###### 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 0970-0577 and the expiration date is 09/30/2024.

# Set Up And Introduction

**prld\_age** What is your date of birth?

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

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

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

**prld\_group** Treatment Case or Control Group Case (relevant routing in LifeSet Services Section)

1. TREATMENT
2. CONTROL

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

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

2 ALTERNATE LOCATION **(SPECIFY)**

**intloc\_specify** [IF INTLOC=2] WHERE IS THE INTERVIEW TAKING PLACE?

[TEXT BOX]

**VERIFY** Case ID: XXXXXXX

Subject Name: Respondent First and Last Name

Respondent DOB: XX/XX/XXXX

INTERVIEWER: PLEASE MAKE SURE YOU HAVE SELECTED THE CORRECT CASE BEFORE ENTERING 1 TO CONTINUE.

ENTER 1 TO CONTINUE.

**MODE** INTERVIEWER: INDICATE MODE OF ADMINISTRATION.

1. TELEPHONE
2. IN-PERSON

**INTRO6**

INTERVIEWER: BE SURE TO READ VERBATIM.

Before we begin, I would like to remind you of the study details. These study details are also included on the Study Fact Sheet and [PROGRAMMER: IF R AGE IS >=18, THEN FILL: “Consent”; IF R AGE IS <18, THEN FILL: “Assent”] Form that were provided to you by mail or email. I can send these materials to you again if you did not receive them or have not had a chance to review them yet.

**Did you have time to review the materials?**

1 YES [GO TO Y\_REVIEW]

0 NO [GO TO Y\_NOREVIEW]

**Y\_REVIEW**

INTERVIEWER: BE SURE TO READ VERBATIM.

Great, this study is funded by the Administration for Children and Families, an agency within the U.S. Department of Health and Human Services. This survey involves questions about the services you have received while in foster care, as well as questions about education and work, places you have lived, and relationships with family and friends. We are asking over 600 youth in foster care to take part. Your input is needed to understand and improve the services youth and young adults receive before and after they leave care.

Federal law requires us to keep your answers private. Any data you provide will only be used by authorized personnel for statistical purposes. The only exceptions to this promise of privacy are if you tell me you intend to seriously harm yourself or someone else, or if a child has been or will be seriously harmed. In this situation, I may need to notify a mental health professional or other authorities.

Your participation is voluntary. The [FILL IF MODE=1: "telephone survey"; FILL IF MODE=2: "survey"] will take about 35 minutes to complete. You may consider some of the questions to be sensitive and some of the questions may also make you feel certain emotions, such as sadness. Remember you can choose not to answer any questions you do not want to answer, and you can stop taking the survey at any time. If you become upset at any time during the survey and wish to speak to a mental health professional about how you are feeling, I will provide you with some toll-free hotline numbers to call. A $25 electronic gift card will be sent to you after the [FILL IF MODE=1: "telephone survey"; FILL IF MODE=2: "survey"]. We may also telephone you in the future to check on the quality of my work during this interview. This consists of a brief set of questions for participants to answer to check for professionalism, time to complete the survey, and if data collection procedures were followed.

[PROGRAMMER: IF R AGE>=18: **Do you have any questions before we begin?**]

[PROGRAMMER: IF R AGE<18: **Do you have any questions?**]

INTERVIEWER: ANSWER RESPONDENT QUESTIONS.

INTERVIEWER: ENTER 1 TO CONTINUE.

[IF R AGE<18, THEN GO TO **M\_TB.** IF R AGE>=18, THEN GO TO **AGREE1.]**

**Y\_NOREVIEW**

Before we begin, I must review the [IF R AGE>=18, THEN FILL: “consent”; IF R AGE<18, THEN FILL: “assent”] form with you to ensure you are fully informed about study participation and your rights as a respondent. This will take just a few minutes.

**FI: OFFER TO SEND THE FACT SHEET/CONSENT FORM AGAIN.**

INTERVIEWER IF NEEDED: Please visit our website [www.YASS.rti.org](http://www.YASS.rti.org) to view and download a copy of the study fact sheet.

INTERVIEWER: ENTER 1 TO CONTINUE.

**CONSENT1**

INTERVIEWER: BE SURE TO READ VERBATIM.

We are from RTI International. We are conducting a survey as part of a study being conducted by the Urban Institute. The Urban Institute is a nonpartisan nonprofit social policy research organization in Washington DC. The Urban Institute study looks at what it’s like for young adults who are leaving foster care and the services they may receive. This study is funded by the U.S. Department of Health and Human Services, Administration for Children and Families. We are asking over 600 youth in foster care to help us with this study. You have been asked to be in the study because you are a youth in foster care in New Jersey. We call this study the Young Adult Services Study, or YASS.

INTERVIEWER: ENTER 1 TO CONTINUE.

**CONSENT2**

INTERVIEWER: BE SURE TO READ VERBATIM.

If you decide to participate in this study, we would like to survey you today and two more times, once in 12 months and again in 24 months. For the survey today, I will ask you 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. The interview today will last about **35 minutes** and future interviews will last about **60-75 minutes**. The interviews can be done at a time that works best for you. Some portions of the interview may be recorded to make sure that I am doing a good job.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF MODE=TELEPHONE] CONSENT3A**

INTERVIEWER: BE SURE TO READ VERBATIM.

Some questions ask about your emotions, alcohol and drug use, and behavior that might be against the law. I will read the questions to you and enter your responses into the computer. I will know your answers to these questions. You may skip over any questions you do not want to answer.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF MODE=IN PERSON] CONSENT3B**

INTERVIEWER: BE SURE TO READ VERBATIM.

