**Instrument 1: Baseline Youth Survey**

**LifeSet Baseline Survey**

This survey is intended to be administered at baseline to all youth in the study by interviewers of the subcontracted survey firm. As this will be the first data collection for the evaluation, the interview will begin with the informed consent process. However, items gathering information to aid in follow-up contact are placed at the end of the survey so that rapport may be built prior to asking for contact information.

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# 

# Instructions

Thank you for joining us today. We would like to invite you to participate in a survey that will last about 35 minutes. We are conducting this survey as part of the Young Adult Services Study (YASS). The survey contains questions about the services you received during foster care. There are also questions about your experiences leaving foster care such as education and work, places you lived, and the relationships you have with family and friends.

Some questions ask about your emotions, alcohol and drug use, and behavior that might be against the law but are very common for young people your age.

[IF MODE =1] I will read the questions to you and enter your responses into the computer. You may skip over any questions you do not want to answer.

[IF MODE = 2] If you want, you can listen to these questions on headphones and enter your answers on a computer. The interviewer will not see your answers to these questions.

We will use this information to better understand the services that young adults in New Jersey get and what it is like for them leaving foster care.

Your participation in this survey is voluntary. You can choose not to answer any question or not participate in the survey at all. There will be no consequences to you if you choose not to participate. We will keep the information you provide private and will not share it with anyone except for research staff working on the study. Additionally, federal law states that 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. The OMB number for this data collection is 0970-0XXX and the expiration date is XX/XX/XXXX.

# Set Up And Introduction

**intloc** (INTERVIEWER**:** WHERE IS THIS INTERVIEW TAKING PLACE? )

1 RESPONDENT’S HOME **[Do not allow if incar1=1]**

2 ALTERNATE LOCATION **(SPECIFY)**

MODE INTERVIEWER: INDICATE MODE OF ADMINISTRATION.

1. TELEPHONE
2. IN-PERSON

**@1** (1) Agreement to Participate in Survey

1 YES

0 NO

**@2** (2) Agreement to Contact for Future Interviews

1 YES

0 NO

**GOTO @4 if R is < 18**

**@3** (3) Agreement to Permit the Use of Administrative Data

1 YES

0 NO

**@4** (4) Agreement to Audio Recordings

1 YES

0 NO

# Demographics

**name\_w1** What is your legal name?

(INTERVIEWER: VERIFY SPELLING)

(INTERVIEWER: IF NEEDED, A LEGAL NAME IS THE NAME THAT IDENTIFIES A PERSON FOR LEGAL, ADMINISTRATIVE, AND OTHER OFFICIAL PURPOSES. A PERSON’S LEGAL NAME GENERALLY IS THE NAME OF THE PERSON THAT WAS GIVEN AT BIRTH AND WHICH THEN APPEARS ON A BIRTH CERTIFICATE. A LEGAL NAME MAY CHANGE, FOR EXAMPLE, FOLLOWING MARRIAGE.)

FIRST NAME:

LAST NAME:

**rage\_w1** What is your date of birth?

ENTER MONTH |\_|\_| (2-DIGIT)

ENTER DAY |\_|\_| (2-DIGIT)

ENTER YEAR |\_|\_|\_|\_| (4-DIGIT)

D DON’T KNOW

R REFUSED

**race1\_w1** Are you of Hispanic, Latino, or Spanish origin?

1 YES

2 NO

D DON’T KNOW

R REFUSED

**race2\_w1** What race or races do you consider yourself to be? Would you say you are White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or mixed race? You may select one or more.

1 WHITE

2 BLACK OR AFRICAN AMERICAN

3 AMERICAN INDIAN OR ALASKA NATIVE

4 ASIAN

5 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

6 MIXED RACE

D DON’T KNOW

R REFUSED

**lang\_w1** What language is usually spoken in your home?

1 ENGLISH

2 SPANISH

3 CHINESE

4 ARABIC

5 GUJARATI

6 OTHER

D DON’T KNOW

R REFUSED

**adopt\_w1**Have you ever been adopted?

1 YES

2 NO

D DON’T KNOW

R REFUSED

# 

# Living Arrangements

**LA1\_W1 [IF MODE = 2] USE CARD 1.** Please look at Card 1. Where do you live now or where you stay most often?

[**IF MODE =1**] Where do you live now or where do you stay most often?

1 OWN PLACE WITHOUT A HOUSING VOUCHER (APARTMENT, HOUSE, TRAILER, ETC.)

2 OWN PLACE WITH A HOUSING VOUCHER

3 OWN ROOM IN MOTEL, HOTEL, OR SRO

4 IN THE HOME OF BIRTH PARENT(S)

5 IN THE HOME OF ADOPTIVE PARENT(S)

6 IN THE HOME OF OTHER RELATIVE(S)

7 IN THE HOME OF CURRENT RESOURCE/FOSTER PARENT(S)

8 IN THE HOME OF FORMER RESOURCE/FOSTER PARENT(S)

9 IN THE HOME OF SPOUSE/PARTNER

10 IN THE HOME OF FRIEND(S)

11 IN A TRANSITIONAL LIVING PROGRAM (MAY BE REFERRED TO AS ADOLESCENT HOUSING HUB OR INDEPENDENT LIVING PROGRAM)

12 GROUP QUARTERS (DORMITORY, MILITARY BARRACKS, ETC.)

13 HOSPITAL, TREATMENT OR REHAB FACILITY

14 HOMELESS: (YOU HAVE NO REGULAR PLACE TO STAY)

15 OTHER (PLEASE SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

D DON'T KNOW

R REFUSED

**LA2\_W1** Do you live alone or with others?

1 ALONE

2 WITH OTHERS

D DON’T KNOW

R REFUSED

**LA3\_W1** How many times have you moved from one living arrangement to another during the past 12 months?

\_\_\_\_ 1-15

D DON'T KNOW

R REFUSED

**LA4\_W1** Have you ever couch surfed—that is, moved from one temporary housing arrangements provided by friends, family, or strangers to another during the past 12 months?

1 YES

0 NO

D DON'T KNOW

R REFUSED

**LA5\_W1** Have you ever been homeless for at least one night during the past 12 months? That is have you slept in a homeless shelter or in a place where people weren’t meant to sleep because you didn’t have a place to stay?

1 YES

0 NO

D DON'T KNOW

R REFUSED

# Social Support

**SSN0\_W1** Now I am going to ask a few general questions about the amount of support you receive and the amount of stress that comes from your relationships with people that are important to you. These questions are not just about your parents, caregivers, or friends, but about all the people who are important to you.

1 CONTINUE

**SSN1\_W1** 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, too few people you can count on, or no one you can count on?

