

Survey of Youth Transitioning from Foster Care

The interview will begin immediately following review of [key elements of consent to participate].

Now, I'm going to ask you some questions about you, your family, and your life experiences.

All your answers will be kept private to the extent permitted by law. If there is a question you don't want to answer, you can say, "skip."

If there are any questions where you're not sure of the answer, just let me know. Now we are going to start the interview. The interview should take between 50 to 60 minutes.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Questions	Response Scale
FIELD INTERVIEWER-ADMINISTERED QUESTIONS	
A. DEMOGRAPHICS AND HEALTH	
1. What is your age?	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer
2. Are you of Hispanic, Latino/a, or Spanish origin?	<ul style="list-style-type: none"> • No, not of Hispanic, Latino/a, or Spanish origin • Yes, Mexican, Mexican American, Chicano/a • Yes, Puerto Rican • Yes, Cuban • Yes, Another Hispanic, Latino/a or Spanish origin • Don't know / Not sure • Choose not to answer
3. What is your race? (Select one or more)	<ul style="list-style-type: none"> • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or other Pacific Islander • White • Don't know / Not sure • Choose not to answer
4. Were you born in the United States? The United States include the 50 states and the District of Columbia, but not U.S. territories.	<ul style="list-style-type: none"> • Yes [Skip to Question A7.] • No • Don't know / Not sure • Choose not to answer

Questions	Response Scale
5. In what country were you born?	<ul style="list-style-type: none"> • Mexico • Guatemala • Cuba • Dominican Republic • India • China • Philippines • Japan • Korea • Vietnam • Guam • Samoa • Other (specify) • Don't know / Not sure • Choose not to answer
6. How many years altogether have you been living in the U.S.?	<ul style="list-style-type: none"> • ___ Years • Don't know / Not sure • Choose not to answer
7. Are you a citizen of the United States?	<ul style="list-style-type: none"> • Yes, born in the United States • Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas • Yes, born abroad of American parent or parents • Yes, U.S. citizen by naturalization • No, not a citizen of the United States • Don't know / Not sure • Choose not to answer
8. What sex was recorded on your original birth certificate?	<ul style="list-style-type: none"> • Male • Female • Don't know / Not sure • Choose not to answer
9. How do you describe yourself?	<ul style="list-style-type: none"> • Male • Female • Transgender male • Transgender female • Other (for example, non-binary, genderqueer, gender fluid, or intersex) • Don't know / Not sure • Choose not to answer

Questions	Response Scale
10. Which of the following best represents how you think of yourself?	<ul style="list-style-type: none"> • Straight, that is, not lesbian or gay • Lesbian • Gay • Bisexual • You think of yourself some other way (specify) • Don't know / Not sure • Choose not to answer
11. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people would describe you?	<ul style="list-style-type: none"> • Very feminine • Mostly feminine • Somewhat feminine • Equally feminine and masculine • Somewhat masculine • Mostly masculine • Very masculine • Don't know / Not sure • Choose not to answer
12. Are you currently married or in a legally recognized domestic partnership?	<ul style="list-style-type: none"> • Yes, married [skip to question A16.] • Yes, in a domestic partnership [skip to question A16.] • No • Don't know / Not sure • Choose not to answer
13. Have you ever been married?	<ul style="list-style-type: none"> • Yes • No [skip to question A15.] • Don't know / Not sure • Choose not to answer
14. Are you...?	<ul style="list-style-type: none"> • Separated • Divorced • Widowed • Don't know / Not sure • Choose not to answer
15. Are you currently in a dating relationship?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer

Questions	Response Scale
16. Have you ever been pregnant, or gotten a partner pregnant?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
17. How many children currently live with you all or most of the time, where you are a parent or like a parent?	<ul style="list-style-type: none"> • _____ (Fill in number) • Don't know / Not sure • Choose not to answer
18. Are you currently enrolled in school?	<ul style="list-style-type: none"> • Yes • No [Skip to question A20.] • Don't know / Not sure • Choose not to answer
19. Are you currently attending school?	<ul style="list-style-type: none"> • Yes [skip to question A23.] • No • Don't know / Not sure • Choose not to answer
20. Did you receive a high school diploma or a GED for finishing high school?	<ul style="list-style-type: none"> • Yes, high school diploma • Yes, GED • No [Skip to A22.] • Don't know / Not sure • Choose not to answer
21. Have you attended college, community college, or junior college?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
[If question A20. = no] 22. What is the highest level of school you have completed ?	<ul style="list-style-type: none"> • Less than 8th grade • 9th grade • 10th grade • 11th grade • Other (Specify) • Don't know / Not sure • Choose not to answer

Questions	Response Scale
[If question A8. = yes] 23. In what grade or level of school are you currently enrolled?	<ul style="list-style-type: none"> • Less than 12th grade • 12th grade • GED course • College • Other (Specify) • Don't know / Not sure • Choose not to answer
[If question A20. = GED or no] 24. I am going to read some reasons other people have given for leaving high school. Which of these would you say applied to you? (Select one or more)	<ul style="list-style-type: none"> • You missed too many school days. • You did not like school or did not feel like you belonged there. • You were getting behind in your schoolwork or getting poor grades. • You were suspended or expelled. • Your friends had dropped out of school. • Financial reasons, such as needing to support yourself or your family. • You were pregnant or the parent of a child. • You didn't need to complete high school for what you wanted to do. <i>If yes: Do any of these apply to you?</i> <ul style="list-style-type: none"> • You wanted to gain early admission to a school that provides occupational training or a college. • You thought it would be easier to get a GED or alternative high school credential. • Another reason (<i>please specify</i>): • Don't know / Not sure • Choose not to answer
Now I am going to ask some questions about your health. 25. Would you say that, in general, your health is...?	<ul style="list-style-type: none"> • Excellent • Very good • Good • Fair • Poor • Don't know / Not sure • Choose not to answer
26. Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
[If question A26. = yes] 27. How old were you when you were first deaf or had serious difficulty hearing?	<ul style="list-style-type: none"> • _____ (Fill in years- enter 0 if less than one year old) • Don't know / Not sure • Choose not to answer

Questions	Response Scale
28. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
[If question A28. = yes] 29. How old were you when you first went blind or had serious difficulty seeing?	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer
30. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
[If question A30. = yes] 31. How old were you when you first had serious difficulty concentrating, remembering, or making decisions?	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer
32. Do you have serious difficulty walking or climbing stairs?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
[If question A32. = yes] 33. How old were you when you first had serious difficulty walking or climbing stairs?	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer
34. Do you have difficulty dressing or bathing?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
[If question A34. = yes] 35. How old were you when you first had difficulty dressing or bathing?	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer
36. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
[If question A36. = yes] 37. How old were you when you first had difficulty doing errands alone?	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer

Questions	Response Scale
38. During the past 30 days, where did you sleep most nights ?	<ul style="list-style-type: none"> • At someone’s home. <i>If yes: Which of the following applies?</i> <ul style="list-style-type: none"> • In the home of your immediate family (parent or caregiver) • At the home you share with your spouse, boyfriend, girlfriend, or partner • At another family member’s home • At the home of a foster parent • At a group home or residential program • At your own home (you pay rent) • With friends or couch surfing • At a shelter (such as a runaway or homeless youth shelter, drop-in center) • In a transitional housing program • At a treatment facility or center (hospital, detox, etc.) • On the street or some other place not designed for sleeping. <i>If yes: What kind of place?</i> <ul style="list-style-type: none"> • Inside a car, abandoned building, squat, etc. • Outside (in the park, on the street, in a tent, etc.) • At a transit station (subway or bus station or the airport) • In a jail, prison, detention facility, or halfway house • At a hotel or motel • Somewhere else. <i>If yes: where?</i> • Don’t know / Not sure • Choose not to answer
[If question A38. is not = don’t know/not sure OR choose not to answer] 39. How safe do you think you were when you slept [fill from question A38.]?	<ul style="list-style-type: none"> • Very safe • Safe • Somewhat safe • Somewhat unsafe • Unsafe • Very unsafe • Don’t know / Not sure • Choose not to answer

Questions	Response Scale
<p>[If question A38. = don't know/not sure OR choose not to answer]</p> <p>40. During the past 30 days, how safe do you think you were where you've slept most nights?</p>	<ul style="list-style-type: none"> • Very safe • Safe • Somewhat safe • Somewhat unsafe • Unsafe • Very unsafe • Don't know / Not sure • Choose not to answer
B. SYSTEM INVOLVEMENT: CHILD WELFARE	
<p>The next set of questions ask about foster care. Foster care (also known as out-of-home care) is a temporary service provided by states or counties for children and teens who cannot live with their families. When you were in foster care, you may have lived with relatives or with unrelated foster parents. Foster care also includes other places you may have stayed, such as group homes, residential care facilities, emergency shelters, and supervised independent living.</p> <p>1. How old were you the very first time you were placed in foster care?</p>	<ul style="list-style-type: none"> • ____ (Years- enter 0 if less than one year old) • Don't know / Not sure • Choose not to answer
<p>[If B1. = don't know/not sure]</p> <p>2. Were you less than 6 years old (about when you may have been in Kindergarten or 1st grade) or were you 6 years old or older?</p>	<ul style="list-style-type: none"> • Less than 6 years old • 6 years old or older • Don't know / Not sure • Choose not to answer
<p>3. Throughout your life, what type of foster care placements have you had? I am going to read a list; you can select any that apply to you.</p>	<ul style="list-style-type: none"> • With foster parent(s) who are unrelated to you • With relatives who were also your foster parents • In a group home or residential program • In a foster care emergency shelter • In an independent living apartment • Placed somewhere else (specify) • Don't know / Not sure • Choose not to answer
<p>4. [For each kind of foster care placement selected]</p> <p>a. How many homes have you been in with foster parents unrelated to you? Count every home or address you have lived in with unrelated foster parents.</p> <p>b. How many foster homes have you been in with relatives? Count every home or address you have lived in with relatives.</p> <p>c. How many foster care group homes or residential programs have</p>	<ul style="list-style-type: none"> • 1 • 2-5 • 6-10 • 11-20 • 21+ • Don't know / Not sure • Choose not to answer

