

## **Instrument 1**

### **SYSIL Youth Survey (Baseline and Follow-Ups 1-3)**

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# Supporting Youth to be Successful in Life Survey (SYSIL) Youth Survey

March 2021



## PRIVACY

Thank you for your help with this important study. The information you provide will be used to help us understand what challenges youth in foster care face and will help shape programs and improve services provided to youth like you.

We want you to know that:

1. The survey is estimated to take 30 minutes to complete.
2. Your name will not be on the survey. The answers you give will never be identified as yours. Your responses will be combined with those of other people your age.
3. Please answer all questions as well as you can. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.
4. Your answers and everything you say will be kept private to the extent permitted by law.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 0.5 hours 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 for this information collection is 0970-0XXX and the expiration date is XX/XX/20XX. If you have any comments on this collection of information, including estimated time to complete, please contact Dr. M.C. Bradley at Mathematica at 855-888-2092 or by email at: [SYSIL@mathematica-mpr.com](mailto:SYSIL@mathematica-mpr.com).

## A. BACKGROUND

These first questions ask for some general background information.

**A1. What is your date of birth? *If you do not know your full date of birth, please enter whatever information you do know.***

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
MONTH DAY YEAR

Don't know/Not sure

**A2. What is your ethnicity?**

**MARK ONE ONLY**

- Hispanic or Latino
- Not Hispanic or Latino
- Don't know
- Choose not to answer

**A3. What is your race?**

**MARK ALL THAT APPLY**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Don't know
- Choose not to answer

**A4. What sex was recorded on your original birth certificate?**

**MARK ONE ONLY**

- 1  Male
- 2  Female
- d  Don't know
- 98  Choose not to answer

**A5. How do you describe yourself?**

**MARK ONE ONLY**

- 1  Male
- 2  Female
- 3  Transgender male
- 4  Transgender female
- 5  Other (for example, non-binary, genderqueer, gender fluid, or intersex)
- d  Don't know/Not sure
- 98  Choose not to answer

**A6. Which of the following best represents how you think of yourself?**

**MARK ONE ONLY**

- 1  Straight, that is, not lesbian or gay
- 2  Lesbian
- 3  Gay
- 4  Bisexual
- 5  I think of myself some other way (*Please specify*):  
\_\_\_\_\_
- 6  Don't know
- 7  Choose not to answer

## B. EDUCATION AND EMPLOYMENT

The following questions ask about your education and employment experience.

- B1.** We would like to understand your current status with education or training. This question applies to school, college, a GED course, trade school, vocational training, or any other type of formal education or training course that involves a diploma, degree, credential, or certificate at the end.

Which of the following best describes your education status right now?

MARK ONE ONLY

- 1  NOT currently enrolled in any school or educational course → **GO TO B4**
- 2  Currently enrolled, but NOT attending regularly (when school or the course is in session)
- 3  Currently enrolled and attending regularly (when school or the course is in session)
- 98  Choose not to answer

- B2.** What grade or level of school are you currently enrolled in?

MARK ONE ONLY

- 1  6th grade
- 2  7th grade
- 3  8th grade
- 4  9th grade
- 5  10th grade
- 6  11th grade
- 7  12th grade
- 8  GED course \_\_\_\_\_
- 9  Vocational training classes or trade school
- 10  College
- 11  My school does not have grade levels
- 12  Other (*specify*) \_\_\_\_\_
- 13  Don't know
- 98  Choose not to answer \_\_\_\_\_



**G**

**B3. About how often were you usually absent from school during the past 3 months, including excused and unexcused absences?**

**MARK ONE ONLY**

- 1  Did not miss school
- 2  Less than 1 day per month
- 3  About 1 day per month
- 4  About 1 day every 2 weeks
- 5  About 1 day a week
- 6  2 days per week
- 7  3 or more days per week

**B4. What is the highest degree, certification, or grade level you have completed? *If you are currently enrolled, please select the previous grade or highest degree received.***

**MARK ONE ONLY**

- 1  Under 8th grade
- 2  8th grade
- 3  9th grade
- 4  10th grade
- 5  11th grade
- 6  High school diploma/GED
- 7  Some vocational training or trade school, no credential or certificate
- 8  Vocational training or trade school, received credential or certificate
- 9  Certificate program
- 10  Some college credit, but less than 1 year of college credit
- 11  1 or more years of college credit, but no degree
- 12  Associate's degree (a 2 year degree from a community college; e.g., A.A.)
- 13  Bachelor's degree (a 4 year degree from a college or university; e.g., B.A. or B.S.)
- 14  Higher degree (graduate degree; Masters or Doctorate)
- 15  None of the above
- 98  Choose not to answer

**B5. Do you have a plan to get further education or training?** *Please think about any education courses, trade school, or vocational training.*

- 1  Yes
- 0  No → **GO TO B8**

[IF AGE IS > OR = 16]

[Ask a IF B4\_6 ne 1; ask b if B4\_8 ne 1; ask c if B4\_8 ne 1; ask d if B4\_12 ne 1; ask e if B4\_13 ne1; ask f if B4\_14 ne 1]

