

**Appendix D.  
Family Options Study  
36-Month Child Interview**

**For Focal Children  
Ages 8-17 Years and 11 Months**

**December 2013**

**FIELD INTERVIEWER: Enter Family ID and Respondent Name and then Verify that Family ID and Respondent Name is correct, if sample data is not correct please exit the interview;**

[**INTERVIEWER:** Please verify that you have the correct record. ]

\_\_ Correct, continue

\_\_ Incorrect, exit

**FIELD INTERVIEWER: PLEASE ENTER THE CHILD SELECTION BASED ON THE ADULT SURVEY:**

SC1. HOW MANY CHILDREN WERE SELECTED IN THE ADULT SURVEY WITHIN THE AGES OF 8.0 AND 17.11 YEARS?

ENTER NUMBER OF CHILDREN

\_\_\_\_\_

IF SC1=1, 2

FIELD INTERVIEWER: PLEASE ENTER THE INFORMATION FOR FOCAL CHILD 1:

**FC\_1: FOCAL CHILD 1**

FC NAME\_1: WHAT IS CHILD'S NAME?

ENTER NAME OF FOCAL CHILD 1: \_\_\_\_\_

FCDOB\_1: WHAT IS [NAME]'S DATE OF BIRTH?

ENTER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Month / Day / Year

IF SC1= 2

FIELD INTERVIEWER: PLEASE ENTER THE INFORMATION FOR FOCAL CHILD 2:

**FC\_2: FOCAL CHILD 2**

FC NAME\_2: WHAT IS CHILD'S NAME?

ENTER NAME OF FOCAL CHILD 1: \_\_\_\_\_

FCDOB\_2: WHAT IS [NAME]'S DATE OF BIRTH?

ENTER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Month / Day / Year

SC1=2

FIELD INTERVIEWER: WHICH FOCAL CHILD YOU WOULD LIKE TO COMPLETE NOW?

FOCAL CHILD 1 [CHILD'S NAME] – Click next button to continue with focal child 1 interview

FOCAL CHILD 2 [CHILD'S NAME] – Click next button to continue with focal child 2 interview

IF SC1=2:

## Introduction

IF CHILD IS AGES 8-10 SKIP TO INTRO B;  
IF CHILD IS 11-17 YEARS OLD OR OLDER READ INTRO A.

### **INTRO A: INTRODUCTION AND CONSENT SCRIPT FOR CHILDREN 11 YEARS OLD AND OLDER:**

Hello, my name is \_\_\_\_\_ and I work for Abt SRBI. Thank you for taking the time to speak with me today. About three years ago, your family volunteered to be in a study, called the Family Options Study. The Family Options Study is a study about housing programs for families.

As part of this study, we are trying to learn which kinds of things help children and families the most. We are interested in learning more about how you and other people your age think and feel about different things, school and how you get along with your parents. We want you to answer as truthfully as possible, because your thoughts and experiences are very important. But, if you do not feel like answering a question, that's OK, you can just skip it and go onto the next one. If you decide you don't want to do any more, please tell me and we can stop at any time. It is OK to tell me that you want to stop. You will not get in trouble if you want to stop the interview or choose not to answer questions. This interview will take about 30 minutes, and when you have completed it, we will give your parent \$25 for you to thank you for your time.

Special efforts will be taken to keep your information and answers confidential and private. Your answers will never be seen by anyone in your family, people at school, or anyone else who knows you. Only the people who are working on this study will see your answers. But, if sharing any of this information could help stop you or someone else from being hurt, the people looking at the information might share it to help you or the other person.

Do you have any questions?  
[INTERVIEWER: ANSWER QUESTIONS ACCORDINGLY]

**AFTER ANSWERING ANY POSSIBLE QUESTIONS:**  
**FIELD INTERVIEWER RECORD:**

YES, ASSENT WAS PROVIDED.....  <sub>1</sub>      **CONTINUE WITH INTERVIEW**  
NO, ASSENT WAS REFUSED, FC DOES NOT WANT TO PARTICIPATE.....  <sub>2</sub>      **TERMINATE INTERVIEW**

If you have any other questions, even after we finish this interview, you may also call the study toll-free line at 1-800-320-9193.

If you have any questions about your rights as a participant in this study, you can call Ms. Katie Speanburg, the Abt Associates Institutional Review Board (IRB) Administrator, toll free at (877) 520-6835.

Okay, let's get started.