Questions	Response Scale
<p>you been in?</p> <p>d. How many foster care emergency shelters have you been in?</p> <p>e. How many independent living apartments have you been in?</p> <p>f. How many other types of foster care have you been in?</p>	
<p>5. [If more than one type of placement selected] Some young people stay in one foster care placement for a long time, and others may stay for a short time or move between different homes or types of placements. You said you have lived in (fill total number) types of foster care placements. Which kind of placement did you stay in for the longest amount of time?</p>	<ul style="list-style-type: none"> • With foster parent(s) who are unrelated to you • With relatives who were also your foster parents • In a group home or residential program • In a foster care emergency shelter • In an independent living apartment • (fill answer from B3 Other, specify) • Don't know / Not sure • Choose not to answer
<p>6. Altogether, how much time have you spent in foster care?</p>	<ul style="list-style-type: none"> • 3 months or less • More than 3 months but less than 1 year • More than 1 year but less than 5 years • More than 5 years but less than 10 years • More than 10 years • Don't know / Not sure • Choose not to answer
<p>7. Do you currently have an open case with [Name of Child Welfare (CW) Agency]? That is, are you living in foster care or receiving other services or assistance provided by [Name of CW Agency]?</p>	<ul style="list-style-type: none"> • Yes [skip to question B12.] • No • Don't know / Not sure • Choose not to answer

Questions	Response Scale
<p>[If question B7.= no]</p> <p>8. What was the primary reason that your [CW Agency] case closed?</p>	<ul style="list-style-type: none"> • [Name of CW Agency] closed your case because you turned 18 • You voluntarily closed your case after your 18th birthday • You were reunited with your biological parent(s) or other relatives • You were adopted • Your caregiver became your permanent legal guardian • Other reason, please specify • Don't know / Not sure • Choose not to answer
<p>[If question B7.= no]</p> <p>9. Think about the last time you were in foster care. Which of the following best describes your last foster care placement?</p>	<ul style="list-style-type: none"> • With foster parent(s) who are unrelated to you • With relatives who are also your foster parents • In a group home or residential program • In a foster care emergency shelter • In an independent living apartment • (fill answer from B3 Other, specify) • Don't know / Not sure • Choose not to answer
<p>[If question B7.= no]</p> <p>10. Think about the last time you were in foster care. How long was your last foster care placement? That is, how long had it been since you were living with a parent or guardian?</p> <p>For example: Let's say you are 18 years old. You went to foster care when you were 10 and back home when you were 12. Then, you went back to foster care when you were 16, went to a few different foster homes but never back to live with a parent or guardian. You're now 18 and no longer involved with [Name of CW Agency]. You would only count this last time in foster care – so, 2 years.</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • _____ (Fill in months) • Less than one month • Don't know / Not sure • Choose not to answer
<p>[If question B7.= no]</p> <p>11. Think about the last caseworker or social worker you had with [CW Agency]. Would you say that caseworker or social worker listened to you...?</p>	<ul style="list-style-type: none"> • All of the time • Most of the time • Some of the time • Never • You never met (in person, or remotely, such as on the phone) your last caseworker. • Don't know / Not sure • Choose not to answer

Questions	Response Scale
[If question B7.= yes] 12. Are you currently living in foster care or another place arranged by [Name of CW Agency]?	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
[If question B12.= yes] 13. Which of the following best describes your current foster care placement?	<ul style="list-style-type: none"> • With foster parent(s) who are unrelated to you • With relatives who are also your foster parents • In a group home or residential program • In a foster care emergency shelter • In an independent living apartment • (fill answer from B3 Other, specify) • Don't know / Not sure • Choose not to answer
[If question B12.= yes] 14. Think about your current time in foster care. How long have you been in foster care this time? That is, how long has it been since you were living with a parent or guardian? For example: Let's say you are 18 years old. You went to foster care when you were 10 and back home when you were 12. Then, you went back to foster care when you were 16 and you're now 18 and living with a foster parent. You would only count this last time in foster care - so, 2 years.	<ul style="list-style-type: none"> • _____ (Fill in years) • _____ (Fill in months) • Less than a month • Don't know / Not sure • Choose not to answer
[If question B7.= yes] 15. Overall, how much do you feel your current caseworker or social worker listens to you? Would you say they listen to you...?	<ul style="list-style-type: none"> • All of the time • Most of the time • Some of the time • Never • Don't know / Not sure • Choose not to answer
[If question B7.= yes] 16. How well do you feel that your current caseworker or social worker understands you and your situation? Would you say...	<ul style="list-style-type: none"> • Very well • Somewhat well • Not well at all • Don't know / Not sure • Choose not to answer

Questions	Response Scale
C. RUNAWAY AND BEING KICKED OUT	
<p>The next set of questions ask about times you may have left your parent or guardian's home for at least one night. These are times that you ran away or were kicked out or told to leave your parent or caregiver's home. Again, think about times that you were gone for at least one night.</p> <p>1. Have you ever left your parent or caregiver's home? This would be the home of a parent or other relative that usually took care of you, but not a place that [child welfare agency] arranged for you.</p>	<ul style="list-style-type: none"> • Yes • No [skip to question C13] • Don't know / Not sure • Choose not to answer
<p>2. What influenced you to leave? Sometimes there is one reason and sometimes there are multiple reasons. I am going to read a list; you can select any that apply to you. (Select one or more)</p>	<ul style="list-style-type: none"> • You wanted to be on your own or with someone else. <i>If yes: which of the following apply? (Select one or more)</i> <ul style="list-style-type: none"> • You wanted to be on your own • You wanted to be with your friend(s) • You wanted to be with a sibling(s) • You wanted to be with another family member, like an aunt or grandparent • You wanted to be with a boyfriend, girlfriend or dating partner • Your home was not a safe place. <i>If yes: which of the following apply? (Select one or more)</i> <ul style="list-style-type: none"> • Someone at home hit, slapped or beat you (or some other form of physical aggression) • Someone called you names or said mean things to you (or some other form of verbal abuse) • Your parent or caregiver was always drunk or on drugs • Your neighborhood was not safe • Someone forced you (or tried to force you) to do sexual things • Parent(s) or caregiver(s) kicked you out or asked you to leave. • You didn't get along with your parent or others in the home, such as your parent's partner, siblings or other kids. <i>If yes: who didn't you get along with?</i> • You didn't like the rules at home or felt like you were forced to do things you did not want to do. <i>If yes: which of the following apply? (Select one or more)</i> <ul style="list-style-type: none"> • You felt like you had too many rules you were supposed to follow • You were forced to work • You were not allowed to go to school or work • You were forced to follow religious practices you did not agree with • You weren't accepted for who you are. • Financial concerns – maybe your parent could not afford to take care of you, or you

Questions	Response Scale
	<ul style="list-style-type: none"> wanted to make money. • Someone threatened to hurt you or told you that you would be in trouble if you did not run away. • Some other reason. <i>If yes: what reason?</i> • Don't know / Not sure • Choose not to answer
<p>3. How old were you the first time you left your parent or caregiver's home?</p>	<ul style="list-style-type: none"> • ____ (Fill in years) • Don't know / Not sure • Choose not to answer
<p>[If C3 = Don't know/not sure] 4. Were you less than 12 years old, or 12 years old or older?</p>	<ul style="list-style-type: none"> • Less than 12 years old • 12 years or older • Don't know / Not sure • Choose not to answer
<p>5. About how many times have you left your parent or caregiver's home? Remember that this includes times that you ran away or were kicked out or told to leave for at least one night.</p>	<ul style="list-style-type: none"> • 1 to 5 times • 6 to 10 times • 11 or more times • Don't know / Not sure • Choose not to answer
<p>6. When you left your parent or caregiver's home, what type of place did you sleep most often?</p>	<ul style="list-style-type: none"> • A house or apartment • A shelter (such as a runaway or homeless youth shelter, drop-in center) • On the street or some other place not designed for sleeping, such as a place of business. <i>If yes, which one of the following applies?</i> <ul style="list-style-type: none"> • Inside a car, abandoned building, squat, etc. • Outside in the park, on the street, in a tent, etc. • A transit station (subway or bus station or the airport) • A place of business (such as a massage parlor or beauty salon) • A hotel or motel • A church, temple, mosque or other place of worship • A house or apartment that is mainly used for sex, like a brothel • Somewhere else. <i>If yes: where?</i> • Don't know / Not sure • Choose not to answer
<p>7. How safe do you think you were when you slept [fill response from question C6]?</p>	<ul style="list-style-type: none"> • Very safe • Safe • Somewhat safe • Somewhat unsafe