**B6. How likely do you think it is that you will do the following before you turn 25?**

	NOT AT ALL LIKELY	SOMEWHAT LIKELY	VERY LIKELY	NOT SURE	CHOOSE NOT TO ANSWER
a. Obtain a GED or high school diploma.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>	98 <input type="radio"/>
b. Obtain a vocational certificate (document showing you have been trained for a particular trade/job).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>	98 <input type="radio"/>
c. Obtain a vocational license (State or Local Government recognizes you as a qualified professional in a trade/business).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>	98 <input type="radio"/>
d. Obtain an Associate's degree.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>	98 <input type="radio"/>
e. Obtain a Bachelor's degree.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>	98 <input type="radio"/>
f. Obtain a graduate degree.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>	98 <input type="radio"/>

[IF AGE IS > OR = 16]

**B7. Please indicate how much each statement is like you?**

SELECT ONE RESPONSE PER ROW

	NO	MOSTLY NO	SOMEWHAT	MOSTLY YES	YES
a. I have talked about my education plans with an adult who cares about me.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I know what type (college, trade school) education I need for the work I want to do.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I know how to get into the school, training, or job I want after high school.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



The following questions are about employment.

**B8. Have you ever had a job where you worked for pay?**

- 1  Yes
- 0  No → **GO TO B12**
- 98  Choose not to answer → **GO TO B12**

**IF B8 = 1**

**B9. How old were you when you first worked for pay? *Your best estimate is fine.***

|\_|\_| YEARS OLD

- 98  Choose not to answer

**[IF B8 = 1 AND (B1 = 2 OR 3)]**

**B10. Do you work for pay during the school year?**

- 1  Yes
- 0  No
- 98  Choose not to answer

**[IF B8 = 1 AND (B1 = 2 OR 3)]**

**B11. Do you work for pay over the summer or during school vacations?**

- 1  Yes
- 0  No
- 98  Choose not to answer

**B12. What is your current employment status?**

**MARK ONE ONLY**

- 1  Employed full-time (35 hours a week or more either at one job or multiple jobs)
- 2  Employed part-time (less than 35 hours per week)
- 3  Not employed, but seeking employment
- 4  Not employed and not seeking employment
- 5  Not employed because I have a disability that prevents me from working
- 6  Other
- 98  Choose not to answer

We are interested in some basic information about your recent income. Please answer these questions as accurately as you can as of today.

**B13. Do you currently receive income from any source? (This does not include any income source that has been terminated.)**

**MARK ONE ONLY**

- 1  Yes
- 0  No → **GO TO B18**
- d  Don't know
- 98  Choose not to answer → **GO TO B18**

**IF B13 = 1 OR D**

**B14. Do you currently receive earned income from a job or business you own? (In other words, income from employment, such as wages, salary, or self-employment.)**

**MARK ONE ONLY**

- 1  Yes
- 0  No → **GO TO B16**
- d  Don't know
- 98  Choose not to answer → **GO TO B16**

**IF B14 = 1 OR D**

**B15. What is the current amount of money you receive monthly from earned income? (If too difficult to answer, you can give the amount of money received LAST month, as well as you can remember.)**

\$ \_\_\_\_\_

**B16. Do you currently receive income from any other source? (For example, from public assistance, stipends, disability, panhandling, friends or family, etc.)**

**MARK ONE ONLY**

- 1  Yes
- 0  No → **GO TO B18**
- d  Don't know
- 98  Choose not to answer → **GO TO B18**

**IF B16 = 1 OR D**

**B17. What is the current amount of money you receive *monthly* from other sources? (If too difficult to answer, you can give the amount of money received LAST month, as well as you can remember.)**

\$ \_\_\_\_\_

[IF AGE IS > OR = 16]

**B18. Have you ever...**

SELECT ONE RESPONSE  
PER ROW

	YES	NO
a. Developed a resume?.....	1 <input type="radio"/>	0 <input type="radio"/>
b. Filled out a job application?.....	1 <input type="radio"/>	0 <input type="radio"/>
c. Prepared for a job interview?.....	1 <input type="radio"/>	0 <input type="radio"/>
d. Used public transportation to get where you needed to go?.....	1 <input type="radio"/>	0 <input type="radio"/>

[IF AGE IS > OR = 16]

**B19. Are the following statements like me?**

SELECT ONE RESPONSE PER ROW

	NO	MOSTLY NO	SOMEWHAT	MOSTLY YES	YES
a. I know how to develop a resume.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I know how to fill out a job application.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I know how to prepare for a job interview.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I know how to use public transportation to get where I need to go.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

## C. HOUSING

The following questions ask about housing, including any experience you may have had being homeless.

**C1. Have you ever been homeless? This includes couch surfing, doubling up, living in a car, on the street or staying in a homeless shelter, or other place not meant to be a residence because you do not have a regular place to sleep at night.**

- 1  Yes
- 0  No → **GO TO C3**
- 98  Choose not to answer → **GO TO C3**

**If C1= 1**

**C2. When you have experienced homelessness, was this before you entered foster care, after you entered foster care, or both?**

**MARK ALL THAT APPLY**

- 1  Only before entering foster care
- 2  Only after entering foster care
- 3  Both before and after entering foster care
- 98  Choose not to answer

**ALL**

**C3. In the last 3 months, how many times have you moved or changed living situations? *If you are in foster care, please include any times you chose to leave a placement (went AWOL or ran away), as well as times you moved from one placement to another.***

- 1  None
- 2  1 time
- 3  2-4 times
- 4  5-9 times
- 5  10 or more times

**C4. In which of the following places have you spent at least one night in the last 3 months?** *Please include only those places where you stayed out of necessity/because you had nowhere else to stay. Do not include places you stayed for fun (for example, to spend the night at a friend's or boyfriend/girlfriend's place, or to visit family).*

