

APPENDIX A4:
YOUTHBUILD 48-MONTH FOLLOW-UP
SURVEY
WEB VERSION
TRACKED CHANGES

OMB No.: 1203-0503
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MATHEMATICA
Policy Research

YouthBuild 48 Month Follow Up Survey

Web version

September 2015

Persons are not required to respond to this collection of information unless this survey displays a currently valid OMB control number (OMB 1203-0503, expires 06/30/2018). 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 35 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.

Preloads	Values Definitions / Format	Source
[YB PROGRAM]	Text	Grantee
REF DATE	MM/DD/YYYY	Last interview date or RA date
RAOutcome	1 = Treatment 2 = Control	RA Outcome from SMS
Comp_status	0= Did not complete 12M or 30M survey 1 = Completed 12M survey only 2 = Completed 30M survey only 3 = Completed both 12M AND 30M surveys	1 IF 12M Final Status is 010, 012, 020, 030, 019, 029, 039 AND 30M Final Status <> 010, 012, 020, 030, 019, 029, 039; 2 IF 30M Final Status is 010, 012, 020, 030, 019, 029, 039 AND 12M Final Status <> 010, 012, 020, 030, 019, 029, 039; 3 IF 12M Final Status is 010, 012, 020, 030, 019, 029, 039 AND 30M Final Status is 010, 012, 020, 030, 019, 029, 039; ELSE 0
PL_dropout	1 = Ask B1 0 = Do not ask B1	0 IF W1_b1 = 1 OR W2_b1 = 1 OR 0 (Data collected), ELSE, 1 (did not complete any surveys OR did not report this information)
PL_diploma	0 = Data not collected, ask B3 1 = High school diploma 2 = GED 3 = Certificate of completion	1 IF W1_B3 = 1 OR W2_B3=1 (Reported high school diploma at 12M) 2 IF W1_B3 = 2 OR W2_B3=2 (Reported GED at 12M) 3 IF W1_B3 = 3 OR W2_b3=3(Reported Certificate of completion at 12M) ELSE, 0 (did not complete any surveys OR did not report this information).
PL_dipdate	1 = Reported diploma, but no date 0 = No education date provided	1 IF (W2_B4_month OR W2_b4_year = M, D, R) AND Comp_status=2 or 3; ELSE, 0
PL_YBstatus	0 = Did not complete previous surveys OR never reported YB status 1 = Last time reported, indicated currently enrolled 2 = Last time reported, indicated graduating 3 = Last time reported, indicated stopped going to YB at 12	1 IF Comp_status = 1 AND W1_D3 = 1, OR 1 IF Comp_status = 2 AND W2_D3 = 1, OR 1 IF Comp_status = 3 AND W2_D3 = 1, OR 1 IF Comp_status = 3 AND W2_D3 = D, R, or M AND W1_D3 = 1 2 IF Comp_status = 1 AND W1_D3 = 2 OR 2 IF Comp_status = 2 AND W2_D3 = 2 OR 2 IF Comp_status = 3 AND (W2_D3 = 2 OR W1_D3 = 2) 3 IF Comp_status = 1 AND W1_D3 = 3, OR 3 IF Comp_status = 2 AND W2_D3 = 3, OR

Preloads	Values Definitions / Format	Source
		3 IF Comp_status = 3 AND W2_D3 = 3, OR 3 IF Comp_status = 3 AND W2_D3 = D, R, M, or L AND W1_D3 = 3 3 IF Comp_status = 3 AND W2_D3 = L AND W1_D3 = 1,
PL_job	1 = Had current job at last survey 0 = No reported job or no current job at last survey	1 IF Comp_status =1 AND W1_E1 = 1 (currently working) AND (W1_E5 or W1_E5b) have job name OR 1 IF (Comp status=2-3 AND (W2_EF3=1 (still working at 12M job at 30M) OR (W2_E1=1 (currently working) AND (W2_E5 OR W2_E5b) have job name) ELSE, 0
[p JOB NAME]	Text	IF Comp_status=1 AND PL_job=1, fill from Dan. IF Comp_status = 2 AND PL_job = 1 AND W2_E1 = 1 (currently working), fill from W2_E5 OR W2_E5B, IF Comp_status = 3 AND PL_job = 1 AND W2_EF3 = 1, fill from Dan, IF Comp_status = 3 AND PL_job = 1 AND W2_EF3 <> 1 AND W2_E1 = 1, fill from W2_E5 OR W2_E5B
FACEBOOK	0 = We have FB account 1 = We do not have FB account in db	0 IF Facebook account exists and we have URL; ELSE 1.
MYSFACE	0 = We have MS account 1 = We do not have MS account in db	0 IF MySpace account exists AND we have URL; ELSE 1.
TWITTER	0 = We have Twitter account 1 = We do not have Twitter account in db	0 IF Twitter account exists AND we have URL; ELSE 1.
OMBFlag*	Indicator for OMB approval	0=False, 1=True

*Preload only in Blaise file

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All

\$40 IF PayExperiment = 1 AND (Today – SampleLoadDate LE 30 days); ELSE \$25
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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 35 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 us by phone at 1-844-498-1469 or by e-mail at survey@youthbuildresearch.com.

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IN. INTRODUCTION/IDENTITY VERIFICATION

ALL

V1. First, we just need to confirm some of your information.

Is this the correct spelling of your name?

[FILL FIRST] [FILL MIDDLE] [FILL LAST]

- Yes..... 1 GO TO V2
- No, my name is misspelled or has changed..... 2 GO TO V1a

HARD CHECK: IF V1 = NO RESPONSE; Please provide an answer to this question and continue.

V1 = 2

V1a. Please correct the spelling of your name below.

PROGRAMMER: FILL FIELDS WITH PRELOADED NAME DATA

First name

(STRING 20)

Middle name

(STRING 20)

Last name

(STRING 20)

HARD CHECK: IF V1a_FirstName = NO RESPONSE; Please provide the correct spelling of your first name.

HARD CHECK: IF V1a_LastName = NO RESPONSE; Please provide the correct spelling of your last name.

ALL

IF V1 = 1, FILL: **FIRST NAME** FROM PRE-LOAD

IF V1 = 2, FILL: **FIRST NAME** FROM V1A

V2. Are you usually called [FIRST NAME] or do you go by another name?

- I go by [FIRST NAME] 1 GO TO V3
- I go by another name..... 2
- NO RESPONSE..... M GO TO V3

V2 = 2

V2a. What other name do you go by?

Name

(STRING 20)

NO RESPONSE M

ALL

V3. What is your date of birth?

PROGRAMMER: INSERT DROPDOWNS WITH FOLLOWING RANGES

Month Day Year

(1-12) (1-31) (1980 - 2000)

NO RESPONSE M

SOFT CHECK: IF V3 = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.

PROGRAMMER VERIFICATION BOX V3.1

SET DOB_VERIFY:

IF V3 DOB MATCHES PRELOADED DOB, SET DOB_VERIFY = 1 AND SKIP TO BOX V4.2;

IF V3 = M, OR V3 DOB DOES NOT MATCH PRELOADED DOB, OR PRELOADED DOB = M, SET DOB_VERIFY = 0 AND CONTINUE TO V4.

DOB_VERIFY = 0 (DOB DOES NOT MATCH OR IS MISSING)

V4. What are the last 4-digits of your Social Security Number?

(RANGE 0000-9999)

NO RESPONSE M

**SOFT CHECK: IF V1 = NO RESPONSE; Please provide an answer to this question and continue.
To continue to the next question without providing a response, click the continue button.**

PROGRAMMER VERIFICATION BOX V4.1

SET SSN_VERIFY:

IF V4 SSN MATCHES PRELOADED SSN, SET SSN_VERIFY = 1;

IF V4 = M, OR V4 SSN DOES NOT MATCH PRELOADED SSN, OR PRELOADED SSN = M,
SET SSN_VERIFY = 0;

ALL RESPONSES CONTINUE TO BOX V4.2.

