Instrument 3: Child Baseline Survey

Please note for the purposes of this document “reporter type,” “child type,” and “routing” are defined as follows:

Reporter Types (refers to placement setting of the child)

Label (Abbreviation)	Definition
In-Home	Parent or caregiver who was already caring for the child before CPS report date and after close of investigation date
Out-of-Home (OOH)	Caregiver providing care to a child in placement
Parent with child in Placement (PWCIP)	Parent who has a child in an out-of-home placement
All Caregivers	Includes all In-home, OOH, and PWCIPs.

Child Types (often includes child age range and sometimes placement setting)

Label (Abbreviation)	Definition
In-Home	Children residing with same primary caregiver after CPS report date
Out-of-Home (OOH)	Children residing with a new caregiver after CPS report date
All Settings	Includes children in both in-home and OOH settings
Children aged XX-XX	Specifies age range for children receiving that item or module

Routing: will refer to questions already answered earlier in the survey

Informed Consent, Child Assent, and HIPAA Authorization

Informed consent for study participation, combining survey data with other sources of data, and audio recording (for in-person surveys) will be obtained from caregivers of children ages 6 to 17 prior to beginning the survey. HIPAA authorization for Medicaid linkage will be reviewed and signed by caregivers of children ages 11 to 17 prior to the youth beginning the survey.

Informed assent for study participation and audio recording will be obtained from children ages 6 to 17 prior to beginning the survey.

Instrument 3: Child Baseline Survey Specifications

VERIFICATION MODULES

Child Household Verification for Youth Ages 6 to 10 years (completed by caregiver)

Applies to “reporter types”: All Settings

Applies to “child/youth types”: Parents/Caregivers of children aged 6-10

[CAREGIVERS OF CHILDREN AGE 6-10:]

Before [I/we] get started with [CHILD]'s interview, [I/we] want to check that the information we have about you and your child is correct.

First, [let me/please] confirm [CHILD]’s name.

First name:

Middle initial:

Last name:

Is this correct?

o Yes

o No

What is [CHILD]’s correct name?

First name:

Middle initial:

Last name:

Routing: Name is not verified as correct

[Let me/Please] confirm [CHILD]’s date of birth.

[[*CHILD]’s DOB*]

Is this correct?

o Yes

o No

What is [CHILD]'s] correct date of birth?

Month:

- Select month -

Day:

- Select Day -

Year:

- Select Year -

☐ I don’t know or am unsure of [CHILD]’s date of birth

Routing: DOB was not verified as correct

That would make [CHILD] XX years old. Is that correct?

o Yes

o No

We must still have [CHILD]’s birthday wrong. What is [CHILD]'s] correct date of birth?

Month:

- Select month -

Day:

- Select Day -

Year:

- Select Year -

☐ I don't know or am unsure of [CHILD]'s date of birth

Routing: Age was not verified as correct

How old is [CHILD]?

____years or _____months (if less than 1 year)

Routing: If second DOB mismatch or caregiver doesn't know or is unsure of child's DOB

We have [CHILD]'s primary caregiver's as:

By primary caregiver, we mean the person who makes decisions about care, including daily routine, health care, and child care.

(If [CHILD]'s primary caregiver's name is not spelled right, or is incorrect, please fix it. If everything is correct, click "Next" to continue.)

First name:

Middle initial:

Last name:

Is that you?

o Yes

o No

What is your name? **(**Please enter your full name below)

First name:

Middle initial:

Last name:

Routing: Caregivers who do not match the primary caregiver listed

---

What is [your/PRIMARY CAREGIVER]'s relationship to [CHILD]?

(Select all that apply).

☐ Parent (biological Mother or biological father)

☐ Stepparent (Stepmother or Stepfather)

☐ Adoptive parent (adoptive mother or adoptive father)

☐ Foster Caregiver

☐ Sibling (brother or sister)

☐ Step sibling (stepbrother or stepsister)

☐ Foster sibling (foster brother or foster sister)

☐ Adoptive sibling (adoptive brother or adoptive sister)

☐ Aunt or Uncle

☐ Cousin

☐ Grandparent (grandmother or grandfather) or great-grandparent

☐ Other relative

☐ Other non-relative

Please specify other relative relationship

Relationship: _____

Routing: Primary caregiver is an “other relative”

Please specify other non-relative relationship

Relationship: _____

Routing: Primary caregiver is an “other non-relative”

How long has CHILD lived with you?

_____ (small text box)

Is that the number of days, weeks, months, or years?

o Days

o Weeks

o Months

o Years

Child Household Verification for Children ages 11 to 17 (completed by youth)

Applies to “reporter types”: All Settings

Applies to “child/youth types”: Children aged 11-17

[IF CHILD AGE: 11-17: [Hi, my name is _____./Today [I'm/we’re] going to ask you some questions about you, your family, friends, and school. If you have a question or are not sure about something, [feel free to ask/just do your best]. The important thing is that you [tell me/answer] how you really feel or think.[As we discussed/Please remember, we do a lot to keep your answers private. We do have to tell someone else if you tell us you might hurt yourself, someone else, or tell us someone hurt you. If you want to take a break, [just let me know/you can do that at any time]. Before we get started, [let me/we want to] make sure the information [I/we] have about you is correct.

First, [we would like to/let me] check we have your name correct.

First name:

Middle initial:

Last name:

Is this correct?

o Yes

o No

What is your correct name?

First name:

Middle initial:

Last name:

Routing: Name is incorrect

Is this your date of birth or birthday?

[*Insert DOB]*

o Yes

o No

What is your correct date of birth?

Month:

- Select month -

Day:

- Select Day -

Year:

- Select Year -

Routing: DOB was not verified as correct

That would make you XX years old. Is that correct?

o Yes

o No

Since your age was not correct, we must have your birthday wrong.

[What is your correct date of birth?/Please correct your date of birth or birthday below:]

Month: _____

Day: _____

Year: _____

Routing: Age was not verified as correct

Is [PRIMARY CAREGIVER] an adult who is responsible for taking care of you where you live right now? By primary caregiver we mean the person who makes decisions about your care most often including daily routines, health care, and child care.

o Yes

o No

What is the name of an adult who is responsible for taking care of you where you live now?

First name:

Middle initial:

Last name:

Routing: Primary caregiver name is incorrect

What is [PRIMARY CAREGIVER]'s relationship to you?

(Select all that apply).