1 ENOUGH PEOPLE YOU CAN COUNT ON

2 TOO FEW PEOPLE YOU CAN COUNT ON

3 NO ONE YOU CAN COUNT ON

D DON’T KNOW

R REFUSED

**SSN2\_W1** 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, too few people you can count on, or no one you can count on?

1 ENOUGH PEOPLE YOU CAN COUNT ON

2 TOO FEW PEOPLE YOU CAN COUNT ON

3 NO ONE YOU CAN COUNT ON

D DON’T KNOW

R REFUSED

**SSN3\_W1** 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, too few people you can count on, or no one you can count on?

1 ENOUGH PEOPLE YOU CAN COUNT ON

2 TOO FEW PEOPLE YOU CAN COUNT ON

3 NO ONE YOU CAN COUNT ON

D DON’T KNOW

R REFUSED

**SSN4\_W1** When it comes to people who have disappointed you – for example, broken promises they’ve made, not come through for you when you most need them, or disappoint you in some other way. Are there many people, some people, a few people, or no one who disappoints you?

1 MANY PEOPLE

2 SOME PEOPLE

3 A FEW PEOPLE

4 NO ONE

D DON’T KNOW

R REFUSED

**SSN5\_W1** When it comes to people who butt into your business – for example, watch over the things you do, boss you around, or act like they know what’s best for you – are there many people, some people, a few people, or no one butts into your business?

1 MANY PEOPLE

2 SOME PEOPLE

3 A FEW PEOPLE

4 NO ONE

D DON’T KNOW

R REFUSED

**SSN6\_W1** When it comes to people who criticize you – for instance, put you down or make you feel stupid – are there many people, some people, a few people, or no one who criticizes you?

1 MANY PEOPLE

2 SOME PEOPLE

3 A FEW PEOPLE

4 NO ONE

D DON’T KNOW

R REFUSED

**SSN7\_W1** When it comes to people who you have fights or strong disagreements with, are there many people, some people, a few people, or no one who you have fights or strong disagreements with?

1 MANY PEOPLE

2 SOME PEOPLE

3 A FEW PEOPLE

4 NO ONE

D DON’T KNOW

R REFUSED

# Fertility

**F1\_W1** How many living biological children do you have, regardless of whether they live with you? By biological children, I mean children that you gave birth to or fathered.

INTERIVEWER INSTRUCTION: IF RESPONDENT SAYS S/HE IS EXPECTING A CHILD, PROBE: “Do you have any biological children other than the child that you are expecting?”

ENTER NUMBER |\_| (1-DIGIT; CHECK: MIN=1, MAX=9)

0 NONE [Go to **F3\_W1**]

D DON’T KNOW [Go to **F3\_W1**]

R REFUSED [Go to **F3\_W1**]

**F2\_W1**[ASK IF F1 >0] How many of your children currently live with you?

ENTER NUMBER |\_| (1-DIGIT; CHECK: MIN=1, MAX=9)

0 NONE

D DON’T KNOW

R REFUSED

**F3\_W1** Are you currently pregnant or expecting a child?

1 YES [Go to **F4\_W1**]

0 NO [Go to **EDU1\_W1**]

D DON’T KNOW [Go to **EDU1\_W1**]

R REFUSED [Go to **EDU1\_W1**]

**F4\_W1** How many weeks along in the pregnancy are you/your partner?

ENTER MONTHS OR \_\_\_ (3-DIGIT; CHECK: MIN=0, MAX=9.5)

ENTER WEEKS |\_|\_| (2-DIGIT; CHECK: MIN=0, MAX=40)

D DON’T KNOW

R REFUSED

# Education

**EDU1\_W1** The next few questions are about your education.

Are you currently enrolled in school full-time, part-time, or are you not in school?

1 YES, ENROLLLED FULL-TIME [Go to **EDU2\_W1**]

2 YES, ENROLLLED PART-TIME [Go to **EDU2\_W1**]

3 NOT IN SCHOOL [Go to **EDU3\_W1**]

D DON’T KNOW [Go to **EDU3\_W1**]

R REFUSED [Go to **EDU3\_W1**]

**EDU2\_W1** What type of school are you enrolled in? Would you say high school, G.E.D. classes, vocational school, 2-year or community college, 4-year college, or something else?

1 HIGH SCHOOL

2 G.E.D. CLASSES

3 VOCATIONAL SCHOOL

4 2-YEAR OR COMMUNITY COLLEGE

5 4-YEAR COLLEGE

6 OTHER **[SPECIFY]**

D DON’T KNOW

R REFUSED

**EDU3\_W1** When were you last enrolled in school--what month and year?

ENTER MONTH |\_|\_| (2-DIGIT) AND YEAR |\_|\_|\_|\_| (4-DIGIT)

D DON’T KNOW

R REFUSED

**EDU4\_W1** What is the highest grade or year of schooling you have **completed**? Please include any years of college you have completed even if you do not have a college degree. If you are currently attending school, do not count the grade or year that you are in right now.

INTERVIEWER: CODE RESPONSE PROVIDED

1-12 FIRST THROUGH TWELFTH GRADE

13 FIRST YEAR OF VOCATIONAL/TECHNICAL SCHOOL

14 SECOND YEAR OF VOCATIONAL/TECHNICAL SCHOOL

15 FIRST/FRESHMAN YEAR OF COLLEGE

16 SECOND/SOPHOMORE YEAR OF COLLEGE

17 THIRD/JUNIOR YEAR OF COLLEGE

18 FOURTH/SENIOR YEAR OF COLLEGE

D DON’T KNOW

R REFUSED

**EDU5\_W1** Do you have a high school diploma, a home school certificate, High School Equivalency Certificate after passing the G.E.D., HiSET, or TASC?

1 HIGH SCHOOL DIPLOMA

2 HOME SCHOOL CERTIFICATE

3 HIGH SCHOOL EQUIVALENCY CERTIFICATE AFTER PASSING GED, HiSET, OR TASC

4 I DO NOT HAVE A HIGH SCHOOL DIPLOMA, G.E.D. OR CERTIFICATE

D DON’T KNOW

R REFUSED

**EDU6\_W1** Do you have a license or certificate from any vocational training that you received?

1 YES

2 NO

D DON’T KNOW

R REFUSED

**EDU7\_W1** [If **EDU5\_W1** = 4, go to **EDU8\_W1**]. Do you have a college degree from a two-year college?

1 YES - ASSOCIATES DEGREE OR TWO-YEAR COLLEGE DEGREE

2 NO - NO COLLEGE DEGREE FROM A TWO-YEAR COLLEGE

D DON’T KNOW

R REFUSED

**EDU8\_W1** Have you ever repeated a grade or been held back?

1 YES

0 NO

D DON’T KNOW

R REFUSED

**EDU9\_W1** Have you ever been suspended from school?

1 YES

0 NO

D DON’T KNOW

R REFUSED

**EDU10\_W1** Were you ever placed in a special education program?

1 YES

0 NO

D DON’T KNOW

R REFUSED

# Employment and Earnings

**EMP0\_W1** Now I’d like to ask you about any work you may have done. I am going to distinguish between two types of work. First, we will talk about formal employment. Formal employment is a job where you had an on-going relationship with a single employer, for example, working in a supermarket or restaurant. Second, we will talk about informal jobs, that is, doing one or a few tasks for several people and not having a "boss", for example, babysitting, mowing lawns, anything under the table, day labor, or work done through an app such as Uber, Doordash, Amazon Flex, or Taskrabbit. Informal jobs are sometimes called freelance, contract, or gig work.