Questions	Response Scale
	<ul style="list-style-type: none"> • Unsafe • Very unsafe • Don't know / Not sure • Choose not to answer
<p>8. If your usual place wasn't available when you left your parent or caregiver's home, what was your first back-up?</p>	<ul style="list-style-type: none"> • A house or apartment • A shelter (such as a runaway or homeless youth shelter, drop-in center) • On the street or some other place not designed for sleeping, such as a place of business. <i>If yes, which one of the following applies?</i> <ul style="list-style-type: none"> • Inside a car, abandoned building, squat, etc. • Outside in the park, on the street, in a tent, etc. • A transit station (subway or bus station or the airport) • A place of business (such as a massage parlor or beauty salon) • A hotel or motel • A church, temple, mosque or other place of worship • A house or apartment that is mainly used for sex, like a brothel • Somewhere else. <i>If yes: where?</i> • You didn't have a back-up • Don't know / Not sure • Choose not to answer
<p>9. When you left your parent or caregiver's home, did you go to anyone? I am going to read a list; you can select any that apply to you. (Select one or more)</p> <p>10. Who did you go to most often?</p>	<ul style="list-style-type: none"> • No, you were on your own • A current or former boyfriend/girlfriend or dating partner • A friend or a friend's family – this friend is someone with whom you never had a sexual or dating relationship • A sibling • Another family member who is related to you by blood or marriage (for example, an aunt, grandmother, or father who did not have custody) • A former foster parent or group home staff person • A teacher, school counselor, school staff member or coach • People who are like family to you • Someone who lets you stay in exchange for sex or doing things for them • A boss • <i>Someone else. If yes: who?</i> • Don't know / Not sure • Choose not to answer
<p>11. What is the longest time you spent away from home because you ran away or you were kicked out or told to leave? Think about a single episode, or a</p>	<ul style="list-style-type: none"> • 1 to 3 days • 4 to 6 days

Questions	Response Scale
single time you spent away before you went back home or someone else made you go back (e.g., parent, police).	<ul style="list-style-type: none">• 1 to 3 weeks• 1 to 2 months• 3 to 6 months• Longer than 6 months• Don't know / not sure• Choose not to answer

<p>The next set of questions asks about times you left your foster home, a group home, or another place that [child welfare agency] arranged for you. Think about times you ran away or were kicked out or told to leave for at least one night.</p> <p>12. Have you ever left a foster home, a group home, or another place that [child welfare agency] arranged for you?</p>	<ul style="list-style-type: none"> • Yes • No [skip to question D1] • Don't know / Not sure • Choose not to answer
<p>13. How old were you the first time you left a foster care placement?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer
<p>[If C14 = Don't know/Not sure]</p> <p>14. Were you less than 15 years old, or 15 years old or older?</p>	<ul style="list-style-type: none"> • Less than 15 years old (if DK/NS of age) • 15 years or older (if DK/NS of age) • Don't know / Not sure • Choose not to answer
<p>15. About how many times have you left foster care placements? Remember that this includes times that you ran away or were kicked out or told to leave for at least one night.</p>	<ul style="list-style-type: none"> • 1 to 5 times • 6 to 10 times • 11 or more times • Don't know / Not sure • Choose not to answer
<p>16. What influenced you to leave your foster care placement(s)? Sometimes there is one reason and sometimes there are multiple reasons. I am going to read a list; you can select any that apply to you. (Select all that apply)</p>	<ul style="list-style-type: none"> • You wanted to be on your own or with someone else. <i>If yes: which of the following apply? (Select one or more)</i> <ul style="list-style-type: none"> • You wanted to be on your own • You wanted to be with your friend(s) • You wanted to be with a sibling(s) • You wanted to be with another family member, like an aunt or grandparent • You wanted to be with a boyfriend, girlfriend or dating partner • Your foster home or other placement was not a safe place. <i>If yes: which of the following apply? (Select one or more)</i> <ul style="list-style-type: none"> • Someone in your foster care placement hit, slapped or beat you (or some other form of physical aggression) • Someone in your foster care placement called you names or said mean things to you (or some other form of verbal abuse) • Your foster parent was always drunk or on drugs • Your neighborhood was not safe • Someone forced you (or tried to force you) to do sexual things that you did not

	<p>want to do</p> <ul style="list-style-type: none"> • Foster parent kicked you out or told you to leave. • You didn't get along with your foster parent, residential or group home staff, or others in the home or placement, such as your foster parent's partner, siblings or other kids. <i>If yes: who didn't you get along with?</i> • You didn't like the rules in the placement or felt like you were forced to do things you did not want to do. <i>If yes, which of the following apply? (Select one or more)</i> <ul style="list-style-type: none"> • You felt like you had too many rules you were supposed to follow • You were forced to work • You were not allowed to go to school or work • You were forced to follow religious practices you did not agree with • You weren't accepted for who you are. • You wanted to make money. • You were going to get moved to a different foster home or group home and you didn't want to go. • Someone threatened to hurt you or told you that you would be in trouble if you did not run away. • Some other reason. <i>If yes, what reason?</i> • Don't know / Not sure • Choose not to answer
<p>17. When you left your foster care placement(s), what type of place did you sleep most often?</p>	<ul style="list-style-type: none"> • A house or apartment • A shelter (such as a runaway or homeless youth shelter, drop-in center) • On the street or some other place not designed for sleeping, such as a place of business. <i>If yes, which one of the following applies?</i> <ul style="list-style-type: none"> • Inside a car, abandoned building, squat, etc. • Outside in the park, on the street, in a tent, etc. • A transit station (subway or bus station or the airport) • A place of business (such as a massage parlor, beauty salon) • A hotel or motel • A church, temple, mosque or other place of worship • A house or apartment that is mainly used for sex, like a brothel • Somewhere else? <i>If yes: where?</i> • Don't know / Not sure • Choose not to answer
<p>18. How safe do you think you were when you slept [fill response from question C##]?</p>	<ul style="list-style-type: none"> • Very safe • Safe • Somewhat safe

	<ul style="list-style-type: none"> • Somewhat unsafe • Unsafe • Very unsafe • Don't know / Not sure • Choose not to answer
<p>19. If your usual place wasn't available when you left your foster care placement, what was your first back-up?</p>	<ul style="list-style-type: none"> • A house or apartment • A shelter (such as a runaway or homeless youth shelter, drop-in center) • On the street or some other place not designed for sleeping, such as a place of business. <i>If yes, which one of the following applies?</i> <ul style="list-style-type: none"> • Inside a car, abandoned building, squat, etc. • Outside in the park, on the street, in a tent, etc. • A transit station (subway or bus station or the airport) • A place of business (such as a massage parlor, beauty salon) • A hotel or motel • A church, temple, mosque or other place of worship • A house or apartment that is mainly used for sex, like a brothel • Somewhere else? <i>If yes: where?</i> • You didn't have a back-up • Don't know / Not sure • Choose not to answer
<p>20. When you left your foster care placement(s), did you go to anyone? I am going to read a list; you can select any that apply to you. (Select all that apply)</p> <p>21. Who did you go to most often?</p>	<ul style="list-style-type: none"> • No, you were on your own • A current or former boyfriend/girlfriend or dating partner • A friend or a friend's family – this friend is someone with whom you never had a sexual or dating relationship • A parent • A sibling • Another family member who is related to you by blood or marriage (for example, an uncle or grandmother) • A former foster parent or group home staff person • A teacher, school counselor, school staff member or coach • People who are like family to you • Someone who lets you stay in exchange for sex or doing things for them • A boss • Someone else. <i>If yes: who?</i> • Don't know / Not sure • Choose not to answer
<p>D. SOCIAL SUPPORT</p>	

<p>1. Think of specific people you could go to if you wanted to talk to someone about something personal or private- for instance, if you had something on your mind that was worrying you or making you feel down. How many people could you turn to?</p>	<ul style="list-style-type: none"> • No one • 1 • 2 • 3 • 4 • 5 or more • Don't know / Not sure • Choose not to answer
<p>[If question D1. is not = no one]</p> <p>2. How are these people, the people you could talk to about something personal or private, related to you? I am going to read a list; you can select any that apply to you. (Select one or more)</p>	<ul style="list-style-type: none"> • Family member. <i>If yes, probe:</i> <ul style="list-style-type: none"> • Biological parent, adoptive parent, or stepparent • Sibling • Your spouse • Another relative • Foster parent or someone you know through the foster care system. <i>If yes, probe:</i> <ul style="list-style-type: none"> • Foster parent or group home staff person • Caseworker or social worker • Lawyer or court-appointed special advocate (CASA) or guardian ad litem (GAL) • Boyfriend/girlfriend • Friend • Teacher, school counselor, school staff member or coach • Therapist, counselor or doctor • Mentor • Pastor, priest, rabbi, imam or other religious figure • Boss or coworker • Related in some other way. <i>If yes: how are they related?</i> • Don't know / Not sure • Choose not to answer
<p>3. When you need to talk to someone about something personal or private - for instance, if you had something on your mind that was worrying you or making you feel down - are there enough people you can count on or too few people you can count on?</p>	<ul style="list-style-type: none"> • Enough people you can count on • Too few people • Don't know / Not sure • Choose not to answer