☐ Parent (biological Mother or biological father)

☐ Stepparent (Stepmother or Stepfather)

☐ Adoptive parent (adoptive mother or adoptive father)

☐ Foster Caregiver

☐ Sibling (brother or sister)

☐ Step sibling (stepbrother or stepsister)

☐ Foster sibling (foster brother or foster sister)

☐ Adoptive sibling (adoptive brother or adoptive sister)

☐ Aunt or Uncle

☐ Cousin

☐ Grandparent (grandmother or grandfather) or great-grandparent

☐ Other relative

☐ Other non-relative

Please specify other relative relationship

Relationship: _____

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17, Parents/Caregivers of children aged 0-10

Routing: Primary caregiver is an "other relative"

Please specify other non-relative relationship

Relationship: _____

Routing: Primary caregiver is an "other non-relative"

How long have you lived with [PRIMARY CAREGIVER]*?*

Is that the number of days, weeks, months, or years?

o Days

o Weeks

o Months

o Years

PREVENTING THE NEED FOR FOSTER CARE

[FOR CHILDREN AGES 6 to 10: Hi, my name is _____.]Today [I'm/we're] going to ask you some questions about you, your family, friends, and school. If you have a question or are not sure about something, [tell me/just do your best]. The important thing is that you tell [me/us] what you really feel or think. [As was discussed,/Please remember], we do a lot to keep your answers private. If you want to take a break, [just let me know/you can do that at any time].

Applies to "reporter types": All Settings

Applies to "child/youth types": Children ages 6-10

Do you have a nickname you like to be called other than [CHILD]?

o Yes

o No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 6-17

What is your nickname?

Nickname: _____

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 6-17

Routing: Children who report having a nickname they like to be called

Safety and Permanency Domain

Safety

Where you live now, do you have the feeling of being safe and protected by at least one adult in the home?

o Yes, always

o Yes, sometimes

o No

o Not sure

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Adapted from the Behavioral Risk Factor Surveillance System; Positive Childhood Experiences items (select states)

Do you feel like where you live now is calm and predictable?

- o Yes, always
- o Yes, sometimes
- o No
- o Not sure

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Adapted from Project GAIN

Do you feel like there is at least one adult in your household who makes sure your basic needs are met, like having enough food and clothing?

- o Yes, always
- o Yes, sometimes
- o No
- o Not sure

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Adapted from the Behavioral Risk Factor Surveillance System Positive Childhood Experiences Measure

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Permanency

Now [I/we] would like to ask you some questions about the people you live with and how it is to live here.

Do you like living with the people you live with?

- o Yes, most of the time
- o Yes, some of the time
- o No

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Source: Adapted from NSCAW III

Have you ever asked someone if you could leave here or stop living here?

- o Yes
- o No

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Source: NSCAW III

Do you want this to be your permanent or forever home?

- o Yes
- o No
- o Not sure

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Source: Project Developed

If you could live with anyone, who would it be?

(Select all that apply.)

- ☐ Mother
- ☐ Father
- ☐ Stepparent (stepmother or stepfather)
- ☐ Grandparent (grandmother or grandfather)
- ☐ Aunt or uncle
- ☐ Sibling(s)
- ☐ Other relative
- ☐ Neighbor
- ☐ Friend
- ☐ Girlfriend/boyfriend
- ☐ Current or former foster parent
- ☐ New (or unspecified) foster home
- ☐ Teacher/child care/other known provider
- ☐ By yourself/alone
- ☐ Other

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Routing: Children who answered "No" they do not want their current home to be their permanent or forever home

Source: NSCAW III

Relational Domain

Relational Happiness

[Interviewer for each item present showcard XX /Web appears on screen for each item]

 Not Happy	 In the middle	 Happy
☐	☐	☐

The next questions ask you how happy you are with things in your life. There are no right or wrong answers. We just want to know how you feel.

How happy are you when you are with [your family/the people you live with]?

- *o* Not Happy
- *o* In the middle
- *o* Happy

How happy are you when you are with your friends?

- *o* Not Happy
- *o* In the middle
- *o* Happy

How happy are you with your school that you go to?

- *o* Not Happy
- *o* In the middle
- *o* Happy

Applies to "reporter types": All Settings

Applies to "child/youth": Children aged 6-10

Source: Good Childhood Index (GCI)

Relational Health

Next, [I'll read / are) some sentences about your feelings. For each one, (tell me / select) how much you disagree or agree. Please respond to the statements to the best of your ability. It may be difficult to understand the meaning of certain words. Here are a few definitions that may help:

[If in-home setting- "**Family"** – includes anyone that you live with as well as your extended family (uncles/aunts, grandparents, cousins, etc.) **School** – the school that you are currently attending./ If out-of-home **"Family"** includes anyone you currently live with **School** – the school that you are currently attending]

(Select one for each row.)

	Disagree	Slightly disagree	Slightly agree	Agree
[If child goes to school (excludes homeschoolers): There is an adult at my school that cares about me.]				

I enjoy spending time with people my age.				
I feel comfortable when I am around my family.				
[If child goes to school (excludes homeschoolers): I enjoy going to my school.]				
I get along well with people my age.				
[If child goes to school (excludes homeschoolers): The adults at school like me as much as they like other students.]				
My family members like to spend time with me.				
Someone in my family accepts me for who I am.				
I am liked by other kids my age.				
I have at least one really good friend.				

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Milwaukee Youth Belongingness Scale (MYBS), 10th item project-developed

How often do you get together with friends? Include in-person get togethers only.

- o Never
- o A few times a year
- o 1 to 2 times per month
- o 1 time per week
- o Nearly everyday
- o Daily

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Adapted from Monitoring the Future 2023, Form 2

Bullying

The following questions ask about tough things that sometimes happen to kids or teens.

During the last **30 days**, how often did other students at school…

(Select one for each row.)

	Never	Once or twice	About once a week	Several times a week	Every day
push, shove, slap, hit, or kick					

you when they weren't kidding around?					
threaten to beat you up?					
spread mean rumors or lies about you?					
make sexual jokes, comments, or gestures towards you?					
exclude you from friends, other students, or activities?					
bully you through email, chat rooms, instant messaging, websites, or texting?					

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children who go to school, exclude homeschoolers

Source: Minnesota Student Survey; Gower et al. 2015

Supportive Adults

How close do you currently feel to [PRIMARY CAREGIVER]?

- o Extremely close
- o Very close
- o Moderately close
- o Slightly close
- o Not close at all

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: adapted from PAGI study Supportive Adults

The next few questions ask about adults you turn to for different kinds of help or support. They could be parents or caregivers, family members, teachers, coaches, caseworkers or any other adults you know.

