

# Youth Participant Questionnaire

Field Work V1.0 10/October/2020

Swipe to continue.

Form Approved  
OMB No: 0920-xxxx  
Exp. Date: xx-xx-xxxx

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**\* Interviewer Code**

John Doe

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**\* State**

- 1. Maryland

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- 2. Maryland

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- 3. Maryland

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**\* County**

1. Garrett

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3. Garrett

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6. Garrett

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\* City

2. BALTIMORE CITY

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6. BALTIMORE CITY

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**\* PSU ID**

0101001

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**\* Household Number**

12

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Questionnaire (Visit #: 3 Household #: 12)

**\* HOUSEHOLD LISTING FORM (FORM A)**

## INTRODUCTION

I am a survey interviewer from NORC at the University of Chicago for a research study supported by [Baltimore City Health Department/Garrett County] in partnership with the U.S. Centers for Disease Control and Prevention. We are conducting a survey in your area on the health, educational, and life experiences of young people in [Baltimore/Garrett County]. In order to administer the survey, I will first need to identify all of the people who live in this household, but I am not going to write down any names. If you agree, I will start by listing all persons who usually live in your household and visitors who are currently living here, recording their age, date of birth and sex. Please do not tell me their name. Depending on the outcomes of the recording and selection, I will request to speak with the head of household and a member of the household between the ages of 13 and 24 years who has been randomly selected to participate.

For the purposes of this survey, a household is a group of people who live and sleep together in one unit and share most meals together. We consider someone a household member as long as they have been here at least 6 weeks and have plans to stay. If there are youth in this household who attend boarding school or college and live on campus while class is in session, we would consider them a household member as long as they consider this their main household and return to this household during school breaks and holidays.

The list should NOT include VISITORS, and only include people who have lived in this home for at least 6 weeks with plans to stay, or those that recently moved and are intending to stay.

OK. Please continue.





Questionnaire (Visit #: 3 Household #: 12)

\* How many people are living in this household?

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Questionnaire (Visit #: 3 Household #: 12) > Household Listing Form > 2 > Members of the Household

What is the age of the next member of the household? **Person #: 2**

Enter '998' if participant Doesn't Know the age of this person, or '999' if Declines to answer

15

What is the date of birth of the next member of the household? **Person #: 2**

Select date

Jun 09, 2005

**ONLY use these options below if participant DOES NOT KNOW OR DECLINE TO RESPOND the date of birth of this person.**

**If you have selected one of these response options by mistake, please long tap on it and select "Remove Response"**

98. DON'T KNOW

99. DECLINED

What is the sex of the next member of the household? **Person #: 2**

1. MALE

2. FEMALE



## Domestic VACS Youth Participant Questionnaire



Questionnaire (Visit #: 3 Household #: 12) > Full Household Listing

### HOUSEHOLD LISTING:

1. **Line Number: 1 Age: 45 Date of Birth: 1975-08-13 Sex: 2. FEMALE**

2. **Line Number: 2 Age: 15 Date of Birth: 2005-06-09 Sex: 2. FEMALE**



Questionnaire (Visit #: 3 Household #: 12)

**Please confirm the number of Eligible Participants in this household is: 1**

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12) > Characteristic of Selected Participant

## Characteristic of Selected Participant

The Participant randomly selected is the household member with the following information:

Participant number: 2

Age: 15

Date of Birth: 2005-06-09

OK. Please continue.



## Domestic VACS Youth Participant Questionnaire



Questionnaire (Visit #: 3 Household #: 12)

**Is the Head of the Household or Acting Head of the Household available and is able to continue with the Head of Household Questionnaire?**

- 1. YES, THE HEAD OF HOUSEHOLD/ACTING HEAD OF THE HOUSEHOLD AVAILABLE FOR HHQ
- 2. NO, THE HEAD OF HOUSEHOLD/ACTING HEAD OF THE HOUSEHOLD IS NOT AVAILABLE FOR HHQ (RESCHEDULE HHQ)
- 3. NO, THE HEAD OF THE HOUSEHOLD/ACTING HEAD OF THE HOUSEHOLD DECLINED THE HEAD OF THE HOUSEHOLD QUESTIONNAIRE



Questionnaire (Visit #: 3 Household #: 12)

**PLEASE NOTE THIS CONSENT FORM WILL BE READ TO THE HEAD OF THE HOUSEHOLD AND PARENT/GUARDIAN**

**INFORMATION AND CONSENT FORM –HOH/PARENT/GUARDIAN OF DEPENDENT PARTICIPANT (FORM B)**

**HOH CONSENT FOR HOUSEHOLD QUESTIONNAIRE**

Hello, my name is John Doe. I am a survey interviewer from NORC at the University of Chicago for a research study supported by the [BALTIMORE CITY HEALTH DEPARTMENT/GARRETT COUNTY HEALTH DEPARTMENT] in partnership with the U.S. Centers for Disease control and Prevention. We are conducting a survey across [Baltimore/Garrett County] to learn about young peoples' health, educational, and life experiences.