**MARK ALL THAT APPLY**

- 1  At the house or apartment of a foster parent
- 2  In a house or apartment with my immediate family (parent or guardian) that we rent or own
- 3  At another family member's house or apartment
- 4  At a group home
- 5  At my own apartment (I pay rent)
- 6  Temporarily staying with friends or couch surfing or doubling up
- 7  At my boyfriend/girlfriend/partner's home
- 8  At a shelter
- 9  In a transitional housing program
- 10  A treatment facility or center (hospital, detox, etc.)
- 11  Inside a car, abandoned building, etc.
- 12  Outside in the park, on the street, in a tent, etc.
- 13  At a transit station (subway or bus station or the airport)
- 14  A jail, prison, or detention facility
- 15  Hotel/motel
- 16  Other (*specify*) \_\_\_\_\_
- 98  Choose not to answer

**ON THE WEB SURVEY, ONLY RESPONSES SELECTED IN C4 WILL SHOW UP IN C5**

**C5. Now please think about the last month. Over the last month, where did you sleep most nights?**

**MARK ONE ONLY**

- 1  At the house or apartment of a foster parent
- 2  In a house or apartment with my immediate family (parent or guardian) that we rent or own
- 3  At another family member's house or apartment
- 4  At a group home
- 5  At my own apartment (I pay rent)
- 6  Temporarily staying with friends or couch surfing or doubling up
- 7  At my boyfriend/girlfriend/partner's home
- 8  At a shelter
- 9  In a transitional housing program
- 10  A treatment facility or center (hospital, detox, etc.)
- 11  Inside a car, abandoned building, etc.
- 12  Outside in the park, on the street, in a tent, etc.
- 13  At a transit station (subway or bus station or the airport)
- 14  A jail, prison, or detention facility
- 15  Hotel/motel
- 16  Other (*specify*) \_\_\_\_\_
- 98  Choose not to answer

**C6. How safe do you feel when you sleep [FILL FROM C5]?**

**MARK ONE ONLY**

- 1  Very safe
- 2  Safe
- 3  Somewhat safe
- 4  Somewhat unsafe
- 5  Unsafe
- 6  Very unsafe
- d  Don't know
- 98  Choose not to answer

**C7. Have you ever run away and spent the night away from a foster care placement? *A placement could include placement in a home with foster parents or placement in a group home.***

- 1  Yes
- 0  No
- 98  Choose not to answer

The next questions ask about your out of home placement history.

**C8. Have you ever moved from one placement to another while in foster care?**

- 1  Yes
- 0  No → **GO TO C10**
- 2  Choose not to answer → **GO TO C10**

[If C8 = 1]

**C9. How many times have you moved from one placement to another while in foster care? Your best estimate is fine.**

**MARK ONE ONLY**

- 1  Once
- 2  Twice
- 3  Three or four times
- 4  Five or more times
- d  Don't know
- 98  Choose not to answer

The next few questions ask about your current or most recent foster care placement.

**C10. Are you currently in foster care?**

- 1  Yes → **GO TO C19**
- 0  No
- d  Don't know
- 98  Choose not to answer

**IF C10=0**

**C11. Where are you currently living?**

- 1  With parent(s)
- 2  With other relatives
- 3  Your own apartment
- 4  Hotel or motel
- 5  Friend's apartment or home
- 6  Family member's apartment/home
- 7  On the street
- 8  Residential treatment facility
- 9  Other (*specify*) \_\_\_\_\_
- d  Don't know
- 98  Choose not to answer

**IF C10=0**

**C12. About how long have you been living in this place?**

|\_|\_|                      NUMBER [1-99]

- 1  years
- 2  months
- 3  weeks

**[IF C10 = 0 or d or 98]**

**C13. Are you currently receiving other services or assistance provided by the [COUNTY NAME] Department of Human Services? That is, do you currently have an open case with the [COUNTY NAME] Department of Human Services or [COUNTY NAME] Child Welfare? You may also think of this as your foster care case.**

- 1  Yes → **GO TO C16**
- 0  No
- d  Don't know → **GO TO C16**
- 98  Choose not to answer → **GO TO C16**



[If C13 = 0]

**C14. When was your [COUNTY NAME] Department of Human Services/Child Welfare case closed? If you do not know the month your case was closed, please just enter the year.**

|\_|\_| MONTH      |\_|\_|\_|\_| YEAR

d  Don't know

98  Choose not to answer

[If C13 = 0]

**C15. What was the primary reason your [COUNTY NAME] Department of Human Services/Child Welfare case was closed?**

**MARK ONE ONLY**

1  The county closed my case because I aged out of the system

2  I voluntarily closed my case after my 18th birthday

3  I was reunited with my biological parents or other relatives

4  I was adopted

5  My caregiver became my permanent legal guardian

6  I ran away and never returned to foster care

7  I exited to another system (for example, the criminal justice system or juvenile justice system)

8  I was unsuccessfully discharged from foster care

9  Other (*specify*) \_\_\_\_\_

d  Don't know

98  Choose not to answer

[If C10 = 0]

**C16. Which of the following best describes your last foster care placement?**

**MARK ONE ONLY**

- 1  With my foster parent(s) who are unrelated to me
- 2  With relatives who are also my foster parents
- 3  In a group home or residential facility
- 4  In an independent living apartment
- 5  Placed somewhere else (*specify*) \_\_\_\_\_
- d  Don't know
- 98  Choose not to answer