When you need to talk to someone about something personal or private – for instance, if you had something on your mind that was worrying you or making you feel down – are there…

- o Enough adults you can count on

- *o* Too few adults you can count on
- *o* No adults you can count on

[only if too few or enough adults] Of the adults you just thought about, what group describes most of them?

- o Parents or caregivers
- *o* Other adult family members
- *o* Other adults (for example teachers, coaches, caseworkers, therapists, mentors)

When you need someone to lend a hand or give you something you needed or pitch in to help you with something – for instance, run an errand for you, lend you money, food, clothing or drive you somewhere you needed to go – are there…

- o Enough adults you can count on
- *o* Too few adults you can count on
- *o* No adults you can count on

[only if too few or enough adults] Of the adults you just thought about, what group describes most of them?

- o Parents or caregivers
- *o* Other adult family members
- *o* Other adults (for example teachers, coaches, caseworkers, therapists, mentors)

When you need advice or information – for example, if you didn't know where to get something or how to do something you needed to do – are there…

- o Enough adults you can count on
- *o* Too few adults you can count on
- *o* No adults you can count on

[only if too few or enough adults] Of the adults you just thought about, what group describes most of them?

- o Parents or caregivers
- *o* Other adult family members
- *o* Other adults (for example teachers, coaches, caseworkers, therapists, mentors)

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Project-developed informed by LifeSet and CalYOUTH surveys which were based on the Social Support Network Questionnaire (SSNQ; Gee & Rhodes 2007)

Activities

Do you belong to any organizations, clubs, teams, or groups?

- o Yes
- o No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: NSCAW III

Compared to others your age, how active are you in these organizations, clubs, teams, or groups?

- o Less active
- o Average
- o More active

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: NSCAW III

During the past **7 days**, on how many days were you physically active for a total **of at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time).

- *o* 0 days
- o 1 day
- o 2 days
- o 3 days
- *o* 4 days
- *o* 5 days
- *o* 6 days
- o 7 days

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Youth Risk Behavior Survey (YRBS) 2025

On most weekdays, how much time do you spend outdoors? Include time spent outside at school, at after school activities, in your yard or neighborhood, in a park, playground, or other outdoor space.

- o Less than 1 hour per day
- o 2 hours per day
- o 3 hours per day
- o 4 or more hours per day

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Adapted from National Study of Child Health (NSCH) 2021

Sexual Activity and Sexual Violence

The next questions are about sexual activity.

Have you ever had sex or sexual intercourse?

- o Yes
- *o* No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: YRBS 2025; NSCAW III CH Module SX

How old were you when you had sex or sexual intercourse for the first time?

- o 11 years old or younger
- o 12 years old [DO NOT ALLOW IF CHILD AGE = 11]
- o 13 years old [DO NOT ALLOW IF CHILD AGE <= 13]
- o 14 years old [DO NOT ALLOW IF CHILD AGE <= 14]
- o 15 years old [DO NOT ALLOW IF CHILD AGE <= 15]
- o 16 years old [DO NOT ALLOW IF CHILD AGE <= 16]
- *o* 17 years old[DO NOT ALLOW IF CHILD AGE <= 17]

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children who reported having sexual intercourse

Source: YRBS 2025 (with older removed from age 17 option); NSCAW III CH Module SX

The next question is about violence-related sexual behaviors and experiences.

Have you ever been forced to have sexual intercourse when you did not want to?

- *o* Yes
- *o* No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: All Child/Youth types

Source: YRBS 2025

Screen, Internet, and Social Media Use

The following questions ask about your use of screens, the internet, and social media.

We are interested in your experiences with social media. The term social media refers to social network sites (e.g. Facebook, Instagram, Tik Tok) and instant messengers (e.g. WhatsApp, Snapchat, Direct messages on Tik Tok/Instagram/Facebook).

Do you have or use social media?

- o Yes
- *o* No

[only if yes to social media] People can have positive and negative social media experiences. We're interested to hear about what's happened for you.

During the past **year** have you…

(Select one for each row.)

	Yes	No
felt support from others online?		
learned something new and helpful from social media?		
often used social media to escape from negative feelings?		
ever had a time where you felt pressured to share something you didn't want to online?		

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: van den Eijnden RJ, Lemmens JS, Valkenburg PM. The Social Media Disorder Scale. Comput Human Behav. 2016;61:478–87. HBSC survey(s): special topic area 2017/18 HBSC survey. Items 1, 2, and 4 were project developed/adapted.

On most weekdays,about how much time do you spend in front of a TV, computer, cellphone, or other electronic device watching programs, playing games, messaging others, accessing the internet, or using social media?

- o Less than 1 hour per day
- o 2 hours per day
- o 3 hours per day
- o 4 or more hours per day

Applies to "reporter types": All Settings

Applies to "child/youth types": Children ages 11-17

Source: adapted from NSCH 2025; National Health Interview Survey (NHIS)- Teen 2022

How often do you watch television, use a phone, tablet, computer, or other device with a screen while in bed before going to sleep?

- o Never
- o Sometimes
- o Often
- o Always

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Project developed and recommended by both sleep and screen use/social media experts

---

Have you ever used AI (artificial intelligence) for companionship (that is, using AI to interact in a social way as you would with a friend or partner)? If so, how? (Select all that apply)

- o For conversation or social practice
- o For emotional or mental health support
- o For romantic or flirtatious interactions (flirting can be acting extra friendly or playful)
- o For role-playing or imaginative scenarios
- o As a friend or best friend
- o None of these
- o Other (please specify):_____
- o I have NOT used AI for companionship [this answer only allowed if selected]

Applies to "reporter types": All Settings

Applies to "child/youth types": Children ages 11-17

Source: Adapted from Common Sense Media 2025

How often do you interact with AI for companionship (that is, using AI to interact in a social way as you would with a friend or partner)?

- o Several times a day
- o Once a day
- o A few times a week
- o Once a week
- o A few times a month
- o I have tried them but rarely use them

Applies to "reporter types": All Settings

Applies to "child/youth types": Children ages 11-17

Source: Adapted from Common Sense Media 2025

Education and Employment Domain

Now [I'm going to ask you/we'd like to ask you] how often you do things or have different types of feelings about school. When answering, select never, sometimes, often, or almost always.

[INTERVIEWER: For each question, pick the answer from this card. For example, suppose I asked you how often you bring a lunch from home to school. If you don't ever bring your lunch, you would pick the answer "never." If you do this every once in a while, you would pick "sometimes." If you do this a lot, you would pick "often." If you always or almost always do this, you would pick "almost always."]

[WEB: Example question: "How often do you bring a lunch from home to school?"