As part of the survey, I would like to ask you some questions about your household. This short survey will also help us to learn more about health, educational, and life experiences for young people in your community. There is little or no risk to either you or your family for participating in this survey. There are no consequences for not participating. There are no direct benefits to you for participating in this survey. You will not receive anything, such as money or gifts, for being in this survey; however, the youth participant will receive [INCENTIVE AMOUNT] as an incentive for participating in the main questionnaire.

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12)

### PRINCIPAL INVESTIGATOR CONTACT INFORMATION

For any further concerns about your rights in this survey or the procedures I am following, you may contact: [XXXXXXXXXXXXXXXXX FROM BALTIMORE CITY HEALTH DEPARTMENT AT (404)-XXX-XXXX/GARRETT COUNTY HEALTH DEPARTMENT AT (XXX)-XXX-XXXX] or XXXXXXXXXXXX from NORC at the University of Chicago at (301) XXX-XXXX, who are prepared to address your concerns or refer you to someone who can. Please feel free to write down this information for future reference.

OK. Please continue.





Questionnaire (Visit #: 3 Household #: 12)

Would it be alright for me to ask you some questions? The questions should take only 10-15 minutes to complete.

- 1. AGREES TO ANSWER THE HEAD OF HOUSEHOLD QUESTIONNAIRE
- 2. DOES NOT AGREE TO ANSWER QUESTIONS



Questionnaire (Visit #: 3 Household #: 12)

**Do you have any questions?**

1. YES

2. NO



Questionnaire (Visit #: 3 Household #: 12)

**Is now a good time to talk?**

1. YES

2. NO



Questionnaire (Visit #: 3 Household #: 12)

**THIS INFORMATION FORM WILL BE READ TO THE PARTICIPATING HEAD OF HOUSEHOLD**

**INTERVIEWER: IF THE HEAD OF HOUSEHOLD COMPLETED HH LISTING FORM WITH YOU THEN THERE IS NO NEED TO REPEAT THIS INFORMATION AND YOU CAN SKIP TO THE NEXT PARAGRAPH.**

**INFORMATION AND CONSENT FORM FOR HEADS OF HOUSEHOLD FOR PARTICIPATION IN HOUSEHOLD QUESTIONNAIRE WHERE PARTICIPANT IS NON-DEPENDENT/OR THERE IS NOT ELIGIBLE RESPONDENTS (FORM C)**

Thank you for allowing me to talk to you and members of this household. As I mentioned earlier, I am a survey interviewer from NORC at the University of Chicago for a research study supported by the [Baltimore City/Garrett County Health Department] in partnership with the U.S. Centers for Disease Control and Prevention. We are conducting a survey across [Baltimore/Garrett County] to find out more about the health, educational, and life experiences of young people here. The goal of this survey research is to make health and education programs for young people in Baltimore better.

As part of the survey, we would like to ask you some questions about your household and some of the people in it. This short survey will also help us to learn more about health and education for young people in your community. There is little or no risk to either you or your family for participating in this survey. Some of the questions in the survey ask about access to water, toilet facilities and different household items. There are no consequences for not participating. There are no direct benefits to you from participating in this survey. You will not get anything, such as money or gifts, for being in this survey.

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12)

## **PARTICIPANT SELECTION**

Your household has been chosen by chance to participate in this survey. I want to assure you that all of your answers will be kept strictly confidential, and your name and address will not be connected with your survey responses. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no 'Right' or 'Wrong' answers.

## **VOLUNTARY PARTICIPATION**

Your participation is completely voluntary but your experiences could be very helpful to other people in Baltimore.

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12)

### PRINCIPLE INVESTIGATOR CONTACT INFORMATION

For any further concerns about your rights in this survey or the procedures I am following, you may contact: [XXXXXXXXXXXXXXXXX from the Baltimore City Health Department at (410) XXX-XXXX/XXXXXXXXX from Garrett County Health Department at (XXX) XXX-XXXX] or XXXXXXXXXXXX at NORC @ the University of Chicago at (301) XXX-XXXX, who are prepared to address your concerns or refer you to someone who can. Please feel free to write down this information for future reference.

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12)

**Would it be alright for me to ask you some questions? The questions should take only 10-15 minutes to complete.**

- 1. AGREES TO ANSWER THE HEAD OF HOUSEHOLD QUESTIONNAIRE
- 2. DOES NOT AGREE TO ANSWER HOUSEHOLD QUESTIONNAIRE



Questionnaire (Visit #: 3 Household #: 12)

**Name of Interviewer Obtaining Verbal Consent:**

John Doe

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Doe



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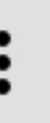


Questionnaire (Visit #: 3 Household #: 12)

**DATE**

Select date

Oct 09, 2020



Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

## H2. RECORD THE SEX OF THE HEAD OF HOUSEHOLD:

Note: this does not need to be asked of participant.