[If C10 = 0]

**C17. How long were you in foster care this last time? Please include time in different placements during the same time in foster care. *Your best estimate is fine.***

|\_|\_| YEARS      |\_|\_| MONTHS

- 1  Less than one month
- d  Don't know
- 98  Choose not to answer

[If C10 = 0]

**C18. How many times did you move during your last time in foster care?**

**MARK ONE ONLY**

- 1  None
  - 2  1 time
  - 3  2-4 times
  - 4  5-9 times
  - 5  10 or more times
- **G**

[If C10 = 1]

**C19. Which of the following best describes your current foster care placement?**

**MARK ONE ONLY**

- 1  With my foster parent(s) who are unrelated to me
- 2  With relatives who are also my foster parents
- 3  In a group home or residential facility
- 4  In an independent living apartment
- 5  Placed somewhere else (*specify*) \_\_\_\_\_
- d  Don't know
- 98  Choose not to answer

[If C10 = 1]

**C20. When did you last enter foster care? *If you do not know the month you last entered foster care, please just enter the year.***

|\_|\_| MONTH      |\_|\_|\_|\_| YEAR

- Don't know
- Choose not to answer

[If C10 = 1]

**C21. How many times have you moved during this current time in foster care?**

**MARK ONE ONLY**

- None
- 1 time
- 2-4 times
- 5-9 times
- 10 or more times

[If C10 = 1]

**C22. Now please think about where you currently live. How long have you been living at your CURRENT placement?**

**MARK ONE ONLY**

- Less than 3 months
- 3 months to 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Choose not to answer

## D. RELATIONSHIPS AND COMMUNICATION

The next few questions ask about your relationships and communication with people in your life.

**D1. Are there people other than the professionals in your life you could call who would help you out in an emergency?**

- 1  Yes
- 0  No → **GO TO D3**
- 98  Choose not to answer → **GO TO D3**

[IF D1 = 1]

**D2. If yes, how many? *Your best estimate is fine.***

- |\_|\_| PEOPLE
- d  Don't know

**D3. Do you have supportive connections with any of the following?**

**MARK ALL THAT APPLY**

- 1  Spiritual or religious community
- 2  Sports teams, academic teams, or other programs like band, choir, theater, etc.
- 3  Clubs or organizations like YMCA, Boy Scouts, Girl Scouts, Boys and Girls Club, etc.
- 4  Mentor from a program (Big Brother/Big Sister, Urban League, Junior Achievement, etc.)
- 5  Friends
- 6  Family
- 7  Chafee worker or case manager
- 8  Other (*specify*) \_\_\_\_\_

**D4. For each of the situations below, please indicate whether there are enough people you can count on, too few people, or no one you can count on.**

SELECT ONE RESPONSE PER ROW

	ENOUGH PEOPLE YOU CAN COUNT ON	TOO FEW PEOPLE	NO ONE YOU CAN COUNT ON	DON'T KNOW	CHOOSE NOT TO ANSWER
a. 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? Do you have.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
b. 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? Do you have.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
c. When you need someone to help you out – for instance, run an errand for you, lend you money, food, clothing or drive you somewhere you needed to go? Do you have.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>

D5. For each of the people listed below, please indicate the strength of your relationship with them right now (very weak, weak, moderate, strong, very strong). *In categories where there is more than one person, choose the most meaningful relationship and answer about that person.*

You can list up to two additional people in the last two rows. Select the best response for each row.

- **Very Weak: No Contact**
- **Weak: Infrequent contact; you can't count on this adult for support.**
- **Moderate: Some contact with this adult but may not be consistent; you feel a connection but can't count on this adult all the time.**
- **Strong: Contact at least once per month; you feel a connection of the heart, mind or spirit with this person; you can usually count on this person.**
- **Very Strong: Contact at least once per week; you feel a long-term connection of the heart, mind or spirit with this person; you can count on this person to be there for you when needed.**
- **N/A: Not applicable/does not apply to you because the person is deceased or you have no siblings or relatives.**

SELECT ONE RESPONSE PER ROW

	VERY WEAK	WEAK	MODERATE	STRONG	VERY STRONG	NOT APPLICABLE
a. Birth, adoptive or stepmother.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Birth, adoptive or stepfather.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Older brothers or sisters.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Younger brothers or sisters.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Other adult relatives such as aunts, uncles, or grandparents.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Cousins.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Friends.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. Other caring person (such as a current or former foster parent/guardian, Chafee worker, case manager, social worker, teacher, coworker, friend, coach, mentor, spiritual leader, counselor, therapist, etc.) List this person's relationship to you:..... _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. Other caring person (such as a current or former foster parent/guardian, Chafee worker, case manager, social worker, teacher, coworker, friend, coach, mentor, spiritual leader, counselor, therapist, etc.) List this person's relationship to you:..... _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

**D6. We are interested in how you feel about the following statements. Read each statement carefully. Using the options provided, indicate how much or how little each statement feels like you.**

