

# Appendix H

## Family Options 12 Year Study

### Child Survey (Ages 10-17)

#### INTRODUCTION

Hello, my name is \_\_\_\_\_ and I work for Abt Associates. Are you currently in a safe space where you can talk privately, where other people can't hear our conversation, and someplace that where you won't be bothered by anything?

[CAPI DISPLAY CHILD ASSENT FORM.]

[INTERVIEWER: READ ASSENT FORM FOR CHILDREN AND HAVE CHILD SIGN IT]

Remember, your participation is voluntary. You can choose not to answer any question.

Do you have any questions before we begin

[INTERVIEWER: ANSWER QUESTIONS ACCORDINGLY]

## Module A. Community Engagement, School Experiences, and Future Educational Plans

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*The following questions ask about your involvement in school and non-school activities.*

**A.1** During the past 12 months, in how many kinds of school-based activities, such as team sports, cheerleading, choir, band, student government, or clubs, have you participated?

- None
- 1
- 2
- 3 or more
- Refused
- Don't know

**A.2** During the past 12 months, in how many different kinds of community-based activities, such as volunteer activities, sports, clubs, or groups have you participated?

- None
- 1
- 2
- 3 or more
- Refused
- Don't know

**A.3** During the past 12 months, in how many kinds of church or faith-based activities, such as clubs, youth groups, Saturday or Sunday school, prayer groups, youth trips, service or volunteer activities have you participated?

- None
- 1
- 2
- 3 or more
- Refused
- Don't know

*The next set of questions asks about school, your grades, and your attendance. We also want to understand your feelings about school. We know that sometimes kids do not like to talk about school very much. Please remember you can choose not to answer a question. We can also pause the interview for a bit if you need to.*

*If you are not currently enrolled in school, or you are enrolled in school but on summer break, please answer these questions about the last time you were in school. [INTERVIEWER: Please note if the child has dropped out of school code A4/A5 as "Not in school".]*

**A.4** Think about your last grade report. Would you describe the report as...?

- Mostly A's
- Mostly B's

- Mostly C's
- Mostly D's and F's  
IF VOL: Not in school
- Refused
- Don't know

**A.5** How many days in the last month did you miss in-person or remote school?

[FIELD INTERVIEWER NOTE: IF THE CHILD IS NO LONGER IN SCHOOL OR ON SUMMER BREAK ASK: How many days in the last month of in-person or remote school did you miss?]

(INTERVIEWER: A SCHOOL MONTH TYPICALLY HAS 20-23 DAYS M-F)

Number of days: \_\_\_\_\_

- Refused
- Don't know

*Some kids like school a lot, some kids don't like it much. In the next set of questions, we really want to know your honest opinions. There are no right or wrong answers, we just want to know what you think.*

**A.6** Thinking back over the past year in school, or the last year you were in school, how often did you...

	Never	Seldom	Sometimes	Often	Almost Always	REF	DK
a. Enjoy being in school?	..	..	..	..	..	..	..
a. Hate being in school?	..	..	..	..	..	..	..
b. Try to do your best work in school?	..	..	..	..	..	..	..
c. Find the schoolwork too hard to understand?	..	..	..	..	..	..	..
d. Find your schoolwork interesting?	..	..	..	..	..	..	..
e. Fail to complete or turn in your assignments?	..	..	..	..	..	..	..

*We know that sometimes kids do not want to talk about certain school experiences. It is ok to pause for a moment if you need to take a break. You can also choose not to answer a question. But remember, we will not tell your parents, your teachers, or anyone else you know about your answers.*

**A.7** In the last year (or last year you were in school), have you...

	Yes	No	REF	DK
a. Been expelled from school?	..	..	..	..
b. Been suspended from school?	..	..	..	..
c. Been sent to the principal's office because of problems with another student, a teacher or your schoolwork?	..	..	..	..
d. Had a note sent home about any problems in school?	..	..	..	..

*We want to know about your thoughts and possible plans for the future. If you haven't thought about this yet, that's okay. We just want to know what you think at this time.*

**A.8** How likely do you think it is that you will do each of the following things? [If has already graduated high school, answer "Definitely will"]

	<b>Definitely won't</b>	<b>Probably won't</b>	<b>Probably will</b>	<b>Definitely will</b>	<b>REF</b>	<b>DK</b>
a. Graduate high school...	..	..	..	..	..	..
b. Go to a technical or vocational school after high school...	..	..	..	..	..	..
c. Serve in the military (armed forces)...	..	..	..	..	..	..
d. Graduate from a two-year college program...	..	..	..	..	..	..
e. Graduate from college (four-year program) ...	..	..	..	..	..	..
f. Attend graduate or professional school after college...	..	..	..	..	..	..