- 1. MALE
- 2. FEMALE

Questionnaire (Visit #: 3 Household #: 12) > Household Listing Form > 1 > Members of the Household

What is the age of the Head of the Household? **Person #: 1**

Enter '998' if participant Doesn't Know the age of this person, or '999' if Declines to answer

45

What is the date of birth of the Head of the Household? **Person #: 1**

Select date

Aug 13, 1975

**ONLY use these options below if participant DOES NOT KNOW OR DECLINE TO RESPOND the date of birth of this person.**

**If you have selected one of these response options by mistake, please long tap on it and select "Remove Response"**

98. DON'T KNOW

99. DECLINED

What is the sex of the Head of the Household? **Person #: 1**

1. MALE

2. FEMALE

< BACK

NEXT >

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4	5	6	Done
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Visit Record Form

**Visit Number: 1**

**Date of Visit -1**

Select date

Oct 09, 2020

**Visit Record Listing Result -1**

- PEOPLE AT HOME
- 3. UNOCCUPIED/ VACANT/ ABANDONED
- 4. NO ONE HOME
- 5. DEMOLISHED HOUSE
- 6. REFUSED
- 7. OTHER



Is this your **FIRST** visit (or need to finish the **FIRST** visit), or do you need to add a **SECOND** Visit?

- 1. CONTINUE WITH FIRST VISIT (Select this option if you are visiting this household for the first time or if you need to complete the FIRST visit)
- 2. BEGIN A SECOND VISIT (Select this option if you are returning for the SECOND time to complete the visit record)



Visit Record Form

**Visit Number: 2**

**Date of Visit -2**

Select date

Oct 10, 2020

**Visit Record Listing Result -2**

- PEOPLE AT HOME
- 3. UNOCCUPIED/ VACANT/ ABANDONED
- 4. NO ONE HOME
- 5. DEMOLISHED HOUSE
- 6. REFUSED
- 7. OTHER



Is this your **SECOND** visit (or need to finish the **SECOND** visit), or do you need to add a **THIRD** Visit?

- 1. CONTINUE WITH SECOND VISIT (Select this option if you are visiting this household for **SECOND** time or if you need to complete the **SECOND** visit)
- 2. BEGIN A THIRD VISIT (Select this option if you are returning for the **THIRD** time to complete the visit record)



Visit Record Form

**Visit Number: 3**

**Date of Visit -3**

Select date

Oct 11, 2020

**Visit Record Listing Result -3**

- PEOPLE AT HOME
- 3. UNOCCUPIED/ VACANT/ ABANDONED
- 4. NO ONE HOME
- 5. DEMOLISHED HOUSE
- 6. REFUSED
- 7. OTHER





Summary of the Initial Visit Record Form

## SUMMARY OF THE INITIAL VISIT RECORD FORM

**Visit Number:1**

**Date of Visit:2020-10-09**

**Initial Household Listing Result:4. NO ONE HOME**

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**Visit Number:2**

**Date of Visit:2020-10-10**

**Initial Household Listing Result: 4. NO ONE HOME**

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**Visit Number:3**

**Date of Visit: 2020-10-11**

**Initial Household Listing Result: PEOPLE AT HOME**



Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

I would like to start by asking you some questions about yourself:

### H3. How old are you?

Enter '-98' if participant Doesn't Know age, or '-99' if Declines to answer

45

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1	2	3	
4	5	6	Done
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Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

#### H4. Does your household have access to:

MARK ALL THAT APPLY

- 1. SMARTPHONE
- 2. CELL PHONE (without smartphone/internet capabilities).
- 3. DESKTOP OR LAPTOP
- 4. TABLET OR OTHER WIRELESS COMPUTER
- 5. CELLULAR DATA PLAN
- 6. BROADBAND (HIGH SPEED) INTERNET INSTALLED IN HOME
- 7. DIAL UP INTERNET SERVICE INSTALLED IN HOME
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

### H5. How many bedrooms are in this home?

(1-15) Enter '98' if participant Doesn't Know, or '99' if Declines to answer

3

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z<sup>-</sup> x<sup>'</sup> c<sup>"</sup> v<sup>:</sup> b<sup>;</sup> n<sup>`</sup> m<sup>~</sup> ,<sup>!</sup> .<sup>?</sup>

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Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

**H6. Now, I would like to ask you about transportation.**

**How many automobiles, meaning cars, vans or trucks are kept at home for use by members of this household?**

MARK ALL THAT APPLY

1.ONE

2.TWO

3.THREE

4.FOUR

5.FIVE OR MORE

-98.DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

**H7. What mode(s) of transportation do most members of this household typically use for daily activities?**

MARK ALL THAT APPLY

- 1.CAR, TRUCK, OR VAN
- 2.BUS
- 3.TRAIN/SUBWAY/COMMUTER RAIL
- 4.TAXI, UBER, OR LYFT
- 5.MOTORCYCLE OR MOTORIZED SCOOTER
- 6.BICYCLE
- 7.WALKED
- 8.OTHER
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

**H8. Does any member of this household have a bank account at a bank, credit union or online?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