- o If you don't ever bring your lunch → select Never
- o If you bring your lunch **every once in a while** → select Sometimes
- o If you bring your lunch **a lot** → select Often
- o If you **always or almost always** bring your lunch → select Almost always]

Honest answers are important, so please [tell me what/answer how] you really feel or think.

School Engagement

How often do you…

(Select one for each row.)

	Never	Sometimes	Often	Almost always
enjoy being in school?				
hate being in school?				
try to do your best work in school?				
find the school work too hard to understand?				
find your classes interesting?				
fail to complete or turn in your assignments?				
get sent to the office, or have to stay after school, because you misbehaved?				
get along with your teachers?				
listen carefully or pay attention in school?				
get your homework done?				
get along with other students?				

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 8-17

Routing: Children who are attending school

Source: NSCAW III

Plans for Education and Postsecondary Education

Do you leave home to go to school or do your parents teach you at home?

- o Leave home to go to school
- o Taught at home
- o Neither

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

What grade are you currently in? (if currently on summer break choose the grade you will be in when you return to school. If you have graduated from high school choose not in school)

- o First grade
- o Second grade
- o Third grade
- o Fourth grade
- o Fifth grade
- o Sixth grade
- o Seventh grade
- o Eighth grade
- o Ninth grade
- o Tenth grade
- o Eleventh grade
- o Twelfth grade
- o Vocational/technical school
- o Any year of college
- o Ungraded placement

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children currently in school or homeschooled

Do you have a high school diploma, GED, or other high school equivalency?

- ○ Yes
- ○ No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 15-17

Routing: Children who are **not** going to school or being homeschooled

Source: Adapted NSCAWIII

Do you plan to get a high school diploma, GED, or other high school equivalency?

- *o* Yes
- *o* No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 13-17

Routing: Children who are currently going to school, being homeschooled, or no longer attending school who have not already received a high school diploma, GED, or other high school equivalency.

Source: adapted from High School Longitudinal Study (HSLS)

Which of the following [do you plan to do / have you done or plan to do] during your [first year after high school / first year since receiving your high school diploma, GED, or other high school equivalency]?

(Select all that apply)

- ☐ Enroll in an associate's degree program (usually at a 2-year college)
- ☐ Enroll in a bachelor's degree program (usually at a 4-year college or university)
- ☐ Enroll in a vocational-technical, trade school, or apprenticeship program
- ☐ Work for pay
- ☐ Join the military
- ☐ Start a family
- ☐ Something else (Please specify)
- ☐ Not sure

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 15-17

Source: adapted from High School Longitudinal Study (HSLS)

As things stand now, how far in school do you think you will get?

- o [Less than high school completion]
- o [Complete a high school diploma or equivalent (for example, GED, HiSET)
- o Complete a certificate or diploma from a school that provides occupational training, such as a trade school
- o Complete an associate's degree
- o Complete a bachelor's degree

- o Complete a master's degree
- o Complete a Ph.D., M.D., law degree, or other high-level professional degree
- o Not sure

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 15-17

Source: adapted from High School Longitudinal Study (HSLS)

Employment

In the past 12 months, did you work at an internship, apprenticeship, or any other kind of job training program?

- *o* Yes
- *o* No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 13-17

Source: adapted from Life Set Survey

In the past 12 months, did you work a formal job where you were paid by an employer or work for a family business? These are usually jobs where you submit an application and are interviewed. For example, this might be working in a supermarket, restaurant, retail store, or as a camp counselor.

Do not include informal jobs which could include doing one or a few tasks for several people and not having a "boss", for example, babysitting, mowing lawns, anything under the table (where you received payment in cash), day labor, or work done through an app such as Uber, Doordash, Amazon Flex, or Taskrabbit. Informal jobs are sometimes called freelance, contract, or gig work.

- *o* Yes
- *o* No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 13-17

Source: adapted from Life Set Survey

In the past 12 months, did you work an informal job such as baby-sitting, lawn mowing, day labor, work done through an app such as Uber or Amazon Flex, or work that is done "under the table" (that you were paid for in cash). [HELP TEXT: Day Labor is when you are hired and paid each day with no contract or promise of more work.]

- *o* Yes
- *o* No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 13-17

Source: adapted from Life Set Survey

MAKE AMERICA HEALTHY AGAIN

Health Domain

General Health

Now we would like to know about your health.

In general, would you say your health is…

- o Excellent?
- o Very good?
- o Good?
- o Fair?
- *o* Poor?

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: NSCAW III

Sleep Health

The next questions are about health-related topics and your answers are private.

In a typical week during the school year, how often do you wake up well-rested?

- o Never
- o Some days
- o Most days
- *o* Every day

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: NHIS Teen 2021

On an average school night, how many hours of sleep do you get?

- o 4 or less hours
- o 5 hours
- o 6 hours
- *o* 7 hours
- o 8 hours
- o 9 hours
- *o* 10 or more hours

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: YRBS 2025

Nutrition and Food Security

This next set of questions asks you about your nutrition and food.

For each statement below select how true it is for you and your household or family

(Select one for each row.)

	Never True	Sometimes True	Often True
Within the past **12 months** we worried whether our food would run out before we got money to buy more.			
Within the past **12 months** the food we bought just didn't last and we didn't have money to get more.			

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Hunger Vital Sign Screening Tool

The next questions ask about food you ate or drank during the past **7 days**. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, [at school], at restaurants, or anywhere else.

During the past **7 days**, how many times did you…

(Select one for each row.)

	Did not eat/drink [item] during past 7 days	1-3 times during past 7 days	4-6 times during past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
Drink a sugar sweetened beverage such as soda, Pepsi, Coke, fruit juice, energy drink, tea, sports drink (such as Gatorade), lemonade or Kool-Aid?							
Eat fruit? (Do not count fruit juice.)							
Eat vegetables?							

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: YRBS 2025 (adapted from the Block Food Frequency Questionnaire); item 1 revised based on expert feedback; additional items were removed or combined based on expert feedback and to decrease the number of items/participant burden.

Mental and Behavioral Health Domain

Behaviors & Emotions

The Behavior Assessment System for Children, third edition, Self-Report Personality-Interview (BASC-3 SRP-I), is not specified due to copyright by Pearson Inc., 2015. The BASC-3 SRP-I contains 12 items, is administered to children ages 6 and 7, and asks about the child's thoughts and feelings.