Some questions ask about your emotions, alcohol and drug use, and behavior that might be against the law. If you want**, you can listen to these questions on headphones and enter your answers on a computer**. I will not see your answers to these questions. If you do not want to use the computer, I can read you the questions. I will enter your answers into the computer. If you do it this way, I will know your answers to these questions.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF R AGE>=18] CONSENT4A**

INTERVIEWER: BE SURE TO READ VERBATIM.

We would also like to ask your permission to allow the YASS research team to review administrative records that might contain information that can be used to see how you are doing. These include the following types of records; public assistance; education; foster care agency; unemployment insurance wages; vital statistics; and criminal justice. These and other records such as department of motor vehicles information may also be used to locate you if we should lose contact.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF R AGE<18] CONSENT4B**

INTERVIEWER: BE SURE TO READ VERBATIM.

We may contact you in between surveys to confirm or update your contact information. With your permission, we would like to use consumer/credit databases such as LexisNexis, Experian, PBI, and Transunion to locate you once you turn 18. We will only use these sources to help us find you when we want to interview you again.

INTERVIEWER: ENTER 1 TO CONTINUE.

**CONSENT5**

INTERVIEWER: BE SURE TO READ VERBATIM.

In the future, you may also be asked to participate in a small group discussion or one-on-one interview as part of the study. You may also be asked to participate in a meeting observation, which is an observation of a meeting between you and a staff member of an agency or organization whose services you may be receiving. These discussions and observations will help us better understand how you are experiencing the services offered to you. All opportunities to participate in any future discussion or observation are voluntary and you can choose not to participate at any time.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF R AGE>=18] CONSENT6A**INTERVIEWER: BE SURE TO READ VERBATIM.

You don’t have to be in this study. **Being in the study is voluntary.** If you don’t want to be in the study just tell me. You can say yes now but you can stop if you change your mind later. You can still be in the study even if you do not give us permission to get information about you from administrative data. Whether or not you choose to be in this study will not change anything for you in terms of the care you receive from the state or any other services you may be eligible for. In other words, it will not change your placement or the services you get.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF R AGE<18] CONSENT6B**

INTERVIEWER: BE SURE TO READ VERBATIM.

You don’t have to be in this study. **Being in the study is voluntary.** If you don’t want to be in the study just tell me. You can say yes now but you can stop if you change your mind later. Whether or not you choose to be in this study will not change anything for you in terms of the care you receive from the state or any other services you may be eligible for. In other words, it will not change your placement or the services you get.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF R AGE>=18] CONSENT7A**

INTERVIEWER: BE SURE TO READ VERBATIM.

Members of the research team will be able to see your information. Information that could identify you will be removed from the information you share today and any of the data we collect about you in the future. The information may be combined and made available for other researchers to use; these files will not include any information that could identify you and will only be available under password protected secure access. If ACF decides to extend this project, we may share your information with the researchers working on that extension, but they would keep the information that is identifiable private to the same extent we do. One exception to not sharing your identity, is that I may need to tell the appropriate authorities if you report evidence of current abuse or neglect. I may also need to report if you threaten yourself or someone else.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF R AGE<18] CONSENT7B**

INTERVIEWER: BE SURE TO READ VERBATIM.

Members of the research team will be able to see your information. Information that could identify you will be removed from the information you share today and any of the data we collect about you in the future. The information will be combined and made available for other researchers to use; these files will not include your name and will only be available under password protected secure access. If ACF decides to extend this project, we may share your information with the researchers working on that extension, but they would keep the information that is identifiable private to the same extent that we do. One exception to not sharing your identity, is that I may need to tell the appropriate authorities if you report evidence of current abuse or neglect. I may also need to report if you threaten to hurt yourself or someone else.

INTERVIEWER: ENTER 1 TO CONTINUE.

**CONSENT8**

INTERVIEWER: BE SURE TO READ VERBATIM.

We will do many things to keep your information private. We will only let the research team see your information. We will store information about you either in a locked drawer or on a secure computer. The computer will be password protected. We will also not use your name in any reports or papers.

We also have a Certificate of Confidentiality from the government to protect your privacy. This Certificate of Confidentiality strictly limits when we can share identifiable information collected through our research. For example, we cannot be forced to give a court information about you. However, you should know that the Certificate does not stop reporting that federal, state or local laws require, for example reporting child abuse and threats to harm yourself or others.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF R AGE>=18] CONSENT9A**

INTERVIEWER: BE SURE TO READ VERBATIM.

Some of the questions you are asked may make you feel uneasy. **You do not have to answer** any questions that you do not want to answer. Additionally, any administrative data you may agree to provide us access to could be compromised in a breach of data and the answers you may provide in the survey could be revealed. As mentioned, we have taken precautions to minimize the risk of any data being compromised.

INTERVIEWER: ENTER 1 TO CONTINUE.

**[IF R AGE<18] CONSENT9B**

INTERVIEWER: BE SURE TO READ VERBATIM.

Some of the questions you are asked may make you feel uneasy. **You do not have to answer** any questions that you do not want to answer. Additionally, any data you may agree to provide us access to could be compromised in a breach of data and the answers you may provide in the survey could be revealed. As mentioned, we have taken precautions to minimize the risk of any data being compromised.

INTERVIEWER: ENTER 1 TO CONTINUE.

**CONSENT10**

INTERVIEWER: BE SURE TO READ VERBATIM.