**H9. In the past 12 months, has anyone in the household received outside financial help from a non-government program, or does someone participate in a community based program that provides income, such as micro finance, loan, or community savings group?**

- 1. YES

---

- 2. NO

---

- 98. DON'T KNOW

---

- 99. DECLINED

---

- STOP**

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Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

**H10. In the past 12 months, how often would you say you or your family were worried or stressed out about having enough money to pay for meals? Would you say very often, often, sometimes, seldom, or never?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

**H11. In the past 12 months, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (Supplemental Nutrition Assistance Program)?**

- 1. YES

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- 2. NO

---

- 98. DON'T KNOW

---

- 99. DECLINED

---

- STOP**

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Questionnaire (Visit #: 3 Household #: 12) > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

**RECORD THE TIME THE INTERVIEW FINISHED**

Select time

17:19



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Are you the parent/guardian of the selected participant?**

- 1. YES, HOH IS THE PARENT/GUARDIAN OF SELECTED PARTICIPANT

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- 2. NO, THE HOH IS NOT THE PARENT/GUARDIAN OF THE SELECTED PARTICIPANT



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Is the parent/guardian of the selected participant available?**

1. YES

2. NO



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

Hello, my name is John Doe. I am a survey interviewer from NORC at the University of Chicago for a research study supported by [BALTIMORE CITY HEALTH DEPARTMENT/GARRETT COUNTY HEALTH DEPARTMENT] Partnership with the U.S. Centers for Disease control and Prevention. We are conducting a survey in Baltimore to learn about young peoples' health, educational, and life experiences.

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

## PARENT/GUARDIAN PERMISSION

Would it be alright for me to ask the young person who has been selected from this household some questions about health, educational, and life experiences?

Topics include such things as experiences in school, access to food, health status, violence in the community, experiences accessing professional medical and social services, and their relationships with friends, family and community members. The goal of this survey is to improve health and education programs for young people in [BALTIMORE/GARRETT COUNTY].

- 1. ALLOWS YOU TO SPEAK WITH THE PARTICIPANT

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- 2. DOES NOT ALLOW YOU TO SPEAK TO THE PARTICIPANT

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Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Name of Interviewer Obtaining Verbal Consent:**

John Doe

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Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**DATE**

Select date

Oct 11, 2020



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**THIS INFORMATION FORM WILL BE READ TO THE PARTICIPANT**

**IF THE PARTICIPANT SAT IN DURING THE PARENT/GUARDIAN OR HOH CONSENT (FORM B OR FORM C) THEN THERE IS NO NEED TO REPEAT THIS INFORMATION AND YOU CAN SKIP TO THE NEXT PARAGRAPH**

### Domestic VACS Youth Participant Questionnaire

Hello, my name is John Doe. I am a survey interviewer from NORC at the University of Chicago for a research study supported by [BALTIMORE CITY HEALTH DEPARTMENT/GARRETT COUNTY HEALTH DEPARTMENT] Partnership with the U.S. Centers for Disease control and Prevention. We are conducting a survey in Baltimore to learn about young peoples' health, educational, and life experiences.

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

## PARTICIPANT SELECTION

We are only interviewing youth in your area who are between 13 and 24 years old. We have chosen the households in your area by chance **[INTERVIEWER DEMONSTRATION OF RANDOM SELECTION]**.

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Do you have any questions about how you were chosen to participate?**

1. YES

2. NO



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**I HAVE CHECKED WITH THE PARTICIPANT AND SHE UNDERSTANDS THAT SHE WAS RANDOMLY SELECTED TO PARTICIPATE.**

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**We are doing this survey with you to help us make decisions about the best way to ask young people about their health, educational, and life experiences. The goal of this survey is to make health and social service programs for young people in [Baltimore/Garrett County] better. The findings from this survey may also help us find ways to decrease health problems among young people.**

**I want to assure you that we do not plan to share your information or your answers with anyone. All of your answers will be kept strictly confidential, and your name and address will not be connected with your survey responses. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no 'Right' or 'Wrong' answers. Your participation is completely voluntary, but your experiences could be very helpful to understand how to improve services for other young people in [Baltimore/Garrett County]. As a token of appreciation for your time, you will receive an incentive of [\$20/\$40 INTERVIEWER TO TAILOR BASED ON INCENTIVE METHODOLOGY BEING TESTED] cash after completing the survey.**

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Do you have any questions about what will happen to the information that you give me?**

1. YES

2. NO



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**I HAVE CHECKED WITH THE RESPONDANT AND SHE UNDERSTANDS THAT HER ANSWERS ARE CONFIDENTIAL.**

OK. Please continue.





Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**INTERVIEWER INITIALS:**

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Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Do you have any other questions?**

1. YES

2. NO



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Would it be alright for me to tell you more about the survey?**

NOTE WHETHER THE PARTICIPANT AGREES TO DISCUSS THE SURVEY FURTHER:

- 1. AGREES TO DISCUSS SURVEY FURTHER
- 2. DOES NOT AGREE TO DISCUSS SURVEY FURTHER



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**It is very important that we talk in private, where others cannot hear our conversation. This is common practice in surveys and helps to protect your information and be very sure that it is just between you and me.**

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Is this a good place to hold the interview or is there somewhere else that you would like to go?**

- 1. YES, IT IS A GOOD PLACE

---

- 2. NO, THERE IS SOMEWHERE ELSE

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Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Name of Interviewer Obtaining Agreement to Provide Additional Information:**

John Doe

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English (UK)





Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**DATE**

Select date

Oct 11, 2020

Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**Remember, the age of the selected participant is 15 years old, date of birth:  
2005-06-09**

**THIS INFORMATION FORM WILL BE READ TO THE PARTICIPANT**

**PART B: ASSENT/CONSENT**

**PROCEDURES CONTINUED**

Thank you for agreeing to hear more about the survey. There are a few things you should know before agreeing to participate:

- You get to decide if you want to participate and whatever you decide is OK. It is also OK to say 'Yes', start the survey, and change your mind later. You have the right to stop the survey at any time or decline to respond to any questions you do not want to answer. The survey will take 45-60 minutes total.

- The Centers for Disease Control and Prevention (CDC) is funding the survey to learn more about the health, educational, and life experiences of young people in [Baltimore/Garrett County] and the survey asks a lot of different types of questions, including questions about your family, school, community relationships as well as sexual activity and your experiences with physical, emotional and sexual violence. Because some of the questions are sensitive or private, you will complete much of the survey via computer tablet with headphones, meaning no one other than you will hear the questions and no one, not even I, will know how you respond. We know it may be difficult or uncomfortable to respond to some of the questions, but your responses will help us learn more about young people in [Baltimore/Garrett County] and how we might be able to help improve their lives

- Your responses are confidential. Your survey responses will never be connected to your name or any other personal information. Once you complete the survey, your responses will be added to a dataset with other participants' responses for researchers to review as a whole. No one will ever look at your response data by itself and know how you responded. Also, the tablet is password protected and encrypted, so if it is lost or stolen, no one will be able to access your responses.

OK. Please continue.





Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**You might be wondering whether bad things could happen to you or your family if you take this survey.**

**The chance that bad things would happen as a result of this survey is really low. As I said, some of the questions are sensitive and responding to them may be difficult or uncomfortable, but you can choose not to respond to certain questions or to end your participation at any time. .**

OK. Please continue.

Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**You might also be wondering if good things could happen to you or your family if you participate.**

**There are no direct benefits for participating. However, as a thank you and in appreciation of your time, you will receive [\$20/\$40 INTERVIEWER TO SELECT DROPDOWN BASED ON INCENTIVE METHODOLOGY BEING TESTED] after completing the survey. You may also benefit by learning more about different programs available for young people in your area.**

**There are a few more things I need to tell you due to the content of the survey and the responses you may provide.**

- The only people who know the questions asked during the survey are the young people selected to take the survey and the people who work with me on the study. No one else, including the other people in your home or community, knows the exact questions on the survey so you can feel safe in responding honestly.**
- I will never know what you enter into the tablet. But at the end of the survey, the survey program on the tablet may tell me to ask if you would like to be connected with the project's social worker. You will get to decide if you want to be connected with her. I will never give her any of your information without your permission. [IF 13-15 YEARS OLD] and permission from your parent or guardian.**
- Your participation is completely voluntary. You may decline to answer any questions you wish and you are free to end the survey at any time. Ending the survey or not answering certain questions will not affect you in any way, including receipt of the [\$20/\$40 INTERVIEWER TO SELECT]**
- Also, please know, separate from the responses that you enter into the tablet, that if you tell me directly at any point during our time together that you are in immediate danger or that you may hurt yourself or someone else, I will have to tell an appropriate person so you can get help. [IF NON-EMANCIPATED 13-17 YEAR OLDS] Also, separate from the responses that you enter into the tablet, if you tell me directly that someone is hurting you I will have to tell a social worker and may have to file a report.**
- You should also be aware that a Certificate of Confidentiality has been obtained from the Federal Government for this study to further help ensure your privacy. This Certificate means that the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative or other proceedings. But, if you request disclosure, we can release the information. The Certificate of Confidentiality does not prevent the researchers from disclosing, without your consent, information that would identify you as a participant in the research project if during the interview you reveal intent to hurt yourself or someone else.**

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

I asked your Parent/Guardian for permission to talk to you. I did not tell him/her specific details about the survey. I did say that the survey topics included "experiences in school, access to food and goods, health status, violence in the community, experiences accessing professional medical and social services, and their relationships with friends, family and community members." I did not tell him/her that the survey contains specific questions on violence that may or may not have taken place in the home.

Do you have any questions at this time?