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 6-7

Source: BASC-3 SRP-I (Reynolds & Kamphaus, 2015)

The Behavior Assessment System for Children, third edition, Behavioral and Emotional Screening System (BASC-3 BESS; Reynolds & Kamphaus, 2015) student self-report form is not specified due to copyright by Pearson Inc., 2015. The BASC-3 BESS student self-report form contains 28 items and asks about internalizing, externalizing, adaptive skill strengths and areas of need.

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 8-17

Source: BASC-3 BESS (Reynolds & Kamphaus, 2015)

Medications

These next questions ask about help you may have received for your emotions, concentration, behavior or mental health.

During the past **12 months**, did you take any prescription medication to help with your emotions, concentration, behavior or mental health? [help: This would be medicine given to you by a medical professional]

- o Yes
- *o* No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: NHIS Teen 2021

How many prescription medications are you currently taking for emotions, concentration, behavior, or mental health? [help: This would be medicine given to you by a medical professional, health care worker, or doctor]

_____ medication(s)

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children who reported taking prescription medication for an emotional, concentration, behavioral, or mental health problem during the past 12 months

Source: adapted from NSCAW III child instrument

During the past **12 months**, to what extent [has/have] [this prescription medication/any of these prescription medications] helped you? [help: This would be medicine given to you by a medical professional, health care worker, or doctor]

- o Not at all
- o A little
- o Some
- *o* A lot
- *o* Extremely
- *o* Don't know

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children who reported taking prescription medication for an emotional, concentration, behavioral, or mental health problem during the past 12 months

Source: NSDUH 2023

During the past **12 months**, to what extent [has/have] [this prescription medication/any of these prescription medications] made you feel worse? [help: This would be medicine given to you by a medical professional, health care worker, or doctor]

- o Not at all
- o A little
- o Some
- *o* A lot
- *o* Extremely
- *o* Don't know

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children who reported taking prescription medication for an emotional, concentration, behavioral, or mental health problem during the past 12 months

Source: Project-developed

To what extent do you feel you have a say in whether you take prescription medication for emotions, concentration, behavior or mental health? [help: This would be medicine given to you by a medical professional, health care worker, or doctor]

- o Not at all
- o A little

- o Some
- *o* A lot
- *o* Don't know

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children who reported taking prescription medication for an emotional, concentration, behavioral, or mental health problem during the past 12 months

Source: Project-developed

Trauma Symptoms

The following questions ask about feelings that kids or teens may have after experiencing something upsetting.

Sometimes people have scary, violent, or upsetting experiences where someone could have been badly hurt or killed.

In the past month have you…

(Select one for each row.)

Trauma Symptoms	Yes	No
had bad dreams about scary experiences or other bad dreams?		
had upsetting thoughts, pictures or sounds of scary experiences come into your mind when you didn't want them to?		
tried not to think about or have feelings about scary experiences?		
been mad at yourself or someone else for making the scary experiences happen, not doing more to stop it, or to help after?		
felt jumpy or easily startled, like when you hear a loud noise or when something surprises you?		

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Adolescent Primary Care Traumatic Stress Screen (APCTSS)

Self-harm, Depression, Suicidal Ideation, Suicidal Behavior

The next question asks about thoughts, emotions, and behaviors related to self-injury. This may apply to you or it might not.

Have you ever hurt yourself on purpose without wanting to die? For example, have you ever cut or burned yourself, or hit yourself on purpose, but you didn't want to die?

- *o* Yes
- *o* No
- *o* I'm not sure

- *o* I don’t want to answer

Applies to “reporter types”: All Settings

Applies to “child/youth types”: Children aged 11-17

Source: Adapted from Self-Injurious Thoughts and Behaviors Interview - Revised (SITBI-R)

Over the last **2 weeks**, how often have you been bothered by any of the following problems?

(Select one for each row.)

	Not at all	Several days	More than half the days	Nearly Everyday
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				

Applies to “reporter types”: All Settings

Applies to “child/youth types”: Children aged 11-17

Source: Patient Health Questionnaire-2 item (PHQ-2)

The next few questions are about thoughts of suicide. You can answer “I’m not sure” or “I don’t want to answer” to any question.

At any time in the past **12 months**, that is from [date] up to and including today, did you **seriously think about trying to kill yourself**?

- *o* Yes
- *o* No
- *o* I’m not sure
- *o* I don’t want to answer

Applies to “reporter types”: All Settings

Applies to “child/youth types”: Children aged 11-17

Source: NSDUH 2025

During the past **12 months**, did you **try** to kill yourself?

- *o* Yes
- *o* No
- *o* I’m not sure
- *o* I don’t want to answer

Applies to “reporter types”: All Settings

Applies to “child/youth types”: Children aged 11-17

Routing: Children with plans of suicide

Source: NSDUH 2025

How much do you disagree or agree with the following statement: You had the support you needed after you attempted to kill yourself.

- *o* Strongly disagree
- *o* Disagree
- *o* Neither agree nor disagree
- o Agree
- *o* Strongly agree

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children who reported attempting suicide during the past 12 months

Source: Project-developed

If ever needed, do you know where to go to get help with thoughts about wanting to kill yourself?

- *o* Yes
- *o* No
- *o* I don't want to answer

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Resilience

Please indicate how much you agree with the following statements as they apply to you over the **last month**. If a particular situation has not occurred in the last month, answer according to how you think you might feel.

(Select one for each row.)

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur.					
I can deal with whatever comes my way.					
I try to see the humorous or funny side of things when I am faced with problems.					
Having to cope with stress can make me stronger.					
I believe I can achieve my goals,					

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
even if there are obstacles or things in the way.					
Under pressure, I stay focused and think clearly.					
I am not easily discouraged or disappointed by failure.					
I think of myself as a strong person when dealing with life's challenges and difficulties.					
I am able to handle feelings like sadness, fear, and anger.					
I am comfortable asking for help when I need it.					

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Connor-Davidson Resilience Scale (CD-RISC) adapted per EAG feedback and one item on "bouncing back" removed; last item is project-developed - informed by input from Phase II participants.

Risk Behaviors and Juvenile Justice Involvement

In the past **12 months** have you ever run away or thought about running away?

(Select all that apply)

☐ Yes, I ran away

☐ Yes, I thought about running away

☐ No, I did not run away or think about running away in the past 12 months

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Did you run away from this home, another place you were staying, or both in the past **12 months**?

o This home

o Another place you were staying

o Both

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children who indicated they had run away from home in the past 12 months

Source: Project-developed

Were you ever arrested and/or booked? Being 'booked' means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

- o Yes
- o No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: adapted from FRAPCES study

Have you ever been found guilty or convicted of a crime or status offense (a status offense can include things like skipping school, underage alcohol/tobacco use, or running away)

- o Yes
- o No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Have you ever spent at least one night in a jail, prison, juvenile hall, or another correctional facility?

