="radio"/>	0 <input type="radio"/>

(STRING 255)

SPECIFY TEXT: Please specify the other offense you were charged with:

ALL

F4. Since [RA DATE] have you been convicted or found delinquent of or pled guilty to a crime or illegal offense? Please do not include minor motor vehicle violations.

- Yes.....1 GO TO F5
- No.....0 SKIP TO G1
- NO RESPONSE.....M SKIP TO G1

F4 = 1 (CONVICTED)

F5. Since [RA DATE] how many times have you been convicted or found delinquent of or pled guilty to a crime or illegal offense?

Times
(RANGE 0-99)

NO RESPONSE.....M

SOFT CHECK: IF F5 = 15 - 99; You said that you have been convicted or found delinquent of or pled guilty to a crime or illegal offense [FILL F5] times. Is this correct? Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the continue button.

SOFT CHECK: IF F4 = 1 AND F5 = 0; You mentioned in the previous question that you had been convicted or pled guilty. You just answered you were convicted, found delinquent or pled guilty 0 times. Click [here](#) to go back and change your answer about being convicted, found delinquent or having pled guilty. You may also change your answer below.

To continue to the next question without making changes, click the continue button.

PROGRAMMER BOX F5.1

IF F4 = 1 AND F5 GT 0, CONTINUE TO F6;

IF F4 = 1 AND F5 = M, CONTINUE TO F6;

IF F4 = 1 AND F5 = 0 (AFTER SOFT CHECK), SKIP TO G1.

F4 = 1 AND (F5 GT 0 OR F5 = M)

F6. Since [RA DATE], have you been convicted or found delinquent of or pled guilty to any of the offenses listed below?

	Y e s	N o
a. A drug offense, such as possessing, selling, or manufacturing drugs	1 <input type="radio"/>	0 <input type="radio"/>
b. Driving under the influence or driving while intoxicated	1 <input type="radio"/>	0 <input type="radio"/>
c. Failure to pay child support	1 <input type="radio"/>	0 <input type="radio"/>
d. A property offense, such as shoplifting,	1	0

Y e s	N o
-------------	--------

burglary, larceny,
theft, auto theft,
bad checks, fraud,
forgery, arson,
vandalism, or
possession of
stolen goods

e. A violent offense,
such as physical or
sexual assault,
rape, robbery,
manslaughter,
attempted murder,
or murder

1

0

f. Some other
offense not listed
(SPECIFY)

1

0

SPECIFY TEXT: Please specify the other offense where you were convicted or plead guilty:

F4 = 1 AND (F5 GT 0 OR F5 = M)

The next questions are about any sentences you may have received since [RA DATE].

F7. Since [RA DATE], have you been sentenced to spend time in a group home, reform school, juvenile or adult prison, jail, or other correctional facility? Please include instances when you did not actually serve the time.

- Yes.....1
- No.....0 GO TO F10
- NO RESPONSE.....M GO TO F10

F7 = 1 (SENTENCED TO TIME)

F8. Since [RA DATE], how many separate times were you sentenced to spend time in a group home, reform school, juvenile or adult prison, jail, or other correctional facility?

Number of times sentenced
(MINIMUM 0)

NO RESPONSE.....M

SOFT CHECK: IF F8 = 0, 15 - 99; You said that you have been sentenced [FILL F8] times. Is this correct? Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the continue button.

F9. Since [RA DATE], how much time in total have you spent in a group home, reform school, juvenile or adult prison, jail, or other correctional facility? You may answer in days, weeks, months or years.

Amount	Unit
<input type="text"/>	<input type="text" value="Please Select ▼"/>

(RANGE 0-99)

PROGRAMMER: USE THESE UNIT OPTIONS

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

- AMOUNT NO RESPONSE..... M
- UNIT NO RESPONSE..... M

Check here if you were sentenced, but did not spend time in a group home, reform school, juvenile or adult prison, jail, or other correctional facility

SOFT CHECK: IF AMOUNT = 0; Please provide an amount greater than 0 or check the box below
To continue to the next question without making changes, click the continue button.

