NIJ National Survey of Young Adults
Paper Enrollment Questionnaire
DRAFT

Informed consent

Welcome to the National Survey of Young Adults!

Before we get started, we need to determine whether you are eligible to participate

On your last birthday, were you at least 18 years old?

- **Yes** → **GO TO NEXT PAGE**
- **No** → **GO TO PAGE 24**

You are eligible to participate in the National Survey of Young Adults!

Before you begin, we would like to tell you more about this study.

The National Survey of Young Adults (NSYA) is funded by the National Institute of Justice (NIJ). The NIJ is part of the US Department of Justice. The NSYA seeks to understand the risks and consequences of violence as young people transition to adulthood. The study will also test survey recruitment procedures for young adults. The survey collects information from young adults about their risk of violence and how violence affects them, and the researchers also want to find a good way to invite young adults to take surveys like this one. Your participation is voluntary and will help us improve the way we monitor and treat issues related to safety for young people like yourself.

The study is being carried out by Westat and New York University (NYU).

Why was I selected for this study?
You were selected by chance from a list of addresses. Your experiences will represent other young adults who were not selected. **You cannot be replaced, so we hope you agree to be in the study.**

What would you like me to do?
We are asking you to complete a 15-minute survey. This survey asks about your plans for the future, your use and opinions of social media, and your personal values and preferences. This survey also asks about your experience, if any, with different forms of violence. To thank you, you will receive $20 when you complete the survey.

Do I have to participate?
Joining the study is voluntary. **You can agree to join the study but withdraw at any time.** You can also refuse to answer any question on the survey.

What are the benefits and risks?
Taking the survey may not help you individually, but it will provide information that may help improve safety for young people. Some of the language used in this survey is graphic and some people may find it uncomfortable, but it is important that we ask the questions in this way so that you are clear what we mean. There are some risks of emotional distress to answering these questions. If you become upset and need help, a list of resources is provided on the back page of this booklet. You may stop completing the survey at any point for any reason.

Can I be identified? Will my answers be shared with anyone outside the study?
All information collected for this study is confidential. No individuals will be identified in the results. Your answers will be combined with responses from others who are in the study. Data from this study are protected under federal statute (34 USC 10231a) meaning we cannot release your answers if we get any request from a government agency, private organization or individual. The exception is any information regarding future criminal conduct or threats of immediate harm to self or others, which can be reported. No identifying information will be included when study data are archived at the National Archive of Criminal Justice Data (NACJD).

Do you have other questions?
If you still have questions, please call the NSYA Information Line at 855-510-9465. If you have questions about your rights as a research participant, please call the Westat Human Subjects Protections Office at 888-920-7631. If no one is available to take your call, please leave a message with your first name, the study name (The National Survey of Young Adults), and a phone number with the area code. Someone will return your call as soon as possible.

If you become upset or need help, please use one of the resources listed on the back page of this booklet.

Consent: Continuing to the survey means that you have read the information above. It also means you voluntarily agree to participate, and agree to be contacted again about future surveys and other study activities.

- ○ Yes. I agree to participate in this study
- ○ No. I do not agree to participate → GO TO NEXT PAGE ↓

IF NO: Thank you for your interest in the National Survey of Young Adults. Unfortunately, you are not eligible to participate in this study.

A. Demographics

These first questions will ask about you and your household

A1. What is your date of birth?

___/___/____ (MM/DD/YYYY)

A2. What is your race and/or ethnicity? (Mark all that apply)

- □ American Indian or Alaska Native
- □ Asian
- □ Black or African American
- □ Hispanic or Latino
- □ Middle Eastern or North African
- □ Native Hawaiian or Pacific Islander
- □ White
- □ I describe myself in some other way

A3. What is your sex?

- □ Female
- □ Male

A4. Which of the following best represents how you think of yourself?

- □ Lesbian or gay;
- □ Straight, that is, not gay or lesbian;
- □ Bisexual;
- □ I use a different term: [free text]

A5. Which of the following best represents how you think of yourself?

- □ Attention-Deficit/Hyperactivity Disorder (ADD or ADHD)
- □ Autism Spectrum Disorder
- □ Deaf/Hearing loss
- □ Learning disability
- □ Mobility/Dexterity disability
- □ Blind/Low Vision
- □ Speech or language disorder
- □ None of the above

A6. What best describes the building where you live?