ONLY READ THIS STATEMENT IF A HEAD OF HOUSEHOLD PROVIDED CONSENT FOR THIS PARTICIPANT

1. YES

2. NO



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**You have the right to contact people working on this project with any questions, complaints or concerns about the survey or your participation, either:**

- **[NAME] from the Baltimore City/Garrett County Health Department at XXX.XXX.XXXX, or**
- **[NAME] at NORC at the University of Chicago at XXX.XXX.XXXX.**

**Here is this contact information if you would like to call at any point. Please know that if you decide at any point after completing this survey that you would like your data destroyed and removed from analysis, we will honor that request.**

**OK. Please continue.**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**I am going to read a final statement. When I am done, please respond either "Yes" if you agree to participate or "No" if you do not agree to participate.**

You understand the purpose of the survey, that participating is your choice and no one will be upset if you don't want to participate or if you change your mind, and that your responses will be confidential.

Do you agree to participate in the survey?

- 1. YES, THE PARTICIPANT AGREES TO PARTICPATE IN THE SURVEY
- 2. NO, THE PARTICIPANT DOES NOT AGREE TO PARTICIPATE IN THE SURVEY



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

### **Interviewer Verbal Consent Certification**

**In completing the certification information below and conducting the survey, you verify that you have read the informed consent to the participant, answered any questions to the best of your ability and in-line with your training, and that all project protocols will be followed.**

OK. Please continue.



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

### Interviewer Verbal Consent Certification

**In completing the certification information below and conducting the survey, you verify that you have read the informed consent to the participant, answered any questions to the best of your ability and in-line with your training, and that all project protocols will be followed.**

**Interviewer Name :**

JD

< BACK

NEXT >



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English (UK)





Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE

**DATE**

Select date

Oct 11, 2020





Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

I would like to start by asking you questions about yourself:

**Q2. How old are you?**

Remember, the age of the selected participant is 15 years old, date of birth: 2005-06-09

(13-24) years old.

13

14

15

16

17

18

19

20

21

22

23

24

12 or less

25 or more

STOP



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q3. Are you Hispanic or Latino?**

- 1. YES, HISPANIC OR LATINO
- 2. NO, NOT HISPANIC OR LATINO
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q4. What is your race?**

- 1. AMERICAN INDIAN OR ALASKAN NATIVE
- 2. ASIAN
- 3. BLACK OR AFRICAN AMERICAN
- 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5. WHITE
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q5. Which of the following best represents how you think of yourself? Lesbian or gay? Straight, that is, not lesbian or gay? Bisexual? Or something else?**

- 1. GAY (LESBIAN OR GAY)
- 2. STRAIGHT, THAT IS, NOT GAY (OR LESBIAN OR GAY)
- 3. BISEXUAL
- 97. SOMETHING ELSE
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q6. What sex were you assigned at birth, on your original birth certificate?**

- 1. MALE
- 2. FEMALE
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q7. Do you currently describe yourself as male, female or transgender?**

- 1. MALE
- 2. FEMALE
- 3. I AM TRANSGENDER AND IDENTIFY AS A BOY OR MAN
- 4. I AM TRANSGENDER AND IDENTIFY AS A GIRL OR WOMAN
- 5. I AM TRANSGENDER AND IDENTIFY IN SOME OTHER WAY
- 6. NONE OF THESE
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

Q8. Just to confirm, you were assigned **2. FEMALE** at birth and now you describe yourself as **2. FEMALE**, is that correct?

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q9. Are you deaf or do you have serious difficulty hearing?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**





Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q10. Are you blind or do you have serious difficulty seeing, even when wearing glasses?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q11. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q12. Do you have serious difficulty walking or climbing stairs?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q13. Do you have difficulty dressing or bathing?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q14. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q15. Are you currently in school?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q17. What is your current grade or level of school?**

- 1. 6TH GRADE OR LOWER
- 2. 7TH GRADE
- 3. 8TH GRADE
- 4. 9TH GRADE
- 5. 10TH GRADE
- 6. 11TH GRADE
- 7. 12TH GRADE
- 8. SOME COLLEGE OR TECHNICAL SCHOOL
- 9. COLLEGE GRADUATE (COLLEGE 4 YEARS OR MORE)
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**WORK:**

**Q20. In the past 12 months, were you ever employed or working any job for which you were paid?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



For each of the following statements please tell me if this is true for you or not:

Q21A. My friends really try to help me

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP

Q21B. I can count on my friends when things go wrong.

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP

Q21C. I have friends with whom I can share my good times and bad times.

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP

Q21D. I can talk about problems with my friends.

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED

For each of the following statements please tell me if this is true for you or not:

Q22A. Outside of my home and school, there is an adult who really cares about me

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP

Q22B. Outside of my home and school, there is an adult whom I trust who notices when I am upset about something.

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP

Q22C. Outside of my home and school, there is an adult who tells me when I do a good job.

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP

Q22D. Outside of my home and school, there is an adult who always wants me to do my best.

- 1. YES
- 2. NO

Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire > Q23

For each of the following statements please tell me if this is true for you or not:

Q23A. I am part of a club.

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP

Q23B. I am part of a sports team.

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP

Q23C. I am part of a church, temple, or mosque

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP

Q23D. I am part of some other group.