### **INTRO B:FOR CHILDREN 8-10**

Hello, my name is \_\_\_\_\_. I'd like to spend a few minutes today talking to you about your school, family, and some feelings that you may have.

Our conversation will take about 30 minutes, and we will give your parent \$25 when we are done with everything to thank you for participating. We hope you will be really truthful in answering every question, because what you say is very important.

If you do not feel like answering a question, that's OK, we can just skip it and go onto the next one. If you decide you don't want to answer any more questions, please tell me and we can stop at any time. It is OK to tell me that you want to stop.. You will not get in trouble if you want to stop the interview or choose not to answer questions.

Your answers will never be seen by anyone in your family, people at school, or anyone else who knows you. Only the people who are working on this study will see your answers.

Do you have any questions?  
[INTERVIEWER: ANSWER QUESTIONS ACCORDINGLY]

INTERVIEWER: READ ASSENT FORM FOR CHILDREN 8-10 YEARS OF AGE AND HAVE CHILD SIGN IT

Do you have any questions?  
[INTERVIEWER: ANSWER QUESTIONS ACCORDINGLY]

AFTER ANSWERING ANY POSSIBLE QUESTIONS:

FIELD INTERVIEWER RECORD:

YES, ASSENT WAS PROVIDED.....	<input type="checkbox"/>	1	CONTINUE WITH INTERVIEW
NO, ASSENT WAS REFUSED, FC DOES NOT WANT TO PARTICIPATE.....	<input type="checkbox"/>	2	TERMINATE INTERVIEW

If you have any other questions, even after we finish this interview, you may also call the study toll-free line at 1-800-320-9193.

If you have any questions about your rights as a participant in this study, you can call Ms. Katie Speanburg, the Abt Associates Institutional Review Board (IRB) Administrator, toll free at (877) 520-6835.

Okay, let's get started.

## A. Traits

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

I'd like to start by reading you a few statements which people have used to describe themselves. For each statement, I'd like you to tell me how you generally feel. After each statement, please tell me if you feel that way hardly ever, sometimes, or often.

**(NOTE: ONLY PARTIAL SCALE PROVIDED FOR ILLUSTRATIVE PURPOSES ONLY AS SCALE IS PROPRIETARY)**

	Hardly Ever	Sometimes	Often	REF	DK
1 I worry about making mistakes	1	2	3	7	8
12 I have trouble deciding what to do	1	2	3	7	8
17 I worry about things that may happen	1	2	3	7	8

## B. Fears

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

I am going to read you a list of fears that children sometimes have. For each statement please tell me if you have this fear not at all, some, or a lot.

	<i>I am afraid of:</i>	<b>Not at all</b>	<b>Some</b>	<b>A lot</b>	<b>REFUSED</b>	<b>DON'T KNOW</b>
1	Spiders	1	2	3	7	8
2	Getting sick	1	2	3	7	8
3	Being Robbed	1	2	3	7	8
4	Having no friends	1	2	3	7	8
5	Dogs	1	2	3	7	8
6	What will happen in the future	1	2	3	7	8
7	Having no place to live	1	2	3	7	8
8	Something bad happening to people in my family	1	2	3	7	8
9	Snakes	1	2	3	7	8
10	Getting bad grades	1	2	3	7	8
11	People fighting	1	2	3	7	8
12	Being teased	1	2	3	7	8
13	What other people think of me	1	2	3	7	8
14	Being hit by a car or truck	1	2	3	7	8
15	Drug dealers	1	2	3	7	8
16	Being alone	1	2	3	7	8
17	Flunking school	1	2	3	7	8
18	Gangs	1	2	3	7	8
19	Being lost	1	2	3	7	8
20.		1	2	3	7	8
21.	That other (children/teens) will not want to (play/ spend time) with me.	1	2	3	7	8
22.		1	2	3	7	8
23.	Having no place to sleep	1	2	3	7	8
24.	Dying	1	2	3	7	8
25.	Nightmares	1	2	3	7	8
26.	Being hungry, having no food to eat	1	2	3	7	8
27.	Being sent to the principal	1	2	3	7	8
28.	Guns	1	2	3	7	8
29.		1	2	3	7	8
30.	Losing my favorite stuff	1	2	3	7	8
31.	I worry about my parents	1	2	3	7	8
32.	I worry about my brothers and sisters	1	2	3	7	8
33.	I worry about myself	1	2	3	7	8

## C. Life Events

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

I'm going to read some statements that describe events that can happen in the life of any child or in any family. Some of them may apply to your family, meaning you, your parents or your brothers and sisters. Many of them may not apply to your family.