<p>4. Think of specific people you could go to if you needed someone to lend or give you something you needed or pitch in to help you with something. These would be people who would run an errand for you, lend you money, food, clothing, or drive you somewhere you needed to go. How many people could you turn to?</p>	<ul style="list-style-type: none"> • No one • 1 • 2 • 3 • 4 • 5 or more • Don't know / Not sure • Choose not to answer
<p>[If question D4. is not = no one]</p> <p>5. How are these people, the people you could go to if you needed someone to lend or give you something you needed or pitch in to help you with something you needed to do, related to you? I am going to read a list; you can select any that apply to you. (Select one or more)</p>	<ul style="list-style-type: none"> • Family member. <i>If yes, probe: (Select one or more)</i> <ul style="list-style-type: none"> • Biological parent, adoptive parent, or stepparent • Sibling • Your spouse • Another relative • Foster parent or someone you know through the foster care system. <i>If yes, probe: (Select one or more)</i> <ul style="list-style-type: none"> • Foster parent or group home staff person • Caseworker or social worker • Lawyer or court-appointed special advocate (CASA) or guardian ad litem (GAL) • Boyfriend/girlfriend • Friend • Teacher, school counselor, school staff member or coach • Therapist, counselor or doctor • Mentor • Pastor, priest, rabbi, imam or other religious figure • Boss or coworker • Related in some other way. <i>If yes: how are they related?</i> • Don't know / Not sure • Choose not to answer
<p>6. When you need someone to lend a hand or give you something you needed or pitch in to help you with something - for instance, run an errand for you, lend you money, food, clothing or drive you somewhere you needed to go - are there enough people you can count on or too few people you can count on?</p>	<ul style="list-style-type: none"> • Enough people you can count on • Too few people • Don't know / Not sure • Choose not to answer

<p>7. Think of specific people you could go to if you needed advice or information- for example, if you didn't know where to get something or how to do something. How many people could you go to?</p>	<ul style="list-style-type: none"> • No one • 1 • 2 • 3 • 4 • 5 or more • Don't know / Not sure • Choose not to answer
<p>[If question D7. is not = no one] 8. How are these people, the people you could go to if you needed advice or information, related to you? I am going to read a list; you can select any that apply to you. (Select one or more)</p>	<ul style="list-style-type: none"> • Family member. <i>If yes, probe: (Select one or more)</i> <ul style="list-style-type: none"> • Biological parent, adoptive parent, or stepparent • Sibling • Your spouse • Another relative • Foster parent or someone you know through the foster care system. <i>If yes, probe: (Select one or more)</i> <ul style="list-style-type: none"> • Foster parent or group home staff person • Caseworker or social worker • Lawyer or court-appointed special advocate (CASA) or guardian ad litem (GAL) • Boyfriend/girlfriend • Friend • Teacher, school counselor, school staff member or coach • Therapist, counselor or doctor • Mentor • Pastor, priest, rabbi, imam or other religious figure • Boss or coworker • Related in some other way. <i>If yes: how are they related?</i> • Don't know / Not sure • Choose not to answer
<p>9. When you need advice or information – for example, if you didn't know where to get something or how to do something you needed to do – are there enough people you can count on or too few people you can count on?</p>	<ul style="list-style-type: none"> • Enough people you can count on • Too few people • Don't know / Not sure • Choose not to answer

<p>10. During the past 3 months, that is, since [REFERENCE DATE] how often have you communicated with your parent(s), sibling(s), or other people related to you by birth or adoption, by – for example – speaking, texting, emailing, messaging or posts on social media, or visiting?</p>	<ul style="list-style-type: none"> • Every day • Almost every day • A few times a week • About once a week • 1 – 3 days a month • Less than once a month • Never • Don't know / Not sure • Choose not to answer
<p>E. HUMAN TRAFFICKING</p>	
<p>The next questions are about work or other activities you may have done in exchange for money, food, housing, drugs, or anything else, or things that enabled you to earn money for someone else. For the purposes of this survey, work can be something like cooking in a restaurant or cleaning houses, or something like selling drugs or trading sex. Work can include things that are legal or not, and things you may do for someone else even though you didn't want to or had mixed feelings about it (part of you was OK with it and part of you was not).</p>	
<ol style="list-style-type: none"> 1. Have you ever been unable to leave a place you worked or talk to people you wanted to talk to, even when you weren't working, because the person you worked for threatened or controlled you? 2. Did someone you work for ever refuse to pay what they promised and keep all or most of the money you made? 3. Were you ever physically beaten, slapped, hit, kicked, punched, burned, or harmed in any way by someone you work for? 4. Did someone you work for ever ask, pressure, or force you to do something sexually that you did not feel comfortable doing? 5. Were you ever forced to engage in sexual acts with family, friends, clients, or business associates for money or favors, by someone you work for? 6. Did you ever trade sexual acts for food, clothing, money, shelter, favors, or other necessities for survival before you reached the age of 18? 7. Did someone you work for ever keep most or all of your pay in exchange for housing, transportation, or food? 	<ul style="list-style-type: none"> • Yes • No [If no to all, skip to question F1] • Don't know / Not Sure • Choose not to answer

<p>The next questions ask about times these things happened to you. Your answers will help us to learn when and how often these things happen – including when they first happened and for how long they happened. You can skip questions you don't want to answer, and you can stop at any time.</p> <p>[IF E7= YES]</p> <p>8. What kind of work were you doing at the time that someone you worked for kept most or all of your pay in exchange for housing, transportation or food? I am going to read a list; you can select any that apply to you. (Select one or more)</p>	<ul style="list-style-type: none"> • Working in a store, shop, or restaurant. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Serving food or doing other types of work in a restaurant or café ○ Doing nails or braiding hair ○ Performing massages in a sexual way • Working in someone's home. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Cleaning someone's house or taking care of children or older people ○ Doing construction work or other home repairs such as painting, plumbing, or electricity ○ Trading sex for money, clothes, shelter, or other things in a house or apartment that is mainly used for sex, like a brothel • Working on a farm or place where things are manufactured. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Working on a farm where vegetables, fruit, or animals are raised ○ Working in a place where things are manufactured, like a factory or processing plant • Working doing something sexual. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Trading sex for money, clothes, shelter, or other things at a party, hotel, or someone's home ○ Trading sex for money, clothes, shelter, or other things with someone you met outdoors or in a public place ○ Trading sex for money, clothes, shelter, or other things in a house or apartment that is mainly used for sex, like a brothel ○ Talking or acting in a sexual way on webcams, chats, apps or the phone ○ Performing naked or sexually explicit dancing ○ Participating in sexual videos or photos for money, clothes, shelter, or other things ○ Doing sexual acts with one person on an ongoing basis, in exchange for money (such as paying off your or someone else's debt), clothes, shelter, or other things given to you or to someone else ○ Performing massages in a sexual way • Work that is done mostly outside. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Mowing lawns, shoveling sidewalks, or other yard work ○ Selling items door-to-door ○ Selling items, or asking for change or donations on the street, in shopping centers, or in the subway ○ Doing construction work or other home repairs such as painting, plumbing, or electricity
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<p>[If E7 = YES] 9. How old were you the first time that someone you worked for kept most or all of your pay in exchange for housing, transportation or food?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know/ Not Sure • Choose not to answer
<p>[If E9 = Don't know/Not sure] 10. Were you less than 15 years old or were you 15 years or older?</p> <p>[If E1-E6 = no and E7=yes, Skip to E1]</p>	<ul style="list-style-type: none"> • Less than 15 years old • 15 years or older • Don't know/ Not Sure • Choose not to answer
<p>[If any questions E1-E6 = yes] 11. How old were you the first time [Fill in with short version of items endorsed in questions E1-E6 , separated by 'or']?</p> <p>[Short version of each of the 6 HTSF items for fill text are the following:</p> <ul style="list-style-type: none"> • You were unable to leave a place you worked or talk to people • Someone you worked for refused to pay you or kept your money • Someone you worked for hurt you • Someone you worked for wanted you to do something sexual you weren't comfortable with • Someone you worked for forced you to do engage in a sexual act with someone else • You traded sexual acts for something before you were 18] 	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know/ Not Sure • Choose not to answer
<p>[If E11 = Don't know/Not sure] 12. The first time [Fill in with short version of items endorsed in questions E1-E6, separated by 'or'], were you less than 15 years old or were you 15 years or older?</p>	<ul style="list-style-type: none"> • Less than 15 years old • 15 years or older • Don't know/ Not Sure • Choose not to answer

<p>13. Where were you staying most nights the first time [this/any of those things] happened to you?</p>	<ul style="list-style-type: none"> • A house or apartment • A shelter (such as a runaway or homeless youth shelter, drop-in center) • On the street or some other place not designed for sleeping, such as a place of business. <i>If yes, which one of the following applies?</i> <ul style="list-style-type: none"> • Inside a car, abandoned building, squat, etc. • Outside in the park, on the street, in a tent, etc. • A transit station (subway or bus station or the airport) • A place of business (such as a massage parlor, beauty salon) • A hotel or motel • A church, temple, mosque or other place of worship • A house or apartment that is mainly used for sex, like a brothel • Somewhere else. <i>If yes: where?</i> • Don't know / Not sure • Choose not to answer
<p>14. Were you in foster care at the time that [you /someone you worked for] first [Fill in with short version of items endorsed in questions E1-E6, separated by 'or']?</p> <p>15. Had you run away or been kicked out of a foster care placement at the time that [you /someone you worked for] first [Fill in with short version of items endorsed in questions E1-E6, separated by 'or']?</p> <p>16. Had you run away or been kicked out of your home (with a parent or guardian) at the time that [you /someone you worked for] first [Fill in with short version of items endorsed in questions E1-E6, separated by 'or']?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/ Not Sure • Choose not to answer