PROGRAMMER VERIFICATION BOX V4.2

IF DOB_VERIFY = 1 OR SSN_VERIFY = 1, GO TO SECTION A;

IF DOB_VERIFY = 0 AND SSN_VERIFY = 0, CONTINUE TO V5;

(NAME_VERIFY = 1 AND (DOB_VERIFY = 0 AND SSN_VERIFY = 0)) OR NAME_VERIFY = 0

V5. There may be a problem with some of our records. A representative from Mathematica will give you a call to verify our information.

PROGRAMMER: DISPLAY THE FOLLOWING QUESTIONS ON THE SAME SCREEN.

What is the best number to reach you?

Check here if you don't have a phone number 1

Which of the following is the best time to reach you?

PROGRAMMER: DROPDOWN OPTIONS INCLUDE: Anytime, Weekday mornings,
Weekday afternoons, Weekday evenings, Weekend mornings, Weekend
afternoons, Weekend evenings

What is your email address?

Check here if you don't have an email 1

SOFT CHECK: IF V5_phone = NO RESPONSE; Please provide a phone number so we can help you complete the survey. If you don't have a phone number, please check the box.

PROGRAMMER VERIFICATION BOX V5.1
SEND CASE TO SUPERVISOR REVIEW.
SEND ALERT WITH THE INFORMATION COLLECTED AT V5.

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 dormitory (such as college or Job Corps housing) 10
 - A long-term homeless shelter 5 GO TO A3
 - An emergency housing shelter including a domestic violence shelter 6 GO TO A3
 - An incarceration facility..... 7
 - Homeless and living on the street 8 GO TO A3
 - Some other arrangement (SPECIFY)..... 9
- Specify (STRING 200)
- NO RESPONSE M

SPECIFY TEXT: Please specify where you live now:

IF A1 NE 5, 6, 8 (NOT CURRENTLY LIVING IN SHELTER OR HOMELESS)

A2. Have you been homeless and living on the street or in a shelter at any time since [REF 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, 10, M (LIVING IN HOUSE, OTHER, OR EMPTY) CONTINUE;
ELSE, SKIP TO A6.

A1 = 1 – 6, 9, 10, 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, 2, 3, 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

HARD CHECK: IF A5 = 0; Your response to this question should be at least one (1). Please update your answer below.

SOFT CHECK: IF A4 = 1 AND A5 < 2; In the previous question you mentioned you live with your spouse or partner. Your answer to this question should include yourself and your spouse or partner. Please indicate below how many people currently live with you.

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

ALL

A6a. Do you have any children under 18 years of age? Please include your own or adopted children, foster, or stepchildren. Please do not include a current pregnancy.

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

A6a = 1

A7. How many children do you have? Please do not include a current pregnancy.

CHILDREN

(RANGE 00-99)

NO RESPONSE M

SOFT CHECK: IF A7 =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.

SOFT CHECK: IF A7 = 0; You mentioned in a previous question that you have children. You just mentioned that you have 0 children. Click [here](#) to go back and change your answer about having children. You may also 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 CHILDREN OR MISSING), SKIP TO SECTION B;

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

IF A7 GT 1 (MULTIPLE 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 [REF DATE]?

IF A7 GT 1: **Were any of your children born after [REF 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 A10a;

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 A10a;

IF A7 GT1 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 A8a = 0) OR (A7 GT 1 AND (A7 – A8b GT 0))

child, does IF A7 = 1 AND A8a = 0;
children, do IF A7 GT 1 AND (A7 – A8b GT 1);
child, does IF A7 GT 1 AND (A7 – A8b = 1)

A10a. Did you spend time with your [child / children] who [does / do] not live with you in the past week?

- Yes..... 1 GO TO A10
- No 0 GO TO A11
- NO RESPONSE M GO TO A11

IF A10a = 1

IF A7 = 1 AND A8a = 0, FILL: **child**
IF A7 GT 1 AND (A7 – A8B GT 1), FILL: **children**
IF A7 GT 1 AND (A7 – A8B = 1), FILL; **child**

A10. Thinking just about the [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
- Done some other activities with your [child/children]..... 9
- 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

PL_DROPOUT = 1 (DATA NOT PREVIOUSLY COLLECTED)

B1. The next questions ask about your experiences in school and your future education plans.

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

PL_diploma = 0 (DATA NOT PREVIOUSLY COLLECTED)

The next questions ask about your experiences in school and your future education plans. IF PL_droupout = 0.

B3. [The next questions ask about your experiences in school and your future education plans.]

Do you have a high school diploma, a GED, HiSET or TASC, a Certificate of Completion, or do you have none of these?

Select one only

- High school diploma 1 GO TO B4
- GED, HiSET or TASC..... 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 = 1 – 3 OR (PL_DIPLOMA = 1 – 3 AND PL_DIPDATE = 1)

The next questions ask about your experiences in school and your future education plans. IF PL_droupout = 0 AND PL_diploma = 1, 2, 3

high school diploma IF B3 = 1 OR PL_DIPLOMA = 1; GED, HiSET OR TASC IF B3 = 2 OR PL_DIPLOMA = 2; Certificate of Completion IF B3 = 3 OR PL_DIPLOMA = 3

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

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

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

Month Year

(1-12) (2000 - 2017)

NO RESPONSE M

HARD CHECK: IF B4_Month = 0 OR GT 12

HARD CHECK: IF B4 DATE GT CURRENT DATE (B4_Month = EMPTY, CHECK THE YEAR); **The date you provided is in the future. Please correct the date below.**

HARD CHECK: IF B4 YEAR GT CURRENT YEAR (If B4_Month = EMPTY, check Year); **The date you provided is in the future. Please correct the date below.**

SOFT CHECK: IF B4 DATE IS BEFORE [REF DATE]; **You said you obtained your [GED, HiSET or TASC / high school diploma / Certification of Completion] in [FILL B4 MONTH AND 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.**

ALL

The next questions ask about your experiences in school and your future education plans. IF PL_droupout = 0 AND PL_diploma = 1, 2, 3 AND PL_dipdate = 0.

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

B5a. Have you attended or enrolled in classes since [REF DATE]? Please include GED, HiSET or TASC preparation classes, Certificate of Completion programs, and college courses.

- Yes 1
- No 0 GO TO B7
- NO RESPONSE M GO TO B7

B5a = 1

B5b. Where were you 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, HiSET or TASC 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
- Somewhere else 8
- 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 = 1 (ENROLLED SINCE REF DATE)

IF B3= 1 – 3, FILL **Please do not include your [high school diploma / GED, HiSET or TASC / Certificate of Completion].**

high school diploma IF B3 = 1 OR PL_diploma = 1; **GED, HiSET or TASC** IF B3 = 2 OR PL_diploma = 2; **Certificate of Completion** IF B3 = 3 OR PL_diploma = 3

B5c. Have you completed any degrees since [REF DATE]? [Please do not include your [high school diploma / GED, HiSET or TASC / Certificate of Completion]].

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

B5c = 1

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, OR _4 = 1 (COMPLETED COLLEGE), SKIP TO SECTION C;
 IF B5b_6 OR B5b_7 = 1 (TAKEN COLLEGE CLASSES) SKIP TO B8;
 ELSE, CONTINUE TO B7.

((B5b_6 NE 1 AND B5b_7 NE 1) AND (B6_2 NE 1 AND B6_3 NE 1 AND B6_4 NE 1)) OR B5a = 0, M

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

SKIP BOX B7.1
 ALL RESPONSES SKIP TO SECTION C.

B8. How likely is it that you will graduate from college?

Select one only

- Very likely 1
- Somewhat likely..... 2
- Somewhat unlikely..... 3
- Very unlikely 4
- NO RESPONSE M

C. SERVICE RECEIPT

ALL

C1. 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.