As I read each statement please decide if it is something that happened to you or your family during the past year, that is since [STATE MONTH] a year ago.

- If the event happened to you or your family in the past year, please answer yes.
- If the event did not happen to you or your family, please answer no.
- Please answer these questions as honestly as you can and try to stick to yes or no responses.

*Remember, I won't tell anyone what you say here. I will keep your answers private. I won't tell your parents what you say. If you tell me that you or someone in your family is in danger, I will ask you a couple of questions. I may need to talk to my supervisor or others to make sure you are safe. Even if I have to talk to someone else about your situation, I will keep your information as confidential as possible.*

	YES	NO	REF	DK
1. I have a new brother or sister who was born during the past year	1	2	7	8
2. Our family moved to a new home or apartment during this past year	1	2	7	8
5. My brother or sister became seriously ill or was injured during this past year.	1	2	7	8
6. During this past year at least one parent became seriously ill or was injured	1	2	7	8
10. I was a victim of violence (mugging, sexual assault, robbery) during this past year	1	2	7	8
11. A member of my family was a victim of violence (mugging, sexual assault, robbery, etc.) during this past year.	1	2	7	8
12. During this past year, one of my parents died	1	2	7	8
13. A brother or sister died during this past year	1	2	7	8
14. A grandparent died during this past year.	1	2	7	8
15. One of my close friends died during this past year.	1	2	7	8
16. Another adult has come to live with my family during this past year.	1	2	7	8
20. A member of my family ran away from home during this past year.	1	2	7	8
21. My parents separated during this past year.	1	2	7	8
22. My parents divorced during this past year.	1	2	7	8
23. One of my parents remarried during this past year.	1	2	7	8
35. An unmarried family member became pregnant during this past year.	1	2	7	8
36. During this past year, one of my parents had problems at work (demotion, trouble with boss	1	2	7	8



	YES	NO	REF	DK
or co-workers etc.)				
37. One parent lost his or her job during this past year.	1	2	7	8
38. My mother began to work some time during this past year.	1	2	7	8
42. The family financial situation was difficult during this past year.	1	2	7	8
44. The family had funds cut off by some government agency during this past year (e.g., welfare, food stamps, AFDC, disability etc.).	1	2	7	8
45. My family was evicted from a house or apartment during this past year.	1	2	7	8
46. There were many arguments between adults living in the house during this past year.	1	2	7	8
50. There were many arguments between a parent and a former or separated spouse during this past year.	1	2	7	8
54. During this past year, a member of my family attempted suicide	1	2	7	8
55. A member of my family developed severe emotional problems during the past year	1	2	7	8
57. A family member became involved with drugs or alcohol during this past year.	1	2	7	8
61. A brother or sister was arrested or went to jail during this past year.	1	2	7	8
62. A parent was arrested or went to jail during this past year.	1	2	7	8

CAPI PROGRAMMER NOTE: [State Month] is month a year ago from the current interview date.

**D. CDC School surveillance substance abuse questions**

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

*Some kids use tobacco, alcohol, or other drugs. I am going to ask you some questions about your use of tobacco, alcohol and other drugs. This information will not be shared with your parents or anyone at school. It stays confidential, between me and you, unless you tell me that you or someone else is in danger. If you tell me you or someone else is in danger, I'll talk with you about that some more and I may need to talk to my supervisor or others in order to make sure you are safe. Even if I have to talk to someone else about your situation, I will keep your information as confidential as possible.*

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2] ↓ ↓

1. Have you ever tried cigarette smoking, even one or two puffs?

- YES..... \_1
- NO..... \_2      SKIP TO D4
- REFUSED..... \_7      SKIP TO D4
- DON'T KNOW..... \_8      SKIP TO D4

BASE: D1=1

2. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days..... \_1      SKIP TO D4
- 1 or 2 days..... \_2
- 3 to 5 days..... \_3
- 6 to 9 days..... \_4
- 10 to 19 days..... \_5
- 20 to 29 days..... \_6
- All 30 days..... \_7
- REFUSED..... \_97
- DON'T KNOW..... \_98