First, let’s talk about any formal work you have done for an employer.

**EMP1\_W1** Are you currently working at a full or part-time job or jobs?

1 YES [Go to **EMP4\_W1**]

0 NO

D DON’T KNOW

R REFUSED

**EMP2\_W1** Have you been formally employed in the past 12 months, that is since (Text fill: (CURRENT MONTH)) (Text fill: (CURRENT YEAR MINUS ONE YEAR))?

1 YES [Go to **EMP5\_W1**]

0 NO

D DON’T KNOW

R REFUSED

**EMP3\_W1** Have you ever been formally employed?

1 YES

0 NO [GO TO **EMP7\_W1**]

D DON’T KNOW

R REFUSED

**EMP4\_W1** How many hours per week do you usually work at formal employment? (PROBE: DURING WEEKS WHEN YOU WORKED).

ENTER HOURS |\_|\_|\_| (5-DIGITS; CHECK: MIN=1, MAX=168)

D DON’T KNOW

R REFUSED

**EMP5\_W1** In the past 12 months, how much, in total, did you earn from formal employment?

ENTER AMOUNT $\_ \_ \_,\_ \_ \_. \_ \_

D DON’T KNOW

R REFUSED

**EMP6\_W1** [ASK IF **EMP5\_W1** = D OR R] Would you say it is …

1 Less than $1,000

2 $1,000 but less than $5,000

3 $5,000 but less than $15,000

4 $15,000 but less than $20,000

5 $20,000 but less than $25,000

6 MORE THAN $25,000

D DON’T KNOW

R REFUSED

**EMP7\_W1** Now let’s talk about informal jobs such as baby-sitting, lawn mowing, day labor, work done through an app such as Uber or Amazon Flex, or work that is done “under the table”. Have you had any informal jobs in the past 12 months?

1 YES

0 NO [GO TO **EMPEND**]

D DON’T KNOW

R REFUSED

**EMP8\_W1** In the past 12 months, how much did you earn from informal employment, in total?

ENTER AMOUNT $\_ \_ \_,\_ \_ \_. \_ \_

D DON’T KNOW

R REFUSED

**EMP9\_W1** (ASK IF **EMP8\_W1** = D OR R) Would you say it is …

1 Less than $1,000

2 $1,000 but less than $5,000

3 $5,000 but less than $15,000

4 $15,000 but less than $20,000

5 $20,000 but less than $25,000

6 MORE THAN $25,000

D DON’T KNOW

R REFUSED

**EMPEND**

# Economic Hardships

**ECON1\_W1** The next few questions are about financial challenges you may have experienced.

Was there ever a time during the past 12 months when you did not buy clothing or shoes that you needed because you did not have enough money?

1 YES

0 NO

D DON'T KNOW

R REFUSED

**ECON2\_W** Was there ever a time during the past 12 months when you could not pay your rent or mortgage because you did not have enough money?

1 YES

0 NO

2 DOES NOT APPLY TO ME, I DO NOT PAY FOR HOUSING

D DON'T KNOW

R REFUSED

**ECON3\_W1** Was there ever a time during the past 12 months when you could not pay a utility bill because you did not have enough money? By utility bill, I mean a bill for gas, electricity or telephone service.

1 YES

0 NO

2 DOES NOT APPLY TO ME, I DO NOT PAY FOR UTILITIES

D DON'T KNOW

R REFUSED

# ACASI Set Up

IF MODE = 1. GOTO ACASI\_PHONE

IF MODE = 2 GOTO ACASI\_Intro

**ACASI\_Phone.**

The next set of questions may seem more personal to you. Some questions ask about your emotions, alcohol or drug use, or behavior that might be against the law. Please remember that everything you tell me will be kept private in the ways that we talked about at the beginning of the survey. You may refuse to answer any question you do not want to answer.

GOTO sex\_W1

**IF MODE = 2**

**ACASI\_Intro** (INTERVIEWER: THIS IS THE BEGINNING OF THE FIRST PART OF THE AUDIO SELF INTERVIEW)

For this next section of questions, I’m going to hand the laptop over to you so that you can enter your answers yourself. I have headphones for you to use so that you can listen to questions being read to you. You can keep the headphones as a gift. I will not be able to hear the questions or see the answers you type into the laptop. Some of the questions might be sensitive, so this way, you can listen and answer privately.

This section is very important – that is why it is set up this way using the laptop with the headphones. Please settle in and take your time to listen to the questions and give your answers. This section will take 5 to 10 minutes or so. If you have any questions for me during this section, just let me know.

1 CONTINUE

**ACASI\_Start** INTERVIEWER: HELP THE RESPONDENT GET SET UP AT THE LAPTOP AND USE THE HEADPHONES

* ADJUST VOLUME

IF THERE IS A REASON WHY THE AUDIO PORTION CAN NOT BE ADMINISTERED (I.E. CONDITIONS WILL NOT ALLOW, ETC), ENTER 'X' AND SPECIFY THE REASON.

1 PROCEED TO AUDIO SECTION AFTER RESPONDENT IS SEATED AND READY TO CONTINUE

X SKIP AUDIO SECTION (SPECIFY REASON)

**ACint2** ENTER **1** TO BEGIN AUDIO PORTION

1 BEGIN AUDIO PORTION

**ac1a** For these next questions, please listen to the questions and answers. Type the number associated with your answer and then press Enter.

If at any time you do not want to answer the question, please type "**r**" for "refused" and press Enter. If you do not know the answer, please give your best estimate. If you're still not sure, type "**d**" for "don't know" and press Enter.

When you are ready to continue type “**1**” and press Enter.

1 CONTINUE

**ac1a2** For example, here is a practice question:

Today, the weather is nice.

Would you agree or disagree?

Enter **1** for **AGREE** or **2** for **DISAGREE**.