SOFT CHECK: IF AMOUNT = M AND UNIT = 1 – 4; Please provide an amount and continue.
To continue to the next question without making changes, click the continue button.

SOFT CHECK: IF AMOUNT = 1 – 99 AND UNIT = M; Please select days, weeks, months or years.
To continue to the next question without making changes, click the continue button.

F4 = 1 (CONVICTED) AND (F5 GT 0 OR F5 = M)

F10. The next set of questions is about other sentences you may have received. Since [RA DATE], have you been sentenced to any of the following:

	Y e s	N o
a. Fines	1 <input type="radio"/>	0 <input type="radio"/>
b. Loss of driver's license	1 <input type="radio"/>	0 <input type="radio"/>
c. Mandated community service	1 <input type="radio"/>	0 <input type="radio"/>
d. Probation	1 <input type="radio"/>	0 <input type="radio"/>
e. Parole	1 <input type="radio"/>	0 <input type="radio"/>
f. Some other sentence (SPECIFY)	1 <input type="radio"/>	0 <input type="radio"/>

(STRING 255)

SPECIFY TEXT: Please specify the other sentence you received:

PROGRAMMER SKIP BOX F10.1
IF F10d OR F10e = 1 (PROBATION OR PAROLE),
CONTINUE.
ELSE SKIP TO SECTION G.

F10d OR F10e = 1 (ON PROBATION OR PAROLE)

F11. How long were you put on probation or parole? You may answer in days, weeks, months or years.

Amount	Unit
<input type="text"/>	Please Select ▼

(RANGE 0-99)

PROGRAMMER: USE THESE UNIT OPTIONS

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

- AMOUNT NO RESPONSE..... M
- UNIT NO RESPONSE..... M

SOFT CHECK: IF AMOUNT = 0; Please provide a response greater than 0 or check the box below
To continue to the next question without making changes, click the continue button.

SOFT CHECK: IF AMOUNT = M AND UNIT = 1 – 4; Please provide an amount and continue.
To continue to the next question without making changes, click the continue button.

SOFT CHECK: IF AMOUNT = 1 – 99 AND UNIT = M; Please select days, weeks, months or years.
To continue to the next question without making changes, click the continue button.

F10d OR F10e = 1 (ON PROBATION OR PAROLE)

F12. Are you still on probation or parole?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

G. Social and Emotional Development

ALL

- G1.** The next questions ask about how you feel about yourself and the people in your life. Below is a list of statements dealing with your general feelings about yourself. Please indicate if you strongly agree, agree, disagree, or strongly disagree.

S t r o n g l y A g r e e	A g r e e	D i s a g r e e	S t r o n g l y D i s a g r e e
---	-----------------------	--------------------------------------	--

a. I feel that I'm a person of worth, at least on an equal plane with others

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. I feel that I have a number of good qualities

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. All in all, I am inclined to feel that I am a failure

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. I am able to do things as well as most

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S t r o n g l y A g r e e	A g r e e	D i s a g r e e	S t r o n g l y D i s a g r e e
---	-----------------------	--------------------------------------	--

other people

e. I feel I do not have much to be proud of	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I take a positive attitude towards myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. On the whole, I am satisfied with myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. I wish I could have more respect for myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. I certainly feel useless at times	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. At times I think I am no good at all	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

G2. Generally speaking, would you say most people can be trusted or that you can't be too careful in life?

Select one only

- Most people can be trusted.....1
- Can't be too careful.....2
- Other, depends.....3
- NO RESPONSE.....M

G3. Do you agree or disagree with the following statements about your current relationships with family and friends?

S t r o n g l y A g r e e	A g r e e	D i s a g r e e	S t r o n g l y D i s a g r e e
---	-----------------------	--------------------------------------	--

a. There are people I know who will help me if I really need it

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. There is no one I feel comfortable talking about problems with

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. I am with a group of people who think the same way I do about things

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. If something went wrong, no one would

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S t r o n g l y A g r e e	A g r e e	D i s a g r e e	S t r o n g l y D i s a g r e e
---	-----------------------	--------------------------------------	--

help me

e. I have a trustworthy person to turn to if I have problems	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

f. There is no one who likes to do the things I do	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. Identity Development

ALL

H1. The next questions are about how you make decisions and solve problems.