BASE: BASE: D1=1 AND D2≠1

3. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days..... \_1
- Less than 1 cigarette per day..... \_2
- 1 cigarette per day..... \_3
- 2 to 5 cigarettes per day..... \_4
- 6 to 10 cigarettes per day..... \_5
- 11 to 20 cigarettes per day..... \_6
- More than 20 cigarettes per day..... \_7
- REFUSED..... \_97
- DON'T KNOW..... \_98

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

4. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- 0 days..... \_1
- 1 or 2 days..... \_2
- 3 to 5 days..... \_3
- 6 to 9 days..... \_4
- 10 to 19 days..... \_5
- 20 to 29 days..... \_6
- All 30 days..... \_7
- REFUSED..... \_97
- DON'T KNOW..... \_98

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

5. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- 0 days..... \_1
- 1 or 2 days..... \_2
- 3 to 5 days..... \_3
- 6 to 9 days..... \_4
- 10 to 19 days..... \_5
- 20 to 29 days..... \_6
- All 30 days..... \_7
- REFUSED..... \_97
- DON'T KNOW..... \_98

<D6\_Intro>

*The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.*

**ASK D6 IF AGE=8-12; IF AGE=13-17 SKIP TO D7**

BASE: CHLD1AGE OR CHLD2AGE = 8-12 YEARS

6. Have you ever had a drink of alcohol, other than a few sips?

- YES..... \_1
- NO..... \_2
- REFUSED..... \_7
- DON'T KNOW..... \_8

SKIP TO D9

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS OR D6≠2

7. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days.....  1
- 1 or 2 days.....  2
- 3 to 5 days.....  3
- 6 to 9 days.....  4
- 10 to 19 days.....  5
- 20 to 29 days.....  6
- All 30 days.....  7
- REFUSED.....  97
- DON'T KNOW.....  98

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS OR D6≠2

8. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days.....  1
- 1 days.....  2
- 2 days.....  3
- 3 to 5 days.....  4
- 6 to 9 days.....  5
- 10 to 19 days.....  6
- 20 OR MORE days.....  7
- REFUSED.....  97
- DON'T KNOW.....  98

9\_Intro. The next question asks about marijuana use. Marijuana also is called grass or pot.

**ASK D10 IF AGE=8-12; IF AGE=13-17 SKIP TO D11**

BASE: CHLD1AGE OR CHLD2AGE = 8 TO 12 YEARS

10. Have you ever used marijuana?

- YES.....  1
- NO.....  2
- REFUSED.....  7
- DON'T KNOW.....  8

SKIP TO D12

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS OR D10≠2

11. During the past 30 days, how many times did you use marijuana?

- 0 TIMES.....  1
- 1 OR 2 TIMES.....  2
- 3 TO 9 TIMES.....  3
- 10 TO 19 TIMES.....  4
- 20 TO 39 TIMES.....  5
- 40 OR MORE TIMES.....  6
- REFUSED.....  7
- DON'T KNOW.....  8

**ASK D12 IF AGE=8-12; IF AGE=13-17 SKIP TO D13**

BASE: CHLD1AGE OR CHLD2AGE = 8 TO 12 YEARS

12. Have you ever used **any** form of cocaine, including powder, crack, or freebase?

- YES.....  <sub>1</sub>
- NO.....  <sub>2</sub>
- REFUSED.....  <sub>7</sub>
- DON'T KNOW.....  <sub>8</sub>

SKIP TO D15

BASE: CHLD1AGE OR CHLD2AGE =13 to 17 Years or (CHLD1AGE OR CHLD2AGE =8-12 AND D12 <>2)

13. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?

- 0 TIMES  <sub>1</sub>.....SKIP TO D15 (if Age 13-17 Skip is to D17)
- 1 OR 2 TIMES.....  <sub>2</sub>
- 3 TO 9 TIMES.....  <sub>3</sub>
- 10 TO 19 TIMES.....  <sub>4</sub>
- 20 TO 39 TIMES.....  <sub>5</sub>
- 40 OR MORE TIMES.....  <sub>6</sub>
- REFUSED.....  <sub>7</sub>
- DON'T KNOW.....  <sub>8</sub>

BASE: (CHLD1AGE OR CHLD2AGE =13 to 17 AND d13<>1) OR (CHLD1AGE OR CHLD2AGE =8-12 AND D13<>1)

**BASE: <D12> ≠ 2 or <D13> ≠ 1**

14. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?