You will not benefit directly from this study. But data we get from the study is important. Being in this study will let you tell officials about your experiences during and after foster care. This information may be used to improve the services that youth receive before and after they leave care. Many youth in foster care appreciate the chance to tell their story and be listened to.

INTERVIEWER: ENTER 1 TO CONTINUE.

**CONSENT11**

INTERVIEWER: BE SURE TO READ VERBATIM.

For helping me with this study, you will receive a **$25 gift card** for this survey, **$50** for the second survey in **12 months**, and **$50** for the third survey in **24 months.** If you decide to stop being in the study or skip some of the questions today you still get **$25.** It’s all up to you.

INTERVIEWER: ENTER 1 TO CONTINUE.

**CONSENT12**

INTERVIEWER: BE SURE TO READ VERBATIM.

This study is being done by the Urban Institute, the University of Chicago, and the Survey Firm, RTI International. The US Department of Health and Human Services is paying for this study. The people in charge of the study are Dr. Michael Pergamit and Dr. Mark Courtney. If you have any questions or concerns about this study, I can give you the necessary contact information.

INTERVIEWER, IF NECESSARY:

Dr. Michael Pergamit

[mpergamit@urban.org](mailto:mpergamit@urban.org)

Dr. Mark Courtney

[markc@uchicago.edu](mailto:markc@uchicago.edu)

Jennifer Keeney

RTI International

3040 Cornwallis Road

Research Triangle Park, NC 27709

919-316-3525

1-800-334-8571 extension 23525

[jkeeney@rti.org](mailto:jkeeney@rti.org)

INTERVIEWER: ENTER 1 TO CONTINUE.

**[ASK ONLY IF R AGE<18; IF R AGE >=18, THEN GO TO AGREE1]**

**M\_TB.** I want to make sure I was clear when I talked to you about the survey and went through the assent process. I would like to ask you a few questions to make sure you understand what agreeing to take part means. This is a way for me to review with you anything where you might still have questions.

INTERVIEWER: ENTER 1 TO CONTINUE

**M\_TB1**. First, please tell me what you think is involved in joining this study?

INTERVIEWER: CODE RESPONSE

1. CORRECT RESPONSE: SURVEYS/ANSWERING QUESTIONS/35-MINUTE SURVEY

2. INCORRECT RESPONSE OR MINOR SAYS DON’T KNOW

**M.TB2**. Are you required to join and complete this survey?

INTERVIEWER: CODE RESPONSE

1 = CORRECT RESPONSE: NO

2 = INCORRECT RESPONSE: YES OR DON’T KNOW RESPONSE.

**M\_\_TB3**. What will happen if you do not answer all of the survey questions or want to stop the survey early?

INTERVIEWER: CODE RESPONSE

1 = CORRECT RESPONSE: NOTHING. I CAN DECLINE/REFUSE TO ANSWER ANY QUESTION OR LEAVE AT ANY TIME.

2 = INCORRECT RESPONSE OR MINOR SAYS DON’T KNOW

**M\_TB4**. We will not tell anyone that you are taking part in this survey or share your information. There is an exception to this. Can you tell me what that is?

INTERVIEWER: CODE RESPONSE

1 = CORRECT RESPONSE: SELF-HARM OR HARM TO OTHERS

2 = INCORRECT RESPONSE OR MINOR SAYS DON’T KNOW

**LOGIC before: IF R answered items M\_TB1 – M\_TB4 correctly (=1) GOTO M\_TB5.**

**M\_TB5**. INTERVIEWER: THIS RESPONDENT SUCCESSFULLY COMPLETED THE ASSENT COMPREHENSION ASSESSMENT. PRESS 1 TO CONTINUE.

**IF R answered any items incorrectly for M\_TB1-M\_TB4 (=2), GOTO M\_TB6.**

**M\_TB6**.

Based on your responses, I will need to review the assent form with you again to make sure you understand what agreeing to take part means.

INTERVIEWER: BACK UP AND REVIEW M\_TB1 THROUGH M\_TB4. FOR ALL THE DETAILS, MAKE SURE INTRO6 IS A ‘NO’

1 = TRY AGAIN

2 = DO NOT CONTINUE: MINOR NOT ABLE TO PASS COMPREHENSON ASSESSMENT

AFTER THREE ATTEMPTS

PROGRAMMER: USE POP-UP WINDOW TO ALLOW INTERVIEWER TO GO BACK TO INTRO6. POP-UP WINDOW SHOULD SAY: “INTERVIEWER: CLICK ON Goto BELOW AND PLEASE SELECT ‘NO’ WHEN YOU REACH INTRO6 TO REVIEW THE FULL ASSENT STATEMENT WITH THIS PARTICIPANT.”

IF **M\_TB6** = 2

**M\_TBEND**. Thank you for taking the time to discuss the survey with me. There are many reasons people are eligible or not eligible to complete the survey. Unfortunately, we will not be able to continue with the survey.

**AGREE1**

**Do you agree to participate in today’s survey?**

1 = YES, AGREES TO STUDY PARTICIPATION [GO TO AGREE2 IF R AGE>=18; GO TO AGREE3 IF R AGE<18]

0 = NO, DOES NOT AGREE TO STUDY PARTICIPATION [GO TO DISAGREE]

**AGREE3**

We would like to contact you again for another survey in about 12 months and then again 12 months after that. The surveys may be done at a time that works best for you. You can choose not to be in the study at those times.   
**Do you agree to be contacted for future surveys?**

1 YES, AGREES TO CONTACT FOR FUTURE SURVEYS [GO TO AGREE4]

0 NO, DOES NOT AGREE TO CONTACT FOR FUTURE SURVEYS [GO TO AGREE4]

**DISAGREE**

**Thank you for your time.**

INTERVIEWER: END CALL/INTERVIEW. DOCUMENT THE SITUATION.