Please read the following statements and rate how strongly you agree or disagree with each one.

	S t r o n g l y A g r e e	A g r e e	D i s a g r e e	S t r o n g l y D i s a g r e e
a. Difficult problems make you very upset	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. When making decisions, you usually go with your "gut feeling" without thinking too much about the consequences of each alternative	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. When you have a problem to solve, one of the first things you do is get as many facts about the problem as possible	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. When you are attempting to find a solution to a problem, you usually try to think of as many different ways to approach the problem as possible	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. When making decisions, you generally use a systematic method for judging and comparing alternatives	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. After carrying out a solution to a problem, you usually try to analyze what went right and what went wrong	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

ALL

H2. This next question is about what you do when you need to make a decision or solve a problem.

Would you rather get \$80 tomorrow, or get \$100 three months from now?

Select one only

- \$80 tomorrow.....1
- \$100 three months from now.....2
- NO RESPONSE.....M

ALL

H3. The next questions ask you some questions about volunteer or community service work.

Since [RA DATE], have you ever performed volunteer or community service work, not including court ordered service?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

IF H3=1

H3a. Since [RA DATE], about often have you volunteered? You can answer with the numbers of times per week, month or year

PROGRAMMER: INSERT DROPDOWN

PROGRAMMER: RANGE IS 00 – 99

	D a y s ,	
	W	
ALL	e	
	e	
	k	H4. Are you registered to vote in the U.S.?
	s	<input type="radio"/>Yes 1
	o	<input type="radio"/>No 0
	rNO RESPONSE
N	M	M
u	o	
m	n	
ALL	t	
e	h	
DISPLAY OPTION	as	ONLY IF H7 NE 0

H5. Since [RA DATE] have you:

	Y e s	N o
a. Voted in one or more elections	1 <input type="radio"/>	0 <input type="radio"/>
b. Taken on a leadership role by serving on a community council or board	1 <input type="radio"/>	0 <input type="radio"/>
c. Gotten involved in	1	0

Y e s	N o
-------------	--------

a political effort or electoral campaign

ALL

H6. The next questions are about things you do in a typical day. First, how many hours do you usually sleep?

- LESS THAN THREE HOURS
1
- 3 TO 5 HOURS
2
- 6 TO 8 HOURS
3
- 9 TO 11 HOURS
4
- MORE THAN 11 HOURS
5
- DON'T KNOW.....d
- REFUSED.....r

ALL

H7. Thinking about a typical day, how many hours do you usually spend:

N o n e		T w o	F o u r	S i x
o r	O n e	o r	o r	o r
A l m o s t		T h r e e	F i v e	M o r e
N o n e				

a. 1 2 3 4 5

N o n e		T w o	F o u r	S i x
o r	O n e	o r	o r	o r
A l m o s t		T h r e e	F i v e	M o r e
N o n e				

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c.

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1 2 3 4 5

N o n e		T w o	F o u r	S i x
o r	O n e	o r	o r	o r
A l m o s t		T h r e e	F i v e	M o r e
N o n e				

the internet

d.

Reading or studying

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e. In school or training

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

f.

Taking care of a child

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

g.

Ta kin

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N o n e		T w o	F o u r	S i x
o r	O n e	o r	o r	o r
A l m o s t		T h r e e	F i v e	M o r e
N o n e				

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ALL

H8. Taking everything all together, how would you say things are these days – would you say that you are very happy, pretty happy or not too happy?

Select one only

- Very happy.....1
- Pretty happy.....2
- Not too happy.....3
- NO RESPONSE.....M

I. Health and Well-Being

ALL

I1. The next questions about your general health.