- 0 TIMES.....  <sub>1</sub>
- 1 OR 2 TIMES.....  <sub>2</sub>
- 3 TO 9 TIMES.....  <sub>3</sub>
- 10 TO 19 TIMES.....  <sub>4</sub>
- 20 TO 39 TIMES.....  <sub>5</sub>
- 40 OR MORE TIMES.....  <sub>6</sub>
- REFUSED.....  <sub>7</sub>
- DON'T KNOW.....  <sub>8</sub>

**ASK D15 IF AGE=8-12; IF AGE=13-17 SKIP TO D17**

BASE: CHLD1AGE OR CHLD2AGE = 8 TO 12 YEARS

15. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- YES.....  <sub>1</sub>
- NO.....  <sub>2</sub>
- REFUSED.....  <sub>7</sub>
- DON'T KNOW.....  <sub>8</sub>

BASE: CHLD1AGE OR CHLD2AGE = 8 TO 12 YEARS

16. Have you ever used steroid pills or shots without a doctor's prescription?

- YES.....  1
- NO.....  2
- REFUSED.....  7
- DON'T KNOW.....  8

**IF AGE=8-12 SKIP TO SECTION E; IF AGE=13-17 ASK D17-DC23**

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS

17. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- 0 TIMES.....  1
- 1 OR 2 TIMES.....  2
- 3 TO 9 TIMES.....  3
- 10 TO 19 TIMES.....  4
- 20 TO 39 TIMES.....  5
- 40 OR MORE TIMES.....  6
- REFUSED.....  7
- DON'T KNOW.....  8

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS

18. During your life, how many times have you used heroin (also called smack, junk, or China White)?

- 0 TIMES.....  1
- 1 OR 2 TIMES.....  2
- 3 TO 9 TIMES.....  3
- 10 TO 19 TIMES.....  4
- 20 TO 39 TIMES.....  5
- 40 OR MORE TIMES.....  6
- REFUSED.....  7
- DON'T KNOW.....  8

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS

19. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

- 0 TIMES.....  1
- 1 OR 2 TIMES.....  2
- 3 TO 9 TIMES.....  3
- 10 TO 19 TIMES.....  4
- 20 TO 39 TIMES.....  5
- 40 OR MORE TIMES.....  6
- REFUSED.....  7
- DON'T KNOW.....  8

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS

20. During your life, how many times have you used ecstasy (also called MDMA)?

- 0 TIMES.....  1
- 1 OR 2 TIMES.....  2
- 3 TO 9 TIMES.....  3
- 10 TO 19 TIMES.....  4
- 20 TO 39 TIMES.....  5
- 40 OR MORE TIMES.....  6
- REFUSED.....  7
- DON'T KNOW.....  8

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS

21. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?

- 0 TIMES.....  1
- 1 OR 2 TIMES.....  2
- 3 TO 9 TIMES.....  3
- 10 TO 19 TIMES.....  4
- 20 TO 39 TIMES.....  5
- 40 OR MORE TIMES.....  6
- REFUSED.....  7
- DON'T KNOW.....  8

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS

22. During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- 0 TIMES.....  1
- 1 OR 2 TIMES.....  2
- 3 TO 9 TIMES.....  3
- 10 TO 19 TIMES.....  4
- 20 TO 39 TIMES.....  5
- 40 OR MORE TIMES.....  6
- REFUSED.....  7
- DON'T KNOW.....  8

BASE: CHLD1AGE OR CHLD2AGE = 13 TO 17 YEARS

23. During your life, how many times have you used a needle to inject any illegal drug into your body?

- 0 TIMES.....  1
- 1 TIME.....  2
- 2 OR MORE TIMES.....  3
- REFUSED.....  7
- DON'T KNOW.....  8

## E. School Grades/ Attendance/ Problems/Effort

The next set of questions asks about school, your grades and your attendance.

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

INTERVIEWER: Please read list.

1. Think about your last grade report. Would you describe the report as:

- MOSTLY A's..... \_1
- MOSTLY B's..... \_2
- MOSTLY C's..... \_3
- MOSTLY D's AND F's..... \_4
- REFUSED..... \_7
- DON'T KNOW..... \_8

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

2. How many days in the last month did you miss school?

FIELD INTERVIEWER NOTE: IF CHILD IS NO LONGER IN SCHOOL OR OVER SUMMER ASK: How many days in the last month of school did you miss school?)