- **o** Yes
- **o** No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Substance Use

The next set of questions ask about your use of alcohol, cigarettes, vaping devices, marijuana, or prescription pain medication.

During the **past 30 days**, did you have at least one drink of alcohol?

- o Yes
- o No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Adapted from YRBS 2025 (made yes/no instead of number of days that ranged from 0 to 30)

During the **past 30 days**, did you smoke cigarettes?

- o Yes
- o No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: YRBS 2025 (made yes/no instead of number of days that ranged from 0 to 30)

During the **past 30 days**, did you use an electronic vapor product which includes e-cigarettes, vapes, mods, e-hookahs, or vape pens? (such as JUUL, Vuse, NJOY, Elf Bar, or Esco Bars)?

- o Yes
- *o* No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Adapted from YRBS 2025 (made yes/no instead of number of days that ranged from 0 to 30)

During the **past 30 days**, did you use marijuana (Marijuana is also called pot or weed; please do not count CBD-only or hemp products which come from the same plant as marijuana, but do not cause a high when used alone)?

Marijuana is also called pot, weed, or cannabis.

- o Yes
- o No

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Adapted from YRBS 2025 (made yes/no instead of number of days that ranged from 0 to 30)

During your **life**, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? For this question count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

- o 0 times
- *o* 1 or 2 times
- o 3 to 9 times
- *o* 10 to19 times
- o 20 to 39 times
- *o* 40 or more times

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: YRBS 2025

Service Needs Domain

Service Needs & Receipt

This set of questions is going to ask you about help you may have needed.

Help with school and participation in activities

[Items for youth 8-17]

During the past **12 months**, did you need help with schoolwork?

- o Yes
- *o* No

During the past **12 months**, did you need help from your [parents/caregivers], teacher, or principal because you were being bullied or teased at school?

- o Yes
- o No

[Items for youth 11-17]

During the past **12 months**, did you have a computer, laptop, or tablet **at school**?

- o Yes
- *o* No

During the past **12 months**, did you have a computer, laptop, or tablet to do your homework **at home**?

- o Yes
- *o* No
- *o* I did not need one at home

During the past **12 months**, did you have regular access to the internet **outside of school** to complete your school work?

- o Yes
- *o* No
- *o* I did not need internet access outside of school

During the past **12 months**, did you need help paying fees for activities like sports, hobbies, or clubs?

- o Yes
- *o* No

Did you get or are you getting enough help with [this/these] need(s)?

	Yes	No

[*INSERT SELECTED NEEDS FROM LIST*]		

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 8-17

Routing: Children that go to school

Source: Project-developed

Help with basic needs

In the past **12 months**, have you needed help with any of the following basic needs?

Please [select/let me know] all that apply.

[Items for youth 11-17]

☐ Getting clothes or shoes that fit me and are appropriate for the weather

☐ Getting transportation to the school, work, sports, activities, or to hang out with friends

☐ Getting a place to live where I can count on staying for a long time

☐ Finding somewhere else to live, other than where I am now

[Items for youth 15-17]

☐ Getting a checking or savings account

☐ Finding and applying for jobs

☐ Managing money and bills

Did you get or are you getting enough help with [this/these] need(s)?

	Yes	No
[*INSERT SELECTED NEEDS FROM LIST*]		

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17 (selected items for children aged 15-17)

Source: Project-developed

Help with health & mental health needs

In the past **12 months**, have you needed help with any of the following?

Please [select/let me know] all that apply.

Items for youth 11-17:

☐ Getting counseling or therapy related to my mental health

☐ Reducing or stopping my alcohol or substance use

☐ Reducing or stopping my smoking or vaping

☐ Getting support services for a disability or special need

☐ Getting health care for a physical health problem

☐ Getting dental care

☐ Getting glasses or contacts

☐ Getting health care where I am comfortable asking questions and talking about changes in my body, sex, sexuality, and/or my sexual orientation

☐ Getting access to birth control, pregnancy services, family planning services, and/or testing or treatment for sexually transmitted diseases (STD)

Did you get or are you getting enough help with [this/these] need(s)?

	Yes	No
[*INSERT SELECTED NEEDS FROM LIST*]		

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Help dealing with loss, grief, or relationships

In the past **12 months**, have you needed help with any of the following?

Please [select/let me know] all that apply.

Items for youth 11-17:

☐ Dealing with a parent being in prison or jail

☐ Dealing with the death of a parent

☐ Dealing with the death of a sibling or other close family member

☐ Dealing with the death of a close friend

☐ Learning about healthy dating relationships

☐ Help with a dating relationship that is sometimes violent or scary

☐ Ending a relationship with someone outside of my family who tries to control, convince, or force me to do things that I don't want to do

Did you get or are you getting enough help with [this/these] need(s)?

	Yes	No
[*INSERT SELECTED NEEDS FROM LIST*]		

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Help dealing with different systems

In the past **12 months**, have you needed help with any of the following?

Please [select/let me know] all that apply.

Items for youth 13-17:

☐ Dealing with the juvenile justice or adult corrections system

Items for youth 15-17:

☐ Managing services or requirements across multiple systems (for example keeping track of needed paperwork for therapies and social worker visits)

☐ Learning how to drive or getting a driver's license

☐ Getting access to a birth certificate, social security card, or other government ID

Did you get or are you getting enough help with [this/these] need(s)?

	Yes	No
[*INSERT SELECTED NEEDS FROM LIST*]		

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17 (selected items for children aged 15-17)

Source: Project-developed

CHILD WELFARE AND FOSTER CARE EXPERIENCES

Child Welfare System Experiences Domain

Family Connection

For the next few questions, "parents" means your biological parents unless you were adopted. If you're adopted, please answer about your adoptive parents.

Are one, both, or neither of your parents still living?

o One parent is living

o Both parents are living

o Neither parent is living

o Not sure

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Think of one parent, it doesn't matter which one, how close do you currently feel to them?

o Extremely close

o Very close

- o Moderately close
- o Slightly close
- o Not close at all

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Routing: both parents are living

Source: adapted from PAGI study Supportive Adults

Think of your other parent , how close do you currently feel to them?

- o Extremely close
- o Very close
- o Moderately close
- o Slightly close
- o Not close at all

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Routing: both parents are living

Source: adapted from PAGI study Supportive Adults

How close do you feel to your parent that is still living?