<p>[If any questions E1-E6 = YES]</p> <p>17. For the next questions, I am going to read a list; you can select any that apply to you. What kind of work were you doing at the time that [you/someone you worked for] first [Fill in with short version of items endorsed in questions E1-E6, separated by 'or' (Select one or more)</p>	<ul style="list-style-type: none"> • Working in a store, shop or restaurant. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Serving food or doing other types of work in a restaurant or café ○ Doing nails or braiding hair ○ Performing massages in a sexual way • Working in someone's home. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Cleaning someone's house or taking care of children or older people ○ Doing construction work or other home repairs such as painting, plumbing, or electricity ○ Trading sex for money, clothes, shelter, or other things in a house or apartment that is mainly used for sex, like a brothel • Working on a farm or place where things are manufactured. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Working on a farm where vegetables, fruit, or animals are raised ○ Working in a place where things are manufactured, like a factory or processing plant • Working doing something sexual. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Trading sex for money, clothes, shelter, or other things at a party, hotel, or someone's home ○ Trading sex for money, clothes, shelter, or other things with someone you met outdoors or in a public place ○ Trading sex for money, clothes, shelter, or other things in a house or apartment that is mainly used for sex, like a brothel ○ Talking or acting in a sexual way on webcams, chats, apps or the phone ○ Performing naked or sexually explicit dancing ○ Participating in sexual videos or photos for money, clothes, shelter, or other things ○ Doing sexual acts with one person on an ongoing basis, in exchange for money (such as paying off your or someone else's debt), clothes, shelter, or other things given to you or to someone else ○ Performing massages in a sexual way • Work that is done mostly outside. <i>If yes, were you:</i> (Select one or more) <ul style="list-style-type: none"> ○ Mowing lawns, shoveling sidewalks, or other yard work ○ Selling items door-to-door ○ Selling items, or asking for change or donations on the street, in shopping centers, or in the subway ○ Doing construction work or other home repairs such as painting, plumbing, or electricity
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<p>[If any question E1-E6 = yes] You mentioned [Fill with short version of items endorsed in questions E1-E6, separated by "and"].</p> <p>The next questions continue to focus on the first time [this/any of those things] happened.</p> <p>18. Did someone else set up dates for you the first time [this/any of those things] first happened?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not Sure • Choose not to answer
<p>[If any question E1-E6 = yes] 19. The first time [this/any of those things] happened, did someone give you a phone, computer or other resources (for example, a VISA gift card) so that you could set up your own dates?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
<p>20. The first time [this/any of those things] happened, did you give the money (or part of the money, like a fee) you earned to someone else?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
<p>[If question E18 or E19 = yes] 21. How did you consider the person or persons who [set up dates for you and/or gave you things to set up your own dates]? I am going to read a list; you can select any that apply to you. (Select one or more)</p>	<ul style="list-style-type: none"> • Biological parent or another legal guardian (e.g., grandmother who is a legal guardian) • Foster parent • Boyfriend • Girlfriend • House mother • Master or Dom • Pack leader or alpha • Gang leader or member • Landlord • Someone else. <i>If yes: what was their relationship to you?</i> • Don't know/ Not Sure • Choose not to answer
<p>[If any questions E1-E6 = yes] 22. How old were you the most recent time [Fill in with short version of items endorsed in questions E1-E6, separated by 'or']?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • The first was the most recent time. • Don't know/ Not Sure • Choose not to answer

<p>[If E22 = Don't Know/Not Sure] 23. The most recent time [Fill in with short version of items endorsed in questions E1-E6, separated by 'or'], were you less than 15 years old, or 15 years old or older?</p>	<ul style="list-style-type: none"> • Less than 15 years old • 15 years or older • Don't know/ Not Sure • Choose not to answer
<p>24. How often did [this/these] happen to you? [List short version of items endorsed in questions E1-E6]</p>	<ul style="list-style-type: none"> • Very Frequently • Frequently • Occasionally • Rarely • Very Rarely • Don't know/ Not Sure • Choose not to answer
<p>The next questions about all the times [this/any of these things] happened to you. Your answers are important to understanding things that happen to young people. Remember that you can skip questions you don't want to answer, and you can stop at any time.</p> <p>Please think about all the times that [FILL IN SHORT FORMS OF ITEM ENDORSED IN E1-E6]:</p> <ul style="list-style-type: none"> • You were ever unable to leave a place or talk to people • Someone you worked for ever refused to pay you or kept your money • Someone you worked for ever hurt you • Someone you worked for ever wanted you to do something sexual you weren't comfortable with • Someone you worked for ever forced you to do engage in a sexual act with someone else • You ever traded sexual acts for something before you were 18] 	
<p>25. Did you ever have those experiences while you were in foster care?</p> <p>26. Did you ever have those experiences during times that you had run away or been kicked out of a foster care placement?</p> <p>27. Did you ever have those experiences during times that you had run away or been kicked out of your home (with a parent/guardian)?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/ Not Sure • Choose not to answer

<p>[If any question E1-E6 = yes] The next questions are about all of the times that [fill from items endorsed E1-E6]. 28. How often did someone else set up dates for you?</p>	<ul style="list-style-type: none"> • Always • Very Often • Sometimes • Rarely • Never • Don't know / Not Sure • Choose not to answer
<p>[If any question E1-E6 = yes] 29. How often did someone give you a phone, computer or other resources (for example, a VISA gift card) so that you could set up your own dates?</p>	<ul style="list-style-type: none"> • Always • Very Often • Sometimes • Rarely • Never • Don't know / Not Sure • Choose not to answer
<p>30. How often did you give the money (or part of the money, like a fee) you earned to someone else?</p>	<ul style="list-style-type: none"> • Always • Very Often • Sometimes • Rarely • Never • Don't know / Not Sure • Choose not to answer
<p>[If E30 and E31 do not = never] 31. How did you consider the person or persons who (set up dates for you and/or gave you things to set up your own dates)? I am going to read a list; you can select any that apply to you. (Select one or more)</p>	<ul style="list-style-type: none"> • Biological parent or another legal guardian (e.g., grandmother who is a legal guardian) • Foster parent • Boyfriend • Girlfriend • House mother • Master or Dom • Pack leader or alpha • Landlord • Gang member or leader • Someone else. <i>If yes: what was their relationship to you?</i> • Don't know / Not Sure • Choose not to answer

<p>[If any questions E1-E6 = yes] 32. Did you ever tell anyone at the [child welfare agency name] that [Fill in with short version of items endorsed questions E1-E6, separated by 'or']?</p>	<ul style="list-style-type: none"> • Yes [skip to question F1] • No • Don't know / Not Sure • Choose not to answer
<p>33. What are the reasons why you didn't tell anyone at the [child welfare agency name] that [this was happening to you/these things were happening to you]? I am going to read a list; you can select any that apply to you. Was it because...? a. You didn't think they needed to know? b. You didn't want to get in trouble? c. You didn't think it would make a difference? d. You didn't think about it? e. You were told not to tell anyone? f. You didn't want the other person to get in trouble? g. You didn't feel like you could trust them? h. Some other reason?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not Sure • Choose not to answer
<p>34. Did anyone at the [child welfare agency name] ever ask if [this was happening to you/these things were happening to you]?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not Sure • Choose not to answer
<p>F. JUVENILE DELINQUENCY AND CRIMINAL JUSTICE</p>	
<p>1. Have you ever been arrested by the police (taken into custody for an illegal or delinquent offense)? That is, for violating a law or court order? Please do not include arrests for minor traffic violations.</p>	<ul style="list-style-type: none"> • Yes • No [Skip to question F14] • Don't know / Not sure • Choose not to answer
<p>2. In total, how many times have you been arrested or taken into custody by the police?</p>	<ul style="list-style-type: none"> • _____ (Fill in number of times) • Don't know / Not sure • Choose not to answer
<p>[If question F2 ≥ 1] 3. How old were you [the first time/when] you were arrested (taken into custody by the police)?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer
<p>[If question F2 ≥ 1] 4. [Thinking about all the times you were arrested (taken into custody),] did the</p>	<ul style="list-style-type: none"> • Yes • No

<p>police ever charge you with an offense/have the police ever charged you with an offense?</p>	<ul style="list-style-type: none"> • Don't know / Not sure • Choose not to answer
<p>[If question F2 ≥1]</p> <p>5. Thinking about all the times you have been arrested (taken into custody), [did/have] the police ever [charge/charged] you with...</p> <p>a. [only if F3 < 18 years] A juvenile status offense, such as running away, skipping school, violating curfew, drinking alcohol while underage, or being "ungovernable"</p> <p>b. Assault, that is, an attack with a weapon or your hands, such as battery, rape, aggravated assault, or manslaughter?</p> <p>c. Prostitution or a related offense, such as soliciting or loitering?</p> <p>d. Robbery, burglary, breaking and entering, or theft - that is, taking something from someone or somewhere either with or without the use of force, or breaking into private property in order to steal?</p> <p>e. Destruction of property, that is, vandalism, arson, malicious destruction, or shoplifting?</p> <p>f. Other property offenses, such as, fencing, receiving, possessing or selling stolen property?</p> <p>g. Drug offenses, including the possession, use, sale, or trafficking of illicit drugs?</p> <p>h. Domestic violence or stalking?</p> <p>i. Violation of a protective order?</p> <p>j. Gang-related offense?</p> <p>k. Child abuse?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer

<p>l. A major traffic offense, such as, driving under the influence of alcohol or other drugs, reckless driving, or driving without a license?</p> <p>m. A public order offense, such as, drinking or purchasing alcohol while under the legal age, disorderly conduct, or a sex offense?</p> <p>n. Any other offense we have not talked about? <i>If yes, what other offense or offenses did the police charge you with?</i></p>	
<p>[If question F2 ≥ 1] 6. [As a result of any arrest,] were you sent to a pre-court diversion program or to counseling?</p> <p>[If question F2 ≥ 1] 7. [As a result of any arrest,] were you convicted or did you plead guilty to any charges?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
<p>[If questions F7 = yes] 8. As a result of being convicted of any charges, were you sentenced to... a. spend time in a youth correctional institution like juvenile hall, reform school, or training school? b. spend time in an adult correctional institution such as a prison or jail? c. perform community service? d. a different sentence? <i>If yes, please describe the sentence you received (specify in youth's own words)</i></p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
<p>9. [If question F2 ≥ 1] Before you were 18, were you ever placed out of home by [juvenile justice agency] in a group home – that is, a community placement for young people who had committed a delinquent offense?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
<p>[If question F9 = yes] 10. How old were you the first time you were first placed out of home by [juvenile justice agency] or by the police?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer
<p>[If question F9 = yes] 11. How many different times have you been placed out of home by [juvenile justice agency] or by the police?</p>	<ul style="list-style-type: none"> • _____ (Fill in number) • Don't know / Not sure • Choose not to answer

<p>[If question F9 = yes AND question F11 = 1] 12. How many years and/or months total time were you placed out of home by [juvenile justice agency] or by the police?</p> <p>[If question F9 = yes AND question F11 > 1] 13. Think about all the times you were placed out of home by [juvenile justice agency] or by the police. How many years and/or months, altogether, have you been placed out of home?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • _____ (Fill in months) • Less than a month • Don't know / Not sure • Choose not to answer
<p>14. Have you ever been detained or held for questioning by the police, a school officer, or a security guard on private property (like a shopping mall)?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
<p>G. OPEN-ENDED QUESTIONS</p>	
<p>1. Is there anything you'd like to tell me about your experiences related to the questions you've just answered?</p> <p>2. Think about the challenges you've experienced. What would you say have been the things that have most helped you get through?</p> <p>3. What are the most important things [child welfare agency name] could do to support young people leaving foster care?</p>	
<p>Insert [REVIEW ELEMENTS OF CONSENT FOR PARTICIPATION]</p>	<p>REMAINING ITEMS ARE PART OF WEB-BASED SURVEY</p>
<p>H. INTERNAL ASSETS</p>	
<p>Please imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>1. On which step of the ladder would you say you personally feel you stand at this time?</p> <p>2. On which step do you think you will stand about 5 years from now?</p>	<ul style="list-style-type: none"> • _____ (Enter number from 1 - 10) • Don't know / Not sure • Choose not to answer •

<p>The next few sentences describe how people think about themselves and how they do things in general. For each sentence, please think about how you are in most situations. Select the answers that describe YOU the best. There is no right or wrong answer.</p> <p>3. I think I am doing pretty well.</p> <p>4. I can think of many ways to get the things in life that are most important to me.</p> <p>5. I am doing just as well as other people my age.</p> <p>6. When I have a problem, I can come up with lots of ways to solve it.</p> <p>7. I think the things I have done in the past will help me in the future.</p> <p>8. Even when others want to quit, I know that I can find ways to solve the problem.</p>	<ul style="list-style-type: none"> • None of the time • A little of the time • Some of the time • A lot of the time • Most of the time • All of the time • Don't know / Not sure • Choose not to answer
<p>How true are the following things about you?</p> <p>9. My life has a clear sense of purpose.</p> <p>10. I have a good sense of what makes my life meaningful.</p> <p>11. Overall, I expect more good things to happen to me than bad.</p>	<ul style="list-style-type: none"> • Mostly true about me • Somewhat true about me • A little true about me • Not true about me • Don't know / Not sure • Choose not to answer
<p>I. EXTERNAL ASSETS</p>	
<p>During the last 3 months, that is, since [REFERENCE DATE], have...</p> <p>1. you been employed full-time for wages, salary, tips or commission?</p> <p>2. you been employed part-time for wages, salary, tips or commission?</p> <p>During the last 3 months, that is, since [REFERENCE DATE], have you received...?</p> <p>3. Social Security payments, such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments?</p> <p>4. Assistance payments, such as Temporary Assistance to Needy Families or TANF, general assistance, emergency assistance, or other welfare benefits?</p> <p>5. Unemployment compensation payments?</p> <p>6. Food stamps, also known as Supplemental Nutrition Assistance Program or SNAP benefits?</p> <p>7. WIC benefits, also known as the Women, Infants and Children program?</p> <p>8. Housing assistance from the government, such as living in public housing or receiving housing vouchers?</p> <p>9. Payments from [child welfare agency], such as Chafee funds?</p> <p>10. Educational benefits for living expenses, tuition, or other education expenses, including [state foster care education assistance program]?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer

<p>11. Supervised Independent Living Placement (SILP) payments? 12. Other benefits or payments? <i>If yes, Please describe the other benefits or payments you received.</i></p> <p>During the last 3 months, have you received...? 13. Financial help from a relative, friend, partner or spouse 14. Financial help from a community group (for example: a church, community organization, family resource center, etc.) 15. Other financial help? <i>If yes, Please describe the other financial help you received.</i></p>	
<p>Please indicate whether each of the following is very true, a little true, or not true of your financial situation over the last 3 months, that is since [REFERENCE DATE] 16. You don't have enough money to buy the clothes or household items that you need. 17. You are behind 1-month or more on the rent or mortgage payment. 18. You don't have enough money to pay the regular bills. 19. You don't have enough money to go out to dinner or pay for entertainment or recreational activities. 20. It would be hard for you to find the money to cover an unexpected expense, such as a medical bill or repair that was \$100 or more.</p>	<ul style="list-style-type: none"> • Very true • A little true • Not true • Not Applicable (for questions I5a and I5b) • Don't know / Not sure • Choose not to answer
<p>For these statements, please tell me whether the statement was <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for you or your household in the last 12 months—that is, since last [name of current month]. 21. You or your household worried whether your food would run out before you got money to buy more. 22. The food that you or your household bought just didn't last, and you didn't have money to get more. 23. You or your household couldn't afford to eat balanced meals.</p>	<ul style="list-style-type: none"> • Often true • Sometimes true • Never true • Don't know / Not sure • Choose not to answer
<p>J. COMMUNITY SERVICES</p>	
<p>1. Currently are you on [State Medicaid name]?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
<p>2. Currently do you have health insurance[, other than [State Medicaid name]]?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer

<p>3. During the past 12 months, did you get food from a church, food pantry, or food bank?</p> <p>4. During the past 12 months, did you eat any meals at a soup kitchen or community meal program?</p>	<ul style="list-style-type: none">• Yes• No• Don't know / Not sure• Choose not to answer
<p>5. During the past 12 months, did you spend at least 1 night in a runaway or homeless shelter?</p> <p>6. During the past 12 months, did you spend at least 1 night in a domestic violence or other emergency shelter?</p> <p>7. During the past 12 months, did you go to a drop-in center for young people who need a place to be during the day?</p> <p>8. During the past 12 months, did you get clothes from a church or clothing bank?</p>	<ul style="list-style-type: none">• Yes• No• Don't know / Not sure• Choose not to answer