SELECT ONE RESPONSE PER ROW

	NOT AT ALL LIKE ME	A LITTLE LIKE ME	SORT OF LIKE ME	A LOT LIKE ME	VERY MUCH LIKE ME
a. There are people in my life who encourage me to do my best.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I have someone who I can share my feelings and ideas with.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I have someone in my life who I look up to.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I have someone in my life who doesn't judge me. ...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I feel lonely.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. I have someone I can count on for help when I need it.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. I have someone who supports me in developing my interests and strengths.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. I have a friend or family member to spend time with on holidays and special occasions. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. I know for sure that somebody really cares about me.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. I have someone in my life who is proud of me.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. There is an adult family member who is there for me when I need them (for example, my birth or adoptive parent, spouse, adult sibling, extended family member, legal guardian, non-biological chosen family).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
l. There is an adult, other than a family member who is there for me when I need them.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
m. I have friends who stand by me during hard times....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
n. I feel that no one loves me.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
o. My spiritual or religious beliefs give me hope when bad things happen.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
p. I try to help other people when I can.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
q. I do things to make the world a better place like volunteering, recycling, or community service.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**D7. Please indicate how much you agree or disagree with the following statements:**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
a. An adult has made a commitment to provide a permanent parent-like relationship to you.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. While in foster care, you have connected or re-connected with relatives or caring adults who will be lifelong supportive connections.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. You are living with an adult who has or plans to adopt you or become your legal guardian.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. You feel very disconnected from any caring adults...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

The next few questions ask about your relationships and communication with friends.

**D8. Are the following statements like me?**

SELECT ONE RESPONSE PER ROW

	NO	MOSTLY NO	SOMEWHAT	MOSTLY YES	YES
a. My relationships are free from hitting, slapping, shoving, being made fun of, or name calling.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I can deal with anger without hurting others or damaging things.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I think about how my choices impact others.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



## E. SOCIAL AND EMOTIONAL WELLBEING

The following questions are about your attitudes and feelings.

**E1.** We are interested in how you feel about the following statements. Read each statement carefully. Using the opinions provided, indicate how much or how little each statement feels like you.

SELECT ONE RESPONSE PER ROW

	NOT AT ALL LIKE ME	A LITTLE LIKE ME	SORT OF LIKE ME	A LOT LIKE ME	VERY MUCH LIKE ME
a. I learn from my mistakes.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I believe I will be okay even when bad things happen.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I do a good job of handling problems in my life.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I try new things even if they are hard. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. When I have a problem, I come up with ways to solve it.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. I give up when things get hard.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. I deal with my problems in a positive way (like asking for help).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. I keep trying to solve problems even when things don't go my way.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Failure just makes me try harder.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. No matter how bad things get, I know the future will be better.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**E2. Sometimes problems can get in the way of doing everyday activities. How hard is it for you to do each of the following?**

SELECT ONE RESPONSE PER ROW

	VERY DIFFICULT	SOMEWHAT DIFFICULT	NOT TOO DIFFICULT	NOT DIFFICULT AT ALL
a. Get along with adults outside the family (teachers, principals).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Control your emotions and stay out of trouble.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Express your feelings.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**E3. Are the following statements like me?**

SELECT ONE RESPONSE PER ROW

	NO	MOSTLY NO	SOMEWHAT	MOSTLY YES	YES
a. I can take criticism and direction at school or work without losing my temper.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I know how to act in social or professional situations.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

The next questions are about how you have been feeling in the past 30 days.

**E4. During the past 30 days, about how often did you feel...**

SELECT ONE RESPONSE PER ROW

	NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	A LOT OF THE TIME	MOST OF THE TIME	ALL OF THE TIME	DON'T KNOW	CHOOSE NOT TO ANSWER
a. nervous?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
b. hopeless?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
c. restless or fidgety?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
d. so depressed that nothing could cheer you up?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
e. that everything was an effort?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
f. worthless?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>

**E5. Please read each statement carefully. For each statement please mark whether, during the past month, you felt this way never, once or twice, about once a week, 2 or 3 times a week, almost every day, or every day. Give the best answer you can for each.**

**During the past month, how often did you feel....**

SELECT ONE RESPONSE PER ROW

	NEVER	ONCE OR TWICE	ABOUT ONCE A WEEK	2 OR 3 TIMES A WEEK	ALMOST EVERY DAY	EVERY DAY
a. Happy .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Interested in life.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Satisfied with life .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. That you had something important to contribute to society. ....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. That you belonged to a community (like a social group, your school, or your neighborhood).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. That our society is becoming a better place for people like you .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. That people are basically good.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. That the way our society works makes sense to you.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. That you liked most parts of your personality.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
j. Good at managing responsibilities of your daily life .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
k. That you had warm and trusting relationships with others .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
l. That you had experiences that challenged you to grow and become a better person.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
m. Confident to think or express your own ideas and opinions .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
n. That your life has a sense of direction or meaning to it.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

**E6. Now please think about your relationships with friends, family, and boyfriends or girlfriends. Not including horseplay or joking around, how many times in the past 3 months did.....**

SELECT ONE RESPONSE PER ROW

	NEVER	ONCE OR TWICE	SOMETIMES	MANY TIMES	DON'T KNOW	CHOOSE NOT TO ANSWER
a. someone threaten to hurt you, and you thought you might really get hurt.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
b. someone push, grab, shake, or choke you.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
c. someone hit you.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
d. someone beat you up.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
e. someone steal or destroy your property.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
f. someone scare you without laying a hand on you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>

The next few questions ask about alcohol and drug use and other behaviors. All responses will remain private (your responses will not be shared with your case manager or the child welfare agency, etc.).