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

	YES	NO
a. GED, HiSET or TASC preparation	1 <input type="radio"/>	0 <input type="radio"/>
b. Academic tutoring not including GED, HiSET or TASC 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. Getting 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"/>
<input style="width: 100%; height: 20px;" type="text"/> (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 "next" button below.

PROGRAMMER BOX C1.1.
 IF NO C1 ITEMS = 1, SKIP TO C4;
 IF ANY C1a–g = 1, 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 In the other education related service you mentioned

C2. Since [REF DATE], about how much time in total have you spent participating in the following education related services? You can answer in hours, days, weeks, or months.

Since [REF DATE], **about how long have you spent...**

(Your best estimate is fine.)

PROGRAMMER: INSERT DROPDOWN

PROGRAMMER: RANGE IS 00 – 999

	Number	Hours, Days, Weeks or Months
a. In GED, HiSET or TASC preparation	<input type="text"/>	<input type="text" value="▼"/>
b. In academic tutoring not including GED, HiSET or TASC preparation	<input type="text"/>	<input type="text" value="▼"/>
c. In courses to prepare for a high school diploma	<input type="text"/>	<input type="text" value="▼"/>
d. In standardized achievement test preparation for state or local tests	<input type="text"/>	<input type="text" value="▼"/>
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	<input type="text"/>	<input type="text" value="▼"/>
f. Getting help finding financial aid	<input type="text"/>	<input type="text" value="▼"/>
g. [Fill from C1g_specify / In the other education related service you mentioned]	<input type="text"/>	<input type="text" value="▼"/>

PROGRAMMER: USE THESE DROPDOWN OPTIONS:

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

<p>SOFT CHECK: IF C2a-g NUM = M OR C2a-g UNIT = M; You may have missed a question or two on this page. Please review your answers below and provide the missing responses.</p> <p><i>To continue to the next question, click the "next" button below.</i></p>
--

AT LEAST ONE AT C1
C1a = 1, FILL: GED, HiSET or TASC 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: Getting help finding financial aid
C1g = 1, FILL: FROM C1g_specify; IF C1g_specify IS EMPTY, FILL: 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. Since [REF DATE], have you received any help enrolling or participating in any of the following education related services?

	YES	NO
a. A high school diploma program	1 <input type="radio"/>	0 <input type="radio"/>
b. English as a Second Language (ESL) training	1 <input type="radio"/>	0 <input type="radio"/>
c. Courses for college credit	1 <input type="radio"/>	0 <input type="radio"/>
d. Another type of education activity or academic service	1 <input type="radio"/>	0 <input type="radio"/>

(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 "next" button below.

ALL

C5. Since [REF DATE], have you participated in any of the following training or job related services?

	YES	NO
a. A job skills training program	1 <input type="radio"/>	0 <input type="radio"/>
b. Construction training or another on-the-job training	1 <input type="radio"/>	0 <input type="radio"/>
c. Career counseling	1 <input type="radio"/>	0 <input type="radio"/>
d. A job certification program	1 <input type="radio"/>	0 <input type="radio"/>
e. Job search assistance, including 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 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 "next" button below.

PROGRAMMER BOX C5.1.
IF NO C5 ITEMS = 1, SKIP TO BOX C8;
IF ANY C5a-g = 1, CONTINUE TO C6.

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 [REF DATE], about how much time in total have you spent participating in the following training or job related services? You can answer in hours, days, weeks, or months.

Since [REF DATE], **about how long have you spent...**

(Your best estimate is fine.)

PROGRAMMER: INSERT DROPDOWN

PROGRAMMER: RANGE IS 00 – 999

	Number	Hours, Days, Weeks or Months
a. In a job skills training program	<input type="text"/>	<input type="text" value="▼"/>
b. In construction training or another 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, including 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 C5g_specify / In the other training or job related service you mentioned]	<input type="text"/>	<input type="text" value="▼"/>

PROGRAMMER: USE THESE DROPDOWN OPTIONS:

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

SOFT CHECK: IF C6a-g NUM = M OR C6a-g UNIT = M; 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 "next" button below.

AT LEAST 1 AT C5
C5a = 1, FILL: A job skills training program ; C5b = 1, FILL: Construction training or another 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 [REF DATE], have you participated in any of the following personal development services?

	YES	NO
a. Getting help or advice from a mentor	1 <input type="radio"/>	0 <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 “next” button below.

PROGRAMMER BOX C8.1.
IF NO C8 ITEMS = 1, SKIP TO SECTION D;
IF ANY C8a-g = 1, CONTINUE TO C9.

AT LEAST ONE AT C8

FILL RESPONSE OPTIONS (A-G) FROM C8

C9. Since [REF DATE], about how much time in total have you spent participating in the following personal development services? You can answer in hours, days, weeks, or months.

Since [REF DATE], **about how long have you spent...**

(Your best estimate is fine.)

PROGRAMMER: INSERT DROPDOWN

PROGRAMMER: RANGE IS 00 – 999

	Number	Hours, Days, Weeks or Months
a. Getting help or advice from a mentor	<input type="text"/>	<input type="text" value="▼"/>
b. In life skills training such as parenting skills classes, learning how to balance a checkbook, etc.	<input type="text"/>	<input type="text" value="▼"/>
c. In communication or public-speaking training	<input type="text"/>	<input type="text" value="▼"/>
d. In leadership development training	<input type="text"/>	<input type="text" value="▼"/>
e. Using health services	<input type="text"/>	<input type="text" value="▼"/>
f. Using mental health services	<input type="text"/>	<input type="text" value="▼"/>
g. Working with a case manager	<input type="text"/>	<input type="text" value="▼"/>

PROGRAMMER: USE THESE DROPDOWN OPTIONS:

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

SOFT CHECK: IF C9a-g NUM = M OR C9a-g UNIT = M; 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 "next" button below.

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
[YB PROGRAM] or another IF RAOutcome = 1 (TREATMENT); A IF RAOutcome = 2 (CONTROL)

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 5
- NO RESPONSE M

D. YOUTHBUILD (YB) PROGRAM EXPERIENCES

ALL

PROGRAMMER SKIP BOX D0.1
IF C3, C7, AND C10 NE 4, GO TO D1; ELSE SET D1 = 1 AND GO TO D1a

C3, C7, AND C10 NE 4

The next questions are about your experiences with YouthBuild.

D1. Since [REF DATE], have you received any services from YouthBuild or participated in any YouthBuild activities?

- Yes..... 1
- No 0 GO TO BOX D1b.1
- NO RESPONSE M GO TO BOX D1b.1

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.

C3, C7, OR C10 = 4 OR (D1 = 1)

**YouthBuild services IF C3, C7, OR C10 = 4;
these services IF D1 = 1**

YB PROGRAM FROM GranteeName

The next questions are about your experiences YouthBuild]. IF C3, C7, OR C10 = 4

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

D1a. Did you receive [YouthBuild services / these services] from [YB PROGRAM]?

- Yes..... 1 GO TO BOX D1b.1
- No 0
- NO RESPONSE M

D1a = 0, M

D1b. What is the name, city and state of the YouthBuild program where you received services?