1 AGREE

2 DISAGREE

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**ac1c** That ends our example question. If you would like to listen to the question again, enter “**q**”. If you would like to listen to the answers again, enter “**h**”. If you would like to turn off the audio for the questions enter “**y**”. To turn the audio for the questions back on enter “**y**” again. If you would like to turn off the audio for the answers enter “**s**”. To turn the audio for the answers back on enter “**s**” again. If you have any questions before we begin, please ask the interviewer now. When you are ready, enter **1** to continue.

1 CONTINUE

**ACpause** Please sit comfortably and adjust your headphones. This section will take about 5 to 10 minutes. If at any time you would like the interviewer to read these questions instead of listening to the audio, just let the interviewer know.

Enter 1 to continue.

# Demographics

**sex\_w1** What sex were you assigned at birth, on your original birth certificate?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 MALE

2 FEMALE

D DON’T KNOW

R REFUSED

IF MODE=2, THEN REPSONSE OPTION FORMATTING:

1. Male
2. Female

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**gender\_w1**What gender do you identify as?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

[INTERVIEWER: If needed, definitions noted in brackets]

1 GENDERQUEER/NONBINARY [do not identify as either a woman nor a man]

2 TRANSGENDER MAN [assigned female at birth but identify as a man]

3 TRANSGENDER WOMAN [assigned male at birth but identify as a woman]

4 CISGENDER WOMAN [assigned female at birth and identify as a woman]

5 CISGENDER MAN [assigned male at birth and identify as a man]

6 I IDENTIFY AS, SPECIFY

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Genderqueer/Nonbinary (do not identify as either a woman nor a man)

2 Transgender man (assigned female at birth but identify as a man)

3 Transgender woman (assigned male at birth but identify as a woman)

4 Cisgender woman (assigned female at birth and identify as a woman)

5 Cisgender man (assigned male at birth and identify as a man)

6 I identify as, specify: [TEXT BOX]

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**sorient\_w1** What is your sexual orientation?

IF MODE=1, THEN REPSONSE OPTION FORMATTING:

[INTERVIEWER: If needed, definitions noted in brackets]

1 GAY [you identify as a man and are attracted to men]

2 LESBIAN [you identify as a woman and are attracted to women]

3 BISEXUAL [you are attracted to men and women]

4 PANSEXUAL [you are attracted to people regardless of their sex or gender identity]

5 ASEXUAL [you do not experience sexual attraction]

6 STRAIGHT [you identify as a woman and are attracted to men, or you identify as a man and are attracted to women, also called heterosexual]

7 I IDENTIFY AS, SPECIFY

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Gay (you identify as a man and are attracted to men)

2 Lesbian (you identify as a woman and are attracted to women)

3 Bisexual (you are attracted to men and women)

4 Pansexual (you are attracted to people regardless of their sex or gender identity)

5 Asexual (you do not experience sexual attraction)

6 Straight (you identify as a woman and are attracted to men, or you identify as a man and are attracted to women, also called heterosexual)

7 I identify as, specify: [TEXT BOX]

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

# Mental Health Services

**MH1\_W1** Do you have an emotionalproblem that occasionally causes you to miss a day of school, work, or social or recreational activities?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**MH2\_W1** In the past 12 months, have you received psychological or emotional counseling?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**MH3\_W1** In the past 12 months did you receive medication for a psychological or emotional problem?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**MH4\_W1** In the past 12 months were you in a psychiatric hospital?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

# Substance Abuse

**SA1\_W1** In the past 30 days, have you had a drink of an alcoholic beverage? By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of liquor.

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No [Go to **SA3\_W1**]

D DON’T KNOW [Go to **SA3\_W1**]

R REFUSED [Go to **SA3\_W1**]

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**SA2\_W1** On how many days did you have five or more drinks on the same occasion during the past 30 days? By occasion we mean at the same time or within hours of each other.

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

ENTER DAYS: |\_|\_| (2=DIGIT; CHECK: MIN=0, MAX=30)

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

Enter Days: |\_|\_| (2-DIGIT; CHECK: MIN=0, MAX=30)

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**SA3\_W1** In the past 30 days, have you used any illegal drugs? This includes marijuana, heroin, cocaine, amphetamines (uppers, speed, etc.), barbiturates (downers), sniffing/huffing, hallucinogens (mushrooms, LSD, acid), or club drugs (Ecstasy, Special K, GHB)?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**SA4\_W1** In the past 30 days, have you used any prescription drugs without a doctor’s permission, or beyond what your prescription requires?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**SA5\_W1** In the past 12 months, did you get any kind of treatment for an alcohol or drug problem?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

# Criminal Justice Involvement

**CRM1\_W1** Have you ever been arrested?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**CRM2\_W1** Have you ever spent at least one night in a jail, prison, juvenile hall, or

another correctional facility?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

# Spouse/Partner Violence

**REL0\_W1** The next set of questions is about romantic relationships you might currently have.

**REL1\_W1**       Are you currently married or involved in a dating or romantic relationship?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1. YES
2. NO

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1          Yes [Go to **CTS0\_W1**]

                       0          No [Go to **CTSEND**]

D         DON’T KNOW [Go to **CTSEND**]

                        R         REFUSED [Go to **CTSEND**]

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**CTS0\_W1** No matter how well a couple gets along, there are times when they disagree or fight. Couples may also have different ways of dealing with conflicts when they occur. I am going to read you a list of things that might have happened in your relationship with your partner. Please tell me how many times each of these things happened during the past year: never, once, twice, three to five times, six to ten times, eleven to twenty times or more than twenty times.

**CTS1\_W1** How often has your spouse/partner slapped, hit, choked, or kicked, pushed or shoved you, or thrown something at you that could hurt during the past year?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

INTERVIEWER: READ RESPONSES, IF NECESSARY

0 NEVER IN THE PAST YEAR

1 ONCE IN THE PAST YEAR

2 TWICE IN THE PAST YEAR

3 3-5 TIMES IN THE PAST YEAR

4 6-10 TIMES IN THE PAST YEAR

5 11-20 TIMES IN THE PAST YEAR

6 MORE THAN 20 TIMES IN THE PAST YEAR

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

0 Never in the past year

1 Once in the past year

2 Twice in the past year

3 3-5 times in the past year

4 6-10 times in the past year

5 11-20 times in the past year

6 More than 20 times in the past year

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**CTS2\_W1** How often has your spouse/partner insisted on or made you have sexual relations with them when you didn’t want to during the past year?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