- ○ A mobile home
- ○ A one-family house detached from any other house
- ○ A one-family house attached to one or more houses
- ○ A building with 2-9 apartments
- ○ A building with 10-50 apartments

- A building with more than 50 apartments
- Boat, RV, van, etc..

A7. How many people are living with you?

A8. How many of these persons are at least 18 years old?

A9. Are you currently living with a parent or guardian?

- Yes, one of my parents
- Yes, both of my parents
- Yes, one or more guardian
- No

A10. Are you living with any of the following people:

Brother or sister	yes	No
Grandmother or grandfather	yes	No
Other relative	yes	No
Someone I am not related to	yes	No

A11. Within the last 3 months, have you attended school?

- Yes → GO TO A10
- No

A11a. Do you plan to return to school?

- Yes
- No

A12. What grade did you last attend?

Include schooling which leads to a high school diploma or a college degree.

- Grade 10 or below
- Grade 11
- Grade 12
- College

A13. What is the highest degree or level of school you have COMPLETED?

If currently enrolled, mark the previous grade or highest degree received.

- Grade 10 or below

- Grade 11
- Grade 12 – No Degree
- Regular high school diploma
- GED or alternative credential
- Some college

A14. What is the highest degree or level of school your father has COMPLETED?

If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Less than 12th Grade
- 12th Grade with no Diploma
- High school diploma or GED
- Vocational or Technical Degree
- Some college credit
- Associate's Degree (for example AA, AS)
- Bachelor's Degree (for example BA, BS)
- Graduate or professional degree

A15. What is the highest degree or level of school your mother has COMPLETED?

If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Less than 12^{th} Grade
- 12th Grade with no Diploma
- High school diploma or GED
- Vocational or Technical Degree
- Some college credit
- Associate's Degree (for example AA, AS)
- Bachelor's Degree (for example BA, BS)
- Graduate or professional degree

A16. Which category represents the TOTAL combined income of all members of this HOUSEHOLD during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, Social Security payments, and any other money income received by members of this HOUSEHOLD who are 14 years of age or older.

- Under $25,000
- $25,000 – $49,999
- $50,000 – $74, 999
- $75,000 – $124,999
- $125,000 and over

A17. Last week, did you work for pay at a job (or business)?

- Yes
- No

A18. In the past 12 months, has anyone in your household received public assistance or welfare payments from the state or local welfare office?

- Yes
- No

B. Internet and Social Media

B1. At home, do you have or have access to...

desktop or laptop computer?

- o Yes
- o No

a gaming console?

- o Yes
- o No

a smartphone or cell phone that is not a smartphone?

- o Yes
- o No → GO TO B4

B2. Do you ever use your cell phone to send or receive text messages?

- o Yes
- o No → GO TO B4

B3. Thinking about the past 24 hours, about how many text messages did you send and receive on your cell phone?

No text messages in past 24 hours
1-10 text messages
11-20
21-50
51-100
101-200
More than 200 text messages

B4. Do you ever play video games on a computer, game console or cellphone?

- o Yes
- o No

B5. About how often do you use the internet either on a computer or a cellphone?

- o Almost constantly
- o Several times a day
- o About once a day
- o Several times a week
- o Less often

B6. Do you ever use any of the following social media sites? (Check all that apply)

- □ Twitter
- □ Instagram
- □ Facebook
- □ Snapchat
- □ YouTube
- □ Tumblr
- □ Reddit
- □ None of these

B7. How often, if ever, do you post the following things on social media?

	Often	Sometimes	Rarely	Never
Selfies	□	□	□	□
Videos you've recorded and created	□	□	□	□
Updates on where you are or what you are doing	□	□	□	□
Things only your closest friends would understand	□	□	□	□
Things you want to go viral	□	□	□	□

B8. Which of the following things, if any, do you ever post about on social media? (Mark all that apply)

- □ Your accomplishments
- □ Your dating life
- □ Your family
- □ Your political beliefs
- □ Personal problems you're having
- □ Your religious beliefs
- □ Your emotions and feelings
- □ None of these

B9. In general, does what you see on social media make you feel…

	Yes, a lot	Yes, a little	No
More in touch with your friends feelings	☐	☐	☐
Like you have a place where you can show your creative side	☐	☐	☐
More connected to what's going on in your friends' lives	☐	☐	☐
Like you have people who can support you through tough times	☐	☐	☐
Worse about your own life	☐	☐	☐
Overwhelmed because of all the drama	☐	☐	☐
Pressure to post content that will get lots of comments or likes	☐	☐	☐
Pressure to only post content that makes you look good to others	☐	☐	☐

B10. Overall, what effect would you say social media has had on people your age?