YouthBuild Program Name

(STRING 200)

City

(STRING 200)

State/Territory

(INSERT DROPDOWN)

NO RESPONSE M

PROGRAMMER SKIP BOX D1B.1

(LAST REPORTED BEING STILL ENROLLED)

IF PL_YBstatus = 1 AND D1 = 1 OR C3, C7, or C10 = 4, SKIP TO D3;
IF PL_YBstatus = 1 AND D1 = 0, SKIP TO D1C;
IF PL_YBstatus = 1 AND D1 = M, SKIP TO D3;

(LAST REPORTED GRADUATING)

IF PL_YBstatus = 2 AND D1 = 1 OR C3, C7, or C10 = 4, SKIP TO D8;
IF PL_YBstatus = 2 AND D1 = 0 OR M, SKIP TO D12;

(LAST REPORTED STOPPED GOING)

IF PL_YBstatus = 3 AND D1 = 1 OR C3, C7, or C10 = 4, SKIP TO D3;
IF PL_YBstatus = 3 AND D1 = 0, SKIP TO D12;
IF PL_YBstatus = 3 AND D1 = M, SKIP TO SECTION E;

(DID NOT COMPLETE PREVIOUS SURVEYS OR NEVER REPORTED YB STATUS)

IF PL_YBstatus = 0 AND D1 = 1 OR C3, C7, or C10 = 4, SKIP TO D3;
IF PL_YBstatus = 0 AND D1 = 0 AND RAOutcome = 1 (TREATMENT), SKIP TO D1c;
IF PL_YBstatus = 0 AND D1 = 0 AND RAOutcome = 2 (CONTROL), SKIP TO SECTION E;
IF PL_YBstatus = 0 AND D1 = M, AND RAOutcome = 1 (TREATMENT), SKIP TO D3;
IF PL_YBstatus = 0 AND D1 = M, AND RAOutcome = 2 (CONTROL), SKIP TO SECTION E

(PL_YBstatus = 1 AND D1 = 0) OR (PL_YBstatus = 0 AND D1 = 0 AND TREATMENT)

D1c. Is that because you graduated from or completed the YouthBuild program?

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

PROGRAMMER SKIP BOX D1c.1
IF D1c = 1, SET D3 = 2 (GRADUATED) AND GO TO D4; ELSE, GO TO D2.

D1c = 0 OR M

D2. Why did you not participate in 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 expecting a child or had child care problems 6
- You had health problems or an injury..... 7
- A family member became ill 8
- You had pressure from 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 (SPECIFY) 15

Specify (STRING 255)

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

D1c = 0 OR M

D2a. In what month and year did you stop going to YouthBuild?

Your best estimate is fine.

PROGRAMMER: INSERT DROPDOWN FOR MONTH (SPELL OUT MONTHS)

20

MONTH YEAR
(1-12) (2011 - 2017)

NO RESPONSE M

HARD CHECK: IF D2a_Month = 0 OR GT 12

HARD CHECK: IF D2a DATE GT CURRENT DATE (If D2a_Month = EMPTY, check Year); **The date you provided is in the future. Please correct the date below.**

HARD CHECK: IF D2a YEAR GT CURRENT YEAR (If D2a_Month = EMPTY, check Year); **The date you provided is in the future. Please correct the date below.**

SOFT CHECK: IF D2a DATE IS BEFORE [REF DATE]; **You said you stopped going to YouthBuild in [FILL D2a MONTH AND 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 SKIP BOX D2a.1
ALL RESPONSES TO D2a GO TO D12.

PROGRAMMER FILL BOX.
FOR THE REST OF SECTION D, PLEASE USE THE FOLLOWING FILL LOGIC FOR THE PROGRAM NAME [YB PROGRAM / YouthBuild]:
IF D1a = 1, FILL **YB PROGRAM** FROM GranteeName; ELSE, FILL **YouthBuild**

(PL_YBstatus = 1 AND D1 = 1 OR M) OR (PL_YBstatus = 3 AND D1 = 1) OR (PL_YBstatus = 0 AND D1 = 1) OR (PL_YBstatus = 0 AND (D1 = M) AND TREATMENT);
 OR
 FROM PROGRAMMER SKIP BOX D1C.1, IF D1C = 1, SET D3 = 2 (GRADUATED) INSTEAD OF ASKING, AND CONTINUE

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)

20

MONTH YEAR
(1-12) (2011 - 2017)

NO RESPONSE M

HARD CHECK: IF D4_Month = 0 OR GT 12

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

HARD CHECK: IF D4 YEAR GT CURRENT YEAR (If D4_Month = EMPTY, check Year); **The date you provided is in the future. Please correct the date below.**

SOFT CHECK: IF D4 DATE IS BEFORE REF DATE; **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 MONTH = M OR D4 YEAR = 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.

IF D3 = 3

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 expecting a child or had child care problems..... 6
- You had health problems or an injury..... 7
- A family member became ill 8
- You had pressure from 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 255)

NO RESPONSE M

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

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

(PL_YBSTATUS = 1 AND D1 = 1 OR M) OR (PL_YBSTATUS = 3 AND D1 = 1) OR (PL_YBSTATUS = 0 AND D1 = 1) OR (PL_YBSTATUS = 0 AND (D1 = M) AND TREATMENT) OR IF D1C = 1 (D3 WAS ASKED OR HAS A VALUE)

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.**

(PL_YBSTATUS = 1 AND D1 = 1 OR M) OR (PL_YBSTATUS = 3 AND D1 = 1) OR (PL_YBSTATUS = 0 AND D1 = 1) OR (PL_YBSTATUS = 0 AND (D1 = M) AND TREATMENT) OR IF D1C = 1 (D3 WAS ASKED OR HAS A VALUE)

Do IF D3 = 1, M;
Did IF D3 = 2 – 3

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

(PL_YBSTATUS = 1 AND D1 = 1 OR M) OR (PL_YBSTATUS = 3 AND D1 = 1) OR (PL_YBSTATUS = 0 AND D1 = 1) OR (PL_YBSTATUS = 0 AND (D1 = M) AND TREATMENT) OR IF D1C = 1 (D3 WAS ASKED OR HAS A VALUE) OR (PL_YBstatus = 2 AND D1 = 1)

D8. How would you rate the quality of [YB PROGRAM / YouthBuild] with regards to its:

Select one per row

	VERY GOOD	GOOD	OKAY	POOR	DOES NOT APPLY TO ME
a. Caring staff	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Safe and positive environment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Community service	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

(PL_YBSTATUS = 1 AND D1 = 1 OR M) OR (PL_YBSTATUS = 3 AND D1 = 1) OR (PL_YBSTATUS = 0 AND D1 = 1) OR (PL_YBSTATUS = 0 AND (D1 = M) AND TREATMENT) OR IF D1C = 1 (D3 WAS ASKED OR HAS A VALUE) OR (PL_YBstatus = 2 AND D1 = 1)

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

Select one per row

	VERY GOOD	GOOD	OKAY	POOR	DOES NOT APPLY TO ME
a. Construction or other job training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Counseling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Leadership training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Classroom instruction	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Helping you find a job	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Helping you get into college	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Your overall YouthBuild experience	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

(PL_YBSTATUS = 1 AND D1 = 1 OR M) OR (PL_YBSTATUS = 3 AND D1 = 1) OR (PL_YBSTATUS = 0 AND D1 = 1) OR (PL_YBSTATUS = 0 AND (D1 = M) AND TREATMENT) OR IF D1C = 1 (D3 WAS ASKED OR HAS A VALUE) OR (PL_YBSTATUS = 2 AND D1 = 1)

ASK A IF D3 = 2(GRADUATED);

ASK E IF D3 = 2 OR 3 (GRADUATED OR NO LONGER IN YB)

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

Select one per row

	VERY GOOD	GOOD	OKAY	POOR
<i>(IF D3 = 2)</i>				
a. Their attempts to keep in contact with you after completing [YB PROGRAM]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Understanding your needs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Helping you solve problems	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Helping you learn, either academically, vocationally or personally	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
<i>(IF D3 = 2 OR 3)</i>				
e. Help after leaving [YB PROGRAM / YouthBuild]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

(PL_YBSTATUS = 1 AND D1 = 1 OR M) OR (PL_YBSTATUS = 3 AND D1 = 1) OR (PL_YBSTATUS = 0 AND D1 = 1) OR (PL_YBSTATUS = 0 AND (D1 = M) AND TREATMENT) OR IF D1C = 1 (D3 WAS ASKED OR HAS A VALUE) OR (PL_YBSTATUS = 2 AND D1 = 1)

D11. Do you have at least one person on the [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

PROGRAMMER SKIP BOX D11.1
 IF D3 = 2 OR 3 (GRADUATED OR STOPPED) OR PL_YBstatus = 2 OR
 (PL_YBstatus = 1 AND D1 = 0) OR (PL_YBstatus = 0 AND D1 = 0 AND TREATMENT) OR
 (PL_YBstatus = 3 AND D1 = 0), CONTINUE TO D12;
 ELSE, SKIP TO SECTION E.