INTERVIEWER: READ RESPONSES, IF NECESSARY

0 NEVER IN THE PAST YEAR

1 ONCE IN THE PAST YEAR

2 TWICE IN THE PAST YEAR

3 3-5 TIMES IN THE PAST YEAR

4 6-10 TIMES IN THE PAST YEAR

5 11-20 TIMES IN THE PAST YEAR

6 MORE THAN 20 TIMES IN THE PAST YEAR

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

0 Never in the past year

1 Once in the past year

2 Twice in the past year

3 3-5 times in the past year

4 6-10 times in the past year

5 11-20 times in the past year

6 More than 20 times in the past year

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**CTS3\_W1** How often have you slapped, hit, choked, or kicked, pushed or shoved, or thrown something at your spouse/partner that could hurt during the past year?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

INTERVIEWER: READ RESPONSES, IF NECESSARY

0 NEVER IN THE PAST YEAR

1 ONCE IN THE PAST YEAR

2 TWICE IN THE PAST YEAR

3 3-5 TIMES IN THE PAST YEAR

4 6-10 TIMES IN THE PAST YEAR

5 11-20 TIMES IN THE PAST YEAR

6 MORE THAN 20 TIMES IN THE PAST YEAR

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING: 0 Never in the past year

1 Once in the past year

2 Twice in the past year

3 3-5 times in the past year

4 6-10 times in the past year

5 11-20 times in the past year

6 More than 20 times in the past year

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**CTS4\_W1** How often have you insisted on or made your spouse/partner have sexual relations with you when they didn’t want to during the past year?

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

INTERVIEWER: READ RESPONSES, IF NECESSARY

0 NEVER IN THE PAST YEAR

1 ONCE IN THE PAST YEAR

2 TWICE IN THE PAST YEAR

3 3-5 TIMES IN THE PAST YEAR

4 6-10 TIMES IN THE PAST YEAR

5 11-20 TIMES IN THE PAST YEAR

6 MORE THAN 20 TIMES IN THE PAST YEAR

D DON’T KNOW

R REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

0 Never in the past year

1 Once in the past year

2 Twice in the past year

3 3-5 times in the past year

4 6-10 times in the past year

5 11-20 times in the past year

6 More than 20 times in the past year

D DON’T KNOW

R REFUSED

Q REPLAY QUESTION

H REPLAY RESPONSES

Y TURN QUESTION AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

S TURN RESPONSE AUDIO ON/OFF – (SOUND IS NOW **ON/OFF**)

**[CTSEND]**

**[END ACASI]. [IF MODE= 2]. Please tell the interviewer you are done.**

# Youth Resiliency

**YR0\_W1** Please use the answer choices to tell us how much each statement is—or is not—like you. The answer choices are *not at all like me*, *a little like me*, *sort of like me*, *a lot like me*, or *very much like me*.

**YR1\_W1** I learn from my mistakes.

1. Not at all like me
2. A little like me
3. Sort of like me
4. A lot like me
5. Very much like me

D DON’T KNOW

R REFUSED

**YR2\_W1** I believe I will be okay even when bad things happen.

1. Not at all like me
2. A little like me
3. Sort of like me
4. A lot like me
5. Very much like me

D DON’T KNOW

R REFSUED

**YR3\_W1** I do a good job in handling problems in my life.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**YR4\_W1** I try new things even if they are hard.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**YR5\_W1** When I have a problem, I come up with ways to solve it.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**YR6\_W1** I give up when things get hard.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**YR7\_W1** I deal with my problems in a positive way (like asking for help).

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**YR8\_W1** I keep trying to solve problems even when things don’t go my way.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**YR9\_W1** Failure just makes me try harder.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**YR10\_W1** No matter how bad things get, I know the future will be better.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

# Social-Emotional Competence

**SEC1\_W1** I think about my choices before making a decision.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC2\_W1** I ask for advice from someone I trust before making an important decision.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC3\_W1** I make plans and work hard to reach my goals.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC4\_W1** I get along well with different types of people.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC5\_W1** I am easily distracted.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC6\_W1** I stand up for what I believe even if other people don’t agree with me.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC7\_W1** If I make a promise, I try to keep it.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC8\_W1**  I care about other people.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC9\_W1**  I am an honest person.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC10\_W1** I have difficultly controlling my anger.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC11\_W1** I am a dependable person.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC12\_W1** I know how to act in different social situations (such as school, home, work and church/mosque/temple).

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC13\_W1** I try to imagine how someone might feel before criticizing them.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC14\_W1** I feel bad when people I know are upset.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC15\_W1** I can express my positive feelings to other people.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

**SEC16\_W1** I am sad most of the time.

INTERVIEWER: READ RESPONSES, IF NECESSARY.

1. NOT AT ALL LIKE ME
2. A LITTLE LIKE ME
3. SORT OF LIKE ME
4. A LOT LIKE ME
5. VERY MUCH LIKE ME

D DON’T KNOW

R REFUSED

# LifeSet Services

**FOR LifeSet TREATMENT GROUP ONLY**

**[IF COMMUNITY SERVICES/CONTROL GROUP: GO TO CON0\_W1]**

**LSS1\_W1** The next questions are about a service you may be receiving.

Have you been contacted by someone to participate in a program called LifeSet?

1 YES [GO TO **LSS2\_W1**]

2 NO [GO TO NEXT SECTION]

D DON’T KNOW [GO TO NEXT SECTION]

R REFUSED [GO TO NEXT SECTION]

**LSS2\_W1** Have you met with someone in order to enroll in LifeSet?

1 YES [GO TO **LSS3\_W1**]

2 NO [GO TO NEXT SECTION]

D DON’T KNOW [GO TO NEXT SECTION]

R REFUSED [GO TO NEXT SECTION]

**LSS3\_W1** Do you have an assigned LifeSet Specialist?

1 YES

2 NO

D DON’T KNOW

R REFUSED

# Information for Follow Up Contact

**CON0\_W1** Here are the last few questions in the interview.

Now I would like to ask you some questions that will help us to contact you in the future when we interview you again. Please remember that we will only use the information that you give us in order to find you. We will **not** be asking any of these people for any other information about you. Also please remember that what you have told me **will be kept private** and that we will not be sharing any of your answers to today's questions with any of these other people.

**INTERVIEWER:** ENTER “1” TO CONTINUE

1 CONTINUE

**CON1\_W1** First, do you have a nickname or other name that you are commonly known by?

1 YES (ENTER NAME \_\_\_\_\_\_\_\_\_)

0 NO

D DON’T KNOW

R REFUSED

**CON2\_W1** Is your biological mother still alive?

1 YES

0 NO [Go to **CON8\_W1**]

D DON’T KNOW

R REFUSED

**CON3\_W1** Do you know your biological mother's name?

1 YES [Go to **CON4\_W1**]

0 NO [Go to **CON8\_W1**]

D DON’T KNOW [Go to **CON8\_W1**]

R REFUSED [Go to **CON8\_W1**]

**CON4\_W1** What is your biological mother's first and last name?

(**INTERVIEWER:** SELECT FROM EXISTING CONTACTS OR ENTER ‘0’ TO ADD A NEW CONTACT.)