## Module B. Emotional and Behavioral Problems and Pro-Social Behavior

*I'd like to start by reading you some statements about things people do and how people interact with others. For each item, tell me whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain.*

**B.1** Please give your answers on the basis of how things have been for you over the last six months.

	Not true	Somewhat true	Certainly true	REF	DK
a. I try to be nice to other people. I care about their feelings	..	..	..	..	..
b. I am restless, I cannot stay still for long	..	..	..	..	..
c. I get a lot of headaches, stomach-aches or sickness	..	..	..	..	..
d. I usually share with others, for example music, games, food	..	..	..	..	..
e. I get very angry and often lose my temper	..	..	..	..	..
f. I would rather be alone than with people of my age	..	..	..	..	..
g. I usually do as I'm told	..	..	..	..	..
h. I worry a lot	..	..	..	..	..
i. I am helpful if someone is hurt, upset or feeling ill	..	..	..	..	..
j. I am constantly fidgeting or squirming	..	..	..	..	..
k. I have one good friend or more	..	..	..	..	..
l. I fight a lot. I can make other people do what I want	..	..	..	..	..
m. I am often unhappy, depressed or tearful	..	..	..	..	..
n. Other people my age generally like me	..	..	..	..	..
o. I am easily distracted; I find it difficult to concentrate	..	..	..	..	..
p. I am nervous in new situations. I easily lose confidence	..	..	..	..	..
q. I am kind to younger children	..	..	..	..	..
r. I am often accused of lying or cheating	..	..	..	..	..
s. Other children or young people pick on me or bully me	..	..	..	..	..
t. I often offer to help others (parents, teachers, children)	..	..	..	..	..
u. I think before I do things	..	..	..	..	..
v. I take things that are not mine from home, school or elsewhere	..	..	..	..	..
w. I get along better with adults than with people my own age	..	..	..	..	..
x. I have many fears, I am easily scared	..	..	..	..	..
y. I finish the work I'm doing. My attention is good	..	..	..	..	..



## Module C. Youth Risky Behavior

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*Some kids use tobacco, alcohol, or other drugs. I am going to ask you some questions about whether you have used any of these substances and if so, when. We will not share this information with your parents or anyone at school. It stays confidential, between me and you, unless you tell me that you or someone else is in danger. If you tell me, you or someone else is in danger, I'll talk with you about that some more and I may need to talk to my supervisor or others in order to make sure you are safe. Even if I have to talk to someone else about your situation, I will keep your information as confidential as possible.*

**C.1** Now I would like to ask you a few questions about smoking habits. Have you ever smoked a cigarette, even a few puffs?

- Yes
- No
- Refused
- Don't know

**C.2** [ASK IF YES to C.1: "Now I would like to ask you a few questions about smoking habits.] Have you smoked a cigarette in the past 30 days?

- Yes
- No
- Refused
- Don't know

**C.3** Have you ever used an e-cigarette, even once or twice? (By e-cigarette, we mean devices such as JUUL, Vuse, blu, and Logic. E-cigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as e-cigs, vape-pens, e-hookahs, or mods.)

- Yes
- No
- Refused
- Don't know

**C.4** [ASK IF YES to C.3: "Have you ever used an e-cigarette before] Have you used an e-cigarette in the past 30 days?

- Yes
- No
- Refused
- Don't know

**C.5** Have you ever used chewing tobacco, snuff, or dip, such as Copenhagen, Grizzly, Skoal, or Longhorn? Have you ever used chewing tobacco, snuff, or dip, even just a small amount?

- Yes
- No
- Refused
- Don't know

**C.6** [ASK If YES to C.5: “How about chewing tobacco, sniff, or dip...] Have you used chewing tobacco, snuff, or dip in the past 30 days?

- Yes
- No
- Refused
- Don't know

**C.7** Have you ever 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. Do not include childhood sips that you might have had from an older person's drink.)

- Yes
- No
- Refused
- Don't know

**C.8** [ASK IF YES to C.7: “Have you ever had a drink of an alcoholic beverage...”] Have you had a drink of an alcoholic beverage in the past 30 days?