In general, would you say your health is:

Select one only

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair..... 4
- Poor..... 5
- NO RESPONSE..... M

ALL

I2. Since [RA DATE], have you had...

	Y e s	N o
a. An annual checkup (general health or women's health)	1 <input type="radio"/>	0 <input type="radio"/>
b. A dental exam	1 <input type="radio"/>	0 <input type="radio"/>
c. A flu shot	1 <input type="radio"/>	0 <input type="radio"/>

ALL

I3. What age do you think you will live to?

Years Old

(RANGE 0-999)

NO RESPONSE..... M

14. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	N o t a t a l l	S e v e r a l d a y s	M o r e t h a n h a l f t h e d a y s	N e a r l y e v e r y d a y
a. Little interest or pleasure in doing things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	1	2	3	4
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4
c. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4
d. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4
e. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4
f. Feeling bad about yourself – or that you are a failure and have let	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4

N o t a t a l l	S e v e r a l d a y s	M o r e t h a n h a l f t h e d a y s	N e a r l y e v e r y d a y
--	---	---	--

yourself
or your
family
down

g. Trouble concentrating on things, such as reading the newspaper or watching television	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Thoughts that you would be better off dead, or of hurting yourself in some way	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANY I4a – i = 2 – 4 (ANYTHING CHECKED AT I4)

15. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Select one only

- Not difficult at all..... 1
- Somewhat difficult..... 2
- Very difficult..... 3
- Extremely difficult..... 4
- NO RESPONSE..... M

ALL

16. The next few questions are about gang activity in your neighborhood. Remember, all of your responses will be kept private to the fullest extent of the law.

Have you ever belonged to a gang?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

ALL

FILL IF I6 = 0, M: **even if you aren't in a gang**

17. In the past 12 months, have you been involved in gang fights [even if you aren't in a gang]?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

ALL

18. The next few questions are about drug and alcohol use. Remember, all of your responses will be kept private to the fullest extent of the law.

In a typical week, how many times do you have five or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)

Select one only

- Never..... 1
- Less than once..... 2
- Once..... 3
- Twice..... 4
- Three to five times..... 5
- Every day or almost every day..... 6
- NO RESPONSE..... M

ALL

I9. Since [RA DATE], have you used or tried any of the following drugs?

	Y e s	N o
a. Marijuana	1 <input type="radio"/>	0 <input type="radio"/>
b. Any kind of cocaine – including powder, freebase, or crack cocaine	1 <input type="radio"/>	0 <input type="radio"/>
c. Inhalants, such as glue or solvents	1 <input type="radio"/>	0 <input type="radio"/>
d. Pills without a doctor's prescription	1 <input type="radio"/>	0 <input type="radio"/>
e. Any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER SKIP BOX I9.1
 IF I8 = 2 – 5 OR ANY I9a-e = 1, CONTINUE.
 ELSE SKIP TO SECTION J.

IF I8 = 2 – 5 OR ANY I9a – e = 1

drinking IF I8 = 2 – 5 AND ALL I9a-e = 0, M;

drug use IF I8 = 1, M AND ANY I9a-e = 1;

drinking or drug use IF I8 = 2 – 5 AND ANY I9a-e = 1

I10. Since [RA DATE], how often has your [drinking / drug use / drinking or drug use] interfered with your responsibilities either at work or school, or something else?

Select one only

- Never..... 1
- 1 time..... 2
- More than 1 time..... 3
- NO RESPONSE..... M

IF I8 = 2 – 5 OR ANY I9a – e = 1

drinking alcohol IF I8 = 2 – 5 AND ALL I9a-e = 0, M;

doing drugs IF I8 = 1, M AND ANY I19a-e = 1;

drinking alcohol or doing drugs IF I8 = 2 – 5 AND ANY I9a-e = 1

I11. During the past 30 days, how many times did you drive a car or other vehicle when you had been [drinking alcohol / doing drugs / drinking alcohol or doing drugs]?