[DISPLAY PERSON ROSTER]

<0> ADD NEW PERSON

<[ID#]> [NAME] ([RELATIONSHIP TYPE])

<999> BACK, NO PERSON TO ADD/UPDATE

**CON5\_W1** Do you know where your biological mother is living right now?

1 YES [Go to **CON6\_W1**]

0 NO [Go to **CON7\_W1**]

D DON’T KNOW [Go to **CON7\_W1**]

R REFUSED [Go to **CON7\_W1**]

**CON6\_W1** What is your biological mother's full address?

(**INTERVIEWER:** TO ADD A NEW ADDRESS, ENTER ‘0’. TO SELECT AN EXISTING ADDRESS AS HOME ADDRESS, ENTER ID NUMBER.)

[DISPLAY ADDRESS ROSTER]

<0> ADD NEW ADDRESS

<ID#> [ADDRESS] ([ADDRESS TYPE])

<D> DON’T KNOW

<R> REFUSED

**CON7\_W1** What is your biological mother's telephone number?

(**INTERVIEWER:** SELECT FROM EXISTING PHONE NUMBERS OR ENTER ‘0’ TO ADD A NEW NUMBER.)

[DISPLAY TELEPHONE ROSTER]

<0> ADD NEW NUMBER

<ID#> [PHONE NUMBER]

<D> DON’T KNOW

<R> REFUSED

**CON8\_W1** Is your biological father still alive?

1 YES

0 NO [Go to **CON14\_W1**]

D DON’T KNOW

R REFUSED

**CON9\_W1** Do you know your biological father's name?

1 YES [Go to **CON10\_W1**]

0 NO [Go to **CON14\_W1**]

D DON’T KNOW [Go to **CON14\_W1**]

R REFUSED [Go to **CON14\_W1**]

**CON10\_W1** What is your biological father’s first and last name?

(**INTERVIEWER:** SELECT FROM EXISTING CONTACTS OR ENTER ‘0’ TO ADD A NEW CONTACT.)

[DISPLAY PERSON ROSTER]

<0> ADD NEW PERSON

<[ID#]> [NAME] ([RELATIONSHIP TYPE])

<999> BACK, NO PERSON TO ADD/UPDATE

**CON11\_W1** Do you know where your biological father is living right now?

1 YES [Go to **CON12\_W1**]

0 NO [Go to **CON13\_W1**]

D DON’T KNOW [Go to **CON13\_W1**]

R REFUSED [Go to **CON13\_W1**]

**CON12\_W1** What is your biological father's full address?

(**INTERVIEWER:** TO ADD A NEW ADDRESS, ENTER ‘0’. TO SELECT AN EXISTING ADDRESS AS HOME ADDRESS, ENTER ID NUMBER.)

[DISPLAY ADDRESS ROSTER]

<0> ADD NEW ADDRESS

<ID#> [ADDRESS] ([ADDRESS TYPE])

<D> DON’T KNOW

<R> REFUSED

**CON13\_W1** What is your biological father's telephone number?

(**INTERVIEWER:** SELECT FROM EXISTING PHONE NUMBERS OR ENTER ‘0’ TO ADD A NEW NUMBER.)

[DISPLAY TELEPHONE ROSTER]

<0> ADD NEW NUMBER

<ID#> [PHONE NUMBER]

<D> DON’T KNOW

<R> REFUSED

**CON14\_W1** [ASK IF **adopt** = 1, ELSE GO TO **CON26\_W1**] Is your adoptive mother still alive?

1 YES

0 NO [Go to **CON20\_W1**]

D DON’T KNOW

R REFUSED

**CON15\_W1** Do you know your adoptive mother's name?

1 YES [Go to **CON16\_W1**]

0 NO [Go to **CON20\_W1**]

D DON’T KNOW [Go to **CON20\_W1**]

R REFUSED [Go to **CON20\_W1**]

**CON16\_W1** What is your adoptive mother’s first and last name?

(**INTERVIEWER:** SELECT FROM EXISTING CONTACTS OR ENTER ‘0’ TO ADD A NEW CONTACT.)

[DISPLAY PERSON ROSTER]

<0> ADD NEW PERSON

<[ID#]> [NAME] ([RELATIONSHIP TYPE])

<999> BACK, NO PERSON TO ADD/UPDATE

**CON17\_W1** Do you know where your adoptive mother is living right now?

1 YES [Go to **CON18\_W1**]

0 NO [Go to **CON19\_W1**]

D DON’T KNOW [Go to **CON19\_W1**]

R REFUSED [Go to **CON19\_W1**]

**CON18\_W1** What is your adoptive mother's full address?

(**INTERVIEWER:** TO ADD A NEW ADDRESS, ENTER ‘0’. TO SELECT AN EXISTING ADDRESS AS HOME ADDRESS, ENTER ID NUMBER.)

[DISPLAY ADDRESS ROSTER]

<0> ADD NEW ADDRESS

<ID#> [ADDRESS] ([ADDRESS TYPE])

<D> DON’T KNOW

<R> REFUSED

**CON19\_W1** What is your adoptive mother's telephone number?

(**INTERVIEWER:** SELECT FROM EXISTING PHONE NUMBERS OR ENTER ‘0’ TO ADD A NEW NUMBER.)

[DISPLAY TELEPHONE ROSTER]

<0> ADD NEW NUMBER

<ID#> [PHONE NUMBER]

<D> DON’T KNOW

<R> REFUSED

**CON20\_W1** Is your adoptive father still alive?

1 YES

0 NO [Go to **CON26\_W1**]

D DON’T KNOW

R REFUSED

**CON21\_W1** Do you know your adoptive father's name?

1 YES [Go to **CON22\_W1**]

0 NO [Go to **CON26\_W1**]

D DON’T KNOW [Go to **CON26\_W1**]

R REFUSED [Go to **CON26\_W1**]

**CON22\_W1** What is your adoptive father’s first and last name?

(**INTERVIEWER:** SELECT FROM EXISTING CONTACTS OR ENTER ‘0’ TO ADD A NEW CONTACT.)