- 1. YES
- 2. NO



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**FAMILY:**

**(For 13-17yo) What grown-ups live in your house?**

(Choose all responses that apply)

- 1. MOTHER
- 2. FATHER
- 3. STEPMOTHER/FATHERS GIRLFRIEND
- 4. STEPFATHER/MOTHERS BOYFRIEND
- 5. FOSTER MOTHER/FEMALE GUARDIAN
- 6. FOSTER FATHER/MALE GUARDIAN
- 7. GRANDMOTHER
- 8. GRANDFATHER
- 9. AUNT
- 10. OTHER RELATIVES OR FRIENDS
- 11.YOUR BOYFRIEND/GIRLFRIEND
- 12. YOUR BOYFRIEND/GIRLFRIEND
- 13. FAMILY OF YOUR BOYFRIEND/GIRLFRIEND
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**ACES:**

**Q25. Does your mother, father, or guardian die?**

(For 13-17) The next questions are about events that may have happened during your life. (use present tense)

(For 18-24) The next questions are about events that may have happened in your childhood, before you turned 18. Before you were 18 years old ---(use past tense in the below questions)

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q26. Do one or both of your parents ever live in a different place than you for more than half a year?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q27. Have you ever been in foster care?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q28. How often does your family cut the size of meals or skip meals because there was not enough money for food?**

- 1. NEVER
- 2. RARELY
- 3. SOMETIMES
- 4. MOST OF THE TIME
- 5. ALWAYS
- 98.DON'T KNOW
- 99. DECLINED
- STOP**





Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q29. How often is there an adult living with you who tries hard to make sure your basic needs are met, such as looking after your safety and making sure you had clean clothes and enough to eat?**

- 1. NEVER
- 2. RARELY
- 3. SOMETIMES
- 4. MOST OF THE TIME
- 5. ALWAYS
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q30. How often is there an adult living with you who makes you feel safe and protected?**

- 1. NEVER
- 2. RARELY
- 3. SOMETIMES
- 4. MOST OF THE TIME
- 5. ALWAYS
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q31. Have you ever lived with someone who was having a problem with alcohol or drug use?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q32. Have you ever lived with someone who was depressed, mentally ill, or suicidal?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q33. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q34. If your birth parents were married to each other at one point, did they ever separate or divorce?**

- 1. YES
- 2. NO
- 3. PARENTS NEVER MARRIED TO EACH OTHER
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q35. How often have you felt that you were treated badly or unfairly because of your race or ethnicity?**

- 1. NEVER
- 2. RARELY
- 3. SOMETIMES
- 4. MOST OF THE TIME
- 5. ALWAYS
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q36. How often have you felt that you were treated badly or unfairly because of your sexual orientation?**

- 1. NEVER
- 2. RARELY
- 3. SOMETIMES
- 4. MOST OF THE TIME
- 5. ALWAYS
- 98.DON'T KNOW
- 99. DECLINED
- STOP**





Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q37. How often have you felt that you were treated unfairly by the police?**

- 1. NEVER HAD CONTACT WITH THE POLICE
- 2. NEVER TREATED UNFAIRLY BY THE POLICE
- 3. RARELY TREATED UNFAIRLY BY THE POLICE
- 4. SOMETIMES TREATED UNFAIRLY BY THE POLICE
- 5. MOST OF THE TIME TREATED UNFAIRLY BY THE POLICE
- 6. ALWAYS TREATED UNFAIRLY BY THE POLICE
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q38. Thinking of the parent or guardian with whom you have the closest relationship, how easy or difficult is it to talk to that person about things that really bother you? Would you say very easy, easy, difficult, very difficult, or do not have a relationship with your parents/guardians?**

For 13-17 year olds dependents: use present tense

For 18-24 year olds/13-17 year old non-dependents and if parents are deceased: use past tense

- 1. VERY EASY
- 2. EASY
- 3. DIFFICULT
- 4. VERY DIFFICULT
- 5. NO RELATIONSHIP
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q41. Including your parents or guardians and any other family members, would you say that you have an adult family member who cares about you?**

For 13-17 year olds dependents: use present tense

For 18-24 year olds/13-17 year old non-dependents: use past tense

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q42. Including your parents or guardians and any other adult family members, would you say that you have an adult family member who is willing to help you make decisions?**

For 13-17 year olds dependents: use present tense

For 18-24 year olds/13-17 year old non-dependents: use past tense

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**MARRIAGE AND PARTNERSHIP:**

The next questions ask about marriage and dating partners. Dating partners are people you have been involved with romantically or sexually, which might include husbands, wives, boyfriends, girlfriends, people you have dated, people you were seeing, or people you hooked up with.

Q43. Have you ever had a dating partner?

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire > GENDER ATTITUDES:

How strongly do you agree or disagree with the following statements?