- o Mostly positive
- o Mostly negative
- o Neither positive nor negative

B11. In a typical week, how often do you get together with friends online (including on your cellphone, on social media, or through online gaming)?

- o Every day or almost every day
- o Several times a week
- o About once a week
- o Less often

B12. In a typical week, how often do you get together with friends in person (outside of school or school-related activities)?

- o Every day or almost every day
- o Several times a week
- o About once a week
- o Less often

C. Lifetime IPV Victimization

C1. Have you ever been in any of these types of partnered relationships? (Mark all that apply)

- □ Steady or serious relationship
- □ Marriage or civil union
- □ Domestic partnership or cohabitation
- □ Other ongoing relationship involving physical or sexual contact
- □ None of the above → GO TO NEXT PAGE

C2a. In your life, how many times has any partner of yours ever done any of the following to you?

- **Insulted me, put me down, or humiliated me**
- **Kept me from communicating with or seeing family, friends, or service providers (doctors, social workers, teachers/professors, other providers)**
- **Grilled or interrogated me about where I had been, what I had done, etc.**
- **Made threats to physically harm me**
- **Hurt or threatened to hurt something I loved, like a person, pet, or important object**
- **Something similar not listed above**

o Once or twice
o Three or more times
o Never

C2b. In your life, how many times has any partner of yours ever done any of the following to you?

- **Pushed, grabbed, or shoved me**
- **Slapped, punched, or hit me**
- **Scratched or bit me**
- **Threw something at me that could hurt**
- **Did something similar not listed above**

o Once or twice
o Three or more times
o Never

D. Lifetime IPV Perpetration

D1. In your life, how many times did YOU ever do any of the following to a partner?

- **Insulted them, put them down, or humiliated them**
- **Kept them from communicating with or seeing family, friends, or service providers (doctors, social workers, teachers/professors, other providers)**
- **Grilled or interrogated them about where they had been, what they had done, etc.**
- **Made threats to physically harm them**
- **Hurt or threatened to hurt something they loved, like a person, pet, or important object**
- **Something similar not listed above**

- o Once or twice
- o Three or more times
- o Never

D2. In your life, how many times did YOU ever do any of the following to a partner?

- **Pushed, grabbed, or shoved them**
- **Slapped, punched, or hit them**
- **Scratched or bit them**
- **Threw something at them that could hurt**
- **Did something similar not listed above**

- o Once or twice
- o Three or more times
- o Never

E. Lifetime Stalking Victimization

E1. In your life, how many times has ANYONE ever done any of the following to you?

- **Showed up, rode or drove by places where you were when they had no business being there**
- **Waited for you at your home, work, school, or any place else when you didn't want them to**
- **Spied on, watched, tracked, or followed you, either in person or using devices or software**
- **Sneaked into your home or car and did things to scare you by letting you know they had been there**
- **Left or sent unwanted items, cards, letters, presents, flowers, or any other unwanted items**
- **Made unwanted phone calls or sent unwanted emails, voice, text or instant messages (not counting robo callers, bill collectors, donation solicitors, etc.)**

- o Once or twice
- o Three or more times
- o Never → GO TO NEXT PAGE

E2. As a result, were you…

- **Very depressed or very stressed, OR**
- **In fear for your safety or for the safety of someone that you cared about (family member, friend, pet)?**

- o Yes
- o No

F. Lifetime Stalking Perpetration

F1. In your life, how many times have YOU ever done any of the following?