- o Extremely close
- o Very close
- o Moderately close
- o Slightly close
- o Not close at all

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Routing: one parent is living

Source: adapted from PAGI study Supportive Adults

[Think about one parent, it doesn't matter which one/think about your parent still living], about how often do you spend time with or visit in-person with them?

- o Never
- *o* Less than once a month
- o Once or twice a month
- *o* About once a week
- o Several times a week

- o Every day

Applies to “reporter types”: OOH

Applies to “child/youth types”: Children aged 11-17

Routing: Children with two living parents or one living parent

Source: Adapted from NSCAW III

About how often do you talk on the phone, text, message on social media or video game, or videochat with [that same parent/your parent still living]?

- o Never
- *o* Less than once a month
- o Once or twice a month
- *o* About once a week
- o Several times a week
- o Every day

Applies to “reporter types”: OOH

Applies to “child/youth types”: Children aged 11-17

Routing: Children with two living parents or one living parent

Source: Adapted from NSCAW III

Now [I/we] would like to ask you about your other parent.

About how often do you spend time with or visit in-person with your other parent?

- o Never
- *o* Less than once a month
- o Once or twice a month
- *o* About once a week
- o Several times a week
- o Every day

Applies to “reporter types”: OOH

Applies to “child/youth types”: Children aged 11-17

Routing: Children with two living parents

Source: Adapted NSCAW III

About how often do you talk on the phone, text, message on social media or video game, or videochat with your other parent?

- o Never
- *o* Less than once a month
- o Once or twice a month

- *o* About once a week
- o Several times a week
- o Every day

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Routing: Children with two living parents

Source: Adapted from NSCAW III

Do you have any siblings(brothers or sisters) who do **not** live with you who are cared for by other adults? This includes biological, adoptive, step, or half siblings and can also include foster siblings if you feel strongly they are your siblings.

- o Yes
- o No
- o Not sure
- o I do not have any siblings

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Source: Adapted from NSCAW III

About how often do you spend time with or visit in-person with your siblings (brothers or sisters) not living with you now who are cared for by other adults? This includes biological, adoptive, step, or half siblings and can also include foster siblings if you feel strongly they are your siblings.

- o Never
- *o* Less than once a month
- o Once or twice a month
- *o* About once a week
- o Several times a week
- o Every day

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Routing: Children with a sibling that does not live with them

Source: Adapted from NSCAW III

About how often do you talk on the phone, text, message on social media or video game, or videochat with your siblings (brothers or sisters) not living with you now? This includes biological, adoptive, step, or half siblings and can also include foster siblings if you feel strongly they are your siblings.

- o Never

- *o* Less than once a month
- o Once or twice a month
- *o* About once a week
- o Several times a week
- o Every day

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Routing: Children with a sibling that does not live with them

Source: Adapted from NSCAW III

About how often do you spend, visit, talk on the phone, text, message on social media or video game, or video chat with other members of your family such as aunts, uncles, grandparents, or cousins not living with you now?

- o Never
- *o* Less than once a month
- o Once or twice a month
- *o* About once a week
- o Several times a week
- o Every day

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

School and Peer Relationship Stability

When you started living with [PRIMARY CAREGIVER], different things in your life might have changed. The next questions ask whether or not certain things changed for you.

How many schools have you gone to in the past **12 months**?

_____ school(s)

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 8-17

Source: NSCAW III

Do you still see any of the friends you had before you came to live with [PRIMARY CAREGIVER]?

- o Often
- *o* Sometimes
- o Hardly ever
- o Never

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 8-17

Routing: Children who moved to a different neighborhood

Source: Adapted from NSCAW III

Do you still talk on the phone, video chat, text, or chat on social media or on video games with the friends you had before you came to live here?

- o Often
- *o* Sometimes
- o Hardly ever
- o Never

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 8-17

Source: Project-developed

Satisfaction with Child Welfare System

Next [I/we] have some statements that describe some ideas people have about being moved to a different home. Please [let me know/select] how much you agree or disagree with the following statements.

(Select one for each row.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Generally, you are satisfied with your experience in your current home.					
Overall, social workers or caseworkers have been a help to you while you have been in your current home.					
All in all, the caregivers in your current home have been a help to you.					

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Source: Adapted from NSCAW III

The next questions are about your experience having someone represent you in court or with a judge.

Do you have a lawyer, guardian ad litem ("GAL"), or other legal professional who is supposed to represent your views and wishes to the court or judge?

- o Yes
- *o* No
- *o* Not sure

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

How helpful or unhelpful is this person ("GAL" or other legal professional)?

- o Very helpful
- o Somewhat helpful
- o Somewhat unhelpful
- o Very unhelpful

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Routing: Children who said "yes" to having legal representation

DEMOGRAPHICS AND RESOURCES

Child Demographics

Are you a boy or a girl?

- o Boy
- o Girl

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 6-10

What is your sex?

- o Male (boy)
- o Female (girl)

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

What is your race and/or ethnicity?

Select 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

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Are you a member of a federally recognized Tribe or are you eligible for membership?

o Yes
o No
o I'm not sure

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

Routing: Children whose race/ethnicity is reported as American Indian or Alaska Native.

What are some things you like about yourself the most?

____[open ended response]

Applies to "reporter types": All settings

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Resources

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 11-17

If completing this survey caused you any distress, and you feel that you might benefit from talking to a professional, or you need other resources, the organizations below may be able to offer help:

Are you experiencing a mental health emergency?

Call 988 to speak to a skilled, trained crisis worker.

- The 988 Suicide & Crisis Lifeline is a free, nationwide digital dialing code providing compassionate, accessible care 24/7 if you are in crisis.

Are you experiencing an unhealthy or abusive relationship?

Call 1-800-799-SAFE (7233)

- The National Domestic Violence Hotline (https://www.thehotline.org/) is a free national resource that offers confidential, and compassionate support, crisis intervention information, education, and referral services in over 200 languages.

Have you experienced sexual abuse or sexual assault?

Call 1-800-656-HOPE (4673)

- The National Sexual Assault Hotline (http://www.rainn.org/) is a free resource for survivors, that connects individuals to a trained staff member from their local sexual assault service provider.

Are you looking for treatment for mental health or substance use problems?

FindTreatment.gov is a confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.

Are you concerned about your mental health?

Visit Mental Health America's Screening Tool, (https://screening.mhanational.org/screening-tools/) a free, confidential tool to self-screen for anxiety, depression, substance use disorder, and more.

Are you looking for resources in your community?

Visit findhelp.org, a free, easy-to-use search engine that connects you to services to assist with local food, housing, transportation, legal help and more.