**AGREE4**

We also use a laptop quality control system on this study. The system runs on the computer and will record what you and I say to each other during parts of the survey. Neither you nor I will know when the computer records what we say. My bosses will listen to the recordings to monitor my work. We keep the recordings for those purposes only and we keep them private. We will destroy the files after this review.

**Do we have your okay to run this system during the survey?**

1 YES, AGREES TO HAVING PARTS OF THE SURVEY RECORDED FOR QUALITY REVIEWS [GO TO PRIVACY1 IF MODE=TELEPHONE; GO TO RESOURCES IF MODE=IN-PERSON]

0 NO, DOES NOT AGREE TO HAVING PARTS OF THE SURVEY RECORDED [GO TO PRIVACY1 IF MODE=TELEPHONE; GO TO RESOURCES IF MODE=IN-PERSON]

**[IF MODE=TELEPHONE] PRIVACY1**

Because you may not want others to hear the responses to some of our questions, I would like to be sure you are in a private area. Are you in an area where you can answer these questions privately?

1 YES [GO TO RESOURCES]

0 NO [GO TO PRIVACY2]

**PRIVACY2**

**Please move to a more private area. Do you need more time?**

1 YES [GO TO PRIVACY3]

0 NO [GO TO RESOURCES]

**PRIVACY3**

INTERVIEWER: GIVE THE RESPONDENT TIME TO MOVE TO A MORE PRIVATE AREA. WHEN THE RESPONDENT IS READY, ENTER 1 TO CONTINUE.

**RESOURCES**

If you are feeling upset by the issues discussed in this survey, the [FILL IF R AGE>=18: “consent”; FILL IF R AGE<18: “assent”] form provides some resources that you can access. I can provide these again at the end of the survey.

INTERVIEWER, IF NECESSARY:

IF THE RESPONDENT HAS ANY QUESTIONS OR CONCERNS ABOUT THIS STUDY, THEY CAN CONTACT:

Jennifer Keeney

RTI International

3040 Cornwallis Road

Research Triangle Park, NC 27709

919-316-3525

1-800-334-8571 extension 23525

[jkeeney@rti.org](mailto:jkeeney@rti.org)

IF THE RESPONDENT AGREES TO BE IN THIS STUDY AND FEELS THAT THEY WERE NOT TREATED FAIRLY, THEY CAN CONTACT:

The Institutional Review Board Administrator

Everett Madden

Urban Institute

500 L’Enfant Plaza SW

Washington, DC 20004

202.261.5632

emadden@urban.org

IF THE RESPONDENT IS FEELING UPSET BY THE ISSUES DISCUSSED IN THIS SURVEY AND WOULD LIKE TO TALK WITH SOMEONE ABOUT THEIR FEELINGS, WE SUGGEST THEY CALL THEIR CURRENT CLINICIAN OR REACH OUT TO ANOTHER PROVIDER ORGANIZATION.

IF NOT, BELOW ARE SOME NUMBERS THEY CAN CALL.

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

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

INTERVIEWER: ENTER 1 TO CONTINUE.

# Demographics

**name\_w1\_fn** 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:

**name\_w1\_lna** LAST NAME:

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

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

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

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

F3 DON’T KNOW

F4 REFUSED

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

1 YES

0 NO

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 REFUSED

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

1 ENGLISH

2 SPANISH

3 CHINESE

4 ARABIC

5 GUJARATI

6 OTHER

F3 DON’T KNOW

F4 REFUSED

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

1 YES

0 NO

F3 DON’T KNOW

F4 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

F3 DON'T KNOW

F4 REFUSED

**LA1\_W1\_OT** [IF LA1\_W1=15] PLEASE SPECIFY

[TEXT BOX]

F3 DON’T KNOW

F4 REFUSED

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

1 ALONE

2 WITH OTHERS

F3 DON’T KNOW

F4 REFUSED

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

\_\_\_\_ 0-15

F3 DON'T KNOW

F4 REFUSED

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

1 YES

0 NO

F3 DON'T KNOW

F4 REFUSED

**LA5\_W1** [IF **LA1\_**W1=14, GO TO **SSN0\_**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

F3 DON'T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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 who butts into your business?

1 MANY PEOPLE

2 SOME PEOPLE

3 A FEW PEOPLE

4 NO ONE

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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.

INTERVIEWER 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=0, MAX=9)

F3 DON’T KNOW [Go to **F3\_W1**]

F4 REFUSED [Go to **F3\_W1**]

PROGRAMMER: IF F1\_W1=0, THEN 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=0, MAX=9)

F3 DON’T KNOW

F4 REFUSED

PROGRAMMER: ADD ERROR MESSAGE IF F2\_W1>F1\_W1:

INTERVIEWER: THE RESPONSE CANNOT BE GREATER THAN [FILL WITH F1\_W1], WHICH IS THE NUMBER OF CHILDREN THE RESPONDENT HAS.

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

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

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

F3 DON’T KNOW [Go to **EDU1\_W1**]

F4 REFUSED [Go to **EDU1\_W1**]

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

INTERVIEWER: ENTER WEEKS OR MONTHS.