- **Showed up, rode or drove by places where someone was when you had no business being there**
- **Waited for someone at their home, work, school, or any place else when they didn't want you to**
- **Spied on, watched, tracked, or followed someone, either in person or using devices or software**
- **Sneaked into someone's home or car and did things to scare them by letting them know you had been there**
- **Left or sent unwanted items, cards, letters, presents, flowers, or any other unwanted items**
- **Made unwanted phone calls or sent unwanted emails, voice, text or instant messages**

- o Once or twice
- o Three or more times
- o Never → GO TO NEXT PAGE

F2. As a result, was the other person…

- **Very depressed or very stressed, OR**
- **In fear for their safety or for the safety of someone that they cared about (family member, friend, pet)?**

- o Yes
- o No

G. Lifetime Sexual Assault Victimization

These next questions ask about times in your life when you may have experienced unwanted sexual situations. These questions are detailed and the language is explicit, which some people may find upsetting. It is important that we ask the questions this way so that you understand what we mean. Your answers will help us to learn how often these things happen.

You can skip questions you don't want to answer. If you become upset and need help, you can stop the survey at any time. There's a list of resources you can contact located at the end of the survey.

G1. How many times has ANYONE ever kissed, grabbed, or touched you in a sexual way when you didn't want it to happen?

- o Once or twice
- o 3 or more times
- o Never → GO TO G2

G1a. When this happened, did the other person

- **Use physical force or threats of physical force to make you participate; OR**
- **Do this to you while you were passed out, asleep, or otherwise unable to consent or stop what was happening?**
  - o Yes
  - o No

G2. How many times has ANYONE ever made you participate in oral sex (when someone's mouth or tongue makes contact with someone else's genitals)?

- o Once or twice
- o 3 or more times
- o Never → GO TO NEXT PAGE

G2a. When this happened, did the other person

- **Use physical force or threats of physical force to make you participate; OR**
- **Do this to you while you were passed out, asleep, or otherwise unable to consent or stop what was happening?**
  - o Yes
  - o No

H. Lifetime Sexual Assault Victimization

H1. How many times has ANYONE ever made you participate in sexual penetration (when one person puts a penis, fingers, or object inside someone else's vagina or anus)?

- o Once or twice
- o 3 or more times
- o Never → GO TO H2

H1a. When this happened, did the other person

- **Use physical force or threats of physical force to make you participate; OR**
- **Do this to you while you were passed out, asleep, or otherwise unable to consent or stop what was happening?**
  - o Yes
  - o No

H2. How many times has ANYONE ever attempted (unsuccessfully) to make you participate in sexual penetration or oral sex?

- o Once or twice
- o 3 or more times
- o Never → GO TO NEXT PAGE

H2a. When this happened, did the other person

- **Use physical force or threats of physical force to make you participate; OR**
- **Do this to you while you were passed out, asleep, or otherwise unable to consent or stop what was happening?**
  - o Yes
  - o No

H3. How many times have YOU ever kissed, grabbed, or touched someone in a sexual way when they didn't want it to happen?

- ○ Once or twice
- ○ 3 or more times
- ○ Never → GO TO H4

H3a. When this happened, did you

- **Use physical force or threats of physical force to make them participate; OR**
- **Do this to you while they were passed out, asleep, or otherwise unable to consent or stop what was happening?**
  - ○ Yes
  - ○ No

H4. How many times have YOU ever made someone participate in oral sex (when someone's mouth or tongue makes contact with someone else's genitals)?

- ○ Once or twice
- ○ 3 or more times
- ○ Never → GO TO NEXT PAGE

H4a. When this happened, did you

- **Use physical force or threats of physical force to make them participate; OR**
- **Do this to you while they were passed out, asleep, or otherwise unable to consent or stop what was happening?**
  - ○ Yes
  - ○ No

H5. How many times have YOU ever made someone participate in sexual penetration (when one person puts a penis, fingers, or object inside someone else's vagina or anus)?

- o Once or twice
- o 3 or more times
- o Never → GO TO H6

H5a. When this happened, did you

- **Use physical force or threats of physical force to make them participate; OR**
- **Do this to you while they were passed out, asleep, or otherwise unable to consent or stop what was happening?**
  - o Yes
  - o No

H6. How many times have YOU ever attempted (unsuccessfully) to make someone participate in sexual penetration or oral sex?

- o Once or twice
- o 3 or more times
- o Never → GO TO NEXT PAGE

H6a. When this happened, did you

- **Use physical force or threats of physical force to make them participate; OR**
- **Do this to you while they were passed out, asleep, or otherwise unable to consent or stop what was happening?**
  - o Yes
  - o No

I. Lifestyle and Values

Next are some questions about you.

