

**YA2018 Sections/Topics Asked by Age of Respondent**

	<b>Ages 12 to 13</b>	<b>Ages 14-17</b>	<b>Ages 18+</b>
<b>Sections/Topics:</b>			
<b>Household Interview:</b>			
Type of residence	Yes	Yes	Yes
Members of HH	Yes	Yes	Yes
<b>Family Background:</b>			
Migration	No	Yes	Yes
Reason not living with mother (if applicable)	Yes	Yes	No
Contact with mother (if not co-resident)	Yes	Yes	Yes
Contact with father (if not co-resident)	Yes	Yes	Yes
Father's employment (if not co-resident)	No	Yes	No
Sibling Relatedness	No	Yes (1 <sup>st</sup> Intv)	Yes (if needed)
Father's Race	No	Yes (1 <sup>st</sup> Intv)	
Own Race/Ethnicity	No	Yes (1 <sup>st</sup> Intv)	
Religion	Yes	Yes	Yes
<b>Dating and Relationship History:</b>			
Ever dated?	Yes	Yes (if needed)	Yes (if needed)
Number of friends	Yes	Yes	No
Marriage and Cohabitation	No	Starts at 16	Yes
<b>Regular Schooling:</b>			
Enrolment Status	Yes	Yes	Yes
Highest Grade Attended/Completed	Yes	Yes	If needed
School Satisfaction	Yes	Yes	No
Grade Repetition/Skipping	No	Yes	No
School Characteristics	No	Yes	No
Homework/Clubs	Yes	Yes	No
College	No	If Applicable	If Applicable
Educational Expectations/Aspirations	Yes	Yes (if <17)	No
<b>Military:</b>			
Enlistment/Details if Yes	No	Yes if 17	Yes
<b>On Jobs/Employer Supplements:</b>			
Informal jobs like babysitting/paper routes	Yes	Yes	No
Regular Jobs	No	Yes	Yes
<b>Last Significant Job</b>	No	No	If no regular employment
<b>First Job after HS</b>	No	If Applicable	If unknown

<b>Training</b>	No	No	Yes
<b>Fertility</b>	No	Yes	Yes
<b>Children in the household</b>	No	If Applicable	If Applicable
<b>Health:</b>			
Asthma	Yes	Yes	Yes
Limiting Health Conditions	No	Yes	Yes
Exercise/Eating/Sleeping	Yes	Yes	Yes
Visits to Health Professionals	No	Only if not living with mother	Yes
Height and weight	Yes	Yes	Yes
Health Insurance	No	Only if not living with mother	Yes
Catastrophic events	No	Yes	Yes
Extended health module	No	No	At Specific Ages
<b>Income and Assets:</b>			
Income	No	Yes	Yes
Reciprocity	No	If Emancipated	Yes
Assets	No	Yes	Yes
Financial Strain	No	Yes	Yes
<b>Attitudes: (Scales not administered to all ages each round)</b>			
Self-Perception Profile for Children	Yes	No	No
Moods	Yes	No	No
Pearlin Mastery	No	Yes	Yes
Rosenberg Self-Esteem	No	Yes	Yes
Risk-Taking	Yes	Yes	Yes
CESD Depression	No	Yes	Yes
Anger Scale	No	Yes	Yes
GAD-7	No	Yes	Yes
Women's Roles	No	Yes	Yes
Gender Role Items from CSAS	Yes	Yes	No
TIPI	No	Yes	Yes
Major Discrimination	No	No	Yes
Day-to-Day Discrimination	No	Yes	Yes
<b>YA Self-Report:</b>			
Chores/Rules/Interactions with parents	Yes	Yes	No
Closeness to parents	Yes	Yes	Yes

Parental Functioning	No	No	Yes
Family Conflict	No	Yes	Yes
Peer Pressure	Yes	Yes	No
Childhood Adversity	No	No	If not already answered
Alcohol, cigarettes and marijuana	Yes	Yes	Yes
Other drugs	No	Yes	Yes
Gender identity and sexual orientation	No	Yes	Yes
Sexual Activity	No	Yes	Yes
Neighborhood Quality	No	Yes	Yes
Running away	Yes	Yes	No
Delinquency for younger ages	Yes	Yes	No
Delinquency for older ages	No	No	Yes
Contact with the Justice System	No	Yes	Yes
Volunteerism	Yes	Yes	Yes
Social connectedness/isolation	Yes	Yes	Yes
Mental Health/Suicidal Ideation	No	Yes	Yes
Future Expectations	Yes	Yes	Yes
<b>Locator:</b>			
Payment preference	No	No	Yes
Contact Information	Yes	Yes	Yes