

**MOVING TO OPPORTUNITY INTERIM EVALUATION  
CHILD SURVEY  
FOR CHILDREN 8-11 YEARS OLD  
REVISED FOR SUBMISSION TO HUD**

<b>SECTION 1: EDUCATION</b>
-----------------------------

*Hello, my name is \_\_\_\_\_. I'd like to spend a few minutes today talking to you about your school, your neighborhood and some feelings you might have. When we are done talking, we will spend a few more minutes playing a game. Your mom is in the other room talking to my friend \_\_\_\_\_.*

*When (HH Head Name) applied for a voucher that would provide better housing for your family, he/she was told that we would be interviewing some of your household members. You are one of those household members. Our interview won't take longer than 15 minutes, and you will receive a small gift when we are done with everything. We hope you will be really truthful in answering every question, because what you say is important and your answers will never be seen by your family, people at school, or anyone else except our research staff.*

*Are you ready to start?*

**(104) ATTENDANCE/TIME IN SCHOOL**

*I'd like to start by talking about school.*

1. Do you go to school? (MTO Baseline modified)

YES (**SKIP TO Q3**)

☐ 1

NO

☐ 2

HOME SCHOOLED (**SKIP TO Q8**)

☐ 3

REFUSED

☐ 7

DON'T KNOW

☐ 8

2. Why don't you go to school? (NLSY)

EXPELLED/SUSPENDED

☐ 1

SCHOOL WAS TOO DANGEROUS

☐ 2

PARENTAL CHOICE

☐ 3

HOME SCHOOLED

☐ 4

HASN'T STARTED SCHOOL YET (**SKIP TO SECTION 2**)

☐ 5

OTHER (SPECIFY): \_\_\_\_\_

☐ 6

REFUSED

☐ 7

DON'T KNOW

☐ 8

**(113) ACADEMIC HONORS/AWARDS**

3. During the school year, how often are you late for school? (SPD98) modified

- |                            |                             |
|----------------------------|-----------------------------|
| Never                      | <input type="checkbox"/> 1  |
| Once a month               | <input type="checkbox"/> 2  |
| Once a week                | <input type="checkbox"/> 3  |
| Several times a week       | <input type="checkbox"/> 4  |
| Everyday                   | <input type="checkbox"/> 5  |
| HOME-SCHOOLED (SKIP TO Q6) | <input type="checkbox"/> 6  |
| REFUSED                    | <input type="checkbox"/> 97 |
| DON'T KNOW                 | <input type="checkbox"/> 98 |

**(103) ATTITUDES TOWARDS OWN SCHOOL**

*Thinking about your school, in general, how much do you agree with each of the following statements about your school and teachers? (NLSY)*

	Strongly Agree	Agree	Disagree	Strongly Disagree	(VOLUNTEERED) REFUSED	DON'T KNOW
4a. The teachers are interested in students. Do you... (READ SCALE POINTS)	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4b. Disruptions by other students get in the way of my learning. (NLSY97) Do you... (READ SCALE POINTS)	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4c. Discipline is fair. (NLSY97) Do you...	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4d. There is a lot of cheating on tests and assignments. (NLSY97) Do you...	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4e. I feel safe at this school. (NLSY97) Do you...	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4f. I have my own Math textbook that I can take home with me to do my homework. (MTO NY) Do you...	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(105) ENGAGEMENT/PARTICIPATION IN SCHOOL**

*Next, I will read some sentences about school. After I read the sentence, please tell me whether the statement is not at all true, not very true, sort of true, or very true for you during the last school year.*

	Not at all true	Not very true	Sort of true	Very true	REFUSED	DON'T KNOW
5a. I work very hard on my schoolwork. (SPD98) Is that...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
5b. I pay attention in class. (SPD98) Is that...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

<b>SECTION 2: NEIGHBORHOOD, DANGER, AND RISK</b>
--

*Now I'd like to talk about the neighborhood you live in.*

**(703) CURRENT NEIGHBORHOOD SATISFACTION**

1. How happy are you living in your neighborhood – very happy, somewhat happy, somewhat unhappy, or very unhappy? (AH; modified)

Very happy	<input type="checkbox"/> 1
Somewhat happy	<input type="checkbox"/> 2
Somewhat unhappy	<input type="checkbox"/> 3
Very unhappy	<input type="checkbox"/> 4
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

2. During the past month, have you seen people using or selling illegal drugs in your neighborhood? (Original)

YES	<input type="checkbox"/> 1
NO ( <b>SKIP TO Q3</b> )	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

- 2a. How often in the past month?