**E7. During the past 30 days, on how many days did you drink alcohol?**

- 1  0 days → GO TO E9
- 2  1 or 2 days
- 3  3 to 5 days
- 4  6 to 9 days
- 5  10 to 19 days
- 6  20 to 29 days
- 7  All 30 days
- d  Don't know
- 98  Choose not to answer

**E8. In the past 30 days, has your use of alcohol caused social problems or caused you to give up, reduce, or have problems at important activities? This could include things like getting into fights, getting into trouble with others, or having problems at work, school, home, or social events.**

- 1  Yes
- 0  No
- d  Don't know
- 98  Choose not to answer

**E9. During the past 30 days, on how many days did you use marijuana?**

- 1  0 days → **GO TO E11**
- 2  1 or 2 days
- 3  3 to 5 days
- 4  6 to 9 days
- 5  10 to 19 days
- 6  20 to 29 days
- 7  All 30 days
- d  Don't know
- 98  Choose not to answer

**E10. In the past 30 days, has your use of marijuana caused social problems, or cause you to give up, reduce, or have problems at important activities? This could include things like getting into fights, getting into trouble with others, or having problems at work, school, home, or social events?**

- 1  Yes
- 0  No
- d  Don't know
- 98  Choose not to answer

For the next few questions, please think about your use of drugs not including marijuana (for example, opioids such as fentanyl, heroin, oxycodone (OxyContin®), hydrodone (Vicodin®), codeine, morphine; amphetamines such as ecstasy, Molly, or Adderall; cocaine, etc. Please only include drugs that were not prescribed for you or were used in a way that was not prescribed for you.

**E11. During the past 30 days, on how many days did you use other drugs (not including marijuana)?**

- 1  0 days → **GO TO E13**
- 2  1 or 2 days
- 3  3 to 5 days
- 4  6 to 9 days
- 5  10 to 19 days
- 6  20 to 29 days
- 7  All 30 days
- d  Don't know
- 98  Choose not to answer

**E12. In the past 30 days, has your use of other drugs caused social problems, or cause you to give up, reduce, or have problems at important activities? This could include things like getting into fights, getting into trouble with others, or having problems at work, school, home, or social events?**

- 1  Yes
- 0  No
- d  Don't know
- 98  Choose not to answer

**E13. Now please think about the past 3 months. During the past 3 months, how many times were you in a physical fight?**

- 1  0 times
- 2  1 time
- 3  2 or 3 times
- 4  4 or 5 times
- 5  More than 5 times
- d  Don't know

**E14. During the past 3 months, have you had sex without a condom or any other form of contraception?**

- 1  Yes
- 0  No
- 98  Choose not to answer

## F. INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM

The following section includes questions about possible involvement with the criminal justice system. When answering these questions, please think about any experiences you may have had with the juvenile justice system or with the adult criminal justice system.

F1. Have you ever been arrested?

- 1  Yes  
0  No → GO TO SECTION G  
98  Choose not to answer → GO TO SECTION G

[If F1 = 1]

F2. Have you been arrested in the past 3 months?

- 1  Yes  
0  No  
98  Choose not to answer

[If F1 = 1]

F3. How many times have you been arrested in your lifetime? *Your best estimate is fine.*

|\_|\_| TIMES

- d  Don't know  
98  Choose not to answer

[If F1 = 1]

F4. Have you ever been convicted of any of the following crimes? *Please include any experiences you may have had with the juvenile justice system or with the adult criminal justice system.*

MARK ONE ONLY

- 1  Misdemeanor  
2  Felony  
3  Both  
4  Never been convicted  
98  Choose not to answer

[If F1 = 1]

F5. Have you ever spent at least one night in jail, prison, or a youth correctional facility such as juvenile hall?

- 1  Yes  
0  No  
98  Choose not to answer

[If F1 = 1]

F6. Have you been incarcerated in the past 3 months?

1  Yes

0  No

98  Choose not to answer



## G. PHYSICAL HEALTH

The following questions ask about your physical health.

**G1. Do you currently have a health care provider such as a doctor, nurse, or nurse practitioner, that you see for regular, annual check-ups and when you have other medical issues?**

**MARK ONE ONLY**

- 1  Yes – I seek medical care outside of urgent care centers or emergency rooms
- 2  Yes – I seek medical care only at urgent care centers or emergency rooms
- 0  No
- d  Don't know

**G2. When did you last have a physical examination by a doctor, nurse practitioner, physician's assistant or other health care professional? *Your best estimate is fine.***

**MARK ONE ONLY**

- 1  Never
- 2  Within the past 3 months
- 3  Within the past 3-6 months
- 4  Within the past 6-12 months
- 5  1-2 years ago
- 6  More than 2 years ago
- d  Don't know
- 98  Choose not to answer

**G3. When was the last time you were tested for HIV/STDs? *Your best estimate is fine.***

**MARK ONE ONLY**

- 1  Never
- 2  Within the past 3 months
- 3  Within the past 3-6 months
- 4  Within the past 6-12 months
- 5  1-2 years ago
- 6  More than 2 years ago
- d  Don't know
- 98  Choose not to answer

**G4. When did you last have a dental examination by a dentist or hygienist? *Your best estimate is fine.***

**MARK ONE ONLY**

- 1  Never
- 2  Within the past 3 months
- 3  Within the past 3-6 months
- 4  Within the past 6-12 months
- 5  1-2 years ago
- 6  More than 2 years ago
- d  Don't know
- 98  Choose not to answer