[DISPLAY PERSON ROSTER]

<0> ADD NEW PERSON

<[ID#]> [NAME] ([RELATIONSHIP TYPE])

<999> BACK, NO PERSON TO ADD/UPDATE

**CON23\_W1** Do you know where your adoptive father is living right now?

1 YES [Go to **CON24\_W1**]

0 NO [Go to **CON25\_W1**]

D DON’T KNOW [Go to **CON25\_W1**]

R REFUSED [Go to **CON25\_W1**]

**CON24\_W1** What is your adoptive father's full address?

(**INTERVIEWER:** TO ADD A NEW ADDRESS, ENTER ‘0’. TO SELECT AN EXISTING ADDRESS AS HOME ADDRESS, ENTER ID NUMBER.)

[DISPLAY ADDRESS ROSTER]

<0> ADD NEW ADDRESS

<ID#> [ADDRESS] ([ADDRESS TYPE])

<D> DON’T KNOW

<R> REFUSED

**CON25\_W1** What is your adoptive father's telephone number?

(**INTERVIEWER:** SELECT FROM EXISTING PHONE NUMBERS OR ENTER ‘0’ TO ADD A NEW NUMBER.)

[DISPLAY TELEPHONE ROSTER]

<0> ADD NEW NUMBER

<ID#> [PHONE NUMBER]

<D> DON’T KNOW

<R> REFUSED

**CON26\_W1**[IF adopt=2] Do you have any brothers or sisters? Include half-brothers or half-sisters and stepbrothers and stepsisters.

[IF adopt=1] Do you have any brothers or sisters? Include half-brothers or half-sisters, stepbrothers or stepsisters, and adoptive brothers and sisters.

1 YES [GO TO **CON27\_W1**]

0 NO [GO TO **CON31\_W1**]

D DON’T KNOW [GO TO **CON31\_W1**]

R REFUSED [GO TO **CON31\_W1**]

**CON27\_W1** Could you tell me the full names of your brothers and/or sisters?

**INTERVIEWER:** DO NOT READ SIBLING(S) LISTED. IF R MENTIONS A SIBLING LISTED BELOW, ENTER THE ID OF THE SIBLING AND VERIFY THE ADDRESS AND TELEPHONE NUMBER ON THE FOLLOWING SCREENS. IF R SAYS A NEW SIBLING, NOT LISTED BELOW, ENTER '0'.

[DISPLAY PERSON ROSTER]

<0> ADD NEW PERSON

<[ID#]> [NAME] ([RELATIONSHIP TYPE])

<999> BACK, NO PERSON TO ADD/UPDATE

D DON’T KNOW [GO TO **CON31\_W1**]

R REFUSED [GO TO **CON31\_W1**]

**INTERVIEWER:** PLEASE ENTER FIRST AND LAST NAME FOR EACH SIBLING. PRESS ‘ENTER’ TO FINISH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CON27A\_W1 [IF CON27\_W1=0] What is this sibling’s first and last name?

CON27B\_W1 [IF CON27\_W1=0] What is [fill sibling’s name]’s relationship to you?

[DROP DOWN BOXES OF RELATIONSHIPS]

CON27C\_W1 Any other siblings?

PROGRAMMER NOTE: LOOP THROUGH FOR ALL SIBLINGS

**CON28\_W1** Which of these brothers and/or sisters are you closest to?

**INTERVIEWER:** PLEASE SELECT ONE

1 (FIRST NAMED ENTERED)

2 (SECOND NAME ENTERED)

…ETC

D DON’T KNOW [GO TO **CON31\_W1**]

R REFUSED [GO TO **CON31\_W1**]

**CON29\_W1** What is [fill sibling’s first name]'s full address?

(**INTERVIEWER:** TO ADD A NEW ADDRESS, ENTER ‘0’. TO SELECT AN EXISTING ADDRESS AS HOME ADDRESS, ENTER ID NUMBER.)

[DISPLAY ADDRESS ROSTER]

<0> ADD NEW ADDRESS

<ID#> [ADDRESS] ([ADDRESS TYPE])

<D> DON’T KNOW

<R> REFUSED

**CON30\_W1** What is [fill sibling’s first name]'s telephone number?

(**INTERVIEWER:** SELECT FROM EXISTING PHONE NUMBERS OR ENTER ‘0’ TO ADD A NEW NUMBER.)

[DISPLAY TELEPHONE ROSTER]

<0> ADD NEW NUMBER

<ID#> [PHONE NUMBER]

<D> DON’T KNOW

<R> REFUSED

**CON31\_W1** Which caregivers that you've lived with are you closest to?

**INTERVIEWER:** DO NOT READ CAREGIVER(S) LISTED. IF R MENTIONS A CAREGIVER LISTED BELOW, ENTER THE ID OF THE CAREGIVER AND VERIFY THE ADDRESS AND TELEPHONE NUMBER ON THE FOLLOWING SCREENS. IF R SAYS A NEW CAREGIVER, NOT LISTED BELOW, ENTER '0'. IF THE R IS NOT CLOSE TO ANY CAREGIVER, ENTER ‘999’.

<0> ADD NEW CAREGIVER

<ID#> [CAREGIVER NAME]

<999> NONE, NO CAREGIVER GIVEN [Go to **CON34\_W1**]

<D> DON'T KNOW [Go to **CON34\_W1**]

<R> REFUSED [Go to **CON34\_W1**]

CON31A\_W1 [IF CON31\_W1=0] What is that person’s first and last name?

CON31B\_W1 [IF CON31\_W1=0] What is [fill caregiver’s name]’s relationship to you?

[DROP DOWN BOXES OF RELATIONSHIPS]

**CON32\_W1** What is **[**fill caregiver first name**]**'s full address?

(**INTERVIEWER:** TO ADD A NEW ADDRESS, ENTER ‘0’. TO SELECT AN EXISTING ADDRESS AS HOME ADDRESS, ENTER ID NUMBER.)

[DISPLAY ADDRESS ROSTER]

<0> ADD NEW ADDRESS

<ID#> [ADDRESS] ([ADDRESS TYPE])

<D> DON’T KNOW

<R> REFUSED

**CON33\_W1** What is [fill caregiver first name]'s telephone number?

(**INTERVIEWER:** SELECT FROM EXISTING PHONE NUMBERS OR ENTER ‘0’ TO ADD A NEW NUMBER.)

[DISPLAY TELEPHONE ROSTER]

<0> ADD NEW NUMBER

<ID#> [PHONE NUMBER]

<D> DON’T KNOW

<R> REFUSED

**CON34\_W1** Which adult relative, other than your parents, have you seen the most often in the last 5 years?

**INTERVIEWER:** DO NOT READ THE RELATIVE(S) LISTED. IF R MENTIONS A RELATIVE LISTED BELOW, ENTER THE ID OF THE RELATIVE AND VERIFY THE ADDRESS AND TELEPHONE NUMBER ON THE FOLLOWING SCREENS. IF R SAYS A NEW RELATIVE, NOT LISTED BELOW, ENTER '0'. IF THE R IS NOT CLOSE TO ANY RELATIVE, ENTER '999'.