Select one only

- 0 times.....1
- 1 time.....2
- 2 to 3 times.....3
- 4 to 5 times.....4
- 6 or more times.....5
- NO RESPONSE.....M

J. Address and Contact Information Update

ALL

J1. The next questions are about how to contact you. We will be sending your payment in the next week two weeks and need to make sure we have your correct address.

What is your street address?

Please only enter your street address here. We will ask for your PO BOX or mailing address later.

Street Address 1

(STRING 200)

Street Address 2 or Apt

(STRING 200)

City

(STRING 200)

State/Territory

(INSERT DROPDOWN)

Zip

(STRING 10)

SOFT CHECK: IF STREET ADDRESS 1 IS MISSING; **Please enter your street address so we can send your payment.**

SOFT CHECK: IF CITY IS MISSING; **Please enter your city.**

SOFT CHECK: IF STATE IS MISSING; **Please select your state or territory.**

SOFT CHECK: IF ZIP IS MISSING; **Please enter your zip code.**

ALL

J1a. Is your mailing address the same as your street address?

- Yes.....1 SKIP TO J2
- No.....0
- NO RESPONSE.....M SKIP TO J2

J1a = 0

J1b. What is your mailing address?

Address 1 or PO BOX

(STRING 200)

Address 2 or Apt

(STRING 200)

City

(STRING 200)

State/Territory

(INSERT DROPDOWN)

Zip

(STRING 10)

SOFT CHECK: IF MAILING ADDRESS 1 IS MISSING; **Please enter your mailing address so we can send your payment.**

SOFT CHECK: IF CITY IS MISSING; **Please enter your city.**

SOFT CHECK: IF STATE IS MISSING; **Please select your state or territory.**

SOFT CHECK: IF ZIP IS MISSING; **Please enter your zip code.**

ALL

J2. What is your cell phone number?

NO RESPONSE.....M

J2a. Check here if you don't have a cell phone 1

SOFT CHECK: IF J2 HAS DATA ENTERED, BUT IS NOT 10 NUM DIGITS; **The phone number should be 10 digits. Please correct the number below.**

PROGRAMMER BOX J2a.1

IF COMPLETE CELL PHONE ENTERED
(REGARDLESS OF J2a CHECK BOX),
CONTINUE TO J3;

IF J2 = M OR INCOMPLETE, SKIP TO J4.

J2 HAS COMPLETE PHONE NUMBER ENTERED

J3a. Does your cell phone plan have unlimited minutes?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

J2 HAS COMPLETE PHONE NUMBER ENTERED

J3b. Does your cell phone plan have unlimited texting?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

J2 HAS COMPLETE PHONE NUMBER ENTERED

J3c. May we send you text messages?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

ALL

J4. What is your home phone number?

NO RESPONSE..... M

J4a. Check here if you don't have a home phone 1

SOFT CHECK: IF J4 HAS DATA ENTERED, BUT IS NOT 10 NUM DIGITS; **The phone number should be 10 digits. Please correct the number below.**

PROGRAMMER BOX J4a.1

IF COMPLETE HOME PHONE ENTERED
(REGARDLESS OF J4a CHECK BOX),
CONTINUE TO J5;

IF J4 = M OR INCOMPLETE, SKIP TO J6.

J4 HAS COMPLETE PHONE NUMBER ENTERED

J5. Whose name is that number listed under?

First name

(STRING 20)

Middle name

(STRING 20)

Last name

(STRING 20)

NO RESPONSE.....M

J5a. Check here if you don't know 1

ALL

J6. What is another phone number where you can be reached?

NO RESPONSE.....M

J6a. Check here if you don't have another phone number1

SOFT CHECK: IF J6 HAS DATA ENTERED, BUT IS NOT 10 NUM DIGITS; The phone number should be 10 digits. Please correct the number below.

PROGRAMMER BOX J6a.1
IF COMPLETE HOME PHONE ENTERED
(REGARDLESS OF J6a CHECK BOX),
CONTINUE TO J7;
IF J6 = M OR INCOMPLETE, SKIP TO J6.