<p>The next set of questions are about trying to get help for various reasons. Here, think about trying to get help from community resources. In this survey, community resources mean organizations that serve a particular area or group of people by providing help and tools to help the community grow and improve the quality of life for people in that community.</p> <p>When you answer these questions, think about trying to get help from organizations – for example, calling a homeless or runaway shelter, trying to get services at a hospital or other community health or mental health organization, and talking with someone at or filling out an application for a social service program like TANF (financial assistance program) or SNAP (food supplement program).</p> <p>9. During the past 12 months, did you try to get help with finding a place to stay for a few nights?</p> <p>10. During the past 12 months, did you try to get help with finding transitional or long-term housing?</p> <p>11. During the past 12 months, did you try to get help with getting money to live on?</p> <p>12. During the past 12 months, did you try to get help with school or a GED program?</p> <p>13. During the past 12 months, did you try to get help with finding a job or training for a job?</p> <p>14. During the past 12 months, have you tried to get medical care for a serious injury or illness?</p> <p>15. During the past 12 months, have you tried to get medical care for a sexually transmitted disease, like HIV or AIDS, chlamydia, or gonorrhea?</p> <p>16. During the past 12 months, have you tried to get medical care for birth control or pregnancy?</p> <p>17. During the past 12 months, have you tried to get help for problems with your use of alcohol or drugs?</p> <p>18. During the past 12 months, have you tried to get help for your emotional or mental health problems?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
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<p>[For each “yes” response to questions J9.-18.] 19. How much help were you able to get with [Fill type of need from questions J9.-18.]?</p>	<ul style="list-style-type: none"> • No help at all • A little bit of help • Some help, but not much • A great deal of help • All the help that I needed • Don't know / Not sure • Choose not to answer
<p>K. MENTAL HEALTH</p>	
<p>1. During the past 30 days, about how often did you feel ... a. nervous? b. hopeless? c. restless or fidgety? d. so depressed that nothing could cheer you up? e. that everything was an effort? f. worthless?</p>	<ul style="list-style-type: none"> • None of the time • A little of the time • Some of the time • A lot of the time • Most of the time • All of the time • Don't know / Not sure • Choose not to answer
<p>2. The last six questions asked about feelings that might have occurred during the past 30 days, that is, since [REFERENCE DATE]. Taking them altogether, did these feelings occur: more often in the past 30 days than is usual for you, about the same as usual, or less often than usual?</p>	<ul style="list-style-type: none"> • A lot more than usual • Some more than usual • A little more than usual • About the same as usual • A little less than usual • Some less than usual • A lot less than usual • Don't know / Not sure • Choose not to answer
<p>[If all questions K1.a-K1.f are not = none of the time] 3. During the past 30 days, how many days out of 30 were you totally unable to work, go to school, or carry out your normal activities because of these feelings? [If question K3. > 0] 4. How many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings? [If question K3. = 0] 5. How many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings?</p>	<ul style="list-style-type: none"> • _____ (Fill in days) • Don't know / Not sure • Choose not to answer

<p>[If all questions K1.a-K1.f are not = none of the time]</p> <p>6. During the past 30 days since [REFERENCE DATE], how many times did you meet with a doctor or other health professional about these feelings?</p>	<ul style="list-style-type: none"> • _____ (Fill in number) • Don't know / Not sure • Choose not to answer
<p>[If all questions K1.a-K1.f are not = none of the time]</p> <p>7. During the past 30 days, how often have physical health problems been the main cause of these feelings?</p>	<ul style="list-style-type: none"> • All of the time • Most of the time • A lot of the time • Some of the time • A little of the time • None of the time • Don't know / Not sure • Choose not to answer
<p>The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by each problem in the past 30 days.</p> <p>8. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</p> <p>9. Feeling very upset when something reminded you of a stressful experience from the past?</p> <p>10. Avoided activities or situations because they reminded you of a stressful experience from the past?</p> <p>11. Feeling distant or cut off from other people?</p> <p>12. Feeling irritable or having angry outbursts?</p> <p>13. Difficulty concentrating?</p>	<ul style="list-style-type: none"> • Not at all • A little bit • Moderately • Quite a bit • Extremely • Don't know / Not sure • Choose not to answer

L. VICTIMIZATION AND TRAFFICKING-RELATED RISKS	
<p>The next questions are about times in your life – before you turned 18 – when you may have ever experienced difficult situations. These questions are detailed and the language is explicit. It is important that the questions are asked this way so that you understand what they mean. Your answers will help us to learn how often these things happen.</p> <p>Before you turned 18...</p> <ol style="list-style-type: none"> 1. ...not including spanking on your bottom, did an adult in your life hit, beat, kick, or physically hurt you in any way? 2. ... did you get scared or feel really bad because adults in your life called you names, said mean things to you, or said they didn't want you? 3. ... were you neglected? When someone is neglected, it means that the adults in their life don't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. 4. ...did a group of kids or a gang hit, jump, or attack you? 5. ...were you hit or attacked because someone said you were gay, lesbian or transgender? 6. ... did <u>an adult</u> touch your private parts when they shouldn't have, make you touch their private parts, or make you have oral, vaginal or anal sex? 7. ... did another child or teenager touch your private parts when they shouldn't have, make you touch their private parts, or make you have oral, vaginal, or anal sex with them? 8. did anyone <u>try</u> to force you to have oral, vaginal or anal sex, even if it didn't happen? 	<ul style="list-style-type: none"> • Yes • No • Don't know / Not Sure • Choose not to answer
<p>[After each question L1-8 = yes]</p> <ol style="list-style-type: none"> 9. How many times did this happen to you, before you turned 18? 	<ul style="list-style-type: none"> • Once • Two or three times • More than three times • Don't know/ Not Sure • Choose not to answer

<p>[After each question L1-8= yes] 10. About how old were you the first time this happened?</p>	<ul style="list-style-type: none"> • 0 to 5 years • 6 to 10 years • 11 to 15 years • 16 years or older • Don't know/ Not Sure • Choose not to answer
<p>[After each question L1-8= yes AND question L9. = 'Two or three times' or 'More than three times'] 11. How old were you the most recent time this happened?</p>	<ul style="list-style-type: none"> • 0 to 5 years • 6 to 10 years • 11 to 15 years • 16 years or older • Don't know/ Not Sure • Choose not to answer
<p>During any times in which you have had contact with police, school resource officers or security guards (whether or not the contact resulted in arrest), did a police officer or security guard ever... 12. Refer to you using a slur or call you a degrading name? 13. Make a sexual comment to you? 14. Touch you in a sexual way or have any physical contact with you that was sexual in nature?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
<p>15. Have you ever engaged in sexual acts with someone because another person (a partner, family member, or someone who was important to you) asked you to, or because you felt you had to, or because someone made you feel like you had to? Sexual acts can include those that happen in person or online, such as through apps.</p>	<ul style="list-style-type: none"> • Yes • No • Don't know / Not sure • Choose not to answer
<p>[If L15 = Yes] 16. How old were you the first time you engaged in sexual acts with someone because another person (a partner, family member, or someone who was important to you) asked you to, or because you felt you had to, or because someone made you feel like you had to?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer
<p>[If L15 = Yes] 17. How old were you the most recent time you engaged in sexual acts with someone because another person (a partner, family member, or someone who was important to you) asked you to, or because you felt you had to, or because someone made you feel like you had to?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know / Not sure • Choose not to answer

<p>18. Have you ever taken part in nude or sexually explicit dancing, modeling, massage, or virtual sexual services (such as web camming, games, phone sex, premium Snap Chat) in exchange for food, money, shelter, favors, or other things that you needed?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/ Not Sure • Choose not to answer
<p>[If L18 = yes] 19. How old were you the first time you took part in dancing, modeling, or videos in exchange for something?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know/ Not Sure • Choose not to answer
<p>[If L18 = yes] 20. How old were you the most recent time you took part in dancing, modeling, or videos in exchange for something?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know/ Not Sure • Choose not to answer
<p>21. How many members of your family have traded sexual acts or used sexual acts to earn food, clothing, money, shelter, favors, or other things they need?</p>	<ul style="list-style-type: none"> • None of them • Very few of them • Some of them • Most or all of them • Don't know/ Not Sure • Choose not to answer
<p>22. Thinking about the last 12 months, how many of your friends have traded sexual acts or used sexual acts to earn food, clothing, money, shelter, favors, or other things they need?</p>	<ul style="list-style-type: none"> • None of them • Very few of them • Some of them • Most or all of them • Don't know/ Not Sure • Choose not to answer
<p>23. Thinking about the last 12 months, have any of your friends ever suggested that you trade or use sexual acts to earn money, food, or other things you need?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/ Not Sure • Choose not to answer
<p>24. Since you turned 18, have you traded sex or used sex to earn money, food, or anything else? Please do not count times when you were working for someone else.</p>	<ul style="list-style-type: none"> • Yes • No [skip to question M1.] • Don't know/ Not Sure • Choose not to answer

<p>25. Where did you sleep most nights at that time?</p>	<ul style="list-style-type: none"> • A house or apartment • A shelter (such as a runaway or homeless youth shelter, drop-in center) • On the street or some other place not designed for sleeping, such as a place of business. <i>If yes, which one of the following applies?</i> <ul style="list-style-type: none"> • Inside a car, abandoned building, squat, etc. • Outside in the park, on the street, in a tent, etc. • A transit station (subway or bus station or the airport) • A place of business (such as a massage parlor, beauty salon) • A hotel or motel • A church, temple, mosque or other place of worship • A house or apartment that is mainly used for sex, like a brothel • Somewhere else? <i>If yes: where was the other place you slept most nights at that time?</i> • Don't know / Not sure • Choose not to answer
<p>M. SUBSTANCE USE</p>	
<p>1. Have you ever, even once, had a drink of any type of alcoholic beverage?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/ Not Sure • Choose not to answer
<p>[If question M1. = yes] 2. How old were you the first time you had a drink of any type of alcoholic beverage?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know/ Not Sure • Choose not to answer
<p>3. Have you ever, even once, used marijuana?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/ Not Sure • Choose not to answer
<p>[If question M3. = yes] 4. How old were you the first time you used marijuana?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know/ Not Sure • Choose not to answer
<p>5. Not including marijuana, have you ever used illegal drugs? For example, ecstasy or molly, heroin, crack, cocaine?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/ Not Sure • Choose not to answer
<p>[If question M5. = yes] 6. How old were you the first time that you used any type of illegal drug such as ecstasy or molly, heroin, crack or cocaine?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know/ Not Sure • Choose not to answer