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

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

F3 DON’T KNOW

F4 REFUSED

PROGRAMMER: IF INTERVIEWER ENTERS WEEKS AND MONTHS, ADD A POP-UP ERROR: “INTERVIEWER: ENTER WEEKS OR MONTHS”

# 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**]

F3 DON’T KNOW [Go to **EDU3\_W1**]

F4 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

F3 DON’T KNOW

F4 REFUSED

**EDU2\_W1\_O** [IF EDU2\_W1=6] PLEASE SPECIFY

[TEXT BOX]

F3 DON’T KNOW

F4 REFUSED

**EDU3\_W1\_M** [IF EDU\_W1=1 OR 2, GO TO EDU4\_W1] When were you last enrolled in school--what month and year?

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

F3 DON’T KNOW

F4 REFUSED

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

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

F3 DON’T KNOW

F4 REFUSED

PROGRAMMER: ADD CONSISTENCY CHECK. VALUES FOR YEAR SHOULD BE FREOM 2000 TO 2024.

**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

F3 DON’T KNOW

F4 REFUSED

**EDU5\_W1** Do you have a high school diploma, a home school certificate, or a 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

F3 DON’T KNOW

F4 REFUSED

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

1 YES

0 NO

F3 DON’T KNOW

F4 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

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

F3 DON’T KNOW

F4 REFUSED

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

1 YES

0 NO

F3 DON’T KNOW

F4 REFUSED

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

1 YES

0 NO

F3 DON’T KNOW

F4 REFUSED

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

1 YES

0 NO

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 REFUSED

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

1 YES

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

F3 DON’T KNOW

F4 REFUSED

**EMP4\_W1** How many hours per week [FILL IF EMP1\_W1=1: “do”; FILL IF EMP1\_W1=0: “did”] you usually work at formal employment? (PROBE: DURING WEEKS WHEN YOU WORKED).

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

F3 DON’T KNOW

F4 REFUSED

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

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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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**]

F3 DON’T KNOW

F4 REFUSED

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

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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON'T KNOW

F4 REFUSED

**ECON2\_W1** 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

F3 DON'T KNOW

F4 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

F3 DON'T KNOW

F4 REFUSED

# ACASI Set Up

IF MODE = 1. GOTO ACASI\_PHONE

IF MODE = 2 GOTO ACASI\_Intro

PROGRAMMER: THROUGHOUT THE ACASI SECTION, THERE SHOULD BE HOT KEYS FOR THE FOLLOWING OPTIONS:

F10 REPLAY QUESTION/RESPONSES

F7 TURN QUESTION/RESPONSE AUDIO ON/OFF

**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 '2' AND SPECIFY THE REASON.

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

2 SKIP AUDIO SECTION (SPECIFY REASON)

**ACASI\_SPECI** [IF ACASI\_START=2] WHY IS ACASI BEING SKIPPED?

[TEXT BOX]

**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 press the “F4” key for "refused" and press Enter. If you do not know the answer, please give your best estimate. If you're still not sure, press the “F3” key 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

F3 DON’T KNOW

F4 REFUSED

**ac1c** That ends our example question. If you would like to listen to the question and answers again, please press “F10”. If you would like to turn off the audio for the questions and answers, please press “F7”. To turn the audio for the questions and answers back on, please press “F7” 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

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN REPSONSE OPTION FORMATTING:

1. Male
2. Female

F3 DON’T KNOW

F4 REFUSED

**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 SOMETHING ELSE

F3 DON’T KNOW

F4 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 SOMETHING ELSE:

F3 DON’T KNOW

F4 REFUSED

**gender\_w1\_** [IF gender\_W1=6 AND MODE=1] Please specify your gender identity if you would like to.

INTERVIEWER: ENTER RESPONDENT’S GENDER IDENTITY.

F3 DON’T KNOW

F4 REFUSED

[IF gender\_W1=6 AND MODE=2] Please specify your gender identity if you would like to.

[TEXT BOX]

F3 DON’T KNOW

F4 REFUSED

**sorient\_w1** Which of the following best represents how you think of yourself?

IF MODE=1, THEN REPSONSE OPTION FORMATTING:

1 GAY OR LESBIAN

2 BISEXUAL

3 PANSEXUAL

4 ASEXUAL

5 STRAIGHT OR HETEROSEXUAL

6 SOMETHING ELSE

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Gay or lesbian

3 Bisexual

4 Pansexual

5 Asexual

6 Straight or heterosexual

7 Something else

F3 DON’T KNOW

F4 REFUSED

**sorient\_w1\_m** [IF sorient\_W1=7 AND MODE=1] Please specify your sexual orientation if you would like to.

INTERVIEWER: ENTER RESPONDENT’S SEXUAL ORIENTATION

F3 DON’T KNOW

F4 REFUSED

[IF sorient\_W1=7 AND MODE=2] Please specify your sexual orientation if you would like to.