Here are some goals that people value in their lives. Some people say these things are very important to them. Others say they are not so important.

I1a. How important is each of the following to you personally?

	Not important	Somewhat important	Very important
Being successful in your line of work	□	□	□
Finding the right person to marry and having a happy family life	□	□	□
Having lots of money	□	□	□
Having strong friendships	□	□	□
Being able to find steady work	□	□	□
Helping other people in your community	□	□	□

I1b. How important is each of the following to you personally?

	Not important	Somewhat important	Very important
Being able to give your children better opportunities than you've had	□	□	□
Living close to parents and relatives	□	□	□
Getting away from this area of the country	□	□	□
Working to correct social and economic inequalities	□	□	□
Having children	□	□	□
Having leisure time to enjoy your own interests	□	□	□

I1c. How important is each of the following to you personally?

	Not important	Somewhat important	Very important
Becoming an expert in your field of work	□	□	□
Getting a good education	□	□	□
Getting a good job	□	□	□
Being an active and informed citizen	□	□	□
Supporting environmental causes	□	□	□
Being patriotic	□	□	□

I2a. How often do you spend time on the following activities outside of school?

	Rarely or never	*Less than once a week*	*Once or twice a week*	*Every or almost every day*
Visiting with friends (hanging out)	□	□	□	□
Working on hobbies, arts, crafts	□	□	□	□
Volunteering or performing community service	□	□	□	□
Driving or riding around with friends or in your own car	□	□	□	□
Talking with friends on the telephone, texting, or instant messaging	□	□	□	□

I2b. How often do you spend time on the following activities outside of school?

	Rarely or never	*Less than once a week*	*Once or twice a week*	*Every or almost every day*
Taking classes: music, art, language, dance	□	□	□	□
Taking sports lessons (other than at school)	□	□	□	□
Playing non-school sports	□	□	□	□
Communicating with friends or relatives via the Internet	□	□	□	□

I3. Aside from weddings and funerals, how often do you attend religious services?

- o Never
- o Seldom
- o A few times a year
- o Once or twice a month
- o Once a week or more

I4. Have you ever spent time participating in any community service or volunteer activity, or haven't you had time to do this? By volunteer activity, we mean actually working in some way to help others for no pay.

- o Yes, have done it in the last 12 months
- o Yes, but have not done it in the last 12 months
- o No, have not ever done it

I5. How are you spending this summer (2026)? Will you…

	Yes	No
Work part-time?	□	□
Work full-time?	□	□
Take some high school courses?	□	□
Take some college courses?	□	□
Volunteer or provide community service?	□	□
Enter the military?	□	□

Thank you for completing this survey!

CONTINUE TO NEXT PAGE

Thank you for participating in the National Survey of Young Adults!

Return this survey to us in the prepaid envelope provided to receive your $20 incentive.

Please give us the name and address below where you would like to receive it:

Name	
Street address	
Street address 2	
City	
State	
Zip	

Resources

These services are available 24 hours a day, 7 days a week. Callers can connect free of charge to the phone hotlines and will be directed to local agencies in their area. Individuals can also connect with trained hotline staff online through a secure chat messaging system.

Phone Hotlines

National Sexual Assault Phone Hotline (RAINN)……1-800-656-HOPE(4673)

National Suicide Prevention Lifeline……1-800-273-TALK(8255)
(Press 2 for Spanish)

New York City Anti-Violence Project Hotline (LGBTQ community)…….. 212-714-1141
(hotline will assist LGBTQ community nationwide- not limited to New York City)

Websites, Text Lines, and Online Hotlines

Crisis Text Line…… text 741741

National Sexual Assault Online Hotline (RAINN):
http://www.rainn.org/get-help/national-sexual-assault-online-hotline
Website: http://www.rainn.org/

National Domestic Violence Hotline
Website: http://www.thehotline.org/

One Love
Website: http://www.joinonelove.org/

Loveisrespect
Website: http://www.loveisrespect.org/
Loveisrespect provides a confidential chat (IM-style) with a peer advocate available 24/7.
Get a quick response from one of LoveisRespect's peer advocates by texting "loveis" to 22522.