D3 = 2 OR 3 (GRADUATED OR STOPPED) OR PL_YBSTATUS = 2 OR (PL_YBstatus = 1 AND D1 = 0) OR (PL_YBstatus = 0 AND D1 = 0 AND TREATMENT) OR (PL_YBSTATUS = 3 AND D1 = 0)

graduation IF D3 = 2 OR PL_YBstatus = 2; ELSE **you stopped going**

D12. How often have you been in touch with [YB PROGRAM / YouthBuild] staff since [graduation / you stopped going]?

CODE ONE ONLY

- More than once a month**..... 1
- About once a month** 2
- A few times per year** 3
- About once per year** 4
- Not at all** 5
- DON'T KNOW d
- REFUSED r

E. EMPLOYMENT AND EARNINGS

ALL

SKIP BOX E0.1

CREATE SLOTS FOR 6 JOBS. THE FIRST SLOT IS RESERVED FOR THE PRIMARY CURRENT JOB AT THE LAST SURVEY. THE OTHER 5 SLOTS ARE FOR JOBS SINCE THE REFERENCE DATE.

IF PL_job = 1 (WORKING AT TIME OF LAST SURVEY), CONTINUE TO EF1.

IF PL_job = 0 (NOT WORKING AT TIME OF LAST SURVEY OR DID NOT COMPLETE 12M SURVEY), SET VARIABLE FROM BOX EF3 AND GO TO E1.

PL_job = 1

EF1. The next questions are about your paid work experience since [REF 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.

The last time we interviewed you on [REF DATE], you told us that you were working for pay at [PL JOB NAME]. Is that correct?

- Yes..... 1 GO TO EF2
 No 0 GO TO BOX EF3
NO RESPONSE M GO TO BOX EF3

EF1 = 1

EF2. Are you still working at [PL JOB NAME]?

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

BOX EF2.1

STORE PRELOADED JOB IN SLOT 1. JOB NAME SHOULD ALSO BE STORED IN E5_1.
ALL RESPONSES CONTINUE TO BOX EF3 TO SET EF3.

BOX EF3

SET VARIABLE EF3.

IF EF1 = 1 AND EF2 = 1 (STILL WORKING AT PRELOADED JOB), SET EF3 = 1;
IF EF1 = 1 AND EF2 = 0 OR M (NOT STILL WORKING AT PRELOADED JOB), SET EF3 = 2;
IF EF1 = 0 OR M (INCORRECT PRELOAD DATA), SET EF3 = 3;
ELSE (PL_job = 0) SET EF3 = 4.

SKIP BOX EF3.1
IF EF2 = 0, CONTINUE TO EF4; ELSE, SKIP TO E1.

EF2 = 0

EF4. Why did you stop working at that job? Were you laid off, did you quit, were you fired, or was there some other reason?

- Laid off 1
 - Quit 2
 - Fired 3
 - Some other reason (SPECIFY) 99
- Specify (STRING 255)
- NO RESPONSE M

SPECIFY TEXT: Please specify the other reason you stopped working at that job.

ALL

The next questions are about your paid work experience since [REF 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. IF PL_job = 0

In addition to [PL JOB NAME], are IF EF3 = 1; ELSE Are

another IF EF3 = 1; ELSE a

E1. The next questions are about your paid work experience since [REF 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.

[In addition to [PL JOB NAME], are / Are] you currently working at [another / a] job for pay?

- Yes 1
 - No 0 GO TO BOX E1a.1
- NO RESPONSE M GO TO BOX E1a.1

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 providing a response, click the continue button.

E1 = 1
 including [PL JOB NAME], how IF EF3 = 1; ELSE How

E1a. [Including [PL JOB NAME], HOW / How] many paid jobs do you currently have?

NUMBER OF CURRENT JOBS

(RANGE 0-9)

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 providing a response, click the continue button.

SOFT CHECK: IF E1a = 4 – 9; **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.

HARD 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.**

HARD CHECK: IF EF3 = 1 AND E1 = 1 AND E1a = 1; **You mentioned in a previous question that you are currently working at [PL JOB NAME] and another job. Click [here](#) to go back and change your answer about currently working at [PL JOB NAME]. You may also change your answer below to include the total number of jobs you are currently working.**

PROGRAMMER BOX E1a.1
 IF EF3 = 1 AND E1 = 1 (CURRENTLY WORKING AT PRELOADED JOB AND ANOTHER JOB), GO TO E5.
 IF EF3 = 1 AND E1 = 0, M (CURRENTLY WORKING AT PRELOADED JOB AND NO OTHER JOB), GO TO E4;
 IF EF3 = 2 – 4 AND E1 = 1 (CURRENTLY WORKING AT NEW JOB), GO TO E5;
 ELSE, CONTINUE TO E2.

EF3 = 2 – 4 AND E1 = 0 OR M (NOT CURRENTLY WORKING)

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 D1 = 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.

Select one per row

	Yes	No
(IF D1 = 1)		
a. Contact YouthBuild staff	1 <input type="radio"/>	0 <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 <input type="radio"/>	0 <input type="radio"/>
g. Contact any employers in person, by mail, or by phone	1 <input type="radio"/>	0 <input type="radio"/>
h. Something else (SPECIFY)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

(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.

E1 = 0 OR M (NOT CURRENTLY WORKING)
In addition to [PL JOB NAME], have IF EF3 = 1 – 2; ELSE Have
other IF EF3 = 1 – 2
This includes jobs you are no longer working at. IF EF3 = 1 – 2

E4. [In addition to [PL JOB NAME], have / Have] you worked at any [other] jobs for pay since [REF DATE]?

[This includes jobs you are no longer working at.]

- 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.

PROGRAMMER BOX E4.1.
 IF EF3 = 1 – 2 AND E4 = 1, CONTINUE TO E5;
 IF EF3 = 1 – 2 AND E4 = 0 OR M, SKIP TO BOX E8.2;
 IF EF3 = 3 – 4 AND E4 = 1, CONTINUE TO E5;
 IF EF3 = 3 – 4 AND E4 = 0 OR M, SKIP TO E20.

E1 = 1 OR E4 = 1

If you work the same number of hours at more than one job, please pick one of your jobs to enter below. IF (EF3 = 2 – 4 AND E1 = 1 AND E1a GT 1)

E5. (EF3 = 2 – 4 AND E1 = 1 AND E1a = 1, M)
Where are you currently working? Please enter the name of the company or employer.

(EF3 = 2 – 4 AND E1 = 1 AND E1a GT 1)
At which of your jobs do you work the most hours? Please enter the name of the company or employer.

(EF3 = 1 AND E1 = 1)
In addition to [12M JOB NAME], what is the name of the second company or employer where you currently work?

(EF3 = 1 AND E4 = 1)
Where else have you worked most recently since [REF DATE]]? Please enter the name of the company or employer.

(EF3 = 2 – 4 AND E4 = 1)
Where have you worked most recently since [REF DATE]] Please enter the name of the company or employer.

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.