[TEXT BOX]

F3 DON’T KNOW

F4 REFUSED

# 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

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

F3 DON’T KNOW

F4 REFUSED

**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

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

F3 DON’T KNOW

F4 REFUSED

**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

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

F3 DON’T KNOW

F4 REFUSED

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

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

F3 DON’T KNOW

F4 REFUSED

# 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

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

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

F3 DON’T KNOW [Go to **SA3\_W1**]

F4 REFUSED [Go to **SA3\_W1**]

**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)

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

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

F3 DON’T KNOW

F4 REFUSED

**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

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

F3 DON’T KNOW

F4 REFUSED

**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

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

F3 DON’T KNOW

F4 REFUSED

**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

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

F3 DON’T KNOW

F4 REFUSED

# Criminal Justice Involvement

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

IF MODE=1, THEN RESPONSE OPTION FORMATTING:

1 YES

0 NO

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

F3 DON’T KNOW

F4 REFUSED

**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

F3 DON’T KNOW

F4 REFUSED

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1 Yes

0 No

F3 DON’T KNOW

F4 REFUSED

# 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 [Go to **CTS0\_W1**]
2. NO [Go to **CTSEND**]

F3 DON’T KNOW [Go to **CTSEND**]

F4 REFUSED [Go to **CTSEND**]

IF MODE=2, THEN RESPONSE OPTION FORMATTING:

1          Yes [Go to **CTS0\_W1**]

                       0          No [Go to **CTSEND**]

F3         DON’T KNOW [Go to **CTSEND**]

                        F4         REFUSED [Go to **CTSEND**]

**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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 REFUSED

**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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 REFUSED

**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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 REFUSED

**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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 REFUSED

**[CTSEND]**

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

**PASSWORD** [IF MODE=2]INTERVIEWER: ENTER PASSWORD TO CONTINUE.

[TEXT BOX FOR PASSWORD]

PROGRAMMER: FOR TESTING PURPOSES, THE PASSWORD CAN BE LIFESET

# 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 REFUSED

**SEC10\_W1** I have difficulty 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 REFUSED

**SEC12\_W1** I know how to act in different social situations, such as school, home, work and church, mosque, or 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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

F3 DON’T KNOW

F4 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**]

0 NO [GO TO NEXT SECTION]

F3 DON’T KNOW [GO TO NEXT SECTION]

F4 REFUSED [GO TO NEXT SECTION]

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

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

0 NO [GO TO NEXT SECTION]

F3 DON’T KNOW [GO TO NEXT SECTION]

F4 REFUSED [GO TO NEXT SECTION]

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

1 YES

0 NO

F3 DON’T KNOW

F4 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

0 NO

F3 DON’T KNOW

F4 REFUSED

**CON1\_W1\_N** [IF CON1\_W1=1] [TEXT BOX FOR NAME]

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

1 YES

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

F3 DON’T KNOW [Go to **CON8\_W1**]

F4 REFUSED [Go to **CON8\_W1**]

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

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

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

F3 DON’T KNOW [Go to **CON8\_W1**]

F4 REFUSED [Go to **CON8\_W1**]

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

[TEXT BOX]

F3 DON’T KNOW

F4 REFUSED

**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**]

F3 DON’T KNOW [Go to **CON7\_W1**]

F4 REFUSED [Go to **CON7\_W1**]

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

[FIELDS FOR ADDRESS]

F3 DON’T KNOW

F4 REFUSED

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

[TEXT BOX FOR PHONE NUMBER]

F3 DON’T KNOW

F4 REFUSED

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

1 YES [Go to **CON9\_W1**]

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

F3 DON’T KNOW [Go to **CON14\_W1**]

F4 REFUSED [Go to **CON14\_W1**]

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

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

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

F3 DON’T KNOW [Go to **CON14\_W1**]

F4 REFUSED [Go to **CON14\_W1**]

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

[TEXT BOX FOR NAME]

F3 DON’T KNOW

F4 REFUSED

**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**]

F3 DON’T KNOW [Go to **CON13\_W1**]

F4 REFUSED [Go to **CON13\_W1**]

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

[FIELDS FOR ADDRESS]

F3 DON’T KNOW

F4 REFUSED

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

[TEXT BOX FOR PHONE NUMBER]

F3 DON’T KNOW

F4 REFUSED

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

1 YES [Go to **CON15\_W1**]

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

F3 DON’T KNOW [Go to **CON20\_W1**]

F4 REFUSED [Go to **CON20\_W1**]

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

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

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

F3 DON’T KNOW [Go to **CON20\_W1**]

F4 REFUSED [Go to **CON20\_W1**]

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

[TEXT BOX FOR NAME]

F3 DON’T KNOW

F4 REFUSED

**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**]

F3 DON’T KNOW [Go to **CON19\_W1**]

F4 REFUSED [Go to **CON19\_W1**]

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

[FIELDS FOR ADDRESS]

F3 DON’T KNOW

F4 REFUSED

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

[TEXT BOX FOR PHONE NUMBER]

F3 DON’T KNOW

F4 REFUSED

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

1 YES [Go to **CON21\_W1**]

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

F3 DON’T KNOW [Go to **CON26\_W1**]

F4 REFUSED [Go to **CON26\_W1**]

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

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

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

F3 DON’T KNOW [Go to **CON26\_W1**]

F4 REFUSED [Go to **CON26\_W1**]

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

[TEXT BOX FOR NAME]  
 F3 DON’T KNOW

F4 REFUSED

**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**]

F3 DON’T KNOW [Go to **CON25\_W1**]

F4 REFUSED [Go to **CON25\_W1**]

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

[FIELDS FOR ADDRESS]

F3 DON’T KNOW

F4 REFUSED

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

[TEXT BOX FOR PHONE NUMBER]

F3 DON’T KNOW

F4 REFUSED

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

[IF adopt\_W1=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**]

F3 DON’T KNOW [GO TO **CON31\_W1**]

F4 REFUSED [GO TO **CON31\_W1**]

**CON27\_W1** How many brothers and sisters do you have?

[TEXT BOX FOR NUMBER; MIN=1; MAX=?]