- Yes
- No
- Refused
- Don't know

**C.9** [ASK IF YES to C.8: “Have you had a drink... in the past 30 days?"] In the last 30 days, have you had something alcoholic to drink, such as a beer, wine, or hard liquor, right before or during school or work hours?

- Yes
- No
- Refused
- Don't know

**C.10** Have you ever used marijuana, for example: weed, grass or pot, in your lifetime?

- Yes
- No
- Refused
- Don't know

**C.11** [ASK IF YES to C.10: “Have you ever used marijuana...”] Have you used marijuana, in the past 30 days?

- Yes
- No
- Refused
- Don't know



**C.12** [ASK IF YES to C.11: “Have you used marijuana... past 30 days?"] In the last 30 days have used marijuana right before or during school or work hours?

- Yes
- No
- Refused
- Don't know

**C.13** Excluding marijuana and alcohol, have you ever used any drugs like cocaine or crack or heroin, or any other substance not prescribed by a doctor, to get high or to achieve an altered state?

- Yes
- No
- Refused
- Don't know

**C.14** [ASK IF YES to C.13: “Excluding marijuana and alcohol...”] In the last 30 days, did you use this drug or other substance right before or during school or work hours?

- Yes
- No
- Refused
- Don't know

## Module D. Parental Monitoring and Involvement and Positive Childhood Experiences

*These next questions are about your relationship with your parents. Please remember that your answers are private, we will not share them with your parents. If you need to pause the interview for a bit, we can do that. You can also choose not to answer any questions.*

### D.1 How often do your parents (or stepparents or guardians) do the following?

	Never	Rarely	Sometimes	Often	REF	DK
a. Require you to do work or chores around the home	..	..	..	..	..	..
b. Limit the amount of time you can spend watching TV	..	..	..	..	..	..
c. Allow you to go out with friends on school nights	..	..	..	..	..	..
d. Check on whether you have done your homework	..	..	..	..	..	..
e. Provide help with your homework when it's needed	..	..	..	..	..	..

### D.2 The following questions are about your parents (or stepparents or guardians):

	Never	Rarely	Sometimes	Most of the Time	Always	REF	DK
a. My parents know where I am after school.	..	..	..	..	..	..	..
b. When I go out at night, my parents know whom I am with	..	..	..	..	..	..	..
c. [ASK IF [CHILD] IS 12 OR OLDER] When I go out at night, my parents know where I am	..	..	..	..	..	..	..
d. [ASK IF [CHILD] IS 12 OR OLDER] When I go out on weekend nights, I have to be home by a set time	..	..	..	..	..	..	..

The following set of questions are about your life experiences.

**D.3** How often are the following statements true of you?

	Never	Rarely	Sometimes	Often	Very Often	REF	DK
a. You are able to talk to your caregiver about your feelings?	..	..	..	..	..	..	..
b. You feel that your caregiver stands by you during difficult times	..	..	..	..	..	..	..
c. You feel safe and protected by an adult in your home	..	..	..	..	..	..	..
d. You have at least 2 adults who are not your parents who take a genuine interest in you	..	..	..	..	..	..	..
e. You feel supported by your friends	..	..	..	..	..	..	..
f. You feel that you belong at your school	..	..	..	..	..	..	..
g. You enjoy participating in your community traditions	..	..	..	..	..	..	..

## Module E. Life Events

I'm going to read some statements that describe events that can happen in the life of any child or in any family. Some of them may apply to your family, meaning you, your parents or your brothers and sisters. Many of them may not apply to your family.

As I read each statement could you please tell me if it is something that happened to you or your family during the past year that is since [12MONTHPRIORTOINTERVIEWDATE].

- If the event happened to you or your family in the past year, please answer yes.
- If the event did not happen to you or your family in the past year, please answer no.
- Please answer these questions as honestly as you can.

Remember, I won't tell anyone what you say here. I will keep your answers private. I won't tell your parents what you say. If you tell me that you or someone in your family is in danger, I will ask you a couple of questions. I may need to talk to my supervisor or others to make sure you are safe. Even if I have to talk to someone else about your situation, I will keep your information as private as possible.

Sometimes people have different reactions to answering questions. If you get upset or need to take a break that is fine, just let me know.