J6 HAS COMPLETE PHONE NUMBER ENTERED

J7. Whose name is that number listed under?

First name

(STRING 20)

Middle name

(STRING 20)

Last name

(STRING 20)

NO RESPONSE.....M

ALL

J8a. Are you planning on moving in the next 12 months?

- Yes..... 1
- No..... 0 GO TO J9
- NO RESPONSE..... M GO TO J9

J8a = 1

J8b. Where will you be moving to?

Please complete as much as you know at this time even if it is just the city and state.

Street Address 1

 (STRING 200)

Street Address 2

 (STRING 200)

City

 (STRING 200)

State/Territory

 (INSERT DROPDOWN)

Zip

 (STRING 10)

NO RESPONSE..... M

PROGRAMMER: THIS DOES NOT HAVE TO BE A COMPLETE ADDRESS

ALL

J9. What is the best E-mail address to reach you at?

E-Mail

 (STRING 50)

NO RESPONSE..... M

J9a. Check here if you don't have an e-mail address 1

SOFT CHECK: IF E-MAIL DOES NOT HAVE A “@” OR “.”; Please enter a valid e-mail address. The e-mail should include an “@” sign and a period.

PROGRAMMER BOX J9a.1
IF A VALID E-MAIL IS ENTERED
(REGARDLESS OF J9a CHECKBOX),
CONTINUE TO J10; ELSE, SKIP TO BOX
J10a.1.

J9 IS HAS VALID E-MAIL ENTERED

J10. If you have another Email address, what is it?

E-Mail

(STRING 50)

NO RESPONSE.....M

J10a. Check here if you don't have another e-mail address
1

SOFT CHECK: IF E-MAIL DOES NOT HAVE A "@" OR "."; **Please enter a valid e-mail address. The e-mail should include an "@" sign and a period.**

PROGRAMMER BOX J10a.1
IF FACEBOOK = 1, CONTINUE TO J11;
IF FACEBOOK = 0, SKIP TO BOX J11a.1.

FACEBOOK = 1

J11. Do you have a Facebook account?

Yes.....1

No.....0 GO TO BOX

J11a.1

NO RESPONSE.....M GO TO
BOX J11a.1

J11 = 1

J11a. What name do you use on Facebook?

(STRING 100)

NO RESPONSE.....M

PROGRAMMER BOX J11a.1
IF MYSPACE = 1, CONTINUE TO J12;

IF MYSPACE = 0, SKIP TO BOX J12a.1.

MYSPACE = 1

J12. Do you have a MySpace account?

- Yes..... 1
- No..... 0 GO TO BOX J12a.1
- NO RESPONSE..... M GO TO BOX J12a.1

J12 = 1

J12a. What name do you use on MySpace?

(STRING 100)

NO RESPONSE..... M

PROGRAMMER BOX J12a.1
IF TWITTER = 1, CONTINUE TO J13;
IF TWITTER = 0, SKIP TO J14.

TWITTER = 1

J13. Do you have a Twitter account?

- Yes..... 1
- No..... 0 GO TO J14
- NO RESPONSE..... M GO TO J14

J13 = 1

J13a. What user name or handle do you use on Twitter?

(STRING 100)

NO RESPONSE..... M

ALL

J14. Do you have a social networking account other than Facebook, MySpace or Twitter?

- Yes..... 1
- No..... 0 GO TO J15
- NO RESPONSE..... M GO TO J15

J14 = 1

J14a. What other social networking provider do you use?

Name of social network

(STRING 100)

NO RESPONSE.....M

J14 = 1

J14b. What name do you use on this social networking account?

(STRING 100)

NO RESPONSE.....M

```

PROGRAMMER LOOP BOX J15.
  BEGIN LOOP
  ASK J15 TO J18 THREE TIMES.
  LOOP ENDS EARLY WHEN J15 = M OR
  J15a = 1.

```

ALL

FOR J15a BOX: FILL **else** FOR SECOND AND THIRD LOOP

J15. FIRST PERSON:
As part of the study, we will contact you again in a year and half. In case you move, we would like the name, address, telephone number and e-mail of up to three relatives or close friends who would know where you are. We will only contact them if we have trouble getting in touch with you directly.