Name of company/employer

(JOB NAME FOR SLOT #2)

(STRING 255)

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, CONTINUE TO E5B;
ELSE (TEXT ENTERED AT E5), RECORD TEXT AS JOB NAME AT SLOT #2 AND
SKIP TO BOX E5B.2

E5 = M

your current job IF (EF3 = 2 – 4 AND E1 = 1 AND E1a = 1, M);
the 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 (EF3 = 2 – 4 AND E1 = 1 AND E1a GT 1) this job IF EF3 = 1
your most recent job since [REF DATE] IF EF3 = 2 – 4 AND E4 = 1

E5b. We will ask you a few questions about [your current job / the job where you work the most hours / this job / your most recent job since [REF 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.

(JOB NAME FOR SLOT #2)

(STRING 255)

NO RESPONSE M

PROGRAMMER SKIP BOX E5b.1
IF E5b = M (NO NAME GIVEN) AND EF3 = 3 – 4, SKIP TO E20;
IF E5B = M (NO NAME GIVEN) AND EF3 = 1 - 2, GO TO BOX E8.2 AND COMPLETE LOOP FOR SLOT #1;
ELSE (TEXT ENTERED), RECORD TEXT AS JOB NAME FOR SLOT #2 AND CONTINUE TO BOX E5b.2.

PROGRAMMER LOOP BOX E5b.2
BEGIN LOOP TO COLLECT JOB NAMES FOR SLOTS #3 – #6.
ASK E6 – E8; LOOP ENDS IF E6 = 0, M OR AFTER SLOT #6.

PROGRAMMER LOOP BOX E5b.3
IF (EF3 = 1 AND E1a GE 3) OR (EF3 = 2 – 4 AND E1a GE 2), THEN SET E6_3 = 1 AND SKIP TO E7_3; ELSE CONTINUE TO E6_3.
IF (EF3 = 1 AND E1a GE 4) OR (EF3 = 2 – 4 AND E1a GE 3), THEN SET E6_4 = 1 AND SKIP TO E7_4; ELSE CONTINUE TO E6_4.
IF (EF3 = 1 AND E1a GE 5) OR (EF3 = 2 – 4 AND E1a GE 4), THEN SET E6_5 = 1 AND SKIP TO E7_5; ELSE CONTINUE TO E6_5.
IF (EF3 = 1 AND E1a GE 6) OR (EF3 = 2 – 4 AND E1a GE 5), THEN SET E6_6 = 1 AND SKIP TO E7_6; ELSE CONTINUE TO E6_6.

E5 OR E5b HAS A RECORDED JOB (TEXT ENTERED)

E6. Have you worked at another job for pay since [REF 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_3: second / where you currently work IF EF3 = 2 – 4 AND E1a GE 2; **third / where you currently work** IF EF3 = 1 AND E1a GE 3; ELSE NO ADDITIONAL FILL

E7_4: third / where you currently work IF EF3 = 2 – 4 AND E1a GE 3; **fourth / where you currently work** IF EF3 = 1 AND E1a GE 4; ELSE NO ADDITIONAL FILL

E7_5: fourth / where you currently work IF EF3 = 2 – 4 AND E1a GE 4; **fifth / where you currently work** IF EF3 = 1 AND E1a GE 5; ELSE NO ADDITIONAL FILL

E7_6: fifth / where you currently work IF EF3 = 2 – 4 AND E1a GE 5; **sixth / where you currently work** IF EF3 = 1 AND E1a GE 6; ELSE NO ADDITIONAL FILL

E7. What is the name of the [second / third / fourth / fifth] company or employer [where you currently work]?

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

Name of company/employer

(JOB NAME FOR SLOTS #3 - #6)

(STRING 255)

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.

(JOB NAME FOR SLOTS #3 - #6)

(STRING 255)

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 AFTER SLOT 6.

PROGRAMMER BOX E8.2
BEGIN JOB LOOP E9 TO E19
AFTER SLOT #1, RETURN HERE AND REPEAT FOR SLOTS #2 - # 6.

JOBS 2 – 6 ONLY

JOB NAME FOR SLOT #2 FROM E5 OR E5B; SLOTS #3 TO #6 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)

20

MONTH YEAR
(1-12) (2011 - 2017)

NO RESPONSE M

HARD CHECK: IF E9_Month = 0 OR GT 12

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

HARD CHECK: IF E9 YEAR GT CURRENT YEAR (If E9_Month = EMPTY, check Year); **The date you provided is in the future. Please correct the date below.**

SOFT CHECK: IF E9 YEAR IS BEFORE 2012; **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.

SOFT CHECK: IF E9 MONTH = M OR E9 YEAR = M; **Your response to this question is important. Please provide a month and year to continue. Your best estimate is fine.**

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

SLOT #1 IF EF3 = 1 (STILL WORKING), SET E10_1 = 2 AND CONTINUE; IF EF3 = 2 (NO LONGER AT PRELOADED JOB), ASK E10_1.
SLOT #2: IF (EF3 = 2 – 4 AND E1A GE 1) OR (EF3 = 1 AND E1A GE 2), THEN SET E10_2 = 2 AND CONTINUE; ELSE ASK E10_2
SLOT #3: IF (EF3 = 2 – 4 AND E1A GE 2) OR (EF3 = 1 AND E1A GE 3), THEN SET E10_3 = 2 AND CONTINUE; ELSE ASK E10_3
SLOT #4: IF (EF3 = 2 – 4 AND E1A GE 3) OR (EF3 = 1 AND E1A GE 4), THEN SET E10_4 = 2 AND CONTINUE; ELSE ASK E10_4
SLOT #5: IF (EF3 = 2 – 4 AND E1A GE 4) OR (EF3 = 1 AND E1A GE 5), THEN SET E10_5 = 2 AND CONTINUE; ELSE ASK E10_5
SLOT #6: IF (EF3 = 2 – 4 AND E1A GE 5) OR (EF3 = 1 AND E1A GE 6), THEN SET E10_6 = 2 AND CONTINUE; ELSE ASK E10_6
JOB NAME FOR SLOT #1 FROM PRELOAD; SLOT #2 FROM E5 OR E5B; SLOTS #3 TO #6 FROM E7 OR E8

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.

Check the box below if you are still working at this job.

PROGRAMMER: INSERT DROPDOWN FOR MONTH (SPELL OUT MONTHS)

20

MONTH YEAR
(1-12) (2011 - 2017)

NO RESPONSE M

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

HARD CHECK: IF E10_Month = 0 OR GT 12
HARD CHECK: IF E10 DATE GT CURRENT DATE; The date you provided is in the future. Please correct the date below.
HARD CHECK: IF E10 YEAR GT CURRENT YEAR (If E10_Month = EMPTY, check Year); The date you provided is in the future. Please correct the date below.
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 are still working at this job, check the box below. <i>To continue to the next question without providing a response, click the continue button.</i>
SOFT CHECK: IF E10 MONTH GT 0 AND E10 YEAR = M; Please provide a year. Your best estimate is fine. <i>To keep your answer without making changes, click the continue button.</i>
SOFT CHECK: IF E10 MONTH = M AND E10 YEAR GT 0; Please provide a month. Your best estimate is fine. <i>To keep your answer without making changes, click the continue button.</i>
SOFT CHECK: IF E10 DATE IS BEFORE REFERENCE DATE; INTERVIEWER: You said you stopped working at this job in [FILL E10 DATE]. Please check that this is correct and either keep your answer or change your answer below. <i>To keep your answer without making changes, click the continue button.</i>

SOFT CHECK: IF E10 DATE IS BEFORE E9 (START DATE); The date you stopped working at this job in [E10 MONTH AND YEAR] is before your start date of [FILL E9 MONTH AND 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.

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 confirm the date and uncheck the box to continue.

PROGRAMMER SKIP BOX E10.1
 IF SLOT #2 AND EF3 = 2 – 4, CONTINUE TO E11;
 ELSE, SKIP TO E13A.