Almost every day	<input type="checkbox"/> 1
Once a week	<input type="checkbox"/> 2
Once or twice in the past 30 days	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

3. During the past month, have you heard gunshots in your neighborhood? (Original)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q4</b> )	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

- 3a. How often in the past month? (Original)

Almost every day	<input type="checkbox"/> 1
Once a week	<input type="checkbox"/> 2

- |                                   |                            |
|-----------------------------------|----------------------------|
| Once or twice in the past 30 days | <input type="checkbox"/> 3 |
| REFUSED                           | <input type="checkbox"/> 7 |
| DON'T KNOW                        | <input type="checkbox"/> 8 |

**(305) GANG PARTICIPATION SINCE RANDOM ASSIGNMENT**

4. Are there any gangs in your neighborhood or where you go to school? **[INTERVIEWER: READ THIS DEFINITION IF NECESSARY!]** ("By gangs we mean a group of people that has set clear boundaries of its territory or turf, protects its members and turf against other rival gangs through fighting or threats, hangs out together, and wears gang colors or clothes. By a gang that hangs out together we do not mean just a group of friends.") (NLSY97)

- |            |                            |
|------------|----------------------------|
| Yes        | <input type="checkbox"/> 1 |
| No         | <input type="checkbox"/> 2 |
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

5. Do any of your brothers, sisters, cousins, or friends belong to a gang? (NLSY97)

- |            |                            |
|------------|----------------------------|
| Yes        | <input type="checkbox"/> 1 |
| No         | <input type="checkbox"/> 2 |
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

6. In the past 12 months, that is, since (MONTH last year) how often did you get into a serious physical fight? (AH, modified)

Number of times \_\_\_\_\_ **(IF 0, SKIP TO Q7)**

OR *[INTERVIEWER: if necessary, prompt with categories below]*

- |   |                            |
|---|----------------------------|
| Never (in past 12 months) <b>(SKIP TO Q7)</b> | <input type="checkbox"/> 1 |
| Once  | <input type="checkbox"/> 2 |
| 2 or 3 times                                  | <input type="checkbox"/> 3 |
| 4 to 10 times                                 | <input type="checkbox"/> 4 |
| More than 10 times                            | <input type="checkbox"/> 5 |
| REFUSED                                       | <input type="checkbox"/> 7 |
| DON'T KNOW                                    | <input type="checkbox"/> 8 |

- 6a. The last time you were in a physical fight, where did it occur? (AH) **DO NOT READ.**

- |              |                            |
|--------------|----------------------------|
| HOME         | <input type="checkbox"/> 1 |
| SCHOOL       | <input type="checkbox"/> 2 |
| NEIGHBORHOOD | <input type="checkbox"/> 3 |

- FRIEND'S HOME ☐ 4
- AFTER SCHOOL PROGRAM ☐ 5
- OTHER (SPECIFY) \_\_\_\_\_ ☐ 95

7. During the past 12 months, how often did each of the following things happen -- never, once, or more than once? (AH, modified)

- |   | Never                      | Once                       | More than<br>once          |
|---|----------------------------|----------------------------|----------------------------|
| 7a. You saw someone shoot or stab another person. (AH)<br>Would you say...              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7b. Someone pulled a knife or gun on you. (AH) Would<br>you say...(IF NEVER SKIP TO 7e) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7c. Someone shot you. (AH) Would you say...   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7d. Someone cut or stabbed you. (AH) Would you say...                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7e. You were jumped. (AH) Would you say...  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

### (1103-1104) FRIENDSHIPS

*Now I'd like to talk about your friends.*

8. About how many friends do you have who you play with, hang out with, talk to on the phone, or get together with? (NCSR-AS)

- \_\_\_\_\_ Number of friends ☐ 1
- (IF 0, SKIP TO Q10)**
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