<p>The next question asks about using prescription pain relievers and other prescription medicines in any way a doctor did not direct you to use them. When you answer this question, please think only about your use of the drug in any way a doctor did not direct you to use it, including:</p> <ul style="list-style-type: none"> • Using it without a prescription of your own • Using it in greater amounts, more often, or longer than you were told to take it • Using it in any other way a doctor did not direct you to use it <p>7. Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? Please do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve.</p> <p>8. Have you ever, even once, used any other prescription medicines in any way a doctor did not direct you to use it?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/ Not Sure • Choose not to answer
<p>[If question M7 = yes]</p> <p>9. How old were you the first time that you used a prescription medication in a way a doctor did not direct you to use it?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know/ Not Sure • Choose not to answer
<p>[If yes to M1., 3., 5. or 9.]</p> <p>When was the last time that...?</p> <p>10. You used alcohol or other drugs weekly or more often?</p> <p>11. You spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs?</p> <p>12. You kept using alcohol or other drugs even through it was causing social problems, leading to fights, or getting you into trouble with other people?</p> <p>13. Your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities, at work, school, home, or social events?</p> <p>14. You had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or that you used alcohol or other drugs to stop being sick or avoid withdrawal problems?</p>	<ul style="list-style-type: none"> • Past month • 2 to 12 months ago • 1 year or more • Never • Don't know/ Not Sure • Choose not to answer

N. SEXUAL EXPERIENCES	
<p>The next questions are about times in your life when you may have ever experienced sexual situations with anyone. This may include strangers or someone you knew such as a romantic or sexual partner, a family member, a friend, teacher, co-worker or supervisor, or someone you have known for only a short time</p> <p>These may be things you wanted to happen, didn't want to happen, changed your mind about as they were happening, or maybe part of you wanted it to happen at the time and part of you didn't want it to happen.</p> <p>These questions are detailed and the language is explicit, which some people may find upsetting. It's okay if you need to take a break while you are answering the questions. It is important that the questions are asked this way so that you understand what they mean. Your answers will help us to learn how often these things happen. You can skip questions you don't want to answer and you can stop at any time.</p> <p>In these questions, "sex" means oral, vaginal, or anal sex. Oral sex refers to stimulating someone's genitals with the mouth. Vaginal sex refers to putting a penis or an object in someone's vagina. Anal sex refers to putting a penis or object in someone's anus or butt.</p>	
<p>1. At any time in your life, have you ever had sex with another person? This could be oral, vaginal, or anal sex.</p> <p>Remember that this could be something you wanted to happen, didn't want to happen, or part of you wanted it to happen at the time and part of you didn't want it to happen.</p>	<ul style="list-style-type: none"> • Yes • No [skip to question O1.] • Don't know/ Not Sure • Choose not to answer
<p>2. The very first time that sex happened, how old were you?</p>	<ul style="list-style-type: none"> • _____ (Fill in years) • Don't know/ Not Sure • Choose not to answer
<p>[If N2. = Don't know/Not sure]</p> <p>3. Were you less than 13 years old or were you 13 years or older?</p>	<ul style="list-style-type: none"> • Less than 13 years old • 13 years or older • Don't know/ Not Sure • Choose not to answer

<p>4. That first time that sex happened, was the other person older than you, younger than you, or about the same age?</p>	<ul style="list-style-type: none"> • Older • Younger • About the same age • Don't know/not sure • Choose not to answer
<p>[If N4. = "older" or "younger"] 5. By how many years?</p>	<ul style="list-style-type: none"> • 1-2 years • 3-5 years • 6-10 years • More than 10 years • Don't know/not sure • Choose not to answer
<p>6. Think back to the very first time that sex happened. This could be oral, vaginal, or anal sex. Which would you say comes closest to describing how much you wanted that to happen?</p>	<ul style="list-style-type: none"> • I really didn't want it to happen at the time • I had mixed feelings -- part of me wanted it to happen at the time and part of me didn't • I really wanted it to happen at the time • Don't know/not sure • Choose not to answer
<p>Sometimes sex happens even though you might not have consented, you changed your mind, or you may have had mixed feelings. Sometimes people choose to have sex, but the situation is complicated.</p> <p>7. That first time that sex happened, did you do what the other person said because they were bigger than you or a grown-up, and you were young?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/not sure • Choose not to answer
<p>Sometimes sex happens after a person is pressured into it, such as through verbal and emotional pressure and other nonphysical kinds of pressure. For example, people may have made promises about the future they knew were untrue, threatened to end the relationship, threatened to spread rumors about you, or used their influence or authority over you.</p> <p>8. That first time that sex happened, did the other person use verbal or emotional pressure?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/not sure • Choose not to answer

<p>Sometimes sex happens when a person is unable to consent to it or stop it from happening because they are too drunk, high, drugged, or passed out from alcohol, drugs, or medications. This can include times when they voluntarily consumed alcohol or drugs or times when they were given alcohol or drugs without their knowledge or consent.</p> <p>Please remember that even if someone uses alcohol or drugs, what happens to them is not their fault.</p> <p>9. That first time that sex happened, were you unable to consent to it or stop it from happening because you were too drunk, high, drugged, or passed out from alcohol, drugs, or medications?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/not sure • Choose not to answer
<p>Sometimes people are threatened with harm or physically forced to have sex when they don't want to. Examples of physical force are being pinned or held down, using violence or threats of violence to you or another person, or not physically stopping after you said no. To be clear, we are now asking only about times in your life when you did not want sex to happen.</p> <p>10. That first time that sex happened, did the other person threaten you with harm or physically force you to do this? Remember that this could be oral, vaginal, or anal sex.</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/not sure • Choose not to answer
<p>Sometimes sex happens because of the circumstances that people are in. This can include times when they choose to have sex in order to get a place to sleep, food, money or other things they need, or to do a favor for another person, or to keep their place in a relationship, gang, group or house.</p> <p>11. That first time that sex happened, did you choose to do it because you needed something, or needed to do it for another person or group?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know/not sure • Choose not to answer
<p>The next questions are about how many times these things may have happened when you had sex in the past 12 months (since [date]). Remember that this could be oral, vaginal or anal sex.</p> <p>12. During the past 12 months, how many times did another person use verbal or emotional pressure to get you to have sex?</p>	<ul style="list-style-type: none"> • Never • 1 time • 2 to 4 times • 5 or more times

<p>13. During the past 12 months, how many times did sex happen when you were unable to consent to it or stop it from happening because you were too drunk, high, drugged, or passed out from alcohol, drugs, or medications?</p> <p>Please remember that even if someone uses alcohol or drugs, what happens to them is not their fault.</p>	<ul style="list-style-type: none"> • Never • 1 time • 2 to 4 times • 5 or more times
<p>14. During the past 12 months, how many times did another person threaten you with harm or physically force you to have sex? Remember that this could be oral, vaginal, or anal sex.</p>	<ul style="list-style-type: none"> • Never • 1 time • 2 to 4 times • 5 or more times
<p>15. During the past 12 months, how many times did you choose to have sex because you needed a place to sleep, food, money or other things, to do a favor for another person, or to keep your place in a relationship, gang, group or house?</p>	<ul style="list-style-type: none"> • Never • 1 time • 2 to 4 times • 5 or more times
<p>O. RELATIONSHIP VIOLENCE</p>	
<p>1. During the last 12 months, have you been involved in a dating or romantic relationship? This could include a hook up, having a boyfriend or girlfriend, or husband or wife.</p>	<ul style="list-style-type: none"> • Yes • No [Skip to P1] • Don't know/ Not Sure • Choose not to answer
<p>Think about the dating or romantic relationships you've been in during the last 12 months as you answer these next questions. Answer the next questions about any hook-up, boyfriend, girlfriend, husband, or wife you have had, including exes, regardless of the length of the relationship, in the last 12 months.</p> <p>Not including horseplay or joking around...</p> <p>2. someone threatened to hurt me, and I thought I might really get hurt.</p> <p>3. someone pushed, grabbed, or shook me.</p> <p>4. someone hit me.</p> <p>5. someone beat me up.</p> <p>6. someone stole or destroyed my property</p> <p>7. someone could scare me without laying a hand on me.</p> <p>8. I threatened to hurt the person and I meant it.</p> <p>9. I pushed, grabbed, or shook the person.</p> <p>10. I hit the person.</p> <p>11. I beat up the person.</p> <p>12. I stole or destroyed the person's property.</p> <p>13. I could scare this person without laying a hand on them.</p>	<ul style="list-style-type: none"> • Never • Once or Twice • Sometimes • Often • Many Times • Don't know/ Not Sure • Choose not to answer

OPEN-ENDED QUESTIONS REPEAT	
<p>When you talked with the interviewer, they asked about your overall thoughts on your experiences and what you would recommend. If you have more ideas about these topics, please share them below.</p> <ol style="list-style-type: none">1. Is there anything you'd like to tell me about your experiences related to the questions you've just answered?2. Think about the challenges you've experienced. What would you say have been the things that have most helped you get through?3. What are the most important things [child welfare agency name] could do to support young people leaving foster care?	
[CONSENT FOR DATA LINKAGE] [SHOW LIFELINE NUMBER]	