SLOT #2 ONLY IF EF3 = 2 – 4
Are you IF E10_2 = 2; ELSE **Were you**
JOB NAME FOR SLOT #2 FROM E5 OR E5b; SLOTS #3 TO #6 FROM E7 OR E8

E11. [Are you / Were you] self-employed at [JOB NAME]?

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

SLOT #2 ONLY IF EF3 = 2 – 4
Is your IF E10_2 = 2; ELSE **Was your**
JOB NAME FOR SLOT #2 FROM E5 OR E5B; SLOTS #3 TO #6 FROM E7 OR E8

E12. [Is your / Was your] job at [JOB NAME] through a temporary employment agency?

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

SLOT #1 IF EF3 = 1 – 2; SLOTS #2 – 6

do IF E10 = 2; ELSE did

JOB NAME FOR SLOT #1 FROM PRELOAD; SLOT #2 FROM E5 OR E5B; SLOTS #3 TO #6 FROM E7 OR E8

E13. How many hours per week, including regular overtime hours [do / did] you usually work at [JOB NAME]?

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 providing a response, 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)
IF E10 = 2; ELSE worked / that
JOB NAME FOR SLOT #1 FROM PRELOAD; SLOT #2 FROM E5 OR E5B; SLOTS #3 TO #6 FROM E7 OR E8

E13b. Which best describes how many hours per week you [work / worked] at [JOB NAME]?

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

SLOT #1 IF EF3 = 1 – 2; SLOTS #2 – 6
do IF E10 = 2; ELSE did
JOB NAME FOR SLOT #1 FROM PRELOAD; SLOT #2 FROM E5 OR E5B; SLOTS #3 TO #6 FROM E7 OR E8

E14. How many days per week [do / did] you work at [JOB NAME]?

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 to continue.

SLOT #2 ONLY IF EF3 = 2 – 4

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

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

(STRING 255)

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 providing a response, click the continue button.

SLOT #1 IF EF3 = 1 OR IF (EF3 = 2 AND E1 = 0 OR M AND E4 = 0, M) (NO OTHER JOBS SINCE REF DATE);

SLOT #2 IF EF3 = 2 – 4

do / are IF e10 = 2; ELSE did / were;

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

(STRING 255)

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 providing a response, click the continue button.

SLOT #2 ONLY IF EF3 = 2 – 4

DISPLAY OPTION 1 ONLY IF C3, C7, OR C10 = 4 OR (D1 = 1)

JOB NAME FOR SLOT #2 FROM E5 OR E5B; SLOTS #3 TO #6 FROM E7 OR E8

E17. How did you find your job at [JOB NAME]?

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 this job by looking at:

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

You heard about it from:

- A former employer 8
- School..... 9
- A job fair..... 10
- You found this job some other way (SPECIFY) 99

Specify (STRING 255)

NO RESPONSE M

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

ALL JOBS

are / at IF E10 = 2; ELSE were / when you left

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

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

(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.
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_AMOUNT GT 0 AND E18_UNIT = 7 – 9), CONTINUE TO E18b;
 IF (E18_AMOUNT GT 0 AND E18_UNIT = 1 – 7), SKIP TO E18c;
 IF E18a = 1 OR E18_AMOUNT = 0, SKIP TO E19.

IF E18_AMOUNT = M OR E18_UNIT = M OR (E18_AMOUNT GT 0 AND E18_UNIT = 7 – 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 2
- Not taxed 0
- Don't know 3
- NO RESPONSE M

SLOT #1 IF EF3 = 1 OR IF (EF3 = 2 AND E1 = 0 OR M AND E4 = 0 OR M) (NO OTHER JOBS SINCE REF DATE);

SLOT #2 IF EF3 = 2 – 4

Are IF E10 = 2; ELSE Were

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

Select one per row

	Yes	No
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.

Select one per row

	Yes	No	I don't know
a. TANF or welfare	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
b. Unemployment insurance	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
c. SNAP or Food Stamps	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
d. WIC or the Special Supplemental Food Program for Women, Infants, and Children	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
e. SSI or Social Security Retirement, Disability, or Survivor's benefits	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
f. Payments for providing foster care	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
g. Assistance with utilities such as gas, electricity, or water	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
h. Child support	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
i. Money from family or friends	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
j. Any other type of income support (SPECIFY)	1 <input type="radio"/>	0 <input type="radio"/>	
<div style="border: 1px solid black; display: inline-block; padding: 2px;">(STRING 255)</div>			

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 F;
 IF ONLY E20j = 1 AND E20j_SPECIFY = M, SKIP TO SECTION F.

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.

Select one per row

	You	Someone else	Both you and someone else
a. 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"/>
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 E20j]	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 [REF 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 [REF 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. 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 [REF DATE], have you been charged with any of the offenses listed below?

Select one per row

	Yes	No
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 [REF 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 [REF 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 of or pled guilty to a crime or illegal offense [FILL F5] times. 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 of or pled guilty to a crime. You just answered you were convicted of or pled guilty to a crime 0 times. Click [here](#) to go back and change your answer about being convicted of or having pled guilty to a crime. 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 [REF DATE], have you been convicted or found delinquent of or pled guilty to any of the offenses listed below?

Select one per row

	Yes	No
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 for which you were convicted or pled guilty:

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

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

F7. Since [REF 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 [REF 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
(RANGE 0-99)
NO RESPONSE M

**SOFT CHECK: IF F8 = 0, 15 - 99; You said that you have been sentenced [FILL F8] times. 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.**

F7 = 1 (SENTENCED TO TIME)

F9. Since [REF 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="button" 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

F9a. 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..... 1

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.

SOFT CHECK: IF AMOUNT GE 0 AND F9a = 1; **You provided the amount of time you spent and checked the box indicating did not spend any time. Please confirm the amount of time you spent and uncheck the box to continue.**
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 [REF DATE], have you been sentenced to any of the following:

Select one per row

	Yes	No
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	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 an amount greater than 0.**
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. Below is a list of statements dealing with your general feelings about yourself. Please indicate if you strongly agree, agree, disagree, or strongly disagree.**

Select one per row

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I feel that I'm a person of worth, at least on an equal plane with others	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I feel that I have a number of good qualities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. All in all, I am inclined to feel that I am a failure	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I am able to do things as well as most other people	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
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"/>

ALL IF OMBFLAG=1

- G2. The next questions are about how you feel about things that happen to you. Please indicate if you strongly agree, agree, disagree, or strongly disagree.**

Select one per row

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
a. <u>I have little control over the things that happen to me</u>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. <u>There is really no way I can solve some problems I have</u>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. <u>Sometimes I feel like I am being pushed around in life</u>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. <u>What happens to me in the future depends on me</u>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. <u>I can do just about anything I really set my mind to</u>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. <u>If I am in trouble, I usually think of a solution</u>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

ALL

G3. The next question is about people in general.

Generally speaking, would you say: (1) most people can be trusted, or (2) that you can't be too careful in life?

Select one only

- Most people can be trusted 1
- Can't be too careful 2
- NO RESPONSE M

ALL

G4. Do you agree or disagree with the following statements about your current relationships with family and friends?

Select one per row

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. There are people I know who will help me if I really need it	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. There is no one I feel comfortable talking about problems with	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I am with a group of people who think the same way I do about things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. If something went wrong, no one would help me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. I have a trustworthy person to turn to if I have problems	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. There is no one who likes to do the things I do	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <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.

Select one per row

	Strongly Agree	Agree	Disagree	Strongly Disagree
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 IF OMBFLAG=1

H3. In the past month, have you paid any money you owed, such as credit card debt or loans?

- Yes..... 1
- No 0
- Does not apply, I do not have any debt 98
- NO RESPONSE M

ALL

H4. The next questions ask you some questions about volunteer or community service work.

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

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

IF H4 = 1

H5a. Since [REF DATE], about how often have you volunteered? You can answer with the number of hours per week, month, or year.