9. Outside of school, how often do you play with, talk on the phone, hang out, or get together with (this friend/these friends)—most every day, a few times a week, a few times a month, about once a month, or less than once a month? (NCSR-AS, modified)

- Most every day ☐ 1
- A few times a week ☐ 2
- A few times a month ☐ 3
- About once a month ☐ 4
- Less than once a month ☐ 5
- Never ☐ 6
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

10. Outside of school, how many hours each week do you read for fun? (Do not count school-assigned reading.)  
(NLSY 79)

Hours \_\_\_\_\_ ☐ 1

REFUSED ☐ 7

DON'T KNOW (ASK Q10a) ☐ 8

10a. Which of the following categories is the closest to the amount of time you spend reading?

1-4 hours ☐ 1

5-9 hours ☐ 2

10-14 hours ☐ 3

15-19 hours ☐ 4

20 or more hours ☐ 5

REFUSED ☐ 7

DON'T KNOW ☐ 8

### SECTION 3: HEALTH

#### (400) GENERAL HEALTH STATUS

1. Now I'd like to ask you some questions about your health. In general, how is your health? Would you say it is...(NLSY97)
- |            |                            |
|------------|----------------------------|
| Excellent  | <input type="checkbox"/> 1 |
| Very Good  | <input type="checkbox"/> 2 |
| Good       | <input type="checkbox"/> 3 |
| Fair       | <input type="checkbox"/> 4 |
| Poor       | <input type="checkbox"/> 5 |
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

#### (406) HEIGHT AND WEIGHT (OBESITY)

*Now, I'd like to take a little break and just see how tall you are and how much you weigh.*

#### 2. [INTERVIEWER: RECORD HEIGHT IN FEET AND INCHES HERE.]

\_\_\_\_\_ Feet \_\_\_\_\_ Inches

- |            |                            |
|------------|----------------------------|
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

#### 3. [INTERVIEWER: RECORD WEIGHT HERE.]

\_\_\_\_\_ Pounds

- |            |                            |
|------------|----------------------------|
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

#### (410) DEPRESSION

#### [ONLY FOR 10-11 YEAR OLDS]

*Now I'd like to talk to you about some different feelings you may have. For each one I'll ask if you felt that way all of the time, most of the time, some of the time, a little of the time, or none of the time.*

#### 4. In the past 30 days, how often have you had the following experiences? Would you say... (NCSR)

- |  | All of<br>the<br>time      | Most<br>of the<br>time     | Some<br>of the<br>time     | None<br>of the<br>time     | REFUSED                    | DON'T<br>KNOW              |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 4a. How often did you feel so depressed that<br>nothing could cheer you up? (NCSR) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |



	All of the time	Most of the time	Some of the time	None of the time	REFUSED	DON'T KNOW
4b. How often did you feel nervous? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4c. How often did you feel restless or fidgety? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4d. How often did you feel hopeless? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4e. How often did you feel worthless? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4f. How often did you feel that everything was an effort? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

## SECTION 4: BEHAVIOR AND FAMILY DYNAMICS

### (421) BEHAVIOR PROBLEMS

*I am going to read another list of items that describe feelings or thoughts people sometimes have. In the last 6 months, for each item that I read please tell me if it is or often true, sometimes true, or not true of you.*

	Often true	Sometimes true	Not true	REFUSED	DON'T KNOW
1. I have trouble concentrating or paying attention. (PHDCNII) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
2. I lie or cheat. (PHDCNII) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3. I tease others a lot. (PHDCNII) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4. I disobey my parents. (PHDCNII) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
5. I don't get along with other kids. (Achenbach YSR-25) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
6. I have trouble sitting still. (PHDCNII) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
7. I have a hot temper. (PHDCNII) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
8. I would rather be alone than with others. (PHDCNII) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
9. I try to get a lot of attention. (PHDCNII) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
18. I'm too dependent on adults. (Achenbach YSR-11) Is this	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
11. I hang around with kids who get into trouble. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
12. I disobey at school. (PHDCNII) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
13. I have trouble getting along with teachers. (MTO Boston) Is this...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

### (1109) MOTHER'S SUPPORT

*Now we would like to know about your relationship with your mother, or with the adult who takes care of you or knows the most about your activities.*