(INTERVIEWER: A SCHOOL MONTH TYPICALLY HAS 20-23 DAYS M-F)

NUMBER OF DAYS \_\_\_\_\_

- REFUSED..... \_2
- DON'T KNOW..... \_1

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

3. In the last year, (LAST YEAR YOU WERE IN SCHOOL) have you ...

	YES	NO	REF	DK
a. Been expelled from school?	1	2	7	8
b. Been suspended from school?	1	2	7	8
c. Been sent to the principal's office because of problems with another student, a teacher, or your school work?	1	2	7	8
d. Had a note sent home about any problems in school?	1	2	7	8



BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

4. In the last month (THAT YOU WERE IN SCHOOL),

	Could have done a lot better	Did about as well as you could	Did very well	could not do better	REF	DK
How hard have you worked on your homework?	1	2	3	4	7	8

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

5. In the last month (THAT YOU WERE IN SCHOOL),

	Tried very hard, could not try harder	Could have tried a little harder	Could have tried a lot harder	REF	DK	
How hard have you tried to work during the school day?	1	2	3	4	7	8

## F. Involved-vigilant Parenting

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2]

*These next questions are about your relationship with your parents.*

	Never	Sometimes	Often	Always	REF	DK
1. In the course of a day, how often does your parent know where you are?	1	2	3	4	7	8
2. How often does your parent know who you are with when you are away from home?	1	2	3	4	7	8
3. How often does your parent give up when she/he asks you to do something and you don't do it?	1	2	3	4	7	8
4. Once a punishment has been decided, how often can you get out of it?	1	2	3	4	7	8
5. How often does your parent punish you for something at one time, and then at other times, not punish you for the same thing?	1	2	3	4	7	8
6. When your parent punishes you, how often does the kind of punishment she/he uses depend on his/her mood?	1	2	3	4	7	8
7. How often does your parent know when you do something really well at school or someplace else away from home?	1	2	3	4	7	8
8. How often does your parent know when you get in trouble at school or someplace else away from home?	1	2	3	4	7	8
9. When you do something wrong, how often does your parent lose his/her temper and yell at you?	1	2	3	4	7	8
10. How often does your parent ask you to consider how others will feel if you misbehave?	1	2	3	4	7	8
11. How often does your parent know when you do not do the things she/he asked you to do?	1	2	3	4	7	8
12. When you and your parent have a problem, how often can the two of you figure out how to deal with it?	1	2	3	4	7	8
13. How often do you talk to your parent about things that bother you?	1	2	3	4	7	8

	Never	Sometimes	Often	Always	REF	DK
14. How often does your parent ask you what you think, before deciding on family matters that involve you?	1	2	3	4	7	8
15. How often does your parent give reasons to you for his/her decisions?	1	2	3	4	7	8
16. How often does your parent ask you what you think, before making decisions that affect you?	1	2	3	4	7	8
17. When you don't know why your parent makes certain rules, how often does she/he explain the reason?	1	2	3	4	7	8
18. How often does your parent punish you by reasoning, explaining, or talking to you?	1	2	3	4	7	8
19. When you have done something your parent likes or approves of, how often does she/he let you know she/he is pleased about it?	1	2	3	4	7	8
20. How often does your parent give you a reward, like money or something else you would like, when you get good grades, do chores, or something like that?	1	2	3	4	7	8

## G. Children’s Hope Scale (efficacy)

BASE: ALL [For Focalchild 1: <SC1\_1> in [1, 2]] [For Focalchild 2: <SC1\_1> = 2] ↓ ↓

Next, I have some questions about how you feel about yourself. I will read some sentences and for each please tell me whether it is true for you None of the time, A little of the time, A lot of the time, Most of the time, or All of the time.

	None of the time	A little of the time	A lot of the time	Most of the time	All of the time	REF	DK
1. A. You think you are doing pretty well.	1	2	3	4	5	7	8
2. B. You can think of many ways to get the things in life that are most important to you.	1	2	3	4	5	7	8
3. C. You are doing just as well as other kids your age.	1	2	3	4	5	7	8
4. D. When you have a problem, you can come up with lots of ways to solve it	1	2	3	4	5	7	8
5. E. You think the things you have done in the past will help you in the future	1	2	3	4	5	7	8
6. F. Even when others want to quit, you know you can find ways to solve the problem.	1	2	3	4	5	7	8

That is all of the questions I have at this time. Thank you very much for taking the time to talk with me today.