	Yes	No	REF	DK
<b>E.1</b> I have a new brother or sister who was born during the past year.	..	..	..	..
<b>E.2</b> Our family moved to a new home or apartment during this past year.	..	..	..	..
<b>E.3</b> My brother or sister became seriously ill or was injured during this past year.	..	..	..	..
<b>E.4</b> During this past year at least one parent became seriously ill or was injured.	..	..	..	..
<b>E.5</b> I was a victim of violence (mugging, robbery, etc.) during this past year.	..	..	..	..
<b>E.6</b> A member of my family was a victim of violence (mugging, robbery, etc.) during this past year.	..	..	..	..
<b>E.7</b> Another adult has come to live with my family during this past year.	..	..	..	..
<b>E.8</b> A member of my family ran away from home during this past year.	..	..	..	..
<b>E.9</b> My parents separated during this past year.	..	..	..	..
<b>E.10</b> My parents divorced during this past year.	..	..	..	..
<b>E.11</b> One of my parents remarried during this past year.	..	..	..	..
<b>E.12</b> An unmarried family member became pregnant during this past year.	..	..	..	..
<b>E.13</b> During this past year, one of my parents had problems at work (demotion, trouble with boss or co-workers etc.).	..	..	..	..
<b>E.14</b> One parent lost their job during this past year.	..	..	..	..
<b>E.15</b> My mother began to work sometime during this past year.	..	..	..	..
<b>E.16</b> The family financial situation was difficult during this past year.	..	..	..	..
<b>E.17</b> The family had funds cut off by some government agency during this past year (e.g., welfare, food stamps/SNAP, TANF, disability etc.).	..	..	..	..

	<b>Yes</b>	<b>No</b>	<b>REF</b>	<b>DK</b>
<b>E.18</b> My family was evicted from a house or apartment during this past year.	..	..	..	..
<b>E.19</b> There were many arguments between adults living in the house during this past year.	..	..	..	..
<b>E.20</b> There were many arguments between a parent and a former or separated spouse during this past year.	..	..	..	..
<b>E.21</b> During this past year, a member of my family attempted suicide	..	..	..	..
<b>E.22</b> A member of my family developed severe emotional problems during the past year	..	..	..	..
<b>E.23</b> A family member became involved with drugs or alcohol during this past year.	..	..	..	..
<b>E.24</b> A brother or sister was arrested or went to jail during this past year.	..	..	..	..
<b>E.25</b> A parent was arrested or went to jail during this past year.	..	..	..	..
<b>E.26</b> During this past year, one of my parents died.	..	..	..	..
<b>E.27</b> A brother or sister died during this past year.	..	..	..	..
<b>E.28</b> A grandparent died during this past year.	..	..	..	..
<b>E.29</b> One of my close friends died during this past year.	..	..	..	..

*[IF YES to E.26 – E.29] **Condolence Script:** I am sorry for your loss. Do you need to take some time before we go on?*

## Module F. Life Satisfaction

**F.1** The next set of questions asks about how you are currently feeling about several aspects of your life. For each question, please tell me how you feel. The options are completely satisfied, very satisfied, slightly satisfied, neutral, slightly dissatisfied, very dissatisfied, or completely dissatisfied.

How satisfied are you with...?

	<b>Completely satisfied</b>	<b>Very satisfied</b>	<b>A little satisfied</b>	<b>Neutral</b>	<b>A little dissatisfied</b>	<b>Very dissatisfied</b>	<b>Completely dissatisfied</b>
a. Your job? (if no job, skip)	..	..	..	..	..	..	..
b. The neighborhood where you live?	..	..	..	..	..	..	..
c. Your safety in your neighborhood?	..	..	..	..	..	..	..
d. Your safety at school?	..	..	..	..	..	..	..
e. Your educational experiences?	..	..	..	..	..	..	..
f. Your friends and other people you spend time with?	..	..	..	..	..	..	..
g. The way you get along with your parents?	..	..	..	..	..	..	..
h. Your standard of living—the things you have like housing, car, furniture, recreation, and the like?	..	..	..	..	..	..	..
i. The amount of time you have for doing things you want to do?	..	..	..	..	..	..	..
j. The way you spend your leisure time—recreation, relaxation, and so on?	..	..	..	..	..	..	..
k. Your life as a whole these days?	..	..	..	..	..	..	..

*That is all the questions I have at this time. Thank you very much for taking the time to talk with me today.*