14. When you think about the person who takes care of you, is that your mother?

- Yes (SKIP TO Q16) ☐ 1
- No ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

15. Who is the adult that takes care of you most of the time?

- Father (**SKIP TO Q18**) ☐ 1
- Grandmother ☐ 2
- Aunt ☐ 3
- Sister ☐ 4
- Foster mother ☐ 5
- Step mother ☐ 6
- Cousin ☐ 7
- Friend ☐ 8
- Other (SPECIFY): \_\_\_\_\_ ☐ 9
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

16. When you think about how your [MOTHER/RELATIONSHIP FROM Q15] acts toward you, in general, would you say your [MOTHER/RELATIONSHIP FROM Q15] is very supportive, somewhat supportive, or not very supportive? (NLSY97)

- Very supportive ☐ 1
- Somewhat supportive ☐ 2
- Not very supportive ☐ 3
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

**(1110) MOTHER'S MONITORING [OR PRIMARY CAREGIVER]**

17. How much does your [MOTHER/RELATIONSHIP FROM Q15] know...

- |   | Knows everything           | Knows most things          | Knows just a little        | Knows nothing              |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 17a. About your close friends', that is, who they are? (NLSY97) Do you think she...             | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 |
| 17b. About where you are when you are not at home? (NLSY97) Do you think she...                 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 |
| 17c. About who your teachers are and what you are doing in school? (NLSY97) Do you think she... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 |

**(1112) CONTACT WITH FATHER**

*Now I'd like to talk with you about your father.*

18. When you were growing up, in general, was he very supportive, somewhat supportive, or not very supportive of you? (NLSY97)

- |  |                            |
|--|----------------------------|
| Very supportive                                      | <input type="checkbox"/> 1 |
| Somewhat supportive                                  | <input type="checkbox"/> 2 |
| Not very supportive                                  | <input type="checkbox"/> 3 |
| (VOLUNTEERED) Doesn't see father <b>(SKIP TO 20)</b> | <input type="checkbox"/> 4 |
| (VOLUNTEERED) Father deceased <b>(SKIP TO 20)</b>    | <input type="checkbox"/> 5 |
| REFUSED  | <input type="checkbox"/> 7 |
| DON'T KNOW   | <input type="checkbox"/> 8 |

**[IF FATHER IS PRIMARY CAREGIVER SKIP TO Q19]**

18b. In the past 12 months, how often have you seen your father? (3CITY)

- |  |                            |
|--|----------------------------|
| Never in past 12 months                          | <input type="checkbox"/> 1 |
| A few times                                      | <input type="checkbox"/> 2 |
| Once a month or more (but less than once a week) | <input type="checkbox"/> 3 |
| Once a week or more                              | <input type="checkbox"/> 4 |
| Almost every day                                 | <input type="checkbox"/> 5 |
| (VOLUNTEERED) Lived in same household            | <input type="checkbox"/> 6 |
| REFUSED  | <input type="checkbox"/> 7 |
| DON'T KNOW                                       | <input type="checkbox"/> 8 |

19. How much does your [FATHER/PRIMARY CAREGIVER] know...

- |  | Knows everything           | Knows most things          | Knows just a little        | Knows nothing              |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 19a. About your close friends', that is, who they are? (NLSY97) Do you think he...             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 19b. About where you are when you are not at home? (NLSY97) Do you think he...                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 19c. About who your teachers are and what you are doing in school? (NLSY97) Do you think he... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

*Now I'd like to talk about how you see your future. Please tell me what you think the chances are for each of the following, choosing from: very low, low, about 50-50, high, or very high.*

20. Think about how you see your future. What are the chances that...(MTO NY)

- |  | Very low                   | Low                        | About 50-50                | High                       | Very high                  | RE-FUSED                   | DON'T KNOW                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 20a. Life will turn out better for you than it has for your parents? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

	Very low	Low	About 50-50	High	Very high	RE- FUSED	DON'T KNOW
20b. You will complete college?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
20c. You will find a stable, well-paid job as an adult?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8

*Those are all the questions we have for you. Thank you very much for your participation. Do you have any questions for me?*