**[ASK G5 THROUGH G8 ONLY AT FOLLOW-UP WITH YOUTH WHO ARE OUT OF CARE]**

**G5. Do you have health insurance?**

**MARK ONE ONLY**

- 1  No health insurance → **GO TO G8**
- 2  Medicaid/Health First Colorado
- 3  Health insurance through employer
- 4  Other health insurance
- 5  Don't know → **GO TO G8**

**[If G5 ne to 1 or 5]**

**G6. Does your health insurance include coverage for mental health services?**

- 1  Yes
- 0  No
- d  Don't know

**[If G5 ne to 1 or 5]**

**G7. Does your health insurance include coverage for dental services?**

- 1  Yes
- 0  No
- d  Don't know

**G8. Was there a time in the past 3 months when you needed to see a doctor but could not because of cost?**

- 1  Yes
- 0  No
- d  Don't know
- 98  Choose not to answer

## H. ACCESS TO SERVICES

This section includes questions about accessing various services and supports.

**ON THE WEB SURVEY, RESPONDENTS WILL ONLY BE ASKED IF THEY WERE ABLE TO ACCESS SERVICES OR TREATMENTS (SECOND COLUMN) THEY INDICATED THEY WANTED TO ACCESS IN THE FIRST COLUMN.**

**H1. During the past 3 months, did you want to access services or treatment for the following? If yes, were you able to access those services or treatments?**

SELECT ONE RESPONSE PER ROW

	DID YOU WANT TO ACCESS SERVICE OR TREATMENT?		IF YES, WERE YOU ABLE TO ACCESS THE SERVICE OR TREATMENT?	
	NO	YES	NO	YES
a. Mental health (therapy, counseling).....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Substance use or misuse (including drugs and alcohol).....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Educational/learning disability.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Developmental disability.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Physical disability.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. Domestic violence.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Family Therapy.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

ON THE WEB SURVEY, RESPONDENTS WILL ONLY BE ASKED IF THEY GOT HELP (SECOND COLUMN) FOR ITEMS THEY INDICATED THEY WANTED HELP WITH IN THE FIRST COLUMN. ITEMS I THROUGH K WILL BE ASKED ONLY OF YOUTH NO LONGER IN CARE.

H2. During the past 3 months, did you want help with any of the following? If you wanted help, did you get help?

SELECT ONE RESPONSE PER ROW

	DID YOU WANT HELP?		IF YES, DID YOU GET HELP?	
	NO	YES	NO	YES
a. GED Prep.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. ACT or SAT Prep.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. College Applications.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Planning a career or planning for job training.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Resume Writing.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. Job interviewing.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Finding a job.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Learning how to budget or handle money.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. Assistance with finding an apartment or place to live.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
j. Help with completing apartment application.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
k. Help with a down payment or security deposit on an apartment.....	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

**[ASK ONLY AT FOLLOW-UP OF YOUTH WHO ARE OUT OF CARE]**

**H3. During the past 3 months have you received...?**

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW	CHOOSE NOT TO ANSWER
a. Social Security payments, such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
b. Assistance payments, such as Temporary Assistance to Needy Families or TANF, general assistance, emergency assistance, or other welfare benefits?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
c. Unemployment compensation payments?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
d. Food stamps, also known as Supplemental Nutrition Assistance Program or SNAP benefits?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
e. WIC benefits, also known as the Women, Infants and Children program?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
f. Housing assistance from the government, such as living in public housing or receiving housing vouchers?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
g. Payments from the [COUNTY] Department of Human Services?..	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
h. Educational benefits for living expenses, tuition, or other education expenses, including the Colorado Education and Training Voucher program?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
i. Other benefits or payments? ( <i>specify</i> ).....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>

**[ASK IF AGE > = 17]**

**H4. Are the following statements like me?**

SELECT ONE RESPONSE PER ROW

	NO	MOSTLY NO	SOMEWHAT	MOSTLY YES	YES
a. I know where to find information about job training....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I know how to find financial aid to help pay for my education or training.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I know how to get the benefits I am eligible for, such as Social Security, Medicaid, Temporary Assistance for Needy Families (TANF), and Education and Training Vouchers (ETV).....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

## I. PREPARING FOR ADULTHOOD

QUESTIONS IN THIS SECTION WILL ONLY BE ASKED OF YOUTH WHERE AGE IS > OR = 16

The next few questions ask about money management and preparing for the future.

11. Do you have a checking account?

1  Yes

0  No

12. Do you have a savings account?

1  Yes

0  No

13. How much money do you have saved? *Your best estimate is fine.*

\$ |\_\_|\_\_| , |\_\_|\_\_|\_\_| DOLLARS

d  Don't know

14. How many credit cards do you have? *Your best estimate is fine.*

|\_\_|\_\_| CREDIT CARDS

d  Don't know

[If 14 > 0]

15. How often do you pay at least the minimum amount due on your credit cards at the end of the month?

MARK ONE ONLY

1  Never

2  Sometimes

3  Most of the time

4  Always

d  Don't know

The next few questions ask about some challenges you may have experienced during the past 3 months.