**Q48A. Guys take responsibility for their actions**

- 1. STRONGLY AGREE
- 2. AGREE SOMEWHAT
- 3. NEUTRAL
- 4. DISAGREE SOMEWHAT
- 5. STRONGLY DISAGREE
- 98.DON'T KNOW
- 99. DECLINED
- STOP**

**Q48B. Girls take responsibility for their actions**

- 1. STRONGLY AGREE
- 2. AGREE SOMEWHAT
- 3. NEUTRAL
- 4. DISAGREE SOMEWHAT
- 5. STRONGLY DISAGREE
- 98.DON'T KNOW
- 99. DECLINED
- STOP**

**Q48C. Guys need to hit other guys to get respect**

- 1. STRONGLY AGREE
- 2. AGREE SOMEWHAT
- 3. NEUTRAL

Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire > DISCIPLINE:

In the past 12 months, has a parent or adult caregiver punished or corrected you by:

**Q50A. Shouting, yelling, or screaming at you; calling you offensive names, such as 'dumb' or 'lazy'; taking away food; or ignoring you for several hours?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

**Q50B. Shaking, hitting, spanking, or slapping you anywhere on your body with a bare hand or a hard object?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

**Q50C. Taking away privileges, forbidding something you liked or wanted to do; explaining why the behavior is wrong; or giving you a reminder or warning not to do it again?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**SAFETY:**

**Q51. During the past 12 months, were there times you did not go to school or did not leave home because you felt it would be unsafe for any reason?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**





Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**SURVIVORSHIP:**

Q52. At any time in your life was anyone you felt close to murdered?

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**CARRYING WEAPONS:**

Now I am going to ask questions about weapons. For these questions, please do not include times you carried a gun or knife only for hunting or for a sport, such as target shooting.

Remember you can skip questions if you don't want to answer

Q53. Have you ever carried a weapon such as a gun, knife, or club?

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q62. (For 13-17)** How long would it take you to get and be ready to fire a loaded gun without a parent's or adult's permission? This gun could be yours or someone else's and it could be located anywhere.

- 1. I COULD NOT GET A LOADED GUN
- 2. LESS THAN 10 MINUTES
- 3. 10 OR MORE MINUTES, BUT LESS THAN 1 HOUR
- 4. 1 OR MORE HOURS, BUT LESS THAN 4 HOURS
- 5. 4 HOURS OR MORE, BUT LESS THAN 24 HOURS
- 6. 24 HOURS OR MORE
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

Now I have a few questions about gangs.

Q63. Is there gang activity in your school?

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

STOP



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**Q64. Is there gang activity in your neighborhood?**

1. YES

2. NO

-98. DON'T KNOW

-99. DECLINED

**STOP**

Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire > JUVENILE AND PEER DELINQUENCY

**(For 13-17)** The next questions are about events that may have happened during your life. Did you ever:

**Q67A. Stay out later than your parents said you could?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

**Q67B. Lie to your parents about something important?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

**Q67C. Take something from a store without paying?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

**Q67D. Intentionally damage school property ?**

- 1. YES
- 2. NO

Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire > Q68

**(For 13-17)** The next questions are about your friends. Please think of your closest friends

Did your closest friends ever:

**Q68A. Stay out later than their parents said they could?**

IF PARTICIPANT SAYS THEY DID NOT HAVE ANY FRIENDS THEN SELECT OPTION AA/NO FRIENDS

- AA. PARTICIPANT HAD/HAS NO FRIENDS
- 1. YES
- 2. NO
- 98.DON'T KNOW
- 99. DECLINED
- STOP**

**Q68B. Hurt someone badly enough to need a doctor?**

- AA. PARTICIPANT HAD/HAS NO FRIENDS
- 1. YES
- 2. NO
- 98.DON'T KNOW
- 99. DECLINED
- STOP**

**Q68C. Lied to their parents about something important?**

- AA. PARTICIPANT HAD/HAS NO FRIENDS
- 1. YES
- 2. NO
- 98.DON'T KNOW
- 99. DECLINED



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire

**WITNESSING PHYSICAL VIOLENCE:**

The following questions are about witnessing physical violence by strangers or people you know well in your home or neighborhood.

**For participants 13-17:**

Q69. How many times in your life have you seen or heard your parent or guardian being hit, punched, kicked, or beaten by her or his husband, wife, or dating partner? Would you say: never, once, or more than once?

- 1. NEVER
- 2. ONCE
- 3. MORE THAN ONCE
- 98.DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 3 Household #: 12) > RESPONDENT QUESTIONNAIRE > VACS Youth Participant Questionnaire > PV: PHYSICAL VIOLENCE

## PV1: INTIMATE PARTNER VIOLENCE

The next questions ask about experiences you may have had in your life with your dating or sexual partners. When we ask about your dating or sexual partners, please think about people you have been involved with romantically or sexually, which might include boyfriends, girlfriends, people you have dated, people you were seeing, people you hooked up with, or your husband or wife.

Remember, you can skip any question you do not want to answer.

Has your current or ex-partner ever:

Q100A. Slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you?

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

Q100B. Punched, kicked, whipped, or beat you with an object?

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

Q100C. Choked, smothered, tried to drown you, or burned you intentionally?

- 1. YES
- 2. NO
- 98. DON'T KNOW