INTERVEW CLOSEOUT

Locator Module

Applies to "child/youth types": Children aged 16-17

To help us understand how the well-being of youth changes over time, we **may** contact

you in the future to update our information. [I'd/We'd] like to ask a few questions to help us locate you in case you move.

Please remember that [everything you tell me/all information] will be kept private in the ways that were explained to you at the beginning of the interview.

[I'd like to/Please] make sure we have your full legal name correct. [Is your full legal name (READ DISPLAYED NAME.CORRECT AS NEEDED/If your full legal name is not right or is incomplete, please fix it.]

FIRST NAME:

MIDDLE NAME:

LAST NAME:

[Let me/Please] make sure we have your street address correct. (VERIFY INFORMATION DISPLAYED ON SCREEN. CORRECT AS NEEDED) [If your contact information is not right or

is incomplete, please fix it.]

STREET ADDRESS:

CITY:

STATE:

ZIP:

Do you expect to be living at this same address or at a different address **6 months** from now?

- o Same address
- o Different Address

Is there a better address we can use to contact you in the future?

- o Yes
- o No

What is the best address for us to reach you in the future? [If you plan to move and only have partial information, that is fine to enter.]

(NOTE: IF R PLANS TO MOVE, COLLECT AS MUCH INFORMATION AS POSSIBLE ABOUT NEW LOCATION.)

STREET ADDRESS:

CITY:

STATE:

ZIP:

Routing: Child indicates there is a better address they can be contacted at in the future.

Is that your address or the address of another person or place?

- o Your address
- *o* Someone else's address

[Please enter the name of the person whose address it is and your relationship to this person./Whose address is it? And your relationship to this person?]

NAME:

RELATIONSHIP:

Routing: Child indicates there is a better address they can be contacted at in the future.

Please provide your cell and other phone numbers including area code, and main email address.

Cell phone number:

☐ You do not have a cell phone number.

Other telephone number:

☐ You do not have another telephone number.

- Select phone type -

- o Friend/Relative's number
- o Cell phone number
- o Other (Specify)

Email address:

☐ You do not have an email address.

We'd also like the name of a relative or friend **who does not live with you** but would always know how to reach you if you moved.

Can you [give me/provide] the name, address, and telephone number of a relative or friend who would always know how to reach you if you moved?

- o Yes
- o No

What is the name, relationship to you, address, cell and other phone numbers, and email address of this person? [VERIFY SPELLING. ENCOURAGE R TO PROVIDE ALL REQUESTED INFORMATION.]

NAME:

RELATIONSHIP:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

Email:

Routing: Child who said yes to provide a secondary contact

We want to make sure we are able to contact you about future opportunities. With your permission, we may use your information to contact you in the future using the social media platform's private messaging features. Private messages are sent to you through these platforms will only contain information about how you can reach the research team. We will never post anything on your profile and your profile will be only viewed to make sure it is you. We will keep your information private, but social media websites may, per the terms of use and site policies, be able to access, read, and retain all messages sent through their private messaging platforms.

Do you use Instagram?

- o Yes
- o No
- o Prefer not to answer

What is your profile name? Please provide your exact profile name including any underscores, periods, or other characters. We would only contact you through private messaging if needed.

_____

Routing: Child indicates they use Instagram

Do you use Snapchat?

- o Yes
- o No
- o Prefer not to answer

What is your profile name or username? Please provide your exact profile name including any underscores, periods, or other characters. We would only contact you through private messaging if needed.

_____

Routing: Child indicates they use Snapchat

Do you use Whatsapp?

- o Yes
- o No
- o Prefer not to answer

What is your profile name, username, or phone number attached to your WhatsApp account? Please provide your exact profile name including any underscores, periods, or other characters. We would only contact you through private messaging if needed.

_____

Routing: Child indicates they use WhatsApp

[I'd/We'd] also like to get your Social Security Number (SSN). This information will only be used for two things: 1) to help us locate you if you move,and 2) to help us combine survey information with other information if we have permission to do so.

What is your social security number?

_____

☐ I don't know my social security number.

We understand that you do not wish to provide your Social Security Number. Would you be willing to provide the last four digits? Again, this information is only used to locate you in case you move or to combine survey information with other information.

Last 4 digits of your social security number (SSN):_____

We're almost finished. Remember, this information is voluntary and private.

Routing: Child who skips or refuses to provide their SSN

Do you think your name could change in the next **6 months**?

- o Yes
- o No

Routing: Child ages 16-17 only

What do you think your name would be changed to? [Please tell me the first, middle, and last name./ Please enter the first, middle, and last name below.]

FIRST NAME:

☐ I don't know what my first name would be changed to.

MIDDLE NAME:

☐ I don't know what my middle name would be changed to.

LAST NAME:

☐ I don't know what my last name would be changed to.

Routing: those who said name could change

Thank you very much for this information.

Token of Appreciation

IN PERSON: To show our appreciation for your participation, we're offering you a $[20 for ages 6 to 10 years or $50 for ages 11 to 17 years] gift card for participating in the interview.

Here is the gift card.

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

- o ACCEPTED $[20 for ages 6 to 10 years or 50 for ages 11 to 17 years] gift card
- o DECLINED $[20 for ages 6 to 10 years or 50 for ages 11 to 17 years] gift card

WEB: To show our appreciation for your participation, we would like to send you a $[20 for ages 6 to 10 years or $50 for ages 11 to 17 years] gift card.

Please indicate how you would like to receive your gift card.

If you choose an electronic gift card, we will ask for your parent or guardian's email address.

- o Electronic [Visa/Amazon] Gift Card (Delivered by email within two business days, can only be used for online purchases, and can only be used for purchases of equal or lesser value)
- o Physical [Visa/Amazon] Gift Card (Delivered by mail within 4-6 weeks and can be used in stores and online)
- o No, thanks. I decline the $[20 for ages 6 to 10 years or 50 for ages 11 to 17 years] gift card.

The email message will be from RTI-eIncentives@rti.org and the subject line will say "How to Redeem Your $[20 for ages 6 to 10 years or 50 for ages 11 to 17 years] Gift Card." If you'd like a physical gift card instead, click Back to change your selection.

Please enter [your parent or guardian's] email address to receive the electronic gift card.

EMAILADD:

Please re-enter [your/your parent or guardian's] email address

[EMAILADD2]

Routing: Child indicates they would like an electronic gift card

Please enter the address you want us to mail the gift card to.

STREET ADDRESS:

CITY:

STATE:

ZIP:

Routing: Child indicates they would like a physical gift card

That is all the questions we have for you. Thank you for your participation