[IF adopt\_W1=2] INTERVIEWER, IF NEEDED: “Include half-brothers or half-sisters and stepbrothers and stepsisters.”

[IF adopt\_W1=1] INTERVIEWER, IF NEEDED: Include half-brothers or half-sisters, stepbrothers or stepsisters, and adoptive brothers and sisters.

F3 DON’T KNOW [GO TO **CON31\_W1**]

F4 REFUSED [GO TO **CON31\_W1**]

**CON27A\_W1** [PROGRAMMER: FOR FIRST SIBLING, IF R HAS MORE THAN ONE SIBLING] Let’s start with your oldest sibling. What is this sibling’s first and last name?

[PROGRAMMER: IF R HAS ONE SIBLING] What is this sibling’s first and last name?

[PROGRAMMER: FOR ALL OTHER SIBLINGS AFTER THE FIRST, IF R HAS MORE THAN ONE SIBLING] And the next oldest sibling. What is this sibling’s first and last name?

[TEXT BOX]

F3 DON’T KNOW

F4 REFUSED

**CON27B\_W1** What is [FILL: CON27A\_W1]’s relationship to you?

1 BROTHER

2 SISTER

3 HALF-BROTHER

4 HALF-SISTER

5 STEP BROTHER

6 STEP SISTER

7 ADOPTIVE BROTHER

8 ADOPTIVE SISTER

F3 DON’T KNOW

F4 REFUSED

**CON27C\_W1** INTERVIEWER: IF NEEDED, “Any other siblings?”

1 YES [LOOP BACK TO CON27A\_W1]

0 NO [GO TO CON28\_W1]

PROGRAMMER NOTE: LOOP THROUGH FOR CON27\_W1 NUMBER OF SIBLINGS

PROGRAMMER: IF RESPONDENT HAS 9 SIBLINGS, DON’T ASK CON27C\_W1 AFTER THE NINTH SIBLING.

**CON28\_W1** [ASK IF R HAS MORE THAN ONE SIBLING] Which of these brothers and/or sisters are you closest to?

PROGRAMMER: FILL WITH SIBLINGS LISTED IN CON27A\_W1

**INTERVIEWER:** PLEASE SELECT ONE AND ENTER FIRST AND LAST NAME

F3 DON’T KNOW [GO TO **CON31\_W1**]

F4 REFUSED [GO TO **CON31\_W1**]

**CON29\_W1** What is [FILL: SIBLING NAME]'s full address?

[FIELDS FOR ADDRESS]

F3 DON’T KNOW

F4 REFUSED

**CON30\_W1** What is [FILL: SIBLING NAME]'s telephone number?

[TEXT BOX FOR PHONE NUMBER]

F3 DON’T KNOW

F4 REFUSED

**CON31\_W1** Which adult relative, other than your parents and siblings, have you seen the most often in the last 5 years?

INTERVIEWER:IF THE R IS NOT CLOSE TO ANY RELATIVE, ENTER ‘999’.

[TEXT BOX FOR FIRST AND LAST NAME]

999 NO RELATIVE [GO TO **CON34\_W1**]

F3 DON’T KNOW [GO TO **CON34\_W1**]

F4 REFUSED [GO TO **CON34\_W1**]

**CON31A\_W1** What is [FILL RELATIVE’S NAME]’s relationship to you?

[PROGRAMMER: LIST OF RELATIONSHIP TYPES ARE:

1 AUNT

2 UNCLE

3 GRANDMOTHER

4 GRANDFATHER

5 COUSIN

6 NIECE

7 NEPHEW

8 BROTHER-IN-LAW

9 SISTER-IN-LAW

10 MOTHER-IN-LAW

11 FATHER-IN-LAW

12 OTHER, SPECIFY]

F3 DON’T KNOW

F4 REFUSED

**CON31B\_W1** [IF CON31A\_W1=12] ENTER RELATIONSHIP.

[TEXT BOX]

F3 DON’T KNOW

F4 REFUSED

**CON32\_W1** What is **[**FILL RELATIVE’S NAME**]**'s full address?

[FIELDS FOR ADDRESS]

F3 DON’T KNOW

F4 REFUSED

**CON33\_W1** What is [FILL RELATIVE’S NAME]'s telephone number?

[TEXT BOX FOR PHONE NUMBER]

F3 DON’T KNOW

F4 REFUSED

**CON34\_W1** Other than the people you have already told me about, is there another person that you are close with and who would be able to help us contact you in the future?

INTERVIEWER:IF THE R IS NOT CLOSE TO ANY OTHERS, ENTER ‘999’.

[TEXT BOX FOR FIRST AND LAST NAME]

999 NO OTHERS [GO TO **CON37\_W1**]

F3 DON’T KNOW [GO TO **CON37\_W1**]

F4 REFUSED [GO TO **CON37\_W1**]

**CON34B\_W1**  What is [FILL PERSON’S NAME]’s relationship to you?

[PROGRAMMER: LIST OF RELATIONSHIP TYPES ARE:

1. STEP-MOTHER
2. FOSTER MOTHER
3. STEP-FATHER
4. FOSTER FATHER
5. SPOUSE/PARTNER
6. CLOSE FRIEND
7. BROTHER-IN-LAW
8. SISTER-IN-LAW
9. MOTHER-IN-LAW
10. FATHER-IN-LAW
11. OTHER, SPECIFY