[ASK ONLY AT FOLLOW-UP OF YOUTH WHO ARE OUT OF CARE]

16. Was there ever a time in the past 3 months when...

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW	CHOOSE NOT TO ANSWER
a. You did not buy clothing or shoes that you needed because you did not have enough money?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
b. You could not pay your rent or mortgage because you did not have enough money?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
c. You were evicted or lost your house because you did not have enough money to pay the rent or mortgage?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
d. You could not pay a utility bill because you did not have enough money? By utility bill, we mean a bill for gas, electricity or telephone service.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
e. Your cell phone or telephone service was shut off because you did not have enough money to pay your bill?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
f. Your gas or electricity was shut off because you did not have enough money to pay your bill?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>

[ASK ONLY AT FOLLOW-UP OF YOUTH WHO ARE OUT OF CARE]

17. Please mark whether you have had any of the following experiences in the past 3 months.

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW	CHOOSE NOT TO ANSWER
a. Did you ever get food or borrow money for food from friends or relatives?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
b. Did you ever put off paying a bill so that you would have money to buy food?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
c. Did you ever get emergency food from a church, food pantry, or food bank?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
d. Did you ever eat any meals at a soup kitchen or community meal program?.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>

**18. Are the following statements like me?**

SELECT ONE RESPONSE PER ROW

	NO	MOSTLY NO	SOMEWHAT	MOSTLY YES	YES
a. I plan for the expenses that I must pay each month...	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I can figure out the costs to move to a new place, such as deposits, rents, utilities, and furniture.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I use online banking to keep track of my money.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I understand the advantages and disadvantages of making purchases with my credit card.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. I know the advantages and disadvantages of using a check cashing or payday loan store.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**19. How ready do you feel for the following?**

SELECT ONE RESPONSE PER ROW

	NOT AT ALL PREPARED	SOMEWHAT PREPARED	VERY PREPARED	DON'T KNOW	CHOOSE NOT TO ANSWER
a. Living on your own?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
b. Getting a job?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
c. Managing your money?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
d. Finding housing?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
e. Arranging for health care?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
f. Completing your education?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
g. Planning for your future?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>
h. Handling an emergency if it comes up?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>	98 <input type="radio"/>



**I10. Are the following statements like me?**

SELECT ONE RESPONSE PER ROW

	NO	MOSTLY NO	SOMEWHAT	MOSTLY YES	YES
a. I can figure out the costs to move to a new place, such as deposits, rents, utilities, and furniture.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I know what can happen if I break my lease.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I know how to fill out an apartment rental application.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I know how to find safe and affordable housing.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. I know how to file my taxes.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I know how to read and interpret my credit report.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**I11. Do you own a working car?**

- 1  Yes → GO TO I13
- 0  No

[IF I11 = 0]

**I12. Do you have consistent and reliable access to a working car?**

- 1  Yes
- 0  No

[ASK ONLY IF OUT OF CARE]

**I13. Do you have a plan for where to stay in an emergency?**

- 1  Yes
- 0  No
- d  Don't know

**114. Which of the following documents do you currently have?**

**MARK ALL THAT APPLY**

- 1  Social security card
- 2  State Driver's License
- 3  State ID other than Driver's License
- 4  Birth Certificate
- 5  Green Card
- 6  High School Transcript
- 7  Professional Resume
- 8  Credit Report
- 9  None of the Above

## J. PARENTING

This section asks about any children you may have and their childcare.

**J1. How many children do you have, including those not living with you? *If you do not have any children, please enter "0".***

|\_|\_| CHILDREN

d  Don't know

98  Choose not to answer → **GO TO SECTION K**

[If J1 >0]

**J2. Where do your children live?**

**MARK ALL THAT APPLY**

1  With me

2  With the other parent

3  With a relative

4  In a foster home (not with me)

5  With adoptive family

6  Other (*specify*) \_\_\_\_\_

d  Don't know

98  Choose not to answer

[If J1 >0]

**J3. Have any of your children ever lived in foster care?**

1  Yes

0  No

d  Don't know

98  Choose not to answer

[If J2 = 1]

**J4. Do you currently have childcare? This would include relatives who take care of your child, as well as paid childcare.**

1  Yes

0  No

98  Choose not to answer

[If J2 = 1]

**J5. Does your child/do your children have a health care provider, such as a doctor, nurse, or nurse practitioner, that he/she/they see for regular, annual check-ups and when they have other medical issues?**

**MARK ONE ONLY**

- 1  Yes – my child(ren) has/have a health care provider outside of urgent care centers or emergency rooms
- 2  Yes – my child(ren) has/have a health care provider only at urgent care centers or emergency rooms
- 0  No
- 98  Choose not to answer

**K. EMPOWERMENT**

**K1. The next questions ask how you feel about your life today and how you make decisions about the services and supports you may receive now or in the future. For each statement, please indicate how often you feel this way:**

SELECT ONE RESPONSE PER ROW

	ALWAYS OR ALMOST ALWAYS	MOSTLY	RARELY	SOMETIMES	NEVER OR ALMOST NEVER
a. I focus on the good things in life, not just the problems.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I make changes in my life so I can live successfully with my emotional or mental health challenges.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I worry that difficulties related to my mental health or emotions will keep me from having a good life.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I know how to take care of my mental or emotional health.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I feel my life is under control.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. When a service or support is not working for me, I take steps to get it changed.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. I tell service providers what I think about services I get from them.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. I believe that services and supports can help me reach my goals.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. I am overwhelmed when I have to make a decision about my services or supports.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. My opinion is just as important as my service providers' opinion about in deciding about what services and supports and I need.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. I know the steps to take when I think I am receiving poor services or supports.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
l. I understand how my services and supports are supposed to help me.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
m. I work with providers to adjust my services or supports so they fit my needs.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

***Thank you for completing the survey!***

***Insert page with toll-free numbers/resources for help***