<0> ADD NEW RELATIVE

<ID#> [RELATIVE NAME] ([RELATIONSHIP TYPE])

<999> NONE, NO NAME GIVEN [Go to **CON37\_W1**]

<D> DON'T KNOW [Go **to CON37\_W1**]

<R> REFUSED [Go to **CON37\_W1**]

CON34A\_W1 [IF CON34\_W1=0] What is that person’s first and last name?

CON34B\_W1 [IF CON34\_W1=0] What is [fill person’s name]’s relationship to you?

[DROP DOWN BOXES OF RELATIONSHIPS]

**CON35\_W1** What is [fill adult relative first name]'s full address?

(**INTERVIEWER:** TO ADD A NEW ADDRESS, ENTER ‘0’. TO SELECT AN EXISTING ADDRESS AS HOME ADDRESS, ENTER ID NUMBER.)

[DISPLAY ADDRESS ROSTER]

<0> ADD NEW ADDRESS

<ID#> [ADDRESS] ([ADDRESS TYPE])

<D> DON’T KNOW

<R> REFUSED

**CON36\_W1** What is [fill adult relative first name]'s telephone number?

(**INTERVIEWER:** SELECT FROM EXISTING PHONE NUMBERS OR ENTER ‘0’ TO ADD A NEW NUMBER.)

[DISPLAY TELEPHONE ROSTER]

<0> ADD NEW NUMBER

<ID#> [PHONE NUMBER]

<D> DON’T KNOW

<R> REFUSED

**CON37\_W1** The next few questions about your use of social media. We want to make sure we are able to invite you to participate in the next round. We may use information you provide to help us contact you in the future using the social media platform’s private messaging features. We will never post anything on your profile.

Some people use a name other than their full name on Facebook. What is your profile name on Facebook?

**NAME ON FILE:** FIRST NAME LAST NAME

1 R USES NAME ON FILE

2 R USES ANOTHER NAME (SPECIFY)

3 R DOES NOT USE FACEBOOK

D DON’T KNOW

R REFUSED

**CON38\_W1** Some people use a name other than their full name on Instagram. What is your profile name on Instagram?

(**IF NEEDED:** We want to make sure we are able to invite you to participate in the next round. We may use this to help us contact you in the future using the platform’s private messaging features. We will never post anything on your profile.)

**NAME ON FILE:** FIRST NAME LAST NAME

1 R USES NAME ON FILE

2 R USES ANOTHER NAME (SPECIFY)

3 R DOES NOT USE INSTAGRAM

D DON’T KNOW

R REFUSED

**CON39\_W1** Some people use a name other than their full name on Snapchat. What is your profile name on Snapchat?

(**IF NEEDED:** We want to make sure we are able to invite you to participate in the next round. We may use this to help us contact you in the future using the platform’s private messaging features. We will never post anything on your profile.)

**NAME ON FILE:** FIRST NAME LAST NAME

1 R USES NAME ON FILE

2 R USES ANOTHER NAME (SPECIFY)

3 R DOES NOT USE SNAPCHAT

D DON’T KNOW

R REFUSED

**CON40\_W1** Some people use a name other than their full name on TikTok. What is your profile name on TikTok?

(**IF NEEDED:** We want to make sure we are able to invite you to participate in the next round. We may use this to help us contact you in the future using the platform’s private messaging features. We will never post anything on your profile.)

**NAME ON FILE:** FIRST NAME LAST NAME

1 R USES NAME ON FILE

2 R USES ANOTHER NAME (SPECIFY)

3 R DOES NOT USE TIKTOK

D DON’T KNOW

R REFUSED

**CON41\_W1** Could you tell me where you plan to move to once you are no longer involved with Child Protection and Permanency (CP&P)?

(**INTERVIEWER:** ENTER RESPONSE OR D = DON’T KNOW, R = REFUSED)

**CON42\_W1** Do you intend to join the armed forces?

1 YES

0 NO

D DON’T KNOW

R REFUSED

[IF CON42\_W1=1, THEN GO TO CON43\_W1. ELSE, GO TO TY\_TINCEN IF MODE=1 OR TY\_PINCEN IF MODE=2]

**CON43\_W1** Which branch of the armed forces do you intend to join?

1 ARMY

2 NAVY

3 MARINES

4 AIR FORCE

5 OTHER (ENTER BRANCH)

D DON’T KNOW

R REFUSED

**TY\_TINCEN** [IF MODE = 1]

To show our appreciation for completing the survey, we would like to send you a link to an Amazon gift card for $25. If you do not want to receive this gift card, please let us know.

Allow about a week for delivery.

1 = ACCEPTS INCENTIVE

2 = DECLINES INCENTIVE

**TY\_EMAIL**

[IF TYINCEN = 1] ELSE **T\_VER**

Please provide the e-mail address for where you would like us to send the gift card.

EMAIL:

**TY\_EMAIL\_Va**

INTERVIEWER: VERIFY EMAIL ADDRESS.

The email address I recorded is: <FILL EMAIL>. Is this correct?

1. YES [GO TO T\_VER]
2. NO [GO TO TY\_EMAIL\_Vb]

**TY\_EMAIL\_Vb**

INTERVIEWER: ENTER CORRECT EMAIL.

EMAIL:

**TY\_PINCEN** [IF MODE =2]

To show our appreciation for completing the survey, we would like to give you a gift card in the amount of $25.

This form states that you have received the gift card. This copy is for your records.

1 = ACCEPTS INCENTIVE

2 = DECLINES INCENTIVE

**T\_VER**.

As part of RTI’s quality program, we plan to contact a portion of the persons taking part in this survey to verify that interviewers, including me, have done our work correctly. The questions you would be asked, if you are selected, are general. This is only to verify my work. In advance, I appreciate your help if you are selected to verify my work.

Are you agreeable to a call to verify my work?

1 = YES

2 = NO

**T\_RESOURCE**. Lastly, if you are feeling upset by the issues discussed in this survey and would like to talk with someone about your feelings, we suggest you call your current clinician or reach out to another provider organization. If not, please refer to the consent form you received for a list of numbers that you can call. I can also provide these numbers to you now if you would like.

INTERVIEWER: IF NEEDED

2nd Floor Youth Helpline: Call or text 1-888-222-2228

Children’s System of Care: Call or text 1-877-652-7624

**END\_W1** This is the end of the survey. Thank you for your time and help. We appreciate your patience.

**INTERVIEWER:** ENTER “1” TO CONTINUE

1 CONTINUE

*The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to evaluate the programs and services provided to young adults who are currently or were previously in foster care. Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Pergamit at mpergamit@urban.org.*