F3 DON’T KNOW

F4 REFUSED

**CON34C\_W1** [IF CON34B\_W1=11] ENTER RELATIONSHIP.

[TEXT BOX]

F3 DON’T KNOW

F4 REFUSED

**CON35\_W1** What is [FILL PERSON’S NAME]'s full address?

[FIELDS FOR ADDRESS]

F3 DON’T KNOW

F4 REFUSED

**CON36\_W1** What is [FILL PERSON’S NAME]'s telephone number?

[TEXT BOX FOR PHONE NUMBER]

F3 DON’T KNOW

F4 REFUSED

**CON37\_W1** The next few questions are 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:** [FILL WITH: name\_w1\_fn name\_w1\_lna; IF name\_w1\_fn OR name\_w1\_lna=DK OR R, THEN FILL WITH RESPONDENT FIRST AND LAST NAME FROM AGENCY FILE]

1 R USES NAME ON FILE

2 R USES ANOTHER NAME (SPECIFY)

3 R DOES NOT USE FACEBOOK

F3 DON’T KNOW

F4 REFUSED

**CON37\_W1\_NAME** [IF CON37\_W1=2] [TEXT BOX FOR THE NAME]

F3 DON’T KNOW

F4 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:** [FILL WITH: name\_w1\_fn name\_w1\_lna; IF name\_w1\_fn OR name\_w1\_lna=DK OR R, THEN FILL WITH RESPONDENT FIRST AND LAST NAME FROM AGENCY FILE]

1 R USES NAME ON FILE

2 R USES ANOTHER NAME (SPECIFY)

3 R DOES NOT USE INSTAGRAM

F3 DON’T KNOW

F4 REFUSED

**CON38\_W1\_NAME** [IF CON38\_W1=2] [TEXT BOX FOR THE NAME]

F3 DON’T KNOW

F4 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:** [FILL WITH: name\_w1\_fn name\_w1\_lna; IF name\_w1\_fn OR name\_w1\_lna=DK OR R, THEN FILL WITH RESPONDENT FIRST AND LAST NAME FROM AGENCY FILE]

1 R USES NAME ON FILE

2 R USES ANOTHER NAME (SPECIFY)

3 R DOES NOT USE SNAPCHAT

F3 DON’T KNOW

F4 REFUSED

**CON39\_W1\_NAME** [IF CON39\_W1=2] [TEXT BOX FOR NAME]

F3 DON’T KNOW

F4 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:** [FILL WITH: name\_w1\_fn name\_w1\_lna; IF name\_w1\_fn OR name\_w1\_lna=DK OR R, THEN FILL WITH RESPONDENT FIRST AND LAST NAME FROM AGENCY FILE]

1 R USES NAME ON FILE

2 R USES ANOTHER NAME (SPECIFY)

3 R DOES NOT USE TIKTOK

F3 DON’T KNOW

F4 REFUSED

**CON40\_W1\_NAME** [IF CON40\_W1=2] [TEXT BOX FOR NAME]

F3 DON’T KNOW

F4 REFUSED

**CON41\_W1** [IF R AGE>21, THEN GO TO CON42\_W1] Do you plan to move once you are no longer involved with Child Protection and Permanency, or CP&P?

1 YES

0 NO

F3 DON’T KNOW

F4 REFUSED

**CON41B\_W1** [IF CON41\_W1=1] Could you tell me where you plan to move?

[ADDRESS FIELDS]

F3 DON’T KNOW

F4 REFUSED

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

1 YES

0 NO

F3 DON’T KNOW

F4 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)

F3 DON’T KNOW

F4 REFUSED

**CON43\_W1\_** [IF CON43\_W1=5] [TEXT BOX FOR BRANCH]

**[IF R AGE>=18]**

INTERVIEWER: BE SURE TO READ VERBATIM.

We will also ask you to allow us to look at different kinds of **administrative data**. Administrative data are information about you collected by government or other agencies. Examples of this kind of data include:

* college records, such as attendance and graduation;
* public assistance records, such as WorkFirst New Jersey or food stamps;
* unemployment insurance wage records, such as dates of employment and wages;
* foster care agency records, such as how many and what types of placements you were in;
* birth, marriage, and death records;
* criminal justice records, such as arrests or convictions; and
* consumer/credit databases that may have your phone number and address.

We will use any information we get from these sources in two ways. We will use it to help us better understand what has happened to you after you left foster care. For example, it may tell us the number of jobs you’ve had or the dollar amount of food stamps you receive. This information will give a fuller picture of youth’s circumstances when they leave foster care.

We will use it to help find you when we want to interview you again. For example, if you change your phone number, we may use credit databases to find your new phone number. If we cannot find you for an interview, we will use some of this data to see how you are doing as you get older.

**Do you agree to allow the YASS study research team to review the records that were described for research, locating and contact purposes?**

1 YES, AGREES TO THE USE OF ADMINISTRATIVE DATA

0 NO, DOES NOT AGREE TO THE USE OF ADMINISTRATIVE DATA

**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.

INTERVIEWER NOTE: EMAIL ADDRESS MUST CONTAIN 2 @@ SIGNS (i.e., janedoe@@yahoo.com).

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]

0 NO [GO TO TY\_EMAIL\_Vb]

**TY\_EMAIL\_Vb**

INTERVIEWER: ENTER CORRECT EMAIL. EMAIL ADDRESS MUST CONTAIN 2 @@ SIGNS (i.e., janedoe@@yahoo.com).

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

0 = 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 #: 09700577, Exp: 09/30/2024. 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.*