What is the name of the first person who will know where you are?

SECOND AND THIRD PERSON:
What is the name of another relative or close friend who will know how to contact you a year and a half from now?

First name

(STRING 20)

Middle name

(STRING 20)

Last name

(STRING 20)

NO RESPONSE.....M GO TO J19

J15a. Check here if there is no one [else] will know how to
contact you.....1..... GO TO J19

J15 = ANSWERED

J16. What is this person's relationship to you [(FILL NAME)]?

- Mother..... 1
- Father..... 2
- Sister or Brother..... 3
- Friend..... 4
- Grandparent..... 5
- Aunt or Uncle..... 6
- Other..... 7
- NO RESPONSE..... M

J15 = ANSWERED

J17. What is this person's telephone number [(FILL NAME)]?

NO RESPONSE..... M

J17a. Check here if you can't find the number. 1

SOFT CHECK: IF J17 HAS DATA ENTERED, BUT IS NOT 10 NUM DIGITS; The phone number should be 10 digits. Please correct the number below.

J15 = ANSWERED

J18. What is this person's address [(FILL NAME)]?

Please complete as much of the address as you can.

Street Address 1

(STRING 200)

Street Address 2

(STRING 200)

City

(STRING 200)

State/Territory

(INSERT DROPDOWN)

Zip

(STRING 10)

NO RESPONSE.....M

SOFT CHECK: IF STATE AND ZIP ARE MISSING; Please enter just the city and state if you can.

To continue to the next question without changing your response, click the continue button.

PROGRAMMER LOOP BOX J18.1.

RETURN TO J15 AND ASK FOR ANOTHER CONTACT.

END LOOP IF THIS IS THE THIRD LOOP.

ALL

J19. The last questions are about the best ways to reach you for future surveys. Did you receive any of the following announcements or notifications about this survey?

	Y e s	N o
a. Letter in the mail	1 <input type="radio"/>	0 <input type="radio"/>
b. E-mail	1 <input type="radio"/>	0 <input type="radio"/>
c. Text message	1 <input type="radio"/>	0 <input type="radio"/>
d. Facebook message	1 <input type="radio"/>	0 <input type="radio"/>
e. Facebook announcement	1 <input type="radio"/>	0 <input type="radio"/>
f. Phone call	1 <input type="radio"/>	0 <input type="radio"/>
g. Something other notification <input type="text" value="(STRING 255)"/>	1 <input type="radio"/>	0 <input type="radio"/>

SPECIFY TEXT: How else were you notified about this survey?

ALL

J20. How would you like to be contacted in the future about upcoming surveys?

Select all that apply

- Letter in the mail..... 1
- E-Mail..... 2
- Text message..... 3
- Cell phone..... 4
- Home phone..... 5
- Facebook message..... 6
- Some other way..... 7

Specify (STRING 200)

NO RESPONSE..... M

SPECIFY TEXT: Please specify how you would like to be contacted...

ALL

J21. Have you ever visited the YouthBuild Research Project Facebook page?

www.facebook.com/YouthBuildResearchProject

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

ALL

END. You will be receiving a gift card within the next few weeks to thank you for completing the survey!

To stay informed about the study and upcoming surveys, please like us on Facebook by visiting our page:

<https://www.facebook.com/youthbuildresearchproject>

Thank you for your participation in the YouthBuild Research Project!

Persons are not required to respond to this collection of information unless this survey displays a currently valid OMB control number (OMB xxxx-xxxx, expires xx/xx/xxxx). Responding to this questionnaire, which seeks to help the U.S. Department of Labor understand how YouthBuild programs are serving disadvantaged youth, is voluntary. Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to Eileen Pederson, U.S. Department of Labor, Employment and Training Administration, Office of Policy Development and Evaluation, Room N-5641, 200 Constitution Avenue, NW, Washington, DC 20210.