PROGRAMMER: INSERT DROPDOWN

PROGRAMMER: RANGE IS 00 – 150

Number of hours Per Week, Month, or Year

PROGRAMMER: USE THESE UNIT OPTIONS

Per Week..... 1

Per Month..... 2

Per Year..... 3

AMOUNT NO RESPONSE..... M

UNIT NO RESPONSE..... M

ALL

H6. Are you registered to vote in the U.S.?

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

ALL

DISPLAY OPTION a ONLY IF H6 NE 0

H7. Since [REF DATE] have you:

Select one per row

	Yes	No
a. Voted in one or more elections?	<input type="radio"/> 1	<input type="radio"/> 0
b. Gotten involved in a national, state, or local political effort or electoral campaign?	<input type="radio"/> 1	<input type="radio"/> 0

ALL IF OMBFLAG=1

H8. In the past month, have you served in a leadership role in your workplace, religious group, community, or local school?

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

ALL IF OMBFLAG=1

H9. The next questions ask about things you might do in your community. In the past month, how often have you done the following activities?

Select one per row

	<u>Not at all</u>	<u>A few times a month</u>	<u>A few times a week</u>	<u>Every day</u>
a. <u>Helped members of the community</u>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. <u>Attended community meetings to help improve the conditions within my community</u>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. <u>Served as a positive role model for kids in my neighborhood</u>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

IF A7 GT 0 (HAS CHILDREN0 AND OMBFLAG=1

IF A7 NE 0 FILL: **[Now thinking of your school-aged children:]**

IF A7 = 1, FILL CHILD'S

IF A7 GT 1; FILL CHILDREN'S

IF A7=1, FILL HIS OR HER

IF A7 GT 1, FILL: THEIR

H10 [Now thinking of your school-aged children:]

In the past month, how often have you talked to someone about [your child's/children's] needs at [her or her/their] school?

Select one only

- Not at all..... 1
- A few times a month 2
- A few times a week..... 3
- Every day..... 4
- Not applicable, none of my children are enrolled in school..... NA
- NO RESPONSE M

ALL

H11 The next questions are about things you do in a typical day. First, how many hours do you usually sleep?

Select one only

- 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
- NO RESPONSE M

ALL

H12. Thinking about a typical day, how many hours do you usually spend:

Select one per row

	None or Almost None	One	Two or Three	Four or Five	Six or More
a. Watching TV or listening to music	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Hanging out	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Playing video or computer games or using the internet	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Reading or studying	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. In school or training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Taking care of a child	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Taking care of a family member, not including a child	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

ALL

H13. 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 are 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

or women's health IF GENDER = FEMALE

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

Select one per row

	Yes	No
a. An annual checkup including 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

SOFT CHECK: IF I3 GT 100 OR LT 20; You said you think you will live to [FILL I3] years old. Please check that this is correct and either keep your answer or change your answer below. To continue to the next question without providing a response, click the continue button.

ALL

I4. Over the last 2 weeks, how often have you been bothered by any of the following problems?

Select one per row

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Feeling down, depressed, or hopeless	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Trouble falling or staying asleep, or sleeping too much	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Feeling tired or having little energy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Poor appetite or overeating	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Feeling bad about yourself – or that you are a failure and have let yourself or your family down	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Thoughts that you would be better off dead, or of hurting yourself in some way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

I5. 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 [REF DATE], have you used or tried any of the following drugs?

Select one per row

	Yes	No
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 methamphetamine, LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER SKIP BOX I9.1
 IF I8 = 2 – 6 OR ANY I9a-e = 1, CONTINUE.
 ELSE SKIP TO SECTION J.

IF I8 = 2 – 6 OR ANY I9a – e = 1
drinking IF I8 = 2 – 6 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 [REF 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 – 6 OR ANY I9a – e = 1

drinking alcohol IF I8 = 2 – 6 AND ALL I9a-e = 0, M;

doing drugs IF I8 = 1, M AND ANY I9a-e = 1;

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

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

SOFT CHECK: IF CITY IS MISSING; Please enter your city. To continue to the next question without providing a response, click the continue button.

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

SOFT CHECK: IF CITY IS MISSING; **Please enter your city. To continue to the next question without providing a response, click the continue button.**

ALL

J2. What is your cell phone number?

NO RESPONSE M

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

HARD 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, SKIP TO J4.

J2 HAS COMPLETE PHONE NUMBER ENTERED

J3a. May we send you text messages? Message and data rates may apply.

- 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

HARD 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 J4_CELL;
 IF J4 = M, SKIP TO J6.

J4_phone HAS COMPLETE PHONE NUMBER ENTERED

J4_cell. Is this number, [FILL J4_phone], for a cell phone?

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

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

PROGRAMMER BOX J5.1
IF J4_cell = 1, CONTINUE TO J5a;
ELSE, SKIP TO J6.

J4_cell = 1

J5b. May we send you text messages at this number: ([FILL J4_phone])? Message and data rates may apply.

Yes..... 1

No 0

NO RESPONSE M

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 number 1

HARD 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, SKIP TO J8.

J6_phone HAS COMPLETE PHONE NUMBER ENTERED

J6_cell. Is this number, [FILL J6_phone], for a cell phone?

- Yes 1
- No 0
- NO RESPONSE M

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

J7a. Check here if you don't know 1

PROGRAMMER BOX J7.1
IF J6_cell = 1, CONTINUE TO J7a;
ELSE, SKIP TO J8a.

J6_cell = 1

J7b. May we send you text messages at this number: ([FILL J6_phone])? Message and data rates may apply.

- Yes..... 1
- No 0
- 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

HARD 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

HARD 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.

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 a half. In case you move, we would like the name, address, and telephone number 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~~

~~SOFT CHECK: IF J15 (FIRST PERSON) FIRST NAME = M AND J15a = M; It is important you provide at least one person to help us reach you in the future. Please check the box below if there is no one who will know how to contact you.~~

~~SOFT CHECK: IF J15 (2nd-3rd PERSON) FIRST NAME = M AND J15a = M; Please provide the name of the next person. Please check the box below if there is no one else who will know how to contact you.~~

J15 = ANSWERED

J16. — What is [FILL NAME]'s relationship to you?

- Mother 1
- Father 2
- Sister or Brother 3
- Friend 4
- Grandparent 5
- Aunt or Uncle 6
- Other 7
- Spouse or Partner 8

- NO RESPONSE M

J15 = ANSWERED

J17. — What is [FILL NAME]'s telephone number?

NO RESPONSE M

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

HARD 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 [FILL NAME]'s address?

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 CITY AND STATE ARE MISSING; Please enter just the city and state if you can. To continue to the next question, click the "next" button below.

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?

	Yes	No
a. Letter in the mail	1-0	0-0
b. E-mail	1-0	0-0
c. Text message	1-0	0-0
d. Facebook message	1-0	0-0
e. Facebook post	1-0	0-0
f. Phone call	1-0	0-0
g. Something other notification <input type="text" value="(STRING 255)"/>	1-0	0-0

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're finished! Thank you for completing the survey!~~

~~Click here and press "Next" to submit your survey..... 1~~

~~HARD CHECK: IF RADIO BUTTON NOT SELECTED; Please click the button below and press "Next" to submit your survey.~~

SURVEY SUBMITTED

Acknowledgment of receipt page.

You will receive a gift card within the next few weeks to thank you for completing the survey!

To stay informed about the study, please like us on Facebook by visiting our [page](#). You can also become a friend of our study representative, Pat Williams, at: <http://www.facebook.com/p.williams.2012>.



Thank you again for your participation in the YouthBuild Research Project!

PROGRAMMER: THE LINK FOR "PAGE" IS www.facebook.com/YouthBuildResearchProject

Persons are not required to respond to this collection of information unless this survey displays a currently valid OMB control number (OMB 1203-0503, expires 06/30/2018). 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 35 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.